

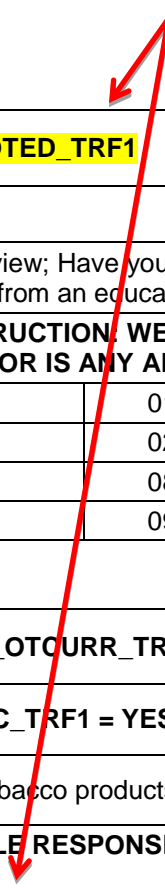


Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Main Wave Telephone Questionnaire (Telephone Follow Up 1)

v2.2, 2019 May 22

Examples of variable names as shown in the datasets.



ED_1	ED_OTED_TRF1
[ALWAYS ASK]	
Since your initial interview; Have you received any other education that could be counted towards a degree, certificate, or diploma from an educational institution?	
INTERVIEWER INSTRUCTION: WE HAVE ALREADY COLLECTED THEIR EDUCATION HISTORY, WHAT WE ARE LOOKING FOR IS ANY ADDITIONAL EDUCATION SINCE BASELINE.	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused

SMK_6	SMK_OTCURRE_TRF1
[ASK IF SMK_OTOCC_TRF1 = YES]	
What other types of tobacco products do you currently use?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
SMK_OTCURRE.CG_TRF1	01 Cigars
SMK_OTCURRE.SM_TRF1	02 Small cigars (cigarillos)
SMK_OTCURRE.PI_TRF1	03 Tobacco pipes
SMK_OTCURRE.CH_TRF1	04 Chewing tobacco or snuff
SMK_OTCURRE.PT_TRF1	05 Nicotine patches
SMK_OTCURRE.GU_TRF1	06 Nicotine gum
SMK_OTCURRE.BE_TRF1	07 Betel nut
SMK_OTCURRE.PN_TRF1	08 Paan
SMK_OTCURRE.SH_TRF1	09 Sheesha
SMK_OTCURRE.OT_TRF1	97 Other
SMK_OTCURRE.DK_NA_TRF1	98 [DO NOT READ] Don't know / No answer
SMK_OTCURRE.REFUSED_TRF1	99 [DO NOT READ] Refused

Table of Contents

	Page
Education (ED)	5
Home Ownership (OWN)	6
Socio-Demographic Characteristics (SDC).....	8
Gender Identity (GED)	10
Height and Weight (HWT)	11
Smoking (SMK)	15
Alcohol Use (ALC).....	20
General Health (GEN).....	24
Physical Activities (PA2)	27
Nutritional Risk (NUR).....	41
Oral Health (ORH).....	47
Subjective Cognitive Decline (SCD)	53
Pain and Discomfort (HUP).....	54
Women's Health (WHO).....	55
Vision (VIS)	61
Hearing (HRG)	63
Hearing Handicap Inventory for the Elderly (HRG).....	65
Chronic Conditions (CCT)	66
<i>Osteoarthritis</i>	66
<i>Arthritis</i>	69
<i>Respiratory</i>	71
<i>Cardiac/Cardiovascular</i>	74
<i>Neurological</i>	85
<i>Gastrointestinal</i>	89
<i>Vision</i>	92
<i>Cancer</i>	95
<i>Mental Health</i>	97
<i>Other Chronic Conditions</i>	99
<i>Infections</i>	107
Parkinsonism (PKD)	108
Epilepsy (EPI)	114
Functional Status (FUL)	116
Basic Activities of Daily Living (ADL)	124
Instrumental Activities of Daily Living (IAL)	130
Cognition (COG)	136
Depression (DEP)	153
Satisfaction with Life Scale (SLS)	157
Loneliness Scale (LON)	163
Social Networks (SN)	164

Social Support – Availability (SSA)	170
Social Participation (SPA)	177
Social Cohesion	182
SPA_ENDCare Receiving 1/ Formal Care (CR1)	182
Care Receiving 2/ Informal Care (CR2)	187
Care Giving (CAG)	194
Injuries (INJ)	198
Falls (FAL)	203
Retirement Status (RET)	207
Pre-Retirement Labour Force Participation (LFP)	214
Labour Force (LBF)	217
Work Limitations Questionnaire (WLQ)	220
Retirement Planning (RPL)	221
Income (INC)	226
INTERMISSION	230
Health Care Utilization (HCU)	231
Unmet Health Care Needs (MET)	236
Medication Use (MED)	237
Dietary Supplement Use (DSU)	239
Childhood Maltreatment and Health across the Lifespan (CEX)	240
Built Environments (ENV)	245
Transportation, Mobility, Migration (TRA)	247
Social Inequality (SEQ)	257
Wealth (WEA)	258
Online Social Networking (INT)	263
Elder Abuse (PSY)	268
Meta Memory (MEM)	290
Preventative Health Behaviours (PHB)	297

Education (ED)

Overview	The purpose of this section is to collect education data about our population.
-----------------	--

ED_1	ED_OTED_TRF1		
[ALWAYS ASK]			
Since your initial interview; Have you received any other education that could be counted towards a degree, certificate, or diploma from an educational institution?			
INTERVIEWER INSTRUCTION: WE HAVE ALREADY COLLECTED THEIR EDUCATION HISTORY, WHAT WE ARE LOOKING FOR IS ANY ADDITIONAL EDUCATION SINCE BASELINE.			
YES	01	Yes	
NO	02	No	
DK_NA	08	[DO NOT READ] Don't know/No answer	
REFUSED	09	[DO NOT READ] Refused	

ED_END

Home Ownership (OWN)

Overview	<p>In this module, respondents are asked to provide information about their home ownership status, the value of their home, and the value of their mortgage.</p> <p>It is important to capture information on home ownership, as quality of life for older persons is influenced by their assets and debts, not just income, and home ownership is a major asset for many. The information in this module, combined with information from the income module, will help researchers to understand the general financial situation of older Canadians and to assess its impact on their health.</p>
-----------------	---

The next questions are about your current home.

OWN_1	OWN_DWLG_TRF1	
[ALWAYS ASK]		
What type of dwelling do you currently live in?		
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE		
HOUSE	01	House (single detached, semi-detached, duplex or townhouse)
APARTMENT	02	Apartment or condominium
SENIORS_HOUSING	03	Seniors' housing (retirement home, assisted living)
INSTITUTION	04	Institution (old age facility)
HOTEL	05	Mobile home, hotel, rooming or lodging house
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused
OWN_1a	OWN_DWLG_OTSP_TRF1	
[ASK IF OWN_DWLG_TRF1 = OTHER]		
Other (please specify: ____)		
OWN_DWLG_OTSP1_TRF1		[OPEN TEXT VARIABLE]

OWN_2	OWN_OWN_TRF1	
[ASK IF OWN_DWLG_TRF1#INSTITUTION]		
Do you (or your spouse/partner) own or rent your dwelling?		
CODE ONLY ONE RESPONSE		
OWN	01	Own
RENT	02	Rent
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused
OWN_2a	OWN_OWN_OTSP_TRF1	
[ASK IF OWN_DWLG_TRF1 = OTHER]		
Other (please specify: _____)		
OWN_OWN_OTSP1_TRF1		[OPEN TEXT VARIABLE]

OWN_3	OWN_MRTG_TRF1	
[ASK IF OWN_OWN_TRF1 = OWN]		
Is this with a mortgage or is your mortgage paid off completely?		
INTERVIEWER INSTRUCTION: IF THE DWELLING NEVER HAD A MORTGAGE OR WAS RECEIVED AS A GIFT OR AN INHERITANCE, SELECT 'PAID OFF COMPLETELY'		
WITH_MORTGAGE	01	With mortgage
PAID_OFF	02	Paid off completely
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

OWN_END

Socio-Demographic Characteristics (SDC)

SDC_01	SDC_RELGCP_TRF1	
[ALWAYS ASK]		
Compared to three years ago, would you say that you are...?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT WAS NEVER RELIGIOUS “EQUALLY” WOULD APPLY		
MORE_RELIGIOU	01	More religious and/or spiritual
NO_CHANGE	02	Equally as religious and/or spiritual
LESS_RELIGIOU	03	Less religious and/or spiritual
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SDC_02	SDC_RELGFQ_TRF1	
[ALWAYS ASK]		
In the past 12 months, how often did you engage in religious or spiritual activities (including prayer, meditation) taking place at home or in any other location?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT WAS NEVER RELIGIOUS “NOT AT ALL” WOULD APPLY		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
THREE_TIMES_YEAR	04	At least 3 times a year
ONCE_TWICE_YEAR	05	Once or twice a year
NOT_AT_ALL	06	Not at all
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SDC_03	SDC_MRTL_TRF1	
[ALWAYS ASK]		
What is your current marital/partner status?		
INTERVIEWER INSTRUCTIONS: WE NEED TO CONFIRM / UPDATE MARITAL STATUS BECAUSE SOME QUESTIONS IN THE SURVEY ARE ASKED DEPENDING ON MARITAL / PARTNER STATUS		
SINGLE	01	Single, never married or never lived with a partner
COMMON_LAW	02	Married/living with a partner in a common-law relationship
WIDOWED	03	Widowed
DIVORCED	04	Divorced
SEPARATED	05	Separated
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SDC_04	SDC_ORTN_TRF1	
[ALWAYS ASK]		
Do you consider yourself to be: Heterosexual? Homosexual? Bisexual?		
BY CORRECTLY ADDRESSING SEX, GENDER IDENTITY AND SEXUAL ORIENTATION WE HAVE AN OPPORTUNITY TO EXAMINE THEIR IMPACT ON AGING AND HEALTH.		
HETEROSEXUAL	01	Heterosexual? (sexual relations with people of the opposite sex)
HOMOSEXUAL	02	Homosexual, that is lesbian or gay? (sexual relations with people of your own sex)
BISEXUAL	03	Bisexual? (sexual relations with people of both sexes)
NOT_ABOVE	04	Does not identify as any of the above responses
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SDC_END

Gender Identity (GED)

Overview	By gender identity, we mean the inner sense that you have of yourself as being male or female. Gender identity can be different from your identified sex at birth or your sexual orientation, and it can change over time.
-----------------	--

GED_01	SDC_CURRSEX_TRF1
[ALWAYS ASK]	
What is your current gender identity?	
BY CORRECTLY ADDRESSING SEX, GENDER IDENTITY AND SEXUAL ORIENTATION WE HAVE AN OPPORTUNITY TO EXAMINE THEIR IMPACT ON AGING AND HEALTH.	
MALE	01 Male
FEMALE	02 Female
TRANSMAN	03 Transgender Man/Transman
TRANSWOMAN	04 Transgender Woman/Transwoman
GENDERQUEER	05 Genderqueer
OTHER	97 Other
DK_NA	98 [DO NOT READ] Don't know/No answer
REFUSED	99 [DO NOT READ] Refused
GED_01a	SDC_CURRSEX_OTSP_TRF1
[ASK IF SDC_CURRSEX_TRF1 = OTHER]	
Other (please specify: ____)	
SDC_CURRSEX_OTSP1_TRF1	[OPEN TEXT VARIABLE]

GED_02	SDC_BTHSEX_TRF1
[ALWAYS ASK]	
What was your sex at birth?	
INTERVIEWER INSTRUCTIONS: "SEX" REFERS TO THE BIOLOGICAL AND PHYSIOLOGICAL CHARACTERISTICS THAT DEFINE MEN AND WOMEN. "GENDER" REFERS TO THE SOCIALLY CONSTRUCTED ROLES, BEHAVIOURS, ACTIVITIES, AND ATTRIBUTES THAT A GIVEN SOCIETY CONSIDERS APPROPRIATE FOR MEN AND WOMEN. THE INFORMATION WE ARE COLLECTING IS REGARDING THE PERSON'S SEX AT BIRTH.	
MALE	01 Male
FEMALE	02 Female
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused

GED_END

Height and Weight (HWT)

HWT_A	HWT_PREGN_TRF1	
[ASK FEMALES <50 YEARS ONLY]		
It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

HWT_1	HWT_HGHT_TRF1	
[ALWAYS ASK]		
The next questions are about height and weight...How tall are you without shoes on?		
36_47	01	36"-47"
48_59	02	48"-59"
60_71	03	60"-71"
72_83	04	72"-83"
84_MORE	05	84" and over
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

HWT_1a	HWT_HGHT_36_47	
[ASK HWT_HGHT_TRF1 = 36_47]		
INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT		
36	01	3'0" / 36" (90.2 to 92.6 cm.)
37	02	3'1" / 37" (92.7 to 95.2 cm.)
38	03	3'2" / 38" (95.3 to 97.7 cm.)
39	04	3'3" / 39" (97.8 to 100.2 cm.)
40	05	3'4" / 40" (100.3 to 102.8 cm.)
41	06	3'5" / 41" (102.9 to 105.3 cm.)
42	07	3'6" / 42" (105.4 to 107.9 cm.)
43	08	3'7" / 43" (108.0 to 110.4 cm.)
44	09	3'8" / 44" (110.5 to 112.9 cm.)
45	10	3'9" / 45" (113.0 to 115.5 cm.)
46	11	3'10" / 46" (115.6 to 118.0 cm.)
47	12	3'11" / 47" (118.1 to 120.6 cm.)
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

HWT_1b	HWT_HGHT_48_59	
[ASK HWT_HGHT_TRF1 = 48_59]		
INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT		
48	01	4'0" / 48" (120.7 to 123.1 cm)
49	02	4'1" / 49" (123.2 to 125.6 cm)
50	03	4'2" / 50" (125.7 to 128.2 cm)
51	04	4'3" / 51" (128.3 to 130.7 cm)
52	05	4'4" / 52" (130.8 to 133.3 cm)
53	06	4'5" / 53" (133.4 to 135.8 cm)
54	07	4'6" / 54" (135.9 to 138.3 cm)
55	08	4'7" / 55" (138.4 to 140.9 cm)
56	09	4'8" / 56" (141.0 to 143.4 cm)
57	10	4'9" / 57" (143.5 to 146.0 cm)
58	11	4'10" / 58" (146.1 to 148.5 cm)
59	12	4'11" / 59" (148.6 to 151.0 cm)
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

HWT_1c	HWT_HGHT_60_71	
[ASK HWT_HGHT_TRF1 = 60_71]		
INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT		
60	01	5'0" / 60" (151.1 to 153.6 cm.)
61	02	5'1" / 61" (153.7 to 156.1 cm.)
62	03	5'2" / 62" (156.2 to 158.7 cm.)
63	04	5'3" / 63" (158.8 to 161.2 cm.)
64	05	5'4" / 64" (161.3 to 163.7 cm.)
65	06	5'5" / 65" (163.8 to 166.3 cm.)
66	07	5'6" / 66" (166.4 to 168.8 cm.)
67	08	5'7" / 67" (168.9 to 171.4 cm.)
68	09	5'8" / 68" (171.5 to 173.9 cm.)
69	10	5'9" / 69" (174.0 to 176.4 cm.)
70	11	5'10" / 70" (176.5 to 179.0 cm.)
71	12	5'11" / 71" (179.1 to 181.5 cm.)
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

HWT_1d	HWT_HGHT_72_83	
[ASK HWT_HGHT_TRF1 = 72_83]		
INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT		
72	01	6'0" / 72" (181.6 to 184.1 cm.)
73	02	6'1" / 73" (184.2 to 186.6 cm.)
74	03	6'2" / 74" (186.7 to 189.1 cm.)
75	04	6'3" / 75" (189.2 to 191.7 cm.)
76	05	6'4" / 76" (191.8 to 194.2 cm.)
77	06	6'5" / 77" (194.3 to 196.8 cm.)
78	07	6'6" / 78" (196.9 to 199.3 cm.)
79	08	6'7" / 79" (199.4 to 201.8 cm.)
80	09	6'8" / 80" (201.9 to 204.4 cm.)
81	10	6'9" / 81" (204.5 to 206.9 cm.)
82	11	6'10" / 82" (207.0 to 209.5 cm.)
83	12	6'11" / 83" (209.6 to 212.0 cm.)
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

HWT_2	HWT_WGHT_NB_TRF1	
[ALWAYS ASK]		
How much do you weigh?		
INTERVIEWER: EXACT WEIGHT OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 – 10 LBS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, “CAN YOU BE MORE SPECIFIC?”		
HWT_WGHT_NB_TRF1	_____	(MASK: MIN=010, MAX=900)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

HWT_2a	HWT_WGHT_PK_TRF1	
[ASK IF HWT_WGHT_NB_TRF1 ≠ DK_NA OR REFUSED]		
Was that in pounds or kilograms? DK/RF NOT ALLOWED		
POUNDS	01	Pounds
KILOS	02	Kilograms

HWT_3	HWT_CNWGHT_TRF1	
[ALWAYS ASK]		
Do you consider yourself overweight, underweight, or just about right?		
OVERWEIGHT	01	Overweight
UNDERWEIGHT	02	Underweight
ABOUT_RIGHT	03	About right
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

HWT_4	HWT_DOWGHT_TRF1	
[ALWAYS ASK]		
In the past 3 years, did you do anything about your weight?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

HWT_END

Smoking (SMK)

Overview	<p>This module includes a series of questions about current smoking habits. Questions are asked about frequency of smoking, number of cigarettes smoked in a day.</p> <p>Because tobacco use is one of the leading causes of illness and death in Canada, it is important to examine this issue among Canadians as they age.</p> <p>Information from this module is important for understanding the health consequences of smoking as people age.</p> <p>Note: This module covers smoking cigarettes. Pipe and cigar smoking should not be included in this module.</p>
-----------------	--

SMK_1	SMK_CURRCG_TRF1
[ALWAYS ASK]	
At the present time, do you smoke cigarettes daily, occasionally or not at all?	
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE	
DAILY_PAST_30_DAYS	01 Daily (at least one cigarette every day for the past 30 days)
OCCASIONALLY	02 Occasionally (at least one cigarette in the past 30 days, but not every day)
NOT_AT_ALL	03 Not at all (you did not smoke at all in the past 30 days)
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused

SMK_2	SMK_NBCG_TRF1
[ASK IF SMK_CURRCG_TRF1 = DAILY_PAST_30_DAYS]	
How many cigarettes do you smoke each day now?	
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE	
1_5_CIGARETTES	01 1-5 cigarettes
6_10_CIGARETTES	02 6-10 cigarettes
11_15_CIGARETTES	03 11-15 cigarettes
16_20_CIGARETTES	04 16-20 cigarettes
21_25_CIGARETTES	05 21-25 cigarettes
26_OR_MORE_CIGARETTES	06 26 or more cigarettes
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

SMK_2a	SMK_FRQDL_NB_TRF1	
[ASK IF SMK_NBCG_TRF1 = 26_OR_MORE_CIGARETTES]		
if 26 + how many _____		
SMK_FRQDL_NB_TRF1		Record #

SMK_3	SMK_LST30_TRF1	
[ASK IF SMK_CURRCG_TRF1 = OCCASIONALLY]		
On how many of the last 30 days did you smoke at least one cigarette?		
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE		
1_5_DAYS	01	1-5 days
6_10_DAYS	02	6-10 days
11_20_DAYS	03	11-20 days
21_29_DAYS	04	21-29 days
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

SMK_4	SMK_NB30_TRF1	
[ASK IF SMK_CURRCG_TRF1 = OCCASIONALLY]		
On the days that you smoked, how many cigarettes did you usually smoke?		
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE		
1_5_CIGARETTES	01	1-5 cigarettes
6_10_CIGARETTES	02	6-10 cigarettes
11_15_CIGARETTES	03	11-15 cigarettes
16_20_CIGARETTES	04	16-20 cigarettes
21_25_CIGARETTES	05	21-25 cigarettes
26_OR_MORE_CIGARETTES	06	26 or more cigarettes
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

SMK_4a	SMK_NB30_NB_TRF1	
[ASK IF SMK_4 = 26_OR_MORE_CIGARETTES]		
if 26 + how many _____		
SMK_NB30_NB_TRF1		Record #

SMK_5	SMK_OTOCC_TRF1	
[ALWAYS ASK]		
Do you currently use any other types of tobacco products?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

SMK_6	SMK_OTCURRE_TRF1	
[ASK IF SMK_OTOCC_TRF1 = YES]		
What other types of tobacco products do you currently use?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
SMK_OTCURRE.CG_TRF1	01	Cigars
SMK_OTCURRE.SM_TRF1	02	Small cigars (cigarillos)
SMK_OTCURRE.PI_TRF1	03	Tobacco pipes
SMK_OTCURRE.CH_TRF1	04	Chewing tobacco or snuff
SMK_OTCURRE.PT_TRF1	05	Nicotine patches
SMK_OTCURRE.GU_TRF1	06	Nicotine gum
SMK_OTCURRE.BE_TRF1	07	Betel nut
SMK_OTCURRE.PN_TRF1	08	Paan
SMK_OTCURRE.SH_TRF1	09	Sheesha
SMK_OTCURRE.OT_TRF1	97	Other
SMK_OTCURRE.DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
SMK_OTCURRE.REFUSED_TRF1	99	[DO NOT READ] Refused
SMK_6a	SMK_OTCURRE_OTSP_TRF1	
[ASK IF SMK_OTCURRE_TRF1 = OTHER]		
Other (please specify: _____)		
SMK_OTCURRE_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

SMK_7	SMK_HOME_TRF1	
[ALWAYS ASK]		
At home, how often are you usually exposed to other people's tobacco smoke inside your home?		
READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Everyday
ALMOST EVERYDAY	02	Almost every day
AT_LEAST_ONCE_WEEK	03	At least once a week
AT_LEAST_ONCE_MONTH	04	At least once a month
LESS_THAN_ONCE_MONTH	05	Less than once a month
NEVER	06	Never
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

SMK_8	SMK_ACTV_TRF1	
[ALWAYS ASK]		
During leisure activities outside of your home, how often are you usually exposed to other people's tobacco smoke?		
READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Everyday
ALMOST EVERYDAY	02	Almost every day
AT_LEAST_ONCE_WEEK	03	At least once a week
AT_LEAST_ONCE_MONTH	04	At least once a month
LESS_THAN_ONCE_MONTH	05	Less than once a month
NEVER	06	Never
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

SMK_9	SMK_ECIGAR_TRF1	
[ALWAYS ASK]		
Have you ever tried an electronic cigarette, also known as an e-cigarette?		
E-cigarette is a device used to simulate the experience of smoking, having a cartridge with a heater that vaporizes liquid nicotine instead of burning tobacco.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

SMK_10	SMK_LSTECIGAR_TRF1	
[ASK IF SMK_ECIGAR_TRF1 = YES]		
The last time you used an e-cigarette, did it contain nicotine?		
YES	01	Yes
NO	02	No
UNCERTAIN	03	Don't know
REFUSED	09	[DO NOT READ] Refused

SMK_END

Alcohol Use (ALC)

Overview	<p>This module includes questions about how often the respondent drinks alcohol and the frequency of drinking heavily (defined as 5 drinks or more). Alcohol includes red or white wine, beer, spirit or liquor, and other kinds of alcohol including sake, cider, sparkling wine, rose, etc.</p> <p>Consumption of alcohol has a number of implications for health. Excessive drinking is related to a number of diseases and social and mental health problems. Drinking is also an important cause of accidents and injuries. However, under some conditions moderate alcohol consumption might reduce risk of heart disease.</p> <p>This module will be used to understand patterns of alcohol consumption and the health implications for older Canadians, including the relationship between alcohol consumption and chronic conditions.</p>
-----------------	--

Now, some questions about alcohol consumption. Alcohol includes red or white wine, beer, spirits or liquor, and other kinds of alcohol including sake, cider, sparkling wine, rose, etc.

ALC_1	ALC_EVER_TRF1		
[ALWAYS ASK]			
Have you ever drank alcohol?			
YES	01	Yes	
NO	02	No	
DK_NA	08	[DO NOT READ] Don't know / No answer	
REFUSED	09	[DO NOT READ] Refused	

ALC_2	ALC_FREQ_TRF1	
[ASK IF ALC_EVER_TRF1 = YES]		
About how often during the past 12 months did you drink alcohol?		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST_EVERY_DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ALC_3	ALC_WD_NB_TRF1	
[ASK IF ALC_EVER_TRF1 = YES <u>AND</u> ALC_FREQ_TRF1 ≠ NEVER]		
In a typical week during the past 12 months, how many drinks of each of the following do you drink from Sundays through Thursdays?		
INTERVIEWER INSTRUCTION: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS ON WEEKDAYS) AS REQUIRED FOR THOSE PARTICIPANTS WHO INDICATED ONLY “MONTHLY CONSUMPTION” ASK “ON THE DAYS THAT YOU DID DRINK”		
A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR		
➤ Example if Sally Joe consumes two beers on Monday and consumes two beers on Thursday the total amount of alcohol consumed would be four NOT two		
ALC_RDWD_NB_TRF1	Red wine	_____ (number) MASK: MIN=00, MAX=90
ALC_WHWD_NB_TRF1	White wine	_____ (number) MASK: MIN=00, MAX=90
ALC_BRWD_NB_TRF1	Beer	_____ (number) MASK: MIN=00, MAX=90
ALC_LQWD_NB_TRF1	Liquor	_____ (number) MASK: MIN=00, MAX=90
ALC_OTWD_NB_TRF1	Other alcohol	_____ (number) MASK: MIN=00, MAX=90

ALC_4	ALC_WE_NB_TRF1	
[ASK IF ALC_EVER_TRF1 = YES <u>AND</u> ALC_FREQ_TRF1 ≠ NEVER]		
In a typical weekend during the past 12 months, how many drinks of each of the following do you drink on Fridays and Saturdays?		
INTERVIEWER INSTRUCTION: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS ON WEEKENDS) AS REQUIRED FOR THOSE PARTICIPANTS WHO INDICATED ONLY “MONTHLY CONSUMPTION” ASK “ON THE DAYS THAT YOU DID DRINK” A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR ➤ Example if Sally Joe consumes two beers on Friday and consumes two beers on Saturday the total amount of alcohol consumed would be four NOT two		
ALC_RDWE_NB_TRF1	Red wine	_____ (number) MASK: MIN=00, MAX=90
ALC_WHWE_NB_TRF1	White wine	_____ (number) MASK: MIN=00, MAX=90
ALC_BRWE_NB_TRF1	Beer	_____ (number) MASK: MIN=00, MAX=90
ALC_LQWE_NB_TRF1	Liquor	_____ (number) MASK: MIN=00, MAX=90
ALC_OTWE_NB_TRF1	Other alcohol	_____ (number) MASK: MIN=00, MAX=90

ALC_5	ALC_MLFQ_TRF1	
[ASK IF ALC_FREQ_TRF1 ≠ NEVER <u>AND</u> SEX = MALE]		
About how often during the past 12 months would you say you had <u>five or more</u> drinks at the same sitting or occasion?		
INTERVIEWER INSTRUCTION: REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS) AS REQUIRED A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR		
ALMOST_EVERY_DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ALC_6	ALC_FMFQ_TRF1	
[ASK IF ALC_FREQ_TRF1 ≠ NEVER AND SEX = FEMALE]		
About how often during the past 12 months would you say you had four or more drinks at the same sitting or occasion?		
INTERVIEWER INSTRUCTION: REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS) AS REQUIRED		
A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR		
ALMOST EVERY DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ALC_7	ALC_HVST_TRF1	
[ASK IF ALC_FREQ_TRF1 ≠ NEVER]		
How does your current consumption of alcohol compare to your heaviest period of drinking?		
READ LIST, CODE ONLY ONE RESPONSE		
SAME	01	About the same
LESS_HEAVIEST_PERIOD	02	Less than the heaviest period of drinking
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ALC_END

General Health (GEN)

Overview	<p>The general health module is used to collect data on self-perceived health, self-perceived mental health, self-perceived stress and sense of belonging to the local community.</p> <p>Researchers are interested in these topics because they are good basic measures of health status. They can also be used to predict other aspects of the respondent's health. For example, respondents who describe their health as fair or poor are more likely to have long-term health problems, to suffer from depression and to be heavy users of the health care system.</p>
-----------------	--

Next I am going to ask you some general questions about your health. By health, we mean not only the absence of disease or injury but also physical, mental, and social well-being.

GEN_1	GEN_HLTH_TRF1
[ALWAYS ASK]	
In general, would you say your health is excellent, very good, good, fair, or poor?	
CODE ONLY ONE RESPONSE	
EXCELLENT	01 Excellent
VERY_GOOD	02 Very good
GOOD	03 Good
FAIR	04 Fair
POOR	05 Poor
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

GEN_2	GEN_MNTL_TRF1
[ALWAYS ASK]	
In general, would you say your mental health is excellent, very good, good, fair, or poor?	
CODE ONLY ONE RESPONSE	
EXCELLENT	01 Excellent
VERY_GOOD	02 Very good
GOOD	03 Good
FAIR	04 Fair
POOR	05 Poor
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

GEN_3	GEN_HLAG_TRF1	
[ALWAYS ASK]		
I have talked with many adults and learned something from each of them about what they think promotes healthy aging. What do you think makes people live long and keep well?		
INTERVIEWER INSTRUCTIONS: RECORD PARTICIPANTS RESPONSE VERBATIM FOR “DON’T KNOW / NO ANSWER” RECORD “98” FOR “REFUSED” RECORD “99” IN TEXT BOX		
GEN_HLAG_TEXT_TRF1		
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

GEN_4	GEN_OWNA_G_TRF1	
[ALWAYS ASK]		
In terms of your own healthy aging, would you say it is excellent, very good, good, fair, or poor?		
CODE ONLY ONE RESPONSE		
EXCELLENT	01	Excellent
VERY_GOOD	02	Very good
GOOD	03	Good
FAIR	04	Fair
POOR	05	Poor
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

GEN_5	GEN_BRD_TRF1	
[ALWAYS ASK]		
About how much time do you spend playing board games, cards, crossword puzzles, jigsaw puzzles, or Sudoku?		
CODE ONLY ONE RESPONSE		
EVERY_DAY	01	Every day
SEVERAL_TIMES_WEEK	02	Several times a week
SEVERAL_TIMES_MONTH	03	Several times a month
SEVERAL_TIMES_YEAR	04	Several times a year
ONCE_YEAR_OR_LESS	05	Once a year or less
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

GEN_6	GEN_MUSC_TRF1	
[ALWAYS ASK]		
About how much time do you spend playing a musical instrument or singing in a choir?		
CODE ONLY ONE RESPONSE		
EVERY_DAY	01	Every day
SEVERAL_TIMES_WEEK	02	Several times a week
SEVERAL_TIMES_MONTH	03	Several times a month
SEVERAL_TIMES_YEAR	04	Several times a year
ONCE_YEAR_OR_LESS	05	Once a year or less
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

GEN_END

Physical Activities (PA2)

This module is a modification of the Physical Activity Scale for the Elderly (PASE)© 1991 New England Research Institutes (NERI), 9 Galen Street, Watertown, MA 02472. The Canadian Longitudinal Study on Aging is licensed to administer the PASE, and received permission from the NERI.

Overview	<p>The questions in this module are drawn from the Physical Activity Scale of the Elderly (PASE) and ask about light, moderate and strenuous activities, and exercise, in the past 7 days. Questions also ask about household, work, and volunteer activities in the past 7 days.</p> <p>Importance of module: Answers to this module may be used to assess participants' level of physical activity. Higher levels of activity are associated with better health.</p>
-----------------	---

Now I'd like to ask you about your level of physical activity. The following questions are about leisure activities, household activities, and work and volunteer activities done over the past 7 days. Some of these questions may not apply to you but we need to ask the same questions of everyone.

PA2_1	PA2_SIT_TRF1
[ALWAYS ASK]	
Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV, computer activities or doing handicrafts? Would you say...	
READ LIST; CODE ONLY ONE RESPONSE	
NEVER	01 Never
SELDOM	02 Seldom (1 to 2 days)
SOMETIMES	03 Sometimes (3 to 4 days)
OFTEN	04 Often (5 to 7 days)
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

PA2_2	PA2_SIT2_TRF1	
[ASK IF PA2_SIT_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
What were these activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
PA2_SIT_BIN_TRF1	01	Bingo, cards or other games
PA2_SIT_COM_TRF1	02	Computer activities
PA2_SIT_CRO_TRF1	03	Crosswords, puzzles, etc.
PA2_SIT_HAN_TRF1	04	Handicrafts
PA2_SIT_LIS_TRF1	05	Listening to radio/music
PA2_SIT_MUS_TRF1	06	Playing musical instruments
PA2_SIT_REA_TRF1	07	Reading
PA2_SIT_VIS_TRF1	08	Visiting with others
PA2_SIT_TV_TRF1	09	Watching TV
PA2_SIT_OT_TRF1	97	Other
PA2_SIT_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
PA2_SIT_REFUSED_TRF1	99	[DO NOT READ] Refused
PA2_2a	PA2_SIT_OTSP_TRF1	
[ASK IF PA2_SIT2_TRF1 = PA2_SIT_OT_TRF1]		
Other (please specify: _____)		
PA2_SIT_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

PA2_3	PA2_SITHR_SIT_TRF1	
[ASK IF PA2_SIT_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did you engage in these sitting activities?		
READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	01	less than 30 minutes
30_MIN_1_HR	02	30 minutes but less than 1 hour
1_2_HR	03	1 hour but less than 2 hours
2_4_HR	04	2 hours but less than 4 hours
MORE_4_HR	05	4 hours or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_4	PA2_WALK_TRF1	
[ALWAYS ASK]		
Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for pleasure or exercise, walking to work, walking the dog, etc.		
READ LIST; CODE ONLY ONE RESPONSE		
NEVER	01	Never
SELDOM	02	Seldom (1 to 2 days)
SOMETIMES	03	Sometimes (3 to 4 days)
OFTEN	04	Often (5 to 7 days)
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_5	PA2_WALKHR_TRF1	
[ASK IF PA2_WALK_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did you spend walking?		
READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	01	less than 30 minutes
30_MIN_1_HR	02	30 minutes but less than 1 hour
1_2_HR	03	1 hour but less than 2 hours
2_4_HR	04	2 hours but less than 4 hours
MORE_4_HR	05	4 hours or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_6	PA2_LSPRT_TRF1	
[ALWAYS ASK]		
Over the past 7 days, how often did you engage in light sports or recreational activities such as bowling, golf with a cart, shuffleboard, badminton, fishing or other similar activities?		
INTERVIEWER INSTRUCTION: LIGHT SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE YOU CAN EASILY HAVE A CONVERSATION WHILE ENGAGED IN THE ACTIVITY. WALKING SHOULD BE RECORDED IN THE PREVIOUS QUESTION.		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
SELDOM	02	Seldom (1 to 2 days)
SOMETIMES	03	Sometimes (3 to 4 days)
OFTEN	04	Often (5 to 7 days)
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_7	PA2_LSPRT2_TRF1	
[ASK IF PA2_LSPRT_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
What were these activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
PA2_LSPRT_ARC_TRF1	01	Archery
PA2_LSPRT_BAD_TRF1	02	Badminton
PA2_LSPRT_BIL_TRF1	03	Billiards
PA2_LSPRT_BOA_TRF1	04	Boating (canoeing, rowing, sailing)
PA2_LSPRT_BOC_TRF1	05	Bocce
PA2_LSPRT_BOW_TRF1	06	Bowling
PA2_LSPRT_CAT_TRF1	07	Catch
PA2_LSPRT_CRO_TRF1	08	Croquet
PA2_LSPRT_DAR_TRF1	09	Darts
PA2_LSPRT_FIS_TRF1	10	Fishing
PA2_LSPRT_FRI_TRF1	11	Frisbee
PA2_LSPRT_GOL_TRF1	12	Golf with a power cart
PA2_LSPRT_HOR_TRF1	13	Horseshoes
PA2_LSPRT_MUS_TRF1	14	Musical program
PA2_LSPRT_RIF_TRF1	15	Rifle shooting
PA2_LSPRT_SHU_TRF1	16	Shuffleboard
PA2_LSPRT_SWI_TRF1	17	Swimming: no laps
PA2_LSPRT_TAB_TRF1	18	Table tennis

PA2_LSPRT_YOG_TRF1	19	Yoga or stretching
PA2_LSPRT_OT_TRF1	97	Other
PA2_LSPRT_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
PA2_LSPRT_REFUSED_TRF1	99	[DO NOT READ] Refused
PA2_7a	PA2_LSPRT_OTSP_TRF1	
[ASK IF PA2_LSPRT2_TRF1 = PA2_LSPRT_OT_TRF1]		
Other (please specify: _____)		
PA2_LSPRT_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

PA2_8	PA2_LSPRTHR_TRF1	
[ASK IF PA2_LSPRT_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did you engage in these light sports or recreational activities?		
READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	01	less than 30 minutes
30_MIN_1_HR	02	30 minutes but less than 1 hour
1_2_HR	03	1 hour but less than 2 hours
2_4_HR	04	2 hours but less than 4 hours
MORE_4_HR	05	4 hours or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_9	PA2_MSPRT_TRF1	
[ALWAYS ASK]		
Over the past 7 days, how often did you engage in moderate sports or recreational activities such as ballroom dancing, hunting, skating, golf without a cart, softball or other similar activities?		
INTERVIEWER INSTRUCTION: MODERATE SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE THERE IS A SMALL INCREASE IN BREATHING WHILE ENGAGING IN THE ACTIVITY. DO NOT INCLUDE GARDENING AND LAWN WORK. <u>READ LIST, CODE ONLY ONE RESPONSE</u>		
NEVER	01	Never
SELDOM	02	Seldom (1 to 2 days)
SOMETIMES	03	Sometimes (3 to 4 days)
OFTEN	04	Often (5 to 7 days)
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_10	PA2_MSPRT2_TRF1	
[ASK IF PA2_MSPRT_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
What were these activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
PA2_MSPRT_BAR_TRF1	01	Barn chores
PA2_MSPRT_DAN_TRF1	02	Dancing (ballroom, ballet, disco)
PA2_MSPRT_FEN_TRF1	03	Fencing
PA2_MSPRT_FOO_TRF1	04	Football
PA2_MSPRT_GOL_TRF1	05	Golf (without a cart)
PA2_MSPRT_HOR_TRF1	06	Horseback riding
PA2_MSPRT_HUN_TRF1	07	Hunting
PA2_MSPRT_PIL_TRF1	08	Pilates or tai chi
PA2_MSPRT_SCU_TRF1	09	Scuba diving or snorkelling
PA2_MSPRT_SKA_TRF1	10	Skating (ice, roller)
PA2_MSPRT_SLE_TRF1	11	Sledding/snowmobiling
PA2_MSPRT_SOF_TRF1	12	Softball/baseball/cricket
PA2_MSPRT_SUR_TRF1	13	Surfing/snowboarding
PA2_MSPRT_TEN_TRF1	14	Tennis (doubles)
PA2_MSPRT_TRM_TRF1	15	Trampoline
PA2_MSPRT_VOL_TRF1	16	Volleyball
PA2_MSPRT_OT_TRF1	97	Other
PA2_MSPRT_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
PA2_MSPRT_REFUSED_TRF1	99	[DO NOT READ] Refused
PA2_10a	PA2_MSPRT_OTSP_TRF1	
[ASK IF PA2_MSPRT2_TRF1 = PA2_MSPRT_OT_TRF1]		
Other (please specify: _____)		
PA2_MSPRT_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

PA2_11	PA2_MSPRTHR_TRF1	
[ASK IF PA2_MSPRT_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did you engage in these moderate sports or recreational activities?		
INTERVIEWER INSTRUCTION: READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	01	less than 30 minutes
30_MIN_1_HR	02	30 minutes but less than 1 hour
1_2_HR	03	1 hour but less than 2 hours
2_4_HR	04	2 hours but less than 4 hours
MORE_4_HR	05	4 hours or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_12	PA2_SSPRT_TRF1	
[ALWAYS ASK]		
Over the past 7 days, how often did you engage in strenuous sports or recreational activities such as jogging, swimming, snowshoeing, cycling, aerobics, skiing, or other similar activities?		
INTERVIEWER INSTRUCTION: STRENUOUS SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE HAVING A CONVERSATION IS VERY DIFFICULT. READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
SELDOM	02	Seldom (1 to 2 days)
SOMETIMES	03	Sometimes (3 to 4 days)
OFTEN	04	Often (5 to 7 days)
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_13	PA2_SSPRT2_TRF1	
[ASK IF PA2_SSPRT_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
What were these activities?		
INTERVIEWER INSTRUCTION: DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
PA2_SSPRT_AER_TRF1	01	Aerobic dance or water aerobics
PA2_SSPRT_BAC_TRF1	02	Backpacking
PA2_SSPRT_BAS_TRF1	03	Basketball
PA2_SSPRT_BIC_TRF1	04	Bicycling/exercise bike
PA2_SSPRT_BOA_TRF1	05	Board sailing
PA2_SSPRT_HAN_TRF1	06	Handball/paddleball
PA2_SSPRT_HIK_TRF1	07	Hiking
PA2_SSPRT_HOC_TRF1	08	Hockey (ice or field)
PA2_SSPRT_JOG_TRF1	09	Jogging
PA2_SSPRT_LAC_TRF1	10	Lacrosse
PA2_SSPRT_MOU_TRF1	11	Mountain climbing, running
PA2_SSPRT_RAC_TRF1	12	Racquetball
PA2_SSPRT_ROP_TRF1	13	Rope skipping
PA2_SSPRT_ROW_TRF1	14	Rowing/canoeing for competition
PA2_SSPRT_RWM_TRF1	15	Rowing machine
PA2_SSPRT_SKI_TRF1	16	Skiing (cross country, downhill, water)
PA2_SSPRT_SNO_TRF1	17	Snowshoeing
PA2_SSPRT_SOC_TRF1	18	Soccer
PA2_SSPRT_SQU_TRF1	19	Squash
PA2_SSPRT_STA_TRF1	20	Stair climbing
PA2_SSPRT_SWI_TRF1	21	Swimming (with laps)
PA2_SSPRT_TEN_TRF1	22	Tennis (single)
PA2_SSPRT_OT_TRF1	97	Other
PA2_SSPRT_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
PA2_SSPRT_REFUSED_TRF1	99	[DO NOT READ] Refused
PA2_13a	PA2_SSPRT_OTSP_TRF1	
[ASK IF PA2_SSPRT2_TRF1 = PA2_SSPRT_OT_TRF1]		
Other (please specify: _____)		
PA2_SSPRT_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

PA2_14	PA2_SSPRTHR_TRF1	
[ASK IF PA2_SSPRT_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did you engage in these strenuous sports or recreational activities?		
READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	01	less than 30 minutes
30_MIN_1_HR	02	30 minutes but less than 1 hour
1_2_HR	03	1 hour but less than 2 hours
2_4_HR	04	2 hours but less than 4 hours
MORE_4_HR	05	4 hours or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_15	PA2_EXER_TRF1	
[ALWAYS ASK]		
Over the past 7 days, how often did you do any exercises specifically to increase muscle strength and endurance, such as lifting weights or push-ups, etc.?		
INTERVIEWER INSTRUCTION: EXAMPLES INCLUDE HAND WEIGHTS, PHYSICAL THERAPY WITH WEIGHTS, CALLISTHENICS, SIT-UPS, AND WEIGHT LIFTING.		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
SELDOM	02	Seldom (1 to 2 days)
SOMETIMES	03	Sometimes (3 to 4 days)
OFTEN	04	Often (5 to 7 days)
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_16	PA2_EXER2_TRF1	
[ASK IF PA2_EXER_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
What were these exercises?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
PA2_EXER_CAL_TRF1	01	Callisthenics
PA2_EXER_PUS_TRF1	02	Push-ups
PA2_EXER_SIT_TRF1	03	Sit-ups
PA2_EXER_WEI_TRF1	04	Weight lifting and hand weights
PA2_EXER_OT_TRF1	97	Other
PA2_EXER_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
PA2_EXER_REFUSED_TRF1	99	[DO NOT READ] Refused
PA2_16a	PA2_EXER_OTSP_TRF1	
[ASK IF PA2_EXER2_TRF1 = PA2_EXER_OT_TRF1]		
Other (please specify: _____)		
PA2_EXER_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

PA2_17	PA2_EXERHR_TRF1	
[ASK IF PA2_EXER_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?		
READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	01	less than 30 minutes
30_MIN_1_HR	02	30 minutes but less than 1 hour
1_2_HR	03	1 hour but less than 2 hours
2_4_HR	04	2 hours but less than 4 hours
MORE_4_HR	05	4 hours or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_18-PA2_23	PA2_HWRK_TRF1				
[ALWAYS ASK]					
During the past 7 days, did you engage in any of the following activities?					
		YES	NO	DK_NA	RF
PA2_LTHSWK_TRF1	light housework, such as dusting or washing dishes				
PA2_HVYHSWK_TRF1	heavy housework or chores such as vacuuming, scrubbing floors, washing windows or carrying wood				
PA2_HMREPAIR_TRF1	home repairs like painting, wallpapering, electrical work, etc.				
PA2_HVYODA_TRF1	lawn work or yard care, including snow or leaf removal, wood chopping, etc. (excluding outdoor gardening)				
PA2_LTODA_TRF1	outdoor gardening, sweeping the balcony or the stairs				
PA2_CRPRSN_TRF1	caring for another person, such as children, a dependent spouse or other adult				

PA2_24	PA2_WRK_TRF1	
[ALWAYS ASK]		
During the past 7 days, did you work for pay or as a volunteer?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_25	PA2_WRKHRS_NB_TRF1	
[ASK IF PA2_WRK_TRF1 = YES]		
During the past 7 days, how many hours did you work for pay or as a volunteer?		
INTERVIEWER INSTRUCTION: IF THE PARTICIPANT IS UNSURE OF THE EXACT NUMBER OF HOURS, PLEASE REQUEST BEST POSSIBLE ESTIMATE		
PA2_WRKHRS_NB_TRF1	_____	ENTER EXACT AMOUNT, MASK: MIN=001, MAX=168
DK_NA	998	[DO NOT READ] Don't know/No answer
REFUSED	999	[DO NOT READ] Refused

PA2_26	PA2_WRKPA_TRF1	
[ASK IF PA2_WRK_TRF1 = YES]		
Which of the following categories best describes the amount of physical activity required on your job or as a volunteer?		
INTERVIEWER NOTE: 50 LBS. IS APPROXIMATELY 23 KG. READ CATEGORIES, CODE ONLY ONE RESPONSE		
SITTING	01	mainly sitting with slight arm movements (such as office worker or bus driver)
STANDING_WALKING	02	sitting and standing with some walking (such as cashier or light tool and machinery worker)
LIGHT_MANUAL	03	walking with some handling of materials generally weighing less than 50 lbs (such as postal worker, waitress or construction worker)
HEAVY_MANUAL	04	walking and heavy manual work often requiring handling of materials weighing over 50 lbs (such as lumberjack, stone mason, farm or general labourer)
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_27	PA2_REPRTN_TRF1	
[ALWAYS ASK]		
We just talked about your activities during the last 7 days. Taking them all together, would you say they represent the level of your routine activity over the last 12 months?		
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE		
STRONGLY_AGREE	01	Strongly agree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DISAGREE	04	Disagree
STRONGLY_DISAGREE	05	Strongly disagree
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_28	PA2_PALVL_TRF1	
[ASK IF PA2_REPRTN_TRF1 = DISAGREE OR STRONGLY_DISAGREE]		
During the past 7 days, would you say that your physical activity level was...		
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE		
LOT_LOWER	01	a lot lower than usual
LITTLE_LOWER	02	a little lower than usual
LITTLE_HIGHER	03	a little higher than usual
LOT_HIGHER	04	a lot higher than usual
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_29	PA2_PARTPA_TRF1	
[ALWAYS ASK]		
In the past 12 months, have you felt like you wanted to participate more in physical activities?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

PA2_30	PA2_PRVPA_TRF1	
[ASK IF PA2_PARTPA_TRF1 = YES]		
What prevented you from doing physical activities/more physical activities?		
INTERVIEWER INSTRUCTION: DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
PA2_PRVPA_COS_TRF1	01	Cost
PA2_PRVPA_TRM_TRF1	02	Transportation problems
PA2_PRVPA_ACT_TRF1	03	Activities not available in the area
PA2_PRVPA_LOC_TRF1	04	Location not physically accessible
PA2_PRVPA_FAR_TRF1	05	Location is too far
PA2_PRVPA_HEA_TRF1	06	Health condition limitation
PA2_PRVPA_ILL_TRF1	07	Illness/injury
PA2_PRVPA_FEA_TRF1	08	Fear of injury
PA2_PRVPA_TIM_TRF1	09	Lack of time
PA2_PRVPA_ENG_TRF1	10	Lack of energy
PA2_PRVPA_MOT_TRF1	11	Lack of motivation
PA2_PRVPA_SKI_TRF1	12	Lack of skills or knowledge
PA2_PRVPA_OT_TRF1	97	Other
PA2_PRVPA_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
PA2_PRVPA_REFUSED_TRF1	99	[DO NOT READ] Refused
PA2_30a	PA2_PRVPA_OTSP_TRF1	
[ASK IF PA2_PRVPA_TRF1 = PA2_PRVPA_OT_TRF1]		
Other (please specify: _____)		
PA2_PRVPA_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

PA2_END

Nutritional Risk (NUR)

The SCREEN™ assessment tool is owned by Dr. Heather Keller. Use of the SCREEN™ assessment tool was made under license from the University of Guelph. This module is a modification of the SCREEN© instrument (Abbreviated version of SCREEN II©) developed by Dr. Heather Keller (University of Guelph, Ontario, Canada).

Overview	<p>This module is a screening tool called Seniors in the Community: Risk Evaluation for Eating and Nutrition (SCREEN). Questions look at weight change, eating habits, difficulty eating, fruit, vegetable and fluid consumption, and meal satisfaction. In addition, questions ask about frequency of fast-food consumption, coffee and tea consumption, and food security.</p> <p>Importance of module: The data from this module can be used to estimate the prevalence of nutritional risk. Nutritional risk is an indicator of frailty and is associated with lower resistance to infection, increased risk of falls, increased use of healthcare services, and increased dependency.</p>
-----------------	---

The next group of questions ask about your weight and eating habits on a typical day.

NUR_1	NUR_GLSWT_TRF1
[ALWAYS ASK]	
Compared with 6 months ago, have you gained weight, lost weight or stayed about the same?	
READ LIST, MULTIPLE RESPONSES ALLOWED EXCEPT FOR SAME, DK_NA OR REFUSED	
GAINED	01 Gained weight
LOST	02 Lost weight
SAME	03 Stayed about the same
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

NUR_2a	NUR_WTL_TRF1
[ASK IF NUR_GLSWT_TRF1 = LOST]	
How much weight did you LOSE in the <u>past 6 months</u> ?	
READ LIST, CODE ONLY ONE RESPONSE	
MORE_10_LB	01 More than 10 pounds (More than 4.5 kilos)
6_10_LB	02 6 to 10 pounds (2.7 to 4.5 kilos)
ABOUT_5_LB	03 About 5 pounds (About 2.3 kilos)
LESS_5_LB	04 Less than 5 pounds (Less than 2.3 kilos)
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

NUR_2b	NUR_WTG_TRF1	
[ASK IF NUR_GLSWT_TRF1 = GAINED]		
How much weight did you GAIN in the <u>past 6 months</u> ?		
READ LIST, CODE ONLY ONE RESPONSE		
MORE_10_LB	01	More than 10 pounds (More than 4.5 kilos)
6_10_LB	02	6 to 10 pounds (2.7 to 4.5 kilos)
ABOUT_5_LB	03	About 5 pounds (About 2.3 kilos)
LESS_5_LB	04	Less than 5 pounds (Less than 2.3 kilos)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_3	NUR_SKPMLS_TRF1	
[ALWAYS ASK]		
In general, how often do you skip meals?		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST_EVERY_DAY	01	Almost every day
OFTEN	02	Often
SOMETIMES	03	Sometimes
RARELY	04	Rarely
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_4	NUR_APPTT_TRF1	
[ALWAYS ASK]		
In general, how would you describe your appetite? Would you say it is...		
READ LIST, CODE ONLY ONE RESPONSE		
VERY_GOOD	01	Very good
GOOD	02	Good
FAIR	03	Fair
POOR	04	Poor
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_5	NUR_SWLLFD_TRF1	
[ALWAYS ASK]		
In general, how often do you cough, choke, or have pain when swallowing food or fluid? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
OFTEN	01	Often
SOMETIMES	02	Sometimes
RARELY	03	Rarely
NEVER	04	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_6	NUR_FRTVEG_TRF1	
[ALWAYS ASK]		
In general, how many servings of fruits and vegetables do you eat in a day?		
INTERVIEWER INSTRUCTION: FRUITS AND VEGETABLES CAN BE CANNED, FRESH, FROZEN OR 100% NATURAL JUICE. A SERVING IS...: <ul style="list-style-type: none"> ▪ 125 ml (1/2 cup) OF VEGETABLES ▪ 125 ml (1/2 cup) OF COOKED, LEAFY VEGETABLES ▪ 250 ml (1 cup) RAW LEAFY VEGETABLES ▪ 1 FRUIT OR 125 ml (1/2 cup) OF FROZEN OR CANNED FRUIT OR 125 ml (1/2 cup) OF 100% NATURAL JUICE 		
READ LIST, CODE ONLY ONE RESPONSE		
SEVEN_OR_MORE	01	Seven or more
SIX	02	Six
FIVE	03	Five
FOUR	04	Four
THREE	05	Three
TWO	06	Two
LESS_TWO	07	Less than two
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_7	NUR_DRKFLD_TRF1	
[ALWAYS ASK]		
How much fluid do you drink in a day?		
INTERVIEWER INSTRUCTION: INCLUDES WATER, TEA, COFFEE, HERBAL DRINKS, 100% NATURAL JUICES, FRUIT FLAVOURED DRINKS, MILK AND SOFT DRINKS BUT NOT ALCOHOL. A CUP IS 8 OUNCES or 250 ML.		
READ LIST, CODE ONLY ONE RESPONSE		
EIGHT_OR_MORE	01	Eight or more cups
FIVE_SEVEN	02	Five to seven cups
THREE_FOUR	03	Three to four cups
TWO	04	About two cups
LESS_TWO	05	Less than two cups 5
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_8	NUR_MLSMN_TRF1	
[ALWAYS ASK]		
How often do you eat at least one meal each day with someone?		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST_EVERY_DAY	01	Almost every day
OFTEN	02	Often
SOMETIMES	03	Sometimes
RARELY	04	Rarely
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_9	NUR_CKMEALS_TRF1	
[ALWAYS ASK]		
Do you usually cook your own meals?		
CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_10	NUR_MLPREP_TRF1	
[ASK IF NUR_CKMEALS_TRF1 = YES]		
Which of the following statements best describes meal preparation for you?		
READ LIST, CODE ONLY ONE RESPONSE		
ENJOY_COOKING	01	I enjoy cooking most of my meals
SOMETIMES_COOKING_CHORE	02	I sometimes find cooking a chore
USUALLY_COOKING_CHORE	03	I usually find cooking a chore
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_11	NUR_MLPREP_OTH_TRF1	
[ASK IF NUR_CKMEALS_TRF1 = NO]		
Which of the following statements best describes meal preparation for you?		
INTERVIEWER INSTRUCTION: INCLUDES FAMILY MEMBERS, FRIENDS, AND MEAL SERVICES		
READ LIST, CODE ONLY ONE RESPONSE		
SATISFIED	01	I'm <u>satisfied</u> with the quality of the food prepared by others
NOT_SATISFIED	02	I'm <u>not satisfied</u> with the quality of the food prepared by others
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Fast Food Consumption

NUR_12	NUR_FASTFD_NB_TRF1	
[ALWAYS ASK]		
On average, how many times in the past month have you eaten fast food (restaurant, take-out, or home delivery)?		
NOTE: FAST FOOD TYPICALLY REFERS TO RESTAURANT LIKE MCDONALD'S, KFC, BURGER KING, ETC. WHERE THERE IS A COUNTER WHERE YOU ORDER AND GET YOUR FOOD ON A TRAY OR TAKE IT OUT. IT DOES NOT REFER TO ANY OTHER TYPE OF RESTAURANT. PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
NUR_FASTFD_NB_TRF1	_____ MASK: MIN: MIN=00, MAX=50	
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

Food Security

NUR_13	NUR_NOTENFD_TRF1	
[ALWAYS ASK]		
In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Coffee and Tea Consumption

NUR_14	NUR_BEV_NB_TRF1	
[ALWAYS ASK]		
For each of the following beverages, how many cups do you drink each day? A cup is 8 ounces or 250 ml.		
READ EACH BEVERAGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF THE EXACT NUMBER OF CUPS PER DAY FOR EACH BEVERAGE		
NUR_RCOFF_NB_TRF1	Regular Coffee	_____ MASK: MIN: MIN=00, MAX=10
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused
NUR_DCOFF_NB_TRF1	Decaffeinated Coffee	_____ MASK: MIN: MIN=00, MAX=10
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused
NUR_BTEA_NB_TRF1	Black Tea	_____ MASK: MIN: MIN=00, MAX=10
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused
NUR_GTEA_NB_TRF1	Green Tea	_____ MASK: MIN: MIN=00, MAX=10
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused
NUR_OTEA_NB_TRF1	Other Tea	_____ MASK: MIN: MIN=00, MAX=10
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

NUR_END

Oral Health (ORH)

Overview	<p>In this module, participants are asked to describe the oral health (i.e., health of their mouth), the types of oral health problems they experience (if any), and their tooth brushing habits. Participants are also asked to report how often they avoid eating particular foods.</p> <p>Importance of module: To help examine the association between oral health and diseases such as diabetes or respiratory and cardiovascular diseases. The questions also provide information on risk factors for oral health problems. These factors include poor nutrition and socio-economic status. As well, data from this module could help identify groups with the greatest need for improved dental health services.</p>
-----------------	--

Now, some questions about the health of your mouth, including your teeth or dentures, tongue, gums, lips, and jaw joints.

ORH_1	ORH_HLTH_TRF1	
[ALWAYS ASK]		
In general, would you say the health of your mouth is excellent, very good, good, fair or poor?		
CODE ONLY ONE RESPONSE		
EXCELLENT	01	Excellent
VERY_GOOD	02	Very good
GOOD	03	Good
FAIR	04	Fair
POOR	05	Poor
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_2	ORH_TEETH_TRF1		
[ALWAYS ASK]			
Do you have one or more of your own original teeth?			
YES	01	Yes	
NO	02	No	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	

ORH_3	ORH_TETH20_TRF1	
[ASK IF ORH_TEETH_TRF1 = YES, DK_NA OR REFUSED]		
Do you have 20 or more natural teeth?		
INTERVIEWER INSTRUCTIONS: PROMPT PARTICIPANT TO COUNT THEIR NATURAL TEETH		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_3a	ORH_DENT_TRF1	
[ALWAYS ASK]		
Do you wear dentures or false teeth?		
INTERVIEWER INSTRUCTIONS: EMPHASIZE “WEAR” AND INCLUDE FALSE TEETH, COMPLETE (FULL) OR PARTIAL DENTURES IF THEY ARE REMOVABLE (DO NOT INCLUDE DENTURES THAT CANNOT BE REMOVED FROM DENTAL IMPLANTS BY THE RESPONDENT, I.E. FIXED BRIDGES ON IMPLANTS)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_3b	ORH_DNUSE_TRF1	
[ALWAYS ASK]		
Do you have dentures or false teeth that you do not use?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_4	ORH_UNCEAT_TRF1	
[ALWAYS ASK]		
In the past 12 months, how often have you avoided eating particular foods because of problems with your mouth, teeth or dentures? Would you say... READ LIST, CODE ONLY ONE RESPONSE		
OFTEN	01	Often
SOMETIMES	02	Sometimes
RARELY	03	Rarely
NEVER	04	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_5	ORH_EXP_DNB_TRF1	
[ALWAYS ASK]		
In the past 12 months have you experienced any of the following?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
ORH_EXP_TTH_TRF1	01	toothache
ORH_EXP_CHW_TRF1	02	cannot chew adequately
ORH_EXP_DNU_TRF1	03	dentures uncomfortable
ORH_EXP_DNL_TRF1	04	dentures loose/don't fit
ORH_EXP_DNB_TRF1	05	dentures broken
ORH_EXP_DNT_TRF1	06	dentures lost
ORH_EXP_SWL_TRF1	07	swelling in your mouth
ORH_EXP_DRM_TRF1	08	dry mouth
ORH_EXP_BRM_TRF1	09	burning mouth
ORH_EXP_JWS_TRF1	10	jaw muscles sore
ORH_EXP_JJP_TRF1	11	jaw joints painful
ORH_EXP_TTD_TRF1	12	Tooth-decay (caries)
ORH_EXP_NTL_TRF1	13	natural tooth loose
ORH_EXP NTB_TRF1	14	natural tooth broken
ORH_EXP_GUMS_TRF1	15	gums around natural teeth are sore
ORH_EXP_GUMB_TRF1	16	gums around natural teeth bleed
ORH_EXP_DNS_TRF1	17	denture-related sores
ORH_EXP_TTC_TRF1	18	difficulty keeping your natural teeth clean
ORH_EXP_DNC_TRF1	19	difficulty keeping your dentures clean
ORH_EXP_BB_TRF1	20	bad breath
ORH_EXP_NONE_TRF1	96	[DO NOT READ] have not experienced any of these problems
ORH_EXP_OT_TRF1	97	Other
ORH_EXP_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
ORH_EXP_REFUSED_TRF1	99	[DO NOT READ] Refused
ORH_5a	ORH_EXP_OTSP_TRF1	
[ASK IF ORH_EXP_DNB_TRF1 = ORH_EXP_OT_TRF1]		
Other (please specify)		
ORH_EXP_OTSP_TRF1	01	

ORH_6	ORH_DNVST_TRF1	
[ALWAYS ASK]		
When did you last visit a Dental Professional (e.g. dentist, dental hygienists, denturist, Denturologist)?		
LAST_12_MONTH	01	In the last 12 months
LAST_5_YEARS	02	In the last five years
LAST_10_YEARS	03	In the last 10 years
MORE_10_YEARS	04	More than 10 years ago
NEVER	05	Never visited a dentist
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_7	ORH_WYNDN_TRF1	
[ASK IF ORH_DNVST_TRF1 ≠ LAST_12_MONTH]		
Why have you not seen a Dental Professional (e.g. dentist, dental hygienists, denturist, Denturologist) in the past 12 months?		
ORH_WYNDN_NEED_TRF1	01	Not needed
ORH_WYNDN_APNT_TRF1	02	Difficulty getting an appointment
ORH_WYNDN_DENT_TRF1	03	No Dentist in the area
ORH_WYNDN_HYGT_TRF1	04	No dental hygienists, denturist, Denturologist in the area
ORH_WYNDN_TRAN_TRF1	05	Transportation problems
ORH_WYNDN_LANG_TRF1	06	Language problem
ORH_WYNDN_PERS_TRF1	07	personal and family responsibilities
ORH_WYNDN_LEAV_TRF1	08	Unable to leave the house due to health condition
ORH_WYNDN_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
ORH_WYNDN_REFUSED_TRF1	99	[DO NOT READ] Refused

ORH_8	ORH_TYPINS_TRF1	
[ALWAYS ASK]		
What type of dental insurance do you have?		
PRIVATE	01	Private
GOVT	02	Government
NONE	96	None
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

ORH_9	ORH_COST_TRF1	
[ALWAYS ASK]		
In the past 12 months, have you not gone to a dental professional because of the cost of care?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_10	ORH_PRBHT_TRF1	
[ALWAYS ASK]		
In the last 12 months, how often did you have a problem in accessing dental care because of a health related problem? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
OFTEN	01	Often
SOMETIMES	02	Sometimes
RARELY	03	Rarely
NEVER	04	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_11	ORH_BRUSDN_TRF1	
[ALWAYS ASK]		
Do you brush your teeth or dentures yourself?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_12	ORH_WHO_TRF1	
[ALWAYS ASK]		
If you require assistance with mouth-care, who provides this for you?		
READ LIST, CODE ONLY ONE RESPONSE		
FAMILY	01	Family member
FRIEND	02	Friends
CARE_AID	03	Care-aid/Nurse
OTHER	04	Other
NO_ONE	05	No one
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_13	ORH_OFTN_TRF1	
[ALWAYS ASK]		
How often usually are your teeth or denture cleaned?		
READ LIST, CODE ONLY ONE RESPONSE (STRESS “USUALLY”)		
MORE_ONCE_DAY	01	More than once a day
ONCE_DAY	02	At least once a day
ONCE_WEEK	03	At least once a week
MORE_ONCE_WEEK	04	More than once a week
ONCE_MONTH	05	At least once a month
NEVER	06	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_END

Subjective Cognitive Decline (SCD)

Overview	<p>The questions in this module ask participants about perceived changes in their memory and whether this is of concern to them. These questions will be asked of all participants.</p> <p>Research suggests that these concerns might be an early indicator of a brain disorder even when the person does well on testing. It is important to mention, though, there are many other potential causes (for example, aging, personality traits, effects of medical conditions and their treatment) for these changes, and many people with them do not have evidence of a brain disorder and are not at risk of progressing to more serious thinking problems.</p> <p>With the information collected, we will be trying to determine when these concerns represent the early stages of a brain disorder, what factors like age and personality are associated with them, and what influences the likelihood of these changes becoming worse over time.</p>
-----------------	---

PCM_1	GEN_MEMO_TRF1
[ALWAYS ASK]	
Do you feel like your memory is becoming worse?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

PCM_2	GEN_WORY_TRF1
[ASK IF GEN_MEMO_TRF1 = YES]	
Does this worry you?	
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE	
STRONGLY_AGREE	01 Strongly agree
AGREE	02 Agree
UNDECIDED	03 Undecided
DISAGREE	04 Disagree
STRONGLY_DISAGREE	05 Strongly disagree
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

PCM_END

Pain and Discomfort (HUP)

Overview	<p>This module contains three questions about pain and discomfort.</p> <p>Importance of module: To identify whether the participant suffers from pain or discomfort. The module also assesses the impact of pain or discomfort on the participant's quality of life.</p>
-----------------	---

The next questions are about pain and discomfort that people may experience in their day-to-day lives.

HUP_1	HUP_FREE_TRF1
[ALWAYS ASK]	
Are you usually free of pain or discomfort?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

HUP_2	HUP_INTNSTY_TRF1
[ASK IF HUP_FREE_TRF1 = NO]	
How would you describe the usual intensity of your pain or discomfort? Would you say it is mild, moderate, or severe?	
READ LIST ; CODE ONLY ONE RESPONSE	
MILD	01 Mild
MODERATE	02 Moderate
SEVERE	03 Severe
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

HUP_3	HUP_PRVACT_TRF1
[ASK IF HUP_FREE_TRF1 = NO]	
How many activities does your pain or discomfort prevent? Would you say none, a few, some, or most?	
CODE ONLY ONE RESPONSE	
NONE	01 None
A_FEW	02 A few
SOME	03 Some
MOST	04 Most
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

HUP_END

Women's Health (WHO)

Overview	<p>The women's health module is used to collect data related to reproductive factors, menopause and hormone replacement therapy.</p> <p>Researchers are interested in these topics because they are known to affect the risk of certain diseases and health outcomes. For example, reproductive factors are known to influence hormone-related cancers like those of the breast and ovary - and the chance of developing osteoporosis (loss of bone mass) increases as women reach menopause.</p>
-----------------	---

WHO_1	WHO_CONCP_TRF1
[ASK IF SEX=FEMALE]	
Have you ever used any hormonal contraceptives for any reason? Hormonal contraceptives include birth control pills, implants, patches, injections and rings or intra-uterine devices that release female hormones.	
<p>NOTE:</p> <p>Intra-uterine devices (IUD) that release hormones:</p> <ul style="list-style-type: none"> Any IUD releasing levonorgestrel - including: <ul style="list-style-type: none"> Mirena[®] Skyla[®] Jaydess[®] <p>IUDs that do NOT release hormones:</p> <ul style="list-style-type: none"> Any Copper containing IUDs Any inert IUDs (containing no bioactive components) <p>Other contraceptives that do NOT release hormones:</p> <ul style="list-style-type: none"> Diaphragm Cervical caps Female condoms Male condoms Vaginal spermicides 	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

WHO_2	WHO_CON_STRT_TRF1	
[ASK IF WHO_CONCP_TRF1=YES]		
How old were you when you started using hormonal contraceptives?		
INTERVIEWER: EXACT AGE IS 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?"		
CON_AGE		_____ RECORD AGE, MASK: MIN=00, MAX=CURRENT AGE
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WHO_3	WHO_CONTT_TRF1	
[ASK IF WHO_CON_STRT_TRF1≠DK_NA OR REFUSED]		
In total, how many years or months did you use or have you been using hormonal contraceptives? Add up all the time that you used contraceptives even if you started and stopped several times.		
INTERVIEWER: EXACT YEARS/MONTHS 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?"		
WHO_CONTT_MT_TRF1	_____	MONTHS
WHO_CONTT_YR_TRF1	_____	YEARS
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WHO_4	WHO_PREG_NB_TRF1	
[ASK IF SEX=FEMALE]		
How many times have you been pregnant, including live births, stillbirths, spontaneous miscarriage or therapeutic abortions?		
INTERVIEWER INSTRUCTION: EXACT NUMBER IS PREFERRED HOWEVER IF PARTICIPANT IS UNSURE, PLEASE ASK FOR THEIR BEST POSSIBLE ESTIMATE.		
NUMBER		_____ RECORD NUMBER
NONE	96	Never been pregnant
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
IF WHO_PREG_NB_TRF1 = DK_NA OR REFUSED SKIP TO WHO_MENOP_TRF1		

WHO_5	WHO_PREG_FRST_TRF1	
[ASK IF WHO_PREG_NB_TRF1≠0, NONE/NEVER, DK_NA OR REFUSED]		
How old were you when you first became pregnant?		
INTERVIEWER: EXACT AGE IS 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?”		
PREG_AGE		____ RECORD AGE, MASK: MIN=00, MAX=CURRENT AGE
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WHO_6	WHO_PREG_LIVE_TRF1	
[ASK IF WHO_PREG_NB_TRF1≠0, NONE/NEVER, DK_NA OR REFUSED]		
How many children have you given birth to, considering live births only?		
LIVE_BIRTHS		____ RECORD NUMBER
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WHO_7	WHO_PREG_LAST_TRF1	
[ASK IF WHO_PREG_NB_TRF1≠0, 1, NONE/NEVER, DK_NA OR REFUSED]		
How old were you when you last became pregnant?		
INTERVIEWER: EXACT AGE IS 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?”		
PREG_LAST	____	(MASK: MIN=PREG_AGE, MAX=CURRENT AGE)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

The next questions are about symptoms associated with menopause.

WHO_8	WHO_MENOP_TRF1	
[ASK SEX=FEMALE AND WHO_MENOP_TRM=NO AT BASELINE]		
Have you gone through menopause, meaning that your menstrual periods stopped for at least one year and did not restart?		
YES	01	Yes
NO	02	No
HYSTERECTOMY	03	[DO NOT READ] Had a hysterectomy
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

WHO_9	WHO_MPAG_AG_TRF1	
[ASK IF WHO_MENOP_TRF1=YES]		
How old were you when your menstrual periods stopped for at least one year and did not re-start?		
INTERVIEWER INSTRUCTION: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE		
WHO_MPAG_AG_TRF1		____ RECORD AGE, MASK: MIN=00, MAX=CURRENT AGE
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WHO_10	WHO_HRT_TRF1	
[ASK SEX=FEMALE AND WHO_HRT_TRM=NO]		
Have you ever used any hormone replacement therapy, sometimes called HRT, for any reason?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

WHO_11	WHO_TYPE_TRF1	
[ASK IF WHO_HRT_TRF1=YES]		
Which type of hormone replacement therapy have you used the most?		
ESTROGEN_PROGESTERONE	01	Both Estrogen and Progesterone
ESTROGEN	02	Estrogen (e.g. Premarin, Estrace)
PROGESTERONE	03	Progesterone (e.g. Prometrium, Provera)
ESTROGEN_GEL	04	Estrogen gel or cream applied to the skin (e.g. Estraderm, Estrogel)
DEVICE_PROGESTERONE	05	Intra-uterine device with progesterone
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

WHO_12	WHO_HRTAG_AG_TRF1	
[ASK IF WHO_HRT_TRF1=YES]		
How old were you when you started using hormone replacement therapy?		
INTERVIEWER: EXACT AGE IS 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?"		
WHO_HRTAG_AG_TRF1		___ RECORD AGE, MASK: MIN=00, MAX=CURRENT AGE
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WHO_13	WHO_HRTCURR_TRF1	
[ASK IF WHO_HRT_TRF1=YES]		
Are you still taking hormone replacement therapy?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

WHO_14	WHO_HRTSTIL_TRF1	
[ASK SEX=FEMALE AND WHO_HRT_TRM=YES AT BASELINE]		
During your last interview you stated you had used hormone replacement therapy. Are you still taking this therapy?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

WHO_15	WHO_HRTDR_TRF1	
[ASK SEX=FEMALE AND WHO_HRTCURR_TRF1=NO OR WHO_HRTSTIL_TRF1=NO]		
In total, for how long did you use or have you been using hormone replacement therapy?		
INTERVIEWER INSTRUCTION: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF THE TOTAL TIME		
WHO_HRTDR_WK_TRF1	_____	WEEKS
WHO_HRTDR_MT_TRF1	_____	MONTHS
WHO_HRTDR_YR_TRF1	_____	YEARS
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WHO_END

Vision (VIS)

Overview	The purpose of these questions is to determine the number of people who can see with and without glasses or corrective lenses
-----------------	---

Now some questions about your vision...

VIS_01	VIS_SGHT_TRF1
[ALWAYS ASK]	
Is your eyesight, using glasses or corrective lens if you use them...	
READ LIST, CODE ONLY ONE RESPONSE	
EXCELLENT	01 Excellent
VERY_GOOD	02 Very good
GOOD	03 Good
FAIR	04 Fair
POOR	05 Poor or non-existent (non-existent=blind)
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

VIS_02	VIS_AID_TRF1
[ALWAYS ASK]	
Besides glasses or contact lenses, do you use any aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

VIS_03	VIS_USE_TRF1	
[ASK IF VIS_AID_TRF1 = YES]		
Do you now use...		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
VIS_USE_MG_TRF1	01	Magnifiers
VIS_USE_BR_TRF1	02	Braille reading materials
VIS_USE_LG_TRF1	03	Larger print reading materials
VIS_USE_TK_TRF1	04	Talking books
VIS_USE_RC_TRF1	05	Recording equipment or portable note-takers
VIS_USE_CC_TRF1	06	Closed circuit devices (e.g., CCTVs)
VIS_USE_CP_TRF1	07	eReader, A computer with Braille, large print, or speech access
VIS_USE_CN_TRF1	08	A white cane
VIS_USE_DG_TRF1	09	A guide dog
VIS_USE_OT_TRF1	97	Another Aid
VIS_USE_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
VIS_USE_REFUSED_TRF1	99	[DO NOT READ] Refused
VIS_03b	VIS_USE_OTSP_TRF1	
[ASK IF VIS_USE_TRF1 = VIS_USE_OT_TRF1]		
Another Aid Specify		
VIS_USE_OTSP_TRF1	01	

VIS_END

Hearing (HRG)

Overview	The purpose of these questions is to determine the number of people who have difficulty hearing with or without the use of aids.
-----------------	--

HRG_01	HRG_HRG_TRF1	
[ALWAYS ASK]		
Is your hearing, using a hearing aid if you use one...		
READ LIST, CODE ONLY ONE RESPONSE		
EXCELLENT	01	Excellent
VERY_GOOD	02	Very good
GOOD	03	Good
FAIR	04	Fair
POOR	05	Poor
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

HRG_02	HRG_NOIS_TRF1		
[ALWAYS ASK]			
Do you find it difficult to follow a conversation if there is background noise, such as TV, radio or children playing, even if using a hearing aid as usual?			
YES		01	Yes
NO		02	No
DK_NA		08	[DO NOT READ] Don't Know / No Answer
REFUSED		09	[DO NOT READ] Refused

HRG_03	HRG_AID_TRF1		
[ALWAYS ASK]			
Do you use any aids, specialized equipment, or services for persons who are deaf or hard of hearing, for example, a volume control telephone or TV decoder?			
YES		01	Yes
NO		02	No
DK_NA		08	[DO NOT READ] Don't Know / No Answer
REFUSED		09	[DO NOT READ] Refused

HRG_04	HRG_USE_TRF1	
[ASK IF HRG_AID_TRF1 = YES]		
Do you now use...		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HRG_USE_AID_TRF1	01	Hearing aid
HRG_USE_CP_TRF1	02	Computer to communicate (e.g., e-mail or chat services)
HRG_USE_VL_TRF1	03	Volume control telephone
HRG_USE_TTY_TRF1	04	TTY or TTD
HRG_USE_MSG_TRF1	05	Message relay service
HRG_USE_PH_TRF1	06	Other phone-related devices (e.g., flashers, earphones)
HRG_USE_CC_TRF1	07	Closed caption T.V. or decoder
HRG_USE_AP_TRF1	08	Amplifiers (e.g., FM, acoustic, infra-red, earphones)
HRG_USE_VS_TRF1	09	Visual or vibrating alarm
HRG_USE_CO_TRF1	10	Cochlear or other surgical implant
HRG_USE_OT_TRF1	97	Another aid
HRG_USE_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
HRG_USE_REFUSED_TRF1	99	[DO NOT READ] Refused
HRG_04b	HRG_USE_OTSP_TRF1	
[ASK IF HRG_USE_TRF1 = HRG_USE_OT_TRF1]		
Another Aid Specify		
HRG_USE_OTSP1_TRF1	01	

HRG_END

Hearing Handicap Inventory for the Elderly (HRG)

For the following questions, answer “Yes”, “Sometimes” or “No.”

Interviewer DO NOT READ: When you are finished, assign a numerical value to your answers according to this key:

Yes = 4	Sometimes = 2	No = 0
---------	---------------	--------

HRG_PROB_TRF1				
[ALWAYS ASK]				
		YES	SOMETIMES	NO
HRG_PROB_EMBA_TRF1	Does a hearing problem cause you to feel embarrassed when you meet new people?			
HRG_PROB_FRST_TRF1	Does a hearing problem cause you to feel frustrated when talking to members of your family?			
HRG_PROB_DIFF_TRF1	Do you have difficulty hearing when someone speaks in a whisper?			
HRG_PROB_HACP_TRF1	Do you feel handicapped by a hearing problem?			
HRG_PROB_VIST_TRF1	Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?			
HRG_PROB_MEET_TRF1	Does a hearing problem cause you to attend meetings/religious services less often than you would like?			
HRG_PROB_ARGU_TRF1	Does a hearing problem cause you to have arguments with family members?			
HRG_PROB_LSTN_TRF1	Does a hearing problem cause you difficulty when listening to TV or radio?			
HRG_PROB_LIFE_TRF1	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
HRG_PROB_FRND_TRF1	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			

HRG_END

Chronic Conditions (CCT)

Overview	<p>This module deals with long-term health conditions, diagnosed by a health professional, that have lasted or are expected to last at least 6 months.</p> <p>Answers to the questions in this module can be used to estimate the number of people in Canada suffering from chronic conditions such as diabetes, heart disease and Parkinson's disease.</p> <p>By combining answers from this module with information from other modules, researchers can look at the relationship between chronic conditions and other characteristics, such as use of health care services or level of physical activity.</p>
-----------------	---

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**.

Osteoarthritis

CCT_01	CCT_OAKNEE_TRF1
[ALWAYS ASK]	
Has a doctor ever told you that you have osteoarthritis in the knee?	
NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME.	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

CCT_1a	CCT_OAKNEEAGE_TRF1
[ASK IF CCT_OAKNEE_TRF1 = YES]	
At what age or in what year were you first told you had osteoarthritis in the knee?	
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?	
CCT_OAKNEEAGE_NB_SP_TRF1	Age _____ MAX = CURRENT AGE
CCT_OAKNEEAGE_YR_SP_TRF1	Year _____ MAX = CURRENT YEAR
DK_NA	9998 [DO NOT READ] Don't Know / No Answer
REFUSED	9999 [DO NOT READ] Refused

CCT_1b	CCT_OAKNEECHANGE_TRF1	
[ASK IF CCT_OAKNEE_TRF1 = NO AND CCT_OAKNEE_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in the knee. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_1b	CCT_OAKNEECHANGE_SP_TRF1	
[ASK IF CCT_OAKNEECHANGE_TRF1 = YES]		
"YES" Specify		
CCT_OAKNEECHANGE_SP_TRF1		

CCT_02	CCT_OAHIP_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have osteoarthritis in the hip?		
NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_2a	CCT_OAHIPAGE_TRF1	
[ASK IF CCT_OAHIP_TRF1 = YES]		
At what age or in what year were you first told you had osteoarthritis in the hip?		
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?		
CCT_OAHIPAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_OAHIPAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_2b	CCT_OAHIPCHANGE_TRF1	
[ASK IF CCT_OAHIP_TRF1 = NO AND CCT_OAHIP_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in the hip. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_2b	CCT_OAHIPCHANGE_SP_TRF1	
[ASK IF CCT_OAHIPCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_OAHIPCHANGE_SP_TRF1		

CCT_03	CCT_OAHAND_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have osteoarthritis in one or both hands?		
NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME,		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_3a	CCT_OAHANDAGE_TRF1	
[ASK IF CCT_OAHAND_TRF1 = YES]		
At what age or in what year were you first told you had osteoarthritis in one or both hands?		
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?		
CCT_OAHANDAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_OAHANDAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_3b	CCT_OAHANDCHANGE_TRF1	
[ASK IF CCT_OAHAND_TRF1 = NO <u>AND</u> CCT_OAHAND_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in one or both hands. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_3b	CCT_OAHANDCHANGE_SP_TRF1	
[ASK IF CCT_OAHANDCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_OAHANDCHANGE_SP_TRF1		

Arthritis

CCT_04	CCT_RA_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have rheumatoid arthritis?		
NOTE: RHEUMATOID ARTHRITIS IS A CHRONIC INFLAMMATORY DISORDER THAT TYPICALLY AFFECTS THE SMALL JOINTS IN YOUR HANDS AND FEET. UNLIKE THE WEAR-AND-TEAR DAMAGE OF OSTEOARTHRITIS, RHEUMATOID ARTHRITIS AFFECTS THE LINING OF YOUR JOINTS, CAUSING A PAINFUL SWELLING THAT CAN EVENTUALLY RESULT IN BONE EROSION AND JOINT DEFORMITY.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_4a	CCT_RAAGE_TRF1	
[ASK IF CCT_RA_TRF1 = YES]		
At what age or in what year were you first told you had rheumatoid arthritis?		
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?		
CCT_RAAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_RAAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_4b	CCT_RACHANGE_TRF1	
[ASK IF CCT_RA_TRF1 = NO AND CCT_RA_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had rheumatoid arthritis. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_4b	CCT_RACHANGE_SP_TRF1	
[ASK IF CCT_RACHANGE_TRF1 = YES]		
"YES" Specify		
CCT_RACHANGE_SP_TRF1		

CCT_05	CCT_OTART_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have any other type of arthritis?		
NOTE: ARTHRITIS IS PAINFUL INFLAMMATION AND STIFFNESS OF THE JOINTS.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_5a	CCT_OTARTAGE_TRF1	
[ASK IF CCT_OTART_TRF1 = YES]		
At what age or in what year were you first told you had other type of arthritis?		
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?		
CCT_OTARTAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_OTARTAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_5b	CCT_OTARTCHANGE_TRF1	
[ASK IF CCT_OTART_TRF1 = NO <u>AND</u> CCT_OTART_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had any other type of arthritis. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_5b	CCT_OTARTCHANGE_SP_TRF1	
[ASK IF CCT_OTARTCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_OTARTCHANGE_SP_TRF1		

Respiratory

CCT_06	CCT_ASTHM_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have asthma?		
NOTE: ASTHMA IS A CONDITION IN WHICH YOUR AIRWAYS NARROW AND SWELL AND PRODUCE EXTRA MUCUS. THIS CAN MAKE BREATHING DIFFICULT AND TRIGGER COUGHING, WHEEZING AND SHORTNESS OF BREATH. FOR SOME PEOPLE, ASTHMA IS A MINOR NUISANCE. FOR OTHERS, IT CAN BE A MAJOR PROBLEM THAT INTERFERES WITH DAILY ACTIVITIES AND MAY LEAD TO A LIFE-THREATENING ASTHMA ATTACK.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_6a	CCT_ASTHIMAGE_TRF1	
[ASK IF CCT_ASTHM_TRF1 = YES]		
At what age or in what year were you first told you had asthma?		
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?		
CCT_ASTHIMAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_ASTHIMAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_6b	CCT_ASTHMCHANGE_TRF1	
[ASK IF CCT_ASTHM_TRF1 = NO <u>AND</u> CCT_ASTHM_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had asthma. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_6b	CCT_ASTHMCHANGE_SP_TRF1	
[ASK IF CCT_ASTHMCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_ASTHMCHANGE_SP_TRF1		

CCT_07	CCT_COPD_TRF1	
[ALWAYS ASK]		
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?		
NOTE: EMPHYSEMA GRADUALLY DAMAGES THE AIR SACS (ALVEOLI) IN YOUR LUNGS, MAKING YOU PROGRESSIVELY MORE SHORT OF BREATH. EMPHYSEMA IS ONE OF SEVERAL DISEASES KNOWN COLLECTIVELY AS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).		
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IS A LUNG DISEASE CHARACTERIZED BY CHRONIC OBSTRUCTION OF LUNG AIRFLOW THAT INTERFERES WITH NORMAL BREATHING AND IS NOT FULLY REVERSIBLE. THE MORE FAMILIAR TERMS 'CHRONIC BRONCHITIS' AND 'EMPHYSEMA' ARE NO LONGER USED, BUT ARE NOW INCLUDED WITHIN THE COPD DIAGNOSIS. COPD IS NOT SIMPLY A "SMOKER'S COUGH" BUT AN UNDER-DIAGNOSED, LIFE-THREATENING LUNG DISEASE.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_7a	CCT_COPDAGE_TRF1	
[ASK IF CCT_COPD_TRF1 = YES]		
At what age or in what year were you first told you had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?		
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?		
CCT_COPDAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_COPDAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_7b	CCT_COPDCHANGE_TRF1	
[ASK IF CCT_COPD_TRF1 = NO AND CCT_COPD_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_7b	CCT_COPDCHANGE_SP_TRF1
[ASK IF CCT_COPDCHANGE_TRF1 = YES]	
“YES” Specify	
CCT_COPDCHANGE_SP_TRF1	

Cardiac/Cardiovascular

CCT_08	CCT_HBP_TRF1
[ALWAYS ASK]	
Has a doctor ever told you that you have high blood pressure or hypertension?	
HIGH BLOOD PRESSURE (HYPERTENSION) HIGH BLOOD PRESSURE IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE. BLOOD PRESSURE IS DETERMINED BOTH BY THE AMOUNT OF BLOOD YOUR HEART PUMPS AND THE AMOUNT OF RESISTANCE TO BLOOD FLOW IN YOUR ARTERIES. THE MORE BLOOD YOUR HEART PUMPS AND THE NARROWER YOU’RE ARTERIES, THE HIGHER YOUR BLOOD PRESSURE.	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don’t Know / No Answer
REFUSED	09 [DO NOT READ] Refused

CCT_8a	CCT_HBPPRG_TRF1
[ASK IF CCT_HBP_TRF1 = YES AND SEX = FEMALE]	
Were you pregnant when you were diagnosed with high blood pressure?	
HIGH BLOOD PRESSURE (HYPERTENSION) HIGH BLOOD PRESSURE IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE. BLOOD PRESSURE IS DETERMINED BOTH BY THE AMOUNT OF BLOOD YOUR HEART PUMPS AND THE AMOUNT OF RESISTANCE TO BLOOD FLOW IN YOUR ARTERIES. THE MORE BLOOD YOUR HEART PUMPS AND THE NARROWER YOU’RE ARTERIES, THE HIGHER YOUR BLOOD PRESSURE.	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don’t Know / No Answer
REFUSED	09 [DO NOT READ] Refused

CCT_8b	CCT_HBPOT_TRF1	
[ASK IF CCT_HBPPRG_TRF1= YES]		
Other than when you were pregnant, was there any other time when you were diagnosed with high blood pressure?		
HIGH BLOOD PRESSURE (HYPERTENSION) HIGH BLOOD PRESSURE IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE.		
BLOOD PRESSURE IS DETERMINED BOTH BY THE AMOUNT OF BLOOD YOUR HEART PUMPS AND THE AMOUNT OF RESISTANCE TO BLOOD FLOW IN YOUR ARTERIES. THE MORE BLOOD YOUR HEART PUMPS AND THE NARROWER YOU'RE ARTERIES, THE HIGHER YOUR BLOOD PRESSURE.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_8c	CCT_HBPAGE_TRF1	
[ASK IF CCT_HBP_TRF1 = YES]		
At what age or in what year were you first told you had high blood pressure or hypertension?		
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?		
CCT_HBPAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_HBPAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_8d	CCT_HBPCHANGE_TRF1	
[ASK IF CCT_HBP_TRF1 = NO AND CCT_HBP_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had high blood pressure or hypertension. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_8d	CCT_HBPCHANGE_SP_TRF1	
[ASK IF CCT_HBPCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_HBPCHANGE_SP_TRF1		

CCT_09	CCT_DIAB_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have diabetes, borderline diabetes or that your blood sugar is high?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_9a	CCT_DIABTYPE_TRF1	
[ASK IF CCT_DIAB_TRF1 = YES]		
NOTE: Type 1 diabetes can occur at any age. However, it is most often diagnosed in children, adolescents, or young adults. In type 1 diabetes, the cells that produce insulin do not work properly and little or no insulin is actually produced. In Type 2 diabetes, your fat, liver, and muscle cells do not respond correctly to insulin. This is called insulin resistance. As a result, blood sugar does not get into these cells to be stored for energy.		
Were you diagnosed with:		
TYPE_I	01	Type I
TYPE_II	02	Type II
NEITHER	03	Neither
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_9b	CCT_DIABAGE_TRF1	
[ASK IF CCT_DIAB_TRF1 = YES]		
At what age or in what year were you first told you had diabetes, borderline diabetes or high blood sugar?		
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?		
CCT_DIABAGE_NB_SP_TRF1	Age	
CCT_DIABAGE_YR_SP_TRF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_9c	CCT_DIABCHANGE_TRF1	
[ASK IF CCT_DIAB_TRF1 = NO AND CCT_DIAB_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had diabetes, borderline diabetes or that your blood sugar is high. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_9C	CCT_DIABCHANGE_SP_TRF1	
[ASK IF DIA_DIAB_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_DIABCHANGE_SP_TRF1		

CCT_10	CCT_DIAB_DR_TRF1	
[ALWAYS ASK]		
Have you ever been told by a doctor that you have Diabetic Retinopathy?		
DIABETIC RETINOPATHY (DIE-UH-BET-IK RET-IH-NOP-UH-THEE) IS A DIABETES COMPLICATION THAT AFFECTS EYES. IT'S CAUSED BY DAMAGE TO THE BLOOD VESSELS OF THE LIGHT-SENSITIVE TISSUE AT THE BACK OF THE EYE (RETINA). AT FIRST, DIABETIC RETINOPATHY MAY CAUSE NO SYMPTOMS OR ONLY MILD VISION PROBLEMS.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_10a	CCT_DIAB_DRAGE_TRF1	
[ASK IF CCT_DIAB_DR_TRF1 = YES]		
At what age or in what year were you first told you had Diabetic Retinopathy?		
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?		
CCT_DIAB_DRAGE_NB_SP_TRF1	Age	
CCT_DIAB_DRAGE_YR_SP_TRF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_11	CCT_HEART_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have heart disease (including congestive heart failure or CHF)?		
NOTE: CONGESTIVE HEART FAILURE IS A CONDITION IN WHICH THE HEART CAN NO LONGER PUMP ENOUGH BLOOD TO THE REST OF THE BODY.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_11a	CCT_HEARTAGE_TRF1	
[ASK IF CCT_HEART_TRF1 = YES]		
At what age or in what year were you first told you had heart disease (including congestive heart failure, or CHF)?		
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?		
CCT_HEARTAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_HEARTAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_11b	CCT_HEARTCHANGE_TRF1	
[ASK IF CCT_HEART_TRF1 = NO AND CCT_HEART_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had heart disease (including congestive heart failure, or CHF). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_11b	CCT_HEARTCHANGE_SP_TRF1	
[ASK IF CCT_HEARTCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_HEARTCHANGE_SP_TRF1		

CCT_12	CCT_ANGI_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have angina (or chest pain due to heart disease)?		
ANGINA IS A TERM USED FOR CHEST PAIN CAUSED BY REDUCED BLOOD FLOW TO THE HEART MUSCLE. ANGINA (AN-JIE-NUH OR AN-JUH-NUH) IS A SYMPTOM OF CORONARY ARTERY DISEASE. ANGINA IS TYPICALLY DESCRIBED AS SQUEEZING, PRESSURE, HEAVINESS, TIGHTNESS OR PAIN IN YOUR CHEST.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_12a	CCT_ANGIAGE_TRF1	
[ASK IF CCT_ANGI_TRF1 = YES]		
At what age or in what year were you first told you had angina (or chest pain due to heart disease)?		
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?		
CCT_ANGIAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_ANGIAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_12b	CCT_ANGICHANGE_TRF1	
[ASK IF CCT_ANGI_TRF1 = NO AND CCT_ANGI_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had angina (or chest pain due to heart disease). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_12b	CCT_ANGICHANGE_SP_TRF1	
[ASK IF CCT_ANGICHANGE_TRF1 = YES]		
"YES" Specify		
CCT_ANGICHANGE_SP_TRF1		

CCT_13	CCT_AMI_TRF1
[ALWAYS ASK]	
Has a doctor ever told you that you have had a heart attack or myocardial infarction?	
A HEART ATTACK, ALSO CALLED A MYOCARDIAL INFARCTION.	
A HEART ATTACK OCCURS WHEN THE FLOW OF BLOOD TO THE HEART IS BLOCKED, MOST OFTEN BY A BUILD-UP OF FAT, CHOLESTEROL AND OTHER SUBSTANCES, WHICH FORM A PLAQUE IN THE ARTERIES THAT FEED THE HEART (CORONARY ARTERIES). THE INTERRUPTED BLOOD FLOW CAN DAMAGE OR DESTROY PART OF THE HEART MUSCLE.	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

CCT_13a	CCT_AMIAGE_TRF1
[ASK IF CCT_ANGI_TRF1 = YES]	
At what age or in what year were you first told you had heart attack or myocardial infarction?	
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?	
CCT_AMIAGE_NB_SP_TRF1	Age _____ MAX = CURRENT AGE
CCT_AMIAGE_YR_SP_TRF1	Year _____ MAX = CURRENT YEAR
DK_NA	9998 [DO NOT READ] Don't Know / No Answer
REFUSED	9999 [DO NOT READ] Refused

CCT_13b	CCT_AMICHANGE_TRF1
[ASK IF CCT_AMI_TRF1 = NO <u>AND</u> CCT_AMI_TRM = YES]	
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had heart attack or myocardial infarction. Since that interview, has the diagnosis changed?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused
CCT_13b	CCT_AMICHANGE_SP_TRF1
[ASK IF CCT_AMICHANGE_TRF1 = YES]	
"YES" Specify	
CCT_AMICHANGE_SP_TRF1	

CCT_14	CCT_PVD_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have peripheral vascular disease or poor circulation in your limbs?		
NOTE: PERIPHERAL VASCULAR DISEASE IS A NARROWING OR HARDENING OF THE ARTERIES THAT SUPPLY THE ARMS, HANDS, LEGS AND FEET, AS WELL AS THE HEAD, NECK AND BRAIN.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_14a	CCT_PVDAGE_TRF1	
[ASK IF CCT_PVD_TRF1 = YES]		
At what age or in what year were you first told you had peripheral vascular disease or poor circulation in your limbs?		
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?		
CCT_PVDAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_PVDAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_14b	CCT_PVDCHANGE_TRF1	
[ASK IF CCT_PVD_TRF1 = NO <u>AND</u> CCT_PVD_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had peripheral vascular disease or poor circulation in your limbs. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_14b	CCT_PVDCHANGE_SP_TRF1	
[ASK IF CCT_PVDCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_PVDCHANGE_SP_TRF1		

CCT_15	CCT_CVA_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have experienced a Stroke or CVA (cerebrovascular accident)?		
STROKE: THE SUDDEN DEATH OF BRAIN CELLS DUE TO LACK OF OXYGEN, CAUSED BY BLOCKAGE OF BLOOD FLOW OR RUPTURE OF AN ARTERY TO THE BRAIN. SUDDEN LOSS OF SPEECH, WEAKNESS, OR PARALYSIS OF ONE SIDE OF THE BODY CAN BE SYMPTOMS. A SUSPECTED STROKE CAN BE CONFIRMED BY SCANNING THE BRAIN WITH SPECIAL X-RAY TESTS, SUCH AS CAT SCANS.		
ABBREVIATED CVA. ALSO KNOWN AS <u>CEREBROVASCULAR ACCIDENT</u>.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_15a	CCT_CVAAGE_TRF1	
[ASK IF CCT_CVA_TRF1 = YES]		
At what age or in what year were you first told you had experienced a Stroke or CVA (cerebrovascular accident)?		
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?		
CCT_CVAAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_CVAAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_15b	CCT_CVACHANGE_TRF1	
[ASK IF CCT_CVA_TRF1 = NO <u>AND</u> CCT_CVA_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had experienced a Stroke or CVA (cerebrovascular accident). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_15b	CCT_CVACHANGE_SP_TRF1	
[ASK IF CCT_CVACHANGE_TRF1 = YES]		
"YES" Specify		
CCT_CVACHANGE_SP_TRF1		

CCT_16	CCT_TIA_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have experienced a mini-stroke or TIA (Transient Ischemic Attack)?		
TRANSIENT ISCHEMIC ATTACK (TIA, MINI-STROKE): A NEUROLOGICAL EVENT WITH THE SIGNS AND SYMPTOMS OF A STROKE, BUT WHICH GO AWAY WITHIN A SHORT PERIOD OF TIME. ALSO CALLED A MINI-STROKE, A TIA IS DUE TO A TEMPORARY LACK OF ADEQUATE BLOOD AND OXYGEN (ISCHEMIA) TO THE BRAIN.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_16a	CCT_TIAAGE_TRF1	
[ASK IF CCT_TIA_TRF1 = YES]		
At what age or in what year were you first told you had experienced a mini-stroke or TIA (Transient Ischemic Attack)?		
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?		
CCT_TIAAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_TIAAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_16b	CCT_TIACHANGE_TRF1	
[ASK IF CCT_TIA_TRF1 = NO AND CCT_TIA_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had experienced a mini-stroke or TIA (Transient Ischemic Attack). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_16b	CCT_TIACHANGE_SP_TRF1	
[ASK IF CCT_TIACHANGE_TRF1 = YES]		
"YES" Specify		
CCT_TIACHANGE_SP_TRF1		

CCT_17	CCT_CVAFX_TRF1	
[ASK IF CCT_CVA_TRF1 = YES OR CCT_TIA_TRF1 = YES]		
Has a doctor ever told you that you suffer from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_17a	CCT_CVAFXAGE_TRF1	
[ASK IF CCT_CVAFX_TRF1 = YES]		
At what age or in what year were you first told you suffer from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?		
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?		
CCT_CVAFXAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_CVAFXAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_17b	CCT_CVAFXCHANGE_TRF1	
[ASK IF CCT_CVAFX_TRF1 = NO AND CCT_CVAFX_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you suffer from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_17b	CCT_CVAFXCHANGE_SP_TRF1	
[ASK IF CCT_CVAFXCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_CVAFXCHANGE_SP_TRF1		

Neurological

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

CCT_18	CCT_MEMPB_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have a memory problem?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_18a	CCT_MEMPBAGE_TRF1	
[ASK IF CCT_MEMPB_TRF1 = YES]		
At what age or in what year were you first told you had a memory problem?		
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?		
CCT_MEMPBAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_MEMPBAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_18b	CCT_MEMPB_CHANGE_TRF1	
[ASK IF CCT_MEMPB_TRF1 = NO AND CCT_MEMPB_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had a memory problem. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_18b	CCT_MEMPBCHANGE_SP_TRF1	
[ASK IF CCT_MEMPB_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_MEMPBCHANGE_SP_TRF1		

CCT_19	CCT_ALZH_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have dementia or Alzheimer's disease?		
NOTE: ALZHEIMER'S DISEASE IS A FORM OF DEMENTIA. ALZHEIMER'S DISEASE AND OTHER DEMENTIAS PRODUCE COGNITIVE DETERIORATION THAT LEADS TO MEMORY LOSS AND ULTIMATELY AN INABILITY TO PERFORM BASIC ACTIVITIES OF DAILY LIVING.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_19a	CCT_ALZHAGE_TRF1	
[ASK IF CCT_ALZH_TRF1 = YES]		
At what age or in what year were you first told you had dementia or Alzheimer's disease?		
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?		
CCT_ALZHAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_ALZHAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_19b	CCT_ALZH_CHANGE_TRF1	
[ASK IF CCT_ALZH_TRF1 = NO AND CCT_ALZH_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had dementia or Alzheimer's disease. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_19b	CCT_ALZHCHANGE_SP_TRF1	
[ASK IF CCT_ALZH_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_ALZHCHANGE_SP_TRF1		

CCT_20	CCT_MS_TRF1
[ALWAYS ASK]	
Has a doctor ever told you that you have multiple sclerosis?	
NOTE: MULTIPLE SCLEROSIS IS AN AUTOIMMUNE DISEASE THAT AFFECTS THE BRAIN AND SPINAL CORD (CENTRAL NERVOUS SYSTEM). AUTOIMMUNE DISEASES OCCUR WHEN THE IMMUNE SYSTEM MISTAKENLY ATTACKS AND DESTROYS HEALTHY BODY TISSUE.	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

CCT_20a	CCT_MSAGE_TRF1
[ASK IF CCT_MS_TRF1 = YES]	
At what age or in what year were you first told you had multiple sclerosis?	
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?	
CCT_MSAGE_NB_SP_TRF1	Age _____ MAX = CURRENT AGE
CCT_MSAGE_YR_SP_TRF1	Year _____ MAX = CURRENT YEAR
DK_NA	9998 [DO NOT READ] Don't Know / No Answer
REFUSED	9999 [DO NOT READ] Refused

CCT_20b	CCT_MS_CHANGE_TRF1
[ASK IF CCT_MS_TRF1 = NO AND CCT_MS_TRM = YES]	
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had multiple sclerosis. Since that interview, has the diagnosis changed?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused
CCT_20b	CCT_MSCHANGE_SP_TRF1
[ASK IF CCT_MS_CHANGE_TRF1 = YES]	
"YES" Specify	
CCT_MSCHANGE_SP_TRF1	

CCT_21	CCT_MGRN_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have migraine headaches?		
NOTE: A MIGRAINE HEADACHE CAN CAUSE INTENSE THROBBING OR PULSING IN ONE AREA OF THE HEAD AND IS COMMONLY ACCOMPANIED BY NAUSEA, VOMITING, AND EXTREME SENSITIVITY TO LIGHT AND SOUND. MIGRAINE ATTACKS CAN CAUSE SIGNIFICANT PAIN FOR HOURS TO DAYS.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_21a	CCT_MGRNAGE_TRF1	
[ASK IF CCT_MGRN_TRF1 = YES]		
At what age or in what year were you first told you had migraine headaches?		
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?		
CCT_MGRNAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_MGRNAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_21b	CCT_MGRN_CHANGE_TRF1	
[ASK IF CCT_MGRN_TRF1 = NO AND CCT_MGRN_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had migraine headaches. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_21b	CCT_MGRNCHANGE_SP_TRF1	
[ASK IF CCT_MGRN_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_MGRNCHANGE_SP_TRF1		

Gastrointestinal

CCT_22	CCT_ULCR_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have intestinal or stomach ulcers?		
NOTE: INTESTINAL AND STOMACH ULCERS INCLUDE THE GUT AND ESOPHAGUS. ULCERS ARE CRATER-LIKE SORES (GENERALLY 1/4 INCH TO 3/4 INCH IN DIAMETER, BUT SOMETIMES 1 TO 2 INCHES IN DIAMETER) THAT FORM IN THE LINING OF THE STOMACH (CALLED GASTRIC ULCERS), JUST BELOW THE STOMACH AT THE BEGINNING OF THE SMALL INTESTINE IN THE DUODENUM (CALLED DUODENAL ULCERS) OR LESS COMMONLY IN THE ESOPHAGUS (CALLED ESOPHAGEAL ULCERS).		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_22a	CCT_ULCRAGE_TRF1	
[ASK IF CCT_ULCR_TRF1 = YES]		
At what age or in what year were you first told you had intestinal or stomach ulcers?		
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?		
CCT_ULCRAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_ULCRAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_22b	CCT_ULCR_CHANGE_TRF1	
[ASK IF CCT_ULCR_TRF1 = NO AND CCT_ULCR_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had intestinal or stomach ulcers. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_22b	CCT_ULCRCHANGE_SP_TRF1	
[ASK IF CCT_ULCR_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_ULCRCHANGE_SP_TRF1		

CCT_23	CCT_IBDIBS_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have a bowel disorder such as Crohn's Disease, ulcerative colitis, or Irritable Bowel Syndrome?		
NOTE: CROHN'S DISEASE AND ULCERATIVE COLITIS ARE DIFFERENT TYPES OF INFLAMMATORY BOWEL DISEASE (IBD), IN WHICH THE INTESTINES BECOME INFLAMED (RED AND SWOLLEN), PROBABLY AS A RESULT OF AN IMMUNE REACTION OF THE BODY AGAINST ITS OWN INTESTINAL TISSUE. IRRITABLE BOWEL SYNDROME IS A DISORDER THAT LEADS TO ABDOMINAL PAIN AND CRAMPING, CHANGES IN BOWEL MOVEMENTS AND OTHER SYMPTOMS. UNLIKE IN IBD, THE STRUCTURE OF THE BOWEL IS NOT ABNORMAL IN IBS.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_23a	CCT_IBDIBSAGE_TRF1	
[ASK IF CCT_IBDIBS_TRF1 = YES]		
At what age or in what year were you first told you had bowel disorder such as Crohn's Disease, ulcerative colitis, or Irritable Bowel Syndrome?		
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?		
CCT_IBDIBSAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_IBDIBSAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_23b	CCT_IBDIBS_CHANGE_TRF1	
[ASK IF CCT_IBDIBS_TRF1 = NO AND CCT_IBDIBS_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had bowel disorder such as Crohn's Disease, ulcerative colitis, or Irritable Bowel Syndrome. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_23b	CCT_IBDIBSCHCHANGE_SP_TRF1	
[ASK IF CCT_IBDIBS_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_IBDIBSCHCHANGE_SP_TRF1		

CCT_24	CCT_BOWINC_TRF1	
[ALWAYS ASK]		
Have you ever experienced bowel incontinence?		
NOTE: BOWEL INCONTINENCE IS THE LOSS OF BOWEL CONTROL, LEADING TO AN INVOLUNTARY PASSAGE OF STOOL		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_24a	CCT_BOWINCAGE_TRF1	
[ASK IF CCT_BOWINC_TRF1 = YES]		
At what age or in what year did you begin to experience bowel incontinence?		
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?		
CCT_BOWINCAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_BOWINCAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_25	CCT_URIINC_TRF1	
[ALWAYS ASK]		
Have you ever experienced urinary incontinence?		
NOTE: URINARY INCONTINENCE IS THE LOSS OF BLADDER CONTROL.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_25a	CCT_URIINCAGE_TRF1	
[ASK IF CCT_URIINC_TRF1 = YES]		
At what age or in what year did you begin to experience urinary incontinence?		
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?		
CCT_URIINCAGE_NB_SP_TRF1	Age	
CCT_URIINCAGE_YR_SP_TRF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

Vision

CCT_26	CCT_CATAR_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have cataracts?		
NOTE: A CATARACT IS A CLOUDINESS OR OPACITY IN THE NORMALLY TRANSPARENT CRYSTALLINE LENS OF THE EYE. THIS CLOUDINESS CAN CAUSE A DECREASE IN VISION AND MAY LEAD TO EVENTUAL BLINDNESS.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_26a	CCT_CATARAGE_TRF1	
[ASK IF CCT_CATAR_TRF1 = YES]		
At what age or in what year were you first told you had cataracts?		
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?		
CCT_CATARAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_CATARAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_26b	CCT_CATARCHANGE_TRF1	
[ASK IF CCT_CATAR_TRF1 = NO AND CCT_CATAR_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had cataracts. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_26b	CCT_CATARCHANGE_SP_TRF1	
[ASK IF CCT_CATARCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_CATARCHANGE_SP_TRF1		

CCT_27	CCT_GLAUC_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have glaucoma?		
GLAUCOMA: A COMMON EYE CONDITION IN WHICH THE FLUID PRESSURE INSIDE THE EYE RISES TO A LEVEL HIGHER THAN HEALTHY FOR THAT EYE. IF UNTREATED, IT MAY DAMAGE THE OPTIC NERVE, CAUSING THE LOSS OF VISION OR EVEN BLINDNESS.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_27a	CCT_GLAUCAGE_TRF1	
[ASK IF CCT_GLAUC_TRF1 = YES]		
At what age or in what year were you first told you had glaucoma?		
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?		
CCT_GLAUCAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_GLAUCAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_27b	CCT_GLAUCCHANGE_TRF1	
[ASK IF CCT_GLAUC_TRF1 = NO AND CCT_GLAUC_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had glaucoma. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_27b	CCT_GLAUCCHANGE_SP_TRF1	
[ASK IF CCT_GLAUCCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_GLAUCCHANGE_SP_TRF1		

CCT_28	CCT_MACDEG_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have macular degeneration?		
NOTE: MACULAR DEGENERATION USUALLY AFFECTS OLDER ADULTS AND RESULTS IN A LOSS OF VISION IN THE CENTER OF THE VISUAL FIELD (THE MACULA) BECAUSE OF DAMAGE TO THE RETINA.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_29a	CCT_MACDEGAGE_TRF1	
[ASK IF CCT_MACDEG_TRF1 = YES]		
At what age or in what year were you first told you had macular degeneration?		
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?		
CCT_MACDEGAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_MACDEGAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_29b	CCT_MACDEG_CHANGE_TRF1	
[ASK IF CCT_MACDEG_TRF1 = NO AND CCT_MACDEG_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had macular degeneration. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_29b	CCT_MACDEGCHANGE_SP_TRF1	
[ASK IF CCT_MACDEG_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_MACDEGCHANGE_SP_TRF1		

Cancer

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

CCT_30	CCT_CANC_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you had cancer?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_30a	CCT_CANCAGE_TRF1	
[ASK IF CCT_CANC_TRF1 = YES]		
At what age or in what year were you first told you had cancer?		
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?		
CCT_CANCAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_CANCAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_30b	CCT_CANC_CHANGE_TRF1	
[ASK IF CCT_CANC_TRF1 = NO AND CCT_CANC_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had cancer. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_30b	CCT_CANCCHANGE_SP_TRF1	
[ASK IF CCT_CANC_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_CANCCHANGE_SP_TRF1		

CCT_30c	CCT_CANTP_TRF1	
[ASK IF CCT_CANC_TRF1 = YES]		
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]		
CCT_CANTP_BR_TRF1	01	Breast
CCT_CANTP_COL_TRF1	02	Colorectal
CCT_CANTP_SM_TRF1	03	Skin: melanoma
CCT_CANTP_SNM_TRF1	04	Skin: non-melanoma
CCT_CANTP_BL_TRF1	05	Bladder
CCT_CANTP_KD_TRF1	06	Kidney
CCT_CANTP_LU_TRF1	07	Lung
CCT_CANTP_TH_TRF1	08	Thyroid
CCT_CANTP_PR_TRF1	09	Prostate (males only)
CCT_CANTP_OV_TRF1	10	Ovarian (females only)
CCT_CANTP_LK_TRF1	11	Leukemia
CCT_CANTP_PA_TRF1	12	Pancreatic
CCT_CANTP_NHL_TRF1	13	Non-Hodgkin Lymphoma
CCT_CANTP_FGO_TRF1	14	Other female genital organs
CCT_CANTP_OT_TRF1	97	Other
CCT_CANTP_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
CCT_CANTP_REFUSED_TRF1	99	[DO NOT READ] Refused

CCT_30c	CCT_CANTP_OTSP_TRF1	
[ASK IF CCT_CANTP_TRF1 = CCT_CANTP_OT_TRF1]		
NOTE: PLEASE REFER TO OPEN TEXT GUIDELINES		
“Other” Specify		
CCT_CANTP_OTSP_TRF1	01	

Mental Health

CCT_31	CCT_ANXI_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?		
NOTE: ANXIETY DISORDER IS A BLANKET TERM COVERING SEVERAL DIFFERENT CONDITIONS. THE COMMON THREAD BETWEEN CONDITIONS IS A PATTERN OF CONSTANT WORRY OR ANXIETY OVER MANY DIFFERENT ACTIVITIES OR EVENTS.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_31a	CCT_ANXIAGE_TRF1	
[ASK IF CCT_ANXI_TRF1 = YES]		
At what age or in what year were you first told you had an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?		
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?		
CCT_ANXIAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_ANXIAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_31b	CCT_ANXI_CHANGE_TRF1	
[ASK IF CCT_ANXI_TRF1 = NO AND CCT_ANXI_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_31b	CCT_ANXICHANGE_SP_TRF1	
[ASK IF CCT_ANXI_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_ANXICHANGE_SP_TRF1		

CCT_32	CCT_MOOD_TRF1	
[ALWAYS ASK]		
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"		
NOTE: DYSTHYMIA IS A CHRONIC TYPE OF DEPRESSION IN WHICH A PERSON'S MOODS ARE REGULARLY LOW. HOWEVER, SYMPTOMS ARE NOT AS SEVERE AS WITH MAJOR DEPRESSION.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_32a	CCT_MOODAGE_TRF1	
[ASK IF CCT_MOOD_TRF1 = YES]		
At what age or in what year were you first told you had a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?		
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?		
CCT_MOODAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_MOODAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_32b	CCT_MOOD_CHANGE_TRF1	
[ASK IF CCT_MOOD_TRF1 = NO AND CCT_MOOD_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_32b	CCT_MOODCHANGE_SP_TRF1	
[ASK IF CCT_MOOD_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_MOODCHANGE_SP_TRF1		

Other Chronic Conditions

CCT_33	CCT_ALLRG_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have allergies?		
NOTE: THE QUESTION ASKS ABOUT ANY TYPE OF ALLERGY.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_33a	CCT_ALLRG_SP_TRF1	
[ASK IF CCT_ALLRG_TRF1 = YES]		
"YES" Specify		
CCT_ALLRG_SP_TRF1	01	

CCT_33b	CCT_ALLRGAGE_TRF1	
[ASK IF CCT_ALLRG_TRF1 = YES]		
At what age or in what year were you first told you had allergies?		
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?		
CCT_ALLRGAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_ALLRGAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_33c	CCT_ALLRG_CHANGE_TRF1	
[ASK IF CCT_ALLRG_TRF1 = NO AND CCT_ALLRG_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had allergies. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_33C	CCT_ALLRGCHANGE_SP_TRF1	
[ASK IF CCT_ALLRG_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_ALLRGCHANGE_SP_TRF1		

CCT_34	CCT_OSTPO_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_34a	CCT_OSTPOAGE_TRF1	
[ASK IF CCT_BCKP_TRF1 = YES]		
At what age or in what year were you first told you had osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?		
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?		
CCT_OSTPOAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_OSTPOAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_34b	CCT_OSTPOCHANGE_TRF1	
[ASK IF CCT_OSTPO_TRF1 = NO AND CCT_OSTPO_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_34b	CCT_OSTPOCHANGE_SP_TRF1	
[ASK IF CCT_OSTPOCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_OSTPOCHANGE_SP_TRF1		

CCT_35	CCT_BCKP_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have back problems, excluding fibromyalgia and arthritis?		
Fibromyalgia is a common syndrome in which a person has long-term, body-wide pain and tenderness in the joints, muscles, tendons, and other soft tissues.		
Arthritis is a painful inflammation and stiffness of the joints. Here we are referring to any type of arthritis (osteoarthritis, rheumatoid arthritis).		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_35a	CCT_BCKPAGE_TRF1	
[ASK IF CCT_BCKP_TRF1 = YES]		
At what age or in what year were you first told you had back problems, excluding fibromyalgia and arthritis?		
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?		
CCT_BCKPAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_BCKPAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_35b	CCT_BCKP_CHANGE_TRF1	
[ASK IF CCT_BCKP_TRF1 = NO AND CCT_BCKP_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had back problems, excluding fibromyalgia and arthritis. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_35b	CCT_BCKPCHANGE_SP_TRF1	
[ASK IF CCT_BCKP_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_BCKPCHANGE_SP_TRF1		

CCT_36	CCT_UTHYR_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_36a	CCT_UTHYRAGE_TRF1	
[ASK IF CCT_UTHYR_TRF1 = YES]		
At what age or in what year were you first told you had an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?		
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?		
CCT_UTHYRAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_UTHYRAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_36b	CCT_UTHYRCHANGE_TRF1	
[ASK IF CCT_UTHYR_TRF1 = NO AND CCT_UTHYR_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_36b	CCT_UTHYRCHANGE_SP_TRF1	
[ASK IF CCT_UTHYRCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_UTHYRCHANGE_SP_TRF1		

CCT_37	CCT_OTHYR_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_37a	CCT_OTHYRAGE_TRF1	
[ASK IF CCT_OTHYR_TRF1 = YES]		
At what age or in what year were you first told you had an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?		
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?		
CCT_OTHYRAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_OTHYRAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_37b	CCT_OTHYRCHANGE_TRF1	
[ASK IF CCT_OTHYR_TRF1 = NO AND CCT_OTHYR_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_37b	CCT_OTHYRCHANGE_SP_TRF1	
[ASK IF CCT_OTHYRCHANGE_TRF1 = YES]		
"YES" Specify		
CCT_OTHYRCHANGE_SP_TRF1		

CCT_38	CCT_KIDN_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have kidney disease or kidney failure?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_38a	CCT_KIDNAGE_TRF1	
[ASK IF CCT_KIDN_TRF1 = YES]		
At what age or in what year were you first told you had kidney disease or kidney failure?		
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?		
CCT_KIDNAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_KIDNAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_38b	CCT_KIDN_CHANGE_TRF1	
[ASK IF CCT_KIDN_TRF1 = NO AND CCT_KIDN_TRM = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had kidney disease or kidney failure. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCT_38b	CCT_KIDNCHANGE_SP_TRF1	
[ASK IF CCT_KIDN_CHANGE_TRF1 = YES]		
"YES" Specify		
CCT_KIDNCHANGE_SP_TRF1		

CCT_39	CCT_HCV_TRF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have Hepatitis C?		
NOTE: HEPATITIS C IS AN INFECTION CAUSED BY A VIRUS THAT ATTACKS THE LIVER AND LEADS TO INFLAMMATION.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_39a	CCT_HCVAGE_TRF1	
[ASK IF CCT_HCV_TRF1 = YES]		
At what age or in what year were you first diagnosed with Hepatitis C?		
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?		
CCT_HCVAGE_NB_SP_TRF1	Age	_____ MAX = CURRENT AGE
CCT_HCVAGE_YR_SP_TRF1	Year	_____ MAX = CURRENT YEAR
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCT_39b	CCT_HCV_TRT_TRF1	
[ASK IF CCT_HCV_TRF1 = YES]		
Have you ever received treatment for hepatitis C?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_39c	CCT_HCV_TXS_TRF1	
[ASK IF CCT_HCV_TRT_TRF1 = YES]		
Was the treatment successful in clearing the virus?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_39d	CCT_HCV_CURR_TRF1	
[ASK IF CCT_HCV_TRF1 = YES]		
Do you currently have hepatitis C?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCT_40	CCT_OTCCT_TRF1		
[ALWAYS ASK]			
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	01	Yes	
NO	02	No	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	
CCT_40	CCT_OTCCT_OTSP_TRF1		
[ASK IF CCT_OTCCT_TRF1 = YES]			
"YES" Specify			
CCT_OTCCT_OTSP_TRF1	01		

Infections

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

CCT_41	CCT_INF_TRF1				
[ALWAYS ASK]					
In the past year, have you seen a doctor for any of the following reasons?					
READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION					
NOTE: Influenza, commonly referred to as the flu, is an infectious disease caused by RNA viruses. The most common symptoms of the disease are chills, fever, sore throat, muscle pains, severe headache, coughing, weakness/fatigue, and general discomfort. Influenza is different from the common cold or the 'stomach flu' (which is actually a type of gastroenteritis).					
		YES	NO	DK/NA	REFUSED
CCT_DRPNEU_TRF1	Pneumonia				
CCT_DRFLU_TRF1	Flu (Influenza)				
CCT_DRUTI_TRF1	Urinary Tract Infection (UTI)				
CCT_DROT_TRF1	Any other infections?				
CCT_41	CCT_DROT_OTSP_TRF1				
[ASK IF CCT_DROT_TRF1 = YES]					
"Other" Specify					
CCT_DROT_OTSP_TRF1	01				

CCT_END

Parkinsonism (PKD)

The Canadian Longitudinal Study on Aging received permission from Dr. Caroline Tanner (instrument developer) for the use of this instrument.

Overview	<p>In this module, participants are asked about parkinsonism or Parkinson's disease to help us estimate the percentage of people in the study who may be affected with either disorder.</p> <p>Importance of module: Parkinsonism is any condition that causes a combination of the movement abnormalities seen in Parkinson's disease, such as tremors, slow movement, impaired speech, or muscle stiffness. Not everyone who has parkinsonism has Parkinson's disease.</p> <p>Parkinson's disease is a degenerative disorder of the central nervous system. Early in the course of the disease, the most obvious symptoms are movement-related; these include shaking, rigidity, slowness of movement and difficulty with walking and gait. Later, cognitive and behavioural problems may arise, with dementia commonly occurring in the advanced stages of the disease. Other symptoms include sensory, sleep and emotional problems.</p>
-----------------	---

I would now like to ask a few questions about Parkinsonism or Parkinson's Disease. Although you may not have either condition, or any of the symptoms related to either condition, please answer the questions to help us estimate the percentage of people in the study who do or do not have these conditions or symptoms.

PKD_1	PKD_PARK_TRF1
[ALWAYS ASK]	
Has a doctor ever told you that you had Parkinsonism or Parkinson's Disease?	
<p>NOTE: Parkinsonism is any condition that causes a combination of the movement abnormalities seen in Parkinson's disease, such as tremor, slow movement, impaired speech, or muscle stiffness. Not everyone who has Parkinsonism has Parkinson's disease.</p> <p>Parkinson's disease is a degenerative disorder of the central nervous system. Early in the course of the disease, the most obvious symptoms are movement-related; these include shaking, rigidity, slowness of movement and difficulty with walking and gait. Later, cognitive and behavioural problems may arise, with dementia commonly occurring in the advanced stages of the disease. Other symptoms include sensory, sleep and emotional problems.</p>	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

PKD_1a	PKD_PARK_CHANGE_TRF1	
[ASK IF CCT_PARK_TRM = YES AND PKD_PARK_TRF1 = NO]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Parkinsonism or Parkinson's Disease. Since that interview, has the diagnosis changed?		
YES	01	Yes (please specify: _____)
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
PKD_1A	PKD_PARKCHANGE_SP_TRF1	
[ASK IF PKD_PARK_CHANGE_TRF1 = YES]		
"YES" Specify		
PKD_PARKCHANGE_SP_TRF1		

PKD_2	PKD_AGE_TRF1	
[ASK IF PKD_PARK_TRF1 = YES]		
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?"		
PKD_AGE_NB_TRF1	Age	
PKD_AGE_YR_TRF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

PKD_3	PKD_MED_TRF1				
<p>Even if you have not been diagnosed with Parkinsonism or Parkinson's Disease we will still need to ask you about some medications and or treatments that are typically given for these conditions.</p> <p>Are you currently taking any of the following drugs?</p>					
	PD Medications	YES	NO	DK	RF
PKD_MED_LEV_TRF1	Levodopa/carbidopa (<i>Sinemet, Prolopa</i>)				
PKD_MED_LEN_TRF1	Levodopa/entacapone (<i>Stalevo</i>)				
PKD_MED_PRA_TRF1	Pramipexole (<i>Mirapex</i>)				
PKD_MED_ROP_TRF1	Ropinirole (<i>ReQuip</i>)				
PKD_MED_RAS_TRF1	Rasagiline (<i>Azilect</i>)				
PKD_MED_SEL_TRF1	Selegiline (<i>Deprenyl</i>)				
PKD_MED_ENT_TRF1	Entacapone (<i>Comtan</i>)				
PKD_MED_BEN_TRF1	Benzotropine (<i>Cogentin</i>)				
PKD_MED_ETH_TRF1	Ethopropazine (<i>Parsitan</i>)				
PKD_MED_PRO_TRF1	Procyclidine				
PKD_MED_TRI_TRF1	Trihexyphenidyl (<i>Artane</i>)				
PKD_MED_AMA_TRF1	Amantadine (<i>Symmetrel</i>)				
PKD_MED_ROT_TRF1	Rotigotine Patch (<i>Neupro</i>)				
PKD_MED_LCI_TRF1	Levodopa/carbidopa intestinal gel (<i>Duodopa</i>)				

PKD_4	PKD_OTHMD_TRF1	
<p>Are you currently undergoing other treatment for Parkinsonism or Parkinson's Disease?</p>		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_5	PKD_EVRMED_TRF1	
[ASK IF PKD_OTHMD_TRF1 = NO]		
<p>Have you ever taken any medications or undergone other treatment for Parkinsonism or Parkinson's Disease?</p>		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

INTERVIEWER INSTRUCTIONS: QUESTIONS PKD_SHKE_TRF1 THROUGH PKD_RISE_TRF1 PERTAIN TO WHETHER THE PARTICIPANT IS CURRENTLY EXPERIENCING ANY OF THE SYMPTOMS. PEOPLE WITH PARKINSONISM TEND TO EXPERIENCE ONE OR MORE OF THESE SYMPTOMS ON AN ONGOING BASIS, SO “CURRENTLY” MEANS REGULARLY.

PKD_5	PKD_SHKE_TRF1	
[ALWAYS ASK]		
Do your arms or legs shake?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_5a	PKD_SHKSEV_TRF1	
[ASK IF PKD_SHKE_TRF1 = YES]		
Is this shaking more severe or noticeable when your limb is resting, or when you are using it?		
RESTING	01	Resting
DURING_USE_ACTION	02	During use/action
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_6	PKD_SMWRT_TRF1	
[ALWAYS ASK]		
Is your handwriting smaller than it once was?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_7	PKD_BUTON_TRF1	
[ALWAYS ASK]		
Do you have trouble buttoning buttons?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_8	PKD_VOICE_TRF1	
[ALWAYS ASK]		
Do people tell you that your voice is softer than it once was?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_9	PKD_FEET_TRF1	
[ALWAYS ASK]		
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	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_10	PKD_WALK_TRF1	
[ALWAYS ASK]		
Do you shuffle your feet and/or take tiny steps when you walk?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_11	PKD_BAL_TRF1	
[ALWAYS ASK]		
Is your balance poor?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_12	PKD_FACE_TRF1	
[ALWAYS ASK]		
Does your face seem less expressive than it used to?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_13	PKD_RISE_TRF1	
[ALWAYS ASK]		
Do you have trouble rising from a chair?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_END

Epilepsy (EPI)

This module uses the Canadian Longitudinal Study on Aging Epilepsy Algorithm (CLSA-EA) questionnaire. The CLSA-EA questionnaire was developed and validated by Dr. Mark Keezer and his research team.

EPI_1	EPI_EVER_TRF1	
[ALWAYS ASK]		
[Other than seizure[s] you had because of a high fever], have you ever had, or has anyone ever told you that you had, a seizure disorder or epilepsy?		
NOTE: Epilepsy is a central nervous system disorder (neurological disorder) in which nerve cell activity in the brain becomes disrupted, causing seizures or periods of unusual behavior, sensations and sometimes loss of consciousness. Seizure symptoms can vary widely. Some people with epilepsy simply stare blankly for a few seconds during a seizure, while others repeatedly twitch their arms or legs.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

EPI_2	EPI_MED_TRF1	
[ALWAYS ASK]		
Have you ever taken medications for seizures?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

EPI_3	EPI_CAUS_FEV_TRF1	
[ALWAYS ASK]		
Did anyone ever tell you that you had a seizure or convulsion caused by a high fever when you were a child?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

EPI_3b	EPI_CAUS_TRF1				
[ALWAYS ASK]					
[Other than seizure[s] you had because of a high fever], have you ever had, or has anyone ever told you that you had, any of the following...					
INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE					
		Yes	No	DK/NA	RF
EPI_CAUS_SEIZ_TRF1	i. A seizure, convulsion, fit or spell under any circumstances?				
EPI_CAUS_TWIT_TRF1	ii. Uncontrolled movements of part or all of your body such as twitching, jerking, shaking or going limp?				
EPI_CAUS_MENT_TRF1	iii. An unexplained change in your mental state or level of awareness; or an episode of “spacing out” that you could not control?				
EPI_CAUS_DREM_TRF1	iv. Did anyone ever tell you that when you were a small child, you would daydream or stare into space more than other children?				
EPI_CAUS_BDMV_TRF1	v. Have you ever noticed any unusual body movements or feelings when exposed to strobe lights, video games, flickering lights, or sun glare?				
EPI_CAUS_JERK_TRF1	vi. Shortly after waking up, either in the morning or after a nap, have you ever noticed uncontrollable jerking or clumsiness, such as dropping things or things suddenly “flying” from your hands?				
EPI_CAUS_SPEL_TRF1	vii. Have you ever had any other type of repeated unusual spells?				

EPI_4a	EPI_EPILSZ_TRF1	
[ASK IF EPI_EVER_TRF1=YES]		
Have you had an epileptic seizure within the last five years?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

EPI_4b	EPI_CURRMED_TRF1	
[ASK IF EPI_EVER_TRF1 = YES]		
Do you currently take medications for seizures?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Functional Status (FUL)

Overview	The purpose of these questions is to determine the degree of mobility of the aging population in day to day actions.
-----------------	--

FUL_1	FUL_SHLD_TRF1
[ALWAYS ASK]	
Do you have any difficulty reaching or extending your arms above your shoulders?	
YES	01 Yes
NO	02 No
UNABLE	03 Unable to do
DOCTORS_ORDERS	04 Don't do on doctor's orders
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

FUL_1a	FUL_SHLDDG_TRF1
[ASK IF FUL_SHLD_TRF1 = YES]	
Would you say the degree of difficulty is...	
LITTLE_DIFFICULT	01 A little difficult
SOMEWHAT_DIFFICULT	02 Somewhat difficult
VERY_DIFFICULT	03 Very difficult
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

FUL_2	FUL_STOOP_TRF1
[ALWAYS ASK]	
Do you have any difficulty stooping, crouching, or kneeling down?	
YES	01 Yes
NO	02 No
UNABLE	03 Unable to do
DOCTORS_ORDERS	04 Don't do on doctor's orders
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

FUL_2a	FUL_STOOPDG_TRF1	
[ASK IF FUL_STOOP_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_3	FUL_PUSH_TRF1	
[ALWAYS ASK]		
Do you have any difficulty pushing or pulling large objects like a living room chair?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_3a	FUL_PUSHDG_TRF1	
[ASK IF FUL_PUSH_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_4	FUL_LFT10_TRF1	
[ALWAYS ASK]		
Do you have any difficulty lifting ten pounds (or 4.5 kg) from the floor, like a heavy bag of groceries?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_4a	FUL_LFT10DG_TRF1	
[ASK IF FUL_LFT10_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_5	FUL_HDLG_TRF1	
[ALWAYS ASK]		
Do you have any difficulty handling small objects, like picking up a coin from a table?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_5a	FUL_HDLGDG_TRF1	
[ASK IF FUL_HDLG_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_6	FUL_ST15_TRF1	
[ALWAYS ASK]		
Do you have any difficulty standing for a long period, around 15 minutes?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_6a	FUL_ST15DG_TRF1	
[ASK IF FUL_ST15_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_7	FUL_SIT1H_TRF1	
[ALWAYS ASK]		
Do you have any difficulty sitting for a long period, say 1 hour?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_7a	FUL_SIT1HDG_TRF1	
[ASK IF FUL_SIT1H_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_8	FUL_STDUP_TRF1	
[ALWAYS ASK]		
Do you have any difficulty standing up after sitting in a chair?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_8a	FUL_STDUPDG_TRF1	
[ASK IF FUL_STDUP_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_9	FUL_FSTR_TRF1	
[ALWAYS ASK]		
Do you have any difficulty walking alone up and down a flight of stairs?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_9a	FUL_FSTRDG_TRF1	
[ASK IF FUL_FSTR_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_10	FUL_WK23B_TRF1	
[ALWAYS ASK]		
Do you have any difficulty walking 2 to 3 neighbourhood blocks?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_10a	FUL_WK23BDG_TRF1	
[ASK IF FUL_WK23B_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_11	FUL_MKBED_TRF1	
[ALWAYS ASK]		
Do you have any difficulty making a bed?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_11a	FUL_MKBEDDG_TRF1	
[ASK IF FUL_MKBED_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_12	FUL_WSHBK_TRF1	
[ALWAYS ASK]		
Do you have any difficulty washing your back?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_12a	FUL_WSHBKDG_TRF1	
[ASK IF FUL_WSHBK_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_13	FUL_KNCUT_TRF1	
[ALWAYS ASK]		
Do you have any difficulty using a knife to cut food?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_13a	FUL_KNCUTDG_TRF1	
[ASK IF FUL_KNCUT_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_14	FUL_FORC_TRF1	
[ALWAYS ASK]		
Do you have any difficulty with recreational or work activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, typing, etc.)?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_14a	FUL_FORCDG_TRF1	
[ASK IF FUL_FORC_TRF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_END

Basic Activities of Daily Living (ADL)

This module is a modification of the Activities of Daily Living questions of the OARS Multidimensional Assessment Questionnaire© developed by Dr. Gerda G. Fillenbaum (Duke University Medical Center). The Canadian Longitudinal Study on Aging received permission from Dr. Fillenbaum (instrument developer) for the use of this instrument.

Overview	<p>The Activities of Daily Living (ADL) scale assesses respondents' ability to perform <u>basic</u> daily activities. Activities of daily living are the tasks considered vital to live independently in the community.</p> <p>The respondent is asked whether help is needed when feeding and dressing oneself, taking care of their appearance, walking around, getting in and out of bed, bathing, and whether they have incontinence problems. These basic daily activities can be difficult to perform for people with mobility restrictions or limitations.</p> <p>Information on activities of daily living will help provide insights into limitations that Canadians may face in day to day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services.</p>
-----------------	--

Now I'd like to ask you about some basic activities of daily living. Remember, these are activities that can be done without help, with some help, or which you are unable to do.

ADL_1	ADL_ABLDR_TRF1
[ALWAYS ASK]	
Can you dress and undress yourself without help (including picking out clothes and putting on socks and shoes)?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

ADL_2	ADL_HPDR_TRF1
[ASK IF ADL_ABLDR_TRF1 = NO]	
Can you dress and undress yourself with some help?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

ADL_3	ADL_UNDR_TRF1	
[ASK IF ADL_HPDR_TRF1 = NO]		
Are you completely unable to dress and undress yourself?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_4	ADL_ABLFD_TRF1	
[ALWAYS ASK]		
Can you eat without help (i.e., you are able to feed yourself completely)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_5	ADL_HPFD_TRF1	
[ASK IF ADL_ABLFD_TRF1 = NO]		
Can you eat with some help (i.e., you need help with cutting your food, etc.)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_6	ADL_UNFD_TRF1	
[ASK IF ADL_HPFD_TRF1 = NO]		
Are you completely unable to feed yourself?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_7	ADL_ABLAP_TRF1	
[ALWAYS ASK]		
Can you take care of your own appearance without help, for example, combing your hair, shaving (if male)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_8	ADL_HPAP_TRF1	
[ASK IF ADL_ABLAP_TRF1 = NO]		
Can you take care of your own appearance with some help?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_9	ADL_UNAP_TRF1	
[ASK IF ADL_HPAP_TRF1 = NO]		
Are you completely unable to take care of your own appearance?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_10	ADL_ABLWK_TRF1	
[ALWAYS ASK]		
Can you walk without help?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_11	ADL_HPWK_TRF1	
[ASK IF ADL_ABLWK_TRF1 = NO]		
Can you walk with some help from a person, or with the use of a walker or crutches, etc.?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_12	ADL_UNWK_TRF1	
[ASK IF ADL_HPWK_TRF1 = NO]		
Are you completely unable to walk?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_13	ADL_ABLBD_TRF1	
[ALWAYS ASK]		
Can you get in and out of bed without any help or aids?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_14	ADL_HPBD_TRF1	
[ASK IF ADL_ABLBD_TRF1 = NO]		
Can you get in and out of bed with some help (either from a person or with the aid of some device)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_15	ADL_UNBD_TRF1	
[ASK IF ADL_HPBD_TRF1 = NO]		
Are you totally dependent on someone else to lift you in and out of bed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_16	ADL_ABLBT_TRF1	
[ALWAYS ASK]		
Can you take a bath or shower without help?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_17	ADL_HPBT_TRF1	
[ASK IF ADL_ABLBT_TRF1 = NO]		
Can you take a bath or shower with some help (i.e., you need help from someone getting in and out of the tub or you need special attachments on the tub)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_18	ADL_UNBT_TRF1	
[ASK IF ADL_HPBT_TRF1 = NO]		
Are you completely unable to take a bath and a shower by yourself?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_19	ADL_BATH_TRF1	
[ALWAYS ASK]		
Do you ever have trouble getting to the bathroom in time?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_20	ADL_INCNT_TRF1	
[ASK IF ADL_BATH_TRF1 = YES]		
How often do you wet or soil yourself (either day or night)? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
0_1_TIME_WEEK	01	Never or less than once a week
1_2_TIME_WEEK	02	Once or twice a week
3_MORE_TIMES_WEEK	03	Three times a week or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ADL_END

Instrumental Activities of Daily Living (IAL)

This module is a modification of the Activities of Daily Living questions of the OARS Multidimensional Assessment Questionnaire© developed by Dr. Gerda G. Fillenbaum (Duke University Medical Center). The Canadian Longitudinal Study on Aging received permission from Dr. Fillenbaum (instrument developer) for the use of this instrument.

Overview	<p>The Instrumental Activities of Daily Living (IADL) scale assesses respondents' ability to independently perform a series of daily activities.</p> <p>The respondent is asked whether or not help is needed when using the telephone, traveling, shopping, cooking, doing housework, taking medicine and handling money. Information on instrumental activities of daily living will help provide insights into limitations that Canadians may face in day to day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services.</p> <p>This module is a companion to the ADL module.</p>
-----------------	--

Now I'd like to ask you about some activities of daily living, activities that can be done without help, with some help or which you are unable to do. You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

IAL_1	IAL_ABLTEL_TRF1
[ALWAYS ASK]	
Can you use the telephone without help, including looking up numbers and dialling?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

IAL_2	IAL_HPTTEL_TRF1
[ASK IF IAL_ABLTEL_TRF1 = NO]	
Can you use the telephone with some help (i.e., you can answer the phone or dial the operator in an emergency, but need a special phone or help in getting the number or dialling)?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

IAL_3	IAL_UNTEL_TRF1	
[ASK IF IAL_HPTL_TRF1 = NO]		
Are you completely unable to use the telephone?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_4	IAL_ABLTRV_TRF1	
[ALWAYS ASK]		
Can you get to places out of walking distance without help (i.e., you drive your own car, or travel alone on buses, or taxis)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_5	IAL_HPTRV_TRF1	
[ASK IF IAL_ABLTRV_TRF1 = NO]		
Can you get to places out of walking distance with some help (i.e., you need someone to help you or go with you when travelling)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_6	IAL_UNTRV_TRF1	
[ASK IF IAL_HPTRV_TRF1 = NO]		
Are you unable to travel unless emergency arrangements are made for a specialized vehicle, like an ambulance?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_7	IAL_ABLGRO_TRF1	
[ALWAYS ASK]		
Can you go shopping for groceries or clothes without help (taking care of all shopping needs yourself)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_8	IAL_HPGRO_TRF1	
[ASK IF IAL_ABLGRO_TRF1 = NO]		
Can you go shopping for groceries or clothes with some help (i.e., you need someone to go with you on all shopping trips)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_9	IAL_UNGRO_TRF1	
[ASK IF IAL_HPGRO_TRF1 = NO]		
Are you completely unable to do any shopping?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_10	IAL_ABLML_TRF1	
[ALWAYS ASK]		
Can you prepare your own meals without help (i.e., you plan and cook full meals yourself)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_11	IAL_HPML_TRF1	
[ASK IF IAL_ABLML_TRF1 = NO]		
Can you prepare your own meals with some help (i.e., you can prepare some things but are unable to cook full meals yourself)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_12	IAL_UNML_TRF1	
[ASK IF IAL_HPML_TRF1 = NO]		
Are you completely unable to prepare any meals?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_13	IAL_ABLWRK_TRF1	
[ALWAYS ASK]		
Can you do your housework without help (i.e., you can clean floors, etc.)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_14	IAL_HPWRK_TRF1	
[ASK IF IAL_ABLWRK_TRF1 = NO]		
Can you do your housework with some help (i.e., you can do light housework but need help with heavy work)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_15	IAL_UNWRK_TRF1	
[ASK IF IAL_HPWRK_TRF1 = NO]		
Are you completely unable to do any housework?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_16	IAL_ABLMED_TRF1	
[ALWAYS ASK]		
Can you take your own medicine without help (in the right doses at the right time)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_17	IAL_HPMED_TRF1	
[ASK IF IAL_ABLMED_TRF1 = NO]		
Can you take your own medicine with some help (i.e., you are able to take medicine if someone prepares it for you or reminds you to take it)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_18	IAL_UNMED_TRF1	
[ASK IF IAL_HPMED_TRF1 = NO]		
Are you completely unable to take your medicine?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_19	IAL_ABLMO_TRF1	
[ALWAYS ASK]		
Can you handle your own money without help (i.e., you write cheques, pay bills, etc.)?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_20	IAL_HPMO_TRF1	
[ASK IF IAL_ABLMO_TRF1 = NO]		
Can you handle your own money with some help (i.e., you manage day-to-day buying but need help with managing your chequebook or paying your bills)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_21	IAL_UNMO_TRF1	
[ASK IF IAL_HPMO_TRF1 = NO]		
Are you completely unable to handle your money?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

IAL_END

Cognition (COG)

Rey Auditory Verbal Learning Test: This test is adapted from André Rey, "L'examen psychologique dans les cas d'encéphalopathie traumatique," Archives de psychologie 28:21, 1941. Recently the procedure has been described and discussed in more detail and with some modifications in André Rey, "L'examen clinique en psychologie," (Paris: Presses Universitaires, 1958), pp. 141-193.

The Mental Alternation Test (MAT)© is modeled on the Trail making test. The MAT was developed by Dr. Evelyn Teng (University of Southern California), who gave the Canadian Longitudinal Study on Aging permission to use the test.

Overview	INTERVIEWER NOTES: REMINDER TO USE THE SCRIPT PRECISELY AS PROVIDED AND TO ADHERE TO THE PRESCRIBED TIME ALLOWANCES IN THE FOLLOWING COGNITION MODULES.
-----------------	--

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.

COG_A	COG_REC_TRF1
[ALWAYS ASK]	
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	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused
[IF COG_REC_TRF1 ≠ YES SKIP TO END OF MODULE]	

COG_1	COG_RDY_TRF1
[ASK IF COG_REC_TRF1 = YES]	
It is very important that you are not disturbed during these tasks. Only you can complete these tasks, without help from anyone else or the use of an aid, which includes pen and paper.	
To begin, a recorded voice will ask you a question that you will need to answer. Please listen carefully. Are you ready to listen to the recording?	
INTERVIEWER NOTES: IF THERE IS TECHNICAL DIFFICULTY AND THE PARTICIPANT CAN'T BE RECORDED SKIP TO COG_END	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused
[IF COG_RDY_TRF1 = YES SKIP TO COG_WRDLST_TRF1, IF COG_RDY_TRF1 = REFUSED SKIP TO COG_ANML_TRF1]	

COG_2	COG_RDYRPT_TRF1	
[ASK IF COG_RDY_TRF1 = NO]		
INTERVIEWER INSTRUCTION: IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS:		
A recorded voice will ask you a question that you will need to answer. Please listen carefully. Are you ready to listen to the recording?		
INTERVIEWER NOTES: IF THERE IS TECHNICAL DIFFICULTY AND THE PARTICIPANT CAN'T BE RECORDED SKIP TO COG_END		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused
[IF COG_RDYRPT_TRF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_ANML_TRF1, IF COG_RDYRPT_TRF1 = YES SKIP TO COG_BGN_TRF1]		

COG_2a	COG_RDYIMP_TRF1	
[ASK IF COG_RDYRPT_TRF1 = DK_NA, NO or REFUSED]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
[IF COG_RDYRPT_TRF1 = NO SKIP TO COG_ANML_TRF1]		

COG_2b	COG_RDYFCTR_TRF1	
[ASK IF COG_RDYIMP_TRF1 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_RDYFCTR_LG_TRF1	01	Had difficulty understanding English/French
COG_RDYFCTR_PH_TRF1	02	Physical impairment, such as difficulty hearing
COG_RDYFCTR_DI_TRF1	03	Distraction or noisy environment
COG_RDYFCTR_IM_TRF1	04	Impaired concentration/memory problems
COG_RDYFCTR_AID_TRF1	05	Used an aid
COG_RDYFCTR_TE_TRF1	06	Technical difficulties with the computer/software
COG_RDYFCTR_OT_TRF1	97	Other
[IF COG_RDYIMP_TRF1 ≠ COG_RDYFCTR_OT_TRF1 SKIP TO COG_ANML_TRF1]		

COG_2c	COG_RDYFCTR_OTSP_TRF1
[ASK IF COG_RDYFCTR_TRF1 = COG_RDYFCTR_OT_TRF1]	
Other (please specify: _____)	
COG_RDYFCTR_OTSP1_TRF1	[OPEN TEXT VARIABLE]
[SKIP TO COG_ANML_TRF1]	

COG_3	COG_BGN_TRF1
[ASK IF COG_RDY_TRF1 or COG_RDYRPT_TRF1 = YES]	
I will begin the recording now.	
INTERVIEWER TO INDICATE IF THE PARTICIPANT CLEARLY HEARD THE RECORDING, DK/RF NOT ALLOWED	
YES	01 Yes, clearly heard recording
NO	02 No, did not clearly hear recording
[IF COG_BGN_TRF1 = YES SKIP TO COG_WRD_TRF1]	

COG_4	COG_HRD_TRF1
[ASK IF COG_BGN_TRF1 = NO]	
ADJUST VOLUME AND SAY: I have adjusted the volume. I will replay the recording for you now.	
INTERVIEWER TO INDICATE IF THE PARTICIPANT CLEARLY HEARD THE RECORDING, DK/RF NOT ALLOWED	
YES	01 Yes, clearly heard recording
NO	02 No, did not clearly hear recording
[IF COG_HRD_TRF1 = YES SKIP TO COG_WRD_TRF1]	

COG_4a	COG_HRDIMP_TRF1
[ASK IF COG_HRD_TRF1 = NO]	
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?	
YES	01 Yes
NO	02 No
[IF COG_HRDIMP_TRF1 = NO SKIP TO COG_ANML_TRF1]	

COG_4b	COG_HRDFCTR_TRF1	
[ASK IF COG_HRDIMP_TRF1 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
COG_HRDFCTR_LG_TRF1	01	Had difficulty understanding English/French
COG_HRDFCTR_PH_TRF1	02	Physical impairment, such as difficulty hearing
COG_HRDFCTR_DI_TRF1	03	Distraction or noisy environment
COG_HRDFCTR_IM_TRF1	04	Impaired concentration/memory problems
COG_HRDFCTR_AID_TRF1	05	Used an aid
COG_HRDFCTR_TE_TRF1	06	Technical difficulties with the computer/software
COG_HRDFCTR_OT_TRF1	97	Other
COG_HRDFCTR_DK_NA_TRF1	98	[DO NOT READ] Don't know/No answer
COG_HRDFCTR_REFUSED_TRF1	99	[DO NOT READ] Refused
[IF COG_HRDFCTR_TRF1 ≠ COG_HRDFCTR_OT_TRF1 SKIP TO COG_ANML_TRF1]		

COG_4c	COG_HRDFCTR_OTSP_TRF1	
[ASK IF COG_HRDFCTR_TRF1 = COG_HRDFCTR_OT_TRF1]		
Other (please specify: _____)		
COG_HRDFCTR_OTSP1_TRF1	[OPEN TEXT VARIABLE]	
[SKIP TO COG_ANML_TRF1]		

COG_5	COG_WRD_TRF1	
[ASK IF COG_BGN_TRF1 or COG_HRD_TRF1 = YES]		
The first task will start with a recorded voice that will read you a list of words. We have purposely made the list long so it will be difficult for anyone to recall all of the words. Most people recall just a few words. Please listen carefully, as the list of words cannot be repeated. When the list of words is finished, I will ask you to recall aloud as many of the words as you can, in any order. May I start the recording?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused
INTERVIEWER NOTES: IF THE LIST OF WORDS IS NOT PLAYING DUE TO TECHNICAL DIFFICULTY DO NOT RECITE THE WORDS FOR THE PARTICIPANT AND SKIP TO COG_ANML_TRF1.		

COG_6	COG_WDRPT_TRF1	
[ASK IF COG_WRD_TRF1 = NO]		
INTERVIEWER: IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS:		
The first task will start with a recorded voice that will read you a list of words. We have purposely made the list long so it will be difficult for anyone to recall all of the words. Most people recall just a few words. Please listen carefully, as the list of words cannot be repeated. When the list of words is finished, I will ask you to recall aloud as many of the words as you can, in any order. May I start the recording?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused
[IF COG_WDRPT_TRF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_ANML_TRF1, IF COG_WDRPT_TRF1 = YES SKIP TO COG_WDLST_TRF1]		

COG_6a	COG_WRDIMP_TRF1	
[ASK IF COG_WDRPT_TRF1 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
[IF COG_WRDIMP_TRF1 = NO SKIP TO COG_ANML_TRF1]		

COG_6b	COG_WRDFCTR_TRF1	
[ASK IF COG_WRDIMP_TRF1 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED. CODE ALL THAT APPLY		
COG_WRDFCTR_LG_TRF1	01	Had difficulty understanding English/French
COG_WRDFCTR_PH_TRF1	02	Physical impairment, such as difficulty hearing
COG_WRDFCTR_DI_TRF1	03	Distraction or noisy environment
COG_WRDFCTR_IM_TRF1	04	Impaired concentration/memory problems
COG_WRDFCTR_AID_TRF1	05	Used an aid
COG_WRDFCTR_TE_TRF1	06	Technical difficulties with the computer/software
COG_WRDFCTR_OT_TRF1	97	Other
[IF COG_WRDFCTR_TRF1 ≠ COG_WRDFCTR_OT_TRF1 SKIP TO COG_ANML_TRF1]		

COG_6c	COG_WRDFCTR_OTSP_TRF1
[ASK IF COG_WRDFCTR_TRF1 = COG_WRDFCTR_OT_TRF1]	
Other (please specify: _____)	
COG_WRDFCTR_OTSP1_TRF1	[OPEN TEXT VARIABLE]
[SKIP TO COG_ANML_TRF1]	

COG_7	COG_WRDLST_TRF1					
[ASK IF COG_WRD_TRF1 = YES or COG_WDRDPT_TRF1 = YES]						
I will begin the recording now.						
RECORDING INSTRUCTIONS: START RECORDING						
Now, please tell me all the words you can remember in any order. Please begin.						
MULTIPLE RESPONSES ALLOWED, RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS. (EXCEPT IF 96 OR 99 ARE SELECTED)						
TIMER INSTRUCTIONS: PARTICIPANT HAS 90 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES, DO NOT STOP THE TIMER BEFORE THE BEEP.						
INTERVIEWER NOTES: IF THERE IS TECHNICAL DIFFICULTY AND THE PARTICIPANT CAN'T BE RECORDED SKIP TO COG_END						
			Yes	No	Variant	Approved Variant Words
COG_WRDLST_DRUM_TRF1	Drum	01				Dum or drub
COG_WRDLST_CURT_TRF1	Curtain	02				certain
COG_WRDLST_BELL_TRF1	Bell	03				ball
COG_WRDLST_COFF_TRF1	Coffee	04				NA
COG_WRDLST_SCHL_TRF1	School	05				Cool
COG_WRDLST_PRNT_TRF1	Parent	06				NA
COG_WRDLST_MOON_TRF1	Moon	07				NA
COG_WRDLST_GARD_TRF1	Garden	08				NA
COG_WRDLST_HAT_TRF1	Hat	09				NA
COG_WRDLST_FARM_TRF1	Farmer	10				Armor, former
COG_WRDLST_NOSE_TRF1	Nose	11				NA
COG_WRDLST_TURK_TRF1	Turkey	12				NA
COG_WRDLST_COLR_TRF1	Colour	13				Collar
COG_WRDLST_HOUS_TRF1	House	14				NA
COG_WRDLST_RIVR_TRF1	River	15				NA
COG_WRDLST_NONE_TRF1	None/No words were correctly recalled	96				NA

COG_WRDLST_OT_TRF1	OTHER words stated not on the above list	97	
COG_WRDLST_REFUSED_TRF1		99	[DO NOT READ] Refused
[IF COG_WRDLST_TRF1 ≠ COG_WRDLST_OT_TRF1 SKIP TO COG_WRDLST_COMMT_TRF1]			

* Please see the citation at the beginning of the Cognition module in this questionnaire.

COG_7a	COG_WRDLST_OTSP_TRF1		
[ASK IF COG_WRDLST_TRF1 = COG_WRDLST_OT_TRF1]			
Other (please specify: _____)			
COG_WRDLST_OTSP1_TRF1	[OPEN TEXT VARIABLE]		

COG_7b	COG_WRDLST_COMMT_TRF1		
[ASK IF COG_RDY_TRF1 = YES or COG_RDYRPT_TRF1 = YES]			
COG_WRDLST_COMMT_TRF1	Comments: (If there is no comment enter "NA") _____		
Thank you. This task is finished.			
TIMER INSTRUCTIONS: BEGIN/END TIMER			

COG_9	COG_ANML_TRF1		
[ASK IF COG_REC_TRF1 = YES]			
For the next few tasks, we are going to ask you to name some items, as well as count numbers and letters aloud.			
INTERVIEWER NOTES: The following tasks should be performed in either French or English, not both.			
Now, I would like you to name as many different animals as you can think of. You have one minute to do this. When you are ready to begin, I will start. Are you ready to begin?			
YES	01	Yes	
NO	02	No	
DK_NA	08	[DO NOT READ] Don't know/No answer	
REFUSED	09	[DO NOT READ] Refused	
[IF COG_ANML_TRF1 = YES SKIP TO COG_ANMLLIST_TRF1, IF COG_ANML_TRF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_CNT_TRF1]			

COG_10	COG_ANML_RPT_TRF1	
[ASK IF COG_ANML_RPT_TRF1 = NO]		
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.		
Now, I would like you to name as many different animals as you can think of. You have one minute to do this. When you are ready to begin, I will start. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused
[IF COG_ANML_RPT_TRF1 = YES SKIP TO COG_ANMLLIST_TRF1, IF COG_ANML_RPT_TRF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_CNT_TRF1]		

COG_10a	COG_ANMLIMP_TRF1	
[ASK IF COG_ANML_RPT_TRF1 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
[IF COG_ANMLIMP_TRF1 = NO SKIP TO COG_CNT_TRF1]		

COG_10b	COG_ANMLFCTR_TRF1	
[ASK IF COG_ANMLIMP_TRF1 = YES]		
INTERVIEWER: What were the factors? MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_ANMLFCTR_LG_TRF1	01	Had difficulty understanding English/French
COG_ANMLFCTR_PH_TRF1	02	Physical impairment, such as difficulty hearing
COG_ANMLFCTR_DI_TRF1	03	Distraction or noisy environment
COG_ANMLFCTR_IM_TRF1	04	Impaired concentration/memory problems
COG_ANMLFCTR_AID_TRF1	05	Used an aid
COG_ANMLFCTR_TE_TRF1	06	Technical difficulties with the computer/software
COG_ANMLFCTR_OT_TRF1	97	Other
[IF COG_ANMLFCTR_TRF1 ≠ COG_ANMLFCTR_OT_TRF1 SKIP TO COG_CNT_TRF1]		

COG_10c	COG_ANMLFCTR_OTSP_TRF1	
[ASK IF COG_ANMLFCTR_TRF1 = COG_ANMLFCTR_OT_TRF1]		
Other (please specify: _____)		
COG_ANMLFCTR_OTSP1_TRF1	[OPEN TEXT VARIABLE]	
[SKIP TO COG_CNT_TRF1]		

COG_11	COG_ANMLLIST_TRF1
[ASK IF COG_ANML_TRF1 OR COG_ANML_RPT_TRF1 = YES]	
TIMER INSTRUCTIONS: BEGIN/END TIMER	
Please begin.	
TIMER INSTRUCTIONS: PARTICIPANT HAS 60 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES, DO NOT STOP THE TIMER BEFORE THE BEEP.	
INTERVIEWER INSTRUCTIONS: 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 any more animals?"	
DO NOT INTERRUPT THE PARTICIPANT IF HE/SHE IS PROVIDING APPROPRIATE ANSWERS. ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION ON WHAT CATEGORIES OF ANIMALS ARE ALLOWED OR ASKS IF A SPECIFIC CATEGORY(IES) COUNT (i.e.: BIRDS, FISH, INSECTS) MAY YOU PROVIDE CLARIFICATION. DO NOT HELP THE PARTICIPANT.	
COG_ANMLLIST_COMMT_TRF1	Comments: (If there is none, enter "NA")
Thank you. This task is finished.	
TIMER INSTRUCTIONS: BEGIN/END TIMER	

COG_12	COG_CNT_TRF1
[ASK IF COG_REC_TRF1 = YES]	
Now, I would like you to count from 1 to 20, from 1, 2, 3, 4 and so on. Are you ready to begin?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused
[IF COG_CNT_TRF1 = YES SKIP TO COG_CNTTIME_RECYN_TRF1, IF COG_CNT_TRF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_WRDLST2_TRF1]	

COG_13	COG_CNTRPT_TRF1
[ASK IF COG_CNT_TRF1 = NO]	
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION.	
Now, I would like you to count from 1 to 20, from 1, 2, 3, 4 and so on. Are you ready to begin?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused
[IF COG_CNTRPT_TRF1 = YES SKIP TO COG_CNTTIME_RECYN_TRF1, IF COG_CNT_TRF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_WRDLST2_TRF1]	

COG_13a	COG_CNTIMP_TRF1	
[ASK IF COG_CNTRPT_TRF1 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
[IF COG_CNTIMP_TRF1 = NO SKIP TO COG_WRDLST2_TRF1]		

COG_13b	COG_CNTFCTR_TRF1	
[ASK IF COG_CNTIMP_TRF1 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_CNTFCTR_LG_TRF1	01	Had difficulty understanding English/French
COG_CNTFCTR_PH_TRF1	02	Physical impairment, such as difficulty hearing
COG_CNTFCTR_DI_TRF1	03	Distraction or noisy environment
COG_CNTFCTR_IM_TRF1	04	Impaired concentration/memory problems
COG_CNTFCTR_AID_TRF1	05	Used an aid
COG_CNTFCTR_TE_TRF1	06	Technical difficulties with the computer/software
COG_CNTFCTR_OT_TRF1	97	Other
[IF COG_CNTFCTR_TRF1 ≠ COG_CNTFCTR_OT_TRF1 SKIP TO COG_WRDLST2_TRF1]		

COG_13c	COG_CNTFCTR_OTSP_TRF1	
[ASK IF COG_CNTFCTR_TRF1 = COG_CNTFCTR_OT_TRF1]		
Other (please specify: _____)		
COG_CNTFCTR_OTSP1_TRF1	[OPEN TEXT VARIABLE]	
[SKIP TO COG_WRDLST2_TRF1]		

COG_14	COG_CNTTME_RECORD_TRF1	
[ASK IF COG_CNT_TRF1 OR COG_CNTRPT_TRF1 = YES]		
TIMER INSTRUCTIONS: BEGIN/END TIMER		
Please begin.		
TIMER INSTRUCTIONS: STOP THE TIMER IMMEDIATELY WHEN THE PARTICIPANT HAS SUCCESSFULLY COUNTED FROM 1 TO 20 OR THE TIME REACHES 30 SECONDS, WHICHEVER COMES FIRST. ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED. THE TIMER SHOULD NOT BE PAUSED OR RESET, UNLESS THERE ARE TECHNICAL DIFFICULTIES. DK/RF NOT ALLOWED		
INTERVIEWER NOTES: MUST BE COMPLETED IN ENGLISH OR FRENCH, NOT BOTH		

COG_CNTTME_RECYN_TRF1		
[ASK IF COG_CNT_TRF1 or COG_CNTRPT_TRF1 = YES]		
Was the participant able to successfully count from 1-20?		
INTERVIEWER NOTES: SMALL ERRORS ARE ALLOWED		
YES	01	Yes
NO	02	No
COG_CNTTIME_COMMT_TRF1	Comments: (If there is none enter "NA")	
[IF COG_CNTTIME_RECYN_TRF1 = NO SKIP TO COG_WRDLST2_TRF1]		

COG_14a	COG_CNTTIME_REC_TRF1	
[ASK IF COG_CNTTME_RECYN_TRF1 = YES]		
COG_CNTTME_NB_TRF1	___	Record exact time in seconds: MASK: MIN=01, MAX=30
Thank you. This task is finished.		

COG_16	COG_ALP_TRF1	
[ASK IF COG_CNTTIME_RECYN_TRF1 = YES]		
Now, I would like you to say the alphabet, from A, B, C, D and so on. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused
[IF COG_ALP_TRF1 = YES SKIP TO COG_ALTIME_REC_TRF1, IF COG_ALP_TRF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_WRDLST2_TRF1]		

COG_17	COG_ALPRPT_TRF1	
[ASK IF COG_ALP_TRF1 = NO]		
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION.		
Now, I would like you to say the alphabet, from A, B, C, D and so on. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused
[IF COG_ALPRPT_TRF1 = YES SKIP TO COG_ALPTME_REC_TRF1, IF COG_ALPRPT_TRF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_WRDLST2_TRF1]		

COG_17a	COG_ALPIMP_TRF1	
[ASK IF COG_ALPRPT_TRF1 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
[IF COG_ALPIMP_TRF1 = NO SKIP TO COG_WRDLST2_TRF1]		

COG_17b	COG_ALPFCTR_TRF1	
[ASK IF COG_ALPIMP_TRF1 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_ALPFCTR_LG_TRF1	01	Had difficulty understanding English/French
COG_ALPFCTR_PH_TRF1	02	Physical impairment, such as difficulty hearing
COG_ALPFCTR_DI_TRF1	03	Distraction or noisy environment
COG_ALPFCTR_IM_TRF1	04	Impaired concentration/memory problems
COG_ALPFCTR_AID_TRF1	05	Used an aid
COG_ALPFCTR_TE_TRF1	06	Technical difficulties with the computer/software
COG_ALPFCTR_OT_TRF1	97	Other
[IF COG_ALPFCTR_TRF1 ≠ COG_ALPFCTR_OT_TRF1 SKIP TO COG_WRDLST2_TRF1]		
COG_17c	COG_ALPFCTR_OTSP_TRF1	
[ASK IF COG_ALPFCTR_TRF1 = COG_ALPFCTR_OT_TRF1]		
Other (please specify: _____)		
COG_ALPFCTR_OTSP1_TRF1	[OPEN TEXT VARIABLE]	
[SKIP TO COG_WRDLST2_TRF1]		

COG_18	COG_ALPTME_RECORD_TRF1
[ASK IF COG_ALP_TRF1 = YES OR COG_ALPRPT_TRF1 = YES AND COG_CNTTME_RECYN_TRF1 = YES]	
TIMER INSTRUCTIONS: BEGIN/END TIMER	
Please begin.	
TIMER INSTRUCTIONS: STOP THE TIMER IMMEDIATELY WHEN THE PARTICIPANT HAS SUCCESSFULLY RECITED FROM A TO Z OR THE TIME REACHES 30 SECONDS, WHICHEVER COMES FIRST. ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED AND THE TIMER SHOULD NOT BE PAUSED OR RESET, UNLESS THERE ARE TECHNICAL DIFFICULTIES. DK/RF NOT ALLOWED.	
INTERVIEWER NOTES: MUST BE COMPLETED IN ENGLISH OR FRENCH, NOT BOTH	

COG_ALPTME_RECYN_TRF1		
[ASK IF COG_ALP_TRF1 = YES or COG_ALPRPT_TRF1 = YES]		
Was the participant able to successfully recite the alphabet?		
INTERVIEWER NOTES: SMALL ERRORS ARE ALLOWED		
YES	01	Yes
NO	02	No
[IF COG_ALPTME_RECYN_TRF1 = NO SKIP TO COG_WRDLST2_TRF1]		
COG_ALPTME_COMMT_TRF1	Comments: (If there is none enter "NA")	

COG_18a	COG_ALPTME_REC_TRF1	
[ASK IF COG_ALPTME_RECYN_TRF1 = YES]		
COG_ALPTME_NB_TRF1	___	Record exact time in seconds: MASK: MIN=01, MAX=30
Thank you. This task is finished.		

COG_19	COG_ALT_TRF1	
[ASK IF COG_ALPTME_RECYN_TRF1 = YES]		
Now, I would like you to alternate consecutive numbers, beginning with number 1, with the alphabet, beginning with the letter A, such as 1-A, 2-B, 3-C, 4-D, and so on. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused
[IF COG_ALT_TRF1 = YES SKIP TO COG_ALTTIME_REC_TRF1, IF COG_ALT_TRF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_WRDLST2_TRF1]		

COG_20	COG_ALTRPT_TRF1	
[ASK IF COG_ALT_TRF1 = NO]		
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION.		
Now, I would like you to alternate consecutive numbers, beginning with number 1, with the alphabet, beginning with the letter A, such as 1-A, 2-B, 3-C, 4-D, and so on. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused
[IF COG_ALPRPT_TRF1 = YES SKIP TO COG_ALTTIME_REC_TRF1, IF COG_ALPRPT_TRF1 = REFUSED OR DK_NA SKIP TO COG_WRDLST2_TRF1]		

COG_20a	COG_ALTIMP_TRF1	
[ASK IF COG_ALPRPT_TRF1 = DK_NA OR NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
[IF COG_ALTIMP_TRF1 = NO SKIP TO COG_WRDLST2_TRF1]		

COG_20b	COG_ALTFCTR_TRF1	
[ASK IF COG_ALTIMP_TRF1 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_ALTFCTR_LG_TRF1	01	Had difficulty understanding English/French
COG_ALTFCTR_PH_TRF1	02	Physical impairment, such as difficulty hearing
COG_ALTFCTR_DI_TRF1	03	Distraction or noisy environment
COG_ALTFCTR_IM_TRF1	04	Impaired concentration/memory problems
COG_ALTFCTR_AID_TRF1	05	Used an aid
COG_ALTFCTR_TE_TRF1	06	Technical difficulties with the computer/software
COG_ALTFCTR_OT_TRF1	97	Other
[IF COG_ALTFCTR_TRF1 ≠ COG_ALTFCTR_OT_TRF1 SKIP TO COG_WRDLST2_TRF1]		

COG_20c	COG_ALTFCTR_OTSP_TRF1	
[ASK IF COG_ALTFCTR_TRF1 = COG_ALTFCTR_OT_TRF1]		
Other (please specify: _____)		
COG_ALTFCTR_OTSP1_TRF1	[OPEN TEXT VARIABLE]	
[SKIP TO COG_WRDLST2_TRF1]		

COG_21	COG_ALTTIME_REC_TRF1	
[ASK IF COG_ALT_TRF1 OR COG_ALTRPT_TRF1 = YES]		
TIMER INSTRUCTIONS: BEGIN/END TIMER		
Please begin.		
TIMER INSTRUCTIONS: START TIMER FOR 30 SECONDS. TIMER CANNOT BE RESET OR PAUSED. A BEEP WILL SOUND WHEN THE TIMER COMPLETES. DO NOT STOP THE TIMER BEFORE THE BEEP.		
INTERVIEWER NOTES: IF THE PARTICIPANT STARTS WITH ALPHA INSTEAD OF A NUMBER INTERRUPT HIM/HER, REPEAT THE INSTRUCTIONS, AND HAVE HIM/HER RESTART THE TEST CORRECTLY. DO NOT RESET OR PAUSE THE TIMER.		
COG_ALTTIME_NB_TRF1	—	RECORD NUMBER OF CORRECT ALTERNATIONS IN 30 SECONDS MASK: MAX=51
COG_ALTTIME_COMMT_TRF1	Comments: (If there is none enter "NA") _____	
Thank you. This task is finished.		

COG_22	COG_WRDST2_TRF1					
[ASK IF COG_WRD_TRF1 = YES or COG_WDRPT_TRF1 = YES]						
A little while ago, a recorded voice read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now.						
TIMER INSTRUCTIONS: BEGIN/END TIMER						
MULTIPLE RESPONSES ALLOWED, RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS. (EXCEPT IF 96 OR 99 ARE SELECTED). TIMER INSTRUCTIONS: PARTICIPANT HAS 60 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES. DO NOT STOP THE TIMER BEFORE THE BEEP.						
INTERVIEWER NOTES: IF THE PARTICIPANT STARTS WITH LISTING OF THE ANIMALS THEY PREVIOUSLY NAMED, INTERRUPT THEM AND REPEAT THE INSTRUCTIONS.						
			Yes	No	Variant	Approved Variant Words
COG_WRDST2_DRUM_TRF1	Drum	01				Dum or drub
COG_WRDST2_CURT_TRF1	Curtain	02				certain
COG_WRDST2_BELL_TRF1	Bell	03				ball
COG_WRDST2_COFF_TRF1	Coffee	04				NA
COG_WRDST2_SCHL_TRF1	School	05				Cool
COG_WRDST2_PRNT_TRF1	Parent	06				NA
COG_WRDST2_MOON_TRF1	Moon	07				NA
COG_WRDST2_GARD_TRF1	Garden	08				NA
COG_WRDST2_HAT_TRF1	Hat	09				NA
COG_WRDST2_FARM_TRF1	Farmer	10				Armor, former
COG_WRDST2_NOSE_TRF1	Nose	11				NA
COG_WRDST2_TURK_TRF1	Turkey	12				NA
COG_WRDST2_COLR_TRF1	Colour	13				Collar
COG_WRDST2_HOUS_TRF1	House	14				NA
COG_WRDST2_RIVR_TRF1	River	15				NA
COG_WRDST2_NONE_TRF1	None/No words were correctly recalled	96				NA
COG_WRDST2_OT_TRF1	OTHER words stated not on the above list	97				
COG_WRDST2_REFUSED_TRF1		99	[DO NOT READ] Refused			
[IF COG_WRDST2_TRF1 ≠ COG_WRDST2_OT_TRF1 OR COG_WRDST2_REFUSED_TRF1 SKIP TO COG_WRDST2_COMMT_TRF1]						

* Please see the citation at the beginning of the Cognition module in this questionnaire.

COG_22a	COG_WRDLST2_OTSP_TRF1
[ASK IF COG_WRDLST2_TRF1 = COG_WRDLST2_OT_TRF1]	
Other (please specify: _____)	
COG_WRDLST2_OTSP1_TRF1	[OPEN TEXT VARIABLE]
Thank you. This is the end of the recording session.	
TIMER INSTRUCTIONS: BEGIN/END TIMER	

COG_22b	COG_WRDLST2_COMMT_TRF1
Comments: (If there is none enter "NA") _____	

COG_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.

Overview	<p>Many people feel depressed at one time or another, to varying degrees. However, long lasting depression is a serious mental and physical health concern.</p> <p>This module consists of a series of detailed questions about depression. The answers will be combined to determine how likely it is that the respondent is depressed.</p> <p>This module gathers information on the length, timing and consequences of depressive episodes.</p>
-----------------	--

For the next few questions, please think about how you have felt in the past week that is from **[DATE ONE WEEK AGO]** to yesterday. Choose the answer that most applies for how you have felt over the past week.

I will first read you a question and then I will read you the answers from which you may choose. Please choose the answer that most applies to how you have felt over the past week.

DEP_1	DEP_BOTR_TRF1
[ALWAYS ASK]	
How often were you bothered by things that usually don't bother you?	
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE	
NOTE: Read response options exactly as shown.	
ALL_TIME	01 All of the time (5-7days)
OCCASIONALLY	02 Occasionally (3-4 days)
SOME_TIME	03 Some of the time (1-2 days)
RARELY_NEVER	04 Rarely or never (less than 1 day)
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

DEP_2	DEP_MIND_TRF1
[ALWAYS ASK]	
How often did you have trouble keeping your mind on what you were doing?	
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE	
NOTE: Read response options exactly as shown.	
ALL_TIME	01 All of the time (5-7days)
OCCASIONALLY	02 Occasionally (3-4 days)
SOME_TIME	03 Some of the time (1-2 days)
RARELY_NEVER	04 Rarely or never (less than 1 day)
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

DEP_3	DEP_FLDP_TRF1	
[ALWAYS ASK]		
How often did you feel depressed?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DEP_4	DEP_FFRT_TRF1	
[ALWAYS ASK]		
How often did you feel that everything you did was an effort?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DEP_5	DEP_HPFL_TRF1	
[ALWAYS ASK]		
How often did you feel hopeful about the future?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Remember, we are asking about how you have felt in the past week.

DEP_6	DEP_FRFL_TRF1	
[ALWAYS ASK]		
How often did you feel fearful or tearful?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DEP_7	DEP_RSTLS_TRF1	
[ALWAYS ASK]		
How often was your sleep restless?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DEP_8	DEP_HAPP_TRF1	
[ALWAYS ASK]		
How often were you happy?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DEP_9	DEP_LONLY_TRF1	
[ALWAYS ASK]		
How often did you feel lonely?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DEP_10	DEP_GTGO_TRF1	
[ALWAYS ASK]		
How often did you feel that you could not "get going"?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DEP_END

Satisfaction with Life Scale (SLS)

Overview	This module asks respondents how satisfied they are with their life overall. Researchers are interested in the connection between satisfaction with life and overall physical and mental health and well-being. The degree to which a person is satisfied with life may be related to social support, work or activities, and may be negatively affected by major losses.
-----------------	---

Now a series of statements that people might use to describe their satisfaction with their lives. Please tell me if you disagree or agree with each statement.

SLS_1	SLS_LIFE_TRF1
[ALWAYS ASK]	
In most ways, my life is close to my ideal.	
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE	
DISAGREE	01 Disagree
NEITHER_AGREE_DISAGREE	02 Neither agree nor disagree
AGREE	03 Agree
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused

SLS_2	SLS_LIFENEG_TRF1
[ASK IF SLS_LIFE_TRF1 = DISAGREE]	
Would you say you...	
READ LIST, CODE ONLY ONE RESPONSE	
SLIGHTLY_DISAGREE	01 Slightly disagree
DISAGREE	02 Disagree
STRONGLY_DISAGREE	03 Strongly disagree
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused

SLS_3	SLS_LIFEPOS_TRF1	
[ASK IF SLS_LIFE_TRF1 = AGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_AGREE	01	Slightly agree
AGREE	02	Agree
STRONGLY_AGREE	03	Strongly agree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_4	SLS_COND_TRF1	
[ALWAYS ASK]		
The conditions of my life are excellent.		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
DISAGREE	01	Disagree
NEITHER_AGREE_DISAGREE	02	Neither agree nor disagree
AGREE	03	Agree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_5	SLS_CONDNEG_TRF1	
[ASK IF SLS_COND_TRF1 = DISAGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_DISAGREE	01	Slightly disagree
DISAGREE	02	Disagree
STRONGLY_DISAGREE	03	Strongly disagree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_6	SLS_CONDPOS_TRF1	
[ASK IF SLS_COND_TRF1 = AGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_AGREE	01	Slightly agree
AGREE	02	Agree
STRONGLY_AGREE	03	Strongly agree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_7	SLS_SATS_TRF1	
[ALWAYS ASK]		
I am satisfied with my life.		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
DISAGREE	01	Disagree
NEITHER_AGREE_DISAGREE	02	Neither agree nor disagree
AGREE	03	Agree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_8	SLS_SATSNEG_TRF1	
[ASK IF SLS_SATS_TRF1 = DISAGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_DISAGREE	01	Slightly disagree
DISAGREE	02	Disagree
STRONGLY_DISAGREE	03	Strongly disagree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_9	SLS_SATSPOS_TRF1	
[ASK IF SLS_SATS_TRF1 = AGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_AGREE	01	Slightly agree
AGREE	02	Agree
STRONGLY_AGREE	03	Strongly agree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_10	SLS_IMP_TRF1	
[ALWAYS ASK]		
So far, I have gotten the important things I want in life.		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
DISAGREE	01	Disagree
NEITHER_AGREE_DISAGREE	02	Neither agree nor disagree
AGREE	03	Agree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_11	SLS_IMPNEG_TRF1	
[ASK IF SLS_IMP_TRF1 = DISAGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_DISAGREE	01	Slightly disagree
DISAGREE	02	Disagree
STRONGLY_DISAGREE	03	Strongly disagree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_12	SLS_IMPPOS_TRF1	
[ASK IF SLS_IMP_TRF1 = AGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_AGREE	01	Slightly agree
AGREE	02	Agree
STRONGLY_AGREE	03	Strongly agree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_13	SLS_OVER_TRF1	
[ALWAYS ASK]		
If I could live my life over, I would change almost nothing.		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
DISAGREE	01	Disagree
NEITHER_AGREE_DISAGREE	02	Neither agree nor disagree
AGREE	03	Agree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_14	SLS_OVERNEG_TRF1	
[ASK IF SLS_OVER_TRF1 = DISAGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_DISAGREE	01	Slightly disagree
DISAGREE	02	Disagree
STRONGLY_DISAGREE	03	Strongly disagree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_15	SLS_OVERPOS_TRF1	
[ASK IF SLS_OVER_TRF1 = AGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_AGREE	01	Slightly agree
AGREE	02	Agree
STRONGLY_AGREE	03	Strongly agree
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

SLS_END

Loneliness Scale (LON)

Overview	Loneliness is a prevalent and complex phenomenon that has a substantial impact on many aspects of the lives of middle-aged and older adults. The concept of loneliness is often described as the subjective counterpart to social isolation. While social isolation can be measured objectively by capturing the quantity and quality of social network characteristics (included in the CLSA), loneliness needs to be measured subjectively by questioning perceptions and feelings with regards to social relationships and social activity.
-----------------	--

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.

LON_01	LONE_OFTN_TRF1
[ALWAYS ASK]	
How often do you feel that you lack companionship?	
CODE ONLY ONE RESPONSE	
HARDLY_EVER	01 Hardly ever
SOME_TIME	02 Some of the time
OFTEN	03 Often
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused

LON_02	LONE_LEFT_TRF1
[ALWAYS ASK]	
How often do you feel left out?	
CODE ONLY ONE RESPONSE	
HARDLY_EVER	01 Hardly ever
SOME_TIME	02 Some of the time
OFTEN	03 Often
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused

LON_03	LONE_ISOL_TRF1
[ALWAYS ASK]	
How often do you feel isolated from others?	
CODE ONLY ONE RESPONSE	
HARDLY_EVER	01 Hardly ever
SOME_TIME	02 Some of the time
OFTEN	03 Often
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused

Social Networks (SN)

Overview	<p>Social functioning emphasizes issues of sustained engagement with life, the essential characteristic being the interaction between the individual and society. Exchanges between individuals and society all contribute to social functioning; these exchanges are facilitated through family and other social ties.</p> <p>The CLSA includes measures that cover both structural (e.g., social network size, frequency of contact) and functional (perception of support received) domains relevant to social support. The CLSA Questionnaire includes 15 items pertaining to the respondent's social network; these items include marital/partner status, living arrangements, family composition, social ties and social contacts.</p>
-----------------	--

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	SN_LIVH_NB_TRF1
[ALWAYS ASK]	
How many people, not including yourself, currently live in your household?	
SN_LIVH_NB_TRF1	_____
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
REPEAT SEQUENCE OF QUESTIONS FOR ALL REMAINING MEMBERS OF THE HOUSEHOLD	

Household Member (HM)		Relationship	Sex		Age	
HM#1	SN_LIVH_M1_R_TRF1	Participant	SN_LIVH_M1_S_TRF1		SN_LIVH_M1_A_TRF1	
HM#2	SN_LIVH_M2_R_TRF1		SN_LIVH_M2_S_TRF1		SN_LIVH_M2_A_TRF1	
HM#3	SN_LIVH_M3_R_TRF1		SN_LIVH_M3_S_TRF1		SN_LIVH_M3_A_TRF1	
HM#4	SN_LIVH_M4_R_TRF1		SN_LIVH_M4_S_TRF1		SN_LIVH_M4_A_TRF1	
HM#5	SN_LIVH_M5_R_TRF1		SN_LIVH_M5_S_TRF1		SN_LIVH_M5_A_TRF1	
HM#6	SN_LIVH_M6_R_TRF1		SN_LIVH_M6_S_TRF1		SN_LIVH_M6_A_TRF1	
HM#7	SN_LIVH_M7_R_TRF1		SN_LIVH_M7_S_TRF1		SN_LIVH_M7_A_TRF1	
HM#8	SN_LIVH_M8_R_TRF1		SN_LIVH_M8_S_TRF1		SN_LIVH_M8_A_TRF1	
HM#9	SN_LIVH_M9_R_TRF1		SN_LIVH_M9_S_TRF1		SN_LIVH_M9_A_TRF1	
HM#10	SN_LIVH_M10_R_TRF1		SN_LIVH_M10_S_TRF1		SN_LIVH_M10_A_TRF1	

SN_2	SN_CHILD_NB_TRF1	
[ALWAYS ASK]		
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)?		
NOTE: Some participants may not consider their partner's children to be their children. In such cases, please tell the participant that for the purposes of this questionnaire we are counting their partner's children as their children. Direct participants to include these children in their overall count of living children, as well as in the count of children given for question SN_CHILDSTP_NB_TRF1.		
SN_CHILD_NB_TRF1	_____	
REFUSED	99	[DO NOT READ] Refused

SN_3	SN_CHILDBIO_NB_TRF1	
[ASK IF SN_CHILD_NB_TRF1 ≠ 0 OR REFUSED]		
How many of these children are related to you biologically?		
SN_CHILDBIO_NB_TRF1	_____ MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_CHILD_NB_TRF1]	
REFUSED	99	[DO NOT READ] Refused

SN_4	SN_CHILDADP_NB_TRF1	
[ASK IF SN_CHILD_NB_TRF1 ≠ 0 OR REFUSED]		
How many of these children are your adopted children?		
SN_CHILDADP_NB_TRF1	_____ MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_CHILD_NB_TRF1]	
REFUSED	99	[DO NOT READ] Refused

SN_5	SN_CHILDSTP_NB_TRF1	
[ASK IF SN_CHILD_NB_TRF1 ≠ 0 OR REFUSED]		
How many of these children are your stepchildren or your partner's children?		
SN_CHILDSTP_NB_TRF1	_____ MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_CHILD_NB_TRF1]	
REFUSED	99	[DO NOT READ] Refused

SN_6	SN_DGHTRLIV_NB_TRF1	
[ASK IF SN_CHILD_NB_TRF1 ≠ 0 OR REFUSED]		
How many, if any, living daughters do you have (including biological daughters, stepdaughters and partner's daughters)?		
SN_DGHTRLIV_NB_TRF1	_____ MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_CHILD_NB_TRF1]	
REFUSED	99	[DO NOT READ] Refused

SN_7	SN_SONLIV_NB_TRF1	
[ASK IF SN_CHILD_NB_TRF1 ≠ 0 OR REFUSED]		
How many, if any, living sons do you have (including biological sons, stepsons and partner's sons)?		
SN_SONLIV_NB_TRF1	____ MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_CHILD_NB_TRF1]	
REFUSED	99	[DO NOT READ] Refused

SN_8	SN_SEECHILD_TRF1	
[ASK IF SN_DGHTRLIV_NB_TRF1 ≠ 0 OR REFUSED AND SN_SONLIV_NB_TRF1 ≠ 0 OR REFUSED]		
When did you last get together with any of your children who live outside of your household?		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	01	Within the last day or two
WITHIN_LAST_WEEK_TWO	02	Within the last week or two
WITHIN_PAST_MONTH	03	Within the past month
WITHIN_PAST_6_MONTHS	04	Within the past 6 months
WITHIN_PAST_YEAR	05	Within the past year
MORE_THAN_1_YEAR	06	More than 1 year ago
NA_CHILD_IN_HOUSEHOLD	07	Not applicable, all children live in household
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SN_9	SN_SIBLIV_NB_TRF1	
[ALWAYS ASK]		
How many, if any, living siblings (sisters, brothers) do you have?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
SN_SIBLIV_NB_TRF1	____ MASK: MIN=00, MAX=50	
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

SN_10	SN_SEESIB_TRF1	
[ASK IF SN_SIBLIV_NB_TRF1 ≠ 0 OR REFUSED]		
When did you last get together with any of your siblings who live outside of your household?		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	01	Within the last day or two
WITHIN_LAST_WEEK_TWO	02	Within the last week or two
WITHIN_PAST_MONTH	03	Within the past month
WITHIN_PAST_6_MONTHS	04	Within the past 6 months
WITHIN_PAST_YEAR	05	Within the past year
MORE_THAN_1_YEAR	06	More than 1 year ago
NA_SIB_IN_HOUSEHOLD	07	Not applicable, all siblings live in household
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SN_11	SN_RELLIV_NB_TRF1	
[ALWAYS ASK]		
About how many other living relatives (parents, grandparents, grandchildren, nieces, nephews, cousins, aunts, uncles) do you have?		
NOTE: This question includes the participant's in-laws, i.e., father-in-law, mother-in-law, sister-in-law, brother-in-law (NOT the parents of a father- or mother-in-law, NOT the spouse or children of a brother- or sister-in-law)		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
SN_RELLIV_NB_TRF1	_____ MASK: MIN: 000, MAX=100	
REFUSED	999	[DO NOT READ] Refused

SN_12	SN_SEEREL_TRF1	
[ASK IF SN_RELLIV_NB_TRF1 ≠ 0 OR REFUSED]		
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_LAST_DAY_TWO	01	Within the last day or two
WITHIN_LAST_WEEK_TWO	02	Within the last week or two
WITHIN_PAST_MONTH	03	Within the past month
WITHIN_PAST_6_MONTHS	04	Within the past 6 months
WITHIN_PAST_YEAR	05	Within the past year
MORE_THAN_1_YEAR	06	More than 1 year ago
NA_REL_IN_HOUSEHOLD	07	Not applicable, all relatives live in household
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SN_13	SN_FRND_NB_TRF1	
[ALWAYS ASK]		
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		
SN_FRND_NB_TRF1	_____ MASK: MIN: MIN=00, MAX=90	
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

SN_14	SN_SEEFRND_TRF1	
[ASK IF SN_FRND_NB_TRF1 ≠ 0 OR REFUSED]		
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_LAST_DAY_TWO	01	Within the last day or two
WITHIN_LAST_WEEK_TWO	02	Within the last week or two
WITHIN_PAST_MONTH	03	Within the past month
WITHIN_PAST_6_MONTHS	04	Within the past 6 months
WITHIN_PAST_YEAR	05	Within the past year
MORE_THAN_1_YEAR	06	More than 1 year ago
NA_FRND_IN_HOUSEHOLD	07	Not applicable, no friends live outside of household
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SN_15	SN_NEIBR_NB_TRF1	
[ALWAYS ASK]		
How many of your neighbours do you know?		
NOTE: THIS QUESTION REQUIRES PARTICIPANTS TO SPECIFY THE NUMBER OF NEIGHBOURS THEY KNOW PERSONALLY BY NAME.		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
SN_NEIBR_NB_TRF1	_____ MASK: MIN: MIN=00, MAX=90	
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

SN_16	SN_SEENEIBR_TRF1	
[ASK IF SN_NEIBR_NB_TRF1 ≠ 0 OR REFUSED]		
When did you last get together with any of your neighbours?		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	01	Within the last day or two
WITHIN_LAST_WEEK_TWO	02	Within the last week or two
WITHIN_PAST_MONTH	03	Within the past month
WITHIN_PAST_6_MONTHS	04	Within the past 6 months
WITHIN_PAST_YEAR	05	Within the past year
MORE_THAN_1_YEAR	06	More than 1 year ago
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SN_17	SN_OTH_TRF1	
[ALWAYS ASK]		
Aside from family members, close friends, and neighbours, about how many other people do you know personally (i.e., by name) through...		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
SN_PERWSCH_NB_TRF1	Work or school?	_____ MASK: MIN: MIN=000, MAX=100
DK_NA	998	[DO NOT READ] Don't Know / No Answer
REFUSED	999	[DO NOT READ] Refused
SN_PERCOM_NB_TRF1	Involvement in community activities and organizations?	_____ MASK: MIN: MIN=000, MAX=100
DK_NA	998	[DO NOT READ] Don't Know / No Answer
REFUSED	999	[DO NOT READ] Refused
SN_PERACT_NB_TRF1	Other activities?	_____ MASK: MIN: MIN=000, MAX=100
DK_NA	998	[DO NOT READ] Don't Know / No Answer
REFUSED	999	[DO NOT READ] Refused

SN_END

Social Support – Availability (SSA)

Overview	<p>The ability of people to call on support when they need it is important in understanding their overall health. For example, having somebody to take you to a medical appointment may mean that you are more likely to get the care you need.</p> <p>This module consists of a series of detailed questions about the availability of social support. The answers will be combined to determine how likely it is that the respondent has access to social support.</p> <p>The results of this module will be valuable in identifying which groups are most lacking in social support.</p>
-----------------	---

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	SSA_CONFBED_TRF1	
[ALWAYS ASK]		
Someone to help you if you were confined to bed?		
READ LIST OF STATEMENTS, CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_2	SSA_NDTLK_TRF1	
[ALWAYS ASK]		
Someone you can count on to listen to you when you need to talk?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_3	SSA_CRISIS_TRF1	
[ALWAYS ASK]		
Someone to give you advice about a crisis?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_4	SSA_TYTDR_TRF1	
[ALWAYS ASK]		
Someone to take you to the doctor if needed?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_5	SSA_SHLOV_TRF1	
[ALWAYS ASK]		
Someone who shows you love and affection?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_6	SSA_GOODT_TRF1	
[ALWAYS ASK]		
Someone to have a good time with?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_7	SSA_INFO_TRF1	
[ALWAYS ASK]		
Someone to give you information in order to help you?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_8	SSA_CONFID_TRF1	
[ALWAYS ASK]		
Someone to confide in or talk to about yourself or your problems?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_9	SSA_HUGS_TRF1	
[ALWAYS ASK]		
Someone who hugs you?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_10	SSA_RELAX_TRF1	
[ALWAYS ASK]		
Someone to get together with for relaxation?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_11	SSA_MEALS_TRF1	
[ALWAYS ASK]		
Someone to prepare your meals if you were unable to do it yourself?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_12	SSA_ADVCE_TRF1	
[ALWAYS ASK]		
Someone whose advice you really want?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_13	SSA_MINDOFF_TRF1	
[ALWAYS ASK]		
Someone to do things with to help you get your mind off things?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_14	SSA_CHORES_TRF1	
[ALWAYS ASK]		
Someone to help with daily chores if you were sick?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_15	SSA_SHFEAR_TRF1	
[ALWAYS ASK]		
Someone to share your most private worries and fears with?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_16	SSA_SUGG_TRF1	
[ALWAYS ASK]		
Someone to turn to for suggestions about how to deal with a personal problem?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_17	SSA_ENJOY_TRF1	
[ALWAYS ASK]		
Someone to do something enjoyable with?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_18	SSA_PROBLM_TRF1	
[ALWAYS ASK]		
Someone who understands your problems?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_19	SSA_LOVU_TRF1	
[ALWAYS ASK]		
Someone to love you and make you feel wanted?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_20	SSA_PET_TRF1	
[ALWAYS ASK]		
Do you have a household pet that provides you with companionship?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_END

Social Participation (SPA)

Overview	<p>This module asks about the type and amount of participation in different social activities, including participation in sporting activities, religious services, as well as limitations to such participation.</p> <p>Information from this module will demonstrate the degree to which older Canadians engage in social activities, and highlight reasons why they may feel Limited in their ability to participate in such activities.</p>
-----------------	--

Now some questions about your social activities.

SPA_1	SPA_SOAC_TRF1	
[ALWAYS ASK]		
Which of these statements apply to you?		
NOTE: RESPONSE OPTION 1 – ‘I READ A DAILY NEWSPAPER’ – INCLUDES SITUATIONS WHERE THE PARTICIPANT ONLY READS THE SATURDAY EDITION OF A DAILY NEWSPAPER.		
READ EACH STATEMENT. MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
SPA_SOAC_RNP_TRF1	01	I read a daily newspaper
SPA_SOAC_HY_TRF1	02	I have a hobby or pastime
SPA_SOAC_HIC_TRF1	03	I have taken a holiday in Canada in the last 12 months
SPA_SOAC_HOC_TRF1	04	I have taken a holiday outside of Canada in the last 12 months
SPA_SOAC_DT_TRF1	05	I have gone on a daytrip or outing in the last 12 months
SPA_SOAC_INT_TRF1	06	I use the internet and/or e-mail
SPA_SOAC_VOT_TRF1	07	I voted in the last federal, provincial, or municipal election
SPA_SOAC_NONE_TRF1	96	None of these statements apply to me
SPA_SOAC_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
SPA_SOAC_REFUSED_TRF1	99	[DO NOT READ] Refused

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	SPA_OUTS_TRF1	
[ALWAYS ASK]		
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		
INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN ‘REAL LIFE’ SETTINGS OUTSIDE THE HOME, RATHER THAN IN ‘ONLINE’ SETTINGS.		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_3	SPA_CHRCH_TRF1	
[ALWAYS ASK]		
Church or religious activities such as services, committees or choirs		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_4	SPA_SPORT_TRF1	
[ALWAYS ASK]		
Sports or physical activities that you do with other people		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_5	SPA_EDUC_TRF1	
[ALWAYS ASK]		
Educational and cultural activities involving other people such as attending courses, concerts, plays, or visiting museums		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_6	SPA_CLUB_TRF1	
[ALWAYS ASK]		
Service club or fraternal organization activities		
READ IF NECESSARY – EXAMPLES INCLUDE: LION'S CLUB, ROTARY, KIWANIS CLUB, ROYAL CANADIAN LEGION, OR FORESTERS		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_7	SPA_NEIBR_TRF1	
[ALWAYS ASK]		
Neighbourhood, community or professional association activities		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_8	SPA_VOLUN_TRF1	
[ALWAYS ASK]		
Volunteer or charity work		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_9	SPA_OTACT_TRF1	
[ALWAYS ASK]		
Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games		
INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN 'REAL LIFE' SETTINGS OUTSIDE THE HOME, RATHER THAN IN 'ONLINE' SETTINGS.		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_10	SPA_MORAC_TRF1	
[ALWAYS ASK]		
In the past 12 months, have you felt like you wanted to participate in more social, recreational, or group activities?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_11	SPA_PREVAC_TRF1	
[ASK IF SPA_MORAC_TRF1 = YES]		
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		
SPA_PREVAC_CO_TRF1	01	Cost
SPA_PREVAC_TP_TRF1	02	Transportation problems
SPA_PREVAC_ANA_TRF1	03	Activities not available in the area
SPA_PREVAC_LNA_TRF1	04	Location not physically accessible
SPA_PREVAC_TF_TRF1	05	Location is too far
SPA_PREVAC_HC_TRF1	06	Health condition/limitation
SPA_PREVAC_TI_TRF1	07	Time of the activities not suitable
SPA_PREVAC_GA_TRF1	08	Don't want to go alone
SPA_PREVAC_PR_TRF1	09	Personal or family responsibilities
SPA_PREVAC_LRR_TRF1	10	Language related reasons
SPA_PREVAC_TB_TRF1	11	Too busy
SPA_PREVAC_AF_TRF1	12	Afraid or concerns about safety
SPA_PREVAC_GR_TRF1	13	Grieving
SPA_PREVAC_WH_TRF1	14	Weather conditions
SPA_PREVAC_MO_TRF1	15	Lack of motivation, organization or information
SPA_PREVAC_RL_TRF1	16	Relocation or travel
SPA_PREVAC_ANS_TRF1	17	Activities not interesting/not suitable
SPA_PREVAC_SC_TRF1	18	Social barriers (rejection, shyness, bullying, etc.)
SPA_PREVAC_OT_TRF1	97	Other
SPA_PREVAC_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
SPA_PREVAC_REFUSED_TRF1	99	[DO NOT READ] Refused
SPA_11b	SPA_PREVAC_OTSP_TRF1	
[ASK IF SPA_PREVAC_TRF1 = SPA_PREVAC_OT_TRF1]		
Participation "Other" Specify		
SPA_PREVAC_OTSP_TRF1	01	

Social Cohesion

SPA_12	SPA_COHES_TRF1	
[ALWAYS ASK]		
How would you describe your sense of belonging to your local community? Would you say it is:		
VERY_STRONG	01	Very strong
SOMEWHAT_STRONG	02	Somewhat strong
SOMEWHAT_WEAK	03	Somewhat weak
VERY_WEAK	04	Very weak
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_END

Care Receiving 1/ Formal Care (CR1)

Overview	<p>This is the first of two modules that address care received at home during the past 12 months. This first module asks respondents whether they received home care services provided by professionals due to a health problem that affects their daily activities. The second module asks about assistance from family, friends, and neighbours.</p> <p>In this module, respondents are asked to report assistance provided by paid workers or organizations for various activities, such as medical care, personal care, housework, transportation, etc. Respondents are also asked about home care they needed but did not receive.</p> <p>Formal home care is considered to be an important part of health care reform. Both the health care system and the care recipient may benefit if some types of care are provided in the home instead of in a hospital or institution.</p>
-----------------	---

Now some questions on home care services you may have received because of a health condition or limitation that affects your daily activities. These services include health care, homemaker, or other support services received at home. Please include only services provided by professionals or paid workers. Exclude assistance from family, friends or neighbours.

CR1_1	CR1_PRO_TRF1
[ALWAYS ASK]	
During the past 12 months, did you receive short-term or long-term professional assistance at home, because of a health condition or limitation that affects your daily life, for any of the following activities?	
INTERVIEWER NOTE: BY PROFESSIONAL ASSISTANCE, WE MEAN HELP FROM PAID WORKERS OR VOLUNTEER ORGANIZATIONS. INCLUDE ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS.	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
CR1_PRO_PR_TRF1	01 Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_PRO_MD_TRF1	02 Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_PRO_MG_TRF1	03 Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_PRO_ML_TRF1	04 Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_PRO_AC_TRF1	05 House maintenance or outdoor work
CR1_PRO_TR_TRF1	06 Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_PRO_PT_TRF1	07 Physical therapy
CR1_PRO_TA_TRF1	08 Training and adaptation
CR1_PRO_NONE_TRF1	96 None
CR1_PRO_OT_TRF1	97 Other
CR1_PRO_DK_NA_TRF1	98 [DO NOT READ] Don't know/No answer
CR1_PRO_REFUSED_TRF1	99 [DO NOT READ] Refused

CR1_1a	CR1_PRO_OTSP_TRF1
[ASK IF CR1_PRO_TRF1 = CR1_PRO_OT_TRF1]	
Other (please specify: _____)	
CR1_PRO_OTSP1_TRF1	[OPEN TEXT VARIABLE]

CR1_1b	CR1_IMPT_TRF1
[ASK IF CR1_PRO_TRF1 = MORE THAN ONE RESPONSE OPTION]	
Which one of the professional services that you mentioned is most important to you?	
INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT	
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE	
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_TRF1	
CR1_IMPT_PR_TRF1	01 Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_IMPT_MD_TRF1	02 Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_IMPT_MG_TRF1	03 Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_IMPT_ML_TRF1	04 Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_IMPT_AC_TRF1	05 House maintenance or outdoor work
CR1_IMPT_TR_TRF1	06 Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_IMPT_PT_TRF1	07 Physical therapy
CR1_IMPT_TA_TRF1	08 Training & adaptation
CR1_IMPT_OTSP1_TRF1	97 Other

CR1_2	CR1_MOST_TRF1	
[ASK IF CR1_PRO_TRF1 = MORE THAN ONE RESPONSE OPTION]		
For which type of activity did you receive the most assistance?		
INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_TRF1		
CR1_MOST_PR_TRF1	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_MOST_MD_TRF1	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_MOST_MG_TRF1	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_MOST_ML_TRF1	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_MOST_AC_TRF1	05	House maintenance or outdoor work
CR1_MOST_TR_TRF1	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_MOST_PT_TRF1	07	Physical therapy
CR1_MOST_TA_TRF1	08	Training & adaptation
CR1_MOST_OTSP1_TRF1	97	Other

CR1_3	CR1_PAY_TRF1	
[ASK IF CR1_PRO_TRF1 ≠ NONE, DK_NA OR REFUSED]		
Did you (or someone else in your family) pay directly for some or all of the help that you received?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PAID_ALL_COST	01	Yes, we paid all of the cost
PAID_PART_COST	02	Yes, we paid part of the cost
NO_COST_INVOLVED	03	No, there was no cost involved (e.g., provided by a volunteer or included in provincial health care plan)
DIDNT_PAY_COST	04	No, we didn't pay any of the cost that was involved
DK_NA	08	[DO NOT READ] Don't know/No answer
REFUSED	09	[DO NOT READ] Refused

CR1_3a	CR1_PAY_COST1_TRF1	
[ASK IF CR1_PAY_TRF1 = PAID_ALL_COST OR PAID_PART_COST]		
What was the average out of pocket cost per month over the past 12 months?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT COSTS		
CR1_PAY_COST_TRF1	\$ _____	
DK_NA	9998	[DO NOT READ] Don't know/No answer
REFUSED	9999	[DO NOT READ] Refused

CR1_4	CR1_FRQ_NB_TRF1	
[ASK IF CR1_PRO_TRF1 ≠ NONE, DK_NA OR REFUSED]		
During the past 12 months, about how many weeks did this person/organization help you?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS		
CR1_FRQ_NB_TRF1	_____ (MASK: MIN=01, MAX=52)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

CR1_5	CR1_HOUR_NB_TRF1	
[ASK IF CR1_PRO_TRF1 ≠ NONE, DK_NA OR REFUSED]		
About how many hours per week, on average, did this person/organization provide you with such help?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS		
CR1_HOUR_NB_TRF1	_____ (MASK: MIN=001, MAX=168)	
DK_NA	998	[DO NOT READ] Don't know/No answer
REFUSED	999	[DO NOT READ] Refused

CR1_END

Care Receiving 2/ Informal Care (CR2)

Overview	<p>This module asks respondents whether they received home care services during the past 12 months. This module is about assistance provided by family members, friends or neighbours (informal caregivers) due to a health problem that affects their daily activities. Respondents are asked to report assistance provided for various activities, such as medical care, personal care, housework, transportation, etc.</p> <p>The module covers a number of topics related to informal home care including the identity of the person providing assistance, the duration and level of intensity of the care received.</p>
-----------------	--

The following questions are about different types of assistance that you may have received because of a health condition or limitation that affects your daily activities. Please include only assistance from family, friends, or neighbours. Exclude assistance from paid workers or volunteer organizations.

CR2_1	CR2_FAM_TRF1	
[ALWAYS ASK]		
During the past 12 months, did you receive short-term or long-term assistance from family, friends, or neighbours because of a health condition or limitation that affects your daily life, for any of the following activities?		
INTERVIEWER NOTE: INCLUDE ONLY ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
CR2_FAM_PR_TRF1	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR2_FAM_MD_TRF1	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR2_FAM_MG_TRF1	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR2_FAM_AC_TRF1	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR2_FAM_TR_TRF1	05	House maintenance or outdoor work
CR2_FAM_ML_TRF1	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR2_FAM_PT_TRF1	07	Physical therapy
CR2_FAM_TA_TRF1	08	Training and adaptation
CR2_FAM_NONE_TRF1	96	None
CR2_FAM_OT_TRF1	97	Other
CR2_FAM_DK_NA_TRF1	98	[DO NOT READ] Don't know/No answer
CR2_FAM_REFUSED_TRF1	99	[DO NOT READ] Refused

CR2_1a	CR2_FAM_OTSP_TRF1		
[ASK IF CR2_FAM_TRF1 = CR2_FAM_OT_TRF1]			
Other (please specify: _____)			
CR2_FAM_OTSP1_TRF1		[OPEN TEXT VARIABLE]	

CR2_2	CR2_NMBR_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
During the past 12 months, about how many different people (among your family, friends, and/or neighbours) provided you with such assistance?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
CR2_NMBR_TRF1	_____ (MASK: MIN=01, MAX=50)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

CR2_3	CR2_WKALL_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
During the past 12 months, about how many weeks did this person/these people provide you with such assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS		
CR2_WKALL_NB_TRF1	_____ (MASK: MIN=01, MAX=52)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

CR2_4	CR2_HOUR_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
About how many hours per week, on average, did this person/these people provide you with assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
CR2_HOUR_NB_TRF1	_____ (MASK: MIN=001, MAX=168)	
DK_NA	998	[DO NOT READ] Don't know/No answer
REFUSED	999	[DO NOT READ] Refused

CR2_5	CR2_MOST_TRF1	
[ASK IF CR2_FAM_TRF1 = MORE THAN ONE RESPONSE OPTION]		
For which type of activity did you receive the most assistance?		
INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR2_FAM_TRF1		
CR2_MOST_PR_TRF1	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR2_MOST_MD_TRF1	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR2_MOST_MG_TRF1	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR2_MOST_ML_TRF1	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR2_MOST_AC_TRF1	05	House maintenance or outdoor work
CR2_MOST_TR_TRF1	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR2_MOST_PT_TRF1	07	Physical therapy
CR2_MOST_TA_TRF1	08	Training & adaptation
CR2_MOST_OTSP_TRF1	97	Other

CR2_6	CR2_PERS_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
We are interested in finding out a little bit more about the person who has dedicated the most time and resources to helping you with [RECALL RESPONSE FROM CR2_MOST_TRF1; IF CR2_MOST_TRF1 WAS SKIPPED, RECALL RESPONSE FROM CR2_FAM_TRF1] .		
Is this person from whom you received the most assistance...		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LIVING_IN_HOUSEHOLD	01	Living in your household
LIVING_OUTSIDE_HOUSEHOLD	02	Living outside of your household
REFUSED	09	[DO NOT READ] Refused

CR2_6a	CR2_PERS_FAR_TRF1	
[ASK IF CR2_PERS_TRF1 = LIVING_OUTSIDE_HOUSEHOLD]		
How far is this person from you in hours or minutes driving?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
HOURS	_____ Hours	
MINUTES	_____ Minutes	
DK_NA	998	[DO NOT READ] Don't know/No answer
REFUSED	999	[DO NOT READ] Refused

CR2_7	CR2_GNDR_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
Is the person who provided the most assistance male or female?		
CODE ONLY ONE RESPONSE		
MALE	01	Male
FEMALE	02	Female
REFUSED	09	[DO NOT READ] Refused

CR2_8	CR2_NAME_SP_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
What is the first name of this person?		
CR2_NAME_SP_TRF1	_____	
REFUSED	999	[DO NOT READ] Refused

CR2_9	CR2_AGE_NB_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
How old is this person?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
CR2_AGE_NB_TRF1	_____	
REFUSED	999	[DO NOT READ] Refused

CR2_10	CR2_RELN_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
What is the relationship between you and this person? Is s/he your...		
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE		
HUSBAND_WIFE	01	Husband/wife
COMMON_LAW	02	Common-law partner
FATHER_MOTHER	03	Father/mother
SON_DAUGHTER	04	Son/daughter
BROTHER_SISTER	05	Brother/sister
GRAND_PARENTS	06	Grandfather/grandmother
GRAND_CHILD	07	Grandson/granddaughter
FATHER_MOTHER_IN_LAW	08	Father-in-law/mother-in-law
SON_DAUGHTER_IN_LAW	09	Son-in-law/daughter-in-law
BROTHER_SISTER_IN_LAW	10	Brother-in-law/sister-in-law
OTHER_RELATIVE	11	Other relative
FRIEND	12	Friend
NEIGHBOUR	13	Neighbour
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
CR2_10a	CR2_RELN_OTSP_TRF1	
[ASK IF CR2_RELN_TRF1 = OTHER]		
Other (please specify: _____)		
CR2_RELN_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

CR2_11	CR2_DUR_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
How long have you been receiving assistance from this person?		
CODE ONLY ONE RESPONSE		
LESS_6_MONTHS	01	Less than 6 months
6_12_MONTHS	02	6 months up to 12 months (1 year)
13_36_MONTHS	03	More than 12 months (1 year) and up to 36 months (3 years)
37_60_MONTHS	04	More than 36 months (3 years) and up to 60 months (5 years)
MORE_5_YEARS	05	More than 5 years
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

CR2_12	CR2_WKMST_NB_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
During the past 12 months, about how many weeks did you receive assistance from this person?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS		
CR2_WKMST_NB_TRF1	_____ (MASK: MIN=01, MAX=52)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

CR2_13	CR2_HRWK_NB_TRF1	
[ASK IF CR2_FAM_TRF1 ≠ CR2_FAM_NONE_TRF1, CR2_FAM_DK_NA_TRF1 OR CR2_FAM_REFUSED_TRF1]		
About how many hours per week on average did this person spend assisting you?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS		
CR2_HRWK_NB_TRF1	_____ (MASK: MIN=001, MAX=168)	
DK_NA	998	[DO NOT READ] Don't know/No answer
REFUSED	999	[DO NOT READ] Refused

CR2_14	CR2_DEVC_TRF1	
[ALWAYS ASK]		
During the past 12 months, have you used any of the following assistive devices?		
INTERVIEWER INSTRUCTION: READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
CR2_DEVC_CN_TRF1	01	Crutches, cane or walking stick
CR2_DEVC_WC_TRF1	02	Wheelchair
CR2_DEVC_SC_TRF1	03	Motorized scooter
CR2_DEVC_WK_TRF1	04	Walker
CR2_DEVC_LG_TRF1	05	Neck, back or leg braces or supportive devices
CR2_DEVC_HD_TRF1	06	Hand or arm brace
CR2_DEVC_BR_TRF1	07	Grab bars
CR2_DEVC_BT_TRF1	08	Bathroom aids
CR2_DEVC_LT_TRF1	09	Bath or bed lifts or other lifting devices
CR2_DEVC_GR_TRF1	10	Grasping tools or reach extenders
CR2_DEVC_UT_TRF1	11	Special eating utensils
CR2_DEVC_AL_TRF1	12	Personal alarm
CR2_DEVC_NONE_TRF1	96	[DO NOT READ] None
CR2_DEVC_OT_TRF1	97	Other
CR2_DEVC_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
CR2_DEVC_REFUSED_TRF1	99	[DO NOT READ] Refused
CR2_14a	CR2_DEVC_OTSP_TRF1	
[ASK IF CR2_DEVC_TRF1 = OTHER]		
Other (please specify: _____)		
CR2_DEVC_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

CR2_END

Care Giving (CAG)

Overview	<p>This module asks respondents whether they provided assistance to others because of a health condition or limitation during the past 12 months.</p> <p>The module covers a number of topics related to assisting others, including the types of assistance provided, total number of people a respondent provided with assistance, information about the person the caregiver helps the most, the impact of providing assistance on work and health, and positive and negative aspects of providing assistance.</p> <p>Information gathered in this module will be useful in providing information about caregiving as well as the characteristics of informal caregiving situations.</p>
-----------------	---

The following questions are about the types of assistance you may have provided to other people because of a health condition or limitation. Please only include assistance you provided to family members, friends and other people living both inside and outside your household. Exclude any assistance you provided as part of a volunteer organization or paid job.

CAG_1	CAG_HLT_TRF1
[ALWAYS ASK]	
During the past 12 months, have you provided any of the following types of assistance to another person because of a health condition or limitation?	
INTERVIEWER NOTE: INCLUDE ASSISTANCE PROVIDED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS BECAUSE OF AGING. READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
CAG_HLT_PR_TRF1	01 Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CAG_HLT_MD_TRF1	02 Medical treatments, such as changing bandages, taking medications, or other medical procedure
CAG_HLT_MG_TRF1	03 Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CAG_HLT_ML_TRF1	04 Meal preparation, meal clean-up, house cleaning, laundry or sewing
CAG_HLT_AC_TRF1	05 House maintenance or outdoor work
CAG_HLT_TR_TRF1	06 Transportation to do shopping or errands, or to get to medical appointments, or social events
CAG_HLT_CS_TRF1	07 Social/emotional support
CAG_HLT_MB_TRF1	08 Mobility
CAG_HLT_MO_TRF1	09 Monetary assistance or financial management
CAG_HLT_NONE_TRF1	96 [DO NOT READ] None
CAG_HLT_OT_TRF1	97 Other
CAG_HLT_DK_NA_TRF1	98 [DO NOT READ] Don't know/No answer
CAG_HLT_REFUSED_TRF1	99 [DO NOT READ] Refused

CAG_1a	CAG_HLT_OTSP_TRF1
[ASK IF CAG_HLT_TRF1 = CAG_HLT_OT_TRF1]	
Other (please specify: _____)	
CAG_HLT_OTSP1_TRF1	[OPEN TEXT VARIABLE]

CAG_2	CAG_PPL_NB_TRF1
[ASK IF CAG_HLT_TRF1 ≠ CAG_HLT_NONE_TRF1, CAG_HLT_DK_NA_TRF1 OR CAG_HLT_REFUSED_TRF1]	
During the past 12 months, how many people in total have you provided any type of assistance to because of a health condition or limitation, including financial assistance?	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER	
CAG_PPL_NB_TRF1	_____ (MASK: MIN=01, MAX=50)
DK_NA	98 [DO NOT READ] Don't know/No answer
REFUSED	99 [DO NOT READ] Refused

CAG_3	CAG_MOST_TRF1
[ASK IF CAG_HLT_TRF1 ≠ CAG_HLT_NONE_TRF1, CAG_HLT_DK_NA_TRF1 OR CAG_HLT_REFUSED_TRF1]	
We are interested in finding out a little bit more about the person to whom, in the past 12 months, you have dedicated the most time and resources to assisting. Is the person to whom you provided the most assistance...	
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE	
HOUSEHOLD	01 Living in your household
ANOTHER_HOUSEHOLD	02 Living outside of your household
HEALTH_CARE_INSTITUTION	03 Living in a health care institution
DECEASED	04 Now deceased
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused

CAG_4	CAG_GNDR_TRF1
[ASK IF CAG_HLT_TRF1 ≠ CAG_HLT_NONE_TRF1, CAG_HLT_DK_NA_TRF1 OR CAG_HLT_REFUSED_TRF1]	
Is the person to whom you provided the most assistance male or female?	
CODE ONLY ONE RESPONSE	
MALE	01 Male
FEMALE	02 Female
DK_NA	08 [DO NOT READ] Don't know/No answer
REFUSED	09 [DO NOT READ] Refused

CAG_5	CAG_RELN_TRF1	
[ASK IF CAG_HLT_TRF1 ≠ CAG_HLT_NONE_TRF1, CAG_HLT_DK_NA_TRF1 OR CAG_HLT_REFUSED_TRF1]		
What is the relationship between you and this person? Is s/he your...		
INTERVIEWER INSTRUCTION: READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
HUSBAND_WIFE	01	Husband/wife
COMMON_LAW	02	Common-law partner
FATHER_MOTHER	03	Father/mother
SON_DAUGHTER	04	Son/daughter
BROTHER_SISTER	05	Brother/sister
GRAND_PARENTS	06	Grandfather/grandmother
GRAND_CHILD	07	Grandson/granddaughter
FATHER_MOTHER_IN_LAW	08	Father-in-law/mother-in-law
SON_DAUGHTER_IN_LAW	09	Son-in-law/daughter-in-law
BROTHER_SISTER_IN_LAW	10	Brother-in-law/sister-in-law
OTHER_RELATIVE	11	Other relative
FRIEND	12	Friend
NEIGHBOUR	13	Neighbour
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
CAG_5a	CAG_RELN_OTSP_TRF1	
[ASK IF CAG_RELN_TRF1 = OTHER]		
Other (please specify: _____)		
CAG_RELN_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

CAG_6	CAG_WEEK_NB_TRF1	
[ASK IF CAG_HLT_TRF1 ≠ CAG_HLT_NONE_TRF1, CAG_HLT_DK_NA_TRF1 OR CAG_HLT_REFUSED_TRF1]		
During the past 12 months, about how many weeks did you provide assistance to this person?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS		
CAG_WEEK_NB_TRF1	_____ (MASK: MIN=01, MAX=52)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

CAG_7	CAG_HRWK_NB_TRF1	
[ASK IF CAG_HLT_TRF1 ≠ CAG_HLT_NONE_TRF1, CAG_HLT_DK_NA_TRF1 OR CAG_HLT_REFUSED_TRF1]		
About how many hours per week, on average, did you spend assisting this person?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS		
CAG_HRWK_NB_TRF1	_____ (MASK: MIN=001, MAX=168)	
DK_NA	998	[DO NOT READ] Don't know/No answer
REFUSED	999	[DO NOT READ] Refused

CAG_END

Injuries (INJ)

Overview	This module will contain questions asking for detailed information about the circumstances and nature of injury, risk perception, adaptation, and additional injury-related healthcare use.
-----------------	---

Now some questions about injuries which occurred in the past 12 months, and were serious enough to limit your normal activities.

INJ_1	INJ_OCC_TRF1
[ALWAYS ASK]	
In the last 12 months, have you had any injuries that were serious enough to limit some of your normal activities?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

INJ_2a	INJ_NMBR_NB_TRF1
[ASK IF INJ_OCC_TRF1 = YES]	
How many times were you injured in the past 12 months?	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF INJURIES	
INJ_NMBR_NB_TRF1	_____ (MASK: MIN=01, MAX=30)
DK_NA	998 [DO NOT READ] Don't know/No answer
REFUSED	999 [DO NOT READ] Refused

INJ_2b	INJ_CAUS_TRF1
[ASK IF INJ_OCC_TRF1 = YES]	
Was this injury (Were any of these injuries) caused by?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
INJ_CAUS_FL_TRF1	01 A fall
INJ_CAUS_VH_TRF1	02 A motor vehicle collision (including injuries sustained as a pedestrian)
INJ_CAUS_WK_TRF1	03 An incident in your workplace
INJ_CAUS_NONE_TRF1	96 None of the above
INJ_CAUS_DK_NA_TRF1	98 [DO NOT READ] Don't know / No answer
INJ_CAUS_REFUSED_TRF1	99 [DO NOT READ] Refused

INJ_3	INJ_HOW_TRF1	
[ASK IF INJ_OCC_TRF1 = YES]		
Again, thinking about this most serious injury, how did it happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
ACCIDENT_DRIVER	01	Road traffic accident as a driver or passenger
ACCIDENT_PEDESTRIAN	02	Road traffic accident as a pedestrian
STRUCK_BY_OBJECT	03	Struck by an object
EXPLOSION	04	Explosion
NATURAL_FACTORS	05	Natural/environmental factors
SUFFOCATION	06	Suffocation
POISONING	07	Poisoning
ANIMAL_BITE	08	Snake/animal bite
FALL_SAME_LEVEL	09	Fall from same level
FALL_HEIGHT	10	Fall from a height
FIRE	11	Fire/flames
DROWNING	12	Drowning/submersion
HOT_CORROSIVE_LIQUIDS	13	Hot/corrosive liquids or substances
CRUSH_INJURIES	14	Crush injuries
MACHINERY	15	Accident by machinery
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
INJ_3a	INJ_HOW_OTSP_TRF1	
[ASK IF INJ_HOW_TRF1 = OTHER]		
Other (please specify: _____)		
INJ_HOW_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

INJ_4	INJ_WHR_TRF1	
[ASK IF INJ_OCC_TRF1 = YES]		
Where did the injury happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE, PROBE FOR TYPE OF WORKPLACE IF PARTICIPANT SAYS ‘AT WORK’		
HOME	01	In a home or its surrounding area
INSTITUTION	02	Residential institution
SCHOOL	03	School, college, university (excluding sports areas)
OTHER_INSTITUTION	04	Other institution (e.g. church, hospital, theatre, civic building)
ATHLETIC_AREA	05	Sports or athletic area (include school sports area)
STREET	06	Street, highway, sidewalk
COMMERCIAL_AREA	07	Commercial area (e.g. store, restaurant, office building transport terminal)
CONSTRUCTION_AREA	08	Industrial or construction area
FARM	09	Farm (exclude farmhouse and its surrounding area)
CONSERVATION	10	Conservation or outdoor area
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
INJ_4a	INJ_WHR_OTSP_TRF1	
[ASK IF INJ_WHR_TRF1 = OTHER]		
Other (please specify: _____)		
INJ_WHR_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

INJ_5	INJ_ACT_TRF1	
[ASK IF INJ_OCC_TRF1 = YES]		
What type of activity were you doing when you were injured?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
SPORTS	01	Sports or physical exercise (include school activities)
LEISURE	02	Leisure or hobby (include volunteering)
WORKING	03	Working at a job or business (include travel to or from work)
HOUSEHOLD_CHORES	04	Household chores, other unpaid work or education
SLEEPING	05	Sleeping, eating, personal care
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INJ_5a	INJ_ACT_OTSP_TRF1
[ASK IF INJ_ACT_TRF1 = OTHER]	
Other (please specify: _____)	
INJ_ACT_OTSP1_TRF1	[OPEN TEXT VARIABLE]

INJ_6	INJ_TYPE_TRF1	
[ASK IF INJ_OCC_TRF1 = YES]		
What type of injury did you have?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
MULTIPLE_INJURIES	01	Multiple injuries
BROKEN_BONES	02	Broken or fractured bones
BURNS	03	Burns, scald, chemical burn
DISLOCATION	04	Dislocation
SPRAIN	05	Sprain or strain (including musculoskeletal pulls or tears such as herniated disc, torn muscles and tendons, etc.)
CUT	06	Cut
PUNCTURE	07	Puncture, animal bite (open wound)
BRUISE	08	Bruise
SCRAPE	09	Scrape, blister
CONCUSSION	10	Concussion or other brain injury
POISONING	11	Poisoning
INJURY_INTERNAL_ORGANS	12	Injury to internal organs
DISCOMFORT	13	Discomfort
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
INJ_6a	INJ_TYPE_OTSP_TRF1	
[ASK IF INJ_TYPE_TRF1 = OTHER]		
Other (please specify: _____)		
INJ_TYPE_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

INJ_7	INJ_BRKN_TRF1	
[ASK IF INJ_TYPE_TRF1=MULTIPLE_INJURIES]		
Did this injury (any of these injuries) involve broken or fractured bones?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INJ_8	INJ_SITE_TRF1	
[ASK IF INJ_TYPE_TRF1 = BROKEN_BONES OR INJ_BRKN_TRF1 = YES]		
What part of the body was fractured?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
INJ_SITE_ML_TRF1	01	Multiple sites
INJ_SITE_EYE_TRF1	02	Eye socket
INJ_SITE_HD_TRF1	03	Head (excluding eyes)
INJ_SITE_NE_TRF1	04	Neck
INJ_SITE_SH_TRF1	05	Shoulder, upper arm
INJ_SITE_EL_TRF1	06	Elbow, lower arm
INJ_SITE_WR_TRF1	07	Wrist, hand
INJ_SITE_HIP_TRF1	08	Hip
INJ_SITE_TH_TRF1	09	Thigh
INJ_SITE_KN_TRF1	10	Knee, lower leg
INJ_SITE_AN_TRF1	11	Ankle, foot
INJ_SITE_UP_TRF1	12	Upper back or upper spine
INJ_SITE_LO_TRF1	13	Lower back or lower spine
INJ_SITE_CH_TRF1	14	Chest (excluding back and spine)
INJ_SITE_AB_TRF1	15	Abdomen or pelvis (excluding back and spine)
INJ_SITE_OT_TRF1	97	Other
INJ_SITE_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
INJ_SITE_REFUSED_TRF1	99	[DO NOT READ] Refused
INJ_8a	INJ_SITE_OTSP_TRF1	
[ASK IF INJ_SITE_TRF1 = OTHER]		
Other (please specify: _____)		
INJ_SITE_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

INJ_END

Falls (FAL)

Overview	<p>The questions in this module ask about falls in the past 12 months where the respondent has been hurt enough to limit some or all of their normal activities, if the respondent is receiving follow-up care for a fall-related injury, and fear of falling.</p> <p>Falling is the most common cause of injuries among older Canadians. Falls are also among the leading causes of hospitalization for seniors presenting with an injury. Fear of falling and its potential association with disability, functional mobility, and activity limitation is an emerging public health problem.</p>
-----------------	---

PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF INJ_CAUS_TRF1 = INJ_CAUS_FL_TRF1

You mentioned that you had at least one injury as a result of a fall. We would now like to ask you some questions about falls that you experienced in the last 12 months where you hurt yourself enough to limit some of your normal activities.

FAL_1	FAL_NMBR_NB_TRF1
[ASK IF INJ_CAUS_TRF1 = INJ_CAUS_FL_TRF1]	
How many times have you fallen in the past 12 months?	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF FALLS; PLEASE CONFIRM THE NUMBER IF THE PARTICIPANT FELL MORE THAN 10 TIMES IN THE LAST 12 MONTHS.	
FAL_NMBR_NB_TRF1	_____ (MASK: MIN=01, MAX=30)
DK_NA	998 [DO NOT READ] Don't know/No answer
REFUSED	999 [DO NOT READ] Refused

FAL_2	FAL_MOST_TRF1
[ASK IF INJ_CAUS_TRF1 = INJ_CAUS_FL_TRF1]	
What has been your most serious injury or problem due to a fall within the past 12 months?	
DO NOT READ LIST, CODE ONLY ONE RESPONSE	
NO_SERIOUS_INJURY	01 No serious injury
SPRAIN	02 Sprain/strain
BRUISES	03 Bruises
CUTS	04 Cuts
DISCOMFORT	05 Discomfort
FRACTURE_HIP	06 Fracture of hip
FRACTURE_LEG	07 Fracture of leg
FRACTURE_ARM	08 Fracture of arm or wrist
FRACTURE_BACK	09 Fracture of back/vertebra
HEAD_INJURY	10 Head injury
OTHER	97 Other
DK_NA	98 [DO NOT READ] Don't know / No answer
REFUSED	99 [DO NOT READ] Refused

FAL_2a	FAL_MOST_OTSP_TRF1
[ASK IF FAL_MOST_TRF1 = OTHER]	
Other (please specify: _____)	
FAL_MOST_OTSP1_TRF1	[OPEN TEXT VARIABLE]

FAL_3a	FAL_ATTN_TRF1
[ASK IF INJ_CAUS_TRF1 = INJ_CAUS_FL_TRF1]	
Did you receive any medical attention from a health professional within 48 hours following this injury (due to a fall)?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

FAL_3b	FAL_HOSP_TRF1
[ASK IF INJ_CAUS_TRF1 = INJ_CAUS_FL_TRF1]	
Were you hospitalized for this injury?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

FAL_3c	FAL_FU_TRF1
[ASK IF INJ_CAUS_TRF1 = INJ_CAUS_FL_TRF1]	
At the present time, are you getting follow-up care from a health professional because of an injury caused by a fall in the last 12 months?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

FAL_4	FAL_WHERE_TRF1	
[ASK IF INJ_CAUS_TRF1 = INJ_CAUS_FL_TRF1]		
Where did this fall happen?		
INSIDE_HOME	01	Inside of your home
OUTSIDE_HOME	02	Outside of your home, but inside a building
OUTDOORS	03	Outdoors
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

FAL_5	FAL_HOW_TRF1	
[ASK IF FAL_WHERE_TRF1 = INSIDE_HOME OR OUTSIDE_HOME]		
How did your fall happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
FELL_STANDING_WALKING	01	Fell while standing or walking
FELL_STAIRS_STEPS	02	Fell on stairs or steps
FELL_EXERCISING	03	Fell while exercising (except walking)
FELL_HEIGHT	04	Fell from height of greater than 1 meter or 3 feet (for example, ladder, tree, roof)
FELL_FURNITURE	05	Fell from furniture (for example, bed, chair)
FELL_BATHTUB	06	Fell while getting in or out of the bathtub
FELL_SHOWER	07	Fell while getting in or out of the shower
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
FAL_5a	FAL_HOW_OTSP_TRF1	
[ASK IF FAL_HOW_TRF1 = OTHER]		
Other (please specify: _____)		
FAL_HOW_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

FAL_5	FAL_HOW_TRF1	
[ASK IF FAL_WHERE_TRF1 = OUTDOORS]		
How did your fall happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
FELL_STANDING_WALKING	01	Fell while standing or walking
FELL_STAIRS_STEPS	02	Fell on stairs or steps
FELL_EXERCISING	03	Fell while exercising (except walking)
FELL_HEIGHT	04	Fell from height of greater than 1 meter or 3 feet (for example, ladder, tree, roof)
FELL_SNOW_ICE	05	Fell on snow or ice
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
FAL_5a	FAL_HOW_OTSP_TRF1	
[ASK IF FAL_HOW_TRF1 = OTHER]		
Other (please specify: _____)		
FAL_HOW_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

FAL_END

Retirement Status (RET)

Overview	<p>The questions in this module ask about such things as age at retirement, main reasons for retirement, labour force participation and ability to work.</p> <p>This module also asks about partial retirement for respondents who may have officially retired, but continued working or who are taking gradual retirement.</p> <p>It is important to understand the reasons behind decisions about retirement for older Canadians. Information gathered in this module will help in understanding why people choose to retire and whether they might continue to work afterwards.</p>
-----------------	--

The following questions ask about your retirement experience.

RET_1	RET_RTRD_TRF1
[ASK IF RET_RTRD_TRM = NOT_RETIRED OR PARTLY_RETIRED]	
At this time, do you consider yourself to be completely retired, partly retired or not retired?	
COMPLETELY_RETIRED	01 Completely retired
PARTLY_RETIRED	02 Partly retired
NOT_RETIRED	03 Not retired
NEVER_PAID	04 Never held a paid job
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

RET_2	RET_RTRN_TRF1
[ASK IF RET_RTRD_TRM = COMPLETELY_RETIRED]	
After retirement, some people return to work and later retire again. Since your initial interview have you retired and then returned to work?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

RET_3	RET_SPSE_TRF1
[ASK IF SDC_MRTL_TRF1 = COMMON_LAW]	
Is your spouse/partner retired?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

Please answer the following questions as they relate to your retirement experience, since your previous interview.

RET_5	RET_AGE_NB_TRF1	
[ASK IF RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
How old were you when you first retired/partly retired?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE INTERVIEWER: IF PARTICIPANT IN FACT RETIRED BEFORE AGE 40 INPUT 40 IN THE FIELD		
RET_AGE_NB_TRF1	_____ (MASK: MIN=40, MAX=CURRENT AGE)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

RET_5a	RET_SPSEAG_NB_TRF1	
[ASK IF RET_SPSE_COF1 = YES]		
At what age did your spouse/partner retire?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE INTERVIEWER: IF SPOUSE/PARTNER IN FACT RETIRED BEFORE AGE 40 INPUT 40 IN THE FIELD		
RET_SPSEAG_NB_TRF1	_____ (MASK: MIN=40, MAX=97)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

RET_6	RET_WHY_TRF1	
[ASK IF RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
There are many reasons why people retire. Which of the following reasons contributed to your decision to retire?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
RET_WHY_CM_TRF1	01	Completed the required years of service to qualify for pension
RET_WHY_RE_TRF1	02	Retirement was financially possible
RET_WHY_HL_TRF1	03	Health/disability/stress reasons
RET_WHY_IN_TRF1	04	Employer offered special incentives to retire
RET_WHY_OR_TRF1	05	Organizational restructuring or job eliminated
RET_WHY_PR_TRF1	06	Providing care to a family member or friend
RET_WHY_MD_TRF1	07	Employer had a mandatory retirement policy
RET_WHY_HO_TRF1	08	Wished to pursue hobbies or other activities of personal interest
RET_WHY_ST_TRF1	09	Wanted to stop working
RET_WHY_AG_TRF1	10	An agreement with your spouse or partner
RET_WHY_NA_TRF1	11	Never worked/stay at home parent or spouse
RET_WHY_OT_TRF1	97	Other
RET_WHY_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
RET_WHY_REFUSED_TRF1	99	[DO NOT READ] Refused
RET_6a	RET_WHY_OTSP_TRF1	
[ASK IF RET_WHY_TRF1 = RET_WHY_OT_TRF1]		
Other (please specify: _____)		
RET_WHY_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

RET_7	RET_DUEHLTH_TRF1	
[ASK IF RET_WHY_TRF1 = RET_WHY_HL_TRF1]		
You mentioned that you retired because of your health, stress or disability. Was this due to your physical health, your emotional/mental health, or both?		
PHYSICAL_HEALTH	01	Physical health
MENTAL_HEALTH	02	Emotional/mental health (including stress)
BOTH	03	Both physical and emotional/mental health
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

RET_8	RET_VOLUN_TRF1	
[RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
Would you say your retirement was voluntary, that is, you retired when you wanted to?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

RET_9	RET_PREP_TRF1	
[ASK IF RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
Did you do any of the following in preparation for your retirement?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
RET_PREP_DH_TRF1	01	Decreased your number of work hours
RET_PREP_IH_TRF1	02	Increased your number of work hours
RET_PREP_CJ_TRF1	03	Changed jobs
RET_PREP_ILA_TRF1	04	Increased leisure activities and hobbies
RET_PREP_ED_TRF1	05	Enrolled in an educational or training program
RET_PREP_RSP_TRF1	06	Financial planning (Contributed to an RRSP or other investments)
RET_PREP_INV_TRF1	07	Built up savings or made other investments
RET_PREP_POM_TRF1	08	Paid-off mortgage or debts
RET_PREP_DLA_TRF1	09	Downsized living arrangements
RET_PREP_NONE_TRF1	96	[DO NOT READ] Nothing
RET_PREP_OT_TRF1	97	Other
RET_PREP_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
RET_PREP_REFUSED_TRF1	99	[DO NOT READ] Refused

RET_9a	RET_PREP_OTSP_TRF1
[ASK IF RET_PREP_TRF1 = RET_PREP_OT_TRF1]	
Other (please specify: _____)	
RET_PREP_OTSP_TRF1	[OPEN TEXT VARIABLE]

RET_10	RET_PENSPL_TRF1	
[RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
Before you retired, did you ever contribute to an employer pension plan, other than the Canada pension plan or Quebec pension plan?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

RET_11	RET_STDLIV_TRF1	
[RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
Before your retirement, how adequate did you think your household income and investments would be to maintain your standard of living? Would you say they were...		
ADEQUATE	01	Adequate
BARELY_ADEQUATE	02	Barely adequate
INADEQUATE	03	Inadequate
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

RET_11a	RET_STDFNC_TRF1	
[RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
How would you describe your financial standard of living in retirement?		
ADEQUATE	01	Adequate
BARELY_ADEQUATE	02	Barely adequate
INADEQUATE	03	Inadequate
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

RET_12	RET_BCKWRK_WHY_TRF1	
[ASK IF RET_RTRN_TRF1 = YES]		
Which of the following reasons contributed to your decision to go back to work after you first retired?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
RET_BCKWRK_FC_TRF1	01	Financial considerations
RET_BCKWRK_CD_TRF1	02	Caregiving duties were no longer required
RET_BCKWRK_IH_TRF1	03	Improvement in your health
RET_BCKWRK_LW_TRF1	04	Liked working/being active
RET_BCKWRK_WO_TRF1	05	Interesting work opportunity
RET_BCKWRK_GR_TRF1	06	Preferred gradual retirement
RET_BCKWRK_MC_TRF1	07	Wanted to make a contribution
RET_BCKWRK_WC_TRF1	08	Wanted a challenge
RET_BCKWRK_NL_TRF1	09	Did not like retirement or not ready to retire
RET_BCKWRK_SR_TRF1	10	Services requested by previous employer
RET_BCKWRK_OT_TRF1	97	Other
RET_BCKWRK_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
RET_BCKWRK_REFUSED_TRF1	99	[DO NOT READ] Refused
RET_12a	RET_BCKWRK_OTSP_TRF1	
[ASK IF RET_BCKWRK_WHY_TRF1 = RET_BCKWRK_OT_TRF1]		
Other (please specify: _____)		
RET_BCKWRK_OTSP_TRF1	[OPEN TEXT VARIABLE]	

RET_13	RET_WKSAME_TRF1	
[ASK IF RET_RTRN_TRF1 = YES]		
Was this for the same employer or for a different employer as prior to retirement?		
SAME_EMPLOYER	01	For the same employer
DIFFERENT_EMPLOYER	02	For a different employer
OWN_BUSINESS	03	For yourself or your own business
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

RET_14	RET_FOETIME_TRF1	
[ASK IF RET_RTRN_TRF1 = YES]		
Was this mainly full-time or part-time work?		
FULL_TIME	01	Full time work
PART_TIME	02	Part time work
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

RET_15	RET_POCWORK_TRF1	
[ASK IF RET_RTRN_TRF1 = YES]		
Was this permanent or contract work?		
PERMANENT_WORK	01	Permanent work
CONTRACT_WORK	02	Contract work
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

RET_END

Pre-Retirement Labour Force Participation (LFP)

Overview	This module will only be visible if the participant is partly or completely retired. It asks questions of participants related to the last job s/he had before partial or full retirement.
-----------------	--

PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED

The following questions apply to the last job you had before retirement/partial retirement.

LFP_1	LFP_LAST_NB_TRF1
[ASK IF RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]	
In what year did you last have a paid job or operate a business or farm?	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR	
LFP_LAST_NB_TRF1	_____ (MASK: MIN=YEAR OF BIRTH + 40, MAX=CURRENT YEAR)
DK_NA	98 [DO NOT READ] Don't know/No answer
REFUSED	99 [DO NOT READ] Refused

LFP_2	LFP_YRS_TRF1
[ASK IF RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]	
How many years did you work at that job? Was it...	
READ LIST, CODE ONLY ONE RESPONSE	
LESS_YEAR	01 Less than 1 year
1_3_YEARS	02 From 1 year to less than 3 years
3_5_YEARS	03 From 3 years to less than 5 years
5_MORE_YEARS	04 5 years or more
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

LFP_3	LFP_HRWK_TRF1	
[ASK IF RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
In your last job before retirement, about how many hours a week did you work?		
READ LIST, CODE ONLY ONE RESPONSE		
EMPLOYED_ALL_TIME	01	Employed all of the time (that is, 30+ hours/week)
EMPLOYED_MOST_TIME	02	Employed most of the time (that is, less than 30 but more than 20 hours/week)
EMPLOYED_SOME_TIME	03	Employed some of the time (that is, less than 20 hours/week)
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

LFP_4	LFP_SCHD_TRF1	
[ASK IF RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
Which of the following best describes your working schedule at that time?		
READ LIST, CODE ONLY ONE RESPONSE		
DAYTIME	01	Daytime schedule or shift
EVENING	02	Evening shift
NIGHT	03	Night shift
ROTATING	04	Rotating shift, changing periodically from days to evenings or nights
SEASONAL	05	Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
LFP_4a	LFP_SCHD_OTSP_TRF1	
[ASK IF LFP_SCHD_TRF1 = OTHER]		
Other (please specify: _____)		
LFP_SCHD_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

LFP_5	LFP_TYPE_SP_TRF1		
[ASK IF RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]			
What type of work did you do?			
RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE PROGRAMMING NOTE: TO BE CODED ACCORDING TO OCCUPATIONAL CLASSIFICATION SYSTEM			
LFP_TYPE_SP_TRF1	<hr/> <hr/> <hr/>		
REFUSED	99	[DO NOT READ] Refused	

LFP_6	LFP_IND_SP_TRF1		
[ASK IF RET_RTRD_TRF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]			
What business or industry sector were you in?			
RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE PROGRAMMING NOTE: TO BE CODED ACCORDING TO INDUSTRIAL CLASSIFICATION SYSTEM			
LFP_IND_SP_TRF1	<hr/> <hr/> <hr/>		
REFUSED	99	[DO NOT READ] Refused	

LFP_END

Labour Force (LBF)

Overview	<p>This module includes a number of questions on the respondent's work life, including whether they are employed, unemployed or retired. Questions about occupation, reasons for not working, and usual work schedule are also asked.</p> <p>There are many relationships between work and health. For example, unemployment can cause various stress-related illnesses while some occupations are more likely to cause repetitive strain injuries.</p>
-----------------	---

PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF RET_RTRN_TRF1 = YES OR RET_RTRD_TRF1 = PARTLY_RETIRED OR NOT_RETIRED

The next few questions concern your current and past employment activities.

LBF_1	LBF_CURR_TRF1
[ASK IF RET_RTRN_TRF1 = YES OR RET_RTRD_TRF1 = PARTLY_RETIRED OR NOT_RETIRED]	
Are you currently working at a job or business? This includes part-time jobs, seasonal work, contract work, self-employment, or any other paid work regardless of the number of hours worked.	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

LBF_2	LBF_MANY_TRF1
[ASK IF LBF_CURR_TRF1 = YES]	
Do you currently work at more than one job or business?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

LBF_3	LBF_STTS_TRF1
[ASK IF LBF_CURR_TRF1 = YES]	
What is your current working status? If you are self-employed, choose full-time or part-time, as appropriate.	
EMPLOYED_ALL_TIME	01 Employed all of the time (that is, 30+ hours/week)
EMPLOYED_MOST_TIME	02 Employed most of the time (that is, less than 30 but more than 20 hours/week)
EMPLOYED_SOME_TIME	03 Employed some of the time (that is, less than 20 hours/week)
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

LBF_4	LBF_SCHD_TRF1	
[ASK IF LBF_CURR_TRF1 = YES]		
Which of the following best describes your working schedule?		
READ LIST, CODE ONLY ONE RESPONSE		
DAYTIME	01	Daytime schedule or shift
EVENING	02	Evening shift
NIGHT	03	Night shift
ROTATING	04	Rotating shift, changing periodically from days to evenings or nights
SEASONAL	05	Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
LBF_4a	LBF_SCHD_OTSP_TRF1	
[ASK IF LBF_SCHD_TRF1 = OTHER]		
Other (please specify: _____)		
LBF_SCHD_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

LBF_5	LBF_TYPE_NB_TRF1	
[ASK IF LBF_CURR_TRF1 = YES]		
What type of work do you do?		
RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE		
PROGRAMMING NOTE: TO BE CODED ACCORDING TO OCCUPATIONAL CLASSIFICATION SYSTEM		
LBF_TYPE_NB_TRF1	_____	
REFUSED	99	[DO NOT READ] Refused

LBF_6	LBF_BUSN_NB_TRF1	
[ASK IF LBF_CURR_TRF1 = YES]		
What business or industry sector are you in?		
RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE		
PROGRAMMING NOTE: TO BE CODED ACCORDING TO INDUSTRIAL CLASSIFICATION SYSTEM		
LBF_BUSN_NB_TRF1	_____	
REFUSED	99	[DO NOT READ] Refused

LBF_7	LBF_DURN_TRF1	
[ASK IF LBF_CURR_TRF1 = YES]		
How long have you worked with your present employer or in your current business?		
READ LIST, CODE ONLY ONE RESPONSE		
LESS_YEAR	01	Less than 1 year
1_3_YEARS	02	From 1 year to less than 3 years
3_5_YEARS	03	From 3 years to less than 5 years
5_MORE_YEARS	04	5 years or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

LBF_8	LBF_RSN_TRF1	
[ASK IF LBF_CURR_TRF1 = NO]		
What would best describe the reason for not working?		
READ LIST, CODE ONLY ONE RESPONSE		
UNABLE_WORK	01	Unable to work because of sickness or disability
LOOKING_AFTER_FAMILY	02	Looking after family
STUDENT	03	Student
UNEMPLOYED	04	Unemployed
UNPAID_WORK	05	Doing unpaid or voluntary work
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
LBF_8a	LBF_RSN_OTSP_TRF1	
[ASK IF LBF_RSN_TRF1 = OTHER]		
Other (please specify: _____)		
LBF_RSN_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

LBF_9	LBF_UNEM_TRF1	
[ASK IF LBF_CURR_TRF1 = NO]		
How long have you been unemployed?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT TIME		
LBF_UNEM_TRF1	_____ [WEEKS, MONTHS, YEARS]	
	LBF_UNEM_WK_TRF1 LBF_UNEM_MT_TRF1 LBF_UNEM_YR_TRF1	
REFUSED	99	[DO NOT READ] Refused

LBF_END

Work Limitations Questionnaire (WLQ)

Work Limitations Questionnaire, ©1998, The Health Institute, Tufts Medical Center f/k/a New England Medical Center Hospitals, Inc.; Debra Lerner, Ph.D.; Benjamin Amick III, Ph.D.; and Glaxo Wellcome, Inc. All Rights Reserved.

This instrument has been removed due to copyright requirements.

WLQ_END

Retirement Planning (RPL)

PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF RET_RTRD_TRF1 = PARTLY_RETIRED OR NOT_RETIRED

RPL_1	RPL_AGE_NB_TRF1	
[ASK IF LBF_CURR_TRF1 = YES]		
At what age do you plan to retire?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE		
RPL_AGE_NB_TRF1	_____ (MASK: MIN=CURRENT AGE, MAX=87)	
NOT_APPLICABLE	96	[DO NOT READ] Not applicable, does not plan to retire
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

RPL_2	RPL_WHYNT_TRF1	
[ASK IF RPL_AGE_NB_TRF1 = NOT_APPLICABLE OR DK_NA]		
[If not] Is that because...?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
HAVE_NOT_PLANNED_FOR_RETIREMENT	01	You have not thought about or planned for retirement
PLAN_TO_CONTINUE_WORKING	02	You plan to continue working for as long as you are able to
CANT_AFFORD_TO_RETIRE	03	You can't afford to retire
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
RPL_2a	RPL_WHYNT_OTSP_TRF1	
[ASK IF RPL_WHYNT_TRF1 = OTHER]		
Other (please specify: _____)		
RPL_WHYNT_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

RPL_3	RPL_RSN_TRF1	
[ASK IF RPL_AGE_NB_TRF1 = GREATER THAN 65]		
Age 65 is often viewed as the standard age of retirement, although many Canadians retire at younger and older ages.		
What are the reasons that you continue to work after age 65?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
RPL_RSN_FIN_TRF1	01	financial need
RPL_RSN_ENJ_TRF1	02	enjoy the social contacts at work
RPL_RSN_HLT_TRF1	03	my health allows me to continue to work
RPL_RSN_LIK_TRF1	04	like working/being active
RPL_RSN_INT_TRF1	05	interesting work opportunity
RPL_RSN_RWD_TRF1	06	financially rewarding work opportunity
RPL_RSN_COL_TRF1	07	I can continue to work and collect retirement benefits
RPL_RSN_OT_TRF1	97	Other
RPL_RSN_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
RPL_RSN_REFUSED_TRF1	99	[DO NOT READ] Refused
RPL_3a	RPL_RSN_OTSP_TRF1	
[ASK IF RPL_WHYNT_TRF1 = RPL_RSN_OT_TRF1]		
Other (please specify: _____)		
RPL_RSN_OTSP_TRF1	[OPEN TEXT VARIABLE]	

RPL_4	RPL_MOST_TRF1	
[ASK IF RPL_RSN_TRF1 = MORE THAN 1 RESPONSE OPTION]		
What would you say is the most important reason that you continue to work?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
FINANCIAL_NEED	01	financial need
ENJOY_WORK	02	enjoy the social contacts at work
HEALTH_ALLOW	03	my health allows me to continue to work
LIKE_WORK	04	like working/being active
WORK_OPPORTUNITY	05	interesting work opportunity
FINANCIAL_REWARD	06	financially rewarding work opportunity
COLLECT_BENEFIT	07	I can continue to work and collect retirement benefits
OTHER	97	Other
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

RPL_4a	RPL_MOST_OTSP_TRF1
[ASK IF RPL_MOST_TRF1 = OTHER]	
Other (please specify: _____)	
RPL_MOST_OTSP_TRF1	[OPEN TEXT VARIABLE]

RPL_5	RPL_PREP_TRF1	
[ASK IF RPL_AGE_NB_TRF1 ≠ NOT_APPLICABLE OR DK_NA OR REFUSED]		
Have you done any of the following in preparation for your retirement?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
RPL_PREP_DH_TRF1	01	Decreased your number of work hours
RPL_PREP_IH_TRF1	02	Increased your number of work hours
RPL_PREP_CJ_TRF1	03	Changed jobs
RPL_PREP_IPA_TRF1	04	Increased physical activities
RPL_PREP_ILA_TRF1	05	Increased other leisure activities and hobbies
RPL_PREP_ED_TRF1	06	Enrolled in an educational or training program
RPL_PREP_RET_TRF1	07	Gathered retirement information
RPL_PREP_RSP_TRF1	08	Financial planning (Contributed to an RRSP or other investments)
RPL_PREP_INV_TRF1	09	Built up savings or made other investments
RPL_PREP_POM_TRF1	10	Paid-off mortgage or debts
RPL_PREP_DLA_TRF1	11	Downsized living arrangements
RPL_PREP_NONE_TRF1	96	[DO NOT READ] Nothing
RPL_PREP_OT_TRF1	97	Other
RPL_PREP_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
RPL_PREP_REFUSED_TRF1	99	[DO NOT READ] Refused
RPL_5a	RPL_PREP_OTSP_TRF1	
[ASK IF RPL_PREP_TRF1 = RPL_PREP_OT_TRF1]		
Other (please specify: _____)		
RPL_PREP_OTSP_TRF1	[OPEN TEXT VARIABLE]	

RPL_6	RPL_PENSPL_TRF1	
[RET_RTRD_TRF1 = NOT_RETIRED]		
Have you ever contributed to an employer pension plan, other than the Canada pension plan or Quebec pension plan?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

RPL_7	RPL_STDLIV_TRF1	
[ASK IF RPL_AGE_NB_TRF1 ≠ NOT_APPLICABLE OR DK_NA OR REFUSED]		
When you retire, how adequate do you think your household income and investments will be to maintain your standard of living?		
ADEQUATE	01	Adequate
BARELY_ADEQUATE	02	Barely adequate
INADEQUATE	03	Inadequate
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

RPL_8	RPL_WHYP_TRF1	
[ASK IF RPL_AGE_NB_TRF1 ≠ NOT_APPLICABLE OR DK_NA OR REFUSED]		
There are many reasons why people retire. Which of the following are likely to be the reasons that you retire?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
RPL_WHYP_PC_TRF1	01	Need to provide care to a family member
RPL_WHYP_AR_TRF1	02	Have adequate retirement income (e.g., pensions and investments)
RPL_WHYP_MP_TRF1	03	Mandatory retirement policies
RPL_WHYP_EP_TRF1	04	Early retirement policies of your employer
RPL_WHYP_JE_TRF1	05	Job ending and not wanting to start over
RPL_WHYP_WS_TRF1	06	Want to stop working
RPL_WHYP_SD_TRF1	07	Desire to start a different career or do part-time work
RPL_WHYP_HL_TRF1	08	Health/disability/stress reasons
RPL_WHYP_HO_TRF1	09	Wanting to pursue hobbies or other activities of personal interest
RPL_WHYP_OT_TRF1	97	Other
RPL_WHYP_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
RPL_WHYP_REFUSED_TRF1	99	[DO NOT READ] Refused
RPL_8a	RPL_WHYP_OTSP_TRF1	
[ASK IF RPL_WHYP_TRF1 = RPL_WHYP_OT_TRF1]		
Other (please specify: _____)		
RPL_WHYP_OTSP_TRF1	[OPEN TEXT VARIABLE]	

RPL_9	RPL_INFSP_TRF1	
[ASK IF RPL_AGE_NB_TRF1 ≠ NOT_APPLICABLE OR DK_NA OR REFUSED <u>AND</u> MARITAL STATUS = COMMON_LAW]		
Sometimes people's reasons for retirement are influenced by their spouse or partner. Which of the following will likely influence your retirement?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
RPL_INFSP_SH_TRF1	01	Your spouse or partner's health
RPL_INFSP_SI_TRF1	02	Your spouse or partner's retirement income
RPL_INFSP_PS_TRF1	03	Pressure from your spouse or partner to continue or to stop working
RPL_INFSP_TSR_TRF1	04	The time at which your spouse or partner retires
RPL_INFSP_OT_TRF1	97	Other
RPL_INFSP_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
RPL_INFSP_REFUSED_TRF1	99	[DO NOT READ] Refused
RPL_9a	RPL_INFSP_OTSP_TRF1	
[ASK IF RPL_INFSP_TRF1= RPL_INFSP_OT_TRF1]		
Other (please specify: _____)		
RPL_INFSP_OTSP_TRF1	[OPEN TEXT VARIABLE]	

RPL_END

Income (INC)

Overview	<p>In this module, respondents are asked to provide their individual and household incomes. Questions in the module seek to identify all sources of household and personal income, as well as the main source for each.</p> <p>Follow up questions are asked about Canada or Quebec pension plan benefits. Since a person's financial situation includes more than just income, respondents are also asked to estimate the value of their savings and investments, excluding the value of their principal residence and employer pension plans. The respondent is also asked whether their income covers their basic expenses.</p> <p>Although it is a sensitive topic, this information is important for studying health trends and behaviours; even though many healthcare costs in Canada are covered by insurance, income still plays an important role in people's health, particularly for older Canadians. People with lower incomes are more likely to have poorer health, and people of different income levels also tend to use the health care system differently.</p>
-----------------	---

This next section is about your standard of living. A person's standard of living has been shown to have a relationship to their health. For this reason it is important that we have some understanding of the level of income that you and your family live on. As with all of the other information that you have shared, these answers are kept strictly confidential.

Household Income

INC_1	INC_SRCE_TRF1	
[ALWAYS ASK]		
Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
INC_SRCE_WG_TRF1	01	Wages and salaries
INC_SRCE_SE_TRF1	02	Income from self-employment
INC_SRCE_IN_TRF1	03	Dividends and interest (e.g., on bonds, savings)
INC_SRCE_EI_TRF1	04	Employment insurance
INC_SRCE_CM_TRF1	05	Worker's compensation
INC_SRCE_BN_TRF1	06	Benefits from Canada or Quebec Pension Plan
INC_SRCE_PN_TRF1	07	Job related retirement pensions, superannuation and annuities
INC_SRCE_GV_TRF1	08	RRSP/RRIF
INC_SRCE_OLD_TRF1	09	Old Age Security
INC_SRCE_GIS_TRF1	10	Guaranteed Income Supplement
INC_SRCE_WF_TRF1	11	Provincial or municipal social assistance or welfare
INC_SRCE_CH_TRF1	12	Child Tax Benefit

INC_1	INC_SRCE_TRF1 (cont'd...)	
[ALWAYS ASK]		
Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
INC_SRCE_SP_TRF1	13	Child support
INC_SRCE_AL_TRF1	14	Alimony
INC_SRCE_CP_TRF1	15	Capital gains (e.g. profits from sale of stocks)
INC_SRCE_NONE_TRF1	96	[DO NOT READ] None
INC_SRCE_OT_TRF1	97	Other (e.g., rental income, veterans' pensions)
INC_SRCE_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
INC_SRCE_REFUSED_TRF1	99	[DO NOT READ] Refused
INC_1a	INC_SRCE_OTSP_TRF1	
[ASK IF INC_SRCE_TRF1 = INC_SRCE_OT_TRF1]		
Other (please specify: _____)		
INC_SRCE_OTSP_TRF1	[OPEN TEXT VARIABLE]	

INC_2	INC_FRST_TRF1	
[ASK IF INC_SRCE_TRF1 HAS GREATER THAN 1 VARIABLE SELECTED]		
Of the sources of income you have identified, what are the three major sources of your household income, starting with the highest source of income? [RECALL RESPONSE FROM INC_SRCE_TRF1].		
INC_FRST_TRF1	01	1st highest source
INC_SCND_TRF1	02	2nd highest source
INC_THRD_TRF1	03	3rd highest source
REFUSED	09	[DO NOT READ] Refused

INC_3	INC_TOT_TRF1	
[ALWAYS ASK]		
What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, in the past 12 months?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LESS_20000	01	Less than \$20,000
20000_50000	02	\$20,000 or more, but less than \$50,000
50000_100000	03	\$50,000 or more, but less than \$100,000
100000_150000	04	\$100,000 or more, but less than \$150,000
150000_MORE	05	\$150,000 or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INC_4	INC_PSRCE_TRF1	
[ALWAYS ASK]		
Thinking about your total personal income, from which of the following sources did you receive any income in the past 12 months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
INC_PSRCE_WG_TRF1	01	Wages and salaries
INC_PSRCE_SE_TRF1	02	Income from self-employment
INC_PSRCE_IN_TRF1	03	Dividends and interest (e.g., on bonds, savings)
INC_PSRCE_EI_TRF1	04	Employment insurance
INC_PSRCE_CM_TRF1	05	Worker's compensation
INC_PSRCE_BN_TRF1	06	Benefits from Canada or Quebec Pension Plan
INC_PSRCE_PN_TRF1	07	Job related retirement pensions, superannuation and annuities
INC_PSRCE_GV_TRF1	08	RRSP/RRIF
INC_PSRCE_OLD_TRF1	09	Old Age Security
INC_PSRCE_GIS_TRF1	10	Guaranteed Income Supplement
INC_PSRCE_WF_TRF1	11	Provincial or municipal social assistance or welfare
INC_PSRCE_CH_TRF1	12	Child Tax Benefit
INC_PSRCE_SP_TRF1	13	Child support
INC_PSRCE_AL_TRF1	14	Alimony
INC_PSRCE_CP_TRF1	15	Capital gains (e.g. profits from sale of stocks)
INC_PSRCE_NONE_TRF1	96	[DO NOT READ] None
INC_PSRCE_OT_TRF1	97	Other (e.g., rental income, veterans' pensions)
INC_PSRCE_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
INC_PSRCE_REFUSED_TRF1	99	[DO NOT READ] Refused
INC_4a	INC_PSRCE_OTSP_TRF1	
[ASK IF INC_PSRCE_TRF1 = INC_PSRCE_OT_TRF1]		
Other (please specify: _____)		
INC_PSRCE_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

INC_5	INC_PFRST_TRF1	
[ASK IF INC_PSRCE_TRF1 HAS GREATER THAN 1 VARIABLE SELECTED]		
Of the sources of income you have identified, what are the three major sources of your personal income, starting with the highest source of income?		
[RECALL RESPONSE FROM INC_PSRCE_TRF1].		
INC_PFRST_TRF1	01	1st highest source
INC_PSCND_TRF1	02	2nd highest source
INC_PTHRD_TRF1	03	3rd highest source
REFUSED	09	[DO NOT READ] Refused

INC_6	INC_PTOT_TRF1	
[ALWAYS ASK]		
What is your best estimate of your total personal income from all sources, before taxes and deductions, in the past 12 months?		
READ LIST, CODE ONLY ONE RESPONSE. INTERVIEWER NOTE: IF INC_PTOT_TRF1 > INC_TOT_TRF1, THEN ASK: THIS QUESTION ASKS YOU FOR YOUR TOTAL <i>PERSONAL</i> INCOME, BUT YOU REPORTED THAT YOUR TOTAL <i>HOUSEHOLD</i> INCOME IS LESS THAN YOUR TOTAL PERSONAL INCOME. WHAT IS YOUR TOTAL HOUSEHOLD INCOME AND WHAT IS YOUR TOTAL PERSONAL INCOME? INTERVIEWER: CORRECT RESPONSES AS NECESSARY.		
LESS_20000	01	Less than \$20,000
20000_50000	02	\$20,000 or more, but less than \$50,000
50000_100000	03	\$50,000 or more, but less than \$100,000
100000_150000	04	\$100,000 or more, but less than \$150,000
150000_MORE	05	\$150,000 or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INC_END

INTERMISSION

INTERMISSION		
[ALWAYS ASK]		
That concludes the first portion of the telephone interview. At this point we can		
1) Continue on; the remainder of the questions will take approximately 35 minutes 2) Take a break; we can call you back in 15 minutes to finish up 3) Book an appointment to continue another time		
INTERVIEWER INSTRUCTION:		
BOOKING OF THE NEXT CALL SHOULD BE WITHIN 24 – 72 HOURS.		
CONTINUE	01	Continue in interview
TAKE_BREAK	02	Take a break
APPOINTMENT	03	Make an appointment

CONTINUE
[ASK IF INTERMISSION = CONTINUE]
EXCELLENT, LET'S CONTINUE WITH THE REMAINDER OF THE QUESTIONNAIRE

CONTINUE
[ASK IF INTERMISSION = TAKE_BREAK]
INTERVIEWER INSTRUCTION: SCHEDULE A CALLBACK AND IT WILL AUTOMATICALLY BE ASSIGNED TO YOU.
OKAY, GREAT. I WILL CALL YOU BACK IN 10-15 MINUTES TO FINISH UP.

APPOINTMENT
[ASK IF INTERMISSION = APPOINTMENT]
INTERVIEWER INSTRUCTION: THE APPOINTMENT FOR THE SECOND PART OF THE INTERVIEW NEEDS TO BE SCHEDULED WITHIN 24 – 72 HOURS FROM THE CURRENT CALL.
ALRIGHT, LET'S BOOK AN APPOINTMENT FOR YOU.

Health Care Utilization (HCU)

Overview	<p>This module covers a number of topics related to the use of health care services, including whether the participant has a regular medical doctor, uses medical specialists, or uses practitioners of alternative medicine.</p> <p>Importance of module: This module is relevant to policy makers, health care planners, and researchers, who may use the data to compare how different groups, e.g., men versus women, urban versus rural –dwellers, use health services. This type of research can help determine who needs better access to healthcare services.</p>
-----------------	---

Now I would like to ask you about your contacts with healthcare professionals or the healthcare system during the past 12 months.

HCU_TRF1						
During the past 12 months, have you had contact with any of the following about your physical or mental health?						
[ALWAYS ASK]						
INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE						
			Yes	No	DK/NA	RF
HCU_1	HCU_FAMPHY_TRF1	Family Doctor				
HCU_2	HCU_SPEC_TRF1	Medical specialist (such as a cardiologist, gynaecologist, psychiatrist or ophthalmologist)				
HCU_3	HCU_PSYCH_TRF1	Psychologist				
HCU_5	HCU_OPTO_TRF1	Optometrist				
HCU_6	HCU_PHYSIO_TRF1	Physiotherapist, occupational therapist, or chiropractor				
HCU_7	HCU_SOCLWRK_TRF1	Social worker				

HCU_8	HCU_EMEREG_TRF1	
[ALWAYS ASK]		
Have you been seen in an Emergency Department during the past 12 months?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

HCU_9	HCU_HLOVRNT_TRF1	
[ALWAYS ASK]		
Were you a patient in a hospital overnight during the past 12 months?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

HCU_10	HCU_NRSHM_TRF1	
[ALWAYS ASK]		
Were you a patient in a nursing home or convalescent home during the past 12 months?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

HCU_11	HCU_HAVEFAM_TRF1	
[ASK IF HCU_FAMPHY_TRF1 = NO]		
Do you have a family doctor?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

HCU_12	HCU_NOFAM_TRF1	
[ASK IF HCU_HAVEFAM_TRF1 = NO]		
Why do you NOT have a family doctor?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HCU_NOFAM_TAKE_TRF1	01	Family doctors in the area are not taking new patients
HCU_NOFAM_AVAIL_TRF1	02	No family doctors available in the area
HCU_NOFAM_CONT_TRF1	03	Have not tried to contact one
HCU_NOFAM_LEFT_TRF1	04	Had a medical doctor who left or retired
HCU_NOFAM_OT_TRF1	97	Other
HCU_NOFAM_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
HCU_NOFAM_REFUSED_TRF1	99	[DO NOT READ] Refused
HCU_12a	HCU_NOFAM_OTSP_TRF1	
[ASK IF HCU_NOFAM_TRF1 = HCU_NOFAM_OT_TRF1]		
Other (please specify: _____)		
HCU_NOFAM_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

HCU_13	HCU_PLACE_TRF1	
[ASK IF HCU_HAVEFAM_TRF1 = NO]		
Is there a place that you usually go to when you are sick or need advice about your health?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

HCU_14	HCU_FAMV_TRF1	
[ASK IF HCU_FAMPHY_TRF1=NO and HCU_HAVEFAM_TRF1 = YES]		
Why have you NOT seen a family doctor in the past 12 months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HCU_FAMV_NEED_TRF1	01	Not needed
HCU_FAMV_APPT_TRF1	02	Difficulty getting an appointment
HCU_FAMV_TRAN_TRF1	03	Transportation problems
HCU_FAMV_LANG_TRF1	04	Language problem
HCU_FAMV_CANC_TRF1	05	Appointment cancelled or deferred by doctor
HCU_FAMV_LEAV_TRF1	06	Unable to leave the house due to health condition
HCU_FAMV_PERS_TRF1	07	Personal and family responsibilities
HCU_FAMV_OT_TRF1	97	Other
HCU_FAMV_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
HCU_FAMV_REFUSED_TRF1	99	[DO NOT READ] Refused
HCU_14a	HCU_FAMV_OTSP_TRF1	
[ASK IF HCU_FAMV_TRF1 = HCU_FAMV_OT_TRF1]		
Other (please specify: _____)		
HCU_FAMV_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

HCU_15	HCU_SPEV_TRF1	
[ASK IF HCU_SPEC_TRF1 = NO]		
Why have you NOT seen a medical specialist (such as a cardiologist, gynecologist, psychiatrist or ophthalmologist) in the past 12-months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HCU_SPEV_NEED_TRF1	01	Not needed
HCU_SPEV_REFE_TRF1	02	Difficulty getting a referral
HCU_SPEV_APPT_TRF1	03	Difficulty getting an appointment
HCU_SPEV_SPEC_TRF1	04	No specialists in the area
HCU_SPEV_TRAN_TRF1	05	Transportation problems
HCU_SPEV_LANG_TRF1	06	Language problem
HCU_SPEV_PERS_TRF1	07	Personal and family responsibilities
HCU_SPEV_CANC_TRF1	08	Appointment cancelled or deferred by specialist/doctor
HCU_SPEV_WAIT_TRF1	09	Still waiting for visit
HCU_SPEV_LEAV_TRF1	10	Unable to leave the house due to health condition
HCU_SPEV_OT_TRF1	97	Other
HCU_SPEV_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
HCU_SPEV_REFUSED_TRF1	99	[DO NOT READ] Refused

HCU_15a	HCU_SPEV_OTSP_TRF1
[ASK IF HCU_SPEV_TRF1 = HCU_SPEV_OT_TRF1]	
Other (please specify: _____)	
HCU_SPEV_OTSP1_TRF1	[OPEN TEXT VARIABLE]

HCU_END

Unmet Health Care Needs (MET)

Overview	<p>Access to health care services is often evaluated by considering frequency of use of health care services. However, such research does not capture information from those who do not use health care services or the reasons for not using services. Self-perceived unmet need for health care services is often used as a measure of the adequacy of access to services.</p> <p>The data collected can help researchers determine what factors contribute to unmet health care needs and how important lack of access is in determining unmet health care needs.</p>
-----------------	--

MET_1	MET_NEED_TRF1
[ALWAYS ASK]	
During the past 12 months, was there ever a time when you felt that you needed health care but you didn't receive it?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

MET_2	MET_RSN_TRF1
[ASK IF MET_NEED_TRF1 = YES]	
Thinking of the most recent time, why didn't you get care?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
MET_RSN_AREA_TRF1	01 Not available - in the area
MET_RSN_TIME_TRF1	02 Not available - at time required (e.g. doctor on holidays, inconvenient hours)
MET_RSN_WAIT_TRF1	03 Waiting time too long
MET_RSN_INAD_TRF1	04 Felt would be inadequate
MET_RSN_COST_TRF1	05 Cost
MET_RSN_BUSY_TRF1	06 Too busy
MET_RSN_AROD_TRF1	07 Didn't get around to it/didn't bother
MET_RSN_SEEK_TRF1	08 Decided not to seek care
MET_RSN_NECE_TRF1	09 Doctor - didn't think it was necessary
MET_RSN_OT_TRF1	97 Other
MET_RSN_DK_NA_TRF1	98 [DO NOT READ] Don't know / No answer
MAT_RSN_REFUSED_TRF1	99 [DO NOT READ] Refused
MET_2a	MET_RSN_OTSP_TRF1
[ASK IF MET_RSN_TRF1 = MET_RSN_OT_TRF1]	
Other (please specify: _____)	
MET_RSN_OTSP1_TRF1	[OPEN TEXT VARIABLE]

Medication Use (MED)

Overview	<p>The lone question in this module pertains only to prescription medications taken in the past month.</p> <p>Importance of module: The results help assess the frequency of prescription medication use (i.e., daily versus occasional use). The results also permit examination of the relations between frequency of drug usage and (1) the incidence/prevalence of health problems or (2) the utilization of other healthcare services.</p>
-----------------	--

The next question asks about your use of prescription medications.

MED_1	MED_USE1_TRF1
[ASK IF NO TO ALL MEDS IN PKD SECTION]	
How often in the past month did you take one or more prescription medications?	
INTERVIEWER INSTRUCTION: A PRESCRIPTION MEDICATION IS A DRUG THAT IS AVAILABLE FROM A PHARMACIST ONLY WITH WRITTEN INSTRUCTIONS FROM A DOCTOR OR A DENTIST. THIS QUESTION DOES NOT PERTAIN TO OVER-THE-COUNTER MEDICATIONS, WHICH MAY BE PURCHASED WITHOUT SUCH WRITTEN INSTRUCTIONS.	
DAILY	01 Daily
EVERY_WEEK	02 Every week, but not daily
LESS_EVERY_WEEK	03 Less often than every week
NEVER	04 Never
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

MED_1a	MED_USE2_TRF1
[ASK IF ANY MEDICATION IN PKD_MED_TRF1 = YES]	
How often in the past month did you take one or more prescription medications?	
INTERVIEWER INSTRUCTION: A PRESCRIPTION MEDICATION IS A DRUG THAT IS AVAILABLE FROM A PHARMACIST ONLY WITH WRITTEN INSTRUCTIONS FROM A DOCTOR OR A DENTIST. THIS QUESTION DOES NOT PERTAIN TO OVER-THE-COUNTER MEDICATIONS, WHICH MAY BE PURCHASED WITHOUT SUCH WRITTEN INSTRUCTIONS.	
INTERVIEWER NOTE: The response "Never" is not an option for this question because the participant indicated in the Parkinson's module they were taking at least one prescription medication for that condition.	
DAILY	01 Daily
EVERY_WEEK	02 Every week, but not daily
LESS_EVERY_WEEK	03 Less often than every week
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

MED_2	MED_USEQTY_TRF1	
[ASK IF MED_USE1_TRF1 ≠ NEVER, DK_NA OR REFUSED <u>OR</u> MED_USE2_TRF1 ≠ DK_NA OR REFUSED]		
In the <u>past month</u> , how many prescription medications did you take? ONE/TWO/THREE OR MORE		
READ LIST, CODE ONLY ONE RESPONSE		
ONE	01	One
TWO	02	Two
THREE_PLUS	03	Three or more
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MED_END

Dietary Supplement Use (DSU)

Overview	<p>The questions in this module ask about the frequency of use of multivitamins, calcium, vitamin D, and B12 supplements.</p> <p>Importance of module: Vitamin D and calcium are important for bone strength and may reduce the risk of osteoporosis and fractures in older adults. After the age of 50, the average person's vitamin D needs are higher than can be obtained from food alone.</p> <p>Data from this module can help to estimate the frequency of dietary supplement use. The data could also provide information for prevention programs related to diet, as well as information about the impact of combined usage of drugs/medications and supplements.</p>
-----------------	---

Now, some questions about your use of nutritional supplements in the past month.

Please note this can include BOTH prescription and non-prescription supplements.

DSU_1- DSU_9	DSU_VITAMINS_TRF1	
[ALWAYS ASK]		
In the past month, did you take any of the following:		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
DSU_MLTV_TRF1	01	multivitamin supplements
DSU_CAL_TRF1	02	calcium supplements
DSU_VITD_TRF1	03	vitamin D supplements
DSU_VITB12_TRF1	04	vitamin B12 supplements
DSU_IRON_TRF1	05	iron supplements
DSU_VITC_TRF1	06	Vitamin C supplements
DSU_OMG_TRF1	07	Omega-3 supplements
DSU_PRO_TRF1	08	Protein supplements (e.g. protein enriched drinks, protein powder)
DSU_NONE_TRF1	96	None
DSU_OT_TRF1	97	other supplements
DSU_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
DUS_REFUSED_TRF1	99	[DO NOT READ] Refused
DSU_9a	DSU_OTSPEC_TRF1	
[ASK IF DSU_VITAMINS_TRF1 = DSU_OT_TRF1]		
Other (please specify: _____)		
DSU_OTSPEC_TRF1	[OPEN TEXT VARIABLE]	

DSU_END

Childhood Maltreatment and Health across the Lifespan (CEX)

Overview	<p>This module is talking about things that may have happened to you before you were 16 in your school, in your neighborhood, or in your family. The questions ask if you ever witnessed or experienced any physical or sexual abuse before you were 16 years old. Your responses are important whether or not you have had any of these experiences. This information will help us to understand the links between childhood maltreatment and health outcomes that occur years later.</p> <p>Now, I want to remind you again that your participation in this study is fully voluntary. You can refuse to answer any questions during the interview or stop at any time if the questions make you uncomfortable. Again, all information you provide will be kept confidential and used only for research purposes.</p>
-----------------	--

The next few questions are about things that may have happened to you before you were 16 in your school, in your neighborhood, or in your family. Your responses are important whether or not you have had any of these experiences. Remember that all information provided is strictly confidential.

CEX_Q01	CEX_HURT_TRF1
[ALWAYS ASK]	
Before age 16, how many times did any one of your parents, step-parents or guardians swear at you, or say hurtful, insulting things that made you feel like you were not wanted or loved?	
DO NOT READ LIST, CODE ONLY ONE RESPONSE	
NEVER	01 Never
1_2_TIMES	02 1 or 2 times
3_5_TIMES	03 3 to 5 times
6_10_TIMES	04 6 to 10 times
MORE_10_TIMES	05 More than 10 times
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

CEX_Q02	CEX_SEEHIT_TRF1
[ALWAYS ASK]	
Before age 16, how many times did you see or hear any one of your parents, step-parents or guardians hit each other or another adult in your home? By adult, I mean anyone 18 years and over.	
DO NOT READ LIST, CODE ONLY ONE RESPONSE	
NEVER	01 Never
1_2_TIMES	02 1 or 2 times
3_5_TIMES	03 3 to 5 times
6_10_TIMES	04 6 to 10 times
MORE_10_TIMES	05 More than 10 times
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

CEX_Q03	CEX_SPANK_TRF1	
[ALWAYS ASK]		
Before age 16, how many times did a parent or caregiver spank you with their hand on your bottom (bum), or slap you on your hand?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

CEX_Q04	CEX_SLAP_TRF1	
[ALWAYS ASK]		
Before age 16, how many times did an adult slap you on the face, head or ears or hit or spank you with something hard to hurt you?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

CEX_Q05	CEX_PUSH_TRF1	
[ALWAYS ASK]		
Before age 16, how many times did an adult push, grab, shove or throw something at you to hurt you?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

CEX_Q06	CEX_KICK_TRF1	
[ALWAYS ASK]		
Before age 16, how many times did an adult kick, bite, punch, choke, burn you, or physically attack you in some way?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

CEX_Q07	CEX_CARE_TRF1	
[ALWAYS ASK]		
Before age 16, how many times did your parents, step-parents or guardians not take care of your basic needs, such as keeping you clean or providing food or clothing?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

CEX_Q08	CEX_SEX_TRF1	
[ALWAYS ASK]		
Before age 16, how many times did an adult force you or attempt to force you into any unwanted sexual activity, by threatening you, holding you down or hurting you in some way?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

CEX_Q09	CEX_TOUCH_TRF1	
[ALWAYS ASK]		
Before age 16, how many times did an adult touch you against your will in any sexual way? By this, I mean anything from unwanted touching or grabbing, to kissing or fondling.		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

CEX_Q10	CEX_POLICE_TRF1	
[ASK IF CEX_HURT_TRF1 & CEX_SEEHIT_TRF1 & CEX_SPANK_TRF1 & CEX_SLAP_TRF1 & CEX_PUSH_TRF1 & CEX_KICK_TRF1 & CEX_CARE_TRF1 & CEX_SEX_TRF1 & CEX_TOUCH_TRF1 ≠ NEVER, DK_NA OR REFUSED]		
Before age 16, did you ever see or talk to the police or anyone from child protective services about any of the things you mentioned?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

CEX_Q11	CEX_WORD_TRF1	
[ALWAYS ASK]		
Before age 16, how many times did you see or hear any one of your parents, step-parents or guardians say hurtful or mean things to each other or to another adult in your home?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

ACE_1 – ACE_3	ACE_EARLYTRAUMA_TRF1				
[ALWAYS ASK]					
Before the age of 18...					
READ EACH CONDITION, CODE ONLY ONE RESPONSE PER QUESTION					
		YES	NO	DK_NA	REFUSED
ACE_DTHPRT_TRF1	Did you ever experience the death or serious illness of a parent or a primary caretaker?				
ACE_DVRCPT_TRF1	Did you experience the divorce or separation of your parents?				
ACE_BRKDN_TRF1	Did anyone in your family ever suffer from mental or psychiatric illness or have a “breakdown”?				

CEX_END

Built Environments (ENV)

Overview	<p>This module asks participants about their current built environment. ‘Built environment’ means the human-made surroundings (e.g., housing, neighbourhood design, transportation systems) that make up an individual’s community and set the stage for human activity.</p> <p>Importance of module: Built environments can impact human health by influencing an individual’s day-to-day activities, including levels of physical activity, access to healthy foods, opportunities for social interaction, and safety of travel.</p>
-----------------	--

ENV_1	ENV_HMPRB_TRF1
[ALWAYS ASK]	
Does your current home have any of the following problems?	
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY	
ENV_HMPRB_NOI_TRF1	01 Problems with noise (e.g., from neighbours, street noise)
ENV_HMPRB_LEA_TRF1	02 Problems with leaking (e.g., water getting in from roof, gutters or windows)
ENV_HMPRB_CON_TRF1	03 Problems with condensation (e.g., mold)
ENV_HMPRB_EP_TRF1	04 Problems with electrical wiring or plumbing
ENV_HMPRB_HEA_TRF1	05 Problems with heating (e.g., inadequate or too much heat)
ENV_HMPRB_MAI_TRF1	06 Problems with maintenance or repairs
ENV_HMPRB_INF_TRF1	07 Problems with infestations (e.g., insects, mice or rats)
ENV_HMPRB_NONE_TRF1	96 [DO NOT READ] Have not experienced any of these problems
ENV_HMPRB_OT_TRF1	97 Other
ENV_HMPRB_DK_NA_TRF1	98 [DO NOT READ] Don’t know / No answer
ENV_HMPRB_REFUSED_TRF1	99 [DO NOT READ] Refused
ENV_1a	ENV_HMPRB_OTSP_TRF1
[ASK IF ENV_HMPRB_TRF1 = ENV_HMPRB_OT_TRF1]	
Other (please specify: _____)	
ENV_HMPRB_OTSP1_TRF1	[OPEN TEXT VARIABLE]

ENV_2	ENV_STFHM_TRF1		
[ALWAYS ASK]			
When thinking of your home, how strongly would you agree or disagree with the following statement? I am satisfied with my current housing.			
CODE ONLY ONE RESPONSE			
STRONGLY_AGREE	01	Strongly agree	
AGREE	02	Agree	
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree	
DISAGREE	04	Disagree	
STRONGLY_DISAGREE	05	Strongly disagree	
DK_NA	08	[DO NOT READ] Don't know / No answer	
REFUSED	09	[DO NOT READ] Refused	

ENV_3	ENV_FLPRTAREA_TRF1						
[ALWAYS ASK]							
How do you feel about your local area, that is, everywhere within a 20 minute walk or about a mile from your home? Please tell me how strongly you agree or disagree with the following statements.							
INTERVIEWER INSTRUCTION: If the participant lives in a rural location their perception of local area may not be within 1 kilometer or a 20-minute walk from their home. Please inform the participant that "local area" should be what it means to them as the community which they live in.							
		Strongly agree	Agree	Disagree	Strongly disagree	DK	RF
ENV_FLPRTAREA1_TRF1	I really feel a part of this area						
ENV_VNDLSM_TRF1	Vandalism or graffiti are a big problem in this area						
ENV_FLLNLY_TRF1	I often feel lonely living in this area						
ENV_PPLTRST_TRF1	Most people in this area can be trusted						
ENV_AFRDWLK_TRF1	People would be afraid to walk alone after dark in this area						
ENV_PPLFRNDLY_TRF1	Most people in this area are friendly						
ENV_PPLTKADV_TRF1	People in this area will take advantage of you						
ENV_CLEAN_TRF1	This area is kept very clean						
ENV_PPLHLP_TRF1	If you were in trouble, there are lots of people in this area who would help you						

ENV_END

Transportation, Mobility, Migration (TRA)

The questions in this module were adapted from the Baseline Survey of Seniors (Older and Wiser Driver Questionnaire) developed by the Centre on Aging - University of Victoria. The Canadian Longitudinal Study on Aging received permission from the Centre on Aging - University of Victoria for the use of this instrument.

Overview	<p>The questions in this module ask participants about their driving status, the types of transportation they use, and how long they have lived in their present home and community.</p> <p>Importance of module: These questions will provide data about participants' ability and transportation functionality over time.</p>
-----------------	---

Now I would like you to focus on how you get around the area where you live, whether this involves going to work, going to appointments, visiting friends, etc. I will ask about the types of transportation you use, as well as how long you have lived in your current location.

TRA_1	TRA_DSTATUS_TRF1	
[ALWAYS ASK]		
Which of the following describes your driving status? (Include cars, vans, trucks and motorcycles.)		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER_DL	01	Never had a driver's license
CURRENTLY_NO_DL_DL	02	Had a driver's license at one point in your life, but currently do not have it
UNRESTRICTED_DL	03	Have a driver's license without restrictions (except eyeglasses)
RESTRICTED_DL	04	have a driver's license with restrictions on time of driving (daylight only), distance from home, type of road (no highway) or number of passengers
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

TRA_2	TRA_DFREQ_TRF1	
[ASK IF TRA_DSTATUS_TRF1 = UNRESTRICTED_DL OR RESTRICTED_DL]		
How frequently do you drive?		
READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
4_6_DAYS_WEEK	02	4 to 6 times a week
2_3_DAYS_WEEK	03	2 to 3 times a week
ONCE_WEEK	04	Once a week
LESS_1WEEK_MORE_1MONTH	05	Less than once a week, but more than once a month
LESS_ONCE_MONTH	06	Less than once a month
NONE	07	Not at all
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

TRA_2a	TRA_CMNTR1_TRF1	
[ASK IF TRA_DSTATUS_TRF1 = UNRESTRICTED_DL OR RESTRICTED_DL]		
In the past year, which was your <u>most common</u> form of transportation?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G. TRAVEL TO A 'PARK AND RIDE') ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSP, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, CODE ONLY ONE RESPONSE		
DRIVE	01	Drive a motor vehicle
PASSENGER	02	Passenger in a motor vehicle
TAXI	03	Taxi
PUBLIC_TRANSIT	04	Public transit such as bus, rapid transit, subway/metro or train
ACCESSIBLE_TRANSIT	05	Accessible transit
CYCLING	06	Cycling
WALKING	07	Walking
WHEELCHAIR	08	Wheelchair or motorized cart/scooter
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_2b	TRA_CMNTR2_TRF1	
[ASK IF TRA_DSTATUS_TRF1 ≠ UNRESTRICTED_DL OR RESTRICTED_DL]		
In the past year, which was your <u>most common</u> form of transportation?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G. TRAVEL TO A 'PARK AND RIDE') ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSP, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, CODE ONLY ONE RESPONSE		
PASSENGER	01	Passenger in a motor vehicle
TAXI	02	Taxi
PUBLIC_TRANSIT	03	Public transit such as bus, rapid transit, subway/metro or train
ACCESSIBLE_TRANSIT	04	Accessible transit
CYCLING	05	Cycling
WALKING	06	Walking
WHEELCHAIR	07	Wheelchair or motorized cart/scooter
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_3	TRA_TYPTR_TRF1	
[ALWAYS ASK]		
In the past month, which of the following forms of transportation have you used?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G. TRAVEL TO A 'PARK AND RIDE') ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPOR, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
TRA_TYPTR_PAS_TRF1	01	Passenger in a motor vehicle (including driver)
TRA_TYPTR_TAX_TRF1	02	Taxi
TRA_TYPTR_PUB_TRF1	03	Public transit such as bus, rapid transit, subway/metro or train
TRA_TYPTR_ACC_TRF1	04	Accessible transit
TRA_TYPTR_CYC_TRF1	05	Cycling
TRA_TYPTR_WAL_TRF1	06	Walking
TRA_TYPTR_WHE_TRF1	07	Wheelchair or motorized cart/scooter
TRA_TYPTR_NONE_TRF1	96	None
TRA_TYPTR_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
TRA_TYPTR_REFUSED_TRF1	99	[DO NOT READ] Refused

TRA_4	TRA_PUBTR_TRF1	
[ASK IF TRA_TYPTR_TRF1 ≠ TRA_TYPTR_PUB_TRF1]		
Why did you not use public transit?		
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
TRA_PUBTR_NN_TRF1	01	Service not needed
TRA_PUBTR_PNU_TRF1	02	Prefer not to use
TRA_PUBTR_UNA_TRF1	03	Service unavailable in your area
TRA_PUBTR_HEA_TRF1	04	Limitation due to a health condition or mobility issue
TRA_PUBTR_INC_TRF1	05	Inconvenient service schedule or route
TRA_PUBTR_COS_TRF1	06	Too costly
TRA_PUBTR_NAV_TRF1	07	Service unavailable in area you travelled to
TRA_PUBTR_AWR_TRF1	08	Unaware of local transit services
TRA_PUBTR_SCH_TRF1	09	Schedule unsuitable for need
TRA_PUBTR_NSF_TRF1	10	Unsafe

TRA_4	TRA_PUBTR_TRF1 (cont'd.....)	
TRA_PUBTR_ACC_TRF1	11	Cannot easily get to public transit stop or station
TRA_PUBTR_COM_TRF1	12	Lack of comfort
TRA_PUBTR_OT_TRF1	97	Other
TRA_PUBTR_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
TRA_PUBTR_REFUSED_TRF1	99	[DO NOT READ] Refused
TRA_4a	TRA_PUBTR_OTSP_TRF1	
[ASK IF TRA_PUBTR_TRF1 = TRA_PUBTR_OT_TRF1]		
Other (please specify: _____)		
TRA_PUBTR_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

TRA_5	TRA_ACCTR_TRF1	
[ASK IF TRA_TYPTR_TRF1 ≠ TRA_TYPTR_ACC_TRF1]		
Why did you not use accessible transit?		
INTERVIEWER NOTE: ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPOR, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, MULTIPLE RESPONSES ALLOWED		
TRA_ACCTR_NN_TRF1	01	Service not needed
TRA_ACCTR_PNU_TRF1	02	Prefer not to use
TRA_ACCTR_UNA_TRF1	03	Service unavailable in your area
TRA_ACCTR_HEA_TRF1	04	Limitation due to a health condition
TRA_ACCTR_INC_TRF1	05	Inconvenient service (travel time too long, inconvenient) schedule or route
TRA_ACCTR_COS_TRF1	06	Too costly
TRA_ACCTR_OVB_TRF1	07	Service unavailable due to overbooking
TRA_ACCTR_CNB_TRF1	08	Could not book (could not get through on the telephone, not enough time to book, etc.)
TRA_ACCTR_OT_TRF1	97	Other
TRA_ACCTR_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
TRA_ACCTR_REFUSED_TRF1	99	[DO NOT READ] Refused
TRA_5a	TRA_ACCTR_OTSP_TRF1	
[ASK IF TRA_ACCTR_TRF1 = TRA_ACCTR_OT_TRF1]		
Other (please specify: _____)		
TRA_ACCTR_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

TRA_5b	TRA_PUBTRFRQ_TRF1	
[ASK IF TRA_TYPTR_TRF1 = TRA_TYPTR_PUB_TRF1]		
In the past month, how frequently did you take public transit?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G. TRAVEL TO A 'PARK AND RIDE')		
READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
4_6_DAYS_WEEK	02	4 to 6 times a week
2_3_DAYS_WEEK	03	2 to 3 times a week
ONCE_WEEK	04	Once a week
LESS_1WEEK_MORE_1MONT H	05	Less than once a week, but more than once a month
LESS_ONCE_MONTH	06	Less than once a month
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

TRA_6	TRA_TRIP_TRF1	
[ALWAYS ASK]		
What kind of trip(s) do you typically make in a week, whether by car, public transit, walking or other means?		
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
TRA_TRIP_WK_TRF1	01	Commute to/from work
TRA_TRIP_BK_TRF1	02	Banking and other business appointments
TRA_TRIP_MD_TRF1	03	Medical appointments
TRA_TRIP_GR_TRF1	04	Grocery shopping
TRA_TRIP_RI_TRF1	05	Recreational/leisure shopping, restaurants
TRA_TRIP_RO_TRF1	06	Recreational/leisure trips to park, other outdoor spaces
TRA_TRIP_CH_TRF1	07	Church/worship service
TRA_TRIP_FM_TRF1	08	Visiting friends and family
TRA_TRIP_SO_TRF1	09	Social activities (seniors recreational centres)
TRA_TRIP_OT_TRF1	97	Other
TRA_TRIP_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
TRA_TRIP_REFUSED_TRF1	99	[DO NOT READ] Refused
TRA_6a	TRA_TRIP_OTSP_TRF1	
[ASK IF TRA_TRIP_TRF1 = TRA_TRIP_OT_TRF1]		
Other (please specify: _____)		
TRA_TRIP_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

Next we are going to ask you some questions about your driving skills compared to 10 years ago, or less than 10 years depending on how long you have had your license. Please note that your responses to these questions are confidential and will not be shared with the Ministry of Transportation in any way that will affect your driver's license.

TRA_7a **TRA_DSTATUSDL_TRF1**

[ASK IF TRA_DSTATUS_TRF1 = UNRESTRICTED_DL or RESTRICTED_DL]

Compared to 10 years ago (or the total years if less than 10 that you have had your license), how would you rate your ability to...

TRA_7b **TRA_DSTATUSNODL_TRF1**

[ASK IF TRA_DSTATUS_TRF1 = CURRENTLY_NO_DL_DL]

You mentioned that you had a driver's license in the past. Comparing the last year you drove to 10 years before that, how would you rate your ability to ...

		<u>Better</u>	<u>Same</u>	<u>A little worse</u>	<u>A lot worse</u>	<u>DK/NA</u>	<u>RF</u>
TRA_CHGRS_TRF1	Avoid rolling stops (failing to completely stop at a sign/signal).						
TRA_CHGHC_TRF1	Avoid hitting curbs or medians.						
TRA_CHGLPE_TRF1	Avoid lane position errors such as executing turns from the wrong lane, drive in the far right lanes or in the parking or bicycle lane.						
TRA_CHGSLC_TRF1	Perform high speed lane changes while either overtaking or merging.						
TRA_CHGJDG_TRF1	Judge the available gap or speed of the approaching vehicles.						
TRA_CHGCOC_TRF1	Control over-cautiousness: avoid driving too slowly.						
TRA_CHGCGB_TRF1	Not confuse the gas and brake pedal: avoid unintended acceleration.						
TRA_CHGQDD_TRF1	Make quick driving decisions.						
TRA_CHGDS_TRF1	Drive safely (avoid accidents or near misses).						

TRA_8	TRA_AVOID_TRF1	
[ASK IF TRA_DSTATUS_TRF1 = UNRESTRICTED_DL or RESTRICTED_DL]		
If possible, do you try to avoid any of these driving situations:		
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
TRA_AVOID_RA_TRF1	01	On ramps and off ramps
TRA_AVOID_CR_TRF1	02	Traffic circles/roundabouts
TRA_AVOID_FW_TRF1	03	Four way stops without traffic signals
TRA_AVOID_UN_TRF1	04	Unfamiliar routes or detours
TRA_AVOID_HV_TRF1	05	Heavy traffic or rush hour in town
TRA_AVOID_ML_TRF1	06	Heavy traffic or rush hour on multi-lane or divided highways/expressways
TRA_AVOID_SL_TRF1	07	Heavy traffic or rush hour on single-lane or undivided highways/expressways
TRA_AVOID_TL_TRF1	08	Making left hand turns with traffic lights
TRA_AVOID_NL_TRF1	09	Making left hand turns with no traffic lights or stop signs
TRA_AVOID_LG_TRF1	10	Travelling next to large trucks
TRA_AVOID_BS_TRF1	11	Crossing or entering busy streets without traffic signals
TRA_AVOID_YD_TRF1	12	Yielding to traffic (at yield signs)
TRA_AVOID_SN_TRF1	13	Driving in heavy rain or snow
TRA_AVOID_DW_TRF1	14	Driving at dawn/dusk
TRA_AVOID_NT_TRF1	15	Driving at night
TRA_AVOID_NONE_TRF1	96	No, I do not try to avoid any of these situations
TRA_AVOID_OT_TRF1	97	Other
TRA_AVOID_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
TRA_AVOID_REFUSED_TRF1	99	[DO NOT READ] Refused
TRA_8a	TRA_AVOID_OTSP_TRF1	
[ASK IF TRA_AVOID_TRF1 = TRA_AVOID_OT_TRF1]		
Other (please specify: _____)		
TRA_AVOID_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

TRA_9	TRA_DRVST_YR_TRF1	
[ASK IF TRA_DSTATUS_TRF1 = CURRENTLY_NO_DL]		
Approximately how many years ago did you stop driving?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER, ENTER "00" IF LESS THAN 1 YEAR		
TRA_DRVST_YR_TRF1	_____ (MASK: MIN=00, MAX=CURRENT AGE SUBTRACT 16)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

TRA_9a	TRA_CEASE_TRF1	
[ASK IF TRA_DSTATUS_TRF1 = CURRENTLY_NO_DL]		
What factors or events led you to stop driving?		
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
TRA_CEASE_ND_TRF1	01	I no longer needed to drive
TRA_CEASE_EN_TRF1	02	I no longer enjoyed driving
TRA_CEASE_CO_TRF1	03	The cost of gas and upkeep of my car was too expensive
TRA_CEASE_SF_TRF1	04	I felt I was no longer a safe driver
TRA_CEASE_NR_TRF1	05	I was nervous or intimidated while driving
TRA_CEASE_DR_TRF1	06	My doctor advised me to stop driving
TRA_CEASE_FF_TRF1	07	Someone else advised me to stop driving (e.g., family or friend)
TRA_CEASE_PT_TRF1	08	Improved availability of public transit
TRA_CEASE_DP_TRF1	09	Driving-related events such as collision, demerit points
TRA_CEASE_RE_TRF1	10	Driver license renewal or road test requirement
TRA_CEASE_IN_TRF1	11	Inability to complete license renewal requirements
TRA_CEASE_PC_TRF1	12	Physical condition/limitation
TRA_CEASE_DV_TRF1	13	Deteriorating vision
TRA_CEASE_LC_TRF1	14	Having lesser confidence in driving
TRA_CEASE_NONE_TRF1	96	No reason
TRA_CEASE_OT_TRF1	97	Other
TRA_CEASE_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
TRA_CEASE_REFUSED_TRF1	99	[DO NOT READ] Refused
TRA_9b	TRA_CEASE_OTSP_TRF1	
[ASK IF TRA_CEASE_TRF1 = TRA_CEASE_OT_TRF1]		
Other (please specify: _____)		
TRA_CEASE_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

TRA_10	TRA_MED_TRF1	
[ASK IF TRA_DSTATUS_TRF1 = UNRESTRICTED_DL or RESTRICTED_DL]		
Have you ever spoken to your family doctor, optometrist or any other doctor, nurse or pharmacist about your driving safety?		
CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

TRA_10a	TRA_MEDTPC_TRF1	
[ASK IF TRA_MED_TRF1 = YES]		
Which of the following topics related to your driving did you discuss with the medical professional?		
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
TRA_MEDTPC_CON_TRF1	01	Possible safety issues related to a medical condition that you have
TRA_MEDTPC_MED_TRF1	02	Possible safety issues related to driving when taking prescription medication
TRA_MEDTPC_HRB_TRF1	03	Possible safety issues related to driving when taking non-prescription or herbal medications/supplements
TRA_MEDTPC_ACC_TRF1	04	A motor vehicle accident or a near miss that you were a part of
TRA_MEDTPC_INF_TRF1	05	Driving infraction (e.g., speeding ticket)
TRA_MEDTPC_THR_TRF1	06	Referral for a driving assessment with an occupational therapist
TRA_MEDTPC_LCS_TRF1	07	Referral for a driving assessment with licensing authority
TRA_MEDTPC_TRN_TRF1	08	Driver re-training
TRA_MEDTPC_ADV_TRF1	09	General information/advice from your doctor
TRA_MEDTPC_OT_TRF1	97	Other
TRA_MEDTPC_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
TRA_MEDTPC_REFUSED_TRF1	99	[DO NOT READ] Refused
TRA_10b	TRA_MEDTPC_OTSP_TRF1	
[ASK IF TRA_MEDTPC_TRF1 = TRA_MEDTPC_OT_TRF1]		
Other (please specify: _____)		
TRA_MEDTPC_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

TRA_11	TRA_LVDHM_YR_TRF1	
[ALWAYS ASK]		
How long have you lived in your present home?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER, ENTER "00" IF LESS THAN 1 YEAR		
TRA_LVDHM_YR_TRF1	_____ (MASK: MIN=00, MAX=CURRENT AGE)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

TRA_12	TRA_LVCMNTY_YR_TRF1	
[ALWAYS ASK]		
How long have you lived in your current community (e.g., town, village, city)?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER, ENTER “00” IF LESS THAN 1 YEAR		
TRA_LVCMNTY_YR_TRF1	_____ (MASK: MIN=00, MAX=CURRENT AGE)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

TRA_13	TRA_CMNTY_TRF1	
[ALWAYS ASK]		
What were your reasons for moving to your current location?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
TRA_CMNTY_CLI_TRF1	01	Climate and natural environment
TRA_CMNTY_RET_TRF1	02	Retirement or retirement plans
TRA_CMNTY_FAM_TRF1	03	Family lives here
TRA_CMNTY_FRI_TRF1	04	Friends live here
TRA_CMNTY_HOU_TRF1	05	Better and/or more suitable housing
TRA_CMNTY_REC_TRF1	06	Recreation facilities and services
TRA_CMNTY_HEA_TRF1	07	Health care
TRA_CMNTY_COS_TRF1	08	Lower cost of living
TRA_CMNTY_EMP_TRF1	09	Employment opportunities
TRA_CMNTY_APT_TRF1	10	Availability of public transit
TRA_CMNTY_ACC_TRF1	11	Ease of access to public transit
TRA_CMNTY_OT_TRF1	97	Other
TRA_CMNTY_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
TRA_CMNTY_REFUSED_TRF1	99	[DO NOT READ] Refused
TRA_13a	TRA_CMNTY_OTSP_TRF1	
[ASK IF TRA_CMNTY_TRF1 = TRA_CMNTY_OT_TRF1]		
Other (please specify: _____)		
TRA_CMNTY_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

TRA_END

Social Inequality (SEQ)

Overview	<p>The CLSA measures social inequality by using the MacArthur Scale of Subjective Social Status. The scale is presented as a 10-rung "social ladder" and participants are asked to name the rung upon which they feel they stand.</p> <p>Importance of module: The MacArthur scale has been shown to predict health status and declines in health status over time in middle-aged adults. In addition, this measure is used along with other measures of socio economic status to capture an individual's subjective social status and their sense of place in the "social ladder".</p>
-----------------	---

The next question is about where you feel you stand in your local community. People define community in different ways; please define it in whatever way is most meaningful to you.

SEQ_1	SEQ_LADDER_TRF1
[ALWAYS ASK]	
<p>Think of a ladder with 10 steps as representing where people stand in their communities. At the top of the ladder (or step 10) are the people who have the highest standing in their community.</p> <p>At the bottom (or step 1) are the people who have the lowest standing in their community. On which step would you place yourself on this ladder?</p>	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER	
SEQ_LADSCALE_TRF1	_____ (MASK: MIN=01, MAX=10)
DK_NA	98 [DO NOT READ] Don't know/No answer
REFUSED	99 [DO NOT READ] Refused

SEQ_END

Wealth (WEA)

Overview	<p>The questions in this module ask participants about their current incomes, investments, and assets to measure socioeconomic status.</p> <p>Importance of module: Although sensitive, this information is important for studying the impact of wealth on health trends and behaviours. Even though many healthcare costs in Canada are covered by insurance, income still plays an important role in people's health, particularly for older Canadians. People with lower incomes are more likely to have poorer health, and people of different income levels also tend to use the healthcare system differently.</p>
-----------------	--

Now some questions about your overall financial situation.

WEA_1	WEA_SVNGS_TRF1
[ALWAYS ASK]	
Which, if any, of the following savings and investments do you (and your spouse/partner) have?	
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY	
WEA_SVNGS_ACC_TRF1	01 Account at a bank, credit union or elsewhere
WEA_SVNGS_RRSP_TRF1	02 RRSPs
WEA_SVNGS_INV_TRF1	03 Financial investments outside of RRSPs
WEA_SVNGS_NONE_TRF1	96 [DO NOT READ] None
WEA_SVNGS_DK_NA_TRF1	98 [DO NOT READ] Don't know / No answer
WEA_SVNGS_REFUSED_TRF1	99 [DO NOT READ] Refused

WEA_2	WEA_SVNGSVL_TRF1
[ASK IF WEA_SVNGS_TRF1 ≠ WEA_SVNGS_NONE_TRF1 or WEA_SVNGS_DK_NA_TRF1 or WEA_SVNGS_REFUSED_TRF1]	
What is the approximate total value of these savings and investments?	
READ LIST, CODE ONLY ONE RESPONSE	
LESS_50000	01 Less than \$50,000
50000_100000	02 \$50,000 to less than \$100,000
100000_MILLION	03 \$100,000 to less than \$1 million
MORE_MILLION	04 \$1 million or more
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

WEA_3	WEA_LFINS_TRF1	
[ALWAYS ASK]		
Do you (or your spouse/partner) have life insurance?		
CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

WEA_4	WEA_ASSETS_TRF1	
[ALWAYS ASK]		
Which, if any, of the following assets do you (and your spouse/partner) have?		
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WEA_ASSETS_HSE_TRF1	01	House, apartment or holiday home, including timeshares but not including principal residence
WEA_ASSETS_PRES_TRF1	02	Principal residence
WEA_ASSETS_FBS_TRF1	03	Farm or business property (such as a shop, warehouse or garage)
WEA_ASSETS_OTL_TRF1	04	Other land
WEA_ASSETS_MOWD_TRF1	05	Money owed to you by others
WEA_ASSETS_TRST_TRF1	06	A trust
WEA_ASSETS_CINH_TRF1	07	A covenant or inheritance
WEA_ASSETS_NONE_TRF1	96	[DO NOT READ] None
WEA_ASSETS_OT_TRF1	97	Other assets (including works of art or collectibles such as antiques or jewellery)
WEA_ASSETS_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
WEA_ASSETS_REFUSED_TRF1	99	[DO NOT READ] Refused
WEA_4a	WEA_ASSETS_OTSP_TRF1	
[ASK IF WEA_ASSETS_TRF1 = WEA_ASSETS_OT_TRF1]		
Other (please specify: _____)		
WEA_ASSETS_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

WEA_5	WEA_DEBT_TRF1	
[ALWAYS ASK]		
Do you (or your spouse/partner) currently have any of the following kinds of debts?		
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WEA_DEBT_CCRD_TRF1	01	Credit or store cards
WEA_DEBT_DBI_TRF1	02	Debts to friends, relatives or other private individuals
WEA_DEBT_LNS_TRF1	03	Loans from banks or financial institutions, including overdrafts not including mortgages
WEA_DEBT_NONE_TRF1	96	[DO NOT READ] None
WEA_DEBT_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
WEA_DEBT_REFUSED_TRF1	99	[DO NOT READ] Refused

WEA_6	WEA_FNSTATUS_TRF1	
[ALWAYS ASK]		
Which of these phrases best describes how you (and your spouse/partner) are getting along financially these days?		
READ LIST, CODE ONLY ONE RESPONSE		
VERY_WELL	01	Manage very well
QUITE_WELL	02	Manage quite well
GET_BY	03	Get by alright
NOT_VERY_WELL	04	Don't manage very well
SOME_DIFFICULTIES	05	Have some financial difficulties
SEVERE_DIFFICULTIES	06	Have severe financial difficulties
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

WEA_7	WEA_INCNEEDS_TRF1	
[ALWAYS ASK]		
How well do you think that your income currently satisfies your basic needs? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
VERY_WELL	01	Very well
ADEQUATELY	02	Adequately
SOME_DIFFICULTY	03	With some difficulty
NOT_VERY_WELL	04	Not very well
TOTALLY_INADEQUATELY	05	Totally inadequately
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

WEA_8	WEA_THNGS_TRF1	
[ALWAYS ASK]		
Does having too little money stop you from doing any of the following things?		
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WEA_THNGS_FOD_TRF1	01	Buy your first choices of food items
WEA_THNGS_FFO_TRF1	02	Have family and friends around for a drink or meal
WEA_THNGS_POF_TRF1	03	Have an outfit to wear for social or family occasions
WEA_THNGS_HMR_TRF1	04	Keep your home in a good state of repair
WEA_THNGS_REL_TRF1	05	Replace or repair broken electrical goods
WEA_THNGS_TRSP_TRF1	06	Pay for fares or other transport costs to get to and from places you want to go
WEA_THNGS_PRES_TRF1	07	Buy presents for friends or family
WEA_THNGS_HLDY_TRF1	08	Take the type of holidays you want
WEA_THNGS_TRSLF_TRF1	09	Treat yourself from time to time
WEA_THNGS_NONE_TRF1	96	[DO NOT READ] None of these / Not applicable
WEA_THNGS_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
WEA_THNGS_REFUSED_TRF1	99	[DO NOT READ] Refused

WEA_9	WEA_ORGMONEY_TRF1	
[ASK IF CURRENT MARITAL STATUS = COMMON_LAW]		
People organize their family finances in different ways. Which of the following methods comes closest to the way you organize yours? It doesn't have to fit exactly - just choose the nearest one.		
READ LIST, CODE ONLY ONE RESPONSE		
I_DO	01	I look after all the household money except my spouse/partner's personal spending
PARTNER	02	My spouse/partner looks after all the household money except my personal spending
I_DO_ALLOWANCE	03	I look after all the household money. My spouse/partner is given a housekeeping allowance
PARTNER_ALLOWANCE	04	My spouse/partner looks after all the household money. I am given a housekeeping allowance
SHARE	05	We share and manage our household finances jointly
SEPARATE	06	We keep our finances completely separate
OTHER	97	We have some other arrangement
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
WEA_9a	WEA_ORGMONEY_OTSP_TRF1	
[ASK IF WEA_ORGMONEY_TRF1 = OTHER]		
We have some other arrangement (specify)		
WEA_ORGMONEY_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

WEA_10	WEA_FNDEC_TRF1	
[ASK IF CURRENT MARITAL STATUS = COMMON_LAW]		
In your household, who has the final say in big financial decisions?		
READ LIST, CODE ONLY ONE RESPONSE		
I_DO	01	I do
PARTNER	02	My spouse/partner does
EQUAL	03	My spouse/partner and I have equal say
OTHER	97	Another person does
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
WEA_10a	WEA_FNDEC_OTSP_TRF1	
[ASK IF WEA_FNDEC_TRF1 = OTHER]		
Another person does (specify relationship: _____)		
WEA_FNDEC_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

WEA_11	WEA_SUFFUND_TRF1	
[ALWAYS ASK]		
What do you think the chances are that at some point in the future you will not have sufficient financial resources to meet your needs?		
READ LIST, CODE ONLY ONE RESPONSE		
LITTLE_OR_NO	01	Little or no possibility
SOME	02	Some possibility
HIGH	03	High possibility
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

WEA_12	WEA_INHERT_TRF1	
[ALWAYS ASK]		
What are the chances that you (and your spouse/partner together) will leave an inheritance exceeding \$100,000?		
READ LIST, CODE ONLY ONE RESPONSE		
NONE	01	None
LOW	02	Low
MODERATE	03	Moderate
HIGH	04	High
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

Online Social Networking (INT)

Overview	<p>The questions in this module ask participants about their usage of the internet, email, and social networking sites.</p> <p>Importance of module: The information from this module will help researchers estimate participants' online presence and understand how older adults are adapting to these technologies to build social networks.</p>
-----------------	---

The next set of questions is about your access to and usage of the Internet.

INT_1	INT_ACCESSHM_TRF1
[ALWAYS ASK]	
Do you have access to the Internet or email at home?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

INT_2	INT_FRQEMAIL_TRF1
[ALWAYS ASK]	
How frequently do you use email?	
DO NOT READ LIST, CODE ONLY ONE RESPONSE	
DAILY	01 Daily
FEW_TIMES_WEEK	02 A few times a week
FEW_TIMES_MONTH	03 A few times a month
FEW_TIMES_YEAR	04 A few times a year
NEVER	05 Never
DK_NA	08 [DO NOT READ] Don't know / No answer
REFUSED	09 [DO NOT READ] Refused

INT_3	INT_FRQWBSTS_TRF1	
[ALWAYS ASK]		
How frequently do you use the Internet to access websites?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INT_4	INT_FRQHLTH_TRF1	
[ASK IF INT_FRQWBSTS_TRF1 ≠ NEVER]		
How often do you use the Internet to search for health-related information?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INT_5	INT_SCLNTWRK_TRF1	
[ASK IF INT_FRQWBSTS_TRF1 ≠ NEVER]		
Do you currently use social networking sites on the Internet? Examples of such sites include Facebook, LinkedIn, MySpace, MSNGroups, or Twitter.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INT_6	INT_WYSSCL_TRF1	
[ASK IF INT_SCLNTWRK_TRF1 = YES]		
What are the different ways you use social networking sites? Do you ever use those sites to...		
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
INT_WYSSCL_MNF_TRF1	01	Make new friends
INT_WYSSCL_FRI_TRF1	02	Stay in touch or make plans with friends
INT_WYSSCL_FAM_TRF1	03	Stay in touch or make plans with family
INT_WYSSCL_PRO_TRF1	04	Promote yourself or your work
INT_WYSSCL_OT_TRF1	97	Other
INT_WYSSCL_DK_NA_TRF1	98	[DO NOT READ] Don't know / No answer
INT_WYSSCL_REFUSED_TRF1	99	[DO NOT READ] Refused
INT_6a	INT_WYSSCL_OTSP_TRF1	
[ASK IF INT_WYSSCL_TRF1 = INT_WYSSCL_OT_TRF1]		
Other (please specify: _____)		
INT_WYSSCL_OTSP1_TRF1	[OPEN TEXT VARIABLE]	

INT_6b	INT_FRQMNF_TRF1	
[ASK IF INT_WYSSCL_TRF1 = INT_WYSSCL_MNF_TRF1]		
How often do you use social networking sites to make new friends?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INT_6c	INT_FRQFRI_TRF1	
[ASK IF INT_WYSSCL_TRF1 = INT_WYSSCL_FRI_TRF1]		
How often do you use social networking sites to stay in touch or make plans with friends?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INT_6d	INT_FRQFAM_TRF1	
[ASK IF INT_WYSSCL_TRF1 = INT_WYSSCL_FAM_TRF1]		
How often do you use social networking sites to stay in touch or make plans with family?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INT_6e	INT_FRQPRO_TRF1	
[ASK IF INT_WYSSCL_TRF1 = INT_WYSSCL_PRO_TRF1]		
How often do you use social networking sites to promote yourself or your work?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INT_6f	INT_FRQOT_TRF1	
[ASK IF INT_WYSSCL_TRF1 = INT_WYSSCL_OT_TRF1]		
How often do you use social networking sites to [BRING IN VERBATIM RESPONSES FROM INT_WYSSCL_OTSP_TRF1]?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

INT_END

Elder Abuse (PSY)

Overview	<p>Now we're trying to learn how older adults feel about their well-being and safety. This module is talking about mistreatment or abuse of older adults. This information will be used to develop policies to help prevent the mistreatment or abuse of older adults in Canada.</p> <p>I want to remind you again that your participation in this study is fully voluntary. You can refuse to answer any questions during the interview or stop at any time if the questions make you uncomfortable. Again, all information you provide will be kept confidential and used only for research purposes. The following questions will ask you about if someone in your life right now is ever hurting you or stopping you from being able to take your medications or access your money. If you do not want to answer any questions, or provide any of the details we ask for, you do not have to. Just let me know and we will skip the question. If you need me to stop at any point, let me know.</p>
-----------------	---

INTRO_2	
[ASK IF AGE ≥ 65]	
Before we begin, I have a few questions to ensure your comfort and privacy as we proceed. During the next 5 minutes, do you think someone might enter the room you are in and interrupt the interview?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

INTRO_3	
[ASK IF AGE ≥ 65]	
If you are interrupted by someone, we will need to confirm that you will have privacy to continue the interview or if we should reschedule. If we need to reschedule, what is a good time and date for you?	
CALENDAR POPS UP TO SCHEDULE APPOINTMENT IF PARTICIPANT IS INTERRUPTED DURING THIS MODULE.	

INTRO_4	
[ASK IF AGE ≥ 65]	
Is there anyone present in your household who you would feel uncomfortable asking to leave if they entered the room during the interview?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

CODE_WORD	
[ASK IF INTRO_4 = YES]	
It would help if you could use a code word or phrase to indicate that this person is present.	

IF THE PARTICIPANT CANNOT THINK OF A WORD OR PHRASE, MAKE A SUGGESTION, E.G. “WHO’S CALLING?” OR “THE WEATHER HAS BEEN FINE.” WRITE DOWN THE SUGGESTED CODE WORD.

CODE_WORD

THEN TELL THE PARTICIPANT: If you use the word/phrase **[INSERT CODE WORD HERE]**, I need to be sure that you are okay. I will ask if you need any help. All you have to do is answer yes or no.

INTERVIEWER: BE SURE TO RECORD THE CODE WORD DOWN BESIDE YOU AND BE READY IF THE PARTICIPANT USES IT.

Next I would like to ask you about some things that might cause you emotional distress. Sometimes people close to you such as a partner, spouse, family member, friend or someone who takes care of you can cause you emotional distress.

Over the past 12 months has anyone....

PSY_1	PSY_CRT_TRF1
[ASK IF AGE ≥ 65]	
Criticized you?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

PSY_1a	PSY_OFTNCRT_TRF1
[ASK IF PSY_CRT_TRF1 = YES]	
How often did this happen over the last 12 months? Was it...	
ONCE	01 Once
A_FEW_TIMES	02 A few times
MANY_TIMES	03 Many times
EVERY_DAY	04 Every day or almost every day
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

PSY_1b	PSY_WHOCRT_TRF1	
[ASK IF PSY_CRT_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOCRT_PARTNER_TRF1	01	Spouse or partner
WHOCRT_SIBLING_TRF1	02	Sibling
WHOCRT_CHILD_TRF1	03	Child
WHOCRT_GRANDCHILD_TRF1	04	Grandchild
WHOCRT_FAMILY_TRF1	05	Other family member
WHOCRT_FRIEND_TRF1	06	Friend
WHOCRT_PAID_TRF1	07	Paid Caregiver
WHOCRT_OTHER_TRF1	97	Other
WHOCRT_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOCRT_REFUSED_TRF1	99	[DO NOT READ] Refused
PSY_1b	PSY_WHOCRT_OTSP_TRF1	
[ASK IF PSY_WHOCRT_TRF1 = OTHER]		
Other (please specify)		
PSY_WHOCRT_OTSP_TRF1	01	

PSY_1c	PSY_SEXCRT_TRF1	
[ASK IF PSY_CRT_TRF1 = YES – ASK FOR EACH RESPONSE IN PSY_WHOCRT_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_1d	PSY_LIVCRT_TRF1	
[ASK IF PSY_CRT_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_2	PSY_ISU_TRF1	
[ASK IF AGE ≥ 65]		
Insulted you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_2a	PSY_OFTNISU_TRF1	
[ASK IF PSY_ISU_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_2b	PSY_WHOISU_TRF1	
[ASK IF PSY_ISU_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOISU_PARTNER_TRF1	01	Spouse or partner
WHOISU_SIBLING_TRF1	02	Sibling
WHOISU_CHILD_TRF1	03	Child
WHOISU_GRANDCHILD_TRF1	04	Grandchild
WHOISU_FAMILY_TRF1	05	Other family member
WHOISU_FRIEND_TRF1	06	Friend
WHOISU_PAID_TRF1	07	Paid Caregiver
WHOISU_OTHER_TRF1	97	Other
WHOISU_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOISU_REFUSED_TRF1	99	[DO NOT READ] Refused
PSY_2b	PSY_WHOISU_OTSP_TRF1	
[ASK IF PSY_WHOISU_TRF1 = OTHER]		
Other (please specify)		
PSY_WHOISU_OTSP_TRF1	01	

PSY_2c	PSY_SEXISU_TRF1	
[ASK IF PSY_ISU_TRF1 = YES – ASK FOR EACH RESPONSE IN PSY_WHOISU_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_2d	PSY_LIVISU_TRF1	
[ASK IF PSY_ISU_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_3	PSY_THR_TRF1	
[ASK IF AGE ≥ 65]		
Threatened or intimidated you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_3a	PSY_OFTNTHR_TRF1	
[ASK IF PSY_THR_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_3b	PSY_WHOTHR_TRF1	
[ASK IF PSY_THR_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOTHR_PARTNER_TRF1	01	Spouse or partner
WHOTHR_SIBLING_TRF1	02	Sibling
WHOTHR_CHILD_TRF1	03	Child
WHOTHR_GRANDCHILD_TRF1	04	Grandchild
WHOTHR_FAMILY_TRF1	05	Other family member
WHOTHR_FRIEND_TRF1	06	Friend
WHOTHR_PAID_TRF1	07	Paid Caregiver
WHOTHR_OTHER_TRF1	97	Other
WHOTHR_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOTHR_REFUSED_TRF1	99	[DO NOT READ] Refused
PSY_3b	PSY_WHOTHR_OTSP_TRF1	
[ASK IF PSY_WHOTHR_TRF1 = OTHER]		
Other (please specify)		
PSY_WHOTHR_OTSP_TRF1	01	

PSY_3c	PSY_SEXTHR_TRF1	
[ASK IF PSY_THR_TRF1 = YES – ASK FOR EACH RESPONSE IN PSY_WHOTHR_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_3d	PSY_LIVTHR_TRF1	
[ASK IF PSY_THR_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_4	PSY_IGN_TRF1	
[ASK IF AGE ≥ 65]		
Excluded you or ignored you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_4a	PSY_OFTNIGN_TRF1	
[ASK IF PSY_IGN_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_4b	PSY_WHOIGN_TRF1	
[ASK IF PSY_IGN_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOIGN_PARTNER_TRF1	01	Spouse or partner
WHOIGN_SIBLING_TRF1	02	Sibling
WHOIGN_CHILD_TRF1	03	Child
WHOIGN_GRANDCHILD_TRF1	04	Grandchild
WHOIGN_FAMILY_TRF1	05	Other family member
WHOIGN_FRIEND_TRF1	06	Friend
WHOIGN_PAID_TRF1	07	Paid Caregiver
WHOIGN_OTHER_TRF1	97	Other
WHOIGN_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOIGN_REFUSED_TRF1	99	[DO NOT READ] Refused
PSY_4b	PSY_WHOIGN_OTSP_TRF1	
[ASK IF PSY_WHOIGN_TRF1 = OTHER]		
Other (please specify)		
PSY_WHOIGN_OTSP_TRF1	01	

PSY_4c	PSY_SEXIGN_TRF1	
[ASK IF PSY_IGN_TRF1 = YES – ASK FOR EACH RESPONSE IN PSY_WHOIGN_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_4d	PSY_LIVIGN_TRF1	
[ASK IF PSY_IGN_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Sometimes people you trust can cause pain, injury, or impairment. The person doing these things might be a partner, spouse, family member, friend or someone who helps take care of you.

Over the past 12 months has anyone...

PHY_1	PHY_PUSH_TRF1	
[ASK IF AGE ≥ 65]		
Pushed, shoved or grabbed you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_1a	PHY_OFTNPUSH_TRF1	
[ASK IF PHY_PUSH_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_1b	PHY_WHOPUSH_TRF1	
[ASK IF PHY_PUSH_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOPUSH_PARTNER_TRF1	01	Spouse or partner
WHOPUSH_SIBLING_TRF1	02	Sibling
WHOPUSH_CHILD_TRF1	03	Child
WHOPUSH_GRANDCHILD_TRF1	04	Grandchild
WHOPUSH_FAMILY_TRF1	05	Other family member
WHOPUSH_FRIEND_TRF1	06	Friend
WHOPUSH_PAID_TRF1	07	Paid Caregiver
WHOPUSH_OTHER_TRF1	97	Other
WHOPUSH_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOPUSH_REFUSED_TRF1	99	[DO NOT READ] Refused

PHY_1B	PHY_WHOPUSH_OTSP_TRF1	
[ASK IF PHY_WHOPUSH_TRF1 = OTHER]		
Other (please specify)		
PHY_WHOPUSH_OTSP_TRF1	01	

PHY_1c	PHY_SEXPUSH_TRF1	
[ASK IF PHY_PUSH_TRF1 = YES – ASK FOR EACH RESPONSE IN PHY_WHOPUSH_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_1d	PHY_LIVPUSH_TRF1	
[ASK IF PHY_PUSH_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_2	PHY_THRN_TRF1	
[ASK IF AGE ≥ 65]		
Thrown something at you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_2a	PHY_OFTNTHRN_TRF1	
[ASK IF PHY_THRN_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_2b	PHY_WHOTHNRN_TRF1	
[ASK IF PHY_THRN_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOTHNRN_PARTNER_TRF1	01	Spouse or partner
WHOTHNRN_SIBLING_TRF1	02	Sibling
WHOTHNRN_CHILD_TRF1	03	Child
WHOTHNRN_GRANDCHILD_TRF1	04	Grandchild
WHOTHNRN_FAMILY_TRF1	05	Other family member
WHOTHNRN_FRIEND_TRF1	06	Friend
WHOTHNRN_PAID_TRF1	07	Paid Caregiver
WHOTHNRN_OTHER_TRF1	97	Other
WHOTHNRN_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOTHNRN_REFUSED_TRF1	99	[DO NOT READ] Refused
PHY_2B	PHY_WHOTHNRN_OTSP_TRF1	
[ASK IF PHY_WHOTHNRN_TRF1 = OTHER]		
Other (please specify)		
PHY_WHOTHNRN_OTSP_TRF1	01	

PHY_2c	PHY_SEXTHRN_TRF1	
[ASK IF PHY_THRN_TRF1 = YES – ASK FOR EACH RESPONSE IN PHY_WHOTHNRN_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_2d	PHY_LIVTHRN_TRF1	
[ASK IF PHY_THRN_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_3	PHY_HIT_TRF1	
[ASK IF AGE ≥ 65]		
Hit or slapped you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_3a	PHY_OFTNHIT_TRF1	
[ASK IF PHY_HIT_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_3b	PHY_WHOHIT_TRF1	
[ASK IF PHY_HIT_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOHIT_PARTNER_TRF1	01	Spouse or partner
WHOHIT_SIBLING_TRF1	02	Sibling
WHOHIT_CHILD_TRF1	03	Child
WHOHIT_GRANDCHILD_TRF1	04	Grandchild
WHOHIT_FAMILY_TRF1	05	Other family member
WHOHIT_FRIEND_TRF1	06	Friend
WHOHIT_PAID_TRF1	07	Paid Caregiver
WHOHIT_OTHER_TRF1	97	Other
WHOHIT_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOHIT_REFUSED_TRF1	99	[DO NOT READ] Refused
PHY_3B	PHY_WHOHIT_OTSP_TRF1	
[ASK IF PHY_WHOHIT_TRF1 = OTHER]		
Other (please specify)		
PHY_WHOHIT_OTSP_TRF1	01	

PHY_3c	PHY_SEXHIT_TRF1	
[ASK IF PHY_HIT_TRF1 = YES – ASK FOR EACH RESPONSE IN PHY_WHOHIT_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_3d	PHY_LIVHIT_TRF1	
[ASK IF PHY_HIT_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_4	PHY_THT_TRF1	
[ASK IF AGE ≥ 65]		
Tried to hit you with something?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_4a	PHY_OFTNTHT_TRF1	
[ASK IF PHY_THT_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_4b	PHY_WHOTHT_TRF1	
[ASK IF PHY_THT_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOTHT_PARTNER_TRF1	01	Spouse or partner
WHOTHT_SIBLING_TRF1	02	Sibling
WHOTHT_CHILD_TRF1	03	Child
WHOTHT_GRANDCHILD_TRF1	04	Grandchild
WHOTHT_FAMILY_TRF1	05	Other family member
WHOTHT_FRIEND_TRF1	06	Friend
WHOTHT_PAID_TRF1	07	Paid Caregiver
WHOTHT_OTHER_TRF1	97	Other
WHOTHT_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOTHT_REFUSED_TRF1	99	[DO NOT READ] Refused
PHY_4B	PHY_WHOTHT_OTSP_TRF1	
[ASK IF PHY_WHOTHT_TRF1 = OTHER]		
Other (please specify)		
PHY_WHOTHT_OTSP_TRF1	01	

PHY_4c	PHY_SEXTHT_TRF1	
[ASK IF PHY_THT_TRF1 = YES – ASK FOR EACH RESPONSE IN PHY_WHOTHT_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_4d	PHY_LIVTHT_TRF1	
[ASK IF PHY_THT_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_5	PHY_CHK_TRF1	
[ASK IF AGE ≥ 65]		
Tried to choke you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_5a	PHY_OFTNCHK_TRF1	
[ASK IF PHY_CHK_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_5b	PHY_WHOCHK_TRF1	
[ASK IF PHY_CHK_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOCHK_PARTNER_TRF1	01	Spouse or partner
WHOCHK_SIBLING_TRF1	02	Sibling
WHOCHK_CHILD_TRF1	03	Child
WHOCHK_GRANDCHILD_TRF1	04	Grandchild
WHOCHK_FAMILY_TRF1	05	Other family member
WHOCHK_FRIEND_TRF1	06	Friend
WHOCHK_PAID_TRF1	07	Paid Caregiver
WHOCHK_OTHER_TRF1	97	Other
WHOCHK_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOCHK_REFUSED_TRF1	99	[DO NOT READ] Refused
PHY_5B	PHY_WHOCHK_OTSP_TRF1	
[ASK IF PHY_WHOCHK_TRF1 = OTHER]		
Other (please specify)		
PHY_WHOCHK_OTSP_TRF1	01	

PHY_5c	PHY_SEXCHK_TRF1	
[ASK IF PHY_CHK_TRF1 = YES – ASK FOR EACH RESPONSE IN PHY_WHOCHK_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_5d	PHY_LIVCHK_TRF1	
[ASK IF PHY_CHK_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_6	PHY_WPN_TRF1	
[ASK IF AGE ≥ 65]		
Threatened you with a weapon?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_6a	PHY_OFTNWP_N_TRF1	
[ASK IF PHY_WPN_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_6b	PHY_WHOWPN_TRF1	
[ASK IF PHY_WPN_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOWPN_PARTNER_TRF1	01	Spouse or partner
WHOWPN_SIBLING_TRF1	02	Sibling
WHOWPN_CHILD_TRF1	03	Child
WHOWPN_GRANDCHILD_TRF1	04	Grandchild
WHOWPN_FAMILY_TRF1	05	Other family member
WHOWPN_FRIEND_TRF1	06	Friend
WHOWPN_PAID_TRF1	07	Paid Caregiver
WHOWPN_OTHER_TRF1	97	other
WHOWPN_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOWPN_REFUSED_TRF1	99	[DO NOT READ] Refused
PHY_6B	PHY_WHOWPN_OTSP_TRF1	
[ASK IF PHY_WHOWPN_TRF1 = OTHER]		
Other (please specify)		
PHY_WHOWPN_OTSP_TRF1	01	

PHY_6c	PHY_SEXWPN_TRF1	
[ASK IF PHY_WPN_TRF1 = YES – ASK FOR EACH RESPONSE IN PHY_WHOWPN_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_6d	PHY_LIVWPN_TRF1	
[ASK IF PHY_WPN_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Financial abuse is when someone has taken control over or prevented you from accessing your money, possessions, property or legal documents against your will.

Over the past 12 months has anyone....

FIN_1	FIN_MNY_TRF1	
[ASK IF AGE ≥ 65]		
Made you give them your money, possessions or property?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_1a	FIN_OFTNMNY_TRF1	
[ASK IF FIN_MNY_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_1b	FIN_WHOMNY_TRF1	
[ASK IF FIN_MNY_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOMNY_PARTNER_TRF1	01	Spouse or partner
WHOMNY_SIBLING_TRF1	02	Sibling
WHOMNY_CHILD_TRF1	03	Child
WHOMNY_GRANDCHILD_TRF1	04	Grandchild
WHOMNY_FAMILY_TRF1	05	Other family member
WHOMNY_FRIEND_TRF1	06	Friend
WHOMNY_PAID_TRF1	07	Paid Caregiver
WHOMNY_OTHER_TRF1	97	Other
WHOMNY_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOMNY_REFUSED_TRF1	99	[DO NOT READ] Refused

FIN_1B	FIN_WHOMNY_OTSP_TRF1	
[ASK IF FIN_WHOMNY_TRF1 = OTHER]		
Other (please specify)		
FIN_WHOMNY_OTSP_TRF1	01	

FIN_1c	FIN_SEXMNY_TRF1	
[ASK IF FIN_MNY_TRF1 = YES – ASK FOR EACH RESPONSE IN PHY_WHOMNY_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_1d	FIN_LIVMNY_TRF1	
[ASK IF FIN_MNY_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_2	FIN_POS_TRF1	
[ASK IF AGE ≥ 65]		
Taken money, possessions or property from you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_2a	FIN_OFTNPOS_TRF1	
[ASK IF FIN_POS_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_2b	FIN_WHOPOS_TRF1	
[ASK IF FIN_POS_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOPOS_PARTNER_TRF1	01	Spouse or partner
WHOPOS_SIBLING_TRF1	02	Sibling
WHOPOS_CHILD_TRF1	03	Child
WHOPOS_GRANDCHILD_TRF1	04	Grandchild
WHOPOS_FAMILY_TRF1	05	Other family member
WHOPOS_FRIEND_TRF1	06	Friend
WHOPOS_PAID_TRF1	07	Paid Caregiver
WHOPOS_OTHER_TRF1	97	Other
WHOPOS_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOPOS_REFUSED_TRF1	99	[DO NOT READ] Refused
FIN_2B	FIN_WHOPOS_OTSP_TRF1	
[ASK IF FIN_WHOPOS_TRF1 = OTHER]		
Other (please specify)		
FIN_WHOPOS_OTSP_TRF1	01	

FIN_2c	FIN_SEXPOS_TRF1	
[ASK IF FIN_POS_TRF1 = YES – ASK FOR EACH RESPONSE IN PHY_WHOPOS_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_2d	FIN_LIVPOS_TRF1	
[ASK IF FIN_POS_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_3	FIN_PRV_TRF1	
[ASK IF AGE ≥ 65]		
Deliberately prevented your access to your money, possessions, or property?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_3a	FIN_OFTNPRV_TRF1	
[ASK IF FIN_PRV_TRF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_3b	FIN_WHOPRV_TRF1	
[ASK IF FIN_PRV_TRF1 = YES]		
Who did this?		
DO NOT READ LIST; CHECK ALL THAT APPLY		
WHOPRV_PARTNER_TRF1	01	Spouse or partner
WHOPRV_SIBLING_TRF1	02	Sibling
WHOPRV_CHILD_TRF1	03	Child
WHOPRV_GRANDCHILD_TRF1	04	Grandchild
WHOPRV_FAMILY_TRF1	05	Other family member
WHOPRV_FRIEND_TRF1	06	Friend
WHOPRV_PAID_TRF1	07	Paid Caregiver
WHOPRV_OTHER_TRF1	97	Other
WHOPRV_DK_NA_TRF1	98	[DO NOT READ] Don't Know / No Answer
WHOPRV_REFUSED_TRF1	99	[DO NOT READ] Refused
FIN_3B	FIN_WHOPRV_OTSP_TRF1	
[ASK IF FIN_WHOPRV_TRF1 = OTHER]		
Other (please specify)		
FIN_WHOPRV_OTSP_TRF1	01	

FIN_3c	FIN_SEXPRV_TRF1	
[ASK IF FIN_PRV_TRF1 = YES – ASK FOR EACH RESPONSE IN PHY_WHOPRV_TRF1 EXCEPT DK_NA OR REFUSED]		
Was this person male or female?		
MALE	01	Male
FEMALE	02	Female
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_3d	FIN_LIVPRV_TRF1	
[ASK IF FIN_PRV_TRF1 = YES]		
Did that person (or any of those persons) live with you then?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_END

Meta Memory (MEM)

Overview	Complaints about memory are extremely common in middle aged and older people. While these complaints can occur in the setting of demonstrable cognitive disorders such as mild cognitive impairment (MCI) or a dementia, they are also common in individuals without an overt cognitive disorder. The significance of memory complaints in cognitively normal people has been the subject of debate for many years
-----------------	--

The next questions are about everyday memory situations. Evaluate each situation as it pertains to your memory functioning over the past 2 weeks

MEM_01	MEM_PAYBILL_TRF1	
[ALWAYS ASK]		
How often do you forget to pay a bill on time?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_02	MEM_MPLAC_TRF1	
[ALWAYS ASK]		
How often do you misplace something you use daily, like your keys or glasses?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_03	MEM_RMNUM_TRF1	
[ALWAYS ASK]		
How often do you have trouble remembering a telephone number you just looked up?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_04	MEM_RCNME_TRF1	
[ALWAYS ASK]		
How often do you not recall the name of someone you just met?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_05	MEM_LVTHG_TRF1	
[ALWAYS ASK]		
How often do you leave something behind when you meant to bring it with you?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_06	MEM_FGAPT_TRF1	
[ALWAYS ASK]		
How often do you forget an appointment?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_07	MEM_FGTD0_TRF1	
[ALWAYS ASK]		
How often do you forget what you were just about to do; for example, walk into a room and forget what you went there to do?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_08	MEM_FGERD_TRF1	
[ALWAYS ASK]		
How often do you forget to run an errand?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_09	MEM_SPWRD_TRF1	
[ALWAYS ASK]		
How often do you have difficulty coming up with a specific word that you want?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_10	MEM_MBDTL_TRF1	
[ALWAYS ASK]		
How often do you have trouble remembering details from a newspaper or magazine article you read earlier that day?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_11	MEM_FGMED_TRF1	
[ALWAYS ASK]		
How often do you forget to take medication?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_12	MEM_NAMEK_TRF1	
[ALWAYS ASK]		
How often do you not recall the name of someone you have known for some time?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_13	MEM_PSMEG_TRF1	
[ALWAYS ASK]		
How often do you forget to pass on a message?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_14	MEM_FGSAY_TRF1	
[ALWAYS ASK]		
How often do you forget what you were going to say in conversation?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_15	MEM_FGANV_TRF1	
[ALWAYS ASK]		
How often do you forget a birthday or anniversary that you used to know well?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_16	MEM_TELNM_TRF1	
[ALWAYS ASK]		
How often do you forget a telephone number you use frequently?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_17	MEM_RETELL_TRF1	
[ALWAYS ASK]		
How often do you retell a story or joke to the same person because you forgot that you had already told him or her?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_18	MEM_PLAWY_TRF1	
[ALWAYS ASK]		
How often do you misplace something that you put away a few days ago?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_19	MEM_BUYTH_TRF1	
[ALWAYS ASK]		
How often do you forget to buy something you intended to buy?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_20	MEM_DTCNV_TRF1	
[ALWAYS ASK]		
How often do you forget details about a recent conversation?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	[DO NOT READ] Don't know / No answer
REFUSED	09	[DO NOT READ] Refused

MEM_END

Preventative Health Behaviours (PHB)

Overview	In this section, participants are asked questions about what health care services they use to monitor their health and prevent diseases, such as whether they get vaccinated for influenza, get their blood pressure checked regularly, etc. These questions are asked because preventative health care is an important aspect of the health care system as way to prevent disease and promote population health. The information in this module, combined with other information, will allow researchers to understand whether and how the use of these services help people stay healthy.
-----------------	---

Now a few questions about your use of various health care services.

PHB_1 – PHB_5						
[ALWAYS ASK]						
Have you had...						
INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE						
		Have you had...	Yes	No	DK/NA	RF
PHB_1	PHB_BLP_TRF1	Blood pressure taken in the last 12 months				
PHB_2	PHB_COL_TRF1	Colorectal screening in the last 12 months				
PHB_3	PHB_CHOL_TRF1	Blood test for cholesterol in the last 3 years				
PHB_4	PHB_GLU_TRF1	Blood sugar or glucose tolerance test in the last 3 years				
PHB_5	PHB_PAP_TRF1	Pap smear test (w)				
PHB_6	PHB_MG_TRF1	Mammogram, that is a breast X-ray (w)				
PHB_7	PHB_DEXA_TRF1	Bone density scan for osteoporosis (w)				
PHB_8	PHB_FLUV_TRF1	Flu shot in the last 12 months				
PHB_9	PHB_PCV_TRF1	Pneumonia shot (pneumococcal vaccination) in your life				

END