

E12. The next several questions are designed to help us better understand the career paths of individuals with specific functional limitations.

E13. What is the USUAL degree of difficulty you have with...

Mark one answer for each item.

		None ↓	Slight ↓	Moderate ↓	Severe ↓	Unable to do ↓
DIFSEE	1 SEEING words or letters in ordinary newspaper (with glasses/contact lenses, if you usually wear them)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
DIFHEAR	2 HEARING what is normally said in conversation with another person (with hearing aid, if you usually wear one)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
DIFWALK	3 WALKING without human or mechanical assistance or using stairs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
DIFLIFT	4 LIFTING or carrying something as heavy as 10 pounds, such as a bag of groceries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
DIFCOGN	5 CONCENTRATING, REMEMBERING, or MAKING DECISIONS because of a physical, mental, or emotional condition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

E14. ☐ ← Mark this box if you answered "None" to all the activities in question E13, and go to question E16.

DIFNO

E15. What is the earliest age at which you first began experiencing any difficulties in any of these areas?

AGE **DIFAGE** OR ☐ ← SINCE BIRTH **DIFBIR**

E16. In case we need to clarify some of the information you have provided, please list phone numbers and an email address where you can be reached.

		Home ↓	Work ↓	Cell ↓
Daytime Phone Number	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Area Code Number </div>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Evening Phone Number	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Area Code Number </div>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other Phone Number	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 30px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Area Code Number </div>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Email Address _____ @ _____