



clsa élcv

Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

60-min. Questionnaire (Tracking Main Wave)

v4.0, 2018 June 08

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Age (AGE)

AGE_1
AGE_DOB_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
AGE_NMBR_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**

Canada	001	Italy	009
China	056	Jamaica	116
France	006	Netherlands/Holland	005
Germany	004	Philippines	178
Greece	094	Poland	180
Guyana	103	Portugal	181
Hong Kong	108	United Kingdom	002
Hungary	109	United States	003
India	007	Vietnam	244
		Sri Lanka	214
Other			997

SDC_COB_OTSP_TRM Other (please specify: _____)

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

[DO NOT READ] Refused999

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
SDC_YACA_YR_TRM

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).

SDC_ETHN_CA_TRM	Canadian	01	SDC_ETHN_HE_TRM	Hebrew	11
SDC_ETHN_FR_TRM	French	02	SDC_ETHN_PL_TRM	Polish	12
SDC_ETHN_EN_TRM	English	03	SDC_ETHN_PT_TRM	Portuguese	13
SDC_ETHN_DE_TRM	German	04	SDC_ETHN_SA_TRM	South Asian (e.g. East Indian, Pakistani, Sri Lankan)	14
SDC_ETHN_GD_TRM	Scottish	05	SDC_ETHN_NO_TRM	Norwegian	15
SDC_ETHN_GA_TRM	Irish	06	SDC_ETHN_CY_TRM	Welsh	16
SDC_ETHN_IT_TRM	Italian	07	SDC_ETHN_SV_TRM	Swedish	17
SDC_ETHN_UK_TRM	Ukrainian	08	SDC_ETHN_AI_TRM	North American Indian	18
SDC_ETHN_NL_TRM	Dutch (Netherlands)	09	SDC_ETHN_ME_TRM	Métis	19
SDC_ETHN_ZH_TRM	Chinese	10	SDC_ETHN_IU_TRM	Inuit	20
SDC_ETHN_OT_TRM	Other	97	SDC_ETHN_DK_NA_TRM	[DO NOT READ] Don't know/No answer	98
SDC_ETHN_OTSP_TRM	Other (please specify: _____)*		SDC_ETHN_REFUSED_TRM	[DO NOT READ] Refused	99

*Additional categories coded; refer to data dictionary.

SDC_4 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**

SDC_CULT_WH_TRM	White	01
SDC_CULT_ZH_TRM	Chinese	02
SDC_CULT_SA_TRM	South Asian (e.g., East Indian, Pakistani, Sri Lankan)	03
SDC_CULT_BL_TRM	Black	04
SDC_CULT_FP_TRM	Filipino	05
SDC_CULT_LA_TRM	Latin American	06
SDC_CULT_SE_TRM	Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)	07
SDC_CULT_AR_TRM	Arab	08
SDC_CULT_WA_TRM	West Asian (e.g., Afghan, Iranian)	09
SDC_CULT_JA_TRM	Japanese	10
SDC_CULT_KO_TRM	Korean	11
SDC_CULT_AI_TRM	North American Indian	12
SDC_CULT_IU_TRM	Inuit	13
SDC_CULT_ME_TRM	Métis	14
SDC_CULT_OT_TRM	Other	97
SDC_CULT_OTSP_TRM	Other (please specify: _____)	
SDC_CULT_DK_NA_TRM	[DO NOT READ] Don't know/No answer	98
SDC_CULT_REFUSED_TRM	[DO NOT READ] Refused	99

SDC_5

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**

SDC_LANG_EN_TRM	English	001	SDC_LANG_PL_TRM	Polish	029
SDC_LANG_FR_TRM	French	002	SDC_LANG_PT_TRM	Portuguese	004
SDC_LANG_AR_TRM	Arabic	054	SDC_LANG_PJ_TRM	Punjabi	065
SDC_LANG_CN_TRM	Cantonese	081	SDC_LANG_ES_TRM	Spanish	006
SDC_LANG_DE_TRM	German	012	SDC_LANG_TL_TRM	Tagalog (Filipino)	099
SDC_LANG_EL_TRM	Greek	039	SDC_LANG_UK_TRM	Ukrainian	035
SDC_LANG_HU_TRM	Hungarian	045	SDC_LANG_VI_TRM	Vietnamese	094
SDC_LANG_IT_TRM	Italian	003	SDC_LANG_NL_TRM	Dutch	009
SDC_LANG_KO_TRM	Korean	080	SDC_LANG_HI_TRM	Hindi	062
SDC_LANG_MA_TRM	Mandarin	085	SDC_LANG_RU_TRM	Russian	030
SDC_LANG_FA_TRM	Persian (Farsi)	072	SDC_LANG_TA_TRM	Tamil	076
SDC_LANG_OT_TRM	Other	997	SDC_LANG_AB_TRM	Aboriginal	996
SDC_LANG_DK_NA_TRM	[DO NOT READ] Don't know/No answer	998	SDC_LANG_REFUSED_TRM	[DO NOT READ] Refused	999
SDC_LANG_OTSP_TRM	Other (please specify: _____)*		SDC_LANG_ABSP_TRM	Aboriginal (please specify: _____)*	

*Additional categories coded; refer to data dictionary.



SDC_6
SDC_LGMST_TRM

What language do you speak most often at home? [RECALL RESPONSES SELECTED
AT SDC_5] DO NOT READ LIST, CODE ONLY ONE RESPONSE

English.....	001	Polish.....	029
French	002	Portuguese.....	004
Arabic	054	Punjabi	065
Cantonese	081	Spanish	006
German.....	012	Tagalog (Filipino)	099
Greek.....	039	Ukrainian	035
Hungarian.....	045	Vietnamese	094
Italian	003	Dutch	009
Korean	080	Hindi	062
Mandarin.....	085	Russian	030
Persian (Farsi).....	072	Tamil.....	076
Aboriginal			996
Aboriginal (please specify: _____)			
Other (please specify: _____)			997
[DO NOT READ] Don't know/No answer.....			998
[DO NOT READ] Refused			999

SDC_LGMST_ABSP_TRM

SDC_7

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.**

SDC_FTLG_EN_TRM	English	001	SDC_FTLG_PL_TRM	Polish	029
SDC_FTLG_FR_TRM	French	002	SDC_FTLG_PT_TRM	Portuguese	004
SDC_FTLG_AR_TRM	Arabic	054	SDC_FTLG_PJ_TRM	Punjabi	065
SDC_FTLG_CN_TRM	Cantonese	081	SDC_FTLG_ES_TRM	Spanish	006
SDC_FTLG_DE_TRM	German	012	SDC_FTLG_TL_TRM	Tagalog (Filipino)	099
SDC_FTLG_EL_TRM	Greek	039	SDC_FTLG_UK_TRM	Ukrainian	035
SDC_FTLG_HU_TRM	Hungarian	045	SDC_FTLG_VI_TRM	Vietnamese	095
SDC_FTLG_IT_TRM	Italian	003	SDC_FTLG_NL_TRM	Dutch	009
SDC_FTLG_KO_TRM	Korean	080	SDC_FTLG_HI_TRM	Hindi	062
SDC_FTLG_MA_TRM	Mandarin	085	SDC_FTLG_RU_TRM	Russian	030
SDC_FTLG_FA_TRM	Persian (Farsi)	072	SDC_FTLG_TA_TRM	Tamil	076
SDC_FTLG_OT_TRM	Other	997	SDC_FTLG_AB_TRM	Aboriginal	996
SDC_FTLG_DK_NA_TRM	[DO NOT READ] Don't know/No answer	998	SDC_FTLG_REFUSED_TRM	[DO NOT READ] Refused	999
SDC_FTLG_OTSP_TRM	Other (please specify _____)		SDC_FTLG_ABSP_TRM	Aboriginal (please specify _____)	

SDC_8
SDC_RELG_TRM

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
SDC_RELG_OTSP_TRM Other (please specify: _____).....	97
[DO NOT READ] Don't know/No answer.....	98
[DO NOT READ] Refused.....	99

SDC_9
SDC_MRTL_TRM

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



SDC_10
SDC_ORTN_TRM

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

SDC_END

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 (please specify country: _____)	2	CONTINUE
VET_OCC_OUTSIDE_TRM	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)

HWT_A
HWT_PREGN_TRM

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 **CONTINUE**
- 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm) 03 **SKIP TO HWT_3/
HWT_HGHT2_TRM**
- 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm) 04 **SKIP TO HWT_4/
HWT_HGHT3_TRM**
- 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm) 05 **SKIP TO HWT_5/
HWT_HGHT4_TRM**
- 5'0" to 5'11" (151.1 to 181.5 cm) 06 **SKIP TO HWT_6/
HWT_HGHT5_TRM**
- 6'0" to 6'11" (181.6 to 212.0 cm) 07 **SKIP TO HWT_7/
HWT_HGHT6_TRM**
- 7'0" and over (212.1 cm and over) 08 **SKIP TO HWT_8/
HWT_WGHT_NB_TRM**
- [DO NOT READ] Don't know/No answer 98** **SKIP TO HWT_8/
HWT_WGHT_NB_TRM**
- [DO NOT READ] Refused 99** **SKIP TO HWT_8/
HWT_WGHT_NB_TRM**



HWT_2
HWT_HGHT1_TRM **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
HWT_HGHT2_TRM **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



HWT_4
HWT_HGHT3_TRM **INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT**

3'0" / 36" (90.2 to 92.6 cm.).....	01
3'1" / 37" (92.7 to 95.2 cm.).....	02
3'2" / 38" (95.3 to 97.7 cm.).....	03
3'3" / 39" (97.8 to 100.2 cm.).....	04
3'4" / 40" (100.3 to 102.8 cm.).....	05
3'5" / 41" (102.9 to 105.3 cm.).....	06
3'6" / 42" (105.4 to 107.9 cm.).....	07
3'7" / 43" (108.0 to 110.4 cm.).....	08
3'8" / 44" (110.5 to 112.9 cm.).....	09
3'9" / 45" (113.0 to 115.5 cm.).....	10
3'10" / 46" (115.6 to 118.0 cm.).....	11
3'11" / 47" (118.1 to 120.6 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_5
HWT_HGHT4_TRM **INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT**

4'0" / 48" (120.7 to 123.1 cm.).....	01
4'1" / 49" (123.2 to 125.6 cm.).....	02
4'2" / 50" (125.7 to 128.2 cm.).....	03
4'3" / 51" (128.3 to 130.7 cm.).....	04
4'4" / 52" (130.8 to 133.3 cm.).....	05
4'5" / 53" (133.4 to 135.8 cm.).....	06
4'6" / 54" (135.9 to 138.3 cm.).....	07
4'7" / 55" (138.4 to 140.9 cm.).....	08
4'8" / 56" (141.0 to 143.4 cm.).....	09
4'9" / 57" (143.5 to 146.0 cm.).....	10
4'10" / 58" (146.1 to 148.5 cm.).....	11
4'11" / 59" (148.6 to 151.0 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_6
HWT_HGHT5_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



HWT_7
HWT_HGHT6_TRM

INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

6'0" (181.6 to 184.1 cm.)	01
6'1" (184.2 to 186.6 cm.)	02
6'2" (186.7 to 189.1 cm.)	03
6'3" (189.2 to 191.7 cm.)	04
6'4" (191.8 to 194.2 cm.)	05
6'5" (194.3 to 196.8 cm.)	06
6'6" (196.9 to 199.3 cm.)	07
6'7" (199.4 to 201.8 cm.)	08
6'8" (201.9 to 204.4 cm.)	09
6'9" (204.5 to 206.9 cm.)	10
6'10" (207.0 to 209.5 cm.)	11
6'11" (209.6 to 212.0 cm.)	12
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

HWT_8
HWT_WGHT_NB_TRM

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

HWT_9
HWT_WGHT_PK_TRM

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	SKIP TO SMK_3/ SMK_FRSTCG_AG_TRM
No.....	2	CONTINUE
[DO NOT READ] Don't know/No answer	8	SKIP TO SMK_16/ SMK_OTREG_TRM
[DO NOT READ] Refused	9	SKIP TO SMK_16/ SMK_OTREG_TRM

SMK_2

SMK_WHLCG_TRM

Have you ever smoked a whole cigarette?

Yes	1	CONTINUE
No.....	2	SKIP TO SMK_16/ SMK_OTREG_TRM
[DO NOT READ] Don't know/No answer	8	SKIP TO SMK_16/ SMK_OTREG_TRM
[DO NOT READ] Refused	9	SKIP TO SMK_16/ SMK_OTREG_TRM

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 **CONTINUE**
- Occasionally (at least one cigarette in the past 30 days, but not every day)..... 2 **SKIP TO SMK_9/
SMK_LST30_TRM**
- Not at all (you did not smoke at all in the past 30 days)..... 3 **SKIP TO SMK_11/
SMK_EVRDL_TRM**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO SMK_16/
SMK_OTREG_TRM**
- [DO NOT READ]** Refused 9 **SKIP TO SMK_16/
SMK_OTREG_TRM**

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 **CONTINUE**
- No 2 **SKIP TO SMK_16/
SMK_OTREG_TRM**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO SMK_16/
SMK_OTREG_TRM**
- [DO NOT READ]** Refused 9 **SKIP TO SMK_16/
SMK_OTREG_TRM**

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_PI_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 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_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_NB_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

SMK_END



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

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**



ALC_3 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

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

ALC_WHWD_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_BRWD_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_LQWD_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_OTWD_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_4 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?

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

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?

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



ALC_6
ALC_HVST_TRM

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



GEN_3
GEN_HLAG_TRM

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

GEN_4
GEN_OWNAAG_TRM

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**

GEN_5
GEN_BRD_TRM

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

GEN_END



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 | CONTINUE |
| No..... | 2 | SKIP TO WHO_3/
WHO_HRT_TRM |
| [DO NOT READ] Had a hysterectomy | 3 | SKIP TO WHO_3/
WHO_HRT_TRM |
| [DO NOT READ] Don't know/No answer | 8 | SKIP TO WHO_3/
WHO_HRT_TRM |
| [DO NOT READ] Refused | 9 | SKIP TO WHO_3/
WHO_HRT_TRM |

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 | CONTINUE |
| No..... | 2 | SKIP TO WHO_END |
| [DO NOT READ] Don't know/No answer | 8 | SKIP TO WHO_END |
| [DO NOT READ] Refused | 9 | SKIP TO WHO_END |



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:

- WHO_HRTDR_WK_TRM Weeks **CATI MASK: MIN=01, MAX=52** 1
- WHO_HRTDR_MT_TRM Months **CATI MASK: MIN=01, MAX=12** 2
- WHO_HRTDR_YR_TRM Years **CATI MASK: MIN=01, MAX=CURRENT**
**AGE MINUS [RECALL RESPONSE FROM WHO_5/
WHO_HRTAG_AG_TRM]** 3

WHO_END



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/
CCT_MOOD_TRM |
| [DO NOT READ] Don't know/No answer 8 | SKIP TO CCT_34/
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**

CCT_CANTP_BR_TRM	Breast	01	CCT_CANTP_LU_TRM	Lung	07
CCT_CANTP_COL_TRM	Colorectal	02	CCT_CANTP_TH_TRM	Thyroid	08
CCT_CANTP_SM_TRM	Skin: melanoma	03	CCT_CANTP_PR_TRM	Prostate (males only)	09
CCT_CANTP_SNM_TRM	Skin: non-melanoma	04	CCT_CANTP_OV_TRM	Ovarian (females only)	10
CCT_CANTP_BL_TRM	Bladder	05	CCT_CANTP_LK_TRM	Leukemia	11
CCT_CANTP_KD_TRM	Kidney	06	CCT_CANTP_PA_TRM	Pancreatic	12
CCT_CANTP_NHL_TRM	Non-Hodgkin Lymphoma	13	CCT_CANTP_OT_TRM	Other	97
CCT_CANTP_DK_NA_TRM	[DO NOT READ] Don't know/No answer	98	CCT_CANTP_OTSP_TRM	Other (please specify: _____)*	
CCT_CANTP_REFUSED_TRM	[DO NOT READ] Refused	99			

*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?

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

Other Conditions

CCT_36
CCT_ALLRG_TRM

Has a doctor ever told you that you have allergies?

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

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?

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

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

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



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_DRROT_TRM d) Any other infections?

CCT_DRROT_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



FUL_7
FUL_LFT10_TRM

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

FUL_8
FUL_LFT10DG_TRM

[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

FUL_9
FUL_HDLG_TRM

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



FUL_28

FUL_FORCDG_TRM

[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)?

- | | | |
|--|---|---|
| Yes | 1 | SKIP TO ADL_4/
ADL_ABLFD_TRM |
| No | 2 | CONTINUE |
| [DO NOT READ] Don't know/No answer..... | 8 | SKIP TO ADL_4/
ADL_ABLFD_TRM |
| [DO NOT READ] Refused | 9 | SKIP TO ADL_4/
ADL_ABLFD_TRM |

ADL_2

ADL_HPDR_TRM

Can you dress and undress yourself with some help?

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

ADL_3

ADL_UNDR_TRM

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

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



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 | SKIP TO ADL_13/
ADL_ABLBD_TRM |
| No 2 | CONTINUE |
| [DO NOT READ] Don't know/No answer 8 | SKIP TO ADL_13/
ADL_ABLBD_TRM |
| [DO NOT READ] Refused 9 | SKIP TO ADL_13/
ADL_ABLBD_TRM |

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 | SKIP TO IAL_4/
IAL_ABLTRV_TRM |
| No | 2 | CONTINUE |
| [DO NOT READ] Don't know/No answer..... | 8 | SKIP TO IAL_4/
IAL_ABLTRV_TRM |
| [DO NOT READ] Refused | 9 | SKIP TO IAL_4/
IAL_ABLTRV_TRM |

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_HP MED_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_HP MED_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
- No 2 **SKIP TO COG_9/
COG_ANML_TRM**

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 aid05
- COG_RDYFCTR_TE_TRM Technical difficulties with the laptop.....06
- COG_RDYFCTR_OT_TRM Other97
- COG_RDYFCTR_OTSP_TRM Other (please specify: _____)
- COG_RDYFCTR_DK_NA_TRM **[DO NOT READ]** Don't know/No answer98
- COG_RDYFCTR_REFUSED_TRM **[DO NOT READ]** Refused99

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 **SKIP TO COG_5/
COG_WRD_TRM**
- No, did not clearly hear recording 2 **ADJUST VOLUME AND
SAY: I have adjusted the
volume. I will replay the
recording for you now.
CONTINUE**

COG_4
COG_HRD_TRM

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

- Yes, clearly heard..... 1 **SKIP TO COG_5/
COG_WRD_TRM**
- No, did not hear clearly 2 **CONTINUE**

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 **SKIP TO COG_9/
COG_ANML_TRM**



COG_4b

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

- COG_HRDFCTR_LG_TRM Had difficulty understanding English/French.....01
- COG_HRDFCTR_PH_TRM Physical impairment, such as difficulty hearing ...02
- COG_HRDFCTR_DI_TRM Distraction or noisy environment.....03
- COG_HRDFCTR_IM_TRM Impaired concentration/memory problems.....04
- COG_HRDFCTR_AID_TRM Used an aid05
- COG_HRDFCTR_TE_TRM Technical difficulties with the laptop.....06
- COG_HRDFCTR_OT_TRM Other97
- COG_HRDFCTR_OTSP_TRM Other (please specify: _____)
- COG_HRDFCTR_DK_NA_TRM **[DO NOT READ]** Don't know/No answer98
- COG_HRDFCTR_REFUSED_TRM **[DO NOT READ]** Refused99

GO TO COG_9/COG_ANML_TRM

COG_5

COG_WRD_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**

- | | | |
|-------------------------|---|----|
| COG_WRDFCTR_LG_TRM | Had difficulty understanding English/French..... | 01 |
| COG_WRDFCTR_PH_TRM | Physical impairment, such as difficulty hearing ... | 02 |
| COG_WRDFCTR_DI_TRM | Distraction or noisy environment..... | 03 |
| COG_WRDFCTR_IM_TRM | Impaired concentration/memory problems..... | 04 |
| COG_WRDFCTR_AID_TRM | Used an aid | 05 |
| COG_WRDFCTR_TE_TRM | Technical difficulties with the laptop..... | 06 |
| COG_WRDFCTR_OT_TRM | Other | 97 |
| COG_WRDFCTR_OTSP_TRM | Other (please specify: _____) | |
| COG_WRDFCTR_DK_NA_TRM | [DO NOT READ] Don't know/No answer | 98 |
| COG_WRDFCTR_REFUSED_TRM | [DO NOT READ] Refused | 99 |

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.**

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

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_ANMLIMP_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: _____) | |
| 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/French01
- COG_CNTFCTR_PH_TRM Physical impairment, such as difficulty hearing02
- COG_CNTFCTR_DI_TRM Distraction or noisy environment03
- COG_CNTFCTR_IM_TRM Impaired concentration/memory problems04
- COG_CNTFCTR_AID_TRM Used an aid05
- COG_CNTFCTR_TE_TRM Technical difficulties with the laptop06
- COG_CNTFCTR_OT_TRM Other97
- COG_CNTFCTR_OTSP_TRM Other (please specify: _____)
- COG_CNTFCTR_DK_NA_TRM **[DO NOT READ]** Don't know/No answer98
- COG_CNTFCTR_REFUSED_TRM **[DO NOT READ]** Refused99

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 **SKIP TO COG_21/
COG_ALTTME_REC_TRM**
- No..... 2 **CONTINUE**

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 **SKIP TO COG_21/
COG_ALTTME_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_20a
COG_ALTIMP_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_20b **INTERVIEWER: What were the factors? MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

- COG_ALTFACTR_LG_TRM Had difficulty understanding English/French01
- COG_ALTFACTR_PH_TRM Physical impairment, such as difficulty hearing02
- COG_ALTFACTR_DI_TRM Distraction or noisy environment03
- COG_ALTFACTR_IM_TRM Impaired concentration/memory problems04
- COG_ALTFACTR_AID_TRM Used an aid05
- COG_ALTFACTR_TE_TRM Technical difficulties with the laptop06
- COG_ALTFACTR_OT_TRM Other97
- COG_ALTFACTR_OTSP_TRM Other (please specify: _____)
- COG_ALTFACTR_DK_NA_TRM **[DO NOT READ]** Don't know/No answer98
- COG_ALTFACTR_REFUSED_TRM **[DO NOT READ]** Refused99

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.**

COG_WRDLST2_DRUM_TRM	Drum	01	COG_WRDLST2_GARD_TRM	Garden	08
COG_WRDLST2_CURT_TRM	Curtain	02	COG_WRDLST2_HAT_TRM	Hat	09
COG_WRDLST2_BELL_TRM	Bell	03	COG_WRDLST2_FARM_TRM	Farmer	10
COG_WRDLST2_COFF_TRM	Coffee	04	COG_WRDLST2_NOSE_TRM	Nose	11
COG_WRDLST2_SCHL_TRM	School	05	COG_WRDLST2_TURK_TRM	Turkey	12
COG_WRDLST2_PRNT_TRM	Parent	06	COG_WRDLST2_COLR_TRM	Colour	13
COG_WRDLST2_MOON_TRM	Moon	07	COG_WRDLST2_HOUS_TRM	House	14
COG_WRDLST2_NONE_TRM	None/No words were correctly recalled	96	COG_WRDLST2_RIVR_TRM	River	15

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

DEP_2
DEP_MIND_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 (5-7days) 1
- Occasionally (3-4 days)..... 2
- Some of the time (1-2 days)..... 3
- Rarely or never (less than 1 day) 4
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

DEP_3
DEP_FLDP_TRM

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

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



DEP_4
DEP_FFRT_TRM

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

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

DEP_5
DEP_HPFL_TRM

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

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

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



DEP_7
DEP_RSTLS_TRM

How often was your sleep restless? **READ LIST, CODE ONLY ONE RESPONSE**

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

DEP_8
DEP_HAPP_TRM

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

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

DEP_9
DEP_LONLY_TRM

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

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



DEP_10
DEP_GTGO_TRM

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

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

DEP_END

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/ SLS_COND_TRM
Agree.....	6	SKIP TO SLS_3/ 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/ SLS_COND_TRM
Disagree.....	2	SKIP TO SLS_4/ 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/
SLS_SATS_TRM**
- Agree..... 6 **SKIP TO SLS_6/
SLS_CONDPOS_TRM**
- [DO NOT READ] Don't know/No answer..... 8 SKIP TO SLS_7/
SLS_SATS_TRM**
- [DO NOT READ] Refused 9 SKIP TO SLS_7/
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/
SLS_SATS_TRM**
- Disagree 2 **SKIP TO SLS_7/
SLS_SATS_TRM**
- Strongly disagree 3 **SKIP TO SLS_7/
SLS_SATS_TRM**
- [DO NOT READ] Don't know/No answer..... 8 SKIP TO SLS_7/
SLS_SATS_TRM**
- [DO NOT READ] Refused 9 SKIP TO SLS_7/
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 **CONTINUE**
- Neither agree nor disagree 4 **SKIP TO SLS_10/
SLS_IMP_TRM**
- Agree..... 6 **SKIP TO SLS_9/
SLS_SATSPPOS_TRM**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO SLS_10/
SLS_IMP_TRM**
- [DO NOT READ]** Refused 9 **SKIP TO SLS_10/
SLS_IMP_TRM**

SLS_8
SLS_SATSNEG_TRM

Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

- Slightly disagree..... 1 **SKIP TO SLS_10/
SLS_IMP_TRM**
- Disagree..... 2 **SKIP TO SLS_10/
SLS_IMP_TRM**
- Strongly disagree 3 **SKIP TO SLS_10/
SLS_IMP_TRM**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO SLS_10/
SLS_IMP_TRM**
- [DO NOT READ]** Refused 9 **SKIP TO SLS_10/
SLS_IMP_TRM**



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 **CONTINUE**
- Neither agree nor disagree 4 **SKIP TO SLS_13/
SLS_OVER_TRM**
- Agree..... 6 **SKIP TO SLS_12/
SLS_IMPOS_TRM**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO SLS_13/
SLS_OVER_TRM**
- [DO NOT READ]** Refused 9 **SKIP TO SLS_13/
SLS_OVER_TRM**

SLS_11
SLS_IMPNEG_TRM

Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

- Slightly disagree..... 1 **SKIP TO SLS_13/
SLS_OVER_TRM**
- Disagree..... 2 **SKIP TO SLS_13/
SLS_OVER_TRM**
- Strongly disagree 3 **SKIP TO SLS_13/
SLS_OVER_TRM**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO SLS_13/
SLS_OVER_TRM**
- [DO NOT READ]** Refused 9 **SKIP TO SLS_13/
SLS_OVER_TRM**



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 | CONTINUE |
| Neither agree nor disagree 4 | SKIP TO SLS_END |
| Agree.....6 | SKIP TO SLS_15/
SLS_OVERPOS_TRM |
| [DO NOT READ] Don't know/No answer..... 8 | SKIP TO SLS_END |
| [DO NOT READ] Refused 9 | SKIP TO SLS_END |

SLS_14
SLS_OVERNEG_TRM

Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

- | | |
|--|------------------------|
| Slightly disagree..... 1 | SKIP TO SLS_END |
| Disagree.....2 | SKIP TO SLS_END |
| Strongly disagree 3 | SKIP TO SLS_END |
| [DO NOT READ] Don't know/No answer..... 8 | SKIP TO SLS_END |
| [DO NOT READ] Refused 9 | SKIP TO SLS_END |

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

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

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



SN_8

SN_SONLIV_NB_TRM

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.

SN_9

SN_SEECHILD_TRM

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



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

SN_18a
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_NDTLK_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**

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

Community-related Activities

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

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

SPA_2

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_GA_TRM	Don't want to go alone	08
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: _____)*	
SPA_PREVAC_DK_NA_TRM	[DO NOT READ] Don't know/No answer	98
SPA_PREVAC_REFUSED_TRM	[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.

CR1_PRO_PR_TRM	Personal care such as assistance with eating, dressing, bathing, or toileting	01
CR1_PRO_MD_TRM	Medical care such as help taking medicine or help with nursing care (for example, dressing changes or foot care)	02
CR1_PRO_MG_TRM	Managing care such as making appointments	03
CR1_PRO_AC_TRM	Help with activities such as housework, home maintenance, or outdoor work	04
CR1_PRO_TR_TRM	Transportation, including trips to the doctor or for shopping	05
CR1_PRO_ML_TRM	Meal preparation or delivery	06
CR1_PRO_NONE_TRM	[DO NOT READ] None	96
CR1_PRO_OT_TRM	Other	97
CR1_PRO_OTSP_TRM	Other (please specify: _____)*	
CR1_PRO_DK_NA_TRM	[DO NOT READ] Don't know/No answer	98
CR1_PRO_REFUSED_TRM	[DO NOT READ] Refused	99

*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
CR1_MOST_OTSP_TRM	Other (please specify: _____).....	97
	[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_FRQ_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_DEVC_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

CR2_END



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
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

*Additional categories coded; refer to data dictionary.

**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

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

[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

CAG_END



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
INJ_WHR_OTSP_TRM	Other (please specify: _____).....	97
	[DO NOT READ] Don't know/No answer	98
	[DO NOT READ] 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
INJ_ACT_OTSP_TRM	Other (please specify: _____).....	97
	[DO NOT READ] Don't know/No answer.....	98
	[DO NOT READ] 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 **SKIP TO FAL_Q04/
FAL_WHERE_TRM**
- 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
- FAL_MOST_OTSP_TRM 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_ATT_N_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_STLDSC_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	SKIP TO FAL_Q09b/ FAL_BDDSC_TRM
No.....	2	SKIP TO FAL_Q10a/ FAL_CHR_TRM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q10a/ FAL_CHR_TRM
[DO NOT READ] Refused	9	SKIP TO FAL_Q10a/ FAL_CHR_TRM



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



FAL_Q10b
FAL_CHDSC_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
FAL_CHDSC_OTSP_TRM Other (please specify: _____).....	97
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

FAL_Q11a
FAL_FURN_TRM

Was other furniture a contributing factor to your fall?

FAL_FURN_SP_TRM Yes (please specify: _____)	1	SKIP TO FAL_Q11b/ FAL_FRNDSC_TRM
No.....	2	SKIP TO FAL_Q12a/ FAL_RUG_TRM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q12a/ FAL_RUG_TRM
[DO NOT READ] Refused	9	SKIP TO FAL_Q12a/ FAL_RUG_TRM



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	SKIP TO FAL_Q13b/ FAL_FLDSC_TRM
No.....	2	SKIP TO FAL_Q14a/ FAL_ELEC_TRM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q14a/ FAL_ELEC_TRM
[DO NOT READ] Refused	9	SKIP TO FAL_Q14a/ FAL_ELEC_TRM



FAL_Q13b
FAL_FLDCS_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_FLDCS_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/ FAL_ELDSC_TRM
No	2	SKIP TO FAL_Q15a/ FAL_FOOT_TRM
[DO NOT READ] Don't know/No answer	8	SKIP TO FAL_Q15a/ FAL_FOOT_TRM
[DO NOT READ] Refused	9	SKIP TO FAL_Q15a/ FAL_FOOT_TRM



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	SKIP TO FAL_Q16b/ FAL_CJDSC_TRM
	No.....	2	SKIP TO FAL_Q17a/ FAL_TOY_TRM
	[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q17a/ FAL_TOY_TRM
	[DO NOT READ] Refused	9	SKIP TO FAL_Q17a/ FAL_TOY_TRM



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	SKIP TO FAL_Q17b/ FAL_TOYDSC_TRM
No.....	2	SKIP TO FAL_Q18a/ FAL_YRD_TRM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q18a/ FAL_YRD_TRM
[DO NOT READ] Refused	9	SKIP TO FAL_Q18a/ FAL_YRD_TRM



FAL_Q17b
FAL_TOYDSC_TRM

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
FAL_TOYDSC_OTSP_TRM Other (please specify: _____)	97
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

FAL_Q18a
FAL_YRD_TRM

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_ELSEDSC_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 **CONTINUE**
- No 2 **SKIP TO RET_5/
RET_AGE_NB_TRM**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO RET_5/
RET_AGE_NB_TRM**
- [DO NOT READ]** Refused 9 **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 pension01
- RET_WHY_RE_TRM Retirement was financially possible.....02
- RET_WHY_HL_TRM Health/disability/stress reasons03
- RET_WHY_IN_TRM Employer offered special incentives to retirement.....04
- RET_WHY_OR_TRM Organizational restructuring or job eliminated05
- RET_WHY_PR_TRM Providing care to a family member or friend.....06
- RET_WHY_MD_TRM Employer had a mandatory retirement policy07
- RET_WHY_HO_TRM Wished to pursue hobbies or other activities of personal interest08
- RET_WHY_ST_TRM Wanted to stop working09
- RET_WHY_AG_TRM An agreement with your spouse or partner10
- RET_WHY_OT_TRM Other97
- RET_WHY_OTSP_TRM Other (please specify: _____)*
- RET_WHY_DK_NA_TRM **[DO NOT READ]** Don't know/No answer98
- 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



RET_11
RET_STDLIV_TRM

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.

RET_12 **[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 considerations01
- RET_BCKWRK_CD_TRM Caregiving duties were no longer required.....02
- RET_BCKWRK_IH_TRM Improvement in your health03
- RET_BCKWRK_LW_TRM Liked working/being active04
- RET_BCKWRK_WO_TRM Interesting work opportunity05
- RET_BCKWRK_GR_TRM Preferred gradual retirement06
- RET_BCKWRK_MC_TRM Wanted to make a contribution.....07
- RET_BCKWRK_WC_TRM Wanted a challenge08
- RET_BCKWRK_NL_TRM Did not like retirement or not ready to retire09
- 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_FOFTIME_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/AGE_DOB_TRM YEAR] PLUS 40, MAX=CURRENT YEAR OR
[RECALL RET_5/RET_AGE_NB_TRM] PLUS [RECALL
AGE_1/AGE_DOB_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 answer9998

[DO NOT READ] Refused9999

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
- LFP_SCHD_OTSP_TRM 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]** Refused99



LFP_6
LFP_IND_SP_TRM

What business or industry sector were you in? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

[DO NOT READ] Refused99

LFP_7
LFP_LNGST_TRM

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**
- [DO NOT READ]** Refused 9 **SKIP TO LBF_END**

Now I would like you to think back over your entire career to the job that you worked the longest.

LFP_8
LFP_LGPAY_TRM

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 UNPAID 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]** Refused99



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] Refused99

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)

SKIP TO LBF_3/LBF_MANY_TRM IF RET_1/RET_RTRD_TRM=2; SKIP TO LBF_END IF
RET_1/RET_RTRD_TRM=1

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

**SKIP LBF_4/
LBF_STTS_TRM
PREAMBLE**

[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

LBF_SCHD_OTSP_TRM 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

LBF_9
LBF_RSN_TRM

[ASK IF LBF_2/LBF_CURR_TRM=2] What would best describe the reason for not working? **CODE ONLY ONE RESPONSE**

- Unable to work because of sickness or disability01
- Looking after family02
- Student03
- Unemployed04
- Doing unpaid or voluntary work05
- Other97

LBF_RSN_OTSP_TRM Other (please specify: _____)

- [DO NOT READ]** Don't know/No answer98
- [DO NOT READ]** Refused99

LBF_10

How long have you been unemployed?

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

- [DO NOT READ]** Don't know/No answer98
- [DO NOT READ]** Refused99

RECORD UNIT OF MEASUREMENT:

- LBF_UNEM_WK_TRM Weeks **CATI MASK: MIN=01, MAX=52**1
- LBF_UNEM_MT_TRM Months **CATI MASK: MIN=01, MAX=12**2
- LBF_UNEM_YR_TRM Years **CATI MASK: MIN=01, MAX=CURRENT AGE**3

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: _____)
- 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.



LBF_13
LBF_LGSTAT_TRM

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

LBF_14
LBF_LGSCHD_TRM

Which of the following best describes your working schedule in that job?

- Daytime schedule or shift.....01
- Evening shift.....02
- Night shift03
- Rotating shift, changing periodically from days to evenings or nights04
- Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises05
- LBF_LGSCHD_OTSP_TRM Other (please specify: _____).....97
- [DO NOT READ]** Don't know/No answer98
- [DO NOT READ]** Refused99

LBF_15
LBF_LGTYPE_SP_TRM

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_16



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 retirement01

You plan to continue working for as long as you are able to02

You can't afford to retire03

RPL_WHYNT_OTSP_TRM Other (please specify: _____)97

[DO NOT READ] Don't know/No answer98

[DO NOT READ] Refused99

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_STDLIV_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_STDLIV_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_PC_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.



RPL_7 **[ASK IF SDC_9/SDC_MRTL_TRM=02]** 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 health01
- RPL_INFSP_SI_TRM Your spouse or partner's retirement income02
- 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 retires04
- RPL_INFSP_OT_TRM Other97
- RPL_INFSP_OTSP_TRM Other (please specify: _____)*
- RPL_INFSP_DK_NA_TRM **[DO NOT READ]** Don't know/No answer98
- RPL_INFSP_REFUSED_TRM **[DO NOT READ]** Refused.....99

*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**

INC_SRCE_WG_TRM	Wages and salaries	01
INC_SRCE_SE_TRM	Income from self-employment	02
INC_SRCE_IN_TRM	Dividends and interest (e.g., on bonds, savings)	03
INC_SRCE_EI_TRM	Employment insurance	04
INC_SRCE_CM_TRM	Worker's compensation	05
INC_SRCE_BN_TRM	Benefits from Canada or Quebec Pension Plan	06
INC_SRCE_PN_TRM	Job related retirement pensions, superannuation and annuities	07
INC_SRCE_GV_TRM	RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)	08
INC_SRCE_OLD_TRM	Old Age Security	09
INC_SRCE_GIS_TRM	Guaranteed Income Supplement	10
INC_SRCE_WF_TRM	Provincial or municipal social assistance or welfare	11
INC_SRCE_CH_TRM	Child Tax Benefit	12
INC_SRCE_SP_TRM	Child support	13
INC_SRCE_AL_TRM	Alimony	14
INC_SRCE_CP_TRM	Capital gains (e.g. profits from sale of stocks)	15
INC_SRCE_NONE_TRM	[DO NOT READ] None	96
INC_SRCE_OT_TRM	Other (e.g., rental income, veterans' pensions)	97
INC_SRCE_DK_NA_TRM	[DO NOT READ] Don't know/No answer	98
INC_SRCE_REFUSED_TRM	[DO NOT READ] Refused	99



INC_2 [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
[OMIT "THREE" IF ONLY TWO SOURCES LISTED AT INC_1/INC_SRCE_WG_TRM]
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

INC_4 Thinking about your total personal income, from which of the following sources did you receive any income in the past 12 months? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

INC_PSRCE_WG_TRM	Wages and salaries	01
INC_PSRCE_SE_TRM	Income from self-employment	02
INC_PSRCE_IN_TRM	Dividends and interest (e.g., on bonds, savings)	03
INC_PSRCE_EI_TRM	Employment insurance	04
INC_PSRCE_CM_TRM	Worker's compensation	05
INC_PSRCE_BN_TRM	Benefits from Canada or Quebec Pension Plan	06
INC_PSRCE_PN_TRM	Job related retirement pensions, superannuation and annuities	07
INC_PSRCE_GV_TRM	RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund).....	08
INC_PSRCE_OLD_TRM	Old Age Security.....	09
INC_PSRCE_GIS_TRM	Guaranteed Income Supplement	10
INC_PSRCE_WF_TRM	Provincial or municipal social assistance or welfare	11
INC_PSRCE_CH_TRM	Child Tax Benefit	12
INC_PSRCE_SP_TRM	Child support	13
INC_PSRCE_AL_TRM	Alimony	14
INC_PSRCE_CP_TRM	Capital gains (e.g. profits from sale of stocks)	15
INC_PSRCE_NONE_TRM	[DO NOT READ] None	96
INC_PSRCE_OT_TRM	Other (e.g., rental income, veterans' pensions)	97
INC_PSRCE_DK_NA_TRM	[DO NOT READ] Don't know/No answer.....	98
INC_PSRCE_REFUSED_TRM	[DO NOT READ] Refused.....	99



INC_5 [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 [OMIT "THREE" IF ONLY TWO SOURCES LISTED IN INC_4/
INC_PSRCE_WG_TRM] 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: _____

INC_PSCND_TRM [ONLY IF INC_4/INC_PSRCE_WG_TRM≥2 RESPONSES] SPECIFY SECOND
HIGHEST SOURCE OF PERSONAL INCOME _____

INC_PTHRD_TRM [ONLY IF INC_4/INC_PSRCE_WG_TRM≥3 RESPONSES] 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..... 999999999998
[DO NOT READ] Refused 999999999999

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