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</table>
Age (AGE)

AGE_1
AGEDOB_TRM
For some of the questions I'll be asking, I need to know your exact date of birth.
DK/RF NOT ALLOWED

___ ___/ ___ ___/ ___ ___
RECORD DATE OF BIRTH IN
DAY/MONTH/YEAR FORMAT

AGE_2
AGENMBR_TRM
So your age is [INSERT AGE AS CALCULATED BASED ON DATE OF BIRTH]? Is that correct? DK/RF NOT ALLOWED

Yes ................................................................. 1   SKIP TO AGE_END
No ................................................................. 2   CONTINUE

AGE_3
What is your age? DK/RF NOT ALLOWED

____  RECORD EXACT AGE (IN YEARS), CATI MASK: MIN=45, MAX=85

[DISQUALIFY IF AGE IS <45 OR >85] Because you are less than 45 years old/older than 85 years of age, you are not eligible to participate in the Canadian Longitudinal Study on Aging. Thank you for your time. END INTERVIEW AND RECORD CALL RESULT

AGE_END
Sex (SEX)

SEX_1
SEX_ASK_TRM

RECORD SEX

Male .................................................................1
Female ..............................................................2

ASK IF NECESSARY: Are you male or female? DK, RF NOT ALLOWED

SEX_END
**Socio-Demographic Characteristics (SDC)**

**General Background:**

Now some general background questions which will help us compare the health of people in Canada.

SDC_1  
SDC_COB_TRM  
In what country were you born? **DO NOT READ RESPONSES, CODE ONLY ONE RESPONSE**

<table>
<thead>
<tr>
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<th>Code</th>
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<tr>
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<td>Jamaica</td>
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<td>Netherlands/Holland</td>
<td>005</td>
</tr>
<tr>
<td>Philippines</td>
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</tr>
<tr>
<td>Vietnam</td>
<td>244</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>214</td>
</tr>
<tr>
<td>Other</td>
<td>997</td>
</tr>
</tbody>
</table>

SDC_COB_OTSP_TRM  
Other (please specify: __________)  
[DO NOT READ] Don’t know/No answer ........................................ 998  
[DO NOT READ] Refused ......................................................... 999

**SKIP TO SDC_3 IF SDC_1/SDC_COB_TRM=001 OR SDC_1/SDC_COB_TRM=998 OR SDC_1/SDC_COB_TRM=999**
SDC_2

In what year did you first come to Canada to live? **PROBE FOR BEST ESTIMATE IF PARTICIPANT IS UNSURE OF EXACT YEAR**

_____

**RECORD YEAR, CATI MASK: MIN=[RECALL YEAR FROM AGE_1/AGE_DOB_TRM], MAX=CURRENT YEAR**

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

[DO NOT READ] Refused ............................... 9999

SDC_3

To which ethnic or cultural groups did your ancestors belong? (For example: French, Scottish, Chinese, East Indian.) **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

**INTERVIEWER NOTE: IF ‘CANADIAN’ IS THE ONLY RESPONSE, PROBE. IF THE PARTICIPANT HESITATES, DO NOT SUGGEST CANADIAN. IF THE PARTICIPANT ANSWERS ESKIMO, ENTER CODE 20 (INUIT).**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Canadian</td>
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<tr>
<td>02</td>
<td>French</td>
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<td>Italian</td>
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<td>08</td>
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<tr>
<td>97</td>
<td>Other</td>
</tr>
<tr>
<td>98</td>
<td>Other (please specify: _______)*</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

*Additional categories coded; refer to data dictionary.
People living in Canada come from many different cultural and racial backgrounds. Are you...READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
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<td>White</td>
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<tr>
<td>02</td>
<td>Chinese</td>
</tr>
<tr>
<td>03</td>
<td>South Asian (e.g., East Indian, Pakistani, Sri Lankan)</td>
</tr>
<tr>
<td>04</td>
<td>Black</td>
</tr>
<tr>
<td>05</td>
<td>Filipino</td>
</tr>
<tr>
<td>06</td>
<td>Latin American</td>
</tr>
<tr>
<td>07</td>
<td>Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)</td>
</tr>
<tr>
<td>08</td>
<td>Arab</td>
</tr>
<tr>
<td>09</td>
<td>West Asian (e.g., Afghan, Iranian)</td>
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<td>10</td>
<td>Japanese</td>
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<tr>
<td>11</td>
<td>Korean</td>
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<td>12</td>
<td>North American Indian</td>
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<tr>
<td>14</td>
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<tr>
<td>97</td>
<td>Other</td>
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<tr>
<td>98</td>
<td>Other (please specify: ___________)</td>
</tr>
<tr>
<td>99</td>
<td>[DO NOT READ] Don’t know/No answer</td>
</tr>
<tr>
<td>99</td>
<td>[DO NOT READ] Refused</td>
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</tbody>
</table>
In what languages can you conduct a conversation? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 998 OR 999 ARE SELECTED), CODE ALL THAT APPLY**

<table>
<thead>
<tr>
<th>Language Code</th>
<th>Language</th>
<th>Code</th>
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</tr>
<tr>
<td>SDC_LANG_AR_TRM</td>
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<td>SDC_LANG_CN_TRM</td>
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<td>SDC_LANG_OTSP_TRM</td>
<td>Other (please specify: __________)*</td>
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</tbody>
</table>

*Additional categories coded; refer to data dictionary.*
What language do you speak most often at home? [RECALL RESPONSES SELECTED AT SDC_5] DO NOT READ LIST, CODE ONLY ONE RESPONSE

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
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<td>Punjabi</td>
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<td>Spanish</td>
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<tr>
<td>German</td>
<td>012</td>
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<td>Tagalog (Filipino)</td>
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<tr>
<td>Greek</td>
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<td>998</td>
</tr>
<tr>
<td>Refused</td>
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</tbody>
</table>
What is the language that you first learned at home in childhood and can still understand? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 998 OR 999 ARE SELECTED), CODE ALL THAT APPLY. IF PARTICIPANT CAN NO LONGER UNDERSTAND THE FIRST LANGUAGE LEARNED, MARK THE SECOND LANGUAGE LEARNED.**

<table>
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<th>Code</th>
<th>Language</th>
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<td>Other (please specify ________)</td>
<td></td>
<td>SDC_FTLG_ABSP_TRM</td>
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</tbody>
</table>
What, if any, is your religion? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

Roman Catholic.............................................................. 01
Ukrainian Catholic.......................................................... 02
United Church ............................................................... 03
Anglican (Church of England, Episcopalian) ................. 04
Protestant....................................................................... 05
Presbyterian................................................................... 06
Lutheran ......................................................................... 07
Baptist ............................................................................ 08
Pentecostal ..................................................................... 09
Eastern Orthodox......................................................... 10
Jewish ............................................................................ 11
Islam (Muslim)............................................................... 12
Hindu............................................................................. 13
Buddhist ........................................................................ 14
Sikh ................................................................................ 15
Jehovah’s Witness ........................................................ 16
[DO NOT READ] No religion (Agnostic, Atheist) ........... 96

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

[DO NOT READ] Don’t know/No answer......................... 98
[DO NOT READ] Refused ............................................. 99

What is your current marital/partner status? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE, DK/NA NOT ALLOWED.

Single, never married or never lived with a partner ...... 1
Married/Living with a partner in a common-law
    relationship.............................................................. 2
Widowed ........................................................................ 3
Divorced ........................................................................ 4
Separated........................................................................ 5
[DO NOT READ] Refused ............................................. 9
Do you consider yourself to be: READ LIST, CODE ONLY ONE RESPONSE.

Heterosexual? (sexual relations with people of the opposite sex) ................................................... 1

Homosexual, that is lesbian or gay? (sexual relations with people of your own sex) ...................... 2

Bisexual? (sexual relations with people of both sexes) ................................................................. 3

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

[DO NOT READ] Refused ............................................. 9
Home Ownership (OWN)

The next questions are about your current home.

OWN_1
OWN_DWLG_TRM  What type of dwelling do you currently live in?

House (single detached, semi-detached, duplex or townhouse) ...................................... 01 CONTINUE
Apartment or condominium .................................. 02 CONTINUE
Seniors’ housing (retirement home, assisted living)......................................................... 03 CONTINUE
Institution (old age facility) ........................................ 04 SKIP TO OWN_END
Hotel, rooming or lodging house .......................... 05 SKIP TO OWN_END
OWN_DWLG_OTSP_TRM  Other (please specify _________) ....................... 97 CONTINUE
[DO NOT READ] Don’t know/No answer ............ 98 SKIP TO OWN_END
[DO NOT READ] Refused ................................. 99 SKIP TO OWN_END

OWN_2
OWN_OWN_TRM  Do you (or your spouse/partner) own or rent your dwelling?

Own ...................................................................... 01 CONTINUE
Rent ...................................................................... 02 SKIP TO OWN_END
OWN_OWN_OTSP_TRM  Other (please specify: _________) ...................... 97 SKIP TO OWN_END
[DO NOT READ] Don’t know/No answer ............ 98 SKIP TO OWN_END
[DO NOT READ] Refused ................................. 99 SKIP TO OWN_END

OWN_3
OWN_MRTG_TRM  Is this with a mortgage or is your mortgage paid off completely?

INTERVIEWER: IF THE DWELLING NEVER HAD A MORTGAGE OR WAS RECEIVED AS A GIFT OR AN INHERITANCE, SELECT CODE 2 ‘PAID OFF COMPLETELY’

With mortgage....................................................... 1
Paid off completely................................................. 2
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................. 9

OWN_END
**Education (ED)**

ED_1
ED_ELHS_TRM
What is the highest grade of elementary or high school you have ever completed? **CODE ONLY ONE RESPONSE**

- Grade 8 or lower (Québec: Secondary II or lower) ........... 1
- Grade 9 - 10 (Québec: Secondary III or IV; Newfoundland and Labrador: 1st year of Secondary) .... 2
- Grade 11 - 13 (Québec: Secondary V; Newfoundland and Labrador: 2nd to 4th year of Secondary) .............. 3
- [DO NOT READ] Don’t know/No answer ......................... 8
- [DO NOT READ] Refused ............................................. 9

ED_2
ED_HSGR_TRM
[ASK IF ED_1/ED_ELHS_TRM=3] Did you graduate from high school (secondary school)?

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

ED_3
ED_OTED_TRM
Have you received any other education that could be counted towards a degree, certificate, or diploma from an educational institution?

- Yes ............................................................................. 1  **CONTINUE**
- No .............................................................................. 2  **SKIP TO ED_END**
- [DO NOT READ] Don’t know/No answer ............... 8  **SKIP TO ED_END**
- [DO NOT READ] Refused ............................................. 9  **SKIP TO ED_END**
ED_4
ED_HIGH_TRM

What is the highest degree, certificate, or diploma you have obtained? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

No post-secondary degree, certificate, or diploma ........................................... 01
Trade certificate or diploma from a vocational school or
    apprenticeship training .................................................................................. 02
Non-university certificate or diploma from a community college,
    CEGEP, school of nursing, etc. ................................................................. 03
University certificate below bachelor’s level ...................................................... 04
Bachelor’s degree ............................................................................................ 05
University degree or certificate above bachelor’s degree ................................. 06
ED_HIGH_OTSP_TRM Other (please specify: __________) ........................................... 97

[DO NOT READ] Don’t know/No answer ......................................................... 98
[DO NOT READ] Refused .................................................................................. 99

ED_END
Veteran Identifiers (VET)

VET_1
VET_OCC_TRM
Have you ever served in the military forces? IF YES, PROBE FOR CANADA/OTHER

Yes, the Canadian Military Forces ....................... 1 CONTINUE
Yes, the Military Forces outside of Canada

VET_OCC_OUTSIDE_TRM (please specify country:__________) ............. 2 CONTINUE
No........................................................................... 3 SKIP TO VET_END
[DO NOT READ] Don’t know/No answer ............ 8 SKIP TO VET_END
[DO NOT READ] Refused ................................. 9 SKIP TO VET_END

VET_2
Was this service with the… READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

VET_SERV_AR_TRM Army.......................................................01
VET_SERV_NV_TRM Navy......................................................02
VET_SERV_AF_TRM Air Force ..............................................03
VET_SERV_RES_TRM Reserves..............................................04
VET_SERV_RESSP_TRM Reserves (please specify: __________) 
VET_SERV_OT_TRM Other......................................................97
VET_SERV_OTSP_TRM Other (please specify: __________) 
VET_SERV_DK_NA_TRM [DO NOT READ] Don’t know/No answer ....98
VET_SERV_REFUSED_TRM [DO NOT READ] Refused ..................99

VET_3
VET_CRNT_TRM
Are you currently in the military forces? DK/NA NOT ALLOWED

Yes ........................................................................... 1 SKIP TO VET_5/
VET_JOIN_YR_TRM
No........................................................................... 2 CONTINUE
[DO NOT READ] Refused ................................. 9 SKIP TO VET_5/
VET_JOIN_YR_TRM
VET_4
VET_RLSE_YR_TRM
What year did you release from the Military Forces? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR

__________ RECORD YEAR, CATI MASK: MIN=[RECALL YEAR FROM AGE_1/AGE_DOB_TRM]+15, MAX=CURRENT YEAR

[DO NOT READ] Don’t know/No answer .......... 9998
[DO NOT READ] Refused ............................ 9999

VET_5
VET_JOIN_YR_TRM
What year did you join the Military Forces? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR

__________ RECORD YEAR, CATI MASK: MIN=[RECALL YEAR FROM AGE_1/AGE_DOB_TRM]+15, MAX=CURRENT YEAR or RECALL RESPONSE FROM VET_4/VET_RLSE_YR_TRM (IF APPLICABLE)

[DO NOT READ] Don’t know/No answer .......... 9998
[DO NOT READ] Refused ............................ 9999

VET_END
Height and Weight (HWT)

ASK FEMALES <50 YEARS ONLY: ([SEX_1/SEX_ASK_TRM=2] AND [AGE_2/AGE_NMBR_TRM<50 OR AGE_3<50])

It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?

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

The next questions are about height and weight...

HWT_1
HWT_HGHT_TRM  How tall are you without shoes on?

Less than 1’ / 12” (less than 29.2 cm) ............... 01  SKIP TO HWT_8/ HWT_WGHT_NB_TRM
1’0” to 1’11” / 12” to 23” (29.2 to 59.6 cm) ....... 02
2’0” to 2’11” / 24” to 35” (59.7 to 90.1 cm) ........ 03
3’0” to 3’11” / 36” to 47” (90.2 to 120.6 cm) ....... 04
4’0” to 4’11” / 48” to 59” (120.7 to 151.0 cm) ....... 05
5’0” to 5’11” (151.1 to 181.5 cm) ..................... 06
6’0” to 6’11” (181.6 to 212.0 cm) ..................... 07
7’0” and over (212.1 cm and over) .................... 08
[DO NOT READ] Don't know/No answer ........... 98
[DO NOT READ] Refused ............................ 99

CONTINUE

SKIP TO HWT_3/ HWT_HGHT2_TRM
SKIP TO HWT_4/ HWT_HGHT3_TRM
SKIP TO HWT_5/ HWT_HGHT4_TRM
SKIP TO HWT_6/ HWT_HGHT5_TRM
SKIP TO HWT_7/ HWT_HGHT6_TRM
SKIP TO HWT_8/ HWT_WGHT_NB_TRM
SKIP TO HWT_8/ HWT_WGHT_NB_TRM
SKIP TO HWT_8/ HWT_WGHT_NB_TRM

### HWT_2
**INTERVIEWER TO RECORD PARTICIPANT’S EXACT HEIGHT**

1'0" / 12" (29.2 to 31.7 cm.) .................................. 01
1'1" / 13" (31.8 to 34.2 cm.) .................................. 02
1'2" / 14" (34.3 to 36.7 cm.) .................................. 03
1'3" / 15" (36.8 to 39.3 cm.) .................................. 04
1'4" / 16" (39.4 to 41.8 cm.) .................................. 05
1'5" / 17" (41.9 to 44.4 cm.) .................................. 06
1'6" / 18" (44.5 to 46.9 cm.) .................................. 07
1'7" / 19" (47.0 to 49.4 cm.) .................................. 08
1'8" / 20" (49.5 to 52.0 cm.) .................................. 09
1'9" / 21" (52.1 to 54.5 cm.) .................................. 10
1'10" / 22" (54.6 to 57.1 cm.) ................................ 11
1'11" / 23" (57.2 to 59.6 cm.) ................................ 12

[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ................................... 99

**SKIP TO HWT_8/HWT_WGHT_NB_TRM**

### HWT_3
**INTERVIEWER TO RECORD PARTICIPANT’S EXACT HEIGHT**

2'0" / 24" (59.7 to 62.1 cm.) .................................. 01
2'1" / 25" (62.2 to 64.7 cm.) .................................. 02
2'2" / 26" (64.8 to 67.2 cm.) .................................. 03
2'3" / 27" (67.3 to 69.8 cm.) .................................. 04
2'4" / 28" (69.9 to 72.3 cm.) .................................. 05
2'5" / 29" (72.4 to 74.8 cm.) .................................. 06
2'6" / 30" (74.9 to 77.4 cm.) .................................. 07
2'7" / 31" (77.5 to 79.9 cm.) .................................. 08
2'8" / 32" (80.0 to 82.5 cm.) .................................. 09
2'9" / 33" (82.6 to 85.0 cm.) .................................. 10
2'10" / 34" (85.1 to 87.5 cm.) ................................. 11
2'11" / 35" (87.6 to 90.1 cm.) ................................. 12

[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ................................... 99

**SKIP TO HWT_8/HWT_WGHT_NB_TRM**
### INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

<table>
<thead>
<tr>
<th>Height</th>
<th>Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3'0&quot; / 36&quot;</td>
<td>(90.2 to 92.6 cm.)</td>
<td>01</td>
</tr>
<tr>
<td>3'1&quot; / 37&quot;</td>
<td>(92.7 to 95.2 cm.)</td>
<td>02</td>
</tr>
<tr>
<td>3'2&quot; / 38&quot;</td>
<td>(95.3 to 97.7 cm.)</td>
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</tr>
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<td>3'3&quot; / 39&quot;</td>
<td>(97.8 to 100.2 cm.)</td>
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</tr>
<tr>
<td>3'4&quot; / 40&quot;</td>
<td>(100.3 to 102.8 cm.)</td>
<td>05</td>
</tr>
<tr>
<td>3'5&quot; / 41&quot;</td>
<td>(102.9 to 105.3 cm.)</td>
<td>06</td>
</tr>
<tr>
<td>3'6&quot; / 42&quot;</td>
<td>(105.4 to 107.9 cm.)</td>
<td>07</td>
</tr>
<tr>
<td>3'7&quot; / 43&quot;</td>
<td>(108.0 to 110.4 cm.)</td>
<td>08</td>
</tr>
<tr>
<td>3'8&quot; / 44&quot;</td>
<td>(110.5 to 112.9 cm.)</td>
<td>09</td>
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<tr>
<td>3'9&quot; / 45&quot;</td>
<td>(113.0 to 115.5 cm.)</td>
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</tr>
<tr>
<td>3'10&quot; / 46&quot;</td>
<td>(115.6 to 118.0 cm.)</td>
<td>11</td>
</tr>
<tr>
<td>3'11&quot; / 47&quot;</td>
<td>(118.1 to 120.6 cm.)</td>
<td>12</td>
</tr>
<tr>
<td>[DO NOT READ] Don't know/No answer</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>99</td>
<td></td>
</tr>
</tbody>
</table>

**SKIP TO HWT_8/HWT_WGHT_NB_TRM**

### INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

<table>
<thead>
<tr>
<th>Height</th>
<th>Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>4'0&quot; / 48&quot;</td>
<td>(120.7 to 123.1 cm.)</td>
<td>01</td>
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<tr>
<td>4'1&quot; / 49&quot;</td>
<td>(123.2 to 125.6 cm.)</td>
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<td>4'2&quot; / 50&quot;</td>
<td>(125.7 to 128.2 cm.)</td>
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<tr>
<td>4'3&quot; / 51&quot;</td>
<td>(128.3 to 130.7 cm.)</td>
<td>04</td>
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<tr>
<td>4'4&quot; / 52&quot;</td>
<td>(130.8 to 133.3 cm.)</td>
<td>05</td>
</tr>
<tr>
<td>4'5&quot; / 53&quot;</td>
<td>(133.4 to 135.8 cm.)</td>
<td>06</td>
</tr>
<tr>
<td>4'6&quot; / 54&quot;</td>
<td>(135.9 to 138.3 cm.)</td>
<td>07</td>
</tr>
<tr>
<td>4'7&quot; / 55&quot;</td>
<td>(138.4 to 140.9 cm.)</td>
<td>08</td>
</tr>
<tr>
<td>4'8&quot; / 56&quot;</td>
<td>(141.0 to 143.4 cm.)</td>
<td>09</td>
</tr>
<tr>
<td>4'9&quot; / 57&quot;</td>
<td>(143.5 to 146.0 cm.)</td>
<td>10</td>
</tr>
<tr>
<td>4'10&quot; / 58&quot;</td>
<td>(146.1 to 148.5 cm.)</td>
<td>11</td>
</tr>
<tr>
<td>4'11&quot; / 59&quot;</td>
<td>(148.6 to 151.0 cm.)</td>
<td>12</td>
</tr>
<tr>
<td>[DO NOT READ] Don't know/No answer</td>
<td>98</td>
<td></td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>99</td>
<td></td>
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</tbody>
</table>

**SKIP TO HWT_8/HWT_WGHT_NB_TRM**
INTERVIEWER TO RECORD PARTICIPANT’S EXACT HEIGHT

5'0" (151.1 to 153.6 cm.) ............................................ 01
5'1" (153.7 to 156.1 cm.) ............................................ 02
5'2" (156.2 to 158.7 cm.) ............................................ 03
5'3" (158.8 to 161.2 cm.) ............................................ 04
5'4" (161.3 to 163.7 cm.) ............................................ 05
5'5" (163.8 to 166.3 cm.) ............................................ 06
5'6" (166.4 to 168.8 cm.) ............................................ 07
5'7" (168.9 to 171.4 cm.) ............................................ 08
5'8" (171.5 to 173.9 cm.) ............................................ 09
5'9" (174.0 to 176.4 cm.) ............................................ 10
5'10" (176.5 to 179.0 cm.) ......................................... 11
5'11" (179.1 to 181.5 cm.) ......................................... 12

[DO NOT READ] Don’t know/No answer .................. 98
[DO NOT READ] Refused ............................................. 99

SKIP TO HWT_8/HWT_WGHT_NB_TRM
INTERVIEWER TO RECORD PARTICIPANT’S EXACT HEIGHT

<table>
<thead>
<tr>
<th>Height</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>6’0” (181.6 to 184.1 cm.)</td>
<td>01</td>
</tr>
<tr>
<td>6’1” (184.2 to 186.6 cm.)</td>
<td>02</td>
</tr>
<tr>
<td>6’2” (186.7 to 189.1 cm.)</td>
<td>03</td>
</tr>
<tr>
<td>6’3” (189.2 to 191.7 cm.)</td>
<td>04</td>
</tr>
<tr>
<td>6’4” (191.8 to 194.2 cm.)</td>
<td>05</td>
</tr>
<tr>
<td>6’5” (194.3 to 196.8 cm.)</td>
<td>06</td>
</tr>
<tr>
<td>6’6” (196.9 to 199.3 cm.)</td>
<td>07</td>
</tr>
<tr>
<td>6’7” (199.4 to 201.8 cm.)</td>
<td>08</td>
</tr>
<tr>
<td>6’8” (201.9 to 204.4 cm.)</td>
<td>09</td>
</tr>
<tr>
<td>6’9” (204.5 to 206.9 cm.)</td>
<td>10</td>
</tr>
<tr>
<td>6’10” (207.0 to 209.5 cm.)</td>
<td>11</td>
</tr>
<tr>
<td>6’11” (209.6 to 212.0 cm.)</td>
<td>12</td>
</tr>
</tbody>
</table>

[DO NOT READ] Don't know/No answer ............ 98
[DO NOT READ] Refused .................................. 99

How much do you weigh? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT WEIGHT

_____ ENTER NUMBER, CATI MASK: MIN=010, MAX=900

[DO NOT READ] Don't know/No answer ............ 998
[DO NOT READ] Refused .................................. 999

Was that in pounds or kilograms? DK/RF NOT ALLOWED

Pounds ................................................................. 1
Kilograms ............................................................. 2
HWT_10
HWT_CNWGHT_TRM

Do you consider yourself overweight, underweight, or just about right?

**CODE ONLY ONE RESPONSE**

- Overweight ........................................................... 1
- Underweight ......................................................... 2
- Just about right ................................................... 3

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

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

HWT_END
Smoking (SMK)

Tobacco Exposure

The first questions are about cigarette smoking. The term “cigarette” refers to cigarettes that are bought ready-made as well as those you roll yourself. Do not include cigars, cigarillos or pipes.

In this section, read the directions and follow the skips carefully. There are different “paths” for non-smokers, daily smokers and occasional smokers.

SMK_1
SMK_100CG_TRM
Have you smoked at least 100 cigarettes in your life? (about 4 - 5 packs)

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

SMK_2
SMK_WHLCG_TRM
Have you ever smoked a whole cigarette?

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

SMK_3
SMK_FRSTCG_AG_TRM
At what age did you smoke your first whole cigarette? RECORD EXACT AGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE

_____ RECORD AGE, CATI MASK: MIN=01, MAX=CURRENT AGE
[DO NOT READ] Don’t know/No answer ......................... 98
[DO NOT READ] Refused ...................................................... 99
SMK_4
SMK_CURRCG_TRM
At the present time, do you smoke cigarettes daily, occasionally or not at all?

Daily (at least one cigarette every day for the past 30 days) .................................................................. 1

Occasionally (at least one cigarette in the past 30 days, but not every day) ............................................. 2

Not at all (you did not smoke at all in the past 30 days)........................................................................... 3

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

[DO NOT READ] Refused ........................................... 9

SMK_5
SMK_CGDL_AG_TRM
At what age did you begin smoking cigarettes daily? RECORD EXACT AGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE

____ RECORD AGE, CATI MASK: MIN=[RECALL RESPONSE FROM SMK_3/SMK_FRSTCG AG_TRM], MAX=CURRENT AGE

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

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

SMK_6
SMK_NBCG_TRM
How many cigarettes do you smoke each day now?

1-5 cigarettes .............................................................................. 1

6-10 cigarettes ........................................................................ 2

11-15 cigarettes ................................................................... 3

16-20 cigarettes ................................................................... 4

21-25 cigarettes ................................................................... 5

26+ cigarettes .................................................................... 6

SMK_NBCG_NB_TRM If 26+, how many? _____
**SMK_7**
**SMK_YRDL_NB_TRM**
For how many total years have you smoked daily? **RECORD EXACT NUMBER, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

__RECORD NUMBER: CATI MASK: MIN=00, MAX=CURRENT AGE MINUS [RECALL RESPONSE FROM SMK_5/SMK_CGDL_AG_TRM]__

[DO NOT READ] Don’t know/No answer ............. 98
[DO NOT READ] Refused .......................... 99

**SMK_8**
**SMK_FRQDL_TRM**
During the total years that you have smoked daily, about how many cigarettes per day have you usually smoked? (If your smoking pattern has changed over the years, make your best guess of the average number of cigarettes you have smoked per day.)

1-5 cigarettes ....................................................... 1
6-10 cigarettes ..................................................... 2
11-15 cigarettes ................................................... 3
16-20 cigarettes ................................................... 4
21-25 cigarettes ................................................... 5
26+ cigarettes ...................................................... 6

**SMK_FRQDL_NB_TRM**  If 26+, how many? _____

**IF YOU CURRENTLY SMOKE DAILY (SMK_4/SMK_CURRCG_TRM=1) SKIP TO SMK_16/SMK_OTREG_TRM**

**SMK_9**
**SMK_LST30_TRM**
On how many of the last 30 days did you smoke at least one cigarette?

1-5 days ............................................................... 1
6-10 days ............................................................. 2
11-20 days ........................................................... 3
21-29 days ........................................................... 4
SMK_10
SMK_NB30_TRM
On the days that you smoked, how many cigarettes did you usually smoke?

1-5 cigarettes ....................................................... 1
6-10 cigarettes ..................................................... 2
11-15 cigarettes ................................................... 3
16-20 cigarettes ................................................... 4
21-25 cigarettes ................................................... 5
26+ cigarettes ...................................................... 6

SMK NB30 NB TRM If 26+, how many? _____

SMK_11
SMK_EVRDL_TRM
[ASK IF SMK_4/SMK_CURRCG_TRM=2 OR SMK_4/SMK_CURRCG_TRM=3] Have you ever smoked cigarettes daily? (At least one cigarette a day for 30 days in a row.)

Yes ....................................................................... 1
No......................................................................... 2

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

[DO NOT READ] Refused .................................... 9

SMK_12
SMK_SMKDL_AG_TRM
At what age did you begin to smoke daily? RECORD EXACT AGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE

____ RECORD AGE, CATI MASK: MIN=01, MAX=CURRENT AGE

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

[DO NOT READ] Refused .................................... 99
SMK_13
SMK_NBDL_TRM

When you smoked daily, how many cigarettes did you usually smoke each day?

1-5 cigarettes ....................................................... 1
6-10 cigarettes ..................................................... 2
11-15 cigarettes ................................................... 3
16-20 cigarettes ................................................... 4
21-25 cigarettes ................................................... 5
26+ cigarettes ...................................................... 6

SMK_NBDL_NB_TRM If 26+, how many? ____

SMK_14
SMK_TOTYR_NB_TRM

For how many total years did you smoke daily? RECORD EXACT NUMBER, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

_____ RECORD NUMBER: CATI MASK: MIN=01, MAX=CURRENT AGE MINUS [RECALL RESPONSE FROM SMK_12/SMK_SMKDL_AG_TRM]

[DO NOT READ] Don’t know/No answer ........... 98
[DO NOT READ] Refused ................................. 99

SMK_15
SMK_STOP_TRM

When did you stop smoking cigarettes daily?

Less than 1 year ago ................................. 1
1-2 years ago ................................................... 2
3-5 years ago ................................................... 3
More than 5 years ago ............................... 4

[DO NOT READ] Don’t know/No answer ........... 8
[DO NOT READ] Refused ................................. 9
SMK_16
SMK_OTREG_TRM
In your lifetime, have you ever used other types of tobacco on a regular basis and for a period of at least six months?

Yes........................................................................... 1 CONTINUE

No........................................................................... 2  SKIP TO SMK_19/
SMK_CHILD_NB_TRM

[DO NOT READ] Don’t know/No answer ........... 8  SKIP TO SMK_19/
SMK_CHILD_NB_TRM

[DO NOT READ] Refused .................................  9  SKIP TO SMK_19/
SMK_CHILD_NB_TRM

SMK_17
What other types of tobacco products have you ever used on a regular basis and for a period of at least six months? READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

SMK_TYPEOT_CG_TRM   Cigars ..................................................................................... 01
SMK_TYPEOT_SM_TRM   Small cigars (cigarillos)............................................................... 02
SMK_TYPEOT_PL_TRM   Tobacco pipes ........................................................................... 03
SMK_TYPEOT_CH_TRM   Chewing tobacco or snuff......................................................... 04
SMK_TYPEOT_PT_TRM   Nicotine patches ........................................................................ 05
SMK_TYPEOT_GU_TRM   Nicotine gum ............................................................................. 06
SMK_TYPEOT_BE_TRM   Betel nut .................................................................................. 07
SMK_TYPEOT_PN_TRM   Paan ......................................................................................... 08
SMK_TYPEOT_SH_TRM   Sheesha .................................................................................... 09
SMK_TYPEOT_OT_TRM   Other ....................................................................................... 97
SMK_TYPEOT_OTSP_TRM Other (please specify: __________)  *

SMK_TYPEOT_DK_NA_TRM [DO NOT READ] Don’t know/No answer ........................... 98
SMK_TYPEOT_REFUSED_TRM [DO NOT READ] Refused .................................................... 99

*Additional categories coded; refer to data dictionary.
SMK_18
SMK_OTOCC_TRM
Do you currently use any other types of tobacco products?

Yes.............................................................................. 1  
No.............................................................................. 2

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

SMK_18a 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_OTCURR(CG)TRM Cigars......................................................................................... 01
SMK_OTCURR(SM)TRM Small cigars (cigarillos)................................................................. 02
SMK_OTCURR(PI)TRM Tobacco pipes ............................................................................... 03
SMK_OTCURR(CH)TRM Chewing tobacco or snuff.............................................................. 04
SMK_OTCURR(PT)TRM Nicotine patches ............................................................................. 05
SMK_OTCURR(GU)TRM Nicotine gum ................................................................................ 06
SMK_OTCURR(BE)TRM Betel nut......................................................................................... 07
SMK_OTCURR(PN)TRM Paan............................................................................................... 08
SMK_OTCURR(SH)TRM Sheesha......................................................................................... 09
SMK_OTCURR(OT)TRM Other ............................................................................................ 97

SMK_OTCURR_OTSP_TRM Other (please specify: __________)*

SMK_OTCURR(DK_NA)TRM [DO NOT READ] Don't know/No answer ...................... 98
SMK_OTCURR_REFUSED_TRM[DO NOT READ] Refused............................................. 99

*Additional categories coded; refer to data dictionary.

Environmental Tobacco Smoke

SMK_19
SMK_CHILD_NBR TRM
From birth until the age of 18, how many years did you live with a person who smoked 
cigarettes, cigars, or pipes inside your home? PROBE FOR BEST ESTIMATE IF 
PARTICIPANT UNSURE OF EXACT NUMBER OF YEARS

_____

RECORD NUMBER, CATI MASK: MIN=00, MAX=18

[DO NOT READ] Don't know/No answer .......... 98
[DO NOT READ] Refused................................. 99
SMK_20
SMK_ADULT_NB_TRM
As an adult, from age 18 years to now, for how many years did you live with a person who smoked cigarettes, cigars, or pipes inside your home? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF YEARS**

_____  RECORD NUMBER, CATI MASK: MIN=00, MAX=CURRENT AGE-18
[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ................................. 99

SMK_21
SMK_HOME_TRM
At home, how often are you usually exposed to other people’s tobacco smoke inside your home? **READ LIST, CODE ONLY ONE RESPONSE**

- Everyday ..................................................... 1
- Almost every day ......................................... 2
- At least once a week ................................. 3
- At least once a month ................................. 4
- Less than once a month ............................. 5
- Never ................................................................ 6
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................. 9

SMK_22
SMK_ACTV_TRM
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**

- Everyday ..................................................... 1
- Almost every day ......................................... 2
- At least once a week ................................. 3
- At least once a month ................................. 4
- Less than once a month ............................. 5
- Never ................................................................ 6
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................. 9
SMK_23
SMK.YEAR.YR.TRM

As an adult, from age 18 years to now, how many years did you regularly work in an environment where other people smoked cigarettes, cigars or pipes in your presence?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF YEARS

_____

RECORD NUMBER, CATI MASK: MIN=00, MAX=CURRENT AGE-18

[DO NOT READ] Don’t know/No answer .......... 98
[DO NOT READ] Refused .............................. 99
Alcohol Use (ALC)

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

ALC_1
ALC_EVER_TRM
Have you ever drank alcohol?

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

ALC_2
ALC_FREQ_TRM
About how often during the past 12 months did you drink alcohol? READ LIST, CODE ONLY ONE RESPONSE

Almost every day (incl. 6 times a week) ........... 01
4-5 times a week ............................................. 02
2-3 times a week ............................................. 03
Once a week .................................................. 04
2-3 times a month ........................................... 05
About once a month ...................................... 06
Less than once a month ................................. 07
Never ............................................................ 96
[DO NOT READ] Don't know/No answer .......... 98
[DO NOT READ] Refused ................................. 99

SKIP TO ALC_6/ALC_HVST_TRM IF ALC_2/ALC_FREQ_TRM=96 OR ALC_2/ALC_FREQ_TRM=98 OR ALC_2/ALC_FREQ_TRM=99
In a typical week during the past 12 months, how many drinks of each of the following do you drink on weekdays, that is, from Sundays through Thursdays? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

**INTERVIEWER NOTE: REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS ON WEEKDAYS) 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**

**ALC_RDWD_NB_TRM**

a) Red wine

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

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

**ALC_WHWD_NB_TRM**

b) White wine

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

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

**ALC_BRWD_NB_TRM**

c) Beer

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

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

**ALC_LQWD_NB_TRM**

d) Liquor or spirit

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

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

**ALC_OTWD_NB_TRM**

e) Another kind of alcohol

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

[DO NOT READ] Refused ............................. 99
In a typical week during the past 12 months, how many drinks of each of the following do you drink on weekends, that is, on Fridays and Saturdays? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER.

INTERVIEWER NOTE: REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS ON WEEKENDS) 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.

**ALC_RDWE_NB_TRM**

a) Red wine

____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

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

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

**ALC_WHWE_NB_TRM**

b) White wine

____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

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

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

**ALC_BRWE_NB_TRM**

c) Beer

____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

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

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

**ALC_LQWE_NB_TRM**

d) Liquor or spirit

____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

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

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

**ALC_OTWE_NB_TRM**

e) Another kind of alcohol

____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

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

[DO NOT READ] Refused ................................... 99
### ALC_5a
**ALC_MLFQ_TRM**

**[ASK IF SEX_1/SEX_ASK_TRM=1]** About how often during the past 12 months would you say you had five or more drinks at the same sitting or occasion?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day (incl. 6 times a week)</td>
<td>01</td>
</tr>
<tr>
<td>4-5 times a week</td>
<td>02</td>
</tr>
<tr>
<td>2-3 times a week</td>
<td>03</td>
</tr>
<tr>
<td>Once a week</td>
<td>04</td>
</tr>
<tr>
<td>2-3 times a month</td>
<td>05</td>
</tr>
<tr>
<td>About once a month</td>
<td>06</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>07</td>
</tr>
<tr>
<td>Never</td>
<td>96</td>
</tr>
<tr>
<td>Don't know/No answer</td>
<td>98</td>
</tr>
<tr>
<td>Refused</td>
<td>99</td>
</tr>
</tbody>
</table>

### ALC_5b
**ALC_FMFQ_TRM**

**[ASK IF SEX_1/SEX_ASK_TRM=2]** About how often during the past 12 months would you say you had four or more drinks at the same sitting or occasion?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost every day (incl. 6 times a week)</td>
<td>01</td>
</tr>
<tr>
<td>4-5 times a week</td>
<td>02</td>
</tr>
<tr>
<td>2-3 times a week</td>
<td>03</td>
</tr>
<tr>
<td>Once a week</td>
<td>04</td>
</tr>
<tr>
<td>2-3 times a month</td>
<td>05</td>
</tr>
<tr>
<td>About once a month</td>
<td>06</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>07</td>
</tr>
<tr>
<td>Never</td>
<td>96</td>
</tr>
<tr>
<td>Don't know/No answer</td>
<td>98</td>
</tr>
<tr>
<td>Refused</td>
<td>99</td>
</tr>
</tbody>
</table>
How does your current consumption of alcohol compare to your heaviest period of drinking? **READ LIST, CODE ONLY ONE RESPONSE**

- About the same .................................................... 1
- Less than the heaviest period of drinking ............. 2
- [DO NOT READ] Don’t know/No answer ............. 8
- [DO NOT READ] Refused ................................... 9

**ALC_END**
General Health (GEN)

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_TRM**
In general, would you say your health is excellent, very good, good, fair, or poor? **CODE ONLY ONE RESPONSE**

- Excellent............................................................... 1
- Very good............................................................. 2
- Good .................................................................... 3
- Fair...................................................................... 4
- Poor..................................................................... 5
- [DO NOT READ] Don't know/No answer ............ 8
- [DO NOT READ] Refused ................................. 9

**GEN_2**
**GEN_MNTL_TRM**
In general, would you say your mental health is excellent, very good, good, fair, or poor? **CODE ONLY ONE RESPONSE**

- Excellent............................................................... 1
- Very good............................................................. 2
- Good .................................................................... 3
- Fair...................................................................... 4
- Poor..................................................................... 5
- [DO NOT READ] Don't know/No answer ............ 8
- [DO NOT READ] Refused ................................. 9
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?

**RECORD VERBATIM, PROBE AND CLARIFY AS NECESSARY**

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

[DO NOT READ] Don’t know/No answer .......... 98
[DO NOT READ] Refused ................................... 99

In terms of your own healthy aging, would you say it is excellent, very good, good, fair, or poor?

**CODE ONLY ONE RESPONSE**

Excellent....................................................... 1
Very good..................................................... 2
Good ............................................................ 3
Fair .............................................................. 4
Poor ............................................................. 5

[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................... 9

**Mental Exercise**

About how much time do you spend doing each of the following activities, taking into account both work and leisure time?

**READ EACH ACTIVITY, CODE ONLY ONE RESPONSE PER ACTIVITY**

Playing board games, cards, crossword puzzles, jigsaw puzzles, or sudoku.

Every day ...................................................... 1
Several times a week ................................. 2
Several times a month ............................... 3
Several times a year .................................. 4
Once a year or less ................................. 5

[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................... 9
GEN_6
GEN_MUSC_TRM

Playing a musical instrument or singing in a choir.

Every day ................................. 1
Several times a week ...................... 2
Several times a month ..................... 3
Several times a year ....................... 4
Once a year or less ........................ 5
[DO NOT READ] Don’t know/No answer ....... 8
[DO NOT READ] Refused ..................... 9
Women’s Health (WHO)

CATI PROGRAMMING NOTE:
THIS SECTION IS TO BE ASKED OF FEMALE PARTICIPANTS ONLY: SEX_1/SEX_ASK_TRM=2

**Menopause**

The next questions are about symptoms associated with menopause.

WHO_1
WHO_MENOP_TRM
Have you gone through menopause, meaning that your menstrual periods stopped for at least one year and did not restart?

- Yes ........................................................................ 1
- No ........................................................................ 2

[DO NOT READ] Had a hysterectomy .................. 3
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................... 9

WHO_2
WHO_MPAG_AG_TRM
How old were you when your menstrual periods stopped for at least one year and did not re-start? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

_____
RECORD AGE, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM AGE_2/AGE_NMBR_TRM]

[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ................................... 99

WHO_3
WHO_HRT_TRM
Have you ever used any hormone replacement therapy, sometimes called HRT, for any reason?

- Yes ........................................................................ 1
- No ........................................................................ 2

[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................... 9

[DO NOT READ]
WHO_4
WHO_TYPE_TRM
Which type of hormone replacement therapy have you used the most? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

Both Estrogen and Progesterone.......................... 1
Estrogen (e.g. Premarin, Estrace) ......................... 2
Progesterone (e.g. Prometrium, Provera)............... 3
Estrogen gel or cream applied to the skin
   (e.g. Estraderm, Estrogel)............................ 4
Intra-uterine device with progesterone ............... 5
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................... 9

WHO_5
WHO_HRTAG_AG_TRM
How old were you when you started using hormone replacement therapy? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE

_____ RECORD AGE, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM AGE_2/AGE_NMBR_TRM]
[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ................................... 99

WHO_6
In total, for how long did you use or have you been using hormone replacement therapy? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT DURATION

_____ RECORD NUMBER
[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ................................... 99

RECORD UNIT OF MEASUREMENT:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Unit</th>
<th>CATI Mask</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO_HRTDR_WK_TRM</td>
<td>Weeks, CATI Mask: MIN=01, MAX=52</td>
<td>1</td>
</tr>
<tr>
<td>WHO_HRTDR_MT_TRM</td>
<td>Months, CATI Mask: MIN=01, MAX=12</td>
<td>2</td>
</tr>
<tr>
<td>WHO_HRTDR_YR_TRM</td>
<td>Years, CATI Mask: MIN=01, MAX=CURRENT AGE MINUS [RECALL RESPONSE FROM WHO_5/WHO_HRTAG_AG_TRM]</td>
<td>3</td>
</tr>
</tbody>
</table>
Vision (VIS)

Now some questions about your vision...

VIS_1
VIS_SGHT_TRM
Is your eyesight, using glasses or corrective lens if you use them...READ LIST, CODE
ONLY ONE RESPONSE

Excellent............................................................... 1
Very good............................................................ 2
Good ................................................................. 3
Fair....................................................................... 4
Poor or non-existent (non-existent=blind).......... 5
[DO NOT READ] Don't know/No answer ............ 8
[DO NOT READ] Refused........................................ 9

VIS_2
VIS_AID_TRM
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 ....................................................................... 1 CONTINUE
No......................................................................... 2 SKIP TO VIS_END
[DO NOT READ] Don't know/No answer ............ 8 SKIP TO VIS_END
[DO NOT READ] Refused........................................ 9 SKIP TO VIS_END
VIS_3  Do you now use…READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

VIS_USE_MG_TRM  Magnifiers ................................................................. 01
VIS_USE_BR_TRM  Braille reading materials ........................................ 02
VIS_USE_LG_TRM  Larger print reading materials .............................. 03
VIS_USE_TK_TRM  Talking books .......................................................... 04
VIS_USE_RC_TRM  Recording equipment or portable note-takers .......... 05
VIS_USE_CC_TRM  Closed circuit devices (e.g., CCTVs) ....................... 06
VIS_USE_CP_TRM  A computer with Braille, large print, or speech access 07
VIS_USE_CN_TRM  A white cane ............................................................ 08
VIS_USE_DG_TRM  A guide dog .............................................................. 09
VIS_USE_OT_TRM  Another aid .............................................................. 97

VIS_USE_OTSP_TRM  Another aid (please specify: __________) *

VIS_USE_DK_NA_TRM  [DO NOT READ] Don’t know/No answer .......... 98
VIS_USE_REFUSED_TRM [DO NOT READ] Refused .............................. 99

*Additional categories coded; refer to data dictionary.

VIS_END
Hearing (HRG)

HRG_1
HRG_HRG_TRM
Is your hearing, using a hearing aid if you use one… READ LIST, CODE ONLY ONE RESPONSE

Excellent............................................................... 1
Very good............................................................. 2
Good ..................................................................... 3
Fair ....................................................................... 4
Poor...................................................................... 5
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................ 9

HRG_2
HRG_NOIS_TRM
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 ....................................................................... 1
No......................................................................... 2
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................ 9

HRG_3
HRG_AID_TRM
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 ................................................................. 1 CONTINUE
No........................................................................ 2 SKIP TO HRG_END
[DO NOT READ] Don’t know/No answer .......... 8 SKIP TO HRG_END
[DO NOT READ] Refused ................................. 9 SKIP TO HRG_END
HRG_4 Do you now use… READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

HRG_USE_AID_TRM Hearing aid................................................................................................. 01
HRG_USE_CP_TRM Computer to communicate (e.g., e-mail or chat services) 02
HRG_USE_VL_TRM Volume control telephone........................................................................ 03
HRG_USE_TTY_TRM TTY or TTD......................................................................................... 04
HRG_USE_MSG_TRM Message relay service ......................................................................... 05
HRG_USE_PH_TRM Other phone-related devices (e.g., flashers) ...................................... 06
HRG_USE_CC_TRM Closed caption T.V. or decoder ......................................................... 07
HRG_USE_AP_TRM Amplifiers (e.g., FM, acoustic, infra-red)............................................... 08
HRG_USE_VS_TRM Visual or vibrating alarm .......................................................................... 09
HRG_USE_CO_TRM Cochlear implant..................................................................................... 10
HRG_USE_OT_TRM Another aid ......................................................................................... 97
HRG_USE_OTSP_TRM Another aid (please specify: __________)*)
HRG_USE_DK_NA_TRM [DO NOT READ] Don’t know/No answer .................................. 98
HRG_USE_REFUSED_TRM [DO NOT READ] Refused............................................................. 99

*Additional categories coded; refer to data dictionary.

HRG_END
Chronic Conditions Tracking (CCT)

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_1
CCT_OAKNEE_TRM
Has a doctor ever told you that you have osteoarthritis in the knee?

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

CCT_2
CCT_OAHIP_TRM
Has a doctor ever told you that you have osteoarthritis in the hip?

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

CCT_3
CCT_OAHAND_TRM
Has a doctor ever told you that you have osteoarthritis in one or both hands?

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

**CCT_4**  
**CCT_RA_TRM**  
Has a doctor ever told you that you have rheumatoid arthritis?

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

**CCT_5**  
**CCT_OTART_TRM**  
Has a doctor ever told you that you have any other type of arthritis?

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

**Respiratory**

**CCT_6**  
**CCT_ASTHM_TRM**  
Has a doctor ever told you that you have asthma?

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

**CCT_7**  
**CCT_COPD_TRM**  
Has a doctor told you that you have/had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?

- Yes ....................................................................... 1
- No ......................................................................... 2
- [DO NOT READ] Don’t know/No answer .......... 8
- [DO NOT READ] Refused ................................. 9
Cardiac/Cardiovascular

CCT_8
CCT_HBP_TRM

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

Yes ................................................................. 1 CONTINUE
No ................................................................. 2 SKIP TO CCT_11/CCT_DIAB_TRM

[DO NOT READ] Don’t know/No answer ............ 8 SKIP TO CCT_11/CCT_DIAB_TRM

[DO NOT READ] Refused .................................... 9 SKIP TO CCT_11/CCT_DIAB_TRM

CCT_9
CCT_HBPPRG_TRM

[ASK FEMALES ONLY, MALES SKIP TO CCT_11/CCT_DIAB_TRM: SEX_1/SEX_ASK_TRM=2]
Were you pregnant when you were diagnosed with high blood pressure?

Yes ................................................................. 1
No ................................................................. 2

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

[DO NOT READ] Refused .................................... 9

CCT_10
CCT_HBPOT_TRM

[ASK IF CCT_9/CCT_HBPPRG_TRM=1] Other than when you were pregnant, was there any other time when you were diagnosed with high blood pressure?

Yes ................................................................. 1
No ................................................................. 2

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

[DO NOT READ] Refused .................................... 9
CCT_11
CCT_DIAB_TRM
Has a doctor ever told you that you have diabetes, borderline diabetes or that your blood sugar is high?

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

CCT_12
CCT_HEART_TRM
Has a doctor ever told you that you have heart disease (including congestive heart failure, or CHF)?

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

CCT_13
CCT_ANGI_TRM
Has a doctor ever told you that you have angina (or chest pain due to heart disease)?

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

CCT_14
CCT_AMI_TRM
Has a doctor ever told you that you have had a heart attack or myocardial infarction?

Yes ................................................................................. 1
No.................................................................................. 2
[DO NOT READ] Don’t know/No answer ........... 8
[DO NOT READ] Refused ............................................. 9
CCT_15
CCT_PVD_TRM
Has a doctor ever told you that you have peripheral vascular disease or poor circulation in your limbs?

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

CCT_16
CCT_CVA_TRM
Has a doctor ever told you that you have experienced a stroke or CVA (cerebrovascular accident)?

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

CCT_17
CCT_TIA_TRM
Has a doctor ever told you that you have experienced a mini-stroke or TIA? (Transient Ischemic Attack)?

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

CCT_18
CCT_CVAFX_TRM
[ASK IF CCT_16/CCT_CVA_TRM=1 OR CCT_17/CCT_TIA_TRM=1] Has a doctor ever told you that you suffer from the effects of a stroke, CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?

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

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

CCT_19
CCT_MEMPB_TRM
Has a doctor ever told you that you have a memory problem?

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

CCT_20
CCT_ALZH_TRM
Has a doctor ever told you that you have dementia or Alzheimer’s disease?

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

CCT_21
CCT_PARK_TRM
Has a doctor ever told you that you had Parkinsonism or Parkinson’s disease?

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

CCT_22
CCT_MS_TRM
Has a doctor ever told you that you have multiple sclerosis?

Yes ................................................................. 1
No .................................................................. 2
[DO NOT READ] Don’t know/No answer ........... 8
[DO NOT READ] Refused .................................. 9
CCT_23  
CCT_EPIL_TRM

Has a doctor ever told you that you have epilepsy?

Yes ................................................................. 1  
No...................................................................... 2

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

[DO NOT READ] Refused................................. 9

CCT_24  
CCT_MGRN_TRM

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

Yes ................................................................. 1  
No...................................................................... 2

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

[DO NOT READ] Refused................................. 9

---

**Gastrointestinal**

CCT_25  
CCT_ULCR_TRM

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

Yes ................................................................. 1  
No...................................................................... 2

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

[DO NOT READ] Refused................................. 9

CCT_26  
CCT_IBDIBS_TRM

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

Yes ................................................................. 1  
No...................................................................... 2

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

[DO NOT READ] Refused................................. 9
CCT_27
CCT_BOWINC_TRM

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

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

CCT_28
CCT_URIINC_TRM

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

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

Vision

CCT_29
CCT_CATAR_TRM

Has a doctor ever told you that you have cataracts?

Yes ........................................................................................................1
No.........................................................................................................2
[DO NOT READ] Don’t know/No answer ........... 8
[DO NOT READ] Refused ................................... 9
CCT_30
CCT_GLAUC_TRM
Has a doctor ever told you that you have glaucoma?

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

CCT_31
CCT_MACDEG_TRM
Has a doctor ever told you that you have macular degeneration?

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

Cancer

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

CCT_32
CCT_CANC_TRM
Has a doctor ever told you that you had cancer?

Yes ...............................................................1  CONTINUE
No .................................................................2  SKIP TO CCT_34/
[DO NOT READ] Don’t know/No answer ..........8  CCT_MOOD_TRM
[DO NOT READ] Refused .................................9  SKIP TO CCT_34/
  CCT_MOOD_TRM
**CCT_33** 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**

<table>
<thead>
<tr>
<th>CCT_CANTP_BR_TRM</th>
<th>Breast</th>
<th>01</th>
<th>CCT_CANTP_LU_TRM</th>
<th>Lung</th>
<th>07</th>
</tr>
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<tbody>
<tr>
<td>CCT_CANTP_COL_TRM</td>
<td>Colorectal</td>
<td>02</td>
<td>CCT_CANTP_TH_TRM</td>
<td>Thyroid</td>
<td>08</td>
</tr>
<tr>
<td>CCT_CANTP_SM_TRM</td>
<td>Skin: melanoma</td>
<td>03</td>
<td>CCT_CANTP_PR_TRM</td>
<td>Prostate (males only)</td>
<td>09</td>
</tr>
<tr>
<td>CCT_CANTP_SN.ERROR</td>
<td></td>
<td></td>
<td>CCT_CANTP_OV_TRM</td>
<td>Ovarian (females only)</td>
<td>10</td>
</tr>
<tr>
<td>CCT_CANTP_BL_TRM</td>
<td>Bladder</td>
<td>05</td>
<td>CCT_CANTP_LK_TRM</td>
<td>Leukemia</td>
<td>11</td>
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<tr>
<td>CCT_CANTP_KD_TRM</td>
<td>Kidney</td>
<td>06</td>
<td>CCT_CANTP_PA_TRM</td>
<td>Pancreatic</td>
<td>12</td>
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<tr>
<td>CCT_CANTP_NHL_TRM</td>
<td>Non-Hodgkin Lymphoma</td>
<td>13</td>
<td>CCT_CANTP_OT_TRM</td>
<td>Other</td>
<td>97</td>
</tr>
<tr>
<td>CCT_CANTP_DK_NA_TRM</td>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>98</td>
<td>CCT_CANTP_OTSP_TRM</td>
<td>Other (please specify: __________)</td>
<td>99</td>
</tr>
<tr>
<td>CCT_CANTP_REFUSED_TRM</td>
<td>[DO NOT READ] Refused</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Additional categories coded; refer to data dictionary.

**Mental Health**

**CCT_34**

**CCT_MOOD_TRM**

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

**INTERVIEWER NOTE: DYSTHYMIA IS PRONOUNCED “DIS-THIGH-ME-AH”**

Yes ................................................................. 1

No ................................................................. 2

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

[DO NOT READ] Refused ................................. 9
CCT_35  
CCT_ANXI_TRM  
Has a doctor ever told you that you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

Other Conditions

CCT_36  
CCT_ALLRG_TRM  
Has a doctor ever told you that you have allergies?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (please specify: __________)</td>
<td>01</td>
</tr>
<tr>
<td>No</td>
<td>02</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>98</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>99</td>
</tr>
</tbody>
</table>

CCT_37  
CCT_OSTPO_TRM  
Has a doctor ever told you that you have osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

CCT_38  
CCT_BCKP_TRM  
Has a doctor ever told you that you have back problems, excluding fibromyalgia and arthritis?

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
CCT_39
CCT_UTHYR_TRM
Has a doctor ever told you that you have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?

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

CCT_40
CCT_OTHYR_TRM
Has a doctor ever told you that you have an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?

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

CCT_41
CCT_KIDN_TRM
Has a doctor ever told you that you have kidney disease or kidney failure?

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

CCT_42
CCT_OTCCT_TRM
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

CCT_OTCCT_OTSP_TRM
Yes (please specify: ____________) ..................... 01
No ...................................................................... 02
[DO NOT READ] Don’t know/No answer .......... 98
[DO NOT READ] Refused ................................. 99
Infections

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

CCT_43 In the past year, have you seen a doctor for any of the following reasons? READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION

CCT_DRPNEU_TRM  a) Pneumonia

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

CCT_DRFLU_TRM  b) Flu (Influenza)

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

CCT_DRUTI_TRM  c) Urinary Tract Infection (UTI)

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

CCT_DROT_TRM  d) Any other infections?

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

CCT_END
Functional Status (FUL)

FUL_1  
FUL_SHLD_TRM  
Do you have any difficulty reaching or extending your arms above your shoulders? **CODE ONLY ONE RESPONSE**  
Yes ................................................................. 1  
No ................................................................. 2  
Unable to do ..................................................... 3  
Don’t do on doctor's orders ............................... 4  
[DO NOT READ] Don’t know/No answer ............. 8  
[DO NOT READ] Refused ................................. 9

FUL_2  
FUL_SHLDDG_TRM  
[ASK IF FUL_1/FUL_SHLD_TRM=1] Would you say that the degree of difficulty is… **READ LIST, CODE ONLY ONE RESPONSE**  
A little difficult ............................................. 1  
Somewhat difficult ....................................... 2  
Very difficult .................................................. 3  
[DO NOT READ] Don’t know/No answer ........... 8  
[DO NOT READ] Refused ............................... 9

FUL_3  
FUL_STOOP_TRM  
Do you have any difficulty stooping, crouching, or kneeling down? **CODE ONLY ONE RESPONSE**  
Yes ................................................................. 1  
No ................................................................. 2  
Unable to do ..................................................... 3  
Don’t do on doctor’s orders ............................... 4  
[DO NOT READ] Don’t know/No answer ............. 8  
[DO NOT READ] Refused ................................. 9
FUL_4
FUL_STOOPDG_TRM

[ASK IF FUL_3/FUL_STOOP_TRM=1] Would you say that the degree of difficulty is…READ LIST, CODE ONLY ONE RESPONSE

- A little difficult ....................................................... 1
- Somewhat difficult ................................................... 2
- Very difficult .......................................................... 3
- [DO NOT READ] Don’t know/No answer ............. 8
- [DO NOT READ] Refused ................................... 9

FUL_5
FUL_PUSH_TRM

Do you have any difficulty pushing or pulling large objects like a living room chair? CODE ONLY ONE RESPONSE

- Yes ................................................................. 1
- No ...................................................................... 2
- Unable to do ....................................................... 3
- Don’t do on doctor’s orders ................................. 4
- [DO NOT READ] Don’t know/No answer ............. 8
- [DO NOT READ] Refused ................................... 9

FUL_6
FUL_PUSHDG_TRM

[ASK IF FUL_5/FUL_PUSH_TRM=1] Would you say that the degree of difficulty is…READ LIST, CODE ONLY ONE RESPONSE

- A little difficult ....................................................... 1
- Somewhat difficult ................................................... 2
- Very difficult .......................................................... 3
- [DO NOT READ] Don’t know/No answer ............. 8
- [DO NOT READ] Refused ................................... 9
Do you have any difficulty lifting ten pounds (or 4.5 kg) from the floor, like a heavy bag of groceries? **CODE ONLY ONE RESPONSE**

Yes .............................................................. 1  
No ................................................................. 2  
Unable to do .................................................... 3  
Don’t do on doctor’s orders .............................. 4  
[DO NOT READ] Don’t know/No answer .......... 8  
[DO NOT READ] Refused ................................. 9

[ASK IF FUL_7/FUL_LFT10_TRM=1] Would you say that the degree of difficulty is… **READ LIST, CODE ONLY ONE RESPONSE**

A little difficult .............................................. 1  
Somewhat difficult ...................................... 2  
Very difficult .............................................. 3  
[DO NOT READ] Don’t know/No answer .......... 8  
[DO NOT READ] Refused ................................. 9

Do you have any difficulty handling small objects, like picking up a coin from a table? **CODE ONLY ONE RESPONSE**

Yes .............................................................. 1  
No ................................................................. 2  
Unable to do .................................................... 3  
Don’t do on doctor’s orders .............................. 4  
[DO NOT READ] Don’t know/No answer .......... 8  
[DO NOT READ] Refused ................................. 9
FUL_10
FUL_HDLGDG_TRM
[ASK IF FUL_9/FUL_HDLG_TRM=1] Would you say that the degree of difficulty
is...READ LIST, CODE ONLY ONE RESPONSE

A little difficult ....................................................... 1
Somewhat difficult ............................................... 2
Very difficult ....................................................... 3
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ................................... 9

FUL_11
FUL_ST15_TRM
Do you have any difficulty standing for a long period, around 15 minutes? CODE ONLY
ONE RESPONSE

Yes ....................................................................... 1
No ....................................................................... 2
Unable to do ......................................................... 3
Don’t do on doctor’s orders ................................. 4
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................... 9

FUL_12
FUL_ST15DG_TRM
[ASK IF FUL_11/FUL_ST15_TRM=1] Would you say that the degree of difficulty
is...READ LIST, CODE ONLY ONE RESPONSE

A little difficult ....................................................... 1
Somewhat difficult ............................................... 2
Very difficult ....................................................... 3
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ................................... 9
FUL_13
FUL_SIT1H_TRM
Do you have any difficulty sitting for a long period, say 1 hour? **CODE ONLY ONE RESPONSE**

Yes .................................................................1
No ...................................................................2
Unable to do ....................................................3
Don’t do on doctor’s orders .................................4
[DO NOT READ] Don’t know/No answer ..........8
[DO NOT READ] Refused .................................9

FUL_14
FUL_SIT1HDG_TRM
[ASK IF FUL_13/FUL_SIT1H_TRM=1] Would you say that the degree of difficulty is…**READ LIST, CODE ONLY ONE RESPONSE**

A little difficult ........................................1
Somewhat difficult .......................................2
Very difficult ..............................................3
[DO NOT READ] Don’t know/No answer ..........8
[DO NOT READ] Refused .................................9

FUL_15
FUL_STDUP_TRM
Do you have any difficulty standing up after sitting in a chair? **CODE ONLY ONE RESPONSE**

Yes ..................................................................1
No ....................................................................2
Unable to do ..................................................3
Don’t do on doctor’s orders .............................4
[DO NOT READ] Don’t know/No answer ..........8
[DO NOT READ] Refused .................................9
FUL_16
FUL_STDUPDG_TRM

[ASK IF FUL_15/FUL_STDUP_TRM=1] Would you say that the degree of difficulty is…READ LIST, CODE ONLY ONE RESPONSE

A little difficult ....................................................... 1
Somewhat difficult ................................................ 2
Very difficult .......................................................... 3
[DO NOT READ] Don’t know/No answer ...................... 8
[DO NOT READ] Refused ........................................... 9

FUL_17
FUL_FSTR_TRM

Do you have any difficulty walking alone up and down a flight of stairs? CODE ONLY ONE RESPONSE

Yes ................................................................. 1
No ................................................................. 2
Unable to do ...................................................... 3
Don’t do on doctor’s orders ...................................... 4
[DO NOT READ] Don’t know/No answer ...................... 8
[DO NOT READ] Refused ........................................... 9

FUL_18
FUL_FSTRDG_TRM

[ASK IF FUL_17/FUL_FSTR_TRM=1] Would you say that the degree of difficulty is…READ LIST, CODE ONLY ONE RESPONSE

A little difficult ....................................................... 1
Somewhat difficult ................................................ 2
Very difficult .......................................................... 3
[DO NOT READ] Don’t know/No answer ...................... 8
[DO NOT READ] Refused ........................................... 9
FUL_19
FUL_WK23B_TRM
Do you have any difficulty walking 2 to 3 neighbourhood blocks? **CODE ONLY ONE RESPONSE**

Yes ................................................................. 1
No ..................................................................... 2
Unable to do ..................................................... 3
Don’t do on doctor’s orders ................................. 4
[DO NOT READ] Don’t know/No answer ............... 8
[DO NOT READ] Refused .................................... 9

FUL_20
FUL_WK23BDG_TRM
[ASK IF FUL_19/FUL_WK23B_TRM=1] Would you say that the degree of difficulty is….**READ LIST, CODE ONLY ONE RESPONSE**

A little difficult .................................................. 1
Somewhat difficult ............................................. 2
Very difficult ..................................................... 3
[DO NOT READ] Don’t know/No answer ............... 8
[DO NOT READ] Refused .................................... 9

FUL_21
FUL_MKBED_TRM
Do you have any difficulty making a bed? **CODE ONLY ONE RESPONSE**

Yes ................................................................. 1
No ..................................................................... 2
Unable to do ..................................................... 3
Don’t do on doctor’s orders ................................. 4
[DO NOT READ] Don’t know/No answer ............... 8
[DO NOT READ] Refused .................................... 9
FUL_22
FUL_MKBEDDG_TRM

[ASK IF FUL_21/FUL_MKBED_TRM=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE

A little difficult ....................................................... 1
Somewhat difficult .................................................. 2
Very difficult .......................................................... 3
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ........................................ 9

FUL_23
FUL_WSHBK_TRM

Do you have any difficulty washing your back? CODE ONLY ONE RESPONSE

Yes ................................................................. 1
No ..................................................................... 2
Unable to do ....................................................... 3
Don't do on doctor’s orders ................................. 4
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ........................................ 9

FUL_24
FUL_WSHBKDG_TRM

[ASK IF FUL_23/FUL_WSHBK_TRM=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE

A little difficult ....................................................... 1
Somewhat difficult .................................................. 2
Very difficult .......................................................... 3
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ........................................ 9
FUL_25
FUL_KNCUT_TRM
Do you have any difficulty using a knife to cut food? **CODE ONLY ONE RESPONSE**

Yes ................................................................. 1
No ................................................................. 2
Unable to do .................................................. 3
Don’t do on doctor’s orders ......................... 4
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9

FUL_26
FUL_KNCUTDG_TRM
[ASK IF FUL_25/FUL_KNCUT_TRM=1] Would you say that the degree of difficulty is…**READ LIST, CODE ONLY ONE RESPONSE**

A little difficult ................................................. 1
Somewhat difficult ........................................... 2
Very difficult .................................................... 3
[DO NOT READ] Don’t know/No answer ........ 8
[DO NOT READ] Refused ................................. 9

FUL_27
FUL_FORC_TRM
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.)? **CODE ONLY ONE RESPONSE**

Yes ................................................................. 1
No ................................................................. 2
Unable to do .................................................. 3
Don’t do on doctor’s orders ......................... 4
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9
[ASK IF FUL_27/FUL_FORC_TRM=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE

A little difficult ....................................................... 1
Somewhat difficult ................................................ 2
Very difficult.......................................................... 3
[DO NOT READ] Don't know/No answer............. 8
[DO NOT READ] Refused ............................................. 9

FUL_END
### Basic Activities of Daily Living (ADL)

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_TRM**

Can you dress and undress yourself without help (including picking out clothes and putting on socks & shoes)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>[DO NOT READ] Don't know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

**ADL_2**

**ADL_HPDR_TRM**

Can you dress and undress yourself with some help?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>[DO NOT READ] Don't know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

**ADL_3**

**ADL_UNDR_TRM**

[ASK IF ADL_2/ADL_HPDR_TRM=2] Are you completely unable to dress and undress yourself?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>[DO NOT READ] Don't know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
ADL_4
ADL_ABLFD_TRM
Can you eat without help (i.e., you are able to feed yourself completely)?

Yes .............................................................................. 1  SKIP TO ADL_7/ADL_ABLAP_TRM
No ............................................................................. 2  CONTINUE
[DO NOT READ] Don't know/No answer ............... 8  SKIP TO ADL_7/ADL_ABLAP_TRM
[DO NOT READ] Refused ........................................... 9  SKIP TO ADL_7/ADL_ABLAP_TRM

ADL_5
ADL_HPFD_TRM
Can you eat with some help (i.e., you need help with cutting your food, etc.)?

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

ADL_6
ADL_UNFD_TRM
[ASK IF ADL_5/ADL_HPFD_TRM=2] Are you completely unable to feed yourself?

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

ADL_7
ADL_ABLAP_TRM
Can you take care of your own appearance without help, for example, combing your hair, shaving (if male)?

Yes .............................................................................. 1  SKIP TO ADL_10/ADL_ABLWK_TRM
No ............................................................................. 2  CONTINUE
[DO NOT READ] Don't know/No answer ............... 8  SKIP TO ADL_10/ADL_ABLWK_TRM
[DO NOT READ] Refused ........................................... 9  SKIP TO ADL_10/ADL_ABLWK_TRM
ADL_8
ADL_HPAP_TRM
Can you take care of your own appearance with some help?

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

ADL_9
ADL_UNAP_TRM
[ASK IF ADL_8/ADL_HPAP_TRM=2] Are you completely unable to take care of your own appearance?

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

ADL_10
ADL_ABLWK_TRM
Can you walk without help?

INTERVIEWER INSTRUCTION: IF PARTICIPANT WALKS WITH A CANE, CODE AS ‘YES’

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

ADL_11
ADL_HPWK_TRM
Can you walk with some help from a person, or with the use of a walker or crutches, etc.?

Yes ....................................................................... 1
No ......................................................................... 2
[DO NOT READ] Don’t know/No answer ........... 8
[DO NOT READ] Refused ................................... 9
ADL_12
ADL_UNWK_TRM

[ASK IF ADL_11/ADL_HPWK_TRM=2] Are you completely unable to walk?

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

ADL_13
ADL_ABLBD_TRM

Can you get in and out of bed without any help or aids?

Yes .............................................................. 1  SKIP TO ADL_16/ADL_ABLBT_TRM
No ................................................................. 2  CONTINUE
[DO NOT READ] Don't know/No answer ........... 8  SKIP TO ADL_16/ADL_ABLBT_TRM
[DO NOT READ] Refused ................................. 9  SKIP TO ADL_16/ADL_ABLBT_TRM

ADL_14
ADL_HPBD_TRM

Can you get in and out of bed with some help (either from a person or with the aid of some device)?

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

ADL_15
ADL_UNBD_TRM

[ASK IF ADL_14/ADL_HPBD_TRM=2] Are you totally dependent on someone else to lift you in and out of bed?

Yes .............................................................. 1
No ................................................................. 2
[DO NOT READ] Don't know/No answer ........... 8
[DO NOT READ] Refused ................................. 9
ADL_16  
ADL_ABLBT_TRM  
Can you take a bath or shower without help?

Yes ....................................................................... 1  SKIP TO ADL_19/ADL_BATH_TRM  
No ......................................................................... 2  CONTINUE  
[DO NOT READ] Don’t know/No answer ............. 8  SKIP TO ADL_19/ADL_BATH_TRM  
[DO NOT READ] Refused ................................... 9  SKIP TO ADL_19/ADL_BATH_TRM  

ADL_17  
ADL_HPBT_TRM  
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 ....................................................................... 1  
No ......................................................................... 2  
[DO NOT READ] Don’t know/No answer ............. 8  
[DO NOT READ] Refused ................................... 9  

ADL_18  
ADL_UNBT_TRM  
[ASK IF ADL_17/ADL_HPBT_TRM=2] Are you completely unable to take a bath and a shower by yourself?

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

ADL_19  
ADL_BATH_TRM  
Do you ever have trouble getting to the bathroom in time?

Yes ....................................................................... 1  
No ......................................................................... 2  
[DO NOT READ] Don’t know/No answer ............. 8  
[DO NOT READ] Refused ................................... 9
ADL_20
ADL_INCNT_TRM

[ASK IF ADL_19/ADL_BATH_TRM=1] How often do you wet or soil yourself (either day or night)? Would you say…READ LIST, CODE ONLY ONE RESPONSE

Never or less than once a week.......................... 1
Once or twice a week...................................... 2
Three times a week or more............................ 3

[DO NOT READ] Don’t know/No answer............. 8
[DO NOT READ] Refused .................................. 9

ADL_END
Instrumental Activities of Daily Living (IAL)

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_TRM
Can you use the telephone without help, including looking up numbers and dialling?

Yes ................................................................. 1

No ............................................................. 2

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

[DO NOT READ] Refused ............................... 9

IAL_2
IAL_HPTEL_TRM
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 ................................................................. 1

No ............................................................. 2

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

[DO NOT READ] Refused ............................... 9

IAL_3
IAL_UNTEL_TRM
[ASK IF IAL_2/IAL_HPTEL_TRM=2] Are you completely unable to use the telephone?

Yes ................................................................. 1

No ............................................................. 2

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

[DO NOT READ] Refused ............................... 9
IAL_4
IAL_ABLTRV_TRM
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 ................................................................. 1 SKIP TO IAL_7/
IAL_ABLGRO_TRM

No ................................................................. 2 CONTINUE

[DO NOT READ] Don’t know/No answer ............. 8 SKIP TO IAL_7/
IAL_ABLGRO_TRM

[DO NOT READ] Refused ............................... 9 SKIP TO IAL_7/
IAL_ABLGRO_TRM

IAL_5
IAL_HPTRV_TRM
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 ................................................................. 1

No ................................................................. 2

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

[DO NOT READ] Refused ............................... 9

IAL_6
IAL_UNTRV_TRM
[ASK IF IAL_5/IAL_HPTRV_TRM=2] Are you unable to travel unless emergency arrangements are made for a specialized vehicle, like an ambulance?

Yes ................................................................. 1

No ................................................................. 2

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

[DO NOT READ] Refused ............................... 9
IAL_7
IAL_ABLGRO_TRM
Can you go shopping for groceries or clothes without help (taking care of all shopping needs yourself)?

Yes ....................................................................... 1  SKIP TO IAL_10/ IAL_ABLML_TRM
No ........................................................................... 2  CONTINUE
[DO NOT READ] Don’t know/No answer ............. 8  SKIP TO IAL_10/ IAL_ABLML_TRM
[DO NOT READ] Refused ................................... 9  SKIP TO IAL_10/ IAL_ABLML_TRM

IAL_8
IAL_HPGRO_TRM
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 ....................................................................... 1
No ........................................................................... 2
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ................................... 9

IAL_9
IAL_UNGRO_TRM
[ASK IF IAL_8/IAL_HPGRO_TRM=2] Are you completely unable to do any shopping?

Yes ....................................................................... 1
No ........................................................................... 2
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ................................... 9
IAL_10
IAL_ABLML_TRM

Can you prepare your own meals without help (i.e., you plan and cook full meals yourself?)

Yes ......................................................... 1  SKIP TO IAL_13/
IAL_ABLWRK_TRM
No .............................................................. 2  CONTINUE
[DO NOT READ] Don’t know/No answer .......... 8  SKIP TO IAL_13/
IAL_ABLWRK_TRM
[DO NOT READ] Refused ............................. 9  SKIP TO IAL_13/
IAL_ABLWRK_TRM

IAL_11
IAL_HPML_TRM

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

IAL_12
IAL_UNML_TRM

[ASK IF IAL_11/IAL_HPML_TRM=2] Are you completely unable to prepare any meals?

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

IAL_13
IAL_ABLWRK_TRM

Can you do your housework without help (i.e., you can clean floors, etc.)?

Yes ......................................................... 1  SKIP TO IAL_16/
IAL_ABLMED_TRM
No .............................................................. 2  CONTINUE
[DO NOT READ] Don’t know/No answer .......... 8  SKIP TO IAL_16/
IAL_ABLMED_TRM
[DO NOT READ] Refused ............................. 9  SKIP TO IAL_16/
IAL_ABLMED_TRM
IAL_14
IAL_HPWRK_TRM
Can you do your housework with some help (i.e., you can do light housework but need help with heavy work)?

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

IAL_15
IAL_UNWRK_TRM
[ASK IF IAL_14/IAL_HPWRK_TRM=2] Are you completely unable to do any housework?

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

IAL_16
IAL_ABLMED_TRM
Can you take your own medicine without help (in the right doses at the right time)?

INTERVIEWER INSTRUCTION: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS ‘YES’

Yes ................................................................. 1  SKIP TO IAL_19/
IAL_ABLMO_TRM
No ........................................................................... 2  CONTINUE
[DO NOT READ] Don't know/No answer .............. 8  SKIP TO IAL_19/
IAL_ABLMO_TRM
[DO NOT READ] Refused ........................................ 9  SKIP TO IAL_19/
IAL_ABLMO_TRM
IAL_17
IAL_HPMED_TRM
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 ................................................................. 1
No ................................................................. 2
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9

IAL_18
IAL_UNMED_TRM
[ASK IF IAL_17/IAL_HPMED_TRM=2] Are you completely unable to take your medicine?

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

IAL_19
IAL_ABLMO_TRM
Can you handle your own money without help (i.e., you write cheques, pay bills, etc.)?

INTERVIEWER INSTRUCTION: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS ‘YES’

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

IAL_20
IAL_HPMO_TRM
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 ................................................................. 1
No ................................................................. 2
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9
IAL_21
IAL_UNMO_TRM

[ASK IF IAL_20/IAL_HPMO_TRM==2] Are you completely unable to handle your money?

Yes ................................................................. 1

No ................................................................. 2

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

[DO NOT READ] Refused ................................. 9

IAL_END
Cognition (COG)

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.

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?

COG_A
COG_REC_TRM

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

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.

COG_1
COG_RDY_TRM

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?

Yes ................................................................. 1 SKIP TO COG_3/
COG_BGN_TRM
No ....................................................................... 2 CONTINUE
[DO NOT READ] Don’t know/No answer ........... 8 SKIP TO COG_END
[DO NOT READ] Refused ................................. 9 SKIP TO COG_END
COG_2
COG_RDYRPT_TRM

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? DK/RF NOT ALLOWED

Yes ................................................................. 1  SKIP TO COG_3/
COG_BGN_TRM

No ................................................................. 2  CONTINUE

COG_2a
COG_RDYIMP_TRM

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

Yes ................................................................. 1  SKIP TO COG_9/
COG_ANML_TRM

No ................................................................. 2

COG_2b
INTERVIEWER: What were the factors? MULTIPLE RESPONSES ALLOWED
(EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

COG_RDYFCTR_LG_TRM  Had difficulty understanding English/French........01
COG_RDYFCTR_PH_TRM  Physical impairment, such as difficulty hearing ...02
COG_RDYFCTR_DI_TRM  Distraction or noisy environment.........................03
COG_RDYFCTR_IM_TRM  Impaired concentration/memory problems...........04
COG_RDYFCTR_AID_TRM  Used an aid.........................................................05
COG_RDYFCTR_TE_TRM  Technical difficulties with the laptop....................06
COG_RDYFCTR_OT_TRM  Other .................................................................97
COG_RDYFCTR_OTSP_TRM  Other (please specify: __________)
COG_RDYFCTR_DK_NA_TRM  [DO NOT READ] Don’t know/No answer ...........98
COG_RDYFCTR_REFUSED_TRM  [DO NOT READ] Refused ............................99

GO TO COG_9/COG_ANML_TRM
COG_3
COG_BGN_TRM

I will begin the recording now. **INTERVIEWER TO INDICATE IF THE PARTICIPANT CLEARLY HEARD THE RECORDING, DK/RF NOT ALLOWED**

Yes, clearly heard recording ........................................... 1

No, did not clearly hear recording ................................. 2

COG_4
COG_HRD_TRM

**INTERVIEWER TO INDICATE IF THE PARTICIPANT CLEARLY HEARD THE RECORDING, DK/RF NOT ALLOWED**

Yes, clearly heard ......................................................... 1

No, did not hear clearly ................................................. 2

COG_4a
COG_HRDIMP_TRM

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

Yes ............................................................................. 1

No ............................................................................. 2

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Had difficulty understanding English/French</td>
</tr>
<tr>
<td>02</td>
<td>Physical impairment, such as difficulty hearing</td>
</tr>
<tr>
<td>03</td>
<td>Distraction or noisy environment</td>
</tr>
<tr>
<td>04</td>
<td>Impaired concentration/memory problems</td>
</tr>
<tr>
<td>05</td>
<td>Used an aid</td>
</tr>
<tr>
<td>06</td>
<td>Technical difficulties with the laptop</td>
</tr>
<tr>
<td>07</td>
<td>Other</td>
</tr>
<tr>
<td>08</td>
<td>Other (please specify: __________)</td>
</tr>
<tr>
<td>98</td>
<td>Don’t know/No answer</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

GO TO COG_9/COG_ANML_TRM

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? DK/RF NOT ALLOWED

Yes ............................................................. 1     SKIP TO COG_7
No ............................................................. 2     CONTINUE
COG_6
COG_WRDRPT_TRM

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 ........................................................................ 1  SKIP TO COG_7
No ......................................................................... 2  CONTINUE
[DO NOT READ] Don’t know/No answer ................... 8  SKIP TO COG_END
[DO NOT READ] Refused .................................... 9  SKIP TO COG_END

COG_6a
COG_WRDIMP_TRM

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

Yes ........................................................................ 1  CONTINUE
No ......................................................................... 2  SKIP TO COG_9/
COG_ANML_TRM

COG_6b
INTERVIEWER: What were the factors? MULTIPLE RESPONSES ALLOWED (EXCEPT
IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Had difficulty understanding English/French</td>
</tr>
<tr>
<td>02</td>
<td>Physical impairment, such as difficulty hearing</td>
</tr>
<tr>
<td>03</td>
<td>Distraction or noisy environment</td>
</tr>
<tr>
<td>04</td>
<td>Impaired concentration/memory problems</td>
</tr>
<tr>
<td>05</td>
<td>Used an aid</td>
</tr>
<tr>
<td>06</td>
<td>Technical difficulties with the laptop</td>
</tr>
<tr>
<td>07</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>Other (please specify: __________)</td>
</tr>
<tr>
<td>98</td>
<td>[DO NOT READ] Don’t know/No answer</td>
</tr>
<tr>
<td>99</td>
<td>[DO NOT READ] Refused</td>
</tr>
</tbody>
</table>

GO TO COG_9/COG_ANML_TRM
COG_7

I will begin the recording now. 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, DK/RF NOT ALLOWED.** **TIMER INSTRUCTIONS: DISPLAY COUNTDOWN TIMER FROM 90 SECONDS. TIMER CANNOT BE RESET OR PAUSED, BUT CAN BE STOPPED AT ANY TIME. A BEEP WILL SOUND WHEN THE TIMER COMPLETES. NULL ALLOWED. DK/RF NOT ALLOWED.**

<table>
<thead>
<tr>
<th>COG_WRDLST_DRUM_TRM</th>
<th>Drum</th>
<th>01</th>
<th>COG_WRDLST_GARD_TRM</th>
<th>Garden</th>
<th>08</th>
</tr>
</thead>
<tbody>
<tr>
<td>COG_WRDLST_CURT_TRM</td>
<td>Curtain</td>
<td>02</td>
<td>COG_WRDLST_HAT_TRM</td>
<td>Hat</td>
<td>09</td>
</tr>
<tr>
<td>COG_WRDLST_BELL_TRM</td>
<td>Bell</td>
<td>03</td>
<td>COG_WRDLST_FARM_TRM</td>
<td>Farmer</td>
<td>10</td>
</tr>
<tr>
<td>COG_WRDLST_COFF_TRM</td>
<td>Coffee</td>
<td>04</td>
<td>COG_WRDLST_NOSE_TRM</td>
<td>Nose</td>
<td>11</td>
</tr>
<tr>
<td>COG_WRDLST_SCHL_TRM</td>
<td>School</td>
<td>05</td>
<td>COG_WRDLST_TURK_TRM</td>
<td>Turkey</td>
<td>12</td>
</tr>
<tr>
<td>COG_WRDLST_PRNT_TRM</td>
<td>Parent</td>
<td>06</td>
<td>COG_WRDLST_COLR_TRM</td>
<td>Colour</td>
<td>13</td>
</tr>
<tr>
<td>COG_WRDLST_MOON_TRM</td>
<td>Moon</td>
<td>07</td>
<td>COG_WRDLST_HOUS_TRM</td>
<td>House</td>
<td>14</td>
</tr>
<tr>
<td>COG_WRDLST_NONE_TRM</td>
<td>None/No words were correctly recalled</td>
<td>96</td>
<td>COG_WRDLST_RIVR_TRM</td>
<td>River</td>
<td>15</td>
</tr>
</tbody>
</table>

Thank you. This task is finished.

For the next few tasks, we are going to ask you to name some items, as well as count numbers and letters aloud.

COG_9
COG_ANML_TRM

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 recording. Are you ready to begin? **DK/RF NOT ALLOWED**

Yes ........................................................................... 1  
SKIP TO COG_11/COG_ANMLLIST_TRM

No.................................................................................. 2  
CONTINUE
COG_10
COG_ANMLRPT_TRM

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 recording. Are you ready to begin?

Yes ................................................................. 1  SKIP TO COG_11/COG_ANMLLIST_TRM
No ................................................................. 2  CONTINUE
[DO NOT READ] Don’t know/No answer ............. 8  SKIP TO COG_12/COG_CNT_TRM
[DO NOT READ] Refused ................................. 9  SKIP TO COG_12/COG_CNT_TRM

COG_10a
COG_ANMLLIMP_TRM

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

Yes ................................................................. 1  CONTINUE
No ................................................................. 2  SKIP TO COG_12/COG_CNT_TRM

COG_10b

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

COG_ANMLFCTR_LG_TRM         Had difficulty understanding English/French........01
COG_ANMLFCTR_PH_TRM          Physical impairment, such as difficulty hearing ...02
COG_ANMLFCTR_DI_TRM          Distraction or noisy environment.........................03
COG_ANMLFCTR_IM_TRM          Impaired concentration/memory problems..........04
COG_ANMLFCTR_AID_TRM         Used an aid .....................................................05
COG_ANMLFCTR_TE_TRM         Technical difficulties with the laptop.....................06
COG_ANMLFCTR_OT_TRM         Other ....................................................................97
COG_ANMLFCTR_OTSP_TRM     Other (please specify: __________) 07
COG_ANMLFCTR_DK_NA_TRM     [DO NOT READ] Don’t know/No answer ............98
COG_ANMLFCTR_REFUSED_TRM  [DO NOT READ] Refused ........................................99

GO TO COG_12/COG_CNT_TRM
COG_11
COG_ANMLLIST_TRM
Please begin. **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?” ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, EXPLAIN THAT ANIMALS INCLUDE BIRDS, INSECTS, FISH, ETC. DO NOT HELP THE PARTICIPANT.**

START TIMER FOR 60 SECONDS. TIMER CANNOT BE RESET OR PAUSED.

Thank you. This task is finished.

COG_12
COG_CNT_TRM
Now, I would like you to count from 1 to 20, from 1, 2, 3, 4 and so on. Are you ready to begin? **DK/RF NOT ALLOWED**

Yes ........................................................................... 1  SKIP TO COG_14/
COG_CNTTIME_REC_TRM

No ........................................................................... 2  CONTINUE

COG_13
COG_CNTRPT_TRM
**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 ........................................................................... 1  SKIP TO COG_14/
COG_CNTTIME_REC_TRM

No ........................................................................... 2  CONTINUE

[DO NOT READ] Don’t know/No answer .......................... 8  SKIP TO COG_END

[DO NOT READ] Refused ........................................... 9  SKIP TO COG_END

COG_13a
COG_CNTIMP_TRM
**INTERVIEWER:** Were there any factors that may have impaired the respondent’s performance on the test?

Yes ........................................................................... 1  CONTINUE

No ........................................................................... 2  SKIP TO COG_22
COG_13b

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

COG_CNTFCTR_LG_TRM Had difficulty understanding English/French ...........01
COG_CNTFCTR_PH_TRM Physical impairment, such as difficulty hearing.......02
COG_CNTFCTR_DI_TRM Distraction or noisy environment.................................03
COG_CNTFCTR_IM_TRM Impaired concentration/memory problems...............04
COG_CNTFCTR_AID_TRM Used an aid .............................................................05
COG_CNTFCTR_TE_TRM Technical difficulties with the laptop.......................06
COG_CNTFCTR_OT_TRM Other.........................................................................97
COG_CNTFCTR_OTSP_TRM Other (please specify: __________)
COG_CNTFCTR_DK_NA_TRM [DO NOT READ] Don’t know/No answer .............98
COG_CNTFCTR_REFUSED_TRM [DO NOT READ] Refused..................................99

GO TO COG_22

COG_14
COG_CNTTIME_REC_TRM

Please begin.

START TIMER (FOR 30 SECONDS) AND THE RECORDING. STOP WHEN THE PARTICIPANT HAS SUCCESSFULLY COUNTED FROM 1 TO 20. ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED. THE TIMER CANNOT BE PAUSED OR RESET. DK/RF NOT ALLOWED

_____ RECORD EXACT TIME IN SECONDS, CATI MASK: MIN=01, MAX=30

Thank you. This task is finished.

COG_16
COG_ALP_TRM

Now, I would like you to say the alphabet, from A, B, C, D and so on. Are you ready to begin? DK/RF NOT ALLOWED

Yes ........................................................................................................1  SKIP TO COG_18/
COG_ALPTME_REC_TRM

No ........................................................................................................2  CONTINUE
COG_17
COG_ALPRPT_TRM

IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS
Now I would like you to say the alphabet, such as A, B, C, D and so on. Are you ready to begin?

Yes ............................................................................... 1  SKIP TO COG_18/
COG_ALPTME_REC_TRM
No .................................................................................. 2  CONTINUE
[DO NOT READ] Don’t know/No answer..................... 8  SKIP TO COG_END
[DO NOT READ] Refused ............................................ 9  SKIP TO COG_END

COG_17a
COG_ALPIMP_TRM

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

Yes ............................................................................... 1
No .................................................................................. 2  SKIP TO COG_22

COG_17b
INTERVIEWER: What were the factors? MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

COG_ALPFCTR_LG_TRM  Had difficulty understanding English/French............01
COG_ALPFCTR_PH_TRM  Physical impairment, such as difficulty hearing ........02
COG_ALPFCTR_DI_TRM  Distraction or noisy environment............................03
COG_ALPFCTR_IM_TRM  Impaired concentration/memory problems...............04
COG_ALPFCTR_AID_TRM  Used an aid.........................................................05
COG_ALPFCTR_TE_TRM  Technical difficulties with the laptop....................06
COG_ALPFCTR_OT_TRM  Other ...............................................................97
COG_ALPFCTR_OTSP_TRM  Other (please specify: __________)
COG_ALPFCTR_DK_NA_TRM  [DO NOT READ] Don’t know/No answer ..........98
COG_ALPFCTR_REFUSED_TRM[DO NOT READ] Refused ............................99

GO TO COG_22
COG_18
COG_ALPTME_REC_TRM
Please begin. **INTERVIEWER START TIMER AND THE RECORDING, STOP WHEN THE PARTICIPANT HAS SUCCESSFULLY RECITED FROM A TO Z. THE TIMER CAN BE STOPPED BEFORE REACHING MAXIMUM OF 30 SECONDS. ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED AND THE TIMER CANNOT BE PAUSED OR RESET. DK/RF NOT ALLOWED.**

_____ RECORD EXACT TIME IN SECONDS, CATI MASK: MIN=01, MAX=30

Thank you. This task is finished.

COG_19
COG_ALT_TRM
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? **DK/RF NOT ALLOWED**

Yes ....................................................................... 1  
No ......................................................................... 2

COG_20
COG_ALTRPT_TRM
**IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS**
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 ....................................................................... 1  
No ......................................................................... 2

[DO NOT READ] Don’t know/No answer ............ 8  
[DO NOT READ] Refused ................................... 9

COG_20a
COG_ALTIMP_TRM
**INTERVIEWER:** Were there any factors that may have impaired the respondent’s performance on the test?

Yes ....................................................................... 1  
No ......................................................................... 2

[DO NOT READ] Don’t know/No answer ............ 8  
[DO NOT READ] Refused ................................... 9
COG_20b **INTERVIEWER:** What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

- COG_ALTFCTR_LG_TRM Had difficulty understanding English/French .......... 01
- COG_ALTFCTR_PH_TRM Physical impairment, such as difficulty hearing ...... 02
- COG_ALTFCTR_DI_TRM Distraction or noisy environment ....................... 03
- COG_ALTFCTR_IM_TRM Impaired concentration/memory problems .......... 04
- COG_ALTFCTR_AID_TRM Used an aid .................................................... 05
- COG_ALTFCTR_TE_TRM Technical difficulties with the laptop .............. 06
- COG_ALTFCTR_OT_TRM Other ............................................................... 97
- COG_ALTFCTR_OTSP_TRM Other (please specify: __________) .... 97
- COG_ALTFCTR_DK_NA_TRM [DO NOT READ] Don’t know/No answer .......... 98
- COG_ALTFCTR_REFUSED_TRM [DO NOT READ] Refused ......................... 99

GO TO COG_22

COG_21

**COG_ALTTME_REC_TRM**

Please begin. **START TIMER (FOR 30 SECONDS) AND THE RECORDING. THE TIMER CANNOT BE STOPPED. DISPLAY COUNT-UP TIMER. ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED. THE TIMER CANNOT BE PAUSED OR RESET.**

_____ RECORD NUMBER OF CORRECT ALTERNATIONS IN 30 SECONDS

Thank you. This is the end of the recording session.
COG_22  

[ASK ONLY IF RESPONDED TO COG_7] 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. **RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS. DK/RF NOT ALLOWED. START TIMER FOR 60 SECONDS. TIMER CANNOT BE RESET OR PAUSED.**

<table>
<thead>
<tr>
<th>COD_WRDLST2_DRU Trm</th>
<th>Drum</th>
<th>01</th>
<th>COD_WRDLST2_GARD Trm</th>
<th>Garden</th>
<th>08</th>
</tr>
</thead>
<tbody>
<tr>
<td>COD_WRDLST2_CURT Trm</td>
<td>Curtain</td>
<td>02</td>
<td>COD_WRDLST2_HAT Trm</td>
<td>Hat</td>
<td>09</td>
</tr>
<tr>
<td>COD_WRDLST2_BELL Trm</td>
<td>Bell</td>
<td>03</td>
<td>COD_WRDLST2_FARM Trm</td>
<td>Farmer</td>
<td>10</td>
</tr>
<tr>
<td>COD_WRDLST2_COFF Trm</td>
<td>Coffee</td>
<td>04</td>
<td>COD_WRDLST2_NOSE Trm</td>
<td>Nose</td>
<td>11</td>
</tr>
<tr>
<td>COD_WRDLST2_SCHL Trm</td>
<td>School</td>
<td>05</td>
<td>COD_WRDLST2_TURK Trm</td>
<td>Turkey</td>
<td>12</td>
</tr>
<tr>
<td>COD_WRDLST2_PRNT Trm</td>
<td>Parent</td>
<td>06</td>
<td>COD_WRDLST2_COLR Trm</td>
<td>Colour</td>
<td>13</td>
</tr>
<tr>
<td>COD_WRDLST2_MOON Trm</td>
<td>Moon</td>
<td>07</td>
<td>COD_WRDLST2_HOUS Trm</td>
<td>House</td>
<td>14</td>
</tr>
<tr>
<td>COD_WRDLST2NONE Trm</td>
<td>None/No words were correctly recalled</td>
<td>96</td>
<td>COD_WRDLST2_RIVR Trm</td>
<td>River</td>
<td>15</td>
</tr>
</tbody>
</table>

Thank you. This is the end of the tasks.

COG_END
Depression (DEP)

For the next few questions, please think about how you have felt in the past week, that is from [INSERT DATE OF ONE WEEK AGO] to yesterday. 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_TRM

How often were you bothered by things that usually don’t bother you? READ LIST, CODE ONLY ONE RESPONSE

- All of the time (5-7 days) ....................................... 1
- Occasionally (3-4 days)........................................ 2
- Some of the time (1-2 days)................................. 3
- Rarely or never (less than 1 day) ......................... 4
- [DO NOT READ] Don’t know/No answer............. 8
- [DO NOT READ] Refused ................................. 9

DEP_2
DEP_MIND_TRM

How often did you have trouble keeping your mind on what you were doing? READ LIST, CODE ONLY ONE RESPONSE

- All of the time (5-7 days) ....................................... 1
- Occasionally (3-4 days)........................................ 2
- Some of the time (1-2 days)................................. 3
- Rarely or never (less than 1 day) ......................... 4
- [DO NOT READ] Don’t know/No answer............. 8
- [DO NOT READ] Refused ................................. 9

DEP_3
DEP_FLDIP_TRM

How often did you feel depressed? READ LIST, CODE ONLY ONE RESPONSE

- All of the time (5-7 days) ....................................... 1
- Occasionally (3-4 days)........................................ 2
- Some of the time (1-2 days)................................. 3
- Rarely or never (less than 1 day) ......................... 4
- [DO NOT READ] Don’t know/No answer............. 8
- [DO NOT READ] Refused ................................. 9
DEP_4
DEP_FFRT_TRM

How often did you feel that everything you did was an effort? **READ LIST, CODE ONLY ONE RESPONSE**

- All of the time (5-7 days) ........................................ 1
- Occasionally (3-4 days) ........................................ 2
- Some of the time (1-2 days) .................................... 3
- Rarely or never (less than 1 day) ............................ 4

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

DEP_5
DEP_HPFL_TRM

How often did you feel hopeful about the future? **READ LIST, CODE ONLY ONE RESPONSE**

- All of the time (5-7 days) ........................................ 1
- Occasionally (3-4 days) ........................................ 2
- Some of the time (1-2 days) ................................. 3
- Rarely or never (less than 1 day) ....................... 4

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

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

DEP_6
DEP_FRFL_TRM

How often did you feel fearful or tearful? **READ LIST, CODE ONLY ONE RESPONSE**

- All of the time (5-7 days) ........................................ 1
- Occasionally (3-4 days) ........................................ 2
- Some of the time (1-2 days) ................................. 3
- Rarely or never (less than 1 day) ....................... 4

[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ................................. 9
DEP_7
DEP_RSTLS_TRM
How often was your sleep restless? READ LIST, CODE ONLY ONE RESPONSE

<table>
<thead>
<tr>
<th>Frequency Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time (5-7 days)</td>
<td>1</td>
</tr>
<tr>
<td>Occasionally (3-4 days)</td>
<td>2</td>
</tr>
<tr>
<td>Some of the time (1-2 days)</td>
<td>3</td>
</tr>
<tr>
<td>Rarely or never (less than 1 day)</td>
<td>4</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

DEP_8
DEP_HAPP_TRM
How often were you happy? READ LIST, CODE ONLY ONE RESPONSE

<table>
<thead>
<tr>
<th>Frequency Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time (5-7 days)</td>
<td>1</td>
</tr>
<tr>
<td>Occasionally (3-4 days)</td>
<td>2</td>
</tr>
<tr>
<td>Some of the time (1-2 days)</td>
<td>3</td>
</tr>
<tr>
<td>Rarely or never (less than 1 day)</td>
<td>4</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

DEP_9
DEP_LONLY_TRM
How often did you feel lonely? READ LIST, CODE ONLY ONE RESPONSE

<table>
<thead>
<tr>
<th>Frequency Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time (5-7 days)</td>
<td>1</td>
</tr>
<tr>
<td>Occasionally (3-4 days)</td>
<td>2</td>
</tr>
<tr>
<td>Some of the time (1-2 days)</td>
<td>3</td>
</tr>
<tr>
<td>Rarely or never (less than 1 day)</td>
<td>4</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
DEP_10
DEP_GTGO_TRM

How often did you feel that you could not “get going”? READ LIST, CODE ONLY ONE RESPONSE

All of the time (5-7 days) ........................................ 1
Occasionally (3-4 days) ......................................... 2
Some of the time (1-2 days) ................................. 3
Rarely or never (less than 1 day) ............................... 4
[DO NOT READ] Don’t know/No answer............. 8
[DO NOT READ] Refused .................................... 9

DEP_END
Satisfaction with Life (SLS)

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_TRM
In most ways, my life is close to my ideal. READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

Disagree ............................................................... 1 CONTINUE
Neither agree nor disagree ....................................... 4 SKIP TO SLS_4/
Agree .................................................................. 6 SLS_COND_TRM
SLS_LIFEPOS_TRM
[DO NOT READ] Don’t know/No answer................. 8 SKIP TO SLS_4/
SLS_COND_TRM
[DO NOT READ] Refused ..................................... 9 SKIP TO SLS_4/
SLS_COND_TRM

SLS_2
SLS_LIFENEG_TRM
Would you say you…READ LIST, CODE ONLY ONE RESPONSE

Slightly disagree................................................... 1 SKIP TO SLS_4/
Disagree............................................................... 2 SLS_COND_TRM
Strongly disagree .................................................. 3 SKIP TO SLS_4/
SLS_COND_TRM
[DO NOT READ] Don’t know/No answer................. 8 SKIP TO SLS_4/
SLS_COND_TRM
[DO NOT READ] Refused ..................................... 9 SKIP TO SLS_4/
SLS_COND_TRM
SLS_3
SLS_LIFEPOS_TRM
Would you say you…READ LIST, CODE ONLY ONE RESPONSE

Slightly agree ....................................................... 1
Agree.................................................................... 2
Strongly agree ...................................................... 3
[DO NOT READ] Don’t know/No answer............. 8
[DO NOT READ] Refused ................................. 9

SLS_4
SLS_COND_TRM
The conditions of my life are excellent. READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

Disagree ............................................................... 1 CONTINUE
Neither agree nor disagree .................................... 4 SKIP TO SLS_7/
Agree.................................................................... 6 SLS_SATS_TRM
SLS_CONDPARAM_TRM
[DO NOT READ] Don’t know/No answer............. 8 SKIP TO SLS_7/
[DO NOT READ] Refused ................................. 9 SLS_SATS_TRM

SLS_5
SLS_CONDNEG_TRM
Would you say you…READ LIST, CODE ONLY ONE RESPONSE

Slightly disagree................................................... 1 SKIP TO SLS_7/
Disagree.................................................................. 2 SLS_SATS_TRM
Strongly disagree .................................................. 3 SLS_SATS_TRM
[DO NOT READ] Don’t know/No answer............. 8 SLS_SATS_TRM
[DO NOT READ] Refused ................................. 9 SLS_SATS_TRM
SLS_6
SLS_CONDPOS_TRM
Would you say you…READ LIST, CODE ONLY ONE RESPONSE

Slightly agree ................................................................. 1
Agree........................................................................... 2
Strongly agree ............................................................ 3
[DO NOT READ] Don’t know/No answer………………… 8
[DO NOT READ] Refused ................................................ 9

SLS_7
SLS_SATS_TRM
I am satisfied with my life. READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

Disagree ........................................................................... 1
Neither agree nor disagree ......................................... 4
Agree........................................................................... 6
[DO NOT READ] Don’t know/No answer………………… 8
[DO NOT READ] Refused ................................................ 9

SLS_8
SLS_SATSNEG_TRM
Would you say you…READ LIST, CODE ONLY ONE RESPONSE

Slightly disagree ................................................................. 1
Disagree ........................................................................... 2
Strongly disagree ............................................................ 3
[DO NOT READ] Don’t know/No answer………………… 8
[DO NOT READ] Refused ................................................ 9
SLS_9
SLS_SATSPOS_TRM
Would you say you…**READ LIST, CODE ONLY ONE RESPONSE**

Slightly agree ....................................................... 1
Agree..................................................................... 2
Strongly agree...................................................... 3
[DO NOT READ] Don’t know/No answer............. 8
[DO NOT READ] Refused ................................. 9

SLS_10
SLS_IMP_TRM
So far, I have gotten the important things I want in life. **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Disagree .............................................................. 1  
Neither agree nor disagree ................................. 4  
Agree................................................................... 6  
[DO NOT READ] Don’t know/No answer........... 8  
[DO NOT READ] Refused ................................. 9

SLS_11
SLS_IMPNEG_TRM
Would you say you…**READ LIST, CODE ONLY ONE RESPONSE**

Slightly disagree................................................. 1  
Disagree.............................................................. 2  
Strongly disagree.............................................. 3  
[DO NOT READ] Don’t know/No answer........... 8  
[DO NOT READ] Refused ................................. 9
SLS_12
SLS_IMPPOS_TRM
Would you say you…READ LIST, CODE ONLY ONE RESPONSE

Slightly agree ....................................................... 1
Agree........................................................................ 2
Strongly agree ...................................................... 3
[DO NOT READ] Don’t know/No answer............... 8
[DO NOT READ] Refused ........................................... 9

SLS_13
SLS_OVER_TRM
If I could live my life over, I would change almost nothing. READ LIST IF NECESSARY,
CODE ONLY ONE RESPONSE

Disagree .................................................................... 1
Neither agree nor disagree ..................................... 4
Agree........................................................................ 6
[DO NOT READ] Don’t know/No answer............... 8
[DO NOT READ] Refused ........................................... 9

SLS_14
SLS_OVERNEG_TRM
Would you say you…READ LIST, CODE ONLY ONE RESPONSE

Slightly disagree ................................................... 1
Disagree .................................................................... 2
Strongly disagree ................................................... 3
[DO NOT READ] Don’t know/No answer............... 8
[DO NOT READ] Refused ........................................... 9

SLS_15
SLS_OVERPOS_TRM
Would you say you…READ LIST, CODE ONLY ONE RESPONSE

Slightly agree ....................................................... 1
Agree........................................................................ 2
Strongly agree ...................................................... 3
[DO NOT READ] Don’t know/No answer............... 8
[DO NOT READ] Refused ........................................... 9

SLS_END
Posttraumatic Stress Disorder (PSD)

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you…READ LIST

PSD_1
PSD_NGHTM_TRM
Have had nightmares about it or thought about it when you did not want to?

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

PSD_2
PSD_AVOID_TRM
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

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

PSD_3
PSD_GUARD_TRM
Were constantly on guard, watchful, or easily startled?

Yes ........................................................................ 1
No............................................................................. 2
[DO NOT READ] Don’t know/No answer............... 8
[DO NOT READ] Refused ................................. 9
PSD_4
PSD_DETACH_TRM
Felt numb or detached from others, activities, or your surroundings?

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

PSD_END
Social Networks (SN)

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

SN_1
SN_LIVH_NB_TRM

How many people, not including yourself, currently live in your household?_____

NOTE PERSON #1 IS THE RESPONDENT, RECORD SEX AND AGE.

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

<table>
<thead>
<tr>
<th>Household Member (HM)</th>
<th>Relationship</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>HM #1</td>
<td>SN_LIVH_M1_R_TRM</td>
<td>SN_LIVH_M1_S_TRM</td>
<td>SN_LIVH_M1_A_TRM</td>
</tr>
<tr>
<td>HM #2</td>
<td>SN_LIVH_M2_R_TRM</td>
<td>SN_LIVH_M2_S_TRM</td>
<td>SN_LIVH_M2_A_TRM</td>
</tr>
<tr>
<td>HM #3</td>
<td>SN_LIVH_M3_R_TRM</td>
<td>SN_LIVH_M3_S_TRM</td>
<td>SN_LIVH_M3_A_TRM</td>
</tr>
<tr>
<td>HM #4</td>
<td>SN_LIVH_M4_R_TRM</td>
<td>SN_LIVH_M4_S_TRM</td>
<td>SN_LIVH_M4_A_TRM</td>
</tr>
<tr>
<td>HM #5</td>
<td>SN_LIVH_M5_R_TRM</td>
<td>SN_LIVH_M5_S_TRM</td>
<td>SN_LIVH_M5_A_TRM</td>
</tr>
<tr>
<td>HM #6</td>
<td>SN_LIVH_M6_R_TRM</td>
<td>SN_LIVH_M6_S_TRM</td>
<td>SN_LIVH_M6_A_TRM</td>
</tr>
<tr>
<td>HM #7</td>
<td>SN_LIVH_M7_R_TRM</td>
<td>SN_LIVH_M7_S_TRM</td>
<td>SN_LIVH_M7_A_TRM</td>
</tr>
<tr>
<td>HM #8</td>
<td>SN_LIVH_M8_R_TRM</td>
<td>SN_LIVH_M8_S_TRM</td>
<td>SN_LIVH_M8_A_TRM</td>
</tr>
<tr>
<td>HM #9</td>
<td>SN_LIVH_M9_R_TRM</td>
<td>SN_LIVH_M9_S_TRM</td>
<td>SN_LIVH_M9_A_TRM</td>
</tr>
<tr>
<td>HM #10</td>
<td>SN_LIVH_M10_R_TRM</td>
<td>SN_LIVH_M10_S_TRM</td>
<td>SN_LIVH_M10_A_TRM</td>
</tr>
</tbody>
</table>

REPEAT SEQUENCE OF QUESTIONS FOR ALL REMAINING MEMBERS OF THE HOUSEHOLD

SN_2
SN_CHILD_NB_TRM

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

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

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

IF SN_2/SN_CHILD_NB_TRM=0 OR SN_2/SN_CHILD_NB_TRM=99, SKIP TO SN_10/SN_SIBLIV_NB_TRM
SN_3
SN_CHILDBIO_NB_TRM
How many of these children are related to you biologically? **DK/NA NOT ALLOWED**

____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2/SN_CHILD_NB_TRM]

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

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

____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2/SN_CHILD_NB_TRM]

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

SN_5
SN_CHILDSTP_NB_TRM
How many of these children are your step children? **DK/NA NOT ALLOWED**

____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2/SN_CHILD_NB_TRM]

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

SN_6
SN_CHILDPR_NB_TRM
How many of these children are your partner’s children? **DK/NA NOT ALLOWED**

____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2/SN_CHILD_NB_TRM]

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

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

____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2/SN_CHILD_NB_TRM]

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

[DO NOT READ] Refused ................................... 99
How many, if any, living sons do you have (including biological sons, stepsons and partner’s sons)? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

______ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2/SN_CHILD_NB_TRM]

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

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

CHECK SUM: SN_2/SN_CHILD_NB_TRM=SN_7/SN_DGHTRLIV_NB_TRM + SN_8/SN_SONLIV_NB_TRM

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

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

Within the last day or two .................................. 1
Within the last week or two............................... 2
Within the past month...................................... 3
Within the past 6 months................................. 4
Within the past year.................................... 5
More than 1 year ago ..................................... 6
Not applicable, all children live in household ....... 7

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

[DO NOT READ] Refused .............................. 9
SN_10  
SN_SIBLIV_NB_TRM  
How many, if any, living siblings (sisters, brothers) do you have? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**  

_____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=50  
[DO NOT READ] Don't know/No answer.............. 98  
[DO NOT READ] Refused ................................ 99  

IF SN_10/SN_SIBLIV_NB_TRM=0 OR SN_10/SN_SIBLIV_NB_TRM=99, SKIP TO SN_12/SN_RELLIV_NB_TRM

---

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

Within the last day or two .................................. 1  
Within the last week or two................................... 2  
Within the past month........................................ 3  
Within the past 6 months..................................... 4  
Within the past year......................................... 5  
More than 1 year ago ....................................... 6  
Not applicable, all siblings live in household....... 7  
[DO NOT READ] Don't know/No answer.............. 8  
[DO NOT READ] Refused ................................ 9

---

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

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

IF SN_12/SN_RELLIV_NB_TRM=0 OR SN_12/SN_RELLIV_NB_TRM=999, SKIP TO SN_14/SN_FRND_NB_TRM
SN_13
SN_SEEREL_TRM

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

- Within the last day or two .................................. 1
- Within the last week or two................................. 2
- Within the past month....................................... 3
- Within the past 6 months................................. 4
- Within the past year....................................... 5
- More than 1 year ago....................................... 6
- Not applicable, all relatives live in household...... 7
- [DO NOT READ] Don’t know/No answer.......... 8
- [DO NOT READ] Refused .................................. 9

SN_14
SN_FRND_NB_TRM

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

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

- [DO NOT READ] Don’t know/No answer........... 98
- [DO NOT READ] Refused ................................. 99

**IF SN_14/SN_FRND_NB_TRM=0 OR SN_14/SN_FRND_NB_TRM=99, SKIP TO SN_16/SN_NEIBR_NB_TRM**
SN_15
SN_SEEFRND_TRM
When did you last get together with any of your close friends who live outside of your household? **READ LIST, CODE ONLY ONE RESPONSE**
- Within the last day or two .................................. 1
- Within the last week or two ................................... 2
- Within the past month .......................................... 3
- Within the past 6 months ................................... 4
- Within the past year ......................................... 5
- More than 1 year ago ......................................... 6
- Not applicable, no friends live outside of household ........................................ 7
[DO NOT READ] Don’t know/No answer .............. 8
[DO NOT READ] Refused ................................. 9

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

_____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=90
[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ............................ 99

IF SN_16/SN_NEIBR_NB_TRM=0 OR SN_16/SN_NEIBR_NB_TRM=99, SKIP TO SN_18/SN_PERWSCH_NB_TRM

SN_17
SN_SEENEIBR_TRM
When did you last get together with any of your neighbours? **READ LIST, CODE ONLY ONE RESPONSE**
- Within the last day or two ................................. 1
- Within the last week or two ............................... 2
- Within the past month ...................................... 3
- Within the past 6 months .................................. 4
- Within the past year ........................................ 5
- More than 1 year ago ....................................... 6
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ............................... 9
Aside from family members, close friends, and neighbours, about how many other people do you know personally (i.e., by name) through… **READ LIST, RECORD EXACT NUMBER FOR EACH, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

**SN_18**

**SN_PERWSCH_NB_TRM**

Work or school?

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

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

[DO NOT READ] Refused .................................. 999

**SN_18b**

**SN_PERCOM_NB_TRM**

Involvement in community activities and organizations?

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

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

[DO NOT READ] Refused .................................. 999

**SN_18c**

**SN_PERACT_NB_TRM**

Other activities?

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

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

[DO NOT READ] Refused .................................. 999

**SN_END**
Social Support – Availability (SSA)

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

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

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

None of the time ................................................... 1
A little of the time .................................................. 2
Some of the time .................................................. 3
Most of the time .................................................... 4
All of the time ....................................................... 5

[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ..................................... 9

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

None of the time ................................................... 1
A little of the time .................................................. 2
Some of the time .................................................. 3
Most of the time .................................................... 4
All of the time ....................................................... 5

[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ..................................... 9
SSA_3
SSA_CRISIS_TRM
Someone to give you advice about a crisis?

None of the time ................................................... 1
A little of the time ............................................... 2
Some of the time ............................................... 3
Most of the time ................................................. 4
All of the time .................................................. 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ....................................... 9

SSA_4
SSA_TYTDR_TRM
Someone to take you to the doctor if needed?

None of the time ................................................... 1
A little of the time ............................................... 2
Some of the time ............................................... 3
Most of the time ................................................. 4
All of the time .................................................. 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ....................................... 9

SSA_5
SSA_SHLOV_TRM
Someone who shows you love and affection?

None of the time ................................................... 1
A little of the time ............................................... 2
Some of the time ............................................... 3
Most of the time ................................................. 4
All of the time .................................................. 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ....................................... 9
SSA_6
SSA_GOODT_TRM
Someone to have a good time with?

None of the time ................................................... 1
A little of the time .................................................. 2
Some of the time .................................................... 3
Most of the time .................................................... 4
All of the time ....................................................... 5
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ................................. 9

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

None of the time ................................................... 1
A little of the time .................................................. 2
Some of the time .................................................... 3
Most of the time .................................................... 4
All of the time ....................................................... 5
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ................................. 9

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

None of the time ................................................... 1
A little of the time .................................................. 2
Some of the time .................................................... 3
Most of the time .................................................... 4
All of the time ....................................................... 5
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ................................. 9
SSA_9
SSA_HUGS_TRM
Someone who hugs you?

None of the time ................................................... 1
A little of the time .................................................. 2
Some of the time .................................................. 3
Most of the time .................................................... 4
All of the time ...................................................... 5
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ................................... 9

SSA_10
SSA_RELAX_TRM
Someone to get together with for relaxation?

None of the time ................................................... 1
A little of the time .................................................. 2
Some of the time .................................................. 3
Most of the time .................................................... 4
All of the time ...................................................... 5
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ................................... 9

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

None of the time ................................................... 1
A little of the time .................................................. 2
Some of the time .................................................. 3
Most of the time .................................................... 4
All of the time ...................................................... 5
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ................................... 9
SSA_12
SSA_ADVCE_TRM
Someone whose advice you really want?

None of the time ................................................... 1
A little of the time ............................................... 2
Some of the time ................................................ 3
Most of the time ............................................... 4
All of the time ................................................ 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused .................................. 9

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

None of the time ................................................... 1
A little of the time ............................................... 2
Some of the time ................................................ 3
Most of the time ............................................... 4
All of the time ................................................ 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused .................................. 9

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

None of the time ................................................... 1
A little of the time ............................................... 2
Some of the time ................................................ 3
Most of the time ............................................... 4
All of the time ................................................ 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused .................................. 9
SSA_15
SSA_SHFEAR_TRM
Someone to share your most private worries and fears with?

None of the time .................................................. 1
A little of the time .................................................. 2
Some of the time .................................................. 3
Most of the time .................................................... 4
All of the time ..................................................... 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ......................................... 9

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

None of the time .................................................. 1
A little of the time .................................................. 2
Some of the time .................................................. 3
Most of the time .................................................... 4
All of the time ..................................................... 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ......................................... 9

SSA_17
SSA_ENJOY_TRM
Someone to do something enjoyable with?

None of the time .................................................. 1
A little of the time .................................................. 2
Some of the time .................................................. 3
Most of the time .................................................... 4
All of the time ..................................................... 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ......................................... 9
SSA_18
SSA_PROBLM_TRM
Someone who understands your problems?

None of the time ................................................... 1
A little of the time .................................................. 2
Some of the time ................................................... 3
Most of the time .................................................... 4
All of the time ........................................................ 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ........................................ 9

SSA_19
SSA_LOVU_TRM
 Someone to love you and make you feel wanted?

None of the time ................................................... 1
A little of the time .................................................. 2
Some of the time ................................................... 3
Most of the time .................................................... 4
All of the time ........................................................ 5
[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ........................................ 9

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

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

SSA_END
Social Participation (SPA)

Now some questions about your social activities.

SPA_1

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Statement</th>
<th>Code</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>I read a daily newspaper</td>
<td>02</td>
<td>I have a hobby or pastime</td>
</tr>
<tr>
<td>03</td>
<td>I have taken a holiday in Canada in the last 12 months</td>
<td>04</td>
<td>I have taken a holiday outside of Canada in the last 12 months</td>
</tr>
<tr>
<td>05</td>
<td>I have gone on a daytrip or outing in the last 12 months</td>
<td>06</td>
<td>I use the internet and/or e-mail</td>
</tr>
<tr>
<td>07</td>
<td>I voted in the last federal, provincial, or municipal election</td>
<td>08</td>
<td>None of these statements apply to me</td>
</tr>
<tr>
<td>98</td>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>99</td>
<td>[DO NOT READ] Refused</td>
</tr>
</tbody>
</table>

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_TRM

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

- At least once a day ........................................... 1
- At least once a week .......................................... 2
- At least once a month ........................................... 3
- At least once a year .......................................... 4
- Never ........................................................................ 5
- [DO NOT READ] Don’t know/No answer...................... 8
- [DO NOT READ] Refused ........................................ 9
SPA_3
SPA_CHRCH_TRM
Church or religious activities such as services, committees or choirs

At least once a day ............................................... 1
At least once a week ............................................ 2
At least once a month ........................................... 3
At least once a year .............................................. 4
Never .................................................................... 5

[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ................................. 9

SPA_4
SPA_SPORT_TRM
Sports or physical activities that you do with other people

At least once a day ............................................... 1
At least once a week ............................................ 2
At least once a month ........................................... 3
At least once a year .............................................. 4
Never .................................................................... 5

[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ................................. 9

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

At least once a day ............................................... 1
At least once a week ............................................ 2
At least once a month ........................................... 3
At least once a year .............................................. 4
Never .................................................................... 5

[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ................................. 9
SPA_6
SPA_CLUB_TRM
Service club or fraternal organization activities **READ IF NECESSARY** – Examples include: Lion’s Club, Rotary, Kiwanis Club, Royal Canadian Legion, or Foresters

- At least once a day ............................................... 1
- At least once a week ............................................ 2
- At least once a month ......................................... 3
- At least once a year ............................................ 4
- Never .................................................................... 5

[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ................................... 9

SPA_7
SPA_NEIBR_TRM
Neighbourhood, community or professional association activities

- At least once a day ............................................... 1
- At least once a week ............................................ 2
- At least once a month ......................................... 3
- At least once a year ............................................ 4
- Never .................................................................... 5

[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ................................... 9

SPA_8
SPA_VOLUN_TRM
Volunteer or charity work

- At least once a day ............................................... 1
- At least once a week ............................................ 2
- At least once a month ......................................... 3
- At least once a year ............................................ 4
- Never .................................................................... 5

[DO NOT READ] Don’t know/No answer ............. 8
[DO NOT READ] Refused ................................... 9
SPA_9
SPA_OTACT_TRM
Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games

At least once a day ............................................. 1
At least once a week .......................................... 2
At least once a month ......................................... 3
At least once a year ............................................ 4
Never .............................................................. 5
[DO NOT READ] Don’t know/No answer ............... 8
[DO NOT READ] Refused .................................. 9

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

Yes ................................................................. 1  CONTINUE
No ................................................................. 2  SKIP TO SPA_END
[DO NOT READ] Don’t know/No answer ............... 8  SKIP TO SPA_END
[DO NOT READ] Refused ................................. 9  SKIP TO SPA_END
SPA_11 What prevented you from participating in more social, recreational, or group activities?
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

- SPA_PREVAC_CO_TRM Cost .................................................................01
- SPA_PREVAC_TP_TRM Transportation problems .................................02
- SPA_PREVAC_ANA_TRM Activities not available in the area .......................03
- SPA_PREVAC_LNA_TRM Location not physically accessible ....................04
- SPA_PREVAC_TF_TRM Location is too far ..............................................05
- SPA_PREVAC_HC_TRM Health condition/limitation ................................06
- SPA_PREVAC_TI_TRM Time of the activities not suitable ..........................07
- SPA_PREVAC_PR_TRM Personal or family responsibilities ........................09
- SPA_PREVAC_LRR_TRM Language related reasons .................................10
- SPA_PREVAC_TB_TRM Too busy ............................................................11
- SPA_PREVAC_AF_TRM Afraid or concerns about safety ............................12
- SPA_PREVAC_OT_TRM Other ..................................................................97
- SPA_PREVAC_OTSP_TRM Other (please specify: __________) *

[DO NOT READ] Don’t know/No answer ...........98
[DO NOT READ] Refused .................................................................99

*Additional categories coded; refer to data dictionary.

SPA_END
Care Receiving 1/ Formal Care (CR1)

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 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? READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Personal care such as assistance with eating, dressing, bathing, or toileting</td>
</tr>
<tr>
<td>02</td>
<td>Medical care such as help taking medicine or help with nursing care (for example, dressing changes or foot care)</td>
</tr>
<tr>
<td>03</td>
<td>Managing care such as making appointments</td>
</tr>
<tr>
<td>04</td>
<td>Help with activities such as housework, home maintenance, or outdoor work</td>
</tr>
<tr>
<td>05</td>
<td>Transportation, including trips to the doctor or for shopping</td>
</tr>
<tr>
<td>06</td>
<td>Meal preparation or delivery</td>
</tr>
<tr>
<td>96</td>
<td>None</td>
</tr>
<tr>
<td>97</td>
<td>Other (please specify: __________)</td>
</tr>
<tr>
<td>98</td>
<td>Don’t know/No answer</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
</tr>
</tbody>
</table>

*Additional categories coded; refer to data dictionary.

SKIP TO CR1_END IF CR1_1/CR1_PRO_PR_TRM=96 OR CR1_1/CR1_PRO_PR_TRM=98 OR CR1_1/CR1_PRO_PR_TRM=99

CR1_2

CR1 MOST_TRM

[SKIP TO CR1_3/CR1_PAY_TRM IF ONLY ONE ACTIVITY LISTED AT CR1_1/CR1_PRO_PR_TRM] For which type of activity did you receive the most assistance? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE
**CATI PROGRAMMING NOTE: RECALL RESPONSES SELECTED AT CR1_1/CR1_PRO_PR_TRM**

**INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT**

Personal care such as assistance with eating, dressing, bathing, or toileting.................................................................................................. 01
Medical care such as help taking medicine or help with nursing care (for example, dressing changes or foot care) ........................................... 02
Managing care such as making appointments ................................................... 03
Help with activities such as housework, home maintenance, or outdoor work .................................................................................................. 04
Transportation, including trips to the doctor or for shopping ......................... 05
Meal preparation or delivery .......................................................................... 06

<table>
<thead>
<tr>
<th>CR1_MOST_OTSP_TRM</th>
<th>Other (please specify: __________) .............................................................. 97</th>
</tr>
</thead>
</table>

**[DO NOT READ] Don’t know/No answer ....................................................... 98**
**[DO NOT READ] Refused ............................................................................. 99**

**CR1_3 CR1_PAY_TRM**

Did you (or someone else in your family) pay directly for some or all of the help that you received with [RECALL RESPONSE FROM CR1_2/CR1_MOST_TRM; IF CR1_2/CR1_MOST_TRM WAS SKIPPED, RECALL RESPONSE FROM CR1_1/CR1_PRO_PR_TRM]? READ LIST, CODE ONLY ONE RESPONSE

Yes, we paid all of the cost............................................................................ 1
Yes, we paid part of the cost.......................................................................... 2
No, there was no cost involved (e.g., provided by a volunteer or included in provincial health care plan) ..................................................... 3
No, we didn’t pay any of the cost that was involved ...................................... 4
**[DO NOT READ] Don’t know/No answer ....................................................... 8**
**[DO NOT READ] Refused ............................................................................. 9**

We are interested in finding out a little bit more about the professional person or organization that has dedicated the most time and resources to helping you with this [INSERT RESPONSE FROM CR1_2/CR1_MOST_TRM; IF CR1_2/CR1_MOST_TRM WAS SKIPPED, INSERT RESPONSE FROM CR1_1/CR1_PRO_PR_TRM].
CR1_4
CR1_FREQ_NB_TRM

During the past 12 months, about how many weeks did this person/organisation help you with [INSERT RESPONSE FROM CR1_2/CR1_MOST_TRM; IF CR1_2/CR1_MOST_TRM WAS SKIPPED, INSERT RESPONSE FROM CR1_1/CR1.PRO_PR_TRM]? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS

_____ RECORD NUMBER, CATI MASK: MIN=01, MAX=52

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

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

CR1_5
CR1_HOUR_NB_TRM

About how many hours per week, on average, did this person/organisation provide you with such help? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS PER WEEK

_____ RECORD EXACT NUMBER, CATI MASK: MIN=001, MAX=168

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

[DO NOT READ] Refused .................................. 999

CR1_END
Care Receiving 2/ Informal Care (CR2)

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

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? READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

INTERVIEWER NOTE: INCLUDE ONLY ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS

CR2_FAM_PR_TRM Personal care such as assistance with eating, dressing, bathing, or toileting ................................................................. 01
CR2_FAM_MD_TRM Medical care such as help taking medicine or help with nursing care (for example, dressing changes or foot care) ........................... 02
CR2_FAM_MG_TRM Managing care such as making appointments ................................................ 03
CR2_FAM_AC_TRM Help with activities such as housework, home maintenance, or outdoor work ............................................................................ 04
CR2_FAM_TR_TRM Transportation, including trips to the doctor or for shopping .................. 05
CR2_FAM_ML_TRM Meal preparation or delivery ........................................................................ 06
CR2_FAM_NONE_TRM [DO NOT READ] None............................................................................ 96
CR2_FAM_OT_TRM Other ........................................................................................................... 97
CR2_FAM_OTSP_TRM Other (please specify: __________)*
CR2_FAM_DK_NA_TRM [DO NOT READ] Don’t know/No answer ............................................. 98
CR2_FAM_REFUSED_TRM [DO NOT READ] Refused .................................................................. 99

*Additional categories coded; refer to data dictionary.

SKIP TO CR2_14/CR2_DEVC_CN_TRM IF CR2_1/CR2_FAM_PR_TRM=96 OR CR2_1/CR2_FAM_PR_TRM=98 OR CR2_1/CR2_FAM_PR_TRM=99
CR2_2
CR2_NMBR_TRM
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

_____ RECORD NUMBER, CATI MASK: MIN=01, MAX=50

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

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

CR2_3
CR2_WKALL_TRM
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

_____ RECORD NUMBER, CATI MASK: MIN=01, MAX=52

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

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

CR2_4
CR2_HOUR_NB_TRM
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

_____ RECORD NUMBER, CATI MASK: MIN=001, MAX=168

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

[DO NOT READ] Refused ............................ 999
You mentioned that during the past 12 months, you received assistance with [RECALL RESPONSES FROM CR2_1/CR2_FAM_PR_TRM].

CR2_5
CR2_MOST_TRM

[SKIP TO CR2_6/CR2_PERS_TRM IF ONLY ONE ACTIVITY LISTED AT CR2_1/CR2_FAM_PR_TRM] For which type of activity did you receive the most assistance? READ LIST, CODE ONLY ONE RESPONSE

CATI PROGRAMMING NOTE: RECALL RESPONSES SELECTED AT CR2_1/CR2_FAM_PR_TRM

INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT

Personal care such as assistance with eating, dressing, bathing, or toileting.......................................................................................................................................................... 01
Medical care such as help taking medicine or help with nursing care (for example, dressing changes or foot care) .................................................. 02
Managing care such as making appointments .................................................. 03
Help with activities such as housework, home maintenance, or outdoor work .................................................................................................................. 04
Transportation, including trips to the doctor or for shopping ......................... 05
Meal preparation or delivery ........................................................................... 06

CR2_MOST_OTSP_TRM Other (please specify: __________) .................................................. 97

[DO NOT READ] Don't know/No answer ............................................................... 98
[DO NOT READ] Refused ................................................................................... 99

SKIP TO CR2_14/CR2_DEV_CN_TRM IF CR2_5/CR2_MOST_TRM=98 OR CR2_5/CR2_MOST_TRM=99

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_5/CR2_MOST_TRM; IF CR2_5/CR2_MOST_TRM WAS SKIPPED, RECALL RESPONSE FROM CR2_1/CR2_FAM_PR_TRM].
CR2_6
CR2_PERS_TRM
Is the person from whom you received the most assistance…READ LIST, CODE ONLY
ONE RESPONSE

Living in your household, or ........................................... 1
Living outside of your household............................... 2
[DO NOT READ] Refused ............................................. 9

CR2_7
CR2_GNDR_TRM
Is the person who provided the most assistance male or female?

Male............................................................................. 1
Female............................................................................. 2
[DO NOT READ] Refused ............................................. 9

CR2_8
CR2_NAME_SP_TRM
What is the first name of this person?

____________________ RECORD NAME
[DO NOT READ] Don’t know/No answer .................. 8
[DO NOT READ] Refused ............................................. 9

CR2_9
CR2_AGE_NB_TRM
How old is [RECALL NAME FROM CR2_8/CR2_NAME_SP_TRM; IF CR2_8/
CR2_NAME_SP_TRM=8 OR CR2_8/CR2_NAME_SP_TRM=9 THEN SUBSTITUTE
“THIS PERSON”]? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF
EXACT AGE

____ RECORD AGE (IN YEARS)
[DO NOT READ] Don’t know/No answer .............. 98
[DO NOT READ] Refused ............................................. 99
CR2_10
CR2_RELN_TRM

What is the relationship between you and [RECALL NAME FROM CR2_8/CR2_NAME_SP_TRM; IF CR2_8/CR2_NAME_SP_TRM=8 OR CR2_8/CR2_NAME_SP_TRM=9 THEN SUBSTITUTE “THIS PERSON”]? Is s/he your… READ LIST, CODE ONLY ONE RESPONSE

Husband/wife..........................................................01
Common-law partner..............................................02
Father/mother........................................................03
Son/daughter..........................................................04
Brother/sister..........................................................05
Grandfather/grandmother........................................06
Grandson/granddaughter .......................................07
Father-in-law/mother-in-law...................................08
Son-in-law/daughter-in-law....................................09
Brother-in-law/sister-in-law....................................10
Other relative.........................................................11
Friend .....................................................................12
Neighbour............................................................13

CR2_RELN_OTSP_TRM Other (please specify: __________) ..........97

[DO NOT READ] Don’t know/No answer......................98
[DO NOT READ] Refused ..........................................99

CR2_11
CR2_DUR_TRM

How long have you been receiving assistance from [RECALL NAME FROM CR2_8/CR2_NAME_SP_TRM; IF CR2_8/CR2_NAME_SP_TRM=8 OR CR2_8/CR2_NAME_SP_TRM=9 THEN SUBSTITUTE “THIS PERSON”]? READ LIST, CODE ONLY ONE RESPONSE

Less than 6 months ......................................................1
6 months up to 12 months (1 year) ..............................2
More than 12 months (1 year) and up to 36 months (3 years)......3
More than 36 months (3 years) and up to 60 months (5 years).....4
More than 5 years ......................................................5

[DO NOT READ] Don’t know/No answer..........................8
[DO NOT READ] Refused ..............................................9
CR2_12
CR2_WKMST_NB_TRM

During the past 12 months, about how many weeks did you receive assistance from [RECALL NAME FROM CR2_8/CR2_NAME_SP_TRM; IF CR2_8/CR2_NAME_SP_TRM=8 OR CR2_8/CR2_NAME_SP_TRM=9 THEN SUBSTITUTE “THIS PERSON”]? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS

_____ RECORD NUMBER, CATI MASK: MIN=01, MAX=52
[DO NOT READ] Don’t know/No answer..............98
[DO NOT READ] Refused ................................99

CR2_13
CR2_HRMK_NB_TRM

About how many hours per week on average did [RECALL NAME FROM CR2_8/CR2_NAME_SP_TRM; IF CR2_8/CR2_NAME_SP_TRM=8 OR CR2_8/CR2_NAME_SP_TRM=9 THEN SUBSTITUTE “THIS PERSON”] spend assisting you with [RECALL RESPONSE FROM CR2_5/CR2_MOST_TRM; IF CR2_5/CR2_MOST_TRM WAS SKIPPED, RECALL RESPONSE FROM CR2_1/CR2_FAM_PR_TRM]. PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS PER WEEK

_____ RECORD NUMBER, CATI MASK: MIN=001, MAX=168
[DO NOT READ] Don’t know/No answer..............998
[DO NOT READ] Refused ................................999
CR2_14

During the past 12 months, have you used any of the following assistive devices? READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

CR2_DEVC_CN_TRM  Cane or walking stick.................................01
CR2_DEVC_WC_TRM  Wheelchair..................................................02
CR2_DEVC_SC_TRM  Motorized scooter ...........................................03
CR2_DEVC_WK_TRM  Walker............................................................04
CR2_DEVC_LG_TRM  Leg braces or supportive devices..............05
CR2_DEVC_HD_TRM  Hand or arm brace..................................06
CR2_DEVC_BR_TRM  Grab bars.....................................................07
CR2_DEVC_BT_TRM  Bathroom aids ...........................................08
CR2_DEVC_LT_TRM  Bath or bed lifts or other lifting devices ......09
CR2_DEVC_GR_TRM  Grasping tools or reach extenders .............10
CR2_DEVC_UT_TRM  Special eating utensils..............................11
CR2_DEVC_AL_TRM  Personal alarm .......................................12
CR2_DEVC_NONE_TRM [DO NOT READ] None .........................96
CR2_DEVC_OT_TRM  Other .......................................................97
CR2_DEVC_OTSP_TRM Other (please specify: __________)*
CR2_DEVC_DK_NA_TRM [DO NOT READ] Don’t know/No answer.....98
CR2_DEVC_REFUSED_TRM [DO NOT READ] Refused.....................99

*Additional categories coded; refer to data dictionary.

CR2_15
CR2_HIP_TRM

During the past 12 months, have you used hip protectors? (ONLY ASK IF AGE ≥75)

Yes .................................................................................01
No.....................................................................................02
[DO NOT READ] Don’t know/No answer ............98
[DO NOT READ] Refused.................................................99
Care Giving (CAG)

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 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? READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY.

INTERVIEWER NOTE: INCLUDE ASSISTANCE PROVIDED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS BECAUSE OF AGING.

CAG_HLT_PR_TRM Personal care such as assistance with eating, dressing, bathing or toileting ........................................................................................... 01
CAG_HLT_MD_TRM Medical care such as help taking medicine or help with nursing care (for example, dressing changes or foot care)........................................ 02
CAG_HLT_MG_TRM Managing care such as making appointments ........................................ 03
CAG_HLT_AC_TRM Help with activities such as housework, home maintenance, and outdoor work ............................................................................... 04
CAG_HLT_TR_TRM Transportation, including trips to the doctor or for shopping ................... 05
CAG_HLT_ML_TRM Meal preparation or delivery .................................................................... 06
CAG_HLT_NONE_TRM [DO NOT READ] Did not provide any assistance ................................... 96
CAG_HLT_OT_TRM Other ........................................................................................................ 97

*Additional categories coded; refer to data dictionary.

CAG_HLT_OTSP_TRM Other (please specify: __________)*
CAG_HLT_DK_NA_TRM [DO NOT READ] Don’t know/No answer ................................................. 98
CAG_HLT_REFUSED_TRM [DO NOT READ] Refused................................................................... 99

(SKIP TO CAG_END IF CAG_1/CAG_HLT_PR_TRM=96 OR CAG_1/CAG_HLT_PR_TRM=98 OR CAG_1/CAG_HLT_PR_TRM=99)

CAG_2
CAG_PPL_NB_TRM

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.
INTERVIEWER NOTE: INCLUDES ALL FORMS OF ASSISTANCE, NOT ONLY FINANCIAL

[DO NOT READ] Don’t know/No answer ........... 98
[DO NOT READ] Refused .................................. 99

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.

CAG_3
CAG_MOST_TRM
Is the person to whom you provided the most assistance…READ LIST, CODE ONLY ONE RESPONSE

Living in your household ........................................ 1
Living in another household ................................... 2
Living in a health care institution ............................ 3
Now deceased ....................................................... 4
[DO NOT READ] Don’t know/No answer ........... 8
[DO NOT READ] Refused .................................. 9

CAG_4
CAG_GNDR_TRM
Is the person to whom you provided the most assistance male or female?

Male ................................................................. 1
Female ............................................................... 2
[DO NOT READ] Don’t know/No answer ........... 8
[DO NOT READ] Refused ................................. 9
CAG_5
CAG_RELN_TRM
What is the relationship between you and this person? Is s/he your…**READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

INTERVIEWER REMINDER: WE ARE INTERESTED IN FINDING MORE ABOUT THE PERSON TO WHOM THE PARTICIPANT HAS DEDICATED THE MOST TIME AND RESOURCES

- Husband/wife........................................................ 01
- Common-law partner............................................ 02
- Parent................................................................... 03
- Child .................................................................... 04
- Sibling................................................................. 05
- Grandchild ........................................................... 06
- Father-in-law/mother-in-law................................. 08
- Son-in-law/daughter-in-law.................................. 09
- Brother-in-law/sister-in-law................................... 10
- Other relative....................................................... 11
- Friend, neighbour, or other................................. 12

**[DO NOT READ]** Don’t know/No answer............. 98
**[DO NOT READ]** Refused ................................... 99

CAG_6
CAG_WEEK_NB_TRM
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**

_____ RECORD NUMBER OF WEEKS, CATI MASK: MIN=01, MAX=52

**[DO NOT READ]** Don’t know/No answer............. 98
**[DO NOT READ]** Refused ................................... 99

CAG_7
CAG_HRWK_NB_TRM
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**

_____ RECORD NUMBER OF HOURS, CATI MASK: MIN=001, MAX=168

**[DO NOT READ]** Don’t know/No answer............. 998
**[DO NOT READ]** Refused ................................... 999
Injuries (INJ)

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_TRM
In the last 12 months, have you had any injuries that were serious enough to limit some of your normal activities? For example, a broken bone, a bad cut or burn, a sprain or a poisoning.

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

INJ_2a
INJ_NMBR NB_TRM
How many times were you injured in the past 12 months? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF INJURIES

_____ RECORD NUMBER, CATI MASK: MIN=01, MAX=30
[DO NOT READ] Don’t know/No answer.............. 98
[DO NOT READ] Refused ................................ 99

INJ_2b

Was this injury (Were any of these injuries) caused by (CHECK ALL THAT APPLY)?

INJ_CAUS_FL_TRM A Fall................................................................. 01 CONTINUE
INJ_CAUS_VH_TRM A Motor Vehicle Collision (including injuries sustained as a pedestrian) ..................... 02 CONTINUE
INJ_CAUS_WK_TRM An incident in your workplace........................... 03 CONTINUE
INJ_CAUS_NONE_TRM None of the above .................................. 96 CONTINUE
INJ_CAUS_DK_NA_TRM [DO NOT READ] Don’t know/No answer ..... 98 SKIP TO INJ_END
INJ_CAUS_REFUSED_TRM [DO NOT READ] Refused....................... 99 SKIP TO INJ_END

INTERVIEWER INSTRUCTION: IF MORE THAN ONE INJURY IN THE LAST 12 MONTHS, PARTICIPANT IS TO ANSWER QUESTIONS BASED ON THE MOST SEVERE INJURY.
INJ_3
INJ_HOW_TRM

Again, thinking about this most serious injury, how did it happen? **DO NOT READ LIST, CODE ONLY ONE RESPONSE**

- Road traffic accident as a driver or passenger .... 01
- Road traffic accident as a pedestrian ............... 02
- Struck by an object ........................................ 03
- Explosion ..................................................... 04
- Natural/environmental factors ....................... 05
- Suffocation .................................................... 06
- Poisoning ...................................................... 07
- Snake/animal bite ......................................... 08
- Fall from same level ...................................... 09
- Fall from a height .......................................... 10
- Fire/ flames ................................................... 11
- Drowning/submersion ..................................... 12
- Hot/corrosive liquids or substances ................. 13
- Crush injuries .............................................. 14
- Accident by machinery ................................. 15

INJ_HOW_OTSP_TRM

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

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

**[DO NOT READ] Refused .............................. 99**
INJ_4
INJ_WHR_TRM

Where did the injury happen? **DO NOT READ LIST, CODE ONLY ONE RESPONSE, PROBE FOR TYPE OF WORKPLACE IF PARTICIPANT SAYS ‘AT WORK’**

- In a home or its surrounding area ................................................................. 01
- Residential institution .................................................................................. 02
- School, college, university (excluding sports areas) ................................. 03
- Other institution (e.g. church, hospital, theatre, civic building) .............. 04
- Sports or athletic area (include school sports area) ................................. 05
- Street, highway, sidewalk ............................................................................ 06
- Commercial area (e.g. store, restaurant, office building transport terminal) ................................................................. 07
- Industrial or construction area ..................................................................... 08
- Farm (exclude farmhouse and its surrounding area) ..................................... 09
- Other (please specify: __________) ................................................................ 97
- Don’t know/No answer .................................................................................. 98
- Refused ......................................................................................................... 99

INJ_5
INJ_ACT_TRM

What type of activity were you doing when you were injured? **DO NOT READ LIST, CODE ONLY ONE RESPONSE**

- Sports or physical exercise (include school activities) ............................... 01
- Leisure or hobby (include volunteering) ...................................................... 02
- Working at a job or business (include travel to or from work) ................. 03
- Household chores, other unpaid work or education .................................. 04
- Sleeping, eating, personal care ................................................................. 05
- Other (please specify: __________) ............................................................... 97
- Don’t know/No answer ................................................................................ 98
- Refused ....................................................................................................... 99
INJ_6
INJ_TYPE_TRM

What type of injury did you have? **DO NOT READ LIST, CODE ONLY ONE RESPONSE**

- Multiple injuries .................................................... 01  CONTINUE
- Broken or fractured bones .................................... 02  SKIP TO INJ_8
- Burns, scald, chemical burn .................................. 03  SKIP TO INJ_END
- Dislocation .......................................................... 04  SKIP TO INJ_END
- Sprain or strain ................................................... 05  SKIP TO INJ_END
- Cut ........................................................................ 06  SKIP TO INJ_END
- Puncture, animal bite (open wound) ...................... 07  SKIP TO INJ_END
- Bruise .................................................................... 08  SKIP TO INJ_END
- Scrape, blister ....................................................... 09  SKIP TO INJ_END
- Concussion or other brain injury ............................ 10  SKIP TO INJ_END
- Poisoning .............................................................. 11  SKIP TO INJ_END
- Injury to internal organs ....................................... 12  SKIP TO INJ_END
- Discomfort ............................................................ 13  SKIP TO INJ_END

INJ_TYPE_OTSP_TRM Other (please specify: __________) .................... 97  SKIP TO INJ_END

[DO NOT READ] Don’t know/No answer ............. 98  SKIP TO INJ_END
[DO NOT READ] Refused ....................................... 99  SKIP TO INJ_END

INJ_7
INJ_BRKN_TRM

Did this injury (any of these injuries) involve broken or fractured bones?

- Yes ........................................................................... 01  CONTINUE
- No ............................................................................ 02  SKIP TO INJ_END

[DO NOT READ] Don’t know/No answer ........... 98  SKIP TO INJ_END
[DO NOT READ] Refused ........................................ 99  SKIP TO INJ_END
INJ_8  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_TRM**  Multiple sites..............................................................01
**INJ_SITE_EYE_TRM**  Eye socket ........................................................................02
**INJ_SITE_HD_TRM**  Head (excluding eyes) .....................................................03
**INJ_SITE_NE_TRM**  Neck ..................................................................................04
**INJ_SITE_SH_TRM**  Shoulder, upper arm .........................................................05
**INJ_SITE_EL_TRM**  Elbow, lower arm ...............................................................06
**INJ_SITE_WR_TRM**  Wrist, hand ..........................................................................07
**INJ_SITE_HIP_TRM**  Hip ....................................................................................08
**INJ_SITE_TH_TRM**  Thigh ..................................................................................09
**INJ_SITE_KN_TRM**  Knee, lower leg ...................................................................10
**INJ_SITE_AN_TRM**  Ankle, foot ...........................................................................11
**INJ_SITE_UP_TRM**  Upper back or upper spine ................................................12
**INJ_SITE_LO_TRM**  Lower back or lower spine ................................................13
**INJ_SITE_CH_TRM**  Chest (excluding back and spine) ......................................14
**INJ_SITE_AB_TRM**  Abdomen or pelvis (excluding back and spine) ...............15
**INJ_SITE_OT_TRM**  Other ...................................................................................97

**INJ_SITE_OTSP_TRM**  Other (please specify: __________)*

**INJ_SITE_DK_NA_TRM**  [DO NOT READ] Don’t know/No answer .......................98
**INJ_SITE_REFUSED_TRM**  [DO NOT READ] Refused ........................................99

*Additional categories coded; refer to data dictionary.

INJ_END
Falls and Consumer Products (FAL)

[ONLY COMPLETE THIS MODULE IF INJ_2b/INJ_CAUS_FL_TRM=1]

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_Q01
FAL_NMBR_NB_TRM

How many times have you fallen in the past 12 months? (ONLY ASK IF INJ_2a/INJ_NMBR_NB_TRM>1)

RECORD NUMBER, CATI MASK: MIN=01, MAX=30; PLEASE CONFIRM THAT THE PARTICIPANT FELL MORE THAN 10 TIMES IN THE LAST 12 MONTHS.

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

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

Please think about your most serious injury or problem due to a fall in the past 12 months. The next set of questions relate to this injury [SKIP TO IF INJ_3/INJ_HOW_TRM=9 OR 10]

FAL_Q02
FAL_MOST_TRM

What has been your most serious injury or problem due to a fall within the past 12 months?

READ LIST, CODE ONLY ONE RESPONSE

No serious injury.............................. 01

Sprain/strain .............................................. 02

Bruises................................................... 03

Cuts ..................................................... 04

Discomfort .............................................. 05

Fracture of hip ........................................ 06

Fracture of leg ......................................... 07

Fracture of arm or wrist ....................... 08

Fracture of back/vertebra .................... 09

Head injury .......................................... 10

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

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

[DO NOT READ] Refused ....................... 99
IF INJ_3/INJ_HOW_TRM=9 OR 10 THEN SAY:

You mentioned in the previous section that your most serious injury was due to a fall. The next set of questions relate to this fall-related injury

FAL_Q03a
FAL_ATTN_TRM
Did you receive any medical attention from a health professional within 48 hours following this injury?

Yes ................................................................. 1
No................................................................. 2  SKIP TO FAL_Q04/
FAL_WHERE_TRM

[DO NOT READ] Don't know/No answer ............... 8  SKIP TO FAL_Q04/
FAL_WHERE_TRM

[DO NOT READ] Refused ......................................... 9  SKIP TO FAL_Q04/
FAL_WHERE_TRM

FAL_Q03b
FAL_HOSP_TRM
Were you hospitalized for this injury?

Yes ....................................................................... 1
No ......................................................................... 2

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

[DO NOT READ] Refused ........................................ 9

FAL_Q03c
FAL_FU_TRM
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 ................................................................. 1
No....................................................................... 2

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

[DO NOT READ] Refused ...................................... 9
FAL_Q04
FAL_WHERE_TRM
Where did this fall happen?

READ LIST, CODE ONLY ONE RESPONSE

Inside of your home ............................................. 1
Outside of your home, but inside a building........ 2
Outdoors .............................................................. 3

[DO NOT READ] Don’t know/No answer............. 8
[DO NOT READ] Refused ................................. 9

FAL_Q05
FAL_HOW_TRM
How did your fall happen? READ LIST, CODE ONLY ONE RESPONSE

Fell while standing or walking ...................... 01
Fell on stairs or steps ................................. 02
Fell while exercising (except walking)........... 03
Fell from height of greater than 1 meter or
3 feet (for example, ladder, tree, roof) .......... 04

[ONLY ASK IF FAL_Q04/FAL_WHERE_TRM=1 OR 2]
Fell from furniture (for example, bed, chair) .... 05

[ONLY ASK IF FAL_Q04/FAL_WHERE_TRM=1 OR 2]
Fell while getting in or out of the bathtub ....... 06

[ONLY ASK IF FAL_Q04/FAL_WHERE_TRM=1 OR 2]
Fell while getting in or out of the shower ...... 07

[ONLY ASK IF FAL_Q04/FAL_WHERE_TRM=3]
Fell on snow or ice ......................................... 08

FAL_HOW_OTSP_TRM
Other (please specify: ______________) .......... 97

[DO NOT READ] Don’t know/No answer ......... 98
[DO NOT READ] Refused .............................. 99

IF CR2_14/CR2_DEVC_CN_TRM=96 OR CR2_14/CR2_DEVC_CN_TRM=98 OR CR2_14/
CR2_DEVC_CN_TRM=99, SKIP TO FAL_Q07a/FAL_LDR_TRM AND SKIP PREAMBLE
FAL_Q06a  
FAL_DV_TRM  
Were you using your <name assistive devices from CR2_14/CR2_DEVC_CN_TRM> at the time of your fall? [ONLY ASK IF INDICATED USE OF ASSISTIVE DEVICE IN THE CARE RECEIVING SECTION]

Yes ................................................................. 1  
ANSWER FAL_Q06b/  
FAL_DVCTR_TRM  
No .................................................................... 2  
SKIP TO FAL_Q07a/  
FAL_LDR_TRM  
[DO NOT READ] Don’t know/No answer ............... 8  
SKIP TO FAL_Q07a/  
FAL_LDR_TRM  
[DO NOT READ] Refused ..................................... 9  
SKIP TO FAL_Q07a/  
FAL_LDR_TRM

FAL_Q06b  
FAL_DVCTR_TRM  
Did your <named assistive device> contribute to the fall?

Yes ................................................................. 1  
ANSWER FAL_Q06c/  
FAL_DVDSC_TRM  
No .................................................................... 2  
SKIP TO FAL_Q07a/  
FAL_LDR_TRM  
[DO NOT READ] Don’t know/No answer ............... 8  
SKIP TO FAL_Q07a/  
FAL_LDR_TRM  
[DO NOT READ] Refused ..................................... 9  
SKIP TO FAL_Q07a/  
FAL_LDR_TRM

FAL_Q06c  
FAL_DVDSC_TRM  
Which of the following best describes how it contributed to your fall? READ LIST, CODE ONLY ONE RESPONSE

Poor design .......................................................... 01
Assistive device not being used as designed ...... 02
Defective manufacturing ................................. 03
Lack of servicing or maintenance .................... 04
Assistive device was worn out ....................... 05
Inadequate instructions ................................. 06
Did not read the instructions .......................... 07
Human error ...................................................... 08

FAL_DVDSC_OTSP_TRM  
Other (please specify: ____________) .................. 97

[DO NOT READ] Don’t know/No answer ............... 98
[DO NOT READ] Refused ..................................... 99
Other than assistive devices, were any of the following a contributing factor to your fall?

FAL_Q07a  
FAL_LDR_TRM

Was a ladder a contributing factor to your fall?

Yes…………………………………………………………. 1  SKIP TO FAL_Q07b/  
FAL_LDRDSC_TRM

No…………………………………………………………. 2  SKIP TO FAL_Q08a/  
FAL_STL_TRM

[DO NOT READ] Don’t know/No answer………………….. 8  SKIP TO FAL_Q08a/  
FAL_STL_TRM

[DO NOT READ] Refused ……………………………………… 9  SKIP TO FAL_Q08a/  
FAL_STL_TRM

FAL_Q07b  
FAL_LDRDSC_TRM

Which of the following best describes how it contributed to your fall?

Poor design .................................................................. 01
Ladder not being used as designed............................. 02
Defective manufacturing .......................................... 03
Lack of servicing or maintenance .............................. 04
Ladder was worn out ............................................. 05
Inadequate instructions ............................................ 06
Did not read the instructions ..................................... 07
Human error ............................................................. 08

FAL_LDRDSC_OTSP_TRM  
Other (please specify: ______________________________) ....... 97

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

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

FAL_Q08a  
FAL_STL_TRM

Was a step stool a contributing factor to your fall?

Yes…………………………………………………………. 1  SKIP TO FAL_Q08b/  
FAL_STLDS_C_TRM

No…………………………………………………………. 2  SKIP TO FAL_Q09a/  
FAL_BED_TRM

[DO NOT READ] Don’t know/No answer………………….. 8  SKIP TO FAL_Q09a/  
FAL_BED_TRM

[DO NOT READ] Refused ……………………………………… 9  SKIP TO FAL_Q09a/  
FAL_BED_TRM
FAL_Q08b
FAL_STLDSC_TRM
Which of the following best describes how it contributed to your fall?

- Poor design .......................................................... 01
- Step stool not being used as designed ............. 02
- Defective manufacturing ........................................ 03
- Lack of servicing or maintenance ....................... 04
- Step stool was worn out ....................................... 05
- Inadequate instructions ........................................ 06
- Did not read the instructions .................... 07
- Human error ............................................................ 08

FAL_STLDSC_OTSP_TRM
Other (please specify: ______________) ........... 97

[DO NOT READ] Don’t know/No answer .......... 98
[DO NOT READ] Refused ............................... 99

FAL_Q09a
FAL_BED_TRM
Was a bed a contributing factor to your fall?

- Yes................................................................. 1
- No................................................................. 2

[DO NOT READ] Don’t know/No answer ........... 8
[DO NOT READ] Refused ............................... 9
FAL_Q09b
FAL_BDDSC_TRM

Which of the following best describes how it contributed to your fall?

- Poor design .......................................................... 01
- Bed not being used as designed .......................... 02
- Defective manufacturing ................................. 03
- Lack of servicing or maintenance .................. 04
- Bed was worn out ............................................. 05
- Inadequate instructions ...................................... 06
- Did not read the instructions ............................. 07
- Human error ......................................................... 08

FAL_BDDSC_OTSP_TRM  Other (please specify: ______________) .......... 97

[DO NOT READ] Don’t know/No answer .......... 98
[DO NOT READ] Refused ................................. 99

FAL_Q10a
FAL_CHR_TRM

Was a chair a contributing factor to your fall?

- Yes........................................................................... 1  SKIP TO FAL_Q10b/
FAL_CHDSC_TRM

- No........................................................................... 2  SKIP TO FAL_Q11a/
FAL_FURN_TRM

[DO NOT READ] Don’t know/No answer .......... 8  SKIP TO FAL_Q11a/
FAL_FURN_TRM

[DO NOT READ] Refused ................................. 9  SKIP TO FAL_Q11a/
FAL_FURN_TRM
Which of the following best describes how it contributed to your fall?

- Poor design .......................................................... 01
- Chair not being used as designed ....................... 02
- Defective manufacturing ........................................... 03
- Lack of servicing or maintenance ........................ 04
- Chair was worn out .............................................. 05
- Inadequate instructions .......................................... 06
- Did not read the instructions ................................... 07
- Human error ........................................................... 08

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

[DO NOT READ] Don't know/No answer .......... 98
[DO NOT READ] Refused ............................... 99

Was other furniture a contributing factor to your fall?

Yes (please specify: ____________) .............. 1
No................................................................. 2

[DO NOT READ] Don't know/No answer .......... 8
[DO NOT READ] Refused ............................... 9
FAL_Q11b  
FAL_FRNDSC_TRM

Which of the following best describes how it contributed to your fall?

- Poor design ........................................... 01
- Other furniture not being used as designed ...... 02
- Defective manufacturing .............................. 03
- Lack of servicing or maintenance .................. 04
- Other furniture was worn out ........................ 05
- Inadequate instructions .............................. 06
- Did not read the instructions ........................ 07
- Human error ............................................. 08

FAL_FRNDSC_OTSP_TRM Other (please specify: ____________) ........ 97

[DO NOT READ] Don’t know/No answer ........... 98
[DO NOT READ] Refused ................................. 99

FAL_Q12a  
FAL_RUG_TRM

Was rug/carpet a contributing factor to your fall?

- Yes ....................................................... 1  SKIP TO FAL_Q12b/
FAL_RGDSC_TRM
- No ....................................................... 2  SKIP TO FAL_Q13a/
FAL_FLR_TRM
[DO NOT READ] Don’t know/No answer .......... 8  SKIP TO FAL_Q13a/
FAL_FLR_TRM
[DO NOT READ] Refused .............................. 9  SKIP TO FAL_Q13a/
FAL_FLR_TRM
FAL_Q12b
FAL_RGDSC_TRM
Which of the following best describes how it contributed to your fall?

- Poor design .......................................................... 01
- Rug/carpet not being used as designed ............ 02
- Defective manufacturing ..................................... 03
- Lack of servicing or maintenance ....................... 04
- Rug/carpet was worn out ....................................... 05
- Inadequate instructions ........................................ 06
- Did not read the instructions ............................... 07
- Human error .......................................................... 08

FAL_RGDSC_OTSP_TRM Other (please specify: ________________) ........... 97

[DO NOT READ] Don’t know/No answer .............. 98
[DO NOT READ] Refused ............................................. 99

FAL_Q13a
FAL_FLR_TRM
Was flooring a contributing factor to your fall?

- Yes................................................................. 1

- No............................................................... 2

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

[DO NOT READ] Refused ............................................. 9
FAL_Q13b  
FAL_FLDSC_TRM

Which of the following best describes how it contributed to your fall?

- Poor design .......................................................... 01
- Flooring not being used as designed ................... 02
- Defective manufacturing ...................................... 03
- Lack of servicing or maintenance ........................ 04
- Flooring was worn out .......................................... 05
- Inadequate instructions ....................................... 06
- Did not read the instructions ................................. 07
- Human error .......................................................... 08

FAL_FLDSC_OTSP_TRM  Other (please specify: ______________) ........... 97

[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ................................. 99

FAL_Q14a  
FAL_ELEC_TRM

Were electrical cords a contributing factor to your fall?

- Yes................................................................. 1  SKIP TO FAL_Q14b/
- No................................................................. 2  SKIP TO FAL_Q15a/
- [DO NOT READ] Don’t know/No answer ...... 8  SKIP TO FAL_Q15a/
- [DO NOT READ] Refused ............................... 9  SKIP TO FAL_Q15a/
FAL_Q14b  
FAL_ELDSC_TRM

Which of the following best describes how it contributed to your fall?

- Poor design .......................................................... 01
- Electrical cords not being used as designed ...... 02
- Defective manufacturing ................................. 03
- Lack of servicing or maintenance ..................... 04
- Electrical cord was worn out ................................ 05
- Inadequate instructions ......................................... 06
- Did not read the instructions ................................. 07
- Human error ......................................................... 08

FAL_ELDSC_OTSP_TRM  
Other (please specify: ______________) ........... 97

[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ................................. 99

FAL_Q15a  
FAL_FOOT_TRM

Was footwear a contributing factor to your fall?

- Yes............................................................... 1  
  SKIP TO FAL_Q15b/  
  FAL_FTDSC_TRM
- No............................................................... 2  
  SKIP TO FAL_Q16a/  
  FAL_CLTH_TRM

[DO NOT READ] Don’t know/No answer ........ 8  
  SKIP TO FAL_Q16a/  
  FAL_CLTH_TRM

[DO NOT READ] Refused ................................. 9  
  SKIP TO FAL_Q16a/  
  FAL_CLTH_TRM
FAL_Q15b
FAL_FTDSC_TRM
Which of the following best describes how it contributed to your fall?

Poor design .......................................................... 01
Footwear not being used as designed ................. 02
Defective manufacturing ................................. 03
Lack of servicing or maintenance ...................... 04
Footwear was worn out ..................................... 05
Inadequate instructions ................................. 06
Did not read the instructions ............................ 07
Human error ...................................................... 08

FAL_FTDSC_OTSP_TRM Other (please specify: _____________) ........... 97

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

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

FAL_Q16a
FAL_CLTH_TRM
Was other clothing a contributing factor to your fall?

FAL_CLTH_SP_TRM Yes (please specify: _____________) ........... 1

No………………………………………………………... 2

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

[DO NOT READ] Refused ................................. 9
FAL_Q16b
FAL_CJDSC_TRM
Which of the following best describes how it contributed to your fall?

- Poor design .......................................................... 01
- Other clothing not being used as designed ........ 02
- Defective manufacturing ................................. 03
- Lack of servicing or maintenance ..................... 04
- Other clothing was worn out ............................. 05
- Inadequate instructions ..................................... 06
- Did not read the instructions ............................. 07
- Human error ......................................................... 08

FAL_CJDSC_OTSP_TRM
Other (please specify: ______________) ........... 97

[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ................................. 99

FAL_Q17a
FAL_TOY_TRM
Were toys a contributing factor to your fall?

- Yes........................................................................ 1
- No......................................................................... 2

[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................. 9
Which of the following best describes how it contributed to your fall?

- Poor design .......................................................... 01
- Toys not being used as designed ......................... 02
- Defective manufacturing ...................................... 03
- Lack of servicing or maintenance ....................... 04
- Toy was worn out ................................................ 05
- Inadequate instructions ....................................... 06
- Did not read the instructions ................................ 07
- Human error ......................................................... 08

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

[DO NOT READ] Don’t know/No answer .......... 98
[DO NOT READ] Refused ................................. 99

Were yard tools a contributing factor to your fall?

Yes ................................................................. 1  SKIP TO FAL_Q18b/
FAL_YRDDSC_TRM

No ................................................................. 2  SKIP TO FAL_Q19a/
FAL_BIKE_TRM

[DO NOT READ] Don’t know/No answer ...... 8  SKIP TO FAL_Q19a/
FAL_BIKE_TRM

[DO NOT READ] Refused ............................. 9  SKIP TO FAL_Q19a/
FAL_BIKE_TRM
FAL_Q18b  
FAL_YRDDSC_TRM
Which of the following best describes how it contributed to your fall?

- Poor design .......................................................... 01
- Yard tools not being used as designed ............. 02
- Defective manufacturing ................................. 03
- Lack of servicing or maintenance .................... 04
- Yard tool was worn out .................................... 05
- Inadequate instructions ................................. 06
- Did not read the instructions ............................ 07
- Human error ......................................................... 08

FAL_YRDDSC_OTSP_TRM Other (please specify: ____________) .......... 97
[DO NOT READ] Don’t know/No answer .......... 98
[DO NOT READ] Refused ................................. 99

FAL_Q19a  
FAL_BIKE_TRM
Was a bicycle a contributing factor to your fall?

- Yes............................................................................ 1  
  SKIP TO FAL_Q19b/ FAL_BKDSC_TRM
- No............................................................................ 2  
  SKIP TO FAL_Q20a/ FAL_SPRT_TRM
[DO NOT READ] Don’t know/No answer .... 8  
  SKIP TO FAL_Q20a/ FAL_SPRT_TRM
[DO NOT READ] Refused ....................................... 9  
  SKIP TO FAL_Q20a/ FAL_SPRT_TRM
FAL_Q19b  
FAL_BKDSC_TRM
Which of the following best describes how it contributed to your fall?

- Poor design .......................................................... 01
- Bicycle not being used as designed .................... 02
- Defective manufacturing ........................................ 03
- Lack of servicing or maintenance ........................ 04
- Bicycle was worn out ........................................... 05
- Inadequate instructions ........................................ 06
- Did not read the instructions ............................... 07
- Human error ......................................................... 08

FAL_BKDSC_OTSP_TRM  
Other (please specify: ______________) ........... 97

[DO NOT READ] Don’t know/No answer ............ 98
[DO NOT READ] Refused ................................. 99

FAL_Q20a  
FAL_SPRT_TRM
Was other sports equipment a contributing factor to your fall?

FAL_SPRT_SP_TRM  
Yes (please specify: ____________) .............. 1  SKIP TO FAL_Q20b/  
FAL_SPDSC_TRM
No................................................................. 2  SKIP TO FAL_Q21a/  
FAL_ELSE_TRM

[DO NOT READ] Don’t know/No answer ............ 8  SKIP TO FAL_Q21a/  
FAL_ELSE_TRM

[DO NOT READ] Refused ................................. 9  SKIP TO FAL_Q21a/  
FAL_ELSE_TRM


FAL_Q20b
FAL_SPDSC_TRM
Which of the following best describes how it contributed to your fall?

- Poor design ....................................................... 01
- Other sports equipment not being used
  as designed .................................................... 02
- Defective manufacturing .................................. 03
- Lack of servicing or maintenance ..................... 04
- Other sports equipment was worn out .............. 05
- Inadequate instructions .................................... 06
- Did not read the instructions ............................ 07
- Human error ..................................................... 08

FAL_SPDSC_OTSP_TRM  Other (please specify: ______________) ....... 97

[DO NOT READ] Don’t know/No answer ....... 98
[DO NOT READ] Refused ................................. 99

FAL_Q21a
FAL_ELSE_TRM
Was anything else a contributing factor to your fall?

FAL_ELSE_SP_TRM  Yes (please specify: ____________) .................. 1  SKIP TO FAL_Q21b/
FAL_ELSEEDSC_TRM

- No ........................................................................... 2  SKIP TO FAL_END
[DO NOT READ] Don’t know/No answer ........... 8  SKIP TO FAL_END
[DO NOT READ] Refused ................................. 9  SKIP TO FAL_END
FAL_Q21b
FAL_ELSEDSC_TRM
Which of the following best describes how it contributed to your fall?

- Poor design....................................................... 01
- Anything else not being used as designed ...... 02
- Defective manufacturing................................. 03
- Lack of servicing or maintenance ................... 04
- Anything else was worn out............................. 05
- Inadequate instructions................................. 06
- Did not read the instructions............................ 07
- Human error...................................................... 08

FAL_ELSEDSC_OTSP_TRM
Other (please specify: ______________) ...... 97

[DO NOT READ] Don’t know/No answer ........... 98
[DO NOT READ] Refused........................................ 99

FAL_END
Retirement Status (RET)

The following questions ask about your retirement experience.

RET_1
RET_RTRD_TRM
At this time, do you consider yourself to be completely retired, partly retired or not retired? CODE ONLY ONE RESPONSE

- Completely retired ................................................ 1
- Partly retired ......................................................... 2
- Not retired ............................................................ 3
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ............................................ 9

RET_2
RET_RTRN_TRM
After retirement, some people return to work and later retire again. Have you ever previously retired and then returned to work?

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

RET_3
RET_SPSE_TRM
[ASK IF SDC_9/SDC_MRTL_TRM=02] Is your spouse/partner retired?

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

CONTINUE

SKIP TO RET_5/
RET_AGE_NB_TRM

SKIP TO RET_5/
RET_AGE_NB_TRM

SKIP TO RET_5/
RET_AGE_NB_TRM
RET_4
RET_SPSEAG_NB_TRM

[ASK IF SDC_9/SDC_MRTL_TRM=02] At what age did your spouse/partner retire? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE

____ RECORD AGE IN YEARS, CATI MASK: MIN=40, MAX=85

[DO NOT READ] Don't know/No answer ............ 98
[DO NOT READ] Refused ................................... 99

SKIP TO RET_END IF (RET_1/RET_RTRD_TRM=3 OR RET_1/RET_RTRD_TRM=8 OR RET_1/RET_RTRD_TRM=9) AND (RET_2/RET_RTRN_TRM=2 OR RET_2/RET_RTRN_TRM=8 OR RET_2/RET_RTRN_TRM=9)

Please answer the following questions as they relate to your first retirement experience.

RET_5
RET_AGE_NB_TRM

How old were you when you first retired/partly retired? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE

____ RECORD AGE (IN YEARS)
CATI MASK: MIN=40, MAX=CURRENT AGE

[DO NOT READ] Don't know/No answer ............ 98
[DO NOT READ] Refused ................................... 99
RET_6 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_TRM Completed the required years of service to qualify for pension ...........01
RET_WHY_RE_TRM Retirement was financially possible ...........................................02
RET_WHY_HL_TRM Health/disability/stress reasons ....................................................03
RET_WHY_IN_TRM Employer offered special incentives to retirement ....................04
RET_WHY_OR_TRM Organizational restructuring or job eliminated ...........................05
RET_WHY_PR_TRM Providing care to a family member or friend ..............................06
RET_WHY_MD_TRM Employer had a mandatory retirement policy ............................07
RET_WHY_HO_TRM Wished to pursue hobbies or other activities of personal interest ...08
RET_WHY_ST_TRM Wanted to stop working ..............................................................09
RET_WHY_AG_TRM An agreement with your spouse or partner ...............................10
RET_WHY_OT_TRM Other ..........................................................................................97
RET_WHY_OTSP_TRM Other (please specify: __________)*
RET_WHY_DK_NA_TRM [DO NOT READ] Don’t know/No answer ...........................98
RET_WHY_REFUSED_TRM [DO NOT READ] Refused ..............................................99

*Additional categories coded; refer to data dictionary.

RET_7  
RET_DUEHLTH_TRM

[ASK IF RET_6=03] 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? CODE ONLY ONE RESPONSE

Physical health ................................................................. 1
Emotional/mental health (including stress) ........ 2
Both physical and emotional/mental health .... 3

[DO NOT READ] Don’t know/No answer ........ 8
[DO NOT READ] Refused ................................................. 9

RET_8  
RET_VOLUN_TRM

Would you say your retirement was voluntary, that is, you retired when you wanted to?

Yes ............................................................................. 1
No ................................................................................. 2

[DO NOT READ] Don’t know/No answer ........ 8
[DO NOT READ] Refused ................................................. 9
RET_9 Did you do any of the following in preparation for your retirement? READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

RET_PREP_DH_TRM Decreased your number of work hours ............ 01
RET_PREP_IH_TRM Increased your number of work hours ............ 02
RET_PREP_CJ_TRM Changed jobs.............................................. 03
RET_PREP_ILA_TRM Increased leisure activities and hobbies........ 04
RET_PREP_ED_TRM Enrolled in an educational or training program 05
RET_PREP_RSP_TRM Contributed to an RRSP .............................. 06
RET_PREP_INV_TRM Built up savings or made other investments .... 07
RET_PREP_POM_TRM Paid-off mortgage or debts ....................... 08
RET_PREP_DLA_TRM Downsized living arrangements.................. 09
RET_PREP_NONE_TRM [DO NOT READ] Nothing............................ 96
RET_PREP_OT_TRM Other......................................................... 97
RET_PREP_OTSP_TRM Other (please specify: _________)*
RET_PREP_DK_NA_TRM [DO NOT READ] Don’t know/No answer .... 98
RET_PREP_REFUSED_TRM [DO NOT READ] Refused...................... 99

*Additional categories coded; refer to data dictionary.

RET_10
RET_PENSPL_TRM

Before you retired, did you ever contribute to an employer pension plan, other than the Canada pension plan or Quebec pension plan?

Yes .................................................................................... 1
No..................................................................................... 2
[DO NOT READ] Don’t know/No answer ......................... 8
[DO NOT READ] Refused.................................................... 9
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… **READ LIST, CODE ONLY ONE RESPONSE**

Adequate ……………………………………………………………1  
Barely adequate, or …………………………………………2  
Inadequate ……………………………………………………………3  
[DO NOT READ] Don’t know/No answer …………8  
[DO NOT READ] Refused …………………………………………9

IF RET_2/RET_RTRN_TRM=2 OR RET_2/RET_RTRN_TRM=8 OR RET_2/RET_RTRN_TRM=9, SKIP TO RET_END

Please answer the following questions as they relate to your experience with returning to work after retirement.

**[ASK IF RET_2/RET_RTRN_TRM=1]** 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_TRM` Financial considerations ……………………………………………………………01  
`RET_BCKWRK_CD_TRM` Caregiving duties were no longer required ………02  
`RET_BCKWRK_IH_TRM` Improvement in your health ………………………………………03  
`RET_BCKWRK_LW_TRM` Liked working/being active ………………………………………04  
`RET_BCKWRK_WO_TRM` Interesting work opportunity ………………………………………05  
`RET_BCKWRK_GR_TRM` Preferred gradual retirement ………………………………………06  
`RET_BCKWRK_MC_TRM` Wanted to make a contribution ………………………………………07  
`RET_BCKWRK_WC_TRM` Wanted a challenge ……………………………………………………08  
`RET_BCKWRK_NL_TRM` Did not like retirement or not ready to retire ………09  
`RET_BCKWRK_OT_TRM` Other …………………………………………………………………97  

`RET_BCKWRK_OTSP_TRM` Other (please specify: __________) *  
`RET_BCKWRK_DK_NA_TRM` [DO NOT READ] Don’t know/No answer …………98  
`RET_BCKWRK_REFUSED_TRM` [DO NOT READ] Refused …………………………………………99

*Additional categories coded; refer to data dictionary.
RET_13
RET_WKSAME_TRM

[ASK IF RET_2/RET_RTRN_TRM=1] Was this for the same employer or for a different employer as prior to retirement? READ LIST, CODE ONLY ONE RESPONSE

For the same employer ........................................ 1
For a different employer ...................................... 2
For yourself or your own business ....................... 3
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................. 9

RET_14
RET_FOPTIME_TRM

[ASK IF RET_2/RET_RTRN_TRM=1] Was this mainly full-time or part-time work? CODE ONLY ONE RESPONSE

Full time work ....................................................... 1
Part time work ...................................................... 2
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................. 9

RET_15
RET_POCWORK_TRM

[ASK IF RET_2/RET_RTRN_TRM=1] Was this permanent or contract work? READ LIST, CODE ONLY ONE RESPONSE

Permanent work ........................................................ 1
Contract work .......................................................... 2
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................. 9

RET_END
Pre-Retirement Labour Force Participation (LFP)

ASK THIS SECTION ONLY IF THE PARTICIPANT IS COMPLETELY OR PARTLY RETIRED: RET_1/RET_RTRD_TRM=1 OR RET_1/RET_RTRD_TRM=2

The following questions apply to the last job you had before [retirement]. [IF RET_1/RET_RTRD_TRM=2 SUBSTITUTE “partly retiring”]

LFP_1  
LFP_LAST_NB_TRM
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

_________________ RECORD YEAR AND CONTINUE, CATI MASK: MIN=[RECALL AGE_1/AGEDOB_TRM YEAR] PLUS 40, MAX=CURRENT YEAR OR [RECALL RET_5/RET_AGE_NB_TRM] PLUS [RECALL AGE_1/AGEDOB_TRM YEAR] (if RET_1/RET_RTRD_TRM=1 AND RET_2/RET_RTRN_TRM=2)  
[DO NOT READ] Not applicable/Never held paid job ...9996 SKIP TO LFP_END

[DO NOT READ] Don’t know/No answer .........................9998
[DO NOT READ] Refused .............................................9999

LFP_2  
LFP_YRS_TRM
How many years did you work at that job? Was it...READ LIST, CODE ONLY ONE RESPONSE

Less than 1 year................................................... 1
From 1 year to less than 3 years ......................... 2
From 3 years to less than 5 years......................... 3
5 years or more................................................. 4
[DO NOT READ] Don’t know/No answer .............. 8
[DO NOT READ] Refused ...................................... 9
LFP_3  
LFP_HRWK_TRM

In your last job before retirement, about how many hours a week did you work? READ LIST, CODE ONLY ONE RESPONSE

- Employed all of the time (that is, 30+ hours/week) ........................................ 1
- Employed most of the time (that is, less than 30 but more than 20 hours/week) ......................................................................................... 2
- Employed some of the time (that is, less than 20 hours/week) ..................... 3
- [DO NOT READ] Don’t know/No answer ...................................................... 8
- [DO NOT READ] Refused............................................................................. 9

LFP_4  
LFP_SCHD_TRM

Which of the following best describes your working schedule at that time? READ LIST, CODE ONLY ONE RESPONSE

- Daytime schedule or shift............................................................................... 01
- Evening shift................................................................................................... 02
- Night shift ....................................................................................................... 03
- Rotating shift, changing periodically from days to evenings or nights ........... 04
- Seasonal, on-call or casual, no pre-arranged schedules,
  but called as need arises ............................................................................ 05
- Other (please specify: __________) ............................................................. 97
- [DO NOT READ] Don’t know/No answer ...................................................... 98
- [DO NOT READ] Refused............................................................................. 99

LFP_5  
LFP_TYPE_SP_TRM

What type of work did you do? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
[DO NOT READ] Refused.................................................................99
What business or industry sector were you in? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

______________________________________________________________

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

Was this the longest you had been in the same job?

Yes ........................................................................... 1  SKIP TO LBF_END
No ............................................................................ 2  CONTINUE

[DO NOT READ] Don’t know/No answer ............ 8  SKIP TO LBF_END

Now I would like you to think back over your entire career to the job that you worked the longest.

In the job you worked the longest, were you a paid employee, self-employed, or an unpaid family worker? READ LIST, CODE ONLY ONE RESPONSE

INTERVIEWER NOTE: IF ASKED, AN UPaid FAMILY WORKER IS SOMEONE WHO WORKS WITHOUT PAY ON THEIR OWN FAMILY OPERATED FARM OR BUSINESS OPERATED BY ANOTHER MEMBER LIVING IN THE SAME HOUSEHOLD. THE ROOM AND BOARD AND ANY CASH ALLOWANCE GIVEN AS INCENTIVES ARE NOT COUNTED AS COMPENSATION FOR THESE FAMILY WORKERS.

A paid employee ................................................. 1
Self-employed ...................................................... 2
Unpaid family worker ........................................... 3
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9
LFP_9
LFP_LGHR_TRM

In the job you worked the longest, about how many hours a week did you work? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

- Employed all of the time (that is, 30+ hours/week) ........................................ 1
- Employed most of the time (that is, less than 30 but more than 20 hours/week) ................................................................. 2
- Employed some of the time (that is, less than 20 hours/week) ..................... 3

[DO NOT READ] Don’t know/No answer .......................................................... 8
[DO NOT READ] Refused ............................................................................... 9

LFP_10
LFP_LGSCHD_TRM

Which of the following best describes your working schedule in the job you worked the longest? READ LIST, CODE ONLY ONE RESPONSE

- Daytime schedule or shift............................................................................. 01
- Evening shift................................................................................................ 02
- Night shift .................................................................................................. 03
- Rotating shift, changing periodically from days to evenings or nights....... 04
- Seasonal, on-call or casual, no pre-arranged schedules,
  but called as need arises ........................................................................... 05

LFP_LGSCHD_OTSP_TRM Other (please specify: __________) ............................. 97
[DO NOT READ] Don’t know/No answer ................................................. 98
[DO NOT READ] Refused ........................................................................... 99

LFP_11
LFP_LGTYPE_SP_TRM

What type of work did you do? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

________________________________________________________________
________________________________________________________________
________________________________________________________________

[DO NOT READ] Refused ................................................................. 99
LFP_12
LFP_LGIND_SP_TRM
What business or industry sector were you in? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

________________________________________________________________
________________________________________________________________
________________________________________________________________

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

LFP_13
LFP_LGYRS_TRM
How many years did you work at this job? Was it... **READ LIST, CODE ONLY ONE RESPONSE. INTERVIEWER NOTE: IF LFP_13/LFP_LGYRS_TRM ≤ LFP_2/LFP_YRS_TRM, THEN ASK: THIS QUESTION ASKS YOU HOW MANY YEARS YOU SPENT WORKING IN THE JOB YOU WORKED THE LONGEST, BUT YOU REPORTED THAT YOU WORKED FEWER YEARS AT THIS JOB COMPARED TO THE LAST JOB YOU HELD BEFORE RETIREMENT. WHICH JOB DID YOU WORK THE LONGEST? INTERVIEWER: CORRECT RESPONSES AS NECESSARY.**

Less than 1 year................................. 1
From 1 year to less than 3 years ............. 2
From 3 years to less than 5 years ............. 3
5 years or more................................. 4

[DO NOT READ] Don’t know/No answer ...... 8
[DO NOT READ] Refused ......................... 9

LFP_END
Labour Force (LBF)

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

**LBF_1**
LBF_EVER_TRM

Have you ever worked at a job or business?

- Yes ....................................................................... 1 CONTINUE
- No ......................................................................... 2 SKIP TO LBF_11
- [DO NOT READ] Refused ........................................ 9 CONTINUE

**LBF_2**
LBF_CURR_TRM

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 ....................................................................... 1 CONTINUE
- No ......................................................................... 2 SKIP TO LBF_9/ LBF_RSN_TRM
- [DO NOT READ] Don’t know/No answer.............. 8 SKIP TO LBF_13/ LBF_LGSTAT_TRM
- [DO NOT READ] Refused ........................................ 9 SKIP TO LBF_13/ LBF_LGSTAT_TRM
Current Work

LBF_3
LBF_MANY_TRM
Do you currently work at more than one job or business?

Yes ................................................................. 1
No ................................................................. 2

[DO NOT READ] Don’t know/No answer........... 8
[DO NOT READ] Refused ..................................... 9

Now I would like to ask you about the work you consider to be your main job.

LBF_4
LBF_STTS_TRM
What is your current working status? If you are self-employed, choose full-time or part-time, as appropriate. READ LIST, CODE ONLY ONE RESPONSE

Employed all of the time (that is, 30+ hours/week) ........................................ 1
Employed most of the time (that is, less than 30 but more than 20 hours/week) ......................................................................................... 2
Employed some of the time (that is, less than 20 hours/week) ..................... 3
[DO NOT READ] Don’t know/No answer ...................................................... 8
[DO NOT READ] Refused ............................................................................. 9

LBF_5
LBF_SCHD_TRM
Which of the following best describes your working schedule? READ LIST, CODE ONLY ONE RESPONSE

Daytime schedule or shift............................................................................... 01
Evening shift................................................................................................... 02
Night shift ....................................................................................................... 03
Rotating shift, changing periodically from days to evenings or nights .......... 04
Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises ......................................................................................... 05
Other (please specify: __________) .................................................................. 97
[DO NOT READ] Don’t know/No answer ...................................................... 98
[DO NOT READ] Refused ............................................................................. 99
LBF_6
LBF_TYPE_NB_TRM
What type of work do you do? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

LBF_7
LBF_BUSN_NB_TRM
What business or industry sector are you in? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

LBF_8
LBF_DURN_TRM
How long have you worked with your present employer or in your current business? READ LIST, CODE ONLY ONE RESPONSE

Less than 1 year.................................................. 1
From 1 year to less than 3 years ......................... 2
From 3 years to less than 5 years....................... 3
5 years or more............................................... 4

[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused........................................... 9

IF RET_1/RET_RTRD_TRM=2, SKIP TO LBF_END; IF RET_1/RET_RTRD_TRM=3, SKIP TO LBF_12/LBF_LGEVER_TRM
### Currently Not Working

<table>
<thead>
<tr>
<th>LBF_9</th>
<th>LBF_RSN_TRM</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ASK IF LBF_2/LBF_CURR_TRM=2] What would best describe the reason for not working? CODE ONLY ONE RESPONSE</td>
<td></td>
</tr>
<tr>
<td>Unable to work because of sickness or disability .......... 01</td>
<td></td>
</tr>
<tr>
<td>Looking after family ............................................... 02</td>
<td></td>
</tr>
<tr>
<td>Student .................................................................... 03</td>
<td></td>
</tr>
<tr>
<td>Unemployed ................................................................ 04</td>
<td></td>
</tr>
<tr>
<td>Doing unpaid or voluntary work .................................. 05</td>
<td></td>
</tr>
<tr>
<td>Other ...................................................................... 97</td>
<td></td>
</tr>
<tr>
<td>LBF_RSN_OTSP_TRM Other (please specify: __________)</td>
<td></td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer ....................... 98</td>
<td></td>
</tr>
<tr>
<td>[DO NOT READ] Refused ........................................... 99</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LBF_10</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How long have you been unemployed?</td>
<td></td>
</tr>
<tr>
<td>_____ RECORD NUMBER, CATI MASK: MIN=01, MAX=52</td>
<td></td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer ........... 98</td>
<td></td>
</tr>
<tr>
<td>[DO NOT READ] Refused ..................... 99</td>
<td></td>
</tr>
</tbody>
</table>

**RECORD UNIT OF MEASUREMENT:**

<table>
<thead>
<tr>
<th>LBF_UNEM_WK_TRM</th>
<th>Weeks CATI MASK: MIN=01, MAX=52</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBF_UNEM_MT_TRM</td>
<td>Months CATI MASK: MIN=01, MAX=12</td>
<td>2</td>
</tr>
<tr>
<td>LBF_UNEM_YR_TRM</td>
<td>Years CATI MASK: MIN=01, MAX=CURRENT AGE</td>
<td>3</td>
</tr>
</tbody>
</table>

**SKIP TO LBF_13/LBF_LGSTAT_TRM**
**Never Worked**

LBF_11 [ASK IF LBF_1/LBF_EVER_TRM=2] You mentioned that you have never worked. Can you tell me what prevented you from working? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

LBF_NVR_OW_TRM Own illness or disability ................................................................. 01
LBF_NVR_CH_TRM Caring for own children ................................................................ 02
LBF_NVR_EL_TRM Caring for elder relatives ............................................................... 03
LBF_NVR_SP_TRM Caring for spouse .......................................................................... 04
LBF_NVR_OT_TRM Other personal or family responsibilities .................................... 97
LBF_NVR_OTSP_TRM Other personal or family responsibilities (please specify: __________) 97
LBF_NVR_DK_NA_TRM [DO NOT READ] Don’t know/No answer ................................. 98
LBF_NVR_REFUSED_TRM [DO NOT READ] Refused ................................................. 99

**SKIP TO LBF_END**

**Longest Job**

LBF_12
LBF_LGEVER_TRM

Is this the longest you have been in the same job?

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

Now we want to ask you questions about the job that you worked at the longest over your lifetime.
Thinking about the job you worked at the longest, what was your working status in that job? If you were self-employed, choose full-time or part-time as appropriate. **CODE ONLY ONE RESPONSE**

- Working all of the time (that is, 30+ hours/week) ........................................ 1
- Working most of the time (that is, less than 30 but more than 20 hours/week) ...................................................................................... 2
- Working some of the time (that is, less than 20 hours/week) ..................... 3
- [DO NOT READ] Don't know/No answer ................................................... 8
- [DO NOT READ] Refused ........................................................................ 9

Which of the following best describes your working schedule in that job?

- Daytime schedule or shift ........................................................................... 01
- Evening shift ............................................................................................. 02
- Night shift ................................................................................................... 03
- Rotating shift, changing periodically from days to evenings or nights .......... 04
- Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises ................................................................. 05
- Other (please specify: __________) ............................................................ 97
- [DO NOT READ] Don’t know/No answer .................................................. 98
- [DO NOT READ] Refused ........................................................................ 99

What type of work did you do in that job? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

________________________________________________________________
________________________________________________________________
________________________________________________________________

[DO NOT READ] Refused ................................................................. 99
LBF_LGIND_SP_TRM
What business or industry sector were you in? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE
________________________________________________________________
________________________________________________________________
________________________________________________________________

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

LBF_17
LBF_LGDURN_TRM
How long did you work in that job? READ LIST, CODE ONLY ONE RESPONSE

Less than 1 year................................................. 1
From 1 year to less than 3 years ....................... 2
From 3 years to less than 5 years...................... 3
5 years or more............................................. 4
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused................................. 9

LBF_END
Retirement Planning (RPL)

SKIP TO RPL_END IF COMPLETELY RETIRED OR NEVER WORKED: RET_1/RET_RTRD_TRM=1 OR LBF_1/LBF_EVER_TRM=2

The next few questions ask about preparations for retirement. Some of these questions may not apply to you but we need to ask the same questions of everyone.

RPL_1
RPL_AGE_NB_TRM
At what age do you plan to retire? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE

_____ RECORD AGE, CATI MASK: MIN=CURRENT AGE, MAX=85

[DO NOT READ] Not applicable, does not plan to retire..... 96
[DO NOT READ] Don’t know/No answer ....................... 98
[DO NOT READ] Refused ........................................ 99

RPL_2
RPL_WHYNT_TRM
[ASK IF RPL_1/RPL_AGE_NB_TRM=96, 98 OR 99] Is that because…READ LIST, CODE ONLY ONE RESPONSE

You have not thought about or planned for retirement ............. 01
You plan to continue working for as long as you are able to ...... 02
You can’t afford to retire......................................................... 03

RPL_WHYNT_OTSP_TRM Other (please specify: ____________)................................. 97

[DO NOT READ] Don’t know/No answer ............................ 98
[DO NOT READ] Refused .................................................. 99
RPL_3 [SKIP RPL_3 IF RET_1/RET_RTRD_TRM=2] Have you done any of the following in preparation for your retirement? READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

- RPL_PREP_DH_TRM Decreased your number of work hours ...................01
- RPL_PREP_IH_TRM Increased your number of work hours ...................02
- RPL_PREP_CJ_TRM Changed jobs ......................................................03
- RPL_PREP_IPA_TRM Increased physical activities ...............................04
- RPL_PREP_ILA_TRM Increased other leisure activities and hobbies ........05
- RPL_PREP_ED_TRM Enrolled in an educational or training program ......06
- RPL_PREP_RET_TRM Gathered retirement information ..........................07
- RPL_PREP_RSP_TRM Contributed to an RRSP .................................08
- RPL_PREP_INV_TRM Built up savings or made other investments .........09
- RPL_PREP_POM_TRM Paid-off mortgage or debts .............................10
- RPL_PREP_DLA_TRM Downsized living arrangements ........................11
- RPL_PREP_NONE_TRM [DO NOT READ] Nothing ...............................96
- RPL_PREP_OT_TRM Other ..................................................................97
- RPL_PREP_OTSP_TRM Other (please specify: __________) *
- RPL_PREP_DK_NA_TRM [DO NOT READ] Don’t know/No answer ........98
- RPL_PREP_REFUSED_TRM [DO NOT READ] Refused .........................99

*Additional categories coded; refer to data dictionary.

IF RET_1/RET_RTRD_TRM=2, SKIP TO RPL_5/RPL_STD_LIV_TRM

RPL_4 RPL_PENSPL_TRM

Have you ever contributed to an employer pension plan, other than the Canada pension plan or Quebec pension plan?

- Yes ................................................................................................1
- No ..............................................................................................2
- [DO NOT READ] Don’t know/No answer ....................8
- [DO NOT READ] Refused ..................................................9
RPL_5
RPL_STD_LIV_TRM
When you retire, how adequate do you think your household income and investments will be to maintain your standard of living? Will they be…READ LIST, CODE ONLY ONE RESPONSE

Adequate .............................................................. 2
 Barely adequate ................................................... 3
 Inadequate ........................................................... 4
 [DO NOT READ] Don’t know/No answer ............ 8
 [DO NOT READ] Refused ................................. 9

RPL_6
There are many reasons why people retire. Which of the following are likely to be the reasons that you retire? Will it be…READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

RPL_WHyr_CD_TRM Need to provide care to a family member ................................. 01
RPL_WHyr_AR_TRM Have adequate retirement income (e.g., pensions and investments) .02
RPL_WHyr_MP_TRM Mandatory retirement policies ...................................................03
RPL_WHyr_EP_TRM Early retirement policies of your employer ......................................04
RPL_WHyr_JE_TRM Job ending and not wanting to start over ........................................05
RPL_WHyr_WS_TRM Want to stop working ................................................................... 06
RPL_WHyr_SD_TRM Desire to start a different career or do part-time work .................... 07
RPL_WHyr_OT_TRM Other ....................................................................................................97
RPL_WHyr_OTSP_TRM Other (please specify: _________)*
RPL_WHyr_DK_NA_TRM [DO NOT READ] Don’t know/No answer ........................................ 98
RPL_WHyr_REFUSED_TRM [DO NOT READ] Refused ................................................... 99

*Additional categories coded; refer to data dictionary.
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), MARK ALL THAT APPLY**

- RPL_INFSP_SH_TRM Your spouse or partner’s health .........................................................01
- RPL_INFSP_SI_TRM Your spouse or partner’s retirement income .....................................02
- RPL_INFSP_PS_TRM Pressure from your spouse or partner to continue or to stop working .03
- RPL_INFSP_TSR_TRM The time at which your spouse or partner retires .................................04
- RPL_INFSP_OT_TRM Other .................................................................................................97
- RPL_INFSP_OTSP_TRM Other (please specify: __________)*

*Additional categories coded; refer to data dictionary.

RPL_END
**Income (INC)**

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** 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**

<table>
<thead>
<tr>
<th>Source Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>INC_SRCE_WG_TRM</td>
<td>Wages and salaries</td>
</tr>
<tr>
<td>INC_SRCE_SE_TRM</td>
<td>Income from self-employment</td>
</tr>
<tr>
<td>INC_SRCE_IN_TRM</td>
<td>Dividends and interest (e.g., on bonds, savings)</td>
</tr>
<tr>
<td>INC_SRCE_EI_TRM</td>
<td>Employment insurance</td>
</tr>
<tr>
<td>INC_SRCE_CM_TRM</td>
<td>Worker’s compensation</td>
</tr>
<tr>
<td>INC_SRCE_BN_TRM</td>
<td>Benefits from Canada or Quebec Pension Plan</td>
</tr>
<tr>
<td>INC_SRCE_PN_TRM</td>
<td>Job related retirement pensions, superannuation and annuities</td>
</tr>
<tr>
<td>INC_SRCE_GV_TRM</td>
<td>RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Fund)</td>
</tr>
<tr>
<td>INC_SRCE_OLD_TRM</td>
<td>Old Age Security</td>
</tr>
<tr>
<td>INC_SRCE_GIS_TRM</td>
<td>Guaranteed Income Supplement</td>
</tr>
<tr>
<td>INC_SRCE_WF_TRM</td>
<td>Provincial or municipal social assistance or welfare</td>
</tr>
<tr>
<td>INC_SRCE_CH_TRM</td>
<td>Child Tax Benefit</td>
</tr>
<tr>
<td>INC_SRCE_SP_TRM</td>
<td>Child support</td>
</tr>
<tr>
<td>INC_SRCE_AL_TRM</td>
<td>Alimony</td>
</tr>
<tr>
<td>INC_SRCE_CP_TRM</td>
<td>Capital gains (e.g. profits from sale of stocks)</td>
</tr>
<tr>
<td>INC_SRCE_NONE_TRM</td>
<td>[DO NOT READ] None</td>
</tr>
<tr>
<td>INC_SRCE_OT_TRM</td>
<td>Other (e.g., rental income, veterans’ pensions)</td>
</tr>
<tr>
<td>INC_SRCE_DK_NA_TRM</td>
<td>[DO NOT READ] Don’t know/No answer</td>
</tr>
<tr>
<td>INC_SRCE_REFUSED_TRM</td>
<td>[DO NOT READ] Refused</td>
</tr>
</tbody>
</table>
[ASK ONLY IF MORE THAN ONE SOURCE OF INCOME IDENTIFIED AT INC_1/INC_SRCE_WG_TRM] 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? READ LIST, IF NECESSARY; CATI PROGRAMMING NOTE: RECALL ONLY THOSE SOURCES OF INCOME IDENTIFIED AT INC_1/INC_SRCE_WG_TRM

INC_FRST_TRM SPECIFY HIGHEST SOURCE OF HOUSEHOLD INCOME:______________________

INC_SCND_TRM [ONLY IF INC_1/INC_SRCE_WG_TRM≥2 RESPONSES] SPECIFY SECOND HIGHEST SOURCE OF HOUSEHOLD INCOME _______________

INC_THRD_TRM [ONLY IF INC_1/INC_SRCE_WG_TRM≥3 RESPONSES] SPECIFY THIRD HIGHEST SOURCE OF HOUSEHOLD INCOME _______________

INC_3

INC_TOT_TRM 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? Was it...READ LIST, CODE ONLY ONE RESPONSE

Less than $20,000 ............................................... 1
$20,000 or more, but less than $50,000 ............ 2
$50,000 or more, but less than $100,000 .......... 3
$100,000 or more, but less than $150,000 ....... 4
$150,000 or more.............................................. 5
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused................................. 9
**Personal Income**

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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Wages and salaries</td>
</tr>
<tr>
<td>02</td>
<td>Income from self-employment</td>
</tr>
<tr>
<td>03</td>
<td>Dividends and interest (e.g., on bonds, savings)</td>
</tr>
<tr>
<td>04</td>
<td>Employment insurance</td>
</tr>
<tr>
<td>05</td>
<td>Worker's compensation</td>
</tr>
<tr>
<td>06</td>
<td>Benefits from Canada or Quebec Pension Plan</td>
</tr>
<tr>
<td>07</td>
<td>Job related retirement pensions, superannuation and annuities</td>
</tr>
<tr>
<td>08</td>
<td>RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)</td>
</tr>
<tr>
<td>09</td>
<td>Old Age Security</td>
</tr>
<tr>
<td>10</td>
<td>Guaranteed Income Supplement</td>
</tr>
<tr>
<td>11</td>
<td>Provincial or municipal social assistance or welfare</td>
</tr>
<tr>
<td>12</td>
<td>Child Tax Benefit</td>
</tr>
<tr>
<td>13</td>
<td>Child support</td>
</tr>
<tr>
<td>14</td>
<td>Alimony</td>
</tr>
<tr>
<td>15</td>
<td>Capital gains (e.g., profits from sale of stocks)</td>
</tr>
<tr>
<td>96</td>
<td>[DO NOT READ] None</td>
</tr>
<tr>
<td>97</td>
<td>Other (e.g., rental income, veterans’ pensions)</td>
</tr>
<tr>
<td>98</td>
<td>[DO NOT READ] Don’t know/No answer</td>
</tr>
<tr>
<td>99</td>
<td>[DO NOT READ] Refused</td>
</tr>
</tbody>
</table>
[ASK ONLY IF MORE THAN ONE SOURCE OF INCOME IDENTIFIED AT INC_4/INC_PSRCE_WG_TRM] Of the sources of income you have identified, what are the three major sources of personal income, starting with the highest source of income? READ LIST, IF NECESSARY; CATI PROGRAMMING NOTE: RECALL ONLY THOSE SOURCES IDENTIFIED AT INC_4/INC_PSRCE_WG_TRM

INC_PFRST_TRM SPECIFY HIGHEST SOURCE OF PERSONAL INCOME:______________________

[ONLY IF INC_4/INC_PSRCE_WG_TRM≥2 RESPONSES] INC_PSCND_TRM SPECIFY SECOND HIGHEST SOURCE OF PERSONAL INCOME _______________

[ONLY IF INC_4/INC_PSRCE_WG_TRM≥3 RESPONSES] INC_PTHRD_TRM SPECIFY THIRD HIGHEST SOURCE OF PERSONAL INCOME _______________

INC_6

INC_PTOT_TRM What is your best estimate of your total personal income from all sources, before taxes and deductions, in the past 12 months? Was it…READ LIST, CODE ONLY ONE RESPONSE. INTERVIEWER NOTE: IF INC_6/INC_PTOT_TRM > INC_3/INC_TOT_TRM, THEN ASK: THIS QUESTION ASKS YOU FOR YOUR TOTAL PERSONAL INCOME, BUT YOU REPORTED THAT YOUR TOTAL HOUSEHOLD 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 than $20,000 ............................................... 1
$20,000 or more, but less than $50,000 .............. 2
$50,000 or more, but less than $100,000 .......... 3
$100,000 or more, but less than $150,000 ........ 4
$150,000 or more................................................. 5
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ..................................... 9

INC_END
Administration Information (ADM)

ASK THIS SECTION ONLY OF THOSE WHO CONSENTED TO PROVIDE THEIR HEALTH CARD NUMBER

That completes our main interview. You have previously agreed to provide your health card number so that we can obtain information from provincial administrative databases and link it with the information you have shared with us during this interview. The information that we would get from the province includes your past and continuing use of health services such as visits to hospitals, clinics, and doctors' offices.

ADM_1

What is your health card number? DO NOT INSERT BLANKS, HYPHENS, OR COMMAS BETWEEN NUMBERS AND LETTERS, REPEAT HEALTH CARD NUMBER BACK TO PARTICIPANT TO CONFIRM/VERIFY ACCURACY

________________________  RECORD NUMBER

[DO NOT READ] Don't know/No answer............ 9999999999998
[DO NOT READ] Refused ................................... 9999999999999

ADM_2

And for which province or territory is your health card number? CODE ONLY ONE RESPONSE

Newfoundland and Labrador.........................01
Prince Edward Island .................................02
Nova Scotia ..............................................03
New Brunswick.........................................04
Quebec.....................................................05
Ontario.....................................................06
Manitoba...................................................07
Saskatchewan............................................08
Alberta .....................................................09
British Columbia.................................10
Yukon ....................................................11
Northwest Territories.............................12
Nunavut ..................................................13
Do not have a Canadian health card number .....96
[DO NOT READ] Don't know/No answer............98
[DO NOT READ] Refused ..............................99

ADM_END