

Supporting Information for The Prevalence of Functional Limitations in the United States Workforce

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Survey Instrument: RAND ALP Well Being 522 – Health & Functional Capacity Survey (pp. 22–64)

Table S1. Prevalence of functional limitations and corresponding job requirements

Functional Ability	Threshold defining limitation	Population prevalence of limitation (95% CI)	Corresponding job requirement prevalence	
			No BA degree required	BA degree required
Ambient Environment (10 limitations)				
High temperatures	Unable to be routinely exposed to temperatures greater than 95 degrees Fahrenheit for at least 5 minutes at a time	0.171 (0.137-0.206)	0.034	0.011
Low temperatures	Unable to be routinely exposed to temperatures lower than 5 degrees Fahrenheit for at least 5 minutes at a time	0.180 (0.146-0.213)	0.012	0.014
Air movements	Unable to be routinely exposed to drafts or other sudden air movements, while wearing appropriate clothing	0.135 (0.105-0.165)	0.195	0.080
Skin contact	Unable to be routinely exposed to substances that make skin wet or dirty, or that might cause skin irritation	0.172 (0.134-0.210)	0.731	0.239
Protective equipment	Unable to wear protective equipment	0.083 (0.050-0.116)	0.594	0.280
Air quality	Unable to be routinely exposed to dust, smoke, gas, or steam	0.215 (0.174-0.256)	0.423	0.179
Noise	Unable to be routinely exposed to noise levels high enough that protective equipment must be worn	0.168 (0.130-0.205)	0.221	0.067
Vibrations	Unable to be routinely exposed to vibrations or jolts	0.185 (0.146-0.224)	0.122	0.016

Other medical conditions limiting tolerance to different physical environments	Other medical conditions limit tolerance to different physical environments	0.026 (0.016-0.035)	N/A – see table note	
Other accommodations needed to work in different physical environments	Other specific accommodations are needed to enable work in different physical environments	0.053 (0.024-0.081)	N/A - see table note	
Arm Movements (3 limitations)				
Extending arms	Unable to extend either arm beyond a 90-degree angle at the elbow	0.035 (0.021-0.050)	0.918	0.774
Extending arms (frequency)	Unable to extend arms more than 8 times per minute (once every 8 seconds)	0.067 (0.042-0.093)	0.537	0.101
Holding arms above shoulder	Difficulties with keeping at least one arm lifted above shoulder height for at least 5 minutes at a time, twice an hour	0.166 (0.130-0.202)	0.870	0.778
Body Function, Not Elsewhere Classified (2 limitations)				
Localized physical limitations	At least one side of body has difficulties with functioning	0.004 (0.000-0.008)	N/A - see table note	
Other difficulties with regard to static postures	Other difficulties with holding body in specific positions due to a medical condition	0.002 (0.000-0.005)	N/A - see table note	
Hand and Finger Movements (10 limitations)				
Sphere grip	Difficulty grasping round objects (e.g., door knob)	0.016 (0.006-0.027)	0.320	0.108
Pen grip	Difficulty handling objects between the tips of 2 fingers and thumb (e.g., holding a pen)	0.030 (0.005-0.055)	0.693	0.831
Tweezer grip	Difficulty handling objects between the top of index finger and thumb (pincer grasp)	0.031 (0.005-0.057)	0.520	0.345
Key grip	Limited grip strength with fingers and thumb (e.g., holding and turning a key)	0.032 (0.005-0.058)	0.346	0.157

Squeezing & gripping	Limited grip strength in hand (e.g., squeezing objects)	0.023 (0.011-0.035)	0.812	0.553
Cylinder grip	Difficulty handling rod-shaped objects (e.g., carrying suitcase by handle)	0.019 (0.005-0.032)	0.933	0.769
Fine Motor Skills	Difficulty making accurate, fine movements with fingers and hands (e.g., pulling a thread through eye of needle)	0.021 (0.010-0.033)	0.318	0.236
Repetitive Acts	Difficulty making repetitive movements with fingers and hands (e.g., typing)	0.024 (0.012-0.036)	0.532	0.595
Working with a keyboard and mouse	Unable to use a mouse and keyboard for more than 1 hour per day	0.067 (0.043-0.091)	0.606	1.000
Twisting movements with hands/arms	Difficulties in making twisting movements with hands or arms	0.082 (0.052-0.111)	0.425	0.080
Head and Neck Movements (2 limitations)				
Head movements	Limited in moving head (flexing or rotating head to the side, flexing head up or down)	0.027 (0.015-0.038)	0.963	0.873
Holding head	Unable to keep head in a specific position for more than 1 hour	0.178 (0.145-0.211)	0.337	0.261
Immune System (3 limitations)				
Allergies	Allergies limit tolerance to physical environments	0.251 (0.214-0.288)	N/A - see table note	
Risk of infection	Heightened risk of infection limits tolerance to physical environments	0.028 (0.017-0.040)	N/A - see table note	
Weakened skin	Weakened skin limits tolerance to physical environments	0.012 (0.005-0.019)	N/A - see table note	
Knee Movements (3 limitations)				
Crawling	Unable to crawl for 1 minute at a time, at least 10 times per hour	0.162 (0.124-0.200)	N/A - see table note	
Kneeling or squatting	Unable to kneel or squat briefly at least once an	0.140 (0.107-0.172)	0.825	0.758

	hour, for at least 4 hours a day			
Active when kneeling/squatting	Difficulties with being active in a kneeling or squatting position for at least 5 minutes at a time, twice an hour	0.132 (0.099-0.165)	0.901	0.774
Memory, Attention and Cognition (29 limitations)				
Attention span	Unable to focus on a single source of information for longer than 30 minutes	0.075 (0.043-0.108)	N/A - see table note	
Dividing attention	Difficulty with doing a task if there are other demands on my attention	0.028 (0.003-0.053)	N/A - see table note	
Memory	Unable to remember or complete any routine daily activities without lists or reminders	0.024 (0.005-0.043)	N/A - see table note	
Insight into own abilities	Unable to properly estimate abilities and limitations	0.029 (0.014-0.045)	N/A - see table note	
Estimating length of tasks	Unable to correctly estimate how long it will take to do something	0.007 (-0.001-0.015)	N/A - see table note	
Prioritizing tasks	Unable to prioritize important tasks and often don't finish them	0.006 (0.001-0.011)	N/A - see table note	
Monitoring progress of tasks	Unable to adequately monitor the progress of my activities	0.001 (0.000-0.003)	N/A - see table note	
Unable to stop activities	Unable to stop activities when I should	0.004 (-0.001-0.009)	N/A - see table note	
Other difficulties with planning and doing simple activities	Other difficulties with planning and doing simple activities	0.001 (-0.001-0.002)	N/A - see table note	
Start activities	Unable to start activities myself	0.005 (-0.002-0.011)	N/A - see table note	
Set goals	Unable to set goals for myself	0.007 (-0.005-0.018)	N/A - see table note	
Following plan	Unable to stick to plan and often stop before job is done, even after deciding to do something	0.008 (0.001-0.016)	N/A - see table note	

Think of plans	Unable to think of ways to do something, even after deciding to do it	0.007 (-0.005-0.019)	N/A - see table note
Decide on plans	Unable to decide the best way of doing something, even after deciding to do it	0.005 (-0.002-0.012)	N/A - see table note
Recognizing wrong choice	Difficulty realizing I've made the wrong choice, after choosing an approach to do something	0.007 (-0.005-0.019)	N/A - see table note
Choosing alternative plan	Difficulty choosing a different way to do something, even once I realize I've chosen the wrong way	0.001 (-0.001-0.003)	N/A - see table note
Asking for help	Difficulty asking for help when needed	0.007 (-0.001-0.014)	N/A - see table note
Other difficulties in doing activities independently	Other difficulties in doing activities independently	0.000 (0.000-0.001)	N/A - see table note
Other difficulties with regard to personal functioning	Other limitations to personal functioning	0.053 (0.025-0.082)	N/A - see table note
Pre-planned work	Unable to do work that is not completely planned out in advance by someone else	0.002 (0.000-0.003)	N/A - see table note
Semi-planned work	Unable to do work that is not mostly planned out in advance by someone else	0.016 (-0.008-0.040)	N/A - see table note
Supervised work	Unable to do work without constant supervision and guidance	0.001 (-0.001-0.004)	N/A - see table note
Distractions	Unable to work in an environment where there are distractions from others	0.022 (-0.003-0.047)	N/A - see table note
Predictable work	Unable to do work that has unpredictable changes in environment or work content	0.016 (-0.002-0.033)	N/A - see table note
Interruptions	Unable to do work where there are interruptions	0.026 (0.006-0.046)	N/A - see table note

Deadlines	Unable to do work where deadlines or production peaks occur often	0.003 (0.000-0.007)	0.336	0.561
Fast pace	Unable to do that requires a fast pace the majority of the time	0.015 (0.007-0.024)	0.156	0.113
Physical risk	Unable to do work that places me at high physical risk	0.003 (0.001-0.005)	0.576	0.389
Other accommodations	Other accommodations needed due to health and its impacts on thinking	0.003 (0.000-0.007)	N/A - see table note	
Mobility (5 limitations)				
Walk/wheelchair (single session)	Unable to [walk/use a wheelchair] for more than 15 minutes at a time without stopping	0.054 (0.037-0.070)	1.000	0.999
Walk/wheelchair (all day)	Unable to [walk/use a wheelchair] for more than 1 hour per day	0.086 (0.065-0.107)	1.000	0.999
Going up or down stairs	Unable to go either up or down more than 1 flight of stairs in one go	0.053 (0.036-0.070)	0.480	0.596
Climbing ladder	Unable to go up and down more than a single step or stepstool, at least 5 times per hour	0.088 (0.067-0.110)	0.348	0.135
Other difficulties with regard to dynamic movement	Other difficulties with movement due to a medical condition	0.082 (0.054-0.110)	N/A - see table note	
Pace (1 limitation)				
Pace to complete activities	For multiple different types of activities, works more slowly than peers	0.103 (0.074-0.132)	N/A - see table note	
Sensory abilities (3 limitations)				
Vision	Problems with vision that cannot be corrected by wearing glasses or contact lenses	0.055 (0.039-0.072)	0.377	0.207
Hearing	Problems with hearing that cannot be corrected with a hearing aid	0.017 (0.008-0.025)	0.128	0.107
Sense of touch	Limitations in sense of touch	0.023 (0.010-0.035)	0.129	0.163
Sitting (2 limitations)				

Sitting time (single session)	Unable to sit for more than 30 minutes without needing to get up	0.058 (0.039-0.077)	0.859	0.999
Sitting time (all day)	Unable to sit for most of the working day (i.e., unable to sit for more than 4 hours)	0.229 (0.189-0.269)	0.858	0.999
Social Skills and Emotional Regulation (11 limitations)				
Coping with others' emotional problems	Sensitive to other peoples' problems and distracted by them; Can still complete own activities but requires a great deal of extra effort	0.059 (0.039-0.080)	N/A - see table note	
Expressing your own feelings	Difficulties with clearly and appropriately expressing one's feelings; often confuse other people or make them uncomfortable	0.097 (0.061-0.133)	N/A - see table note	
Dealing with conflicts	Only able to handle conflicts with difficult people over the telephone or through letters or email	0.077 (0.045-0.110)	0.545	0.788
Collaboration	Able to work in teams, but only if my tasks are clearly mine	0.064 (0.031-0.098)	0.187	0.380
Transportation ability	Need help from others to transport myself	0.001 (0.000-0.002)	N/A - see table note	
Other difficulties with regard to social functioning	Medical condition(s) affect abilities to interact with people in other ways	0.035 (0.010-0.060)	N/A - see table note	
Contact with customers	Unable to do work where there is contact with customers or clients	0.025 (0.004-0.045)	0.524	0.775
Taking care of others	Unable to do work where I take care of others (e.g. patients)	0.022 (-0.003-0.047)	0.182	0.204
Contact with colleagues	Unable to do work where there is contact with colleagues	0.005 (-0.001-0.011)	0.850	0.949
Managing others	Unable to do work that involves managing other people	0.005 (0.002-0.009)	0.124	0.222

Other accommodations needed due to health and its impacts on interactions with others	Other accommodations needed due to health and its impacts on interactions with others	0.002 (0.000-0.004)	N/A - see table note	
Standing (2 limitations)				
Standing time (single session)	Unable to stand for more than 15 minutes without resting	0.052 (0.035-0.068)	0.999	0.999
Standing time (all day)	Unable to stand for more than 1 hour per day	0.089 (0.069-0.110)	0.999	0.999
Upper Body Strength and Torso Range of Motion (8 limitations)				
Bending upper body	Unable to bend forward beyond an angle of 60-degrees	0.134 (0.101-0.167)	0.677	0.391
Bending upper body (frequency)	Unable to bend upper body forward more than 3 times per minute (once every 20 seconds)	0.060 (0.036-0.085)	0.985	0.961
Rotating upper body	Difficulties rotating upper body to the side by at least 45 degrees	0.087 (0.064-0.110)	0.884	0.804
Pulling or pushing	Unable to pull or push an object weighing more than 20 lbs	0.133 (0.107-0.160)	0.463	0.133
Lifting or carrying	Unable to lift/carry more than 10 lbs at least 5 times per hour	0.072 (0.052-0.091)	0.958	0.961
Frequently handling light objects	Unable to handle light objects more than 3 times per minute	0.019 (0.009-0.029)	0.470	0.094
Frequently handling heavy loads	Unable to handle heavy loads weighing 30 lbs at least 10 times per hour, or for up to 1 hour per day	0.171 (0.137-0.205)	0.273	0.016
Active when bending/twisting	Difficulties when being active in a position where upper body is either bent forward or twisted to the side, for at least 5 minutes at a time, twice an hour	0.130 (0.099-0.160)	0.832	0.522
Verbal and Written Communication (3 limitations)				

Speaking	Problems with speaking (such as stuttering, slow speech, problems making clear sounds, problems finding the right words to express thoughts)	0.028 (0.002-0.053)	0.411	0.867
Writing	Problems with writing due to a medical condition (such as problems with moving hand, a learning disability)	0.023 (0.012-0.035)	0.082	0.599
Reading	Problems with reading large amounts of material at a regular pace, due to a medical condition	0.023 (0.010-0.036)	0.163	0.621

This table shows population prevalence estimates for each of the 97 functional limitations in the analysis sample (N=1,477). Functional limitations are ordered first by functional domain (alphabetical) and then by order in the HFCS. Authors assigned functional domains. The threshold defining limitation corresponds to the level of ability in the FML that is considered “Limited.” The 95% confidence intervals are logit transformed, ensuring the intervals fall within the bounds of [0,1]. The prevalence of each job requirement by educational requirement is the percentage of job profiles in the UWV database where a functional limitation relating to that job requirement may result in a flag or a rejection of the job profile, depending on an applicant’s functional ability. Forty-one of the functional limitations relate to general abilities needed for most jobs and are subject to manual review. Because they are excluded from the automated algorithm, the prevalence of the associated job requirement cannot be calculated – these items are denoted in the Table as “N/A”. ^aLocalized physical limitations, i.e., difficulties with functioning on either side of one’s body, (Q36) are only counted if a respondent does not report any other limitations in the movement section of the HFCS (Q37-Q50, Q52-Q59). ^bOther limitations with regard to static postures, i.e., difficulties with holding one’s body in specific positions due to a medical condition, (Q68) are only counted if a respondent does not report any other limitations in the holding section of the HFCS (Q60-Q67).

Table S2. Prevalence of any limitation in functional domain by essential and teleworkable status

Functional Domain	Population prevalence (95% CI): Essential	Population prevalence (95% CI): Non-essential	Population prevalence (95% CI): Teleworkable	Population prevalence (95% CI): Non-teleworkable
Body Function, Not Elsewhere Classified	0.007 (0.001-0.014)	0.005 (-0.002-0.012)	0.008 (0.000-0.017)	0.005 (-0.001-0.010)
Verbal and Written Communication	0.071** (0.029-0.112)	0.039 (0.021-0.057)	0.037*** (0.021-0.052)	0.083 (0.028-0.138)
Sensory	0.106*** (0.075-0.137)	0.050 (0.032-0.069)	0.072** (0.049-0.094)	0.103 (0.066-0.140)
Pace	0.118*** (0.075-0.160)	0.073 (0.047-0.099)	0.091 (0.060-0.122)	0.115 (0.064-0.166)
Standing	0.095* (0.069-0.122)	0.125 (0.088-0.162)	0.105 (0.079-0.131)	0.107 (0.071-0.142)
Memory, Attention and Cognition	0.144** (0.093-0.196)	0.099 (0.063-0.136)	0.137 (0.091-0.182)	0.120 (0.062-0.177)
Hand and Finger Movements	0.168* (0.118-0.219)	0.131 (0.087-0.174)	0.100*** (0.072-0.127)	0.214 (0.148-0.280)
Social Skills and Emotional Regulation	0.188*** (0.132-0.245)	0.132 (0.088-0.175)	0.165 (0.116-0.214)	0.172 (0.108-0.236)
Head and Neck Movements	0.199 (0.152-0.246)	0.191 (0.145-0.237)	0.166*** (0.131-0.201)	0.227 (0.167-0.287)
Mobility	0.204 (0.157-0.252)	0.187 (0.145-0.230)	0.189 (0.153-0.224)	0.209 (0.149-0.268)
Arm Movements	0.246*** (0.190-0.302)	0.184 (0.134-0.234)	0.161*** (0.121-0.201)	0.292 (0.222-0.361)
Sitting	0.258** (0.203-0.314)	0.204 (0.155-0.253)	0.192*** (0.147-0.238)	0.290 (0.223-0.357)
Immune System	0.278 (0.226-0.329)	0.257 (0.208-0.307)	0.298** (0.247-0.348)	0.242 (0.186-0.298)
Knee Movements	0.305 (0.248-0.363)	0.288 (0.234-0.343)	0.241*** (0.200-0.282)	0.360 (0.289-0.432)
Ambient Environment	0.398*** (0.339-0.457)	0.314 (0.257-0.370)	0.335*** (0.282-0.388)	0.405 (0.336-0.475)
Upper Body Strength and Torso Range of Motion	0.408** (0.349-0.466)	0.341 (0.283-0.400)	0.335*** (0.285-0.384)	0.437 (0.366-0.507)

This table shows the population prevalence of any limitation in the listed functional domain in the analysis sample (N=1,477). We use t-tests to compare the prevalence rates between essential vs. non-essential occupations and teleworkable vs. non-teleworkable occupations. Significance stars * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$ indicate where there were statistically significant differences.

Table S3. Regression of number of limitations on demographic and job characteristics

	Number of Limitations
Female	0.393 (0.633)
Age 35 to 49	1.029 (1.035)
Age 50 to 64	1.266 (0.972)
Age > 64	1.356 (0.988)
BA	-2.090*** (0.526)
Managers	-0.996 (0.800)
Technicians and associate professionals	-0.0926 (0.613)
Clerical support workers	1.657* (0.793)
Services and sales workers	3.240** (1.000)
Craft and related trade workers	-2.495* (1.092)
Plant and machine operators and assemblers	0.00605 (1.502)
Elementary occupations	5.686 (3.592)
Armed Forces	5.097*** (0.691)
Goods-producing industry	0.402 (1.287)
Constant	4.571*** (1.124)
Observations	1461

This table shows regression coefficients measuring the increase in the number of functional limitations (dependent variable) associated with demographic and job characteristics (compared to a 22-34 year old male without a BA in a professional occupation in a service-producing industry) in the analysis sample with non-missing information on job characteristics (N=1,461). There were 3 respondents who did not provide industry information and 16 who did not provide occupational information who were excluded from this analysis. Essential and teleworkable status are excluded as these categorizations are a function of occupation. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Standard errors are in parentheses.

Table S4. Complete list of 30 medical conditions, ranked by population impact (col. 3)

Medical Condition	Increase in Number of Functional Limitations- No Controls (1)	Increase in Number of Functional Limitations (2)	Prevalence of Medical Condition (3)	Increase in Number of Functional Limitations X Prevalence of Medical Condition X 100 (4)
Mental illness	2.67*** (0.88)	2.66*** (0.88)	0.278 (0.012)	73.79*** (27.30)
Arthritis and other joint disease	3.20*** (1.04)	3.24*** (1.20)	0.206 (0.011)	66.72** (26.82)
Substance use disorder and related complications	4.77 (3.01)	4.97* (2.91)	0.060 (0.006)	30.05 (23.43)
Asthma or chronic obstructive pulmonary disease	2.77*** (0.95)	2.67*** (0.94)	0.100 (0.008)	26.73** (11.68)
Structural heart disease	15.13*** (3.33)	15.39*** (3.40)	0.011 (0.003)	16.33 (10.78)
Other neurologic disorder ^a	5.18*** (1.54)	5.24*** (1.53)	0.025 (0.004)	13.22** (6.15)
Diabetes and obesity	0.78 (0.60)	0.71 (0.57)	0.182 (0.010)	12.98 (10.89)
Neck pain	1.00 (0.73)	0.95 (0.72)	0.110 (0.008)	10.47 (8.29)
Fibromyalgia and neuropathic pain and fatigue	1.30 (0.82)	1.18 (0.80)	0.083 (0.007)	9.79 (7.03)
Back pain	0.34 (0.72)	0.39 (0.73)	0.223 (0.011)	8.61 (16.40)
Musculoskeletal injuries and limb deformities and burns	1.64 (1.15)	1.83 (1.14)	0.046 (0.005)	8.40 (5.64)
Inflammatory bowel disease and other gastrointestinal disorders	1.35* (0.80)	1.26 (0.79)	0.065 (0.006)	8.15 (5.46)
Chronic pain	2.62 (1.81)	2.60 (1.80)	0.028 (0.004)	7.26 (5.27)
Blindness	15.01*** (3.26)	14.79*** (3.16)	0.004 (0.002)	5.95 (5.46)
Rheumatologic disease	1.43 (1.80)	1.39 (1.84)	0.027 (0.004)	3.71 (4.88)
Other lung disease ^b	3.18 (2.74)	3.44 (2.68)	0.009 (0.002)	3.11 (2.63)

Kidney or bladder disease	1.44 (1.48)	1.60 (1.51)	0.018 (0.003)	2.88 (3.29)
Migraine	0.56 (0.74)	0.26 (0.77)	0.108 (0.008)	2.83 (8.53)
Blood disorder	0.90 (1.98)	0.85 (2.01)	0.027 (0.004)	2.32 (6.01)
Deafness	2.39 (2.09)	2.51 (2.09)	0.007 (0.002)	1.70 (1.56)
Other ^c	0.09 (0.74)	0.11 (0.73)	0.118 (0.008)	1.30 (8.74)
Abnormal heart rhythm	2.06 (3.76)	2.34 (3.79)	0.003 (0.001)	0.71 (2.33)
Developmental disorder	1.90 (2.62)	2.43 (2.46)	0.003 (0.001)	0.66 (0.60)
Spinal cord injury	2.25 (3.90)	2.00 (3.83)	0.003 (0.001)	0.55 (1.12)
Atherosclerotic vascular disease	-0.12 (1.87)	0.34 (1.88)	0.011 (0.003)	0.37 (1.99)
Dementia	3.39 (7.96)	3.83 (8.03)	0.001 (0.001)	0.33 (0.81)
Cancer	-0.09 (1.99)	-0.12 (1.95)	0.017 (0.003)	-0.20 (3.37)
Connective tissue disorders	-0.38 (1.69)	-0.30 (1.60)	0.025 (0.004)	-0.75 (4.14)
HIV and other infectious diseases	-2.60 (1.73)	-2.65 (1.74)	0.012 (0.003)	-3.12 (2.49)
Other heart or circulatory disorder ^d	-1.88* (1.05)	-1.83* (1.04)	0.020 (0.004)	-3.61 (2.45)

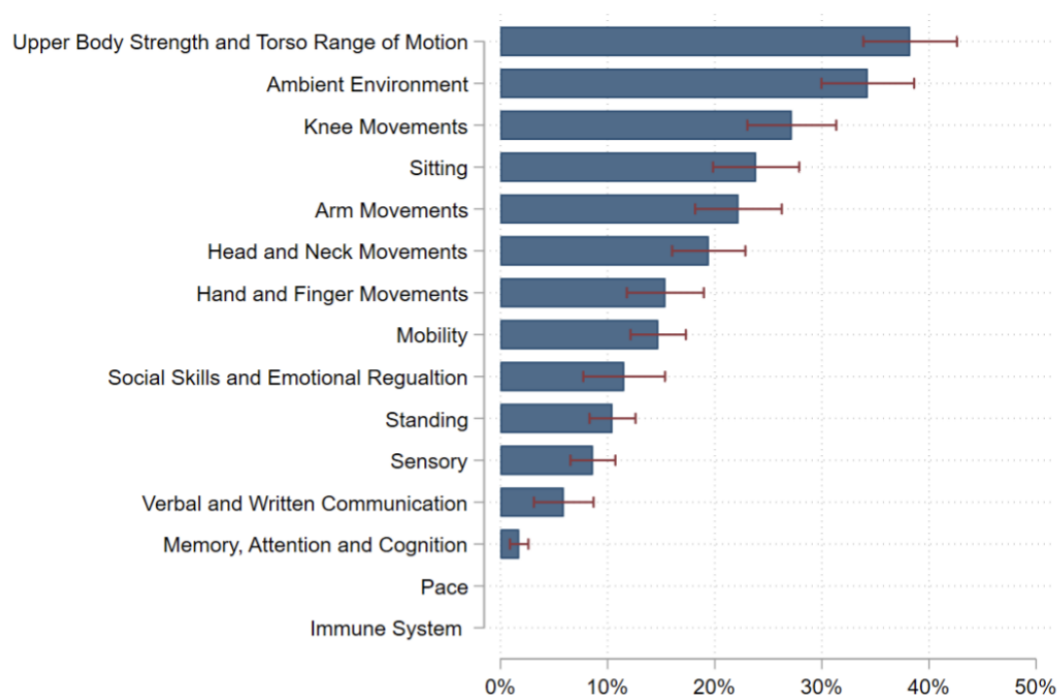
This table shows: regression coefficients measuring the association between a respondent's number of functional limitations (dependent variable) and the listed medical condition in the analysis sample (N=1,477) (col. 1 without demographic controls, col. 2 with demographic controls); the prevalence of the listed medical condition in the analysis sample (col. 3); and the product of the regression coefficient from col. 2 and the prevalence estimate multiplied by 100 (col. 4). Medical conditions are listed in decreasing order on col. 4. The regression model includes indicators for each of the 30 medical conditions age group dummies, and an indicator for gender. The regression model is the same as the model in Table 2 (the only difference is that this table shows all estimated coefficients and not just the top 10). * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors are in parentheses. The standard errors in col. 4 are estimated by nonparametric bootstrap. ^a *Other neurologic disorder* includes, but is not limited to, multiple sclerosis, seizure disorders, stroke (or effects of a prior stroke), and Parkinson's disease. *Other neurologic disorder* does not include spinal cord injury, fibromyalgia and neuropathic pain and fatigue, blindness, or deafness. ^b *Other lung disease* includes, but is not limited to, interstitial lung disease/pulmonary fibrosis and pulmonary hypertension. *Other lung disease* does not include asthma or chronic obstructive pulmonary disease. ^c *Other* includes sleep disorders and other health problems. ^d *Other heart or circulatory disorder* is used for any cardiac or circulatory condition, including lymphedema, that is not structural heart disease, atherosclerotic vascular disease, or abnormal heart rhythm.

Table S5. Example of how a FML functional ability maps to U.S. occupations and tasks

Functional Ability: Skin contact	
Job Category: Construction & Skilled Trades	
O*NET Examples	Task Examples
Welders, Cutters, Solderers, and Brazers (51-4121.00), Carpenters (47-2031.00), Painters, Construction and Maintenance (47-2141.00), Plumbers, Pipefitters, and Steamfitters (47-2152.00), Electricians (47-2111.00), Automotive Service Technicians and Mechanics (49-3023.00)	Chip or grind off excess weld, slag, or spatter; Clean or degrease parts, using wire brushes, portable grinders, or chemical baths; Wash and treat surfaces with oil, turpentine, mildew remover, or other preparations; Apply primers or sealers to prepare new surfaces, such as bare wood or metal, for finish coats; Place conduit, pipes, or tubing, inside designated partitions, walls, or other concealed areas; Repair, reline, replace, and adjust brakes; Perform routine and scheduled maintenance services, such as oil changes, lubrications, and tune-ups
Job Category: Agriculture & Animal Care	
O*NET Examples	Task Examples
Animal Caretakers (39-2021.00), Farmworkers and Laborers, Crop, Nursery, and Greenhouse (45-2092.00), Agricultural Equipment Operators (45-2091.00)	Mix specified materials or chemicals; Spray fertilizer or pesticide solutions; Harvest fruits and vegetables by hand; Feel plants' leaves and note their coloring to detect the presence of insects or disease; Do facility laundry and clean organize, maintain, and disinfect animal quarters, such as pens and stables, and equipment, such as saddles and bridles; Perform animal grooming duties, such as washing, brushing, clipping, and trimming coats, cutting nails, and cleaning ears
Job Category: Medical & Healthcare	
O*NET Examples	Task Examples
Medical and Clinical Laboratory Technicians (29-2012.00), Medical Equipment Preparers (31-9093.00), Nurse Anesthetists (29-1151.00), Surgical Technologists (29-2055.00)	Clean instruments to prepare them for sterilization; Wash and sterilize equipment, using germicides and sterilizers; Manage patients' airway or pulmonary status; Prepare dressings or bandages and apply or assist with their application following surgery

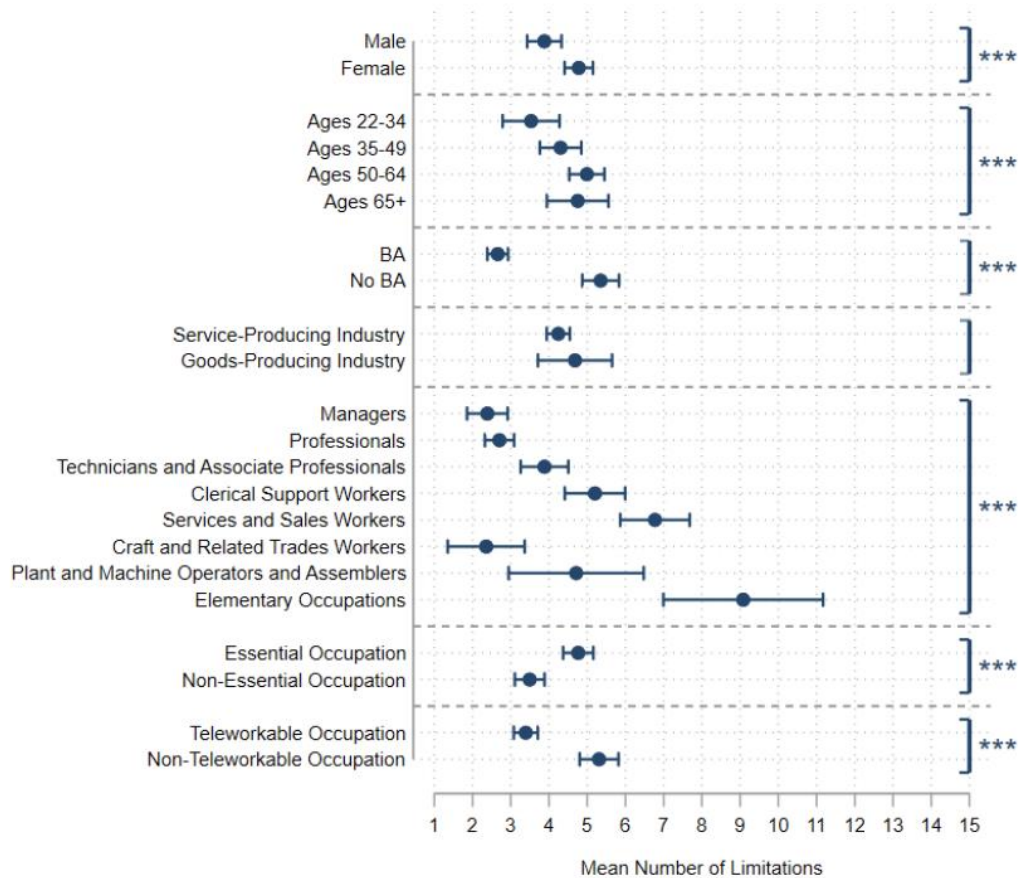
This table provides examples of specific occupations and the associated tasks that require skin contact using the O*NET 29.2 database.

Figure S1. Prevalence of any limitation by functional domain using only limitations included in the automated algorithm



This figure re-calculates Figure 1, the population prevalence (%) of any limitation in the listed functional domain, using only the 56 items incorporated in the UWV's automated algorithm (N=1,477). Error bars represent 95% confidence intervals. Authors grouped functional abilities into 16 functional domains (see Table S1 for a full listing of functional abilities by functional domain). Three domains have no functional limitations used in the automated algorithm: Immune System, Body Function, Not Elsewhere Classified, and Pace. Consistent with the construction of Figure 1, Body Function, Not Elsewhere Classified is excluded due to its very low baseline prevalence (<0.1%).

Figure S2. Mean number of limitations by demographic and job characteristics using only limitations included in the automated algorithm



This figure re-calculates Figure 2, the mean number of limitations by group, using only the 56 items incorporated in the UWV's automated algorithm (N=1,477). Error bars represent 95% confidence intervals. The maximum number of limitations is 56. The ISCO-08 occupation classification results are limited to civilian occupations with more than 5 respondents. Industry is an aggregation of NAICS supersectors. There were 16 respondents who did not provide occupational information and 3 who did not provide industry information. One-way ANOVA was used to test for differences in the mean number of limitations across all groups within a demographic or job characteristic category. Significance stars * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$ indicate where there were statistically significant differences.

Table S6. Summary statistics for number of limitations by set of items and weighting scheme

Total Items (N=97) At least one functional limitation: 74.2%	Unweighted Limitations	Weighted Limitations
Mean number of functional limitations	5.6	4.8
Median number of functional limitations	3.0	2.5
Algorithm Items (N=56) At least one functional limitation: 66.3%	Unweighted Limitations	Weighted Limitations
Mean number of functional limitations	4.3	4.2
Median number of functional limitations	2.0	1.8

This table shows the population prevalence of functional limitations and mean/median number of functional limitations by set of items and weighting scheme for the 1,477 HFCS respondents in our analysis sample. There are 97 items in total, but only 56 are explicitly utilized in the automated algorithm (“algorithm items”). Respondents’ functional limitations are weighted by the prevalence of the corresponding job requirement normalized by the average job requirement prevalence (among items with non-zero prevalence) for their observed level of educational attainment (less than or at least a Bachelor’s degree). In the analysis of 97 total items, the prevalence measures of the 41 non-algorithm items are imputed to be 1. In the analysis of 56 items, the prevalence measures of the non-algorithm items are imputed to be 0 and are implicitly excluded.

Table S7. Top ten highest impact medical conditions, ranked by population impact, by set of items and weighting scheme

Total Items (N=97)			
Medical Condition	Unweighted Limitations	Medical Condition	Weighted Limitations
Mental Illness	2.66*** (0.88)	Mental Illness	2.93*** (0.80)
Arthritis and other joint disease	3.24*** (1.20)	Arthritis and other joint disease	3.05*** (1.05)
Substance use disorder and related complications	4.97* (2.91)	Substance use disorder and related complications	4.91* (2.58)
Asthma or chronic obstructive pulmonary disease	2.67*** (0.94)	Asthma or chronic obstructive pulmonary disease	2.27*** (0.77)
Structural Heart Disease	15.39*** (3.40)	Diabetes and obesity	0.88* (0.51)
Other Neurologic Disorder	5.24*** (1.53)	Structural Heart Disease	14.47*** (2.81)
Diabetes and obesity	0.71 (0.57)	Musculoskeletal (MSK) injuries and limb deformities and burns	2.64** (1.19)
Neck pain	0.95 (0.72)	Fibromyalgia and neuropathic pain and fatigue	1.29* (0.74)
Fibromyalgia and neuropathic pain and fatigue	1.18 (0.80)	Neck pain	0.89 (0.64)
Back pain	0.39 (0.73)	Inflammatory bowel disease	1.50** (0.72)
Algorithm Items (N=56)			
Medical Condition	Unweighted Limitations	Medical Condition	Weighted Limitations
Arthritis and other joint disease	2.41*** (0.82)	Arthritis and other joint disease	2.63*** (0.73)
Mental Illness	0.94 (0.66)	Mental Illness	0.76 (0.66)
Substance use disorder and related complications	2.99 (1.91)	Substance use disorder and related complications	3.00* (1.67)
Asthma or chronic obstructive pulmonary disease	1.80** (0.75)	Structural Heart Disease	15.85*** (3.24)
Back pain	0.70 (0.60)	Asthma or chronic obstructive pulmonary disease	1.47** (0.65)
Structural Heart Disease	13.29*** (3.11)	Back pain	0.65 (0.53)
Other Neurologic Disorder	4.31*** (1.22)	Fibromyalgia and neuropathic pain and fatigue	1.59** (0.66)
Neck pain	0.93 (0.58)	Neck pain	1.19** (0.57)
Fibromyalgia and neuropathic pain	1.08*	Diabetes and obesity	0.71

and fatigue	(0.61)		(0.47)
Diabetes and obesity	0.45 (0.46)	Other Neurologic Disorder	3.47*** (1.16)

This table re-estimates Table 2, the regression coefficients measuring the increase in the number of functional limitations (dependent variable) associated with the listed medical condition (compared to having no medical conditions) using alternative item sets and weighting schemes (N=1,477). For the weighted models, respondents' functional limitations are weighted by the prevalence of the corresponding job requirement normalized by the average job requirement prevalence (among items with non-zero prevalence) for their observed level of educational attainment (either less than or at least a Bachelor's degree). There are 97 items in total, but because only 56 items are utilized in the UWV's automated algorithm, prevalence among job profiles can only be calculated for these items. In the analysis of 97 total items, the prevalence measures of the 41 non-algorithm items are imputed to be 1. In the analysis of 56 items, the prevalence measures of the non-algorithm items are imputed to be 0 and are implicitly. * p < 0.10, ** p < 0.05, *** p < 0.01. Standard errors are in parentheses.

Table S8: Distribution of limitation weights by set of items and educational requirement

Total Items (N= 97)								
	Mean	Min	10%	25%	Median	75%	90%	Max
No BA degree required	1.00	0.02	0.25	0.63	1.27	1.37	1.37	1.37
BA degree required	1.00	0.02	0.15	0.49	1.36	1.42	1.42	1.42

Algorithm Items (N=56)								
	Mean	Min	10%	25%	Median	75%	90%	Max
No BA degree required	1.00	0.02	0.24	0.55	0.97	1.59	1.80	1.86
BA degree required	1.00	0.02	0.16	0.30	0.93	1.62	2.04	2.04

This table shows the distribution of limitation weights by set of items and educational requirement. Weights for each ability are constructed as the prevalence of the corresponding job requirement, normalized by the average job requirement prevalence by educational requirement (among the items with non-zero prevalence). For example, amongst jobs that require a BA, the most prevalent ability of working with a keyboard and mouse (100% prevalence) is assigned a weight of 1.42, while the least common ability of exposure to high temperatures (1.1% prevalence) is assigned a weight of 0.02 when using all 97 items for analysis. For the weights on all 97 items, the job requirement prevalence rates for the 41 non-algorithm items are imputed to be 1. For the weights on just the 56 algorithm items, the prevalence rates for the 41 non-algorithm items are imputed to be 0 and they are implicitly excluded from analyses.

Table S9. Summary of correlation between medical conditions in analysis sample

Statistic	Correlation Coefficient	Medical Condition 1	Medical Condition 2
Min	-0.067	Substance use disorder and related complications	Migraine
25th Percentile	-0.007	Blindness	Atherosclerotic vascular disease
Median	0.023	Musculoskeletal injuries and limb deformities and burns	Cancer
75th Percentile	0.087	Spinal cord injury	Back Pain
Max	0.452	Structural heart disease	Abnormal heart rhythm

This table summarizes the distribution of Pearson correlation coefficients between medical conditions in the analysis sample (N = 1477). Examples of medical conditions at each point in the distribution are given in cols. 3 and 4.

(MS522) HEALTH AND FUNCTIONAL CAPACITY SURVEY [MAIN]

Preamble

Thank you for taking the time to complete this survey. This survey will ask about your health and how it affects your ability to carry out daily activities and/or work activities.

Q1_bone

Do you suffer from any of the following serious health problems? Check all that apply.

Bone, Joint, Muscle and Skin Problems

- ☐ Arthritis (1)
- ☐ Rheumatoid Arthritis (2)
- ☐ Back Pain due to spinal stenosis (3)
- ☐ Back Pain due to other causes (4)
- ☐ Neck Pain (5)
- ☐ Fibromyalgia (6)
- ☐ Lupus (7)
- ☐ Ehlers-Danlos Syndrome (8)
- ☐ Deformity of Limb (9)
- ☐ Amputation of Limb (10)
- ☐ Severe Burn (11)
- ☐ Other Muscle or Connective Tissue Disorder (please specify): (12)_____ [Other]
- ☐ Other Bone or Joint Disorder (please specify): (13)_____ [Other]
- ☐ Other Injury (please specify): (14)_____ [Other]
- ☐ I do not suffer from any of these health problems (15) [Exclusive]

CONDITION	f('Q1_bone').any('1','2')	
	true	false
	Question Q1_bone_fu1()	

Q1_bone_fu1

[Not required]

You indicated that you have arthritis - what joints are affected?

END	Condition f('Q1_bone').any('1','2')
-----	-------------------------------------

CONDITION	f('Q1_bone').any('10')	
	true	false
	Question Q1_bone_fu2()	

Q1_bone_fu2

Why was your limb amputated? Check all that apply.

- ☐ Result of a traumatic injury (1)
- ☐ Complications of diabetes (2)
- ☐ Complications of peripheral arterial disease (3)
- ☐ None of the above (4) [*Exclusive*]

END	Condition f('Q1_bone').any('10')
-----	----------------------------------

Q1_nervous

Do you suffer from any of the following serious health problems? Check all that apply.

Nervous System and Sensory Problems

- ☐ Spinal Cord Injury (1)
- ☐ Multiple Sclerosis (2)
- ☐ Seizure Disorder (3)
- ☐ Parkinson's Disease (4)
- ☐ Stroke (or effects of a prior stroke) (5)
- ☐ Migraine (6)
- ☐ Blindness (7)
- ☐ Deafness (8)
- ☐ Nerve problem causing numbness or pain (for example, sciatica, diabetic neuropathy) (9)
- ☐ Other Nervous System Disorder (please specify): (10)_____ [*Other*]
- ☐ I do not suffer from any of these health problems (11) [*Exclusive*]

CONDITION	f('Q1_nervous').any('1')	
	true	false
	Question Q1_nervous_fu1()	

Q1_nervous_fu1

[*Not required*]

Has your spinal cord injury resulted in paralysis? If so, which limbs?

END

Condition f('Q1_nervous').any('1')

CONDITION	f('Q1_nervous').any('7')	
	true	false
	Question Q1_nervous_fu2()	

Q1_nervous_fu2

[Not required]

What caused your vision loss?

END

Condition f('Q1_nervous').any('7')

CONDITION	f('Q1_nervous').any('8')	
	true	false
	Question Q1_nervous_fu3()	

Q1_nervous_fu3

[Not required]

What caused your hearing loss?

END

Condition f('Q1_nervous').any('8')

Q1_heart

Do you suffer from any of the following serious health problems? Check all that apply.

Heart and Circulatory System Problems

- ☐ Heart Failure (1)
- ☐ Coronary Artery Disease (for example, angina) (2)
- ☐ Heart Valve Dysfunction (3)
- ☐ Peripheral Arterial Disease (blocked or narrowed arteries that cause pain in your legs) (4)
- ☐ Abnormal Heart Rhythm requiring you to wear a pacemaker or defibrillator (5)
- ☐ Lymphedema (6)
- ☐ Other Heart or Circulatory System Disorder (please specify): (7)_____ [Other]
- ☐ I do not suffer from any of these health problems (8) [Exclusive]

Q1_lung

Do you suffer from any of the following serious health problems? Check all that apply.

Lung Problems

- ☐ Asthma (1)
- ☐ Chronic Obstructive Pulmonary Disease/Emphysema (2)
- ☐ Interstitial Lung Disease/Pulmonary Fibrosis (3)
- ☐ Pulmonary Hypertension (4)
- ☐ Other Lung Disease (please specify): (5)_____ [Other]
- ☐ I do not suffer from any of these health problems (6) [Exclusive]

Q1_gastro

Do you suffer from any of the following serious health problems? Check all that apply.

Gastrointestinal and Kidney Problems

- ☐ Crohn's Disease (1)
- ☐ Ulcerative Colitis (2)
- ☐ Liver Disease/Cirrhosis (3)
- ☐ Chronic Kidney Disease, not on dialysis (4)
- ☐ Chronic Kidney Disease, on dialysis (5)
- ☐ Other Gastrointestinal Disorder (please specify): (6)_____ [Other]
- ☐ Other Kidney or Bladder Disorder (please specify): (7)_____ [Other]
- ☐ I do not suffer from any of these health problems (8) [Exclusive]

Q1_infectious

Do you suffer from any of the following serious health problems? Check all that apply.

Infectious Diseases

- ☐ HIV (1)
- ☐ Hepatitis C (2)
- ☐ Other Infectious Disease (please specify): (3)_____ [Other]
- ☐ I do not suffer from any of these health problems (4) [Exclusive]

Q1_mental

Do you suffer from any of the following serious health problems? Check all that apply.

Mental Health and Substance Use Problems

- ☐ Schizophrenia (1)
- ☐ Bipolar Disorder (2)
- ☐ Depression (3)
- ☐ Anxiety (4)
- ☐ Attention Deficit/Hyperactivity Disorder (ADHD) (5)
- ☐ Post-Traumatic Stress Disorder (6)
- ☐ Personality Disorder (please specify): (7)_____ [Other]
- ☐ Alzheimer's Disease (8)
- ☐ Other Dementia (please specify): (9)_____ [Other]
- ☐ Other Mental or Cognitive Disorder (please specify): (10)_____ [Other]
- ☐ Alcohol Dependence (11)
- ☐ Opioid Dependence (12)
- ☐ Other Substance Use Disorder (please specify): (13)_____ [Other]
- ☐ I do not suffer from any of these health problems (14) [Exclusive]

Q1_other

Do you suffer from any of the following serious health problems? Check all that apply.

Other Serious Health Problems

- ☐ Cancer (1)
- ☐ Diabetes (2)
- ☐ Obesity (3)
- ☐ Down Syndrome (4)
- ☐ Cerebral Palsy (5)
- ☐ Sleep Disorder (6)
- ☐ Chronic Fatigue Syndrome (7)
- ☐ Chronic Pain (8)
- ☐ Sickle Cell Anemia (9)
- ☐ Immune Deficiency (10)
- ☐ Other Blood Disorder (please specify): (11)_____ [Other]
- ☐ Other Developmental Disorder (please specify): (12)_____ [Other]
- ☐ Other Health Problem (please specify): (13)_____ [Other]
- ☐ I do not suffer from these or any other health problems (14) [Exclusive]

CONDITION	f('Q1_other').any('2')	
	true	false
	Question Q1_other_fu1()	

Q1_other_fu1

[Not required]

Do you have nerve damage as a result of diabetes?

- ☐ Yes (1)
☐ No (2)
☐ Don't know (3)

END	Condition f('Q1_other').any('2')	
-----	----------------------------------	--

CONDITION	f('Q1_other').any('1')	
	true	false
	Question Q1_other_fu2()	

Q1_other_fu2

[Open Text ♦ Not required]

What type of cancer do you have? (1) _____
 Has the cancer spread to other parts of your body? (2) _____

END	Condition f('Q1_other').any('1')	
-----	----------------------------------	--

CONDITION	f('Q1_other').any('8')	
	true	false
	Question Q1_other_fu3()	

Q1_other_fu3

[Not required]

Where do you have pain?

END	Condition f('Q1_other').any('8')	
CONDITION	true	false
	Condition f('Q1_bone').any('1','2','3','4','5','6','7','8','9','10','11','12','13','14') f('Q1_nervous').any('1','2','3','4','5','6','7','8','9','10') f('Q1_heart').any('1','2','3','4','5','6','7') f('Q1_lung').any('1','2','3','4','5') f('Q1_gastro').any('1','2','3','4','5','6','7') f('Q1_infectious').any('1','2','3') f('Q1_mental').any('1','2','3','4','5','6','7','8','9','10','11','12','13') f('Q1_other').any('1','2','3','4','5','6','7','8','9','10','11','12','13')	
CONDITION	f('Q1_bone').any('1','2','3','4','5','6','7','8','9','10','11','12','13','14') f('Q1_nervous').any('1','2','3','4','5','6','7','8','9','10') f('Q1_heart').any('1','2','3','4','5','6','7') f('Q1_lung').any('1','2','3','4','5') f('Q1_gastro').any('1','2','3','4','5','6','7') f('Q1_infectious').any('1','2','3') f('Q1_mental').any('1','2','3','4','5','6','7','8','9','10','11','12','13') f('Q1_other').any('1','2','3','4','5','6','7','8','9','10','11','12','13')	
	true	false
	Question Q2()	

Q2

[Not required]

Of the health problems you mentioned, please indicate which conditions (up to 3) are the most severe. Please rank these conditions from most severe (number 1) to least severe (number 3). Please also indicate which, if any, of these health problems affect your ability to carry out daily activities.

	Q2_textEntry -	Q2_limitsActivities - Limits daily activities?	
		Yes (1)	No (2)
1 (most severe): (1)	_____	<input type="radio"/>	<input type="radio"/>
2: (2)	_____	<input type="radio"/>	<input type="radio"/>
3: (3)	_____	<input type="radio"/>	<input type="radio"/>

Q3

[Not required]

Has your health or function gotten much worse in the past 12 months?

- ☐ Yes (1)
☐ No (2)

CONDITION	f('Q3')==1'
	true
	Question Q3a()
	false

Q3a

[Not required]

Why has your health or function gotten worse?

END	Condition f('Q3')==1'
END	Condition f('Q1_bone').any('1','2','3','4','5','6','7','8','9','10','11','12','13','14') f('Q1_nervous').any('1','2','3','4','5','6','7','8','9','10') f('Q1_heart').any('1','2','3','4','5','6','7') f('Q1_lung').any('1','2','3','4','5') f('Q1_gastro').any('1','2','3','4','5','6','7') f('Q1_infectious').any('1','2','3') f('Q1_mental').any('1','2','3','4','5','6','7','8','9','10','11','12','13') f('Q1_other').any('1','2','3','4','5','6','7','8','9','10','11','12','13')
END	Condition

Q4

Please indicate which if any of the following statements applies to you. Check all that apply.

- ☐ I have a serious mental illness that makes it difficult for me to perform daily activities (1)
☐ I am currently living in a hospital, nursing home or other medical facility (2)
☐ I am currently confined to a bed due to medical problems (3)
☐ I need help from others with getting in or out of a bed or chair (4)
☐ I need help from others with dressing (5)
☐ I need help from others with using the toilet (6)

- ☐ I need help from others with bathing/showering (7)
- ☐ I need help from others with eating (8)
- ☐ I have difficulty with controlling urination and/or my bowels (9)
- ☐ A doctor has told me that I will probably not live for more than 1 year (10)
- ☐ None of these statements applies to me (11) [*Exclusive*]

CONDITION	f('short_path').toBoolean() f('Q4').any('1','2','3','4','5','6','7','8','9','10')	
	true	false
	Question add credits, screened()	

STOP **Screened –**

END Condition f('short_path').toBoolean() || f('Q4').any('1','2','3','4','5','6','7','8','9','10')

Q4_eligible

Congratulations! You are eligible to complete the remainder of the survey and earn an additional \$15, for a total of \$20.

CONDITION	f('Q1_nervous').any('2','4','5','10') f('Q1_mental').any('1','2','3','4','5','6','7','8','9','10') f('Q1_other').any('4','5','12','13') (f('Q1_bone').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14','15') && f('Q1_nervous').none('1','2','3','4','5','6','7','8','9','10','11') && f('Q1_heart').none('1','2','3','4','5','6','7','8') && f('Q1_lung').none('1','2','3','4','5','6') && f('Q1_gastro').none('1','2','3','4','5','6','7','8') && f('Q1_infectious').none('1','2','3','4') && f('Q1_mental').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14') && f('Q1_other').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14'));	
	true	false
	Question Thinking()	

intro_thinking

The following questions ask about your thinking abilities.

For each question, you should only indicate a limitation in your abilities if it hinders your daily life compared to most other people.

Q5

[*Not required*]

For how long can you focus your attention?

Only select the second or third option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

- ☐ I can focus my attention on a single source of information (an item, person, or event) for at least 30 minutes (1)
- ☐ I can focus on a single source of information for longer than 5 minutes, but less than 30 minutes (2)
- ☐ I am unable to focus on a single source of information for 5 minutes (3)

Q6

[Not required]

How well are you able to do multiple things at once?

Only select the second or third option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

- ☐ I can do multiple tasks at the same time (for example, drive a car in busy traffic) (1)
- ☐ I have great difficulty with doing a task if there are other demands on my attention (for example, I cannot drive in busy traffic, but I can travel by bus in an urban area) (2)
- ☐ I am not capable of doing more than one task at a time (3)

Q7

[Not required]

Which of the following best describes your memory?

Only select the second or third option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

- ☐ I can usually remember routine daily activities without difficulty; sometimes I use lists and reminders to help (1)
- ☐ I cannot remember or complete ANY routine daily activities without lists or reminders (2)
- ☐ I cannot remember what I need to do each day, even if I use a list or reminder (3)

Q8

[Not required]

Which of the following best describes how well you are able to estimate your abilities and limitations?

Only select the second or third option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

- ☐ I can usually correctly guess whether my abilities will allow me to do a specific task (1)
- ☐ Often, I feel certain that I CAN do a particular task, but when I attempt the task it turns out that I'm not able to do it (2)
- ☐ Often, I feel certain that I CANNOT do a particular task, but others tell me they think I can do it (3)

Q9

[Not required]

Are you able to plan and do simple, routine daily activities? (such as getting out of bed at the correct time, preparing meals, arriving on time to appointments)

Only select the second option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

- ☐ I can perform routine activities by myself without any difficulty (1)

☐ I have difficulties with planning and doing simple activities (2)

CONDITION	f('Q9')==2'	
	true	false
	Question Q9a()	

Q9a

What difficulties do you have with planning and doing simple, routine activities? Check all that apply.

- ☐ I cannot correctly estimate how long it will take to do something. (1)
- ☐ I am not able to prioritize important tasks, and often don't finish them. (2)
- ☐ I am not able to adequately monitor the progress of my activities (for example, after putting clothes in the washing machine, I forget about them for a long time) (3)
- ☐ I am not able to stop activities when I should (for example, I keep doing them when they are not working or no longer necessary) (4)
- ☐ I have other difficulties with planning and doing simple activities: (5)_____ [Other]

END	Condition f('Q9')==2'	

Q10

[Not required]

Are you able to independently do activities that are less routine, without help from others? (for example, managing finances, making medical appointments)

Only select the second option if you are severely limited because of a psychiatric, neurological, or developmental disorder.

- ☐ I am able to independently do activities that are less routine (1)
- ☐ I have difficulties with independently doing activities that are less routine (2)

CONDITION	f('Q10')==2'	
	true	false
	Question Q10a()	

Q10a

What difficulties do you have with independently doing activities that are less routine? Check all that apply.

- ☐ I usually do not start activities myself (1)
- ☐ I usually do not set goals for myself (2)

- ☐ Even after deciding I want to do something, I have difficulty sticking with my plan and often stop before the job is done (3)
- ☐ Even after deciding I want to do something, I am unable to think of ways to do it (4)
- ☐ Even after deciding I want to do something, I am unable to decide which way of doing it is the best (5)
- ☐ After choosing an approach to doing something, I have great difficulty realizing when I've made the wrong choice (6)
- ☐ Even when I realize I've chosen the wrong way to do something, I have great difficulty with choosing a different way to do it (7)
- ☐ I have great difficulty with asking for help when I need it (8)
- ☐ I have other difficulties in doing activities independently: (9)_____ [Other]

END	Condition f('Q10')==2'
CONDITION	f('currentjobstatus').any('4','5','7')

	true
	Question Q11_retired()
	false
	Question Q11()

Q11_retired

[Not required]

Do you have any other difficulties with thinking that might affect your ability to work in particular (if you chose to work)?

- ☐ Yes – please explain: (1)_____ [Other]
- ☐ No (2)

Q12_retired

Some people who have difficulties with thinking because of a medical condition need supports or accommodations in order to work at a job. Do you, or would you, need any of the following supports in order to work at a job (if you chose to work)?

Check all that apply, but only indicate supports that are needed due to a severe psychiatric, neurological or developmental disorder.

- ☐ No special supports needed because of my health and its impact on my thinking (1) [Exclusive]
- ☐ I can only do work that is completely planned out in advance by someone else, so that I am only following instructions and not making independent decisions (2)
- ☐ I can only do work that is mostly planned out in advance by someone else, so that I only sometimes need to make independent decisions (3)
- ☐ I need constant supervision and guidance to be able to do my job (4)
- ☐ I can only work in an environment without distractions from others (for example, colleagues talking to each other or operating machines) (5)
- ☐ I can only do work that is predictable, as I have difficulty dealing with changes in my environment or work content (6)
- ☐ I can only do work where there are few interruptions (7)
- ☐ I can only do work where deadlines, or times when I must work harder than usual, do not occur often (less than once a week) (8)
- ☐ I cannot do work that requires a fast pace the majority of the time (9)
- ☐ I cannot do work that places me at high physical risk (for example, from environmental hazards), because I have difficulty recognizing and protecting myself from risks (10)

☐ Other accommodations are needed due to my health and its impacts on my thinking: (11)_____ [Other]

ELSE

f('currentjobstatus').any('4','5','7')

Q11

[Not required]

Do you have any other difficulties with thinking that might affect your ability to work in particular?

☐ Yes – please explain: (1)_____ [Other]

☐ No (2)

Q12

Some people who have difficulties with thinking because of a medical condition need supports or accommodations in order to work at a job. Do you, or would you, need any of the following supports in order to work at a job?

Check all that apply, but only indicate supports that are needed due to a severe psychiatric, neurological or developmental disorder.

☐ No special supports needed because of my health and its impact on my thinking (1) [Exclusive]

☐ I can only do work that is completely planned out in advance by someone else, so that I am only following instructions and not making independent decisions (2)

☐ I can only do work that is mostly planned out in advance by someone else, so that I only sometimes need to make independent decisions (3)

☐ I need constant supervision and guidance to be able to do my job (4)

☐ I can only work in an environment without distractions from others (for example, colleagues talking to each other or operating machines) (5)

☐ I can only do work that is predictable, as I have difficulty dealing with changes in my environment or work content (6)

☐ I can only do work where there are few interruptions (7)

☐ I can only do work where deadlines, or times when I must work harder than usual, do not occur often (less than once a week) (8)

☐ I cannot do work that requires a fast pace the majority of the time (9)

☐ I cannot do work that places me at high physical risk (for example, from environmental hazards), because I have difficulty recognizing and protecting myself from risks (10)

☐ Other accommodations are needed due to my health and its impacts on my thinking: (11)_____ [Other]

END

Condition f('currentjobstatus').any('4','5','7')

intro_social

The following questions ask about interactions with other people.

For each question, you should only indicate a limitation in your abilities if it hinders your daily life compared to most other people.

Q13

[Not required]

Which of the following best describes how other peoples' emotional problems affect you?

Only select the second or third option if your feelings about other people's problems hinder your daily life compared to most other people.

- ☐ I feel sad about other peoples' problems, but these feelings do not affect my behavior or my ability to complete my activities (1)
- ☐ I am extremely sensitive to other peoples' problems and distracted by them; I can still complete my activities, but this requires a great deal of extra effort (2)
- ☐ I am so sensitive to other peoples' problems that I'm unable to distance myself from them and complete my activities (3)

Q14

[Not required]

Which of the following best describes how you express your feelings to others?

Only select the second or third option if your feelings about other people's problems hinder your daily life compared to most other people.

- ☐ I can express my feelings in a way that is clear and acceptable to others (1)
- ☐ I have difficulties with clearly and appropriately expressing my feelings, and I often confuse other people or make them uncomfortable (2)
- ☐ I have very little control over how I express my feelings (3)

Q15

[Not required]

Which of the following best describes your ability to cope with conflicts with difficult people?

Only select the second or third option if your feelings about other people's problems hinder your daily life compared to most other people.

- ☐ I can handle conflicts with difficult people (1)
- ☐ I can only handle conflicts with difficult people over the telephone or through letters or email (2)
- ☐ I can't tolerate or resolve these conflicts on my own (3)

Q16

[Not required]

Which of the following best describes your ability to work in teams?

Only select the second or third option if your feelings about other people's problems hinder your daily life compared to most other people.

- ☐ I have no difficulties working in teams (1)
- ☐ I can work in teams, but only if my tasks are clearly mine (2)
- ☐ I am unable to work in teams (3)

Q17

[Not required]

Which of the following best describes your ability to get yourself places?

- ☐ I am able to either drive myself in a car, ride a bicycle, walk, use a wheelchair independently, or use public transportation by myself (1)
- ☐ I need help from others to transport myself (2)

Q18

[Not required]

Are there any other ways your medical condition(s) affect your abilities to interact with people?

- ☐ Yes – please explain: (1)_____ [Other]
- ☐ No (2)

CONDITION	f('currentjobstatus').any('4','5','7')	
	true	false
	Question Q19_retired()	Question Q19()

Q19_retired

Please select which if any of the following supports/accommodations would be necessary for you to work at any job (if you chose to work), because of a psychiatric, neurological or developmental disorder. Check all that apply.

- ☐ No special supports needed (1) [Exclusive]
- ☐ I could only do work where there is little to no contact with customers or clients (2)
- ☐ I could only do work where I do not have to take care of people (e.g., patients) (3)
- ☐ I could only do work where there is little to no contact with colleagues (4)
- ☐ I could not do work that involves managing other people (5)
- ☐ Other accommodations would be needed due to my health and its impacts on my interactions with other people: (6)_____ [Other]

ELSE	f('currentjobstatus').any('4','5','7')
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Q19

Please select which if any of the following supports/accommodations would be necessary for you to work at any job, because of a psychiatric, neurological or developmental disorder. Check all that apply.

- ☐ No special supports needed (1) [Exclusive]
- ☐ I could only do work where there is little to no contact with customers or clients (2)
- ☐ I could only do work where I do not have to take care of people (e.g., patients) (3)
- ☐ I could only do work where there is little to no contact with colleagues (4)
- ☐ I could not do work that involves managing other people (5)
- ☐ Other accommodations would be needed due to my health and its impacts on my interactions with other people: (6)_____ [Other]

END	Condition f('currentjobstatus').any('4','5','7')
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END	<pre> Condition f('Q1_nervous').any('2','4','5','10') f('Q1_mental').any('1','2','3','4','5','6','7','8','9','10') f('Q1_other').any('4','5','12','13') (f('Q1_bone').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14','15') && f('Q1_nervous').none('1','2','3','4','5','6','7','8','9','10','11') && f('Q1_heart').none('1','2','3','4','5','6','7','8') && f('Q1_lung').none('1','2','3','4','5','6') && f('Q1_gastro').none('1','2','3','4','5','6','7','8') && f('Q1_infectious').none('1','2','3','4') && f('Q1_mental').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14') && f('Q1_other').none('1','2','3','4','5','6','7','8','9','10','11','12','13','14'));</pre>
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intro_senses

The following questions ask about your senses and communication skills.

CONDITION	f('currentjobstatus').any('4','5','7')	
	true	false
	Question Q20_retired()	Question Q20()

Q20_retired

[Not required]

Do you have any problems with your vision that cannot be corrected by wearing glasses or contact lenses, and that might limit the types of work you could do, if you chose to work?

- ☐ Yes (1)
- ☐ No (2)

Q21_retired

[Not required]

Do you have any problems with your hearing that cannot be corrected with a hearing aid, and that might limit the types of work you could do, if you chose to work?

- ☐ Yes (1)
- ☐ No (2)

Q22_retired

[Not required]

Do you have any problems with speaking (such as stuttering, slow speech, problems making clear sounds, problems finding the right words to express your thoughts) that might limit the types of work you could do, if you chose to work?

- ☐ Yes (1)
- ☐ No (2)

ELSE	<pre> f('currentjobstatus').any('4','5','7')</pre>
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Q20

[*Not required*]

Do you have any problems with your vision that cannot be corrected by wearing glasses or contact lenses, and that might limit the types of work you could do?

- ☐ Yes (1)
- ☐ No (2)

Q21

[*Not required*]

Do you have any problems with your hearing that cannot be corrected with a hearing aid, and that might limit the types of work you could do?

- ☐ Yes (1)
- ☐ No (2)

Q22

[*Not required*]

Do you have any problems with speaking that might limit the types of work you could do? (such as stuttering, slow speech, problems making clear sounds, problems finding the right words to express your thoughts)

- ☐ Yes (1)
- ☐ No (2)

END || Condition f('currentjobstatus').any('4','5','7')

Q23

[*Not required*]

Do you have any problems with writing due to a medical condition? (such as problems with moving your hand, a learning disability)

- ☐ Yes (1)
- ☐ No (2)

Q24

[*Not required*]

Do you have any problems with reading large amounts of material at a regular pace, due to a medical condition?

- ☐ Yes (1)
- ☐ No (2)

intro_physical

The following questions ask about your ability to tolerate different physical environments.

Please indicate whether you are unable to tolerate any of these environments as a result of a medical condition. Your answer should reflect what you are able or unable to tolerate because of your health, NOT what you would prefer to do.

Q25

[Not required]

Does your health allow you to be routinely exposed to temperatures greater than 95 degrees Fahrenheit for at least 5 minutes at a time?

- ☐ Yes (1)
- ☐ No (2)

Q26

[Not required]

Does your health allow you to be routinely exposed to temperatures lower than 5 degrees Fahrenheit (for example, a freezer room) for at least 5 minutes at a time, while wearing appropriate clothing?

- ☐ Yes (1)
- ☐ No (2)

Q27

[Not required]

Does your health allow you to be routinely exposed to drafts or other sudden air movements, while wearing appropriate clothing? (for example, on a subway platform, or in a place where external doors are regularly opened)

- ☐ Yes (1)
- ☐ No (2)

Q28

[Not required]

Does your health allow you to be routinely exposed to substances that make your skin wet or dirty, or that might cause skin irritation? (for example, working on a car, in the outdoors, or doing other activities where hands must frequently be cleaned)

- ☐ Yes (1)
- ☐ No (2)

Q29

[Not required]

Are you able to wear protective equipment? (such as a helmet, eye and face protection, headphones, gloves, reinforced shoes, etc.)

- ☐ Yes (1)
- ☐ No (2)

Q30

[Not required]

Does your health allow you to be routinely exposed to dust, smoke, gas or steam? (for example, working in a garage, working outside on a busy road, working in a factory)

- ☐ Yes (1)
- ☐ No (2)

Q31

[Not required]

Does your health allow you to be routinely exposed to noise levels high enough that protective equipment must be worn? (that is, where you cannot have a conversation with someone 3 feet away without raising your voice)

- ☐ Yes (1)
- ☐ No (2)

Q32

[Not required]

Does your health allow you to be routinely exposed to vibrations or jolts? (for example, sitting in a tractor)

- ☐ Yes (1)
- ☐ No (2)

Q33

[Not required]

Do you have any other medical conditions that limit how well you can tolerate different physical environments? Check all that apply.

- ☐ Yes, allergies (2)
- ☐ Yes, I am at higher risk of getting infections (3)
- ☐ Yes, weakened skin (4)
- ☐ Yes, other: (5)_____ [Other]
- ☐ No (1) [Exclusive]

CONDITION	f('currentjobstatus').any('1')	
	true	false
	Question Q33a()	

Q33a

[Not required]

Does your current job require you to work in any of the physical environments described in previous questions?

- ☐ Yes (1)
- ☐ No (2)

CONDITION	f('Q33a')==1'	
	true	false
	Question Q33b()	

Q33b

[Not required]

Are there any specific accommodations that you receive in your current job to allow you to work in the physical environments that were mentioned in the previous questions?

- ☐ Yes: (1)_____ [Other]
☐ No (2)

END	Condition f('Q33a')==1'
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END	Condition f('currentjobstatus').any('1')
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Q34

[Not required]

Are any other specific accommodations needed to enable you to work in different physical environments (if you chose to work)?

- ☐ Yes: (1)_____ [Other]
☐ No (2)

Intro_movement

The following questions ask about movement.

Only indicate a limitation in your abilities if it hinders your daily life compared to most other people.

Q35

[Not required]

What is your hand preference or “handedness”?

- ☐ Right (1)
☐ Left (2)
☐ Neither (3)

Q36

[Not required]

Does either side of your body (arms, hands, legs and/or feet) have difficulties with functioning?

Only indicate a limitation if it hinders your daily life compared to most other people.

- ☐ Right (1)
- ☐ Left (2)
- ☐ Both (3)
- ☐ Neither (4)

Q37

[Not required]

Do you have serious difficulties in using your hands and fingers in day-to-day life?

Only indicate a limitation if it hinders your daily life compared to most other people.

- ☐ Yes (1)
- ☐ No (2)

CONDITION	f('Q37')==1'	
	true	false
	Question Q37a()	

Q37a

What difficulties do you have? Check all that apply.

- ☐ I have difficulty grasping round objects (such as a door knob) (1)
- ☐ I have difficulty handling objects between the tips of 2 fingers and my thumb (for example, holding a pen) (2)
- ☐ I have difficulty handling objects between the top of my index finger and my thumb (pincer grasp) (3)
- ☐ I have limited grip strength with my fingers and thumb (for example, holding and turning a key) (4)
- ☐ I have limited grip strength in my hand (for example, squeezing objects) (5)
- ☐ I have difficulty handling rod-shaped objects (for example, carrying a suitcase by its handle, using a hammer) (6)
- ☐ I have difficulty making accurate, fine movements with my fingers and hands (for example, inserting a key into a lock, pulling a thread through the eye of a needle) (7)
- ☐ I have difficulty making repetitive movements with my fingers and hands (such as typing)

Image source: Peerenboom and Huysmans (2002) (8)

END	Condition f('Q37')==1'
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Q38

[Not required]

Do you have any limitations in your sense of touch?

Only indicate a limitation if it hinders your daily life compared to most other people.

- ☐ Yes (1)
- ☐ No (2)

Q39

[Not required]

Do you have any difficulties working with a mouse and keyboard?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can use a mouse and keyboard for at most 2 hours per day, you should answer "approximately 1 hour per day".

- ☐ I am able to use a mouse and keyboard for the majority of the day (1)
- ☐ I can use a mouse and keyboard for approximately 4 hours per day (2)
- ☐ I can use a mouse and keyboard for approximately 1 hour per day (3)
- ☐ I can use a mouse and keyboard for no more than 30 minutes per day (4)

Q40

[Not required]

Do you have any difficulties in making twisting movements with your hands or arms? (for example, using a screwdriver, wringing out wet towels)

Only indicate a limitation if it hinders your daily life compared to most other people.

- ☐ Yes (1)
- ☐ No (2)

Q41

[Not required]

Do you have any difficulties in extending your arms?

Image source: Peerenboom and Huysmans (2002)

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can extend your arm only 45 degrees, you should answer "I cannot extend my arms at all".

- ☐ I can fully extend at least one of my arms to reach objects farther than 2 feet from my shoulder (as in the left side of the image) (1)
- ☐ I cannot fully extend either of my arms, but at least one of my arms can be extended most of the way, so I can reach objects about 2 feet from my shoulder (2)
- ☐ The furthest I can extend either of my arms is to a 90 degree angle at my elbow (halfway between touching my shoulder and fully extending my arm, as in the right side of the image) (3)
- ☐ I cannot extend my arms at all (4)

CONDITION	f('Q41').any('1','2','3')	
	true	false
	Question Q42()	

Q42

[Not required]

How many times per minute can you extend your arm?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can extend your arms at most 15 times per minute, you should answer "10 times per minute".

- ☐ At least 20 times per minute (once every 3 seconds) (1)
- ☐ 10 times per minute (once every 6 seconds) (2)
- ☐ 8 times per minute (once every 8 seconds) (3)
- ☐ 5 times per minute (once every 12 seconds) (4)

END	Condition f('Q41').any('1','2','3')
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Q43

[Not required]

Do you have any difficulties bending your upper body forward?

Image source: Peerenboom and Huysmans (2002)

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can bend forward to an angle of 75 degrees, you should answer "60 degrees".

- ☐ I can bend forward to an angle of 90 degrees, allowing me to pick up a piece of paper from the floor (1)
- ☐ I can bend forward to an angle of 60 degrees, allowing me to pick up a grocery bag from the floor (2)
- ☐ I can bend forward to an angle of 45 degrees, allowing me to pick up items from the seat of a chair (3)
- ☐ I cannot bend forward at all (4)

CONDITION	f('Q43').any('1','2','3')	
	true	false
	Question Q44()	

Q44

[Not required]

How many times per minute can you bend your upper body forward?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can bend forward at most 8 times per minute, you should answer "5 times per minute".

- ☐ At least 10 times per minute (once every 6 seconds) (1)
- ☐ 5 times per minute (once every 12 seconds) (2)
- ☐ 3 times per minute (once every 20 seconds) (3)
- ☐ 1 time per minute (4)

END || Condition f('Q43').any('1','2','3')

Q45

[Not required]

Do you have any difficulties rotating your upper body to the side by at least 45 degrees, as shown in the image below? (for example, to look behind you when riding a bicycle, or to grab an item from the back seat of the car when sitting in the front).

Image source: Peerenboom and Huysmans (2002)

- ☐ Yes (1)
- ☐ No (2)

Q46

[Not required]

Do you have any difficulties pulling or pushing objects?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can pull or push 15 lbs, you should answer "10 lbs".

- ☐ I can pull or push an object weighing 30 lbs (for example, a door that is stuck) (1)
- ☐ I can pull or push an object weighing 20 lbs (for example, a full trash container) (2)
- ☐ I can pull or push an object weighing 10 lbs (for example, a small suitcase) (3)
- ☐ I cannot pull or push at all (4)

Q47

[Not required]

Do you have any difficulties lifting or carrying objects? ("carrying" is defined as holding an object for at least 10 seconds, or walking at least 3 feet while holding the object)

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can carry 15 lbs, you should answer "10 lbs".

- ☐ I can lift/carry approximately 30 lbs (the weight of a preschool child) at least 5 times per hour. (1)
- ☐ I can lift/carry approximately 20 lbs (the weight of a toddler) at least 5 times per hour. (2)
- ☐ I can lift/carry approximately 10 lbs (the weight of a sack of potatoes) at least 5 times per hour. (3)
- ☐ I can lift/carry approximately 2 lbs (the weight of a quart of milk) at least 5 times per hour. (4)

Q48

[Not required]

Do you have any difficulty frequently handling (that is lifting/carrying) light objects (for example, objects weighing 2 lbs, such as a quart of milk)?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can handle light objects 7 times per minute, you should answer "5 times per minute".

- ☐ I can handle light objects at least 10 times per minute (1)
- ☐ I can handle light objects 5 times per minute (2)
- ☐ I can handle light objects 3 times per minute (3)
- ☐ I can handle light objects once a minute (4)

Q49

[Not required]

Do you have any difficulties with frequently (either 10 times per hour, or for up to 1 hour per day) handling heavy loads?

- ☐ I can handle heavy loads weighing 30 lbs at least 10 times per hour, or for up to 1 hour per day (1)
- ☐ I am unable to handle such loads (2)

Q50

[Not required]

Do you have any difficulties with head movements?

Definitions of head movements are:

Flexing up: looking up towards the sky

Flexing down: looking down towards the ground

Flexing to the side: tilting head to the side

Rotating to the side: looking over your shoulder

For illustration, the left figure shows a person flexing his neck up and down.

The middle figure shows a person flexing his neck to the side by 25 degrees.

The right figure shows a person rotating his head sideways by 45 degrees.

Image source: Peerenboom and Huysmans (2002)

- ☐ No difficulties; I am able to flex my neck up, down or to the side by at least 30 degrees; and I am able to rotate my head sideways by at least 45 degrees. (1)
- ☐ Yes I have difficulties; I am unable to move my neck or head in these ways. (2)

CONDITION	f('Q50')== '2'
	true
	Question Q50a()
	false

Q50a

What limitations do you have with head movements?

Definitions of head movements are:

Flexing up: looking up towards the sky

Flexing down: looking down towards the ground

Flexing to the side: tilting head to the side

Rotating to the side: looking over your shoulder

For illustration, the left figure shows a person flexing his neck up and down.

The middle figure shows a person flexing his neck to the side.

The right figure shows a person rotating his head sideways.

- ☐ I am somewhat limited in moving my head (1)
- ☐ I am severely limited in flexing or rotating my head to the side (2)
- ☐ I am severely limited in flexing or rotating my head to the side, and flexing up or down (3)

END	Condition f('Q50')==2'
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Q51

[Not required]

How do you move your body from place to place?

- ☐ I walk independently (1)
- ☐ I walk using a cane or walker for help (2)
- ☐ I use a wheelchair without help from others (3)
- ☐ I am unable to move my body from place to place without help from others (4)

CONDITION	f('Q51').any('1','2','3')	
	true	false
	Condition f('Q51')==3'	

CONDITION	f('Q51')==3'	
	true	false
	Question Q52wc()	Question Q52()

Q52wc

[Not required]

Do you have any limitations in how long you can use a wheelchair at one time, without stopping?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can use a wheelchair for 45 minutes, you should answer "30 minutes".

- ☐ I can use a wheelchair for 1 hour at a time without stopping (1)
- ☐ I can use a wheelchair for 30 minutes at a time without stopping (2)
- ☐ I can use a wheelchair for 15 minutes at a time without stopping (3)
- ☐ I can use a wheelchair for only 5 minutes at a time without stopping (4)

Q53wc

[Not required]

What is the total amount of wheelchair use you can do in an 8-working day?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can use a wheelchair for 2 hours, you should answer "1 hour".

- ☐ I can use a wheelchair for most of an 8-hour working day (1)
- ☐ I can use a wheelchair for a total of 4 hours per day (2)
- ☐ I can use a wheelchair for a total of 1 hour per day (3)
- ☐ I can use a wheelchair for less than 30 minutes per day (4)

ELSE
f('Q51')==3'

Q52

[Not required]

Do you have limitations in how long you can walk at one time, without stopping?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can walk for 45 minutes, you should answer "30 minutes".

- ☐ I can walk for 1 hour at a time without stopping (1)
- ☐ I can walk for 30 minutes at a time without stopping (2)
- ☐ I can walk for 15 minutes at a time without stopping (3)
- ☐ I can walk for only 5 minutes at a time without stopping (4)

Q53

[Not required]

What is the total amount of walking you can do in an 8-hour working day?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can walk for 2 hours, you should answer "1 hour".

- ☐ I can walk for most of an 8-hour working day (1)
- ☐ I can walk for a total of 4 hours per day (2)
- ☐ I can walk for a total of 1 hour per day (3)
- ☐ I can walk for less than 30 minutes per day (4)

END
Condition f('Q51')==3'

CONDITI
f('Q51').any('1','2')

true false

Q54

[Not required]

Do you have difficulties going up and down stairs?

- ☐ I can go up and down at least 2 flights of stairs in one go, at least 4 times per hour (1)
- ☐ I can go up and down at least 1 flight of stairs in one go (2)
- ☐ I can either go up or go down at least 1 flight of stairs in one go (3)
- ☐ I can only go up or down a few steps at most in one go (4)

Q55

[Not required]

Do you have difficulties climbing a ladder or stepladder?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can go up and down a tall ladder only once an hour, you should answer "I can go up and down a stepladder".

- ☐ I can go up and down a tall ladder (10 feet tall), at least 5 times per hour (1)
- ☐ I can go up and down a stepladder (5 feet tall), at least 5 times per hour (2)
- ☐ I can go up and down a single step or stepstool, at least 5 times per hour (3)
- ☐ I am unable to go up or down a single step (4)

Q56

[Not required]

Do you have any difficulties with crawling on hands and knees?

- ☐ I can crawl for 1 minute at a time, at least 10 times per hour (1)
- ☐ I am unable to crawl this much (2)

Q57

[Not required]

Do you have any difficulties kneeling or squatting?

- ☐ I can kneel or squat briefly at least once an hour, for at least 4 hours a day (1)
- ☐ I am unable to kneel or squat this much (2)

END Condition f('Q51').any('1','2')

END Condition f('Q51').any('1','2','3')

Q58

[Not required]

Which of the following best describes the pace at which you complete activities?

Only select the second option if you are severely limited because of a psychiatric, neurological, or developmental disorder or physical health problems.

- ☐ I complete most activities at a similar pace as my peers. (1)
- ☐ For multiple different types of activities, I work more slowly than my peers. (2)

Q59

[Not required]

Do you have any other difficulties with movement due to a medical condition?

- ☐ Yes: (1) _____ [Other]
- ☐ No (2)

Intro_holding

The following questions ask about your ability to hold certain positions, and any difficulties you may have holding positions because of a medical condition.

Only indicate a limitation in your abilities if it hinders your daily life compared to most other people.

Q60

[Not required]

Do you have any limitations in how long you can sit on a chair at one time?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can sit for 45 minutes, you should answer "30 minutes".

- ☐ I can sit for 2 hours without needing to get up (1)
- ☐ I can sit for 1 hour without needing to get up (2)
- ☐ I can sit for 30 minutes without needing to get up (3)
- ☐ I can sit no more than 15 minutes without needing to get up (4)

Q61

[Not required]

What is the total amount of sitting you can do in an 8-hour working day (not at one time, but over the course of the day)?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can sit for 6 hours, you should answer "at least 4 hours".

- ☐ I can sit for at least 8 hours (1)
- ☐ I can sit for most of the working day, but no more than 8 hours (2)
- ☐ I can sit for at least 4 hours (3)
- ☐ I cannot sit for more than 4 hours (4)

Q62

[Not required]

Do you have any limitations in how long you can stand at one time?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can stand for 45 minutes, you should answer "30 minutes".

- ☐ I can stand for 1 hour without resting (1)
- ☐ I can stand for 30 minutes without resting (2)
- ☐ I can stand for 15 minutes without resting (3)
- ☐ I can stand for no more than 5 minutes without resting (4)
- ☐ I cannot stand (5)

CONDITION	f('Q62').any('1','2','3','4')	
	true	false
	Question Q63()	

Q63

[Not required]

What is the total amount of standing you can do in an 8-hour working day (not at one time, but over the course of the day)?

If your ability level falls between two answer choices, select the answer corresponding to the lower level of ability. For example, if you can stand for 2 hours, you should answer "I can stand for up to 1 hour".

- ☐ I can stand for most of an 8-hour working day (1)
- ☐ I can stand for up to 4 hours (2)
- ☐ I can stand for up to 1 hour (3)
- ☐ I can stand for no more than 30 minutes (4)

END	Condition f('Q62').any('1','2','3','4')	
CONDITION	f('Q57')== '1'	
	true	false
	Question Q64()	

Q64

[Not required]

Do you have difficulties with being active in a kneeling or squatting position for at least 5 minutes at a time, twice an hour? (for example, while gardening)

- ☐ Yes (1)
☐ No (2)

END	Condition f('Q57')==1'
CONDITION	f('Q43').any('1','2','3')
	true
	false
	Question Q65()

Q65

[Not required]

Do you have difficulties with being active in a position where your upper body is either bent forward or twisted to the side, for at least 5 minutes at a time, twice an hour? (for example, while sweeping the floor)

- ☐ Yes (1)
☐ No (2)

END	Condition f('Q43').any('1','2','3')
-----	-------------------------------------

Q66

[Not required]

Do you have difficulties with keeping at least one of your arms lifted above shoulder height (for example, while hanging up curtains, changing a lightbulb), for at least 5 minutes at a time, twice an hour?

- ☐ Yes (1)
☐ No (2)

CONDITION	f('Q50')==1' f('Q50')==2' && f('Q50a')==1'
	true
	false
	Question Q67()

Q67

[Not required]

Do you have any difficulties with holding your head in a specific position (either tilted up/down/sideways by at least 15 degrees, or rotated to the side by 30 degrees)? Please tell us the total amount of time in an 8-hour working day you can spend in this position, allowing for breaks.

Definitions of head movements are:

Flexing up: looking up towards the sky

Flexing down: looking down towards the ground

Flexing to the side: tilting head to the side

Rotating to the side: looking over your shoulder

For illustration, the left figure shows a person flexing his neck up and down.

The middle figure shows a person flexing his neck to the side.

The right figure shows a person rotating his head sideways.

Image source: Peerenboom and Huysmans (2002)

- ☐ I can keep my head in a specific position for most of an 8-hour working day (1)
- ☐ I can keep my head in a specific position for up to 4 hours (2)
- ☐ I can keep my head in a specific position for up to 1 hour (3)
- ☐ I can keep my head in a specific position for no more than 30 minutes (4)

END || Condition f('Q50')== '1' || f('Q50')== '2' && f('Q50a')== '1'

Q68

[Not required]

Do you have any other difficulties with holding your body in specific positions due to a medical condition?

- ☐ Yes (1)_____ [Other]
- ☐ No (2)

Intro_working

The following questions ask about what hours you are capable of working, and whether you would need any accommodations due to a medical condition.

Q69

[Not required]

In your current or last job, did you work between midnight and 6 am at least 4 times a year?

- ☐ Yes (1)
- ☐ No (2)
- ☐ I have never worked (3)

CONDITION	f('currentjobstatus').any('4','5','7')	
	true	false
	Question Q70_retired()	Question Q70()

Q70_retired

[Not required]

If you chose to work, are there any limits on the total number of hours you could work each day, due to a medical condition?

- ☐ I can work at least 8 hours per day on average (1)
- ☐ I can work for approximately 6 hours per day on average (2)
- ☐ I can work for approximately 4 hours per day on average (3)
- ☐ I can work for at most 2 hours per day on average (4)

Q71_retired

[Not required]

If you chose to work, are there any limits on the total number of hours you could work each week, due to a medical condition?

- ☐ I can work at least 40 hours per week on average (1)
- ☐ I can work for approximately 30 hours per week on average (2)
- ☐ I can work for approximately 20 hours per week on average (3)
- ☐ I can work for approximately 10 hours per week on average (4)

Q72_retired

[Not required]

If you chose to work, are there any other limitations in the hours you could work, due to a medical condition?

- ☐ Yes (1)_____ [Other]
- ☐ No (2)

ELSE	f('currentjobstatus').any('4','5','7')
------	--

Q70

[Not required]

Are there any limits on the total number of hours you could work each day, due to a medical condition?

- ☐ I can work at least 8 hours per day on average (1)
- ☐ I can work for approximately 6 hours per day on average (2)
- ☐ I can work for approximately 4 hours per day on average (3)
- ☐ I can work for at most 2 hours per day on average (4)

Q71

[Not required]

Are there any limits on the total number of hours you could work each week, due to a medical condition?

- ☐ I can work at least 40 hours per week on average (1)
- ☐ I can work for approximately 30 hours per week on average (2)
- ☐ I can work for approximately 20 hours per week on average (3)
- ☐ I can work for approximately 10 hours per week on average (4)

Q72

[Not required]

Are there any other limitations in the hours you could work, due to a medical condition?

- ☐ Yes (1) _____ [Other]
☐ No (2)

END	Condition f('currentjobstatus').any('4','5','7')	
CONDITION	f('currentjobstatus').any('1')	
	true	false
	Question Q73()	

Q73

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=4 ♦ Decimal places=2]

Over the past 12 months how many days in total were you absent from work for health-related reasons?

(1) _____

END	Condition f('currentjobstatus').any('1')
-----	--

Intro_education

The next part of this survey asks a little more detail about your education, skills and work experience.

Q74

[Not required]

What is the highest level of school you have completed or the highest degree you have received?

- ☐ Kindergarten (1)
☐ 1st, 2nd, 3rd, 4th, 5th, or 6th grade (2)
☐ 7th, 8th, or 9th grade (3)
☐ 10th, 11th, or 12th grade - but no diploma received (4)
☐ High school diploma or equivalent (GED) (5)
☐ Some college, but no degree (6)
☐ Associate degree in college – Occupational/vocational program (7)
☐ Associate degree in college – Academic program (8)
☐ Bachelor's Degree (BA, BS, AB) (9)

- ☐ Master's Degree (MA, MS, MEng, Med, MSW, MBA) (10)
- ☐ Doctoral Degree (PhD, ScD, EdD) (11)
- ☐ Professional School Degree (MD, DDS, DVM, LLB, JD) (12)

CONDITION	f('Q74').any('7','8','9','10','11','12')	
	true	false
	Question Q74a()	

Q74a

Does your educational degree(s) specialize in any of the fields below? Check all that apply.

Please note that this list is not intended to be exhaustive - if your specialization does not appear or you are not sure which field to select, select "None of the above" and describe your specialization as best you can.

- ☐ Administration (such as business administration, accounting) (1)
- ☐ Agriculture (such as agriculture, forestry, fishing) (2)
- ☐ Art and culture (such as language, literature, fine arts, performing arts, visual arts) (3)
- ☐ Commercial (such as marketing, advertising, banking, insurance) (4)
- ☐ Health care (such as medicine, dentistry, nursing, social work) (5)
- ☐ Services (such as education, culinary arts, sports and recreation, tourism) (6)
- ☐ Technical (such as engineering and technology, electronics, architecture, transportation) (7)
- ☐ None of the above, please specify: (8)_____ [*Exclusive ♦ Other*]

END	Condition f('Q74').any('7','8','9','10','11','12')	

Q75

[Not required]

Do you have an active professional certification, or a state or industry license? (such as a real estate license, medical assistant certification, teaching certification, IT certification, etc.). Do not include business licenses, such as a liquor or vending license.

- ☐ Yes (1)
- ☐ No (2)

CONDITION	f('Q75')==1'	
	true	false
	Question Q75a()	

Q75a

Does your certificate/license specialize in any of the fields below? Check all that apply.

Please note that this list is not intended to be exhaustive - if your specialization does not appear or you are not sure which field to select, select "None of the above" and describe your specialization as best you can.

- ☐ Administration (such as business administration, accounting) (1)
- ☐ Agriculture (such as agriculture, forestry, fishing) (2)
- ☐ Art and culture (such as language, literature, fine arts, performing arts, visual arts) (3)
- ☐ Commercial (such as marketing, advertising, banking, insurance) (4)
- ☐ Health care (such as medicine, dentistry, nursing, social work) (5)
- ☐ Services (such as education, culinary arts, sports and recreation, tourism) (6)
- ☐ Technical (such as engineering and technology, electronics, architecture, transportation) (7)
- ☐ None of the above, please specify: (8)_____ [Exclusive ♦ Other]

END

Condition f('Q75')==1'

Q76

[Not required]

Are you able to use a computer to read and answer emails?

- ☐ Yes (1)
- ☐ No (2)

Q77

[Not required]

What best describes your ability to speak English?

- ☐ English is my first language and I am fully fluent (1)
- ☐ I have a strong accent that others have difficulty understanding, and/or I sometimes can't express what I want to say (2)

Q78

[Not required]

Do you have an active driver's license?

- ☐ Yes (1)
- ☐ No (2)

CONDITION

f('Q78')==1'

true

false

Question Q78a()

Q78a

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=100 ♦ Upper limit type=Smaller]

At what age did you get your drivers' license?

(1) _____

END	Condition f('Q78')==1'	
CONDITION	f('currentjobstatus').any('1')	
	true	false
	Question Q79()	

Q79

[Not required]

What is your job title now? The title your employer uses?

Q80

[Open Text ♦ Not required]

What sort of work do you do? Can you describe at least 3 usual activities or duties at this job? Please provide as many details as you can.

- Activity 1: (1) _____
- Activity 2: (2) _____
- Activity 3: (3) _____
- Activity 4: (4) _____
- Activity 5: (5) _____

CONDITI		
CONDITI		
	true	false

Info error_q80 ()

error_q80

You did not give at least 3 activities/duties. Your answers are important to us. Please return to the previous question and answer it to the best of your ability.

END

Condition

Q81

[Not required]

Thinking about your MAIN paid job, what kind of business or industry do you work in? That is, what do they make or do at the place where you work?

- ☐ Agriculture, Forestry, Fishing, and Hunting (1)
- ☐ Mining, Quarrying, and Oil and Gas Extraction (2)
- ☐ Utilities (3)
- ☐ Construction (4)
- ☐ Manufacturing (5)
- ☐ Wholesale Trade (6)
- ☐ Retail Trade (7)
- ☐ Transportation and Warehousing (8)
- ☐ Information (9)
- ☐ Finance and Insurance (10)
- ☐ Real Estate and Rental and Leasing (11)
- ☐ Professional, Scientific, and Technical Services (12)
- ☐ Management of Companies and Enterprises (13)
- ☐ Administrative and Support and Waste Management and Remediation (14)
- ☐ Educational Services (15)
- ☐ Health Care and Social Assistance (16)
- ☐ Arts, Entertainment, and Recreation (17)
- ☐ Accommodation and Food Services (18)
- ☐ Other Services (except Public Administration) (19)
- ☐ Public Administration (20)

END

Condition f('currentjobstatus').any('1')

Q82

[Not required]

List up to three job titles you've had, and the number of years (rounded down) that you worked in each of them. Start with the job that you did for the most years in total.

	Q82_jobtitle - Job Title	Q82_yearsexperience - Years of Experience
1 (1)	_____	_____

	Q82_jobtitle - Job Title	Q82_yearsexperience - Years of Experience
2 (2)		
3 (3)		

CONDITION	f('currentjobstatus').any('1')	
	true	false
	Question Q83()	

Q83

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=168 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=3]

How many hours per week do you usually work? If you are not currently working, enter "0."

Q84

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=52 ♦ Upper limit type=SmallerOrEqual]

How many weeks per year do you usually work? Do not count vacation weeks. If you are not currently working, enter "0."

Q85

[Not required]

Which category represents the total amount of money you expect to earn from your main job over 12 months, before taxes?

- ☐ Less than \$5,000 (1)
- ☐ \$5,000 to \$7,499 (2)
- ☐ \$7,500 to \$9,999 (3)
- ☐ \$10,000 to \$12,499 (4)
- ☐ \$12,500 to \$14,999 (5)
- ☐ \$15,000 to \$19,999 (6)
- ☐ \$20,000 to \$24,999 (7)
- ☐ \$25,000 to \$29,999 (8)
- ☐ \$30,000 to \$34,999 (9)
- ☐ \$35,000 to \$39,999 (10)
- ☐ \$40,000 to \$49,999 (11)
- ☐ \$50,000 to \$59,999 (12)
- ☐ \$60,000 to \$74,999 (13)
- ☐ \$75,000 to \$99,999 (14)
- ☐ \$100,000 to \$124,999 (15)
- ☐ \$125,000 to \$199,999 (16)
- ☐ \$200,000 or more (17)

END

Condition f('currentjobstatus').any('1')

Q86

Based on your current financial situation, how would you pay for an emergency expense that costs \$400? If you would use more than one method, please check all that apply.

- ☐ Put it on my credit card and pay it off in full at the next statement (1)
- ☐ Put it on my credit card and pay it off over time (2)
- ☐ Use the money currently in my bank account, or with cash (3)
- ☐ Use money from a loan or other line of credit (4)
- ☐ Borrow money from a friend or family member (5)
- ☐ Use a payday loan, deposit advance, or overdraft (6)
- ☐ Sell something (7)
- ☐ I would not be able to pay for the expense right now (8)
- ☐ Other: (9)_____ [Other]

Intro_health_disability

The final part of this survey asks about what health and disability benefits you have applied for and/or are receiving.

Q87

What is your current source of health insurance? Check all that apply.

- ☐ Private insurance through my employer or union (1)
- ☐ Private insurance through a family member's employer or union (2)
- ☐ Private insurance, not through any employer or union (3)
- ☐ Medicare (4)
- ☐ Medicaid (5)
- ☐ Veterans Affairs (VA) Health Care (6)
- ☐ TRICARE (7)
- ☐ Other (please specify): (8)_____ [Other]
- ☐ I do not have health insurance (9) [Exclusive]

Q88

Are you currently receiving any of the following types of disability benefits? Check all that apply.

- ☐ Social Security Disability Insurance (SSDI) (1)
- ☐ Supplemental Security Income (SSI) (2)
- ☐ Veterans' disability compensation (3)
- ☐ Military disability benefits (4)
- ☐ Disability payments from your employer (5)
- ☐ Disability payments from private insurance (6)
- ☐ Disability benefits from other source (please describe: (7)_____ [Other]
- ☐ I am not currently receiving disability benefits (8) [Exclusive]

COND

f('Q88').any('8')

true	false
Question Q89()	Question Q89a()

Q89

In the past 12 months, have you applied for disability benefits through any of the following programs? Check all that apply.

- ☐ Social Security Disability Insurance (SSDI) (1)
☐ Supplemental Security Income (SSI) (2)
☐ Veterans' disability compensation (3)
☐ Military disability benefits (4)
☐ Disability payments from your employer (5)
☐ Disability payments from private insurance (6)
☐ Disability benefits from other source (please describe): (7)_____ [Other]
☐ I have not applied for disability benefits in the past 12 months (8) [Exclusive]

CONDITION	f('Q89').any('1','2','3','4','5','6','7')			
	<table> <tr> <td>true</td><td>false</td></tr> <tr> <td>Question Q90()</td><td></td></tr> </table>	true	false	Question Q90()
true	false			
Question Q90()				

Q90

[Not required]

What is the status of your application to the program(s)?

	Awaiting decision (1)	Rejected, planning to appeal (2)	Rejected, not planning to appeal (3)	Awarded benefits (4)
Social Security Disability Insurance (SSDI) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income (SSI) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans' disability compensation (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military disability benefits (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability payments from your employer (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability payments from private insurance (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
^f('Q89_7_other')^ (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

END	Condition f('Q89').any('1','2','3','4','5','6','7')
-----	---

ELSE
f('Q88').any('8')

Q89a

In the past 12 months, have you applied for disability benefits through any other program? Please check all that apply.

- ☐ Social Security Disability Insurance (SSDI) (1)
☐ Supplemental Security Income (SSI) (2)
☐ Veterans' disability compensation (3)
☐ Military disability benefits (4)
☐ Disability payments from your employer (5)
☐ Disability payments from private insurance (6)
☐ Disability benefits from other source (please describe): (7)_____ [Other]
☐ I have not applied for disability benefits in the past 12 months (8) [Exclusive]

CONDITION
f('Q89a').any('1','2','3','4','5','6','7')

true

false

Question Q90a()

Q90a

[Not required]

What is the status of your application to the program(s)?

	Awaiting decision (1)	Rejected, planning to appeal (2)	Rejected, not planning to appeal (3)	Awarded benefits (4)
Social Security Disability Insurance (SSDI) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income (SSI) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans' disability compensation (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military disability benefits (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability payments from your employer (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability payments from private insurance (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
^f('Q89_7_other')^ (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

END
Condition f('Q89a').any('1','2','3','4','5','6','7')

END || Condition f('Q88').any('8')

STOP || **Complete –**

CS_001 - CS_001

[Not required]

Could you tell us how interesting or uninteresting you found the questions in this interview?

- ☐ Very interesting (1)
- ☐ Interesting (2)
- ☐ Neither interesting nor uninteresting (3)
- ☐ Uninteresting (4)
- ☐ Very uninteresting (5)