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| **Disability Module** |

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| **Disability** | | | |
| The next questions ask about your health, any long-lasting conditions or illnesses that may restrict your day-to-day activities. | | | |
| **Question** | **Response** | | **Code** |
| Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? | Yes | 1 | DM1 |
| No | 2 *If No, go to next module* |
| Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? | Yes, a lot | 1 | DM2 |
| Yes, a little | 2 |
| Not at all | 3 |