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PROGRAMMING INSTRUCTIONS:

THE FOLLOWING MODULES ARE ADMINISTERED TO TRACKING PARTICIPANTS:
FAL
HUP
ORH
PKD
HCU
MED
DSU
NUR
PA2
SEQ
INT
TRA
ENV
WEA
CON

THE FOLLOWING MODULES ARE ADMINISTERED TO COMPREHENSIVE PARTICIPANTS:
FAL
HUP
ORH
SNO
HCU
DSU
NUR
PA2
K10
PER
SEQ
INT
TRA
ENV
WEA
CON
Falls (FAL) – Tracking/Comprehensive

I have two questions about whether you may have experienced any falls over the past 12 months. We are interested in falls where you hurt yourself enough to limit some of your normal activities.

FAL_1
FAL_12MN_MCQ

In the past 12 months, did you have any falls?

Yes ........................................................................ 1 CONTINUE
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_2
FAL_NMBR_NB_MCQ

How many times have you fallen in the past 12 months?

________ RECORD NUMBER, CATI MASK: MIN=01, MAX=30

INTERVIEWER: RECORD THE NUMBER OF FALLS (E.G., 2 FALLS, 5 FALLS), NOT A RANGE (E.G., 2 OR 3 FALLS IS NOT ACCEPTABLE). IF THE PARTICIPANT IS UNCERTAIN, PROMPT THEM WITH “CAN YOU PROVIDE A ROUGH ESTIMATE OF THE NUMBER OF FALLS?” IF THE PARTICIPANT PROVIDES A RANGE, E.G., 2 OR 3, ASK THEM IF THEY THINK THEY FELL TWICE OR THREE TIMES AND RECORD THE ANSWER. ONLY USE CODES 98 (DON’T KNOW/NO ANSWER) OR 99 (REFUSED) IF THE PARTICIPANT DOES NOT PROVIDE A SINGLE NUMBER OF FALLS AFTER THREE PROMPTS.

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

FAL_END
Pain and Discomfort (HUP) – Tracking/Comprehensive

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

HUP_1
HUP_FREE_MCQ
Are you usually free of pain or discomfort?

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

HUP_2
HUP_INTNSTY_MCQ
How would you describe the usual intensity of your pain or discomfort? Would you say it is mild, moderate, or severe? CODE ONLY ONE RESPONSE

Mild........................................................................... 1
Moderate .................................................................. 2
Severe ..................................................................... 3
[DO NOT READ] Don’t know/No answer............. 8
[DO NOT READ] Refused ................................. 9

HUP_3
HUP_PRVACT_MCQ
How many activities does your pain or discomfort prevent? Would you say none, a few, some, or most? CODE ONLY ONE RESPONSE

None........................................................................... 1
A few ................................................................. 2
Some.................................................................... 3
Most ..................................................................... 4
[DO NOT READ] Don’t know/No answer............. 8
[DO NOT READ] Refused ................................. 9

HUP_END
Oral Health (ORH) – Tracking/Comprehensive

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

**ORH_1**

**ORH_HLTH_MCQ**

In general, would you say the health of your mouth 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

**ORH_2**

**ORH_TEETH_MCQ**

Do you have one or more of your own original teeth?

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

**ORH_3**

**ORH_DENT_MCQ**

Do you wear dentures or false teeth?

**INTERVIEWER INSTRUCTIONS: INCLUDES FALSE TEETH, FULL OR PARTIAL DENTURES IF THEY ARE REMOVABLE, DO NOT INCLUDE IMPLANTS THAT ARE PERMANENT**

- Yes ................................................................. 1
- No ...................................................................... 2
- [DO NOT READ] Don’t know/No answer......... 8
- [DO NOT READ] Refused ......................... 9
ORH_4
ORH_UNCEAT_MCQ
In the past 12 months, how often have you found it uncomfortable to eat any food because of problems with your mouth? Would you say…READ LIST, CODE ONLY ONE RESPONSE

Often.................................................................1
Sometimes ............................................................2
Rarely .................................................................3
Never..................................................................4
[DO NOT READ] Don’t know/No answer.........8
[DO NOT READ] Refused .................................9

ORH_5
ORH_AVDEAT_MCQ
In the past 12 months, how often have you avoided eating particular foods because of problems with your mouth? Would you say…READ LIST, CODE ONLY ONE RESPONSE

Often.................................................................1
Sometimes ............................................................2
Rarely .................................................................3
Never..................................................................4
[DO NOT READ] Don’t know/No answer.........8
[DO NOT READ] Refused .................................9
In the past 12 months have you experienced any of the following? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

- **Toothache** ................................................................. 01
- **Cannot chew adequately** ........................................... 02
- **Dentures uncomfortable** ........................................... 03
- **Dentures loose/don't fit** ............................................ 04
- **Dentures broken** ....................................................... 05
- **Dentures missing** ...................................................... 06
- **Swelling in your mouth** ............................................ 07
- **Dry mouth** ............................................................... 08
- **Burning mouth** ........................................................ 09
- **Jaw muscles sore** ..................................................... 10
- **Jaw joints painful** ..................................................... 11
- **Natural tooth decayed** .............................................. 12
- **Natural tooth loose** .................................................. 13
- **Natural tooth broken** ................................................ 14
- **Gums around natural teeth are sore** ......................... 15
- **Gums around natural teeth bleed** ............................. 16
- **Denture-related sores** ............................................... 17
- **Teeth or dentures dirty** ............................................. 18
- **Bad breath** .............................................................. 19
- **[DO NOT READ] Have not experienced any of these problems...** 96X
- **Other problem (please specify: _____________)** ............ 97
- **[DO NOT READ] Don’t know/No answer** ..................... 98X
- **[DO NOT READ] Refused** .......................................... 99X
How often do you usually brush your teeth and/or dentures? For example: twice a day, three times a week, once a month. **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT FREQUENCY**

______ RECORD NUMBER, CATI MASK: MIN=000, MAX=500

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

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

[ASK IF ORH_7/ORH_BRUSH_NB_MCQ IS 98] You indicated this participant brushes their teeth and/or dentures 98 times -- did you wish to enter 998 for “Don’t know/No answer”?

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

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

[ASK IF ORH_7/ORH_BRUSH_NB_MCQ IS 99] You indicated this participant brushes their teeth and/or dentures 99 times -- did you wish to enter 999 for “Refused”?

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

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

RECORD UNIT OF MEASUREMENT:

Per day ...................................................... 1

Per week .................................................... 2

Per month .................................................. 3

Per year .................................................... 4
Snoring (SNO) – Comprehensive

The next questions are about snoring. Snoring is common and usually not serious. However, snoring could impair some people’s ability to sleep. To help us study sleep as part of the CLSA, please answer the following questions.

SNO_1
SNO_SNORE_MCQ
  Do you snore loudly? By ‘loudly’ I mean louder than talking or loud enough to be heard through closed doors.

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

SNO_2
SNO_STOPBREATHE_MCQ
  Has anyone ever observed you stop breathing in your sleep?

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

SNO_END
Parkinsonism (PKD) – Tracking

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

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

**PKD_1_MC**

PKD_PARK_MCQ

Has a doctor ever told you that you had Parkinsonism or Parkinson’s Disease?

- Yes ........................................................................... 1 CONTINUE
- No ........................................................................... 2 SKIP TO PKD_1B_MC/
  PKD_PARK_CHANGE_MCQ

[DO NOT READ] Don’t know/No answer ............ 8 SKIP TO PKD_3_MC/
  PKD_MED_MCQ

[DO NOT READ] Refused ......................................... 9 SKIP TO PKD_3_MC/
  PKD_MED_MCQ

**PKD_1A_MC**

PKD_PARKNEW_MCQ

[IF CCT_PARK_TRM=NO AND PKD_1_MC/PKD_PARK_MCQ=YES, THEN
ADMINISTER PKD_1A_MC/PKD_PARKNEW_MCQ, ELSE SKIP TO
PKD_2_MC/PKD_AGE_MCQ] In an earlier CLSA interview, you answered ‘no’ to this question. Since that interview, did a doctor tell you that you had Parkinsonism or Parkinson’s Disease?

- Yes ........................................................................... 1 CONTINUE
- No ........................................................................... 2 SKIP TO PKD_3_MC/
  PKD_MED_MCQ

[DO NOT READ] Don’t know/No answer ............ 8 SKIP TO PKD_3_MC/
  PKD_MED_MCQ

[DO NOT READ] Refused ......................................... 9 SKIP TO PKD_3_MC/
  PKD_MED_MCQ
PKD_1B_MC
PKD_PARK_CHANGE_MCQ

[IF CCT_PARK_TRM=YES AND PKD_1_MC/PKD_PARK_MCQ=NO, THEN ADMINISTER PKD_1B_MC/PKD_PARK_CHANGE_MCQ]

In an earlier CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Parkinsonism or Parkinson’s Disease. Since that interview, has the diagnosis changed?

Yes ........................................................................... 1 SKIP TO PKD_3_MC/ PKD_MED_MCQ

No.............................................................................. 2 SKIP TO PKD_3_MC/ PKD_MED_MCQ

[DO NOT READ] Don’t know/No answer ............ 8 SKIP TO PKD_3_MC/ PKD_MED_MCQ

[DO NOT READ] Refused......................................... 9 SKIP TO PKD_3_MC/ PKD_MED_MCQ

PKD_2_MC
PKD_AGE_MCQ

At what age, or in what year, did you first develop Parkinsonism or were you first told you had Parkinson’s Disease?

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

PKD_AGE_NB_MCQ _____ RECORD AGE (IN YEARS)

PKD_AGE_YR_MCQ OR _____ RECORD YEAR

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

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

Even if you have not been diagnosed with Parkinsonism or Parkinson’s disease, we will still need to ask you about some medications and or treatments that are typically given for these conditions.

PKD_3_MC
PKD_MED_MCQ

Are you currently taking any of the following drugs?

<table>
<thead>
<tr>
<th>PD Medications</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>PKD_3_MC_a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKD_MED_LEV_MCQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKD_3_MC_b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKD_MED_LEN_MCQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKD_3_MC_c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKD_MED_PRA_MCQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKD_3_MC_d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKD_MED_ROP_MCQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKD_3_MC_e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKD_MED_RAS_MCQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Levodopa/carbidopa (Sinemet, Prolopa)
Levodopa/entacapone (Stalevo)
Pramipexole (Mirapex)
Ropinirole (ReQuip)
Rasagiline (Azilect)
Are you currently undergoing other treatment for Parkinsonism or Parkinson's Disease?

Yes ................................................................. 01

No ................................................................. 02

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

[DO NOT READ] Refused ................................. 99
PKD_4_MC
PKD_EVRMED_MCQ

Have you ever taken any medications or undergone other treatment for Parkinsonism or Parkinson’s Disease?

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

INTERVIEWER INSTRUCTIONS: QUESTIONS PKD_5_MC/PKD_SHKE_MCQ THROUGH PKD_13_MC/PKD_RISE_MCQ PERTAIN TO WHETHER THE PARTICIPANT IS CURRENTLY EXPERIENCING ANY OF THE SYMPTOMS. PEOPLE WITH PARKINSONISM TEND TO EXPERIENCE ONE OR MORE OF THESE SYMPTOMS ON AN ONGOING BASIS, SO “CURRENTLY” MEANS REGULARLY.

PKD_5_MC
PKD_SHKE_MCQ

Do your arms or legs shake?

Yes ......................................................................................................................... 1
CONTINUE
No ............................................................................................................................ 2
SKIP TO PKD_6_MC/
PKD_SMWRT_MCQ
[DO NOT READ] Don’t know/No answer............. 8
SKIP TO PKD_6_MC/
PKD_SMWRT_MCQ
[DO NOT READ] Refused .................................................. 9
SKIP TO PKD_6_MC/
PKD_SMWRT_MCQ

PKD_5a_MC
PKD_SHKESEV_MCQ

Is this shaking more severe or noticeable when your limb is resting, or when you are using it?

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

PKD_6_MC
PKD_SMWRT_MCQ

Is your handwriting smaller than it once was?

Yes ......................................................................................................................... 1
No ............................................................................................................................ 2
[DO NOT READ] Don’t know/No answer............. 8
[DO NOT READ] Refused .................................................. 9
PKD_7_MC
PKD_BUTON_MCQ
Do you have trouble buttoning buttons?

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

PKD_8_MC
PKD_VOICE_MCQ
Do people tell you that your voice is softer than it once was?

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

PKD_9_MC
PKD_FEET_MCQ
Do your feet suddenly seem to freeze in doorways?

INTERVIEWER: PEOPLE WITH PARKINSON’S WILL KNOW WHAT THIS MEANS. IF A PARTICIPANT DOES NOT UNDERSTAND WHAT THIS QUESTION IS ASKING, RECORD RESPONSE AS “NO”

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

PKD_10_MC
PKD_WALK_MCQ
Do you shuffle your feet and/or take tiny steps when you walk?

Yes ................................................................. 1
No ......................................................................... 2
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ........................................ 9
Is your balance poor?

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

Does your face seem less expressive than it used to?

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

Do you have trouble rising from a chair?

Yes ................................................................. 1
No ....................................................................... 2
[DO NOT READ] Don’t know/No answer........... 8
[DO NOT READ] Refused ................................. 9
Health Care Utilization (HCU) – Tracking/Comprehensive

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

During the past 12 months, have you had contact with any of the following about your physical or mental health? **READ LIST**

<table>
<thead>
<tr>
<th>HCU_1</th>
<th>HCU_FAMPHY_MCQ</th>
<th>General practitioner, family physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCU_2</td>
<td>HCU_SPEC_MCQ</td>
<td>Medical specialist (such as a cardiologist, gynaecologist, psychiatrist)</td>
</tr>
<tr>
<td>HCU_3</td>
<td>HCU_PSYCH_MCQ</td>
<td>Psychologist</td>
</tr>
<tr>
<td>HCU_4</td>
<td>HCU_DEN_MCQ</td>
<td>Dentist</td>
</tr>
<tr>
<td>HCU_5</td>
<td>HCU_OPTO_MCQ</td>
<td>Ophthalmologist or optometrist</td>
</tr>
<tr>
<td>HCU_6</td>
<td>HCU_PHYSIO_MCQ</td>
<td>Physiotherapist, occupational therapist, or chiropractor</td>
</tr>
<tr>
<td>HCU_7</td>
<td>HCU_SOCLWRK_MCQ</td>
<td>Social worker</td>
</tr>
</tbody>
</table>

**HCU_8**
HCU_EMEREG_MCQ

Have you been seen in an Emergency Department during the past 12 months?

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

**HCU_9**
HCU_HLOVRNT_MCQ

Were you a patient in a hospital overnight during the past 12 months?

Yes ................................................................................. 1
No ................................................................................. 2
[DO NOT READ] Don’t know/No answer......... 8
[DO NOT READ] Refused ................................... 9
Were you a patient in a nursing home or convalescent home during the past 12 months?

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

HCU_END
Medication Use (MED) – Tracking

The next question asks about your use of prescription medications.

MED_1
MED_USE1_MCQ
How often in the past month did you take one or more prescription medications?

INTERVIEWER INSTRUCTION: A PRESCRIPTION MEDICATION IS A DRUG THAT IS AVAILABLE FROM A PHARMACIST ONLY WITH WRITTEN INSTRUCTIONS FROM A DOCTOR OR A DENTIST. THIS QUESTION DOES NOT PERTAIN TO OVER-THE-COUNTER MEDICATIONS, WHICH MAY BE PURCHASED WITHOUT SUCH WRITTEN INSTRUCTIONS.

Daily.................................................................1
Every week, but not daily ..............................2
Less often than every week .........................3
Never...............................................................4
[DO NOT READ] Don't know/No answer........8
[DO NOT READ] Refused .................................9

MED_1b
MED_USE2_MCQ
How often in the past month did you take one or more prescription medications?

INTERVIEWER INSTRUCTION: A PRESCRIPTION MEDICATION IS A DRUG THAT IS AVAILABLE FROM A PHARMACIST ONLY WITH WRITTEN INSTRUCTIONS FROM A DOCTOR OR A DENTIST. THIS QUESTION DOES NOT PERTAIN TO OVER-THE-COUNTER MEDICATIONS, WHICH MAY BE PURCHASED WITHOUT SUCH WRITTEN INSTRUCTIONS.

INTERVIEWER NOTE: The response "Never" is not an option for this question because the participant indicated in the Parkinson’s module they were taking at least one prescription medication for that condition.

Daily.................................................................1
Every week, but not daily ..............................2
Less often than every week .........................3
[DO NOT READ] Don't know/No answer........8
[DO NOT READ] Refused .................................9
In the past month, how many prescription medications did you take?

INTERVIEWER INSTRUCTION: A PRESCRIPTION MEDICATION IS A DRUG THAT IS AVAILABLE FROM A PHARMACIST ONLY WITH WRITTEN INSTRUCTIONS FROM A DOCTOR OR A DENTIST. THIS QUESTION DOES NOT PERTAIN TO OVER-THE-COUNTER MEDICATIONS, WHICH MAY BE PURCHASED WITHOUT SUCH WRITTEN INSTRUCTIONS.

One.................................................................1
Two.................................................................2
Three or more...............................................3
[DO NOT READ] Don’t know/No answer............8
[DO NOT READ] Refused ....................................9
Dietary Supplement Use (DSU) – Tracking/Comprehensive

Now, some questions about your use of nutritional supplements in the past month. Please note this can include BOTH prescription and non-prescription supplements.

In the past month, did you take any of the following:

<table>
<thead>
<tr>
<th>DSM_1</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
<th>DSU_END</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSU_1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>multivitamin supplements</td>
</tr>
<tr>
<td>DSU_2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>calcium supplements</td>
</tr>
<tr>
<td>DSU_3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>vitamin D supplements</td>
</tr>
<tr>
<td>DSU_4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>vitamin B12 supplements</td>
</tr>
<tr>
<td>DSU_5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>iron supplements</td>
</tr>
<tr>
<td>DSU_6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>vitamin C supplements</td>
</tr>
<tr>
<td>DSU_7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>other supplements</td>
</tr>
</tbody>
</table>

[ASK IF DSU_7/DSU_OT_MCQ IS EQUAL TO YES] Other supplements (please specify) _______
Nutritional Risk (NUR) – Tracking 1-14E/Comprehensive 1-11

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

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

NUR_1
NUR_GLSWT_MCQ
Compared with 6 months ago, have you gained weight, lost weight, or stayed about the same?

Gained weight ...................................................... 1 CONTINUE
Lost weight ........................................................... 2 CONTINUE
Stayed about the same ................................. 3 SKIP TO NUR_3/
NUR_SKPMLS_MCQ

[DO NOT READ] Don’t know/No answer .......... 8 SKIP TO NUR_3/
NUR_SKPMLS_MCQ

[DO NOT READ] Refused ................................. 9 SKIP TO NUR_3/
NUR_SKPMLS_MCQ

NUR_2
NUR_WTGL_MCQ
How much weight did you lose/gain in the past 6 months? READ LIST, CODE ONLY 
ONE RESPONSE

More than 10 pounds (More than 4.5 kilos) ........ 1
6 to 10 pounds (2.7 to 4.5 kilos) ...................... 2
About 5 pounds (About 2.3 kilos) ............. 3
Less than 5 pounds (Less than 2.3 kilos) ....... 4
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ............................. 9

NUR_3
NUR_SKPMLS_MCQ
In general, how often do you skip meals? READ LIST, CODE ONLY ONE RESPONSE

Almost every day ................................. 1
Often .................................................. 2
Sometimes ......................................... 3
Rarely ................................................ 4
Never .............................................. 5
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9

NUR_4
NUR_APPTT_MCQ

In general, how would you describe your appetite? Would you say it is...READ LIST, CODE ONLY ONE RESPONSE

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

NUR_5
NUR_SWLLFD_MCQ

In general, how often do you cough, choke, or have pain when swallowing food or fluid? Would you say...READ LIST, CODE ONLY ONE RESPONSE

Often or always .................................................... 1
Sometimes ........................................................... 2
Rarely ................................................................... 3
Never .................................................................... 4
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ................................. 9

NUR_6
NUR_FRTVEG_MCQ

In general, how many servings of fruits and vegetables do you eat in a day?

INTERVIEWER INSTRUCTION: FRUITS AND VEGETABLES CAN BE CANNED, FRESH, FROZEN, OR 100% NATURAL JUICE.
A SERVING IS...:

• 125 ml (1/2 cup) OF VEGETABLES
• 125 ml (1/2 cup) OF COOKED, LEAFY VEGETABLES
• 250 ml (1 cup) RAW LEAFY VEGETABLES
• 1 FRUIT OR 125 ml (1/2 cup) OF FROZEN OR CANNED FRUIT OR 125 ml (1/2 cup) OF 100% NATURAL JUICE

Seven or more ...................................................... 1
Six ......................................................................... 2
Five ....................................................................... 3
Four ....................................................................... 4
Three ..................................................................... 5
Two ....................................................................... 6
Less than two ....................................................... 7
[DO NOT READ] Don’t know/No answer.............8  
[DO NOT READ] Refused .........................................9

NUR_7  
NUR_DRKFLD_MCQ  
How much fluid do you drink in a day? READ LIST, CODE ONLY ONE RESPONSE  

INTERVIEWER INSTRUCTION: INCLUDES WATER, TEA, COFFEE, HERBAL DRINKS, 100% NATURAL JUICES, FRUIT FLAVOURED DRINKS, MILK, AND SOFT DRINKS BUT NOT ALCOHOL. A CUP IS 8 OUNCES or 250 ML. 

Eight or more cups ...............................................1  
Five to seven cups ...............................................2  
Three to four cups ................................................3  
About two cups .....................................................4  
Less than two cups ...............................................5  
[DO NOT READ] Don’t know/No answer.............8  
[DO NOT READ] Refused .........................................9

NUR_8  
NUR_MLSMN_MCQ  
How often do you eat at least one meal each day with someone? READ LIST, CODE ONLY ONE RESPONSE  

Almost always .....................................................1  
Often .......................................................................2  
Sometimes ...........................................................3  
Rarely .................................................................4  
Never .....................................................................5  
[DO NOT READ] Don’t know/No answer.............8  
[DO NOT READ] Refused .........................................9

NUR_9  
NUR_CKMEALS_MCQ  
Do you usually cook your own meals?  

INTERVIEWER INSTRUCTIONS: INCLUDES FRESH, FROZEN, PRE-PACKAGED AND CANNED FOOD  

Yes .................................................................1  
CONTINUE  
No .................................................................2  
SKIP TO NUR_11/ 
NUR_MLPREP_OTH_MCQ  
[DO NOT READ] Don’t know/No answer.............8  
SKIP TO NUR_11/ 
NUR_MLPREP_OTH_MCQ
Which of the following statements best describes meal preparation for you? READ LIST, CODE ONLY ONE RESPONSE

I enjoy cooking most of my meals .................. 1
I sometimes find cooking a chore .................. 2
I usually find cooking a chore .................... 3
[DO NOT READ] Don't know/No answer ............. 8
[DO NOT READ] Refused ............................... 9

SKIP TO NUR_12/NUR_FASTFD_NB_MCQ

Which of the following statements best describes the meals prepared for you? READ LIST, CODE ONLY ONE RESPONSE

INTERVIEWER INSTRUCTION: INCLUDES FAMILY MEMBERS, FRIENDS, AND MEAL SERVICES

I'm satisfied with the quality of the food prepared by others ........ 1
I'm not satisfied with the quality of the food prepared by others ..... 2
[DO NOT READ] Don't know/No answer ........................... 8
[DO NOT READ] Refused ....................................... 9

Fast Food Consumption

On average, how many times in the past month have you eaten fast food (restaurant, take-out, or home delivery)? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

______ RECORD NUMBER, CATI MASK: MIN=00, MAX=50

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

NUR_13
NUR_NOTENFD_MCQ
In the past 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?

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

Coffee and Tea Consumption

For each of the following beverages, how many cups do you drink each day? A cup is 8 ounces or 250 ml. READ EACH BEVERAGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF THE EXACT NUMBER OF CUPS PER DAY FOR EACH BEVERAGE

NUR_14A
NUR_RCOFF_NB_MCQ
Regular Coffee

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=10
[DO NOT READ] Don’t know/No answer ............. 98
[DO NOT READ] Refused .................................... 99

NUR_14B
NUR_DCOFF_NB_MCQ
Decaffeinated Coffee

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=10
[DO NOT READ] Don’t know/No answer .............. 98
[DO NOT READ] Refused ...................................... 99

NUR_14C
NUR_BTEA_NB_MCQ
Black Tea

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=10
[DO NOT READ] Don’t know/No answer ................. 98
[DO NOT READ] Refused ......................................... 99
NUR_14D
NUR_GTEA_NB_MCQ

Green Tea

____ RECORD NUMBER, CATI MASK: MIN=00, MAX=10

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

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

NUR_14E
NUR_OTEA_NB_MCQ

Other Tea

INTERVIEWER NOTE: RECORD NUMBER OF CUPS/DAY FOR ALL OTHER TEAS COMBINED

____ RECORD NUMBER, CATI MASK: MIN=00, MAX=10

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

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

NUR_END
Physical Activities (PA2) – Tracking/Comprehensive

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

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

PA2_1

PA2_SIT_MCQ

Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV, computer activities or doing handicrafts? Would you say…READ LIST, CODE ONLY ONE RESPONSE

- Never .................................................................... 1
- Seldom (1 to 2 days) ............................................ 2
- Sometimes (3 to 4 days) ................................. 3
- Often (5 to 7 days) ................................................ 4
- [DO NOT READ] Don’t know/No answer ……. 8
- [DO NOT READ] Refused ................................... 9

PA2_2

What were these activities? DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

PA2_SIT_BIN_MCQ Bingo, cards or other games ................................. 01
PA2_SIT_COM_MCQ Computer activities .............................................. 02
PA2_SIT_CRO_MCQ Crosswords, puzzles, etc. ................................. 03
PA2_SIT_HAN_MCQ Handicrafts ......................................................... 04
PA2_SIT_LIS_MCQ Listening to radio/music ..................................... 05
PA2_SIT_MUS_MCQ Playing musical instruments ............................ 06
PA2_SIT_REA_MCQ Reading ................................................................. 07
PA2_SIT_VIS_MCQ Visiting with others .............................................. 08
PA2_SIT_TV_MCQ Watching TV .............................................................. 09
PA2_SIT_OT_MCQ Other (please specify: __________) .................. 97
PA2_SIT_DK_NA_MCQ [DO NOT READ] Don’t know/No answer … 98X
PA2_SIT_REFUSED_MCQ  [DO NOT READ] Refused ........................................... 99X

PA2_3
PA2_SITHR_MCQ

On average, how many hours per day did you engage in these sitting activities? READ LIST, CODE ONLY ONE RESPONSE

Less than 30 minutes .............................................. 1
30 minutes but less than 1 hour .............................. 2
1 hour but less than 2 hours ................................. 3
2 hours but less than 4 hours ............................... 4
4 hours or more .................................................... 5

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

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

PA2_4
PA2_WALK_MCQ

Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for pleasure or exercise, walking to work, walking the dog, etc.

INTERVIEWER INSTRUCTION: DO NOT INCLUDE WALKING AS PART OF GARDENING, GOLFING, OR ANY OTHER SPORTS, HOUSEHOLD AND WORK-RELATED ACTIVITIES. READ LIST, CODE ONLY ONE RESPONSE

Never ..................................................................... 1
Seldom (1 to 2 days) ............................................ 2
Sometimes (3 to 4 days) ...................................... 3
Often (5 to 7 days) ................................................ 4

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

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

SKIP TO PA2_6/
PA2_LSPRT_MCQ

PA2_5
PA2_WALKHR_MCQ

On average, how many hours per day did you spend walking? READ LIST, CODE ONLY ONE RESPONSE

Less than 30 minutes .............................................. 1
30 minutes but less than 1 hour .............................. 2
1 hour but less than 2 hours .................................. 3
2 hours but less than 4 hours ................................ 4

SKIP TO PA2_6/
PA2_LSPRT_MCQ

SKIP TO PA2_6/
PA2_LSPRT_MCQ
Over the past 7 days, how often did you engage in light sports or recreational activities such as bowling, golf with a cart, shuffleboard, badminton, fishing or other similar activities?

INTERVIEWER INSTRUCTION: LIGHT SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE YOU CAN EASILY HAVE A CONVERSATION WHILE ENGAGED IN THE ACTIVITY. WALKING SHOULD BE RECORDED IN THE PREVIOUS QUESTION. READ LIST, CODE ONLY ONE RESPONSE

Never ................................................................. 1
Seldom (1 to 2 days) ............................................ 2
Sometimes (3 to 4 days) ................................. 3
Often (5 to 7 days) ............................................... 4
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9

PA2_LSPRT_ARC_MCQ Archery ...................................................... 01
PA2_LSPRT_BAD_MCQ Badminton ........................................... 02
PA2_LSPRT_BIL_MCQ Billiards .............................................. 03
PA2_LSPRT_BOA_MCQ Boating (canoeing, rowing, sailing) .................. 04
PA2_LSPRT_BOC_MCQ Bocci .................................................. 05
PA2_LSPRT_BOW_MCQ Bowling ............................................. 06
PA2_LSPRT_CAT_MCQ Catch ............................................... 07
PA2_LSPRT_CRO_MCQ Croquet .............................................. 08
PA2_LSPRT_DAR_MCQ Darts ............................................... 09
PA2_LSPRT_FIS_MCQ Fishing ............................................... 10
PA2_LSPRT_FRI_MCQ Frisbee .............................................. 11
PA2_LSPRT_GOL_MCQ Golf with a power cart ......................... 12
PA2_LSPRT_HOR_MCQ Horseshoes ........................................ 13
On average, how many hours per day did you engage in these light sports or recreational activities? **READ LIST, CODE ONLY ONE RESPONSE**

- Less than 30 minutes ........................................... 1
- 30 minutes but less than 1 hour ........................... 2
- 1 hour but less than 2 hours ................................. 3
- 2 hours but less than 4 hours ............................... 4
- 4 hours or more .................................................... 5

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

Over the past 7 days, how often did you engage in moderate sports or recreational activities such as ballroom dancing, hunting, skating, golf without a cart, softball or other similar activities?

**INTERVIEWER INSTRUCTION: MODERATE SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE THERE IS A SMALL INCREASE IN BREATHING WHILE ENGAGING IN THE ACTIVITY. DO NOT INCLUDE GARDENING AND LAWN WORK. READ LIST, CODE ONLY ONE RESPONSE**

- Never ................................................................. 1  
  **SKIP TO PA2_12/**

- Seldom (1 to 2 days) ................................. 2  
  CONTINUE

- Sometimes (3 to 4 days) .............................. 3  
  CONTINUE

- Often (5 to 7 days) ........................................... 4  
  CONTINUE

[DO NOT READ] Don’t know/No answer ............. 8  
**SKIP TO PA2_12/**
Maintaining Contact (Tracking and Comprehensive)

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

PA2_MSPRT_MCQ

SKIP TO PA2_12/

PA2_MSPRT_REFUSED_MCQ

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

PA2_10 What were these activities? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY**

PA2_MSPRT_BAR_MCQ Barn chores ................................................................. 01
PA2_MSPRT_DAN_MCQ Dancing (ballroom, ballet, disco) ......................... 02
PA2_MSPRT_FEN_MCQ Fencing ................................................................. 03
PA2_MSPRT_FOO_MCQ Football ................................................................. 04
PA2_MSPRT_GOL_MCQ Golf (without a cart) ........................................... 05
PA2_MSPRT_HOR_MCQ Horseback riding ............................................... 06
PA2_MSPRT_HUN_MCQ Hunting ................................................................. 07
PA2_MSPRT_PIL_MCQ Pilates or tai chi ................................................. 08
PA2_MSPRT_SCU_MCQ Scuba diving or snorkelling ............................... 09
PA2_MSPRT_SKA_MCQ Skating (ice, roller) ............................................. 10
PA2_MSPRT_SLE_MCQ Sledding/snowmobiling ..................................... 11
PA2_MSPRT_SOF_MCQ Softball/baseball/cricket .................................... 12
PA2_MSPRT_SUR_MCQ Surfing/snowboarding ....................................... 13
PA2_MSPRT_TEN_MCQ Tennis (doubles) ............................................... 14
PA2_MSPRT_TRA_MCQ Trampoline .......................................................... 15
PA2_MSPRT_VOL_MCQ Volleyball ............................................................ 16
PA2_MSPRT_OT_MCQ Other (please specify: ____________) ................... 97

PA2_MSPRT_DK_NA_MCQ [DO NOT READ] Don't know/No answer ......... 98X

PA2_MSPRT_REFUSED_MCQ [DO NOT READ] Refused ................................. 99X

PA2_11

On average, how many hours per day did you engage in these moderate sports or recreational activities? **READ LIST, CODE ONLY ONE RESPONSE**

Less than 30 minutes ........................................... 1
30 minutes but less than 1 hour ........................... 2
1 hour but less than 2 hours ................................. 3
2 hours but less than 4 hours ................................. 4
4 hours or more .................................................... 5

[DO NOT READ] Don't know/No answer .......... 8
[DO NOT READ] Refused ........................................ 9
PA2_12
PA2_SSPRT_MCQ

Over the past 7 days, how often did you engage in strenuous sports or recreational activities such as jogging, swimming, snowshoeing, cycling, aerobics, skiing, or other similar activities?

INTERVIEWER INSTRUCTION: STRENUOUS SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE HAVING A CONVERSATION IS VERY DIFFICULT. READ LIST, CODE ONLY ONE RESPONSE

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Seldom (1 to 2 days)</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes (3 to 4 days)</td>
<td>3</td>
</tr>
<tr>
<td>Often (5 to 7 days)</td>
<td>4</td>
</tr>
<tr>
<td>[DO NOT READ] Don't know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

PA2_13

What were these activities? DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerobic dance or water aerobics</td>
<td>01</td>
</tr>
<tr>
<td>Backpacking</td>
<td>02</td>
</tr>
<tr>
<td>Basketball</td>
<td>03</td>
</tr>
<tr>
<td>Bicycling/exercise bike</td>
<td>04</td>
</tr>
<tr>
<td>Board sailing</td>
<td>05</td>
</tr>
<tr>
<td>Handball/paddleball</td>
<td>06</td>
</tr>
<tr>
<td>Hiking</td>
<td>07</td>
</tr>
<tr>
<td>Hockey (ice or field)</td>
<td>08</td>
</tr>
<tr>
<td>Jogging</td>
<td>09</td>
</tr>
<tr>
<td>Lacrosse</td>
<td>10</td>
</tr>
<tr>
<td>Mountain climbing, running</td>
<td>11</td>
</tr>
<tr>
<td>Racquetball</td>
<td>12</td>
</tr>
<tr>
<td>Rope skipping</td>
<td>13</td>
</tr>
<tr>
<td>Rowing/canoeing for competition</td>
<td>14</td>
</tr>
<tr>
<td>Rowing machine</td>
<td>15</td>
</tr>
</tbody>
</table>
PA2_SSPRTHR_MCQ

On average, how many hours per day did you engage in these strenuous sports or recreational activities? **READ LIST, CODE ONLY ONE RESPONSE**

- Less than 30 minutes ........................................... 1
- 30 minutes but less than 1 hour ......................... 2
- 1 hour but less than 2 hours .............................. 3
- 2 hours but less than 4 hours ............................. 4
- 4 hours or more ................................................ 5

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

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

PA2_EXER_MCQ

Over the past 7 days, how often did you do any exercises specifically to increase muscle strength and endurance, such as lifting weights or push-ups, etc.?

**INTERVIEWER INSTRUCTION: EXAMPLES INCLUDE HAND WEIGHTS, PHYSICAL THERAPY WITH WEIGHTS, CALLISTHENICS, SIT-UPS, AND WEIGHT LIFTING. READ LIST, CODE ONLY ONE RESPONSE**

- Never .............................................................. 1  
  SKIP TO PA2_18/
  PA2_LTHSWK_MCQ

- Seldom (1 to 2 days) ........................................ 2
- Sometimes (3 to 4 days) ................................. 3
- Often (5 to 7 days) .......................................... 4

**[DO NOT READ] Don’t know/No answer ........... 8**  
  SKIP TO PA2_18
  PA2_LTHSWK_MCQ

**[DO NOT READ] Refused .............................. 9**  
  SKIP TO PA2_18
  PA2_LTHSWK_MCQ
PA2_16  What were these exercises? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY**

- PA2_EXER_CAL_MCQ  Callisthenics ............................................... 01
- PA2_EXER_PUS_MCQ  Push-ups .................................................... 02
- PA2_EXER_SIT_MCQ  Sit-ups ........................................................ 03
- PA2_EXER_WEI_MCQ  Weight lifting and hand weights .................... 04
- PA2_EXER_OT_MCQ  Other (please specify: __________) .................... 97
- PA2_EXER_DK_NA_MCQ  [DO NOT READ] Don’t know/No answer .. 98X
- PA2_EXER_REFUSED_MCQ  [DO NOT READ] Refused ............................ 99X

PA2_17

**PA2_EXERHR_MCQ**

On average, how many hours per day did you engage in exercises to increase muscle strength and endurance? **READ LIST, CODE ONLY ONE RESPONSE**

<table>
<thead>
<tr>
<th>Hours</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>1</td>
</tr>
<tr>
<td>30 minutes but less than 1 hour</td>
<td>2</td>
</tr>
<tr>
<td>1 hour but less than 2 hours</td>
<td>3</td>
</tr>
<tr>
<td>2 hours but less than 4 hours</td>
<td>4</td>
</tr>
<tr>
<td>4 hours or more</td>
<td>5</td>
</tr>
</tbody>
</table>

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

PA2_18-23

During the past 7 days, did you engage in any of the following activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA2_18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA2_LTHSWK_MCQ</td>
<td>light housework, such as dusting or washing dishes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA2_19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA2_HVYHSWK_MCQ</td>
<td>heavy housework or chores such as vacuuming, scrubbing floors, washing windows or carrying wood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA2_20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA2_HMREPAIR_MCQ</td>
<td>home repairs like painting, wallpapering, electrical work, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA2_21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA2_HVYODA_MCQ</td>
<td>lawn work or yard care, including snow or leaf removal, wood chopping, etc. (excluding outdoor gardening)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA2_22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>outdoor gardening, sweeping the balcony or</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PA2_LTODA_MCQ  the stairs
PA2_23  PA2_CRPRSN_MCQ  caring for another person, such as children, a dependent spouse or other adult

PA2_24

PA2_WRK_MCQ

During the past 7 days, did you work for pay or as a volunteer?

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

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

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

PA2_25

PA2_WRKHRS_NB_MCQ

During the past 7 days, how many hours did you work for pay or as a volunteer?

____ ENTER EXACT AMOUNT, CATI MASK: MIN=001, MAX=168

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

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

PA2_26

PA2_WRKPA_MCQ

Which of the following categories best describes the amount of physical activity required on your job or as a volunteer?  READ CATEGORIES, CODE ONLY ONE RESPONSE

INTERVIEWER NOTE: 50 LBS. IS APPROXIMATELY 23 KG

Mainly sitting with slight arm movements (such as office worker or bus driver) ................................................................. 1

Sitting and standing with some walking (such as cashier or light tool and machinery worker) ...................................................... 2

Walking, with some handling of materials generally weighing less than 50 lbs. (such as postal worker, waitress or construction worker) ............. 3

Walking and heavy manual work often requiring handling of materials weighing over 50 lbs. (such as lumberjack, stone mason, farm or general labourer) .................................................................... 4

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

[DO NOT READ] Refused ................................................................. 9
We just talked about your activities during the last 7 days. Taking them all together, would you say they represent the level of your routine activity over the last 12 months?

**READ LIST, CODE ONLY ONE RESPONSE**

- Strongly agree ...................................................... 1
- Agree .................................................................... 2
- Neither agree nor disagree ................................... 3
- Disagree ............................................................... 4
- Strongly disagree ................................................. 5
- [DO NOT READ] Don’t know/No answer ............. 8
- [DO NOT READ] Refused ................................... 9

During the past 7 days, would you say that your physical activity level was...

**READ LIST, CODE ONLY ONE RESPONSE**

- A lot lower than usual ........................................... 1
- A little lower than usual ........................................ 2
- A little higher than usual ....................................... 3
- A lot higher than usual .......................................... 4
- [DO NOT READ] Don’t know/No answer ............. 8
- [DO NOT READ] Refused ................................... 9

In the past 12 months, have you felt like you wanted to participate more in physical activities?

**CONTINUE**

- Yes ................................................................. 1
- No ..................................................................... 2
- [DO NOT READ] Don’t know/No answer ............. 8
- [DO NOT READ] Refused ................................... 9
PA2_30 What prevented you from doing physical activities/more physical activities? DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

PA2_PRVPA_COS_MCQ Cost ...............................................................01
PA2_PRVPA_TRA_MCQ Transportation problems..........................02
PA2_PRVPA_ACT_MCQ Activities not available in the area ..............03
PA2_PRVPA_LOC_MCQ Location not physically accessible .............04
PA2_PRVPA_FAR_MCQ Location is too far ....................................05
PA2_PRVPA_HEA_MCQ Health condition limitation ......................06
PA2_PRVPA_ILL_MCQ Illness/injury ..........................................07
PA2_PRVPA_FEA_MCQ Fear of injury ..........................................08
PA2_PRVPA_TIM_MCQ Lack of time ............................................09
PA2_PRVPA_ENG_MCQ Lack of energy .......................................10
PA2_PRVPA_MOT_MCQ Lack of motivation .................................11
PA2_PRVPA_SKI_MCQ Lack of skills or knowledge......................12
PA2_PRVPA_OT_MCQ Other (please specify: __________) ..........97
PA2_PRVPA_DK_NA_MCQ [DO NOT READ] Don’t know/No answer.....98X
PA2_PRVPA_REFUSED_MCQ [DO NOT READ] Refused .....................99X
Psychological Distress (K10) – Comprehensive

Moving away from physical activities and exercise, I would now like you to focus on how you have been feeling during the past 30 days.

K10_1
K10_TIRED_MCQ

About how often during the past 30 days did you feel tired out for no good reason — would you say all of the time, most of the time, some of the time, a little of the time, or none of the time? **CODE ONLY ONE RESPONSE**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>1</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td>Some of the time</td>
<td>3</td>
</tr>
<tr>
<td>A little of the time</td>
<td>4</td>
</tr>
<tr>
<td>None of the time</td>
<td>5</td>
</tr>
<tr>
<td><strong>[DO NOT READ]</strong> Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td><strong>[DO NOT READ]</strong> Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

K10_2
K10_NRVS_MCQ

During the past 30 days, about how often did you feel nervous — all of the time, most of the time, some of the time, a little of the time, or none of the time? **CODE ONLY ONE RESPONSE**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>1</td>
</tr>
<tr>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td>Some of the time</td>
<td>3</td>
</tr>
<tr>
<td>A little of the time</td>
<td>4</td>
</tr>
<tr>
<td>None of the time</td>
<td>5</td>
</tr>
<tr>
<td><strong>[DO NOT READ]</strong> Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td><strong>[DO NOT READ]</strong> Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
K10_3
K10_NRVSCLMD_MCQ

[DO NOT ASK IF PARTICIPANT SAID “NONE OF THE TIME” AT K10_2/K10_NRVS_MCQ (SKIP TO K10_4/K10_HPLS_MCQ IF K10_2/K10_NRVS_MCQ=NONE OF THE TIME)] How often did you feel so nervous that nothing could calm you down? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

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

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

K10_4
K10_HPLS_MCQ

During the past 30 days, about how often did you feel hopeless? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

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

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

K10_5
K10_RSTLS_MCQ

During the past 30 days, about how often did you feel restless or fidgety? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

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

[DO NOT READ] Don’t know/No answer.............8
[DO NOT READ] Refused .................................9
[DO NOT ASK IF PARTICIPANT SAID “NONE OF THE TIME” AT K10_5/K10_RSTLS_MCQ, (SKIP TO K10_7/K10_DEP_MCQ IF K10_5/K10_RSTLS_MCQ=NONE OF THE TIME)] How often did you feel so restless that you could not sit still? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

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

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

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

K10_7
K10_DEP_MCQ
During the past 30 days, about how often did you feel depressed? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

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

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

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

K10_8
K10_EFFRT_MCQ
During the past 30 days, about how often did you feel that everything was an effort? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

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

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

[DO NOT READ] Refused ................................... 9
K10_9
K10_NOCHRUP_MCQ
During the past 30 days, how often did you feel so depressed that nothing could cheer you up? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

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

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

K10_10
K10_WRTHLSS_MCQ
During the past 30 days, about how often did you feel worthless? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

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

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

K10_11
K10_FLING_MCQ
The last set of questions asked about feelings that might have occurred during the past 30 days. Taking them all together, did these feelings occur…**READ LIST, CODE ONLY ONE RESPONSE**

- More often than usual................................. 1
- About the same as usual.............................. 2
- Less often than usual................................. 3

[DO NOT READ] Never have these feelings ....... 4
[DO NOT READ] Don’t know/No answer............. 8
[DO NOT READ] Refused ................................. 9

SKIP TO K10_13/
K10_FLINGMORE_MCQ
SKIP TO K10_14/
K10_UNWK_NB_MCQ
CONTINUE
SKIP TO K10_14/
K10_UNWK_NB_MCQ
SKIP TO K10_14/
K10_UNWK_NB_MCQ
SKIP TO K10_14/
K10_UNWK_NB_MCQ
Maintaining Contact (Tracking and Comprehensive)

K10_12
K10_FLINGLESS_MCQ
A lot less than usual, somewhat less, or only a little less than usual? **CODE ONLY ONE RESPONSE**

- A lot less ............................................................... 1
- Somewhat less ..................................................... 2
- A little less ............................................................ 3

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

**SKIP TO K10_14/K10_UNWK_NB_MCQ**

K10_13
K10_FLINGMORE_MCQ
A lot more than usual, somewhat more, or only a little more than usual? **CODE ONLY ONE RESPONSE**

- A lot more ............................................................. 1
- Somewhat more ................................................... 2
- A little more .......................................................... 3

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

**SKIP TO K10_END IF PARTICIPANT DID NOT SAY “A LITTLE”, “SOME”, “MOST” OR “ALL” TO AT LEAST ONE QUESTION IN THE K10_1-10 SERIES**

The next questions are about how these feelings may have affected you in the past 30 days.

K10_14
K10_UNWK_NB_MCQ
How many days out of the past 30 were you totally unable to work or carry out your normal activities because of these feelings? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

______ RECORD NUMBER, CATI MASK: MIN=00, MAX=30

[DO NOT READ] Don’t know/No answer ............. 98
[DO NOT READ] Refused ........................................ 99
K10_15
K10_HFWK_NB_MCQ
Not counting that/those day(s), how many days in the past 30 were you able to do only half or less of what you would normally have been able to do because of these feelings?  
**PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____  RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=30  
[DO NOT READ] Don’t know/No answer.............98  
[DO NOT READ] Refused ...................................99

K10_16
K10_DOC_NB_MCQ
During the past 30 days, how many times did you see a doctor or other health professional about these feelings? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____  RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=30  
[DO NOT READ] Don’t know/No answer.............98  
[DO NOT READ] Refused ...................................99

K10_16a
K10_OTPFLING_MCQ
[ASK IF K10_16/K10_DOC_NB_MCQ IS 1-30 AND NONE OF HCU_1/HCU_FAMPHY_MCQ, HCU_2/HCU_SPEC_MCQ, HCU_3/HCU_PSYCH_MCQ AND HCU_7/HCU_SOCLWRK_MCQ ARE EQUAL TO YES] During the Health Care Utilization portion of the survey you indicated you had not seen a health professional such as a Family Physician, Psychiatrist, Psychologist or Social Worker in the past 12 months. These are practitioners who would typically deal with these feelings. Did you see another type of health care professional?

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

K10_16b
K10_OTPFLING_OTSP_MCQ
[ASK IF K10_16a/K10_OTPFLING_MCQ IS EQUAL TO YES] Can you please specify the type of health care professional you saw about these feelings?

Other (please specify)___________________________________
K10_17
K10_PHYSHLTH_MCQ

During the past 30 days, how often have physical health problems been the main cause of these feelings? **READ LIST, CODE ONLY ONE RESPONSE**

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

K10_END
Personality Traits (PER) – Comprehensive

Moving away from how you have been feeling, I would now like to ask some questions about your personality. We will present you with a number of personality traits that may or may not apply to you. These traits will be presented as pairs. Please indicate whether you agree or disagree with the extent to which each pair of traits applies to you, even if one trait applies more strongly than the other.

PER_1
PER_EXTR_MCQ
I see myself as extraverted and enthusiastic.

Disagree............................................................... 1
Agree.................................................................... 2
Neither agree nor disagree ............................... 3

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

PER_1A
PER_EXTRDIS_MCQ
Would you disagree...

Strongly ............................................................... 1
Moderately ........................................................... 2
A little ................................................................. 3

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

PER_1B
PER_EXTRAGR_MCQ
Would you agree...

Strongly ............................................................... 1
Moderately ........................................................... 2
A little ................................................................. 3

[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9
PER_2
PER_CRT_MCQ
I see myself as critical and quarrelsome.

Disagree.................................................................1
Agree.....................................................................2
Neither agree nor disagree .................................3

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

PER_2A
PER_CRTDIS_MCQ
Would you disagree…

Strongly .............................................................1
Moderately ........................................................2
A little ...............................................................3

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

PER_2B
PER_CRTAGR_MCQ
Would you agree…

Strongly .............................................................1
Moderately ........................................................2
A little ...............................................................3

[DO NOT READ] Don't know/No answer ...........8
[DO NOT READ] Refused.................................9
PER_3
PER_DP_MCQ
I see myself as dependable and self-disciplined.

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>1</td>
</tr>
<tr>
<td>Agree</td>
<td>2</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>3</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

PER_3A
PER_DPDIS_MCQ
Would you disagree…

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly</td>
<td>1</td>
</tr>
<tr>
<td>Moderately</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

PER_3B
PER_DPGAGR_MCQ
Would you agree…

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Strongly</td>
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<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
I see myself as anxious and easily upset.

Disagree ......................................................... 1
Agree ............................................................ 2
Neither agree nor disagree ......................... 3

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

Would you disagree…

Strongly ....................................................... 1
Moderately ................................................... 2
A little .......................................................... 3

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

Would you agree…

Strongly ....................................................... 1
Moderately ................................................... 2
A little .......................................................... 3

[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9
PER_5
PER_NEXP_MCQ
I see myself as open to new experiences and complex

Disagree.......................................................1  CONTINUE
Agree............................................................2  SKIP TO PER_5B/
Neither agree nor disagree ..............................3  PER_NEXPAGR_MCQ
[DO NOT READ] Don’t know/No answer ...........8  SKIP TO PER_6/
[DO NOT READ] Refused .................................9  SKIP TO PER_6/

PER_5A
PER_NEXPDIS_MCQ
Would you disagree…

Strongly....................................................1  SKIP TO PER_6/
Moderately ...............................................2  PER_RSV_MCQ
A little ......................................................3  PER_RSV_MCQ
[DO NOT READ] Don’t know/No answer ...........8  PER_RSV_MCQ
[DO NOT READ] Refused .................................9  PER_RSV_MCQ

PER_5B
PER_NEXPAGR_MCQ
Would you agree…

Strongly....................................................1
Moderately ...............................................2
A little ......................................................3
[DO NOT READ] Don’t know/No answer ...........8
[DO NOT READ] Refused .................................9
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<th>Options</th>
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<tr>
<td><strong>PER_6</strong></td>
<td>I see myself as reserved and quiet.</td>
<td></td>
</tr>
<tr>
<td>DISAGREE</td>
<td>1</td>
<td>CONTINUE</td>
</tr>
<tr>
<td>AGREE</td>
<td>2</td>
<td>SKIP TO PER_6B/</td>
</tr>
<tr>
<td>NEITHER APPROPRIATE/NONE APPROPRIATE</td>
<td>3</td>
<td>PER_RSVAGR_MCQ</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
<td>PER_SYMP_MCQ</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
<td>PER_SYMP_MCQ</td>
</tr>
<tr>
<td><strong>PER_6A</strong></td>
<td>Would you disagree…</td>
<td></td>
</tr>
<tr>
<td>STRONGLY</td>
<td>1</td>
<td>SKIP TO PER_7/</td>
</tr>
<tr>
<td>MODERATELY</td>
<td>2</td>
<td>PER_SYMP_MCQ</td>
</tr>
<tr>
<td>A LITTLE</td>
<td>3</td>
<td>PER_SYMP_MCQ</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
<td>PER_SYMP_MCQ</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
<td>PER_SYMP_MCQ</td>
</tr>
<tr>
<td><strong>PER_6B</strong></td>
<td>Would you agree…</td>
<td></td>
</tr>
<tr>
<td>STRONGLY</td>
<td>1</td>
<td>SKIP TO PER_7/</td>
</tr>
<tr>
<td>MODERATELY</td>
<td>2</td>
<td>PER_SYMP_MCQ</td>
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<tr>
<td>A LITTLE</td>
<td>3</td>
<td>PER_SYMP_MCQ</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
<td>PER_SYMP_MCQ</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
<td>PER_SYMP_MCQ</td>
</tr>
</tbody>
</table>
I see myself as sympathetic and warm.

Disagree................................................................. 1  CONTINUE
Agree................................................................. 2  SKIP TO PER_7B/
Neither agree nor disagree ................................. 3  PER_SYMPAGR_MCQ

[DO NOT READ] Don't know/No answer ............ 8  SKIP TO PER_8/
[DO NOT READ] Refused........................................ 9  PER DORG_MCQ

Would you disagree…

Strongly ............................................................... 1  SKIP TO PER_8/
Moderately ........................................................ 2  PER DORG_MCQ
A little ................................................................... 3  PER DORG_MCQ

[DO NOT READ] Don't know/No answer ............ 8  SKIP TO PER_8/
[DO NOT READ] Refused........................................ 9  PER DORG_MCQ

Would you agree…

Strongly ............................................................... 1
Moderately ........................................................ 2
A little ................................................................... 3

[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ...................................... 9
PER_8
PER_DORG_MCQ
I see myself as disorganized and careless.

Disagree.................................................1
Agree.....................................................2
Neither agree nor disagree ......................3
[DO NOT READ] Don’t know/No answer ........8
[DO NOT READ] Refused .........................9

PER_8A
PER_DORGDIS_MCQ
Would you disagree…

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

PER_8B
PER_DORGAGR_MCQ
Would you agree…

Strongly..............................................1
Moderately .........................................2
A little ..............................................3
[DO NOT READ] Don’t know/No answer ........8
[DO NOT READ] Refused .........................9
PER_9
PER_CALM_MCQ
I see myself as calm and emotionally stable.

Disagree............................................................... 1       CONTINUE
Agree.................................................................... 2       SKIP TO PER_9B/
Neither agree nor disagree ................................. 3       PER_CALMAGR_MCQ
[DO NOT READ] Don’t know/No answer .............. 8       SKIP TO PER_10/
[DO NOT READ] Refused................................. 9       PER_CNV_MCQ

PER_9A
PER_CALMDIS_MCQ
Would you disagree…

Strongly............................................................... 1       SKIP TO PER_10/
Moderately ........................................................... 2       PER_CNV_MCQ
A little ............................................................ 3       SKIP TO PER_10/
[DO NOT READ] Don’t know/No answer .............. 8       PER_CNV_MCQ
[DO NOT READ] Refused................................. 9       SKIP TO PER_10/

PER_9B
PER_CALMAGR_MCQ
Would you agree…

Strongly............................................................... 1
Moderately ........................................................... 2
A little ............................................................ 3
[DO NOT READ] Don’t know/No answer .............. 8
[DO NOT READ] Refused................................. 9
I see myself as conventional and uncreative.

<table>
<thead>
<tr>
<th>Response</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>CONTINUE</td>
</tr>
<tr>
<td>Agree</td>
<td>SKIP TO PER_10B/</td>
</tr>
<tr>
<td></td>
<td>PER_CNVAGR_MCQ</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>SKIP TO PER_END</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>SKIP TO PER_END</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>SKIP TO PER_END</td>
</tr>
</tbody>
</table>

Would you disagree…

<table>
<thead>
<tr>
<th>Response</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly</td>
<td>SKIP TO PER_END</td>
</tr>
<tr>
<td>Moderately</td>
<td>SKIP TO PER_END</td>
</tr>
<tr>
<td>A little</td>
<td>SKIP TO PER_END</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>SKIP TO PER_END</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>SKIP TO PER_END</td>
</tr>
</tbody>
</table>

Would you agree…

<table>
<thead>
<tr>
<th>Response</th>
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<tr>
<td>Strongly</td>
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<tr>
<td>Moderately</td>
<td></td>
</tr>
<tr>
<td>A little</td>
<td></td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td></td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td></td>
</tr>
</tbody>
</table>
SEQ_INTRO_MCQ

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

SEQ_1
SEQ_LADDER_MCQ

Think of a ladder with 10 steps as representing where people stand in their communities. At the top of the ladder (or step 10) are the people who have the highest standing in their community. At the bottom (or step 1) are the people who have the lowest standing in their community. On which step would you place yourself on this ladder? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

______ RECORD NUMBER, CATI MASK: MIN=01, MAX=10

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

SEQ_END
Online Social Networking (INT) – Tracking/Comprehensive

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

INT_1
INT_ACCESSHM_MCQ
Do you have access to the Internet or email at home?

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

INT_2
INT_FRQEMAIL_MCQ
How frequently do you use email?

Daily .................................................................... 1
A few times a week .............................................. 2
A few times a month ............................................ 3
A few times a year................................................ 4
Never ................................................................... 5
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................. 9

INT_3
INT_FRQWBSTS_MCQ
How frequently do you use the Internet to access websites?

Daily ................................................................. 1
A few times a week .......................................... 2
A few times a month ......................................... 3
A few times a year............................................ 4
Never ............................................................. 5
[DO NOT READ] Don’t know/No answer ........ 8
[DO NOT READ] Refused ........................... 9

[IF INT_3/INT_FRQWBSTS_MCQ=NEVER, THEN SKIP TO INT_END]
INT_4
INT_FRQHLTH_MCQ
In a typical month, how often do you use the Internet to search for health-related information?

Daily ..................................................................... 1
A few times a week .............................................. 2
A few times a month ............................................ 3
A few times a year................................................ 4
Never...................................................................... 5
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ...................................... 9

INT_5
INT_SCLNTWRK_MCQ
Do you currently use social networking sites on the Internet? Examples of such sites include Facebook, LinkedIn, MySpace, MSNGroups, or Twitter.

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

INT_6
INT_WYSSCL_MCQ
What are the different ways you use social networking sites? Do you ever use those sites to…READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

INT_WYSSCL_MNF_MCQ Make new friends ...................... 01 IF SELECTED, THEN ALSO ANSWER INT_6A/INT_FRQMNF_MCQ
INT_WYSSCL_FRI_MCQ Stay in touch or make plans with friends ... 02 IF SELECTED, THEN ALSO ANSWER INT_6B/INT_FRQFRI_MCQ
INT_WYSSCL_FAM_MCQ Stay in touch or make plans with family.... 03 IF SELECTED, THEN ALSO ANSWER INT_6C/INT_FRQFAM_MCQ
INT_WYSSCL_PRO_MCQ Promote yourself or your work ............ 04 IF SELECTED, THEN ALSO ANSWER INT_6D/INT_FRQPRO_MCQ
INT_WYSSCL_OT_MCQ Other (please specify: __________) ......... 97 IF SELECTED, THEN ALSO ANSWER INT_6E/INT_FRQOT_MCQ
INT_WYSSCL_DK_NA_MCQ [DO NOT READ] Don’t know/No answer .. 98X SKIP TO INT_END
INT_WYSSCL_REFUSED_MCQ [DO NOT READ] Refused .................. 99X SKIP TO INT_END
INT_6A
INT_FRQMNF_MCQ
How often do you use social networking sites to make new friends?

- Daily .............................................................. 1
- A few times a week .......................................... 2
- A few times a month ....................................... 3
- A few times a year .......................................... 4
- Never ............................................................ 5
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9

INT_6B
INT_FRQFRI_MCQ
How often do you use social networking sites to stay in touch or make plans with friends?

- Daily .............................................................. 1
- A few times a week .......................................... 2
- A few times a month ....................................... 3
- A few times a year .......................................... 4
- Never ............................................................ 5
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9

INT_6C
INT_FRQFAM_MCQ
How often do you use social networking sites to stay in touch or make plans with family?

- Daily .............................................................. 1
- A few times a week .......................................... 2
- A few times a month ....................................... 3
- A few times a year .......................................... 4
- Never ............................................................ 5
[DO NOT READ] Don’t know/No answer .......... 8
[DO NOT READ] Refused ................................. 9
INT_6D
INT_FRQPRO_MCQ
How often do you use social networking sites to promote yourself or your work?

Daily .................................................................1
A few times a week ...........................................2
A few times a month ........................................3
A few times a year ..........................................4
Never...............................................................5

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

INT_6E
INT_FRQOT_MCQ
How often do you use social networking sites to [BRING IN VERBATIM RESPONSES FROM INT_6/INT_WYSSCL_MCQ, RESPONSE “OTHER (PLEASE SPECIFY)”]?  

Daily .................................................................1
A few times a week ...........................................2
A few times a month ........................................3
A few times a year ..........................................4
Never...............................................................5

[DO NOT READ] Don’t know/No answer ...........8
[DO NOT READ] Refused ..................................9
Transportation, Mobility, Migration (TRA) – Tracking/Comprehensive

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

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

TRA_1
TRA_DSTATUS_MCQ
Which of the following describes your driving status? (Include cars, vans, trucks and motorcycles.) READ LIST, CODE ONLY ONE RESPONSE

Never had a driver’s license ......................... 1
SKIP TO TRA_2b/
TRA_CMNTR2_MCQ

Had a driver’s license at one point in your life, but currently do not have it ................. 2
SKIP TO TRA_2b/
TRA_CMNTR2_MCQ

Have a driver’s license without restrictions (except eyeglasses) ......................... 3
CONTINUE

Have a driver’s license with restrictions on time of driving (daylight only), distance from home, type of road (no highway), or number of passengers ......................... 4
CONTINUE

[DO NOT READ] Don’t know/No answer ......... 8
SKIP TO TRA_2b/
TRA_CMNTR2_MCQ

[DO NOT READ] Refused ......................... 9
SKIP TO TRA_2b/
TRA_CMNTR2_MCQ

TRA_2
TRA_DFREQ_MCQ
[ASK IF TRA_DSTATUS_MCQ=UNRESTRICTED DL or RESTRICTED DL] How frequently do you drive? READ LIST, CODE ONLY ONE RESPONSE

Daily .............................................................. 1
4 to 6 times a week ...................................... 2
2 to 3 times a week ...................................... 3
Once a week .............................................. 4
Less than once a week, but more than once a month ........................................... 5
Less than once a month ................................... 6
Not at all .................................................... 7
SKIP TO TRA_2b/
TRA_CMNTR2_MCQ
[DO NOT READ] Don’t know/No answer ........... 8
[DO NOT READ] Refused ............................... 9

TRA_2a

TRA_CMNTR1_MCQ

[ASK IF TRA_1/TRA_DSTATUS_MCQ=UNRESTRICTED DL or RESTRICTED DL] In the past year, which was your most common form of transportation? READ LIST, CODE ONLY ONE RESPONSE

Passenger in a motor vehicle ................................. 01
Taxi ....................................................................... 02
Public transit such as bus, rapid transit,
  subway/metro or train ....................................... 03
Accessible transit ................................................. 04
Cycling .................................................................. 05
Walking .................................................................. 06
Wheelchair or motorized cart/scooter ...................... 07
Drive a motor vehicle ......................................... 08

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

INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G. TRAVEL TO A ‘PARK AND RIDE’)

ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSP, HANDI TRANSIT, OR WHEEL TRANS.

TRA_2b

TRA_CMNTR2_MCQ

[ASK IF TRA_1/TRA_DSTATUS_MCQ=NEVER DL, CURRENTLY NO DL, DK/NA, REFUSED] In the past year, which was your most common form of transportation? READ LIST, CODE ONLY ONE RESPONSE

Passenger in a motor vehicle ................................. 01
Taxi ....................................................................... 02
Public transit such as bus, rapid transit,
  subway/metro or train ....................................... 03
Accessible transit ................................................. 04
Cycling .................................................................. 05
Walking .................................................................. 06
Wheelchair or motorized cart/scooter ...................... 07
TRA_3
TRA_TYPTR_MCQ
In the past month, which of the following forms of transportation have you used? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G. TRAVEL TO A ‘PARK AND RIDE’)

ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPO, HANDI TRANSIT, OR WHEEL TRANS.

TRA_TYPTR_PAS_MCQ       Passenger in a motor vehicle.............................. 01
TRA_TYPTR_TAX_MCQ       Taxi ................................................................. 02
TRA_TYPTR_PUB_MCQ       Public transit such as bus, rapid transit, subway/metro or train ........................................ 03
TRA_TYPTR_ACC_MCQ       Accessible transit ............................................ 04
TRA_TYPTR_CYC_MCQ       Cycling ............................................................. 05
TRA_TYPTR_WAL_MCQ       Walking ............................................................. 06
TRA_TYPTR_WHE_MCQ       Wheelchair or motorized cart/scooter ...................... 07
TRA_TYPTR_NONE_MCQ      None ................................................................ 96X
TRA_TYPTR_DK_NA_MCQ     [DO NOT READ] Don’t know/No answer ............ 98X
TRA_TYPTR_REFUSED_MCQ   [DO NOT READ] Refused ................................. 99X

TRA_4
[ASK IF TRA_TYPTR_PUB_MCQ NOT SELECTED] Why did you not use public transit?
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

TRA_PUBTR_NN_MCQ       Service not needed ................................................. 01
TRA_PUBTR_PNU_MCQ      Prefer not to use ................................................... 02
TRA_PUBTR_UNA_MCQ      Service unavailable in your area ................................ 03
TRA_PUBTR_HEA_MCQ      Limitation due to a health condition or mobility issue .... 04
TRA_PUBTR_INC_MCQ      Inconvenient service schedule or route ...................... 05
TRA_PUBTR_COS_MCQ Too costly ................................................................. 06
TRA_PUBTR_NAV_MCQ Service unavailable in area you travelled to .............. 07
TRA_PUBTR_AWR_MCQ Unaware of local transit services .............................. 08
TRA_PUBTR_SCH_MCQ Schedule unsuitable for need .................................. 09
TRA_PUBTR_NSF_MCQ Unsafe .................................................................. 10
TRA_PUBTR_ACC_MCQ Cannot easily get to public transit stop or station ........ 11
TRA_PUBTR_COM_MCQ Lack of comfort ..................................................... 12
TRA_PUBTR_OT_MCQ Other (please specify: __________) ............................ 97
TRA_PUBTR_DK_NA_MCQ [DO NOT READ] Don’t know/No answer ................. 98X
TRA_PUBTR_REFUSED_MCQ [DO NOT READ] Refused ............................... 99X

TRA_5 [ASK IF TRA_TYPTR_ACC_MCQ NOT SELECTED] Why did you not use accessible transit? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

INTERVIEWER NOTE: ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPO, HANDI TRANSIT, OR WHEEL TRANS

TRA_ACCTR_NN_MCQ Service not needed ........................................... 01
TRA_ACCTR_PNU_MCQ Prefer not to use ................................................. 02
TRA_ACCTR_UNA_MCQ Service unavailable in your area ........................... 03
TRA_ACCTR_HEA_MCQ Limitation due to a health condition ..................... 04
TRA_ACCTR_INC_MCQ Inconvenient service (travel time too long, inconvenient) schedule or route .................................................... 05
TRA_ACCTR_COS_MCQ Too costly .......................................................... 06
TRA_ACCTR_OVB_MCQ Service unavailable due to overbooking .............. 07
TRA_ACCTR_CNB_MCQ Could not book (could not get through on the telephone, not enough time to book, etc.) .............................................. 08
TRA_ACCTR_OT_MCQ Other (please specify: __________) .......................... 97X
TRA_ACCTR_DK_NA_MCQ [DO NOT READ] Don’t know/No answer .............. 98X
TRA_ACCTR_REFUSED_MCQ [DO NOT READ] Refused ............................. 99X
[ASK IF TRA_TYPTR_PUB_MCQ SELECTED] In the past month, how frequently did you take public transit? READ LIST, CODE ONLY ONE RESPONSE

- Daily.................................................................1
- 4 to 6 times a week ...........................................2
- 2 to 3 times a week .........................................3
- Once a week ..................................................4
- Less than once a week, but more
  than once a month...........................................5
- Less than once a month.................................6

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

What kind of trip(s) do you typically make in a week, whether by car, public transit, walking or other means? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

- Commute to/from work......................................01
- Banking and other business appointments ..........02
- Medical appointments ......................................03
- Grocery shopping ..........................................04
- Recreational/leisure shopping, restaurants ........05
- Recreational/leisure trips to park, other outdoor spaces.........................................................06
- Church/worship service ....................................07
- Visiting friends and family.................................08
- Social activities (seniors recreational centres).....09
- Other (please specify______________)..................97

[DO NOT READ] Don't know/No answer ............98
[DO NOT READ] Refused .................................99
Next we are going to ask you some questions about your driving skills compared to 10 years ago, or less than 10 years depending on how long you have had your license. Please note that your responses to these questions are confidential and will not be shared with the ministry of transportation in any way that will affect your driver’s license.

**TRA_7a**

[ASK IF TRA_1/TRA_DSTATUS_MCQ=UNRESTRICTED DL or RESTRICTED DL]

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

**TRA_7b**

[ASK IF TRA_1/TRA_DSTATUS_MCQ=CURRENTLY NO DL] You mentioned that you had a driver’s license in the past. Comparing the last year you drove to 10 years before that, how would you rate your ability to …

<table>
<thead>
<tr>
<th>TRA_7 (i) TRA_CHGRS_MCQ</th>
<th>Avoid rolling stops (failing to completely stop at a sign/signal).</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA_7 (ii) TRA_CHGHC_MCQ</td>
<td>Avoid hitting curbs or medians.</td>
</tr>
<tr>
<td>TRA_7 (iii) TRA_CHGLPE_MCQ</td>
<td>Avoid lane position errors such as executing turns from the wrong lane, drive in the far right lanes or in the parking or bicycle lane.</td>
</tr>
<tr>
<td>TRA_7 (iv) TRA_CHGSLC_MCQ</td>
<td>Perform high speed lane changes while either overtaking or merging.</td>
</tr>
<tr>
<td>TRA_7 (v) TRA_CHGJDG_MCQ</td>
<td>Judge the available gap or speed of the approaching vehicles.</td>
</tr>
<tr>
<td>TRA_7 (vi) TRA_CHGCOC_MCQ</td>
<td>Control over-cautiousness: avoid driving too slowly.</td>
</tr>
<tr>
<td>TRA_7 (vii) TRA_CHGCGB_MCQ</td>
<td>Not confuse the gas and brake pedal: avoid unintended acceleration.</td>
</tr>
<tr>
<td>TRA_7 (viii) TRA_CHGQDD_MCQ</td>
<td>Make quick driving decisions.</td>
</tr>
<tr>
<td>TRA_7 (ix) TRA_CHGD_MCQ</td>
<td>Drive safely (avoid accidents or near misses).</td>
</tr>
<tr>
<td>TRA_AVOID_RA_MCQ</td>
<td>On ramps and off ramps ........................................01</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>TRA_AVOID_CR_MCQ</td>
<td>Traffic circles/roundabouts .....................................02</td>
</tr>
<tr>
<td>TRA_AVOID_FW_MCQ</td>
<td>Four way stops without traffic signals .............................03</td>
</tr>
<tr>
<td>TRA_AVOID_UN_MCQ</td>
<td>Unfamiliar routes or detours ......................................04</td>
</tr>
<tr>
<td>TRA_AVOID_HV_MCQ</td>
<td>Heavy traffic or rush hour in town ..................................05</td>
</tr>
<tr>
<td>TRA_AVOID_ML_MCQ</td>
<td>Heavy traffic or rush hour on multi-lane or divided highways/expressways ..........06</td>
</tr>
<tr>
<td>TRA_AVOID_SL_MCQ</td>
<td>Heavy traffic or rush hour on single-lane or undivided highways/expressways ...............07</td>
</tr>
<tr>
<td>TRA_AVOID_TL_MCQ</td>
<td>Making left hand turns with traffic lights .............................08</td>
</tr>
<tr>
<td>TRA_AVOID_NL_MCQ</td>
<td>Making left hand turns with no traffic lights or stop signs ........................................09</td>
</tr>
<tr>
<td>TRA_AVOID_LG_MCQ</td>
<td>Travelling next to large trucks ......................................10</td>
</tr>
<tr>
<td>TRA_AVOID_BS_MCQ</td>
<td>Crossing or entering busy streets without traffic signals .........................................................11</td>
</tr>
<tr>
<td>TRA_AVOID_YD_MCQ</td>
<td>Yielding to traffic (at yield signs) ..................................12</td>
</tr>
<tr>
<td>TRA_AVOID_SN_MCQ</td>
<td>Driving in heavy rain or snow ......................................13</td>
</tr>
<tr>
<td>TRA_AVOID_DW_MCQ</td>
<td>Driving at dawn/dusk .................................................14</td>
</tr>
<tr>
<td>TRA_AVOID_NT_MCQ</td>
<td>Driving at night ........................................................15</td>
</tr>
<tr>
<td>TRA_AVOID_NONE_MCQ</td>
<td>No, I do not try to avoid any of these situations ............96</td>
</tr>
<tr>
<td>TRA_AVOID_OT_MCQ</td>
<td>Other (please specify__________) ..................................97</td>
</tr>
<tr>
<td>TRA_AVOID_DK_NA_MCQ</td>
<td>[DO NOT READ] Don’t know/No answer .................................98</td>
</tr>
<tr>
<td>TRA_AVOID_REFUSED_MCQ</td>
<td>[DO NOT READ] Refused ...............................................99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRA_9</th>
<th>TRA_DRVST_YR_MCQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ASK IF TRA_1/TRADSTATUS_MCQ=UNRESTRICTED DL or RESTRICTED DL]</td>
<td>Approximately how many years ago did you stop driving? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER, ENTER “00” IF LESS THAN 1 YEAR</td>
</tr>
<tr>
<td></td>
<td>RECORD NUMBER, CATI MASK: MIN=00, MAX=CURRENT AGE</td>
</tr>
<tr>
<td></td>
<td>[DO NOT READ] Don’t know/No answer .................................98</td>
</tr>
<tr>
<td></td>
<td>[DO NOT READ] Refused ...............................................99</td>
</tr>
</tbody>
</table>
TRA_9a
TRA_CEASE_MCQ

[ASK IF TRA_1/TRA_DSTATUS_MCQ=CURRENTLY NO DL] What factors or events led you to stop driving? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

TRA_CEASE_ND_MCQ I no longer needed to drive.................................01
TRA_CEASE_EN_MCQ I no longer enjoyed driving ...............................02
TRA_CEASE_CO_MCQ The cost of gas and upkeep of my car
  was too expensive ...........................................03
TRA_CEASE_SF_MCQ I felt I was no longer a safe driver ....................04
TRA_CEASE_NR_MCQ I was nervous or intimidated while driving...........05
TRA_CEASE_DR_MCQ My doctor advised me to stop driving................06
TRA_CEASE_FF_MCQ Someone else advised me to stop driving
  (e.g., family or friend).......................................07
TRA_CEASE_PT_MCQ Improved availability of public transit................08
TRA_CEASE_DP_MCQ Driving-related events such as collision,
  demerit points..................................................09
TRA_CEASE_RE_MCQ Driver license renewal or road test requirement ..10
TRA_CEASE_IN_MCQ Inability to complete license renewal
  requirements...................................................11
TRA_CEASE_PC_MCQ Physical condition/limitation ............................12
TRA_CEASE_DV_MCQ Deteriorating vision...........................................13
TRA_CEASE_LC_MCQ Having lesser confidence in driving.....................14
TRA_CEASE_NONE_MCQ No reason ..................................................96
TRA_CEASE_OT_MCQ Other (please specify__________) ......................97
TRA_CEASE_DK_NA_MCQ [DO NOT READ] Don’t know/No answer ............98
TRA_CEASE_REFUSED_MCQ [DO NOT READ] Refused...............................99
Maintaining Contact (Tracking and Comprehensive)

Have you ever spoken to your family doctor, optometrist or any other doctor, nurse or pharmacist about your driving safety?

Yes ................................................................. 1 CONTINUE
No ...................................................................... 2 SKIP TO TRA_11/
TRA_LVDHM_YR_MCQ

[DO NOT READ] Don’t know/No answer ............ 8 SKIP TO TRA_11/
TRA_LVDHM_YR_MCQ

[DO NOT READ] Refused .................................... 9 SKIP TO TRA_11/
TRA_LVDHM_YR_MCQ

Which of the following topics related to your driving did you discuss with the medical professional? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

Possible safety issues related to a medical condition that you have .............................................. 01
Possible safety issues related to driving when taking prescription medication .................... 02
Possible safety issues related to driving when taking non-prescription or herbal medications/supplements ............................................ 03
A motor vehicle accident or a near miss that you were a part of .................................................. 04
Driving infraction (e.g., speeding ticket) .................................. 05
Referral for a driving assessment with an occupational therapist .......................................... 06
Referral for a driving assessment with licensing authority ......................................................... 07
Driver re-training .................................................. 08
General information/advice from your doctor .......................................................... 09
Other (please specify__________) .................................. 97
[DO NOT READ] Don’t know/No answer ............. 98
[DO NOT READ] Refused ....................................... 99

INTERVIEWER: TRA_11/TRA_LVDHM_YR_MCQ AND TRA_12/TRA_LVCNTY_YR_MCQ ARE ASKING FOR A VALUE IN YEARS.
TRA_11
TRA_LVDHM_YR_MCQ
How long have you lived in your present home? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER, ENTER “00” IF LESS THAN 1 YEAR**

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

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

TRA_12
TRA_LVCMNTY_YR_MCQ
How long have you lived in your current community (e.g., town, village, city)? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER, ENTER “00” IF LESS THAN 1 YEAR**

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

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

TRA_13
TRA_v2CMNTY_MCQ
What were your reasons for moving to your current location? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY**

TRA_v2CMNTY_CLI_MCQ Climate and natural environment ......................... 01
TRA_v2CMNTY_RET_MCQ Retirement or retirement plans .............................. 02
TRA_v2CMNTY_FAM_MCQ Family lives here ............................................. 03
TRA_v2CMNTY_FRI_MCQ Friends live here .............................................. 04
TRA_v2CMNTY_HOU_MCQ Better and/or more suitable housing .................... 05
TRA_v2CMNTY_REC_MCQ Recreation facilities and services ........................ 06
TRA_v2CMNTY_HEA_MCQ Health care ....................................................... 07
TRA_v2CMNTY_COS_MCQ Lower cost of living ........................................ 08
TRA_v2CMNTY_EMP_MCQ Employment opportunities ................................. 09
TRA_CMNTY_APT_MCQ Availability of public transit ................................. 10
TRA_CMNTY_ACC_MCQ Ease of access to public transit .............................. 11
TRA_v2CMNTY_OT_MCQ Other (please specify: ____________) ...................... 97X
TRA_v2CMNTY_DK_NA_MCQ [DO NOT READ] Don’t know/No answer .......... 98X
TRA_v2CMNTY_REFUSED_MCQ [DO NOT READ] Refused ................................. 99X

TRA_END
Built Environments (ENV) – Tracking/Comprehensive

ENV_1 Does your current home have any of the following problems? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

- ENV_HMPRB_NOI_MCQ Problems with noise (e.g., from neighbours, street noise) ...... 01
- ENV_HMPRB_LEA_MCQ Problems with leaking (e.g., water getting in from roof, gutters or windows) ............................................................ 02
- ENV_HMPRB_CON_MCQ Problems with condensation (e.g., mold) .................... 03
- ENV_HMPRB_EP_MCQ Problems with electrical wiring or plumbing .................. 04
- ENV_HMPRB_HEA_MCQ Problems with heating (e.g., inadequate or too much heat) ... 05
- ENV_HMPRB_MAI_MCQ Problems with maintenance or repairs ..................... 06
- ENV_HMPRB_INF_MCQ Problems with infestations (e.g., insects, mice or rats) ........ 07
- ENV_HMPRB_NONE_MCQ [DO NOT READ] Have not experienced any of these problems ............................................................................. 96X
- ENV_HMPRB_OT_MCQ Other problems (please specify: __________) .................... 97
- ENV_HMPRB_DK_NA_MCQ [DO NOT READ] Don’t know/No answer .................... 98X
- ENV_HMPRB_REFUSED_MCQ [DO NOT READ] Refused ........................................... 99X

ENV_2 ENV_STFHM_MCQ

When thinking of your home, how strongly would you agree or disagree with the following statement? READ STATEMENT, CODE ONLY ONE RESPONSE

I am satisfied with my current housing.

   Strongly agree ............................................. 01
   Agree ....................................................... 02
   Disagree .................................................... 03
   Strongly disagree ........................................ 04
   [DO NOT READ] Don’t know/No answer ............ 98
   [DO NOT READ] Refused ............................... 99
ENV_3  How do you feel about your local area, that is, everywhere within a 20 minute walk or about a kilometer from your home? Please tell me how strongly you agree or disagree with the following statements. **INTERVIEWER INSTRUCTION:** If the participant lives in a rural location their perception of local area may not be within 1 kilometer or a 20-minute walk from their home. Please inform the participant that “local area” should be what it means to them as the community which they live in.

<table>
<thead>
<tr>
<th>ENV_3A ENV_FLPRTAREA_MCQ</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>I really feel a part of this area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| ENV_3B ENV_VNDLSMTPCQ | Vandalism or graffiti are a big problem in this area | |          |                   |    |    |

| ENV_3C ENV_FLLNLY_MCQ | I often feel lonely living in this area | |          |                   |    |    |

| ENV_3D ENV_PPLTRSMCQ | Most people in this area can be trusted | |          |                   |    |    |

| ENV_3E ENV_AFRDWKMCQ | People would be afraid to walk alone after dark in this area | |          |                   |    |    |

| ENV_3F ENV_PPLFRNDLY_MCQ | Most people in this area are friendly | |          |                   |    |    |

| ENV_3G ENV_PPLTKADV_MCQ | People in this area will take advantage of you | |          |                   |    |    |

| ENV_3H ENV_CLEAN_MCQ | This area is kept very clean | |          |                   |    |    |

| ENV_3I ENV_PPLHLP_MCQ | If you were in trouble, there are lots of people in this area who would help you | |          |                   |    |    |

**ENV_END**
Wealth (WEA) – Tracking/Comprehensive

Before we proceed into the next questions we would like to confirm your current marital status.

WEA_A
WEA_MRTL_MCQ

During your last interview, you indicated your marital status as [INSERT MARITAL STATUS FROM BASELINE SDC_MRTL_TRM]. Is this still your current marital status?

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

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

WEA_B
WEA_MRTL_CHANGE_MCQ

[ASK IF WEA_MRTL_MCQ IS NO] What is your current marital/partner status?

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

Now some questions about your overall financial situation.

WEA_1

Which, if any, of the following savings and investments do you (and your spouse/partner) have? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

WEA_SVNGS_ACC_MCQ
Account at a bank, credit union or elsewhere .. 1 CONTINUE

WEA_SVNGS_RRSP_MCQ
RRSPs .............................................................. 2 CONTINUE

WEA_SVNGS_INV_MCQ
Financial investments outside of RRSPs ......... 3 CONTINUE

WEA_SVNGS_NONE_MCQ
[DO NOT READ] None ................................................. 6X SKIP TO WEA_3 /
WEA_LFINS_MCQ

WEA_SVNGS_DK_NA_MCQ
[DO NOT READ] Don’t know/No answer ........... 8X SKIP TO WEA_3 /
WEA_LFINS_MCQ

WEA_SVNGS_REFUSED_MCQ
[DO NOT READ] Refused ................................................. 9X SKIP TO WEA_3 /
WEA_LFINS_MCQ
WEA_2
WEA_SVNGSVL_MCQ
What is the approximate total value of these savings and investments? READ LIST, CODE ONLY ONE RESPONSE

Less than $50,000 .................................................. 1
$50,000 to less than $100,000 ................................ 2
$100,000 to less than $1 million ............................ 3
$1 million or more................................................. 4
[DO NOT READ] Don’t know/No answer .............. 8
[DO NOT READ] Refused ................................. 9

WEA_3
WEA_LFINS_MCQ
Do you (or your spouse/partner) have life insurance?

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

WEA_4
Which, if any, of the following assets do you (and your spouse/partner) have? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

WEA_ASSETS_HSE_MCQ House, apartment, or holiday home,
including timeshares but not including
principal residence.............................................. 01
WEA_ASSETS_PRES_MCQ Principal residence.......................................... 02
WEA_ASSETS_FBS_MCQ Farm or business property (such as a shop,
Warehouse, or garage)................................. 03
WEA_ASSETS_OTL_MCQ Other land .................................................. 04
WEA_ASSETS_MOWD_MCQ Money owed to you by others ...................... 05
WEA_ASSETS_TRST_MCQ A trust.............................................................. 06
WEA_ASSETS_CINH_MCQ A covenant or inheritance .......................... 07
WEA_ASSETS_NONE_MCQ [DO NOT READ] None........................................ 96X
WEA_ASSETS_OT_MCQ Other assets (including works of art or
collectibles such as antiques or
jewellery) (please specify: __________) ............ 97
WEA_ASSETS_DK_NA_MCQ [DO NOT READ] Don’t know/No answer .......... 98X
WEA_ASSETS_REFUSED_MCQ [DO NOT READ] Refused ...................... 99X
WEA_5  Do you (or your spouse/partner) currently have any of the following kinds of debts?
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

WEA_DEBT_CCRD_MCQ  Credit or store cards ............................................... 1
WEA_DEBT_DBI_MCQ   Debts to friends, relatives, or other
                     private individuals .............................................. 2
WEA_DEBT_LNS_MCQ   Loans from banks or financial institutions,
                    including overdrafts, not including
                    mortgages ................................................................... 3
WEA_DEBT_NONE_MCQ  [DO NOT READ] No debt .............................................. 4
WEA_DEBT_DK_NA_MCQ [DO NOT READ] Don’t know/No answer .................... 8X
WEA_DEBT_REFUSED_MCQ [DO NOT READ] Refused ........................................... 9X

WEA_6
WEA_FNSTATUS_MCQ
Which of these phrases best describes how you (and your spouse/partner) are getting
along financially these days? READ LIST, CODE ONLY ONE RESPONSE

Manage very well ................................................. 1
Manage quite well ................................................ 2
Get by alright ....................................................... 3
Don’t manage very well ......................................... 4
Have some financial difficulties ............................ 5
Have severe financial difficulties .......................... 6
[DO NOT READ] Don’t know/No answer ............ 8
[DO NOT READ] Refused ................................... 9

WEA_7
WEA_INCNEEDS_MCQ
How well do you think that your income currently satisfies your basic needs? Would you
say…READ LIST, CODE ONLY ONE RESPONSE

Very well ........................................................................ 1
Adequately ................................................................. 2
With some difficulty ................................................... 3
Not very well .............................................................. 4
Totally inadequately .................................................... 5
[DO NOT READ] Don’t know/No answer .................. 8
[DO NOT READ] Refused ............................................. 9
WEA_8 Does having too little money stop you from doing any of the following things? READ LIST, CODE ALL THAT APPLY

WEA_THNGS_FOD_MCQ Buy your first choices of food items ................................................... 01
WEA_THNGS_FFO_MCQ Have family and friends around for a drink or meal .............................. 02
WEA_THNGS_POF_MCQ Have an outfit to wear for social or family occasions .......................... 03
WEA_THNGS_HMR_MCQ Keep your home in a good state of repair ...................................... 04
WEA_THNGS_REL_MCQ Replace or repair broken electrical goods ....................................... 05
WEA_THNGS_TRSP_MCQ Pay for fares or other transport costs to get to and from places  
you want to go .............................................................................. 06
WEA_THNGS_PRES_MCQ Buy presents for friends or family .................................................... 07
WEA_THNGS_HLDY_MCQ Take the type of holidays you want .................................................. 08
WEA_THNGS_TRSLF_MCQ Treat yourself from time to time ...................................................... 09
WEA_THNGS_NONE_MCQ [DO NOT READ] None of these/Not applicable .............................. 96X
WEA_THNGS_DK_NA_MCQ [DO NOT READ] Don’t know/No answer ........................................ 98X
WEA_THNGS_REFUSED_MCQ [DO NOT READ] Refused ......................................................... 99X

WEA_9
WEA_ORGMONEY_MCQ

[ASK IF SDC_MRTL_TRM=COMMON_LAW AND WEA_MRTL_MCQ=YES OR  
WEA_MRTL_CHANGE_MCQ=COMMON_LAW] People organise their family finances in different ways. Which of the following methods comes closest to the way you organise yours? It doesn’t have to fit exactly - just choose the nearest one. READ LIST, CODE ONLY ONE RESPONSE

I look after all the household money except my spouse/partner’s  
personal spending........................................................................ 01
My spouse/partner looks after all the household money except my  
personal spending...................................................................... 02
I look after all the household money. My spouse/partner is  
given a housekeeping allowance ................................................. 03
My spouse/partner looks after all the household money. I am given  
a housekeeping allowance........................................................... 04
We share and manage our household finances jointly ............. 05
We keep our finances completely separate ............................. 06
WEA_ORGMONEY_OTSP_MCQ We have some other arrangement (please specify __________) .... 97
[DO NOT READ] Don’t know/No answer ........................................ 98
[DO NOT READ] Refused .............................................................. 99
[ASK IF SDC_MRTL_TRM=COMMON_LAW AND WEA_MRTL_MCQ=YES OR WEA_MRTL_CHANGE_MCQ=COMMON_LAW] In your household, who has the final say in big financial decisions? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

- I do .................................................................................................... 01
- My spouse/partner does ................................................................. 02
- My spouse/partner and I have equal say ...................................... 03

Another person does (specify relationship: __________) ................ 97

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

What do you think the chances are that at some point in the future you will not have sufficient financial resources to meet your needs? READ LIST, CODE ONLY ONE RESPONSE

- Little or no possibility ................................................................. 1
- Some possibility .......................................................................... 2
- High possibility ........................................................................... 3

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

What are the chances that you (and your spouse/partner together) will leave an inheritance exceeding $100,000? READ LIST, CODE ONLY ONE RESPONSE

- None .......................................................................................... 1
- Low ............................................................................................ 2
- Moderate ................................................................................... 3
- High ........................................................................................... 4

[DO NOT READ] Don’t know/No answer ............................... 8
[DO NOT READ] Refused .............................................................. 9
Conclusion (CON) – Tracking/Comprehensive

The interview is almost over. I would just like to ask you a few questions about participating in the CLSA. I would also like to get your feedback about this interview.

CON_1
CON_PERMRECRT_MCQ

We are considering the possibility of studying several generations of CLSA participants. Recent research has suggested that some risk factors in a parent or grandparent may affect the health, positively or negatively, of their children or grandchildren. We are not asking you to commit to anything at this time. However, if we want to study several generations of participants in the future, how willing would you be to give us permission to contact your family members and recruit them into the study?

**INTERVIEWER:** THE CLSA IS NOT PLANNING TO APPROACH OR ENROLL FAMILY MEMBERS AT THIS TIME. THIS QUESTION IS BEING ASKED TO ASSESS PARTICIPANTS’ OPENNESS TO THIS OPTION, SHOULD THE CLSA CONSIDER THIS OPTION IN THE FUTURE. INFORM PARTICIPANTS ABOUT THE INTENT OF THIS QUESTION IF THEY HAVE ANY QUERIES.

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very willing</td>
<td>1</td>
</tr>
<tr>
<td>Unsure</td>
<td>2</td>
</tr>
<tr>
<td>Not at all willing</td>
<td>3</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

CON_2
CON_WEBST_MCQ

SKIP TO CON_3/CON_CNTPRT_MCQ IF INT_2/INT_FQEMAIL_MCQ=NEVER In the future, would you be willing to answer the questions in this interview through a secure website survey instead of over the telephone?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very willing</td>
<td>1</td>
</tr>
<tr>
<td>Unsure</td>
<td>2</td>
</tr>
<tr>
<td>Not at all willing</td>
<td>3</td>
</tr>
<tr>
<td>[DO NOT READ] Don’t know/No answer</td>
<td>8</td>
</tr>
<tr>
<td>[DO NOT READ] Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
We would require that you provide us with an email address to take advantage of this option. This is because the link to the survey would be sent to you via email. Could you please provide us with your current email address?

**INTERVIEWER: OPEN PARTICIPANT’S DETAILS IN SABRETOOTH AND ASK THEM TO PROVIDE THEIR EMAIL ADDRESS**

---

**CON_2B1**

**CON_EMAILPRO_MCQ**

**INTERVIEWER:** Did participant provide email address?

Yes ....................................................................... 1  
SKIP TO CON_3/  
CON_CNTPRT_MCQ

No ......................................................................... 2  
SKIP TO CON_3/  
CON_CNTPRT_MCQ

**CON_2C**

**CON_WBST_MCQ**

What are the reasons that you would not be willing to complete a secure website survey?  
**READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY.**  

Lack of computer experience and/or training....01  
CON_WBST_EXP_MCQ

No access to the Internet or email .................02  
CON_WBST_ACC_MCQ

Prefer telephone interviews  .........................03  
CON_WBST_TEL_MCQ

Privacy concerns  ..........................................04  
CON_WBST_PRV_MCQ

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

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

[DO NOT READ] Refused .................................99X  
CON_WBST_REFUSED_MCQ
As you know, the CLSA is a long-term research study that will collect information from participants over a 20-year period. To get the best results, we want people to stay in the study for as long as possible. CLSA participants value many aspects of being part of a study like the CLSA. These aspects make participants want to stay involved in the study over the long term.

**CON_3**

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>What makes you want to continue to participate in the CLSA into the future?</td>
<td></td>
</tr>
<tr>
<td><strong>CON_CNTPRT_ALT_MCQ</strong> Altruism (e.g. I want to help, good for society)</td>
<td>01</td>
</tr>
<tr>
<td><strong>CON_CNTPRT_IMP_MCQ</strong> Importance of the study (e.g. importance of study areas—health and aging)</td>
<td>02</td>
</tr>
<tr>
<td><strong>CON_CNTPRT_INT_MCQ</strong> It’s interesting</td>
<td>03</td>
</tr>
<tr>
<td><strong>CON_CNTPRT_PLE_MCQ</strong> Pleasant experience/positive interactions with staff</td>
<td>04</td>
</tr>
<tr>
<td><strong>CON_CNTPRT_MON_MCQ</strong> Monetary incentives (e.g. $30 at Data Collection Site)</td>
<td>05</td>
</tr>
<tr>
<td><strong>CON_CNTPRT_INF_MCQ</strong> Gives me information about myself (e.g. test results, personal health information, monitoring changes to my health as I age)</td>
<td>06</td>
</tr>
<tr>
<td><strong>CON_CNTPRT_TIM_MCQ</strong> Reasonable time commitment/not hard to do</td>
<td>07</td>
</tr>
<tr>
<td><strong>CON_CNTPRT_OT_MCQ</strong> Other (please specify: __________)</td>
<td>97</td>
</tr>
<tr>
<td><strong>CON_CNTPRT_DK_NA_MCQ</strong> [DO NOT READ] Don’t know/No answer</td>
<td>98X</td>
</tr>
<tr>
<td><strong>CON_CNTPRT_REFUSED_MCQ</strong> [DO NOT READ] Refused</td>
<td>99X</td>
</tr>
</tbody>
</table>
What are some potential things that we could do, or changes we could make, that would support and encourage you to remain in the study into the future? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Provide transportation</td>
</tr>
<tr>
<td>02</td>
<td>More flexible appointments</td>
</tr>
<tr>
<td>03</td>
<td>Fewer interview questions</td>
</tr>
<tr>
<td>04</td>
<td>Shorter Data Collection Site visits</td>
</tr>
<tr>
<td>05</td>
<td>Answer questions through web-based survey</td>
</tr>
<tr>
<td>06</td>
<td>Provide additional test results</td>
</tr>
<tr>
<td>07</td>
<td>Monetary incentives</td>
</tr>
<tr>
<td>08</td>
<td>Non-monetary incentives (e.g. gifts, merchandise with study logo)</td>
</tr>
<tr>
<td>09</td>
<td>Regular updates on study progress and results</td>
</tr>
<tr>
<td>97</td>
<td>Other (please specify: __________)</td>
</tr>
<tr>
<td>98X</td>
<td>[DO NOT READ] Don’t know/No answer</td>
</tr>
<tr>
<td>99X</td>
<td>[DO NOT READ] Refused</td>
</tr>
</tbody>
</table>

On behalf of everyone at the CLSA, I would like to thank you for taking the time to participate in this very important program of research. One of our researchers will contact you in approximately 18 months to schedule another interview.

**CON_END**