Catalogue no. 89-654-X2026001
ISBN 978-0-660-98089-8

Reports on Disability and Accessibility in Canada

Technical report on disability measurement in Canada

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Release date: March 17, 2026

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Technical report on disability measurement in Canada

by **Carrly McDiarmid** and **Rebecca Choi**

1 Introduction

Disability is a complex concept that has evolved over time and does not have one universal definition or one way of measuring it. A disability can occur at any time during a person's life and can vary in nature, by severity level, type of limitation and fluctuations over time (MacKenzie, Hurst & Crompton, 2009). Different conceptual models of disability have been shaped by contextual factors and often serve different purposes (Darcy & Buhalis, 2011). Definitions and methods to measure disability are needed in a variety of settings and for multiple purposes, such as identifying support needs, policy formulation or monitoring inclusion, and can support a better understanding of the experiences and outcomes of persons with disabilities.

Historically, disability has often been characterized in negative ways, such as being perceived as a mistake, a sign of misfortune or demonic possession, or a punishment for sins. These were some of the prevailing schools of thought from ancient times through to the early 20th century (Adesina et al., 2021.; MacKenzie, Hurst & Crompton, 2009). By the mid-20th century, as modern medicine emerged, a move away from these supernatural or religious explanations took place and what is known as the medical model of disability emerged (Adesina et al., 2021.; MacKenzie, Hurst & Crompton, 2009). In this view, disability is the result of impairments, functional limitations or health conditions of the individual.

Moving into the late 20th century, the importance of individual experiences and the role of environments and systems, in conjunction with the impairments, functional limitations or conditions a person may have, led to what has become known as the social model of disability (Oliver, 1990). In this view of disability, the focus shifted to the interaction between the individual's functional limitations and barriers within their environment that limit activities. Environmental barriers can be physical in nature, such as structural features of a building, or less visible in nature, such as attitudes from service providers. In addition, this approach brought an increased recognition of cognitive (including learning, memory or developmental disabilities) and mental health-related conditions within the definition of disability.

Due to the use of different models and definitions, the concept of disability is complex, making the measurement and data collection of disability information challenging. As a result, prevalence and reported experiences can vary as they are influenced by the measurement instrument, the underlying methodology and the scope and coverage of the survey or data collection approach (Molden & Tøssebro, 2010).

The purpose of this report is to provide a comprehensive summary of disability definitions and measurement approaches in the Canadian context. It does so by presenting background information on the history of disability measurement in Canada, while also examining different disability measurement tools and data sources available at Statistics Canada. Additionally, it will explore who is captured within each measure by certain disability and sociodemographic characteristics. Comparing the various measurement tools can highlight important differences on how disability is identified across surveys, data sources and situations. The insights gained in this area can be used to provide users with relevant contextual information, including caveats for their analyses.

2 Measuring disability in Canada

In 1981, the United Nations declared the "International Year of Disabled Persons". During this time, Canada produced a report titled *Obstacles*, which outlined numerous recommendations for improvements to government programs and services for persons with disabilities. Following the publication of the report, the Health and Activity Limitation Survey (HALS) was first established in 1986 at Statistics Canada to collect data on persons with disabilities.[1] Questions on activity limitation were added onto the 1986 Census as a means to identify those likely to have a disability and create a sample frame to select participants for the post-censal HALS. This survey collected information on functional limitations and focused mostly on physical and sensory limitations.

1. See Appendix A.1 for the specifications of the screening questions used in HALS.

In 2001, the International Classification of Functioning, Disability and Health (ICF) defined disability as the relationship between body structures and functions, daily activities and social participation, while recognizing the role of environmental factors. This gave rise to Statistic Canada's Participation and Activity Limitation Survey (PALS), as a replacement for the HALS. It began with the same filter questions used on the Census and then contained further questions to drill down to the type and severity of disability. The Census filter questions were designed with the intent to have a short set of questions that could be added to any Statistics Canada survey in order to provide consistency across all surveys. However, there were inconsistencies in results across surveys when these filter questions were used (Rietschlin & MacKenzie, 2004). The PALS screening questions were more inclusive of non-physical disability types and all severity levels, and were based on a hybrid of the medical and social model approaches. Additionally, the PALS questions on limitations changed from the binary yes/no setup that was used in HALS to having a scale of level of difficulty response options. The language within the questions shifted from more negative or severe sounding terms towards wording that focused on the participation restrictions the person experienced.

In 2010, Canada ratified the United Nations Convention on the Rights of Persons with Disabilities and launched a new disability data strategy. The objectives of this strategy were to have a more inclusive measure for persons with non-physical disabilities, a more precise measure and a consistent way to measure disability based on the social model. This led to the development of the Disability Screening Questions (DSQ), which were then used on the new Canadian Survey on Disability (CSD) in 2012 (Grondin, 2016). These questions have continued to be used on subsequent iterations of the CSD. However, it is important to note that due to new filter questions being employed on the 2016 Census, the results from the 2012 CSD cannot be compared to the 2017 and 2022 iterations of the CSD (Pianosi et al., 2023). There is a shorter version of the DSQ that is suitable for general populations surveys, including the General Social Survey (GSS) and Canadian Income Survey (CIS).

Textbox: Activities of Daily Living (ADL) filter question

The population covered by the Canadian Survey on Disability (CSD) includes all Canadians aged 15 years and over who answered 'sometimes', 'often' or 'always' to any of the components of the activities of daily living question on the Census. The question on activities of daily living (ADL) provides information on the number of people in Canada who may have difficulties doing certain activities, including those who may have a long-term physical, cognitive, mental or other health condition. This information is used as a first step in identifying people who are likely to have a disability, in order to conduct the CSD. This question alone does not provide an estimate of disability in Canada.

The main reason that responses to the ADL cannot be used to estimate disability in Canada is the large number of 'false positives' reported. In other words, a respondent may report difficulties doing certain activities on the Census but may not have a disability based on questions asked on the CSD. There can be a number of reasons for these 'false positives'. For example, it could be persons who were injured, sick or recovering from surgery at the time of census but who were no longer having difficulties or their daily activities were not limited by the difficulties at the time of the CSD, errors in responses obtained by proxy on the Census, etc.

There are also a variety of other health-related and administrative approaches to define and measure disability that are used in Canada. Population health surveys often include content related to functional health, which ask about the ability to perform different activities, such as self-care, communicating, walking or ability to remember things. There are several established measures aimed at capturing functional health, with the key tools used by Statistics Canada being the Health Utilities Index (HUI) and Washington Group (WG) on disability statistics. Since its inception in 2000, the Canadian Community Health Survey (CCHS) has served as the primary data source for functional health in Canada, alternating between the HUI and WG measures across two-year cycles.

In some administrative and survey situations, a streamlined method for determining disability status is used. This often results in some form of a self-identification question, such as "Are you a person with a disability?" or "Do you identify as a person with a disability?", with response options of "yes" or "no". This method requires the individual

to see themselves as a person with a disability. Self-identifying as a person with a disability can be a complex process; in some situations this can facilitate a sense of community and access to supports and services, while in others it can be associated with stigma and barriers (Eyer, 2021; Parekh & Brown, 2020).

Definitions and measurement criteria for disability are also required for government programs and services, including tax credits. These approaches represent a method to determine eligibility for supports and attempt to provide support for the higher costs associated with living with a disability. Within the federal government, the Disability Tax Credit (DTC) is one of the main disability support programs and it also determines eligibility for the Canadian Disability Benefit (CDB) and the Canada Disability Savings Program (CDSP). The DTC application process requires that a medical practitioner certify that an individual has a severe and prolonged impairment in one domain of functioning, significant limitations in two or more domains of functioning or receive therapy to support a vital function.

Textbox: Disability measurement among children

Identifying children with disabilities can be challenging given the complex dynamics and changes throughout childhood development and the considerable changes that occur within a child's environment over the course of early life, making the evaluation of participation restrictions difficult.

The measurement of child disability represents an important data gap in Canada. At Statistics Canada, the Canadian Health Survey on Children and Youth (CHSCY) collects information on the functional health of this population using questions based on the Washington Group on Child Functioning (WG-CF) set of questions. According to the 2023 CHSCY, 16.6% of children aged 5 to 17 years and 5.7% of those aged 2 to 4 experienced functional difficulties in at least one domain.

Currently, there is no established survey measure approach that integrates both functional health and participation restrictions resulting from an unsupportive environment to capture the population of children with disabilities. Some studies have explored options for screening children with disabilities. In one study, an examination of affirmative responses to the 2021 Census filter questions on activities of daily living (filter questions used for administering the DSQ on the adult population in the CSD) among children aged 0-14 was conducted. Another recent study, using data from the 2023 Survey on Early Learning and Child Care Arrangements – Children with Long-term Conditions and Disabilities (SELCCA-CLCD), examined different measures to identify disability among children. Further work is needed to define and measure child disability in a consistent manner within Statistics Canada surveys.

3 Measurement tools at Statistics Canada

3.1 Disability Screening Questions (DSQ)

The Disability Screening Questions (DSQ) consists of questions asking about difficulties one may experience across various domains of functioning and how often their daily activities are limited by these difficulties.[2] Only persons who report a limitation in their day-to-day activities are identified as having a disability (see Table 3.1). Although it should be noted that this criterion is modified in some situations, for example, developmental disabilities are identified if the respondent has been diagnosed with this condition (regardless of level or difficulty or frequency of limitation). The DSQ asks about limitations or conditions that have lasted or are expected to last for six months or more. The questions were specifically developed for the measurement of disability among adult Canadians and have not yet been tested for use with children. The DSQ form the basis for calculating rates of disability across Canada among persons aged 15 years and over.

2. See Statistics Canada website for full set of questions for the DSQ: Canadian Survey on Disability - 2022.

Table 3.1
Combination of answers on the Disability Screening Questions that were used to identify a disability

	How often are your daily activities limited by...?				
How much difficulty do you have...?	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
No difficulty	No disability	No disability	Disability	Disability	Disability
Some difficulty	No disability	No disability	Disability	Disability	Disability
A lot of difficulty	No disability	Disability	Disability	Disability	Disability
Cannot do at all	No disability	Disability	Disability	Disability	Disability

Source: Statistics Canada, Canadian Survey on Disability 2022.

These questions identify ten distinct disability types and allow for the computation of a severity score for each disability type, as well as an overall severity score. Based on this global severity score, a disability severity class of mild, moderate, severe, or very severe is assigned.[3] There are ten specified disability types: vision, hearing, mobility, flexibility, dexterity, pain-related, learning, developmental, mental health-related and memory. Respondents may have any number or combination of these types. An eleventh type, unknown, is assigned to respondents who indicate significant difficulties and/or activity limitations unrelated to the specified categories and who do not meet the definition for any other disability type. This makes the DSQ the most comprehensive measure of disability available at Statistics Canada.[4] Although the DSQ module consists of multiple screeners and follow-ups, the average completion time is approximately two minutes.

Within the Canadian Survey on Disability (CSD), all respondents receive questions from the DSQ module, with some questions skipped based on prior on responses. Because the survey is designed to collect information on disability, respondents who do not meet the definition of a person with a disability after completing the DSQ module skip most of the remaining survey questions. Due to the design of the survey and the ability to link to the Census information of respondents, it is possible to examine differences between the population with and without disabilities through the CSD.

3.2 Self-identification Question

For the first time in 2022, the Canadian Survey on Disability (CSD) included a self-identification question to all respondents regardless of whether their responses to the Disability Screening Questions (DSQ) identified them as a person with a disability. This question asked: “Do you identify as a person with a disability?”, with response options of “yes” or “no”. This type of approach has been used in a few other surveys at Statistics Canada (for example, Canadian Social Survey or Survey on Sexual Misconduct in the Canadian Armed Forces), as well as in the context of Public Service Employment Survey. It represents a simple method for asking respondents about disability and is less burdensome for respondents than longer screening tools. In some cases, the self-identification question is proceeded with a question on difficulties or long-term conditions, in order to encourage respondents first think about the difficulties they might have before responding to a self-identification question. Self-identification questions can also be followed by a list of disability types, to provide additional information on disability characteristics.

Previous research indicates that this form of measuring disability typically results in low prevalence rates and underrepresentation of disability (Palmer & Harley, 2012; Subwedi, 2012). This can be due to the complex decision-making process for individuals to report their disability status. It can be influenced by stigma, fear of discrimination or negative reactions or relevancy of the condition to the situation in which they are being asked (Bogart et al., 2017; Smith, Woodhead & Chin-Newman, 2021). A variety of disability characteristics can also influence the likelihood of self-identification, including the severity, type and how visible their condition is to others (Rottenstein, 2013). This approach does not capture the different areas of participation restriction or determine the severity of limitation.

3. The score is calculated for each person using the number of disability types that a person has, the level of difficulty experienced in performing certain tasks and the frequency of activity limitations. It is important to understand, however, that the name assigned to each class is simply intended to facilitate the use of the severity score and is not a label or judgment concerning the person’s level of disability.
4. For more information on the DSQ or CSD, please see Canadian Survey on Disability, 2022: Concepts and Methods Guide.

3.3 Long-term conditions questions (SSA version)

From 2024 to 2025, Statistics Canada piloted a new set of screening questions on the Survey Series on Accessibility (SSA), building on existing questions that focused on broad categories of difficulties or long-term conditions with added context on the effects these had on daily activities. It represents an attempt to find an approach that limits the number of questions required in a survey but also considers the interaction of limitations with a person's environment, for situations where a survey cannot accommodate a long screening tool for disability. Essentially, they are intended to be easy for respondents to answer in a way that is similar to self-identification questions but produce results that better reflect the population identified by the Disability Screening Questions (DSQ). As a result, this set of questions involves asking the respondent if they experience certain types of difficulties and then asking how often their daily activities are limited and how much difficulty they have with their daily activities due to their difficulties.[5]

With this set of questions, within the Long-Term Conditions module (LTC),[6] the goal is to identify the population of "persons with disabilities or long-term conditions". This approach cannot identify specific disability types or produce a severity score in the same manner as the DSQ. The level and frequency of difficulty is asked in relation to all difficulties or long-term conditions grouped together instead of for each type of limitation as it is done within the DSQ.[7]

It is important to note that these questions were piloted on a web panel survey which used a sub-sample of the Canadian Survey on Disability (CSD) as its sample, creating a group of respondents whose previous disability status was known. As a next step, in the development of these questions, they will need to be tested on a general population survey to see how they perform in that context, particularly in relation to the DSQ. The web panel series consisted of three waves of collection on different topics, but the new screening questions were repeated in each wave.

3.4 Health Utilities Index (HUI)

The Health Utilities Index (HUI) classification systems provide a method for measuring health-related quality of life and assessing health status across eight dimensions of functioning: vision, hearing, speech, ambulation, dexterity, emotion, cognition and pain. The version of the HUI used at Statistics Canada has been adapted from the HUI Mark 3 (HUI3). The questions are slightly different than the original HUI3. It allows for the calculation of an overall health utility score, as well as individual scores for each attribute. The individual utility scores produced range from 0.00 to 1.00, with lower scores indicating more limitations and higher scores indicating less limitations. The multi-attribute score produced can range from -0.36 to 1.00, where scores of 1.00 denote perfect health, scores of 0.00 indicate a health status equal to death and scores below 0.00 represent a health status considered worse than death.[8] The HUI has been validated and used in both clinical and general population survey situations (Horsman et al., 2003).

In terms of disability measurement, this measure can pose some difficulty in aligning with a measure such as the Disability Screening Questions (DSQ), given that does not account for the impact of limitations on participation or performance of daily activities and does not emphasize long-term health status (Grondin, 2016). In some cases, those identified as having poor functional health under the HUI would not be identified as having a disability with the DSQ, since their impairments or functional difficulties may not limit their ability to participate in daily activities. Conversely, some of those who would be captured by a tool like the DSQ would not be captured by the HUI measure, particularly when it comes to non-physical disabilities.[9]

5. See Appendix A.2 for the specifications of the screening questions used in SSA.
6. The previous version of the LTC module contained the same question on difficulties and a follow-up question of if they self-identified as a person with a disability (see Appendix A.3).
7. See Statistics Canada website for the full questionnaire for the SSA: Questionnaire(s) and reporting guide(s) - Survey Series on Accessibility first quarter 2024.
8. Negative values arise when certain combinations of functional limitations receive negative utility weights in population preference studies. These scores reflect valuation conventions and do not represent judgments about individuals' lives.
9. When designing the DSQ, aspects of the HUI were used to inspire the content but the tool as a whole was determined to not be a good fit for measuring disability under the social model approach. Any aspect of the HUI that did not test well under this requirement were not carried forward to the final DSQ content.

3.5 Washington Group – Short Set on Functioning (WG-SS)

The group was formed in 2001 with the purpose of developing an internationally coordinated measure on disability. One goal was to develop a set of questions that could be used in situations where the number of questions needs to be limited due to available space on surveys. They also aimed to provide comparable data across nations by focusing on a universal set of activities that would be applicable in a variety of settings and cultural contexts.

There have been multiple question sets created but all stem from the Washington Group – Short Set (WG-SS),[10] which is comprised of six questions and is the version used at Statistics Canada. The question set assesses functioning through difficulties experienced across six domains. Respondents are classified as having a "disability" if they answer "a lot of difficulty" or "cannot do at all" to at least one of the six domains. The six domains covered by the screening tool include difficulty seeing, difficulty hearing, difficulty walking or climbing steps, difficulty remembering or concentrating, difficulty with self-care and difficulty communicating.

The intention of the WG-SS set of questions is to be used alongside information about participation and the environment to illustrate the associations between limitations and experiences. The screening questions involved in the WG-SS set are a means to identify those with greater risks of limitation to participation, but the tool does not contain questions related to how much each difficulty impacts daily activities.[11] It is also limited in how it captures certain mental health-related conditions.

3.6 Disability Tax Credit (DTC)

In Canada, the Disability Tax Credit (DTC) is a non-refundable tax measure that helps reduce the income tax that persons with disabilities may have to pay. DTC eligibility can then allow for access to other federal programs. Individuals must apply to be approved for the DTC, which defines eligibility with its own disability definition.

The criteria states that a medical practitioner has certified that the individual has a severe and prolonged impairment in one category of functioning, significant limitations in two or more categories of functioning or receive a therapy to support a vital function.[12] The categories of functioning include are walking, mental functions, dressing, feeding, eliminating, hearing, speaking, vision or life sustaining therapy. Marked restrictions are identified when a person is either unable to do the activity, or it takes them three times longer to perform the activity than someone of a similar age. Additionally, the limitations are present most of the time and have lasted or are expected to last for a period of 12 months or more.

The application process involves the applicant to fill out one section of the form while their medical practitioner fills out the second part of the form. This differs from the other approaches described in this report as a medical professional is responsible for the assessment of a person's status and it is not the person themselves reporting their experiences. Once complete, the form is assessed by the Canada Revenue Agency (CRA) and the applicant is sent a notice of determination once the decision has been rendered. Processing times can vary, particularly if information is missing or if CRA requires more information but typically can take a few months.

There are some identified limitations of the DTC program in terms of the eligibility criteria and the application process, all of which contribute to potential issues with who is captured by this approach and reporting on the experiences of the disability population using this data (Eggleton et al., 2018; Gewurtz et al., 2024; Larre, 2018). DTC data can provide useful information on persons who receive disability support through the program and comparisons can be made to the Disability Screening Questions (DSQ) to better understand who is accessing it. Outside of these specific purposes, it is not a recommended method for identifying and reporting on persons with disabilities more broadly. A recent study served as an exploration to demonstrate the necessity and utility of using survey data linked to administrative data to identify persons with disabilities who may be eligible for disability supports (Leanage, Jeon & Arim, 2025).

10. For the full set of questions, please see Washington Group Short Set on Functioning (WG-SS).
11. Similar to the HUI, elements of the WG set of questions were used in the development of the DSQ, however others were altered or left out based on testing feedback.
12. See who is eligible Disability tax credit (DTC) - Canada.ca.

4 Comparison of measurement tools

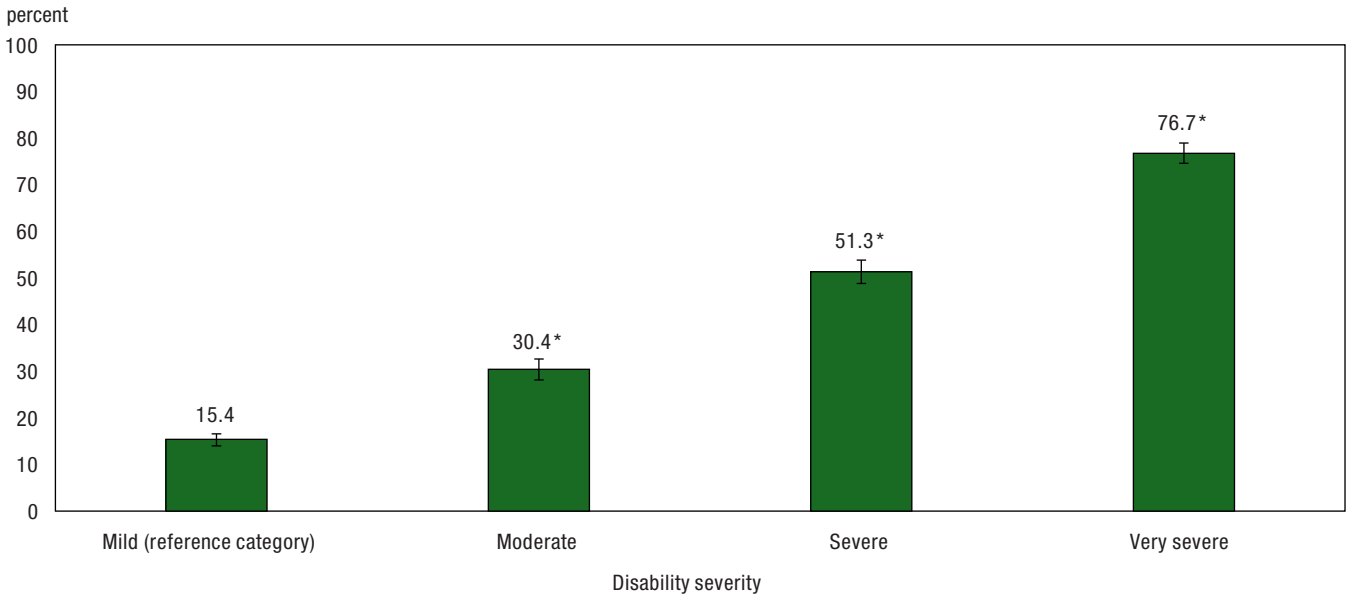
This section will look more closely at disability data available at Statistics Canada and, where applicable, present the resulting rates of disability from each approach and comparisons across certain disability and demographic characteristics. Where possible, direct comparisons will be made between measures and the DSQ, while indirect comparisons will be made between the DSQ and the measures of functional health.

4.1 Self-identification of disability

In 2022, the prevalence of disability in Canada among the population aged 15 years and over, using the DSQ, was 27.0% (8.0 million individuals). Among them, approximately 3.2 million individuals self-identified as a person with a disability, which is almost two-fifths (38.5%) of persons with disabilities according to the DSQ and one in ten (10.4%) of the Canadian population aged 15 years and over. In this section, the analysis focuses only on respondents identified as persons with disabilities based on the DSQ.

When examined by the different disability types, a high proportion of those with developmental disabilities (75.1%) also self-identified as a person with a disability.[13] Around two-thirds of those with dexterity (62.8%) or memory (60.9%) disabilities also self-identified. Less than half of those with mental health-related (45.4%), pain-related (44.8%), hearing (44.5%) and seeing (43.1%) disabilities self-identified as a person with a disability. Differences in the self-identification rates also emerged by disability severity. Over three-quarters (76.7%) of those with very severe disabilities self-identified, while the rate of self-identification decreased to 15.4% among those with mild disabilities (Chart 1).[14]

Chart 1
Proportion of persons with disabilities according to the DSQ who self-identified aged 15 years and over, by disability severity, 2022



* significantly different from reference category ($p < 0.05$)
Note: DSQ=Disability Screening Questions.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

13. It is important to note that people could have reported multiple disability types, therefore the data is based upon the impact of all disability types these individuals may have.
14. In this article when two estimates are said to be different this indicates that the difference was statistically significant at a 95% confidence level (p-value less than 5%).

The number of disability types a person had was also connected to self-identification as almost two-thirds (63.6%) of those with four or more disability types self-identified, compared with 15.0% of their counterparts with one disability type (Table 4.1). Those with progressive (62.1%) or fluctuating (40.8%) limitations were more likely to self-identify as a person with a disability compared with their counterparts with continuous limitations (36.3%).[15]

Table 4.1
Proportion of persons with disabilities according to the DSQ who self-identified aged 15 years and over, by select disability characteristics, 2022

	Persons with disabilties according to the DSQ who self-identified		
		95% confidence interval	
Select disability characteristics	percent	lower	upper
Number of disabilities			
One disability type (reference category)	15.0	13.6	16.6
Two or three disability types	34.2*	32.5	35.9
Four or more disability types	63.6*	61.6	65.4
Type of limitation			
Continuous limitations (reference category)	36.3	34.6	38.2
Fluctuating	40.8*	38.1	43.6
Recurrent	24.1*	22.3	25.9
Progressive	62.1*	59.6	64.5

* significantly different from reference category ($p < 0.05$)
Note: DSQ=Disability Screening Questions.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

When the results were examined by gender, men (39.6%) were more likely to self-identify than women (37.7%).[16] When looking at the differences by age group, seniors (aged 65 years and over) were more likely to self-identify as having a disability (41.8%) compared with youth (aged 15 to 24 years) (37.6%). Those aged 25 to 44 years (33.9%) were less likely to self-identify compared with those aged 15 to 24 years (37.6%). When examined by grouped provinces, Ontario had the highest proportion of self-identification (42.1%) compared with other regions, with the exception of the Atlantic provinces, which had a similar rate (40.5%). The lowest proportion of self-identification was in Quebec (34.0%).

4.2 Survey Series on Accessibility – Long-term conditions module (LTC)

Using data from each of the three waves of the Survey Series on Accessibility (SSA), it was possible to compare the DSQ, self-identification and the new long-term condition (LTC) screening question setup among the population with disabilities, given that the Canadian Survey on Disability (CSD) was used as a sample frame for the waves. It is important to note that the DSQ were asked during the 2022 CSD and the LTC questions were asked more than two years later during the SSA in 2024 and 2025.[17] The sample was derived from those who responded "yes" to a question on the CSD about interest in participating in future survey initiatives.[18] The sample included persons with and without a disability, as determined by the DSQ. Looking at the SSA population for each wave of the series, about 80% of the respondents were identified as having a disability or long-term condition within the LTC question setup. Comparatively, 40% of SSA respondents self-identified as having a disability across all waves.

For ease of reporting results, as the denominator varies across the three waves, the analysis will focus on the second wave, Survey Series on Accessibility – Experiences with Accessibility and Information and Communication Technology (SSA-EAICT), which has the largest sample. Analytical findings were generally consistent across all

15. Progressive limitation is when the ability to do daily activities declines over time. Recurrent limitation is when there are periods of one month or more without any limitations and the ability to do daily activities improves, remains the same or changes. Fluctuating limitations does not have any periods without limitations, but the ability to do daily activities fluctuates. For more information on the categories of dynamic disabilities, please consult the report "The Dynamics of Disability: Progressive, Recurrent or Fluctuating Limitations."
16. This analysis uses the concept of gender. A two-category gender variable is used to protect the confidentiality of non-binary persons, given the relatively small size of this population in Canada. More specifically, non-binary persons have been redistributed into the 'men' and 'women' categories. The category of 'men' includes cisgender and transgender men (and/or boys), as well as some non-binary persons, while 'women' includes cisgender and transgender women (and/or girls), as well as some non-binary persons (in charts and tables these categories are denoted as 'men+' and 'women+').
17. A relatively small proportion of respondents were identified as not having any disability by all three measures (from 4% to 7%).
18. This methodology results in a low response rate for the three waves, thereby increasing the risk of bias. Therefore, all estimates should be interpreted with caution.

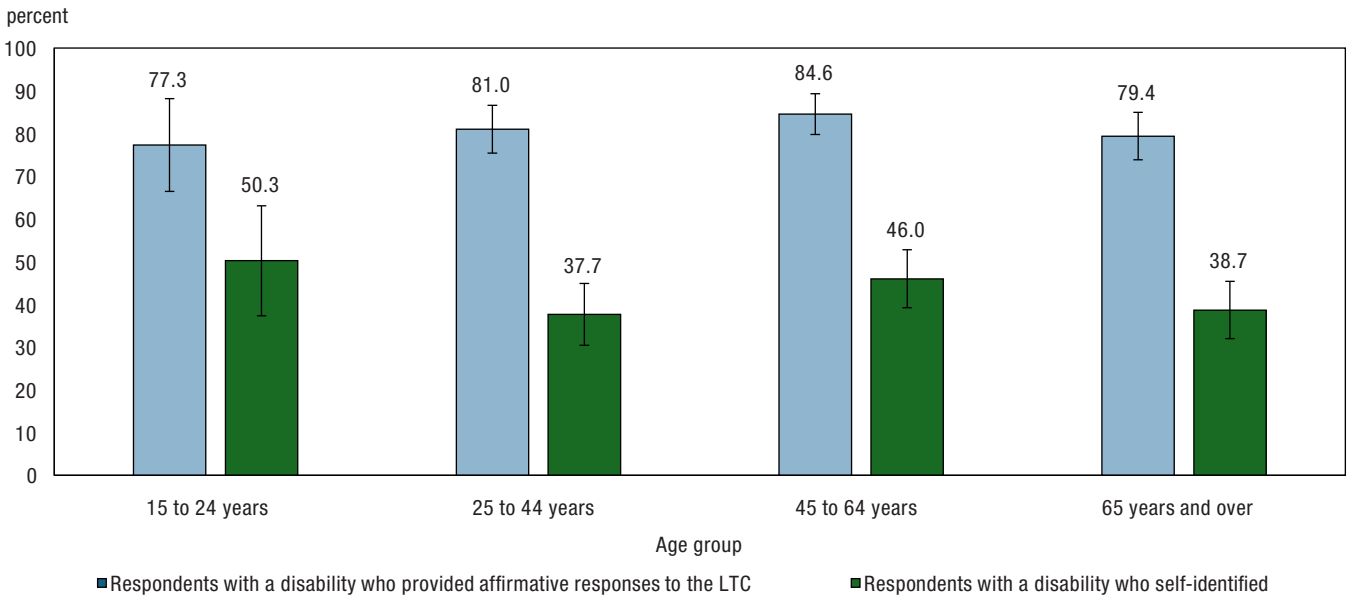
three waves.[19] The following results will summarize the extent to which the LTC questions and self-identification question captured the population with disabilities as identified by the DSQ. The disability and demographic characteristic information are derived from the respondent's CSD information.

When looking at type of disability, the LTC questions captured a high proportion of persons with memory (95.4%), mobility (94.6%) and flexibility (94.6%) disabilities. The lowest proportions were among those with developmental (89.3%) and seeing (89.9%) disabilities. Alternatively, the highest proportions of those who identified as persons with disabilities according to the self-ID measure were among those with developmental disabilities (87.2%), while the lowest proportions were observed among those with a pain-related (55.8%), mental health-related (56.5%) and seeing (58.4%) disabilities.

The LTC measure captured a higher proportion of those with more severe disabilities (95.4%) than those with less severe disabilities (80.1%). When looking at the self-identification measurement within the SSA population, there was a higher proportion of those with more severe disabilities (77.1%) compared with those with less severe disabilities (25.4%). However, the LTC questions did capture a higher rate of those with less severe disabilities than the self-identification question. Both the LTC and self-identification questions captured a higher proportion of those with multiple disability types, compared with those with one disability type.

Women were more likely to be identified with both LTC and self-identification measurements (84.3% and 43.7% respectively) than men (77.0% and 38.2% respectively). When examined by age group, the proportion of persons captured by the LTC module was highest among those aged 45 to 64 years (84.6%). On the other hand, the highest proportion for the self-identification question were among persons aged 15 to 24 years (50.3%) (Chart 2).

Chart 2
Proportion of SSA-EAICT respondents with a disability who provided affirmative responses to the LTC or who self-identified, aged 15 years and over, by age group, 2024



Notes: SSA-EAICT=Survey Series on Accessibility - Experiences with Accessibility and Information and Communication Technology; and LTC = Long-Term Conditions. SSA-EAICT respondents with a disability refers to persons who had a disability according to the DSQ.
Source: Statistics Canada, Survey Series on Accessibility - Experiences with Accessibility and Information and Communication Technology, 2024.

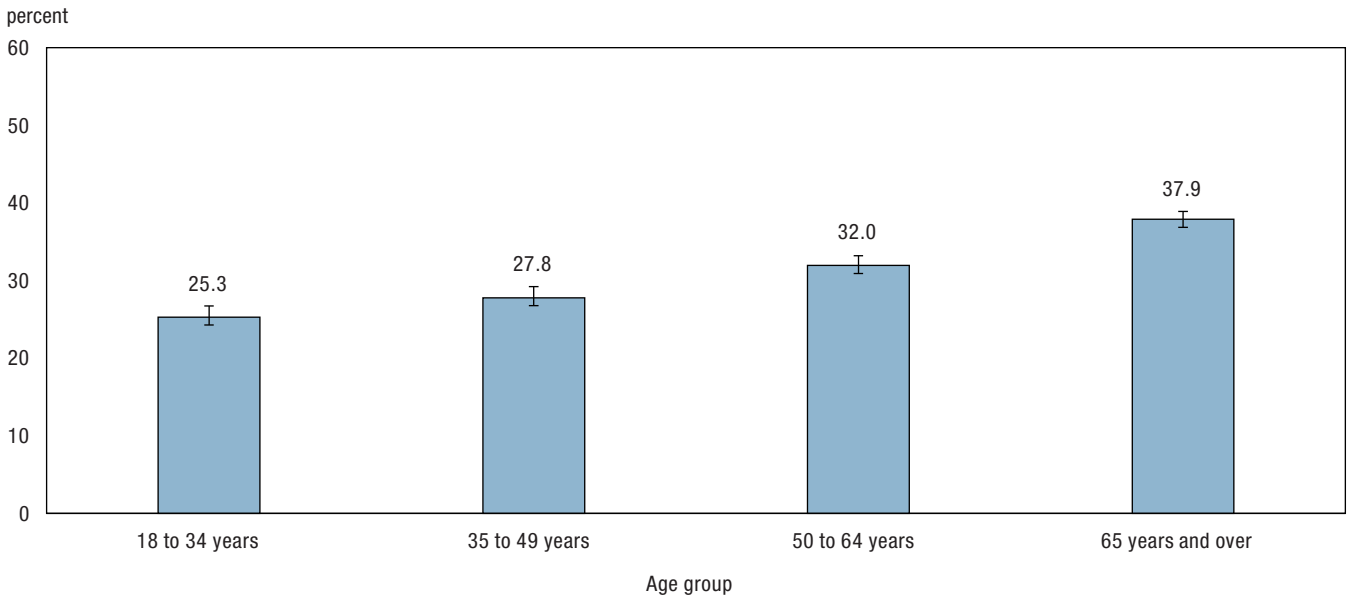
19. For tables showing detailed comparisons and differences across all the waves please see Appendix B.4 to B.6.

4.3 Health Utilities Index (HUI)

The Health Utilities Index (HUI) is used on the Canadian Community Health Survey (CCHS). The CCHS is an annual survey that collects HUI information on a rotating basis, alternating between the HUI and the Washington Group – Short Set on Functioning (WG - SS) questions. While it is not possible to make direct comparisons between most of the other measures in this report and results from the HUI, given that it comes from a different data source, it is possible to indirectly examine results from this functional health approach and the DSQ. The 2023 CCHS data will be used for this analysis as it aligns more closely with the reference period of the other data.[20]

Overall, 69.6% of Canadians aged 18 years and over reported good to full functional health in 2023, while 30.4% indicated moderate to poor functional health.[21] Reporting moderate to poor functional health was more likely among females (33.3%) than males (27.4%).[22] The proportion with moderate to poor functional health increased with age, ranging from 25.3% among those aged 18 to 34 years to 37.9% among those aged 65 years and over (Chart 3).

Chart 3
Proportion of persons with moderate to poor functional health aged 18 years and over, by age group, 2023



Source: Statistics Canada, Canadian Community Health Survey, 2023.

The rate of limitation varied across the different HUI attributes. One-fifth (20.0%) of Canadians reported at least moderate pain that limits their activities while over one in ten (11.9%) people reported some difficulty in remembering and when trying to think or solve day-to-day problems. When asked how they would describe themselves usually, 7.9% of Canadians reported either somewhat unhappy, unhappy with little interest in life or so unhappy that life was not worthwhile. Looking at the vision attribute, 4.8% of people had at least some limitations in their ability to see, even with their glasses. The rate of limitations in ability to walk was 4.4% while the rate of limitations in hearing was 2.3%. The lowest rates of limitation were found for the dexterity (0.6%) and speech (0.6%) attributes.

The profile of population of persons aged 18 years and over with moderate to poor functional health as identified by the HUI has some similarities to the population of persons with disabilities identified by the DSQ, with less than one-third of persons aged 18 years and over and persons aged 15 years and over identified as belonging to each population by each measure (30.4% and 27.1%, respectively). The proportion of persons in moderate to poor functional health and the proportion of persons with disabilities increased by age, with those aged 65 years and

20. Additionally, the 2023 CCHS included a disability self-identification question, which would allow for future comparisons between HUI and the self-identification approach.
21. The cut-off score for good to full functional health is 0.8 or higher, while scores of less than 0.8 are categorized as moderate to poor functional health.
22. It is important to note that this analysis uses sex at birth instead of gender.

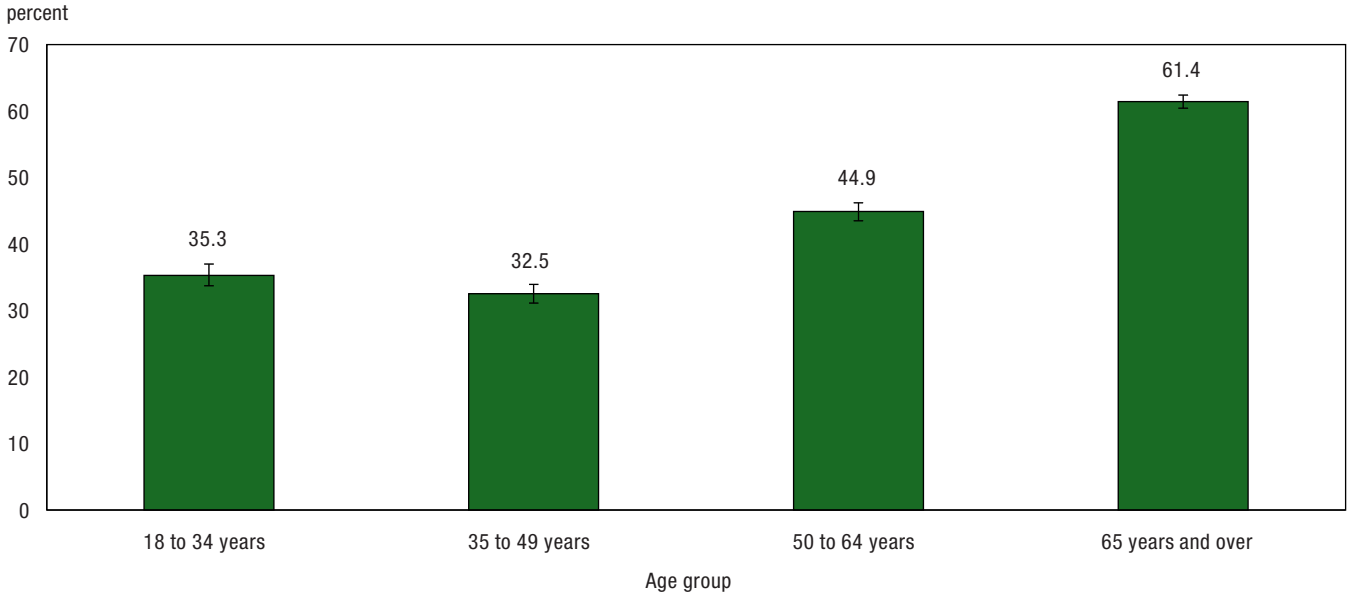
over having the highest rates of moderate to poor functional health (37.9%) and disability (40.4%). Women were more likely than men to be in moderate to poor functional health (33.3% vs. 27.4%) and more likely to be a person with a disability as per the DSQ (29.9% vs. 23.9%).

4.4 Washington Group – Short Set on Functioning (WG-SS)

The Canadian Community Health Survey (CCHS) rotates the collection of the HUI and WG-SS questions every two years. Similar to the HUI, no direct comparisons can be made to other measures used in this report but results can be compared indirectly. The WG-SS questions were used in the 2022 iteration of the survey and these results are examined to better align with the reference period of the other results presented in this report.[23]

The proportion of Canadians (aged 18 years and over) with at least one functional difficulty according to the 2022 CCHS was 43.0%. Females (45.5%) were more likely than males (40.5%) to report functional difficulties.[24] The rate of functional difficulty was higher among older Canadians, going from 35.3% among those aged 18 to 34 years to 61.4% among those aged 65 years and over (Chart 4).

Chart 4
Proportion of persons with functional difficulties according to the Washington Group Short Set aged 18 years and over, by age group, 2022



Note: Functional difficulty is defined as having some difficulty, a lot of difficulty or cannot do at all with one or more of the following: vision, hearing, mobility (walking or climbing steps), cognition (memory and concentration), self-care and communication.
Source: Statistics Canada, Canadian Community Health Survey, 2022.

The prevalence of functional limitations differed by type of functional difficulty. Over one-fifth (23.6%) of Canadians reported at least some difficulty in the area of remembering or concentrating. The next most prevalent difficulty types were difficulty with walking or climbing steps (16.2%) and difficulty seeing (15.0%). Over one in ten (11.7%) Canadians had difficulty with hearing, while around 5% had difficulty with self-care (5.7%) or communication (4.9%). The majority of responses to each of the functional difficulty domains were clustered in the "some difficulty" category versus the "a lot of difficulty" or "cannot do at all" categories.

The population of persons with functional difficulties, as identified by the WG – SS, has some similarities to the population of persons with disabilities identified through the DSQ, as the proportions according to each measure increased with age. Overall, the WG – SS produces higher rates of functional difficulties for domains included as

23. The 2025 CCHS included a disability self-identification question and once the data are available, would allow for future comparisons between WG and the self-identification approach.
24. It is important to note that this analysis uses sex at birth instead of gender.

disability types within the DSQ. For example, according to the 2022 CCHS 11.7% of Canadians had difficulty with hearing, while according to the 2022 CSD, 5.6% had hearing disabilities. According to the 2022 CCHS, the proportion of Canadians that have difficulty seeing was 15.0%, while the rate of those with seeing disabilities according to the CSD was 7.4%.

4.5 Disability Tax Credit (DTC)

By linking tax records to the Canadian Survey on Disability (CSD), it was possible to examine the characteristics of Disability Tax Credit (DTC) claimants by a variety of characteristics available in the CSD.[25, 26] As mentioned previously, eligibility for the DTC requires a medical practitioner to certify impairment in one or more category of functioning. The DTC data is included within the T1 Family File (T1FF). The T1FF is a dataset primarily derived from income tax returns; it provides income and demographic information for individuals and families. The results in this section will focus on CSD respondents who claimed the DTC on their own behalf in 2022.[27] It is important to note that this does not account for those who have a DTC certificate but who did not claim the DTC on their tax return.

According to the 2022 CSD, 14.6% of persons with disabilities claimed the DTC. As anticipated, the take-up rate of the DTC was very low among persons without disabilities (around 1%). Looking at self-identification among those with disabilities according to the DSQ, 31.1% of those who self-identified as a person with a disability claimed the DTC, compared with 4.0% of those who did not self-identify.

The proportion of persons who claimed the DTC increased with severity of disability, ranging from 4.2% among those with mild disabilities to 34.8% among those with very severe disabilities (Table 4.5). A higher proportion of those with developmental disabilities claimed the credit (42.3%). Conversely, a low percentage of those with mental health-related disabilities (15.5%) or pain-related disabilities (16.2%) claimed the DTC. Around one-quarter of those with dexterity (28.9%), memory (25.7%) or mobility (25.3%) disabilities claimed the DTC.

Table 4.5
Proportion of persons with disabilities according to the DSQ who claimed the DTC aged 15 years and over, by select disability characteristics, 2022

	Disability Tax Credit claimants		
		95% confidence interval	
Select disability characteristics	percent	lower	upper
Overall	**14.6**	**14.4**	**14.8**
Severity			
Mild (reference category)	4.2	4.1	4.4
Moderate	9.1*	8.7	9.5
Severe	19.5*	19.0	20.0
Very severe	34.8*	34.3	35.4
Disability type			
Seeing	16.3	16.0	16.7
Hearing	17.8	17.3	18.2
Mobility	25.3	24.9	25.7
Flexibility	23.3	22.9	23.6
Dexterity	28.9	28.3	29.5
Pain-related	16.2	16.0	16.4
Mental health-related	15.5	15.2	15.9
Learning	21.8	21.3	22.3
Developmental	42.3	41.3	43.4
Memory	25.7	25.1	26.3

* significantly different from reference category ($p < 0.05$)
Notes: DSQ=Disability Screening Questions; and DTC = Disability Tax Credit. Respondents could have reported using more than type of disability so estimates are not exclusive within the population (they can add up to more than 100%).
Source: Statistics Canada, Canadian Survey on Disability and T1 Family File, 2022.

25. The Disability Tax Credit (DTC) data differs from the other sources in this report as it is administrative data obtained through the T1 Family File, which contains tax information of individuals.
26. The percentage of individuals matched between the 2022 CSD and the 2022 T1FF was 92.0%.
27. The person with the impairment may claim the DTC on their income tax return, however, they may also transfer some or all of the disability amount to a supporting family member identified in the DTC application form.

The proportion claiming the DTC varied by number of disability types as well. Among those with one disability type, 5.1% claimed the DTC, while the proportion claiming the DTC rose to 27.1% among those with more than three disability types. The proportion of DTC claimants varied by dynamic disability groups as the rate of DTC claims was higher among those with progressive limitations (26.4%), compared with those with continuous limitations (14.9%). Those with fluctuating (12.5%) or recurrent (7.3%) limitations were less likely to claim the DTC when compared with their counterparts with continuous limitations (14.9%).

While the rate of disability was higher among women compared with men according to the 2022 CSD, in terms of DTC uptake, women (13.5%) were less likely to claim the DTC than men (16.1%). When compared to youth (aged 15 to 24 years) (14.5%), those aged 25 to 44 (10.2%) were less likely to claim the DTC, while older persons with disabilities (aged 65 years and over) (18.4%) were more likely to claim the DTC.

The proportion of persons with disabilities who claimed the DTC varied by geography as well. Those living in Manitoba (24.7%), Newfoundland and Labrador (23.3%), Prince Edward Island (21.3%), Nova Scotia (19.3%) and New Brunswick (19.0%) and were more likely to claim the DTC when compared with Ontario (15.3%). A lower proportion of persons with disabilities in Quebec (9.1%), Yukon (10.8%), Northwest territories (10.3%) and Nunavut (5.8%) claimed the credit, compared with Ontario (15.3%).

5 Conclusion

Some distinct patterns emerged in the results across the measurement tools examined in this report. Among persons with disabilities identified through the Disability Screening Questions (DSQ), the self-identification question on the Canadian Survey on Disability (CSD), the long-term conditions (LTC) module and the Disability Tax Credit (DTC) administrative data were more likely to capture those with more severe disabilities and those with multiple disability types than those with less severe or one type of disability. Those with progressive limitations were more likely to self-identify as a person with a disability and had higher rates of claiming the DTC, when compared to those with continuous disabilities. These findings align with previous research of who self-identifies as having a disability, which showed that the nature, severity and presence of multiple disabilities have all been identified as predictors in the self-identification process (Bogart et al., 2017). Given the requirement of having “a severe and prolonged impairment” to qualify for the DTC, the increased rate of DTC uptake among those with more severe disabilities aligns with the criteria of the program. These results also mirror the findings from a previous article looking at the uptake of the DTC for 2015, 2016 and 2017 among persons with disabilities (Leanage, Jeon & Arim, 2025).

In terms of disability types, those with developmental disabilities as identified by the DSQ showed higher rates of self-identification and uptake of the DTC. In addition, memory, dexterity and mobility disabilities also had high rates of self-identification and DTC claimants. The disability types most represented amongst the population captured with the LTC questions were memory, mobility and flexibility. Looking at the measures of functional health, limitations related to cognitive functioning were commonly reported by both Health Utilities Index (HUI) and Washington Group – Short Set (WG - SS) questions, which may align with the representation of developmental and memory disabilities in the other measures. According to the WG - SS, difficulty with walking or climbing steps was another common limitation, while according to the HUI, limitations in the ability to walk were not as commonly reported. Pain-related disabilities are the most commonly reported disability type among the DSQ population, which also aligns with the high rates of reporting this type of limitation in the WG-SS and HUI measures. This disability type did not show high rates of self-identification or uptake of the DTC and was not as well captured with the LTC questions as other disability types.

In line with previous research (Ganesh et al., 2023; Palmer & Harley, 2012; Parekh & Brown 2020), this analysis showed a lower prevalence rate of disability based on self-identification. However, the DTC uptake was higher among those who self-identified compared with those who did not self-identify. Additionally, the proportion of those who self-identified was around 40% among respondents to the SSA, between all waves.

Age was a consistent factor across all measurement tools; older Canadians were more likely to report disability or functional limitations compared with their younger counterparts. These results are consistent across existing literature as often disability is not only more prevalent in older age but also can be considered part of the normal trajectory of aging (Grenier, Griffin & McGrath, 2020), which could explain why perception-based questions,

administrative approaches and screening tools all lead to these results. Additionally, the longer a person lives with an impairment, the more likely they are to integrate this with their identity formation process (Bogart et al., 2017). Across most of the measures included in this study, women were more likely than men to report disability or limitations, which is aligned with previous research on a variety of disability measures (Jacob et al., 2018; Parekh & Brown, 2020). The exceptions to this was the DTC, where women were less likely to claim the credit than men and the self-identification measure, where men were more likely to self-identify than women.

The definition of disability being used and the context in which the limitations are being measured have an impact on the resulting disability population captured as is evidenced in the variation in the proportion of the population identified as having disabilities or limitations through the DSQ, self-identification, LTC questions, HUI and WG-SS measures. The review of the different measures suggests that more detailed screening tools (such as the DSQ or HUI) capture a broader range of the population with disabilities than other measures. In comparison, streamlined measures (i.e., self-identification questions) or administrative approaches (i.e., DTC) may lead to the underrepresentation of the disability population and may miss some key sub-groups, such as those with milder conditions or certain disability types.

There are some limitations and considerations within this study that should be noted. First, this analysis uses the DSQ population as the reference for comparison, but this does not mean it is a reflection of the true disability population. These questions represent a comprehensive attempt to capture the disability population but are guided by the specific operational definition chosen for the CSD and could be influenced by certain design aspects of the survey, such as, capturing only those in private dwellings (excludes the institutional population) or due to non-sampling errors such as bias from non-response or potential errors from respondent or interviewer when completing the questionnaire. The LTC module could only be examined in the context of a subset of the CSD population. To properly examine characteristics of who is captured with this measure and evaluate their suitability for a survey, these questions would need to be used in the context of the general population, alongside the DSQ. Additionally, the two-year time lag between the collection of the DSQ information and the SSA information should be noted. Given the dynamic nature of disability could lead to some of the differences observed being attributable to the measures being used at different times. The placement or order of questions within a questionnaire can also influence response patterns. In this case, the self-identification question was placed towards the end of the survey. Respondents were asked this question after completing a full questionnaire looking at various disability-related experiences. Lastly, it is not possible to directly compare response patterns to the DSQ and HUI or WG-SS given that they were not asked of the same population.

In terms of future research considerations, an in-depth analysis of the self-identification measure and the HUI and WG measures is recommended, once the data are available. This could provide important insights into the relationship between the self-identification measure and functional health. Just as it is important to examine the population who self-identified as a person with disability, investigating those who did not self-identify would be another next step for research in this area. This could help further guide data users on who does not consider themselves as a person with a disability. While there is a limited sample size of those who were not identified as having a disability via the DSQ but did self-identify as a person with a disability, which would restrict the amount of analysis that could be done, a closer look at the profile of these individuals could be informative. Another area to explore among the DSQ identified population and those that self-identified as a person with a disability would be the impact of age of onset or age of limitation on response patterns. Lastly, regression analysis which evaluates the factors associated with self-identification among the DSQ population, particularly by sub-segments of the DSQ population, would further inform the understanding of disability measurement in Canada.

Appendix

Appendix A.1

Health and Activity Limitation Survey (HALS)

Section A – Screening questions

I am going to ask you a series of questions about your ability to do certain activities even when using a specialized or technical aid. Please tell me about only those difficulties that have lasted or are expected to last six month or more.

A1. Do you have any difficulty hearing what is said in a conversation with one other person?

- Yes, has difficulty
- No difficulty

A2. Do you have any difficulty hearing what is said in a group conversation with at least three other people?

- Yes, has difficulty
- No difficulty

A4. Do you have any difficulty seeing ordinary newsprint, with glasses or contact lenses if usually worn?

- Yes, has difficulty
- No difficulty

A5. Do you have any difficulty seeing the face of someone across a room (that is from 4 meters or 12 feet), with glasses or contact lenses if usually worn?

- Yes, has difficulty
- No difficulty

A6. Have you been diagnosed by an eye specialist as being legally blind?

- Yes
- No
- Don’t know or not sure

A7. Do you have any difficulty speaking and being understood?

- Yes, has difficulty
- No difficulty

A8. The next few questions are about your ability to move around. Do you have any difficulty walking 350 meters or 400 yards without resting (about three city blocks, about half a kilometer or a quarter of a mile)?

- Yes, has difficulty
- No difficulty

A9. Do you have any difficulty walking up and down a flight of stairs (about 12 steps)?

- Yes, has difficulty
- No difficulty

A10. Do you have any difficulty carrying an object of 4.5 kg for 10 meters or 10 pounds for 30 feet (for example, carrying a bag of groceries?

- Yes, has difficulty
- No difficulty

A11. Do you have difficulty moving from one room to another?

- Yes, has difficulty
- No difficulty

A12. Do you have any difficulty standing for more than 20 minutes?

- Yes, has difficulty
- No difficulty

A13. The next few questions deal with flexibility. Remember, I am asking about difficulties that have lasted or are expected to last 6 months or more.

When standing, do you have difficulty bending down and picking up an object from the floor (for example, a shoe)?

- Yes, has difficulty
- No difficulty

A14. Do you have any difficulty dressing and undressing yourself?

- Yes, has difficulty
- No difficulty

A15. Do you have any difficulty getting in and out of bed?

- Yes, has difficulty
- No difficulty

A16. The next few questions are about agility. Do you have any difficulty cutting your own toenails? (That is, is it physically difficult for you to cut your own toenails?)

- Yes, has difficulty
- No difficulty

A17. Do you have any difficulty using your fingers to grasp or handle? (Such as using pliers or scissors)?

- Yes, has difficulty
- No difficulty

A18. Do you have any difficulty reaching in any direction (for example, above your head)?

- Yes, has difficulty
- No difficulty

A19. Do you have any difficulty cutting your own food?

- Yes, has difficulty
- No difficulty

A20. Finally, the last questions on physical abilities. Because of a long-term physical condition or health problem, that is on that has lasted or is expected to last 6 months or more, are you limited in the kind or amount of activity you can do...

A20i. At home?

- Yes, is limited
- No

A20ii. Are you limited in the kind or amount of activity you can do...At school?

- Yes, is limited
- No
- Not applicable

A20iii. Are you limited in the kind or amount of activity you can do...At work?

- Yes, is limited
- No
- Not applicable

A20iv. Are you limited in the kind or amount of activity you can do...in other activities such as travel, sport or leisure?

- Yes, is limited
- No

A21. Learning new things or reacting to new situations is sometimes more difficult for one person that for another.

From time to time, EVERYONE, has difficulty remembering the name of a familiar person, or learning something new, or they experience moments of confusion. However, do you have any ongoing difficulty with your ability to remember or learn?

- Yes, has difficulty
- No difficulty

A22i. Did you have any difficulty learning how to read?

- Yes
- No

A22ii. Did you have any difficulty learning how to write?

- Yes
- No

A22iii. Did you have any difficulty learning how to spell?

- Yes
- No

A22iv. Did you have any difficulty learning basic mathematics such as adding and subtracting?

- Yes
- No

A22v. In school were there some subjects more difficult for you to learn than other subjects?

- Yes
- No

A23i. Do you have difficulty telling your right from your left?

- Yes
- No

A23ii. Do people often tell you that you are not doing the right thing at the right time?

- Yes
- No

A23iii. Do you have difficulty explaining your ideas when speaking?

- Yes
- No

A23iv. Do you have any difficulty doing an activity that has many steps such as following a recipe?

- Yes
- No

A23v. Do you often have difficulty solving day to day problems?

- Yes
- No

A23vi. Do you often need help to understand people you don't know very well?

- Yes
- No

A23vii. Do you often need help to talk to people you don't know very well?

- Yes
- No

A24a. Has a teacher or health professional (such as a doctor, nurse, social worker or counsellor) ever told you or your family that you have a learning disability (such as dyslexia, a perceptual handicap, attention problems or hyperactivity)?

- Yes
- No

A24b. In the past, persons who had some difficulty learning were often told they had a mental handicap or that they were developmentally delayed or mentally retarded. Has anyone ever used these words to describe you?

- Yes
- No

A25i. Because of a long term emotional, psychological, nervous or psychiatric condition, that is one that has lasted or is expected to last six months or more, are you limited in the kind or amount of activity you can do…at home?

- Yes
- No

A25ii. Because of a long term emotional, psychological, nervous or psychiatric condition, that is one that has lasted or is expected to last six months or more, are you limited in the kind or amount of activity you can do…at school?

- Yes
- No

A25iii. Because of a long term emotional, psychological, nervous or psychiatric condition, that is one that has lasted or is expected to last six months or more, are you limited in the kind or amount of activity you can do…at work?

- Yes
- No

A25iv. Because of a long term emotional, psychological, nervous or psychiatric condition, that is one that has lasted or is expected to last six months or more, are you limited in the kind or amount of activity you can do… in other activities such as travel, sport or leisure?

- Yes
- No

A27. Now have a few questions to ask about how you feel or have felt. Have you ever…

A27i. all of a sudden, felt frightened or anxious in a situation when most people would not be afraid or anxious?

- Yes
- No

A27ii. had a period of six months or more when you felt worried or anxious most of the time?

- Yes
- No

A27iii. had two weeks or more when you felt sad, blue or depressed nearly every day?

- Yes
- No

A27iv. had two weeks or more when you lost interest in most things like work hobbies or things you usually liked to do for fun?

- Yes
- No

A27v. had a period of at least two days when you were so happy or excited that you got into trouble, or family or friends worried about you?

- Yes
- No

A27vi. had a period of several days when you were so irritable that you threw or broke things, started arguments, shouted at people or hit someone?

- Yes
- No

A27vii. had problems with your family, friends or the law because of your drinking to much or taking drugs?

- Yes
- No

A28i. Has a health professional such as a nurse, doctor, social worker or counsellor, ever told you that you had...a major depression?

- Yes
- No

A28ii. Manic episodes or manic depression?

- Yes
- No

A28iii. A drinking or drug problem?

- Yes
- No

A28iv. Schizophrenia?

- Yes
- No

A28v. A nervous breakdown or nervous condition?

- Yes
- No

A28vi. Any other serious emotional problem?

- Yes
- No

A29i. Do you feel limited by the fact that a health professional has labelled you with a specific mental health condition, whether you agree with this label or not? …at home?

- Yes, is limited
- No

A29ii. Do you feel limited by the fact that a health professional has labelled you with a specific mental health condition, whether you agree with this label or not? …at school?

- Yes, is limited
- No

A29iii. Do you feel limited by the fact that a health professional has labelled you with a specific mental health condition, whether you agree with this label or not? …at work?

- Yes, is limited
- No

A29iv. Do you feel limited by the fact that a health professional has labelled you with a specific mental health condition, whether you agree with this label or not? … in other activities such as travel, sport or leisure?

- Yes, is limited
- No

Appendix A.2

Difficulties and long-term conditions (LTC)

LTC_R05: The following questions are about difficulties or long-term conditions you may have. Only difficulties or long-term conditions that have lasted or are expected to last for six months or more should be considered.

LTC_Q05: Do you have any of the following difficulties or long-term conditions?

Do you have:

- 1: Difficulty seeing even when wearing glasses or contact lenses
- 2: Difficulty hearing even when using a hearing aid or cochlear implant
- 3: Difficulty walking, using stairs, using your hands or fingers, or doing other physical activities
- 4: Difficulty learning, remembering or concentrating
- 5: Any emotional, psychological or mental health conditions (e.g., anxiety, depression, bipolar disorder, substance abuse, anorexia)
- 6: Any other health problem or long-term condition that has lasted or is expected to last for six or more months
- 7: I do not have any difficulty or long-term condition that has lasted or is expected to last for six or more months

LTC_R10: The next questions deal with the impact of your [conditions/condition] on your daily activities. Consider the impact of all difficulties or long-term conditions that you have.

LTC_Q10: How often [do your conditions/does your condition] limit your daily activities?

Would you say:

- 1: Never
- 2: Rarely
- 3: Sometimes
- 4: Often
- 5: Always
- 6: Don’t know

LTC_Q15: How much difficulty do you have with daily activities because of your [conditions/condition]?

Would you say:

- 1: No difficulty
- 2: Some difficulty
- 3: A lot of difficulty
- 4: You cannot do most activities
- 5: Don’t know

Appendix A.3

Long-term conditions (LTC)

LTC_R05: The following questions are about any long-term conditions you may have.

LTC_Q05: Do you have any of the following difficulties?

- 1: Difficulty seeing even when wearing glasses or contact lenses
- 2: Difficulty hearing even when using a hearing aid or cochlear implant
- 3: Difficulty walking, using stairs, using your hands or fingers or doing other physical activities
- 4: Difficulty learning, remembering or concentrating
- 5: Emotional, psychological or mental health conditions (e.g., anxiety, depression, bipolar disorder, substance abuse, anorexia)
- 6: Other health problem or long-term condition that has lasted or is expected to last for six or more months
- 7: I do not have any difficulty or long-term condition that has lasted or is expected to last for six or more months

LTC_Q10: Do you identify as a person with a disability?

- 1: Yes
- 2: No

Appendix B.1

Table B.1
Proportion of persons with disabilities according to the DSQ aged 15 years and over, by select disability characteristics, 2022

	Persons with disabilities according to the DSQ		
		95% confidence interval	
Select disability characteristics	percent	lower	upper
Disability type			
Seeing	27.4	26.4	28.4
Hearing	20.7	19.9	21.6
Mobility	39.2	38.2	40.2
Flexibility	40.3	39.2	41.4
Dexterity	18.4	17.5	19.3
Pain-related	61.8	60.7	62.9
Learning	20.7	19.9	21.5
Developmental	5.7	5.3	6.2
Mental Health-related	38.6	37.6	39.6
Memory	18.2	17.3	19.1
Severity			
Mild (reference category)	39.0	38.0	40.1
Moderate	19.8*	18.9	20.8
Severe	20.0*	19.1	20.9
Very severe	21.1*	20.2	22.0
Type of limitation			
Continuous limitations (reference category)	35.2	34.1	36.2
Fluctuating	15.7*	14.9	16.6
Recurrent	29.0*	27.9	30.0
Progressive	19.5*	18.7	20.4
Number of disabilities			
One disability type (reference category)	29.4	28.4	30.4
Two or three disability types	36.7	35.6	37.8
Four or more disability types	33.9*	32.9	34.9

* significantly different from reference category ($p < 0.05$)
Notes: DSQ=Disability Screening Questions. Respondents may have reported more than one type of disability; therefore, estimates are not mutually exclusive and may total more than 100%. A global severity score is calculated using the number of disability types that a person has, the level of difficulty experienced in performing certain tasks, and the frequency of activity limitations. To simplify the concept of severity, four severity classes were established: mild, moderate, severe, and very severe. The name assigned to each class is simply intended to facilitate use of the severity score and is not a label or judgment concerning the person's level of disability.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

Appendix B.2

Table B.2
Proportion of persons with disabilities according to the DSQ who self-identified aged 15 years and over, by select disability characteristics, 2022

Select disability characteristics	Persons with disabilities according to the DSQ who self-identified		
		95% confidence interval	
	percent	lower	upper
Disability type			
Seeing	43.1	40.9	45.2
Hearing	44.5	42.1	47.0
Mobility	59.4	57.7	61.2
Flexibility	55.7	53.9	57.4
Dexterity	62.8	60.2	65.3
Pain-related	44.8	43.4	46.3
Learning	57.7	55.5	59.9
Developmental	75.1	71.7	78.3
Mental Health-related	45.4	43.7	47.2
Memory	60.9	58.3	63.3
Severity			
Mild (reference category)	15.4	14.2	16.8
Moderate	30.4*	28.2	32.7
Severe	51.3*	48.8	53.8
Very severe	76.7*	74.5	78.8
Type of limitation			
Continuous limitations (reference category)	36.3	34.6	38.2
Fluctuating	40.8*	38.1	43.6
Recurrent	24.1*	22.3	25.9
Progressive	62.1*	59.6	64.5
Number of disabilities			
One disability type (reference category)	15.0	13.6	16.6
Two or three disability types	34.2*	32.5	35.9
Four or more disability types	63.6*	61.6	65.4

* significantly different from reference category ($p < 0.05$)

Notes: DSQ=Disability Screening Questions. Respondents may have reported more than one type of disability; therefore, estimates are not mutually exclusive and may total more than 100%. A global severity score is calculated using the number of disability types that a person has, the level of difficulty experienced in performing certain tasks, and the frequency of activity limitations. To simplify the concept of severity, four severity classes were established: mild, moderate, severe, and very severe. The name assigned to each class is simply intended to facilitate use of the severity score and is not a label or judgment concerning the person's level of disability.

Source: Statistics Canada, Canadian Survey on Disability, 2022.

Appendix B.3

Table B.3
Proportion of persons with disabilities according to the DSQ who self-identified aged 15 years and over, by select characteristics, 2022

	Persons with disabilities according to the DSQ who self-identified		
		95% confidence interval	
Select characteristics	percent	lower	upper
Overall	**38.5**	**37.5**	**39.6**
Gender			
Men+ (reference category)	39.6	38.0	41.1
Women+	37.7*	36.3	39.2
Age group			
15 to 24 years (reference category)	37.6	35.2	40.1
25 to 44 years	33.9*	31.9	36.0
45 to 64 years	39.1	37.1	41.2
65 years and over	41.8*	39.9	43.7
Geographic regions			
Atlantic provinces	40.5	39.3	41.7
Quebec	34.0*	32.0	36.1
Ontario (reference category)	42.1	39.9	44.3
Prairies provinces	35.0*	33.6	36.5
British Columbia	37.3*	35.1	39.5
Territories	34.8*	31.4	38.3
Place of residence			
Population centre (reference category)	39.0	37.8	40.2
Rural area	36.1	33.8	38.4
Household living arrangement			
Couple without children (reference category)	36.0	34.1	37.9
Couple with children	33.2*	31.4	35.2
Lone parent household	46.4*	43.2	49.6
Living alone	42.7*	40.2	45.3
Person not in census family	44.9*	40.6	49.3
Immigration status			
Non-immigrant (reference category)	38.4	37.3	39.6
Immigrant	38.7	36.0	41.4
Non-perm resident	42.4	28.0	58.1
Indigenous group			
Non-Indigenous (reference category)	38.0	36.9	39.1
Indigenous	48.5*	44.2	52.9
Racialized group			
Non-racialized, non-Indigenous (reference category)	37.9	36.7	39.1
Racialized	38.3	35.3	41.4

* significantly different from reference category ($p < 0.05$)
Notes: DSQ=Disability Screening Questions. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol. In this table, data on 'racialized group' is measured with the "visible minority" variable. The "non-racialized group, non-Indigenous" is measured with the category "Not a visible minority" of the variable, excluding Indigenous respondents.
Source: Statistics Canada, Canadian Survey on Disability, 2022.

Appendix B.4

Table B.4
Proportion of SSA respondents with a disability who provided affirmative responses to the LTC or who self identified aged 15 years and over, by select characteristics, 2024 and 2025

	Survey Series on Accessibility-Experiences with Accessibility and Employment			Survey Series on Accessibility-Experiences with Accessibility and Information and Communication Technology			Survey Series on Accessibility-Experiences with Accessibility and Travel		
		95% confidence interval			95% confidence interval			95% confidence interval	
Select characteristics	percent	lower	upper	percent	lower	upper	percent	lower	upper
Difficulties and long-term condition (LTC)									
Overall	**79.5**	**76.4**	**82.6**	**81.3**	**78.3**	**84.2**	**79.1**	**75.9**	**82.4**
Gender									
Men+	73.9	69.0	78.9	77.0	71.9	82.2	73.4	67.6	79.2
Women+	83.2	79.0	87.3	84.3	80.7	88.0	82.9	79.2	86.6
Age group									
15 to 24 years	76.3	63.5	89.2	77.3	66.4	88.1	81.6	71.4	91.9
25 to 44 years	79.9	74.1	85.8	81.0	75.4	86.5	81.5	76.6	86.4
45 to 64 years	80.9	75.6	86.2	84.6	79.8	89.4	81.6	75.0	88.2
65 years and over	78.7	72.9	84.5	79.4	73.8	84.9	75.5	69.4	81.6
Self-identification									
Overall	**42.7**	**39.2**	**46.1**	**41.4**	**37.8**	**44.9**	**45.0**	**41.8**	**48.3**
Gender									
Men+	40.5	35.2	45.7	38.2	32.7	43.6	43.6	38.1	49.2
Women+	44.1	39.2	49.1	43.7	38.6	48.9	46.0	41.5	50.4
Age group									
15 to 24 years	40.0	28.8	51.3	50.3	37.5	63.2	50.2	35.3	65.0
25 to 44 years	37.1	30.5	43.8	37.7	30.4	45.0	40.6	34.2	47.0
45 to 64 years	47.4	40.8	53.9	46.0	39.1	52.8	51.8	44.9	58.7
65 years and over	43.4	36.8	50.0	38.7	32.0	45.4	42.0	36.1	48.0

Notes: SSA = Survey Series on Accessibility; and LTC = Difficulties and long-term conditions. The LTC measure and self-identified measure include those who were persons with disability according to the Disability Screening Questions (DSQ). Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol.
Source: Statistics Canada, Survey Series on Accessibility, 2024 and 2025.

Appendix B.5

Table B.5
Proportion of SSA respondents with a disability who provided affirmative responses to the LTC aged 15 years and over, by select disability characteristics, 2024 and 2025

	Respondents with a disability who provided affirmative responses to the LTC - Survey Series on Accessibility - Experiences with Accessibility and Employment			Respondents with a disability who provided affirmative responses to the LTC - Survey Series on Accessibility - Experiences with Accessibility and Information and Communication Technology			Respondents with a disability who provided affirmative responses to the LTC - Survey Series on Accessibility - Experiences with Accessibility and Travel		
		95% confidence interval			95% confidence interval			95% confidence interval	
Select disability characteristics	percent	lower	upper	percent	lower	upper	percent	lower	upper
Overall	**79.5**	**76.4**	**82.6**	**81.3**	**78.3**	**84.2**	**79.1**	**75.9**	**82.4**
Disability type									
Seeing	88.9	84.4	93.4	89.9	85.8	94.1	88.0	83.0	92.9
Hearing	85.8	80.3	91.3	92.8	88.6	97.0	86.4	79.4	93.4
Mobility	89.3	84.0	94.6	94.6	91.7	97.5	90.6	86.2	95.1
Flexibility	89.9	86.2	93.6	94.6	91.6	97.7	90.5	86.1	94.9
Dexterity	95.6	92.8	98.5	91.1	85.5	96.8	88.4	81.7	95.1
Pain-related	88.0	84.8	91.3	90.0	86.4	93.6	83.2	78.6	87.8
Learning	88.1	82.6	93.5	92.7	87.9	97.6	89.9	84.4	95.3
Developmental	82.4	70.9	93.9	89.3	81.2	97.3	85.5	76.2	94.8
Mental Health-related	88.7	85.1	92.2	91.6	88.6	94.6	88.6	84.8	92.4
Memory	92.1	87.8	96.3	95.4	92.2	98.6	93.5	89.7	97.4
Severity									
Less severe	76.1	70.8	81.4	80.1	75.4	84.7	70.7	65.1	76.3
More severe	92.6	89.8	95.4	95.4	92.7	98.1	93.7	90.0	97.4
Number of disabilities									
One disability type	68.2	59.1	77.4	75.7	68.2	83.2	64.9	56.1	73.8
Two or three disability types	86.4	82.0	90.8	87.7	83.4	91.9	82.1	76.5	87.7
Four or more disability types	92.5	89.1	95.8	95.6	92.5	98.6	94.0	90.7	97.3

Notes: SSA= Survey Seriries on Accessibility; and LTC = Difficulties and long-term conditions. Respondents may have reported more than one type of disability; therefore, estimates are not mutually exclusive and may total more than 100%. A global severity score is calculated using the number of disability types that a person has, the level of difficulty experienced in performing certain tasks, and the frequency of activity limitations. To simplify the concept of severity, four severity classes were established: mild, moderate, severe, and very severe. 'Mild' and 'moderate' classes were collapsed into 'milder', while 'severe' and 'very severe' classes were collapsed into 'more severe'. The name assigned to each class is simply intended to facilitate use of the severity score and is not a label or judgment concerning the person's level of disability.
Source: Statistics Canada, Survey Series on Accessibility, 2024 and 2025.

Appendix B.6

Table B.6
Proportion SSA respondents with a disability who self-identified aged 15 and over, by select disability characteristics, 2024 and 2025

Select disability characteristics	Respondents with a disability who self-identified - Survey Series on Accessibility - Experiences with Accessibility and Employment			Respondents with a disabilty who self-identified - Survey Series on Accessibility - Experiences with Accessibility and Information and Communication Technology			Respondents with a disabilty who self-identified - Survey Series on Accessibility - Experiences with Accessibility and Travel		
		95% confidence interval			95% confidence interval			95% confidence interval	
	percent	lower	upper	percent	lower	upper	percent	lower	upper
Overall	**42.7**	**39.2**	**46.1**	**41.4**	**37.8**	**44.9**	**45.0**	**41.8**	**48.3**
Disability type									
Seeing	54.1	46.9	61.4	58.4	51.2	65.6	57.2	50.0	64.3
Hearing	66.1	58.8	73.4	62.0	53.9	70.1	63.3	54.3	72.4
Mobility	69.5	64.0	75.1	70.1	63.9	76.3	72.3	67.0	77.5
Flexibility	66.8	61.3	72.3	63.1	57.0	69.2	68.2	62.7	73.7
Dexterity	71.9	64.2	79.5	71.5	63.4	79.5	77.7	70.6	84.8
Pain-related	54.8	50.1	59.4	55.8	50.9	60.8	59.5	55.0	63.9
Learning	63.8	56.0	71.5	69.4	62.2	76.7	69.3	62.1	76.4
Developmental	73.9	61.8	86.0	87.2	79.0	95.4	83.4	73.2	93.5
Mental Health-related	53.8	48.4	59.1	56.5	50.9	62.2	55.5	50.4	60.7
Memory	72.9	65.5	80.2	75.7	69.1	82.3	74.8	68.4	81.2
Severity									
Less severe	28.3	22.6	33.9	25.4	25.4	75.2	25.8	20.6	31.1
More severe	74.7	70.2	79.3	77.1	77.1	91.3	79.3	75.2	83.4
Number of disabilities									
One disability type	27.6	18.5	36.7	21.6	13.4	29.8	24.6	16.6	32.6
Two or three disability types	42.7	36.4	49.0	43.7	36.8	50.5	44.9	38.3	51.6
Four or more disability types	74.2	69.0	79.3	77.2	72.1	82.4	78.4	73.9	82.8

Notes: SSA = Survey Series on Accessibility. Respondents may have reported more than one type of disability; therefore, estimates are not mutually exclusive and may total more than 100%. A global severity score is calculated using the number of disability types that a person has, the level of difficulty experienced in performing certain tasks, and the frequency of activity limitations. To simplify the concept of severity, four severity classes were established: mild, moderate, severe, and very severe. 'Mild' and 'moderate' classes were collapsed into 'less severe', while 'severe' and 'very severe' classes were collapsed into 'more severe'. The name assigned to each class is simply intended to facilitate use of the severity score and is not a label or judgment concerning the person's level of disability.
Source: Statistics Canada, Survey Series on Accessibility, 2024 and 2025.

Appendix B.7

Table B.7
Functional health status according to the Health Utility Index 3 aged 18 years and over, by select characteristics, 2023

	Good to full functional health			Moderate to poor functional health		
		95% confidence interval			95% confidence interval	
Select characteristics	percent	lower	upper	percent	lower	upper
Overall	**69.6**	**68.9**	**70.3**	**30.4**	**29.7**	**31.1**
Sex						
Male	66.7	65.7	67.6	27.4	26.4	28.4
Female	72.6	71.6	73.6	33.3	32.4	34.3
Age group						
18 to 34 years	74.7	73.2	76.1	25.3	23.9	26.8
35 to 49 years	72.2	70.7	73.6	27.8	26.4	29.3
50 to 64 years	68.0	66.8	69.3	32.0	30.7	33.2
65 years and over	62.1	61.1	63.1	37.9	36.9	38.9

Note: The Health Utility Index produces a score ranging from 1 (perfect health), through 0 (health status equal to death). A score of 0.8 to 1.0 indicates "good to full" functional health; a score below 0.8 indicates "moderate to poor" functional health. This analysis used sex at birth instead of gender.
Source: Statistics Canada, Canadian Community Health Survey, 2023.

Appendix B.8

Table B.8
Functional health status according to attributes in the Health Utility Index 3 aged 18 years and over, 2023

	Functional health		
		95% confidence interval	
Attributes	percent	lower	upper
Vision			
Able to see	44.5	43.8	45.2
Able to see with lenses (distance, closer or both)	50.7	50.1	51.4
Unable to see distance, even with lenses	0.8	0.7	0.9
Unable to see close, even with lenses	3.3	3.1	3.6
Unable to see close and distance, even with lenses	0.3	0.3	0.4
Unable to see at all	0.3	0.2	0.4
Hearing			
Able to hear well	95.3	95.0	95.5
Able to hear with hearing aid for group conversation	2.4	2.3	2.6
Able to hear, an individual and in group, with hearing aid	1.0	0.9	1.1
Unable to hear in group and able to hear an individual without hearing aid	1.0	0.9	1.1
Unable to hear in group and able to hear an individual with hearing aid	0.1	0.1	0.2
Unable to hear	0.2	0.1	0.3
Speech			
Able to be well understood	98.5	98.3	98.6
Able to be understood by people who know them well and partially understood by strangers	1.0	0.8	1.1
Able to be partially understood by people who know them well	0.3	0.2	0.4
Unable to be understood by strangers	0.2	0.2	0.3
Unable to be understood	0.1[E]	0.0	0.1
Mobility			
Able to walk without difficulty	94.3	94.1	94.6
Able to walk with difficulty, no aid required	1.2	1.1	1.4
Able to walk with difficulty, requires walking equipment	3.0	2.8	3.1
Able to walk with difficulty, requires wheelchair	0.2	0.2	0.3
Able to walk with difficulty, requires help from people	0.8	0.8	1.0
Cannot walk at all	0.4	0.3	0.5
Dexterity			
Full use of hands and fingers	99.4	99.3	99.5
Dexterity limitations, no help required	0.3	0.2	0.3
Dexterity limitations, requires special equipment	0.2[E]	0.0	0.0
Dexterity limitations, requires help with some tasks	0.2	0.1	0.2
Dexterity limitations, requires help with most tasks	0.1[E]	0.1	0.2
Dexterity limitations, requires help with all tasks	0.0[E]	0.0	0.1
Emotion			
Happy and interested in life	60.9	60.2	61.7
Somewhat happy	31.2	30.5	31.9
Somewhat unhappy	5.8	5.5	6.2
Very unhappy	1.8	1.6	2.0
So unhappy that life is not worthwhile	0.3	0.2	0.4
Cognitive			
Able to remember and think	67.8	67.1	68.4
Able to remember and some difficulty thinking	3.6	3.4	3.9
Somewhat forgetful and able to think	16.7	16.2	17.2
Somewhat forgetful and some difficulty thinking	7.9	7.5	8.3
Very forgetful or great deal of difficulty thinking	3.7	3.4	4.0
Unable to remember or unable to think	0.3	0.2	0.4
Pain			
No pain or discomfort	73.4	72.8	74.0
Pain does not prevent activity	6.7	6.3	7.0
Pain prevents a few activities	11.5	11.0	11.9
Pain prevents some activities	5.5	5.2	5.8
Pain prevents most activities	3.0	2.8	3.2

[E] use with caution

Source: Statistics Canada, Canadian Community Health Survey, 2023.

Appendix B.9

Table B.9
Proportion of persons with functional difficulties according to the Washington Group Short Set aged 18 years and over, by select characteristics, 2022

	Functional difficulties		
		95% confidence interval	
Select characteristics	percent	lower	upper
Overall	**43.0**	**42.4**	**43.7**
Sex			
Male	40.5	39.5	41.4
Female	45.5	44.6	46.5
Age group			
18 to 34 years	35.3	33.6	36.9
35 to 49 years	32.5	31.1	33.9
50 to 64 years	44.9	43.6	46.3
65 years and over	61.4	60.4	62.4

Notes: Functional difficulties is defined as having some difficulty, a lot of difficulty or cannot do at all with one or more of the following: vision, hearing, mobility (walking or climbing steps), cognition (memory and concentration), self-care and communication. This analysis uses sex at birth instead of gender.
Source: Statistics Canada, Canadian Community Health Survey, 2022.

Appendix B.10

Table B.10
Functional difficulties by type according to the Washington Group - Short Set aged 18 years and over, 2022

	Functional difficulties		
		95% confidence interval	
Type of difficulty	percent	lower	upper
Difficulty seeing, even if wearing glasses			
No difficulty	85.0	84.5	85.5
Some difficulty	13.7	13.3	14.1
A lot of difficulty	1.2	1.0	1.3
Cannot do at all or unable to do	0.2[E]	0.1	0.2
Difficulty hearing, even if using a hearing aid			
No difficulty	88.3	87.9	88.7
Some difficulty	10.3	9.9	10.7
A lot of difficulty	1.3	1.2	1.4
Cannot do at all or unable to do	0.1[E]	0.1	0.2
Difficulty walking or climbing steps			
No difficulty	83.8	83.4	84.2
Some difficulty	12.0	11.6	12.3
A lot of difficulty	3.8	3.6	4.0
Cannot do at all or unable to do	0.5	0.4	0.5
Difficulty remembering or concentrating			
No difficulty	76.4	75.9	77.0
Some difficulty	20.5	19.9	21.0
A lot of difficulty	3.0	2.8	3.2
Cannot do at all or unable to do	0.1	0.1	0.2
Difficulty with self-care			
No difficulty	94.3	94.0	94.6
Some difficulty	4.5	4.2	4.8
A lot of difficulty	1.0	0.9	1.1
Cannot do at all or unable to do	0.3	0.2	0.3
Difficulty communicating when using your usual language			
No difficulty	95.1	94.9	95.4
Some difficulty	4.1	3.8	4.4
A lot of difficulty	0.7	0.6	0.8
Cannot do at all or unable to do	0.1[E]	0.1	0.2

[E] use with caution
Source: Statistics Canada, Canadian Community Health Survey, 2022.

Appendix B.11

Table B.11
Proportion of persons with disabilities according to the DSQ who claimed the DTC aged 15 years and over, by select disability characteristics, 2022

	Disability Tax Credit claimants		
		95% confidence interval	
Select disability characteristics	percent	lower	upper
Overall	**14.6**	**14.4**	**14.8**
Severity			
Mild (reference category)	4.2	4.1	4.4
Moderate	9.1*	8.7	9.5
Severe	19.5*	19.0	20.0
Very severe	34.8*	34.3	35.4
Disability type			
Seeing	16.3	16.0	16.7
Hearing	17.8	17.3	18.2
Mobility	25.3	24.9	25.7
Flexibility	23.3	22.9	23.6
Dexterity	28.9	28.3	29.5
Pain-related	16.2	16.0	16.4
Mental health-related	15.5	15.2	15.9
Learning	21.8	21.3	22.3
Developmental	42.3	41.3	43.4
Memory	25.7	25.1	26.3
Number of disability types			
One disability type (reference category)	5.1	4.8	5.3
Two or three disability types	10.8*	10.5	11.1
Four or more disability types	27.1*	26.7	27.5
Type of limitation			
Continuous limitations (reference category)	14.9	14.6	15.3
Fluctuating	12.5*	12.0	12.9
Recurrent	7.3*	7.1	7.6
Progressive	26.4*	25.9	27.0
Self-identification			
Yes	31.1*	30.7	31.5
No (reference category)	4.0	3.9	4.2

* significantly different from reference category ($p < 0.05$)

Notes: DSQ=Disability Screening Questions; and DTC = Disability Tax Credit. Respondents could have reported using more than type of disability so estimates are not exclusive within the population (they can add up to more than 100%). A global severity score was developed for the Canadian Survey on Disability, and it was calculated for each person using the number of disability types that a person has, the level of difficulty experienced in performing certain tasks and the frequency of activity limitations. To simplify the concept of severity, four severity classes were established: mild, moderate, severe and very severe. The "mild" and "moderate" classes were collapsed into "milder," while the "severe" and "very severe" classes were collapsed into "more severe." It is important to understand, however, that the name assigned to each class is simply intended to facilitate the use of the severity score and is not a label or judgment concerning the person's level of disability.

Source: Statistics Canada, Canadian Survey on Disability and T1 Family File, 2022.

Appendix B.12

Table B.12
Proportion of persons with disabilities according to the DSQ who claimed the DTC aged 15 years and over, by select characteristics, 2022

	Disability Tax Credit claimants		
		95% confidence interval	
Select characteristics	percent	lower	upper
Overall	**14.6**	**14.4**	**14.8**
Gender			
Men+ (reference category)	16.1	15.8	16.4
Women+	13.5*	13.2	13.7
Age group			
15 to 24 years (reference category)	14.5	14.0	14.9
25 to 44 years	10.2*	9.9	10.5
45 to 64 years	14.2	13.8	14.5
65 years and over	18.4*	18.0	18.7
Geography			
Newfoundland and Labrador	23.3*	22.8	23.8
Prince Edward Island	21.3*	20.7	21.8
Nova Scotia	19.3*	18.8	19.7
New Brunswick	19.0*	18.5	19.5
Quebec	9.1*	8.8	9.4
Ontario (reference category)	15.3	14.9	15.7
Manitoba	24.7*	24.2	25.2
Saskatchewan	14.1	13.7	14.5
Alberta	13.9	13.5	14.3
British Columbia	14.5	14.1	14.9
Yukon	10.8*	9.9	11.6
Northwest Territories	10.3*	9.4	11.1
Nunavut	5.8*	4.9	6.8

* significantly different from reference category ($p < 0.05$)
Notes: DSQ=Disability Screening Questions; and DTC = Disability Tax Credit. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the category "non-binary persons" are distributed into the other two gender categories and are denoted by the "+" symbol.
Source: Statistics Canada, Canadian Survey on Disability and T1 Family File, 2022.

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