

**Local Housing Allowance Final Evaluation:
The survey evidence of claimants' experience in the nine Pathfinder areas**

BLimit

Does this illness or disability/Do these illnesses or disabilities (still) limit your daily activities in any way?

1: Yes (always or sometimes)

2: No (never)

(Qelig = 2,3,4,5)

Disab

Can I check, are you (still) registered as a disabled person, either with Social Services or with a green card?

1 Yes

2 No

(Ask all respondents)

AgainWC

This is the final time we will contact you about this particular survey, but we may run future surveys on similar issues in your area. Would you be willing to be contacted by us again at some future time? Again, your replies will be treated in strict confidence.

1: Yes

2: Yes qualified

3: No



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