

## **AN ASSESSMENT OF THE NEEDS OF ALASKA RESIDENTS WHO ARE DISABLED**

*Prepared for*

The Division of Vocational Rehabilitation  
The Alaska Department of Education

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February 1, 1991

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## SUMMARY

Over 20,000 Alaska residents currently experience at least one form of disability. This estimate is based on a telephone survey of 4,364 households randomly selected to represent all households in the state of Alaska.<sup>1</sup> The survey was conducted between November 10, 1990 and January 28, 1991. The actual estimated number of persons experiencing a disability is 22,220. Given possible random errors due to sampling, the number of persons who are disabled may be as low as 20,231 or as high as 23,978.<sup>2</sup>

It is important to note that the survey did not attempt to assess the needs of persons who are disabled and live in institutional settings.

### Types of Disabilities

Among the most frequently reported disabilities are non-neuromuscular mobility impairments, arthritis, hearing impairments, and learning disabilities (see Table 1). Other disabilities involving at least 2,000 Alaska residents include visual impairments, cardiovascular or pulmonary disorders, neuromuscular impairment, emotional disability, communicative disability and head injuries.

### Independent Living Services

One of the central goals of persons who are disabled is to live independently. To help people achieve this goal, state, federal and local agencies currently offer services ranging from medical care to public transportation and job training. Relative needs for these services can be assessed in several ways. First is the question of the total number of persons needing each service.

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<sup>1</sup>Currently 86 percent of Alaska households have a telephone. The extent of telephone coverage varies widely, however; only about 60 percent of Alaska's most rural households have residential telephone service. Statewide estimates based on telephone contacts are likely to closely match estimates that could be expected from a sample of all households. Estimates for rural areas, however, should be used with caution.

<sup>2</sup>The range in population size reflects a 95 percent confidence interval, a sample size of 4,364 and an observed proportion of .042 percent of the population experiencing one or more disabilities.

**Table 1**  
**Estimated Number of Persons with**  
**Selected Disabilities**

Type of Disability	<u>Estimated Number</u>
Non-Neuromuscular Mobility	7,739
Arthritis	7,392
Hearing Impairment	6,484
Learning	6,095
Visual Impairment	5,318
Cardio-Vascular-Pulmonary	4,798
Neuromuscular	3,416
Emotional	2,853
Communicative	2,377
Head Injury	2,248
Developmental	1,902
Other Disability	1,686
Diabetes	1,686
Stroke	1,513
Seizure	1,513
Drug/Alcohol	1,124
Infectious Disease	691
Blind	691
Deaf	432
Amputation	389
Alzheimer's	346
Polio	216
HIV Positive	<200
Estimated Number of Persons with One or More Disabilities	22,220

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The question read: I am going to read to you a list of disabilities that you may have. For each disability I read, would you please tell me whether this is a disability that you have.

Source: DVR/ISER Survey, 1990

Second is the question of the total number of persons whose need for each service is currently unmet. And third is the question of what percent of the persons needing each service are currently not receiving the service they need. Each of these perspectives is important to the development of service priorities for the state as a whole.

Medical care, disability information, assistance in receiving benefits, advocacy, recreation transport, newsletters, job training, centralized information, and counseling each are needed by at least 10,000 Alaska residents who are disabled (see Table 2). The service associated with the largest number of persons with an unmet need is a newsletter about services for people with disabilities. Other services that are currently not adequately provided to at least 5,000 people include centralized information, benefits assistance, and advocacy. In answer to the third question posed above, the needs of at least half of all persons are currently unmet for: newsletters, support groups, equipment loans, help locating housing, job counseling, central information source, and help with homemaking tasks.

### **Assistive Technology**

Today many people with disabilities could benefit from the use of equipment especially designed or adapted to make daily life easier. This "assistive technology" comes in many forms, including remote switches, special doors, voice synthesizers, and special vans. Generally, more Alaskans believe they would benefit from such devices than currently use them (see Table 3). While some 5,000 think they would benefit from some kind of equipment that would help them see or hear people in face-to-face communications, for example, 1,900 do not currently use the equipment.<sup>3</sup>

Other forms of assistive technology for which at least 1,500 Alaska residents would benefit from use of the equipment include long distance communication, adapted computers for various uses, and building modifications.

### **Assistive Technology Services**

Rapid changes in the types of assistive technology available represents both an opportunity and a barrier to those experiencing disabilities. Newly adapted technologies may enable people to significantly increase their independence. At the same time, rapid changes in the availability of new technologies can outpace public

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<sup>3</sup>More detailed results to be introduced in Section IV show that the most common reason why this equipment is not used is that people cannot afford it.

**Table 2. Estimated Number of Persons Needing  
Independent Living Services**

Type of Service	Total <u>Need</u>	Need <u>Met</u>	Need <u>Unmet</u>	Percent of Need <u>Unmet</u>
Medical Care	22,220	18,805	3,416	15%
Disability Information	17,724	12,364	5,360	30%
Benefits Assistance	14,092	8,948	5,144	37%
Advocacy Help	13,790	9,943	3,848	28%
Recreation Transport	13,574	12,234	1,340	10%
Newsletter	13,013	2,507	10,505	81%
Job Training	11,456	7,825	3,632	32%
Centralized Information	10,548	4,798	5,749	55%
Disability Counseling	10,505	7,133	3,372	32%
Equipment Information	8,516	4,367	4,150	49%
Public Transportation	6,744	4,367	2,377	35%
Support Group	6,355	1,556	4,798	76%
Independent Living Training	6,138	4,150	1,988	32%
Equipment Loan	5,490	2,032	3,458	63%
Community Awareness	5,446	4,063	1,383	25%
Job Counseling	5,101	2,248	2,853	56%
Home Modifications	4,626	3,416	1,211	26%
Help Locating Housing	4,323	1,859	2,464	57%
Homemaking Tasks	3,632	1,772	1,859	51%
In-home Nurse	1,426	995	432	30%
Personal Care Attendant	1,254	735	519	41%

**Total Need = Those receiving the service plus those who need the service.**

**Need Met = Those receiving the help needed.**

**Need Unmet = Those receiving inadequate service, and those who aren't receiving the service but need it.**

(2-6-91)

**Table 3. Estimated Number of Persons Using or Potentially Benefitting from Assistive Technology**

Type of Assistive Device	Total Potential <u>Use</u>	Currently <u>Use</u>	Would Benefit <u>From</u>	Percent of Potential <u>Use Unmet</u>
Face-to-Face Communication	5,101	3,199	1,902	37%
Mobility Device	5,058	4,323	735	15%
Building Modification	3,242	1,600	1,642	51%
Personal Care	2,421	1,426	995	41%
Long Distance Communication	2,421	735	1,686	70%
Other Equipment	n/a	2,162	n/a	n/a
Adapted Computer	1,902	216	1,686	89%
Accessible Transport	1,685	302	1,383	82%
Recreational Device	1,642	475	1,167	71%
Household Aids	1,642	432	1,211	74%
Work Modifications	1,211	432	779	64%
Adapted Toys	n/a	216	n/a	n/a

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Currently Use = Those who use some type of assistive technology device  
Would Benefit From = Those who currently do not use this device, but believe they would benefit from such a device.

Source: DVR/ISER Survey, 1990

knowledge. The greatest perceived need for services related to assistive technology is to be evaluated for what technologies are most appropriate (see Table 4). Second most important is information about new technologies. In fact, over half of the 6,000 Alaskans who think they can benefit from information of new technology do not think they are getting all the information they need. Other assistive technology service needs currently not being met for at least 2,000 Alaskans include financial help in obtaining assistive technology, accessible sales and service establishments, and opportunities to discuss technology needs with others.

#### A Profile of Alaskans Who Are Disabled

Figure 1 displays a profile of Alaska residents who are disabled. These figures can be compared to available data pertaining to the state population as a whole. Twenty-three percent of the disabled population is at least 60 years old compared to 7 percent of the entire population.<sup>4</sup> Twenty percent of the population which is disabled is under 18 compared with 30 percent of the entire population. We do not have recent comparable information on income and education, but we do know that about 7 percent of the labor force is currently unemployed.<sup>5</sup> This can be compared with 17 percent of the 7,954 persons who are disabled and in the workforce. The occupational profile of persons who are disabled does not differ markedly from the state workforce as a whole. Twenty-four percent hold professional, technical, or managerial jobs compared with 29 percent of all workers. Ten percent of both groups hold jobs in sales.<sup>6</sup> Figures 2, 3, and 4 display comparable information by region.

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<sup>4</sup>Source: Alaska Department of Labor, Population Overview 1990.

<sup>5</sup> Source: Alaska Department of Labor, Economic Trends, 1990.

<sup>6</sup> Source: Alaska Department of Labor, Alaska Industry/Occupation outlook 1994, December, 1990.

**Table 4**  
**Estimated Number of People Needing**  
**Assistive Technology Services**

Type of Service	Total <u>Need</u>	Need <u>Met</u>	Need <u>Unmet</u>	Percent of Need <u>Unmet</u>
Evaluation for Services	6,311	4,409	1,902	30%
Information on New Technology	6,009	2,162	3,848	64%
Financial Help for Technology	5,360	3,069	2,291	43%
Sales and Service Establishments	5,102	2,335	2,767	54%
Discussed Needs with Others	4,841	2,723	2,118	44%
Help in Using Services	4,841	4,279	562	12%
Timely Technological Repairs	4,453	3,891	562	13%
Agency Coordination Services	3,588	1,902	1,686	47%
Equipment Modifications	3,372	2,723	649	19%
Transportation Funding to Reach Location of Services	1,902	735	1,167	61%

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**Total Need** = Those receiving the service plus those who need the service.

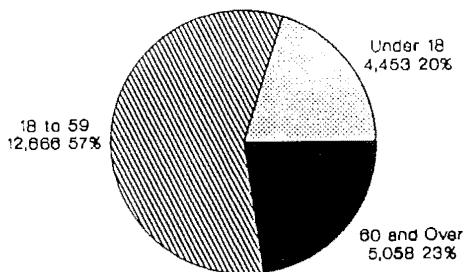
**Need Met** = Those receiving the help needed

**Need Unmet** = Those receiving the service, but it isn't meeting their needs and those who aren't receiving the service and need it.

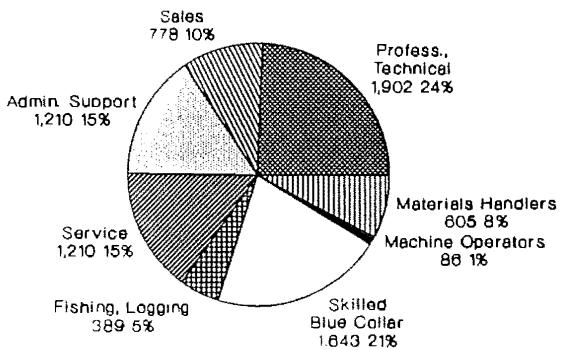
# FIGURE 1. DEMOGRAPHICS OF DISABLED ALASKANS

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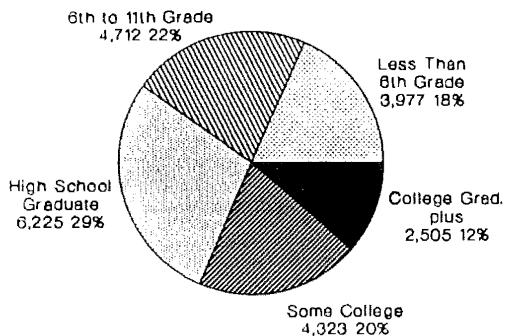
**Age**



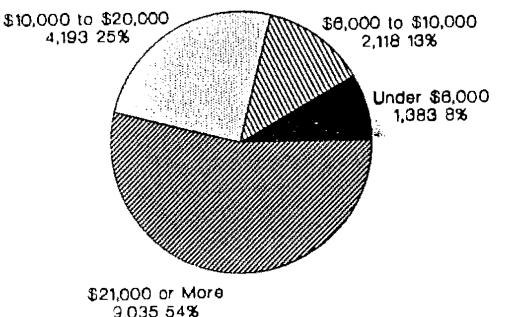
**Occupation**



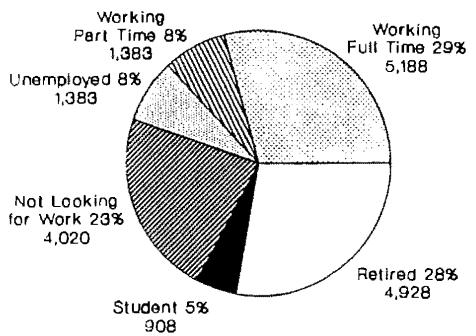
**Education**



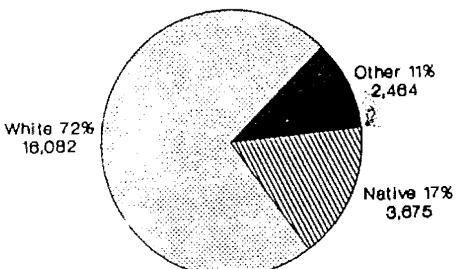
**Household Income**



**Employment Status**

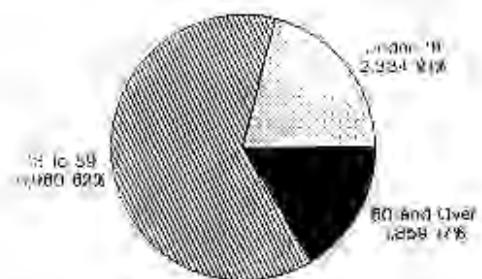


**Race**

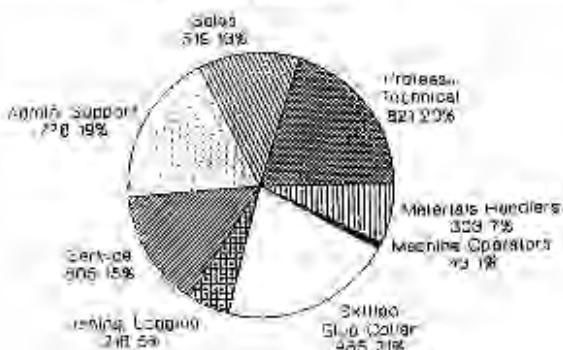


## FIGURE 2. DEMOGRAPHICS OF DISABLED ALASKANS SOUTHCENTRAL REGION

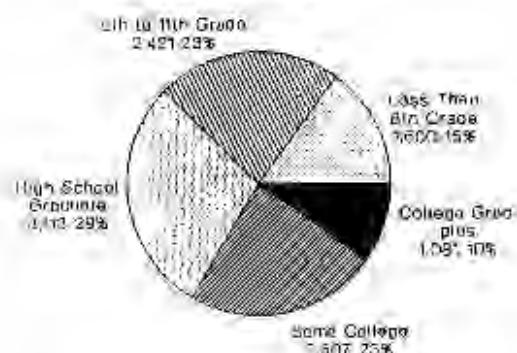
**Age**



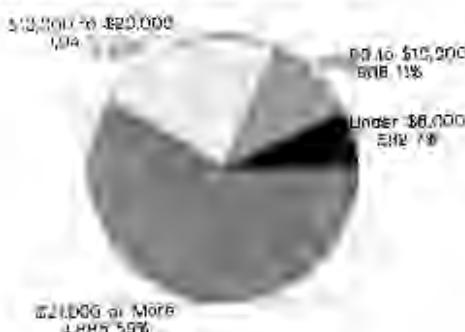
**Occupation**



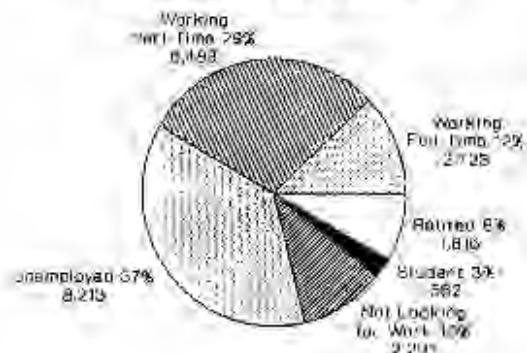
**Education**



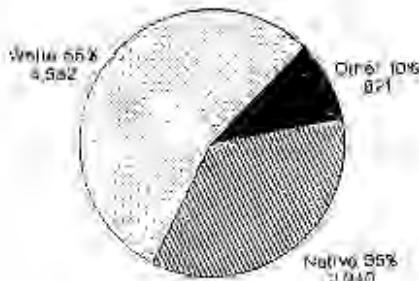
**Household Income**



**Employment Status**



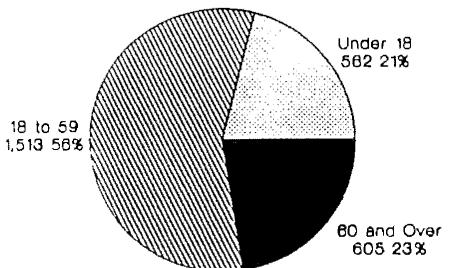
**Race**



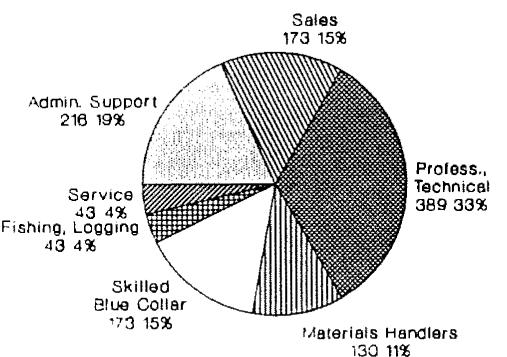
# FIGURE 3. DEMOGRAPHICS OF DISABLED ALASKANS SOUTHEAST REGION

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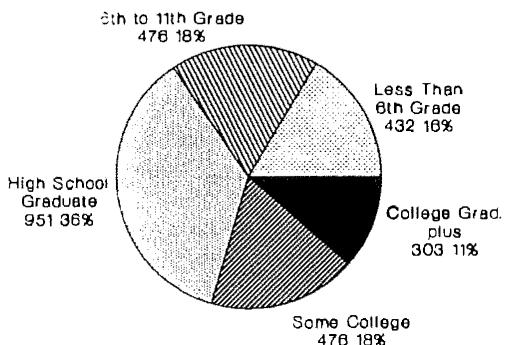
**Age**



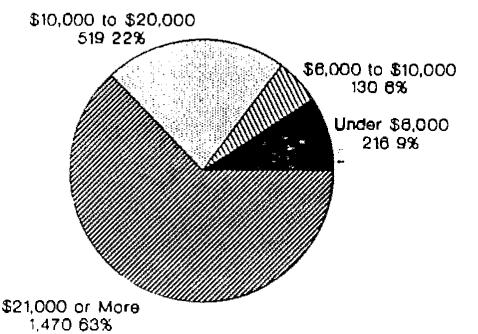
**Occupation**



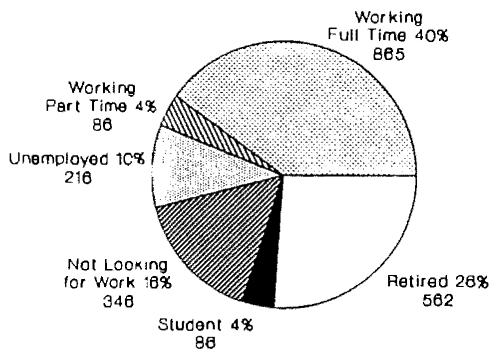
**Education**



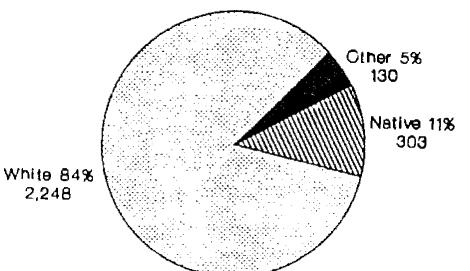
**Household Income**



**Employment Status**



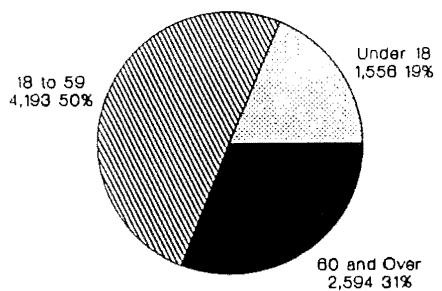
**Race**



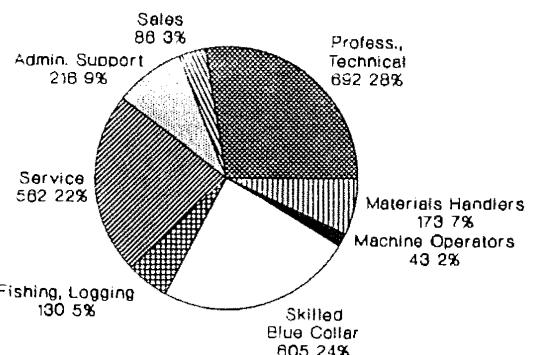
## FIGURE 4. DEMOGRAPHICS OF DISABLED ALASKANS NORTHWEST REGION

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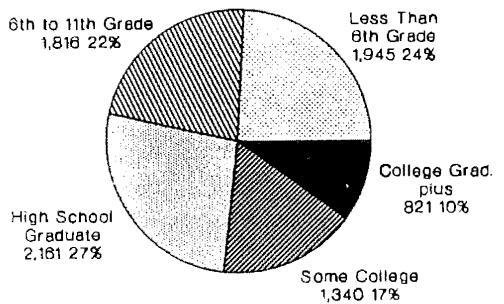
**Age**



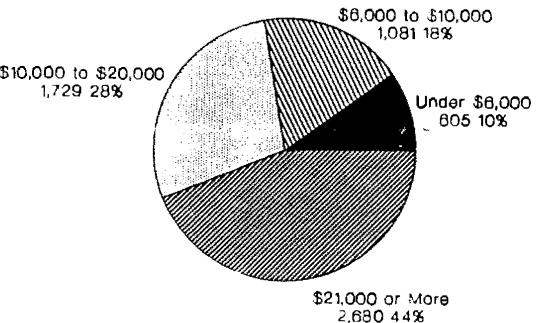
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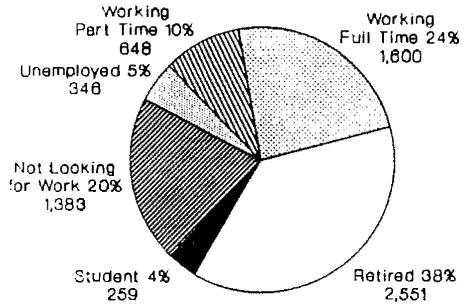
**Education**



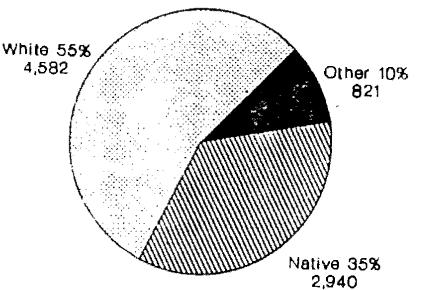
**Household Income**



**Employment Status**



**Race**



## TYPES OF DISABILITIES

Statewide, the most frequently reported disabilities are non-neuromuscular mobility impairments, arthritis, hearing impairments, and learning disabilities. Other disabilities involving at least 2,000 Alaska residents include visual impairments, cardiovascular or pulmonary disorders, neuromuscular impairment, emotional disability, communicative disability and head injuries.

The distribution of disabilities across Alaska appears to be generally proportional to regional population size (see Table 5). As expected, the major difference in the distribution of disabilities is by age (see Table 6). Young people are disproportionately more likely to report learning disabilities, communicative disorders, and developmental disabilities. Middle aged residents are more likely to experience drug or alcohol disabilities, head injuries, seizures, emotional disorders, and non-neuromuscular mobility impairments. The elderly are more likely to report the effects of strokes, alzheimer's disease, arthritis, hearing or visual impairments, and cardiovascular or pulmonary disabilities. Tables 7 and 8 present estimates of the numbers of persons experiencing specific disabilities by ethnic background and urban versus rural residence.<sup>7</sup>

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<sup>7</sup>Urban is defined for the purposes of this report to include the Anchorage Municipality, the Kenai, Mat-Su, Fairbanks, Juneau, Ketchikan, and Sitka Boroughs, and Wrangell and Petersburg.

Table 5. Type of Disability by Region

Type of Disability	<u>Southcentral</u>	<u>Southeast</u>	<u>Remainder of Alaska</u>
Non-Neuromuscular Mobility	3,848	821	3,069
Arthritis	3,372	735	3,286
Hearing Impairment	2,983	821	2,681
Learning	3,458	475	2,162
Visual Impairment	2,335	735	2,248
Cardio-Vascular-Pulmonary	1,946	691	2,162
Neuromuscular	1,556	519	1,340
Emotional	1,426	260	1,167
Communicative	1,081	260	1,037
Head Injury	995	173	1,081
Developmental	821	130	951
Other Disability	907	44	735
Diabetes	691	130	865
Stroke	779	216	519
Seizure	821	130	562
Drug/Alcohol	475	130	519
Infectious Disease	302	86	302
Blind	260	130	302
Deaf	260	<200	173
Amputation	130	44	216
Alzheimer's	173	<200	173
Polio	<200	<200	216
HIV Positive	<200	<200	<200
Estimated Number of Persons with One or More Disabilities	11,044	2,644	8,230

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Source: DVR/ISER Survey, 1990

Table 6. Type of Disability by Age

	<u>Under 18</u>	<u>18 to 59</u>	<u>Over 60</u>
Non-Neuromuscular Mobility	432	5,144	2,161
Arthritis	86	4,193	3,113
Hearing Impairment	432	3199	2810
Learning	3,199	2,723	173
Visual Impairment	605	2,421	2,248
Cardio-Vascular-Pulmonary	259	2,334	2,205
Neuromuscular	519	2,032	865
Emotional	562	1,902	389
Communicative	951	1,038	389
Head Injury	130	1,816	303
Developmental	1,167	735	<200
Other Disability	908	43	735
Diabetes	<200	778	908
Stroke	<200	432	1,081
Seizure	346	1,038	130
Drug/Alcohol	86	1,038	<200
Infectious Disease	130	389	173
Blind	43	346	303
Deaf	130	216	86
Amputation	<200	173	216
Alzheimer's	<200	130	216
Polio	43	173	<200
HIV Positive	<200	<200	<200
Estimated total number of persons who suffer from at least one disability	4,453	12,666	5,058

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Source: DVR/ISER Survey, 1990

(2-6-91)

Table 7. Type of Disability by Race

	<u>White</u>	<u>Native</u>	<u>Other</u>
Non-Neuromuscular Mobility	5,533	1,297	908
Arthritis	4,712	1,729	951
Hearing Impairment	4,193	1,556	735
Learning	4,539	821	735
Visual Impairment	3,502	1,124	692
Cardio-Vascular-Pulmonary	3,199	1,038	562
Neuromuscular	2,767	303	346
Emotional	2,291	389	173
Communicative	1,643	562	173
Head Injury	1,340	519	389
Developmental	1,167	519	216
Other Disability	1,124	432	130
Diabetes	1081	432	173
Stroke	908	389	216
Seizure	1,081	259	173
Drug/Alcohol	778	216	130
Infectious Disease	519	173	<200
Blind	432	173	86
Deaf	216	86	130
Amputation	303	43	43
Alzheimer's	303	<200	43
Polio	86	43	86
HIV Positive	<200	<200	<200

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Source: DVR/ISER Survey, 1990

(2-6-91)

Table 8. Type of Disability by Urban/Rural Location

	<u>Urban</u>	<u>Rural</u>
Non-Neuromuscular Mobility	5,317	2,421
Arthritis	4,971	2,421
Hearing Impairment	4,496	1,989
Learning	4,669	1,427
Visual Impairment	3,458	1,859
Cardio-Vascular-Pulmonary	3,372	1,427
Neuromuscular	2,421	994
Emotional	2,334	519
Communicative	1,643	735
Head Injury	1,470	778
Developmental	1,081	821
Other Disability	994	692
Diabetes	994	692
Stroke	1,038	476
Seizure	1,081	432
Drug/Alcohol	692	432
Infectious Disease	519	173
Blind	476	216
Deaf	303	130
Amputation	346	43
Alzheimer's	303	43
Polio	86	130
HIV Positive	<200	<200

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Source: DVR/ISER Survey, 1990

## INDEPENDENT LIVING SERVICE NEEDS

As mentioned in our summary, medical care, disability information, assistance in receiving benefits, advocacy, recreation transport, newsletters, job training, centralized information, and counseling each are needed by at least 10,000 Alaska residents who are disabled. The service associated with the largest number of persons with an unmet need is a newsletter about services for people with disabilities. Other services that are currently not adequately provided to at least 5,000 people include centralized information, benefits assistance, and advocacy. The needs of at least half of all persons are currently unmet for: newsletters, support groups, equipment loans, help locating housing, job counseling, central information source, and help with homemaking tasks.

Table 9 profiles independent living service needs by region. The southcentral region is defined to include the Anchorage Municipality, the Kenai, Mat-Su and Kodiak boroughs, and southcentral coastal communities (e.g. Cordova, Valdez, Chenega Bay). As defined, this region comprises 50 percent of all households compared with 12 percent for the southeast region and 38 percent for the remainder of Alaska. The regional figures in Table 8 generally differ proportionately to regional population. Viewed according to urban and rural residence, independent living service needs are proportionate to population (see Table 10).

With several exceptions, independent service needs are shared proportionately by all age groups (see Table 11). Young people are more likely to need public transportation and independent living training. The large group of adults between 18 and 59 years old are more likely to need job counseling, job training, home modifications, help locating housing, and access to a support group. Persons over 60 are more likely to need help with homemaking tasks, in-home nursing care, and the services of a personal care attendant.

In general, independent living service needs do not differ by race (see Table 12). Three exceptions appear to be the three least needed services among the population as a whole. Native residents are relatively more likely to report the need for help with homemaking tasks, in-home nursing care, and the services of a personal care attendant.

Table 9. Independent Living Service Needs by Region

	<u>Southcentral</u>			<u>Southeast</u>			<u>Remainder of Alaska</u>		
	Total	Needs Met	Needs Unmet	Total	Needs Met	Needs Unmet	Total	Needs Met	Needs Unmet
Medical Care	11,197	9,295	1,902	2,680	2,464	216	8,343	7,046	1,297
Disability Information	8,819	6,398	2,421	2,205	1,556	649	6,700	4,409	2,291
Benefits Assistance	6,614	3,934	2,681	1,772	1,081	691	5,706	3,934	1,772
Advocacy Help	6,614	4,539	2,075	1,730	1,340	389	5,446	4,063	1,383
Recreation Transport	7,176	6,311	865	1,772	1,686	86	4,626	4,237	389
Newsletter	6,442	1,124	5,318	1,600	475	1,124	4,971	907	4,063
Job Training	6,139	4,107	2,032	1,426	951	475	3,891	2,767	1,124
Centralized Information	4,972	2,421	2,551	1,426	519	907	4,151	1,859	2,291
Disability Counseling	5,534	3,632	1,902	1,168	779	389	3,804	2,723	1,081
Equipment Information	3,761	2,032	1,730	1,340	605	735	3,416	1,730	1,686
Public Transportation	3,372	1,946	1,426	995	865	130	2,377	1,556	821
Support Group	2,853	562	2,291	735	173	562	2,767	821	1,946
Independent Living Training	3,026	1,859	1,167	649	475	173	2,465	1,816	649
Equipment Loan	2,205	865	1,340	865	389	475	2,421	779	1,642
Community Awareness	2,335	1,859	475	1,038	865	173	2,075	1,340	735
Job Counseling	2,594	995	1,600	605	260	346	1,902	995	907
Home Modifications	2,205	1,686	519	691	302	389	1,729	1,426	302
Help Locating Housing	2,464	907	1,556	432	346	86	1,426	605	821
Homemaking Tasks	1,513	562	951	605	346	260	1,514	865	649
In-home Nurse	303	130	173	346	302	44	778	562	216
Personal Care Attendant	389	260	130	260	130	130	605	346	260

Source: DVR/ISER Survey, 1990

**Table 10. Independent Living Service Needs  
by Urban/Rural Location**

	<u>Urban</u>			<u>Rural</u>		
	Total	Needs Met	Needs Unmet	Total	Needs Met	Needs Unmet
Medical Care	16,341	13,877	2,464	5,879	4,928	951
Disability Information	13,314	9,467	3,847	4,409	2,896	1,513
Benefits Assistance	10,202	6,095	4,107	3,891	2,853	1,038
Advocacy Help	9,942	7,046	2,896	3,847	2,896	951
Recreation Transport	10,376	9,338	1,038	3,199	2,896	303
Newsletter	9,468	1,643	7,825	3,545	865	2,680
Job Training	8,603	5,793	2,810	2,853	2,032	821
Centralized Information	7,522	3,329	4,193	3,026	1,470	1,556
Disability Counseling	7,911	5,144	2,767	2,594	1,989	605
Equipment Information	6,398	3,372	3,026	2,118	994	1,124
Public Transportation	4,885	3,026	1,859	1,859	1,340	519
Support Group	4,366	1,081	3,285	1,989	476	1,513
Independent Living Training	4,452	2,896	1,556	1,686	1,254	432
Equipment Loan	4,021	1,643	2,378	1,470	389	1,081
Community Awareness	3,978	3,113	865	1,470	951	519
Job Counseling	3,718	1,600	2,118	1,383	648	735
Home Modifications	3,502	2,378	1,124	1,124	1,038	86
Help Locating Housing	3,199	1,340	1,859	1,124	519	605
Homemaking Tasks	2,507	1,124	1,383	1,124	648	476
In-home Nurse	908	692	216	519	303	216
Personal Care Attendant	822	519	303	432	216	216

Source: DVR/ISER Survey, 1990

Table 11. Independent Living Service Needs by Age

	<u>Under 18</u>			<u>18 to 59</u>			<u>Over 60</u>		
	Total	Needs Met	Needs Unmet	Total	Needs Met	Needs Unmet	Total	Needs Met	Needs Unmet
Medical Care	4,453	3,891	562	12,666	10,029	2,637	5,058	4,842	216
Disability Information	3,977	2,983	995	9,986	6,398	3,588	3,719	2,940	779
Benefits Assistance	3,328	2,723	605	8,257	4,409	3,848	2,464	1,772	691
Advocacy Help	3,458	2,897	562	7,739	5,058	2,681	2,593	1,988	605
Recreation Transport	2,507	2,291	216	8,387	7,609	779	2,637	2,291	346
Newsletter	2,680	562	2,118	7,523	1,254	6,269	2,809	691	2,118
Job Training	87	44	44	10,332	6,874	3,458	994	907	86
Centralized Information	2,290	1,383	907	6,485	2,551	3,934	1,772	865	907
Disability Counseling	2,594	2,335	260	6,226	3,416	2,810	1,642	1,340	302
Equipment Information	1,254	735	519	5,361	2,551	2,810	1,859	1,081	779
Public Transportation	2,162	1,902	260	3,112	1,556	1,556	1,469	907	562
Support Group	1,339	302	1,037	4,237	1,124	3,112	779	130	649
Independent Living Train	1,772	1,167	605	3,589	2,335	1,254	735	605	130
Community Awareness	994	907	86	3,242	2,205	1,037	1,211	951	260
Equipment Loan	778	302	475	3,415	1,167	2,248	1,253	562	691
Job Counseling	44	0	44	4,886	2,205	2,681	130	44	86
Home Modifications	346	260	86	3,112	2,248	865	1,124	865	260
Help Locating Housing	779	389	389	2,940	1,254	1,686	562	216	346
Homemaking Tasks	173	44	130	1,599	562	1,037	1,858	1,167	691
In-home Nurse	87	44	44	562	260	302	778	691	86
Personal Care Attendant	173	130	44	605	346	260	475	260	216

Source: DVR/ISER Survey, 1990

Table 12. Independent Living Service Needs by Race

	White			Native			Other		
	Total	Needs Met	Needs Unmet	Total	Needs Met	Needs Unmet	Total	Needs Met	Needs Unmet
Medical Care	16,081	13,574	2,507	3,674	3,242	432	2,465	1,989	476
Disability Information	12,926	9,381	3,545	2,551	1,643	908	2,248	1,340	908
Benefits Assistance	9,943	6,398	3,545	2,637	1,859	778	1,513	692	821
Advocacy Help	9,597	7,046	2,551	2,681	1,816	865	1,513	1,081	432
Recreation Transport	9,900	9,035	865	2,075	1,772	303	1,600	1,427	173
Newsletter	9,294	1,945	7,349	2,031	259	1,772	1,686	303	1,383
Job Training	8,559	5,879	2,680	1,556	1,124	432	1,340	821	519
Centralized Information	7,349	3,458	3,891	1,773	735	1,038	1,426	605	821
Disability Counseling	7,954	5,490	2,464	1,426	994	432	1,124	648	476
Equipment Information	6,182	3,631	2,551	1,167	389	778	1,167	346	821
Public Transportation	4,496	3,026	1,470	1,470	865	605	779	476	303
Support Group	4,193	1,167	3,026	1,211	130	1,081	951	259	692
Independent Living Training	4,237	2,810	1,427	1,211	865	346	692	476	216
Equipment Loan	3,891	1,600	2,291	864	259	605	735	173	562
Community Awareness	4,107	3,069	1,038	692	562	130	648	432	216
Job Counseling	3,848	1,816	2,032	691	259	432	562	173	389
Home Modifications	3,415	2,464	951	821	605	216	389	346	43
Help Locating Housing	2,723	1,340	1,383	994	432	562	605	86	519
Homemaking Tasks	2,205	1,038	1,167	1,167	648	519	259	86	173
In-home Nurse	821	562	259	605	432	173	<200	<200	<200
Personal Care Attendant	691	432	259	475	216	259	86	86	<200

Source: DVR/ISER Survey, 1990

The survey was designed to identify reasons why people cannot get the specific help they need. The remainder of this section on independent living service needs displays statewide estimates by type of service. The reader may find it helpful to refer to the questionnaire reproduced in Appendix B when reviewing the tabulations. The item number in the questionnaire is retained as the variable identifier (located to the left of the variable label) in the tabulations. The variable identifier "B1", for example, refers to question B1 in the questionnaire.

The numbers listed in the "Frequency" column of each tabulation reflect our best estimate of the statewide number of persons associated with a particular value. In the case of the first tabulation, for example, an estimated 1,989 Alaska residents currently get help with homemaking tasks. Of those 1,989, 1,772 are currently getting the help they need, indicating that for most the service they get is satisfactory. Turning to those who do **not** currently get any help with homemaking tasks, 1,643 need such help. Nineteen percent of those needing but not getting such help cite lack of knowledge about whether such help is available as the principal reason.

Much of the "meat" in the needs evaluation for independent living services is contained in the following pages. The interested reader can interpret the results using the above example as a guide.

6-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
 Page 2  
 16:48:39 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

## B1 HELP W/HOMEMAKING TASKS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1989	8.9	8.9	8.9
NO	2	20232	91.1	91.1	100.0
	Total	22220	100.0	100.0	

Valid cases 22220 Missing cases 0

## B2 GETTING HELP W/HOMEMAKING TASKS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1772	8.0	89.1	89.1
NO	2	216	1.0	10.9	100.0
.	20232	91.1	Missing		
	Total	22220	100.0	100.0	

Valid cases 1989 Missing cases 20232

## B2A WHY NO HELP W/HOMEMAKING TASKS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DONT COME ENOUGH	1	86	.4	40.0	40.0
	97	130	.6	60.0	100.0
.	22004	99.0	Missing		
	Total	22220	100.0	100.0	

Valid cases 216 Missing cases 22004

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 16:48:40 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

## B3 NEED HELP W/HOMEMAKING TASKS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1643	7.4	8.2	8.2
NO	2	18416	82.9	91.8	100.0
.	1989	8.9	Missing	Missing	
NA	9	173	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 20059 Missing cases 2161

## B3A WHY NO HELP W/NEEDED HOMEMAKING TASKS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	259	1.2	16.2	16.2
HELP ISNT AVAILABLE	2	173	.8	10.8	27.0
DONT KNOW IF HELP AV	3	303	1.4	18.9	45.9
SELF-SUFFICIENT/STUB	4	216	1.0	13.5	59.5
CHILD UNDER 18	5	86	.4	5.4	64.9
FUTURE NEEDS NOTED	6	259	1.2	16.2	81.1
	97	259	1.2	16.2	97.3
	403	43	.2	2.7	100.0
DONT KNOW	98	43	.2	Missing	Missing
	Total	22220	100.0	100.0	

Valid cases 1600 Missing cases 20621

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## B4 USE PERSONAL CARE ATTENDANT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	778	3.5	3.5	3.5
NO	2	21356	96.1	96.5	100.0
NA	9	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 22134 Missing cases 86

## B5 GETTING PERSONAL CARE SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	735	3.3	94.4	94.4
NO	2	43	.2	5.6	100.0
.	21442	96.5	Missing		
	Total	22220	100.0	100.0	

Valid cases 778 Missing cases 21442

## B5A WHY NO PERSONAL CARE SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	97	43	.2	100.0	100.0
.	22177	99.8	Missing		
	Total	22220	100.0	100.0	

Valid cases 43 Missing cases 22177

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## B6 NEED FOR PERSONAL CARE SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	476	2.1	2.3	2.3
NO	2	20405	91.8	97.7	100.0
.	865	3.9	Missing		
DONT KNOW	8	43	.2	Missing	
NA	9	432	1.9	Missing	
	Total	22220	100.0	100.0	

Valid cases 20880 Missing cases 1340

## B6A WHY NO NEEDED CARE SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	43	.2	9.1	9.1
HELP ISNT AVAILABLE	2	259	1.2	54.5	63.6
.	97	130	.6	27.3	90.9
102	43	.2	9.1	100.0	
.	21745	97.9	Missing		
	Total	22220	100.0	100.0	

Valid cases 476 Missing cases 21745

## B7 HOME NURSING CARE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	994	4.5	4.5	4.5
NO	2	21183	95.3	95.5	100.0
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22177 Missing cases 43

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## B8      GETTING HOME NURSING SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	994	4.5	100.0	100.0
	.	21226	95.5	Missing	
	Total	22220	100.0	100.0	

Valid cases 994      Missing cases 21226

## B8A     WHY NO HOME NURSING SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	.	22220	100.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 0      Missing cases 22220

## B9      NEED FOR HOME NURSING CARE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	432	1.9	2.1	2.1
NO	2	20361	91.6	97.9	100.0
	.	1038	4.7	Missing	
NA	9	389	1.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 20794      Missing cases 1427

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## B9A     WHY NO NEEDED HOME NURSING SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	43	.2	11.1	11.1
HELP ISNT AVAILABLE	2	130	.6	33.3	44.4
	97	173	.8	44.4	88.9
	102	43	.2	11.1	100.0
NA	.	21745	97.9	Missing	Missing
	99	86	.4	Missing	Missing
	Total	22220	100.0	100.0	

Valid cases 389      Missing cases 21831

## B10     GETTING NEEDED MEDICAL CARE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	18675	84.0	84.5	84.5
NO	2	3415	15.4	15.5	100.0
NA	9	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 22091      Missing cases 130

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## B10A    WHY NO MEDICAL CARE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	1383	6.2	41.0	41.0
IT ISNT AVAILABLE	2	519	2.3	15.4	56.4
POOR QUALITY MED CAR	3	476	2.1	14.1	70.5
HAVENT SOUGHT IT	4	216	1.0	6.4	76.9
AGENCY WONT PAY/PROV	5	259	1.2	7.7	84.6
	97	259	1.2	7.7	92.3
	102	130	.6	3.8	96.2
	104	43	.2	1.3	97.4
	105	43	.2	1.3	98.7
	197	43	.2	1.3	100.0
NA	99	18805	84.6	Missing	
		43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3372    Missing cases 18848

## B11    USE PUBLIC TRANSPORTATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4928	22.2	22.2	22.2
NO	2	17249	77.6	77.8	100.0
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22177    Missing cases 43

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## B12    GETTING PUBLIC TRANSPORTATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4366	19.6	88.6	88.6
NO	2	562	2.5	11.4	100.0
	.	17292	77.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 4928    Missing cases 17292

## B12A    WHY NO PUBLIC TRANSPORT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ROUTES/TIMES WRONG	1	303	1.4	53.8	53.8
HARD TO USE	2	43	.2	7.7	61.5
	97	130	.6	23.1	84.6
	102	43	.2	7.7	92.3
	197	43	.2	7.7	100.0
	.	21658	97.5	Missing	
	Total	22220	100.0	100.0	

Valid cases 562    Missing cases 21658

## B13    NEED FOR PUBLIC TRANSPORT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1816	8.2	10.6	10.6
NO	2	15260	68.7	89.4	100.0
	.	4971	22.4	Missing	
	NA	9	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 17076    Missing cases 5144

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## B13A WHY NO NEEDED PUBLIC TRANSPORT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ROUTES/TIMES WRONG	1	43	.2	2.6	2.6
NO SERVICE	2	778	3.5	46.2	48.7
CANT USE IT	3	173	.8	10.3	59.0
DONT KNOW ABOUT IT	4	259	1.2	15.4	74.4
	97	303	1.4	17.9	92.3
	102	43	.2	2.6	94.9
	197	86	.4	5.1	100.0
DONT KNOW	.	20361	91.6	Missing	
NA	98	43	.2	Missing	
	99	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 1686 Missing cases 20534

## B14 USE PUBLIC TRANSPORTATION/LEISURE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	12623	56.8	56.9	56.9
NO	2	9554	43.0	43.1	100.0
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22177 Missing cases 43

## B15 GETTING LEISURE-TIME TRANSPORT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	12234	55.1	96.9	96.9
NO	2	389	1.8	3.1	100.0
	.	9597	43.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 12623 Missing cases 9597

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## B15A WHY NO LEISURE-TIME TRANSPORT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ROUTES/TIMES WRONG	1	86	.4	22.2	22.2
HARD TO USE	2	86	.4	22.2	44.4
	97	216	1.0	55.6	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 389 Missing cases 21831

## B16 NEED FOR LEISURE-TIME TRANSPORT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	951	4.3	10.3	10.3
NO	2	8300	37.4	89.7	100.0
	.	12666	57.0	Missing	
NA	9	303	1.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 9251 Missing cases 12969

## B16A WHY NO NEEDED LEISURE-TIME TRANSPORT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ROUTES/TIMES WRONG	1	43	.2	5.3	5.3
NO SERVICE	2	259	1.2	31.6	36.8
CANT USE IT	3	86	.4	10.5	47.4
	97	389	1.8	47.4	94.7
	197	43	.2	5.3	100.0
DONT KNOW	.	21226	95.5	Missing	
NA	98	43	.2	Missing	
	99	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 821 Missing cases 21399

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 16:48:46 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

## B17 MADE CHANGES AROUND HOUSE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3718	16.7	16.7	16.7
NO	2	18502	83.3	83.3	100.0
	Total	22220	100.0	100.0	

Valid cases 22220 Missing cases 0

## B18 ARE CHANGES MEETING NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3415	15.4	92.9	92.9
NO	2	259	1.2	7.1	100.0
NA	.	18502	83.3	Missing	
	Total	22220	100.0	100.0	

Valid cases 3675 Missing cases 18546

## B18A WHY CHANGES DONT MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	130	.6	60.0	60.0
RENTING-CANT DO IT	3	43	.2	20.0	80.0
	97	43	.2	20.0	100.0
DONT KNOW	98	21961	98.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 216 Missing cases 22004

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## B19 NEED FOR CHANGES AROUND HOUSE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	951	4.3	5.2	5.2
NO	2	17249	77.6	94.8	100.0
DONT KNOW	.	3718	16.7	Missing	
NA	8	43	.2	Missing	
	9	259	1.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 18200 Missing cases 4020

## B19A WHY CHANGES HAVEN'T BEEN MADE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	303	1.4	31.8	31.8
DONT NEED YET/CONSID	3	216	1.0	22.7	54.5
NOT AVAILABLE/RENTIN	4	173	.8	18.2	72.7
	97	173	.8	18.2	90.9
	102	43	.2	4.5	95.5
	197	43	.2	4.5	100.0
NA	.	21226	95.5	Missing	
	99	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 951 Missing cases 21269

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## B20 HELP FOR AFFORDABLE/ACCESSIBLE HOUSING

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3242	14.6	14.7	14.7
NO	2	18848	84.8	85.3	100.0
NA	.	86	.4	Missing	
	9	43	.2	Missing	
Total		22220	100.0	100.0	

Valid cases 22091 Missing cases 130

## B21 DID HELP MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1859	8.4	58.1	58.1
NO	2	1340	6.0	41.9	100.0
NA	.	18978	85.4	Missing	
	9	43	.2	Missing	
Total		22220	100.0	100.0	

Valid cases 3199 Missing cases 19021

## B21A WHY HELP DIDNT MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NOTHING AVAILABLE	1	303	1.4	22.6	22.6
STILL COULDNT AFFORD	2	389	1.8	29.0	51.6
ON WAITING LIST	3	303	1.4	22.6	74.2
	97	259	1.2	19.4	93.5
	102	86	.4	6.5	100.0
		20837	93.8	Missing	
NA	99	43	.2	Missing	
Total		22220	100.0	100.0	

Valid cases 1340 Missing cases 20880

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## B22 AFFORDABLE HOUSING HELP NEEDED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1124	5.1	6.1	6.1
NO	2	17422	78.4	93.9	100.0
DONT KNOW	.	3372	15.2	Missing	
	8	43	.2	Missing	
NA	9	259	1.2	Missing	
Total		22220	100.0	100.0	

Valid cases 18546 Missing cases 3675

## B22A WHY HELP HASNT BEEN FOUND

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO HELP AVAILABLE	1	86	.4	8.3	8.3
DIDNT KNOW POSSIBLE	2	389	1.8	37.5	45.8
HAVENT ASKED	3	130	.6	12.5	58.3
	97	346	1.6	33.3	91.7
	302	43	.2	4.2	95.8
9702		43	.2	4.2	100.0
		21096	94.9	Missing	
DONT KNOW	98	43	.2	Missing	
NA	99	43	.2	Missing	
Total		22220	100.0	100.0	

Valid cases 1038 Missing cases 21183

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## B23    SATISFYING WORK

Value	Cum			Cum			Cum				
	Freq	Pct	Pct	Value	Freq	Pct	Pct	Value	Freq	Pct	Pct
2	43	0	0	226	130	1	18	479	43	0	37
5	43	0	0	229	130	1	19	486	43	0	37
14	43	0	1	243	173	1	19	494	43	0	37
15	43	0	1	254	43	0	20	495	86	0	38
19	130	1	1	257	130	1	20	496	43	0	38
23	130	1	2	264	43	0	20	497	43	0	38
34	43	0	2	274	86	0	21	498	303	1	39
35	43	0	2	275	43	0	21	503	86	0	40
37	86	0	3	276	130	1	22	505	173	1	41
53	43	0	3	285	43	0	22	508	43	0	41
64	43	0	3	303	43	0	22	514	43	0	41
73	43	0	3	308	259	1	23	516	43	0	41
76	43	0	4	313	173	1	24	519	43	0	41
78	130	1	4	315	86	0	24	525	86	0	42
84	43	0	4	316	43	0	25	533	43	0	42
90	43	0	5	319	86	0	25	534	86	0	42
95	130	1	5	337	173	1	26	536	43	0	43
99	43	0	5	338	43	0	26	544	43	0	43
105	86	0	6	348	43	0	26	558	43	0	43
156	86	0	6	353	43	0	26	563	43	0	43
157	86	0	7	354	43	0	27	567	216	1	44
158	43	0	7	365	86	0	27	575	86	0	45
159	173	1	8	379	259	1	28	579	86	0	45
163	130	1	8	383	86	0	29	588	43	0	45
164	43	0	8	387	43	0	29	599	216	1	46
167	43	0	9	389	130	1	29	614	86	0	47
169	43	0	9	406	259	1	31	617	86	0	47
174	476	2	11	407	43	0	31	657	43	0	47
177	86	0	12	414	43	0	31	659	43	0	47
178	86	0	12	417	86	0	32	674	43	0	48
183	43	0	12	418	43	0	32	686	43	0	48
185	43	0	12	423	43	0	32	779	43	0	48
186	43	0	13	427	130	1	33	783	86	0	48
188	476	2	15	436	130	1	33	804	86	0	49
189	43	0	15	439	86	0	34	859	86	0	49
194	86	0	15	444	43	0	34	869	86	0	50
195	43	0	16	447	43	0	34	889	43	0	50
207	86	0	16	453	303	1	35	901	4582	21	71
208	43	0	16	458	130	1	36	902	4799	22	94
213	173	1	17	459	43	0	36	903	1340	6	100
217	43	0	17	468	43	0	36				
218	43	0	17	473	43	0	37				

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## B23    SATISFYING WORK

Value	MISSING DATA		Value	Freq
	Value	Freq		
998	259		999	562
Valid cases	21399		Missing cases	821

## B24    RECEIVED EDUCATION/TRAINING NEEDED

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	7825	35.2	68.3	68.3
NO	2	3631	16.3	31.7	100.0
DONT KNOW	.	10548	47.5	Missing	
NA	8	43	.2	Missing	
Total	22220		100.0	100.0	
Valid cases	11456		Missing cases	10764	

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## B24A    WHY EDUCATION/TRAINING NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	908	4.1	26.2	26.2
IT ISNT AVAILABLE	2	432	1.9	12.5	38.8
DOESNT NEED/WANT	3	259	1.2	7.5	46.2
NOT ABLE AT THIS TIM	4	303	1.4	8.7	55.0
AGENCY DISSATISFACTO	5	216	1.0	6.2	61.2
CURRENTLY IN SCHOOL	6	259	1.2	7.5	68.7
THINKING ABOUT IT	7	346	1.6	10.0	78.8
LACK OF TIME	8	43	.2	1.2	80.0
	97	432	1.9	12.5	92.5
	102	43	.2	1.2	93.8
	106	43	.2	1.2	95.0
	107	43	.2	1.2	96.3
	108	86	.4	2.5	98.7
	297	43	.2	1.2	100.0
		18675	84.0	Missing	
NA	99	86	.4	Missing	
		Total	22220	100.0	100.0

Valid cases 3458    Missing cases 18762

## B25    PROFESSIONAL HELP TO GET/KEEP JOB

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3069	13.8	25.9	25.9
NO	2	8776	39.5	74.1	100.0
NA	9	10332	46.5	Missing	
		43	.2	Missing	
		Total	22220	100.0	100.0

Valid cases 11845    Missing cases 10375

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## B26    DID JOB HELP MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2248	10.1	74.3	74.3
NO	2	778	3.5	25.7	100.0
NA	9	19151	86.2	Missing	Missing
		43	.2	Missing	Missing
		Total	22220	100.0	100.0

Valid cases 3026    Missing cases 19194

## B26A    WHY JOB HELP DIDNT MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO JOB AVAILABLE	1	173	.8	22.2	22.2
HELP DIDNT KNOW MUCH	2	43	.2	5.6	27.8
AGENCY DISSATISFACTI	3	346	1.6	44.4	72.2
	97	173	.8	22.2	94.4
	203	43	.2	5.6	100.0
		21442	96.5	Missing	
		Total	22220	100.0	100.0

Valid cases 778    Missing cases 21442

## B27    NEED FOR JOB HELP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2075	9.3	24.0	24.0
NO	2	6571	29.6	76.0	100.0
NA	9	13531	60.9	Missing	Missing
		43	.2	Missing	Missing
		Total	22220	100.0	100.0

Valid cases 8646    Missing cases 13574

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## B27A    WHY UNABLE TO GET JOB HELP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
HELP ISNT AVAILABLE	1	432	1.9	21.3	21.3
CANT AFFORD IT	2	259	1.2	12.8	34.0
DVR DETERMINED NOT E	3	216	1.0	10.6	44.7
HAVENT PURSUED/DK AV	4	303	1.4	14.9	59.6
AGENCY DISSATISFACTI	5	346	1.6	17.0	76.6
	97	346	1.6	17.0	93.6
	102	43	.2	2.1	95.7
	203	43	.2	2.1	97.9
	297	43	.2	2.1	100.0
DONT KNOW	.	20145	90.7	Missing	
	98	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 2032    Missing cases 20188

## B28    INFO ABOUT EQUIPMENT TO STAY INDEPENDENT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4842	21.8	22.2	22.2
NO	2	16989	76.5	77.8	100.0
DONT KNOW	8	86	.4	Missing	
NA	9	303	1.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 21831    Missing cases 389

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3761	16.9	22.2	22.2
NO	2	13185	59.3	77.8	100.0
	5231			Missing	
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

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## B29    DID EQUIPT INFO MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4366	19.6	91.8	91.8
NO	2	389	1.8	8.2	100.0
	.	17378	78.2	Missing	
DONT KNOW	8	43	.2	Missing	
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	
Valid cases	4755	Missing cases	17465		

## B29A    WHY EQUIPT INFO DIDNT MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
EQUIPMENT TOO COSTLY	1	86	.4	22.2	22.2
NOT ENOUGH INFORMATI	2	259	1.2	66.7	88.9
	97	43	.2	11.1	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 389    Missing cases 21831

## B30    NEED FOR INFO ABOUT EQUIPMENT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3761	16.9	22.2	22.2
NO	2	13185	59.3	77.8	100.0
	5231			Missing	
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 16946    Missing cases 5274

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## B30A WHY UNABLE TO GET NEEDED EQUIPT INFO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
IT ISNT AVAILABLE	1	346	1.6	9.5	9.5
DONT KNOW WHERE TO GET IT	2	2205	9.9	60.7	70.2
HAVENT PURSUED IT	3	476	2.1	13.1	83.3
	4	43	.2	1.2	84.5
	97	432	1.9	11.9	96.4
	102	43	.2	1.2	97.6
	297	43	.2	1.2	98.8
	9797	43	.2	1.2	100.0
NA	.	18459	83.1	Missing	
	99	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 3631 Missing cases 18589

## B31 HAS EQUIPMENT BEEN LOANED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2248	10.1	10.3	10.3
NO	2	19540	87.9	89.7	100.0
DONT KNOW	8	86	.4	Missing	
NA	9	346	1.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 21788 Missing cases 432

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3415	15.4	18.0	18.0
NO	2	15606	70.2	82.0	100.0
DONT KNOW	8	2680	12.1	Missing	
NA	9	303	1.4	Missing	
	Total	22220	100.0	100.0	

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## B32 DID LOAN PROGRAM WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2032	9.1	97.9	97.9
NO	2	43	.2	2.1	100.0
DONT KNOW	.	19972	89.9	Missing	
NA	8	86	.4	Missing	
	9	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 2075 Missing cases 20145

## B32A WHY LOAN PROGRAM DIDNT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
97	43	22177	99.2	100.0	100.0
NA	.	22177	99.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 43 Missing cases 22177

## B33 IS THERE EQUIPT YOU WOULD LIKE TO TRY

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3415	15.4	18.0	18.0
NO	2	15606	70.2	82.0	100.0
DONT KNOW	8	2680	12.1	Missing	
NA	9	303	1.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 19021 Missing cases 3199

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## B33A WHY UNABLE TO TRY OUT EQUIPT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
PROGRAM DOESNT EXIST	1	951	4.3	27.8	27.8
EQUIP SINT AVAILABLE	2	476	2.1	13.9	41.8
HAVENT PURSUED/MOTIV	3	389	1.8	11.4	53.2
	4	476	2.1	13.9	67.1
	5	346	1.6	10.1	77.2
	97	519	2.3	15.2	92.4
	102	86	.4	2.5	94.9
	103	43	.2	1.3	96.2
	104	43	.2	1.3	97.5
	204	43	.2	1.3	98.7
	10204	43	.2	1.3	100.0
	-	18805	84.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 3415 Missing cases 18805

## B34 RECEIVED INDEPENDENT LIVING TRAINING

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4755	21.4	21.7	21.7
NO	2	17206	77.4	78.3	100.0
DONT KNOW	8	86	.4	Missing	
NA	9	173	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 21961 Missing cases 259

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## B35 WAS APPROPRIATE INDEP LIVING TRAINING RE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4150	18.7	87.3	87.3
NO	2	605	2.7	12.7	100.0
.	.	17465	78.6	Missing	

Total 22220 100.0 100.0

Valid cases 4755 Missing cases 17465

## B35A WHY NEEDED TRAINING WAS NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEED MORE TRAINING	1	86	.4	14.3	14.3
POOR PROGRAM	2	303	1.4	50.0	64.3
	97	130	.6	21.4	85.7
	102	86	.4	14.3	100.0
	.	21615	97.3	Missing	

Total 22220 100.0 100.0

Valid cases 605 Missing cases 21615

## B36 IS INDEPENDENT LIVING TRAINING NEEDED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1383	6.2	8.1	8.1
NO	2	15649	70.4	91.9	100.0
.	.	5015	22.6	Missing	
DONT KNOW	8	43	.2	Missing	
NA	9	130	.6	Missing	

Total 22220 100.0 100.0

Valid cases 17033 Missing cases 5188

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## B36A WHY IS NEEDED TRAINING NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
PROGRAM DOESNT EXIST	1	432	1.9	31.3	31.3
CANT GET TO PROGRAM	2	43	.2	3.1	34.4
CHILD	3	346	1.6	25.0	59.4
DONT KNOW ABOUT PROG	4	303	1.4	21.9	81.3
	97	130	.6	9.4	90.6
	197	86	.4	6.2	96.9
	204	43	.2	3.1	100.0
	.	20837	93.8	Missing	
Total		22220	100.0	100.0	

Valid cases 1383 Missing cases 20837

## B37 RECEIVED COUNSELING ASSISTANCE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	8084	36.4	36.7	36.7
NO	2	13963	62.8	63.3	100.0
DONT KNOW	8	86	.4	Missing	
NA	9	86	.4	Missing	
Total		22220	100.0	100.0	

Valid cases 22047 Missing cases 173

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## B38 WAS APPROPRIATE COUNSELING RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	7133	32.1	89.7	89.7
NO	2	821	3.7	10.3	100.0
DONT KNOW	.	14093	63.4	Missing	
NA	8	43	.2	Missing	
	9	130	.6	Missing	
Total		22220	100.0	100.0	

Valid cases 7954 Missing cases 14266

## B38A WHY APPROPRIATE COUNSELING WAS NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	173	.8	20.0	20.0
COUNSELING DIDNT WOR	2	216	1.0	25.0	45.0
INADEQUATE/INEFFECTI	3	389	1.8	45.0	90.0
	7	43	.2	5.0	95.0
	97	43	.2	5.0	100.0
	-	21356	96.1	Missing	
Total		22220	100.0	100.0	

Valid cases 865 Missing cases 21356

## B39 NEED FOR COUNSELING ASSISTANCE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2551	11.5	19.0	19.0
NO	2	10894	49.0	81.0	100.0
DONT KNOW	.	8257	37.2	Missing	
NA	8	346	1.6	Missing	
	9	173	.8	Missing	
Total		22220	100.0	100.0	

Valid cases 13445 Missing cases 8776

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## B39A    WHY COUNSELING ASSISTANCE IS NOT RECEIVE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	346	1.6	14.0	14.0
IT ISNT AVAILABLE	2	476	2.1	19.3	33.3
NEVER LOOKED/ASKED F	3	476	2.1	19.3	52.6
AGENCY NOT HELPFUL	4	173	.8	7.0	59.6
DONT KNOW WHO/WHERE	5	259	1.2	10.5	70.2
TRANSPORTATION PROBL	6	43	.2	1.8	71.9
	97	216	1.0	8.8	80.7
	102	43	.2	1.8	82.5
	104	86	.4	3.5	86.0
	205	43	.2	1.8	87.7
	297	86	.4	3.5	91.2
	305	86	.4	3.5	94.7
	506	130	.6	5.3	100.0
DONT KNOW		19670	88.5	Missing	
	98	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 2464    Missing cases 19756

## B40    MEMBER OF DISABILITY SUPPORT GROUP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1772	8.0	8.0	8.0
NO	2	20405	91.8	92.0	100.0
DONT KNOW	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22177    Missing cases 43

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## B41    IS SUPPORT GROUP MEETING NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1556	7.0	90.0	90.0
NO	2	173	.8	10.0	100.0
DONT KNOW	.	20448	92.0	Missing	Missing
	8	43	.2	Missing	Missing
	Total	22220	100.0	100.0	

Valid cases 1729    Missing cases 20491

## B41A    WHY SUPPORT GROUP IS NOT MEETING NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DONT LIKE GROUP	2	43	.2	25.0	25.0
	97	130	.6	75.0	100.0
	.	22047	99.2	Missing	Missing
	Total	22220	100.0	100.0	

Valid cases 173    Missing cases 22047

## B42    DESIRE TO BE MEMBER OF SUPPORT GROUP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4626	20.8	24.3	24.3
NO	2	14439	65.0	75.7	100.0
DONT KNOW	.	1816	8.2	Missing	Missing
NA	8	994	4.5	Missing	Missing
	9	346	1.6	Missing	Missing
	Total	22220	100.0	100.0	

Valid cases 19064    Missing cases 3156

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## B42A    WHY NOT A MEMBER OF SUPPORT GROUP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO GROUP TO JOIN	1	1513	6.8	33.0	33.0
CANT GET TO MEETINGS	2	303	1.4	6.6	39.6
DONT KNOW IF SUCH GR	3	1643	7.4	35.8	75.5
NO INTEREST/HAVENT P	4	648	2.9	14.2	89.6
	97	346	1.6	7.5	97.2
	103	130	.6	2.8	100.0
NA	.	17595	79.2	Missing	
	99	43	.2	Missing	
Total		22220	100.0	100.0	

Valid cases 4582    Missing cases 17638

## B43    HELP WITH FAIR TREATMENT/DESERVED BENEFI

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	9597	43.2	43.8	43.8
NO	2	12321	55.4	56.2	100.0
DONT KNOW	8	259	1.2	Missing	
NA	9	43	.2	Missing	
Total		22220	100.0	100.0	

Valid cases 21918    Missing cases 303

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## B44    HAS HELP WITH FAIR TREATMENT BEEN RECEIV

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	8949	40.3	95.0	95.0
NO	2	476	2.1	5.0	100.0
DONT KNOW	.	12623	56.8	Missing	
NA	8	43	.2	Missing	
	9	130	.6	Missing	
Total		22220	100.0	100.0	

Valid cases 9424    Missing cases 12796

## B44A    WHY HELP WITH FAIR TREATMENT NOT RECEIVE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
HELP HASNT WORKED	1	43	.2	9.1	9.1
DISSATISFACTION/UNCA	3	130	.6	27.3	36.4
DK WHERE/HOW TO GET	4	43	.2	9.1	45.5
	97	259	1.2	54.5	
	-	21745	97.9	Missing	
Total		22220	100.0	100.0	

Valid cases 476    Missing cases 21745

## B45    IS HELP NEEDED FOR FAIR TREATMENT/DESERV

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4669	21.0	38.8	38.8
NO	2	7349	33.1	61.2	100.0
DONT KNOW	.	9900	44.6	Missing	
NA	8	130	.6	Missing	
	9	173	.8	Missing	
Total		22220	100.0	100.0	

Valid cases 12018    Missing cases 10202

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## B45A WHY NEEDED HELP WITH FAIR TREATMENT NOT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	173	.8	3.7	3.7
HELP ISNT AVAILABLE	2	908	4.1	19.4	23.1
DONT KNOW IF AVAILAB	3	994	4.5	21.3	44.4
TOO INDEPENDENT/PRID	4	821	3.7	17.6	62.0
NOT ELIGIBLE	5	476	2.1	10.2	72.2
AGENCY/PEOPLE NOT HE	6	519	2.3	11.1	83.3
	97	476	2.1	10.2	93.5
	103	43	.2	.9	94.4
	104	43	.2	.9	95.4
	206	43	.2	.9	96.3
	306	43	.2	.9	97.2
	403	43	.2	.9	98.1
	506	43	.2	.9	99.1
	9703	43	.2	.9	100.0
		17508	78.8	Missing	
NA	99	43	.2	Missing	
		Total	22220	100.0	100.0

Valid cases 4669 Missing cases 17551

## B46 PERSON/AGENCY ACTED ON BEHALF OF DISABLE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	10851	48.8	48.8	48.8
NO	2	11369	51.2	51.2	100.0
		Total	22220	100.0	100.0

Valid cases 22220 Missing cases 0

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## B47 HAS ADVOCACY WORKED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	9943	44.7	93.1	93.1
NO	2	735	3.3	6.9	100.0
DONT KNOW	.	11369	51.2	Missing	
NA	8	130	.6	Missing	
	9	43	.2	Missing	
		Total	22220	100.0	100.0

Valid cases 10678 Missing cases 11542

## B47A WHY ADVOCACY HASNT WORKED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
HASNT WORKED	1	43	.2	6.7	6.7
INEPT/UNCARING AGENC	2	259	1.2	40.0	46.7
	3	43	.2	6.7	53.3
	97	216	1.0	33.3	86.7
	197	86	.4	13.3	100.0
DONT KNOW	.	21485	96.7	Missing	
	98	86	.4	Missing	
		Total	22220	100.0	100.0

Valid cases 648 Missing cases 21572

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## B48 IS THERE NEED FOR ADVOCACY

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3113	14.0	28.7	28.7
NO	2	7738	34.8	71.3	100.0
DONT KNOW	.	10851	48.8	Missing	
NA	8	303	1.4	Missing	
	9	216	1.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 10851 Missing cases 11369

## B48A WHY NEEDED ADVOCACY NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	216	1.0	7.0	7.0
HELP ISNT AVAILABLE	2	735	3.3	23.9	31.0
PROBLEM W/AGENCY	3	259	1.2	8.5	39.4
DONT KNOW WHERE/HOW	4	1124	5.1	36.6	76.1
NOT ELIGIBLE	5	130	.6	4.2	80.3
	97	303	1.4	9.9	90.1
	102	43	.2	1.4	91.5
	103	43	.2	1.4	93.0
	104	43	.2	1.4	94.4
	204	86	.4	2.8	97.2
	297	43	.2	1.4	98.6
	9797	43	.2	1.4	100.0
		19108	86.0	Missing	
NA	99	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069 Missing cases 19151

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## B49 INFO FROM ONE AGENCY ON DISABILITY

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	5317	23.9	24.1	24.1
NO	2	16730	75.3	75.9	100.0
DONT KNOW	8	130	.6	Missing	
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22047 Missing cases 173

## B50 HAS AGENCY GIVEN INFORMATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4799	21.6	91.0	91.0
NO	2	476	2.1	9.0	100.0
NA	9	16903	76.1	Missing	
	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 5274 Missing cases 16946

## B50A WHY AGENCY HASNT GIVEN INFORMATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEED MORE INFO	1	346	1.6	80.0	80.0
	97	86	.4	20.0	100.0
DONT KNOW	.	21745	97.9	Missing	
	98	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 432 Missing cases 21788

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## B51    NEED FOR SINGLE AGENCY

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	5274	23.7	33.0	33.0
NO	2	10721	48.2	67.0	100.0
	.	5490	24.7	Missing	
DONT KNOW	8	432	1.9	Missing	
NA	9	303	1.4	Missing	
		-----	-----	-----	
	Total	22220	100.0	100.0	

Valid cases 15995    Missing cases 6225

## B51A    WHY UNABLE TO GO TO ONE AGENCY

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO SINGLE AGENCY	1	4150	18.7	80.0	80.0
HAVENT LOOKED	2	346	1.6	6.7	86.7
	3	43	.2	.8	87.5
	5	43	.2	.8	88.3
	97	562	2.5	10.8	99.2
	102	43	.2	.8	100.0
		16946	76.3	Missing	
DONT KNOW	98	43	.2	Missing	
NA	99	43	.2	Missing	
		-----	-----	-----	
	Total	22220	100.0	100.0	

Valid cases 5188    Missing cases 17033

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## B52    INFORMATION ABOUT DISABILITY

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	14179	63.8	64.1	64.1
NO	2	7954	35.8	35.9	100.0
DONT KNOW	8	43	.2	Missing	
NA	9	43	.2	Missing	
		-----	-----	-----	
	Total	22220	100.0	100.0	

Valid cases 22134    Missing cases 86

## B53    DID DISABILITY INFO MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	12364	55.6	87.7	87.7
NO	2	1729	7.8	12.3	100.0
	8041	36.2	Missing		
DONT KNOW	8	43	.2	Missing	
NA	9	43	.2	Missing	
		-----	-----	-----	
	Total	22220	100.0	100.0	

Valid cases 14093    Missing cases 8127

## B53A    WHY DISABILITY INFO DIDNT MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEED MORE INFO	1	1297	5.8	75.0	75.0
	4	43	.2	2.5	77.5
	97	346	1.6	20.0	97.5
	197	43	.2	2.5	100.0
		20491	92.2	Missing	
		-----	-----	-----	
	Total	22220	100.0	100.0	

Valid cases 1729    Missing cases 20491

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## B54 NEED FOR INFORMATION ABOUT DISABILITY

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3631	16.3	46.9	46.9
NO	2	4107	18.5	53.1	100.0
DONT KNOW	.	14266	64.2	Missing	
NA	8	43	.2	Missing	
	9	173	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 7738 Missing cases 14482

## B54A WHY NEEDED DISABILITY INFO NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
INFO NOT AVAILABLE	1	476	2.1	13.6	13.6
DONT KNOW WHERE TO G	2	1686	7.6	48.1	61.7
NEVER ASKED/NO INTER	3	389	1.8	11.1	72.8
AGENCY DISTRUST/DISS	4	303	1.4	8.6	81.5
	97	346	1.6	9.9	91.4
	102	216	1.0	6.2	97.5
	301	43	.2	1.2	98.8
	9704	43	.2	1.2	100.0
NA	.	18589	83.7	Missing	
	99	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 3502 Missing cases 18719

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NOT RIGHT INFO	1	130	.6	20.0	20.0
NEED MORE INFO	2	303	1.4	46.7	66.7
	97	86	.4	13.3	80.0
	102	86	.4	13.3	93.3
	297	43	.2	6.7	100.0
	.	21572	97.1	Missing	
	Total	22220	100.0	100.0	

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## B55 NEWSLETTER ABOUT DISABILITY SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3156	14.2	14.3	14.3
NO	2	18978	85.4	85.7	100.0
DONT KNOW	8	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 22134 Missing cases 86

## B56 DOES NEWSLETTER MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2507	11.3	79.5	79.5
NO	2	648	2.9	20.5	
	.	19064	85.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 3156 Missing cases 19064

## B56A WHY NEWSLETTER DOESNT MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NOT RIGHT INFO	1	130	.6	20.0	20.0
NEED MORE INFO	2	303	1.4	46.7	66.7
	97	86	.4	13.3	80.0
	102	86	.4	13.3	93.3
	297	43	.2	6.7	100.0
	.	21572	97.1	Missing	
	Total	22220	100.0	100.0	

Valid cases 648 Missing cases 21572

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## B57    NEED FOR NEWSLETTER

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	9856	44.4	52.9	52.9
NO	2	8776	39.5	47.1	100.0
DONT KNOW	.	3242	14.6	Missing	
NA	8	130	.6	Missing	
	9	216	1.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 18632    Missing cases 3588

## B57A    WHY NEWSLETTER IS NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO NEWSLETTER AVAILA	1	1124	5.1	12.0	12.0
DK WHERE TO GET IT	2	4237	19.1	45.4	57.4
DK IF IT EXISTS	3	2378	10.7	25.5	82.9
HAVENT TRIED TO GET	4	562	2.5	6.0	88.9
	97	562	2.5	6.0	94.9
	102	216	1.0	2.3	97.2
	203	216	1.0	2.3	99.5
	298	43	.2	.5	100.0
DONT KNOW	.	12407	55.8	Missing	
NA	98	259	1.2	Missing	
	99	216	1.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 9338    Missing cases 12883

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## B58    COMMUNITY PROGRAM TO INFORM ABOUT DISABI

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	5188	23.3	34.1	34.1
NO	2	10029	45.1	65.9	100.0
DONT KNOW	8	6485	29.2	Missing	
NA	9	519	2.3	Missing	
	Total	22220	100.0	100.0	

Valid cases 15217    Missing cases 7003

## B59    DOES COMMUNITY PROGRAM WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4064	18.3	92.2	92.2
NO	2	346	1.6	7.8	100.0
DONT KNOW	.	17033	76.7	Missing	
NA	8	735	3.3	Missing	
	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 4409    Missing cases 17811

## B59A    WHY COMMUNITY PROGRAM DOESNT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DOESNT REACH PEOPLE	1	130	.6	42.9	42.9
	97	173	.8	57.1	100.0
DONT KNOW	.	21874	98.4	Missing	
	98	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 303    Missing cases 21918

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## B60      DOES COMMUNITY KNOW ENOUGH ABOUT NEEDS O

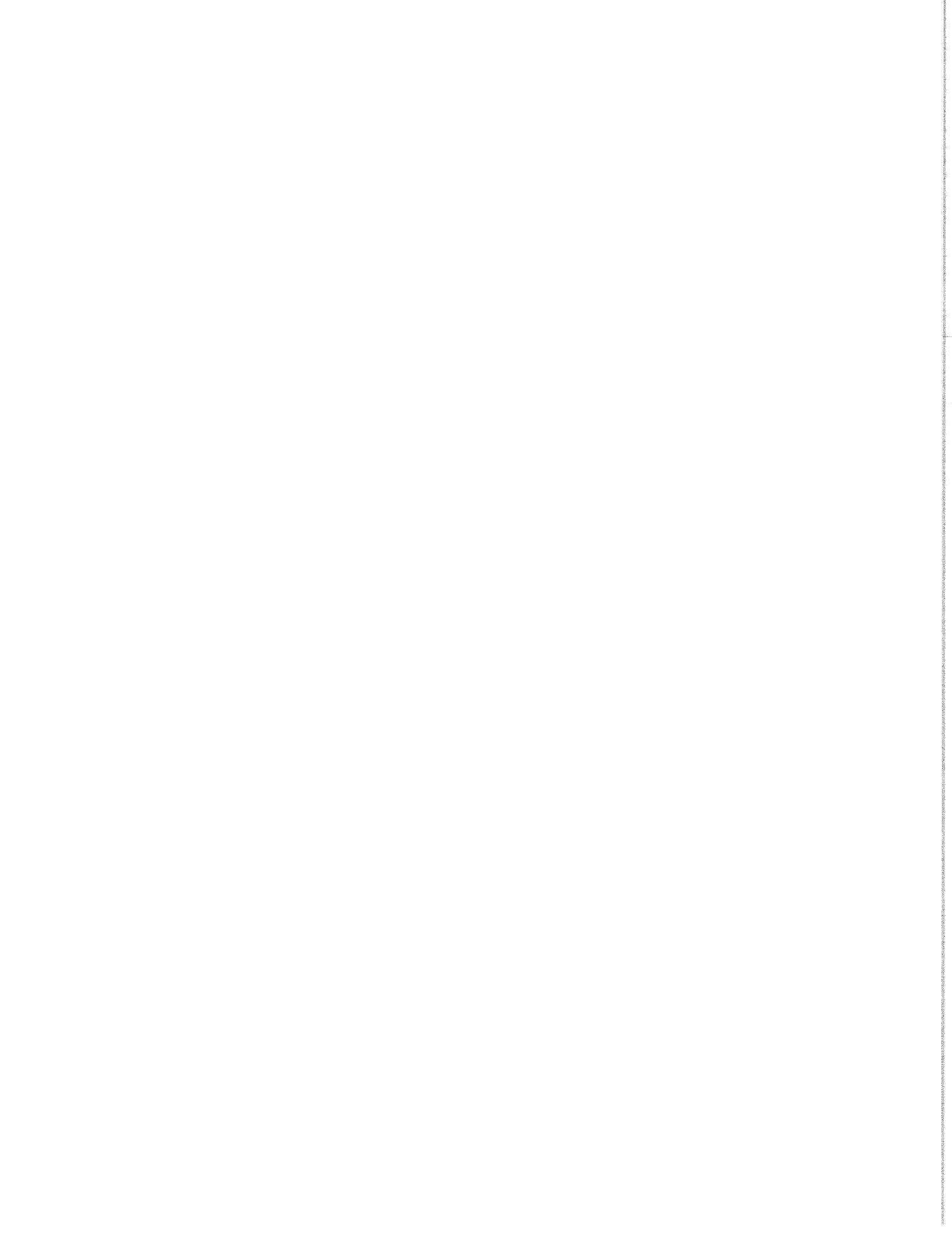
Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1038	4.7	12.5	12.5
NO	2	7263	32.7	87.5	100.0
DONT KNOW	8	12191	54.9	Missing	
NA	9	173	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 8300    Missing cases 13920

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## ASSISTIVE TECHNOLOGY NEEDS

Today many people with disabilities could benefit from the use of equipment especially designed or adapted to make daily life easier. This "assistive technology" comes in many forms, including remote switches, special doors, voice synthesizers, and special vans. Generally, more Alaskans believe they would benefit from such devices than currently use them. While some 5,000 think they would benefit from some kind of equipment that would help them see or hear people in face-to-face communications, for example, 1,900 do not currently use the equipment.

Other forms of assistive technology for which at least 1,500 Alaska residents would benefit from use of the equipment include long distance communication, adapted computers for various uses, and building modifications.

Assistive technology needs appear to be proportional to regional population size (see Table 13) but to vary substantial across age groups (see Table 14). Young people are more likely to perceive that they will benefit from an computer adapted for their use. Elderly people are more likely to believe that they would benefit from face-to-face communication devices, mobility devices, building modifications, personal care equipment, and long distance communication devices.

Assistive technology needs do not appear to vary disproportionately to population size by race or urban versus rural residence (see Tables 15 and 16).

Following the summary tables are detailed tabulations by type of assistive technology. All frequency counts reflect statewide estimates. Caution should be used in interpreting reported percentages as the population base upon which percentages derived varies by question. The reported percentage (1.4 percent) using accessible transport equipment, for example, has a population base of all persons who are disabled. Other percentages are based on subsets of that population. In most cases the base is the number of persons using the particular form of assistive technology.

Information items included in the detailed tabulations include reasons for lack of use, length of use, frequency of use, characteristics of use, ownership, method of acquisition, maintenance costs, and replacement costs.

Table 13. Assistive Technology Needs by Region

	<u>Southcentral</u>			<u>Southeast</u>			<u>Remainder of Alaska</u>		
	Total Potential Use	Currently Use	Would Benefit From	Total Potential Use	Currently Use	Would Benefit From	Total Potential Use	Currently Use	Would Benefit From
Face-to-Face Communication	2,204	1,383	821	648	389	259	2,248	1,427	821
Mobility Device	2,248	1,902	346	865	735	130	1,945	1,686	259
Building Modification	1,426	778	648	562	216	346	1,253	605	648
Personal Care	994	605	389	475	259	216	951	562	389
Long Distance Communication	951	346	605	605	216	389	865	173	692
Other Equipment	n/a	1,081	n/a	n/a	259	n/a	n/a	821	n/a
Adapted Computer	908	130	778	346	<200	346	648	86	562
Accessible Transport	821	86	735	259	43	216	605	173	432
Recreational Device	476	130	346	345	86	259	821	259	562
Household Aids	605	259	346	216	<200	216	821	173	648
Work Modifications	519	303	216	346	43	303	345	86	259
Adapted Toys	n/a	43	n/a	n/a	<200	n/a	n/a	173	n/a

Table 14. Assistive Technology Needs by Age

	<u>Under 18</u>			<u>18-59</u>			<u>Over 60</u>		
	Total Potential Use	Currently Use	Would Benefit From	Total Potential Use	Currently Use	Would Benefit From	Total Potential Use	Currently Use	Would Benefit From
Face-to-Face Communication	476	346	130	2,464	1,340	1,124	2,161	1,513	648
Mobility Device	259	216	43	2,550	2,118	432	2,248	1,989	259
Building Modification	130	<200	130	1,815	821	994	1,297	778	519
Personal Care	86	<200	86	1,297	605	692	1,037	821	216
Long Distance Communication	345	86	259	1,297	432	865	778	216	562
Other Equipment	n/a	216	n/a	n/a	1,470	n/a	n/a	476	n/a
Adapted Computer	648	86	562	1,124	130	994	130	<200	130
Accessible Transport	130	130	<200	995	130	865	562	43	519
Recreational Device	303	130	173	908	173	735	432	173	259
Household Aids	86	86	<200	1,254	303	951	302	43	259
Work Modifications	<200	<200	<200	1,124	389	735	86	43	43
Adapted Toys	n/a	216	n/a	n/a	<200	n/a	n/a	<200	n/a

(2-6-91)

Table 15. Assistive Technology Needs by Race

	White			Native			Other		
	Total Potential Use	Currently Use	Would Benefit From	Total Potential Use	Currently Use	Would Benefit From	Total Potential Use	Currently Use	Would Benefit From
Face-to-Face Communication	3,501	2,291	1,210	1,124	562	562	476	346	130
Mobility Device	3,459	3,156	303	995	692	303	606	476	130
Building Modification	2,421	1,427	994	475	86	389	345	86	259
Personal Care	1,816	1,254	562	346	130	216	259	43	216
Long Distance Communication	1,858	648	1,210	259	43	216	302	43	259
Other Equipment	n/a	1,643	n/a	n/a	259	n/a	n/a	259	n/a
Adapted Computer	1,556	216	1,340	216	<200	216	130	<200	130
Accessible Transport	865	173	692	475	43	432	345	86	259
Recreational Device	1,211	346	865	216	43	173	216	86	130
Household Aids	1,038	346	692	432	43	389	173	43	130
Work Modifications	994	389	605	43	<200	43	173	43	130
Adapted Toys	n/a	86	n/a	n/a	130	n/a	n/a	<200	n/a

Source: DVR/ISER Survey, 1990

Table 16. Assistive Technology Needs by Urban/Rural Location

	<u>Rural</u>			<u>Urban</u>		
	Total Potential Use	Currently Use	Would Benefit From	Total Potential Use	Currently Use	Would Benefit From
Face-to-Face Communication	3,415	2,248	1,167	1,686	951	735
Mobility Device	3,891	3,415	476	1,167	908	259
Building Modification	2,464	1,124	1,340	779	476	303
Personal Care	1,902	1,210	692	519	216	303
Long Distance Communication	2,075	692	1,383	346	43	303
Other Equipment	n/a	1,729	n/a	n/a	432	n/a
Adapted Computer	1,513	173	1,340	389	43	346
Accessible Transport	1,210	216	994	475	86	389
Recreational Device	1,081	346	735	562	130	432
Household Aids	1,124	259	865	519	173	346
Work Modifications	1,038	389	649	173	43	130
Adapted Toys	n/a	86	n/a	n/a	130	n/a

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Source: DVR/ISER Survey, 1990

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## C1A2    WHICH AGENCIES HAVE PROVIDED SERVICES 2N

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DIV/VOC REHABILITATI	1	130	.6	2.6	2.6
ACCESS ALASKA	2	86	.4	1.8	4.4
LOUISE RUDE CTR	3	43	.2	.9	5.3
INFANT LEARNING PROG	6	43	.2	.9	6.1
SCHOOL DISTRICT	10	519	2.3	10.5	16.7
VETERANS AFFAIRS	11	303	1.4	6.1	22.8
AK NATIVE HOSPITAL	13	130	.6	2.6	25.4
NATIVE HEALTH ORGAN/	14	130	.6	2.6	28.1
SR CITIZENS CENTERS	15	130	.6	2.6	30.7
HOSPITALS (NOT ANH)	16	303	1.4	6.1	36.8
HEALTH/SOCIAL SERVIC	17	130	.6	2.6	39.5
LOCAL HEALTH ORGS/SR	18	605	2.7	12.3	51.8
JOB SERVICES	19	130	.6	2.6	54.4
AMERICAN CANCER SOCI	20	43	.2	.9	55.3
WORKMANS COMP	21	43	.2	.9	56.1
AGENCIES AIDING RETA	22	130	.6	2.6	58.8
ALASKA HOMEMAKERS	23	216	1.0	4.4	63.2
CATHOLIC SOCIAL SERV	25	86	.4	1.8	64.9
JTPA	26	86	.4	1.8	66.7
SOCIAL SECURITY	27	43	.2	.9	67.5
ENERGY ASSISTANCE	28	43	.2	.9	68.4
PUBLIC ASSISTANCE/WE	29	173	.8	3.5	71.9
ALASKA CRIPPLED CHIL	30	43	.2	.9	72.8
MEDICARE	31	43	.2	.9	73.7
MEDICAID	32	216	1.0	4.4	78.1
	97	1081	4.9	21.9	100.0
		17249	77.6	Missing	
	98	43	.2	Missing	
Total		22220	100.0	100.0	

Valid cases 4928    Missing cases 17292

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## C1A3    WHICH AGENCIES HAVE PROVIDED SERVICES 3R

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DIV/VOC REHABILITATI	1	43	.2	2.3	2.3
SCHOOL DISTRICT	10	86	.4	4.7	7.0
VETERANS AFFAIRS	11	86	.4	4.7	11.6
MILITARY	12	43	.2	2.3	14.0
AK NATIVE HOSPITAL	13	43	.2	2.3	16.3
NATIVE HEALTH ORGAN/	14	86	.4	4.7	20.9
HOSPITALS (NOT ANH)	16	43	.2	2.3	23.3
HEALTH/SOCIAL SERVIC	17	86	.4	4.7	27.9
LOCAL HEALTH ORGS/SR	18	259	1.2	14.0	41.9
AGENCIES AIDING RETA	22	86	.4	4.7	46.5
SALVATION ARMY	24	43	.2	2.3	48.8
JTPA	26	43	.2	2.3	51.2
SOCIAL SECURITY	27	86	.4	4.7	55.8
ENERGY ASSISTANCE	28	86	.4	4.7	60.5
MEDICARE	31	86	.4	4.7	65.1
	97	648	2.9	34.9	100.0
	.	20361	91.6	Missing	
Total		22220	100.0	100.0	

Valid cases 1859    Missing cases 20361

## C1A4    WHICH AGENCIES HAVE PROVIDED SERVICES 4T

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
HOSPITALS (NOT ANH)	16	173	.8	21.1	21.1
LOCAL HEALTH ORGS/SR	18	130	.6	15.8	36.8
ALASKA HOMEMAKERS	23	43	.2	5.3	42.1
CATHOLIC SOCIAL SERV	25	43	.2	5.3	47.4
SOCIAL SECURITY	27	43	.2	5.3	52.6
	97	389	1.8	47.4	100.0
	.	21399	96.3	Missing	
Total		22220	100.0	100.0	

Valid cases 821    Missing cases 21399

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## C1A5 WHICH AGENCIES HAVE PROVIDED SERVICES 5T

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DIV/VOC REHABILITATI	1	43	.2	8.3	8.3
MILITARY	12	43	.2	8.3	16.7
NATIVE HEALTH ORGAN/	14	43	.2	8.3	25.0
HOSPITALS (NOT ANH)	16	130	.6	25.0	50.0
LOCAL HEALTH ORGS/SR	18	43	.2	8.3	58.3
	97	216	1.0	41.7	100.0
	.	21701	97.7	Missing	
Total		22220	100.0	100.0	

Valid cases 519      Missing cases 21701

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Preceding task required 10.84 seconds CPU time; 41.11 seconds elapsed.

7 0 FREQUENCIES VARIABLES=D1 TO D10C,D11,D12 TO D24/FORMAT=ONEPAGE  
 8 0

There are 15,739,808 bytes of memory available.

Memory allows a total of 32,767 values accumulated across all variables.  
 There may be up to 8,192 value labels for each variable.

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## D1    DOES R USE ACCESSIBLE TRANSPORT EQUIPMEN

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	303	1.4	1.4	1.4
NO	2	21831	98.2	98.6	100.0
NA	.	43	.2	Missing	
	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22134    Missing cases 86

## D1A    WOULD R BENEFIT FROM TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1383	6.2	6.4	6.4
NO	2	20145	90.7	93.6	100.0
DONT KNOW	.	303	1.4	Missing	
NA	8	43	.2	Missing	
	9	346	1.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 21529    Missing cases 692

## D1B    WHY R DOESNT HAVE TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	648	2.9	48.4	48.4
DONT KNOW ABOUT IT	2	259	1.2	19.4	67.7
DONT NEED YET	3	173	.8	12.9	80.6
NOT AVAILABLE	4	130	.6	9.7	90.3
	7	130	.6	9.7	100.0
	20837	93.8		Missing	
DONT KNOW	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1340    Missing cases 20880

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## D2    WHAT KINDS OF TRANSPORT EQUIP DOES R USE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ADAPTED VAN	1	130	.6	42.9	42.9
ADAPTED BUS	2	86	.4	28.6	71.4
	102	43	.2	14.3	85.7
	304	43	.2	14.3	100.0
	.	21918	98.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 303    Missing cases 21918

## D2A    WHICH TRANSPORT EQUIP IS MOST NEEDED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ADAPTED VAN	1	130	.6	42.9	42.9
ADAPTED BUS	2	130	.6	42.9	85.7
	3	43	.2	14.3	100.0
	.	21918	98.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 303    Missing cases 21918

## D3    HOW LONG HAS TRANSPORT EQUIP BEEN USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	86	.4	28.6	28.6
	2	43	.2	14.3	42.9
	3	43	.2	14.3	57.1
	4	43	.2	14.3	71.4
	9	43	.2	14.3	85.7
	12	43	.2	14.3	100.0
	.	21918	98.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 303    Missing cases 21918

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## D4 HOW OFTEN IS TRANSPORT EQUIP CHANGED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEVER ONE YEAR OR LESS	0	130	.6	60.0	60.0
	1	43	.2	20.0	80.0
	3	43	.2	20.0	100.0
DONT KNOW	.	21918	98.6	Missing	
	98	86	.4	Missing	
Total	22220	100.0		100.0	

Valid cases 216 Missing cases 22004

## D5A TRAVELED TO HOME

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES NO	1	216	1.0	71.4	71.4
	2	86	.4	28.6	100.0
	.	21918	98.6	Missing	
Total	22220	100.0		100.0	

Valid cases 303 Missing cases 21918

## D5B TRAVELED TO SCHOOL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES NO	1	130	.6	42.9	42.9
	2	173	.8	57.1	100.0
	.	21918	98.6	Missing	
Total	22220	100.0		100.0	

Valid cases 303 Missing cases 21918

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## D5C TRAVELED TO WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES NO	1	43	.2	14.3	14.3
	2	259	1.2	85.7	
	.	21918	98.6	Missing	
Total	22220	100.0		100.0	

Valid cases 303 Missing cases 21918

## D5D TRAVELED TO RECREATIONAL FACILITY

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES NO	1	86	.4	28.6	28.6
	2	216	1.0	71.4	
	.	21918	98.6	Missing	
Total	22220	100.0		100.0	

Valid cases 303 Missing cases 21918

## D5E TRAVELED TO SHELTERED WORKSHOP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	303	1.4	100.0	100.0
	.	21918	98.6	Missing	
	Total	22220	100.0	100.0	
Valid cases	303	Missing cases	21918		

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D5F TRAVELED TO ADULT DAY PROGRAM

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	303	1.4	100.0	100.0
	-	21918	98.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 303 Missing cases 21918

**D5G TRAVELED TO PUBLIC FACILITIES**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	173	.8	57.1	57.1
NO	2	130	.6	42.9	100.0
	.	21918	98.6	Missing	
		<hr/>			
	Total	22220	100.0	100.0	

**Valid cases 303 Missing cases 21918**

D6 HOURS PER WEEK TRANSPORT EQUIP USED

Value	Label	Value	Frequency	Percent	Valid Percent	Cum Percent
3		43	.2	14.3	14.3	
5		86	.4	28.6	42.9	
6		43	.2	14.3	57.1	
7		43	.2	14.3	71.4	
19		43	.2	14.3	85.7	
84		43	.2	14.3	100.0	
-		21918	98.6	Missing		
Total		22220	100.0	100.0		

**Valid cases 303 Missing cases 21918**

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D7            DOES TRANSPORT EQUIP MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	303	1.4	100.0	100.0
	.	21918	98.6	Missing	
		-----	-----	-----	-----
	Total	22220	100.0	100.0	

Valid cases 303 Missing cases 21918

D8            DOES R OWN TRANSPORT EQUIP

Value	Label	Value	Frequency	Percent	Valid Percent	Cum Percent
1	YES	1	173	.8	57.1	57.1
2	NO	2	130	.6	42.9	100.0
.		.	21918	98.6	Missing	
		Total	22220	100.0	100.0	

**Valid cases 303 Missing cases 21918**

D9A R PAID FOR TRANSPORT EQUIP

Value	Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES		1	86	.4	50.0	50.0
NO		2	86	.4	50.0	100.0
		.	22047	99.2	Missing	
		Total	22220	100.0	100.0	
Valid cases	173	Missing cases	22047			

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## D9B FAMILY PAID FOR TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	43	.2	25.0	25.0
NO	2	130	.6	75.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

## D9C VOCREHAB PAID FOR TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
NO	2	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

## D9D SCHOOL PAID FOR TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
NO	2	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

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## D9E PRIVATE INSURANCE PAID FOR TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	86	.4	50.0	50.0
NO	2	86	.4	50.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

## D9F MEDICARE PAID FOR TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
NO	2	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

## D9G VA PAID FOR TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
NO	2	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

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## D9H      MEDICAID PAID FOR TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    173      Missing cases    22047

## D9I      SPECIAL GRANT PAID FOR TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    173      Missing cases    22047

## D9J      SSI/SSDI FUNDS PAID FOR TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    173      Missing cases    22047

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## D10A      TRANSPORT EQUIP IS LEASED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	130	.6	100.0	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130      Missing cases    22091

## D10B      TRANSPORT EQUIP IS BORROWED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	130	.6	100.0	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130      Missing cases    22091

## D10C      TRANSPORT EQUIP IS SHARED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	130	.6	100.0	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130      Missing cases    22091

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## D11    HOW WOULD R PAY FOR NEW TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
BUY OUTRIGHT	1.00	43	.2	14.3	14.3
BUY ON CREDIT	2.00	173	.8	57.1	71.4
SHARE WITH OTHERS	5.00	86	.4	28.6	100.0
	.	21918	98.6	Missing	
Total		22220	100.0		100.0

Valid cases 303    Missing cases 21918

## D12    COST OF KEEPING TRANSPORT EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	173	.8	57.1	57.1
	1200	43	.2	14.3	71.4
	2000	43	.2	14.3	85.7
	3200	43	.2	14.3	100.0
	.	21918	98.6	Missing	
Total		22220	100.0		100.0

Valid cases 303    Missing cases 21918

## D13    DOES R USE SAME-ROOM COMMUNICATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3199	14.4	14.5	14.5
NO	2	18892	85.0	85.5	100.0
NA	9	130	.6	Missing	
	.	22220	100.0		100.0

Valid cases 22091    Missing cases 130

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## D13A    WOULD R BENEFIT FROM SAME-ROOM COMMUNICA

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1902	8.6	10.4	10.4
NO	2	16427	73.9	89.6	100.0
DONT KNOW	.	3199	14.4	Missing	
NA	8	216	1.0	Missing	
	9	476	2.1	Missing	
Total		22220	100.0		100.0

Valid cases 18330    Missing cases 3891

## D13B    WHY R DOESNT HAVE SAME-ROOM COMMUNICATIO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	519	2.3	27.3	27.3
DONT KNOW ABOUT IT	2	346	1.6	18.2	45.5
LACK OF TIME/INTERES	3	216	1.0	11.4	56.8
AGENCY DISSATISFACTI	4	43	.2	2.3	59.1
HAVENT PURSUED	5	130	.6	6.8	65.9
DONT WANT/WONT ADMIT	6	216	1.0	11.4	77.3
	7	216	1.0	11.4	88.6
	12	86	.4	4.5	93.2
	13	43	.2	2.3	95.5
	34	43	.2	2.3	97.7
	77	43	.2	2.3	100.0
	.	20318	91.4	Missing	
Total		22220	100.0		100.0

Valid cases 1902    Missing cases 20318

(e)8bbk

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## D14     WHAT KINDS OF SAME-ROOM COMMUNICATION EQ

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
HEARING AID	1	2594	11.7	81.1	81.1
BRAILLER	2	43	.2	1.4	82.4
GLASSES/CONTACT LENS	5	173	.8	5.4	87.8
	97	86	.4	2.7	90.5
	105	173	.8	5.4	95.9
	106	43	.2	1.4	97.3
	203	43	.2	1.4	98.6
	10606	43	.2	1.4	100.0
	.	19021	85.6	Missing	
Total		22220	100.0		100.0

Valid cases 3199      Missing cases 19021

## D14A    WHICH SAME-ROOM COMMUNICATION EQUIP IS M

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
HEARING AID	1	2767	12.5	86.5	86.5
BRAILLER	2	86	.4	2.7	89.2
GLASSES/CONTACT LENS	5	259	1.2	8.1	97.3
	97	86	.4	2.7	100.0
	.	19021	85.6	Missing	
Total		22220	100.0		100.0

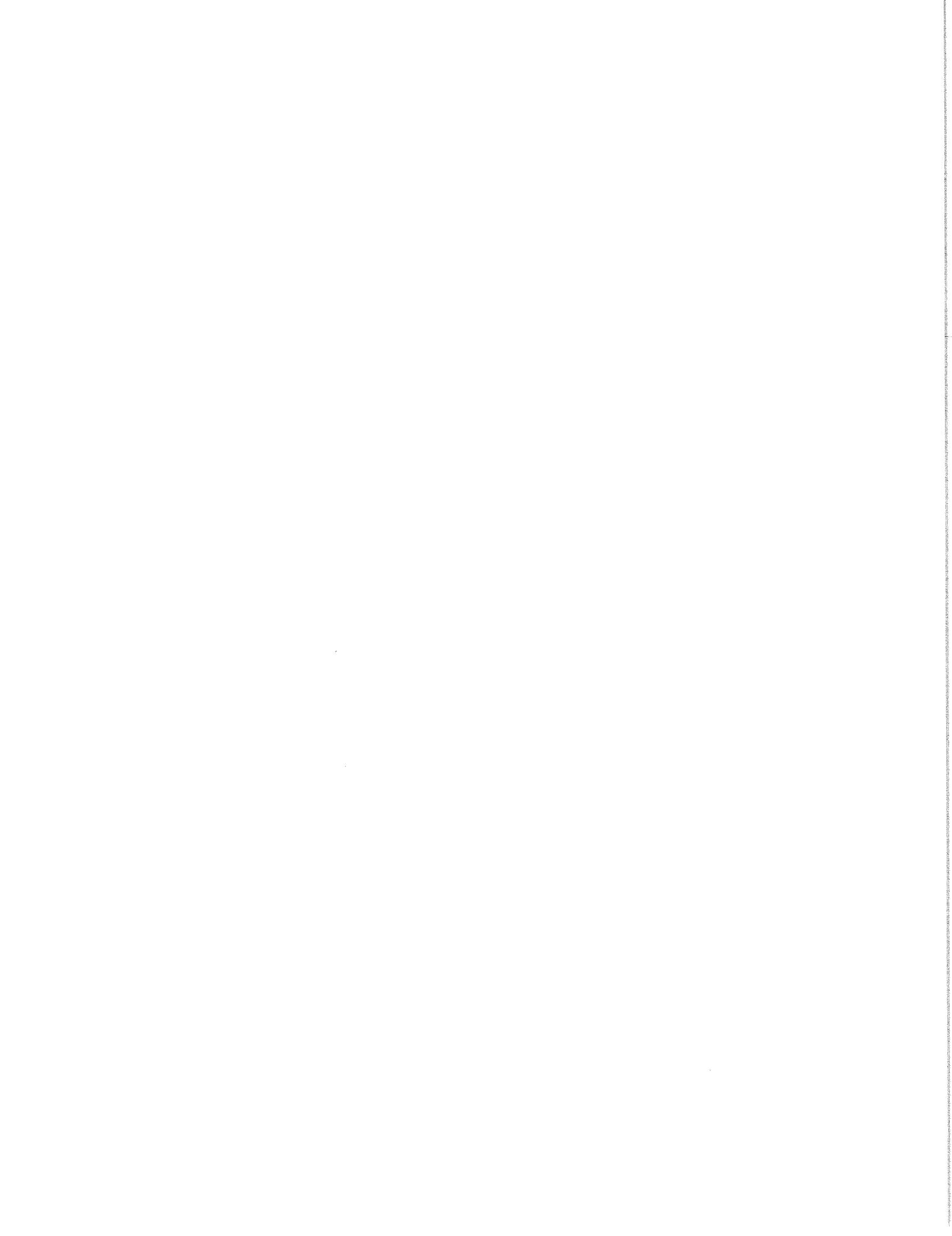
Valid cases 3199      Missing cases 19021

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## D15     HOW LONG HAS SAME-ROOM COMMUNICATION EQU

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	648	2.9	20.3	20.3
	2	389	1.8	12.2	32.4
	3	346	1.6	10.8	43.2
	4	389	1.8	12.2	55.4
	5	259	1.2	8.1	63.5
	6	130	.6	4.1	67.6
	7	130	.6	4.1	71.6
	8	86	.4	2.7	74.3
	10	303	1.4	9.5	83.8
	13	43	.2	1.4	85.1
	18	43	.2	1.4	86.5
	19	43	.2	1.4	87.8
	20	216	1.0	6.8	94.6
	25	43	.2	1.4	95.9
	27	43	.2	1.4	97.3
	30	43	.2	1.4	98.6
	37	43	.2	1.4	100.0
	.	19021	85.6	Missing	
Total		22220	100.0		100.0

Valid cases 3199      Missing cases 19021



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## D16 HOW OFTEN IS SAME-ROOM COMMUNICATION EQU

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEVER ONE YEAR OR LESS	0	778	3.5	30.0	30.0
	1	519	2.3	20.0	50.0
	2	476	2.1	18.3	68.3
	3	130	.6	5.0	73.3
	4	173	.8	6.7	80.0
	5	303	1.4	11.7	91.7
	6	43	.2	1.7	93.3
	7	86	.4	3.3	96.7
	10	86	.4	3.3	100.0
		19021	85.6	Missing	
DONT KNOW	98	562	2.5	Missing	
	99	43	.2	Missing	
	Total	22220	100.0		100.0
Valid cases	2594	Missing cases	19626		

## D17A USE SAME-ROOM COMM EQUIP AT HOME

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES NO	1	2853	12.8	89.2	89.2
	2	346	1.6	10.8	100.0
	.	19021	85.6	Missing	
	Total	22220	100.0		100.0
Valid cases	3199	Missing cases	19021		

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## D17E    USE SAME-ROOM COMM EQUIP AT SHELTERED WO

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	130	.6	4.1	4.1
NO	2	3069	13.8	95.9	100.0
	.	19021	85.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 3199    Missing cases 19021

## D17F    USE SAME-ROOM COMM EQUIP AT ADULT DAY PR

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	43	.2	1.4	1.4
NO	2	3156	14.2	98.6	100.0
	.	19021	85.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 3199    Missing cases 19021

## D17G    USE SAME-ROOM COMM EQUIP AT PUBLIC FACIL

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	2551	11.5	79.7	79.7
NO	2	648	2.9	20.3	100.0
	.	19021	85.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 3199    Missing cases 19021

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## D18    HOURS PER WEEK SAME-ROOM COMMUNICATION E

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
ONE HOUR OR LESS	0	86	.4	2.8	2.8
	1	130	.6	4.2	6.9
	3	43	.2	1.4	8.3
	4	43	.2	1.4	9.7
	5	43	.2	1.4	11.1
	7	86	.4	2.8	13.9
	8	43	.2	1.4	15.3
	10	86	.4	2.8	18.1
	12	43	.2	1.4	19.4
	14	86	.4	2.8	22.2
	15	43	.2	1.4	23.6
	17	43	.2	1.4	25.0
	24	43	.2	1.4	26.4
	28	43	.2	1.4	27.8
	30	86	.4	2.8	30.6
	32	86	.4	2.8	33.3
	35	130	.6	4.2	37.5
	40	86	.4	2.8	40.3
	45	43	.2	1.4	41.7
	48	86	.4	2.8	44.4
	56	86	.4	2.8	47.2
	70	43	.2	1.4	48.6
	72	43	.2	1.4	50.0
	80	130	.6	4.2	54.2
	84	346	1.6	11.1	65.3
95-167 HRS PER WEEK	95	865	3.9	27.8	93.1
168 HRS PER WEEK/ALW	96	216	1.0	6.9	100.0
DONT KNOW	98	86	.4	Missing	Missing
	Total	22220	100.0	100.0	

Valid cases 3113    Missing cases 19108

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## D19    DOES SAME-ROOM COMMUNICATION EQUIP MEET

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2507	11.3	79.5	79.5
NO	2	648	2.9	20.5	100.0
DONT KNOW	.	19021	85.6	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3156    Missing cases 19064

## D20    DOES R OWN SAME-ROOM COMMUNICATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3069	13.8	95.9	95.9
NO	2	130	.6	4.1	100.0
	.	19021	85.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 3199    Missing cases 19021

## D21A    R PAID FOR SAME-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2075	9.3	67.6	67.6
NO	2	994	4.5	32.4	100.0
	.	19151	86.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069    Missing cases 19151

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## D21B    FAMILY PAID FOR SAME-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	7.0	7.0
NO	2	2853	12.8	93.0	100.0
	.	19151	86.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069    Missing cases 19151

## D21C    VOCREHAB PAID FOR SAME-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	2.8	2.8
NO	2	2983	13.4	97.2	100.0
	.	19151	86.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069    Missing cases 19151

## D21D    SCHOOL PAID FOR SAME-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	3069	13.8	100.0	100.0
	.	19151	86.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069    Missing cases 19151

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## D21E PRIVATE INSURANCE PAID FOR SAME-ROOM COMM

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	476	2.1	15.5	15.5
NO	2	2594	11.7	84.5	100.0
	.	19151	86.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069    Missing cases 19151

## D21F MEDICARE PAID FOR SAME-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	7.0	7.0
NO	2	2853	12.8	93.0	100.0
	.	19151	86.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069    Missing cases 19151

## D21G VA PAID FOR SAME-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	2.8	2.8
NO	2	2983	13.4	97.2	100.0
	.	19151	86.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069    Missing cases 19151

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## D21H MEDICAID PAID FOR SAME-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	130	.6	4.2	4.2
NO	2	2940	13.2	95.8	100.0
	.	19151	86.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069    Missing cases 19151

## D21I SPECIAL GRANT PAID FOR SAME-ROOM COMM EQ

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	3069	13.8	100.0	100.0
	.	19151	86.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069    Missing cases 19151

## D21J SSI/SSDI FUNDS PAID FOR SAME-ROOM COMM E

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	2.8	2.8
NO	2	2983	13.4	97.2	100.0
	.	19151	86.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3069    Missing cases 19151

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## D22A    SAME-ROOM COMM EQUIP IS LEASED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	130	.6	100.0	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130    Missing cases    22091

## D22B    SAME-ROOM COMM EQUIP IS BORROWED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	130	.6	100.0	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130    Missing cases    22091

## D22C    SAME-ROOM COMM EQUIP IS SHARED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	130	.6	100.0	100.0
	.	22091	99.4	Missing	

Valid cases    130    Missing cases    22091

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## D24    COST OF KEEPING SAME-ROOM COMMUNICATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	1038	4.7	35.8	35.8
	10	130	.6	4.5	40.3
	11	43	.2	1.5	41.8
	12	86	.4	3.0	44.8
	15	130	.6	4.5	49.3
	18	43	.2	1.5	50.7
	20	86	.4	3.0	53.7
	22	43	.2	1.5	55.2
	30	43	.2	1.5	56.7
	40	86	.4	3.0	59.7
	50	86	.4	3.0	62.7
	60	86	.4	3.0	65.7
	70	43	.2	1.5	67.2
	85	43	.2	1.5	68.7
	100	216	1.0	7.5	76.1
	120	43	.2	1.5	77.6
	125	43	.2	1.5	79.1
	200	86	.4	3.0	82.1
	264	43	.2	1.5	83.6
	300	43	.2	1.5	85.1
	400	43	.2	1.5	86.6
	416	43	.2	1.5	88.1
	600	86	.4	3.0	91.0
	620	43	.2	1.5	92.5
	650	43	.2	1.5	94.0
	800	43	.2	1.5	95.5
	1000	43	.2	1.5	97.0
	1500	43	.2	1.5	98.5
	2000	43	.2	1.5	100.0
DONT KNOW		19021	85.6	Missing	
NA		99998	259	1.2	Missing
		99999	43	.2	Missing
	Total	22220	100.0	100.0	

Valid cases    2896    Missing cases    19324

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Preceding task required 5.38 seconds CPU time; 16.17 seconds elapsed.

9 0 FREQUENCIES VARIABLES=D25 TO D34C,D35,D36 TO D46C,  
 10 0 D47,D48/FORMAT=ONEPAGE

There are 15,739,808 bytes of memory available.

Memory allows a total of 32,767 values accumulated across all variables.  
 There may be up to 8,192 value labels for each variable.

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#### D25      DOES R USE PERSONAL CARE EQUIPMENT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1427	6.4	6.4	6.4
NO	2	20750	93.4	93.6	100.0
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	
Valid cases	22177		Missing cases	43	

#### D25A     WOULD R BENEFIT FROM PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	994	4.5	4.9	4.9
NO	2	19367	87.2	95.1	100.0
DONT KNOW	.	1427	6.4	Missing	
NA	8	43	.2	Missing	
	9	389	1.8	Missing	
	Total	22220	100.0	100.0	
Valid cases	20361		Missing cases	1859	

#### D25B     WHY R DOESNT HAVE PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	519	2.3	52.2	52.2
DONT KNOW ABOUT IT	2	173	.8	17.4	69.6
7	173	.8	17.4	87.0	
12	130	.6	13.0	100.0	
.	21226	95.5	Missing		
	Total	22220	100.0	100.0	
Valid cases	994		Missing cases	21226	

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## D26     WHAT KINDS OF PERSONAL CARE EQUIP DOES R

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CATHETER/COLOSTOMY B	1	173	.8	12.1	12.1
COMMODE CHAIR/ADAPTE	2	303	1.4	21.2	33.3
BATHING AIDS	3	389	1.8	27.3	60.6
	97	259	1.2	18.2	78.8
	203	259	1.2	18.2	97.0
	29797	43	.2	3.0	100.0
		20794	93.6	Missing	
Total		22220	100.0	100.0	

Valid cases 1427      Missing cases 20794

## D26A    WHICH PERSONAL CARE EQUIP IS MOST NEEDED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CATHETER/COLOSTOMY B	1	173	.8	12.1	12.1
COMMODE CHAIR/ADAPTE	2	432	1.9	30.3	42.4
BATHING AIDS	3	519	2.3	36.4	78.8
	97	303	1.4	21.2	100.0
		20794	93.6	Missing	
Total		22220	100.0	100.0	

Valid cases 1427      Missing cases 20794

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D27	HOW LONG HAS PERSONAL CARE EQUIP BEEN US				
Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	303	1.4	21.9	21.9
	2	259	1.2	18.8	40.6
	3	259	1.2	18.8	59.4
	4	259	1.2	18.8	78.1
	5	130	.6	9.4	87.5
	6	43	.2	3.1	90.6
	7	43	.2	3.1	93.8
	10	43	.2	3.1	96.9
	20	43	.2	3.1	100.0
		20794	93.6	Missing	Missing
DONT KNOW	98	43	.2	Missing	Missing
Total		22220	100.0	100.0	
Valid cases	1383	Missing cases	20837		
D28	HOW OFTEN IS PERSONAL CARE EQUIP CHANGED				
Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEVER	0	951	4.3	75.9	75.9
ONE YEAR OR LESS	1	86	.4	6.9	82.8
	2	86	.4	6.9	89.7
	3	43	.2	3.4	93.1
	10	43	.2	3.4	96.6
	24	43	.2	3.4	100.0
		20794	93.6	Missing	Missing
DONT KNOW	98	173	.8	Missing	Missing
Total		22220	100.0	100.0	
Valid cases	1254	Missing cases	20967		

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## D29A    USE PERSONAL CARE EQUIP AT HOME

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1427	6.4	100.0	100.0
	.	20794	93.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 1427    Missing cases 20794

## D29B    USE PERSONAL CARE EQUIP AT SCHOOL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	130	.6	9.1	9.1
NO	2	1297	5.8	90.9	100.0
	.	20794	93.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 1427    Missing cases 20794

## D29C    USE PERSONAL CARE EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	15.2	15.2
NO	2	1210	5.4	84.8	100.0
	.	20794	93.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 1427    Missing cases 20794

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## D29D    USE PERSONAL CARE EQUIP AT RECREATIONAL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	173	.8	12.1	12.1
NO	2	1254	5.6	87.9	100.0
	.	20794	93.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 1427    Missing cases 20794

## D29E    USE PERSONAL CARE EQUIP AT SHELTERED WOR

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	3.0	3.0
NO	2	1383	6.2	97.0	100.0
	.	20794	93.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 1427    Missing cases 20794

## D29F    USE PERSONAL CARE EQUIP AT ADULT DAY PRO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	3.0	3.0
NO	2	1383	6.2	97.0	100.0
	.	20794	93.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 1427    Missing cases 20794

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## D29G    USE PERSONAL CARE EQUIP AT PUBLIC FACILI

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	15.2	15.2
NO	2	1210	5.4	84.8	
	.	20794	93.6	Missing	100.0
	Total	22220	100.0	100.0	

Valid cases 1427    Missing cases 20794

## D30    HOURS PER WEEK PERSONAL CARE EQUIP USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE HOUR OR LESS	1	216	1.0	16.7	16.7
	2	130	.6	10.0	26.7
	3	130	.6	10.0	36.7
	4	86	.4	6.7	43.3
	5	43	.2	3.3	46.7
	6	130	.6	10.0	56.7
	7	173	.8	13.3	70.0
	8	43	.2	3.3	73.3
	10	43	.2	3.3	76.7
	14	173	.8	13.3	90.0
	24	43	.2	3.3	93.3
168 HRS PER WEEK/ALW	96	86	.4	6.7	100.0
		20794	93.6	Missing	
DONT KNOW	98	86	.4	Missing	
NA	99	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1297    Missing cases 20923

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## D31    DOES PERSONAL CARE EQUIP MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1297	5.8	93.8	93.8
NO	2	86	.4	6.3	
	.	20794	93.6	Missing	100.0
DONT KNOW	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1383    Missing cases 20837

## D32    DOES R OWN PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1254	5.6	87.9	87.9
NO	2	173	.8	12.1	
	.	20794	93.6	Missing	100.0
	Total	22220	100.0	100.0	

Valid cases 1427    Missing cases 20794

## D33A    R PAID FOR PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	821	3.7	67.9	67.9
NO	2	389	1.8	32.1	
	.	20967	94.4	Missing	100.0
DONT KNOW	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210    Missing cases 21010

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## D33B FAMILY PAID FOR PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	7.1	7.1
NO	2	1124	5.1	92.9	100.0
DONT KNOW	.	20967	94.4	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210    Missing cases 21010

## D33C VCREHAB PAID FOR PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1210	5.4	100.0	100.0
DONT KNOW	.	20967	94.4	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210    Missing cases 21010

## D33D SCHOOL PAID FOR PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	7.1	7.1
NO	2	1124	5.1	92.9	100.0
DONT KNOW	.	20967	94.4	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210    Missing cases 21010

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## D33E PRIVATE INSURANCE PAID FOR PERSONAL CARE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	130	.6	10.7	10.7
NO	2	1081	4.9	89.3	100.0
DONT KNOW	.	20967	94.4	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210    Missing cases 21010

## D33F MEDICARE PAID FOR PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	7.1	7.1
NO	2	1124	5.1	92.9	100.0
DONT KNOW	.	20967	94.4	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210    Missing cases 21010

## D33G VA PAID FOR PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	3.6	3.6
NO	2	1167	5.3	96.4	100.0
DONT KNOW	.	20967	94.4	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210    Missing cases 21010

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## D33H MEDICAID PAID FOR PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	173	.8	14.3	14.3
NO	2	1038	4.7	85.7	100.0
DONT KNOW	.	20967	94.4	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210 Missing cases 21010

## D33I SPECIAL GRANT PAID FOR PERSONAL CARE EQU

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1210	5.4	100.0	100.0
DONT KNOW	.	20967	94.4	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210 Missing cases 21010

## D33J SSI/SSDI FUNDS PAID FOR PERSONAL CARE EQ

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1210	5.4	100.0	100.0
DONT KNOW	.	20967	94.4	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210 Missing cases 21010

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## D34A PERSONAL CARE EQUIP IS LEASED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

## D34B PERSONAL CARE EQUIP IS BORROWED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

## D34C PERSONAL CARE EQUIP IS SHARED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

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## D35 HOW WOULD R PAY FOR NEW PERSONAL CARE EQ

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
BUY OUTRIGHT	1.00	908	4.1	65.6	65.6
BORROW/RETURN	4.00	216	1.0	15.6	81.3
AGENCY BOUGHT	6.00	43	.2	3.1	84.4
VETRANS ADM	8.00	43	.2	3.1	87.5
OTHER	97.00	173	.8	12.5	100.0
DONT KNOW		20794	93.6	Missing	
		98.00	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1383 Missing cases 20837

## D36 COST OF KEEPING PERSONAL CARE EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	865	3.9	69.0	69.0
	12	86	.4	6.9	75.9
	35	43	.2	3.4	79.3
	60	43	.2	3.4	82.8
	100	86	.4	6.9	89.7
	200	43	.2	3.4	93.1
	300	43	.2	3.4	96.6
	800	43	.2	3.4	100.0
DONT KNOW		20794	93.6	Missing	
NA	99998	130	.6	Missing	
	99999	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1254 Missing cases 20967

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## D37 DOES R USE OTHER-ROOM COMMUNICATION EQUI

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	735	3.3	3.3	3.3
NO	2	21442	96.5	96.7	100.0
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22177 Missing cases 43

## D37A WOULD R BENEFIT FROM OTHER-ROOM COMMUNIC

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1686	7.6	8.0	8.0
NO	2	19367	87.2	92.0	100.0
	.	735	3.3	Missing	
DONT KNOW	8	86	.4	Missing	
NA	9	346	1.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 21053 Missing cases 1167

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## D37B WHY R DOESNT HAVE OTHER-ROOM COMMUNICATI

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	648	2.9	42.9	42.9
DONT KNOW ABOUT IT	2	259	1.2	17.1	60.0
HAVENT PURSUED IT/NO	3	173	.8	11.4	71.4
TOO YOUNG/OLD	4	86	.4	5.7	77.1
	7	173	.8	11.4	88.6
	12	86	.4	5.7	94.3
	13	43	.2	2.9	97.1
	34	43	.2	2.9	100.0
		20534	92.4	Missing	
DONT KNOW	8	130	.6	Missing	
NA	9	43	.2	Missing	
		-----	-----	-----	
Total		22220	100.0	100.0	

Valid cases 1513 Missing cases 20707

## D38 WHAT KINDS OF OTHER-ROOM COMMUNICATION E

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
TDD	1	43	.2	5.9	5.9
SPEAKER PHONE	3	86	.4	11.8	17.6
CALL ALERT SIGNAL	4	86	.4	11.8	29.4
PHONE ADAPTATION/BOO	6	216	1.0	29.4	58.8
INTERCOM/PAGER	7	130	.6	17.6	76.5
	97	86	.4	11.8	88.2
	397	43	.2	5.9	94.1
	506	43	.2	5.9	100.0
	.	21485	96.7	Missing	
Total		22220	100.0	100.0	

Valid cases 735 Missing cases 21485

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## D38A WHICH OTHER-ROOM COMMUNICATION EQUIP IS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
TDD	1	43	.2	5.9	5.9
SPEAKER PHONE	3	86	.4	11.8	17.6
CALL ALERT SIGNAL	4	86	.4	11.8	29.4
PHONE ADAPTATION/BOO	6	259	1.2	35.3	64.7
INTERCOM/PAGER	7	130	.6	17.6	82.4
	97	130	.6	17.6	100.0
	.	21485	96.7	Missing	
Total		22220	100.0	100.0	

Valid cases 735 Missing cases 21485

## D39 HOW LONG HAS OTHER-ROOM COMMUNICATION EQ

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	216	1.0	29.4	29.4
	2	259	1.2	35.3	64.7
	4	130	.6	17.6	82.4
	10	43	.2	5.9	88.2
	16	43	.2	5.9	94.1
	22	43	.2	5.9	100.0
	.	21485	96.7	Missing	
Total		22220	100.0	100.0	

Valid cases 735 Missing cases 21485

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## D40    HOW OFTEN IS OTHER-ROOM COMMUNICATION EQ

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEVER ONE YEAR OR LESS	0	346	1.6	66.7	66.7
	1	86	.4	16.7	83.3
	2	43	.2	8.3	91.7
	3	43	.2	8.3	100.0
DONT KNOW	.	21485	96.7	Missing	
	98	216	1.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 519    Missing cases 21701

## D41A    USE OTHER-ROOM COMM EQUIP AT HOME

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	735	3.3	100.0	100.0
	.	21485	96.7	Missing	
	Total	22220	100.0	100.0	

Valid cases 735    Missing cases 21485

## D41B    USE OTHER-ROOM COMM EQUIP AT SCHOOL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	5.9	5.9
	2	692	3.1	94.1	100.0
	.	21485	96.7	Missing	
	Total	22220	100.0	100.0	

Valid cases 735    Missing cases 21485

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## D41C    USE OTHER-ROOM COMM EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	29.4	29.4
	2	519	2.3	70.6	100.0
	.	21485	96.7	Missing	
	Total	22220	100.0	100.0	

Valid cases 735    Missing cases 21485

## D41D    USE OTHER-ROOM COMM EQUIP AT RECREATIONA

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	5.9	5.9
	2	692	3.1	94.1	100.0
	.	21485	96.7	Missing	
	Total	22220	100.0	100.0	

Valid cases 735    Missing cases 21485

## D41E    USE OTHER-ROOM COMM EQUIP AT SHELTERED W

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	735	3.3	100.0	100.0
	.	21485	96.7	Missing	
		Total	22220	100.0	100.0

Valid cases 735    Missing cases 21485

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## D41F    USE OTHER-ROOM COMM EQUIP AT ADULT DAY P

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
NO	2	692	3.1	100.0	100.0
NA	9	21485	96.7	Missing	
		43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    692    Missing cases    21529

## D41G    USE OTHER-ROOM COMM EQUIP AT PUBLIC FACI

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	130	.6	17.6	17.6
NO	2	605	2.7	82.4	100.0
	.	21485	96.7	Missing	
	Total	22220	100.0	100.0	

Valid cases    735    Missing cases    21485

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## D42    HOURS PER WEEK OTHER-ROOM COMMUNICATION

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
ONE HOUR OR LESS	1	43	.2	6.2	6.2
	2	43	.2	6.2	12.5
	6	43	.2	6.2	18.7
	7	86	.4	12.5	31.2
	8	43	.2	6.2	37.5
	10	43	.2	6.2	43.7
	14	86	.4	12.5	56.3
	20	43	.2	6.2	62.5
	60	43	.2	6.2	68.8
95-167 HRS PER WEEK	95	86	.4	12.5	81.3
168 HRS PER WEEK/ALW	96	130	.6	18.7	100.0
DONT KNOW	.	21485	96.7	Missing	Missing
	98	43	.2	Missing	Missing
	Total	22220	100.0	100.0	

Valid cases    692    Missing cases    21529

## D43    DOES OTHER-ROOM COMMUNICATION EQUIP MEET

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	692	3.1	94.1	94.1
NO	2	43	.2	5.9	100.0
	.	21485	96.7	Missing	Missing
	Total	22220	100.0	100.0	

Valid cases    735    Missing cases    21485

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## D44      DOES R OWN OTHER-ROOM COMMUNICATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	562	2.5	76.5	76.5
NO	2	173	.8	23.5	100.0
	.	21485	96.7	Missing	
	Total	22220	100.0	100.0	

Valid cases 735      Missing cases 21485

## D45A      R PAID FOR OTHER-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	432	1.9	76.9	76.9
NO	2	130	.6	23.1	100.0
	.	21658	97.5	Missing	
	Total	22220	100.0	100.0	

Valid cases 562      Missing cases 21658

## D45B      FAMILY PAID FOR OTHER-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	7.7	7.7
NO	2	519	2.3	92.3	100.0
	.	21658	97.5	Missing	
	Total	22220	100.0	100.0	

Valid cases 562      Missing cases 21658

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## D45C      VOCREHAB PAID FOR OTHER-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	519	2.3	100.0	100.0
DONT KNOW	.	21658	97.5	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 519      Missing cases 21701

## D45D      SCHOOL PAID FOR OTHER-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	519	2.3	100.0	100.0
DONT KNOW	.	21658	97.5	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 519      Missing cases 21701

## D45E      PRIVATE INSURANCE PAID FOR OTHER-ROOM CO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	519	2.3	100.0	100.0
DONT KNOW	.	21658	97.5	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 519      Missing cases 21701

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## D45F MEDICARE PAID FOR OTHER-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	519	2.3	100.0	100.0
DONT KNOW	.	21658	97.5	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 519 Missing cases 21701

## D45G VA PAID FOR OTHER-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	519	2.3	100.0	100.0
DONT KNOW	.	21658	97.5	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 519 Missing cases 21701

## D45H MEDICAID PAID FOR OTHER-ROOM COMM EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	519	2.3	100.0	100.0
DONT KNOW	.	21658	97.5	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 519 Missing cases 21701

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## D45I SPECIAL GRANT PAID FOR OTHER-ROOM COMM E

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	519	2.3	100.0	100.0
DONT KNOW	.	21658	97.5	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 519 Missing cases 21701

## D45J SSI/SSDI FUNDS PAID FOR OTHER-ROOM COMM

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	519	2.3	100.0	100.0
DONT KNOW	.	21658	97.5	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 519 Missing cases 21701

## D46A OTHER-ROOM COMM EQUIP IS LEASED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	173	.8	100.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

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## D46B OTHER-ROOM COMM EQUIP IS BORROWED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	25.0	25.0
NO	2	130	.6	75.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

## D46C OTHER-ROOM COMM EQUIP IS SHARED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	25.0	25.0
NO	2	130	.6	75.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 173 Missing cases 22047

## D47 HOW WOULD R PAY FOR NEW OTHER-ROOM COMMU

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
BUY OUTRIGHT	1.00	476	2.1	68.8	68.8
BUY ON CREDIT	2.00	130	.6	18.7	87.5
LEASE	3.00	86	.4	12.5	100.0
NA	.	21485	96.7	Missing	
	99.00	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 692 Missing cases 21529

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## D48 COST OF KEEPING OTHER-ROOM COMMUNICATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	432	1.9	71.4	71.4
	50	43	.2	7.1	78.6
	60	43	.2	7.1	85.7
	100	43	.2	7.1	92.9
	200	43	.2	7.1	100.0
DONT KNOW	.	21485	96.7	Missing	
NA	99998	86	.4	Missing	
	99999	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 605 Missing cases 21615

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Preceding task required 5.48 seconds CPU time; 15.64 seconds elapsed.

11 0 FREQUENCIES VARIABLES=D49 TO D58C,D59,D60 TO D70C,  
 12 0 D71,D72/FORMAT=ONEPAGE

There are 15,739,808 bytes of memory available.

Memory allows a total of 32,767 values accumulated across all variables.  
 There may be up to 8,192 value labels for each variable.

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#### D49      DOES R USE MOBILITY EQUIPMENT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4323	19.5	19.5	19.5
NO	2	17854	80.4	80.5	
NA	9	43	.2	Missing	100.0
	Total	22220	100.0	100.0	
Valid cases	22177		Missing cases	43	

#### D49A      WOULD R BENEFIT FROM MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	735	3.3	4.2	4.2
NO	2	16773	75.5	95.8	
.		4323	19.5	Missing	100.0
DONT KNOW	8	43	.2	Missing	
NA	9	346	1.6	Missing	
	Total	22220	100.0	100.0	
Valid cases	17508		Missing cases	4712	

#### D49B      WHY R DOESNT HAVE MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	259	1.2	35.3	35.3
DONT KNOW ABOUT IT	2	86	.4	11.8	47.1
PRIDE/INDEPENDENCE/W	3	86	.4	11.8	58.8
.	7	216	1.0	29.4	88.2
	12	43	.2	5.9	94.1
	17	43	.2	5.9	100.0
	.	21485	96.7	Missing	
	Total	22220	100.0	100.0	
Valid cases	735		Missing cases	21485	

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## D50    WHAT KINDS OF MOBILITY EQUIP DOES R USE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
WHEELCHAIR	1	519	2.3	12.0	12.0
WALKER	2	86	.4	2.0	14.0
CANE	4	1729	7.8	40.0	54.0
CRUTCHES	6	130	.6	3.0	57.0
	97	346	1.6	8.0	65.0
	102	216	1.0	5.0	70.0
	104	86	.4	2.0	72.0
	197	86	.4	2.0	74.0
	204	303	1.4	7.0	81.0
	406	389	1.8	9.0	90.0
	497	173	.8	4.0	94.0
	10204	173	.8	4.0	98.0
	20497	43	.2	1.0	99.0
	40697	43	.2	1.0	100.0
	.	17897	80.5	Missing	
Total		22220	100.0		100.0

Valid cases 4323 Missing cases 17897

## D50A    WHICH MOBILITY EQUIP IS MOST NEEDED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
WHEELCHAIR	1	778	3.5	18.0	18.0
WALKER	2	389	1.8	9.0	27.0
CANE	4	2421	10.9	56.0	83.0
CRUTCHES	6	303	1.4	7.0	90.0
	97	432	1.9	10.0	100.0
	.	17897	80.5	Missing	
Total		22220	100.0		100.0

Valid cases 4323 Missing cases 17897

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## D51    HOW LONG HAS MOBILITY EQUIP BEEN USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	1038	4.7	24.0	24.0
	2	865	3.9	20.0	44.0
	3	519	2.3	12.0	56.0
	4	605	2.7	14.0	70.0
	5	346	1.6	8.0	78.0
	6	259	1.2	6.0	84.0
	7	173	.8	4.0	88.0
	8	86	.4	2.0	90.0
	9	43	.2	1.0	91.0
	10	130	.6	3.0	94.0
	11	43	.2	1.0	95.0
	12	43	.2	1.0	96.0
	15	86	.4	2.0	98.0
	20	43	.2	1.0	99.0
	37	43	.2	1.0	100.0
	.	17897	80.5	Missing	
Total		22220	100.0		100.0

Valid cases 4323 Missing cases 17897

## D52    HOW OFTEN IS MOBILITY EQUIP CHANGED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEVER	0	2464	11.1	64.8	64.8
ONE YEAR OR LESS	1	432	1.9	11.4	76.1
	2	432	1.9	11.4	87.5
	4	43	.2	1.1	88.6
	5	130	.6	3.4	92.0
	6	130	.6	3.4	95.5
	9	43	.2	1.1	96.6
	10	86	.4	2.3	98.9
	50	43	.2	1.1	100.0
DONT KNOW	.	17897	80.5	Missing	
	98	519	2.3	Missing	
Total		22220	100.0		100.0

Valid cases 3804 Missing cases 18416

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## D53A    USE MOBILITY EQUIP AT HOME

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3372	15.2	78.8	78.8
NO	2	908	4.1	21.2	100.0
NA	.	17897	80.5	Missing	
	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    4280    Missing cases    17940

## D53B    USE MOBILITY EQUIP AT SCHOOL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	476	2.1	11.1	11.1
NO	2	3804	17.1	88.9	100.0
NA	.	17897	80.5	Missing	
	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    4280    Missing cases    17940

## D53C    USE MOBILITY EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	908	4.1	21.2	21.2
NO	2	3372	15.2	78.8	100.0
NA	.	17897	80.5	Missing	
	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    4280    Missing cases    17940

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## D53D    USE MOBILITY EQUIP AT RECREATIONAL FACIL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1729	7.8	40.8	40.8
NO	2	2507	11.3	59.2	100.0
.	17897	80.5	Missing	Missing	
DONT KNOW	8	43	.2	Missing	
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    4237    Missing cases    17984

## D53E    USE MOBILITY EQUIP AT SHELTERED WORKSHOP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	130	.6	3.0	3.0
NO	2	4150	18.7	97.0	100.0
.	17897	80.5	Missing	Missing	
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    4280    Missing cases    17940

## D53F    USE MOBILITY EQUIP AT ADULT DAY PROGRAM

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	173	.8	4.0	4.0
NO	2	4107	18.5	96.0	100.0
.	17897	80.5	Missing	Missing	
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    4280    Missing cases    17940

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## D53G    USE MOBILITY EQUIP AT PUBLIC FACILITIES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3199	14.4	75.5	75.5
NO	2	1038	4.7	24.5	100.0
DONT KNOW	.	17897	80.5	Missing	
NA	8	43	.2	Missing	
	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    4237    Missing cases    17984

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## D54    HOURS PER WEEK MOBILITY EQUIP USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE HOUR OR LESS	1	216	1.0	5.5	5.5
	2	130	.6	3.3	8.8
	3	130	.6	3.3	12.1
	4	432	1.9	11.0	23.1
	5	86	.4	2.2	25.3
	6	43	.2	1.1	26.4
	7	216	1.0	5.5	31.9
	8	43	.2	1.1	33.0
	10	216	1.0	5.5	38.5
	12	86	.4	2.2	40.7
	14	303	1.4	7.7	48.4
	15	86	.4	2.2	50.5
	16	43	.2	1.1	51.6
	21	173	.8	4.4	56.0
	25	43	.2	1.1	57.1
	27	43	.2	1.1	58.2
	28	86	.4	2.2	60.4
	30	43	.2	1.1	61.5
	35	43	.2	1.1	62.6
	40	173	.8	4.4	67.0
	42	43	.2	1.1	68.1
	48	43	.2	1.1	69.2
	56	130	.6	3.3	72.5
	70	173	.8	4.4	76.9
	77	43	.2	1.1	78.0
	80	86	.4	2.2	80.2
	84	216	1.0	5.5	85.7
	91	86	.4	2.2	87.9
95-167 HRS PER WEEK	95	303	1.4	7.7	95.6
168 HRS PER WEEK/ALW	96	173	.8	4.4	100.0
		17897	80.5	Missing	
DONT KNOW	98	259	1.2	Missing	
NA	99	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    3934    Missing cases    18286

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## D55    DOES MOBILITY EQUIP MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4020	18.1	93.9	93.9
NO	2	259	1.2	6.1	100.0
DONT KNOW	.	17897	80.5	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    4280    Missing cases    17940

## D56    DOES R OWN MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3718	16.7	86.0	86.0
NO	2	605	2.7	14.0	100.0
.	17897	80.5	Missing		
	Total	22220	100.0	100.0	

Valid cases    4323    Missing cases    17897

## D57A    R PAID FOR MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1902	8.6	51.8	51.8
NO	2	1772	8.0	48.2	100.0
.	18502	83.3	Missing		
DONT KNOW	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    3675    Missing cases    18546

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## D57B    FAMILY PAID FOR MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	389	1.8	10.6	10.6
NO	2	3285	14.8	89.4	100.0
.	18502	83.3	Missing		
DONT KNOW	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    3675    Missing cases    18546

## D57C    VOCREHAB PAID FOR MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	2.4	2.4
NO	2	3588	16.1	97.6	100.0
.	18502	83.3	Missing		
DONT KNOW	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    3675    Missing cases    18546

## D57D    SCHOOL PAID FOR MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	1.2	1.2
NO	2	3631	16.3	98.8	100.0
.	18502	83.3	Missing		
DONT KNOW	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    3675    Missing cases    18546

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## D57E PRIVATE INSURANCE PAID FOR MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	389	1.8	10.6	10.6
NO	2	3285	14.8	89.4	100.0
DONT KNOW	.	18502	83.3	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3675    Missing cases 18546

## D57F MEDICARE PAID FOR MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	259	1.2	7.1	7.1
NO	2	3415	15.4	92.9	100.0
DONT KNOW	.	18502	83.3	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3675    Missing cases 18546

## D57G VA PAID FOR MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	346	1.6	9.4	9.4
NO	2	3329	15.0	90.6	100.0
DONT KNOW	.	18502	83.3	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3675    Missing cases 18546

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## D57H MEDICAID PAID FOR MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	259	1.2	7.1	7.1
NO	2	3415	15.4	92.9	100.0
DONT KNOW	.	18502	83.3	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3675    Missing cases 18546

## D57I SPECIAL GRANT PAID FOR MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	1.2	1.2
NO	2	3631	16.3	98.8	100.0
DONT KNOW	.	18502	83.3	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3675    Missing cases 18546

## D57J SSI/SSDI FUNDS PAID FOR MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	1.2	1.2
NO	2	3631	16.3	98.8	100.0
DONT KNOW	.	18502	83.3	Missing	
	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 3675    Missing cases 18546

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## D58A    MOBILITY EQUIP IS LEASED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	605	2.7	100.0	100.0
	.	21615	97.3	Missing	
	Total	22220	100.0	100.0	

Valid cases    605    Missing cases    21615

## D58B    MOBILITY EQUIP IS BORROWED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	562	2.5	92.9	92.9
NO	2	43	.2	7.1	100.0
	.	21615	97.3	Missing	
	Total	22220	100.0	100.0	

Valid cases    605    Missing cases    21615

## D58C    MOBILITY EQUIP IS SHARED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	7.1	7.1
NO	2	562	2.5	92.9	100.0
	.	21615	97.3	Missing	
	Total	22220	100.0	100.0	

Valid cases    605    Missing cases    21615

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## D59    HOW WOULD R PAY FOR NEW MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
BUY OUTRIGHT	1.00	2810	12.6	67.0	67.0
BUY ON CREDIT	2.00	303	1.4	7.2	74.2
LEASE	3.00	86	.4	2.1	76.3
BORROW/RETURN	4.00	173	.8	4.1	80.4
SHARE WITH OTHERS	5.00	43	.2	1.0	81.4
AGENCY BOUGHT	6.00	216	1.0	5.2	86.6
INSURANCE	7.00	130	.6	3.1	89.7
VETRANS ADM	8.00	86	.4	2.1	91.8
GIFT	9.00	130	.6	3.1	94.8
OTHER	97.00	216	1.0	5.2	100.0
DONT KNOW	.	17897	80.5	Missing	
NA	98.00	43	.2	Missing	
	99.00	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    4193    Missing cases    18027

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## D60    COST OF KEEPING MOBILITY EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	3242	14.6	83.3	83.3
	4	43	.2	1.1	84.4
	12	43	.2	1.1	85.6
	14	43	.2	1.1	86.7
	16	43	.2	1.1	87.8
	20	43	.2	1.1	88.9
	40	43	.2	1.1	90.0
	50	43	.2	1.1	91.1
	60	43	.2	1.1	92.2
	100	43	.2	1.1	93.3
	120	43	.2	1.1	94.4
	200	43	.2	1.1	95.6
	250	43	.2	1.1	96.7
	1000	86	.4	2.2	98.9
	2000	43	.2	1.1	100.0
	17897		80.5	Missing	
DONT KNOW	99998	303	1.4	Missing	
NA	99999	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    3891    Missing cases    18330

## D61    DOES R USE BUILDING MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1600	7.2	7.2	7.2
NO	2	20577	92.6	92.8	100.0
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    22177    Missing cases    43

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## D61A    WOULD R BENEFIT FROM BUILDING MODIFICATI

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1643	7.4	8.1	8.1
NO	2	18719	84.2	91.9	100.0
	.	1600	7.2	Missing	
DONT KNOW	8	43	.2	Missing	
NA	9	216	1.0	Missing	
	Total	22220	100.0	100.0	

Valid cases    20361    Missing cases    1859

## D61B    WHY R DOESNT HAVE BUILDING MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	778	3.5	52.9	52.9
DONT KNOW ABOUT IT	2	43	.2	2.9	55.9
LACK OF TIME/INTERES	3	173	.8	11.8	67.6
	7	389	1.8	26.5	94.1
	12	43	.2	2.9	97.1
	13	43	.2	2.9	100.0
DONT KNOW	.	20577	92.6	Missing	
NA	8	86	.4	Missing	
	9	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    1470    Missing cases    20750

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## D62    WHAT KINDS OF BUILDING MODIFICATIONS DOE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
RAMPS	1	346	1.6	21.6	21.6
ELEVATOR	4	43	.2	2.7	24.3
RAILINGS	5	216	1.0	13.5	37.8
	97	346	1.6	21.6	59.5
	105	130	.6	8.1	67.6
	197	216	1.0	13.5	81.1
	405	43	.2	2.7	83.8
	597	43	.2	2.7	86.5
	9705	43	.2	2.7	89.2
	9797	43	.2	2.7	91.9
	10203	43	.2	2.7	94.6
	10204	43	.2	2.7	97.3
	10397	43	.2	2.7	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 1600    Missing cases 20621

## D62A    WHICH BUILDING MODIFICATION IS MOST NEED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
RAMPS	1	605	2.7	37.8	37.8
CHAIR LIFT	3	43	.2	2.7	40.5
ELEVATOR	4	86	.4	5.4	45.9
RAILINGS	5	259	1.2	16.2	62.2
	97	605	2.7	37.8	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 1600    Missing cases 20621

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## D63    HOW LONG HAVE BUILDING MODIFICATIONS BEE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	476	2.1	30.6	30.6
	2	216	1.0	13.9	44.4
	3	303	1.4	19.4	63.9
	4	173	.8	11.1	75.0
	5	43	.2	2.8	77.8
	6	130	.6	8.3	86.1
	8	43	.2	2.8	88.9
	10	130	.6	8.3	97.2
	11	43	.2	2.8	100.0
	.	20621	92.8	Missing	
NA	99	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1556    Missing cases 20664

## D64    HOW OFTEN ARE BUILDING MODIFICATIONS CHA

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEVER	0	1124	5.1	81.3	81.3
ONE YEAR OR LESS	1	86	.4	6.2	87.5
	10	43	.2	3.1	90.6
	30	43	.2	3.1	93.8
	40	86	.4	6.2	100.0
DONT KNOW	.	20621	92.8	Missing	
	98	216	1.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 1383    Missing cases 20837

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## D65A    USE BLDG MODIFICATIONS AT HOME

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1556	7.0	97.3	97.3
NO	2	43	.2	2.7	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    1600    Missing cases    20621

## D65B    USE BLDG MODIFICATIONS AT SCHOOL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	5.4	5.4
NO	2	1513	6.8	94.6	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    1600    Missing cases    20621

## D65C    USE BLDG MODIFICATIONS AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	2.7	2.7
NO	2	1556	7.0	97.3	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    1600    Missing cases    20621

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## D65D    USE BLDG MODIFICATIONS AT RECREATIONAL F

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	130	.6	8.1	8.1
NO	2	1470	6.6	91.9	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    1600    Missing cases    20621

## D65E    USE BLDG MODIFICATIONS AT SHELTERED WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1600	7.2	100.0	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    1600    Missing cases    20621

## D65F    USE BLDG MODIFICATIONS AT ADULT DAY PROG

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1600	7.2	100.0	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    1600    Missing cases    20621

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## D65G    USE BLDG MODIFICATIONS AT PUBLIC FACILIT

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	173	.8	10.8	10.8
NO	2	1427	6.4	89.2	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    1600      Missing cases    20621

## D66    HOURS PER WEEK BUILDING MODIFICATIONS US

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
ONE HOUR OR LESS	1	519	2.3	37.5	37.5
	2	130	.6	9.4	46.9
	3	86	.4	6.3	53.1
	4	86	.4	6.3	59.4
	5	43	.2	3.1	62.5
	7	303	1.4	21.9	84.4
	10	130	.6	9.4	93.8
	40	43	.2	3.1	96.9
	42	43	.2	3.1	100.0
DONT KNOW	.	20621	92.8	Missing	
NA	98	173	.8	Missing	
	99	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    1383      Missing cases    20837

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## D67    DO BUILDING MODIFICATIONS MEET NEEDS

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	1513	6.8	94.6	94.6
NO	2	86	.4	5.4	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    1600      Missing cases    20621

## D68    DOES R OWN BUILDING MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	1470	6.6	91.9	91.9
NO	2	130	.6	8.1	100.0
	.	20621	92.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    1600      Missing cases    20621

## D69A    R PAID FOR BLDG MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	994	4.5	67.6	67.6
NO	2	476	2.1	32.4	100.0
	.	20750	93.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    1470      Missing cases    20750

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## D69B    FAMILY PAID FOR BLDG MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	130	.6	8.8	8.8
NO	2	1340	6.0	91.2	
	.	20750	93.4	Missing	100.0
	Total	22220	100.0	100.0	

Valid cases    1470    Missing cases    20750

## D69C    VOCREHAB PAID FOR BLDG MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1470	6.6	100.0	100.0
	.	20750	93.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    1470    Missing cases    20750

## D69D    SCHOOL PAID FOR BLDG MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1470	6.6	100.0	100.0
	.	20750	93.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    1470    Missing cases    20750

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## D69E    PRIVATE INSURANCE PAID FOR BLDG MODIFICA

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	14.7	14.7
NO	2	1254	5.6	85.3	
	.	20750	93.4	Missing	100.0
	Total	22220	100.0	100.0	

Valid cases    1470    Missing cases    20750

## D69F    MEDICARE PAID FOR BLDG MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	2.9	2.9
NO	2	1427	6.4	97.1	
	.	20750	93.4	Missing	100.0
	Total	22220	100.0	100.0	

Valid cases    1470    Missing cases    20750

## D69G    VA PAID FOR BLDG MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	130	.6	8.8	8.8
NO	2	1340	6.0	91.2	
	.	20750	93.4	Missing	100.0
	Total	22220	100.0	100.0	

Valid cases    1470    Missing cases    20750

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## D69H    MEDICAID PAID FOR BLDG MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1470	6.6	100.0	100.0
	.	20750	93.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    1470    Missing cases    20750

## D69I    SPECIAL GRANT PAID FOR BLDG MODIFICATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1470	6.6	100.0	100.0
	.	20750	93.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    1470    Missing cases    20750

## D69J    SSI/SSDI FUNDS PAID FOR BLDG MODIFICATIO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1470	6.6	100.0	100.0
	.	20750	93.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    1470    Missing cases    20750

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## D70A    BLDG MODIFICATIONS ARE LEASED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	33.3	33.3
NO	2	86	.4	66.7	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130    Missing cases    22091

## D70B    BLDG MODIFICATIONS ARE BORROWED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	130	.6	100.0	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130    Missing cases    22091

## D70C    BLDG MODIFICATIONS ARE SHARED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	66.7	66.7
NO	2	43	.2	33.3	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130    Missing cases    22091

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## D71      HOW WOULD R PAY FOR NEW BUILDING MODIFIC

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
BUY OUTRIGHT	1.00	1124	5.1	76.5	76.5
BUY ON CREDIT	2.00	43	.2	2.9	79.4
LEASE	3.00	86	.4	5.9	85.3
BORROW/RETURN	4.00	43	.2	2.9	88.2
SHARE WITH OTHERS	5.00	43	.2	2.9	91.2
AGENCY BOUGHT	6.00	43	.2	2.9	94.1
OTHER	97.00	86	.4	5.9	100.0
		20621	92.8	Missing	
NA	99.00	130	.6	Missing	
		Total	22220	100.0	100.0

Valid cases 1470      Missing cases 20750

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## D72      COST OF KEEPING BUILDING MODIFICATIONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	1124	5.1	74.3	74.3
	17	43	.2	2.9	77.1
	100	43	.2	2.9	80.0
	150	86	.4	5.7	85.7
	200	43	.2	2.9	88.6
	300	43	.2	2.9	91.4
	400	43	.2	2.9	94.3
	500	43	.2	2.9	97.1
	3000	43	.2	2.9	100.0
		20621	92.8	Missing	
DONT KNOW	99998	43	.2	Missing	
NA	99999	43	.2	Missing	
		Total	22220	100.0	100.0

Valid cases 1513      Missing cases 20707

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Preceding task required 5.73 seconds CPU time; 20.47 seconds elapsed.

13 0 FREQUENCIES VARIABLES=D73 TO D81C,D82,D83 TO D92C,D93,  
 14 0 D94 TO D106/FORMAT=ONEPAGE

There are 15,739,808 bytes of memory available.

Memory allows a total of 32,767 values accumulated across all variables.  
 There may be up to 8,192 value labels for each variable.

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## D73    DOES R USE HELPING HOUSEHOLD EQUIPMENT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	432	1.9	1.9	1.9
NO	2	21745	97.9	98.1	100.0
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22177    Missing cases 43

## D73A    WOULD R BENEFIT FROM HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1210	5.4	5.6	5.6
NO	2	20275	91.2	94.4	100.0
DONT KNOW	8	86	.4	Missing	
NA	9	216	1.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 21485    Missing cases 735

## D73B    WHY R DOESNT HAVE HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	778	3.5	66.7	66.7
DONT KNOW ABOUT IT	2	173	.8	14.8	81.5
	7	216	1.0	18.5	100.0
NA	9	21010	94.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 1167    Missing cases 21053

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## D74    WHAT KINDS OF HOUSEHOLD EQUIP DOES R USE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
REMOTE SWITCHES	1	86	.4	20.0	20.0
REMOTE LIGHTS	2	43	.2	10.0	30.0
BUZZER MODULE	4	43	.2	10.0	40.0
	97	86	.4	20.0	60.0
	102	86	.4	20.0	80.0
	197	43	.2	10.0	90.0
	10203	43	.2	10.0	100.0
	-	21788	98.1	Missing	
	Total	22220	100.0	100.0	

Valid cases 432    Missing cases 21788

## D74A    WHICH HOUSEHOLD EQUIP IS MOST NEEDED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
REMOTE SWITCHES	1	130	.6	30.0	30.0
REMOTE LIGHTS	2	86	.4	20.0	50.0
ENVIRONMENTAL CONTROL	3	43	.2	10.0	60.0
BUZZER MODULE	4	43	.2	10.0	70.0
	97	130	.6	30.0	100.0
	-	21788	98.1	Missing	
	Total	22220	100.0	100.0	

Valid cases 432    Missing cases 21788

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## D75    HOW LONG HAS HOUSEHOLD EQUIP BEEN USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	259	1.2	60.0	60.0
	2	86	.4	20.0	80.0
	3	86	.4	20.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0	100.0	

Valid cases    432    Missing cases    21788

## D76    HOW OFTEN IS HOUSEHOLD EQUIP CHANGED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEVER	0	173	.8	44.4	44.4
ONE YEAR OR LESS	1	130	.6	33.3	77.8
	2	43	.2	11.1	88.9
	15	43	.2	11.1	100.0
DONT KNOW	.	21788	98.1	Missing	
	98	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

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## D77    HOURS PER WEEK HOUSEHOLD EQUIP USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE HOUR OR LESS	1	43	.2	10.0	10.0
	3	43	.2	10.0	20.0
	4	43	.2	10.0	30.0
	10	43	.2	10.0	40.0
	40	86	.4	20.0	60.0
	63	43	.2	10.0	70.0
	65	43	.2	10.0	80.0
	82	43	.2	10.0	90.0
168 HRS PER WEEK/ALW	96	43	.2	10.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0	100.0	

Valid cases    432    Missing cases    21788

## D78    DOES HOUSEHOLD EQUIP MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	346	1.6	80.0	80.0
NO	2	86	.4	20.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0	100.0	

Valid cases    432    Missing cases    21788

## D79    DOES R OWN HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	389	1.8	90.0	90.0
NO	2	43	.2	10.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0	100.0	

Valid cases    432    Missing cases    21788

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## D80A    R PAID FOR HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	303	1.4	77.8	77.8
NO	2	86	.4	22.2	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

## D80B    FAMILY PAID FOR HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	22.2	22.2
NO	2	303	1.4	77.8	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

## D80C    VOCREHAB PAID FOR HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

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## D80D    SCHOOL PAID FOR HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

## D80E    PRIVATE INSURANCE PAID FOR HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

## D80F    MEDICARE PAID FOR HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

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## D80G    VA PAID FOR HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

## D80H    MEDICAID PAID FOR HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

## D80I    SPECIAL GRANT PAID FOR HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

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## D80J    SSI/SSDI FUNDS PAID FOR HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

## D81A    HOUSEHOLD EQUIP IS LEASED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	100.0	100.0
	.	22177	99.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    43    Missing cases    22177

## D81B    HOUSEHOLD EQUIP IS BORROWED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	43	.2	100.0	100.0
	.	22177	99.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    43    Missing cases    22177

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## D81C    HOUSEHOLD EQUIP IS SHARED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	43	.2	100.0	100.0
	.	22177	99.8	Missing	
	Total	22220	100.0	100.0	

Valid cases    43    Missing cases    22177

## D82    HOW WOULD R PAY FOR NEW HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
BUY OUTRIGHT	1.00	303	1.4	70.0	70.0
LEASE	3.00	43	.2	10.0	80.0
BORROW/RETURN	4.00	86	.4	20.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0	100.0	

Valid cases    432    Missing cases    21788

## D83    COST OF KEEPING HOUSEHOLD EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	43	.2	10.0	10.0
	20	43	.2	10.0	20.0
	55	43	.2	10.0	30.0
	100	86	.4	20.0	50.0
	120	43	.2	10.0	60.0
	200	130	.6	30.0	90.0
	250	43	.2	10.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0	100.0	

Valid cases    432    Missing cases    21788

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## D84    DOES R USE MODIFIED EQUIPMENT AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	432	1.9	1.9	1.9
NO	2	21745	97.9	98.1	100.0
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    22177    Missing cases    43

## DB4A    WOULD R BENEFIT FROM MODIFIED EQUIP AT W

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	778	3.5	3.6	3.6
NO	2	20707	93.2	96.4	100.0
NA	9	432	1.9	Missing	
	Total	22220	100.0	100.0	

Valid cases    21485    Missing cases    735

## D84B    WHY R DOESNT HAVE MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	303	1.4	43.7	43.7
DONT KNOW ABOUT IT	2	43	.2	6.2	50.0
	7	346	1.6	50.0	100.0
DONT KNOW	.	21442	96.5	Missing	
NA	8	43	.2	Missing	
	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    692    Missing cases    21529

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## D85    WHAT KINDS OF MODIFIED EQUIP AT WORK DOE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
HAND RAILS	2	43	.2	10.0	10.0
ADAPTED COMPUTER TOO	3	86	.4	20.0	30.0
	97	259	1.2	60.0	90.0
	304	43	.2	10.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0		100.0

Valid cases    432    Missing cases    21788

## D85A    WHICH MODIFIED EQUIP AT WORK IS MOST NEE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
HAND RAILS	2	43	.2	10.0	10.0
ADAPTED COMPUTER TOO	3	130	.6	30.0	40.0
	97	259	1.2	60.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0		100.0

Valid cases    432    Missing cases    21788

## D86    HOW LONG HAS MODIFIED EQUIP AT WORK BEEN

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	86	.4	20.0	20.0
	2	86	.4	20.0	40.0
	3	43	.2	10.0	50.0
	4	86	.4	20.0	70.0
	10	86	.4	20.0	90.0
	15	43	.2	10.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0		100.0

Valid cases    432    Missing cases    21788

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## D87    HOW OFTEN IS MODIFIED EQUIP AT WORK CHAN

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEVER	0	130	.6	42.9	42.9
	2	43	.2	14.3	57.1
	3	43	.2	14.3	71.4
	5	86	.4	28.6	100.0
DONT KNOW	.	21788	98.1	Missing	
	98	130	.6	Missing	
	Total	22220	100.0		100.0

Valid cases    303    Missing cases    21918

## D88    HOURS PER WEEK MODIFIED EQUIP AT WORK US

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	3	43	.2	10.0	10.0
	4	43	.2	10.0	20.0
	8	86	.4	20.0	40.0
	40	130	.6	30.0	70.0
	45	43	.2	10.0	80.0
	50	43	.2	10.0	90.0
	56	43	.2	10.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0		100.0

Valid cases    432    Missing cases    21788

## D89    DOES MODIFIED EQUIP AT WORK MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	432	1.9	100.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0		100.0

Valid cases    432    Missing cases    21788

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## D90    DOES R OWN MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	346	1.6	80.0	80.0
NO	2	86	.4	20.0	100.0
	.	21788	98.1	Missing	
	Total	22220	100.0	100.0	

Valid cases    432    Missing cases    21788

## D91A    R PAID FOR MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	259	1.2	75.0	75.0
NO	2	86	.4	25.0	100.0
	.	21874	98.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    346    Missing cases    21874

## D91B    FAMILY PAID FOR MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	346	1.6	100.0	100.0
	.	21874	98.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    346    Missing cases    21874

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## D91C    VOCREHAB PAID FOR MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	12.5	12.5
NO	2	303	1.4	87.5	
	.	21874	98.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    346    Missing cases    21874

## D91D    SCHOOL PAID FOR MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	346	1.6	100.0	100.0
	.	21874	98.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    346    Missing cases    21874

## D91E    PRIVATE INSURANCE PAID FOR MODIFIED EQUI

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	346	1.6	100.0	100.0
	.	21874	98.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    346    Missing cases    21874

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## D91F    MEDICARE PAID FOR MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	346	1.6	100.0	100.0
	.	21874	98.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    346    Missing cases    21874

## D91G    VA PAID FOR MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	346	1.6	100.0	100.0
	.	21874	98.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    346    Missing cases    21874

## D91H    MEDICAID PAID FOR MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	346	1.6	100.0	100.0
	.	21874	98.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    346    Missing cases    21874

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## D91I    SPECIAL GRANT PAID FOR MODIFIED EQUIP AT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	346	1.6	100.0	100.0
	.	21874	98.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    346    Missing cases    21874

## D91J    SSI/SSDI FUNDS PAID FOR MODIFIED EQUIP A

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	346	1.6	100.0	100.0
	.	21874	98.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    346    Missing cases    21874

## D91K    EMPLOYER PAID FOR MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	14.3	14.3
NO	2	259	1.2	85.7	100.0
	.	21918	98.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    303    Missing cases    21918

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## D92A    MODIFIED EQUIP AT WORK IS LEASED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    86    Missing cases    22134

## D92B    MODIFIED EQUIP AT WORK IS BORROWED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    86    Missing cases    22134

## D92C    MODIFIED EQUIP AT WORK IS SHARED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    86    Missing cases    22134

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## D93    HOW WOULD R PAY FOR NEW MODIFIED EQUIP A

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
BUY OUTRIGHT	1.00	216	1.0	55.6	55.6
BORROW/RETURN	4.00	86	.4	22.2	77.8
AGENCY BOUGHT	6.00	43	.2	11.1	88.9
OTHER	97.00	43	.2	11.1	100.0
		21788	98.1	Missing	
NA	99.00	43	.2	Missing	
		Total	22220	100.0	100.0

Valid cases    389    Missing cases    21831

## D94    COST OF KEEPING MODIFIED EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	216	1.0	62.5	62.5
	10	43	.2	12.5	75.0
	30	43	.2	12.5	87.5
	4000	43	.2	12.5	100.0
		21788	98.1	Missing	
DONT KNOW	99998	43	.2	Missing	
NA	99999	43	.2	Missing	
		Total	22220	100.0	100.0

Valid cases    346    Missing cases    21874

## D95    DOES R USE ADAPTED RECREATION EQUIPMENT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	476	2.1	2.1	2.1
NO	2	21658	97.5	97.9	100.0
NA	9	86	.4	Missing	
		Total	22220	100.0	100.0

Valid cases    22134    Missing cases    86

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## D95A    WOULD R BENEFIT FROM RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1167	5.3	5.5	5.5
NO	2	20145	90.7	94.5	100.0
DONT KNOW	.	476	2.1	Missing	
NA	8	130	.6	Missing	
	9	303	1.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 21312    Missing cases 908

## D95B    WHY R DOESNT HAVE RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	432	1.9	37.0	37.0
DONT KNOW ABOUT IT	2	173	.8	14.8	51.9
	7	389	1.8	33.3	85.2
	12	86	.4	7.4	92.6
	27	43	.2	3.7	96.3
	37	43	.2	3.7	100.0
	.	21053	94.7	Missing	
	Total	22220	100.0	100.0	

Valid cases 1167    Missing cases 21053

## D96    WHAT KINDS OF RECREATION EQUIP DOES R US

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CYCLE CHAIR	1	86	.4	18.2	18.2
ADAPTED SKIS	2	86	.4	18.2	36.4
	97	303	1.4	63.6	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0	100.0	

Valid cases 476    Missing cases 21745

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## D96A    WHICH RECREATION EQUIP IS MOST NEEDED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CYCLE CHAIR	1	86	.4	18.2	18.2
ADAPTED SKIS	2	86	.4	18.2	36.4
	97	303	1.4	63.6	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0	100.0	

Valid cases 476    Missing cases 21745

## D97    HOW LONG HAS RECREATION EQUIP BEEN USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	43	.2	10.0	10.0
	2	173	.8	40.0	50.0
	3	86	.4	20.0	70.0
	4	43	.2	10.0	80.0
	5	43	.2	10.0	90.0
	10	43	.2	10.0	100.0
DONT KNOW	98	21745	97.9	Missing	Missing
	.	43	.2		
	Total	22220	100.0	100.0	

Valid cases 432    Missing cases 21788

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## D98    HOW OFTEN IS RECREATION EQUIP CHANGED

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
NEVER	0	216	1.0	62.5	62.5
	2	43	.2	12.5	75.0
	6	43	.2	12.5	87.5
	22	43	.2	12.5	100.0
DONT KNOW	.	21745	97.9	Missing	
	98	130	.6	Missing	
	Total	22220	100.0		100.0

Valid cases    346    Missing cases    21874

## D99A    USE RECREATION EQUIP AT HOME

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	259	1.2	54.5	54.5
NO	2	216	1.0	45.5	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0		100.0

Valid cases    476    Missing cases    21745

## D99B    USE RECREATION EQUIP AT SCHOOL

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
NO	2	476	2.1	100.0	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0		100.0

Valid cases    476    Missing cases    21745

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## D99C    USE RECREATION EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
NO	2	476	2.1	100.0	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0		100.0

Valid cases    476    Missing cases    21745

## D99D    USE RECREATION EQUIP AT RECREATIONAL FAC

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	216	1.0	45.5	45.5
NO	2	259	1.2	54.5	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0		100.0

Valid cases    476    Missing cases    21745

## D99E    USE RECREATION EQUIP AT SHELTERED WORKSH

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
NO	2	476	2.1	100.0	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0		100.0

Valid cases    476    Missing cases    21745

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## D99F    USE RECREATION EQUIP AT ADULT DAY PROGRA

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	476	2.1	100.0	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0	100.0	

Valid cases    476    Missing cases    21745

## D99G    USE RECREATION EQUIP AT PUBLIC FACILITIE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	476	2.1	100.0	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0	100.0	

Valid cases    476    Missing cases    21745

## D100    HOURS PER WEEK RECREATION EQUIP USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE HOUR OR LESS	1	43	.2	11.1	11.1
	2	43	.2	11.1	22.2
	4	43	.2	11.1	33.3
	5	86	.4	22.2	55.6
	7	43	.2	11.1	66.7
	10	130	.6	33.3	100.0
DONT KNOW	.	21745	97.9	Missing	
	98	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

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## D101    DOES RECREATION EQUIP MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	432	1.9	100.0	100.0
	.	21745	97.9	Missing	
DONT KNOW	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    432    Missing cases    21788

## D102    DOES R OWN RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	389	1.8	81.8	81.8
NO	2	86	.4	18.2	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0	100.0	

Valid cases    476    Missing cases    21745

## D103A    R PAID FOR RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	303	1.4	77.8	77.8
NO	2	86	.4	22.2	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

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## D103B FAMILY PAID FOR RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	22.2	22.2
NO	2	303	1.4	77.8	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389      Missing cases    21831

## D103C VCREHAB PAID FOR RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389      Missing cases    21831

## D103D SCHOOL PAID FOR RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389      Missing cases    21831

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## D103E PRIVATE INSURANCE PAID FOR RECREATION EQ

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389      Missing cases    21831

## D103F MEDICARE PAID FOR RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389      Missing cases    21831

## D103G VA PAID FOR RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	11.1	11.1
NO	2	346	1.6	88.9	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389      Missing cases    21831

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## D103H    MEDICAID PAID FOR RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
Total		22220	100.0	100.0	

Valid cases    389    Missing cases    21831

## D103I    SPECIAL GRANT PAID FOR RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	
Total		22220	100.0	100.0	

Valid cases    389    Missing cases    21831

## D103J    SSI/SSDI FUNDS PAID FOR RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	389	1.8	100.0	100.0
	.	21831	98.2	Missing	

Valid cases    389    Missing cases    21831

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## D104A    RECREATION EQUIP IS LEASED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	43	.2	100.0	100.0
DONT KNOW	.	22134	99.6	Missing	
Total	8	43	.2	Missing	

Valid cases    43    Missing cases    22177

## D104B    RECREATION EQUIP IS BORROWED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	100.0	100.0
DONT KNOW	.	22134	99.6	Missing	
Total	8	43	.2	Missing	

Valid cases    43    Missing cases    22177

## D104C    RECREATION EQUIP IS SHARED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	43	.2	100.0	100.0
DONT KNOW	.	22134	99.6	Missing	
Total	8	43	.2	Missing	

Valid cases    43    Missing cases    22177

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## D106      COST OF KEEPING RECREATION EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	303	1.4	70.0	70.0
	25	86	.4	20.0	90.0
	100	43	.2	10.0	100.0
DONT KNOW	99998	21745	97.9	Missing	
		43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    432      Missing cases    21788

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Preceding task required 7.20 seconds CPU time; 20.57 seconds elapsed.

15 0 FREQUENCIES VARIABLES=D107 TO D116C,D117,D118 TO D129C,  
 16 0 D130,d131 TO D134C/  
 17 0 FORMAT=ONEPAGE

There are 15,739,808 bytes of memory available.

Memory allows a total of 32,767 values accumulated across all variables.  
 There may be up to 8,192 value labels for each variable.

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## D107    DOES R USE ADAPTED COMPUTER EQUIPMENT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	1.0	1.0
NO	2	21961	98.8	99.0	100.0
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22177    Missing cases 43

## D107A    WOULD R BENEFIT FROM COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1686	7.6	7.9	7.9
NO	2	19756	88.9	92.1	100.0
DONT KNOW	.	216	1.0	Missing	
NA	8	173	.8	Missing	
	9	389	1.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 21442    Missing cases 778

## D107B    WHY R DOESNT HAVE COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CANT AFFORD IT	1	951	4.3	56.4	56.4
DONT KNOW ABOUT IT	2	216	1.0	12.8	69.2
	7	303	1.4	17.9	87.2
	12	130	.6	7.7	94.9
	17	43	.2	2.6	97.4
	77	43	.2	2.6	100.0
	.	20534	92.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 1686    Missing cases 20534

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## D108    WHAT KINDS OF COMPUTER EQUIP DOES R USE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
VIDEO MAGNIFIER	1	43	.2	20.0	20.0
TALKING COMPUTER	3	86	.4	40.0	60.0
	97	43	.2	20.0	80.0
	19797	43	.2	20.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

## D108A    WHICH COMPUTER EQUIP IS MOST NEEDED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
VIDEO MAGNIFIER	1	43	.2	20.0	20.0
TALKING COMPUTER	3	86	.4	40.0	60.0
	97	86	.4	40.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

## D109    HOW LONG HAS COMPUTER EQUIP BEEN USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	86	.4	40.0	40.0
	2	43	.2	20.0	60.0
	3	43	.2	20.0	80.0
	5	43	.2	20.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

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## D110    HOW OFTEN IS COMPUTER EQUIP CHANGED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEVER	0	43	.2	33.3	33.3
ONE YEAR OR LESS	1	43	.2	33.3	66.7
	2	43	.2	33.3	100.0
DONT KNOW	.	22004	99.0	Missing	
	98	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 130    Missing cases 22091

## D111A    USE COMPUTER EQUIP AT HOME

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	173	.8	80.0	80.0
NO	2	43	.2	20.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

## D111B    USE COMPUTER EQUIP AT SCHOOL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	40.0	40.0
NO	2	130	.6	60.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

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## D111C    USE COMPUTER EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	40.0	40.0
NO	2	130	.6	60.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

## D111D    USE COMPUTER EQUIP AT RECREATIONAL FACIL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	20.0	20.0
NO	2	173	.8	80.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

## D111E    USE COMPUTER EQUIP AT SHELTERED WORKSHOP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	20.0	20.0
NO	2	173	.8	80.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

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## D111F    USE COMPUTER EQUIP AT ADULT DAY PROGRAM

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	216	1.0	100.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases    216    Missing cases    22004

## D111G    USE COMPUTER EQUIP AT PUBLIC FACILITIES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	20.0	20.0
NO	2	173	.8	80.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases    216    Missing cases    22004

## D112    HOURS PER WEEK COMPUTER EQUIP USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	5	43	.2	20.0	20.0
	10	43	.2	20.0	40.0
	35	43	.2	20.0	60.0
	50	43	.2	20.0	80.0
	60	43	.2	20.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases    216    Missing cases    22004

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## D113    DOES COMPUTER EQUIP MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	100.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases    216    Missing cases    22004

## D114    DOES R OWN COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	40.0	40.0
NO	2	130	.6	60.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases    216    Missing cases    22004

## D115A    R PAID FOR COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    86    Missing cases    22134

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## D115B FAMILY PAID FOR COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 86    Missing cases 22134

## D115C VOCREHAB PAID FOR COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 86    Missing cases 22134

## D115D SCHOOL PAID FOR COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 86    Missing cases 22134

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## D115E PRIVATE INSURANCE PAID FOR COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 86    Missing cases 22134

## D115F MEDICARE PAID FOR COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 86    Missing cases 22134

## D115G VA PAID FOR COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 86    Missing cases 22134

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**D115H MEDICAID PAID FOR COMPUTER EQUIP**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    86      Missing cases    22134

**D115I SPECIAL GRANT PAID FOR COMPUTER EQUIP**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    86      Missing cases    22134

**D115J SSI/SSDI FUNDS PAID FOR COMPUTER EQUIP**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	86	.4	100.0	100.0
	.	22134	99.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    86      Missing cases    22134

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**D116A COMPUTER EQUIP IS LEASED**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	130	.6	100.0	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130      Missing cases    22091

**D116B COMPUTER EQUIP IS BORROWED**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	130	.6	100.0	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130      Missing cases    22091

**D116C COMPUTER EQUIP IS SHARED**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	130	.6	100.0	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130      Missing cases    22091

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## D117    HOW WOULD R PAY FOR NEW COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
BUY OUTRIGHT	1.00	86	.4	40.0	40.0
BORROW/RETURN	4.00	86	.4	40.0	80.0
INSURANCE	7.00	43	.2	20.0	100.0
.	.	22004	99.0	Missing	
Total		22220	100.0	100.0	

Valid cases    216    Missing cases    22004

## D118    COST OF KEEPING COMPUTER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	130	.6	60.0	60.0
	900	43	.2	20.0	80.0
	4000	43	.2	20.0	100.0
.	.	22004	99.0	Missing	
Total		22220	100.0	100.0	

Valid cases    216    Missing cases    22004

## D119    DOES R USE ADAPTED TOYS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	7.2	7.2
NO	2	2767	12.5	92.8	100.0
.	.	17897	80.5	Missing	
NA	9	1340	6.0	Missing	
Total		22220	100.0	100.0	

Valid cases    2983    Missing cases    19237

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## D120    DOES R USE OTHER EQUIPMENT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2161	9.7	9.8	9.8
NO	2	19929	89.7	90.2	100.0
DONT KNOW	8	43	.2	Missing	
NA	9	86	.4	Missing	
Total		22220	100.0	100.0	

Valid cases    22091    Missing cases    130

## D121    WHAT KINDS OF OTHER EQUIP DOES R USE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
TENS UNIT	1	216	1.0	10.0	10.0
OXYGEN SYSTEM	2	173	.8	8.0	18.0
AIR PURIFYING SYSTEM	3	130	.6	6.0	24.0
BRACE	4	173	.8	8.0	32.0
BREATHING APPARATUS	5	259	1.2	12.0	44.0
	97	821	3.7	38.0	82.0
	197	43	.2	2.0	84.0
	9797	173	.8	8.0	92.0
	10203	86	.4	4.0	96.0
	49797	86	.4	4.0	100.0
.	.	20059	90.3	Missing	
Total		22220	100.0	100.0	

Valid cases    2162    Missing cases    20059

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## D121A    WHICH OTHER EQUIP IS MOST NEEDED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
OXYGEN SYSTEM	1	173	.8	8.0	8.0
AIR PURIFYING SYSTEM	2	216	1.0	10.0	18.0
BRACE	3	173	.8	8.0	26.0
BREATHING APPARATUS	4	173	.8	8.0	34.0
	5	259	1.2	12.0	46.0
	97	1167	5.3	54.0	100.0
	.	20059	90.3	Missing	
Total		22220	100.0	100.0	

Valid cases    2162    Missing cases    20059

## D122    HOW LONG HAS OTHER EQUIP BEEN USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE YEAR OR LESS	1	821	3.7	38.0	38.0
	2	303	1.4	14.0	52.0
	3	346	1.6	16.0	68.0
	4	130	.6	6.0	74.0
	5	130	.6	6.0	80.0
	6	86	.4	4.0	84.0
	7	43	.2	2.0	86.0
	10	173	.8	8.0	94.0
	14	43	.2	2.0	96.0
	17	43	.2	2.0	98.0
	37	43	.2	2.0	100.0
	.	20059	90.3	Missing	
Total		22220	100.0	100.0	

Valid cases    2162    Missing cases    20059

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## D123    HOW OFTEN IS OTHER EQUIP CHANGED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NEVER	0	951	4.3	51.2	51.2
ONE YEAR OR LESS	1	519	2.3	27.9	79.1
	2	86	.4	4.7	83.7
	3	43	.2	2.3	86.0
	4	86	.4	4.7	90.7
	5	43	.2	2.3	93.0
	6	43	.2	2.3	95.3
	7	43	.2	2.3	97.7
	9	43	.2	2.3	100.0
	.	20059	90.3	Missing	
DONT KNOW	98	259	1.2	Missing	
NA	99	43	.2	Missing	
Total		22220	100.0	100.0	

Valid cases    1859    Missing cases    20361

## D124A    USE OTHER EQUIP AT HOME

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1989	8.9	92.0	92.0
NO	2	173	.8	8.0	100.0
	.	20059	90.3	Missing	
Total		22220	100.0	100.0	

Valid cases    2161    Missing cases    20059

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## D124B    USE OTHER EQUIP AT SCHOOL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	303	1.4	14.0	14.0
NO	2	1859	8.4	86.0	100.0
	.	20059	90.3	Missing	
	Total	22220	100.0	100.0	

Valid cases    2161    Missing cases    20059

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## D124E    USE OTHER EQUIP AT SHELTERED WORKSHOP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	4.0	4.0
NO	2	2075	9.3	96.0	100.0
	.	20059	90.3	Missing	
	Total	22220	100.0	100.0	

Valid cases    2161    Missing cases    20059

## D124C    USE OTHER EQUIP AT WORK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	605	2.7	28.0	28.0
NO	2	1556	7.0	72.0	100.0
	.	20059	90.3	Missing	
	Total	22220	100.0	100.0	

Valid cases    2162    Missing cases    20059

## D124F    USE OTHER EQUIP AT ADULT DAY PROGRAM

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	86	.4	4.0	4.0
NO	2	2075	9.3	96.0	100.0
	.	20059	90.3	Missing	
	Total	22220	100.0	100.0	

Valid cases    2161    Missing cases    20059

## D124D    USE OTHER EQUIP AT RECREATIONAL FACILITY

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	389	1.8	18.0	18.0
NO	2	1772	8.0	82.0	100.0
	.	20059	90.3	Missing	
	Total	22220	100.0	100.0	

Valid cases    2161    Missing cases    20059

## D124G    USE OTHER EQUIP AT PUBLIC FACILITIES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	648	2.9	30.0	30.0
NO	2	1513	6.8	70.0	100.0
	.	20059	90.3	Missing	
	Total	22220	100.0	100.0	

Valid cases    2162    Missing cases    20059

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## D125    HOURS PER WEEK OTHER EQUIP USED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
<b>ONE HOUR OR LESS</b>					
1	216	1.0	10.0	10.0	
2	86	.4	4.0	14.0	
3	43	.2	2.0	16.0	
4	130	.6	6.0	22.0	
5	43	.2	2.0	24.0	
7	173	.8	8.0	32.0	
10	86	.4	4.0	36.0	
14	130	.6	6.0	42.0	
16	43	.2	2.0	44.0	
18	43	.2	2.0	46.0	
20	43	.2	2.0	48.0	
21	43	.2	2.0	50.0	
25	43	.2	2.0	52.0	
28	130	.6	6.0	58.0	
35	43	.2	2.0	60.0	
42	43	.2	2.0	62.0	
50	86	.4	4.0	66.0	
54	43	.2	2.0	68.0	
56	43	.2	2.0	70.0	
63	86	.4	4.0	74.0	
70	43	.2	2.0	76.0	
71	43	.2	2.0	78.0	
84	86	.4	4.0	82.0	
95	173	.8	8.0	90.0	
96	216	1.0	10.0	100.0	
.	20059	90.3	Missing		
<b>95-167 HRS PER WEEK</b>					
<b>168 HRS PER WEEK/ALW</b>					
Total	22220	100.0	100.0		

Valid cases 2162    Missing cases 20059

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## D126    DOES OTHER EQUIP MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2075	9.3	96.0	96.0
NO	2	86	.4	4.0	100.0
.	20059	90.3	Missing		
Total	22220	100.0	100.0		

Valid cases 2161    Missing cases 20059

## D127    DOES R OWN OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1945	8.8	90.0	90.0
NO	2	216	1.0	10.0	100.0
.	20059	90.3	Missing		
Total	22220	100.0	100.0		

Valid cases 2161    Missing cases 20059

## D128A    R PAID FOR OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	951	4.3	48.9	48.9
NO	2	994	4.5	51.1	100.0
.	20275	91.2	Missing		
Total	22220	100.0	100.0		

Valid cases 1945    Missing cases 20275

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## D128B FAMILY PAID FOR OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	11.1	11.1
NO	2	1729	7.8	88.9	100.0
	.	20275	91.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1945      Missing cases 20275

## D128C VOCREHAB PAID FOR OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	2.2	2.2
NO	2	1902	8.6	97.8	100.0
	.	20275	91.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1945      Missing cases 20275

## D128D SCHOOL PAID FOR OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1945	8.8	100.0	100.0
	.	20275	91.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1945      Missing cases 20275

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## D128E PRIVATE INSURANCE PAID FOR OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	432	1.9	22.2	22.2
NO	2	1513	6.8	77.8	100.0
	.	20275	91.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1945      Missing cases 20275

## D128F MEDICARE PAID FOR OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1945	8.8	100.0	100.0
	.	20275	91.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1945      Missing cases 20275

## D128G VA PAID FOR OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	259	1.2	13.3	13.3
NO	2	1686	7.6	86.7	100.0
	.	20275	91.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1945      Missing cases 20275

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## D128H MEDICAID PAID FOR OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	2.2	2.2
NO	2	1902	8.6	97.8	100.0
	.	20275	91.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1945    Missing cases 20275

## D128I SPECIAL GRANT PAID FOR OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	1945	8.8	100.0	100.0
	.	20275	91.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1945    Missing cases 20275

## D128J SSI/SSDI FUNDS PAID FOR OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	2.2	2.2
NO	2	1902	8.6	97.8	100.0
	.	20275	91.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 1945    Missing cases 20275

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## D129A OTHER EQUIP IS LEASED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO	2	216	1.0	100.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

## D129B OTHER EQUIP IS BORROWED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	216	1.0	100.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

## D129C OTHER EQUIP IS SHARED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	43	.2	20.0	20.0
NO	2	173	.8	80.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 216    Missing cases 22004

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## D130    HOW WOULD R PAY FOR NEW OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
BUY OUTRIGHT	1.00	1124	5.1	53.1	53.1
BUY ON CREDIT	2.00	130	.6	6.1	59.2
BORROW/RETURN	4.00	216	1.0	10.2	69.4
AGENCY BOUGHT	6.00	86	.4	4.1	73.5
INSURANCE	7.00	86	.4	4.1	77.6
VETRANS ADM	8.00	86	.4	4.1	81.6
GIFT	9.00	43	.2	2.0	83.7
MILITARY	10.00	86	.4	4.1	87.8
OTHER	97.00	259	1.2	12.2	100.0
		20059	90.3	Missing	
NA	99.00	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 2118    Missing cases 20102

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## D131    COST OF KEEPING OTHER EQUIP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
ONE DOLLAR OR LESS	1	1210	5.4	59.6	59.6
	3	43	.2	2.1	61.7
	20	86	.4	4.3	66.0
	21	43	.2	2.1	68.1
	37	43	.2	2.1	70.2
	50	43	.2	2.1	72.3
	80	43	.2	2.1	74.5
	100	43	.2	2.1	76.6
	105	43	.2	2.1	78.7
	200	43	.2	2.1	80.9
	350	43	.2	2.1	83.0
	500	43	.2	2.1	85.1
	600	86	.4	4.3	89.4
	700	43	.2	2.1	91.5
	990	43	.2	2.1	93.6
	1000	43	.2	2.1	95.7
	1500	43	.2	2.1	97.9
DONT KNOW	20059	90.3	Missing		
NA	99998	43	.2	Missing	
	99999	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 2032    Missing cases 20188

## D132    HAS R USED TOLL-FREE NO FOR EQUIPMENT HE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	692	3.1	7.5	7.5
NO	2	8560	38.5	92.5	100.0
DONT KNOW	.	12883	58.0	Missing	
	8	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 9251    Missing cases 12969

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## D132A    WOULD R CALL FOR HELP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	6960	31.3	83.4	83.4
NO	2	1383	6.2	16.6	100.0
DONT KNOW	.	13574	61.1	Missing	
NA	9	216	1.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 8343    Missing cases 13877

## D132B    WHY R WOULD NOT CALL FOR HELP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DONT NEED HELP	1	692	3.1	57.1	57.1
PHYSICALLY UNABLE/CA	2	259	1.2	21.4	78.6
	97	259	1.2	21.4	100.0
DONT KNOW	.	20837	93.8	Missing	
NA	98	43	.2	Missing	
	99	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 1210    Missing cases 21010

## D133    EXPECT TO NEED EQUIPMENT IN FUTURE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	9338	42.0	48.3	48.3
NO	2	9856	44.4	51.0	99.3
BABY/MAY NEED HELP I	3	130	.6	.7	100.0
DONT KNOW	8	2594	11.7	Missing	
NA	9	303	1.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 19324    Missing cases 2896

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## D134A    WHAT KINDS OF FUTURE EQUIPMENT 1ST M

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
COMMUNICATION DEVICE	1	1729	7.8	19.2	19.2
MOBILITY DEVICE	2	4842	21.8	53.8	73.1
ADAPTED COMPUTER	3	648	2.9	7.2	80.3
ADAPTED LEISURE DEVI	4	130	.6	1.4	81.7
ADAPTED HOME APPLIAN	5	259	1.2	2.9	84.6
WORKPLACE MODIFICATI	6	173	.8	1.9	86.5
RAMPS/RAILINGS	7	216	1.0	2.4	88.9
COMMUNICATION DEVICE	9	303	1.4	3.4	92.3
TRANSPORT EQUIPMENT	10	130	.6	1.4	93.8
WHIRLPOOL/JACUZZI	11	130	.6	1.4	95.2
OXYGEN	12	86	.4	1.0	96.2
	97	346	1.6	3.8	100.0
	.	12450	56.0	Missing	
DONT KNOW	98	692	3.1	Missing	
NA	99	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 8992    Missing cases 13228

## D134B    WHAT KINDS OF FUTURE EQUIPMENT 2ND M

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
COMMUNICATION DEVICE	1	86	.4	2.4	2.4
MOBILITY DEVICE	2	476	2.1	12.9	15.3
ADAPTED COMPUTER	3	259	1.2	7.1	22.4
ADAPTED LEISURE DEVI	4	173	.8	4.7	27.1
ADAPTED HOME APPLIAN	5	778	3.5	21.2	48.2
WORKPLACE MODIFICATI	6	303	1.4	8.2	56.5
RAMPS/RAILINGS	7	1038	4.7	28.2	84.7
ADAPTED TOYS	8	216	1.0	5.9	90.6
COMMUNICATION DEVICE	9	130	.6	3.5	94.1
TRANSPORT EQUIPMENT	10	43	.2	1.2	95.3
	97	173	.8	4.7	100.0
	.	18546	83.5	Missing	
	Total	22220	100.0	100.0	

Valid cases 3675    Missing cases 18546

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D134C    WHAT KINDS OF FUTURE EQUIPMENT 3RD M

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
COMMUNICATION DEVICE	1	43	.2	2.8	2.8
MOBILITY DEVICE	2	130	.6	8.3	11.1
ADAPTED COMPUTER	3	130	.6	8.3	19.4
ADAPTED LEISURE DEVI	4	346	1.6	22.2	41.7
ADAPTED HOME APPLIAN	5	173	.8	11.1	52.8
WORKPLACE MODIFICATI	6	86	.4	5.6	58.3
RAMPS/RAILINGS	7	432	1.9	27.8	86.1
ADAPTED TOYS	8	86	.4	5.6	91.7
COMMUNICATION DEVICE	9	43	.2	2.8	94.4
	97	86	.4	5.6	100.0
	.	20664	93.0	Missing	
Total		22220	100.0	100.0	

Valid cases    1556      Missing cases    20664

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Preceding task required 6.00 seconds CPU time; 15.19 seconds elapsed.

18 0 FREQUENCIES VARIABLES=E1 TO E30A/FORMAT=ONEPAGE

There are 15,739,808 bytes of memory available.

Memory allows a total of 32,767 values accumulated across all variables.  
There may be up to 8,192 value labels for each variable.

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## E1    HAS R RECEIVED INFO ABOUT TECHNOLOGIES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2291	10.3	26.0	26.0
NO	2	6528	29.4	74.0	100.0
NA	.	13272	59.7	Missing	
	9	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    8819      Missing cases    13401

## E2    DID TECHNOLOGY INFO MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2161	9.7	94.3	94.3
NO	2	130	.6	5.7	100.0
.	19929	89.7		Missing	
	Total	22220	100.0	100.0	

Valid cases    2291      Missing cases    19929

## E2A    WHY TECH INFO DIDNT MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NOT ENOUGH DETAIL	2	86	.4	66.7	66.7
	97	43	.2	33.3	100.0
.	22091	99.4		Missing	
	Total	22220	100.0	100.0	

Valid cases    130      Missing cases    22091

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## E3    NEED FOR TECHNOLOGY INFO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3718	16.7	58.1	58.1
NO	2	2680	12.1	41.9	100.0
.	15692	70.6		Missing	
DONT KNOW	8	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    6398      Missing cases    15822

## E3A    WHY UNABLE TO GET TECHNOLOGY INFO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
INFO NOT AVAILABLE	1	216	1.0	5.9	5.9
DONT KNOW WHERE TO G	2	2723	12.3	74.1	80.0
HAVENT REQUESTED IT	3	216	1.0	5.9	85.9
	97	303	1.4	8.2	94.1
	102	216	1.0	5.9	100.0
DONT KNOW	98	18502	83.3	Missing	
	43		.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    3675      Missing cases    18546

## E4    PLACES THAT DELIVER TECHNOLOGY SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2551	11.5	29.2	29.2
NO	2	6182	27.8	70.8	100.0
.	13272	59.7		Missing	
DONT KNOW	8	86	.4	Missing	
NA	9	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    8732      Missing cases    13488

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## E5    HAVE TECH SERVICES MET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2334	10.5	93.1	93.1
NO	2	173	.8	6.9	100.0
NA	9	19670	88.5	Missing	
		43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    2507    Missing cases    19713

## E5A    WHY TECH SERVICES HAVENT MET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DIDNT HAVE RIGHT EQU EQUIPMENT TOO EXPENS	1	43	.2	25.0	25.0
	2	43	.2	25.0	50.0
	97	86	.4	50.0	100.0
	.	22047	99.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    173    Missing cases    22047

## E6    NEED FOR PLACE DELIVERING TECH SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2594	11.7	42.0	42.0
NO	2	3588	16.1	58.0	100.0
	.	16038	72.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    6182    Missing cases    16038

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## E6A    WHY PLACE HASNT BEEN FOUND

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DONT KNOW WHERE DIDNT KNOW THEY EXIS	1	1643	7.4	64.4	64.4
	2	432	1.9	16.9	81.4
	3	43	.2	1.7	83.1
	97	173	.8	6.8	89.8
	102	216	1.0	8.5	98.3
	9797	43	.2	1.7	100.0
	.	19626	88.3	Missing	
NA	99	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    2551    Missing cases    19670

## E7    NEEDS EVALUATED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4799	21.6	54.4	54.4
NO	2	4020	18.1	45.6	100.0
NA	9	13272	59.7	Missing	
	.	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    8819    Missing cases    13401

## E8    HAS EVALUATION HELPED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4409	19.8	91.9	91.9
NO	2	389	1.8	8.1	100.0
	.	17422	78.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    4799    Missing cases    17422

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## E8A    WHY EVALUATION HASNT HELPED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
THEY DIDNT KNOW ENOU	1	173	.8	44.4	44.4
	97	173	.8	44.4	88.9
	197	43	.2	11.1	100.0
	.	21831	98.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    389    Missing cases    21831

## E9    DOES R NEED EVALUATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1513	6.8	38.5	38.5
NO	2	2421	10.9	61.5	100.0
DONT KNOW	.	18200	81.9	Missing	
	8	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    3934    Missing cases    18286

## E9A    WHY EVALUATION NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DIDNT KNOW WHERE	1	865	3.9	60.6	60.6
	97	432	1.9	30.3	90.9
	102	130	.6	9.1	100.0
	.	20707	93.2	Missing	
DONT KNOW	98	43	.2	Missing	
NA	99	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    1427    Missing cases    20794

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## E10    SERVICES COORDINATED BY DIFFERENT AGENCI

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2075	9.3	23.6	23.6
NO	2	6701	30.2	76.4	100.0
DONT KNOW	.	13272	59.7	Missing	
NA	8	43	.2	Missing	
	9	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    8776    Missing cases    13445

## E11    HAS COORDINATION HELPED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1902	8.6	93.6	93.6
NO	2	130	.6	6.4	100.0
DONT KNOW	.	20145	90.7	Missing	
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    2032    Missing cases    20188

## E11A    WHY COORDINATION DIDNT HELP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
AGENCIES DIDNT WORK	1	86	.4	66.7	66.7
SOME NEEDS STILL NOT	2	43	.2	33.3	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130    Missing cases    22091

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## E12    NEED FOR COORDINATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1556	7.0	25.0	25.0
NO	2	4669	21.0	75.0	100.0
DONT KNOW	.	15520	69.8	Missing	
NA	8	389	1.8	Missing	
	9	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 6225    Missing cases 15995

## E12A    WHY COORDINATION NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DIDNT KNOW IT WAS PO	1	692	3.1	50.0	50.0
AGENCIES WONT HELP	2	173	.8	12.5	62.5
	97	432	1.9	31.3	93.8
	102	86	.4	6.2	100.0
DONT KNOW	98	20664	93.0	Missing	
	173	.8	Missing		
	Total	22220	100.0	100.0	

Valid cases 1383    Missing cases 20837

## E13    HELP IN PAYING FOR TECH SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3545	16.0	40.6	40.6
NO	2	5188	23.3	59.4	100.0
DONT KNOW	.	13272	59.7	Missing	
NA	8	86	.4	Missing	
	9	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 8732    Missing cases 13488

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## E14    HAS PAYMENT HELP MET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3069	13.8	86.6	86.6
NO	2	476	2.1	13.4	100.0
	.	18675	84.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 3545    Missing cases 18675

## E14A    WHY PAYMENT HELP HASNT MET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
IT DIDNT PAY ENOUGH	1	432	1.9	90.9	90.9
	97	43	.2	9.1	100.0
	.	21745	97.9	Missing	
	Total	22220	100.0	100.0	

Valid cases 476    Missing cases 21745

## E15    NEED FOR HELP IN PAYING FOR TECH SERVICE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1816	8.2	35.6	35.6
NO	2	3285	14.8	64.4	100.0
DONT KNOW	.	17033	76.7	Missing	
	8	86	.4	Missing	
	Total	22220	100.0	100.0	

Valid cases 5101    Missing cases 17119

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## E15A    WHY PAYMENT HELP NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO SERVICE EXISTS	1	346	1.6	19.5	19.5
HAVENT NEEDED IT YET	2	259	1.2	14.6	34.1
AGENCY WONT PAY/CANT	3	648	2.9	36.6	70.7
DONT KNOW WHERE TO G	4	216	1.0	12.2	82.9
	97	259	1.2	14.6	97.6
	197	43	.2	2.4	100.0
DONT KNOW	.	20405	91.8	Missing	
	98	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    1772    Missing cases    20448

## E16    COMMUNICATION ABOUT NEEDS/SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3285	14.8	37.6	37.6
NO	2	5447	24.5	62.4	100.0
	.	13272	59.7	Missing	
DONT KNOW	8	86	.4	Missing	
NA	9	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    8732    Missing cases    13488

## E17    HAS COMMUNICATION HELPED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2723	12.3	82.9	82.9
NO	2	562	2.5	17.1	100.0
	.	18935	85.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    3285    Missing cases    18935

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## E17A    WHY COMMUNICATION HASNT MET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO RESOURCES IDENTIF	1	173	.8	30.8	30.8
	97	389	1.8	69.2	
	.	21658	97.5	Missing	
	Total	22220	100.0	100.0	

Valid cases    562    Missing cases    21658

## E18    NEED TO COMMUNICATE ABOUT NEEDS/SERVICES

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1556	7.0	29.0	29.0
NO	2	3804	17.1	71.0	100.0
	.	16773	75.5	Missing	
DONT KNOW	8	43	.2	Missing	
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    5361    Missing cases    16860

## E18A    WHY NO COMMUNICATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DONT KNOW WHO TO TAL	1	1297	5.8	83.3	83.3
	97	259	1.2	16.7	
	.	20664	93.0	Missing	
	Total	22220	100.0	100.0	

Valid cases    1556    Missing cases    20664

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## E19    TIMELY REPAIRS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3934	17.7	46.2	46.2
NO	2	4582	20.6	53.8	100.0
DONT KNOW	.	13272	59.7	Missing	
NA	8	43	.2	Missing	
	9	389	1.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 8516    Missing cases 13704

## E20    HAVE REPAIRS MET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3891	17.5	98.9	98.9
NO	2	43	.2	1.1	100.0
	.	18286	82.3	Missing	
	Total	22220	100.0	100.0	

Valid cases 3934    Missing cases 18286

## E20A    WHY REPAIRS HAVENT MET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	97	43	.2	100.0	100.0
	.	22177	99.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 43    Missing cases 22177

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## E21    NEED FOR REPAIR SERVICE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	519	2.3	11.4	11.4
NO	2	4020	18.1	88.6	100.0
DONT KNOW	.	17638	79.4	Missing	
NA	8	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 4539    Missing cases 17681

## E21A    WHY REPAIRS HAVENT BEEN RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DONT KNOW WHERE	1	86	.4	18.2	18.2
	97	346	1.6	72.7	90.9
	197	43	.2	9.1	100.0
DONT KNOW	.	21701	97.7	Missing	
NA	98	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 476    Missing cases 21745

## E22    TRAINING/HELP IN USING TECHNOLOGY DEVICE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4323	19.5	49.3	49.3
NO	2	4453	20.0	50.7	100.0
DONT KNOW	.	13272	59.7	Missing	
NA	9	173	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 8776    Missing cases 13445

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## E23    HAS DEVICE TRAINING MET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	4280	19.3	99.0	99.0
NO	2	43	.2	1.0	100.0
.	17897	80.5		Missing	
Total	22220	100.0		100.0	

Valid cases    4323    Missing cases    17897

## E23A    WHY DEVICE TRAINING HASNT MET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NOT ENOUGH DETAIL	1	43	.2	100.0	100.0
.	22177	99.8		Missing	
Total	22220	100.0		100.0	

Valid cases    43    Missing cases    22177

## E24    NEED FOR DEVICE TRAINING

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	519	2.3	12.0	12.0
NO	2	3804	17.1	88.0	100.0
DONT KNOW	8	17768	80.0	Missing	
.	130	.6		Missing	
Total	22220	100.0		100.0	

Valid cases    4323    Missing cases    17897

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## E24A    WHY DEVICE TRAINING NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NOT AVAILABLE	1	173	.8	33.3	33.3
.	97	303	1.4	58.3	91.7
197	43	.2		8.3	100.0
.	21701	97.7		Missing	
Total	22220	100.0		100.0	

Valid cases    519    Missing cases    21701

## E25    HAS EQUIPMENT BEEN CHANGED TO MEET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2983	13.4	34.3	34.3
NO	2	5706	25.7	65.7	100.0
DONT KNOW	8	13272	59.7	Missing	Missing
NA	9	216	1.0	Missing	Missing
Total	22220	100.0		100.0	

Valid cases    8689    Missing cases    13531

## E26    HAVE EQUIP CHANGES MET NEEDS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2723	12.3	92.6	92.6
NO	2	216	1.0	7.4	100.0
DONT KNOW	8	19237	86.6	Missing	Missing
.	43	.2		Missing	Missing
Total	22220	100.0		100.0	

Valid cases    2940    Missing cases    19281

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**E26A WHY EQUIP CHANGES HAVENT MET NEEDS**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	97	216	1.0	100.0	100.0
	.	22004	99.0	Missing	
	Total	22220	100.0	100.0	

Valid cases    216      Missing cases    22004

**E27 NEED FOR EQUIP CHANGES**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	432	1.9	7.6	7.6
NO	2	5274	23.7	92.4	100.0
.	.	16514	74.3	Missing	
	Total	22220	100.0	100.0	

Valid cases    5706      Missing cases    16514

**E27A WHY EQUIP CHANGES NOT RECEIVED**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
TOO EXPENSIVE	1	216	1.0	55.6	55.6
DONT KNOW WHERE	2	130	.6	33.3	88.9
.	97	43	.2	11.1	100.0
NA	99	21788	98.1	Missing	
.	43	.2	Missing		
	Total	22220	100.0	100.0	

Valid cases    389      Missing cases    21831

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**E28 PAID TRANSPORTATION TO PLACES W/TECHNOLO**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	865	3.9	10.0	10.0
NO	2	7825	35.2	90.0	100.0
.	13272	59.7	Missing		
NA	9	259	1.2	Missing	
	Total	22220	100.0	100.0	

Valid cases    8689      Missing cases    13531

**E29 HAS MONEY MET TRANSPORT NEEDS**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	735	3.3	85.0	85.0
NO	2	130	.6	15.0	100.0
.	21356	96.1	Missing		
	Total	22220	100.0	100.0	

Valid cases    865      Missing cases    21356

**E29A WHY MONEY HASNT MET TRANSPORT NEEDS**

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	97	130	.6	100.0	100.0
	.	22091	99.4	Missing	
	Total	22220	100.0	100.0	

Valid cases    130      Missing cases    22091

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E30      NEED FOR MONEY FOR TRANSPORTATION

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1038	4.7	13.6	13.6
NO	2	6614	29.8	86.4	100.0
.	14396	64.8		Missing	
DONT KNOW	8	43	.2	Missing	
NA	9	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases    7652      Missing cases    14569

E30A      WHY MONEY FOR TRANSPORT NOT RECEIVED

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
NO PROGRAM EXISTS	1	86	.4	8.3	8.3
NO FUNDING	2	86	.4	8.3	16.7
DONT KNOW WHERE	3	519	2.3	50.0	66.7
	97	346	1.6	33.3	100.0
.	21183	95.3		Missing	
	Total	22220	100.0	100.0	

Valid cases    1038      Missing cases    21183

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Preceding task required 4.20 seconds CPU time; 11.87 seconds elapsed.

19 0 FREQUENCIES VARIABLES=F3,F5,F6,F7A TO F10/FORMAT=ONEPAGE  
 20 0

There are 15,739,808 bytes of memory available.

Memory allows a total of 32,767 values accumulated across all variables.  
 There may be up to 8,192 value labels for each variable.

## ASSISTIVE TECHNOLOGY SERVICE NEEDS

Rapid changes in the types of assistive technology available represents both an opportunity and a barrier to those experiencing disabilities. Newly adapted technologies may enable people to significantly increase their independence. At the same time, rapid changes in the availability of new technologies can outpace public knowledge. The greatest perceived need for services related to assistive technology is to be evaluated for what technologies are most appropriate. Second most important is information about new technologies. In fact, over half of the 6,000 Alaskans who think they can benefit from information of new technology do not think they are getting all the information they need. Other assistive technology service needs currently not being met for at least 2,000 Alaskans include financial help in obtaining assistive technology, accessible sales and service establishments, and opportunities to discuss technology needs with others.

Expressed needs for assistive technology services appear to occur in each of the three regions in proportion to their population (see Table 17). The elderly are somewhat more likely than their population size would suggest to have a need for assistive technology services (see Table 18). While they comprise 23 percent of the population of disabled persons, they account for 37 percent of the total demand for sales and service establishments for example. These findings are consistent with differences in the use of assistive technology devices as discussed in Section IV.

Needs for assistive technology services do not appear to differ by race or urban versus rural residence (Tables 19,20).

The following detailed tabulations indicate why specific assistive technology services are not used when needed.

(2-6-91)

Table 17  
People Needing Assistive Technology Services by Region

Type of Service	Southcentral			Southeast			Northwest		
	Total Need	Need Met	Need Unmet	Total Need	Need Met	Need Unmet	Total Need	Need Met	Need Unmet
Evaluation for Services	2,853	2,075	778	951	562	389	2,507	1,772	735
Information on New Technology	2,983	1,081	1,902	778	216	562	2,248	865	1,383
Financial Help for Technology	2,421	1,340	1,081	778	519	259	2,161	1,210	951
Sales and Service Establishments	2,205	1,167	1,038	908	389	519	1,988	778	1,210
Discussed Needs with Others	2,248	1,124	1,124	562	346	216	2,032	1,254	778
Help in Using Services	2,377	2,161	216	692	562	130	1,772	1,556	216
Timely Technological Repairs	2,075	1,902	173	605	562	43	1,773	1,427	346
Agency Coordination Services	1,513	692	821	518	259	259	1,556	951	605
Equipment Modifications	1,254	951	303	475	389	86	1,642	1,383	259
Transportation Funding to Reach Location of Services	648	216	432	475	259	216	778	259	519

Total Need = Those receiving the service plus those who need the service.

Need Met = Those receiving the help needed

Need Unmet = Those receiving the service, but it isn't meeting their needs and those who aren't receiving the service and need it.

Source: DVR/ISER Survey, 1990

(2-6-91)

Table 18  
People Needing Assistive Technology Services by Age

Type of Service	Under 18			18 to 59			Over 60		
	Total Need	Need Met	Need Unmet	Total Need	Need Met	Need Unmet	Total Need	Need Met	Need Unmet
Evaluation for Services	734	648	86	3,761	2,551	1,210	1,815	1,210	605
Information on New Technology	692	346	346	3,545	1,081	2,464	1,773	735	1,038
Financial Help for Technology	519	216	303	3,415	1,729	1,686	1,427	1,124	303
Sales and Service Establishments	303	130	173	2,896	1,210	1,686	1,902	994	908
Help in Using Services	562	519	43	2,767	2,378	389	1,513	1,383	130
Discussed Needs with Others	648	389	259	2,767	1,470	1,297	1,427	865	562
Timely Technological Repairs	476	346	130	2,464	2,118	346	1,513	1,427	86
Agency Coordination Services	475	389	86	2,118	908	1,210	994	605	389
Equipment Modifications	475	432	43	2,075	1,686	389	821	605	216
Transportation Funding to Reach Location of Services	172	86	86	1,383	389	994	345	259	86

Total Need = Those receiving the service plus those who need the service.

Need Met = Those receiving the help needed

Need Unmet = Those receiving the service, but it isn't meeting their needs and those who aren't receiving the service and need it.

Source: DVR/ISER Survey, 1990

(2-6-91)

Table 19  
People Needing Assistive Technology Services by Race

Type of Service	White			Native			Other		
	Total	Need Met	Need Unmet	Total	Need Met	Need Unmet	Total	Need Met	Need Unmet
Evaluation for Services	4,669	3,329	1,340	951	692	259	692	389	303
Information on New Technology	4,496	1,643	2,853	735	346	389	778	173	605
Financial Help for Technology	3,978	2,378	1,600	735	346	389	649	346	303
Help in Using Services	3,890	1,945	1,945	606	303	303	605	86	519
Discussed Needs with Others	3,372	1,902	1,470	562	476	86	606	476	130
Timely Technological Repairs	3,285	2,853	432	735	519	216	735	303	432
Agency Coordination Services	2,550	1,383	1,167	562	346	216	562	476	86
Equipment Modifications	2,593	1,945	648	432	432	0	476	173	303
Transportation Funding to Reach Location of Services	1,210	605	605	389	86	303	302	43	259

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Total Need = Those receiving the service plus those who need the service.

Need Met = Those receiving the help needed

Need Unmet = Those receiving the service, but it isn't meeting their needs and those who aren't receiving the service and need it.

Source: DVR/ISER Survey, 1990

**Table 20**  
**People Needing Assistive Technology Services**  
**by Urban/Rural Location**

Type of Service	Urban			Rural		
	Total Need	Need Met	Need Unmet	Total Need	Need Met	Need Unmet
Evaluation for Services	4,755	3,372	1,383	1,557	1,038	519
Information on New Technology	4,755	1,859	2,896	1,254	303	951
Financial Help for Technology	4,150	2,421	1,729	1,210	648	562
Sales and Service Establishments	3,934	1,816	2,118	1,167	519	648
Discussed Needs with Others	3,675	2,075	1,600	1,167	648	519
Help in Using Services	3,890	3,458	432	951	821	130
Timely Technological Repairs	3,458	3,069	389	994	821	173
Agency Coordination Services	2,637	1,340	1,297	951	562	389
Equipment Modifications	2,594	2,075	519	778	648	130
Transportation Funding to Reach Location of Services	1,254	476	778	648	259	389

**Total Need** = Those receiving the service plus those who need the service.

**Need Met** = Those receiving the help needed

**Need Unmet** = Those receiving the service, but it isn't meeting their needs and those who aren't receiving the service and need it.

Source: DVR/ISER Survey, 1990

## CHARACTERISTICS OF PERSONS WHO ARE DISABLED

We previously profiled the characteristics of the population of Alaskans who are disabled. The survey included additional questions on the characteristics of the disabled which appear on the following pages.

Clem ~  
It seems like  
pages 191 - 199 are  
missing.

Virgene

02/08/1991 11:06      Filename: DEMOG.TAB

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## F2B REGISTERED VOTER

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	12839	57.8	75.4	75.4
NO	2	4193	18.9	24.6	100.0
DONT KNOW	.	4366	19.6	Missing	
NA	8	173	.8	Missing	
	9	648	2.9	Missing	
	Total	22220	100.0	100.0	

Valid cases 17033 Missing cases 5188

## F3 RACE OF RESPONDENT

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
WHITE	10	16082	72.4	72.4	72.4
ALASKAN INDIAN	20	173	.8	.8	73.2
ALASKAN INDIAN/SE	21	86	.4	.4	73.5
ALASKAN INDIAN/ATHAB	22	389	1.8	1.8	75.3
ALASKAN ESKIMO	23	692	3.1	3.1	78.4
ALASKAN ESKIMO/INUPI	24	908	4.1	4.1	82.5
ALASKAN ESKIMO/YUPIK	25	519	2.3	2.3	84.8
ALASKAN ALEUT	26	562	2.5	2.5	87.4
ALASKAN NATIVE/NOT S	27	346	1.6	1.6	88.9
AMERICAN INDIAN	28	476	2.1	2.1	91.1
BLACK	30	865	3.9	3.9	94.9
ASIAN/PACIFIC ISLAND	40	692	3.1	3.1	98.1
HISPANIC	50	432	1.9	1.9	100.0
	Total	22220	100.0	100.0	

Valid cases 22220 Missing cases 0

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 Page 3  
 10:24:05 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

## F4 HH STATUS OF RESPONDENT

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
ALONE	1	3329	15.0	15.0	15.0
WITH SPOUSE/CHILDREN	2	10505	47.3	47.4	62.4
WITH PARENTS	3	5750	25.9	25.9	88.3
WITH OTHER RELATIVES	4	778	3.5	3.5	91.8
WITH FRIENDS	5	1772	8.0	8.0	99.8
WITH AN ATTENDANT	6	43	.2	.2	100.0
NA	99	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22177 Missing cases 43

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## F6      HH INCOME

Value	Cum			Cum			Cum				
	Freq	Pct	Pct	Value	Freq	Pct	Pct	Value	Freq	Pct	
0	173	1	1	24	432	3	50	50	951	6	86
1	303	2	3	25	389	2	52	51	43	0	87
2	259	2	4	26	216	1	53	52	173	1	88
3	130	1	5	27	86	1	54	53	86	1	88
4	173	1	6	28	43	0	54	55	259	2	90
5	346	2	8	29	173	1	55	56	43	0	90
6	303	2	10	30	951	6	61	60	389	2	92
7	259	2	11	31	86	1	61	62	43	0	92
8	389	2	14	32	216	1	62	65	43	0	93
9	346	2	16	33	43	0	63	66	43	0	93
10	821	5	20	34	216	1	64	67	43	0	93
11	216	1	22	35	389	2	66	68	43	0	93
12	389	2	24	36	130	1	67	70	259	2	95
13	562	3	27	37	216	1	68	75	43	0	95
14	86	1	28	39	216	1	69	80	130	1	96
15	519	3	31	40	865	5	74	85	43	0	96
16	216	1	32	42	86	1	75	90	86	1	97
17	130	1	33	43	43	0	75	93	43	0	97
18	432	3	35	44	43	0	75	100	173	1	98
19	389	2	37	45	562	3	79	112	43	0	98
20	1254	7	45	46	173	1	80	120	130	1	99
21	130	1	45	47	43	0	80	126	43	0	99
22	173	1	46	48	86	1	80	150	86	1	100
23	173	1	47	49	86	1	81	350	43	0	100

## MISSING DATA

Value	MISSING DATA		Value	Freq
	Value	Freq		
998	3588		999	1383
Valid cases	17249		Missing cases	4971

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 10:24:05 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

## F7A      INCOME SOURCE-EMPLOYMENT

Value	Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES		1	10808	48.6	49.0	49.0
NO		2	11240	50.6	51.0	100.0
DONT KNOW		8	43	.2	Missing	
NA		9	130	.6	Missing	
		Total	22220	100.0	100.0	

Valid cases 22047      Missing cases 173

## F7B      INCOME SOURCE-SOCIAL SECURITY

Value	Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES		1	6139	27.6	27.9	27.9
NO		2	15865	71.4	72.1	100.0
DONT KNOW		8	43	.2	Missing	
NA		9	173	.8	Missing	
		Total	22220	100.0	100.0	

Valid cases 22004      Missing cases 216

## F7C      INCOME SOURCE-OTHER PUBLIC ASSISTANCE

Value	Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES		1	3199	14.4	14.6	14.6
NO		2	18719	84.2	85.4	100.0
DONT KNOW		8	43	.2	Missing	
NA		9	259	1.2	Missing	
		Total	22220	100.0	100.0	

Valid cases 21918      Missing cases 303

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## F7D    OTHER DISABILITY BENS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	3242	14.6	14.7	14.7
NO	2	18762	84.4	85.3	100.0
DONT KNOW	8	43	.2	Missing	
NA	9	173	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 22004    Missing cases 216

## F7E    INCOME SOURCE-SELF EMPLOY

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	2421	10.9	11.0	11.0
NO	2	19583	88.1	89.0	100.0
DONT KNOW	8	43	.2	Missing	
NA	9	173	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 22004    Missing cases 216

## F7F    INCOME SOURCE-FAMILY CONTRIBUTIONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	1	4928	22.2	22.4	22.4
	2	17076	76.8	77.6	100.0
	8	43	.2	Missing	
	9	173	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 22004    Missing cases 216

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## F7G    INCOME SOURCE-FISH/FARM

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	865	3.9	3.9	3.9
NO	2	21096	94.9	96.1	100.0
DONT KNOW	8	43	.2	Missing	
NA	9	216	1.0	Missing	
	Total	22220	100.0	100.0	

Valid cases 21961    Missing cases 259

## F8    SEX OF RESPONDENT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
FEMALE	1	9900	44.6	44.6	44.6
MALE	2	12277	55.3	55.4	100.0
NA	9	43	.2	Missing	
	Total	22220	100.0	100.0	

Valid cases 22177    Missing cases 43

## F9    KNOW PERSON W/DISABILITY WITHOUT PHONE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
YES	1	1124	5.1	5.1	5.1
NO	2	20794	93.6	94.9	100.0
DONT KNOW	8	130	.6	Missing	
NA	9	173	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 21918    Missing cases 303

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 16:49:01 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

## C1 HAVE SERVICES BEEN PROVIDED BY AN AGENCY

Value Label	Value	Frequency	Percent	Valid	Cum
				Percent	Percent
YES	1	11975	53.9	54.7	54.7
NO	2	9900	44.6	45.3	100.0
DONT KNOW	8	216	1.0	Missing	
NA	9	130	.6	Missing	
	Total	22220	100.0	100.0	

Valid cases 21874 Missing cases 346

## C1A1 WHICH AGENCIES HAVE PROVIDED SERVICES 1S

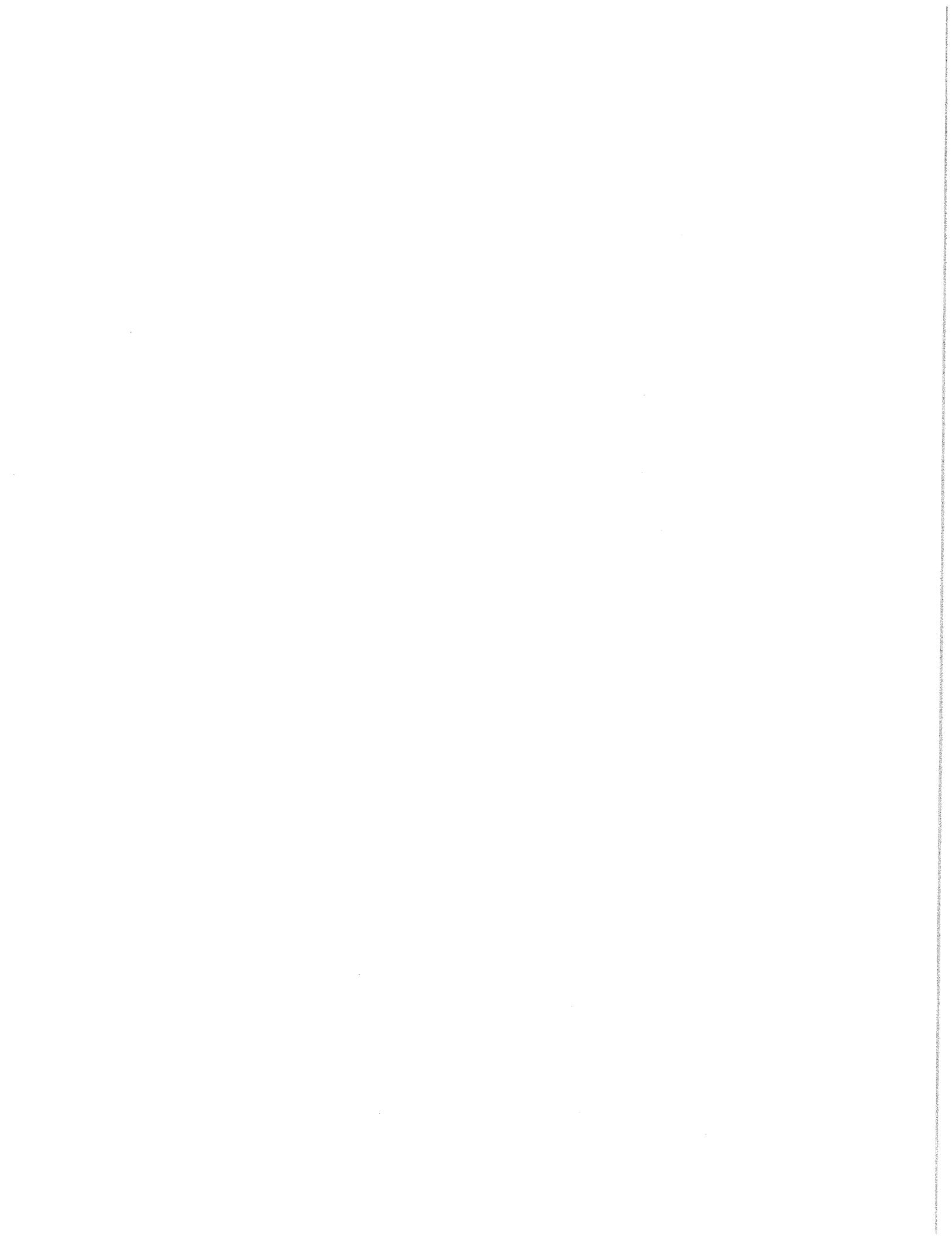
Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
DIV/VOC REHABILITATI	1	1643	7.4	13.9	13.9
ACCESS ALASKA	2	130	.6	1.1	15.0
INTERPRETER REFERRAL	4	43	.2	.4	15.4
STS	5	43	.2	.4	15.8
INFANT LEARNING PROG	6	259	1.2	2.2	17.9
HANDICAPPED CHILDREN	7	43	.2	.4	18.3
LIONS CLUB	9	130	.6	1.1	19.4
SCHOOL DISTRICT	10	2248	10.1	19.0	38.5
VETERANS AFFAIRS	11	994	4.5	8.4	46.9
MILITARY	12	130	.6	1.1	48.0
AK NATIVE HOSPITAL	13	389	1.8	3.3	51.3
NATIVE HEALTH ORGAN/	14	519	2.3	4.4	55.7
SR CITIZENS CENTERS	15	432	1.9	3.7	59.3
HOSPITALS (NOT ANH)	16	432	1.9	3.7	63.0
HEALTH/SOCIAL SERVIC	17	216	1.0	1.8	64.8
LOCAL HEALTH ORGS/SR	18	908	4.1	7.7	72.5
JOB SERVICES	19	43	.2	.4	72.9
AMERICAN CANCER SOCI	20	86	.4	.7	73.6
WORKMANS COMP	21	173	.8	1.5	75.1
AGENCIES AIDING RETA	22	130	.6	1.1	76.2
ALASKA HOMEMAKERS	23	43	.2	.4	76.6
SALVATION ARMY	24	86	.4	.7	77.3
JTPA	26	43	.2	.4	77.7
SOCIAL SECURITY	27	43	.2	.4	78.0
PUBLIC ASSISTANCE/WE	29	476	2.1	4.0	82.1
ALASKA CRIPPLED CHIL	30	86	.4	.7	82.8
MEDICARE	31	86	.4	.7	83.5
MEDICAID	32	130	.6	1.1	84.6
	97	1816	8.2	15.4	100.0
	.	10246	46.1	Missing	
	98	173	.8	Missing	
	Total	22220	100.0	100.0	

Valid cases 11802 Missing cases 10418

-798(3)

## APPENDIX A

## METHODS



### Survey Methods

The telephone sample frame contained all prefixes in the state, including residential numbers on military bases. ISER selected its sample of phone numbers using two methods. In more populated areas, ones with more than 2,500 residential tie lines, random four digit numbers within each prefix were generated. Samples were drawn so that the number of households selected in each prefix was, within random error, proportional to the size of the prefix. Thus, a prefix with 5,000 residential ties (i.e., assigned telephone numbers) had a sample size twice that of a prefix with 2,500 residential ties.

In areas where the prefix had fewer than 2,500 residential ties, the residential numbers contained in the most current telephone directories were entered directly into the computer. The samples were then drawn in proportion to the number of residential ties in the prefix. The size of each prefix sample was proportional to the number of residential main stations in the prefix; thus, the samples were self-weighting.

A selected telephone number could not be replaced unless: (1) it was a nonworking number; (2) it was a business number; (3) no one in the household had a disability; (4) an adult in the household declined to participate in the survey on two separate phone calls; (5) repeated contact attempts over at least a four day period, including both daytime and evening hours, failed to reach anyone at the dialed number; or (6) it was a household in which there was no eligible respondent (e.g. a motel room). The best single measure of the validity of the survey sample is its response rate. The response rate is calculated by dividing the number of completed interviews by the sum of the number of refusals, telephone numbers never answered, and the number of completed interviews. The response rate in this survey was 86 percent, a rate considered by survey researchers to confirm the validity of the sample.

ISER trained 16 interviewers in proper survey research techniques. The techniques are documented in the attached training manual. Each interviewer signed a pledge of confidentiality. Much of their training was directed toward the objective of ensuring that they read exactly what appeared in the questionnaire. A field director and an assistant field director monitored all interviewing to ensure instructions were followed. All calls were placed from ISER's telephone bank on the University of Alaska Anchorage campus.

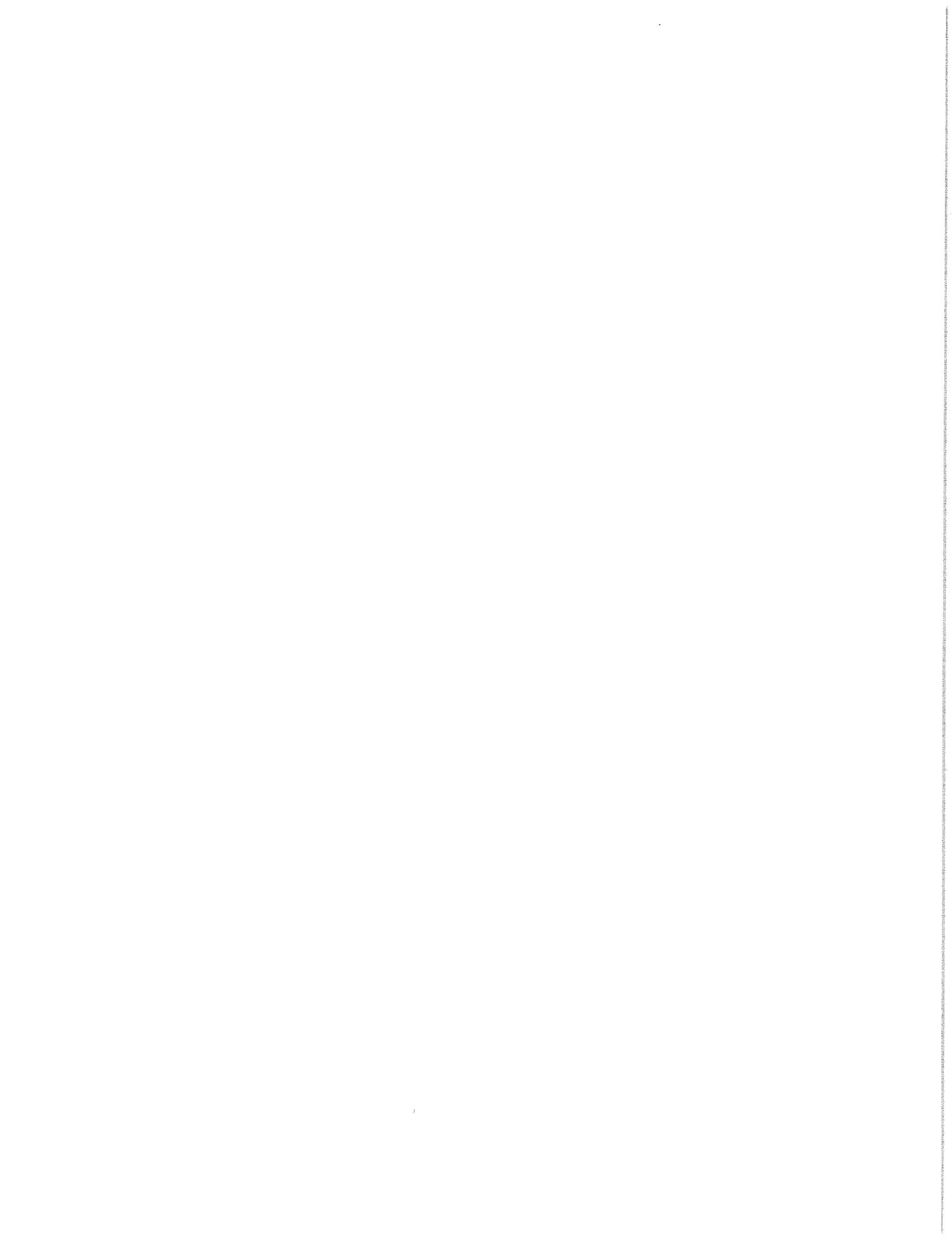
Once the interviewer determined that the number reached was a residence, the household was screened to ascertain whether someone in the household had a disability. To ensure that each household heard the same definition of a disability all interviewers read the definition verbatim. Interviewers made calls to 3,903 households where no one had a disability. Within an eligible household every attempt was made to interview the person with the disability; when this was not feasible, frequently because of age or the type of disability, a representative was interviewed.

Initially, respondents were given the choice of completing the questionnaire over the phone or having it mailed to them so they could complete it at home. The majority of respondents chose to have it mailed to them. When the response rate began to hover at 22 percent the decision was made to stop offering respondents the option of having the questionnaire mailed to them. All remaining questionnaires were completed over the phone. After follow-up phone calls were made to respondents who had been mailed the questionnaire, the response rate rose to 86 percent.

Interviewers edited their questionnaires upon completion of the interview. A trained editor edited each questionnaire a second time. The survey data were entered on a microcomputer using software programmed to accept only valid response codes. The completed data set was then transferred to the University of Alaska VAX mainframe computer for processing with the Statistical Package for the Social Sciences, SPSSx. To ensure the confidentiality of all responses, telephone numbers were entered only from questionnaires where respondents had given permission to be called again; no other identifying information was coded or entered. ISER will permanently maintain the data file on the VAX system.

**APPENDIX B**

**QUESTIONNAIRE**



DIVISION OF VOCATIONAL  
REHABILITATION

INSTITUTE OF SOCIAL AND  
ECONOMIC RESEARCH

FALL 1990

Thank you for taking the time to complete this questionnaire. As I mentioned earlier, this study is being done for the Alaska Division of Vocational Rehabilitation. The interview will take about an hour of your time. You can choose not to participate in the survey or not to answer any questions that you don't wish to answer. Your answers will be kept strictly confidential and used only in combination with the answers of other Alaskans. If you have any questions, please call 786-7710 and leave a message for me to call you back.

If you are completing this questionnaire for the person who has the disability, please think of him or her whenever you see the word "you" or "your."

When you are finished, please mail the questionnaire back in the self-addressed, stamped envelope provided. We will take your name off the questionnaire once we get it so that your answers will be kept confidential. Again, thank you!

Virgene Hanna



**SECTION A**  
**DISABILITIES YOU MAY HAVE**

A1. Which of the following disabilities do you have?

(Please circle the number that matches your answer)

YES   NO

1      2      a. Deaf?

1      2      b. Hearing impaired?

1      2      c. Blind?

1      2      d. Visually Impaired?

1      2      e. Arthritis?

1      2      f. Stroke?

1      2      g. Neuromuscular impairment?

1      2      h. Other mobility impairment?

1      2      i. Head injury?

1      2      j. Seizure disorder?

1      2      k. Mental retardation?

1      2      l. Chronic infectious disease?

1      2      m. Learning disability?

1      2      n. Communicative disorder?

1      2      o. Cardiovascular or pulmonary disorder?

1      2      p. Drug or alcohol abuse?

1      2      q. Diabetes?

1      2      r. Polio?

1      2      s. HIV positive?

- 1      2      t. Emotional disability?
- 1      2      u. Amputation?
- 1      2      v. Alzheimer's?
- 1      2      w. Some other disability? \_\_\_\_\_

A2. If you have more than one disability, what is the letter in front of the main or most important condition that you have? (for example "v" for Alzheimer's)

(LETTER)

A3. How many years have you had this disability?

(RECORD NUMBER OF YEARS)

*(Please continue with the next page)*

## SECTION B. SERVICES

B1. Does someone come to your home to help with homemaking tasks?

(Please circle your answer and follow the line down to the next question. If you get to an answer with no line down, please skip to the next question below the boxes)

1. YES

B2. Are you getting the help needed?

1. YES      2. NO

B2a. Why not?

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---

---

2. NO

B3. Do you need help with homemaking tasks?

1. YES      2. NO

B3a. Why aren't you getting the help you need?

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---

B4. Do you use the services of a personal care attendant?

1. YES

B5. Are you getting the services needed?

1. YES      2. NO

B5a. Why not?

---

---

---

2. NO

B6. Do you need the services of a personal care attendant?

1. YES      2. NO

B6a. Why aren't you getting the services needed?

---

---

---

B7. Does a **nurse** come to your home?

1. YES

B8. Are you getting the services needed?

1. YES      2. NO

B8a. Why not?

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---

---

---

2. NO

B9. Do you need the services of a nurse in your home?

1. YES      2. NO

B9a. Why aren't you getting the services needed?

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B10. Are you getting the **medical care** you need?

1. YES

2. NO

B10a. Why not?

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---

B11. Do you use **public transportation** to get to work, to school, or to medical appointments?

1. YES

B12. Are you getting the transportation needed?

1. YES

2. NO

B12a. Why not?

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2. NO

B13. Do you need transporta-tion to go to these places?

1. YES

2. NO

B13a. Why aren't you getting the services needed?

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B14. Do you use **transportation** to get to recreation or leisure-time activities?

1. YES

B15. Are you getting the transportation needed?

1. YES

2. NO

B15a. Why not?

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---

2. NO

B16. Do you need transporta-tion to participate in these activities?

1. YES

2. NO

B16a. Why aren't you getting the services needed?

---

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B17. Have you made changes to get in and around the house more easily?

1. YES

B18. Are these changes meeting your needs?

1. YES      2. NO

B18a. Why not?

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---

---

---

2. NO

B19. Do these changes need to be made?

1. YES      2. NO

B19a. Why haven't these changes been made?

---

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---

---

B20. Have you looked for help to find affordable and accessible housing?

1. YES

B21. Did the help meet your needs?

1. YES      2. NO

B21a. Why not?

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---

---

---

2. NO

B22. Do you need help?

1. YES      2. NO

B22a. Why haven't you been able to get it?

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---

---

---

B23. What kind of work, if any, would be most satisfying for you?

B24. Have you received the education or training needed to do this kind of work?

1. YES

2. NO

B24a. Why not?

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---

---

B25. Have you received professional help to get and keep a job?

1. YES

2. NO

B26. Did the help meet your needs?

1. YES

2. NO

B26a. Why not?

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---

---

B27. Do you need help?

1. YES

2. NO

B27a. Why haven't you been able to get it?

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B28. Have you received information about equipment that helps you stay independent?

1. YES

B29. Did the information meet your needs?

1. YES

2. NO

B29a. Why not?

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---

2. NO

B30. Do you need information?

1. YES

2. NO

B30a. Why haven't you been able to get it?

---

---

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B31. Has someone loaned you equipment so that you can see how well it works before buying it?

1. YES

B32. Did the loan program work okay?

1. YES

2. NO

B32a. Why not?

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---

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2. NO

B33. Is there equipment you would like to try before buying it?

1. YES

2. NO

B33a. Why haven't you been able to?

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---

---

B34. Have you had **training** in how to live independently?

1. YES

B35. Did you get the training needed?

1. YES      2. NO

B35a. Why not?

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---

---

---

2. NO

B36. Do you need training on how to live independently?

1. YES      2. NO

B36a. Why aren't you getting the training needed?

---

---

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---

B37. Have you received **counseling assistance** in dealing with your disability?

1. YES

B38. Did you get the counseling needed?

1. YES      2. NO

B38a. Why not?

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---

2. NO

B39. Do you need counseling assistance?

1. YES      2. NO

B39a. Why aren't you getting the counseling needed?

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---

B40. Are you a member of a **disability support group**?

1. YES

B41. Is the group meeting  
your needs?

1. YES      2. NO

B41a. Why not?

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---

2. NO

B42. Do you want to be a  
member?

1. YES      2. NO

B42a. Why aren't you a  
member?

---

---

---

---

B43. Have you received help to be sure that you are **treated fairly and get the benefits you deserve**?

1. YES

B44. Have you received the  
help you need?

1. YES      2. NO

B44a. Why not?

---

---

---

---

2. NO

B45. Have you needed help to  
be treated fairly and to  
get deserved benefits?

1. YES      2. NO

B45a. Why haven't you gotten  
help?

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---

B46. Has some person or agency acted on your behalf to get the services that you need?

1. YES

B47. Has this worked for you?

1. YES      2. NO

B47a. Why not?

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---

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2. NO

B48. Do you need someone to act on your behalf?

1. YES      2. NO

B48a. Why haven't you gotten this help?

---

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B49. Do you get information from one agency on issues that could affect you as a person with a disability?

1. YES

B50. Has this agency given the information needed?

1. YES      2. NO

B50a. Why not?

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---

2. NO

B51. Do you need a single agency to go to?

1. YES      2. NO

B51a. Why haven't you been able to go to one agency?

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---

**B52. Have you received information about your disability?**

1. YES

**B53. Did the information meet your needs?**

1. YES

2. NO

**B53a. Why not?**

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2. NO

**B54. Do you feel the need for information about your disability?**

1. YES

2. NO

**B54a. Why haven't you been able to get it?**

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---

**B55. Do you get a newsletter about services for people with disabilities?**

1. YES

**B56. Does the newsletter meet your needs?**

1. YES

2. NO

**B56a. Why not?**

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2. NO

**B57. Do you need a newsletter to keep up with new services?**

1. YES

2. NO

**B57a. Why haven't you received a newsletter?**

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B58. Is there a program to let your community know about the independent living needs of people with disabilities?

1. YES

B59. Does the program work?

1. YES

2. NO

B59a. Why not?

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2. NO

B60. Does the community know enough about the independent living needs of people with disabilities?

1. YES

2. NO

SECTION C  
PAST AGENCY CONTACTS

C1. We would like to know about specific agencies that may have provided services for you. Within the past years, has any agency provided you with services?

1. YES
2. NO \_\_\_\_\_ PLEASE SKIP TO PAGE 17

C1a. Which agencies have provided you with services?

(Please list all agencies that apply)

01. \_\_\_\_\_
02. \_\_\_\_\_
03. \_\_\_\_\_
04. \_\_\_\_\_
05. \_\_\_\_\_
06. \_\_\_\_\_
07. \_\_\_\_\_
08. \_\_\_\_\_
09. \_\_\_\_\_
10. \_\_\_\_\_

SECTION D  
ASSISTIVE TECHNOLOGY

D1. Now I would like to ask you some questions about different kinds of equipment that may help make your life easier. First, do you use some kind of **accessible transport equipment** such as an adapted van or an adapted bus?

1. YES

2. NO

D1a. Do you think you would benefit from having accessible transport equipment?

1. YES

2. NO — PLEASE SKIP TO PAGE 21

D1b. What stops you from having something like this?

PLEASE GO TO PAGE 21

D2. What kinds of equipment do you use? (Please circle the number of your choice, and write in the kind of equipment if it isn't listed.)

1. ADAPTED VAN

2. ADAPTED BUS

OTHER: 3.

4.

5.

D2a. If you listed more than one kind of equipment, please put the number matching the kind of equipment you need the most in the box below and think of it whenever we use the word "equipment" in the next series of questions.

D3. How many years have you used this present equipment?

	(YEARS)
--	---------

01. LESS THAN ONE YEAR

D4. For how many years does this equipment work before it needs to be changed, modified, or replaced?

	(YEARS)
--	---------

00. NEVER

D5. Would you please tell me to which of the following locations you travel using this equipment?

YES

NO

- |   |   |                          |
|---|---|--------------------------|
| 1 | 2 | a. Home                  |
| 1 | 2 | b. School                |
| 1 | 2 | c. Work                  |
| 1 | 2 | d. Recreational facility |
| 1 | 2 | e. Sheltered workshop    |
| 1 | 2 | f. Adult day program     |
| 1 | 2 | g. Public facilities     |

D6. How many hours per week do you use this equipment?

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

	(HOURS)
--	---------

D7. Does this equipment meet your needs?

1. YES

2. NO

D8. Do you own it?

1. YES

2. NO ————— PLEASE SKIP TO QUESTION D10

D9. Who paid for the equipment?

YES    NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |

PLEASE SKIP TO THE NEXT PAGE

D10. Are you

YES    NO

- |   |   |                  |
|---|---|------------------|
| 1 | 2 | a. leasing it?   |
| 1 | 2 | b. borrowing it? |
| 1 | 2 | c. sharing it?   |

D11. If you were to get a new piece of equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D12. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please continue with next page)*

D13. Do you use some kind of equipment that helps to see or hear people who are in the same room with you (hearing aid, brailleur, voice synthesizer, sound recognition device)?

1. YES

2. NO

D13a. Do you think you would benefit from having equipment that helps you see or hear?

1. YES

2. NO — PLEASE SKIP TO PAGE 25

D13b. What stops you from having something like this?

PLEASE GO TO PAGE 25

D14. What kinds do you use? (Please circle the number of your choice, and write in the kind of equipment if it isn't listed.)

1. HEARING AID
2. BRAILLER
3. VOICE SYNTHESIZER
4. SOUND RECOGNITION DEVICE

OTHER: 5.

D14a. If you listed more than one kind of equipment, please put the number matching the kind of equipment you need the most in the box below and think of it whenever we use the word "equipment" in the next series of questions.

D15. Next, for how many years have you used this present equipment?

	(YEARS)
--	---------

01. LESS THAN ONE YEAR

D16. For how many years does this equipment work before it needs to be changed, modified, or replaced?

	(YEARS)
--	---------

00. NEVER

D17. Would you please tell me in which of the following locations you use this equipment?

YES      NO

- |   |   |                          |
|---|---|--------------------------|
| 1 | 2 | a. Home                  |
| 1 | 2 | b. School                |
| 1 | 2 | c. Work                  |
| 1 | 2 | d. Recreational facility |
| 1 | 2 | e. Sheltered workshop    |
| 1 | 2 | f. Adult day program     |
| 1 | 2 | g. Public facilities     |

D18. How many hours per week do you use this equipment?

	(HOURS)
--	---------

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

D19. Does this equipment meet your needs?

- 1. YES
- 2. NO

D20. Do you own it?

1. YES  
 2. NO ————— PLEASE SKIP TO QUESTION D22

D21. Who paid for the equipment?

YES    NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |

PLEASE SKIP TO NEXT PAGE

D22. Are you

YES    NO

- |   |   |                  |
|---|---|------------------|
| 1 | 2 | a. leasing it?   |
| 1 | 2 | b. borrowing it? |
| 1 | 2 | c. sharing it?   |

D23. If you were to replace this equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D24. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please continue with next page)*

D25. Do you use some kind of equipment that helps with personal care (catheter, commode chair, bathing aids)?

1. YES

2. NO

D25a. Do you think you would benefit from having personal care equipment?

1. YES

2. NO — PLEASE SKIP TO PAGE 29

D25b. What stops you from having something like this?

PLEASE GO TO PAGE 29

D26. What kinds of equipment do you use? (Please circle the number of your choice, and write in the kind of equipment if it isn't listed.)

1. CATHETER

2. COMMODE CHAIR

3. BATHING AIDS

OTHER: 4.

5.

D26a. If you listed more than one kind of equipment, please put the number matching the kind of equipment you need the most in the box below and think of it whenever we use the word "equipment" in the next series of questions.

D27. Next, for how many years have you used this present equipment?

	(YEARS)
--	---------

01. LESS THAN ONE YEAR

D28. For how many years does this equipment work before it needs to be changed, modified, or replaced?

	(YEARS)
--	---------

00. NEVER

D29. Would you please tell me in which of the following locations you use this equipment?

YES    NO

- |   |   |                          |
|---|---|--------------------------|
| 1 | 2 | a. Home                  |
| 1 | 2 | b. School                |
| 1 | 2 | c. Work                  |
| 1 | 2 | d. Recreational facility |
| 1 | 2 | e. Sheltered workshop    |
| 1 | 2 | f. Adult day program     |
| 1 | 2 | g. Public facilities     |

D30. How many hours per week do you use this equipment?

	(HOURS)
--	---------

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

D31. Does this equipment meet your needs?

- 1. YES
- 2. NO

D32. Do you own it?

1. YES  
2. NO ————— PLEASE SKIP TO QUESTION D34

D33. Who paid for the equipment?

YES      NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |

PLEASE SKIP TO NEXT PAGE

D34. Are you

YES      NO

- |   |   |                  |
|---|---|------------------|
| 1 | 2 | a. leasing it?   |
| 1 | 2 | b. borrowing it? |
| 1 | 2 | c. sharing it?   |

D35. If you were to get a new piece of equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D36. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please continue with next page)*

D37. Do you use some kind of **communication equipment** that helps you communicate with people who are not in the same room with you, such as a TDD or a communication board (speaker phone, call alert signal, flashing light, super phone ringer, telebraille)?

1. YES

2. NO

D37a. Do you think you would benefit from having communication equipment?

1. YES

2. NO — PLEASE SKIP TO PAGE 33

D37b. What stops you from having something like this?

---

---

---

PLEASE GO TO PAGE 33

D38. What kinds of equipment do you use? (Please circle the number of your choice, and write in the kind of equipment if it isn't listed.)

1. TDD
2. COMMUNICATION BOARD
3. SPEAKER PHONE
4. CALL ALERT SIGNAL

OTHER: 5.

D38a. If you listed more than one kind of equipment, please put the number matching the kind of equipment you need the most in the box below and think of it whenever we use the word "equipment" in the next series of questions.

D39. How many years have you used this present equipment?

	(YEARS)
--	---------

01. LESS THAN ONE YEAR

D40. For how many years does this equipment work before it needs to be changed, modified, or replaced?

	(YEARS)
--	---------

00. NEVER

D41. Would you please tell me in which of the following locations you use this equipment?

YES

NO

- |   |   |                          |
|---|---|--------------------------|
| 1 | 2 | a. Home                  |
| 1 | 2 | b. School                |
| 1 | 2 | c. Work                  |
| 1 | 2 | d. Recreational facility |
| 1 | 2 | e. Sheltered workshop    |
| 1 | 2 | f. Adult day program     |
| 1 | 2 | g. Public facilities     |

D42. How many hours per week do you use this equipment?

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

	(HOURS)
--	---------

D43. Does this equipment meet your needs?

1. YES

2. NO

D44. Do you own it?

1. YES

2. NO PLEASE SKIP TO QUESTION D46

D45. Who paid for the equipment?

YES    NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |

PLEASE SKIP TO THE NEXT PAGE

D46. Are you

YES    NO

- |   |   |                  |
|---|---|------------------|
| 1 | 2 | a. leasing it?   |
| 1 | 2 | b. borrowing it? |
| 1 | 2 | c. sharing it?   |

D47. If you were to get a new piece of equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D48. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please continue with next page)*

D49. Do you use some kind of mobility equipment such as a wheelchair, walker, or seeing eye dog (cane, navigation device, laser cane)?

1. YES

2. NO

D49a. Do you think you would benefit from having mobility equipment?

1. YES

2. NO — PLEASE SKIP TO PAGE 37

D49b. What stops you from having something like this?

---

---

---

PLEASE GO TO PAGE 37

D50. What kinds of equipment do you use? (Please circle the number of your choice, and write in the kind of equipment if it isn't listed.)

1. WHEELCHAIR
2. WALKER
3. SEEING EYE DOG

OTHER: 4.

5.

D50a. If you listed more than one kind of equipment, please put the number matching the kind of equipment you need the most in the box below and think of it whenever we use the word "equipment" in the next series of questions.

D51. Next, for how many years have you used this present equipment?

	(YEARS)
--	---------

01. LESS THAN ONE YEAR

D52. For how many years does this equipment work before it needs to be changed, modified, or replaced?

	(YEARS)
--	---------

00. NEVER

D53. Would you please tell me in which of the following locations you use this equipment?

YES

NO

- |   |   |                          |
|---|---|--------------------------|
| 1 | 2 | a. Home                  |
| 1 | 2 | b. School                |
| 1 | 2 | c. Work                  |
| 1 | 2 | d. Recreational facility |
| 1 | 2 | e. Sheltered workshop    |
| 1 | 2 | f. Adult day program     |
| 1 | 2 | g. Public facilities     |

D54. How many hours per week do you use this equipment?

	(HOURS)
--	---------

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

D55. Does this equipment meet your needs?

- 1. YES
- 2. NO

D56. Do you own it?

1. YES  
 2. NO ————— PLEASE SKIP TO QUESTION D58

D57. Who paid for the equipment?

YES    NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |

PLEASE SKIP TO NEXT PAGE

D58. Are you

YES    NO

- |   |   |                  |
|---|---|------------------|
| 1 | 2 | a. leasing it?   |
| 1 | 2 | b. borrowing it? |
| 1 | 2 | c. sharing it?   |

D59. If you were to get a new piece of equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D60. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please continue with next page)*

D61. Do you use some kind of building modifications such as ramps or special doors (chair lift, elevator, railings, wheel-in shower, grab bars)?

1. YES

2. NO

D61a. Do you think you would benefit from having building modifications?

1. YES

2. NO — PLEASE SKIP TO PAGE 41

D61b. What stops you from having something like this?

---

---

---

PLEASE GO TO PAGE 41

D62. What kinds of equipment do you use? (Please circle the number of your choice, and write in the kind of equipment if it isn't listed.)

1. RAMPS

2. SPECIAL DOORS

3. CHAIR LIFT

OTHER: 4.

5.

D62a. If you listed more than one kind of equipment, please put the number matching the kind of equipment you need the most in the box below and think of it whenever we use the word "equipment" in the next series of questions.

D63. Next, for how many years have you used this present equipment?

	(YEARS)
--	---------

01. LESS THAN ONE YEAR

D64. For how many years does this equipment work before it needs to be changed, modified, or replaced?

	(YEARS)
--	---------

00. NEVER

D65. Would you please tell me in which of the following locations you use this equipment?

YES    NO

- |   |   |                          |
|---|---|--------------------------|
| 1 | 2 | a. Home                  |
| 1 | 2 | b. School                |
| 1 | 2 | c. Work                  |
| 1 | 2 | d. Recreational facility |
| 1 | 2 | e. Sheltered workshop    |
| 1 | 2 | f. Adult day program     |
| 1 | 2 | g. Public facilities     |

D66. How many hours per week do you use this equipment?

	(HOURS)
--	---------

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

D67. Does this equipment meet your needs?

- 1. YES
- 2. NO

D68. Do you own it?

- 1. YES
- 2. NO

PLEASE SKIP TO QUESTION D70

D69. Who paid for the equipment?

YES    NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |

PLEASE SKIP TO NEXT PAGE

D70. Are you

YES    NO

- |   |   |                  |
|---|---|------------------|
| 1 | 2 | a. leasing it?   |
| 1 | 2 | b. borrowing it? |
| 1 | 2 | c. sharing it?   |

D71. If you were to get a new piece of equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D72. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please continue with next page)*

D73. Do you use some kind of equipment that helps around the house such as remote switches or lights (environmental control system, buzzer module)?

1. YES

2. NO

D73a. Do you think you would benefit from having special equipment around the house?

1. YES

2. NO — PLEASE SKIP TO PAGE 45

D73b. What stops you from having something like this?

PLEASE GO TO PAGE 45

D74. What kinds of equipment do you use? (Please circle the number of your choice, and write in the kind of equipment if it isn't listed.)

1. REMOTE SWITCHES
2. REMOTE LIGHTS
3. ENVIRONMENTAL CONTROLS

OTHER: 4.

5.

D74a. If you listed more than one kind of equipment, please put the number matching the kind of equipment you need the most in the box below and think of it whenever we use the word "equipment" in the next series of questions.

D75. Next, for how many years have you used this present equipment?

 (YEARS)

01. LESS THAN ONE YEAR

D76. For how many years does this equipment work before it needs to be changed, modified, or replaced?

 (YEARS)

00. NEVER

D77. How many hours per week do you use this equipment?

 (HOURS)

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

D78. Does this equipment meet your needs?

1. YES
2. NO

D79. Do you own it?

1. YES  
 2. NO ————— PLEASE SKIP TO QUESTION D81

D80. Who paid for the equipment?

YES    NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |

PLEASE SKIP TO NEXT PAGE

D81. Are you

YES    NO

- |   |   |                  |
|---|---|------------------|
| 1 | 2 | a. leasing it?   |
| 1 | 2 | b. borrowing it? |
| 1 | 2 | c. sharing it?   |

D82. If you were to get a new piece of equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D83. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please continue with next page)*

D84. Do you use some kind of **modified equipment at work** (raised desk, hand rails, adapted computer tools)?

1. YES

2. NO

D84a. Do you think you would benefit from having modified equipment at work?

1. YES

2. NO — PLEASE SKIP TO PAGE 49

D84b. What stops you from having something like this?

---

---

---

PLEASE GO TO PAGE 49

D85. What kinds of equipment do you use? (Please circle the number of your choice, and write in the kind of equipment if it isn't listed.)

1. RAISED DESK

2. HAND RAILS

3. ADAPTED COMPUTER TOOLS

OTHER: 4.

5.

D85a. If you listed more than one kind of equipment, please put the number matching the kind of equipment you need the most in the box below and think of it whenever we use the word "equipment" in the next series of questions.

D86. Next, for how many years have you used this present equipment?

 (YEARS)

01. LESS THAN ONE YEAR

D87. For how many years does this equipment work before it needs to be changed, modified, or replaced?

 (YEARS)

00. NEVER

D88. How many hours per week do you use this equipment?

 (HOURS)

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

D89. Does this equipment meet your needs?

1. YES
2. NO

D90. Do you own it?

1. YES
2. NO

PLEASE SKIP TO QUESTION D92

D91. Who paid for the equipment?

YES    NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |
| 1 | 2 | k. by employer                         |

PLEASE SKIP TO NEXT PAGE

D92. Are you

YES    NO

- |   |   |                          |
|---|---|--------------------------|
| 1 | 2 | a. leasing it?           |
| 1 | 2 | b. borrowing it?         |
| 1 | 2 | c. sharing it?           |
| 1 | 2 | d. provided by employer? |

D93. If you were to get a new piece of equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D94. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please continue with next page)*

D95. Do you use some kind of **adapted recreational equipment** (cycle chair, adapted skis)?

1. YES

2. NO

D95a. Do you think you would benefit from having adapted recreational equipment?

1. YES

2. NO — PLEASE SKIP TO PAGE 53

D95b. What stops you from having something like this?

---

---

---

PLEASE GO TO PAGE 53

D96. What kinds of equipment do you use? (Please circle the number of your choice, and write in the kind of equipment if it isn't listed.)

1. CYCLE CHAIR

2. ADAPTED SKIS

OTHER: 3.

4.

5.

D96a. If you listed more than one kind of equipment, please put the number matching the kind of equipment you need the most in the box below and think of it whenever we use the word "equipment" in the next series of questions.

D97. Next, for how many years have you used this present equipment?

	(YEARS)
--	---------

01. LESS THAN ONE YEAR

D98. For how many years does this equipment work before it needs to be changed, modified, or replaced?

	(YEARS)
--	---------

00. NEVER

D99. Would you please tell me in which of the following locations you use this equipment?

YES    NO

- |   |   |                          |
|---|---|--------------------------|
| 1 | 2 | a. Home                  |
| 1 | 2 | b. School                |
| 1 | 2 | c. Work                  |
| 1 | 2 | d. Recreational facility |
| 1 | 2 | e. Sheltered workshop    |
| 1 | 2 | f. Adult day program     |
| 1 | 2 | g. Public facilities     |

D100. How many hours per week do you use this equipment?

	(HOURS)
--	---------

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

D101. Does this equipment meet your needs?

- 1. YES
- 2. NO

D102. Do you own it?

1. YES  
 2. NO ————— PLEASE SKIP TO QUESTION D104

D103. Who paid for the equipment?

YES    NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |

PLEASE SKIP TO NEXT PAGE

D104. Are you

YES    NO

- |   |   |                  |
|---|---|------------------|
| 1 | 2 | a. leasing it?   |
| 1 | 2 | b. borrowing it? |
| 1 | 2 | c. sharing it?   |

D105. If you were to get a new piece of equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D106. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please continue with next page)*

D107. Do you use some kind of adapted computer equipment that we haven't talked about (video magnifier, braille I/O, talking computer, large keys)?

1. YES

2. NO

D107a. Do you think you would benefit from having adapted computer equipment?

1. YES

2. NO — PLEASE SKIP TO PAGE 57

D107b. What stops you from having something like this?

---

---

---

PLEASE GO TO PAGE 57

D108. What kinds of equipment do you use? (Please circle the number of your choice, and write in the kind of equipment if it isn't listed.)

1. VIDEO MAGNIFIER

2. BRAILLE I/O

3. TALKING COMPUTER

OTHER: 4.

5.

D108a. If you listed more than one kind of equipment, please put the number matching the kind of equipment you need the most in the box below and think of it whenever we use the word "equipment" in the next series of questions.

D109. Next, for how many years have you used this present equipment?

	(YEARS)
--	---------

01. LESS THAN ONE YEAR

D110. For how many years does this equipment work before it needs to be changed, modified, or replaced?

	(YEARS)
--	---------

00. NEVER

D111. Would you please tell me in which of the following locations you use this equipment?

<u>YES</u>	<u>NO</u>	
1	2	a. Home
1	2	b. School
1	2	c. Work
1	2	d. Recreational facility
1	2	e. Sheltered workshop
1	2	f. Adult day program
1	2	g. Public facilities

D112. How many hours per week do you use this equipment?

	(HOURS)
--	---------

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

D113. Does this equipment meet your needs?

- 1. YES
- 2. NO

D114. Do you own it?

- 1. YES
- 2. NO

PLEASE SKIP TO QUESTION D116

D115. Who paid for the equipment?

YES    NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |

PLEASE SKIP TO NEXT PAGE

D116. Are you

YES    NO

- |   |   |                  |
|---|---|------------------|
| 1 | 2 | a. leasing it?   |
| 1 | 2 | b. borrowing it? |
| 1 | 2 | c. sharing it?   |

D117. If you were to get a new piece of equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D118. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please answer the next question only if the person with a disability is a child.)*

D119. Do you use some kind of adapted toys?

1. YES
2. NO

*(Please continue with next page)*

D120. Finally, do you use some other kind of equipment  
that hasn't been mentioned?

1. YES

2. NO ————— PLEASE SKIP TO QUESTION D132, PAGE 61

D121. What kinds of equipment do you use? (Please list the  
kind of equipment.)

1.

2.

3.

4.

5.

D121a. If you listed more than one kind of equipment, please  
put the number matching the kind of equipment you need  
the most in the box below and think of it whenever we  
use the word "equipment" in the next series of  
questions.

D122. Next, for how many years have you used this present equipment?

	(YEARS)
--	---------

01. LESS THAN ONE YEAR

D123. For how many years does this equipment work before it needs to be changed, modified, or replaced?

	(YEARS)
--	---------

00. NEVER

D124. Would you please tell me in which of the following locations you use this equipment?

- | <u>YES</u> | <u>NO</u> |                          |
|------------|-----------|--------------------------|
| 1          | 2         | a. Home                  |
| 1          | 2         | b. School                |
| 1          | 2         | c. Work                  |
| 1          | 2         | d. Recreational facility |
| 1          | 2         | e. Sheltered workshop    |
| 1          | 2         | f. Adult day program     |
| 1          | 2         | g. Public facilities     |

D125. How many hours per week do you use this equipment?

	(HOURS)
--	---------

*(You may need to estimate this by multiplying average hours per day times number of days per week.)*

D126. Does this equipment meet your needs?

- 1. YES
- 2. NO

D127. Do you own it?

1. YES  
 2. NO ————— PLEASE SKIP TO QUESTION D129

D128. Who paid for the equipment?

YES    NO

- |   |   |  |
|---|---|--|
| 1 | 2 | a. you                                 |
| 1 | 2 | b. your family                         |
| 1 | 2 | c. by vocational rehabilitation        |
| 1 | 2 | d. by school                           |
| 1 | 2 | e. by private insurance                |
| 1 | 2 | f. by medicare                         |
| 1 | 2 | g. by the Veteran's Admin.             |
| 1 | 2 | h. by medicaid                         |
| 1 | 2 | i. by a special grant                  |
| 1 | 2 | j. by SSI/SSDI funds (Social Security) |

PLEASE SKIP TO NEXT PAGE

D129. Are you

YES    NO

- |   |   |                  |
|---|---|------------------|
| 1 | 2 | a. leasing it?   |
| 1 | 2 | b. borrowing it? |
| 1 | 2 | c. sharing it?   |

D130. If you were to get a new piece of equipment, which method of payment would you prefer?

1. Buying it outright
2. Buying it on credit
3. Leasing it
4. Borrowing and returning it
5. Sharing it with others
6. Other \_\_\_\_\_

D131. In 1990 how much did you spend to keep and service the equipment?

(DOLLARS)

*(Please continue with next page)*

D132. Have you used a toll-free number to call agencies or groups offering help with assistive technology?

1. YES \_\_\_\_\_ PLEASE SKIP TO QUESTION D133  
2. NO

D132a. Would you call for help if you had a toll-free number?

1. YES \_\_\_\_\_ PLEASE SKIP TO QUESTION D133  
2. NO

D132b. Why is that?

---

---

D133. Do you think that in the future you will need any equipment or adaptations that you do not need or have access to at this time?

1. YES  
2. NO \_\_\_\_\_ PLEASE SKIP TO PAGE 62

D134. What kinds of equipment do you think that might be?  
(Please enter the number of the kind you might need in the box or boxes below.)

First  
Kind

Second  
Kind

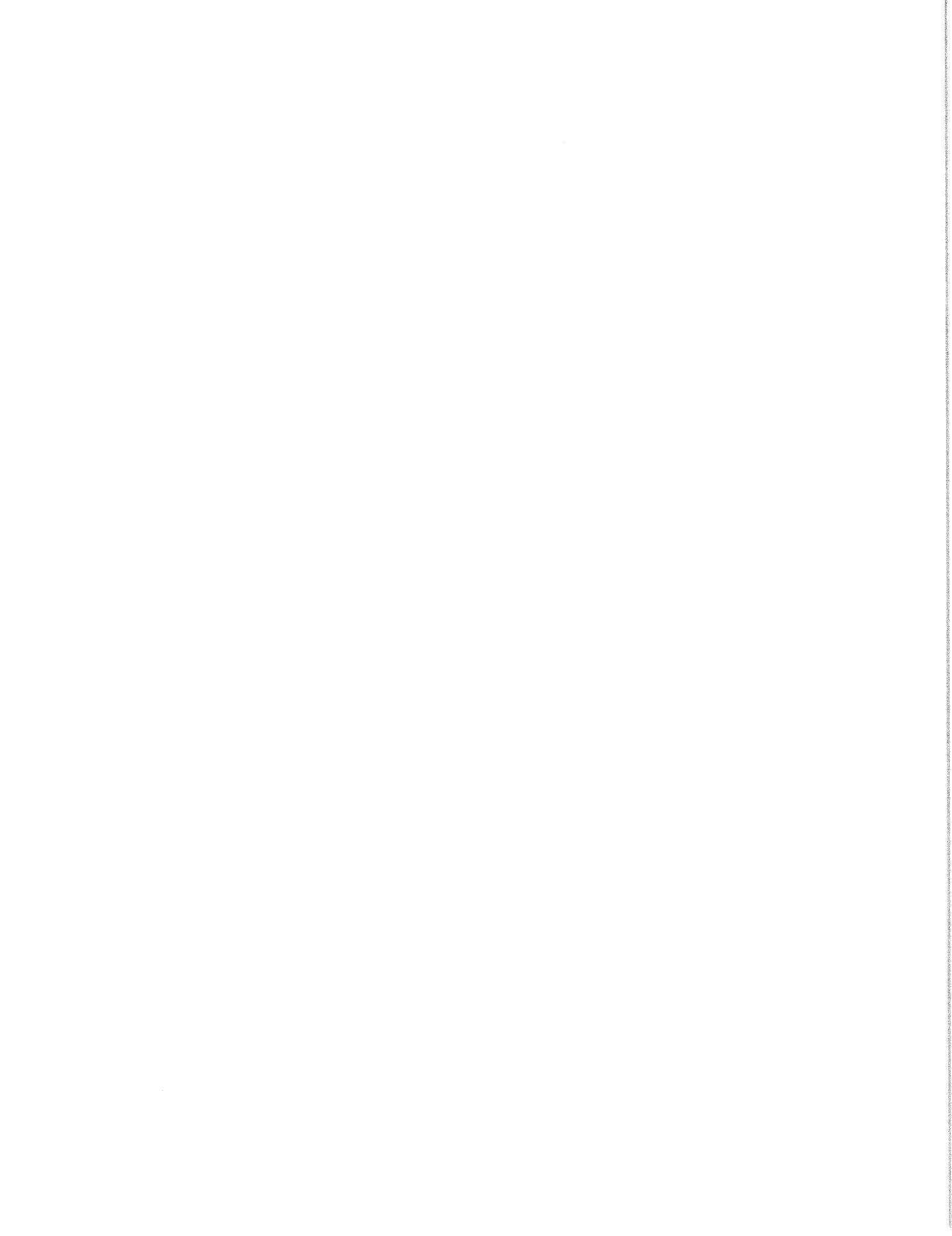
Third  
Kind

- 01. COMMUNICATION DEVICE
- 02. MOBILITY DEVICE
- 03. ADAPTED COMPUTER
- 04. ADAPTED LEISURE DEVICES
- 05. ADAPTED HOME APPLIANCES
- 06. WORKPLACE MODIFICATIONS
- 07. RAMPS OR RAILINGS
- 08. ADAPTED TOYS

(IF YOU DO NOT USE ANY KIND OF EQUIPMENT, PLEASE SKIP TO SECTION F, PAGE 68.)

## **APPENDIX C**

### **DATA DICTIONARY**



## SECTION E. ASSISTIVE TECHNOLOGY SERVICES

We have just asked you about your use of equipment that may make your life easier. Now we would like to know about your use of services that may help you with your equipment needs.

E1. Have you gotten information about what new technologies are available?

1. YES

E2. Did the information meet your needs?

1. YES      2. NO

E2a. Why not?

---

---

---

2. NO

E3. Do you feel the need for information about new technology?

1. YES      2. NO

E3a. Why haven't you been able to get it?

---

---

---

E4. Have you found places that sell and service equipment that make your life easier?

1. YES

E5. Did the information meet your needs?

1. YES      2. NO

E5a. Why not?

---

---

---

2. NO

E6. Do you feel the need for information about new technology?

1. YES      2. NO

E6a. Why haven't you been able to get it?

---

---

---

E7. Has someone tried to figure out what equipment can help you most?

1. YES

E8. Did they actually help?

1. YES

2. NO

E8a. Why not?

---

---

---

2. NO

E9. Do you need someone to help you in this way?

1. YES

2. NO

E9a. Why haven't you been able to get this help?

---

---

---

E10. Have different agencies worked together to meet your equipment needs?

1. YES

E11. Have they met your needs?

1. YES

2. NO

E11a. Why not?

---

---

---

2. NO

E12. Are there agencies which need to work together?

1. YES

2. NO

E12a. Why haven't they worked together?

---

---

---

E13. Have you gotten help paying for equipment services?

1. YES

E14. Has this help met your needs?

1. YES      2. NO

E14a. Why not?

---

---

---

---

2. NO

E15. Do you need help paying for equipment services?

1. YES      2. NO

E15a. Why haven't you been able to get help?

---

---

---

---

E16. Have you talked with others about equipment needs and equipment services?

1. YES

E17. Has this talking met your needs?

1. YES      2. NO

E17a. Why not?

---

---

---

---

2. NO

E18. Would talking with others help you?

1. YES      2. NO

E18a. Why haven't you been able to talk with others?

---

---

---

---

E19. Have you been able to get your equipment repaired in a timely fashion?

1. YES

E20. Have the repairs worked?

1. YES      2. NO

E20a. Why not?

---

---

---

2. NO

E21. Does your equipment ever need repairs?

1. YES      2. NO

E21a. Why haven't you been able to get timely repairs?

---

---

---

E22. Have you gotten training and help in using equipment?

1. YES

E23. Has this training met your needs?

1. YES      2. NO

E23a. Why not?

---

---

---

2. NO

E24. Do you need training?

1. YES      2. NO

E24a. Why haven't you been able to get training?

---

---

---

E25. Have you had equipment changed to meet your needs?

1. YES

E26. Have the changes worked?

1. YES      2. NO

E26a. Why not?

---

---

---

---

2. NO

E27. Do you need any equipment changed?

1. YES      2. NO

E27a. Why haven't you been able to get this equipment changed?

---

---

---

---

E28. Have you gotten money for transportation to places which can help with your equipment needs?

1. YES

E29. Has this money met your needs?

1. YES      2. NO

E29a. Why not?

---

---

---

---

2. NO

E30. Do you need money to get to these places?

1. YES      2. NO

E30a. Why haven't you been able to get money?

---

---

---

---

E31. Do you have access to the buildings where people are that can help with your equipment needs?

1. YES

2. NO

E32. Do you have a say in decisions about the help you get with your equipment needs?

1. YES

2. NO

**SECTION F**  
**BACKGROUND CHARACTERISTICS**

F1. We're almost done. We just have a few background questions to ask. Could you tell us your age?

(YEARS)

*(Answer Question F2 if you are at least 18)*

F2. Are you currently working full time, working part time, unemployed and looking for work, unemployed and not looking for work, a student, or something else?

1. WORKING FULL TIME
2. WORKING PART TIME
3. UNEMPLOYED AND LOOKING
  
4. UNEMPLOYED BUT NOT LOOKING
5. STUDENT
6. RETIRED

►F2a. What is your usual occupation?

F2b. Are you a registered voter?

1. YES
2. NO

F3. What is your race or ethnic origin?

- |                              |                    |
|------------------------------|--------------------|
| 10. White                    |                    |
| 20. Alaskan Indian           | 23. Alaskan Eskimo |
| 21. Southeast Alaskan Indian | 24. Inupiat Eskimo |
| 22. Athabascan               | 25. Yupik Eskimo   |
| 26. Alaskan Aleut            | 27. Alaskan Native |
| 28. American Indian          |                    |
| 30. Black                    |                    |
| 40. Asian/Pacific Islander   |                    |
| 50. Hispanic                 |                    |

F4. Do you live

01. Alone
02. With spouse and/or children
03. With parents
04. With other relatives
05. With friends
06. With an attendant
07. In a group home
08. In a nursing home
09. In a hospital
10. In a treatment center

F5. What is the last grade of school or year of college you have completed?

(GRADE)

17. 17 OR MORE YEARS

F6. What was your household's income for 1989 before taxes and other deductions were made? (Please write in the figure to the nearest thousand dollars. What is your best guess?)

F6a. We don't need the exact dollar figure; will you indicate which of these broad categories it falls in: less than \$5,000, between \$5,000 and \$10,000, between \$10,000 and \$20,000, or more than \$20,000?

1. Less than \$5,000
2. \$5,000 - \$10,000
3. \$10,000 - \$20,000
4. \$20,000 or more

F7. Could you please let us know all sources of your income?

YES    NO

- |   |   |                              |
|---|---|------------------------------|
| 1 | 2 | a. Employment                |
| 1 | 2 | b. Social Security           |
| 1 | 2 | c. Other Public Assistance   |
| 1 | 2 | d. Other Disability Benefits |
| 1 | 2 | e. Self-Employment           |
| 1 | 2 | f. Family Contributions      |
| 1 | 2 | g. Fish or Farm Income       |
| 1 | 2 | h. _____                     |
| 1 | 2 | i. _____                     |

F8. Are you male or female?

1. Female
2. Male

F9. Do you know a person with a disability who doesn't have a phone?

1. YES
2. NO

F10. Thank you. Those are all of our questions. The Division of Vocational Rehabilitation would like to know if they can use your phone number to contact you again if they decide to do a follow-up. Do you want them to have your phone number?

1. YES →
2. NO

6:09

Filename: DYRDIC.LOG

Page 3

## 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED

Page 2

SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

Page 3

list of variables on the active file

## Position

## INTVNO

## INTERVIEW NO

Print Format: F3

Write Format: F3

Missing Values: 998, 999

## LPHONE

Print Format: F1

Write Format: F1

sing Values: 8, 9

## LPHONE

Print Format: F1

Write Format: F1

Missing Values: 998, 999

## MAIL-IN

Print Format: F1

Write Format: F1

Missing Values: 998, 999

## PHONE

Print Format: F1

Write Format: F1

Missing Values: 998, 999

## REVIEWER ID

Print Format: F2

Write Format: F2

Missing Values: 998, 999

## SAMEFAM

Print Format: F1

Write Format: F1

Missing Values: 8, 9

## STUDY

Print Format: F1

Write Format: F1

Missing Values: 998, 999

## STUDY NO

Print Format: F4

Write Format: F4

Missing Values: 998, 999

## RECORD

Print Format: F4

Write Format: F4

Missing Values: 998, 999

## RELATION

Print Format: F2

Write Format: F2

Missing Values: 98, 99

## RELATIONSHIP TO DISABLED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

## RELATIONSHIP TO DISABLED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

## RELATIONSHIP TO DISABLED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

## RELATIONSHIP TO DISABLED

Print Format: F2

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Missing Values: 98, 99

## RELATIONSHIP TO DISABLED

Print Format: F2

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## RELATIONSHIP TO DISABLED

Print Format: F2

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## RELATIONSHIP TO DISABLED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

## RELATIONSHIP TO DISABLED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

## RELATIONSHIP TO DISABLED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

## RELATIONSHIP TO DISABLED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

1 DONNA ANDERSON  
 2 SANDRA BURKY  
 3 ELEANOR BUTTS  
 4 ELIZABETH DAHL  
 5 VIRGENE HANNA  
 6 ED HULL  
 7 BARBARA KARL  
 8 LORI NIEDENFUER  
 9 BOB PELZ  
 10 MONIKA RENKE  
 11 ELLEN ROGERS  
 12 SUSAN SPRINGER  
 13 GLORIA REFT  
 14 ARLENE SCHILLEREFF  
 15 HAROLD SCHEITZLE  
 16 JUDGE SANTER  
 17 PATRICIA DINWIDDIE  
 18 EVELYN STEVENS  
 19 BOB PECK

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Page 4

02/07/1991 14:09        Filename: DVRDIC.LOG  
7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 5

TITLE DISABLED IN HH  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

WF  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

A1D  
VISUALLY IMPAIRED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

WRING IMPAIRED  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

A1E  
ARTHRITIS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

A1F  
STROKE  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

WD  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

A1G  
NEUROMUSCULAR IMPAIRMENT  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

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Page 7

ER MOBILITY IMPAIRMENT  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

D INJURY  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

ZURE DISORDER  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

TAL RETARDATION  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

A1L CHRONIC INFECTIOUS DISEASE  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

A1M LEARNING DISABILITY/ATTN DEFICIT DISORDER  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

A1N COMMUNICATIVE DISORDER  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

A1O CARDIOVASCULAR/PULMONARY DISORDER  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

## 991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED

7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED

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## SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

13:59:42

SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

Page 9

GALCOHOL ABUSE  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1

YES

2

NO

8 M

DONT KNOW

9 M

NA

BETES

nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1

YES

2

NO

8 M

DONT KNOW

9 M

NA

25 A1T EMOTIONAL DISABILITY  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1

YES

2

NO

8 M

DONT KNOW

9 M

NA

26 A1U AMPUTATION  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1

YES

2

NO

8 M

DONT KNOW

9 M

NA

27 A1V ALZHEIMERS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1

YES

2

NO

8 M

DONT KNOW

9 M

NA

28 A1W OTHER  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1

YES

2

NO

8 M

DONT KNOW

9 M

NA

POSITIVE  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1

YES

2

NO

8 M

DONT KNOW

9 M

NA

10  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1

YES

2

NO

8 M

DONT KNOW

9 M

NA

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JURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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7-Feb-91 191 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 11  
13:59:43 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

IMPORTANT CONDITION  
Format: F2  
Format: F2  
Missing Values: 98, 99

je Label

1 DEAF  
2 HEARING IMPAIRED  
3 BLIND  
4 VISUALLY IMPAIRED  
5 ARTHRITIS  
6 STROKE  
7 NEUROMUSCULAR IMPAIRMENT  
8 OTHER MOBILITY IMPAIRMENT  
9 HEAD INJURY  
10 SEIZURE DISORDER  
11 MENTAL RETARDATION  
12 CHRONIC INFECTIOUS DISEASE  
13 LEARNING DISABILITY/ATTN DEFICIT DISORDER  
14 COMMUNICATIVE DISORDER  
15 CARDIOVASCULAR/PULMONARY DISORDER  
16 DRUG/ALCOPOL ABUSE  
17 DIABETES  
18 POLIO  
19 HIV POSITIVE  
20 EMOTIONAL DISABILITY  
21 AMPUTATION  
22 ALZHEIMERS  
23 OTHER

LONG R HAS HAD DISABILITY

Format: F2  
Format: F2  
Missing Values: 98, 99

je Label

0 NEVER  
1 ONE YEAR OR LESS  
28 M DONT KNOW  
29 M NA

B1 HELP W/HOMEMAKING TASKS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

B2 GETTING HELP W/HOMEMAKING TASKS

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

B2A WHY NO HELP W/HOMEMAKING TASKS

Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value Label

1	DONT COME ENOUGH
2	DONT DO WHATS NEEDED
88 M	DONT KNOW
99 M	NA

B3 NEED HELP W/HOMEMAKING TASKS

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

4:09

Page  
13

02/07/1991 14:09      File name: DVB.DIC.LOG

**SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED**

**1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED**

**NO HELP W/NEEDED HOMEMAKING TASKS**  
**nt Format: F6**  
**te Format: F6**  
**Sing Values: 98 99**

30

1816

Value Label

四

1	CANT AFFORD IT
2	HELP ISNT AVAILABLE
3	DONT KNOW IF HELP AVAILABLE
4	SELF-SUFFICIENT/STUBBORN
5	CHILD UNDER 18
6	FUTURE NEEDS NOTED
98	DONT KNOW
99	NA

<b>B6A</b>	<b>1</b>	<b>YES</b>
	<b>2</b>	<b>NO</b>
	<b>8</b>	<b>DONT KNOW</b>
	<b>9</b>	<b>NA</b>

**WHY NO NEEDED CARE SERVICES**

Print Format: F6  
Write Format: F6

<b>B6A</b>	<b>1</b>	<b>YES</b>
	<b>2</b>	<b>NO</b>
	<b>8</b>	<b>DONT KNOW</b>
	<b>9</b>	<b>NA</b>

**WHY NO NEEDED CARE SERVICES**

Print Format: F6  
Write Format: F6

TING PERSONAL CARE SERVICES  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

[label] ue

188

### Value Labels

۱۰۸

9 M NA

N  
A

H 6

三

**NO PERSONAL CARE SERVICES**  
**nt Format: F6**  
**te Format: F6**  
**sing Values: 98, 99**

卷之三

11

GETTING HOME NURSING SERVICES  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ט' ט' ט' ט'

1388

1

1	DONT COME ENOUGH
2	DONT DO WHATS NEEDED
3	DONT KNOW
4	NA

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ING

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

Page 14  
Page 15

NO HOME NURSING SERVICES  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

ue      Label

1      DONT COME ENOUGH  
2      DONT DO WHATS NEEDED  
98 M    DONT KNOW  
99 M    NA

D FOR HOME NURSING CARE  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

NO NEEDED HOME NURSING SERVICES  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

ue      Label

1      CANT AFFORD IT  
2      HELP ISNT AVAILABLE  
3      DONT KNOW IF HELP AVAILABLE  
4      SELF-SUFFICIENT/STUBBORN  
5      CHILD UNDER 18  
6      FUTURE NEEDS NOTED  
98 M    DONT KNOW  
99 M    NA

TING NEEDED MEDICAL CARE  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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WHY NO MEDICAL CARE  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

ue      Label

1      CANT AFFORD IT  
2      IT ISNT AVAILABLE  
3      POOR QUALITY MED CARE/DISSATISFIED  
4      HAVEN'T SOUGHT IT  
5      AGENCY WONT PAY/PROVIDE  
98 M    DONT KNOW  
99 M    NA

USE PUBLIC TRANSPORTATION  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

GETTING PUBLIC TRANSPORTATION  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

WHY NO PUBLIC TRANSPORT  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

ue      Label

1      ROUTES/TIMES WRONG  
2      HARD TO USE  
98 M    DONT KNOW  
99 M    NA

**991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED**

**7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED**

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Page 16

) FOR PUBLIC TRANSPORT  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

NO NEEDED PUBLIC TRANSPORT  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

je      Label  
1      ROUTES/TIMES WRONG  
2      NO SERVICE  
3      CANT USE IT  
4      DONT KNOW ABOUT IT  
98 M     DONT KNOW  
99 M     NA

PUBLIC TRANSPORTATION/LEISURE

nt Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

je      Label  
1      ROUTES/TIMES WRONG  
2      NO SERVICE  
3      CANT USE IT  
4      DONT KNOW ABOUT IT  
98 M     DONT KNOW  
99 M     NA

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

ING LEISURE-TIME TRANSPORT  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

MADE CHANGES AROUND HOUSE  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

**B15A WHY NO LEISURE-TIME TRANSPORT**

**Print Format: F6**  
**Write Format: F6**  
**Missing Values: 98, 99**

Value      Label  
1      ROUTES/TIMES WRONG  
2      HARD TO USE  
98 M     DONT KNOW  
99 M     NA

**NEED FOR LEISURE-TIME TRANSPORT**

**Print Format: F1**  
**Write Format: F1**  
**Missing Values: 8, 9**

Value      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

**B16A WHY NO NEEDED LEISURE-TIME TRANSPORT**

**Print Format: F6**  
**Write Format: F6**  
**Missing Values: 98, 99**

Value      Label  
1      ROUTES/TIMES WRONG  
2      NO SERVICE  
3      CANT USE IT  
4      DONT KNOW ABOUT IT  
98 M     DONT KNOW  
99 M     NA

**MADE CHANGES AROUND HOUSE**

**Print Format: F1**  
**Write Format: F1**  
**Missing Values: 8, 9**

Value      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 18  
DURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 19  
13:59:46 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

CHANGES MEETING NEEDS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

CHANGES DONT MEET NEEDS

nt Format: F6  
te Format: F6  
sing Values: 98, 99

ue      Label

1      CANT AFFORD IT  
2      NO ONE TO DO IT  
3      RENTING-CANT DO IT  
98 M    DONT KNOW  
99 M    NA

D FOR CHANGES AROUND HOUSE

nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

CHANGES HAVEN'T BEEN MADE

nt Format: F6  
te Format: F6  
sing Values: 98, 99

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

B20 HELP FOR AFFORDABLE/ACCESSIBLE HOUSING  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

DID HELP MEET NEEDS

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

WHY HELP DIDN'T MEET NEEDS

Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value      Label

1      NOTHING AVAILABLE  
2      STILL COULDNT AFFORD  
3      ON WAITING LIST  
98 M    DONT KNOW  
99 M    NA

AFFORDABLE HOUSING HELP NEEDED

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

66 B22

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 20  
NURSE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

7-Febr-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 21  
13:59:46 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

HELP HASNT BEEN FOUND  
It Format: F4  
Label: ie  
ing Values: 98, 99

Label:

1 NO HELP AVAILABLE  
2 DIDN'T KNOW POSSIBLE  
3 HAVENT ASKED  
4B M DONT KNOW  
9 M NA

ISFYING WORK  
It Format: F3  
Label: ie  
ing Values: 998, 999

72

B24A WHY EDUCATION/TRAINING NOT RECEIVED  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value Label:

1 CANT AFFORD IT  
2 IT ISNT AVAILABLE  
3 DOESN'T NEED/WANT  
4 NOT ABLE AT THIS TIME  
5 AGENCY DISSATISFACTORY  
6 CURRENTLY IN SCHOOL  
7 THINKING ABOUT IT  
8 LACK OF TIME  
9B M DONT KNOW  
99 M NA

IT FORMATION/FORMAT NEEDED

73

IT Format: F1  
Label: ie  
ing Values: 8, 9

Value Label:

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

B25 PROFESSIONAL HELP TO GET/KEEP JOB  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label:

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

DID JOB HELP MEET NEEDS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label:

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
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Page 23

DURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

JOB HELP DIDNT MEET NEEDS  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

ue Label

1 NO JOB AVAILABLE  
2 HELP DIDNT KNOW MUCH  
3 AGENCY DISSATISFACTION  
98 M DONT KNOW  
99 M NA

D FOR JOB HELP

nt Format: F1

te Format: F1

sing Values: 8, 9

ue Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

UNABLE TO GET JOB HELP

nt Format: F6

te Format: F6

sing Values: 98, 99

ue Label

1 HELP ISNT AVAILABLE  
2 CANT AFFORD IT  
3 DVR DETERMINED NOT ELIGIBLE  
4 HAVENT PURSUED/DK AVAILABLE  
5 AGENCY DISSATISFACTION/INADEQUATE  
98 M DONT KNOW  
99 M NA

D ABOUT EQUIPMENT TO STAY INDEPENDENT

nt Format: F1

te Format: F1

sing Values: 8, 9

ue Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

DID EQUIPT INFO MEET NEEDS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

WHY EQUIPT INFO DIDNT MEET NEEDS

Print Format: F6

Write Format: F6

Missing Values: 98, 99

Value Label

1 EQUIPMENT TOO COSTLY  
2 NOT ENOUGH INFORMATION  
98 M DONT KNOW  
99 M NA

NEED FOR INFO ABOUT EQUIPMENT

Print Format: F1

Write Format: F1

Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

WHY UNABLE TO GET NEEDED EQUIPT INFO

Print Format: F6

Write Format: F6

Missing Values: 98, 99

Value Label

1 IT ISNT AVAILABLE  
2 DONT KNOW WHERE TO GET IT  
3 HAVENT PURSUED IT  
98 M DONT KNOW  
99 M NA

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
JURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
Page 24

7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 25  
13:59:47 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

EQUIPMENT BEEN LOANED  
1t Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

LOAN PROGRAM WORK  
1t Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

LOAN PROGRAM DIDNT WORK  
1t Format: F6  
te Format: F6  
sing Values: 98, 99

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

RECEIVED INDEPENDENT LIVING TRAINING  
1t Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

WAS APPROPRIATE INDEP LIVING TRAINING RECEIVED  
1t Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

HERE EQUIPT YOU WOULD LIKE TO TRY  
1t Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label  
1      YES  
2      NO  
8 M     DONT KNOW  
9 M     NA

WHY NEEDED TRAINING WAS NOT RECEIVED  
1t Format: F6  
te Format: F6  
sing Values: 98, 99

je      Label  
1      NEED MORE TRAINING  
2      POOR PROGRAM  
98 M    DONT KNOW  
99 M    NA

**P91 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED**

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7-Feb-91    1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
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13:59:48    SOURCE: I SER SURVEY OF 514 PERSONS WHO ARE DISABLED

INDEPENDENT LIVING TRAINING NEEDED  
It Format: F1  
te Format: F1  
sing Values: 8, 9

je   Label

1   YES  
2   NO  
3   DONT KNOW  
9 M   NA

IS NEEDED TRAINING NOT RECEIVED  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

je   Label

1   PROGRAM DOESNT EXIST  
2   CANT GET TO PROGRAM  
3   CHILD  
4   DONT KNOW ABOUT PROGRAM/WHERE TO GO  
98 M   NA

ED COUNSELING ASSISTANCE

It Format: F1  
te Format: F1  
sing Values: 8, 9

je   Label

1   YES  
2   NO  
3   DONT KNOW  
8 M   NA

REIVED COUNSELING ASSISTANCE  
It Format: F1  
te Format: F1  
sing Values: 8, 9

je   Label

1   YES  
2   NO  
3   DONT KNOW  
8 M   NA

APPROPRIATE COUNSELING RECEIVED  
It Format: F1  
te Format: F1  
sing Values: 8, 9

je   Label

1   YES  
2   NO  
3   DONT KNOW  
9 M   NA

WHY APPROPRIATE COUNSELING WAS NOT RECEIVED  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value   Label

1   CANT AFFORD IT  
2   COUNSELING DIDNT WORK  
3   INADEQUATE/INEFFECTIVE COUNSELING  
98 M   DONT KNOW  
99 M   NA

NEED FOR COUNSELING ASSISTANCE  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value   Label

1   YES  
2   NO  
8 M   DONT KNOW  
9 M   NA

WHY COUNSELING ASSISTANCE IS NOT RECEIVED  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value   Label

1   CANT AFFORD IT  
2   IT ISNT AVAILABLE  
3   NEVER LOOKED/ASKED FOR HELP  
4   AGENCY NOT HELPFUL  
5   DONT KNOW WHO/WHERE TO GO  
6   TRANSPORTATION PROBLEMS  
98 M   DONT KNOW  
99 M   NA

MEMBER OF DISABILITY SUPPORT GROUP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value   Label

1   YES  
2   NO  
3   DONT KNOW  
9 M   NA

P01 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
JURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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Page 29

SUPPORT GROUP MEETING NEEDS  
Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

SUPPORT GROUP IS NOT MEETING NEEDS  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

je      Label

1      CANT GET TO MEETINGS  
2      DONT LIKE GROUP  
8 M    DONT KNOW  
9 M    NA

IRE TO BE MEMBER OF SUPPORT GROUP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

NOT A MEMBER OF SUPPORT GROUP

nt Format: F6  
te Format: F6  
sing Values: 98, 99

je      Label

1      NO GROUP TO JOIN  
2      CANT GET TO MEETINGS  
3      DONT KNOW IF SUCH GROUP EXISTS  
4      NO INTEREST/HAVEN'T PURSUED  
8 M    DONT KNOW  
9 M    NA

B43      HELP WITH FAIR TREATMENT/DESERVED BENEFITS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      ND  
8 M    DONT KNOW  
9 M    NA

B44      HAS HELP WITH FAIR TREATMENT BEEN RECEIVED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

B44A      WHY HELP WITH FAIR TREATMENT NOT RECEIVED  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value      Label

1      HELP HASNT WORKED  
2      HELP ISNT AVAILABLE  
3      DISSATISFACTION/UNCARING AGENCY  
4      DK WHERE HOW TO GET  
98 M    DONT KNOW  
99 M    NA

B45      IS HELP NEEDED FOR FAIR TREATMENT/DESERVED BENEFITS

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED Page 30

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13:59:49 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED Page 31

NEEDED HELP WITH FAIR TREATMENT NOT RECEIVED  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

SON/AGENCY ACTED ON BEHALF OF DISABLED  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

110

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

111

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

112

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

113

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

114

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

115

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

116

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

117

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

118

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

119

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

120

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

121

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

122

je      Label

IS THERE NEED FOR ADVOCACY  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

123

je      Label

WHY NEEDED ADVOCACY NOT RECEIVED  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

124

je      Label

INFO FROM ONE AGENCY ON DISABILITY  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

125

je      Label

MAS AGENCY GIVEN INFORMATION  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

126

je      Label

ADVOCACY HASNT WORKED  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

127

je      Label

ADVOCACY HASNT WORKED  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

je      Label

1 CANT AFFORD IT  
2 HELP ISNT AVAILABLE  
3 DONT KNOW IF AVAILABLE/EXISTS  
4 TOO INDEPENDENT/PRIDE  
5 NOT ELIGIBLE  
6 AGENCY/PEOPLE NOT HELPFUL/DONT UNDERSTAND  
78 M DONT KNOW  
99 M NA

128

je      Label

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
DURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
Page 32 Page 33

13:59:50 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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Page 33

DID DISABILITY INFO MEET NEEDS

Print Format: F1

Write Format: F1

Missing Values: 8, 9

AGENCY HASNT GIVEN INFORMATION  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

ue Label

1 NEED MORE INFO  
98 M DONT KNOW  
99 M NA

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

D FOR SINGLE AGENCY

nt Format: F1

te Format: F1

sing Values: 8, 9

ue Label

1 NEED MORE INFO  
2 NO  
8 M DONT KNOW  
9 M NA

WHY DISABILITY INFO DIDNT MEET NEEDS  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value Label

UNABLE TO GO TO ONE AGENCY  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

NEED FOR INFORMATION ABOUT DISABILITY  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1 NO SINGLE AGENCY  
2 HAVENT LOOKED  
98 M DONT KNOW  
99 M NA

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

ORMATION ABOUT DISABILITY

nt Format: F1

te Format: F1

sing Values: 8, 9

WHY NEEDED DISABILITY INFO NOT RECEIVED  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value Label

1 INFO NOT AVAILABLE  
2 DONT KNOW WHERE TO GO  
3 NEVER ASKED/NO INTEREST  
4 AGENCY DISTRUST/DISSATISFACTION  
98 M DONT KNOW  
99 M NA

1 INFO NOT AVAILABLE  
2 DONT KNOW WHERE TO GO  
3 NEVER ASKED/NO INTEREST  
4 AGENCY DISTRUST/DISSATISFACTION  
98 M DONT KNOW  
99 M NA

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
DURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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Page 35

SLETTER ABOUT DISABILITY SERVICES  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

S NEWSLETTER MEET NEEDS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label  
1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

NEWSLETTER DOESNT MEET NEEDS  
nt Format: F6  
te Format: F6  
sing Values: 98, 99

ue      Label  
1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

D FOR NEWSLETTER  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label  
1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

WHY NEWSLETTER IS NOT RECEIVED  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value	Label
1	NO NEWSLETTER AVAILABLE
2	DK WHERE TO GET IT
3	DK IF IT EXISTS
4	HAVEN'T TRIED TO GET ONE
98 M	DONT KNOW
99 M	NA

COMMUNITY PROGRAM TO INFORM ABOUT DISABILITY NEEDS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

DOES COMMUNITY PROGRAM WORK  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

WHY COMMUNITY PROGRAM DOESNT WORK  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value	Label
1	DOESN'T REACH PEOPLE
2	NOT SPECIFIC ENOUGH
98 M	DONT KNOW
99 M	NA

**991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED**      Page 36  
**SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED**      Page 36

**:S COMMUNITY KNOW ENOUGH ABOUT NEEDS OF DISABLED**  
**nt Format: F1**  
**te Format: F1**  
**ising Values: 8, 9**

**ue Label**  
**1 YES**  
**2 NO**  
**8 M DONT KNOW**  
**9 N NA**  
**:sing Values: 8, 9**

**I/E SERVICES BEEN PROVIDED BY AN AGENCY**  
**nt Format: F1**  
**te Format: F1**  
**ising Values: 8, 9**

134

**ue Label**

**1 YES**

**2 NO**

**8 M DONT KNOW**

**9 N NA**

**CH AGENCIES HAVE PROVIDED SERVICES 1ST M.**

135

**ue Label**  
**1 DIV/VOC REHABILITATION**  
**2 ACCESS ALASKA**  
**3 LOUISE RUDI CTR**  
**4 INTERPRETER REFERRAL LINE**  
**5 STS**  
**6 INFANT LEARNING PROGRAM**  
**7 HANDICAPPED CHILDRENS PROGRAM**  
**8 ELKS - HELP**  
**9 LIONS CLUB**  
**10 SCHOOL DISTRICT**  
**11 VETERANS AFFAIRS**  
**12 MILITARY**  
**13 AK NATIVE HOSPITAL**  
**14 NATIVE HEALTH ORGAN/HOSPITAL**  
**15 SR CITIZENS CENTERS**  
**16 HOSPITALS (NOT ANH)**  
**17 HEALTH/SOCIAL SERVICES**  
**18 LOCAL HEALTH ORGS/SR SERVICES**  
**19 JOB SERVICES**  
**20 AMERICAN CANCER SOCIETY**  
**21 WORKMANS COMP**  
**22 AGENCIES AIDING RETARDED CITIZENS**  
**23 ALASKA HOMEMAKERS**  
**24 SALVATION ARMY**  
**25 CATHOLIC SOCIAL SERVICES**  
**26 JTPA**  
**27 SOCIAL SECURITY**  
**28 ENERGY ASSISTANCE**  
**29 PUBLIC ASSISTANCE/WELFARE**  
**30 ALASKA CRIPPLED CHILDREN/ADULTS**  
**31 MEDICARE**  
**32 MEDICAID**

**C1A2 WHICH AGENCIES HAVE PROVIDED SERVICES 2ND M.**  
**Print Format: F2**  
**Write Format: F2**  
**Missing Values: 98, 99**

134

**ue Label**

**1 DIV/VOC REHABILITATION**

**2 ACCESS ALASKA**

**3 LOUISE RUDI CTR**

**4 INTERPRETER REFERRAL LINE**

**5 STS**

**6 INFANT LEARNING PROGRAM**

**7 HANDICAPPED CHILDRENS PROGRAM**

**8 ELKS - HELP**

**9 LIONS CLUB**

**10 SCHOOL DISTRICT**

**11 VETERANS AFFAIRS**

**12 MILITARY**

**13 AK NATIVE HOSPITAL**

**14 NATIVE HEALTH ORGAN/HOSPITAL**

**15 SR CITIZENS CENTERS**

**16 HOSPITALS (NOT ANH)**

**17 HEALTH/SOCIAL SERVICES**

**18 LOCAL HEALTH ORGS/SR SERVICES**

**19 JOB SERVICES**

**20 AMERICAN CANCER SOCIETY**

**21 WORKMANS COMP**

**22 AGENCIES AIDING RETARDED CITIZENS**

**23 ALASKA HOMEMAKERS**

**24 SALVATION ARMY**

**25 CATHOLIC SOCIAL SERVICES**

**26 JTPA**

**27 SOCIAL SECURITY**

**28 ENERGY ASSISTANCE**

**29 PUBLIC ASSISTANCE/WELFARE**

**30 ALASKA CRIPPLED CHILDREN/ADULTS**

**31 MEDICARE**

**32 MEDICAID**

**CH AGENCIES HAVE PROVIDED SERVICES 1ST M.**  
**nt Format: F2**  
**te Format: F2**  
**ising Values: 98, 99**

135

**ue Label**

**1 DIV/VOC REHABILITATION**

**2 ACCESS ALASKA**

**3 LOUISE RUDI CTR**

**4 INTERPRETER REFERRAL LINE**

**5 STS**

**6 INFANT LEARNING PROGRAM**

**7 HANDICAPPED CHILDRENS PROGRAM**

**8 ELKS - HELP**

**9 LIONS CLUB**

**10 SCHOOL DISTRICT**

**11 VETERANS AFFAIRS**

**12 MILITARY**

**13 AK NATIVE HOSPITAL**

**14 NATIVE HEALTH ORGAN/HOSPITAL**

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991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value      Label

1	DIV/VOC REHABILITATION
2	ACCESS ALASKA
3	LOUISE RUDI CTR
4	INTERPRETER REFERRAL LINE
5	STS
6	INFANT LEARNING PROGRAM
7	HANDICAPPED CHILDRENS PROGRAM
8	ELKS - HELP
9	LIONS CLUB
10	SCHOOL DISTRICT
11	VETERANS AFFAIRS
12	MILITARY
13	AK NATIVE HOSPITAL
14	NATIVE HEALTH ORGAN/HOSPITAL
15	SR CITIZENS CENTERS
16	HOSPITALS (NOT ANH)
17	HEALTH/SOCIAL SERVICES
18	LOCAL HEALTH ORGS/SR SERVICES
19	JOB SERVICES
20	AMERICAN CANCER SOCIETY
21	WORKMANS COMP
22	AGENCIES AIDING RETARDED CITIZENS
23	ALASKA HOMEMAKERS
24	SALVATION ARMY
25	CATHOLIC SOCIAL SERVICES
26	JTPA
27	SOCIAL SECURITY
28	ENERGY ASSISTANCE
29	PUBLIC ASSISTANCE/WELFARE
30	ALASKA CRIPPLED CHILDREN/ADULTS
31	MEDICARE
32	MEDICAID

137

WHICH AGENCIES HAVE PROVIDED SERVICES 4TH M.  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value      Label

1	DIV/VOC REHABILITATION
2	ACCESS ALASKA
3	LOUISE RUDI CTR
4	INTERPRETER REFERRAL LINE
5	STS
6	INFANT LEARNING PROGRAM
7	HANDICAPPED CHILDRENS PROGRAM
8	ELKS - HELP
9	LIONS CLUB
10	SCHOOL DISTRICT
11	VETERANS AFFAIRS
12	MILITARY
13	AK NATIVE HOSPITAL
14	NATIVE HEALTH ORGAN/HOSPITAL
15	SR CITIZENS CENTERS
16	HOSPITALS (NOT ANH)
17	HEALTH/SOCIAL SERVICES
18	LOCAL HEALTH ORGS/SR SERVICES
19	JOB SERVICES
20	AMERICAN CANCER SOCIETY
21	WORKMANS COMP
22	AGENCIES AIDING RETARDED CITIZENS
23	ALASKA HOMEMAKERS
24	SALVATION ARMY
25	CATHOLIC SOCIAL SERVICES
26	JTPA
27	SOCIAL SECURITY
28	ENERGY ASSISTANCE
29	PUBLIC ASSISTANCE/WELFARE
30	ALASKA CRIPPLED CHILDREN/ADULTS
31	MEDICARE
32	MEDICAID

1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 40

SOURCE: 1SER SURVEY OF 514 PERSONS WHO ARE DISABLED

CH AGENCIES HAVE PROVIDED SERVICES 5TH M.

int Format: F2

ite Format: F2

ising Values: 98, 99

Value Label

1 DIV/VOC REHABILITATION

2 ACCESS ALASKA

3 LOUISE RUDE CTR

4 INTERPRETER REFERRAL LINE

5 STS INFANT LEARNING PROGRAM

6 HANDICAPPED CHILDREN'S PROGRAM

7 ELKS - HELP

8 LIONS CLUB

9 SCHOOL DISTRICT

10 VETERANS AFFAIRS

11 MILITARY

12 AK NATIVE HOSPITAL

13 NATIVE HEALTH ORGAN/HOSPITAL

14 SR CITIZENS CENTERS

15 HOSPITALS (NOT ANH)

16 HEALTH/SOCIAL SERVICES

17 LOCAL HEALTH ORGS/SR SERVICES

18 JOB SERVICES

19 WORKMANS COMP

20 AGENCIES AIDING RETARDED CITIZENS

21 ALASKA HOMEMAKERS

22 SALVATION ARMY

23 CATHOLIC SOCIAL SERVICES

24 JTPA

25 SOCIAL SECURITY

26 ENERGY ASSISTANCE

27 PUBLIC ASSISTANCE/WELFARE

28 ALASKA CRIPPLED CHILDREN/ADULTS

29 MEDICARE

30 MEDICAID

:IS R USE ACCESSIBLE TRANSPORT EQUIPMENT

nt Format: F1

ite Format: F1

ising Values: 8, 9

Value Label

1 YES

2 NO

8 M DONT KNOW

9 N NA

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SOURCE: 1SER SURVEY OF 514 PERSONS WHO ARE DISABLED

D1A WOULD R BENEFIT FROM TRANSPORT EQUIP

Print Format: F1

Write Format: F1

Missing Values: 8, 9

Value Label

1 YES

2 NO

8 M DONT KNOW

9 N NA

D1B WHY R DOESN'T HAVE TRANSPORT EQUIP

Print Format: F2

Write Format: F2

Missing Values: 8, 9

Value Label

1 CANT AFFORD IT

2 DONT KNOW ABOUT IT

3 DONT NEED YET

4 NOT AVAILABLE

8 M DONT KNOW

9 N NA

D2 WHAT KINDS OF TRANSPORT EQUIP DOES R USE

Print Format: F6

Write Format: F6

Missing Values: 98, 99

Value Label

1 ADAPTED VAN

2 ADAPTED BUS

98 M DONT KNOW

99 N NA

D2A WHICH TRANSPORT EQUIP IS MOST NEEDED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

Value Label

1 ADAPTED VAN

2 ADAPTED BUS

98 M DONT KNOW

99 N NA

**1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED**

SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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**1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED**

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**W LONG HAS TRANSPORT EQUIP BEEN USED**int Format: F2  
rite Format: F2  
ssing Values: 98, 99

lue      Label

0      NEVER  
1      ONE YEAR OR LESS  
98 M    DONT KNOW  
99 M    NA**W OFTEN IS TRANSPORT EQUIP CHANGED**int Format: F2  
rite Format: F2  
ssing Values: 98, 99

lue      Label

0      NEVER  
1      ONE YEAR OR LESS  
98 M    DONT KNOW  
99 M    NA**AVELED TO HOME**int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue      Label

0      NEVER  
1      ONE YEAR OR LESS  
98 M    DONT KNOW  
99 M    NA**AVELED TO HOME**int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue      Label

0      NEVER  
1      ONE YEAR OR LESS  
98 M    DONT KNOW  
99 M    NA**AVELED TO SCHOOL**int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue      Label

0      NEVER  
1      ONE YEAR OR LESS  
98 M    DONT KNOW  
99 M    NA**AVELED TO ADULT DAY PROGRAM**int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue      Label

0      NEVER  
1      ONE YEAR OR LESS  
98 M    DONT KNOW  
99 M    NA**TRAVELED TO WORK**Print Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA**TRAVELED TO RECREATIONAL FACILITY**Print Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA**TRAVELED TO SHELTERED WORKSHOP**Print Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA**TRAVELED TO ADULT DAY PROGRAM**Print Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

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VELED TO PUBLIC FACILITIES  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

RS PER WEEK TRANSPORT EQUIP USED  
nt Format: F2  
te Format: F2  
sing Values: 98, 99

ue      Label

1	ONE HOUR OR LESS
95	95-167 HRS PER WEEK
96	168 HRS PER WEEK/ALWAYS
97	OTHER
98 M	DONT KNOW
99 M	NA

S TRANSPORT EQUIP MEET NEEDS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

S R OWN TRANSPORT EQUIP

nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

R PAID FOR TRANSPORT EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

FAMILY PAID FOR TRANSPORT EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

VOCREHAB PAID FOR TRANSPORT EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

SCHOOL PAID FOR TRANSPORT EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

VELED TO PUBLIC FACILITIES  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

RS PER WEEK TRANSPORT EQUIP USED  
nt Format: F2  
te Format: F2  
sing Values: 98, 99

ue      Label

1	ONE HOUR OR LESS
95	95-167 HRS PER WEEK
96	168 HRS PER WEEK/ALWAYS
97	OTHER
98 M	DONT KNOW
99 M	NA

S TRANSPORT EQUIP MEET NEEDS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

S R OWN TRANSPORT EQUIP

nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

R PAID FOR TRANSPORT EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

FAMILY PAID FOR TRANSPORT EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

VOCREHAB PAID FOR TRANSPORT EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

SCHOOL PAID FOR TRANSPORT EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED** **Page 46**  
**SOURCE: 1987 SURVEY OF 514 PERSONS WHO ARE DISABLED**

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13:59:55 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

VATE INSURANCE PAID FOR TRANSPORT EQUIPPING  
nt Format: F1  
te Format: F1  
cine Values: 0 0

161  
D91 SPECIAL GRANT PAID FOR TRANSPORT EQUIPMENT  
Print Format: F1  
Write Format: F1  
Width: 10  
Height: 0

Label YES NO

Wife  
LADDELL  
YES

I CARE PAID FOR TRANSPORT EQUIPMENT Format: F1  
te Format: F1  
sing Values: 8, 9

D9J SSI/SSDI FUNDS PAID FOR TRANSPORT EQUIPMENT  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

PAID FOR TRANSPORT EQUIPMENT  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

D10A TRANSPORT EQUIP IS LEASED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Ge  
Label

גאיה אבן

ICAO PAID FOR TRANSPORT EQUIPMENT Format: F1  
te Format: F1  
sing Values: 8, 9

D10B TRANSPORT EQUIP IS BORROWED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue  
Label

Value  
Label

2  
8  
H  
K  
NA

2 8 0 8 2  
M H N  
V  
NO  
DONT KNOW  
NA

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SOURCE: I SER SURVEY OF 514 PERSONS WHO ARE DISABLED

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Page 49  
SOURCE: I SER SURVEY OF 514 PERSONS WHO ARE DISABLED

NSPORT EQUIP IS SHARED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

T OF KEEPING TRANSPORT EQUIP  
Print Format: F5  
Write Format: F5  
Missing Values: 99998, 99999

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

S R USE SAME-ROOM COMMUNICATION EQUIPMENT  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1      ONE DOLLAR OR LESS  
98 M    DONT KNOW  
99 M    NA

D14     WHAT KINDS OF SAME-ROOM COMMUNICATION EQUIP DOES R USE  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value      Label

1      HEARING AID  
2      BRAILLER  
3      VOICE SYNTHESIZER  
4      SOUND RECOG DEVICE  
5      GLASSES/CONTACT LENSES  
6      AUDITORY ENHANCEMENT DEVICE  
98 M    DONT KNOW  
99 M    NA

D14A    WHICH SAME-ROOM COMMUNICATION EQUIP IS MOST NEEDED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value      Label

1      HEARING AID  
2      BRAILLER  
3      VOICE SYNTHESIZER  
4      SOUND RECOG DEVICE  
5      GLASSES/CONTACT LENSES  
6      AUDITORY ENHANCEMENT DEVICE  
98 M    DONT KNOW  
99 M    NA

P91 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
JURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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LONG HAS SAME-ROOM COMMUNICATION EQUIP BEEN USED  
1t Format: F2  
te Format: F2  
sing Values: 98, 99

je Label

0	NEVER
1	ONE YEAR OR LESS
2	8 M DONT KNOW
9 M	NA

OFTEN IS SAME-ROOM COMM EQUIP CHANGED  
1t Format: F2  
te Format: F2  
sing Values: 98, 99

je Label

0	NEVER
1	ONE YEAR OR LESS
2	8 M DONT KNOW
9 M	NA

SAME-ROOM COMM EQUIP AT HOME  
1t Format: F1  
te Format: F1  
sing Values: 8, 9

je Label

0	NEVER
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

SAME-ROOM COMM EQUIP AT SCHOOL  
1t Format: F1  
te Format: F1  
sing Values: 8, 9

je Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

13:59:56 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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D17C USE SAME-ROOM COMM EQUIP AT WORK  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D17D USE SAME-ROOM COMM EQUIP AT RECREATIONAL FACILITY  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D17E USE SAME-ROOM COMM EQUIP AT SHELTERED WORKSHOP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D17F USE SAME-ROOM COMM EQUIP AT ADULT DAY PROGRAM  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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OURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

SAME-ROOM COMM EQUIP AT PUBLIC FACILITIES  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

RS PER WEEK SAME-ROOM COMMUNICATION EQUIP USED  
nt Format: F2  
te Format: F2  
sing Values: 98, 99

ue      Label

1      ONE HOUR OR LESS  
95     95-167 HRS PER WEEK  
96     168 HRS PER WEEK/ALWAYS  
97     OTHER  
98 M    DONT KNOW  
99 M    NA

S SAME-ROOM COMMUNICATION EQUIP MEET NEEDS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

S R OWN SAME-ROOM COMMUNICATION EQUIP

nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

R PAID FOR SAME-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

184

D21A  
R PAID FOR SAME-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

D21B  
FAMILY PAID FOR SAME-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

185

D21B  
FAMILY PAID FOR SAME-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

D21C  
VOCREHAB PAID FOR SAME-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

186

D21C  
VOCREHAB PAID FOR SAME-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

D21D  
SCHOOL PAID FOR SAME-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

187

D21D  
SCHOOL PAID FOR SAME-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

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13:59:57 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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VATE INSURANCE PAID FOR SAME-ROOM COMM EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

I CARE PAID FOR SAME-ROOM COMM EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

PAID FOR SAME-ROOM COMM EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

ICAIID PAID FOR SAME-ROOM COMM EQUIP

nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

193

194

195

195

D21J

D22A

D22B

SSI/SSDI FUNDS PAID FOR SAME-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

SAME-ROOM COMM EQUIP IS LEASED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

SAME-ROOM COMM EQUIP IS BORROWED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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## I-E ROOM COMM EQUIP IS SHARED

200

Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M      DONT KNOW  
 9 M      NA

## IT OF KEEPING SAME-ROOM COMMUNICATION EQUIP

201

Print Format: F5  
 Write Format: F5  
 Missing Values: 999998, 999999

Value      Label

1      ONE DOLLAR OR LESS  
 98 M      DONT KNOW  
 99 M      NA

## IS R USE PERSONAL CARE EQUIPMENT

202

Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M      DONT KNOW  
 9 M      NA

ILD R BENEFIT FROM PERSONAL CARE EQUIP  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

203

Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M      DONT KNOW  
 9 M      NA

## WHICH PERSONAL CARE EQUIP IS MOST NEEDED

D26A

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value      Label

1      CATHETER/COLOSTOMY BAG  
 2      COMMODE CHAIR/ADAPTED TOILET  
 3      BATHING AIDS  
 98 M      DONT KNOW  
 99 M      NA

1      CATHETER/COLOSTOMY BAG  
 2      COMMODE CHAIR/ADAPTED TOILET  
 3      BATHING AIDS  
 98 M      DONT KNOW  
 99 M      NA

## HOW LONG HAS PERSONAL CARE EQUIP BEEN USED

D27

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value      Label

0      NEVER  
 1      ONE YEAR OR LESS  
 98 M      DONT KNOW  
 99 M      NA

4:09       Filename: DVRDIC.LOG

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02/07/1991 14:09       Filename: DVRDIC.LOG

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I OFTEN IS PERSONAL CARE EQUIP CHANGED  
Int Format: F2  
Int Format: F2  
Missing Values: 98, 99

13:59:58 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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0  
1  
98 M  
99 M

Value Label

NEVER  
ONE YEAR OR LESS  
DONT KNOW

0  
1  
98 M  
99 M

PERSONAL CARE EQUIP AT HOME

Int Format: F1  
Int Format: F1  
Missing Values: 8, 9

208

D290 USE PERSONAL CARE EQUIP AT RECREATIONAL FACILITY  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1  
2  
8 M  
9 M

YES  
NO  
DONT KNOW  
NA

1  
2  
8 M  
9 M

YES  
NO  
DONT KNOW  
NA

PERSONAL CARE EQUIP AT SCHOOL  
Int Format: F1  
Int Format: F1  
Missing Values: 8, 9

209

D29E USE PERSONAL CARE EQUIP AT SHELTERED WORKSHOP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1  
2  
8 M  
9 M

1  
2  
8 M  
9 M

YES  
NO  
DONT KNOW  
NA

PERSONAL CARE EQUIP AT WORK  
Int Format: F1  
Int Format: F1  
Missing Values: 8, 9

210

D29F USE PERSONAL CARE EQUIP AT ADULT DAY PROGRAM  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1  
2  
8 M  
9 M

1  
2  
8 M  
9 M

YES  
NO  
DONT KNOW  
NA

PERSONAL CARE EQUIP AT WORK  
Int Format: F1  
Int Format: F1  
Missing Values: 8, 9

211

D29G USE PERSONAL CARE EQUIP AT PUBLIC FACILITIES  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1  
2  
8 M  
9 M

1  
2  
8 M  
9 M

YES  
NO  
DONT KNOW  
NA

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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IRS PER WEEK PERSONAL CARE EQUIP USED  
nt Format: F2  
te Format: F2  
sing Values: 98, 99

FAMILY PAID FOR PERSONAL CARE EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

Value      Label

1      ONE HOUR OR LESS

1      YES

95-167 HRS PER WEEK

2      NO

168 HRS PER WEEK/ALWAYS

8      DONT KNOW

97 OTHER

9      NA

98 M DON T KNOW

9      NA

99 M NA

9      NA

S PERSONAL CARE EQUIP MEET NEEDS

1      YES

1      YES

2      NO

2      NO

8 M DONT KNOW

8      DONT KNOW

9 M NA

9      NA

S R OWN PERSONAL CARE EQUIP

1      YES

1      YES

2      NO

2      NO

8 M DONT KNOW

8      DONT KNOW

9 M NA

9      NA

AID FOR PERSONAL CARE EQUIP

1      YES

1      YES

2      NO

2      NO

8 M DONT KNOW

8      DONT KNOW

9 M NA

9      NA

AID FOR PERSONAL CARE EQUIP

1      YES

1      YES

2      NO

2      NO

8 M DONT KNOW

8      DONT KNOW

9 M NA

9      NA

PRIVATE INSURANCE PAID FOR PERSONAL CARE EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

D33C

PRIVATE INSURANCE PAID FOR PERSONAL CARE EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

Value      Label

1      YES

1      YES

2      NO

2      NO

8 M DONT KNOW

8 M DONT KNOW

9 M NA

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:OURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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I CARE PAID FOR PERSONAL CARE EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

PAID FOR PERSONAL CARE EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

I CANT PAID FOR PERSONAL CARE EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

I CANT PAID FOR PERSONAL CARE EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

I CANT PAID FOR PERSONAL CARE EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

D33J SSI/SSDI FUNDS PAID FOR PERSONAL CARE EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

D34A PERSONAL CARE EQUIP IS LEASED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

D34B PERSONAL CARE EQUIP IS BORROWED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

PERSONAL CARE EQUIP IS SHARED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

PERSONAL CARE EQUIP IS SHARED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
:OURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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IT OF KEEPING PERSONAL CARE EQUIP  
nt Format: F5  
te Format: F5  
sing Values: 99998, 99999

ue      Label

1      ONE DOLLAR OR LESS  
98 M    DONT KNOW  
99 M    NA

ue      Label

1      ONE DOLLAR OR LESS  
98 M    DONT KNOW  
99 M    NA

:SR USE OTHER-ROOM COMMUNICATION EQUIPMENT

233

nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      ONE DOLLAR OR LESS  
98 M    DONT KNOW  
99 M    NA

ILD R BENEFIT FROM OTHER-ROOM COMMUNICATION EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      ONE DOLLAR OR LESS  
98 M    DONT KNOW  
99 M    NA

ILD R BENEFIT FROM OTHER-ROOM COMMUNICATION EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1      ONE DOLLAR OR LESS  
98 M    DONT KNOW  
99 M    NA

R DOESN'T HAVE OTHER-ROOM COMMUNICATION EQUIP  
nt Format: F2  
te Format: F2  
sing Values: 8, 9

ue      Label

1      ONE DOLLAR OR LESS  
98 M    DONT KNOW  
99 M    NA

HOW LONG HAS OTHER-ROOM COMMUNICATION EQUIP BEEN USED

235

ue      Label

1      ONE DOLLAR OR LESS  
98 M    DONT KNOW  
99 M    NA

WHAT KINDS OF OTHER-ROOM COMMUNICATION EQUIP DOES R USE  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value      Label

D38  
1      TDD  
2      COMMUNICATIONS BOARD  
3      SPEAKER PHONE  
4      CALL ALERT SIGNAL  
5      SUPER PHONE RINGER  
6      PHONE ADAPTATION/BOOSTER  
7      INTERCOM/PAGER  
98 M    DONT KNOW  
99 M    NA

WHICH OTHER-ROOM COMMUNICATION EQUIP IS MOST NEEDED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value      Label

234  
1      TDD  
2      COMMUNICATIONS BOARD  
3      SPEAKER PHONE  
4      CALL ALERT SIGNAL  
5      SUPER PHONE RINGER  
6      PHONE ADAPTATION/BOOSTER  
7      INTERCOM/PAGER  
98 M    DONT KNOW  
99 M    NA

HOW LONG HAS OTHER-ROOM COMMUNICATION EQUIP BEEN USED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value      Label

0      NEVER  
1      ONE YEAR OR LESS  
98 M    DONT KNOW  
99 M    NA

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SOURCE: I SER SURVEY OF 514 PERSONS WHO ARE DISABLED

I OFTEN IS OTHER-ROOM COMMUNICATION EQUIP CHANGED  
nt Format: F2  
te Format: F2  
sing Values: 98, 99

ue      Label

0	NEVER
1	ONE YEAR OR LESS
98	M DONT KNOW
99	M NA

OTHER-ROOM COMM EQUIP AT HOME  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

0	NEVER
1	ONE YEAR OR LESS
98	M DONT KNOW
99	M NA

OTHER-ROOM COMM EQUIP AT SCHOOL  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

OTHER-ROOM COMM EQUIP AT SHELTERED WORKSHOP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

USE OTHER-ROOM COMM EQUIP AT ADULT DAY PROGRAM  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

OTHER-ROOM COMM EQUIP AT WORK  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

USE OTHER-ROOM COMM EQUIP AT PUBLIC FACILITIES  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

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SOURCE: I SER SURVEY OF 514 PERSONS WHO ARE DISABLED

USE OTHER-ROOM COMM EQUIP AT RECREATIONAL FACILITY  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

USE OTHER-ROOM COMM EQUIP AT SHELTERED WORKSHOP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

USE OTHER-ROOM COMM EQUIP AT ADULT DAY PROGRAM  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

USE OTHER-ROOM COMM EQUIP AT PUBLIC FACILITIES  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

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OURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

RS PER WEEK OTHER-ROOM COMMUNICATION EQUIP USED

247

FAMILY PAID FOR OTHER-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue     Label  
1     ONE HOUR OR LESS  
95     95-167 HRS PER WEEK  
96     168 HRS PER WEEK/ALWAYS  
97     OTHER  
98     DON'T KNOW  
99     NA

Value     Label  
1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

S OTHER-ROOM COMMUNICATION EQUIP MEET NEEDS

248

VOCREHAB PAID FOR OTHER-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

ue     Label  
1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

S R OWN OTHER-ROOM COMMUNICATION EQUIP

249

SCHOOL PAID FOR OTHER-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

ue     Label  
1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

Value     Label

ue     Label  
1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

AID FOR OTHER-ROOM COMM EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

250

PRIVATE INSURANCE PAID FOR OTHER-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

ue     Label  
1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

Value     Label  
1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

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I CARE PAID FOR OTHER-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

PAID FOR OTHER-ROOM COMM EQUIP

Int Format: F1  
rite Format: F1  
sing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

PAID FOR OTHER-ROOM COMM EQUIP

Int Format: F1  
rite Format: F1  
sing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

PAID FOR OTHER-ROOM COMM EQUIP

Int Format: F1  
rite Format: F1  
sing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

PAID FOR OTHER-ROOM COMM EQUIP

Int Format: F1  
rite Format: F1  
sing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

PAID FOR OTHER-ROOM COMM EQUIP

Int Format: F1  
rite Format: F1  
sing Values: 8, 9

D45J SSI/SSDI FUNDS PAID FOR OTHER-ROOM COMM EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

OTHER-ROOM COMM EQUIP IS LEASED

Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

OTHER-ROOM COMM EQUIP IS BORROWED

Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

OTHER-ROOM COMM EQUIP IS SHARED

Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

OTHER-ROOM COMM EQUIP IS SHARED

Print Format: F1  
rite Format: F1  
sing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

OTHER-ROOM COMM EQUIP IS SHARED

Print Format: F1  
rite Format: F1  
sing Values: 8, 9

7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 72 Page 73 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

## T OF KEEPING OTHER-ROOM COMMUNICATION EQUIP

Print Format: F5

Write Format: F5

Missing Values: 99998, 99999

ue Label

1 ONE DOLLAR OR LESS

98 M DONT KNOW

99 M NA

## S R USE MOBILITY EQUIP

nt Format: F1

te Format: F1

Missing Values: 8, 9

ue Label

1 YES

2 NO

8 M DONT KNOW

9 M NA

## ILD R BENEFIT FROM MOBILITY EQUIP

nt Format: F1

te Format: F1

Missing Values: 8, 9

ue Label

1 YES

2 NO

8 M DONT KNOW

9 M NA

R DOESN'T HAVE MOBILITY EQUIP

nt Format: F2

te Format: F2

Missing Values: 8, 9

ue Label

1 CANT AFFORD IT

2 DONT KNOW ABOUT IT

3 PRIDE/INDEPENDENCE/DONT ADMIT NEED

4 AGENCY DISSATISFACTION/BUREAUCRACY

8 M DONT KNOW

9 M NA

14:00:02 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 73 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 73 HOW LONG HAS MOBILITY EQUIP BEEN USED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

ue Label

1 WHEELCHAIR

2 WALKER

3 SEEING EYE DOG

4 CANE

5 NAVIGATION DEVICE

6 CRUTCHES

98 M DONT KNOW

99 M NA

## D50 WHICH MOBILITY EQUIP IS MOST NEEDED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

ue Label

1 WHEELCHAIR

2 WALKER

3 SEEING EYE DOG

4 CANE

5 NAVIGATION DEVICE

6 CRUTCHES

98 M DONT KNOW

99 M NA

## D51 HOW LONG HAS MOBILITY EQUIP BEEN USED

Print Format: F2

Write Format: F2

Missing Values: 98, 99

ue Label

0 NEVER

1 ONE YEAR OR LESS

98 M DONT KNOW

99 M NA

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Page 74  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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Page 75  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

W OFTEN IS MOBILITY EQUIP CHANGED  
int Format: F2  
rite Format: F2  
ssing Values: 98, 99

lue Label

0	NEVER
1	ONE YEAR OR LESS
98	M DONT KNOW
99	M NA

E MOBILITY EQUIP AT HOME  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

E MOBILITY EQUIP AT SCHOOL  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

USE MOBILITY EQUIP AT RECREATIONAL FACILITY  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

USE MOBILITY EQUIP AT SHELTERED WORKSHOP  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

USE MOBILITY EQUIP AT ADULT DAY PROGRAM  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

USE MOBILITY EQUIP AT PUBLIC FACILITIES  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

E MOBILITY EQUIP AT WORK  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 75  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

270 D53D USE MOBILITY EQUIP AT RECREATIONAL FACILITY  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

271 D53E USE MOBILITY EQUIP AT SHELTERED WORKSHOP  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

272 D53F USE MOBILITY EQUIP AT ADULT DAY PROGRAM  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 75  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

273 D53G USE MOBILITY EQUIP AT PUBLIC FACILITIES  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

P91 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
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NURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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Page 77  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

IS PER WEEK MOBILITY EQUIP USED  
Format: F2  
Format: F2  
ing Values: 98, 99

ie Label

ONE HOUR OR LESS  
95-167 HRS PER WEEK  
168 HRS PER WEEK/ALWAYS  
OTHER  
DONT KNOW  
NA

; MOBILITY EQUIP MEET NEEDS

it Format: F1

ie Format: F1

;ing Values: 8, 9

ie Label

YES  
NO  
DONT KNOW  
NA

; R OWN MOBILITY EQUIP

it Format: F1

ie Format: F1

;ing Values: 8, 9

ie Label

YES  
NO  
DONT KNOW  
NA

;ID FOR MOBILITY EQUIP

it Format: F1

ie Format: F1

;ing Values: 8, 9

ie Label

YES  
NO  
DONT KNOW  
NA

D57B FAMILY PAID FOR MOBILITY EQUIP

Print Format: F1

Write Format: F1

Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D57C VOCREHAB PAID FOR MOBILITY EQUIP

Print Format: F1

Write Format: F1

Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D57D

SCHOOL PAID FOR MOBILITY EQUIP

Print Format: F1

Write Format: F1

Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D57E

PRIVATE INSURANCE PAID FOR MOBILITY EQUIP

Print Format: F1

Write Format: F1

Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

278

279

280

281

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Page 79  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

DICARE PAID FOR MOBILITY EQUIP  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue     Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

PAID FOR MOBILITY EQUIP

int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue     Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D57J SSI/SSDI FUNDS PAID FOR MOBILITY EQUIP

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

MOBILITY EQUIP IS LEASED

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D58A MOBILITY EQUIP IS BORROWED

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D58B MOBILITY EQUIP IS SHARED

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D58C MOBILITY EQUIP IS SHARED

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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T OF KEEPING MOBILITY EQUIP  
nt Format: F5  
te Format: F5  
sing Values: 99998, 99999

294

WHAT KINDS OF BUILDING MODIFICATIONS DOES R USE  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

ue Label

1 ONE DOLLAR OR LESS  
98 M DONT KNOW  
99 M NA

IS R USE BUILDING MODIFICATIONS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

295

IS R USE BUILDING MODIFICATIONS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

ILD R BENEFIT FROM BUILDING MODIFICATIONS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

296

ILD R BENEFIT FROM BUILDING MODIFICATIONS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1 YES  
2 NO  
8 M DONT KNOW  
9 M NA

R DOESN'T HAVE BUILDING MODIFICATIONS  
nt Format: F2  
te Format: F2  
sing Values: 8, 9

297

DOESN'T HAVE BUILDING MODIFICATIONS  
nt Format: F2  
te Format: F2  
sing Values: 8, 9

ue Label

CANT AFFORD IT  
DONT KNOW ABOUT IT  
LACK OF TIME/INTEREST  
AGENCY DISSATISFACTION/BUREAUCRACY  
DON T KNOW  
NA

D63

HOW LONG HAVE BUILDING MODIFICATIONS BEEN USED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value Label

0	NEVER
1	ONE YEAR OR LESS
98 M	DONT KNOW
99 M	NA

HOW OFTEN ARE BUILDING MODIFICATIONS CHANGED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value Label

0	NEVER
1	ONE YEAR OR LESS
98 M	DONT KNOW
99 M	NA

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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BLDG MODIFICATIONS AT HOME  
Format: F1  
Format: F1  
Using Values: 8, 9

.ue     Label  
1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

BLDG MODIFICATIONS AT SCHOOL

Format: F1  
Format: F1  
Using Values: 8, 9

.ue     Label  
1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

303

BLDG MODIFICATIONS AT WORK  
Format: F1  
Format: F1  
Using Values: 8, 9

.ue     Label  
1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

304

BLDG MODIFICATIONS AT ADULT DAY PROGRAM  
Format: F1  
Format: F1  
Using Values: 8, 9

.ue     Label  
1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

305

D65F     USE BLDG MODIFICATIONS AT PUBLIC FACILITIES  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D65G

USE BLDG MODIFICATIONS AT RECREATIONAL FACILITY  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

306

D66     HOURS PER WEEK BUILDING MODIFICATIONS USED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value	Label
1	ONE HOUR OR LESS
95	95-167 HRS PER WEEK
96	168 HRS PER WEEK/ALWAYS
97	OTHER
98 M	DONT KNOW
99 M	NA

1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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BUILDING MODIFICATIONS MEET NEEDS  
 Int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

lue      Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

ES R OWN BUILDING MODIFICATIONS  
 Int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

lue      Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

PAID FOR BLDG MODIFICATIONS  
 Int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

lue      Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

HILY PAID FOR BLDG MODIFICATIONS  
 Int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

lue      Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D69C VOCREHAB PAID FOR BLDG MODIFICATIONS  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

D69D SCHOOL PAID FOR BLDG MODIFICATIONS  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

D69E PRIVATE INSURANCE PAID FOR BLDG MODIFICATIONS  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

D69F MEDICARE PAID FOR BLDG MODIFICATIONS  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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PAID FOR BLDG MODIFICATIONS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

ICAI PAID FOR BLDG MODIFICATIONS

nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

CIAL GRANT PAID FOR BLDG MODIFICATIONS

nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

/SSDI FUNDS PAID FOR BLDG MODIFICATIONS

nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

14:00:07 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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D70A BLDG MODIFICATIONS ARE LEASED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D70B BLDG MODIFICATIONS ARE BORROWED

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D70C BLDG MODIFICATIONS ARE SHARED

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D72 COST OF KEEPING BUILDING MODIFICATIONS

Print Format: F5  
Write Format: F5  
Missing Values: 99998, 99999

Value Label

1	ONE DOLLAR OR LESS
2	NO
8 M	DONT KNOW
9 M	NA

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED Page 89

## ES R USE HELPING HOUSEHOLD EQUIPMENT

int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

## ULD R BENEFIT FROM HOUSEHOLD EQUIP

int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

Y R DOESNT HAVE HOUSEHOLD EQUIP  
int Format: F2  
ite Format: F2  
ssing Values: 8, 9

lue Label  
1 CANT AFFORD IT  
2 DONT KNOW ABOUT IT  
3 LACK OF TIME/INTEREST  
4 AGENCY DISSATISFACTION/BUREAUCRACY  
8 M DONT KNOW  
9 N NA

AT KINDS OF HOUSEHOLD EQUIP DOES R USE  
int Format: F6  
ite Format: F6  
ssing Values: 98, 99

lue Label  
1 REMOTE SWITCHES  
2 REMOTE LIGHTS  
3 ENVIRONMENTAL CONTROLS  
4 BUZZER MODULE  
98 M DONT KNOW  
99 N NA

## WHICH HOUSEHOLD EQUIP IS MOST NEEDED

Print Format: F2  
rite Format: F2  
Missing Values: 98, 99

Value Label  
1 REMOTE SWITCHES  
2 REMOTE LIGHTS  
3 ENVIRONMENTAL CONTROLS  
4 BUZZER MODULE  
98 M DONT KNOW  
99 N NA

## HOW LONG HAS HOUSEHOLD EQUIP BEEN USED

Print Format: F2  
rite Format: F2  
Missing Values: 98, 99

Value Label  
0 NEVER  
1 ONE YEAR OR LESS  
98 M DONT KNOW  
99 N NA

HOW OFTEN IS HOUSEHOLD EQUIP CHANGED

Print Format: F2  
rite Format: F2  
Missing Values: 98, 99

Value Label  
0 NEVER  
1 ONE YEAR OR LESS  
98 M DONT KNOW  
99 N NA

## HOURS PER WEEK HOUSEHOLD EQUIP USED

Print Format: F2  
rite Format: F2  
Missing Values: 98, 99

Value Label  
1 ONE HOUR OR LESS  
95 95-167 HRS PER WEEK  
96 168 HRS PER WEEK/ALWAYS  
97 OTHER  
98 M DONT KNOW  
99 N NA

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
ES HOUSEHOLD EQUIP MEET NEEDS  
int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

ES R OWN HOUSEHOLD EQUIP  
int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

PAID FOR HOUSEHOLD EQUIP  
int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

PART FOR HOUSEHOLD EQUIP  
int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

ONLY PAID FOR HOUSEHOLD EQUIP  
int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D80C VOCREHAB PAID FOR HOUSEHOLD EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D80D SCHOOL PAID FOR HOUSEHOLD EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D80E PRIVATE INSURANCE PAID FOR HOUSEHOLD EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D80F MEDICARE PAID FOR HOUSEHOLD EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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SOURCE: ISR SURVEY OF 514 PERSONS WHO ARE DISABLED

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SOURCE: ISR SURVEY OF 514 PERSONS WHO ARE DISABLED

PAID FOR HOUSEHOLD EQUIP  
int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

DICAIID PAID FOR HOUSEHOLD EQUIP

int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

ECIAL GRANT PAID FOR HOUSEHOLD EQUIP

int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

I/SSDI FUNDS PAID FOR HOUSEHOLD EQUIP

int Format: F1  
ite Format: F1  
ssing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

HOUSEHOLD EQUIP IS BORROWED  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

343

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

HOUSEHOLD EQUIP IS SHARED  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

344

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

HOUSEHOLD EQUIP IS SHARED  
Print Format: F5  
rite Format: F5  
Missing Values: 99998, 99999

345

Value	Label
1	ONE DOLLAR OR LESS
99998 M	DONT KNOW
99999 M	NA

COST OF KEEPING HOUSEHOLD EQUIP  
Print Format: F5  
rite Format: F5  
Missing Values: 99998, 99999

345

Value	Label
1	ONE DOLLAR OR LESS
99998 M	DONT KNOW
99999 M	NA

**1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED**  
**SOURCE: IISER SURVEY OF 514 PERSONS WHO ARE DISABLED**

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JES R USE MODIFIED EQUIPMENT AT WORK  
 -int Format: F1  
 -rite Format: F1  
 Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

NUL R BENEFIT FROM MODIFIED EQUIP AT WORK

-int Format: F1  
 -rite Format: F1  
 Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

Y R DOESN'T HAVE MODIFIED EQUIP AT WORK

-int Format: F2  
 -rite Format: F2  
 Missing Values: 8, 9

Value Label

1	CANT AFFORD IT
2	DONT KNOW ABOUT IT
3	LACK OF TIME/INTEREST
4	AGENCY DISSATISFACTION/BUREAUCRACY
8 M	DONT KNOW
9 M	NA

IAT KINDS OF MODIFIED EQUIP AT WORK DOES R USE

-int Format: F6  
 -rite Format: F6  
 Missing Values: 98, 99

Value Label

1	RAISED DESK
2	HAND RAILS
3	ADAPTED COMPUTER TOOLS
4	ADAPTED TOOLS
88 M	DONT KNOW
99 M	NA

14:00:09 SOURCE: IISER SURVEY OF 514 PERSONS WHO ARE DISABLED

WHICH MODIFIED EQUIP AT WORK IS MOST NEEDED  
 Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

1	RAISED DESK
2	HAND RAILS
3	ADAPTED COMPUTER TOOLS
4	ADAPTED TOOLS
98 M	DONT KNOW
99 M	NA

HOW LONG HAS MODIFIED EQUIP AT WORK BEEN USED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

0	NEVER
1	ONE YEAR OR LESS
98 M	DONT KNOW
99 M	NA

HOW OFTEN IS MODIFIED EQUIP AT WORK CHANGED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

0	NEVER
1	ONE YEAR OR LESS
98 M	DONT KNOW
99 M	NA

HOIRS PER WEEK MODIFIED EQUIP AT WORK USED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

1	ONE HOUR OR LESS
95	95-167 HRS PER WEEK
96	168 HRS PER WEEK/ALWAYS
97	OTHER
98 M	DONT KNOW
99 M	NA

350 D85A WHICH MODIFIED EQUIP AT WORK IS MOST NEEDED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

1	RAISED DESK
2	HAND RAILS
3	ADAPTED COMPUTER TOOLS
4	ADAPTED TOOLS
98 M	DONT KNOW
99 M	NA

351 D86 HOW LONG HAS MODIFIED EQUIP AT WORK BEEN USED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

0	NEVER
1	ONE YEAR OR LESS
98 M	DONT KNOW
99 M	NA

352 D87 HOW OFTEN IS MODIFIED EQUIP AT WORK CHANGED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

0	NEVER
1	ONE YEAR OR LESS
98 M	DONT KNOW
99 M	NA

353 D88 HOIRS PER WEEK MODIFIED EQUIP AT WORK USED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

1	ONE HOUR OR LESS
95	95-167 HRS PER WEEK
96	168 HRS PER WEEK/ALWAYS
97	OTHER
98 M	DONT KNOW
99 M	NA

350 D85A WHICH MODIFIED EQUIP AT WORK IS MOST NEEDED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

1	RAISED DESK
2	HAND RAILS
3	ADAPTED COMPUTER TOOLS
4	ADAPTED TOOLS
98 M	DONT KNOW
99 M	NA

351 D86 HOW LONG HAS MODIFIED EQUIP AT WORK BEEN USED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

0	NEVER
1	ONE YEAR OR LESS
98 M	DONT KNOW
99 M	NA

352 D87 HOW OFTEN IS MODIFIED EQUIP AT WORK CHANGED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

0	NEVER
1	ONE YEAR OR LESS
98 M	DONT KNOW
99 M	NA

353 D88 HOIRS PER WEEK MODIFIED EQUIP AT WORK USED

Print Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

Value Label

1	ONE HOUR OR LESS
95	95-167 HRS PER WEEK
96	168 HRS PER WEEK/ALWAYS
97	OTHER
98 M	DONT KNOW
99 M	NA

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SOURCE: I SER SURVEY OF 514 PERSONS WHO ARE DISABLED

YES MODIFIED EQUIP AT WORK MEET NEEDS  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

YES R OWN MODIFIED EQUIP AT WORK  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

PAID FOR MODIFIED EQUIP AT WORK  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

Value Label

PAID FOR MODIFIED EQUIP AT WORK  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

PAID FOR MODIFIED EQUIP AT WORK  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

D91C VOOREHAB PAID FOR MODIFIED EQUIP AT WORK  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

D91D SCHOOL PAID FOR MODIFIED EQUIP AT WORK  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

D91E PRIVATE INSURANCE PAID FOR MODIFIED EQUIP AT WORK  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

MEDICARE PAID FOR MODIFIED EQUIP AT WORK  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

D91F MEDICARE PAID FOR MODIFIED EQUIP AT WORK  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

Value Label

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

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PAID FOR MODIFIED EQUIP AT WORK  
int Format: F1  
rite Format: F1  
sing Values: 8, 9

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

DISAID PAID FOR MODIFIED EQUIP AT WORK

int Format: F1  
rite Format: F1  
sing Values: 8, 9

Value	Label
-------	-------

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

DISAID PAID FOR MODIFIED EQUIP AT WORK  
int Format: F1  
rite Format: F1  
sing Values: 8, 9

Value	Label
-------	-------

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

DISAID PAID FOR MODIFIED EQUIP AT WORK  
int Format: F1  
rite Format: F1  
sing Values: 8, 9

Value	Label
-------	-------

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

DISAID PAID FOR MODIFIED EQUIP AT WORK

int Format: F1  
rite Format: F1  
sing Values: 8, 9

Value	Label
-------	-------

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

DISAID PAID FOR MODIFIED EQUIP AT WORK  
int Format: F1  
rite Format: F1  
sing Values: 8, 9

Value	Label
-------	-------

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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D91K EMPLOYER PAID FOR MODIFIED EQUIP AT WORK  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D92A MODIFIED EQUIP AT WORK IS LEASED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D92B MODIFIED EQUIP AT WORK IS BORROWED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

Value	Label
-------	-------

Value	Label
-------	-------

Value	Label
-------	-------

D92C MODIFIED EQUIP AT WORK IS SHARED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value	Label
-------	-------

Value	Label
-------	-------

Value	Label
-------	-------

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MODIFIED EQUIP AT WORK IS PROVIDED BY EMPLOYER  
Int Format: F1  
rite Format: F1

lue      Label

1	YES
2	NO
8	DONT KNOW
9	NA

ST OF KEEPING MODIFIED EQUIP AT WORK

Int Format: F5  
ssing Values: 9999B, 99999

lue      Label

1	ONE DOLLAR OR LESS
998	M DONT KNOW
999	NA

ES R USE ADAPTED RECREATION EQUIPMENT  
Int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue      Label

1	YES
2	NO
8	M DONT KNOW
9	NA

ULD R BENEFIT FROM RECREATION EQUIP  
Int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue      Label

1	YES
2	NO
8	M DONT KNOW
9	NA

D95B      WHY R DOESNT HAVE RECREATION EQUIP  
Print Format: F2  
rite Format: F2  
Missing Values: 8, 9

Value      Label

1	CANT AFFORD IT
2	DONT KNOW ABOUT IT
3	LACK OF TIME/INTEREST
4	AGENCY DISSATISFACTION/BUREAUCRACY
8	M DONT KNOW
9	NA

D96      WHAT KINDS OF RECREATION EQUIP DOES R USE  
Print Format: F6  
rite Format: F6  
Missing Values: 98, 99

Value      Label

1	CYCLE CHAIR
2	ADAPTED SKIS
98	M DONT KNOW
99	NA

D96A      WHICH RECREATION EQUIP IS MOST NEEDED  
Print Format: F2  
rite Format: F2  
Missing Values: 98, 99

Value      Label

1	CYCLE CHAIR
2	ADAPTED SKIS
98	M DONT KNOW
99	NA

D97      HOW LONG HAS RECREATION EQUIP BEEN USED  
Print Format: F2  
rite Format: F2  
Missing Values: 98, 99

Value      Label

0	NEVER
1	ONE YEAR OR LESS
98	M DONT KNOW
99	NA

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W OFTEN IS RECREATION EQUIP CHANGED  
 int Format: F2  
 Write Format: F2  
 Missing Values: 98, 99

lue      Label

0      NEVER  
 1      ONE YEAR OR LESS  
 98 M   DONT KNOW  
 99 M   NA

E. RECREATION EQUIP AT HOME  
 int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

lue      Label

1      NEVER  
 2      ONE YEAR OR LESS  
 98 M   DONT KNOW  
 99 M   NA

E. RECREATION EQUIP AT SCHOOL  
 int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

lue      Label

1      YES  
 2      NO  
 8 M   DONT KNOW  
 9 M   NA

E. RECREATION EQUIP AT WORK  
 int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

lue      Label

1      YES  
 2      NO  
 8 M   DONT KNOW  
 9 M   NA

E. RECREATION EQUIP AT WORK  
 int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

lue      Label

1      YES  
 2      NO  
 8 M   DONT KNOW  
 9 M   NA

D990      USE RECREATION EQUIP AT RECREATIONAL FACILITY  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M   DONT KNOW  
 9 M   NA

D99E      USE RECREATION EQUIP AT SHELTERED WORKSHOP  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M   DONT KNOW  
 9 M   NA

D99F      USE RECREATION EQUIP AT ADULT DAY PROGRAM  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M   DONT KNOW  
 9 M   NA

D99G      USE RECREATION EQUIP AT PUBLIC FACILITIES  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M   DONT KNOW  
 9 M   NA

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JRS PER WEEK RECREATION EQUIP USED  
Int Format: F2  
Ite Format: F2  
Missing Values: 98, 99

Iue Label  
1 ONE HOUR OR LESS  
2 95-167 HRS PER WEEK  
3 168 HRS PER WEEK/ALWAYS  
4 OTHER  
5 DONT KNOW  
6 NA

IS RECREATION EQUIP MEET NEEDS  
Int Format: F1  
Ite Format: F1  
Missing Values: 8, 9

391

Iue Label  
1 YES  
2 NO  
3 DONT KNOW  
4 NA

ES R OWN RECREATION EQUIP  
Int Format: F1  
Ite Format: F1  
Missing Values: 8, 9

392

Iue Label  
1 YES  
2 NO  
3 DONT KNOW  
4 NA

D103B FAMILY PAID FOR RECREATION EQUIP  
Int Format: F2  
Ite Format: F2  
Missing Values: 8, 9

390

D103C VOCREHAB PAID FOR RECREATION EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value	Label
1	YES
2	NO
3	DONT KNOW
4	NA

D103D SCHOOL PAID FOR RECREATION EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

D103E PRIVATE INSURANCE PAID FOR RECREATION EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value	Label
1	YES
2	NO
3	DONT KNOW
4	NA

393

>AID FOR RECREATION EQUIP  
Int Format: F1  
Ite Format: F1  
Missing Values: 8, 9

Iue Label  
1 YES  
2 NO  
3 DONT KNOW  
4 NA

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DICARE PAID FOR RECREATION EQUIP  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

PAID FOR RECREATION EQUIP

int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

DICARD PAID FOR RECREATION EQUIP  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

ECIAL GRANT PAID FOR RECREATION EQUIP  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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D103J SS/SSDI FUNDS PAID FOR RECREATION EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

RECREATION EQUIP IS LEASED

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

RECREATION EQUIP IS BORROWED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

RECREATION EQUIP IS SHARED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

lue Label

Value	Label
1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

IST OF KEEPING RECREATION EQUIP  
'int Format: F5  
'rite Format: F5  
ssing Values: 99998, 99999

lue      Label

1      ONE DOLLAR OR LESS  
998 M      DONT KNOW  
999 M      NA

IES R USE ADAPTED COMPUTER EQUIPMENT  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

lue      Label  
1      YES  
2      NO  
8 M      DONT KNOW  
9 M      NA

MULD R BENEFIT FROM COMPUTER EQUIP  
'int Format: F1  
'rite Format: F1  
ssing Values: 8, 9

D108      WHAT KINDS OF COMPUTER EQUIP DOES R USE  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99  
Value      Label  
1      VIDEO MAGNIFIER  
2      BRAILLE I/O  
3      TALKING COMPUTER  
4      LARGE KEYS  
98 M      DONT KNOW  
99 M      NA

D108A      WHICH COMPUTER EQUIP IS MOST NEEDED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99  
Value      Label  
1      VIDEO MAGNIFIER  
2      BRAILLE I/O  
3      TALKING COMPUTER  
4      LARGE KEYS  
98 M      DONT KNOW  
99 M      NA

D109      HOW LONG HAS COMPUTER EQUIP BEEN USED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99  
Value      Label  
0      NEVER  
1      ONE YEAR OR LESS  
98 M      DONT KNOW  
99 M      NA

D110      HOW OFTEN IS COMPUTER EQUIP CHANGED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99  
Value      Label  
0      NEVER  
1      ONE YEAR OR LESS  
98 M      DONT KNOW  
99 M      NA

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: COMPUTER EQUIP AT HOME  
int Format: F1  
ite Format: F1  
sing Values: 8, 9

|ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

: COMPUTER EQUIP AT SCHOOL  
int Format: F1  
ite Format: F1  
sing Values: 8, 9

|ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

: COMPUTER EQUIP AT WORK  
int Format: F1  
ite Format: F1  
sing Values: 8, 9

|ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

: COMPUTER EQUIP AT RECREATIONAL FACILITY  
int Format: F1  
ite Format: F1  
sing Values: 8, 9

|ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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: USE COMPUTER EQUIP AT SHELTERED WORKSHOP  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

414

|ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

: USE COMPUTER EQUIP AT ADULT DAY PROGRAM  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

415

|ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

: USE COMPUTER EQUIP AT PUBLIC FACILITIES  
Print Format: F1  
rite Format: F1  
Missing Values: 8, 9

|ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

: HOURS PER WEEK COMPUTER EQUIP USED  
Print Format: F2  
rite Format: F2  
Missing Values: 98, 99

416

|ue      Label

1	ONE HOUR OR LESS
95	95-167 HRS PER WEEK
96	168 HRS PER WEEK/ALWAYS
97	OTHER
98 M	DONT KNOW
99 M	NA

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

S COMPUTER EQUIP MEET NEEDS  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

S R OWN COMPUTER EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

AID FOR COMPUTER EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

ILY PAID FOR COMPUTER EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

ILY PAID FOR COMPUTER EQUIP  
nt Format: F1  
te Format: F1  
sing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

VOCREHAB PAID FOR COMPUTER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

423 D115D

SCHOOL PAID FOR COMPUTER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

424 D115E

PRIVATE INSURANCE PAID FOR COMPUTER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

MEDICARE PAID FOR COMPUTER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

425 D115F

MEDICARE PAID FOR COMPUTER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

ue      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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Page 115 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

PAID FOR COMPUTER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

DICAIID PAID FOR COMPUTER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

FEDERAL GRANT PAID FOR COMPUTER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

DISABILITY FUNDS PAID FOR COMPUTER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D116A COMPUTER EQUIP IS LEASED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D116B COMPUTER EQUIP IS BORROWED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D116C COMPUTER EQUIP IS SHARED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D118 COST OF KEEPING COMPUTER EQUIP  
Print Format: F5  
Write Format: F5  
Missing Values: 99998, 99999

Value Label

1	ONE DOLLAR OR LESS
99998 M	DONT KNOW
99999 M	NA

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R USE ADAPTED TOYS  
t Format: F1  
e Format: F1  
ing Values: 8, 9

e Label

1 YES  
2 NO  
B M DONT KNOW  
9 H NA

R USE OTHER EQUIPMENT

t Format: F1  
e Format: F1  
ing Values: 8, 9

e Label

1 YES  
2 NO  
B M DONT KNOW  
9 H NA

KINDS OF OTHER EQUIP DOES R USE

t Format: F6  
e Format: F6  
ing Values: 98, 99

e Label

1 TENS UNIT  
2 OXYGEN SYSTEM  
3 AIR PURIFYING SYSTEM  
4 BRACE  
5 BREATHING APPARATUS  
B M DONT KNOW  
9 H NA

H OTHER EQUIP IS MOST NEEDED

t Format: F2  
e Format: F2  
ing Values: 98, 99

e Label

2 OXYGEN SYSTEM  
3 AIR PURIFYING SYSTEM  
4 BRACE  
5 BREATHING APPARATUS

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HOW LONG HAS OTHER EQUIP BEEN USED  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

e Value Label

0 NEVER  
1 ONE YEAR OR LESS  
98 H DONT KNOW  
99 H NA

D123 HOW OFTEN IS OTHER EQUIP CHANGED

Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

e Value Label

0 NEVER  
1 ONE YEAR OR LESS  
98 H DONT KNOW  
99 H NA

D124A USE OTHER EQUIP AT HOME

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

e Value Label

1 YES  
2 NO  
8 H DONT KNOW  
9 H NA

D124B USE OTHER EQUIP AT SCHOOL.

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

e Value Label

1 YES  
2 NO  
8 H DONT KNOW  
9 H NA

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SOURCE: 1SER SURVEY OF 514 PERSONS WHO ARE DISABLED

E OTHER EQUIP AT WORK  
Int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 H NA

E OTHER EQUIP AT RECREATIONAL FACILITY  
Int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

1 YES  
2 NO  
8 M DONT KNOW  
9 H NA

E OTHER EQUIP AT SHELTERED WORKSHOP

Int Format: F1  
rite Format: F1  
ssing Values: 8, 9

447 D125 HOURS PER WEEK OTHER EQUIP USED

Print Format: F2  
rite Format: F2  
ssing Values: 98, 99

Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 H NA

1 ONE HOUR OR LESS  
95 95-167 HRS PER WEEK  
96 168 HRS PER WEEK/ALWAYS  
97 OTHER  
98 H DONT KNOW  
99 H NA

D126 DOES OTHER EQUIP MEET NEEDS  
Print Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 H NA

E OTHER EQUIP AT ADULT DAY PROGRAM  
Int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 H NA

D127 DOES R OWN OTHER EQUIP  
Print Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label

1 YES  
2 NO  
8 M DONT KNOW  
9 H NA

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PAID FOR OTHER EQUIP  
 int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

MILY PAID FOR OTHER EQUIP  
 int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D128E PRIVATE INSURANCE PAID FOR OTHER EQUIP  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

MILY PAID FOR OTHER EQUIP  
 int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

ICREHAB PAID FOR OTHER EQUIP

int Format: F1

Write Format: F1

Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D128F MEDICARE PAID FOR OTHER EQUIP  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D128G VA PAID FOR OTHER EQUIP  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

D128H MEDICAID PAID FOR OTHER EQUIP  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

HOOL PAID FOR OTHER EQUIP

int Format: F1

Write Format: F1

Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

457

D128H MEDICAID PAID FOR OTHER EQUIP  
 Print Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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462      FICIAL GRANT PAID FOR OTHER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

463      I/SSDI FUNDS PAID FOR OTHER EQUIP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

464      HER EQUIP IS LEASED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

465      HER EQUIP IS BORROWED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

466      D132C OTHER EQUIP IS SHARED  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	ONE DOLLAR OR LESS
99998 M	DONT KNOW
99999 M	NA

467      D132 HAS R USED TOLL-FREE NO FOR EQUIPMENT HELP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

468      D132A WOULD R CALL FOR HELP  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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SOURCE: 1SER SURVEY OF 514 PERSONS WHO ARE DISABLED

Y R	WOULD NOT CALL FOR HELP		
int	Format: F6		
ite	Format: F6		
ssing	Values: 98, 99		
lue	Label		
1	DONT NEED HELP	1	COMMUNICATION DEVICE/NOT IN SAME ROOM
2	PHYSICALLY UNABLE/CANT SPEAK/HEAR	2	MOBILITY DEVICE
98 M	DONT KNOW	3	ADAPTED COMPUTER
99 M	NA	4	ADAPTED LEISURE DEVICE
	PECT TO NEED EQUIPMENT IN FUTURE	5	ADAPTED HOME APPLIANCE
int	Format: F1	6	WORKPLACE MODIFICATIONS
ite	Format: F1	7	RAMPS/RAILINGS
ssing	Values: 8, 9	8	ADAPTED TOYS
lue	Label	9	COMMUNICATION DEVICE/IN SAME ROOM
1	YES	10	TRANSPORT EQUIPMENT
2	NO	11	WHIRLPOOL/JACUZZI
3	BABY/MAY NEED HELP IN FUTURE	12	OXYGEN
4	DONT KNOW EXTENT OF DISABILITY PROGRESSION	98 M	DONT KNOW
8 M	DONT KNOW	99 M	NA
	AT KINDS OF FUTURE EQUIPMENT 1ST M		
int	Format: F2	0134C	WHAT KINDS OF FUTURE EQUIPMENT 3RD M
ite	Format: F2		Print Format: F2
ssing	Values: 98, 99		Write Format: F2
lue	Label		Missing Values: 98, 99
1	COMMUNICATION DEVICE/NOT IN SAME ROOM	1	COMMUNICATION DEVICE/NOT IN SAME ROOM
2	MOBILITY DEVICE	2	MOBILITY DEVICE
3	ADAPTED COMPUTER	3	ADAPTED COMPUTER
4	ADAPTED LEISURE DEVICE	4	ADAPTED LEISURE DEVICE
5	ADAPTED HOME APPLIANCE	5	ADAPTED HOME APPLIANCE
6	WORKPLACE MODIFICATIONS	6	WORKPLACE MODIFICATIONS
7	RAMPS/RAILINGS	7	RAMPS/RAILINGS
8	ADAPTED TOYS	8	ADAPTED TOYS
9	COMMUNICATION DEVICE/IN SAME ROOM	9	COMMUNICATION DEVICE/IN SAME ROOM
10	TRANSPORT EQUIPMENT	10	TRANSPORT EQUIPMENT
11	WHIRLPOOL/JACUZZI	11	WHIRLPOOL/JACUZZI
12	OXYGEN	12	OXYGEN
98 M	DONT KNOW	98 M	DONT KNOW
99 M	NA	99 M	NA

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**S R RECEIVED INFO ABOUT TECHNOLOGIES**

int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**D TECHNOLOGY INFO MEET NEEDS**

int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**Y TECH INFO DIDNT MEET NEEDS**

int Format: F6  
rite Format: F6  
ssing Values: 98, 99

lue Label

1	NOT RIGHT INFO
2	NOT ENOUGH DETAIL
8 M	DONT KNOW
99 M	NA

**ED FOR TECHNOLOGY INFO**

int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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**E3A WHY UNABLE TO GET TECHNOLOGY INFO**

Print Format: F6  
rite Format: F6  
ssing Values: 98, 99

Value Label

1	INFO NOT AVAILABLE
2	DONT KNOW WHERE TO GET
3	HAVEN'T REQUESTED IT
98 M	DONT KNOW
99 M	NA

**E4 PLACES THAT DELIVER TECHNOLOGY SERVICES**

Print Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**E5 HAVE TECH SERVICES MET NEEDS**

Print Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**E5A WHY TECH SERVICES HAVEN'T MET NEEDS**

Print Format: F6  
rite Format: F6  
ssing Values: 98, 99

Value Label

1	DIDN'T HAVE RIGHT EQUIPMENT
2	EQUIPMENT TOO EXPENSIVE
98 M	DONT KNOW
99 M	NA

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:ED FOR PLACE DELIVERING TECH SERVICES  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value     Label

1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

IF PLACE HASNT BEEN FOUND

int Format: F6  
rite Format: F6  
ssing Values: 98, 99

Value     Label

1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

:EDS EVALUATED  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value     Label

1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

:S EVALUATION HELPED

int Format: F1  
rite Format: F1  
ssing Values: 8, 9

Value     Label

1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

E8A           WHY EVALUATION HASNT HELPED  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value     Label

1     THEY DIDNT KNOW ENOUGH  
98 M    DONT KNOW  
99 M    NA

E9           DOES R NEED EVALUATION  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

E9A           WHY EVALUATION NOT RECEIVED

Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value     Label

1     DIDNT KNOW WHERE  
2     CANT AFFORD IT  
98 M    DONT KNOW  
99 M    NA

E10           SERVICES COORDINATED BY DIFFERENT AGENCIES  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

1     YES  
2     NO  
8 M     DONT KNOW  
9 M     NA

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S COORDINATION HELPED  
Int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

Y COORDINATION DIDN'T HELP  
Int Format: F6  
rite Format: F6  
ssing Values: 98, 99

lue Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

ED FOR COORDINATION  
Int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label  
1 AGENCIES DIDN'T WORK TOGETHER  
2 SOME NEEDS STILL NOT MET  
98 M DONT KNOW  
99 N NA

E13  
HELP IN PAYING FOR TECH SERVICES  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

lue Label  
Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

Y COORDINATION DIDN'T HELP  
Int Format: F6  
rite Format: F6  
ssing Values: 98, 99

lue Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

ED FOR COORDINATION  
Int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label  
1 AGENCIES DIDN'T WORK TOGETHER  
2 SOME NEEDS STILL NOT MET  
98 M DONT KNOW  
99 N NA

E14  
HAS PAYMENT HELP MET NEEDS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

lue Label  
Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

ED FOR COORDINATION  
Int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label  
1 AGENCIES DIDN'T WORK TOGETHER  
2 SOME NEEDS STILL NOT MET  
98 M DONT KNOW  
99 N NA

E14A  
WHY PAYMENT HELP HASNT MET NEEDS  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

lue Label  
Value Label  
1 IT DIDN'T PAY ENOUGH  
98 M DONT KNOW  
99 N NA

ED FOR COORDINATION  
Int Format: F6  
rite Format: F6  
ssing Values: 98, 99

lue Label  
1 AGENCIES DIDN'T WORK TOGETHER  
2 SOME NEEDS STILL NOT MET  
98 M DONT KNOW  
99 N NA

E15  
NEED FOR HELP IN PAYING FOR TECH SERVICES  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

lue Label  
Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

ED FOR COORDINATION  
Int Format: F6  
rite Format: F6  
ssing Values: 98, 99

lue Label  
1 AGENCIES DIDN'T WORK TOGETHER  
2 SOME NEEDS STILL NOT MET  
98 M DONT KNOW  
99 N NA

E15  
NEED FOR HELP IN PAYING FOR TECH SERVICES  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

lue Label  
Value Label  
1 YES  
2 NO  
8 M DONT KNOW  
9 N NA

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 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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Y PAYMENT HELP NOT RECEIVED  
 int Format: F6  
 Write Format: F6  
 Missing Values: 98, 99

Value      Label

1      NO SERVICE EXISTS  
 2      HAVEN'T NEEDED IT YET  
 3      AGENCY WONT PAY/CANT AFFORD  
 4      DONT KNOW WHERE TO GO  
 98 M    NA

COMMUNICATION ABOUT NEEDS/SERVICES

int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M    DONT KNOW  
 9 M    NA

S COMMUNICATION HELPED

int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M    DONT KNOW  
 9 M    NA

E18A WHY NO COMMUNICATION

int Format: F1  
 Write Format: F6  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M    DONT KNOW  
 9 M    NA

E19 TIMELY REPAIRS  
 int Format: F1  
 Write Format: F1  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M    DONT KNOW  
 9 M    NA

E20 HAVE REPAIRS MET NEEDS  
 int Format: F6  
 Write Format: F6  
 Missing Values: 8, 9

Value      Label

1      YES  
 2      NO  
 8 M    DONT KNOW  
 9 M    NA

Y COMMUNICATION HASNT MET NEEDS

int Format: F6  
 Write Format: F6  
 Missing Values: 98, 99

Value      Label

1      NO RESOURCES IDENTIFIED TO RESPOND TO NEEDS  
 2      NO  
 8 M    DONT KNOW  
 99 M    NA

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

WHY REPAIRS HAVENT MET NEEDS  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value Label

98 M DONT KNOW  
99 M NA

NEED FOR REPAIR SERVICE  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

98 M NA  
99 M NA

E23 HAS DEVICE TRAINING MET NEEDS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

98 M NA  
99 M NA

WHY DEVICE TRAINING HASNT MET NEEDS  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value Label

98 M NA  
99 M NA

E24 NEED FOR DEVICE TRAINING  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

98 M NA  
99 M NA

TRAINING/HELP IN USING TECHNOLOGY DEVICES  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

98 M NA  
99 M NA

E24A WHY DEVICE TRAINING NOT RECEIVED  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value Label

98 M NA  
99 M NA

1 NOT AVAILABLE  
2 DONT KNOW  
8 M NA  
9 M NA

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SOURCE: 1SER SURVEY OF 514 PERSONS WHO ARE DISABLED

AS EQUIPMENT BEEN CHANGED TO MEET NEEDS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

IVE EQUIP CHANGES HAVEN'T MET NEEDS

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

HY EQUIP CHANGES HAVEN'T MET NEEDS  
Print Format: F6  
Write Format: F6  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

HY EQUIP CHANGES HAVEN'T MET NEEDS

Print Format: F6  
Write Format: F6  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

ED FOR EQUIP CHANGES

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

E27A      WHY EQUIP CHANGES NOT RECEIVED  
Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value      Label

1      TOO EXPENSIVE  
2      DONT KNOW WHERE  
8 M    DONT KNOW  
99 M    NA

PAID TRANSPORTATION TO PLACES W/TECHNOLOGY SERVICES

Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

HAS MONEY HADN'T MET TRANSPORT NEEDS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

E29A      WHY MONEY HASN'T MET TRANSPORT NEEDS

Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

518

E29A      WHY MONEY HASN'T MET TRANSPORT NEEDS

Print Format: F6  
Write Format: F6  
Missing Values: 98, 99

Value      Label

1      YES  
2      NO  
8 M    DONT KNOW  
9 M    NA

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SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

ED FOR MONEY FOR TRANSPORTATION  
int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

Y MONEY FOR TRANSPORT NOT RECEIVED  
int Format: F6  
rite Format: F6  
ssing Values: 98, 99

lue Label

1	NO PROGRAM EXISTS
2	NO FUNDING
3	DONT KNOW WHERE
98 M	DONT KNOW
99 M	NA

CCESS TO BUILDINGS W/SERVICES

int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

523

F2

524

F2

525

F2A

526

F2B

AGE OF RESPONDENT  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value Label

98 M	DONT KNOW
99 M	NA

EMPLOYMENT STATUS  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	WORKING FULL TIME
2	WORKING PART TIME
3	UNEMPLOYED/LOOKING
4	UNEMPLOYED/NOT LOOKING
5	STUDENT
6	RETIRED
8 M	DONT KNOW
9 M	NA

USUAL OCCUPATION  
Print Format: F3  
Write Format: F3  
Missing Values: 998, 999

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

REGISTERED VOTER  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

PUT ON DECISIONS ABOUT TECHNOLOGY SERVICES

int Format: F1  
rite Format: F1  
ssing Values: 8, 9

lue Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

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RANGE OF HH INCOME

ACE OF RESPONDENT  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value     Label

10	WHITE
20	ALASKAN INDIAN
21	ALASKAN INDIAN/SE
22	ALASKAN INDIAN/ATHABASCAN
23	ALASKAN ESKIMO
24	ALASKAN ESKIMO/NUNIVIAK
25	ALASKAN ESKIMO/KUPIK
26	ALASKAN ALEUT
27	ALASKAN NATIVE/NOT SPECIFIED
28	AMERICAN INDIAN
30	BLACK
40	ASIAN/PACIFIC ISLANDER
50	HISPANIC
98	M DONT KNOW
99	M NA

Value     Label

0	NONE
17	17 OR MORE YEARS
98	M DONT KNOW
99	M NA

EDUCATION OF RESPONDENT  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value     Label

HH INCOME
Print Format: F3
Write Format: F3
Missing Values: 998, 999

F6

H STATUS OF RESPONDENT  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value     Label

Value     Label

998	M FIRM DONT KNOW
999	M REFUSED

RANGE OF HH INCOME
Print Format: F1
Write Format: F1
Missing Values: 8, 9

F6A

H STATUS OF RESPONDENT  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value     Label

0	MAIL-IN FORM
1	LESS THAN \$5000
2	\$5001-\$10000
3	\$10001-\$20000
4	\$20001 OR MORE
8	M DONT KNOW
9	M NA

F6B

H STATUS OF RESPONDENT  
Print Format: F2  
Write Format: F2  
Missing Values: 98, 99

Value     Label

1	YES
2	NO
8	M DONT KNOW
9	M NA

F7A

INCOME SOURCE-EMPLOYMENT  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value     Label

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**COME SOURCE-SOCIAL SECURITY**  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**COME SOURCE-OTHER PUBLIC ASSISTANCE**  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**HER DISABILITY BENS**  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**COME SOURCE-SELF EMPLOY**  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**COME SOURCE-FAMILY CONTRIBUTIONS**  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**F7G INCOME SOURCE-FISH/FARM**  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	YES
2	NO
8 M	DONT KNOW
9 M	NA

**F7H OTHER INCOME SOURCE 1**  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

3	RETIREMENT
4	DIVIDENDS/INTEREST/INVESTMENT
5	STATE PROG/PERM FUND/LONGEVITY/SL
6	UNEMPLOYMENT
8 M	DONT KNOW
9 M	NA

**F7I OTHER INCOME SOURCE 2**  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

3	RETIREMENT
4	DIVIDENDS/INTEREST/INVESTMENT
5	STATE PROG/PERM FUND/LONGEVITY/SL
6	UNEMPLOYMENT
8 M	DONT KNOW
9 M	NA

**F8 SEX OF RESPONDENT**  
Print Format: F1  
Write Format: F1  
Missing Values: 8, 9

Value      Label

1	FEMALE
2	MALE
9 M	NA

**540**

**541**

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10W PERSON W/DISABILITY WITHOUT PHONE  
'int Format: F1  
'ite Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	NA

:MISSION FOR FOLLOWUP CALL  
'int Format: F1  
'ite Format: F1  
Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	NA

ONE NUMBER

'int Format: F7

'ite Format: F7

Missing Values: 99999998, 99999999

Value Label

1	ONE NUMBER
2	NO
8	M DONT KNOW
9	NA

HOME NURSE

'int Format: F1

'ite Format: F1

Missing Values: 8, 9

Value Label

1	YES
2	NO
8	M DONT KNOW
9	NA

WORK, SCHOOL, MEDICAL, PUBLIC TRANSPORTATION

'int Format: F7

'ite Format: F7

Missing Values: 99999998, 99999999

Value Label

1	WORK, SCHOOL, MEDICAL, PUBLIC TRANSPORTATION
2	NO
8	M DONT KNOW
9	NA

LEISURE ACTIVITY TRANSPORTATION

'int Format: F7

'ite Format: F7

Missing Values: 99999998, 99999999

Value Label

1	LEISURE ACTIVITY TRANSPORTATION
2	NO
8	M DONT KNOW
9	NA

PERSONAL CARE ATTENDANT  
Print Format: F8.2  
Write Format: F8.2

Value Label

1.00	SERVICE NEED MET
2.00	UNMET SERVICE NEED

U7

HOME NURSE  
Print Format: F8.2  
Write Format: F8.2

U7

WORK, SCHOOL, MEDICAL, PUBLIC TRANSPORTATION  
Print Format: F8.2  
Write Format: F8.2

U11

LEISURE ACTIVITY TRANSPORTATION  
Print Format: F8.2  
Write Format: F8.2

U14

PERSONAL CARE ATTENDANT  
Print Format: F8.2  
Write Format: F8.2

U17

LEISURE ACTIVITY TRANSPORTATION  
Print Format: F8.2  
Write Format: F8.2

U17

HOME REMODELLING  
Print Format: F8.2  
Write Format: F8.2

U17

HOME REMODELLING  
Print Format: F8.2  
Write Format: F8.2

U17

HOME REMODELLING  
Print Format: F8.2  
Write Format: F8.2

U17

HOME REMODELLING  
Print Format: F8.2  
Write Format: F8.2

U17

HOME REMODELLING  
Print Format: F8.2  
Write Format: F8.2

U17

HOME REMODELLING  
Print Format: F8.2  
Write Format: F8.2

U17

HOME REMODELLING  
Print Format: F8.2  
Write Format: F8.2

U17

HOME REMODELLING  
Print Format: F8.2  
Write Format: F8.2

U17

HOME REMODELLING  
Print Format: F8.2  
Write Format: F8.2

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:FORDABLE & ACCESSIBLE HOUSING  
'int Format: F8.2  
'rite Format: F8.2

blue Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

:JOB COUNSELING  
'int Format: F8.2  
'rite Format: F8.2

blue Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

:JUDGMENT INFORMATION  
'int Format: F8.2  
'rite Format: F8.2

blue Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

:JUDGMENT LOANS  
'int Format: F8.2  
'rite Format: F8.2

blue Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

:INDEPENDENT LIVING TRAINING  
'int Format: F8.2  
'rite Format: F8.2

blue Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

556

U37 DISABILITY COUNSELING  
Print Format: F8.2  
Write Format: F8.2

Value Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

557

U40 DISABILITY SUPPORT GROUP  
Print Format: F8.2  
Write Format: F8.2

Value Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

558

U43 LEGAL BENEFITS ASSISTANCE  
Print Format: F8.2  
Write Format: F8.2

Value Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

559

U46 ADVOCACY  
Print Format: F8.2  
Write Format: F8.2

Value Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

560

U49 CENTRALIZED INFORMATION  
Print Format: F8.2  
Write Format: F8.2

Value Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

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DISABILITY INFORMATION  
-int Format: F8.2  
-rite Format: F8.2

Value Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

Value Label

NEWSLETTER  
-int Format: F8.2  
-rite Format: F8.2

Value Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

Value Label

COMMUNITY AWARENESS  
-int Format: F8.2  
-rite Format: F8.2

Value Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

Value Label

MEDICAL CARE  
-int Format: F8.2  
-rite Format: F8.2

Value Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

Value Label

TRAINING  
-int Format: F8.2  
-rite Format: F8.2  
Missing Values: .00

Value Label

1.00 SERVICE NEED MET  
2.00 UNMET SERVICE NEED

Value Label

ACCESSIBLE TRANSPORT EQUIPMENT  
Print Format: F8.2  
Write Format: F8.2

Value Label

1.00 USE WOULD BENEFIT  
2.00 USE WOULD BENEFIT

Value Label

FACE-TO-FACE COMMUNICATION AIDS  
Print Format: F8.2  
Write Format: F8.2

Value Label

1.00 USE WOULD BENEFIT  
2.00 USE WOULD BENEFIT

Value Label

PERSONAL CARE EQUIP  
Print Format: F8.2  
Write Format: F8.2

Value Label

LONG DIST. COMMUNICATION AIDS  
Print Format: F8.2  
Write Format: F8.2

Value Label

1.00 USE WOULD BENEFIT  
2.00 USE WOULD BENEFIT

Value Label

MOBILITY EQUIPMENT  
Print Format: F8.2  
Write Format: F8.2

Value Label

1.00 USE WOULD BENEFIT  
2.00 USE WOULD BENEFIT

Value Label

566

567

568

AT13

AT25

AT37

570

AT49

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USEHOLD AIDS  
int Format: F8.2  
rite Format: F8.2

576

BUILDING MODIFICATIONS  
int Format: F8.2  
rite Format: F8.2

lue  
Label

USE WOULD BENEFIT  
.00  
USE  
.00  
WOULD BENEFIT

lue  
Label

USEHOLD AIDS  
int Format: F8.2  
rite Format: F8.2

lue  
Label

USE WOULD BENEFIT  
.00  
USE  
.00  
WOULD BENEFIT

lue  
Label

int Format: F8.2  
rite Format: F8.2

lue  
Label

USE WOULD BENEFIT  
.00  
USE  
.00  
WOULD BENEFIT

lue  
Label

USEHOLD AIDS  
int Format: F8.2  
rite Format: F8.2

lue  
Label

USE WOULD BENEFIT  
.00  
USE  
.00  
WOULD BENEFIT

lue  
Label

USEHOLD AIDS  
int Format: F8.2  
rite Format: F8.2

lue  
Label

USE WOULD BENEFIT  
.00  
USE  
.00  
WOULD BENEFIT

lue  
Label

USEHOLD AIDS  
int Format: F8.2  
rite Format: F8.2

lue  
Label

USE WOULD BENEFIT  
.00  
USE  
.00  
WOULD BENEFIT

lue  
Label

USEHOLD AIDS  
int Format: F8.2  
rite Format: F8.2

lue  
Label

USE WOULD BENEFIT  
.00  
USE  
.00  
WOULD BENEFIT

lue  
Label

USEHOLD AIDS  
int Format: F8.2  
rite Format: F8.2

lue  
Label

USE WOULD BENEFIT  
.00  
USE  
.00  
WOULD BENEFIT

lue  
Label

USEHOLD AIDS  
int Format: F8.2  
rite Format: F8.2

lue  
Label

USE WOULD BENEFIT  
.00  
USE  
.00  
WOULD BENEFIT

lue  
Label

AT\$1  
INFO RE NEW TECHNOL  
Print Format: F8.2  
Write Format: F8.2

Value  
Label

1.00 NEED MET  
2.00 NEED UNMET

AT\$4  
PLACES THAT DELIV TECHNOL SVCS  
Print Format: F8.2  
Write Format: F8.2

Value  
Label

1.00 NEED MET  
2.00 NEED UNMET

AT\$7  
EVALUATED FOR TECHNOL SVCS  
Print Format: F8.2  
Write Format: F8.2

Value  
Label

1.00 NEED MET  
2.00 NEED UNMET

AT\$10  
AGENCY COORD- SVCS  
Print Format: F8.2  
Write Format: F8.2

Value  
Label

1.00 NEED MET  
2.00 NEED UNMET

AT\$13  
TECHNOL SVCS FINANCIAL HELP  
Print Format: F8.2  
Write Format: F8.2

Value  
Label

1.00 NEED MET  
2.00 NEED UNMET

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		ISSUED TECHNOL SVC NEEDS W-OTHERS	
		Print Format: F8.2	
		Write Format: F8.2	
	blue	Label	
	1.00	NEED MET	
	2.00	NEED UNMET	
		ECHNOL. REPAIRS TIMELY	
		Print Format: F8.2	
		Write Format: F8.2	
	blue	Label	
	1.00	NEED MET	
	2.00	NEED UNMET	
		RAINING HELP IN USING TECHNOL. SVCS	
		Print Format: F8.2	
		Write Format: F8.2	
	blue	Label	
	1.00	NEED MET	
	2.00	NEED UNMET	
		EQUIPMENT MODIFIED TO MEET NEEDS	
		Print Format: F8.2	
		Write Format: F8.2	
	blue	Label	
	1.00	NEED MET	
	2.00	NEED UNMET	
		RANSP.FUNDING TO REACH TECHNOL SVCS!	
		Print Format: F8.2	
		Write Format: F8.2	
	blue	Label	
	1.00	NEED MET	
	2.00	NEED UNMET	
586		PLACE	RESIDENCE LOCATION Print Format: F8.2 Write Format: F8.2
587		Value	Label
	1.00	ANCHORAGE	
	2.00	FAIRBANKS	
	3.00	KENAI P.	
	4.00	MAT-SU	
	5.00	JUNEAU	
	6.00	KETCHIKAN	
	7.00	STIKI	
	8.00	WRANGELL-PETERSBURG	
	9.00	RHDR.SE	
	10.00	SC COASTAL, KODIAK	
	11.00	RHDR.RURAL AK	
588		URBRUR	URBAN RURAL STATUS Print Format: F8.2 Write Format: F8.2
	Value	Label	
	1.00	URBAN	
	2.00	RURAL	
589		REGION	REPORTING REGION Print Format: F8.2 Write Format: F8.2
	Value	Label	
	1.00	SOUTHCENTRAL	
	2.00	SOUTHEAST	
	3.00	NORTH-WEST	
590		AGER	AGE OF PERSON WHO IS DISABLED Print Format: F8.2 Write Format: F8.2 Missing Values: 8.00, 9.00
	Value	Label	
	1.00	UNDER 18	
	2.00	18-59	
	3.00	60+	

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INCOME OF PERSON WHO IS DISABLED  
 Print Format: F8.2  
 Write Format: F8.2  
 Missing Values: 8.00, 9.00

Value      Label  
 1.00      WHITE  
 2.00      NATIVE  
 3.00      OTHER

CODDED OCCUPATION OF PERSON WHO IS DISABLED  
 Print Format: F8.2  
 Write Format: F8.2  
 Missing Values: 99.00

Value      Label  
 1.00      CHILD  
 2.00      RETIRED  
 3.00      INCAPABLE OF WORKING  
 4.00      PROF-TECH-MGR  
 5.00      SALES  
 6.00      ADMIN-SUPPORT  
 7.00      SERVICE  
 8.00      FISHING, LOGGING, FARM  
 9.00      MECH-SKILLED CONSTR  
 1.00      MACHINE OPERATORS  
 1.00      MATERIALS HANDLERS  
 7.00 M     NOT ASCERTAINED

EDUCATION LEVEL OF PERSON DISABLED  
 Print Format: F8.2  
 Write Format: F8.2  
 Missing Values: 8.00, 9.00

Value      Label  
 1.00      LESS THAN 6 YRS  
 2.00      6-11 YRS  
 3.00      12 YRS  
 4.00      13-15 YRS  
 5.00      16+ YRS  
 7.00 M     DONT KNOW  
 7.00 M     NOT ASCERTAINED

INCOME  
 14:00:29     SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
 595      INCOME      1989 HOUSEHOLD INCOME BEFORE TAXES  
 Print Format: F8.2  
 Write Format: F8.2  
 Missing Values: 8.00, 9.00, .00

Value      Label  
 1.00 M     QUESTION NOT ASKED  
 1.00      UNDER \$6,000  
 2.00      \$6-10,000  
 3.00      \$11-20,000  
 4.00      \$21,000 OR MORE  
 8.00 M     DONT KNOW  
 9.00 M     REFUSED

D11      HOW WOULD R PAY FOR NEW TRANSPORT EQUIP  
 Print Format: F8.2  
 Write Format: F8.2  
 Missing Values: 98.00, 99.00

Value      Label  
 1.00      BUY OUTRIGHT  
 2.00      BUY ON CREDIT  
 3.00      LEASE  
 4.00      BORROW/RETURN  
 5.00      SHARE WITH OTHERS  
 6.00      AGENCY BOUGHT  
 7.00      INSURANCE  
 8.00      VETERANS ADM  
 9.00      GIFT  
 10.00     MILITARY  
 97.00     OTHER  
 98.00 M    DONT KNOW  
 99.00 M    NA

596

597

1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Print Format: F8.2  
File Format: F8.2  
Missing Values: 98.00, 99.00

1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Print Format: F8.2  
File Format: F8.2  
Missing Values: 98.00, 99.00

SOURCE: I SER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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SOURCE: I SER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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HOW WOULD R PAY FOR NEW SAME-ROOM COMMUNICATION EQUIP  
Print Format: F8.2  
File Format: F8.2  
Missing Values: 98.00, 99.00

HOW WOULD R PAY FOR NEW OTHER-ROOM COMMUNICATION EQUIP  
Print Format: F8.2  
File Format: F8.2  
Missing Values: 98.00, 99.00

Value      Label  
1.00      BUY OUTRIGHT  
2.00      BUY ON CREDIT  
3.00      LEASE  
4.00      BORROW/RETURN  
5.00      SHARE WITH OTHERS  
6.00      AGENCY BOUGHT  
7.00      INSURANCE  
8.00      VETRANS ADM  
9.00      GIFT  
0.00      MILITARY  
7.00      OTHER  
8.00      M DONT KNOW  
9.00      N NA

Value      Label  
1.00      BUY OUTRIGHT  
2.00      BUY ON CREDIT  
3.00      LEASE  
4.00      BORROW/RETURN  
5.00      SHARE WITH OTHERS  
6.00      AGENCY BOUGHT  
7.00      INSURANCE  
8.00      VETRANS ADM  
9.00      GIFT  
10.00      MILITARY  
97.00      OTHER  
98.00      M DONT KNOW  
99.00      N NA

HOW WOULD R PAY FOR NEW PERSONAL CARE EQUIP  
Print Format: F8.2  
File Format: F8.2  
Missing Values: 98.00, 99.00

HOW WOULD R PAY FOR NEW MOBILITY EQUIP  
Print Format: F8.2  
File Format: F8.2  
Missing Values: 98.00, 99.00

Value      Label  
1.00      BUY OUTRIGHT  
2.00      BUY ON CREDIT  
3.00      LEASE  
4.00      BORROW/RETURN  
5.00      SHARE WITH OTHERS  
6.00      AGENCY BOUGHT  
7.00      INSURANCE  
8.00      VETRANS ADM  
9.00      GIFT  
0.00      MILITARY  
7.00      OTHER  
8.00      M DONT KNOW  
9.00      N NA

Value      Label  
1.00      BUY OUTRIGHT  
2.00      BUY ON CREDIT  
3.00      LEASE  
4.00      BORROW/RETURN  
5.00      SHARE WITH OTHERS  
6.00      AGENCY BOUGHT  
7.00      INSURANCE  
8.00      VETRANS ADM  
9.00      GIFT  
10.00      MILITARY  
97.00      OTHER  
98.00      M DONT KNOW  
99.00      N NA

1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 158  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

7-Feb-91 1991 SURVEY OF ALASKA RESIDENTS WHO ARE DISABLED  
Page 159  
SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED

DM WOULD R PAY FOR NEW BUILDING MODIFICATIONS  
Print Format: F8.2  
Write Format: F8.2  
Missing Values: 98.00, 99.00

blue      Label

1.00	BUY OUTRIGHT
2.00	BUY ON CREDIT
3.00	LEASE
4.00	BORROW/RETURN
5.00	SHARE WITH OTHERS
6.00	AGENCY BOUGHT
7.00	INSURANCE
8.00	VETRANS ADM
9.00	GIFT
10.00	MILITARY
7.00	OTHER
8.00	M DONT KNOW
9.00	NA

DM WOULD R PAY FOR NEW HOUSEHOLD EQUIP  
Print Format: F8.2  
Write Format: F8.2

blue      Label

1.00	BUY OUTRIGHT
2.00	BUY ON CREDIT
3.00	LEASE
4.00	BORROW/RETURN
5.00	SHARE WITH OTHERS
6.00	AGENCY BOUGHT
7.00	INSURANCE
8.00	VETRANS ADM
9.00	GIFT
10.00	MILITARY
7.00	OTHER
8.00	M DONT KNOW
9.00	NA

604      D93

HOW WOULD R PAY FOR NEW MODIFIED EQUIP AT WORK  
Print Format: F8.2  
Write Format: F8.2  
Missing Values: 98.00, 99.00

Value      Label

1.00	BUY OUTRIGHT
2.00	BUY ON CREDIT
3.00	LEASE
4.00	BORROW/RETURN
5.00	SHARE WITH OTHERS
6.00	AGENCY BOUGHT
7.00	INSURANCE
8.00	VETRANS ADM
9.00	GIFT
10.00	MILITARY
97.00	OTHER
98.00	M DONT KNOW
99.00	NA

605      D105

HOW WOULD R PAY FOR NEW RECREATION EQUIP  
Print Format: F8.2  
Write Format: F8.2  
Missing Values: 98.00, 99.00

Value      Label

1.00	BUY OUTRIGHT
2.00	BUY ON CREDIT
3.00	LEASE
4.00	BORROW/RETURN
5.00	SHARE WITH OTHERS
6.00	AGENCY BOUGHT
7.00	INSURANCE
8.00	VETRANS ADM
9.00	GIFT
10.00	MILITARY
7.00	OTHER
8.00	M DONT KNOW
9.00	NA

SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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14:00:31 SOURCE: ISER SURVEY OF 514 PERSONS WHO ARE DISABLED  
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WOULD R PAY FOR NEW COMPUTER EQUIP  
 int Format: F8.2  
 issing Values: 98.00, 99.00

608

12 0

11 command lines read.  
 0 errors detected.  
 0 warnings issued.  
 19 seconds CPU time.  
 55 seconds elapsed time.  
 End of job.

End of job: 11 command lines 0 errors 0 warnings 19 CPU seconds  
 AFJAK job terminated at 7-FEB-1991 14:00:33.22

Accounting information:  
 Buffered I/O count: 15664 Peak working set size: 1509  
 Direct I/O count: 968 Peak page file size: 709  
 Page faults: 2143 Mounted Volumes:  
 Charged CPU time: 0 00:00:21.55 Elapsed time: 0 00:01:05

WOULD R PAY FOR NEW OTHER EQUIP

int Format: F8.2  
 issing Values: 98.00, 99.00

609

WOULD R PAY FOR NEW OTHER EQUIP  
 int Format: F8.2  
 issing Values: 98.00, 99.00

Value Label

.00 BUY OUTRIGHT  
 .00 BUY ON CREDIT  
 .00 LEASE  
 .00 BORROW/RETURN  
 .00 SHARE WITH OTHERS  
 .00 AGENCY BOUGHT  
 .00 INSURANCE  
 .00 VETERANS ADM  
 .00 GIFT  
 .00 MILITARY  
 .00 OTHER  
 .00 DONT KNOW  
 .00 NA