clsa élcv

Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Data Collection Site Questionnaires
(Comprehensive)

Examples of variable names as shown in the datasets.

CCC_1
CCC_HEART_DCS

Has a doctor ever told you that you have heart disease (including congestive heart failure, or CHF)?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Q14. Are you currently suffering from any infections of the following: **SELECT ALL THAT APPLY**

CONDITION	NO	LEFT	RIGHT	BOTH	RF
ICQ_EYEINF_COM a) Eye	☐	☐	☐	☐	☐
ICQ_EARINF_COM b) Ear	☐	☐	☐	☐	☐

Contraindications Questionnaire Table of Contents

Neuropsychological Questionnaire Table of Contents

Disease Symptoms Questionnaire Table of Contents

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Interpretation and Contraindications Questionnaire
(Comprehensive)

v4.4, 2014 Apr 08

Interpretation and Contraindications Questionnaire

Q1.   Are you right handed or left handed?
ICQ_DOMHAND_COM

        Right .... ☐

        Left.. ☐

        Ambidextrous .... ☐

Q2.   Do you have any of the following conditions affecting one or both of your hands? **SELECT ALL THAT APPLY**

	CONDITION	NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_HNDSWL_COM	a) Severe swelling, open sores, wounds, infection, or burns	☐	☐	☐	☐	☐	☐
ICQ_HNDCST_COM	b) Cast	☐	☐	☐	☐		
ICQ_HNDHMT_COM	c) Hematoma (bruise)	☐	☐	☐	☐	☐	☐

Q3.   Do you have any of the following conditions affecting one or both of your upper arms? **SELECT ALL THAT APPLY**

	CONDITION	NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_ARMSWL_COM	a) Severe swelling, open sores, wounds, infection, or burns	☐	☐	☐	☐	☐	☐
ICQ_ARMCST_COM	b) Cast	☐	☐	☐	☐		

Q4.   Do you have any of the following conditions affecting one or both of your legs? **SELECT ALL THAT APPLY**

	CONDITION	NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_LEGSWL_COM	a) Severe swelling, open sores, wounds, infection, or burns	☐	☐	☐	☐	☐	☐
ICQ_LEGCST_COM	b) Cast	☐	☐	☐	☐		

Q5a.   Have you had an operation (surgery) <u>within the last 3 months</u>?
ICQ_SRG3MO_COM

        Yes.. ☐ → **CONTINUE**

        No .... ☐ → **SKIP TO Q6/ICQ_PAINHND_COM**

        [DO NOT READ] Refused.................................. ☐ → **SKIP TO Q6/ICQ_PAINHND_COM**

Q5b. What type of surgery did you have? **SELECT ALL THAT APPLY, REMIND PARTICIPANT THAT THIS QUESTION IS ASKING ABOUT SURGERY IN THE LAST 3 MONTHS**

	CONDITION	NO	LEFT	RIGHT	BOTH	RF
ICQ_SRGYARM_COM	i) Arm	☐	☐	☐	☐	☐
ICQ_SRGYCHT_COM	ii) Chest or breast (incl. mastectomy)	☐	☐	☐	☐	☐
ICQ_SRGYHND_COM	iii) Hand or wrist	☐	☐	☐	☐	☐
ICQ_SRGYART_COM	iv) Arteriovenous shunt/fistula	☐	☐	☐	☐	☐
ICQ_SRGYEYE_COM	v) Eye (i.e., cataracts or laser surgery)	☐	☐	☐	☐	☐

	CONDITION	YES	NO	RF
ICQ_SRGYABD_COM	vi) Abdominal	☐	☐	☐
ICQ_SRGYHRT_COM	vii) Heart	☐	☐	☐
ICQ_SRGYOT_COM	viii) Other (Specify:_____)	☐	☐	☐

Q6. Do you experience pain or paralysis in your hands or wrists due to conditions such as arthritis, tendinitis crisis, carpal tunnel syndrome, or some other reason?
ICQ_PAINHND_COM

Yes, left side .... ☐

Yes, right side .... ☐

Yes, both sides .... ☐

No .... ☐

Q7. Are you able to rise from a chair without the assistance of another person?
ICQ_RISEASSI_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Don't know/Refused................ ☐

Q7a. Do you use a cane or walker to stand or rise from a chair unassisted?
ICQ_RISECANE_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Don't know/Refused................ ☐

Q8.   Are you able to stand without the assistance of another person?

ICQ_ABLESTND_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Don't know/Refused................ ☐

Q9.   Are you able to walk without the assistance of another person?

ICQ_ABLEWLK_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Don't know/No answer............ ☐

FEMALES <55 YEARS OLD CONTINUE, FEMALES >55 YEARS OLD AND MALES GO TO Q11/ICQ_ILLLUNG_COM

Q10a. Are you pregnant?

ICQ_PREGNT_COM

Yes.. ☐ → **CONTINUE**

No .... ☐ → **GO TO Q11/ ICQ_ILLLUNG_COM**

[DO NOT READ] Don't know .... ☐ → **GO TO Q11/ ICQ_ILLLUNG_COM**

[DO NOT READ] Refused.................................. ☐ → **GO TO Q11/ ICQ_ILLLUNG_COM**

Q10b. How many weeks pregnant are you? Please provide your best estimate if you are not sure of the exact number of weeks.

ICQ_PREGNTWK_COM

Number of weeks pregnant: _____

[DO NOT READ] Don't know .... ☐

[DO NOT READ] Refused.................................. ☐

Q11.   Do you currently have an acute illness or disease that might interfere with a lung performance test such as a cold, bronchitis, flu, tuberculosis, pneumonia, collapsed lung, chest or abdominal pain, nausea or vomiting?

ICQ_ILLLUNG_COM

Yes (please specify: _____) .... ☐

No .... ☐

[DO NOT READ] Refused.................................. ☐

Q12. Have you had an unstable heart condition (e.g., that required admission to the hospital or emergency department, angioplasty, stent insertion, etc.) <u>within the last 3 months</u>?

ICQ_HRTCOND_COM

> Yes (please specify: _____) .... ☐
>
> No .... ☐
>
> **[DO NOT READ]** Refused.................................. ☐

Q12a. Have you had a pulmonary embolism within the last 6 weeks?

ICQ_EMB6WK_COM

> Yes... ☐
>
> No .... ☐
>
> **[DO NOT READ]** Refused.................................. ☐

Q12b. Are you currently taking anticoagulants, for example Coumadin, as a result of a pulmonary embolism?

ICQ_EMBMED_COM

> Yes... ☐
>
> No .... ☐
>
> **[DO NOT READ]** Refused.................................. ☐

Q13. Have you had a detached retina <u>within the last 3 months</u>?

ICQ_DERET3MO_COM

> Yes... ☐
>
> No .... ☐
>
> **[DO NOT READ]** Refused.................................. ☐

Q14. Are you currently suffering from any infections of the following: **SELECT ALL THAT APPLY**

CONDITION	NO	LEFT	RIGHT	BOTH	RF
ICQ_EYEINF_COM a) Eye	☐	☐	☐	☐	☐
ICQ_EARINF_COM b) Ear	☐	☐	☐	☐	☐

Q15. Has a doctor ever told you that you have cataracts?

ICQ_CATRCT_COM

> Yes... ☐ → **CONTINUE**
>
> No .... ☐ → **GO TO Q16/ICQ_GLAUC_COM**
>
> **[DO NOT READ]** Don't know .... ☐ → **GO TO Q16/ICQ_GLAUC_COM**
>
> **[DO NOT READ]** Refused.................................. ☐ → **GO TO Q16/ICQ_GLAUC_COM**

Q15a. Has a doctor told you that you are currently suffering from cataracts?
ICQ_CATRCT2_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Don't know .... ☐

[DO NOT READ] Refused.................................. ☐

Q16. Has a doctor ever told you that you have glaucoma?
ICQ_GLAUC_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Don't know .... ☐

[DO NOT READ] Refused.................................. ☐

Q17. Do you wear: **SELECT ALL THAT APPLY**

DEVICE		CURRENTLY WEARING & WORKING
ICQ_HRAID_COM	a) Hearing aid	
	Yes, left side.. ☐	☐
	Yes, right side .... ☐	☐
	Yes, both sides... ☐	☐
	No... ☐	
	Refused .... ☐	

DEVICE	NO	YES	CURRENTLY WEARING & WORKING	RF
ICQ_GLASSES_COM b) Glasses	☐	☐	☐	☐
ICQ_CTLENS_COM c) Contact lenses	☐	☐	☐	☐

Q18. Do you have any prosthetic limbs or joints?
ICQ_PROSLIM_COM

Yes.. ☐ → **CONTINUE**

No .... ☐ → **GO TO Q20/ICQ_FX_COM**

[DO NOT READ] Refused.................................. ☐ → **GO TO Q20/ICQ_FX_COM**

Q19. Which of your limbs or joints are prosthetics? **SELECT ALL THAT APPLY**

	BODY PART	NO	LEFT	RIGHT	BOTH	RF
ICQ_PROSARM_COM	a) Arm	☐	☐	☐	☐	☐
ICQ_PROSLEG_COM	b) Leg	☐	☐	☐	☐	☐
ICQ_PROSHND_COM	c) Hand or fingers	☐	☐	☐	☐	☐
ICQ_PROSFT_COM	d) Foot	☐	☐	☐	☐	☐
ICQ_PROSHIP_COM	e) Hip	☐	☐	☐	☐	☐
ICQ_PROSKNEE_COM	f) Knee	☐	☐	☐	☐	☐

Q20. Have you ever suffered a break or fracture?
ICQ_FX_COM

Yes .... ☐ → **CONTINUE**

No .... ☐ → **GO TO Q22/ICQ_LAMIN_COM**

[DO NOT READ] Refused .... ☐ → **GO TO Q22/ICQ_LAMIN_COM**

Q21. Indicate which parts of the body have been broken or fractured. **SELECT ALL THAT APPLY**

	BODY PART	NO	LEFT	RIGHT	BOTH	RF
ICQ_FXARM_COM	a) Arm	☐	☐	☐	☐	☐
ICQ_FXSHLD_COM	b) Shoulder	☐	☐	☐	☐	☐
ICQ_FXHND_COM	c) Hand or fingers	☐	☐	☐	☐	☐
ICQ_FXRIB_COM	d) Ribs (indicate which side)	☐	☐	☐	☐	☐
ICQ_FXLEG_COM	e) Leg	☐	☐	☐	☐	☐
ICQ_FXANK_COM	f) Ankle	☐	☐	☐	☐	☐
ICQ_FXFT_COM	g) Foot or toes	☐	☐	☐	☐	☐
ICQ_FXHIP_COM	h) Hip	☐	☐	☐	☐	☐
ICQ_FXKNEE_COM	i) Knee	☐	☐	☐	☐	☐
ICQ_FXCHK_COM	j) Cheek	☐	☐	☐	☐	☐
ICQ_FXJAW_COM	k) Jaw	☐	☐	☐	☐	☐

	BODY PART	YES	NO	RF
ICQ_FXNOSE_COM	l) Nose	☐	☐	☐
ICQ_FXSKL_COM	m) Skull	☐	☐	☐
ICQ_FXNECK_COM	n) Neck	☐	☐	☐
ICQ_FXBACK_COM	o) Back	☐	☐	☐
ICQ_FXCOLLR_COM	p) Collar bone	☐	☐	☐
ICQ_FXPELV_COM	q) Pelvis	☐	☐	☐

Q22. Have you ever had a laminectomy?
ICQ_LAMIN_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Refused................................. ☐

Q23. Have you ever had Polio?
ICQ_POLIO_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Refused................................. ☐

Q24. Have you had any blood in your sputum or coughed up blood <u>within the last 3 months</u>?
ICQ_BLDSP3MO_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Refused................................. ☐

Q25. Have you ever had a thoracic, abdominal or cerebral aneurysm?
ICQ_ANEURY_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Refused................................. ☐

Q26. Do you have any of the following medical devices implanted within your body?

	MEDICAL DEVICES	**YES**	**NO**	**DK/NA**	**RF**
ICQ_PACEMKR_COM	a) Pacemaker	☐	☐	☐	☐
ICQ_DEFIBR_COM	b) Defibrillator	☐	☐	☐	☐
ICQ_COCHLIMP_COM	c) Cochlear implant	☐	☐	☐	☐

Q26d. Do you have currently in place any of the following types of feeding tubes?

	DEVICES	**YES**	**NO**	**DK/NA**	**RF**
ICQ_NGTUBE_COM	i) Nasogastric tube	☐	☐	☐	☐
ICQ_ABDTUBE_COM	ii) Abdominal tube	☐	☐	☐	☐

Q27. Have you had chemotherapy treatment <u>within the last 4 weeks</u>?
ICQ_CHEMO4WK_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Refused.................................. ☐

Q28. Do you have haemophilia or another type of blood clotting disease?
ICQ_HAEMO_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Refused.................................. ☐

Q29. Have you received a blood transfusion or donated blood <u>within the last 24 hours</u>?
ICQ_BLDTR24H_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Refused.................................. ☐

Q30.   Have you been involved in a Nuclear Medicine research study <u>in the last 7 days</u>?
ICQ_NUCLMED_COM
>   NOTE: Nuclear medicine research study uses a radioactive material, which is injected into your bloodstream, swallowed or inhaled as a gas. A gamma camera, PET scanner, or probe detects this energy and with the help of a computer creates pictures offering details on both the structure and function of organs and tissues in your body. CT scan and MRI test are excluded.

Yes... □ → **GO TO Q30a/**
                                                            ICQ_NUCLMED_48H_COM

No .... □ → **GO TO Q30c/**
                                                            ICQ_NUCLMED_IV24H_COM

[DO NOT READ] Refused................................. □ → **GO TO Q30c**
                                                            ICQ_NUCLMED_IV24H_COM

Q30a.   Was the nuclear medicine test performed less than 48 hours ago (i.e. within the last 2 days)?
ICQ_NUCLMED_48H_COM

Yes... □ → **GO TO Q31/**
                                                            ICQ_BARSWAL_COM
                                                            (PROGRAMMING NOTE:
                                                            CONTRAINDICATE ALL DXA
                                                            SCANS)

No .... □ → **CONTINUE**

[DO NOT READ] Refused................................. □ → **GO TO Q30c**
                                                            ICQ_NUCLMED_IV24H_COM

Q30b.   What test was performed? (please specify_____)   → **CONTINUE**
ICQ_NUCLMED_TEST_COM

Q30c.   Have you been involved in an IV CT or MRI contrast test (i.e. contrast material injected) in the last 24 hours?
ICQ_NUCLMED_IV24H_COM

Yes... □ → **CONTINUE**
                                                            (PROGRAMMING NOTE:
                                                            CONTRAINDICATE WHOLE
                                                            BODY BUT PERFORM ALL
                                                            OTHER DXA SCANS)

No .... □ → **CONTINUE**

[DO NOT READ] Refused................................. □ → **CONTINUE**

Q31. Have you had a barium test <u>in the last 7 days</u>?
ICQ_BARSWAL_COM

Yes.. ☐ → **CONTINUE**

(PROGRAMMING NOTE:
CONTRAINDICATE WHOLE
BODY BUT PERFORM ALL
OTHER DXA SCANS)

No .... ☐ → **CONTINUE**

[DO NOT READ] Refused.................................. ☐ → **CONTINUE**

Q32. Do you suffer from Tinnitus?
ICQ_TINNIT_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Refused.................................. ☐

Q33. What is your smoking status?
ICQ_SMOKE_COM

Yes (I currently smoke)...................................... ☐ → **CONTINUE**

No (I don't smoke and I never have) .... ☐ → **GO TO Q36/**
ICQ_INHALERLONG_COM

Former (I don't smoke now but I have

in the past).. ☐ → **GO TO Q36/**
ICQ_INHALERLONG_COM

Q34. Have you smoked in the last 24 hours?
ICQ_SMOKETIME_COM

Yes.. ☐ → **CONTINUE**

No .... ☐ → **GO TO Q36/**
ICQ_INHALERLONG_COM

Q35. How many hours since your last cigarette, cigar or pipe?
ICQ_SMOKEHOURS_COM

Time (hours): ☐☐

Q36. Have you taken any long-acting inhalers in the last 12 hours?
ICQ_INHALERLONG_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Refused.................................. ☐

Q37.   Have you taken any short-acting inhalers in the last 6 hours?
ICQ_INHALERSHORT_COM

Yes.. ☐

No .... ☐

[DO NOT READ] Refused.................................. ☐

END

Contraindications: Exclusion Criteria

Blood Pressure

Test Exclusion

- Surgery of both arms, breast or both sides of chest <u>within the last 3 months</u>; or, arteriovenous shunt/fistula on both arms
    - (Q5bi/ICQ_SRGYARM_COM OR Q5bii/ICQ_SRGYCHT_COM OR Q5biv/ICQ_SRGYART_COM=both)
- Cast on both arms
    - (Q3b/ICQ_ARMCST_COM=yes, both)
- Prosthetic on both arms
    - (Q19a/ICQ_PROSARM_COM=both)

Left Arm Exclusion

- Surgery of <u>left</u> arm, chest, or breast; or, arteriovenous shunt/fistula <u>within last 3 months</u>
    - (Q5bi/ICQ_SRGYARM_COM=left OR Q5bii/ICQ_SRGYCHT_COM=left OR Q5biv/ICQ_SRGYART_COM=left)
- Cast or prosthetic left arms
    - (Q3b/ICQ_ARMCST_COM=left OR Q19a/ICQ_PROSARM_COM=left)

Right Arm Exclusion

- Surgery of <u>right</u> arm, chest, or breast or arteriovenous shunt/fistula <u>within last 3 months</u>
    - (Q5bi/ICQ_SRGYARM_COM=right OR Q5bii/ICQ_SRGYCHT_COM=right OR Q5biv/ICQ_SRGYART_COM=right)
- Cast or prosthetic right arm
    - (Q3b/ICQ_ARMCST_COM=right OR Q19a/ICQ_PROSARM_COM=right)

Grip Strength

Test Exclusion

- Surgery on both hands or wrists <u>within the last 3 months</u>
    - (Q5biii/ICQ_SRGYHND_COM=both)
- Pain or paralyses in both hands or wrists due to arthritis, tendinitis, carpal tunnel syndrome
    - (Q6/ICQ_PAINHND_COM=both sides)

- Open sores or bruising on both hands
    - (Q2a/ICQ_HNDSWL_COM=both OR Q2c/ICQ_HNDHMT_COM=both)
- Cast on both hands or arms
    - (Q2b/ICQ_HNDCST_COM=both OR Q3b/ICQ_ARMCST_COM=both)
- Prosthetic arms, hands or fingers
    - (Q19a/ICQ_PROSARM_COM=both OR Q19c/ICQ_PROSHND_COM=both)

Left Hand Exclusion

- Surgery of <u>left</u> hand or wrist <u>within last 3 months</u>
    - (Q5biii/ICQ_SRGYHND_COM=left, RF)
- Pain or paralyses in left hand or wrist due to arthritis, tendinitis, carpal tunnel syndrome
    - (Q6/ICQ_PAINHND_COM=left side)
- Open sores or bruising on left hand
    - (Q2a/ICQ_HNDSWL_COM=left OR Q2c/ICQ_HNDHMT_COM=left)
- Cast on left hand or arm
    - (Q2b/ICQ_HNDCST_COM=left OR Q3b/ICQ_ARMCST_COM=left)
- Prosthetic arms, hands or fingers
    - (Q19a/ICQ_PROSARM_COM=left OR Q19c/ICQ_PROSHND_COM=left)

Right Arm Exclusion

- Surgery of <u>right hand or wrist</u> <u>within last 3 months</u>
    - (Q5biii/ICQ_SRGYHND_COM=right, RF)
- Pain or paralyses in right hand or wrist due to arthritis, tendinitis, carpal tunnel syndrome
    - (Q6/ICQ_PAINHND_COM=right side)
- Open sores or bruising on right hand
    - (Q2a/ICQ_HNDSWL_COM=right OR Q2c/ICQ_HNDHMT_COM=right)
- Cast on right hand or arm
    - (Q2b/ICQ_HNDCST_COM=right OR Q3b/ICQ_ARMCST_COM=right)
- Prosthetic arms, hands or fingers
    - (Q19a/ICQ_PROSARM_COM=right OR Q19c/ICQ_PROSHND_COM=right)

TUG: Mobility and Balance

Test Exclusion

- Unable to stand or rise from a chair unassisted

    - (Q7/ICQ_RISEASSI_COM=no OR Q8/ICQ_ABLESTND_COM=no)

- Unable to walk unassisted

    - (Q9/ICQ_ABLEWLK_COM=no)

To Be Noted (Not Exclusion)

- Prosthetic limb or joint

    - (Q19b/ICQ_PROSLEG_COM OR Q19d/ICQ_PROSFT_COM OR Q19e/ICQ_PROSHIP_COM OR Q19f/ICQ_PROSKNEE_COM=right OR left OR both)

- Ear infection

    - (Q14b/ICQ_EARINF_COM=right OR left OR both)

Chair Rise: Balance and Coordination

Test Exclusion

- Unable to stand or rise from a chair unassisted

    - (Q7/ICQ_RISEASSI_COM=no OR Q8/ICQ_ABLESTND_COM=no)

- Uses cane or walker regularly

    - (Q7a/ICQ_RISECANE_COM=yes)

To Be Noted (Not Exclusion)

- Prosthetic limb or joint

    - (Q19b/ICQ_PROSLEG_COM OR Q19d/ICQ_PROSFT_COM OR Q19e/ICQ_PROSHIP_COM OR Q19f/ICQ_PROSKNEE_COM=right OR left OR both)

- Ear infection

    - (Q14b/ICQ_EARINF_COM=right OR left OR both)

4-Metre Walk Test: Walking Speed

Test Exclusion

- Unable to stand unassisted

    - (Q8/ICQ_ABLESTND_COM=no)

- Unable to walk unassisted

    - (Q9/ICQ_ABLEWLK_COM=no)

To Be Noted (Not Exclusion)

- Prosthetic limb or joint

- • (Q19b/ICQ_PROSLEG_COM OR Q19d/ICQ_PROSFT_COM OR Q19e/ICQ_PROSHIP_COM OR Q19f/ICQ_PROSKNEE_COM=right OR left OR both)

- Ear infection

  - • (Q14b/ICQ_EARINF_COM=yes, right OR left OR both)

Hip-Waist Ratio

Test Exclusion

- Pregnancy <u>more than 12 weeks</u>

  - • (Q10a/ICQ_PREGNT_COM=yes AND Q10b/ICQ_PREGNTWK_COM>12 weeks, DK, RF)

- Unable to stand unassisted

  - • (Q8/ICQ_ABLESTND_COM=no)

Vision - Retinal Camera & ETDRS

Test Exclusion

- None

To Be Noted (Not Exclusion)

- Eye infection

  - • (Q14a/ICQ_EYEINF_COM=right OR left OR both)

- Glaucoma, cataracts, glasses, contact lenses

  - • (Q15a/ICQ_CATRCT2_COM=yes OR Q16/ICQ_GLAUC_COM=yes OR Q17b/ICQ_GLASSES_COM=yes OR Q17c/ICQ_CTLENS_COM=yes)

Vision - Tonometer

Test Exclusion

- Detached retina or eye surgery <u>within last 3 months</u>

  - • (Q5bv/ICQ_SRGYEYE_COM=left OR right OR both)

  - • (Q13/ICQ_DERET3MO_COM=yes)

- Eye infection

  - • (Q14a/ICQ_EYEINF_COM=both)

To Be Noted (Not Exclusion)

- Eye infection

  - • (Q14a/ICQ_EYEINF_COM=right OR left)

- Glaucoma, cataracts, glasses, contact lenses

  - • (Q15a/ICQ_CATRCT2_COM=yes OR Q16/ICQ_GLAUC_COM=yes OR Q17b/ICQ_GLASSES_COM=yes OR Q17c/ICQ_CTLENS_COM=yes)

Hearing

Test Exclusion

- None

To Be Noted (Not Exclusion)

- Ear infection

    - (Q14b/ICQ_EARINF_COM=right OR left OR both)

- Hearing aids

    - (Q17a/ICQ_HRAID_COM=right OR left OR both)

- Tinnitus

    - (Q32/ICQ_TINNIT_COM=yes)

Spirometry (FEV1, forced vital capacity)

Test Exclusion

- Acute respiratory condition

    - (Q11/ICQ_ILLLUNG_COM=yes)

- Pregnancy <u>more than 27 weeks</u>

    - (Q10a/ICQ_PREGNT_COM=yes AND Q10b/ICQ_PREGNTWK_COM>27 weeks, DK)

- Unstable heart condition or recent heart surgery <u>within the last 3 months</u>

    - (Q12/ICQ_HRTCOND_COM=yes)

    - (Q5bvii/ICQ_SRGYHRT_COM=yes)

- Major surgery on chest or abdomen <u>within last 3 months</u>

    - (Q5bii/ICQ_SRGYCHT_COM OR Q5bvi/ICQ_SRGYABD_COM=left OR right OR both)

- Detached retina or recent eye surgery <u>within last 3 months</u>

    - (Q5bv/ICQ_SRGYEYE_COM=left OR right OR both)

    - (Q13/ICQ_DERET3MO_COM=yes)

- Has previously had blood in sputum <u>within last 3 months</u>

    - (Q24/ICQ_BLDSP3MO_COM=yes)

- Has had thoracic, abdominal or cerebral aneurysm present

    - (Q25/ICQ_ANEURY_COM=yes)

- Pulmonary embolism in the last 6 weeks, or still on anticoagulants for one

    - (Q12a=yes)

    - (Q12b=yes)

- Have a nasogastric tube in place
  - (Q26di=yes)

To Be Noted (Not Exclusion)

- Smoking Status
  - (Q33/ICQ_SMOKE_COM=yes or no or former)
- Smoking in last 24 hours
  - (Q34/ICQ_SMOKETIME_COM=yes or no)
- Last time participant had cigarette, cigar or pipe?
  - (Q35/ICQ_SMOKEHOURS_COM=yes, time hours)
- Use of long acting inhaler
  - (Q36/ICQ_INHALERLONG_COM=yes or no)
- Use of short acting inhaler
  - (Q37/ICQ_INHALERSHORT_COM=yes or no)
- Have an abdominal feeding tube in place
  - (Q26dii=yes)

Standing Height

Test Exclusion

- Unable to stand unassisted
  - (Q8/ICQ_ABLESTND_COM=no)

Sitting Height

Test Exclusion

- Unable to stand unassisted
  - (Q8/ICQ_ABLESTND_COM=no)

Standing Balance

Test Exclusion

- Unable to stand unassisted
  - (Q8/ICQ_ABLESTND_COM=no)
- Uses cane or walker regularly
  - (Q7a/ICQ_RISECANE_COM=yes)

To Be Noted (Not Exclusion)

- Prosthetic limb or joint

- (Q19b/ICQ_PROSLEG_COM OR Q19d/ICQ_PROSFT_COM OR Q19e/ICQ_PROSHIP_COM OR Q19f/ICQ_PROSKNEE_COM=right OR left OR both)

- Ear infection
  - (Q14b/ICQ_EARINF_COM=right OR left OR both)

Weight

Test Exclusion

- Unable to stand unassisted
  - (Q8/ICQ_ABLESTND_COM=no)

To Be Noted (Not Exclusion)

- Pregnancy
  - (Q10a/ICQ_PREGNT_COM=yes AND Q10b/ICQ_PREGNTWK_COM=number of weeks)

Bone Density and Bio-impedence by DXA – Whole Body

Test Exclusion

- Pregnant women
  - (Q10a/ICQ_PREGNT_COM=yes, DK, RF)

- Unable to stand unassisted
  - (Q8/ICQ_ABLESTND_COM=no)

- Involved in Nuclear Medicine study within the last 2 days
  - (Q30a/ICQ_NUCLMED_48H_COM=yes)

- Had a IV CT or MRI contrast test within 24 hours
  - (Q30c/ICQ_NUCLMED_IV24H_COM=yes)

- Had a barium test within the last 7 days
  - (Q31/ICQ_BARSWAL_COM=yes)

To Be Noted (Not Exclusion)

- Medical device implantation
  - (Q26a/ICQ_PACEMKR_COM OR Q26b/ICQ_DEFIBR_COM OR Q26c/ICQ_COCHLIMP_COM=yes)

- Cast
  - (Q2b/ICQ_HNDCST_COM OR Q3b/ICQ_ARMCST_COM OR Q4b/ICQ_LEGCST_COM=left OR right OR both)

- Prosthetic limbs or joints
  - (Q19a/ICQ_PROSARM_COM OR Q19b/ICQ_PROSLEG_COM OR Q19c/ICQ_PROSHND_COM OR Q19d/ICQ_PROSFT_COM OR Q19e/ICQ_PROSHIP_COM OR Q19f/ICQ_PROSKNEE_COM=left OR right OR both)

- Previous breaks or fractures
    - (Q21a/ICQ_FXARM_COM OR Q21b/ICQ_FXSHLD_COM OR Q21c/ICQ_FXHND_COM OR Q21d/ICQ_FXRIB_COM OR Q21e/ICQ_FXLEG_COM OR Q21f/ICQ_FXANK_COM OR Q21g/ICQ_FXFT_COM OR Q21h/ICQ_FXHIP_COM OR Q21i/ICQ_FXKNEE_COM OR Q21j/ICQ_FXCHK_COM OR Q21k/ICQ_FXJAW_COM=left OR right OR both)
    - (Q21l/ICQ_FXNOSE_COM OR Q21m/ICQ_FXSKL_COM OR Q21n/ICQ_FXNECK_COM OR Q21o/ICQ_FXBACK_COM OR Q21p/ICQ_FXCOLLR_COM OR Q21q/ICQ_FXPELV_COM=yes)
- Laminectomy
    - (Q22/ICQ_LAMIN_COM=yes)
- Polio
    - (Q23/ICQ_POLIO_COM=yes)
- Hearing aid
    - (Q17a/ICQ_HRAID_COM=yes)
- Arteriovenous shunt/Fistula
    - (Q5biv/ICQ_SRGYART_COM=left OR right OR both)
- What test was performed
    - (Q30b/ICQ_NUCLMED_TEST_COM=specify)

Bone Density and Bio-impedence by DXA – Lateral Spine IVA

Test Exclusion

- Pregnant women
    - (Q10a/ICQ_PREGNT_COM=yes, DK, RF)
- Unable to stand unassisted
    - (Q8/ICQ_ABLESTND_COM=no)
- Involved in Nuclear Medicine study <u>within the last 2 days</u>
    - (Q30a/ICQ_NUCLMED_48H_COM=yes)

To Be Noted (Not Exclusion)

- Laminectomy
    - (Q22/ICQ_LAMIN_COM=yes)
- Polio
    - (Q23/ICQ_POLIO_COM=yes)
- Previous breaks or fractures
    - (Q21o/ICQ_FXBACK_COM=yes)

- What test was performed

    - (Q30b/ICQ_NUCLMED_TEST_COM=specify)

Bone Density and Bio-impedence by DXA – Hip

Test Exclusion

- Pregnant women

    - (Q10a/ICQ_PREGNT_COM=yes, DK, RF)

- Unable to stand unassisted

    - (Q8/ICQ_ABLESTND_COM=no)

- Involved in Nuclear Medicine study within the last 2 days

    - (Q30a/ICQ_NUCLMED_48H_COM=yes)

- Prosthetic

    - (Q19e/ICQ_PROSHIP_COM=both)

- Previous breaks or fractures

    - (Q21h/ICQ_FXHIP_COM=left AND right)

Left Hip Exclusion

- Prosthetic

    - (Q19e/ICQ_PROSHIP_COM=left)

Right Hip Exclusion

- Prosthetic

    - (Q19e/ICQ_PROSHIP_COM=right)

To Be Noted (Not Exclusion)

- Polio

    - (Q23/ICQ_POLIO_COM=yes)

- Previous breaks or fractures of one hip

    - (Q21h/ICQ_FXHIP_COM=left OR right)

- What test was performed

    - (Q30b/ICQ_NUCLMED_TEST_COM=specify)

Bone Density and Bio-impedence by DXA – Forearm

Test Exclusion

- Pregnant women

    - (Q10a/ICQ_PREGNT_COM=yes, DK, RF)

- Unable to stand unassisted
    - (Q8/ICQ_ABLESTND_COM=no)
- Involved in Nuclear Medicine study <u>within the last 2 days</u>
    - (Q30a/ICQ_NUCLMED_48H_COM=yes)
- Prosthetic
    - (Q19a/ICQ_PROSARM_COM=both)
- Previous breaks or fractures
    - (Q21a/ICQ_FXARM_COM=left AND right)

Left Forearm Exclusion

- Prosthetic
    - (Q19a/ICQ_PROSARM_COM=left)
- Cast
    - (Q3b/ICQ_ARMCST_COM=left)
- Arteriovenous shunt/Fistula
    - (Q5biv/ICQ_SRGYART_COM=left)
- Previous breaks or fractures
    - (Q21a/ICQ_FXARM_COM=left)

Right Forearm Exclusion

- Prosthetic
    - (Q19a/ICQ_PROSARM_COM=right)
- Cast
    - (Q3b/ICQ_ARMCST_COM=right)
- Arteriovenous shunt/Fistula
    - (Q5biv/ICQ_SRGYART_COM=right)
- Previous breaks or fractures
    - (Q21a/ICQ_FXARM_COM=right)

To Be Noted (Not Exclusion)

- Polio
    - (Q23/ICQ_POLIO_COM=yes)
- What test was performed
    - (Q30b/ICQ_NUCLMED_TEST_COM=specify)

ECG

Test Exclusion

- Unable to stand unassisted

    - (Q8/ICQ_ABLESTND_COM=no)

Carotid Doppler

Test Exclusion

- Unable to stand unassisted

    - (Q8/ICQ_ABLESTND_COM=no)

Blood Specimen

Test Exclusion

- Chemotherapy <u>within last 4 weeks</u>

    - (Q27/ICQ_CHEMO4WK_COM=yes)

- Haemophilia or other blood clotting disease

    - (Q28/ICQ_HAEMO_COM=yes)

- Received blood transfusion or donated blood <u>in last 24 hours</u>

    - (Q29/ICQ_BLDTR24H_COM=yes)

- Surgery of both arms, breasts, or both sides of chest <u>within the last 3 months</u>; or, arteriovenous shunt

    - (Q5bi/ICQ_SRGYARM_COM OR Q5bii/ICQ_SRGYCHT_COM OR Q5biv/ICQ_SRGYART_COM=both)

- Cast or prosthetic arms

    - (Q3b/ICQ_ARMCST_COM=both OR Q19a/ICQ_PROSARM_COM=both)

Left Arm Exclusion

- Surgery of left arm, chest, or breast or arteriovenous shunt

    - (Q5bi/ICQ_SRGYARM_COM=left OR Q5bii/ICQ_SRGYCHT_COM=yes OR Q5biv/ICQ_SRGYART_COM=left)

- Cast or prosthetic left arms

    - (Q3b/ICQ_ARMCST_COM=left OR Q19a/ICQ_PROSARM_COM=left)

Right Arm Exclusion

- Surgery of right arm, chest, or breast or arteriovenous shunt

    - (Q5bi/ICQ_SRGYARM_COM=right OR Q5bii/ICQ_SRGYCHT_COM=yes OR Q5biv/ICQ_SRGYART_COM=right)

- Cast or prosthetic right arms

    - (Q3b/ICQ_ARMCST_COM=right OR Q19a/ICQ_PROSARM_COM=right)

Urine Specimen

Test Exclusion

- None

Neuropsychological Battery (DCS) Questionnaire

(Comprehensive)

v1.7, 2015 Jan 15

Neuropsychological Battery

Now I am going to ask you to complete some tasks related to memory and concentration. Some of these tasks might seem difficult and some might seem easy, but that's the way it is supposed to be. We don't expect you to get them all right; we are asking everyone to do these tasks.

Prospective Memory Test (PMT)

The Canadian Longitudinal Study on Aging received permission from Dr. David Loewenstein (instrument developer) for the use of this instrument. D. A. Loewenstein and A. Acevedo, The Prospective Memory Test: Administration and Scoring Manual, University of Miami School of Medicine, Miami, Fla, USA, 2004.

INSTRUCTIONS:

1. Present the subject with the envelope containing 3 loonies, 1 five-dollar bill, 1 ten-dollar bill, 1 twenty-dollar bill, a quarter and a nickel. Say to Subject: "***As you can see, this envelope contains money***" (As you say this, open the envelope and place the different bill denominations and coins on the table, at random, without arranging them in ascending or descending value). Then say: "**When this timer goes off** (have the oven timer bell go off), **I want you to pick up this envelope which will be in front of you and give me a five dollar bill** (select the five dollar bill from the table and give it to yourself). **I want you to give yourself a ten dollar bill**" (select the ten dollar bill and give it to subject). Leave the money on the table and repeat instructions once more by saying: "**Let me repeat the instructions. When this timer goes off...**"As you repeat instructions, ring the timer again and verify that the Subject can hear the timer without difficulty. To verify that the Subject understood the instructions, say: "**Please tell me what you are supposed to do.**" Repeat instructions as needed. Clarify any issues and verify that the Subject knows the event (i.e., oven timer bell going off) and the actions (i.e., take the envelope, open it, and give $5 to examiner and $10 to self) that he/she is supposed to perform.

1a **INTERVIEWER**: Is the participant able to do the test?

Yes 1   **SKIP TO 2**
No 2   **CONTINUE**

1b **INTERVIEWER:** What were the factors that prevented the participant from doing the test? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French 01

Physical impairment, such as difficulty hearing ... 02

Distraction or noisy environment.......................... 03

Impaired concentration/memory problems 04

Used an aid 05

Technical difficulties with the laptop 06

Other (please specify: _____).................. 97

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

GO TO PMT_END

2. Place the envelope to the left or right of Subject according to hand preference and work surface so that the envelope is within the Subject's reach but out of the way when working on other tasks. Set the timer for exactly 30 minutes. Do not allow the Subject to see the interval of time selected. Place the oven timer in close proximity to the Subject in a place where he/she is unable to see the time left before it goes off.

3. When the timer goes off, allow a 60-second grace period for the Subject to initiate a response. If Subject has not initiated a response within 60 seconds, initiate provision of hierarchical cues as shown, in the next page.

END OF EVENT-BASED PROSPECTIVE MEMORY TASK: CUES

PMT_1   **WHEN THE TIMER GOES OFF, ALLOW A 60-SECOND GRACE PERIOD FOR THE PARTICIPANT TO INITIATE A RESPONSE. IF THE PARTICIPANT HAS NOT INITIATED A RESPONSE WITHIN 60 SECONDS, INITIATE PROVISION OF THE HIERARCHICAL CUES AS FOLLOWS BY SAYING:**

You were supposed to do something when the timer went off. Do you know what it was?

Yes 01   **CONTINUE**

No...02   **SKIP TO PMT_2**

[DO NOT READ] Not applicable 96   **SKIP TO PMT_2**

PMT_1a   **SELECT ONE OF THE FOLLOWING OPTIONS BASED ON THE PARTICIPANT'S RESPONSE TO CUE**

Was able to complete the task without

further cues or errors 01   **SKIP TO PMT_4**

Has some idea (i.e. based on verbal

comments or actions) that the response

had to do with the envelope and the money 02   **CONTINUE**

Has some idea (i.e. based on verbal

comments or actions) that the response

had to do with the envelope. 03   **CONTINUE**

Has some idea (i.e. based on verbal comments

or actions) that the response had to do

with the money 04   **CONTINUE**

Other (please specify: _____) 97   **CONTINUE**

PMT_2   You were supposed to do something with this envelope (show envelope to Subject). Do you know what it was?

Yes 01   **SKIP TO PMT_3**

No...02   **CONTINUE**

[DO NOT READ] Not applicable 96   **SKIP TO PMT_3**

PMT_2B1   **BEHAVIOURAL OBSERVATIONS OR COMMENTS:**

_____
_____
_____

_____
_____
_____

PMT_3   **IF RESPONSE DOES NOT INCLUDE A DESCRIPTION OF GIVING MONEY TO EXAMINER OR SELF, SAY:**

You were supposed to do something with the money in this envelope (show envelope to Subject). Do you know what it was?

Yes 01   **SKIP TO PMT_4**

No 02   **CONTINUE**

[DO NOT READ] Not applicable 96   **SKIP TO PMT_4**

PMT_3B1   **BEHAVIOURAL OBSERVATIONS OR COMMENTS:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Event-Based Prospective Memory Test: Scoring Sheet

PMT_4   **INTENTION TO PERFORM:**

☐ (score=3):   Grabs envelope when the oven timer bell goes off.

☐ (score=2):   Does not grab envelope but gives indication verbally that s/he needs to do something in response to signal (e.g., "I know I'm supposed to do something but I can't remember what it is.").

☐ (score=1):   Provide a non-specific, non-verbal response to signal (e.g., looks around the room, looks at area where the bell rang, startle responses).

☐ (score=0):   Provides no responses to signal.

PMT_5   **ACCURACY OF RESPONSE:**

☐   (score=3):   Subject correctly gives the examiner the $5 dollar bill and gives to self the $10 dollar bill.

☐   (score=2):   Subject correctly selects the $5 and $10 dollar bills but does not use them correctly (e.g., gives the examiner the $10 dollar bill and gives to self the $5 dollar bill).

☐   (score=1):   Subject selects the $5 or $10 dollar bill and gives it to self or examiner. Assign a score of 1 regardless of which one (i.e., the $5 or $10) is given to whom (i.e., self or examiner). Giving to examiner or self other denominations (e.g., $20 bill) or coins results in score=1 if Subject selects either the $5 or $10 dollar bill.

☐   (score=0):   None of the above. Some alternatives are:
   a)   Subject does not select the $5 or $10 dollar bill but rather selects other denominations or only selects coins.
   b)   Subject selects $5 or $10 dollar bill but does not take any of these for self nor does he/she give it to the examiner.
   c)   Subject does not select any money from the envelope (e.g., gives envelope to examiner with all the money in it).

PMT_6   **NEED OF REMINDERS:**

☐   (score=3):   No reminder is needed.

☐   (score=2):   Needs only one of the reminders. Specify reminder given:
   _____

☐   (score=1):   Needs two of the reminders. Specify reminders given:
   _____

☐   (score=0):   Needs all three reminders. Assign a score of 0 regardless of whether the response to the third reminder was accurate or not.

PMT_END

Stroop Neurological Screening Test (STP) - Victoria version

This module contains the Stroop Neurological Screening Test - Victoria version©. The Canadian Longitudinal Study on Aging was given permission to use this test by the University of Victoria Psychology Clinic.

For the next few tasks, we are going to ask you to read or call out some colour names, as well as say some words.

STP_1   To help us capture this information accurately, we would like your permission to make an audio recording of your responses. This recording will only be used by authorized CLSA employees to code and verify your responses. It is subject to all of the same confidentiality provisions as all other data collected as part of the CLSA. Do you consent to be recorded?

> Yes 1   **CONTINUE**
>
> No.. 2   **SKIP TO FAS_END**
>
> **[DO NOT READ]** Don't know/No answer 8   **SKIP TO FAS_END**
>
> **[DO NOT READ]** Refused 9   **SKIP TO FAS_END**

STP_2   Here is a sheet of paper on which you will see solid-coloured circles. We will begin with a demonstration: I will ask you to say the colour of each circle, from left to right as quickly as possible without making any mistakes. Are you ready to begin? **DK/RF NOT ALLOWED**

> Yes 1   **SKIP TO STP_4**
>
> No.. 2   **CONTINUE**

STP_3   **IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.**
Here is a sheet of paper on which you will see solid-coloured circles. We will begin with a demonstration: I will ask you to say the colour of each circle, from left to right as quickly as possible without making any mistakes. Are you ready to begin?

> Yes 1   **SKIP TO STP_4**
>
> No.. 2   **CONTINUE**
>
> **[DO NOT READ]** Don't know/No answer 8   **SKIP TO STP_END**
>
> **[DO NOT READ]** Refused 9   **SKIP TO STP_END**

STP_3a   **INTERVIEWER:** Were there any factors that may have impaired the respondent's performance on the test?

> Yes 1   **CONTINUE**
>
> No.. 2   **SKIP TO STP_END**

STP_3b   **INTERVIEWER:** What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French 01

Physical impairment, such as difficulty hearing ... 02

Distraction or noisy environment.......................... 03

Impaired concentration/memory problems 04

Used an aid 05

Technical difficulties with the laptop 06

Other (please specify: _____).................... 97

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

GO TO STP_END

STP_4   You may begin when I say 'go'. Ready, go.

If one or more errors are made, the demonstration may be re-started a maximum of two more times. Even if one or more errors occur during the third attempt, proceed with the test. Do not time the demo.

STP_5   For this part of the test, the instructions remain the same. I remind you that you must try to say the colour of each circle, from left to right as quickly as possible without making any mistakes. You may begin when I say 'go'. Ready, go. **START TIMER.**

_____   **RECORD EXACT TIME IN SECONDS**

Thank you. This task is finished.

STP_6   Here is a sheet of paper on which you will see words written out in different colours of ink. We will begin with a demonstration: I will ask you not to say the words, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. Are you ready to begin? **DK/RF NOT ALLOWED**

Yes 1   **SKIP TO STP_8**

No.. 2   **CONTINUE**

STP_7   **IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.** Here is a sheet of paper on which you will see words written out in different colours of ink. We will begin with a demonstration: I will ask you not to say the words, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. Are you ready to begin?

Yes 1   **SKIP TO STP_8**

No 2   **CONTINUE**

[DO NOT READ] Don't know/No answer 8   **SKIP TO STP_END**

[DO NOT READ] Refused 9   **SKIP TO STP_END**

STP_7a   **INTERVIEWER:** Were there any factors that may have impaired the respondent's performance on the test?

Yes 1   **CONTINUE**

No 2   **SKIP TO STP_END**

STP_7b   **INTERVIEWER:** What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French 01

Physical impairment, such as difficulty hearing ... 02

Distraction or noisy environment 03

Impaired concentration/memory problems 04

Used an aid 05

Technical difficulties with the laptop 06

Other (please specify: _____) 97

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused. 99

GO TO STP_END

STP_8   You may begin when I say 'go'. Ready, go.

If one or more errors are made, the demonstration may be re-started a maximum of two more times. Even if one or more errors occur during the third attempt, proceed with the test. Do not time the demo.

STP_9   For this part of the test, the instructions remain the same. I remind you that you must try to say the ink colour of each word, from left to right as quickly as possible without making any mistakes. You may begin when I say 'go'. Ready, go. **START TIMER.**

_____ RECORD EXACT TIME IN SECONDS

Thank you. This task is finished.

STP_10   Here is a sheet of paper on which you will see colour names written out in different colours of ink. We will begin with a demonstration: I will ask you not to read the colour names, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. Are you ready to begin? **DK/RF NOT ALLOWED**

Yes 1   **SKIP TO STP_12**
No... 2   **CONTINUE**

STP_11   **IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.**
Here is a sheet of paper on which you will see colour names written out in different colours of ink. We will begin with a demonstration: I will ask you not to read the colour names, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. Are you ready to begin?

Yes 1   **SKIP TO STP_12**
No... 2   **CONTINUE**
[DO NOT READ] Don't know/No answer 8   **SKIP TO STP_END**
[DO NOT READ] Refused 9   **SKIP TO STP_END**

STP_11a **INTERVIEWER:** Were there any factors that may have impaired the respondent's performance on the test?

Yes 1   **CONTINUE**
No... 2   **SKIP TO STP_END**

STP_11b   **INTERVIEWER:** What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French...... .01

Physical impairment, such as difficulty hearing ...02

Distraction or noisy environment..........................03

Impaired concentration/memory problems 04

Used an aid 05

Technical difficulties with the laptop 06

Other (please specify: _____)...................97

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

GO TO STP_END

STP_12   You may begin when I say 'go'. Ready, go.

If one or more errors are made, the demonstration may be re-started a maximum of two more times. Even if one or more errors occur during the third attempt, proceed with the test. Do not time the demo.

STP_13   For this part of the test, the instructions remain the same. I remind you that you must try to say the ink colour of each word, from left to right as quickly as possible without making any mistakes. You may begin when I say 'go'. Ready, go. **START TIMER.**

_____ RECORD EXACT TIME IN SECONDS

Thank you. This task is finished.

STP_END

Controlled Oral Word Association Test (FAS)

For the next task, we are going to ask you to say some words.

FAS_1   I will say a letter of the alphabet. Then I want you to give me as many words that begin with that letter as quickly as you can. For instance, if I say 'b', you might give me 'bad, battle, bed...'. I do not want you to use words that are proper names such as 'Boston, Bob, or Brylcreem'. Also, do not use the same word again with a different ending, such as 'eat and eating'. Are you ready to begin?

  Yes 1   **SKIP TO FAS_3**

  No..2   **CONTINUE**

FAS_2   **IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.** I will say a letter of the alphabet. Then I want you to give me as many words that begin with that letter as quickly as you can. For instance, if I say 'b', you might give me 'bad, battle, bed...'. I do not want you to use words that are proper names such as 'Boston, Bob, or Brylcreem'. Also, do not use the same word again with a different ending, such as 'eat and eating'. Are you ready to begin?

  Yes 1   **SKIP TO FAS_3**

  No..2   **CONTINUE**

  [DO NOT READ] Don't know/No answer 8   **SKIP TO FAS_END**

  [DO NOT READ] Refused 9   **SKIP TO FAS_END**

FAS_2a   **INTERVIEWER:** Were there any factors that may have impaired the respondent's performance on the test?

  Yes 1   **CONTINUE**

  No..2   **SKIP TO FAS_END**

FAS_2b   **INTERVIEWER:** What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

  Had difficulty understanding English/French 01

  Physical impairment, such as difficulty hearing ...02

  Distraction or noisy environment..........................03

  Impaired concentration/memory problems 04

  Used an aid 05

  Technical difficulties with the laptop 06

  Other (please specify: _____)....................97

  [DO NOT READ] Don't know/No answer 98

  [DO NOT READ] Refused 99

  GO TO FAS_END

FAS_3   Begin when I say the letter. The first letter is "F". Go ahead. **START TIMER FOR ONE MINUTE. IF THE PARTICIPANT IS SILENT FOR 15 SECONDS OR STOPS BEFORE THE END OF THE TIMER, ENCOURAGE HIM/HER BY SAYING,** "Can you think of anymore words?" **ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, REPEAT THE BASIC INSTRUCTIONS AND THE LETTER. DO NOT HELP THE PARTICIPANT.**

TEST COMPLETED:

Yes 1   **CONTINUE**

No 2   **CONTINUE**

Good, thank you.

FAS_4   Begin when I say the letter. The next letter is "A". Go ahead. **START TIMER FOR ONE MINUTE. IF THE PARTICIPANT IS SILENT FOR 15 SECONDS OR STOPS BEFORE THE END OF THE TIMER, ENCOURAGE HIM/HER BY SAYING,** "Can you think of anymore words?" **ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, REPEAT THE BASIC INSTRUCTIONS AND THE LETTER. DO NOT HELP THE PARTICIPANT.**

TEST COMPLETED:

Yes 1   **CONTINUE**

No 2   **CONTINUE**

Good, thank you.

FAS_5   Begin when I say the letter. The next letter is "S". Go ahead. **START TIMER FOR ONE MINUTE. IF THE PARTICIPANT IS SILENT FOR 15 SECONDS OR STOPS BEFORE THE END OF THE TIMER, ENCOURAGE HIM/HER BY SAYING,** "Can you think of anymore words?" **ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, REPEAT THE BASIC INSTRUCTIONS AND THE LETTER. DO NOT HELP THE PARTICIPANT.**

TEST COMPLETED:

Yes 1

No 2

Good, thank you.

This task is finished. This is the end of the recording session.

FAS_END

Choice Reaction Time Test (CRT)

For this next test, I would like to show you this touch screen monitor **[INTERVIEWER: show participants the touch screen monitor; the monitor should be turned on and displaying two blank boxes and two boxes with directional arrows in them]**.

Notice that the monitor screen is displaying two blank boxes with one arrow underneath each blank box.

What will happen is that one empty box will have a grey square appear in it. When this happens, you will press the arrow underneath the box as quickly as possible. You will repeat this exercise 60 times, each time pressing the arrow underneath the box as quickly as possible.

CRT_1   Do you understand?

Yes 01   **SKIP TO CRT_3**

No...02   **CONTINUE**

[DO NOT READ] Don't know/No answer.............98   **CONTINUE**

[DO NOT READ] Refused 99   **CONTINUE**

CRT_2   **[INTERVIEWER: repeat instructions]** Do you understand?

Yes 01   **CONTINUE**

No...02   **SKIP TO CRT_END**

[DO NOT READ] Don't know/No answer.............98   **SKIP TO CRT_END**

[DO NOT READ] Refused 99   **SKIP TO CRT_END**

CRT_3   Before we start the timed test, you will get two practice trials, one short one with one practice test and the second one with four practice tests. Are you ready?
[INTERVIEWER: Administer the practice trials and assess participant capacity to complete the test.]
Can the participant do this test? **[INTERVIEWER: do not read the question aloud.]**

Yes 01   **CONTINUE**

No...02   **SKIP TO CRT_END**

[INTERVIEWER: Have participant conduct the test. NOTE: This test cannot be performed outside of Onyx.]

CRT_4a   **[CALCULATED BY ONYX]** Percentage of correct keystrokes (# correct/52) _____

CRT_4b   **[CALCULATED BY ONYX]** Mean Reaction Time (Latency) = the average of the correct answers, excluding incorrect answers and timeouts

CRT_END

Social Networks (SN)

Now I'm going to ask you some questions about who lives in your household with you and what their relationship is to you. As well, I'm going to ask you about your children, whether they live with you now or not.

SN_1   How many people, not including yourself, currently live in your household?_____
NOTE PERSON #1 IS THE RESPONDENT, RECORD SEX AND AGE.

a) What is the relationship of person #2 to you (i.e., spouse, parent, child, grandparent, grandchild, etc.)
b) What is the sex of person #2?
c) How old is person #2

Household Member (HM)	Relationship	Sex	Age
HM #1	Participant		
HM #2			
HM #3			
HM #4			
HM #5			
HM #6			
HM #7			
HM #8			
HM #9			
HM #10			

REPEAT SEQUENCE OF QUESTIONS FOR ALL REMAINING MEMBERS OF THE HOUSEHOLD

SN_2   How many children do you have (i.e., living children whom you have given birth to or adopted, living stepchildren, or living children whom are your partner's children)? **DK/NA NOT ALLOWED**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=20**

[DO NOT READ] Refused 99

IF SN_2=0 OR SN_2=99, SKIP TO SN_10

SN_3   How many of these children are related to you biologically? **DK/NA NOT ALLOWED**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]**

[DO NOT READ] Refused 99

SN_4   How many of these children are your adopted children? **DK/NA NOT ALLOWED**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]**

[DO NOT READ] Refused 99

SN_5   How many of these children are your stepchildren or your partner's children? **DK/NA NOT ALLOWED**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]**

[DO NOT READ] Refused 99

(SN_6 HAS BEEN DELETED INTENTIONALLY AND SUBSEQUENT QUESTIONS WILL NOT BE RENUMBERED.)

SN_7   How many, if any, living daughters do you have (including biological daughters, stepdaughters and partner's daughters)? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]**

[DO NOT READ] Don't know/No answer........................ 98

[DO NOT READ] Refused 99

SN_8   How many, if any, living sons do you have (including biological sons, stepsons and partner's sons)? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]**

[DO NOT READ] Don't know/No answer........................ 98

[DO NOT READ] Refused 99

CHECK SUM: SN_2=SN_7 + SN_8
INTERVIEWER NOTE: IF SN_2 DOES NOT EQUAL SUM OF SN_7 + SN_8, THEN ASK: The total number of children does not equal the sum of living daughters and living sons. Please ensure that the total number of living daughters and living sons sums to the total number of living children.

SN_9   When did you last get together with any of your children who live outside of your household? **READ LIST, CODE ONLY ONE RESPONSE**

Within the last day or two 01

Within the last week or two.................................. 02

Within the past month.. 03

Within the past 6 months..................................... 04

Within the past year... 05

More than 1 year ago 06

Not applicable, all children live in household 07

[DO NOT READ] Don't know/No answer............. 98

[DO NOT READ] Refused 99

SN_10   How many, if any, living siblings (sisters, brothers) do you have? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=50**

[DO NOT READ] Don't know/No answer........................ 98

[DO NOT READ] Refused 99

IF SN_10=0 OR SN_10=99, SKIP TO SN_12

SN_11 When did you last get together with any of your siblings who live outside of your household? **READ LIST, CODE ONLY ONE RESPONSE**

> Within the last day or two 01
>
> Within the last week or two..................................02
>
> Within the past month...03
>
> Within the past 6 months.....................................04
>
> Within the past year..05
>
> More than 1 year ago 06
>
> Not applicable, all siblings live in household 07
>
> **[DO NOT READ]** Don't know/No answer............98
>
> **[DO NOT READ]** Refused 99

SN_12 About how many other living relatives (parents, grandparents, grandchildren, nieces, nephews, cousins, aunts, uncles) do you have? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

> _____ **RECORD EXACT NUMBER, CATI MASK: MIN=000, MAX=100**
>
> **[DO NOT READ]** Don't know/No answer........................ 998
>
> **[DO NOT READ]** Refused 999

IF SN_12=0 OR SN_12=999, SKIP TO SN_14

SN_13 When did you last get together with any of your other relatives who live outside of your household? **READ LIST, CODE ONLY ONE RESPONSE**

> Within the last day or two 01
>
> Within the last week or two..................................02
>
> Within the past month...03
>
> Within the past 6 months.....................................04
>
> Within the past year..05
>
> More than 1 year ago 06
>
> Not applicable, all relatives live in household.......07
>
> **[DO NOT READ]** Don't know/No answer............98
>
> **[DO NOT READ]** Refused 99

SN_14   Not counting family members, how many people do you consider close friends – that is, people you can confide in and talk over personal matters with? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=90**

[DO NOT READ] Don't know/No answer........................ 98

[DO NOT READ] Refused 99

IF SN_14=0 OR SN_14=99, SKIP TO SN_16

SN_15   When did you last get together with any of your close friends who live outside of your household? **READ LIST, CODE ONLY ONE RESPONSE**

Within the last day or two 01

Within the last week or two...................................02

Within the past month...03

Within the past 6 months......................................04

Within the past year...05

More than 1 year ago 06

Not applicable, no friends live outside

  of household 97

[DO NOT READ] Don't know/No answer.............98

[DO NOT READ] Refused 99

SN_16   How many of your neighbours do you know? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=90**

[DO NOT READ] Don't know/No answer.............98

[DO NOT READ] Refused 99

IF SN_16=0 OR SN_16=99, SKIP TO SN_18

SN_17   When did you last get together with any of your neighbours? **READ LIST, CODE ONLY ONE RESPONSE**

Within the last day or two 01

Within the last week or two................................. 02

Within the past month.. 03

Within the past 6 months..................................... 04

Within the past year... 05

More than 1 year ago 06

[DO NOT READ] Don't know/No answer............. 98

[DO NOT READ] Refused 99

SN_18   Aside from family members, close friends, and neighbours, about how many other people do you know personally (i.e., by name) through…**READ LIST, RECORD EXACT NUMBER FOR EACH, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

SN_18a   Work or school?

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=000, MAX=100**

[DO NOT READ] Don't know/No answer........................ 998

[DO NOT READ] Refused 999

SN_18b   Involvement in community activities and organizations?

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=000, MAX=100**

[DO NOT READ] Don't know/No answer........................ 998

[DO NOT READ] Refused 999

SN_18c   Other activities?

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=000, MAX=100**

[DO NOT READ] Don't know/No answer........................ 998

[DO NOT READ] Refused 999

SN_END

Social Support – Availability (SSA)

Next are some questions about the support that is available to you.

People sometimes look to others for companionship, assistance or other types of support. How often is each of the following kinds of support available to you if you need it? **READ LIST OF STATEMENTS, CODE ONLY ONE RESPONSE PER STATEMENT**

SSA_1   Someone to help you if you were confined to bed?

> None of the time 01
> A little of the time... 02
> Some of the time 03
> Most of the time... 04
> All of the time... 05
> **[DO NOT READ]** Don't know/No answer............ 98
> **[DO NOT READ]** Refused 99

SSA_2   Someone you can count on to listen to you when you need to talk?

> None of the time 01
> A little of the time... 02
> Some of the time 03
> Most of the time... 04
> All of the time... 05
> **[DO NOT READ]** Don't know/No answer............ 98
> **[DO NOT READ]** Refused 99

SSA_3   Someone to give you advice about a crisis?

> None of the time 01
> A little of the time.. 02
> Some of the time 03
> Most of the time... 04
> All of the time.. 05
> **[DO NOT READ]** Don't know/No answer............ 98
> **[DO NOT READ]** Refused 99

SSA_4   Someone to take you to the doctor if needed?

> None of the time 01
> A little of the time.. 02
> Some of the time 03
> Most of the time... 04
> All of the time.. 05
> **[DO NOT READ]** Don't know/No answer............ 98
> **[DO NOT READ]** Refused 99

SSA_5   Someone who shows you love and affection?

> None of the time 01
> A little of the time.. 02
> Some of the time 03
> Most of the time... 04
> All of the time.. 05
> **[DO NOT READ]** Don't know/No answer............ 98
> **[DO NOT READ]** Refused 99

SSA_6   Someone to have a good time with?

        None of the time 01

        A little of the time...02

        Some of the time 03

        Most of the time..04

        All of the time..05

        [DO NOT READ] Don't know/No answer............98

        [DO NOT READ] Refused 99

SSA_7   Someone to give you information in order to help you?

        None of the time 01

        A little of the time...02

        Some of the time 03

        Most of the time..04

        All of the time..05

        [DO NOT READ] Don't know/No answer............98

        [DO NOT READ] Refused 99

SSA_8   Someone to confide in or talk to about yourself or your problems?

        None of the time 01

        A little of the time...02

        Some of the time 03

        Most of the time..04

        All of the time..05

        [DO NOT READ] Don't know/No answer............98

        [DO NOT READ] Refused 99

SSA_9   Someone who hugs you?

        None of the time 01

        A little of the time 02

        Some of the time 03

        Most of the time 04

        All of the time 05

        [DO NOT READ] Don't know/No answer 98

        [DO NOT READ] Refused 99

SSA_10   Someone to get together with for relaxation?

        None of the time 01

        A little of the time 02

        Some of the time 03

        Most of the time 04

        All of the time 05

        [DO NOT READ] Don't know/No answer 98

        [DO NOT READ] Refused 99

SSA_11   Someone to prepare your meals if you were unable to do it yourself?

        None of the time 01

        A little of the time 02

        Some of the time 03

        Most of the time 04

        All of the time 05

        [DO NOT READ] Don't know/No answer 98

        [DO NOT READ] Refused 99

SSA_12   Someone whose advice you really want?

> None of the time 01
> A little of the time... 02
> Some of the time 03
> Most of the time... 04
> All of the time... 05
> **[DO NOT READ]** Don't know/No answer............ 98
> **[DO NOT READ]** Refused 99

SSA_13   Someone to do things with to help you get your mind off things?

> None of the time 01
> A little of the time... 02
> Some of the time 03
> Most of the time... 04
> All of the time... 05
> **[DO NOT READ]** Don't know/No answer............ 98
> **[DO NOT READ]** Refused 99

SSA_14   Someone to help with daily chores if you were sick?

> None of the time 01
> A little of the time... 02
> Some of the time 03
> Most of the time... 04
> All of the time... 05
> **[DO NOT READ]** Don't know/No answer............ 98
> **[DO NOT READ]** Refused 99

SSA_15   Someone to share your most private worries and fears with?

                None of the time 01

                A little of the time 02

                Some of the time 03

                Most of the time 04

                All of the time 05

                [DO NOT READ] Don't know/No answer 98

                [DO NOT READ] Refused 99

SSA_16   Someone to turn to for suggestions about how to deal with a personal problem?

                None of the time 01

                A little of the time 02

                Some of the time 03

                Most of the time 04

                All of the time 05

                [DO NOT READ] Don't know/No answer 98

                [DO NOT READ] Refused 99

SSA_17   Someone to do something enjoyable with?

                None of the time 01

                A little of the time 02

                Some of the time 03

                Most of the time 04

                All of the time 05

                [DO NOT READ] Don't know/No answer 98

                [DO NOT READ] Refused 99

SSA_18   Someone who understands your problems?

          None of the time 01

          A little of the time 02

          Some of the time 03

          Most of the time 04

          All of the time 05

          [DO NOT READ] Don't know/No answer 98

          [DO NOT READ] Refused 99

SSA_19   Someone to love you and make you feel wanted?

          None of the time 01

          A little of the time 02

          Some of the time 03

          Most of the time 04

          All of the time 05

          [DO NOT READ] Don't know/No answer 98

          [DO NOT READ] Refused 99

SSA_20   Do you have a household pet that provides you with companionship?

          Yes 01

          No 02

          [DO NOT READ] Don't know/No answer 98

          [DO NOT READ] Refused 99

SSA_END

Social Participation (SPA)

Now some questions about your social activities.

SPA_1   Which of these statements apply to you? **READ EACH STATEMENT, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

> I read a daily newspaper 01
>
> I have a hobby or pastime.. 02
>
> I have taken a holiday in Canada in the last 12 months 03
>
> I have taken a holiday outside of Canada in the last 12 months ... 04
>
> I have gone on a day trip or outing in the last 12 months.............. 05
>
> I use the internet and/or e-mail 06
>
> I voted in the last federal, provincial or municipal election 07
>
> None of these statements apply to me 08
>
> **[DO NOT READ]** Don't know/No answer..................................... 98
>
> **[DO NOT READ]** Refused 99

Community-related Activities

The next questions are about community-related activities that you may have participated in during the past 12 months.

In the past 12 months, how often did you participate in…**READ LIST OF ACTIVITIES, CODE ONLY ONE RESPONSE PER ACTIVITY**

SPA_2   Family or friendship based activities outside the household? **READ IF NECESSARY – examples include: formal and informal activities such as small get-togethers, meals outside of the household, weddings, or reunions**

> At least once a day... 01
>
> At least once a week 02
>
> At least once a month... 03
>
> At least once a year.. 04
>
> Never 05
>
> **[DO NOT READ]** Don't know/No answer............ 98
>
> **[DO NOT READ]** Refused 99

SPA_3   Church or religious activities such as services, committees or choirs

At least once a day...01

At least once a week 02

At least once a month..03

At least once a year...04

Never 05

[DO NOT READ] Don't know/No answer............98

[DO NOT READ] Refused 99

SPA_4   Sports or physical activities that you do with other people

At least once a day...01

At least once a week 02

At least once a month..03

At least once a year...04

Never 05

[DO NOT READ] Don't know/No answer............98

[DO NOT READ] Refused 99

SPA_5   Educational and cultural activities involving other people such as attending courses, concerts, plays, or visiting museums

At least once a day...01

At least once a week 02

At least once a month..03

At least once a year...04

Never 05

[DO NOT READ] Don't know/No answer............98

[DO NOT READ] Refused 99

SPA_6   Service club or fraternal organization activities **READ IF NECESSARY –** Examples include: Lion's Club, Rotary, Kiwanis Club, Royal Canadian Legion, or Foresters

At least once a day 01

At least once a week 02

At least once a month 03

At least once a year 04

Never 05

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

SPA_7   Neighbourhood, community or professional association activities

At least once a day 01

At least once a week 02

At least once a month 03

At least once a year 04

Never 05

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

SPA_8   Volunteer or charity work

At least once a day 01

At least once a week 02

At least once a month 03

At least once a year 04

Never 05

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

SPA_9   Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games

At least once a day 01

At least once a week 02

At least once a month 03

At least once a year 04

Never 05

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

SPA_10   In the past 12 months, have you felt like you wanted to participate in more social, recreational or group activities?

Yes 01   **CONTINUE**

No 02   **SKIP TO SPA_END**

[DO NOT READ] Don't know/No answer 98   **SKIP TO SPA_END**

[DO NOT READ] Refused 99   **SKIP TO SPA_END**

SPA_11   What prevented you from participating in more social, recreational or group activities? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Cost 01

Transportation problems 02

Activities not available in the area 03

Location not physically accessible 04

Location is too far 05

Health condition/limitation 06

Time of the activities not suitable 07

Don't want to go alone 08

Personal or family responsibilities 09

Language related reasons 10

Too busy 11

Afraid or concerns about safety 12

Other (please specify: _____) 97

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

SPA_END

Disease Symptoms DCS Questionnaire
(Comprehensive)

v2.4, 2015 Jan 14

Time-Based Prospective Memory Task (TMT)

Now I am going to ask you to complete one more task related to memory and concentration.

INSTRUCTIONS: Trial 1

1. Present the subject with the large clock with the hands pointed to 8:00. Point to clock and say to Subject: **"According to this clock, what time is it?"** If the subject responds correctly, continue with instructions on step #2. If the Subject responds incorrectly, say: **"The time here is 8:00."** Set the time to 3:00, 12:15, 12:30, and 8:00. Ask the Subject after each setting: **"What time is it?"** If the subject fails any of these practice trials, discontinue the test.

    TMT_P1   Did the subject pass all of the practice trials?

    Yes 1   **CONTINUE**

    No..2   **SKIP TO TMT_END**

2. Have the envelope with cards numbered 28, 14, 17, 13, 11 ready and say to Subject: **"When this clock reaches 8:15, I want you to interrupt whatever we are doing and ask me to give you this envelope** (show envelope to Subject). **I want you to then open the envelope** (open envelope to show the Subject how to open it, take out the cards with the numbers facing the subject and place them on the desk, at random, without arranging them in ascending or descending value) **and give me the card with the number 17."** (Select the card with number 17 and take it as though giving it to self.) Re-order the cards and put them back in the envelope. Let the patient know that you are going to repeat the instructions once more by saying: **"Let me repeat the instructions. When this clock reaches 8:15..."** On the second repetition of the instructions, present cards in a different order as the one used on the first presentation.

3. The card with the # 17 cannot be the first card pulled out of the envelope.

4. To verify that Subject understood the instructions say: **"Please tell me what you are supposed to do."** If Subject states the instructions correctly, say: **"Good."** If Subject makes a mistake, repeat instructions to make sure that he/she knows the target time (i.e., 8:15), the request that he/she has to make (i.e., give me the envelope), and the action (i.e., select card with number 17 and give it to examiner).

4a **INTERVIEWER**: Is the participant able to do the test?

    Yes 1   **SKIP TO 5**

    No..2   **CONTINUE**

4b **INTERVIEWER:** What were the factors that prevented the participant from doing the test? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French 01

Physical impairment, such as difficulty hearing ... 02

Distraction or noisy environment 03

Impaired concentration/memory problems 04

Used an aid 05

Technical difficulties with the laptop 06

Other (please specify: _____) 97

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

GO TO TMT_END

5. Place the envelope out of reach but in view of the subject as he or she works on other tasks. Reset the clock to 8:00. Place the clock on the table so that the clock is between yourself and the subject, off to the left- or right-hand side of the work surface, in a place where the subject can clearly see the time. Keep track of time but do not look at clock at any time, to avoid cueing Subject.

INTERVIEWER: If a participant performs the task without prompting, use "Not Applicable" response for TMT_1, TMT_2 and TMT_3.

6. If Subject has not initiated a response by 8:19, interrupt whatever he/she is doing, and initiate provision of hierarchical cues as shown in the next page.

END OF TIME-BASED PROSPECTIVE MEMORY TASK 1: CUES

TMT_1   **IF PARTICIPANT HAS NOT INITIATED A RESPONSE BY 8:19, INTERRUPT WHATEVER S/HE IS DOING, AND INITIATE PROVISION OF HIERARCHICAL CUES BY SAYING:**

You were supposed to interrupt me when the clock reached 8:15 and you were supposed to do something. Do you know what it was?

Yes 01   **IF YES, THEN ASK SUBJECT TO REPEAT THE DIRECTIONS AND PERFORM THE TASKS**

No 02   **SKIP TO TMT_2**

[DO NOT READ] Not applicable 96   **SKIP TO TMT_2**

TMT_1a   Did subject repeat the directions and tasks correctly?

Yes 1   **SKIP TO TMT_4**
No 2   **CONTINUE**

TMT_1B1   **BEHAVIOURAL OBSERVATIONS OR COMMENTS:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TMT_2   You were supposed to ask me for this envelope (show envelope to Subject) and to do something. Do you know what it was? **INTERVIEWER: IF SUBJECT CORRECTLY REPEATED DIRECTIONS AND ACTIONS FOR THE ENVELOPE, THEN ANSWER "YES" WITHOUT READING THE QUESTION.**

Yes 01   **SKIP TO TMT_3**
No 02   **CONTINUE**
[DO NOT READ] Not applicable 96   **SKIP TO TMT_3**

TMT_2B1   **BEHAVIOURAL OBSERVATIONS OR COMMENTS:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

TMT_3   You were supposed to do something with the cards in this envelope (give envelope to
Subject). Do you know what it was? **INTERVIEWER: IF SUBJECT CORRECTLY
REPEATED DIRECTIONS AND ACTIONS FOR WHAT WAS TO BE DONE WITH THE
CARDS, THEN ANSWER "YES" WITHOUT READING THE QUESTION.**

Yes 01   **SKIP TO TMT_4**

No.. 02   **CONTINUE**

[DO NOT READ] Not applicable 96   **SKIP TO TMT_4**

TMT_3B1   **BEHAVIOURAL OBSERVATIONS OR COMMENTS:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Time-Based Prospective Memory Test: Scoring Sheet – Trial 1

TMT_4   **INTENTION TO PERFORM:**

☐   (score=3): Subject interrupts exactly at 8:15.

☐   (score=2): Subject interrupts the examiner within 2 ± minutes of the target time of 8:15 (i.e., from 8:13 – 8:17).

☐   (score=1): Subject interrupts the examiner within 4 ± minutes of the target time of 8:15 (i.e., from 8:11 – 8:19).

☐   (score=0): Subject does not interrupt the examiner before 8:19, or interrupts the examiner more than 4 minutes earlier than the target time of 8:19 (i.e., before 8:11).

TMT_5   **ACCURACY OF RESPONSE:**

☐   (score=3): Subject does the following three target actions correctly: requests envelope, gives a card to examiner, the card is number 17.

☐   (score=2): Subject does two of the following three target actions correctly: requests the envelope, gives a card to examiner, the card is number 17.

☐   (score=1): Subject does one of the following three target actions correctly: requests the envelope, gives a card to examiner, the card is number 17.

☐   (score=0): Subject does not do any of the following three target actions correctly: requests the envelope, gives a card to examiner, the card is number 17.

TMT_6   **NEED OF REMINDERS:**

☐   (score=3): No reminder is needed.

☐   (score=2): Subject needs only one of the reminders.
Specify reminder given: _____

☐   (score=1): Subject needs two of the reminders.
Specify reminders given: _____

☐   (score=0): Subject needs all three reminders. Assign a score of 0 regardless of whether the final response (i.e., selecting card #17 after third reminder) is correct

TMT_END

Chronic Conditions (CCC)

Now I'd like to ask about any chronic health conditions which you may have. We are interested in "long-term conditions" which are expected to last, or have already lasted, 6 months or more and that have been diagnosed by a health professional.

Cardiac/Cardiovascular

CCC_1
CCC_HEART_DCS

> Has a doctor ever told you that you have heart disease (including congestive heart failure, or CHF)?

> Yes 1
>
> No.. 2
>
> **[DO NOT READ]** Don't know/No answer 8
>
> **[DO NOT READ]** Refused 9

CCC_2
CCC_PVD_DCS

> Has a doctor ever told you that you have peripheral vascular disease or poor circulation in your limbs?

> Yes 1
>
> No.. 2
>
> **[DO NOT READ]** Don't know/No answer 8
>
> **[DO NOT READ]** Refused 9

Neurological

Remember, we are interested in "long-term conditions" that have been diagnosed by a health professional.

CCC_3
CCC_MEMPB_DCS

> Has a doctor ever told you that you have a memory problem?

> Yes 1
>
> No.. 2
>
> **[DO NOT READ]** Don't know/No answer 8
>
> **[DO NOT READ]** Refused 9

CCC_4
CCC_ALZH_DCS
Has a doctor ever told you that you have dementia or Alzheimer's disease?

Yes 1

No... 2

[DO NOT READ] Don't knowNo answer 8

[DO NOT READ] Refused 9

CCC_5
CCC_MS_DCS
Has a doctor ever told you that you have multiple sclerosis?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCC_6
CCC_EPIL_DCS
Has a doctor ever told you that you have epilepsy?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCC_7
CCC_MGRN_DCS
Has a doctor ever told you that you have migraine headaches?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Gastrointestinal

CCC_8
CCC_ULCR_DCS

Has a doctor ever told you that you have intestinal or stomach ulcers?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCC_9
CCC_IBDIBS_DCS

Has a doctor ever told you that you have a bowel disorder such as Crohn's Disease, ulcerative colitis, or Irritable Bowel Syndrome?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCC_10
CCC_BOWINC_DCS

Has a doctor ever told you that you experience bowel incontinence?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCC_11
CCC_URIINC_DCS
Has a doctor ever told you that you experience urinary incontinence?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Vision

CCC_12	Has a doctor ever told you that you have cataracts?	
	Yes 1	
	No 2	INTERVIEWER:
	[DO NOT READ] Don't know/No answer 8	DO NOT ASK THESE TWO QUESTIONS AS
	[DO NOT READ] Refused 9	THEY ARE IN THE CONTRAINDICATIONS QUESTIONNAIRE
CCC_13	Has a doctor ever told you that you have glaucoma?	
	Yes 1	
	No 2	
	[DO NOT READ] Don't know/No answer 8	
	[DO NOT READ] Refused 9	

CCC_14
CCC_MACDEG_DCS
Has a doctor ever told you that you have macular degeneration?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Cancer

Remember, we are interested in "long-term conditions" that have been diagnosed by a health professional.

CCC_15
CCC_CANC_DCS

Has a doctor ever told you that you had cancer?

Yes 1	**CONTINUE**	
No..2	**SKIP TO CCC_17/ CCC_ANXI_DCS**	
[DO NOT READ] Don't know/No answer 8	**SKIP TO CCC_17/ CCC_ANXI_DCS**	
[DO NOT READ] Refused 9	**SKIP TO CCC_17/ CCC_ANXI_DCS**	

CCC_16
CCC_CANTP_DCS

What type(s) of cancer were you diagnosed with? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY; [RECALL RESPONSE FROM SEX_1 FROM IN-HOME QUESTIONNAIRE]**

Breast..01	Lung.......................................07
Colorectal 02	Thyroid 08
Skin: melanoma 03	Prostate (males only) 09
Skin: non-melanoma 04	Ovarian (females only) 10
Bladder......................................05	Leukemia...............................11
Kidney 06	Pancreatic 12
	Non-Hodgkin Lymphoma 13

Other (please specify: _____) 97

[DO NOT READ] Don't know/No answer..98

[DO NOT READ] Refused 99

Mental Health

CCC_17
CCC_ANXI_DCS

Has a doctor ever told you that you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

Yes 1	
No..2	
[DO NOT READ] Don't know/No answer 8	
[DO NOT READ] Refused 9	

CCC_18
CCC_MOOD_DCS

Has a doctor ever told you that you have a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?

INTERVIEWER NOTE: DYSTHYMIA IS PRONOUNCED "DIS-THIGH-ME-AH"

Yes 1

No... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Other Conditions

CCC_19
CCC_ALLRG_DCS

Has a doctor ever told you that you have allergies?

Yes (please specify: _____) 01

No... 02

[DO NOT READ] Don't know/No answer............. 98

[DO NOT READ] Refused 99

CCC_20
CCC_BCKP_DCS

Has a doctor ever told you that you have back problems, excluding fibromyalgia and arthritis?

INTERVIEWER NOTE: FIBROMYALGIA IS A DISORDER THAT CAUSES WIDESPREAD AND CHRONIC PAIN OF THE MUSCLES AND CONNECTIVE TISSUE

Yes 1

No... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCC_21
CCC_KIDN_DCS

Has a doctor ever told you that you have kidney disease or kidney failure?

Yes 1	**CONTINUE**
No... 2	**SKIP TO CCC_22/ CCC_OTCCC_DCS**
[DO NOT READ] Don't know/No answer 8	**SKIP TO CCC_22/ CCC_OTCCC_DCS**
[DO NOT READ] Refused 9	**SKIP TO CCC_22/ CCC_OTCCC_DCS**

CCC_21a
CCC_DITYP_DCS

Are you currently receiving dialysis treatment? (If yes, what type of dialysis?)

i. Hemodialysis

Yes 1	**CONTINUE**
No... 2	**SKIP TO CCC_22/ CCC_OTCCC_DCS**
[DO NOT READ] Don't know/No answer 8	**SKIP TO CCC_22/ CCC_OTCCC_DCS**
[DO NOT READ] Refused 9	**SKIP TO CCC_22/ CCC_OTCCC_DCS**

ii. Peritoneal

Yes 1	**SKIP TO CCC_22/ CCC_OTCCC_DCS**
No... 2	**SKIP TO CCC_22/ CCC_OTCCC_DCS**
[DO NOT READ] Don't know/No answer 8	**SKIP TO CCC_22/ CCC_OTCCC_DCS**
[DO NOT READ] Refused 9	**SKIP TO CCC_22/ CCC_OTCCC_DCS**

CCC_21b
CCC_DITIM_DCS

When did you receive your last dialysis treatment?

DATE _____   TIME _____
    (dd/mm/yyyy)   (hh:mm)

CCC_22
CCC_OTCCC_DCS

Do you have any other long-term physical or mental condition that has been diagnosed by a health professional? **IF YES, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

Yes (please specify: _____) 01

No 02

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

Infections

Now I would like to ask you a few questions about infections you may or may not have recently experienced.

CCC_23
CCC_INF_DCS

In the past year, have you seen a doctor for any of the following reasons? **READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION**

CCC_DRPNEU_DCS

a. Pneumonia

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCC_DRFLU_DCS

b. Flu (Influenza)

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCC_DRUTI_DCS

    c.   Urinary Tract Infection (UTI)

> Yes 1
>
> No.. 2
>
> **[DO NOT READ]** Don't know/No answer 8
>
> **[DO NOT READ]** Refused 9

CCC_DROT_DCS

    d.   Any other infections?

> Yes (please specify: _____) 01
>
> No... 02
>
> **[DO NOT READ]** Don't know/No answer............ 98
>
> **[DO NOT READ]** Refused 99

CCC_END

Diabetes (DIA)

Now I'd like to ask you some questions about various types of illnesses you may be experiencing or may have experienced in the past.

CALCULATE DIA_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR DIABETES; DIA_MED=2 OTHERWISE
CALCULATE INS_MED=1 IF PARTICIPANT IS TAKING INSULIN; INS_MED=2 OTHERWISE

DIA_1
DIA_DIAB_DCS

Has a doctor ever told you that you have diabetes, borderline diabetes or that your blood sugar is high? **[RECALL RESPONSE FROM SEX_1 FROM IN-HOME QUESTIONNAIRE]**

Yes 1	**CONTINUE**
No 2	**SKIP TO DIA_3/ DIA_EVPRG_DCS IF FEMALE; SKIP TO DIA_5/ DIA_MED_DCS IF MALE**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO DIA_3/ DIA_EVPRG_DCS IF FEMALE; SKIP TO DIA_5/DIA_MED_DCS IF MALE**
[DO NOT READ] Refused 9	**SKIP TO DIA_3/ DIA_EVPRG_DCS IF FEMALE; SKIP TO DIA_5/DIA_MED_DCS IF MALE**

DIA_1A
DIA_TYPE_DCS

Were you diagnosed with:

Type I.. 1

Type II... 2

Neither 3

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

DIA_2
DIA_AGE_DCS

At what age or in what year were you first told you had diabetes, borderline diabetes or high blood sugar?

_____ **RECORD AGE OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer 9998

[DO NOT READ] Refused 9999

[RECALL RESPONSE FROM SEX_1 FROM IN-HOME QUESTIONNAIRE] MALES SKIP TO DIA_5/DIA_MED_DCS, FEMALES CONTINUE TO DIA_3/DIA_EVPRG_DCS]

DIA_3
DIA_EVPRG_DCS

Have you ever been pregnant?

Yes 1   **CONTINUE**

No 2   **SKIP TO DIA_5/ DIA_MED_DCS**

[DO NOT READ] Don't know/No answer 8   **SKIP TO DIA_5/ DIA_MED_DCS**

[DO NOT READ] Refused 9   **SKIP TO DIA_5/ DIA_MED_DCS**

DIA_4
DIA_PRGDIA_DCS

When you were pregnant, did the doctor tell you that you had diabetes, borderline diabetes or high blood sugar?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

[IF DIA_1/DIA_DIAB_DCS=1 CONTINUE, IF DIA_1/DIA_DIAB_DCS=2 AND DIA_MED=1 THEN SKIP TO DIA_6A/DIA_MEDHOME_DCS, IF DIA_1/DIA_DIAB_DCS=2 AND DIA_MED=2 THEN SKIP TO DIA_END]

DIA_5
DIA_MED_DCS

Are you currently taking medication for diabetes?

Yes .... 01 **IF DIA_MED=1 THEN CONTINUE; IF DIA_MED=2 THEN SKIP TO DIA_5B/ DIA_MEDNAME_DCS**

No .... 02 **IF DIA_MED=1 THEN SKIP TO DIA_6A/ DIA_MEDHOME_DCS OTHERWISE SKIP TO DIA_END**

[DO NOT READ] Don't know/No answer .... 98 **SKIP TO DIA_END**

[DO NOT READ] Refused .... 99 **SKIP TO DIA_END**

DIA_5A
DIA_MEDCUR_DCS

Are you currently taking *<DRUGNAME>* for diabetes? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DIABETES)**

Yes .... 01 **REPEAT FOR ALL DIABETES DRUGS; IF LAST DRUG AND INS_MED=1 THEN SKIP TO DIA_6B/ DIA_MEDAGE_DCS OTHERWISE IF LAST DRUG AND INS_MED=2 THEN SKIP TO DIA_END**

No .... 02 **REPEAT FOR ALL DIABETES DRUGS; IF LAST DRUG AND INS_MED=1 THEN SKIP TO DIA_6B/ DIA_MEDAGE_DCS OTHERWISE IF LAST DRUG AND INS_MED=2 THEN SKIP TO DIA_END**

[DO NOT READ] Don't know/No answer .... 98 **SKIP TO DIA_END**

[DO NOT READ] Refused .... 99 **SKIP TO DIA_END**

DIA_5B
DIA_MEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for your diabetes?

Yes (please specify: _____) 01   **IF ANY RESPONSE IS "INSULIN" SKIP TO DIA_6B/ DIA_MEDAGE_DCS OTHERWISE SKIP TO DIA_END**

No 02   **SKIP TO DIA_END**

[DO NOT READ] Don't know/No answer 98   **SKIP TO DIA_END**

[DO NOT READ] Refused 99   **SKIP TO DIA_END**

DIA_6A
DIA_MEDHOME_DCS

Your home interview indicates you are taking *<DRUGNAME>* which can be used to treat diabetes. Are you currently taking *<DRUGNAME>* for diabetes? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DIABETES)**

Yes 01   **REPEAT FOR ALL DIABETES DRUGS; IF LAST DRUG AND INS_MED=1 THEN SKIP TO DIA_6B/ DIA_MEDAGE_DCS OTHERWISE IF LAST DRUG AND INS_MED=2 THEN SKIP TO DIA_END**

No 02   **SKIP TO DIA_END**

[DO NOT READ] Don't know/No answer 98   **SKIP TO DIA_END**

[DO NOT READ] Refused 99   **SKIP TO DIA_END**

DIA_6B
DIA_MEDAGE_DCS

At what age or in what year did you begin taking insulin?

_____ RECORD AGE OR _____ RECORD YEAR

[DO NOT READ] Don't know/No answer 9998

[DO NOT READ] Refused 9999

DIA_END

Stroke/Cerebrovascular Event (STR)

CALCULATE STR_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR STROKE; STR_MED=2 OTHERWISE

STR_1
CCC_CVA_DCS

Has a doctor ever told you that you have experienced a Stroke or CVA? (cerebrovascular accident)?

Yes 1	**CONTINUE**	
No 2	**SKIP TO STR_3/ STR_MED_DCS**	
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO STR_5/ CCC_TIA_DCS**	
[DO NOT READ] Refused 9	**SKIP TO STR_5/ CCC_TIA_DCS**	

STR_2
STR_CVAAGE_DCS

At what age, or in what year, were you first told you had experienced a stroke?

INTERVIEWER NOTE: Exact years are optimum. Capture as specific information as possible. The minimum acceptable standard is within five years. Prompt participant with questions like: Can you be more specific?

_____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer............. 9998

[DO NOT READ] Refused 9999

[IF STR_1/CCC_CVA_DCS=1 CONTINUE, IF STR_1/CCC_CVA_DCS=2 AND STR_MED=1 THEN SKIP TO STR_3C/STR_MEDHOME_DCS, IF STR_1/CCC_CVA_DCS=2 AND STR_MED=2 THEN SKIP TO STR_5/CCC_TIA_DCS]

STR_3
STR_MED_DCS

Are you currently taking medications for stroke?

Yes 1   **IF STR_MED=1 THEN CONTINUE; IF STR_MED=2 THEN SKIP TO STR_3B/ STR_MEDNAME_DCS**

No 2   **IF STR_MED=1 THEN SKIP TO STR_3C/ STR_MEDHOME_DCS OTHERWISE SKIP TO STR_3D/ STR_OTHMD_DCS**

[DO NOT READ] Don't know/No answer............. 8   **SKIP TO STR_3D/ STR_OTHMD_DCS**

[DO NOT READ] Refused 9   **SKIP TO STR_3D/ STR_OTHMD_DCS**

STR_3A
STR_MEDCUR_DCS

Are you currently taking *<DRUGNAME>* for your stroke? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE)**

Yes 01   **REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_3D/ STR_OTHMD_DCS**

No 02   **REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_3D/ STR_OTHMD_DCS**

[DO NOT READ] Don't know/No answer............. 98   **SKIP TO STR_3D/ STR_OTHMD_DCS**

[DO NOT READ] Refused 99   **SKIP TO STR_3D/ STR_OTHMD_DCS**

STR_3B
STR_MEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for your stroke?

Yes (please specify: _____)	01	**SKIP TO STR_3D/ STR_OTHMD_DCS**
No	02	**SKIP TO STR_3D/ STR_OTHMD_DCS**
[DO NOT READ] Don't know/No answer	98	**SKIP TO STR_3D/ STR_OTHMD_DCS**
[DO NOT READ] Refused	99	**SKIP TO STR_3D/ STR_OTHMD_DCS**

STR_3C
STR_MEDHOME_DCS

Your home interview indicates you are taking <*DRUGNAME*> which can be used to treat a stroke. Are you currently taking <*DRUGNAME*> for a stroke? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE)**

Yes	01	**REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_3D/ STR_OTHMD_DCS**
No	02	**REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG AND NO DRUG ANSWERED "YES" AND STR_1/ CCC_CVA_DCS=2 THEN SKIP TO STR_5/ CCC_TIA_DCS; OTHERWISE CONTINUE**
[DO NOT READ] Don't know/No answer	98	**CONTINUE**
[DO NOT READ] Refused	99	**CONTINUE**

CALCULATE ANY_SMED=1 IF (STR_3/STR_MED_DCS=1 OR ANY DRUGS FOR STR_3C/STR_MEDHOME_DCS ANSWERED "YES"); ANY_SMED=2 OTHERWISE

STR_3D
STR_OTHMD_DCS

Are you currently undergoing other treatment for a stroke?

Yes 01	**SKIP TO STR_5/ CCC_TIA_DCS**	
No 02	**IF ANY_SMED=1 THEN SKIP TO STR_5/ CCC_TIA_DCS; OTHERWISE CONTINUE**	
[DO NOT READ] Don't know/No answer............ 98	**IF ANY_SMED=1 THEN SKIP TO STR_5/ CCC_TIA_DCS; OTHERWISE CONTINUE**	
[DO NOT READ] Refused 99	**IF ANY_SMED=1 THEN SKIP TO STR_5/ CCC_TIA_DCS; OTHERWISE CONTINUE**	

STR_4
STR_EVRMD_DCS

Have you <u>ever</u> taken any medications or undergone other treatment for stroke?

Yes 1

No 2

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

STR_5
CCC_TIA_DCS

Has a doctor ever told you that you have experienced a ministroke or TIA(Transient Ischemic Attack)?

Yes 1	**CONTINUE**
No 2	**SKIP TO STR_7/ STR_TIAMED_DCS**
[DO NOT READ] Don't know/No answer............ 8	**SKIP TO STR_9/ CCC_CVAFX_DCS**
[DO NOT READ] Refused 9	**SKIP TO STR_9/ CCC_CVAFX_DCS**

STR_6
STR_TIAAGE_DCS

At what age, or in what year, were you first told you had experienced a ministroke or TIA?

INTERVIEWER: Exact years are optimum. Capture as specific information as possible. The minimum acceptable standard is within five years. Prompt with questions like: Can you be more specific?

_____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer.............9998

[DO NOT READ] Refused 9999

[IF STR_5/CCC_TIA_DCS=1 CONTINUE, IF STR_5/CCC_TIA_DCS=2 AND STR_MED=1 THEN SKIP TO STR_7C/STR_TIAMEDHOME_DCS, IF STR_5/CCC_TIA_DCS=2 AND STR_MED=2 THEN SKIP TO STR_9/CCC_CVAFX_DCS]

STR_7
STR_TIAMED_DCS

Are you currently taking medications for a ministroke?

Yes 1	**IF STR_MED=1 THEN CONTINUE; IF STR_MED=2 THEN SKIP TO STR_7B/ STR_TIAMEDNAME_DCS**
No 2	**IF STR_MED=1 THEN SKIP TO STR_7C/ STR_TIAMEDHOME_DCS OTHERWISE SKIP TO STR_7D/ STR_TIAOTHMD_DCS**
[DO NOT READ] Don't know/No answer.............8	**SKIP TO STR_7D/ STR_TIAOTHMD_DCS**
[DO NOT READ] Refused 9	**SKIP TO STR_7D/ STR_TIAOTHMD_DCS**

STR_7A
STR_TIAMEDCUR_DCS

Are you currently taking *<DRUGNAME>* for your ministroke? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE)**

Yes 01	**REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_7D/ STR_TIAOTHMD_DCS**	
No 02	**REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_7D/ STR_TIAOTHMD_DCS**	
[DO NOT READ] Don't know/No answer 98	**SKIP TO STR_7D/ STR_TIAOTHMD_DCS**	
[DO NOT READ] Refused 99	**SKIP TO STR_7D/ STR_TIAOTHMD_DCS**	

STR_7B
STR_TIAMEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for your ministroke?

Yes (please specify: _____) 01	**SKIP TO STR_7D/ STR_TIAOTHMD_DCS**
No 02	**SKIP TO STR_7D/ STR_TIAOTHMD_DCS**
[DO NOT READ] Don't know/No answer 98	**SKIP TO STR_7D/ STR_TIAOTHMD_DCS**
[DO NOT READ] Refused 99	**SKIP TO STR_7D/ STR_TIAOTHMD_DCS**

STR_7C
STR_TIAMEDHOME_DCS

Your home interview indicates you are taking <*DRUGNAME*> which can be used to treat a stroke. Are you currently taking <*DRUGNAME*> for a ministroke? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE)**

Yes 01	**REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_7D/ STR_TIAOTHMD_DCS**
No 02	**REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG AND NO DRUG ANSWERED "YES" AND STR_5/ CCC_TIA_DCS=2 THEN SKIP TO STR_9/ CCC_CVAFX_DCS; OTHERWISE CONTINUE**
[DO NOT READ] Don't know/No answer............. 98	**CONTINUE**
[DO NOT READ] Refused 99	**CONTINUE**

CALCULATE ANY_SMED=1 IF (STR_7/STR_TIAMED_DCS=1 OR ANY DRUGS FOR STR_7C/STR_TIAMEDHOME_DCS ANSWERED "YES"); ANY_SMED=2 OTHERWISE

STR_7D
STR_TIAOTHMD_DCS

Are you currently undergoing other treatment for a ministroke?

Yes 01	**SKIP TO STR_9/ CCC_CVAFX_DCS**
No 02	**IF ANY_SMED=1 THEN SKIP TO STR_9/ CCC_CVAFX_DCS; OTHERWISE CONTINUE**
[DO NOT READ] Don't know/No answer............. 98	**IF ANY_SMED=1 THEN SKIP TO STR_9/ CCC_CVAFX_DCS; OTHERWISE CONTINUE**
[DO NOT READ] Refused 99	**IF ANY_SMED=1 THEN SKIP TO STR_9/ CCC_CVAFX_DCS; OTHERWISE CONTINUE**

STR_8
STR_TIAEVMD_DCS

Have you <u>ever</u> taken any medications or undergone other treatment for a ministroke?

Yes 1

No...2

[DO NOT READ] Don't know/No answer.............8

[DO NOT READ] Refused 9

STR_9
CCC_CVAFX_DCS

[ASK IF STR_1/CCC_CVA_DCS=1 OR STR_5/CCC_TIA_DCS=1] Has a doctor ever told you that you suffer from the effects of a stroke, CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?

Yes 1

No...2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Modified QVSFS Questionnaire

STR_10
STR_WEAK_DCS

Have you ever had sudden painless weakness on one side of your body?

Yes 1	**CONTINUE**
No...2	**SKIP TO STR_11/ STR_NUMB_DCS**
[DO NOT READ] Don't know/No answer.............8	**SKIP TO STR_11/ STR_NUMB_DCS**
[DO NOT READ] Refused 9	**SKIP TO STR_11/ STR_NUMB_DCS**

STR_10a
STR_WEAK_DUR_DCS
How long did your symptoms last?

Less than 24 hours 1

24 hours or more 2

[DO NOT READ] Don't know/No answer............8

[DO NOT READ] Refused 9

STR_11
STR_NUMB_DCS
Have you ever had sudden numbness or a dead feeling on one side of your body?

Yes 1	**CONTINUE**
No...2	**SKIP TO STR_12/ STR_VIS_DCS**
[DO NOT READ] Don't know/No answer............8	**SKIP TO STR_12/ STR_VIS_DCS**
[DO NOT READ] Refused 9	**SKIP TO STR_12/ STR_VIS_DCS**

STR_11a
STR_NUMB_DUR_DCS
How long did your symptoms last?

Less than 24 hours 1

24 hours or more 2

[DO NOT READ] Don't know/No answer............8

[DO NOT READ] Refused 9

STR_12
STR_VIS_DCS
Have you ever had sudden painless loss of vision in one or both eyes?

Yes 1	**CONTINUE**
No...2	**SKIP TO STR_13/ STR_NOVIS_DCS**
[DO NOT READ] Don't know/No answer............8	**SKIP TO STR_13/ STR_NOVIS_DCS**
[DO NOT READ] Refused 9	**SKIP TO STR_13/ STR_NOVIS_DCS**

STR_12a
STR_VIS_DUR_DCS
How long did your symptoms last?

Less than 24 hours..1

24 hours or more 2

[DO NOT READ] Don't know/No answer............8

[DO NOT READ] Refused 9

STR_13
STR_NOVIS_DCS
Have you ever suddenly lost vision in one eye?

Yes 1	**CONTINUE**	
No 2	**SKIP TO STR_14/ STR_NOUND_DCS**	
[DO NOT READ] Don't know/No answer............8	**SKIP TO STR_14/ STR_NOUND_DCS**	
[DO NOT READ] Refused 9	**SKIP TO STR_14/ STR_NOUND_DCS**	

STR_13a
STR_NOVIS_DUR_DCS
How long did your symptoms last?

Less than 24 hours..1

24 hours or more 2

[DO NOT READ] Don't know/No answer............8

[DO NOT READ] Refused 9

STR_14
STR_NOUND_DCS
Have you ever suddenly lost the ability to understand what people were saying?

Yes 1	**CONTINUE**	
No 2	**SKIP TO STR_15/ STR_NOEXP_DCS**	
[DO NOT READ] Don't know/No answer............8	**SKIP TO STR_15/ STR_NOEXP_DCS**	
[DO NOT READ] Refused 9	**SKIP TO STR_15/ STR_NOEXP_DCS**	

STR_14a
STR_NOUND_DUR_DCS
How long did your symptoms last?

Less than 24 hours 1

24 hours or more 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

STR_15
STR_NOEXP_DCS
Have you ever suddenly lost the ability to express yourself?

Yes 1   **CONTINUE**

No... 2   **SKIP TO STR_END**

[DO NOT READ] Don't know/No answer 8   **SKIP TO STR_END**

[DO NOT READ] Refused 9   **SKIP TO STR_END**

STR_15a
STR_NOEXP_DUR_DCS
How long did your symptoms last?

Less than 24 hours 1

24 hours or more 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

STR_END

Traumatic Brain Injury (TBI)

Next we would like to ask you about head injuries…

TBI_1
TBI_TYP_DCS

Have you suffered a head injury from any of the following…? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Vehicular crash (please specify type of vehicle: _____)................01
Fall..02
Sports-related activity (please specify: _____) 03
[DO NOT READ] None/Did not suffer head injury...................................96
[DO NOT READ] Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer..98
[DO NOT READ] Refused 99

SKIP TO TBI_END IF TBI_1/TBI_TYP_DCS=96, 98, 99; OTHERWISE CONTINUE

TBI_2
TBI_NMBR_DCS

How many head injuries have you had (in your lifetime)? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ **RECORD NUMBER, CATI MASK: MIN=01, MAX=20**
[DO NOT READ] Don't know/No answer..98
[DO NOT READ] Refused 99

IF 1 HEAD INJURY AT TBI_2/TBI_NMBR_DCS, READ "THE HEAD INJURY"
IF >1 HEAD INJURIES AT TBI_2/TBI_NMBR_DCS, READ "__ANY__ HEAD INJURIES"

TBI_3
TBI_RSLT_DCS

Did **[the head injury/<u>any</u> head injuries]** you received result in…? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Being dazed, confused, or "seeing stars"..01
Not remembering the injury...02
Losing consciousness (knocked out) for less than a minute...................03
Losing consciousness for 1-20 minutes 04
Losing consciousness for longer than 20 minutes 05
[DO NOT READ] None of the above 96
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

IF 1 HEAD INJURY AT TBI_2/TBI_NMBR_DCS, READ "THE HEAD INJURY"
IF >1 HEAD INJURIES AT TBI_2/TBI_NMBR_DCS, READ "<u>ANY</u> HEAD INJURIES"

TBI_4
TBI_MCR_DCS

What medical care did you receive for [**the head injury/<u>any</u> head injuries**]? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 6, 8 OR 9 ARE SELECTED), CODE ALL THAT APPLY**

Physician assessment/visit..1
Emergency department visit..2
Hospitalization 3
None/Received no medical care 6
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

TBI_5
TBI_PROB_DCS

Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98, OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Headaches 01
Dizziness 02
Memory problems...03
Balance problems...04
Ringing in the ears 05
Irritability 06
Sleep problems 07
[DO NOT READ] No/None/Not experiencing any problems....................96
[DO NOT READ] Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

TBI_6   **Positive Screen [DERIVED VARIABLE – ONYX PROGRAMMING] If (TBI_1/TBI_TYP_DCS=01 or 02 or 03 or 97) and (TBI_3/TBI_RSLT_DCS=01 or 02 or 03 or 04 or 05) then TBI_6=Yes 1, else TBI_6=No 2**

TBI_END

Hypo- and Hyperthyroidism (HYP)

CALCULATE HYO_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR HYPOTHYROIDISM; HYO_MED=2 OTHERWISE

CALCULATE HYR_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR HYPERTHYROIDISM; HYR_MED=2 OTHERWISE

HYP_1
CCC_UTHYR_DCS

Has a doctor ever told you that you have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?

Yes 1	**CONTINUE**
No 2	**SKIP TO HYP_3/ HYP_UTHYRMED_DCS**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO HYP_5/ CCC_OTHYR_DCS**
[DO NOT READ] Refused 9	**SKIP TO HYP_5/ CCC_OTHYR_DCS**

HYP_2
HYP_UTHYRAGE_DCS

At what age, or in what year, were you first told you had hypothyroidism?

INTERVIEWER: Exact years are optimum. Capture as specific information as possible. The minimum acceptable standard is within five years. Prompt participant with questions like: Can you be more specific?

_____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer............. 9998

[DO NOT READ] Refused 9999

[IF HYP_1/CCC_UTHYR_DCS=1 CONTINUE, IF HYP_1/CCC_UTHYR_DCS=2 AND HYO_MED=1 THEN SKIP TO HYP_3C/HYP_UTHYRMEDHOME_DCS, IF HYP_1/CCC_UTHYR_DCS=2 AND HYO_MED=2 THEN SKIP TO HYP_5/CCC_OTHYR_DCS]

HYP_3
HYP_UTHYRMED_DCS

Are you currently taking medications or undergoing other treatment for an UNDER-active thyroid gland?

Yes 1	**IF HYO_MED=1 THEN CONTINUE; IF HYO_MED=2 THEN SKIP TO HYP_3B/ HYP_UTHYRMEDNAME_DCS**
No 2	**IF HYO_MED=1 THEN SKIP TO HYP_3C/ HYP_UTHYRMEDHOME_DCS OTHERWISE SKIP TO HYP_4/ HYP_UTHYREVRMED_DCS**
[DO NOT READ] Don't know/No answer 8	**SKIP TO HYP_4/ HYP_UTHYREVRMED_DCS**
[DO NOT READ] Refused 9	**SKIP TO HYP_4/ HYP_UTHYREVRMED_DCS**

HYP_3A
HYP_UTHYRMEDCUR_DCS

Are you currently taking <*DRUGNAME*> for hypothyroidism? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPOTHYROIDISM)**

Yes 01	**REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO HYP_5/ CCC_OTHYR_DCS**
No 02	**REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO HYP_5/ CCC_OTHYR_DCS**
[DO NOT READ] Don't know/No answer 98	**SKIP TO HYP_5/ CCC_OTHYR_DCS**
[DO NOT READ] Refused 99	**SKIP TO HYP_5/ CCC_OTHYR_DCS**

HYP_3B
HYP_UTHYRMEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for your hypothyroidism?

Yes (please specify: _____)	01	**SKIP TO HYP_5/ CCC_OTHYR_DCS**
No	02	**SKIP TO HYP_5/ CCC_OTHYR_DCS**
[DO NOT READ] Don't know/No answer	98	**SKIP TO HYP_5/ CCC_OTHYR_DCS**
[DO NOT READ] Refused	99	**SKIP TO HYP_5/ CCC_OTHYR_DCS**

HYP_3C
HYP_UTHYRMEDHOME_DCS

Your home interview indicates you are taking *<DRUGNAME>* which can be used to treat hypothyroidism. Are you currently taking *<DRUGNAME>* for hypothyroidism? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPOTHYROIDISM)**

Yes	01	**REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO HYP_5/ CCC_OTHYR_DCS**
No	02	**REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF HYP_1/ CCC_UTHYR_DCS=1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF HYP_1/ CCC_UTHYR_DCS=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO HYP_5/ CCC_OTHYR_DCS**
[DO NOT READ] Don't know/No answer	98	**CONTINUE**
[DO NOT READ] Refused	99	**CONTINUE**

HYP_4
HYP_UTHYREVRMED_DCS

Have you <u>ever</u> taken any medications or undergone other treatment for an UNDER-active thyroid gland?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

HYP_5
CCC_OTHYR_DCS

Has a doctor ever told you that you have an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?

Yes 1   **CONTINUE**

No 2   **SKIP TO HYP_7/**
                                                                        HYP_OTHYRMED_DCS

[DO NOT READ] Don't know/No answer 8   **SKIP TO HYP_END**

[DO NOT READ] Refused 9   **SKIP TO HYP_END**

HYP_6
HYP_OTHYRAGE_DCS

At what age, or in what year, were you first told you had hyperthyroidism?

INTERVIEWER: Exact years are optimum. Capture as specific information as possible. The minimum acceptable standard is within five years. Prompt with questions like: Can you be more specific?

_____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer 9998

[DO NOT READ] Refused 9999

[IF HYP_5/CCC_OTHYR_DCS=1 CONTINUE, IF HYP_5/CCC_OTHYR_DCS=2 AND HYR_MED=1 THEN SKIP TO HYP_7C/HYP_OTHYRMEDHOME_DCS, IF HYP_5/CCC_OTHYR_DCS=2 AND HYR_MED=2 THEN SKIP TO HYP_END]

HYP_7
HYP_OTHYRMED_DCS

Are you currently taking medications or undergoing other treatment for an OVER-active thyroid gland?

Yes 1	**IF HYR_MED=1 THEN CONTINUE; IF HYR_MED=2 THEN SKIP TO HYP_7B/ HYP_OTHYRMEDNAME_DCS**
No 2	**IF HYR_MED=1 THEN SKIP TO HYP_7C/ HYP_OTHYRMEDHOME_DCS OTHERWISE SKIP TO HYP_8/ HYP_OTHYREVRMD_DCS**
[DO NOT READ] Don't know/No answer 8	**SKIP TO HYP_8/ HYP_OTHYREVRMD_DCS**
[DO NOT READ] Refused 9	**SKIP TO HYP_8/ HYP_OTHYREVRMD_DCS**

HYP_7A
HYP_OTHYRMEDCUR_DCS

Are you currently taking *<DRUGNAME>* for hyperthyroidism? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPERTHYROIDISM)**

Yes 01	**REPEAT FOR ALL HYPERTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO HYP_END**
No 02	**REPEAT FOR ALL HYPERTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO HYP_END**
[DO NOT READ] Don't know/No answer 98	**SKIP TO HYP_END**
[DO NOT READ] Refused 99	**SKIP TO HYP_END**

HYP_7B
HYP_OTHYRMEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for your hyperthyroidism?

Yes (please specify: _____) 01   **SKIP TO HYP_END**

No 02   **SKIP TO HYP_END**

[DO NOT READ] Don't know/No answer.............98   **SKIP TO HYP_END**

[DO NOT READ] Refused 99   **SKIP TO HYP_END**

HYP_7C
HYP_OTHYRMEDHOME_DCS

Your home interview indicates you are taking <*DRUGNAME*> which can be used to treat hyperthyroidism. Are you currently taking <*DRUGNAME*> for hyperthyroidism? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPERTHYROIDISM)**

Yes 01   **REPEAT FOR ALL HYPERTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO HYP_END**

No 02   **REPEAT FOR ALL HYPERTHYROIDISM DRUGS; IF HYP_5/ CCC_OTHYR_DCS=1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF HYP_5/ CCC_OTHYR_DCS=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO HYP_END**

[DO NOT READ] Don't know/No answer.............98   **CONTINUE**

[DO NOT READ] Refused 99   **CONTINUE**

HYP_8
HYP_OTHYREVRMD_DCS

Have you <u>ever</u> taken any medications or undergone other treatment for an OVER-active thyroid gland?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

HYP_END

Hypertension (HBP)

Thank you. Now I'd like to continue with some questions about blood pressure.

CALCULATE HBP_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR HYPERTENSION; HBP_MED=2 OTHERWISE

HBP_1
CCC_HBP_DCS   Has a doctor ever told you that you have high blood pressure or hypertension?

Yes 1   **CONTINUE**

No 2   **SKIP TO HBP_5/**
                                                                              HBP_MED_DCS

[DO NOT READ] Don't know/No answer 8   **SKIP TO HBP_END**

[DO NOT READ] Refused 9   **SKIP TO HBP_END**

HBP_2
HBP_AGE_DCS
          At what age, or in what year, were you first told you had high blood pressure or hypertension?

          INTERVIEWER: Exact years are optimum. Capture as specific information as possible. The minimum acceptable standard is within five years. Prompt participant with questions like: Can you be more specific?

          _____ RECORD AGE (IN YEARS) OR _____ RECORD YEAR

          [DO NOT READ] Don't know/No answer 9998

          [DO NOT READ] Refused 9999

[PROGRAMMING NOTE: IF DIA_3/DIA_EVPRG_DCS=2 SKIP TO HBP_5/HBP_MED_DCS]

HBP_3
HBP_PRG_DCS
          [ASK FEMALES ONLY, MALES SKIP TO HBP_5/HBP_MED_DCS: RECALL RESPONSE FROM SEX_1 FROM IN-HOME QUESTIONNAIRE]
          Were you pregnant when you were diagnosed with high blood pressure?

          Yes 1

          No 2

          [DO NOT READ] Don't know/No answer 8

          [DO NOT READ] Refused 9

HBP_4
HBP_OTPRG_DCS

>**[ASK IF HBP_3/HBP_PRG_DCS=1]** Other than when you were pregnant, was there any other time when you were diagnosed with high blood pressure?

>>Yes 1

>>No.. 2

>>**[DO NOT READ]** Don't know/No answer 8

>>**[DO NOT READ]** Refused 9

[IF HBP_1/CCC_HBP_DCS=1 CONTINUE, IF HBP_1/CCC_HBP_DCS=2 AND HBP_MED=1 THEN SKIP TO HBP_5C/HBP_MEDHOME_DCS, IF HBP_1/CCC_HBP_DCS=2 AND HBP_MED=2 THEN SKIP TO HBP_7/HBP_TRT_DCS]

HBP_5
HBP_MED_DCS

>Are you currently taking medications for high blood pressure or hypertension?

Yes 1	**IF HBP_MED=1 THEN CONTINUE; IF HBP_MED=2 THEN SKIP TO HBP_5B/ HBP_MEDNAME_DCS**
No 2	**IF HBP_MED=1 THEN SKIP TO HBP_5C/ HBP_MEDHOME_DCS OTHERWISE SKIP TO HBP_6/ HBP_EVRMED_DCS**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO HBP_6/ HBP_EVRMED_DCS**
[DO NOT READ] Refused 9	**SKIP TO HBP_6/ HBP_EVRMED_DCS**

HBP_5A
HBP_MEDCUR_DCS

Are you currently taking <*DRUGNAME*> for high blood pressure? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HIGH BLOOD PRESSURE)**

Yes 01	**REPEAT FOR ALL HBP DRUGS; IF LAST DRUG THEN SKIP TO HBP_7/HBP_TRT_DCS**
No 02	**REPEAT FOR ALL HBP DRUGS; IF LAST DRUG THEN SKIP TO HBP_7/HBP_TRT_DCS**
[DO NOT READ] Don't know/No answer............ 98	**SKIP TO HBP_7/ HBP_TRT_DCS**
[DO NOT READ] Refused 99	**SKIP TO HBP_7/ HBP_TRT_DCS**

HBP_5B
HBP_MEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for your high blood pressure?

Yes (please specify: _____)....................... 01	**SKIP TO HBP_7/HBP_TRT_DCS**
No 02	**SKIP TO HBP_7/HBP_TRT_DCS**
[DO NOT READ] Don't know/No answer............ 98	**SKIP TO HBP_7/HBP_TRT_DCS**
[DO NOT READ] Refused 99	**SKIP TO HBP_7/HBP_TRT_DCS**

HBP_5C
HBP_MEDHOME_DCS

Your home interview indicates you are taking <*DRUGNAME*> which can be used to treat high blood pressure. Are you currently taking <*DRUGNAME*> for high blood pressure? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPOTHYROIDISM)**

Yes 01	**REPEAT FOR ALL HBP DRUGS; IF LAST DRUG THEN SKIP TO HBP_7/HBP_TRT_DCS**
No 02	**REPEAT FOR ALL HBP DRUGS; IF HBP_1/ CCC_HBP_DCS=1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF HBP_1/ CCC_HBP_DCS=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO HBP_7/HBP_TRT_DCS**
[DO NOT READ] Don't know/No answer............. 98	**CONTINUE**
[DO NOT READ] Refused 99	**CONTINUE**

HBP_6
HBP_EVRMED_DCS

Have you <u>ever</u> taken medications for high blood pressure?

Yes 1

No 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

HBP_7
HBP_TRT_DCS

Are you currently being treated by diet or exercise or other non-pharmacological lowering treatments for high blood pressure or hypertension?

INTERVIEWER: This could include self-treating such as reducing salt intake on participant's own initiative—i.e. without doctor's specific recommendation.

Yes 1	**SKIP TO HBP_END**
No 2	**CONTINUE**
[DO NOT READ] Don't know/No answer............ 8	**CONTINUE**
[DO NOT READ] Refused 9	**CONTINUE**

HBP_8
HBP_EVTRT_DCS

Have you <u>ever</u> been treated by diet or exercise, or other non-pharmacological lowering treatments for high blood pressure?

INTERVIEWER: This could include self-treating such as reducing salt intake on participant's own initiative—i.e. without doctor's specific recommendation.

Yes 1

No 2

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

HBP_END

Ischemic Heart Disease (IHD)

CALCULATE IHD_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR ISCHEMIC HEART DISEASE; IHD_MED=2 OTHERWISE

IHD_1
CCC_ANGI_DCS
Has a doctor ever told you that you have angina (or chest pain due to heart disease)?

Yes 1	**CONTINUE**
No 2	**SKIP TO IHD_3/ CCC_AMI_DCS**
[DO NOT READ] Don't know/No answer.............8	**SKIP TO IHD_3/ CCC_AMI_DCS**
[DO NOT READ] Refused 9	**SKIP TO IHD_3/ CCC_AMI_DCS**

IHD_2
IHD_ANGIAGE_DCS
At what age, or in what year, were you first told you had angina?

INTERVIEWER: Exact years are optimum. Capture as specific information as possible. The minimum acceptable standard is within five years. Prompt participant with questions like: Can you be more specific?

_____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer.............9998

[DO NOT READ] Refused 9999

IHD_3
CCC_AMI_DCS
Has a doctor ever told you that you have had a heart attack or myocardial infarction?

Yes 1	**CONTINUE**
No 2	**SKIP TO IHD_5/ IHD_CAB_DCS**
[DO NOT READ] Don't know/No answer.............8	**SKIP TO IHD_5/ IHD_CAB_DCS**
[DO NOT READ] Refused 9	**SKIP TO IHD_5/ IHD_CAB_DCS**

IHD_4
IHD_AMIAGE_DCS

At what age, or in what year, were you first told you had a heart attack?

INTERVIEWER: Exact years are optimum. Capture as specific information as possible. The minimum acceptable standard is within five years. Prompt participant with questions like: Can you be more specific?

_____ RECORD AGE (IN YEARS) OR _____ RECORD YEAR

> **[DO NOT READ]** Don't know/No answer............. 9998
>
> **[DO NOT READ]** Refused 9999

IHD_5
IHD_CAB_DCS

Have you ever had coronary artery bypass surgery, angioplasty, stent, or balloon angioplasty for your heart disease?

> Yes 1   **SKIP TO ROS_END**
>
> No 2   **CONTINUE**
>
> **[DO NOT READ]** Don't know/No answer............. 8   **CONTINUE**
>
> **[DO NOT READ]** Refused 9   **CONTINUE**

IHD_6
IHD_ANGIO_DCS

Have you ever had an angiogram?

> Yes 1   **CONTINUE**
>
> No 2   **SKIP TO IHD_8/ IHD_MED_DCS**
>
> **[DO NOT READ]** Don't know/No answer............. 8   **SKIP TO IHD_8/ IHD_MED_DCS**
>
> **[DO NOT READ]** Refused 9   **SKIP TO IHD_8/ IHD_MED_DCS**

IHD_7
IHD_BLOCK_DCS

Has a doctor ever told you that you have a blockage in your arteries?

> Yes 1
>
> No 2
>
> **[DO NOT READ]** Don't know/No answer............. 8
>
> **[DO NOT READ]** Refused 9

CALCULATE ANY_IHD=1 IF IHD_1/CCC_ANGI_DCS=1 OR IHD_3/CCC_AMI_DCS=1 OR IHD_7/IHD_BLOCK_DCS=1; ANY_IHD=2 OTHERWISE

[IF ANY_IHD=1 THEN CONTINUE, IF ANY_IHD=2 AND IHD_MED=1 THEN SKIP TO IHD_8C/IHD_MEDHOME_DCS, IF ANY_IHD=2 AND IHD_MED=2 THEN SKIP TO IHD_END]

IHD_8
IHD_MED_DCS

Are you currently taking any medications for heart disease?

Yes 01	**IF IHD_MED=1 THEN CONTINUE; IF IHD_MED=2 THEN SKIP TO IHD_8B/ IHD_MEDNAME_DCS**
No 02	**IF IHD_MED=1 THEN SKIP TO IHD_8C/ IHD_MEDHOME_DCS OTHERWISE SKIP TO IHD_9/ IHD_EVRMED_DCS**
[DO NOT READ] Don't know/No answer.............98	**SKIP TO IHD_9/ IHD_EVRMED_DCS**
[DO NOT READ] Refused 99	**SKIP TO IHD_9/ IHD_EVRMED_DCS**

IHD_8A
IHD_MEDCUR_DCS

Are you currently taking *<DRUGNAME>* for heart disease? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR IHD)**

Yes 01	**REPEAT FOR ALL IHD DRUGS; IF LAST DRUG THEN SKIP TO IHD_END**
No 02	**REPEAT FOR ALL IHD DRUGS; IF LAST DRUG THEN SKIP TO IHD_END**
[DO NOT READ] Don't know/No answer.............98	**SKIP TO IHD_END**
[DO NOT READ] Refused 99	**SKIP TO IHD_END**

IHD_8B
IHD_MEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for your heart disease?

Yes (please specify: _____) ....01 **SKIP TO IHD_END**

No ....02 **SKIP TO IHD_END**

[DO NOT READ] Don't know/No answer.............98 **SKIP TO IHD_END**

[DO NOT READ] Refused ....99 **SKIP TO IHD_END**

IHD_8C
IHD_MEDHOME_DCS

Your home interview indicates you are taking *<DRUGNAME>* which can be used to treat heart disease. Are you currently taking *<DRUGNAME>* for heart disease? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR IHD)**

Yes ....01 **REPEAT FOR ALL IHD DRUGS; IF LAST DRUG THEN SKIP TO IHD_END**

No ....02 **REPEAT FOR ALL IHD DRUGS; IF ANY_IHD=1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF ANY_IHD=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO IHD_END**

[DO NOT READ] Don't know/No answer.............98 **CONTINUE**

[DO NOT READ] Refused ....99 **CONTINUE**

IHD_9
IHD_EVRMED_DCS

Have you ever taken any medications or undergone other treatment for heart disease?

Yes (please specify: _____) 01

No 02

[DO NOT READ] Don't know/No answer.............98

[DO NOT READ] Refused 99

IHD_END

WHO Rose Questionnaire (ROS)

ROS_1
ROS_PAIN_DCS
Have you ever had any pain or discomfort in your chest?

Yes 1	**CONTINUE**
No 2	**SKIP TO ROS_END**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO ROS_END**
[DO NOT READ] Refused 9	**SKIP TO ROS_END**

ROS_2
ROS_HILL_DCS
Do you get this pain or discomfort when you walk uphill or hurry?

Yes 1

No 2

Don't walk uphill or hurry 6

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

ROS_3
ROS_LEVEL_DCS
Do you get it when you walk at an ordinary pace on the level?

Yes 1	**CONTINUE**
No 2	**IF ROS_2/ ROS_HILL_DCS=1 THEN SKIP TO ROS_5/ ROS_DOWLK_DCS; IF ROS_2/ ROS_HILL_DCS=2 THEN SKIP TO ROS_8/ ROS_LOC_DCS**
[DO NOT READ] Don't know/No answer............. 8	**IF ROS_2/ ROS_HILL_DCS=1 THEN SKIP TO ROS_5/ ROS_DOWLK_DCS; IF ROS_2/ ROS_HILL_DCS=2 THEN SKIP TO ROS_8/ ROS_LOC_DCS**

[DO NOT READ] Refused 9	**IF ROS_2/ ROS_HILL_DCS=1 THEN SKIP TO ROS_5/ ROS_DOWLK_DCS; IF ROS_2/ ROS_HILL_DCS=2 THEN SKIP TO ROS_8/ ROS_LOC_DCS**

ROS_4
ROS_BLOCK_DCS

How many blocks of walking bring on your chest pain?

INTERVIEWER: ENTER '00' IF LESS THAN ONE BLOCK

_____ **RECORD NUMBER OF BLOCKS**

[DO NOT READ] Don't know/No answer............. 98

[DO NOT READ] Refused 99

ROS_5
ROS_DOWLK_DCS

What do you do if you get it while you are walking?

Stop or slow down 1	**CONTINUE**
Take Nitro-glycerine and continue at same pace . 2	**SKIP TO ROS_7/ ROS_SOON_DCS**
Continue at same pace 3	**SKIP TO ROS_7/ ROS_SOON_DCS**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO ROS_7/ ROS_SOON_DCS**
[DO NOT READ] Refused 9	**SKIP TO ROS_7/ ROS_SOON_DCS**

ROS_6
ROS_STILL_DCS
If you stand still, what happens to it? Does it get better or not?

Gets better	1	**CONTINUE**
Does not get better	2	**SKIP TO ROS_8/ ROS_LOC_DCS**
[DO NOT READ] Don't know/No answer	8	**SKIP TO ROS_8/ ROS_LOC_DCS**
[DO NOT READ] Refused	9	**SKIP TO ROS_8/ ROS_LOC_DCS**

ROS_7
ROS_SOON_DCS
How soon does it get better?

10 minutes or less	1
More than 10 minutes	2
[DO NOT READ] Don't know/No answer	8
[DO NOT READ] Refused	9

ROS_8
ROS_LOC_DCS

What is the location of the pain or discomfort? (Please show me the places where you get this pain or discomfort.) **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

CARD G
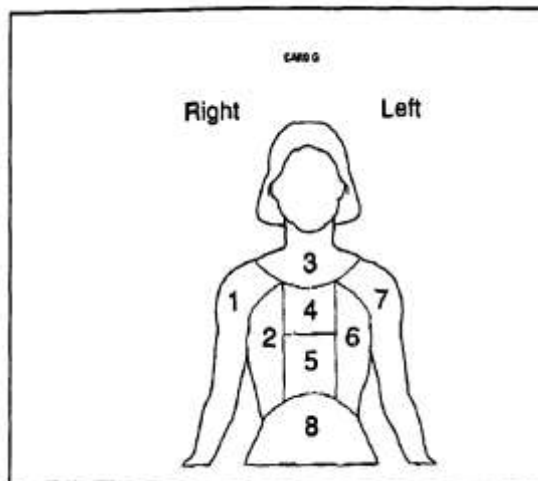
☐ 01   ☐ 02   ☐ 03   ☐ 04   ☐ 05   ☐ 06   ☐ 07   ☐ 08

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

ROS_9
ROS_SEVPAIN_DCS

Have you ever had severe pain across the front of your chest lasting for half an hour or more?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

ROS_END

Osteoarthritis of the Hand (OSA)

Now a few questions about osteoarthritis...

OSA_1
CCC_OAHAND_DCS
Has a doctor ever told you that you have osteoarthritis in one or both hands?

Yes 1	**CONTINUE**	
No 2	**SKIP TO OSA_3/ OSA_LGJNT_DCS**	
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO OSA_3/ OSA_LGJNT_DCS**	
[DO NOT READ] Refused 9	**SKIP TO OSA_3/ OSA_LGJNT_DCS**	

OSA_2
OSA_AGE_DCS
At what age, or in what year, were you first told you had osteoarthritis in one or both hands?

INTERVIEWER: **EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"**

_____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer............. 9998

[DO NOT READ] Refused 9999

OSA_3
OSA_LGJNT_DCS
Do you have enlargement in the small joints closest to the fingernails?

Yes 1	**CONTINUE**	
No 2	**SKIP TO OSA_5/ OSA_PAINJNT_DCS**	
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO OSA_5/ OSA_PAINJNT_DCS**	
[DO NOT READ] Refused 9	**SKIP TO OSA_5/ OSA_PAINJNT_DCS**	

OSA_4
OSA_NBFNG_DCS

In how many fingers do you have this enlargement in the small joints closest to the fingernails?

Less than half 1

Half or more...2

[DO NOT READ] Don't know/No answer.............8

[DO NOT READ] Refused 9

OSA_5
OSA_PAINJNT_DCS

During the past 4 weeks have you had pain in the small joints closest to the fingernails on most days?

Yes 1

No...2

[DO NOT READ] Don't know/No answer.............8

[DO NOT READ] Refused 9

OSA_6
OSA_LGTMB_DCS

Do you have enlargement in the base of your thumbs just above your wrist?

Yes 1

No...2

[DO NOT READ] Don't know/No answer.............8

[DO NOT READ] Refused 9

OSA_7
OSA_PAINTMB_DCS

During the past 4 weeks have you had pain in the base of your thumbs just above your wrist on most days?

Yes 1

No...2

[DO NOT READ] Don't know/No answer.............8

[DO NOT READ] Refused 9

OSA_END

Osteoarthritis of the Hip (OSH)

OSH_1
CCC_OAHIP_DCS

Has a doctor ever told you that you have osteoarthritis in the hip?

Yes 1	**CONTINUE**	
No 2	**SKIP TO OSH_3/ OSH_HIPRPL_DCS**	
[DO NOT READ] Don't know/No answer............8	**SKIP TO OSH_3/ OSH_HIPRPL_DCS**	
[DO NOT READ] Refused 9	**SKIP TO OSH_3/ OSH_HIPRPL_DCS**	

OSH_2
OSH_AGE_DCS

At what age, or in what year, were you first told you had osteoarthritis in the hip?

INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"

_____ RECORD AGE (IN YEARS) OR _____ RECORD YEAR

[DO NOT READ] Don't know/No answer.............9998

[DO NOT READ] Refused 9999

OSH_3
OSH_HIPRPL_DCS

Have you ever had a hip replacement operation?

Yes 1	**CONTINUE**	
No 2	**SKIP TO OSH_5/ OSH_PAIN_DCS**	
[DO NOT READ] Don't know/No answer............8	**SKIP TO OSH_5/ OSH_PAIN_DCS**	
[DO NOT READ] Refused 9	**SKIP TO OSH_5/ OSH_PAIN_DCS**	

OSH_4
OSH_FRAC_DCS

Was the hip replacement operation the result of a break or fracture?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

OSH_5
OSH_PAIN_DCS

During the past 4 weeks, have you had pain in the groin or upper inner thigh on most days?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

OSH_6
OSH_PAINSL_DCS

During the past 4 weeks, have you had pain in the groin or upper inner thigh while climbing down stairs or walking down slopes?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

OSH_7
OSH_LOM_DCS

During the past 4 weeks, have you noticed any limitation in the range of motion of your hips?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

OSH_END

Osteoarthritis of the Knee (OSK)

OSK_1
CCC_OAKNEE_DCS
Has a doctor ever told you that you have osteoarthritis in the knee?

Yes 1   **CONTINUE**

No 2   **SKIP TO OSK_3/ OSK_KNERPL_DCS**

[DO NOT READ] Don't know/No answer............ 8   **SKIP TO OSK_3/ OSK_KNERPL_DCS**

[DO NOT READ] Refused 9   **SKIP TO OSK_3/ OSK_KNERPL_DCS**

OSK_2
OSK_AGE_DCS
At what age, or in what year, were you first told you had osteoarthritis in the knee?

INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"

_____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer............ 9998

[DO NOT READ] Refused 9999

OSK_3
OSK_KNERPL_DCS
Have you ever had a knee replacement operation?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

OSK_4
OSK_PAIN_DCS

During the <u>past 4 weeks</u>, have you had knee pain on most days?

INTERVIEWER: PAIN CAN INCLUDE DISCOMFORT

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

OSK_5
OSK_PAINSL_DCS

During the <u>past 4 weeks</u>, have you had knee pain while climbing down stairs or walking down slopes?

INTERVIEWER: PAIN CAN INCLUDE DISCOMFORT

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

OSK_6
OSK_SWELL_DCS

During the <u>past 4 weeks</u>, have you had swelling in the knee?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

OSK_END

Musculoskeletal: Other (OAR)

Now onto a new section…

OAR_1a
CCC_RA_DCS

Has a doctor ever told you that you have rheumatoid arthritis?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

OAR_1b
CCC_ARTOT_DCS

Has a doctor ever told you that you have any other type of arthritis?

Yes 1   **CONTINUE**

No 2   **SKIP TO OAR_END**

[DO NOT READ] Don't know/No answer 8   **SKIP TO OAR_END**

[DO NOT READ] Refused 9   **SKIP TO OAR_END**

OAR_2
OAR_AGE_DCS

[ASK IF OAR_1a/CCC_RA_DCS=1 OR OAR_1b/CCC_ARTOT_DCS=1] At what age, or in what year, were you first told you had arthritis?

INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"

_____ RECORD AGE (IN YEARS) OR _____ RECORD YEAR

[DO NOT READ] Don't know/No answer 9998

[DO NOT READ] Refused 9999

OAR_3
OAR_MED_DCS
Are you currently taking medications or undergoing other treatment for your arthritis?

Yes 1		**SKIP TO OAR_END**
No 2		**CONTINUE**
[DO NOT READ] Don't know/No answer 8		**CONTINUE**
[DO NOT READ] Refused 9		**CONTINUE**

OAR_4
OAR_MEDOT_DCS
Have you <u>ever</u> taken any medications or undergone other treatment for this type of arthritis?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

OAR_END

Osteoporosis (OST)

CALCULATE OST_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR OSTEOPOROSIS; OST_MED=2 OTHERWISE

OST_1
CCC_OSTPO_DCS

Has a doctor ever told you that you have osteoporosis, sometimes called low bone mineral density, or thin, brittle or weak bones?

INTERVIEWER: NOTE THAT THIS IS DIFFERENT FROM OSTEOARTHRITIS

Yes 1   **CONTINUE**

No 2   **SKIP TO OST_3/ OST_MED_DCS**

[DO NOT READ] Don't know/No answer 8   **SKIP TO OST_5/ OST_BONE_DCS**

[DO NOT READ] Refused 9   **SKIP TO OST_5/ OST_BONE_DCS**

OST_2
OST_AGE_DCS

At what age, or in what year, were you first told you had osteoporosis?

INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"

_____ RECORD AGE (IN YEARS) OR _____ RECORD YEAR

[DO NOT READ] Don't know/No answer 9998

[DO NOT READ] Refused 9999

[IF OST_1/CCC_OSTPO_DCS=1 CONTINUE, IF OST_1/CCC_OSTPO_DCS=2 AND OST_MED=1 THEN SKIP TO OST_3C/OST_MEDHOME_DCS, IF OST_1/CCC_OSTPO_DCS=2 AND OST_MED=2 THEN SKIP TO OST_5/OST_BONE_DCS]

OST_3
OST_MED_DCS

Are you currently taking medications for osteoporosis?

Yes 1	**IF OST_MED=1 THEN CONTINUE; IF OST_MED=2 THEN SKIP TO OST_3B/ OST_MEDNAME_DCS**
No 2	**IF OST_MED=1 THEN SKIP TO OST_3C/ OST_MEDHOME_DCS OTHERWISE SKIP TO OST_4/ OST_EVRMD_DCS**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO OST_4/ OST_EVRMD_DCS**
[DO NOT READ] Refused 9	**SKIP TO OST_4/ OST_EVRMD_DCS**

OST_3A
OST_MEDCUR_DCS

Are you currently taking <*DRUGNAME*> for osteoporosis? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR OSTEOPOROSIS)**

Yes 01	**REPEAT FOR ALL OSTEOPOROSIS DRUGS; IF LAST DRUG THEN SKIP TO OST_5/ OST_BONE_DCS**
No 02	**REPEAT FOR ALL OSTEOPOROSIS DRUGS; IF LAST DRUG THEN SKIP TO OST_5/ OST_BONE_DCS**
[DO NOT READ] Don't know/No answer............. 98	**SKIP TO OST_5/ OST_BONE_DCS**
[DO NOT READ] Refused 99	**SKIP TO OST_5/ OST_BONE_DCS**

OST_3B
OST_MEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for osteoporosis?

Yes (please specify: _____)	01	**SKIP TO OST_5/ OST_BONE_DCS**
No	02	**SKIP TO OST_5/ OST_BONE_DCS**
[DO NOT READ] Don't know/No answer	98	**SKIP TO OST_5/ OST_BONE_DCS**
[DO NOT READ] Refused	99	**SKIP TO OST_5/ OST_BONE_DCS**

OST_3C
OST_MEDHOME_DCS

Your home interview indicates you are taking *<DRUGNAME>* which can be used to treat osteoporosis. Are you currently taking *<DRUGNAME>* for osteoporosis? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR OSTEOPOROSIS)**

Yes	01	**REPEAT FOR ALL OSTEOPOROSIS DRUGS; IF LAST DRUG THEN SKIP TO OST_5/ OST_BONE_DCS**
No	02	**REPEAT FOR ALL OSTEOPOROSIS DRUGS; IF OST_1/ CCC_OSTPO_DCS =1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF OST_1/ CCC_OSTPO_DCS=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO OST_5/ OST_BONE_DCS**
[DO NOT READ] Don't know/No answer	98	**SKIP TO OST_5/ OST_BONE_DCS**
[DO NOT READ] Refused	99	**SKIP TO OST_5/ OST_BONE_DCS**

OST_4
OST_EVRMD_DCS

Have you ever taken any medications for osteoporosis?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

OST_5
OST_BONE_DCS

Have you ever broken a bone in your adult life that resulted from a minor fall or low level of injury (e.g. a simple fall from standing height)?

Yes 1	**CONTINUE**
No 2	**SKIP TO OST_7/ OST_MOM_DCS**
[DO NOT READ] Don't know/No answer 8	**SKIP TO OST_7/ OST_MOM_DCS**
[DO NOT READ] Refused 9	**SKIP TO OST_7/ OST_MOM_DCS**

OST_6
OST_FRAC_DCS

What type of fracture(s)? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY.**

Hip 01

Humerus (upper arm) 02

Spine 03

Wrist 04

Rib 05

Pelvis 06

Other (please specify _____) 97

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

Now I am going to ask you about hip fracture among your parents.

OST_7
OST_MOM_DCS
Did your mother have a hip fracture after age 50?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

OST_8
OST_DAD_DCS
Did your father have a hip fracture after age 50?

Yes 1

No.. 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

OST_9
OST_HGT_DCS
About how tall were you in your 20's (to the nearest inch or centimetre)? **[PROVIDE CONVERSION CHART FOR HEIGHT PROVIDED IN CENTIMETRES]**

RECORD BOTH NUMBERS:

_____ FEET   and   _____ INCHES

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

OST_10
OST_CST_DCS
Do you, or have you ever, used or taken systemic corticosteroids such as prednisone or cortisone by tablet?

Yes 1   **CONTINUE**

No.. 2   **SKIP TO OST_11/ OST_BP_DCS**

[DO NOT READ] Don't know/No answer............. 8   **SKIP TO OST_11/ OST_BP_DCS**

[DO NOT READ] Refused 9   **SKIP TO OST_11/ OST_BP_DCS**

OST_10a
OST_CSTAGE_DCS

At what age, or in what year, did you last use corticosteroids?

INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"

_____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer 9998

[DO NOT READ] Refused 9999

OST_10b
OST_CST_MT_DCS

Over your entire life, how many months did you use corticosteroids?

_____ **RECORD NUMBER OF MONTHS**

[DO NOT READ] Don't know/No answer 9998

[DO NOT READ] Refused 9999

OST_11
OST_BP_DCS

Have you ever had pain in your back on most days for at least one month?

Yes 1	**CONTINUE**	
No 2	**SKIP TO OST_END**	
[DO NOT READ] Don't know/No answer 8	**SKIP TO OST_END**	
[DO NOT READ] Refused 9	**SKIP TO OST_END**	

OST_11a
OST_BP_DUR_DCS

For how long?

_____ **RECORD NUMBER**

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

Months 1

Years 2

OST_12
OST_BCKPPM_DCS
> Have you had this pain within the past 12 months?

> Yes 1

> No 2

> **[DO NOT READ]** Don't know/No answer 8

> **[DO NOT READ]** Refused 9

OST_13
OST_BCKPLOC_DCS
> In what part of your back (is/was) the pain usually located?

> Upper (above shoulder blades) 1

> Middle 2

> Lower (below waist) 3

> **[DO NOT READ]** Don't know/No answer 8

> **[DO NOT READ]** Refused 9

OST_END

Neuro-psychiatric (DPR)

CALCULATE DPR_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR DEPRESSION; DPR_MED=2 OTHERWISE

DPR_1
DPR_CLINDEP_DCS
Has a doctor ever told you that you suffer from clinical depression?

Yes 1	**CONTINUE**	
No 2	**SKIP TO DPR_3/**	
	DPR_MED_DCS	
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO DPR_END**	
[DO NOT READ] Refused 9	**SKIP TO DPR_END**	

DPR_2
DPR_AGE_DCS
At what age, or in what year, were you first told you were clinically depressed?

INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"

_____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer............. 9998

[DO NOT READ] Refused 9999

[IF DPR_1/DPR_CLINDEP_DCS=1 CONTINUE, IF DPR_1/DPR_CLINDEP_DCS=2 AND DPR_MED=1 THEN SKIP TO DPR_3C/DPR_MEDHOME_DCS, IF DPR_1/DPR_CLINDEP_DCS=2 AND DPR_MED=2 THEN SKIP TO DPR_END]

DPR_3
DPR_MED_DCS

Are you currently taking medication for depression?

Yes 1   **IF DPR_MED=1 THEN CONTINUE; IF DPR_MED=2 THEN SKIP TO DPR_3B/ DPR_MEDNAME_DCS**

No 2   **IF DPR_MED=1 THEN SKIP TO DPR_3C/ DPR_MEDHOME_DCS OTHERWISE SKIP TO DPR_3D/ DPR_OTHMD_DCS**

[DO NOT READ] Don't know/No answer 8   **SKIP TO DPR_3D/ DPR_OTHMD_DCS**

[DO NOT READ] Refused 9   **SKIP TO DPR_3D/ DPR_OTHMD_DCS**

DPR_3A
DPR_MEDCUR_DCS

Are you currently taking <*DRUGNAME*> for depression? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DEPRESSION)**

Yes 01   **REPEAT FOR ALL DEPRESSION DRUGS; IF LAST DRUG THEN SKIP TO DPR_3D/ DPR_OTHMD_DCS**

No 02   **REPEAT FOR ALL DEPRESSION DRUGS; IF LAST DRUG THEN SKIP TO DPR_3D/ DPR_OTHMD_DCS**

[DO NOT READ] Don't know/No answer 98   **SKIP TO DPR_3D/ DPR_OTHMD_DCS**

[DO NOT READ] Refused 99   **SKIP TO DPR_3D/ DPR_OTHMD_DCS**

DPR_3B
DPR_MEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for your depression?

Yes (please specify: _____) 01	**SKIP TO DPR_3D/ DPR_OTHMD_DCS**
No 02	**SKIP TO DPR_3D/ DPR_OTHMD_DCS**
[DO NOT READ] Don't know/No answer 98	**SKIP TO DPR_3D/ DPR_OTHMD_DCS**
[DO NOT READ] Refused 99	**SKIP TO DPR_3D/ DPR_OTHMD_DCS**

DPR_3C
DPR_MEDHOME_DCS

Your home interview indicates you are taking *<DRUGNAME>* which can be used to treat depression. Are you currently taking *<DRUGNAME>* for depression? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DEPRESSION)**

Yes 01	**REPEAT FOR ALL DEPRESSION DRUGS; CONTINUE**
No 02	**REPEAT FOR ALL DEPRESSION DRUGS; IF LAST DRUG AND NO DRUGS ANSWERED "YES" AND DPR_1/ DPR_CLINDEP_DCS=2 THEN SKIP TO DPR_END; OTHERWISE CONTINUE**
[DO NOT READ] Don't know/No answer 98	**CONTINUE**
[DO NOT READ] Refused 99	**CONTINUE**

CALCULATE ANY_PMED=1 IF (DPR_3/DPR_MED_DCS=1 OR ANY DRUGS FOR DPR_3C/DPR_MEDHOME_DCS ANSWERED "YES"); ANY_PMED=2 OTHERWISE

DPR_3D
DPR_OTHMD_DCS
Are you currently undergoing other treatment for depression?

Yes 01	**SKIP TO DPR_END**	
No 02	**IF ANY_PMED=1 THEN SKIP TO DPR_END; OTHERWISE CONTINUE**	
[DO NOT READ] Don't know/No answer 98	**IF ANY_PMED=1 THEN SKIP TO DPR_END; OTHERWISE CONTINUE**	
[DO NOT READ] Refused 99	**IF ANY_PMED=1 THEN SKIP TO DPR_END; OTHERWISE CONTINUE**	

DPR_4
DPR_EVRMED_DCS
Have you <u>ever</u> taken any medications or undergone other treatment for depression?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

DPR_END

Depression (DEP)

The Canadian Longitudinal Study on Aging received permission from Dr. Elena Andresen (instrument developer) for the use of the Center for Epidemiological Studies Short Depression Scale.

For the next few questions, please think about how you have felt <u>in the past week</u>, that is from **[DATE ONE WEEK AGO]** to yesterday. Choose the answer that most applies for how you have felt over the past week.

DEP_1
DEP_BOTR_DCS
How often were you bothered by things that usually don't bother you?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7days) 1

Occasionally (3-4 days) 2

Some of the time (1-2 days) 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

DEP_2
DEP_MIND_DCS
How often did you have trouble keeping your mind on what you were doing?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7days) 1

Occasionally (3-4 days) 2

Some of the time (1-2 days) 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

DEP_3
DEP_FLDP_DCS
How often did you feel depressed?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7days) 1

Occasionally (3-4 days)...................................... 2

Some of the time (1-2 days)............................... 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

DEP_4
DEP_FFRT_DCS
How often did you feel that everything you did was an effort?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7days) 1

Occasionally (3-4 days)...................................... 2

Some of the time (1-2 days)............................... 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

DEP_5
DEP_HPFL_DCS
How often did you feel hopeful about the future?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7days) 1

Occasionally (3-4 days)...................................... 2

Some of the time (1-2 days)............................... 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

DEP_6
DEP_FRFL_DCS

Remember, we are asking about how you have felt in the past week. How often did you feel fearful or tearful?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7days) 1

Occasionally (3-4 days) 2

Some of the time (1-2 days) 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

DEP_7
DEP_RSTLS_DCS

How often was your sleep restless?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7days) 1

Occasionally (3-4 days) 2

Some of the time (1-2 days) 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

DEP_8
DEP_HAPP_DCS

How often were you happy?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7days) 1

Occasionally (3-4 days) 2

Some of the time (1-2 days) 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

DEP_9
DEP_LONLY_DCS

How often did you feel lonely?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7days) 1

Occasionally (3-4 days) 2

Some of the time (1-2 days) 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

DEP_10
DEP_GTGO_DCS

How often did you feel that you could not "get going"?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7days) 1

Occasionally (3-4 days) 2

Some of the time (1-2 days) 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

DEP_END

Parkinsonism (PKD)

The Canadian Longitudinal Study on Aging received permission from Dr. Caroline Tanner (instrument developer) for the use of this instrument.

CALCULATE PKD_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR PARKINSONISM; PKD_MED=2 OTHERWISE

PKD_1
CCC_PARK_DCS

Has a doctor ever told you that you had Parkinsonism or Parkinson's Disease?

Yes 1	**CONTINUE**
No 2	**SKIP TO PKD_3/ PKD_MED_DCS**
[DO NOT READ] Don't know/No answer............ 8	**SKIP TO PKD_5/ PKD_SHKE_DCS**
[DO NOT READ] Refused 9	**SKIP TO PKD_5/ PKD_SHKE_DCS**

PKD_2
PKD_AGE_DCS

At what age, or in what year, did you first develop Parkinsonism or were you first told you had Parkinson's Disease?

INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"

_____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

[DO NOT READ] Don't know/No answer............. 98

[DO NOT READ] Refused 99

[IF PKD_1/CCC_PARK_DCS=1 CONTINUE, IF PKD_1/CCC_PARK_DCS=2 AND PKD_MED=1 THEN SKIP TO PKD_3C/PKD_MEDHOME_DCS, IF PKD_1/CCC_PARK_DCS=2 AND PKD_MED=2 THEN SKIP PKD_5/PKD_SHKE_DCS]

PKD_3
PKD_MED_DCS

Are you currently taking medications for Parkinsonism or Parkinson's Disease?

Yes 1   **IF PKD_MED=1 THEN CONTINUE; IF PKD_MED=2 THEN SKIP TO PKD_3B/ PKD_MEDNAME_DCS**

No 2   **IF PKD_MED=1 THEN SKIP TO PKD_3C/ PKD_MEDHOME_DCS OTHERWISE SKIP TO PKD_3D/ PKD_OTHMD_DCS**

[DO NOT READ] Don't know/No answer.............8   **SKIP TO PKD_3D/ PKD_OTHMD_DCS**

[DO NOT READ] Refused 9   **SKIP TO PKD_3D/ PKD_OTHMD_DCS**

PKD_3A
PKD_MEDCUR_DCS

Are you currently taking <*DRUGNAME*> for Parkinsonism or Parkinson's Disease? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR PARKINSONISM)**

Yes 01   **REPEAT FOR ALL PARKINSONISM DRUGS; IF LAST DRUG THEN SKIP TO PKD_3D/ PKD_OTHMD_DCS**

No 02   **REPEAT FOR ALL PARKINSONISM DRUGS; IF LAST DRUG THEN SKIP TO PKD_3D/ PKD_OTHMD_DCS**

[DO NOT READ] Don't know/No answer.............98   **SKIP TO PKD_3D/ PKD_OTHMD_DCS**

[DO NOT READ] Refused 99   **SKIP TO PKD_3D/ PKD_OTHMD_DCS**

PKD_3B
PKD_MEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for your Parkinsonism or Parkinson's Disease?

Yes (please specify: _____) 01	**SKIP TO PKD_3D/ PKD_OTHMD_DCS**
No 02	**SKIP TO PKD_3D/ PKD_OTHMD_DCS**
[DO NOT READ] Don't know/No answer.............98	**SKIP TO PKD_3D/ PKD_OTHMD_DCS**
[DO NOT READ] Refused 99	**SKIP TO PKD_3D/ PKD_OTHMD_DCS**

PKD_3C
PKD_MEDHOME_DCS

Your home interview indicates you are taking <*DRUGNAME*> which can be used to treat Parkinsonism or Parkinson's Disease. Are you currently taking <*DRUGNAME*> for Parkinsonism or Parkinson's Disease? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR PARKINSONISM)**

Yes 01	**REPEAT FOR ALL PARKINSONISM DRUGS; CONTINUE**
No 02	**REPEAT FOR ALL PARKINSONISM DRUGS; IF LAST DRUG AND NO DRUGS ANSWERED "YES" AND PKD_1/ CCC_PARK_DCS=2 THEN SKIP TO PKD_5/ PKD_SHKE_DCS; OTHERWISE CONTINUE**
[DO NOT READ] Don't know/No answer.............98	**CONTINUE**
[DO NOT READ] Refused 99	**CONTINUE**

CALCULATE ANY_PMED=1 IF (PKD_3/PKD_MED_DCS=1 OR ANY DRUGS FOR PKD_3C/ PKD_MEDHOME_DCS ANSWERED "YES"); ANY_PMED=2 OTHERWISE

PKD_3D
PKD_OTHMD_DCS
Are you currently undergoing other treatment for Parkinsonism or Parkinson's Disease?

Yes 01   **SKIP TO PKD_5/ PKD_SHKE_DCS**

No... 02   **IF ANY_PMED=1 THEN SKIP TO PKD_5/ PKD_SHKE_DCS; OTHERWISE CONTINUE**

[DO NOT READ] Don't know/No answer............. 98   **IF ANY_PMED=1 THEN SKIP TO PKD_5/ PKD_SHKE_DCS; OTHERWISE CONTINUE**

[DO NOT READ] Refused 99   **IF ANY_PMED=1 THEN SKIP TO PKD_5/ PKD_SHKE_DCS; OTHERWISE CONTINUE**

PKD_4
PKD_EVRMED_DCS
Have you ever taken any medications or undergone other treatment for Parkinsonism or Parkinson's Disease?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

PKD_5
PKD_SHKE_DCS
Do your arms or legs shake?

Yes 1   **CONTINUE**

No... 2   **SKIP TO PKD_6/ PKD_SMWRT_DCS**

[DO NOT READ] Don't know/No answer............. 8   **SKIP TO PKD_6/ PKD_SMWRT_DCS**

[DO NOT READ] Refused 9   **SKIP TO PKD_6/ PKD_SMWRT_DCS**

PKD_5a
PKD_SHKSEV_DCS

Is this shaking more severe or noticeable when your limb is resting, or when you are using it?

Resting 1

During use/action 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

PKD_6
PKD_SMWRT_DCS

Is your handwriting smaller than it once was?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

PKD_7
PKD_BUTON_DCS

Do you have trouble buttoning buttons?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

PKD_8
PKD_VOICE_DCS

Do people tell you that your voice is softer than it once was?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

PKD_9
PKD_FEET_DCS

Do your feet suddenly seem to freeze in doorways?

INTERVIEWER: PEOPLE WITH PARKINSON'S WILL KNOW WHAT THIS MEANS. IF A PARTICIPANT DOES NOT UNDERSTAND WHAT THIS QUESTION IS ASKING, RECORD RESPONSE AS "NO"

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

PKD_10
PKD_WALK_DCS

Do you shuffle your feet and/or take tiny steps when you walk?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

PKD_11
PKD_BAL_DCS

Is your balance poor?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

PKD_12
PKD_FACE_DCS

Does your face seem less expressive than it used to?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

PKD_13
PKD_RISE_DCS
Do you have trouble rising from a chair?

Yes 1

No 2

[DO NOT READ] Don't know/No answer............ 8

[DO NOT READ] Refused 9

PKD_END

Chronic Airflow Obstruction (CAO)

CALCULATE CAO_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR CHRONIC AIRFLOW OBSTRUCTION; PKD_MED=2 OTHERWISE

CAO_1
CCC_ASTHM_DCS   Has a doctor ever told you that you have asthma?

Yes 1	**CONTINUE**
No 2	**SKIP TO CAO_3/ CAO_WHEZ_DCS**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO CAO_3/ CAO_WHEZ_DCS**
[DO NOT READ] Refused 9	**SKIP TO CAO_3/ CAO_WHEZ_DCS**

CAO_2
CCC_ASTHMAGE_DCS
            At what age or in what year were you first told that you had asthma?

            INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"

            _____ **RECORD AGE (IN YEARS) OR** _____ **RECORD YEAR**

            [DO NOT READ] Don't know/No answer............. 9998
            [DO NOT READ] Refused 9999

CAO_3
CAO_WHEZ_DCS
            Have you had wheezing or whistling in your chest at any time within the last 12 months?

            Yes 1
            No 2
            [DO NOT READ] Don't know/No answer............. 8
            [DO NOT READ] Refused 9

CAO_4
CAO_SOBFLAT_DCS
Do you become short of breath walking on flat surfaces?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CAO_5
CAO_EXERT_DCS
Do you wheeze with mild to moderate exertion?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CAO_6
CAO_SOBUP_DCS
Do you become short of breath climbing stairs or walking up a small hill?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CAO_7
CAO_SOBPM_DCS
Have you had an attack of shortness of breath that came on following strenuous activity at any time within the last 12 months?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CAO_8
CAO_WKWHEZ_DCS
Have you woken up with an attack of wheezing at any time within the last 12 months?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

CAO_9
CAO_WKCOF_DCS
Have you woken up with an attack of coughing at any time within the last 12 months?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

CAO_10
CAO_WKSOB_DCS
Have you had an attack of shortness of breath that came on during the day when you were at rest at any time within the last 12 months?

Yes 1

No... 2

[DO NOT READ] Don't know/No answer............. 8

[DO NOT READ] Refused 9

CAO_11
CCC_COPD_DCS
Has a doctor told you that you have/had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?

Yes 1   **CONTINUE**

No... 2   **SKIP TO CAO_13/ CAO_COLD_DCS**

[DO NOT READ] Don't know/No answer............. 8   **SKIP TO CAO_13/ CAO_COLD_DCS**

[DO NOT READ] Refused 9   **SKIP TO CAO_13/ CAO_COLD_DCS**

CAO_12
CAO_COPDAGE_DCS

At what age or in what year were you first told that you had emphysema/chronic bronchitis/COPD/chronic lung changes?

INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"

_____ RECORD AGE (IN YEARS) OR _____ RECORD YEAR

[DO NOT READ] Don't know/No answer............9998

[DO NOT READ] Refused 9999

CAO_13
CAO_COLD_DCS

Do you get frequent colds that persist longer than those of other people you know?

Yes 1

No..2

[DO NOT READ] Don't know/No answer.............8

[DO NOT READ] Refused 9

CAO_14
CAO_COFPY_DCS

Have you usually coughed on most days within the last 12 months?

Yes 1	**CONTINUE**
No..2	**SKIP TO CAO_18**
[DO NOT READ] Don't know/No answer.............8	**CONTINUE**
[DO NOT READ] Refused 9	**CONTINUE**

CAO_15
CAO_COFAM_DCS

Do you cough up phlegm in the morning?

Yes 1	**CONTINUE**
No..2	**SKIP TO CAO_17/ CAO_PHLEGMPY_DCS**
[DO NOT READ] Don't know/No answer.............8	**SKIP TO CAO_17/ CAO_PHLEGMPY_DCS**
[DO NOT READ] Refused 9	**SKIP TO CAO_17/ CAO_PHLEGMPY_DCS**

CAO_16
CAO_COFMAM_DCS
Do you cough phlegm most mornings?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CAO_17
CAO_PHLEGMPY_DCS
Do you bring up phlegm on most days during the year?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

**CALCULATE ANY_CAO=1 IF CAO_1/CCC_ASTHM_DCS=1 OR CAO_11/CCC_COPD_DCS=1;
ANY_CAO=2 OTHERWISE**

**[IF ANY_CAO=1 THEN CONTINUE, IF ANY_CAO=2 AND CAO_MED=1 THEN SKIP TO
CAO_18C/CAO_MEDHOME_DCS, IF ANY_CAO=2 AND CAO_MED=2 THEN SKIP TO CAO_END]**

CAO_18
CAO_MED_DCS
Are you currently taking or using any medications for respiratory problems?

Yes 01	**IF CAO_MED=1 THEN CONTINUE; IF CAO_MED=2 THEN SKIP TO CAO_18B/ CAO_MEDNAME_DCS**
No 02	**IF CAO_MED=1 THEN SKIP TO CAO_18C/ CAO_MEDHOME_DCS OTHERWISE SKIP TO CAO_END**
[DO NOT READ] Don't know/No answer 98	**SKIP TO CAO_END**
[DO NOT READ] Refused 99	**SKIP TO CAO_END**

CAO_18A
CAO_MEDCUR_DCS

Are you currently taking <*DRUGNAME*> for respiratory problems? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR CAO)**

Yes 01	**REPEAT FOR ALL CAO DRUGS; IF LAST DRUG THEN SKIP TO CAO_END**
No 02	**REPEAT FOR ALL CAO DRUGS; IF LAST DRUG THEN SKIP TO CAO_END**
[DO NOT READ] Don't know/No answer............ 98	**SKIP TO CAO_END**
[DO NOT READ] Refused 99	**SKIP TO CAO_END**

CAO_18B
CAO_MEDNAME_DCS

Can you tell me the name of the drug(s) you are taking for your respiratory problem?

Yes (please specify: _____)....................... 01	**SKIP TO CAO_END**
No 02	**SKIP TO CAO_END**
[DO NOT READ] Don't know/No answer............ 98	**SKIP TO CAO_END**
[DO NOT READ] Refused 99	**SKIP TO CAO_END**

CAO_18C
CAO_MEDHOME_DCS

Your home interview indicates you are taking <*DRUGNAME*> which can be used to treat respiratory problems. Are you currently taking <*DRUGNAME*> for a respiratory problem? **(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR CAO)**

Yes 01	**REPEAT FOR ALL CAO DRUGS; IF LAST DRUG THEN SKIP TO CAO_END**
No 02	**REPEAT FOR ALL CAO DRUGS; IF LAST DRUG THEN SKIP TO CAO_END**
[DO NOT READ] Don't know/No answer............ 98	**CONTINUE**
[DO NOT READ] Refused 99	**CONTINUE**

CAO_END