clsa élcv

Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

In-Home Questionnaire
(Baseline - Comprehensive)

v4.0, 2018 Jun 08

Table of Contents

Age (AGE)

AGE_1
AGE_DOB_COM

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

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

AGE_2
AGE_NMBR_COM

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

Yes 1   **SKIP TO AGE_END**

No.. 2   **CONTINUE**

AGE_3

What is your age? **DK/RF NOT ALLOWED**

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

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

AGE_END

Sex (SEX)

SEX_1
SEX_ASK_COM

RECORD SEX

Male 1

Female 2

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

SEX_END

Socio-Demographic Characteristics (SDC)

General Background:

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

SDC_1
SDC_COB_COM

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

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

SDC_COB_OTSP_COM Other (please specify: _____) 997

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

[DO NOT READ] Refused 999

SKIP TO SDC_3/SDC_ETHN_COM IF SDC_1/SDC_COB_COM=01 OR SDC_1/ SDC_COB_COM=98 OR SDC_1/SDC_COB_COM=99

SDC_2
SDC_YACA_YR_COM

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

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

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

[DO NOT READ] Refused 9999

SDC_3

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

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

SDC_ETHN_CA_COM	Canadian	01	SDC_ETHN_HE_COM	Hebrew	11
SDC_ETHN_FR_COM	French	02	SDC_ETHN_PL_COM	Polish	12
SDC_ETHN_EN_COM	English	03	SDC_ETHN_PT_COM	Portuguese	13
SDC_ETHN_DE_COM	German	04	SDC_ETHN_SA_COM	South Asian (e.g. East Indian, Pakistani, Sri Lankan)	14
SDC_ETHN_GD_COM	Scottish	05	SDC_ETHN_NO_COM	Norwegian	15
SDC_ETHN_GA_COM	Irish	06	SDC_ETHN_CY_COM	Welsh	16
SDC_ETHN_IT_COM	Italian	07	SDC_ETHN_SV_COM	Swedish	17
SDC_ETHN_UK_COM	Ukrainian	08	SDC_ETHN_AI_COM	North American Indian	18
SDC_ETHN_NL_COM	Dutch (Netherlands)	09	SDC_ETHN_ME_COM	Métis	19
SDC_ETHN_ZH_COM	Chinese	10	SDC_ETHN_IU_COM	Inuit	20
SDC_ETHN_OT_COM	Other	97	SDC_ETHN_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
SDC_ETHN_OTSP_COM	Other (please specify: _____)*		SDC_ETHN_REFUSED_COM	**[DO NOT READ]** Refused	99

*Additional categories coded; refer to data dictionary

SDC_4   People living in Canada come from many different cultural and racial backgrounds. Are you…**READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

SDC_CULT_WH_COM	White	01
SDC_CULT_ZH_COM	Chinese	02
SDC_CULT_SA_COM	South Asian (e.g., East Indian, Pakistani, Sri Lankan)	03
SDC_CULT_BL_COM	Black	04
SDC_CULT_FP_COM	Filipino	05
SDC_CULT_LA_COM	Latin American	06
SDC_CULT_SE_COM	Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)	07
SDC_CULT_AR_COM	Arab	08
SDC_CULT_WA_COM	West Asian (e.g., Afghan, Iranian)	09
SDC_CULT_JA_COM	Japanese	10
SDC_CULT_KO_COM	Korean	11
SDC_CULT_AI_COM	North American Indian	12
SDC_CULT_IU_COM	Inuit	13
SDC_CULT_ME_COM	Métis	14
SDC_CULT_OT_COM	Other	97
SDC_CULT_OTSP_COM	Other (please specify: _____)	
SDC_CULT_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
SDC_CULT_REFUSED_COM	**[DO NOT READ]** Refused	99

SDC_5   In what languages can you conduct a conversation? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

SDC_LANG_EN_COM	English	001	SDC_LANG_PL_COM	Polish	029
SDC_LANG_FR_COM	French	002	SDC_LANG_PT_COM	Portuguese	004
SDC_LANG_AR_COM	Arabic	054	SDC_LANG_PJ_COM	Punjabi	065
SDC_LANG_CN_COM	Cantonese	081	SDC_LANG_ES_COM	Spanish	006
SDC_LANG_DE_COM	German	012	SDC_LANG_TL_COM	Tagalog (Filipino)	099
SDC_LANG_EL_COM	Greek	039	SDC_LANG_UK_COM	Ukrainian	035
SDC_LANG_HU_COM	Hungarian	045	SDC_LANG_VI_COM	Vietnamese	094
SDC_LANG_IT_COM	Italian	003	SDC_LANG_NL_COM	Dutch	009
SDC_LANG_KO_COM	Korean	080	SDC_LANG_HI_COM	Hindi	062
SDC_LANG_MA_COM	Mandarin	085	SDC_LANG_RU_COM	Russian	030
SDC_LANG_FA_COM	Persian (Farsi)	072	SDC_LANG_TA_COM	Tamil	076
SDC_LANG_OT_COM	Other	997	SDC_LANG_AB_COM	Aboriginal	996
SDC_LANG_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	998	SDC_LANG_REFUSED_COM	**[DO NOT READ]** Refused	999
SDC_LANG_OTSP_COM	Other (please specify: _____)*		SDC_LANG_ABSP_COM	Aboriginal (please specify: _____)*	

*Additional categories coded; refer to data dictionary.

SDC_6
SDC_LGMST_COM

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

English	001	Polish	029
French	002	Portuguese	004
Arabic	054	Punjabi	065
Cantonese	081	Spanish	006
German	012	Tagalog (Filipino)	099
Greek	039	Ukrainian	035
Hungarian	045	Vietnamese	094
Italian	003	Dutch	009
Korean	080	Hindi	062
Mandarin	085	Russian	030
Persian (Farsi)	072	Tamil	076

Aboriginal 996

SDC_LGMST_ABSP_COM   Aboriginal (please specify: _____)

Other (please specify: _____) 997

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

[DO NOT READ] Refused 999

SDC_7

What is the language that you first learned at home in childhood and can still understand? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY. IF PARTICIPANT CAN NO LONGER UNDERSTAND THE FIRST LANGUAGE LEARNED, MARK THE SECOND LANGUAGE LEARNED.**

SDC_FTLG_EN_COM	English	001	SDC_FTLG_PL_COM	Polish	029
SDC_FTLG_FR_COM	French	002	SDC_FTLG_PT_COM	Portuguese	004
SDC_FTLG_AR_COM	Arabic	054	SDC_FTLG_PJ_COM	Punjabi	065
SDC_FTLG_CN_COM	Cantonese	081	SDC_FTLG_ES_COM	Spanish	006
SDC_FTLG_DE_COM	German	012	SDC_FTLG_TL_COM	Tagalog (Filipino)	099
SDC_FTLG_EL_COM	Greek	039	SDC_FTLG_UK_COM	Ukrainian	035
SDC_FTLG_HU_COM	Hungarian	045	SDC_FTLG_VI_COM	Vietnamese	095
SDC_FTLG_IT_COM	Italian	003	SDC_FTLG_NL_COM	Dutch	009
SDC_FTLG_KO_COM	Korean	080	SDC_FTLG_HI_COM	Hindi	062
SDC_FTLG_MA_COM	Mandarin	085	SDC_FTLG_RU_COM	Russian	030
SDC_FTLG_FA_COM	Persian (Farsi)	072	SDC_FTLG_TA_COM	Tamil	076
SDC_FTLG_OT_COM	Other	997	SDC_FTLG_AB_COM	Aboriginal	996
SDC_FTLG_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	998	SDC_FTLG_REFUSED_COM	**[DO NOT READ]** Refused	999
SDC_FTLG_OTSP_COM	Other (please specify _____)		SDC_FTLG_ABSP_COM	Aboriginal (please specify _____)	

SDC_8
SDC_RELG_COM

What, if any, is your religion? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Roman Catholic...01

Ukrainian Catholic..02

United Church 03

Anglican (Church of England, Episcopalian) 04

Protestant..05

Presbyterian 06

Lutheran 07

Baptist 08

Pentecostal 09

Eastern Orthodox 10

Jewish 11

Islam (Muslim)...12

Hindu 13

Buddhist 14

Sikh 15

Jehovah's Witness 16

[DO NOT READ] No religion (Agnostic, Atheist)...........96

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

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

[DO NOT READ] Refused 99

SDC_9
SDC_MRTL_COM

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

Single, never married or never lived with a partner 1

Married/Living with a partner in a common-law

relationship...2

Widowed 3

Divorced 4

Separated 5

[DO NOT READ] Refused 9

SDC_10
SDC_ORTN_COM

Do you consider yourself to be: **READ LIST, CODE ONLY ONE RESPONSE.**

Heterosexual? (sexual relations with people

of the opposite sex)...1

Homosexual, that is lesbian or gay? (sexual

relations with people of your own sex)......................2

Bisexual? (sexual relations with people of

both sexes)...3

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

[DO NOT READ] Refused 9

SDC_END

Home Ownership (OWN)

The next questions are about your current home.

OWN_1
OWN_DWLG_COM

What type of dwelling do you currently live in?

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

OWN_2
OWN_OWN_COM

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

Own	01	**CONTINUE**
Rent	02	**SKIP TO OWN_END**
OWN_OWN_OTSP_COM Other (please specify _____)	97	**SKIP TO OWN_END**
[DO NOT READ] Don't know/No answer	98	**SKIP TO OWN_END**
[DO NOT READ] Refused	99	**SKIP TO OWN_END**

OWN_3
OWN_MRTG_COM

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

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

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

OWN_END

Education (ED)

ED_1
ED_ELHS_COM

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

Grade 8 or lower (Québec: Secondary II or lower) 1

Grade 9 - 10 (Québec: Secondary III or IV;

   Newfoundland and Labrador: 1st year of Secondary) 2

Grade 11 - 13 (Québec: Secondary V; Newfoundland

   and Labrador: 2nd to 4th year of Secondary) 3

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

[DO NOT READ] Refused 9

ED_2
ED_HSGR_COM

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

Yes 1

No.. 2

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

[DO NOT READ] Refused 9

ED_3
ED_OTED_COM

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

Yes 1   **CONTINUE**

No.. 2   **SKIP TO ED_END**

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

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

ED_4
ED_HIGH_COM

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

No post-secondary degree, certificate, or diploma 01

Trade certificate or diploma from a vocational school or

apprenticeship training 02

Non-university certificate or diploma from a community college,

CEGEP, school of nursing, etc. 03

University certificate below bachelor's level 04

Bachelor's degree 05

University degree or certificate above bachelor's degree 06

ED_HIGH_OTSP_COM Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

ED_END

Veteran Identifiers (VET)

VET_1
VET_OCC_COM

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

Yes, the Canadian Military Forces 1	**CONTINUE**
Yes, the Military Forces outside of Canada	
(please specify country:_____)............2	**CONTINUE**
No...3	**SKIP TO VET_END**
[DO NOT READ] Don't know/No answer 8	**SKIP TO VET_END**
[DO NOT READ] Refused 9	**SKIP TO VET_END**

VET_2

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

VET_SERV_AR_COM	Army...01
VET_SERV_NV_COM	Navy...02
VET_SERV_AF_COM	Air Force 03
VET_SERV_RES_COM	Reserves...04
VET_SERV_RESSP_COM	Reserves (please specify: _____)
VET_SERV_OT_COM	Other 97
VET_SERV_OTSP_COM	Other (please specify: _____)
VET_SERV_DK_NA_COM	**[DO NOT READ]** Don't know/No answer 98
VET_SERV_REFUSED_COM	**[DO NOT READ]** Refused 99

VET_3
VET_CRNT_COM

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

Yes 1	**SKIP TO VET_5/ VET_JOIN_YR_COM**
No...2	**CONTINUE**
[DO NOT READ] Refused 9	**SKIP TO VET_5/ VET_JOIN_YR_COM**

VET_4
VET_RLSE_YR_COM

What year did you release from the Military Forces? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR**

_____ **RECORD YEAR, CATI MASK: MIN=[RECALL YEAR FROM AGE_1/AGE_DOB_COM]+15, MAX=CURRENT YEAR**

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

[DO NOT READ] Refused 9999

VET_5
VET_JOIN_YR_COM

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

_____ **RECORD YEAR, CATI MASK: MIN=[RECALL YEAR FROM AGE_1/AGE_DOB_COM]+15, MAX=CURRENT YEAR or RESPONSE FROM VET_4/VET_RLSE_YR_COM (IF APPLICABLE)**

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

[DO NOT READ] Refused 9999

VET_END

Smoking (SMK)

Tobacco Exposure

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

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

SMK_1
SMK_100CG_COM
Have you smoked at least 100 cigarettes in your life? (about 4 - 5 packs)

Yes 1	**SKIP TO SMK_3/**
	SMK_FRSTCG_AG_COM
No 2	**CONTINUE**
[DO NOT READ] Don't know/No answer 8	**SKIP TO SMK_16/**
	SMK_OTREG_COM
[DO NOT READ] Refused 9	**SKIP TO SMK_16/**
	SMK_OTREG_COM

SMK_2
SMK_WHLCG_COM
Have you ever smoked a whole cigarette?

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

SMK_3
SMK_FRSTCG_AG_COM
At what age did you smoke your <u>first</u> whole cigarette? **RECORD EXACT AGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

_____ **RECORD AGE, CATI MASK: MIN=01, MAX=CURRENT AGE**

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

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

SMK_4
SMK_CURRCG_COM

At the present time, do you smoke cigarettes daily, occasionally or not at all?

Daily (at least one cigarette every day for

the past 30 days) 1   **CONTINUE**

Occasionally (at least one cigarette in the

past 30 days, but not every day).....................2   **SKIP TO SMK_9/ SMK_LST30_COM**

Not at all (you did not smoke at all in the

past 30 days)...3   **SKIP TO SMK_11/ SMK_EVRDL_COM**

[DO NOT READ] Don't know/No answer 8   **SKIP TO SMK_16/ SMK_OTREG_COM**

[DO NOT READ] Refused 9   **SKIP TO SMK_16/ SMK_OTREG_COM**

SMK_5
SMK_CGDL_AG_COM

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

_____ RECORD AGE, CATI MASK: MIN=[RECALL RESPONSE FROM SMK_3/SMK_FRSTCG_AG_COM], MAX=CURRENT AGE

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

SMK_6
SMK_NBCG_COM

How many cigarettes do you smoke each day now?

1-5 cigarettes 1

6-10 cigarettes 2

11-15 cigarettes 3

16-20 cigarettes 4

21-25 cigarettes 5

26+ cigarettes 6

SMK_NBCG_NB_COM   If 26+, how many? _____

SMK_7
SMK_YRDL_NB_COM

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

_____ RECORD NUMBER: CATI MASK: MIN=00, MAX=CURRENT AGE MINUS [RECALL RESPONSE FROM SMK_5/SMK_CGDL_AG_COM]

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

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

SMK_8
SMK_FRQDL_COM

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

1-5 cigarettes 1

6-10 cigarettes 2

11-15 cigarettes 3

16-20 cigarettes 4

21-25 cigarettes 5

26+ cigarettes 6

SMK_FRQDL_NB_COM   If 26+, how many? _____

IF YOU CURRENTLY SMOKE DAILY (SMK_4/SMK_CURRCG_COM=1) SKIP TO SMK_16/SMK_OTREG_COM

SMK_9
SMK_LST30_COM

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

1-5 days 1

6-10 days 2

11-20 days 3

21-29 days 4

SMK_10
SMK_NB30_COM

On the days that you smoked, how many cigarettes did you usually smoke?

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

SMK_NB30_NB_COM   If 26+, how many? _____

SMK_11
SMK_EVRDL_COM

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

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

SMK_12
SMK_SMKDL_AG_COM

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

_____ **RECORD AGE, CATI MASK: MIN=01, MAX=CURRENT AGE**

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

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

SMK_13
SMK_NBDL_COM

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

1-5 cigarettes 1

6-10 cigarettes 2

11-15 cigarettes 3

16-20 cigarettes 4

21-25 cigarettes 5

26+ cigarettes 6

SMK_NBDL_NB_COM   If 26+, how many? _____

SMK_14
SMK_TOTYR_NB_COM

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

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

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

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

SMK_15
SMK_STOP_COM

When did you stop smoking cigarettes daily?

Less than 1 year ago 1

1-2 years ago 2

3-5 years ago 3

More than 5 years ago 4

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

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

SMK_16
SMK_OTREG_COM

In your lifetime, have you ever used other types of tobacco on a regular basis and for a period of at least six months?

Yes…………………………………… 1	**CONTINUE**	
No.. 2	**SKIP TO SMK_19/ SMK_CHILD_NB_COM**	
[DO NOT READ] Don't know/No answer 8	**SKIP TO SMK_19/ SMK_CHILD_NB_COM**	
[DO NOT READ] Refused …………………........ 9	**SKIP TO SMK_19/ SMK_CHILD_NB_COM**	

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

SMK_TYPEOT_CG_COM	Cigars 01	
SMK_TYPEOT_SM_COM	Small cigars (cigarillos)... 02	
SMK_TYPEOT_PI_COM	Tobacco pipes 03	
SMK_TYPEOT_CH_COM	Chewing tobacco or snuff... 04	
SMK_TYPEOT_PT_COM	Nicotine patches 05	
SMK_TYPEOT_GU_COM	Nicotine gum 06	
SMK_TYPEOT_BE_COM	Betel nut 07	
SMK_TYPEOT_PN_COM	Paan 08	
SMK_TYPEOT_SH_COM	Sheesha 09	
SMK_TYPEOT_OT_COM	Other... 97	
SMK_TYPEOT_OTSP_COM	Other (please specify: _____)*	
SMK_TYPEOT_DK_NA_COM	**[DO NOT READ]** Don't know/No answer................... 98	
SMK_TYPEOT_REFUSED_COM	**[DO NOT READ]** Refused... 99	

*Additional categories coded; refer to data dictionary.

SMK_18
SMK_OTOCC_COM
Do you <u>currently</u> use any other types of tobacco products?

Yes 1	**CONTINUE**
No... 2	**SKIP TO SMK_19/ SMK_CHILD_NB_COM**
[DO NOT READ] Don't know/No answer 8	**SKIP TO SMK_19/ SMK_CHILD_NB_COM**
[DO NOT READ] Refused ……………….…........ 9	**SKIP TO SMK_19/ SMK_CHILD_NB_COM**

SMK_18a   What other types of tobacco products do you <u>currently</u> use? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

SMK_OTCURR_CG_COM   Cigars 01

SMK_OTCURR_SM_COM   Small cigars (cigarillos).. 02

SMK_OTCURR_PI_COM   Tobacco pipes 03

SMK_OTCURR_CH_COM   Chewing tobacco or snuff 04

SMK_OTCURR_PT_COM   Nicotine patches 05

SMK_OTCURR_GU_COM   Nicotine gum 06

SMK_OTCURR_BE_COM   Betel nut 07

SMK_OTCURR_PN_COM   Paan 08

SMK_OTCURR_SH_COM   Sheesha 09

SMK_OTCURR_OT_COM   Other 97

SMK_OTCURR_OTSP_COM   Other (please specify: _____)*

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

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

*Additional categories coded; refer to data dictionary.

Environmental Tobacco Smoke

SMK_19
SMK_CHILD_NB_COM

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

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

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

[DO NOT READ] Refused 99

SMK_20
SMK_ADULT_NB_COM

As an adult, from age 18 years to now, for how many years did you live with a person who smoked cigarettes, cigars, or pipes <u>inside your home</u>? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF YEARS**

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

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

[DO NOT READ] Refused 99

SMK_21
SMK_HOME_COM

At home, how often are you usually exposed to other people's tobacco smoke <u>inside your home</u>? **READ LIST, CODE ONLY ONE RESPONSE**

Everyday 1

Almost every day... 2

At least once a week 3

At least once a month 4

Less than once a month....................................... 5

Never.. 6

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

[DO NOT READ] Refused 9

SMK_22
SMK_ACTV_COM

During leisure activities outside of your home, how often are you usually exposed to other people's tobacco smoke? **READ LIST, CODE ONLY ONE RESPONSE**

Everyday 1

Almost every day.. 2

At least once a week.. 3

At least once a month 4

Less than once a month...................................... 5

Never.. 6

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

[DO NOT READ] Refused 9

SMK_23
SMK_YEAR_YR_COM

As an adult, from age 18 years to now, how many years did you regularly <u>work</u> in an environment where other people smoked cigarettes, cigars or pipes in your presence? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF YEARS**

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

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

[DO NOT READ] Refused 99

SMK_END

Alcohol Use (ALC)

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

ALC_1
ALC_EVER_COM

Have you ever drank alcohol?

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

ALC_2
ALC_FREQ_COM

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

Almost every day (incl. 6 times a week)...............01

4-5 times a week 02

2-3 times a week 03

Once a week 04

2-3 times a month...05

About once a month 06

Less than once a month..07

Never 96

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

[DO NOT READ] Refused 99

SKIP TO ALC_6/ALC_HVST_COM IF ALC_2/ALC_FREQ_COM=96 OR ALC_2/ALC_FREQ_COM=98 OR ALC_2/ALC_FREQ_COM=99

ALC_3   In a typical week during the past 12 months, how many drinks of each of the following do you drink on <u>weekdays</u>, that is, from Sundays through Thursdays? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

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

A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR

ALC_RDWD_NB_COM

a) Red wine

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

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

[DO NOT READ] Refused 99

ALC_WHWD_NB_COM

b) White wine

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

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

[DO NOT READ] Refused 99

ALC_BRWD_NB_COM

c) Beer

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

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

[DO NOT READ] Refused 99

ALC_LQWD_NB_COM

d) Liquor or spirit

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

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

[DO NOT READ] Refused 99

ALC_OTWD_NB_COM

e) Another kind of alcohol

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

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

[DO NOT READ] Refused 99

ALC_4   In a typical week during the past 12 months, how many drinks of each of the following do you drink on <u>weekends</u>, that is, on Fridays and Saturdays? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

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

A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR.

ALC_RDWE_NB_COM

a) Red wine

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

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

[DO NOT READ] Refused 99

ALC_WHWE_NB_COM

b) White wine

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

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

[DO NOT READ] Refused 99

ALC_BRWE_NB_COM

c) Beer

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

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

[DO NOT READ] Refused 99

ALC_LQWE_NB_COM

d) Liquor or spirit

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

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

[DO NOT READ] Refused 99

ALC_OTWE_NB_COM

e) Another kind of alcohol

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

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

[DO NOT READ] Refused 99

ALC_5a
ALC_MLFQ_COM

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

> Almost every day (incl. 6 times a week).............. 01

> 4-5 times a week 02

> 2-3 times a week 03

> Once a week 04

> 2-3 times a month... 05

> About once a month 06

> Less than once a month 07

> Never 96

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

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

ALC_5b
ALC_FMFQ_COM

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

> Almost every day (incl. 6 times a week).............. 01

> 4-5 times a week 02

> 2-3 times a week 03

> Once a week 04

> 2-3 times a month... 05

> About once a month 06

> Less than once a month 07

> Never 96

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

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

ALC_6
ALC_HVST_COM

> How does your current consumption of alcohol compare to your heaviest period of drinking? **READ LIST, CODE ONLY ONE RESPONSE**

> About the same 1

> Less than the heaviest period of drinking............. 2

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

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

ALC_END

Nutrition: Short Diet Questionnaire (NUT)

The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home.

NUT_1
NUT_FBR_COM

How often do you usually eat high fibre breakfast cereals (All Bran, 100% Bran, Bran Flakes, muesli…) for example twice a day, three times a week, once a month?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_FBR_DAY_COM	Per day	1
NUT_FBR_WK_COM	Per week	2
NUT_FBR_MT_COM	Per month	3
NUT_FBR_YR_COM	Per year	4

0 = never, go to the next question
>0 = go to the reporting period immediately below; per year = rarely (for all questions)

NUT_2
NUT_BRD_COM

How often do you usually eat whole wheat breads, bran breads, multigrain breads, rye breads (sliced, crusty, hamburger bun, hot dog bun, bagel, pita,...)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_BRD_DAY_COM	Per day	1
NUT_BRD_WK_COM	Per week	2
NUT_BRD_MT_COM	Per month	3
NUT_BRD_YR_COM	Per year	4

NUT_3
NUT_MEAT_COM

How often do you usually eat beef, pork (ground, hamburgers, roast beef, steak, cubed…)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_MEAT_DAY_COM	Per day 1
NUT_MEAT_WK_COM	Per week...2
NUT_MEAT_MT_COM	Per month 3
NUT_MEAT_YR_COM	Per year 4

NUT_4
NUT_MTOT_COM

How often do you usually eat other meats (veal, lamb, game…) (ground, hamburgers, roast, steak, cubed…)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_MTOT_DAY_COM	Per day 1
NUT_MTOT_WK_COM	Per week...2
NUT_MTOT_MT_COM	Per month 3
NUT_MTOT_YR_COM	Per year 4

NUT_5
NUT_CHCK_COM

How often do you usually eat chicken, turkey?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_CHCK_DAY_COM	Per day	1
NUT_CHCK_WK_COM	Per week..	2
NUT_CHCK_MT_COM	Per month..	3
NUT_CHCK_YR_COM	Per year	4

NUT_6
NUT_FISH_COM

How often do you usually eat salmon, trout, sardines, herring, tuna, mackerel (fresh, frozen or canned)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_FISH_DAY_COM	Per day	1
NUT_FISH_WK_COM	Per week..	2
NUT_FISH_MT_COM	Per month..	3
NUT_FISH_YR_COM	Per year	4

NUT_7
NUT_SASG_COM

How often do you usually eat sausages, hot dogs, ham, smoked meat, bacon...?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_SASG_DAY_COM	Per day 1
NUT_SASG_WK_COM	Per week 2
NUT_SASG_MT_COM	Per month 3
NUT_SASG_YR_COM	Per year 4

NUT_8
NUT_PATE_COM

How often do you usually eat patés, cretons, terrines...?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_PATE_DAY_COM	Per day 1
NUT_PATE_WK_COM	Per week 2
NUT_PATE_MT_COM	Per month 3
NUT_PATE_YR_COM	Per year 4

NUT_9
NUT_SAUC_COM

How often do you usually eat sauces and gravies (brown, white, BBQ, …)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_SAUC_DAY_COM	Per day 1
NUT_SAUC_WK_COM	Per week... 2
NUT_SAUC_MT_COM	Per month 3
NUT_SAUC_YR_COM	Per year 4

NUT_10
NUT_O3EG_COM

How often do you usually eat omega-3 eggs?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_O3EG_DAY_COM	Per day 1
NUT_O3EG_WK_COM	Per week... 2
NUT_O3EG_MT_COM	Per month 3
NUT_O3EG_YR_COM	Per year 4

NUT_11
NUT_EGGS_COM

How often do you usually eat all egg dishes except omega 3 eggs (eggs, omelette, quiche,...)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_EGGS_DAY_COM	Per day	1
NUT_EGGS_WK_COM	Per week..	2
NUT_EGGS_MT_COM	Per month	3
NUT_EGGS_YR_COM	Per year	4

NUT_12
NUT_LEGM_COM

How often do you usually eat legumes: beans, peas, lentils?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_LEGM_DAY_COM	Per day	1
NUT_LEGM_WK_COM	Per week..	2
NUT_LEGM_MT_COM	Per month	3
NUT_LEGM_YR_COM	Per year	4

NUT_13
NUT_NUTS_COM

How often do you usually eat nuts, seeds and peanut butter?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_NUTS_DAY_COM	Per day 1
NUT_NUTS_WK_COM	Per week...2
NUT_NUTS_MT_COM	Per month 3
NUT_NUTS_YR_COM	Per year 4

NUT_14
NUT_FRUT_COM

How often do you usually eat fruit (fresh, frozen, canned)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_FRUT_DAY_COM	Per day 1
NUT_FRUT_WK_COM	Per week...2
NUT_FRUT_MT_COM	Per month 3
NUT_FRUT_YR_COM	Per year 4

NUT_15
NUT_GREEN_COM

How often do you usually eat green salad (lettuce, with or without other ingredients)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_GREEN_DAY_COM   Per day 1

NUT_GREEN_WK_COM   Per week..2

NUT_GREEN_MT_COM   Per month...3

NUT_GREEN_YR_COM   Per year...4

NUT_16
NUT_PTTO_COM

How often do you usually eat potatoes (boiled, mashed or baked)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_PTTO_DAY_COM   Per day 1

NUT_PTTO_WK_COM   Per week..2

NUT_PTTO_MT_COM   Per month...3

NUT_PTTO_YR_COM   Per year...4

NUT_17
NUT_FRIE_COM

How often do you usually eat french fries or pan-fried potatoes, poutine?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ RECORD NUMBER

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_FRIE_DAY_COM	Per day	1
NUT_FRIE_WK_COM	Per week...	2
NUT_FRIE_MT_COM	Per month	3
NUT_FRIE_YR_COM	Per year	4

NUT_18
NUT_CRRT_COM

How often do you usually eat carrots (fresh, frozen, canned, eaten on their own or with other food, cooked or raw)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ RECORD NUMBER

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_CRRT_DAY_COM	Per day	1
NUT_CRRT_WK_COM	Per week...	2
NUT_CRRT_MT_COM	Per month	3
NUT_CRRT_YR_COM	Per year	4

NUT_19
NUT_VGOT_COM

How often do you usually eat other vegetables (except carrots, potatoes or salad)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_VGOT_DAY_COM	Per day	1
NUT_VGOT_WK_COM	Per week...	2
NUT_VGOT_MT_COM	Per month	3
NUT_VGOT_YR_COM	Per year	4

NUT_20
NUT_LWCS_COM

How often do you usually eat all low-fat cheeses?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_LWCS_DAY_COM	Per day	1
NUT_LWCS_WK_COM	Per week...	2
NUT_LWCS_MT_COM	Per month	3
NUT_LWCS_YR_COM	Per year	4

NUT_21
NUT_CHSE_COM
How often do you usually eat all regular cheeses?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_CHSE_DAY_COM	Per day 1
NUT_CHSE_WK_COM	Per week..2
NUT_CHSE_MT_COM	Per month 3
NUT_CHSE_YR_COM	Per year 4

NUT_22
NUT_LWYG_COM
How often do you usually eat yogurt (low-fat)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_LWYG_DAY_COM	Per day 1
NUT_LWYG_WK_COM	Per week..2
NUT_LWYG_MT_COM	Per month 3
NUT_LWYG_YR_COM	Per year 4

NUT_23
NUT_YOGR_COM

How often do you usually eat yogurt (regular)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_YOGR_DAY_COM	Per day 1
NUT_YOGR_WK_COM	Per week...2
NUT_YOGR_MT_COM	Per month 3
NUT_YOGR_YR_COM	Per year 4

NUT_24
NUT_CALC_COM

How often do you usually eat calcium-fortified foods (soy pudding, ...)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_CALC_DAY_COM	Per day 1
NUT_CALC_WK_COM	Per week...2
NUT_CALC_MT_COM	Per month 3
NUT_CALC_YR_COM	Per year 4

NUT_25
NUT_DAIR_COM

How often do you usually eat ice cream, ice milk, frozen yogurt, milk-based desserts (puddings, …)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_DAIR_DAY_COM	Per day	1
NUT_DAIR_WK_COM	Per week...	2
NUT_DAIR_MT_COM	Per month...	3
NUT_DAIR_YR_COM	Per year..	4

NUT_26
NUT_SALT_COM

How often do you usually eat salty snacks (regular chips, crackers,...)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_SALT_DAY_COM	Per day	1
NUT_SALT_WK_COM	Per week...	2
NUT_SALT_MT_COM	Per month...	3
NUT_SALT_YR_COM	Per year..	4

NUT_27
NUT_DSRT_COM

How often do you usually eat cakes, pies, doughnuts, pastries, cookies, muffins...?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_DSRT_DAY_COM	Per day	1
NUT_DSRT_WK_COM	Per week..	2
NUT_DSRT_MT_COM	Per month..	3
NUT_DSRT_YR_COM	Per year	4

NUT_28
NUT_CHOC_COM   How often do you usually eat chocolate bars?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_CHOC_DAY_COM	Per day	1
NUT_CHOC_WK_COM	Per week..	2
NUT_CHOC_MT_COM	Per month..	3
NUT_CHOC_YR_COM	Per year	4

NUT_29
NUT_BTTR_COM

How often do you usually eat butter or regular margarine on bread or on cooked vegetables only?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_BTTR_DAY_COM	Per day 1
NUT_BTTR_WK_COM	Per week... 2
NUT_BTTR_MT_COM	Per month 3
NUT_BTTR_YR_COM	Per year 4

NUT_30
NUT_DRSG_COM

How often do you usually eat regular vinaigrettes, salad dressings, mayonnaise, homemade or commercial dips?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_DRSG_DAY_COM	Per day 1
NUT_DRSG_WK_COM	Per week... 2
NUT_DRSG_MT_COM	Per month 3
NUT_DRSG_YR_COM	Per year 4

NUT_31
NUT_CAJC_COM
How often do you usually drink Calcium-fortified juices?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ RECORD NUMBER

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_CAJC_DAY_COM	Per day 1	
NUT_CAJC_WK_COM	Per week... 2	
NUT_CAJC_MT_COM	Per month 3	
NUT_CAJC_YR_COM	Per year 4	

NUT_32
NUT_PURE_COM
How often do you usually drink 100% pure fruit juices (orange, grapefruit or tomato,...)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ RECORD NUMBER

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_PURE_DAY_COM	Per day 1	
NUT_PURE_WK_COM	Per week... 2	
NUT_PURE_MT_COM	Per month 3	
NUT_PURE_YR_COM	Per year 4	

NUT_33
NUT_CAML_COM
How often do you usually drink calcium-fortified milk (35% more calcium)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_CAML_DAY_COM	Per day 1
NUT_CAML_WK_COM	Per week... 2
NUT_CAML_MT_COM	Per month 3
NUT_CAML_YR_COM	Per year 4

NUT_34
NUT_WHML_COM
How often do you usually drink whole milk 3.25% m.f.?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_WHML_DAY_COM	Per day 1
NUT_WHML_WK_COM	Per week... 2
NUT_WHML_MT_COM	Per month 3
NUT_WHML_YR_COM	Per year 4

NUT_35
NUT_LFML_COM

How often do you usually drink 2%, 1%, skim milk?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ RECORD NUMBER

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_LFML_DAY_COM	Per day 1
NUT_LFML_WK_COM	Per week...2
NUT_LFML_MT_COM	Per month 3
NUT_LFML_YR_COM	Per year 4

NUT_36
NUT_CADR_COM

How often do you usually drink other calcium-fortified beverages (soy drink, ...)?

INTERVIEWER: IF "NEVER" RECORD AS "0"

_____ RECORD NUMBER

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

NUT_CADR_DAY_COM	Per day 1
NUT_CADR_WK_COM	Per week...2
NUT_CADR_MT_COM	Per month 3
NUT_CADR_YR_COM	Per year 4

NUT_END

General Health (GEN)

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

GEN_1
GEN_HLTH_COM

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

> Excellent..1

> Very good..2

> Good 3

> Fair 4

> Poor..5

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

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

GEN_2
GEN_MNTL_COM

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

> Excellent..1

> Very good..2

> Good 3

> Fair 4

> Poor..5

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

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

GEN_3
GEN_HLAG_COM

I have talked with many adults and learned something from each of them about what they think promotes healthy aging. What do you think makes people live long and keep well? **RECORD VERBATIM, PROBE AND CLARIFY AS NECESSARY**

_____
_____
_____
_____
_____

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

[DO NOT READ] Refused 99

GEN_4
GEN_OWNAG_COM

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

Excellent.. 1

Very good.. 2

Good 3

Fair 4

Poor... 5

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

[DO NOT READ] Refused 9

Mental Exercise

About how much time do you spend doing each of the following activities, taking into account both work and leisure time? **READ EACH ACTIVITY, CODE ONLY ONE RESPONSE PER ACTIVITY**

GEN_5
GEN_BRD_COM

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

Every day 1

Several times a week 2

Several times a month 3

Several times a year 4

Once a year or less 5

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

[DO NOT READ] Refused 9

GEN_6
GEN_MUSC_COM
Playing a musical instrument or singing in a choir.

Every day 1

Several times a week 2

Several times a month 3

Several times a year 4

Once a year or less 5

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

[DO NOT READ] Refused 9

GEN_END

Women's Health (WHO)

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

Menopause

The next questions are about symptoms associated with menopause.

WHO_1
WHO_MENOP_COM

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

Yes 1	**CONTINUE**	
No 2	**SKIP TO WHO_3/ WHO_HRT_COM**	
[DO NOT READ] Had a hysterectomy 3	**SKIP TO WHO_3/ WHO_HRT_COM**	
[DO NOT READ] Don't know/No answer 8	**SKIP TO WHO_3/ WHO_HRT_COM**	
[DO NOT READ] Refused 9	**SKIP TO WHO_3/ WHO_HRT_COM**	

WHO_2
WHO_MPAG_AG_COM

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

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

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

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

WHO_3
WHO_HRT_COM

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

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

WHO_4
WHO_TYPE_COM

Which type of hormone replacement therapy have you used the most? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Both Estrogen and Progesterone...1

Estrogen (e.g. Premarin, Estrace) 2

Progesterone (e.g. Prometrium, Provera)..3

Estrogen gel or cream applied to the skin (e.g. Estraderm, Estrogel) 4

Intra-uterine device with progesterone 5

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

[DO NOT READ] Refused 9

WHO_5
WHO_HRTAG_AG_COM

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

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

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

[DO NOT READ] Refused 99

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

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

WHO_HRTDR_WK_COM Weeks **CATI MASK: MIN=01, MAX=52**.................................1

WHO_HRTDR_MT_COM Months **CATI MASK: MIN=01, MAX=12** 2

WHO_HRTDR_YR_COM Years **CATI MASK: MIN=01, MAX=CURRENT**

AGE MINUS [RECALL RESPONSE FROM

WHO_5/WHO_HRTAG_AG_COM] 3

WHO_END

Vision (VIS)

Now some questions about your vision...

VIS_1
VIS_SGHT_COM

Is your eyesight, using glasses or corrective lens if you use them…**READ LIST, CODE ONLY ONE RESPONSE**

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

VIS_2
VIS_AID_COM

Besides glasses or contact lenses, do you use any aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?

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

VIS_3

Do you now use…**READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

VIS_USE_MG_COM	Magnifiers	01
VIS_USE_BR_COM	Braille reading materials	02
VIS_USE_LG_COM	Larger print reading materials	03
VIS_USE_TK_COM	Talking books	04
VIS_USE_RC_COM	Recording equipment or portable note-takers	05
VIS_USE_CC_COM	Closed circuit devices (e.g., CCTVs)	06
VIS_USE_CP_COM	A computer with Braille, large print, or speech access	07
VIS_USE_CN_COM	A white cane	08
VIS_USE_DG_COM	A guide dog	09
VIS_USE_OT_COM	Another aid	97
VIS_USE_OTSP_COM	Another aid (please specify: _____)*	
VIS_USE_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
VIS_USE_REFUSED_COM	**[DO NOT READ]** Refused	99

*Additional categories coded; refer to data dictionary.

VIS_END

Hearing (HRG)

HRG_1
HRG_HRG_COM

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

Excellent.. 1

Very good... 2

Good 3

Fair 4

Poor... 5

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

[DO NOT READ] Refused 9

HRG_2
HRG_NOIS_COM

Do you find it difficult to follow a conversation if there is background noise, such as TV, radio or children playing, even if using a hearing aid as usual?

Yes 1

No... 2

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

[DO NOT READ] Refused 9

HRG_3
HRG_AID_COM

Do you use any aids, specialized equipment, or services for persons who are deaf or hard of hearing, for example, a volume control telephone or TV decoder?

Yes 1   **CONTINUE**

No... 2   **SKIP TO HRG_END**

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

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

HRG_4

Do you now use… **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

HRG_USE_AID_COM	Hearing aid	01
HRG_USE_CP_COM	Computer to communicate (e.g., e-mail or chat services)	02
HRG_USE_VL_COM	Volume control telephone	03
HRG_USE_TTY_COM	TTY or TTD	04
HRG_USE_MSG_COM	Message relay service	05
HRG_USE_PH_COM	Other phone-related devices (e.g., flashers)	06
HRG_USE_CC_COM	Closed caption T.V. or decoder	07
HRG_USE_AP_COM	Amplifiers (e.g., FM, acoustic, infa-red)	08
HRG_USE_VS_COM	Visual or vibrating alarm	09
HRG_USE_CO_COM	Cochlear implant	10
HRG_USE_OT_COM	Another aid	97
HRG_USE_OTSP_TRM	Another aid (please specify: _____)*	
HRG_USE_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
HRG_USE_REFUSED_COM	**[DO NOT READ]** Refused	99

*Additional categories coded; refer to data dictionary.

HRG_END

Basic Activities of Daily Living (ADL)

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

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

ADL_1
ADL_ABLDR_COM

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

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

ADL_2
ADL_HPDR_COM

Can you dress and undress yourself with some help?

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

ADL_3
ADL_UNDR_COM

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

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

ADL_4
ADL_ABLFD_COM

Can you eat without help (i.e., you are able to feed yourself completely)?

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

ADL_5
ADL_HPFD_COM

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

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

ADL_6
ADL_UNFD_COM

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

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

ADL_7
ADL_ABLAP_COM

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

Yes 1	**SKIP TO ADL_10/ ADL_ABLWK_COM**
No 2	**CONTINUE**
[DO NOT READ] Don't know/No answer............ 8	**SKIP TO ADL_10/ ADL_ABLWK_COM**
[DO NOT READ] Refused 9	**SKIP TO ADL_10/ ADL_ABLWK_COM**

ADL_8
ADL_HPAP_COM

Can you take care of your own appearance with some help?

Yes 1

No 2

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

[DO NOT READ] Refused 9

ADL_9
ADL_UNAP_COM

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

ADL_10
ADL_ABLWK_COM

Can you walk without help?

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

Yes 1   **SKIP TO ADL_13/ ADL_ABLBD_COM**

No 2   **CONTINUE**

[DO NOT READ] Don't know/No answer 8   **SKIP TO ADL_13/ ADL_ABLBD_COM**

[DO NOT READ] Refused 9   **SKIP TO ADL_13/ ADL_ABLBD_COM**

ADL_11
ADL_HPWK_COM

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

ADL_12
ADL_UNWK_COM

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

ADL_13
ADL_ABLBD_COM

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

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

ADL_14
ADL_HPBD_COM

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

ADL_15
ADL_UNBD_COM

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

ADL_16
ADL_ABLBT_COM

Can you take a bath or shower without help?

Yes 1		**SKIP TO ADL_19/ ADL_BATH_COM**
No 2		**CONTINUE**
[DO NOT READ] Don't know/No answer 8		**SKIP TO ADL_19/ ADL_BATH_COM**
[DO NOT READ] Refused 9		**SKIP TO ADL_19/ ADL_BATH_COM**

ADL_17
ADL_HPBT_COM

Can you take a bath or shower with some help (i.e., you need help from someone getting in and out of the tub or you need special attachments on the tub)?

Yes 1

No 2

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

[DO NOT READ] Refused 9

ADL_18
ADL_UNBT_COM

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

ADL_19
ADL_BATH_COM

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

ADL_20
ADL_INCNT_COM

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

Never or less than once a week 1

Once or twice a week 2

Three times a week or more 3

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

[DO NOT READ] Refused 9

ADL_END

Instrumental Activities of Daily Living (IAL)

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

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

IAL_1
IAL_ABLTEL_COM

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

Yes 1	**SKIP TO IAL_4/ IAL_ABLTRV_COM**
No 2	**CONTINUE**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO IAL_4/ IAL_ABLTRV_COM**
[DO NOT READ] Refused 9	**SKIP TO IAL_4/ IAL_ABLTRV_COM**

IAL_2
IAL_HPTEL_COM

Can you use the telephone with some help (i.e., you can answer the phone or dial the operator in an emergency, but need a special phone or help in getting the number or dialling)?

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

IAL_3
IAL_UNTEL_COM

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

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

IAL_4
IAL_ABLTRV_COM

Can you get to places out of walking distance without help (i.e., you drive your own car, or travel alone on buses, or taxis)?

Yes 1	**SKIP TO IAL_7/ IAL_ABLGRO_COM**
No...2	**CONTINUE**
[DO NOT READ] Don't know/No answer.............8	**SKIP TO IAL_7/ IAL_ABLGRO_COM**
[DO NOT READ] Refused 9	**SKIP TO IAL_7/ IAL_ABLGRO_COM**

IAL_5
IAL_HPTRV_COM

Can you get to places out of walking distance with some help (i.e., you need someone to help you or go with you when travelling)?

Yes 1

No...2

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

[DO NOT READ] Refused 9

IAL_6
IAL_UNTRV_COM

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

Yes 1

No...2

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

[DO NOT READ] Refused 9

IAL_7
IAL_ABLGRO_COM

Can you go shopping for groceries or clothes without help (taking care of all shopping needs yourself)?

Yes ....1 **SKIP TO IAL_10/**
IAL_ABLML_COM

No ....2 **CONTINUE**

[DO NOT READ] Don't know/No answer.............8 **SKIP TO IAL_10/**
IAL_ABLML_COM

[DO NOT READ] Refused ....9 **SKIP TO IAL_10/**
IAL_ABLML_COM

IAL_8
IAL_HPGRO_COM

Can you go shopping for groceries or clothes with some help (i.e., you need someone to go with you on all shopping trips)?

Yes 1

No 2

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

[DO NOT READ] Refused 9

IAL_9
IAL_UNGRO_COM

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

IAL_10
IAL_ABLML_COM

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

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

IAL_11
IAL_HPML_COM

Can you prepare your own meals with some help (i.e., you can prepare some things but are unable to cook full meals yourself)?

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

IAL_12
IAL_UNML_COM

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

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

IAL_13
IAL_ABLWRK_COM

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

Yes 1	**SKIP TO IAL_16/ IAL_ABLMED_COM**
No 2	**CONTINUE**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO IAL_16/ IAL_ABLMED_COM**
[DO NOT READ] Refused 9	**SKIP TO IAL_16/ IAL_ABLMED_COM**

IAL_14
IAL_HPWRK_COM

Can you do your housework with some help (i.e., you can do light housework but need help with heavy work)?

Yes 1

No.. 2

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

[DO NOT READ] Refused 9

IAL_15
IAL_UNWRK_COM

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

Yes 1

No.. 2

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

[DO NOT READ] Refused 9

IAL_16
IAL_ABLMED_COM

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

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

Yes 1   **SKIP TO IAL_19/ IAL_ABLMO_COM**

No.. 2   **CONTINUE**

[DO NOT READ] Don't know/No answer............ 8   **SKIP TO IAL_19/ IAL_ABLMO_COM**

[DO NOT READ] Refused 9   **SKIP TO IAL_19/ IAL_ABLMO_COM**

IAL_17
IAL_HPMED_COM

Can you take your own medicine with some help (i.e., you are able to take medicine if someone prepares it for you or reminds you to take it)?

Yes 1

No.. 2

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

[DO NOT READ] Refused 9

IAL_18
IAL_UNMED_COM

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

IAL_19
IAL_ABLMO_COM

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

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

Yes 1   **SKIP TO IAL_END**

No 2   **CONTINUE**

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

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

IAL_20
IAL_HPMO_COM

Can you handle your own money with some help (i.e., you manage day-to-day buying but need help with managing your chequebook or paying your bills)?

Yes 1

No 2

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

[DO NOT READ] Refused 9

IAL_21
IAL_UNMO_COM

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

IAL_END

Cognition (COG)

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

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

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

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

COG_A
COG_REC_COM

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

It is very important that you are not disturbed during these tasks. Only you can complete these tasks, without help from anyone else or the use of an aid.

COG_1
COG_RDY_COM

To begin, a recorded voice will ask you a question that you will need to answer. Please listen carefully. Are you ready to listen to the recording?

Yes 1	**SKIP TO COG_3/ COG_BGN_COM**
No 2	**CONTINUE**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO COG_END**
[DO NOT READ] Refused 9	**SKIP TO COG_END**

COG_2
COG_RDYRPT_COM

IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS:
A recorded voice will ask you a question that you will need to answer. Please listen carefully. Are you ready to listen to the recording? **DK/RF NOT ALLOWED**

Yes 1   **SKIP TO COG_3/ COG_BGN_COM**

No 2   **CONTINUE**

COG_2a
COG_RDYIMP_COM

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

Yes 1
No 2   **SKIP TO COG_9/ COG_ANML_COM**

COG_2b

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

COG_RDYFCTR_LG_COM	Had difficulty understanding English/French	01
COG_RDYFCTR_PH_COM	Physical impairment, such as difficulty hearing	02
COG_RDYFCTR_DI_COM	Distraction or noisy environment	03
COG_RDYFCTR_IM_COM	Impaired concentration/memory problems	04
COG_RDYFCTR_AID_COM	Used an aid	05
COG_RDYFCTR_TE_COM	Technical difficulties with the laptop	06
COG_RDYFCTR_OT_COM	Other	97
COG_RDYFCTR_OTSP_COM	Other (please specify: _____)	
COG_RDYFCTR_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
COG_RDYFCTR_REFUSED_COM	**[DO NOT READ]** Refused	99

GO TO COG_9/COG_ANML_COM

COG_3
COG_BGN_COM

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

Yes, clearly heard recording........................... 1   **SKIP TO COG_5/ COG_WRD_COM**

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

COG_4
COG_HRD_COM

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

Yes, clearly heard..1   **SKIP TO COG_5/ COG_WRD_COM**

No, did not hear clearly 2   **CONTINUE**

COG_4a
COG_HRDIMP_COM

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

Yes 1

No 2   **SKIP TO COG_9/ COG_ANML_COM**

COG_4b

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

COG_HRDFCTR_LG_COM	Had difficulty understanding English/French	01
COG_HRDFCTR_PH_COM	Physical impairment, such as difficulty hearing	02
COG_HRDFCTR_DI_COM	Distraction or noisy environment	03
COG_HRDFCTR_IM_COM	Impaired concentration/memory problems	04
COG_HRDFCTR_AID_COM	Used an aid	05
COG_HRDFCTR_TE_COM	Technical difficulties with the laptop	06
COG_HRDFCTR_OT_COM	Other	97
COG_HRDFCTR_OTSP_COM	Other (please specify: _____)	
COG_HRDFCTR_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
COG_HRDFCTR_REFUSED_COM	**[DO NOT READ]** Refused	99

GO TO COG_9/COG_ANML_COM

COG_5
COG_WRD_COM

The first task will start with a recorded voice that will read you a list of words. We have purposely made the list long so it will be difficult for anyone to recall all of the words. Most people recall just a few words. Please listen carefully, as the list of words cannot be repeated. When the list of words is finished, I will ask you to recall aloud as many of the words as you can, in any order. May I start the recording? **DK/RF NOT ALLOWED**

Yes 1   **SKIP TO COG_7/ COG_WRDLST_COM**

No 2   **CONTINUE**

COG_6
COG_WRDRPT_COM

IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS:
The first task will start with a recorded voice that will read you a list of words. We have purposely made the list long so it will be difficult for anyone to recall all of the words. Most people recall just a few words. Please listen carefully, as the list of words cannot be repeated. When the list of words is finished, I will ask you to recall aloud as many of the words as you can, in any order. May I start the recording?

Yes 1   **SKIP TO COG_7/ COG_WRDLST_COM**

No 2   **CONTINUE**

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

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

COG_6a
COG_WRDIMP_COM

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

Yes 1   **CONTINUE**

No 2   **SKIP TO COG_9/**
                                                   COG_ANML_COM

COG_6b

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

COG_WRDFCTR_LG_COM	Had difficulty understanding English/French 01
COG_WRDFCTR_PH_COM	Physical impairment, such as difficulty hearing 02
COG_WRDFCTR_DI_COM	Distraction or noisy environment 03
COG_WRDFCTR_IM_COM	Impaired concentration/memory problems 04
COG_WRDFCTR_AID_COM	Used an aid 05
COG_WRDFCTR_TE_COM	Technical difficulties with the laptop 06
COG_WRDFCTR_OT_COM	Other 97
COG_WRDFCTR_OTSP_COM	Other (please specify: _____)
COG_WRDFCTR_DK_NA_COM	**[DO NOT READ]** Don't know/No answer 98
COG_WRDFCTR_REFUSED_COM	**[DO NOT READ]** Refused 99

GO TO COG_9/COG_ANML_COM

COG_7
COG_WRDLST_COM

I will begin the recording now. Now, please tell me all the words you can remember in any order. Please begin. **MULTIPLE RESPONSES ALLOWED, RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS, DK/RF NOT ALLOWED. TIMER INSTRUCTIONS: DISPLAY COUNTDOWN TIMER FROM 90 SECONDS. TIMER CANNOT BE RESET OR PAUSED, BUT CAN BE STOPPED AT ANY TIME. A BEEP WILL SOUND WHEN THE TIMER COMPLETES. NULL ALLOWED. DK/RF NOT ALLOWED.**

Drum	01	Garden	08
Curtain	02	Hat	09
Bell	03	Farmer	10
Coffee	04	Nose	11
School	05	Turkey	12
Parent	06	Colour	13
Moon	07	House	14
		River	15

None/No words were correctly recalled 96

Thank you. This task is finished.

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

COG_9
COG_ANML_COM

Now, I would like you to name as many different animals as you can think of. You have one minute to do this. When you are ready to begin, I will start recording. Are you ready to begin? **DK/RF NOT ALLOWED**

Yes 1   **SKIP TO COG_11/ COG_ANMLLIST_COM**

No 2   **CONTINUE**

COG_10
COG_ANMLRPT_COM

IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.
Now, I would like you to name as many different animals as you can think of. You have one minute to do this. When you are ready to begin, I will start recording. Are you ready to begin?

Yes 1	**SKIP TO COG_11/** **COG_ANMLLIST_COM**
No 2	**CONTINUE**
[DO NOT READ] Don't know/No answer 8	**SKIP TO COG_12/** **COG_CNT_COM**
[DO NOT READ] Refused 9	**SKIP TO COG_12** **COG_CNT_COM**

COG_10a
COG_ANMLIMP_COM

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

Yes 1	**CONTINUE**
No 2	**SKIP TO COG_12/** **COG_CNT_COM**

COG_10b

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

COG_ANMLFCTR_LG_COM	Had difficulty understanding English/French 01
COG_ANMLFCTR_PH_COM	Physical impairment, such as difficulty hearing....02
COG_ANMLFCTR_DI_COM	Distraction or noisy environment 03
COG_ANMLFCTR_IM_COM	Impaired concentration/memory problems 04
COG_ANMLFCTR_AID_COM	Used an aid 05
COG_ANMLFCTR_TE_COM	Technical difficulties with the laptop 06
COG_ANMLFCTR_OT_COM	Other...97
COG_ANMLFCTR_OTSP_TRM	Other (please specify: _____)
COG_ANMLFCTR_DK_NA_COM	**[DO NOT READ]** Don't know/No answer 98
COG_ANMLFCTR_REFUSED_COM	**[DO NOT READ]** Refused..................................99

GO TO COG_12/COG_CNT_COM

COG_11
COG_ANMLLIST_COM

Please begin. **IF THE PARTICIPANT IS SILENT FOR 15 SECONDS OR STOPS BEFORE THE END OF THE TIMER, ENCOURAGE HIM/HER BY SAYING,** "Can you think of any more animals?" **ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, EXPLAIN THAT ANIMALS INCLUDE BIRDS, INSECTS, FISH, ETC. DO NOT HELP THE PARTICIPANT.**

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

Thank you. This task is finished.

COG_12
COG_CNT_COM

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

Yes 1   **SKIP TO COG_14/ COG_CNTTIME_REC_COM**

No 2   **CONTINUE**

COG_13
COG_CNTRPT_COM

IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION: Now, I would like you to count from 1 to 20, from 1, 2, 3, 4 and so on. Are you ready to begin?

Yes 1   **SKIP TO COG_14/ COG_CNTTIME_REC_COM**

No 2   **CONTINUE**

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

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

COG_13a
COG_CNTIMP_COM

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

Yes 1   **CONTINUE**
No 2   **SKIP TO COG_22/ COG_WRDLST2_RECORD_COM**

COG_13b

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

COG_CNTFCTR_LG_COM	Had difficulty understanding English/French........	01
COG_CNTFCTR_PH_COM	Physical impairment, such as difficulty hearing ...	02
COG_CNTFCTR_DI_COM	Distraction or noisy environment.........................	03
COG_CNTFCTR_IM_COM	Impaired concentration/memory problems...........	04
COG_CNTFCTR_AID_COM	Used an aid	05
COG_CNTFCTR_TE_COM	Technical difficulties with the laptop....................	06
COG_CNTFCTR_OT_COM	Other	97
COG_CNTFCTR_OTSP_COM	Other (please specify: _____)	
COG_CNTFCTR_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
COG_CNTFCTR_REFUSED_COM	**[DO NOT READ]** Refused	99

GO TO COG_22/COG_WRDLST2_RECORD_COM

COG_14
COG_CNTTIME_REC_COM

Please begin.

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

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

Thank you. This task is finished.

COG_16
COG_ALP_COM

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

Yes 1	**SKIP TO COG_18/ COG_ALPTME_REC_COM**
No 2	**CONTINUE**

COG_17
COG_ALPRPT_COM

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

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

COG_17a
COG_ALPIMP_COM

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

Yes 1	
No 2	**SKIP TO COG_22/ COG_WRDLST2_RECORD_COM**

COG_17b

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

COG_ALPFCTR_LG_COM	Had difficulty understanding English/French........01	
COG_ALPFCTR_PH_COM	Physical impairment, such as difficulty hearing ...02	
COG_ALPFCTR_DI_COM	Distraction or noisy environment.........................03	
COG_ALPFCTR_IM_COM	Impaired concentration/memory problems...........04	
COG_ALPFCTR_AID_COM	Used an aid 05	
COG_ALPFCTR_TE_COM	Technical difficulties with the laptop....................06	
COG_ALPFCTR_OT_COM	Other 97	
COG_ALPFCTR_OTSP_COM	Other (please specify: _____)	
COG_ALPFCTR_DK_NA_COM	**[DO NOT READ]** Don't know/No answer 98	
COG_ALPFCTR_REFUSED_COM	**[DO NOT READ]** Refused 99	

GO TO COG_22/COG_WRDLST2_RECORD_COM

COG_18
COG_ALPTME_REC_COM

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

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

Thank you. This task is finished.

COG_19
COG_ALT_COM

Now, I would like you to alternate consecutive numbers, beginning with number 1, with the alphabet, beginning with the letter A, such as 1-A, 2-B, 3-C, 4-D, and so on. Are you ready to begin? **DK/RF NOT ALLOWED**

Yes 1	**SKIP TO COG_21/ COG_ALTTME_REC_COM**	
No 2	**CONTINUE**	

COG_20
COG_ALTRPT_COM

> **IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS**
> Now, I would like you to alternate consecutive numbers, beginning with number 1, with the alphabet, beginning with the letter A, such as 1-A, 2-B, 3-C, 4-D, and so on. Are you ready to begin?

Yes 1	**SKIP TO COG_21/ COG_ALTTME_REC_COM**
No 2	**CONTINUE**
[DO NOT READ] Don't know/No answer 8	**SKIP TO COG_END**
[DO NOT READ] Refused 9	**SKIP TO COG_END**

COG_20a
COG_ALTIMP_COM

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

Yes 1	**CONTINUE**
No 2	**SKIP TO COG_22/ COG_WRDLST2_RECORD_COM**

COG_20b

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

COG_ALTFCTR_LG_COM	Had difficulty understanding English/French 01
COG_ALTFCTR_PH_COM	Physical impairment, such as difficulty hearing ... 02
COG_ALTFCTR_DI_COM	Distraction or noisy environment 03
COG_ALTFCTR_IM_COM	Impaired concentration/memory problems 04
COG_ALTFCTR_AID_COM	Used an aid 05
COG_ALTFCTR_TE_COM	Technical difficulties with the laptop 06
COG_ALTFCTR_OT_COM	Other 97
COG_ALTFCTR_OTSP_COM	Other (please specify: _____)
COG_ALTFCTR_DK_NA_COM	**[DO NOT READ]** Don't know/No answer 98
COG_ALTFCTR_REFUSED_COM	**[DO NOT READ]** Refused 99

GO TO COG_22/COG_WRDLST2_RECORD_COM

COG_21
COG_ALTTME_REC_COM

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

_____ **RECORD NUMBER OF CORRECT ALTERNATIONS IN 30 SECONDS**

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

COG_22
COG_WRDLST2_RECORD_COM

[ASK ONLY IF RESPONDED TO COG_7/COG_WRDLST_COM] A little while ago, a recorded voice read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now. **RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS. DK/RF NOT ALLOWED. START TIMER FOR 60 SECONDS. TIMER CANNOT BE RESET OR PAUSED.**

Drum...........................01	Garden 08
Curtain 02	Hat...................................09
Bell..............................03	Farmer 10
Coffee 04	Nose...............................11
School.........................05	Turkey 12
Parent.........................06	Colour 13
Moon............................07	House.............................14
	River...............................15

None/No words were correctly recalled 96

Thank you. This is the end of the tasks.

COG_END

Life Space Index (LSI)

Life space assessment questions adapted from the Life Space Questionnaire©, developed by Stalvey, B., Owsley, C., Sloane, M.E., Ball, K. (1999) The Life Space Questionnaire: A measure of the extent of mobility of older adults. Journal of Applied Gerontology 18: 479-498. The Canadian Longitudinal Study on Aging received permission from the authors for use of questions from the Life Space Questionnaire©.

The following questions refer to your activities just within the past month.

LSI_1
LSI_ROOM_COM

During the past four weeks, have you been to other rooms of your home besides the room where you sleep?

Yes 1

No 2

[DO NOT READ] Refused 9

LSI_2
LSI_OUT_COM

During the past four weeks, have you been to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway?

Yes 1

No 2

[DO NOT READ] Refused 9

LSI_3
LSI_NGHB_COM

During the past four weeks, have you been to places in your neighbourhood, other than your own yard or apartment building?

Yes 1

No 2

[DO NOT READ] Refused 9

LSI_4
LSI_TOWN_COM

During the past four weeks, have you been to places outside your neighbourhood, but within your town?

Yes 1

No.. 2

[DO NOT READ] Refused 9

LSI_5
LSI_FAR_COM

During the past four weeks, have you been to places outside your town?

Yes 1

No.. 2

[DO NOT READ] Refused 9

LSI_6
LSI_RMFQ_COM

[ASK IF LSI_1/LSI_ROOM_COM=1] How often did you get to other rooms of your home besides the room where you sleep? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Less than once per week 1

1 to 3 times per week 2

4 to 6 times per week 3

Daily... 4

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

[DO NOT READ] Refused 9

LSI_7
LSI_OUTFQ_COM

[ASK IF LSI_2/LSI_OUT_COM=1] How often did you get to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Less than once per week 1

1 to 3 times per week 2

4 to 6 times per week 3

Daily... 4

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

[DO NOT READ] Refused 9

LSI_8
LSI_NGHBFQ_COM

[ASK IF LSI_3/LSI_NGHB_COM=1] How often did you get to places in your neighbourhood, other than your own yard or apartment building? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Less than once per week 1

1 to 3 times per week 2

4 to 6 times per week 3

Daily.. 4

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

[DO NOT READ] Refused 9

LSI_9
LSI_TWNFQ_COM

[ASK IF LSI_4/LSI_TOWN_COM=1] How often did you get to places outside your neighbourhood, but within your town? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Less than once per week 1

1 to 3 times per week 2

4 to 6 times per week 3

Daily.. 4

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

[DO NOT READ] Refused 9

LSI_10
LSI_FARFQ_COM

[ASK IF LSI_5/LSI_FAR_COM=1] How often did you get to places outside your town? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Less than once per week 1

1 to 3 times per week 2

4 to 6 times per week 3

Daily.. 4

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

[DO NOT READ] Refused 9

LSI_11
LSI_RMAID_COM

[ASK IF LSI_1/LSI_ROOM_COM=1] Did you use aids or equipment, or need help from another person to get to other rooms of your home besides the room where you sleep? **IF YES, PROBE FOR PERSONAL ASSISTANCE/EQUIPMENT ONLY**

Yes, personal assistance 1

Yes, equipment only 2

No 3

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

[DO NOT READ] Refused 9

LSI_12
LSI_OUTAID_COM

[ASK IF LSI_2/LSI_OUT_COM=1] Did you use aids or equipment, or need help from another person to get to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway? **IF YES, PROBE FOR PERSONAL ASSISTANCE/EQUIPMENT ONLY**

Yes, personal assistance 1

Yes, equipment only 2

No 3

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

[DO NOT READ] Refused 9

LSI_13
LSI_NGHBAID_COM

[ASK IF LSI_3/LSI_NGHB_COM=1] Did you use aids or equipment, or need help from another person to get to places in your neighbourhood, other than your own yard or apartment building? **IF YES, PROBE FOR PERSONAL ASSISTANCE/EQUIPMENT ONLY**

Yes, personal assistance 1

Yes, equipment only 2

No 3

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

[DO NOT READ] Refused 9

LSI_14
LSI_TWNAID_COM

> **[ASK IF LSI_4/LSI_TOWN_COM=1]** Did you use aids or equipment, or need help from another person to get to places outside your neighbourhood, but within your town? **IF YES, PROBE FOR PERSONAL ASSISTANCE/EQUIPMENT ONLY**

> Yes, personal assistance 1
>
> Yes, equipment only 2
>
> No 3
>
> **[DO NOT READ]** Don't know/No answer 8
>
> **[DO NOT READ]** Refused 9

LSI_15
LSI_FARAID_COM

> **[ASK IF LSI_5/LSI_FAR_COM=1]** Did you use aids or equipment, or need help from another person to get to places outside your town? **IF YES, PROBE FOR PERSONAL ASSISTANCE/EQUIPMENT ONLY**

> Yes, personal assistance 1
>
> Yes, equipment only 2
>
> No 3
>
> **[DO NOT READ]** Don't know/No answer 8
>
> **[DO NOT READ]** Refused 9

LSI_END

Sleep (SLE)

SLE_1
SLE_QLTY_COM

How satisfied or dissatisfied are you with your current sleep pattern?

Very Satisfied	1
Satisfied	2
Neutral	3
Dissatisfied	4
Very Dissatisfied	5
[DO NOT READ] Don't know/No answer	8
[DO NOT READ] Refused	9

SLE_2
SLE_HOUR_NB_COM

During the past month, on average, how many hours of actual sleep did you get at night?
(This may be different than the number of hours you spend in bed.)

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=24	
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

SLE_3
SLE_30MIN_COM

Over the last month, how often did it take you more than 30 minutes to fall asleep?

Never	1	**SKIP TO SLE_4/ SLE_MIDFQ_COM**
<1/week	2	**SKIP TO SLE_4/ SLE_MIDFQ_COM**
Once or twice/week	3	**CONTINUE**
3-5 times/week	4	**CONTINUE**
6-7 times/week	5	**CONTINUE**
[DO NOT READ] Don't know/No answer	8	**SKIP TO SLE_4/ SLE_MIDFQ_COM**
[DO NOT READ] Refused	9	**SKIP TO SLE_4/ SLE_MIDFQ_COM**

SLE_3a
SLE_30DUR_NB_COM

For how long have you had this trouble going to sleep?

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

Weeks **CATI MASK: MIN=01, MAX=52**.................................1

Months **CATI MASK: MIN=01, MAX=12** 2

Years **CATI MASK: MIN=01, MAX=CURRENT AGE**.............3

SLE_3b
SLE_30INTRF_COM

To what extent do you consider your problem falling asleep to interfere with your daily functioning (for example, from daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).

Not at all 1

A little..2

Somewhat 3

Much..4

Very much 5

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

[DO NOT READ] Refused 9

SLE_4
SLE_MIDFQ_COM

Over the last month, how often did you wake in the middle of the night or too early in the morning and found it difficult to fall asleep again?

Never 1		**SKIP TO SLE_5/ SLE_STAYFQ_COM**
<1/week 2		**SKIP TO SLE_5 SLE_STAYFQ_COM**
Once or twice/week...3		**CONTINUE**
3-5 times/week 4		**CONTINUE**
6-7 times/week 5		**CONTINUE**
[DO NOT READ] Don't know/No answer.............8		**SKIP TO SLE_5 SLE_STAYFQ_COM**
[DO NOT READ] Refused 9		**SKIP TO SLE_5 SLE_STAYFQ_COM**

SLE_4a
SLE_MIDDUR_NB_COM
For how long have you had this trouble with staying asleep?

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

Weeks **CATI MASK: MIN=01, MAX=52**................................1

Months **CATI MASK: MIN=01, MAX=12** 2

Years **CATI MASK: MIN=01, MAX=CURRENT AGE**............3

SLE_4b
SLE_MIDINTRF_COM
To what extent do you consider your problem staying asleep to interfere with your daily functioning (for example, from daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?

Not at all 1

A little.. 2

Somewhat 3

Much.. 4

Very much 5

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

[DO NOT READ] Refused 9

SLE_5
SLE_STAYFQ_COM
Over the last month, how often do you find it difficult to stay awake during your normal waking hours when you want to?

Never 1   **SKIP TO SLE_6/ SLE_DREAM_COM**

<1/week 2   **SKIP TO SLE_6/ SLE_DREAM_COM**

Once or twice/week.. 3   **CONTINUE**

3-5 times/week 4   **CONTINUE**

6-7 times/week 5   **CONTINUE**

[DO NOT READ] Don't know/No answer............. 8   **SKIP TO SLE_6/ SLE_DREAM_COM**

[DO NOT READ] Refused 9   **SKIP TO SLE_6/ SLE_DREAM_COM**

SLE_5a
SLE_STAYDUR_NB_COM
> For how long have you had trouble staying awake?

> _____ **RECORD NUMBER**

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

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

> **RECORD UNIT OF MEASUREMENT:**

> Weeks **CATI MASK: MIN=01, MAX=52**.................................1

> Months **CATI MASK: MIN=01, MAX=12** 2

> Years **CATI MASK: MIN=01, MAX=CURRENT AGE** 3

SLE_5b
SLE_STAYINTRF_COM
> To what extent do you consider your problem staying awake to interfere with your daily functioning?

> Not at all 1

> A little...2

> Somewhat 3

> Much...4

> Very much 5

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

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

SLE_6
SLE_DREAM_COM
> Have you ever been told, or suspected yourself, that you seem to "act out your dreams" while asleep (for example, punching, flailing your arms in the air, making running movements, etc.)?

> Yes 1   **CONTINUE**

> No..2   **SKIP TO SLE_7/ SLE_LEGS_COM**

> **[DO NOT READ]** Don't know/No answer.............8   **SKIP TO SLE_7/ SLE_LEGS_COM**

> **[DO NOT READ]** Refused 9   **SKIP TO SLE_7/ SLE_LEGS_COM**

SLE_6a
SLE_DRMDUR_NB_COM
>
> For how long have you had this "acting out" of your dreams?

> _____ **RECORD NUMBER**

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

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

> **RECORD UNIT OF MEASUREMENT:**

> Weeks **CATI MASK: MIN=01, MAX=52** 1

> Months **CATI MASK: MIN=01, MAX=12** 2

> Years **CATI MASK: MIN=01, MAX=CURRENT AGE** 3

SLE_7
SLE_LEGS_COM
>
> Do you have, or have you sometimes experienced, recurrent, uncomfortable feelings or sensations in your legs while sitting or lying down?

> Yes 1

> No 2

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

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

SLE_8
SLE_LGURG_COM
>
> Do you have, or have you sometimes experienced, a recurrent need or urge to move your legs while sitting or lying down?

> Yes 1

> No 2

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

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

SKIP TO SLE_END IF SLE_7/SLE_LEGS_COM=2 AND SLE_8/SLE_LGURG_COM=2

SLE_8a
SLE_LGDUR_NB_COM
>
> For how long have you had these uncomfortable feelings or urge to move?

> _____ **RECORD NUMBER**

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

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

RECORD UNIT OF MEASUREMENT:

Weeks **CATI MASK: MIN=01, MAX=52** 1

Months **CATI MASK: MIN=01, MAX=12** 2

Years **CATI MASK: MIN=01, MAX=CURRENT AGE** 3

SLE_8b
SLE_LGFQ_COM

Over the last month, how many times (per week, on average) have you experienced these uncomfortable feelings or urge to move?

Less than once 1

Once or twice 2

Three or four times 3

More than four times 4

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

[DO NOT READ] Refused 9

SLE_8c
SLE_LGIMPR_COM

Do these uncomfortable feelings or sensations in your legs, or the urge to move, disappear/improve when you are active or moving around?

Yes 1

No..2

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

[DO NOT READ] Refused 9

SLE_8d
SLE_LGEVE_COM

Are these uncomfortable feelings, or this urge to move, worse in the evening or at night compared with the morning?

Yes 1

No..2

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

[DO NOT READ] Refused 9

SLE_END

Satisfaction with Life (SLS)

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

SLS_1
SLS_LIFE_COM

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

Disagree	1	**CONTINUE**
Neither agree nor disagree	4	**SKIP TO SLS_4/ SLS_COND_COM**
Agree	6	**SKIP TO SLS_3/ SLS_LIFEPOS_COM**
[DO NOT READ] Don't know/No answer	8	**SKIP TO SLS_4/ SLS_COND_COM**
[DO NOT READ] Refused	9	**SKIP TO SLS_4/ SLS_COND_COM**

SLS_2
SLS_LIFENEG_COM

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

Slightly disagree	1	**SKIP TO SLS_4/ SLS_COND_COM**
Disagree	2	**SKIP TO SLS_4/ SLS_COND_COM**
Strongly disagree	3	**SKIP TO SLS_4/ SLS_COND_COM**
[DO NOT READ] Don't know/No answer	8	**SKIP TO SLS_4/ SLS_COND_COM**
[DO NOT READ] Refused	9	**SKIP TO SLS_4/ SLS_COND_COM**

SLS_3
SLS_LIFEPOS_COM

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

Slightly agree 1

Agree.. 2

Strongly agree... 3

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

[DO NOT READ] Refused 9

SLS_4
SLS_COND_COM

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

Disagree 1	**CONTINUE**	
Neither agree nor disagree 4	**SKIP TO SLS_7/ SLS_SATS_COM**	
Agree.. 6	**SKIP TO SLS_6/ SLS_CONDPOS_COM**	
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO SLS_7/ SLS_SATS_COM**	
[DO NOT READ] Refused 9	**SKIP TO SLS_7/ SLS_SATS_COM**	

SLS_5
SLS_CONDNEG_COM

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

Slightly disagree... 1	**SKIP TO SLS_7/ SLS_SATS_COM**
Disagree... 2	**SKIP TO SLS_7/ SLS_SATS_COM**
Strongly disagree 3	**SKIP TO SLS_7/ SLS_SATS_COM**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO SLS_7/ SLS_SATS_COM**
[DO NOT READ] Refused 9	**SKIP TO SLS_7/ SLS_SATS_COM**

SLS_6
SLS_CONDPOS_COM
Would you say you…**READ LIST, CODE ONLY ONE RESPONSE**

Slightly agree 1

Agree...2

Strongly agree...3

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

[DO NOT READ] Refused 9

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

Disagree 1	**CONTINUE**	
Neither agree nor disagree 4	**SKIP TO SLS_10/ SLS_IMP_COM**	
Agree...6	**SKIP TO SLS_9/ SLS_SATSPOS_COM**	
[DO NOT READ] Don't know/No answer.............8	**SKIP TO SLS_10/ SLS_IMP_COM**	
[DO NOT READ] Refused 9	**SKIP TO SLS_10/ SLS_IMP_COM**	

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

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

SLS_9
SLS_SATSPOS_COM

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

Slightly agree 1

Agree.. 2

Strongly agree... 3

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

[DO NOT READ] Refused 9

SLS_10
SLS_IMP_COM

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

Disagree 1	**CONTINUE**
Neither agree nor disagree 4	**SKIP TO SLS_13/ SLS_OVER_COM**
Agree... 6	**SKIP TO SLS_12/ SLS_IMPPOS_COM**
[DO NOT READ] Don't know/No answer............. 8	**SKIP TO SLS_13/ SLS_OVER_COM**
[DO NOT READ] Refused 9	**SKIP TO SLS_13/ SLS_OVER_COM**

SLS_11
SLS_IMPNEG_COM

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

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

SLS_12
SLS_IMPPOS_COM

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

Slightly agree 1

Agree..2

Strongly agree...3

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

[DO NOT READ] Refused 9

SLS_13
SLS_OVER_COM

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

Disagree 1   **CONTINUE**

Neither agree nor disagree 4   **SKIP TO SLS_END**

Agree..6   **SKIP TO SLS_15/
SLS_OVERPOS_COM**

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

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

SLS_14
SLS_OVERNEG_COM

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

Slightly disagree...1   **SKIP TO SLS_END**

Disagree 2   **SKIP TO SLS_END**

Strongly disagree 3   **SKIP TO SLS_END**

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

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

SLS_15
SLS_OVERPOS_COM

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

Slightly agree 1

Agree..2

Strongly agree...3

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

[DO NOT READ] Refused 9

SLS_END

Posttraumatic Stress Disorder (PSD)

The questions in this module were adapted from the PC-PTSD screen. Prins, A., Ouimette, P., Kimerling, R., Cameron, R. P., Hugelshofer, D. S., Shaw-Hegwer, J., Thrailkill, A., Gusman, F.D., Sheikh, J. I. (2003). The primary care PTSD screen (PC-PTSD): development and operating characteristics. Primary Care Psychiatry, 9, 9-14. Dr. Kimerling gave the Canadian Longitudinal Study on Aging permission to use this test.

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

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

Yes 1

No.. 2

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

[DO NOT READ] Refused 9

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

Yes 1

No.. 2

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

[DO NOT READ] Refused 9

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

Yes 1

No.. 2

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

[DO NOT READ] Refused 9

PSD_4
PSD_DETACH_COM
Felt numb or detached from others, activities, or your surroundings?

Yes 1

No.. 2

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

[DO NOT READ] Refused 9

PSD_END

Care Receiving 1/ Formal Care (CR1)

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

CR1_1

During the past 12 months, did you receive short-term or long-term professional assistance at home, because of a health condition or limitation that affects your daily life, for any of the following activities? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

INTERVIEWER NOTE: BY PROFESSIONAL ASSISTANCE, WE MEAN HELP FROM PAID WORKERS OR VOLUNTEER ORGANIZATIONS. INCLUDE ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS.

CR1_PRO_PR_COM   Personal care such as assistance with eating, dressing, bathing,

or toileting 01

CR1_PRO_MD_COM   Medical care such as help taking medicine or help with nursing

care (for example, dressing changes or foot care) 02

CR1_PRO_MG_COM   Managing care such as making appointments 03

CR1_PRO_AC_COM   Help with activities such as housework, home maintenance, or

outdoor work 04

CR1_PRO_TR_COM   Transportation, including trips to the doctor or for shopping 05

CR1_PRO_ML_COM   Meal preparation or delivery 06

CR1_PRO_NONE_COM   **[DO NOT READ]** None 96

CR1_PRO_OT_COM   Other 97

CR1_PRO_OTSP_COM   Other (please specify: _____)*****

CR1_PRO_DK_NA_COM   **[DO NOT READ]** Don't know/No answer 98

CR1_PRO_REFUSED_COM   **[DO NOT READ]** Refused 99

*Additional categories coded; refer to data dictionary.

SKIP TO CR1_END IF CR1_1/CR1_PRO_COM=96 OR CR1_1/CR1_PRO_COM=98 OR CR1_1/CR1_PRO_COM=99

CR1_2
CR1_MOST_COM

[SKIP TO CR1_3/CR1_PAY_COM IF ONLY ONE ACTIVITY LISTED AT CR1_1/CR1_PRO_COM] For which type of activity did you receive the most assistance? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

CATI PROGRAMMING NOTE: RECALL RESPONSES SELECTED AT CR1_1/ CR1_PRO_COM

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

Personal care such as assistance with eating, dressing, bathing,

or toileting.. 01

Medical care such as help taking medicine or help with nursing

care (for example, dressing changes or foot care) 02

Managing care such as making appointments 03

Help with activities such as housework, home maintenance, or

outdoor work 04

Transportation, including trips to the doctor or for shopping 05

Meal preparation or delivery 06

Other (please specify: _____)... 97

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

[DO NOT READ] Refused 99

CR1_3
CR1_PAY_COM

Did you (or someone else in your family) pay directly for some or all of the help that you received with **[RECALL RESPONSE FROM CR1_2/CR1_MOST_COM; IF CR1_2/ CR1_MOST_COM WAS SKIPPED, RECALL RESPONSE FROM CR1_1/CR1_PRO_COM]**? **READ LIST, CODE ONLY ONE RESPONSE**

Yes, we paid all of the cost.. 1

Yes, we paid part of the cost... 2

No, there was no cost involved (e.g., provided by a volunteer or

included in provincial health care plan) 3

No, we didn't pay any of the cost that was involved 4

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

[DO NOT READ] Refused 9

We are interested in finding out a little bit more about the professional person or organization that has dedicated the most time and resources to helping you with this **[INSERT RESPONSE FROM CR1_2/ CR1_MOST_COM; IF CR1_2/CR1_MOST_COM WAS SKIPPED, INSERT RESPONSE FROM CR1_1/CR1_PRO_COM]**.

CR1_4
CR1_FRQ_NB_COM

During the past 12 months, about how many weeks did this person/organisation help you with **[INSERT RESPONSE FROM CR1_2/CR1_MOST_COM. IF CR1_2/ CR1_MOST_COM WAS SKIPPED, RECALL RESPONSE FROM CR1_1/CR1_PRO_COM]? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS**

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

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

[DO NOT READ] Refused 99

CR1_5
CR1_HOUR_NB_COM

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

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

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

[DO NOT READ] Refused 999

CR1_END

Care Receiving 2/ Informal Care (CR2)

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

CR2_1   During the past 12 months, did you receive short-term or long-term assistance from family, friends, or neighbours because of a health condition or limitation that affects your daily life, for any of the following activities? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

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

CR2_FAM_PR_COM   Personal care such as assistance with eating, dressing, bathing, or toileting 01

CR2_FAM_MD_COM   Medical care such as help taking medicine or help with nursing care (for example, dressing changes or foot care) 02

CR2_FAM_MG_COM   Managing care such as making appointments 03

CR2_FAM_AC_COM   Help with activities such as housework, home maintenance, or outdoor work 04

CR2_FAM_TR_COM   Transportation, including trips to the doctor or for shopping 05

CR2_FAM_ML_COM   Meal preparation or delivery 06

CR2_FAM_NONE_COM   **[DO NOT READ]** None 96

CR2_FAM_OT_COM   Other 97

CR2_FAM_OTSP_COM   Other (please specify: _____)*

CR2_FAM_DK_NA_COM   **[DO NOT READ]** Don't know/No answer 98

CR2_FAM_REFUSED_COM   **[DO NOT READ]** Refused 99

*Additional categories coded; refer to data dictionary.

SKIP TO CR2_14/CR2_DEVC_COM IF CR2_1/CR2_FAM_COM=96 OR CR2_1/CR2_FAM_COM=98 OR CR2_1/CR2_FAM_COM=99

CR2_2
CR2_NMBR_COM

During the past 12 months, about how many different people (among your family, friends, and/or neighbours) provided you with such assistance? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

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

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

[DO NOT READ] Refused 99

CR2_3
CR2_WKALL_COM

During the past 12 months, about how many weeks did this person/these people provide you with such assistance? Include assistance from all family members, friends, and neighbours in your estimate. **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

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

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

[DO NOT READ] Refused 99

CR2_4
CR2_HOUR_NB_COM

About how many hours per week, on average, did this person/these people provide you with assistance? Include assistance from all family members, friends, and neighbours in your estimate. **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

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

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

[DO NOT READ] Refused 999

You mentioned that during the past 12 months, you received assistance with **[RECALL RESPONSES FROM CR2_1/CR2_FAM_COM]**.

CR2_5
CR2_MOST_COM

[SKIP TO CR2_6/CR2_PERS_COM IF ONLY ONE ACTIVITY LISTED AT CR2_1/CR2_FAM_COM] For which type of activity did you receive the most assistance? **READ LIST, CODE ONLY ONE RESPONSE**

CATI PROGRAMMING NOTE: RECALL RESPONSES SELECTED AT CR2_1/ CR2_FAM_COM

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

Personal care such as assistance with eating, dressing, bathing,

or toileting... 01

Medical care such as help taking medicine or help with nursing

care (for example, dressing changes or foot care) 02

Managing care such as making appointments 03

Help with activities such as housework, home maintenance, or

outdoor work 04

Transportation, including trips to the doctor or for shopping 05

Meal preparation or delivery 06

Other (please specify: _____)... 97

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

[DO NOT READ] Refused 99

SKIP TO CR2_14/CR2_DEVC_COM IF CR2_5/CR2_MOST_COM=98 OR CR2_5/CR2_MOST_COM=99

We are interested in finding out a little bit more about the person who has dedicated the most time and resources to helping you with **[RECALL RESPONSE FROM CR2_5/CR2_MOST_COM; IF CR2_5/ CR2_MOST_COM WAS SKIPPED, RECALL RESPONSE FROM CR2_1/CR2_FAM_COM]**.

CR2_6
CR2_PERS_COM

Is the person from whom you received the most assistance…**READ LIST, CODE ONLY ONE RESPONSE**

Living in your household, or 1

Living outside of your household 2

[DO NOT READ] Refused 9

CR2_7
CR2_GNDR_COM

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

Male 1

Female 2

[DO NOT READ] Refused 9

CR2_8
CR2_NAME_SP_COM

What is the first name of this person?

_____ **RECORD NAME**

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

[DO NOT READ] Refused 9

CR2_9
CR2_AGE_NB_COM

How old is **[RECALL NAME FROM CR2_8/CR2_NAME_SP_COM; IF CR2_8/ CR2_NAME_SP_COM=8 or CR2_8/CR2_NAME_SP_COM=9 THEN SUBSTITUTE "THIS PERSON"]**? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

_____ **RECORD AGE (IN YEARS)**

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

[DO NOT READ] Refused 99

CR2_10
CR2_RELN_COM

What is the relationship between you and **[RECALL NAME FROM CR2_8/ CR2_NAME_SP_COM; IF CR2_8/CR2_NAME_SP_COM=8 or CR2_8/CR2_NAME_SP_COM=9 THEN SUBSTITUTE "THIS PERSON"]**? Is s/he your…**READ LIST, CODE ONLY ONE RESPONSE**

Husband/wife..01

Common-law partner..02

Father/mother..03

Son/daughter...04

Brother/sister...05

Grandfather/grandmother....................................06

Grandson/granddaughter.....................................07

Father-in-law/mother-in-law................................08

Son-in-law/daughter-in-law.................................09

Brother-in-law/sister-in-law.................................10

Other relative...11

Friend..12

Neighbour..13

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

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

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

CR2_11
CR2_DUR_COM

How long have you been receiving assistance from **[RECALL NAME FROM CR2_8/ CR2_NAME_SP_COM; IF CR2_8/CR2_NAME_SP_COM=8 or CR2_8/CR2_NAME_SP_COM=9 THEN SUBSTITUTE "THIS PERSON"]**? **READ LIST, CODE ONLY ONE RESPONSE**

Less than 6 months...1

6 months up to 12 months (1 year)..............................2

More than 12 months (1 year) and up to 36 months (3 years).......3

More than 36 months (3 years) and up to 60 months (5 years).....4

More than 5 years..5

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

[DO NOT READ] Refused...9

CR2_12
CR2_WKMST_NB_COM

During the past 12 months, about how many weeks did you receive assistance from **[RECALL NAME FROM CR2_8/CR2_NAME_SP_COM; IF CR2_8/CR2_NAME_SP_COM=8 or CR2_8/CR2_NAME_SP_COM=9 THEN SUBSTITUTE "THIS PERSON"]**? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS**

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

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

[DO NOT READ] Refused 99

CR2_13
CR2_HRMK_NB_COM

About how many hours per week on average did **[RECALL NAME FROM CR2_8/ CR2_NAME_SP_COM; IF CR2_8/CR2_NAME_SP_COM=8 or CR2_8/CR2_NAME_SP_COM=9 THEN SUBSTITUTE "THIS PERSON"]** spend assisting you with **[RECALL RESPONSE FROM CR2_5/CR2_MOST_COM; IF CR2_5/CR2_MOST_COM WAS SKIPPED, RECALL RESPONSE FROM CR2_1/CR2_FAM_COM]**. **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS PER WEEK**

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

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

[DO NOT READ] Refused 999

CR2_14

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

CR2_DEVC_CN_COM	Cane or walking stick	01
CR2_DEVC_WC_COM	Wheelchair	02
CR2_DEVC_SC_COM	Motorized scooter	03
CR2_DEVC_WK_COM	Walker	04
CR2_DEVC_LG_COM	Leg braces or supportive devices	05
CR2_DEVC_HD_COM	Hand or arm brace	06
CR2_DEVC_BR_COM	Grab bars	07
CR2_DEVC_BT_COM	Bathroom aids	08
CR2_DEVC_LT_COM	Bath or bed lifts or other lifting devices	09
CR2_DEVC_GR_COM	Grasping tools or reach extenders	10
CR2_DEVC_UT_COM	Special eating utensils	11
CR2_DEVC_AL_COM	Personal alarm	12
CR2_DEVC_NONE_COM	**[DO NOT READ]** None	96
CR2_DEVC_OT_COM	Other	97
CR2_DEVC_OTSP_COM	Other (please specify: _____)*	
CR2_DEVC_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
CR2_DEVC_REFUSED_COM	**[DO NOT READ]** Refused	99

*Additional categories coded; refer to data dictionary.

CR2_15
CR2_HIP_COM

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

Yes	01
No	02
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

CR2_END

Care Giving (CAG)

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

CAG_1

During the past 12 months, have you provided any of the following types of assistance to another person because of a health condition or limitation? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY.**

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

CAG_HLT_PR_COM	Personal care such as assistance with eating, dressing, bathing or toileting	01
CAG_HLT_MD_COM	Medical care such as help taking medicine or help with nursing care (for example, dressing changes or foot care)	02
CAG_HLT_MG_COM	Managing care such as making appointments	03
CAG_HLT_AC_COM	Help with activities such as housework, home maintenance, and outdoor work	04
CAG_HLT_TR_COM	Transportation, including trips to the doctor or for shopping	05
CAG_HLT_ML_COM	Meal preparation or delivery	06
CAG_HLT_NONE_COM	**[DO NOT READ]** Did not provide any assistance	96
CAG_HLT_OT_COM	Other	97
CAG_HLT_OTSP_COM	Other (please specify: _____)*	
CAG_HLT_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
CAG_HLT_REFUSED_COM	**[DO NOT READ]** Refused	99

*Additional categories coded; refer to data dictionary.

SKIP TO CAG_END IF CAG_1/CAG_HLT_COM=96 OR CAG_1/CAG_HLT_COM=98 OR CAG_1/CAG_HLT_COM=99

CAG_2
CAG_PPL_NB_COM

During the past 12 months, how many people in total have you provided any type of assistance to because of a health condition or limitation, including financial assistance? **PROBE FOR BEST ESTIMATE. IF PARTICIPANT UNSURE OF EXACT NUMBER.**

INTERVIEWER NOTE: INCLUDES ALL FORMS OF ASSISTANCE, NOT ONLY FINANCIAL

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

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

[DO NOT READ] Refused 99

We are interested in finding out a little bit more about the person to whom, in the past 12 months, you have dedicated the most time and resources to assisting.

CAG_3
CAG_MOST_COM

Is the person to whom you provided the most assistance…**READ LIST, CODE ONLY ONE RESPONSE**

Living in your household....................................... 1

Living in another household 2

Living in a health care institution 3

Now deceased.. 4

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

[DO NOT READ] Refused 9

CAG_4
CAG_GNDR_COM

Is the person to whom you provided the most assistance male or female?

Male.. 1

Female.. 2

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

[DO NOT READ] Refused 9

CAG_5
CAG_RELN_COM

What is the relationship between you and this person? Is s/he your…**READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

INTERVIEWER REMINDER: WE ARE INTERESTED IN FINDING MORE ABOUT THE PERSON TO WHOM THE PARTICIPANT HAS DEDICATED THE MOST TIME AND RESOURCES

Husband/wife	01
Common-law partner	02
Parent	03
Child	04
Sibling	05
Grandchild	06
Father-in-law/mother-in-law	08
Son-in-law/daughter-in-law	09
Brother-in-law/sister-in-law	10
Other relative	11
Friend, neighbour, or other	12
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

CAG_6
CAG_WEEK_NB_COM

During the past 12 months, about how many weeks did you provide assistance to this person? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS**

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

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

[DO NOT READ] Refused 99

CAG_7
CAG_HRWK_NB_COM

About how many hours per week, on average, did you spend assisting this person? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS**

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

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

[DO NOT READ] Refused 999

CAG_END

Injuries (INJ)

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

INJ_1
INJ_OCC_COM

In the last 12 months, have you had any injuries that were serious enough to limit some of your normal activities? For example, a broken bone, a bad cut or burn, a sprain or a poisoning.

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

INJ_2a
INJ_NMBR_NB_COM

How many times were you injured in the past 12 months? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF INJURIES**

_____ **RECORD NUMBER, CATI MASK: MIN=01, MAX=30**

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

[DO NOT READ] Refused 99

INJ_2b

Was this injury (Were any of these injuries) caused by **(CHECK ALL THAT APPLY)**?

INJ_CAUS_FL_COM	A Fall 01	**CONTINUE**
INJ_CAUS_VH_COM	A Motor Vehicle Collision (including injuries sustained as a pedestrian) 02	**CONTINUE**
INJ_CAUS_WK_COM	An incident in your workplace 03	**CONTINUE**
INJ_CAUS_NONE_COM	None of the above 96	**CONTINUE**
INJ_CAUS_DK_NA_COM	**[DO NOT READ]** Don't know/No answer............. 98	**SKIP TO INJ_END**
INJ_CAUS_REFUSED_COM	**[DO NOT READ]** Refused 99	**SKIP TO INJ_END**

INTERVIEWER INSTRUCTION: IF MORE THAN ONE INJURY IN THE LAST 12 MONTHS, PARTICIPANT IS TO ANSWER QUESTIONS BASED ON THE MOST SEVERE INJURY.

INJ_3
INJ_HOW_COM

Again, thinking about this most serious injury, how did it happen? **DO NOT READ LIST, CODE ONLY ONE RESPONSE**

Road traffic accident as a driver or passenger	01
Road traffic accident as a pedestrian	02
Struck by an object	03
Explosion	04
Natural/environmental factors	05
Suffocation	06
Poisoning	07
Snake/animal bite	08
Fall from same level	09
Fall from a height	10
Fire/flames	11
Drowning/submersion	12
Hot/corrosive liquids or substances	13
Crush injuries	14
Accident by machinery	15

INJ_HOW_OTSP_COM   Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

INJ_4
INJ_WHR_COM

Where did the injury happen? **DO NOT READ LIST, CODE ONLY ONE RESPONSE, PROBE FOR TYPE OF WORKPLACE IF PARTICIPANT SAYS 'AT WORK'**

In a home or its surrounding area 01

Residential institution 02

School, college, university (excluding sports areas) 03

Other institution (e.g. church, hospital, theatre, civic building)....04

Sports or athletic area (include school sports area)...................05

Street, highway, sidewalk..06

Commercial area (e.g. store, restaurant, office building

transport terminal) 07

Industrial or construction area...08

Farm (exclude farmhouse and its surrounding area) 09

INJ_WHR_OTSP_COM   Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

INJ_5
INJ_ACT_COM

What type of activity were you doing when you were injured? **DO NOT READ LIST, CODE ONLY ONE RESPONSE**

Sports or physical exercise (include school activities)...................01

Leisure or hobby (include volunteering).......................................02

Working at a job or business (include travel to or from work)........03

Household chores, other unpaid work or education 04

Sleeping, eating, personal care 05

INJ_ACT_OTSP_COM   Other (please specify: _____)..97

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

[DO NOT READ] Refused 99

INJ_6
INJ_TYPE_COM

What type of injury did you have? **DO NOT READ LIST, CODE ONLY ONE RESPONSE**

	Multiple injuries	01	**CONTINUE**
	Broken or fractured bones	02	**SKIP TO INJ_8/ INJ_SITE_COM**
	Burns, scald, chemical burn	03	**SKIP TO INJ_END**
	Dislocation	04	**SKIP TO INJ_END**
	Sprain or strain	05	**SKIP TO INJ_END**
	Cut	06	**SKIP TO INJ_END**
	Puncture, animal bite (open wound)	07	**SKIP TO INJ_END**
	Bruise	08	**SKIP TO INJ_END**
	Scrape, blister	09	**SKIP TO INJ_END**
	Concussion or other brain injury	10	**SKIP TO INJ_END**
	Poisoning	11	**SKIP TO INJ_END**
	Injury to internal organs	12	**SKIP TO INJ_END**
	Discomfort	13	**SKIP TO INJ_END**
INJ_TYPE_OTSP_COM	Other (please specify: _____)	97	**SKIP TO INJ_END**
	[DO NOT READ] Don't know/No answer	98	**SKIP TO INJ_END**
	[DO NOT READ] Refused	99	**SKIP TO INJ_END**

INJ_7
INJ_BRKN_COM

Did this injury (any of these injuries) involve broken or fractured bones?

Yes	01	**CONTINUE**
No	02	**SKIP TO INJ_END**
[DO NOT READ] Don't know/No answer	98	**SKIP TO INJ_END**
[DO NOT READ] Refused	99	**SKIP TO INJ_END**

INJ_8

What part of the body was fractured? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

INJ_SITE_ML_COM	Multiple sites	01
INJ_SITE_EYE_COM	Eye socket	02
INJ_SITE_HD_COM	Head (excluding eyes)	03
INJ_SITE_NE_COM	Neck	04
INJ_SITE_SH_COM	Shoulder, upper arm	05
INJ_SITE_EL_COM	Elbow, lower arm	06
INJ_SITE_WR_COM	Wrist, hand	07
INJ_SITE_HIP_COM	Hip	08
INJ_SITE_TH_COM	Thigh	09
INJ_SITE_KN_COM	Knee, lower leg	10
INJ_SITE_AN_COM	Ankle, foot	11
INJ_SITE_UP_COM	Upper back or upper spine	12
INJ_SITE_LO_COM	Lower back or lower spine	13
INJ_SITE_CH_COM	Chest (excluding back and spine)	14
INJ_SITE_AB_COM	Abdomen or pelvis (excluding back and spine)	15
INJ_SITE_OT_COM	Other (please specify: _____)	97
INJ_SITE_OTSP_COM	Other (please specify: _____)*	
INJ_SITE_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
INJ_SITE_REFUSED_COM	**[DO NOT READ]** Refused	99

***Additional categories coded; refer to data dictionary.

INJ_END

Falls and Consumer Products (FAL)

[ONLY COMPLETE THIS MODULE IF INJ_2b/INJ_CAUS_COM=1]

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

FAL_Q01
FAL_NMBR_NB_COM

How many times have you fallen in the past 12 months? **(ONLY ASK IF INJ_2a/ INJ_NMBR_NB_COM>1)**

_____ **RECORD NUMBER, CATI MASK: MIN=01, MAX=30; PLEASE CONFIRM THAT THE PARTICIPANT FELL MORE THAN 10 TIMES IN THE LAST 12 MONTHS.**

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

[DO NOT READ] Refused 99

Please think about your most serious injury or problem due to a fall in the past 12 months. The next set of questions relate to this injury **[SKIP IF INJ_3/INJ_HOW_COM=9 OR 10]**

FAL_Q02
FAL_MOST_COM

What has been your most serious injury or problem due to a fall within the past 12 months?

READ LIST, CODE ONLY ONE RESPONSE

No serious injury 01	**GO TO FAL_QO4 / FAL_WHERE_COM**
Sprain/strain 02	
Bruises 03	
Cuts 04	
Discomfort 05	
Fracture of hip 06	
Fracture of leg 07	
Fracture of arm or wrist 08	
Fracture of back/vertebra 09	
Head injury 10	

FAL_MOST_OTSP_COM Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

IF INJ_3/INJ_HOW_COM=9 OR 10 THEN SAY:

You mentioned in the previous section that your most serious injury was due to a fall. The next set of questions relate to this fall-related injury

FAL_Q03a
FAL_ATTN_COM

Did you receive any medical attention from a health professional within 48 hours following this injury?

Yes 1

No 2   **GO TO FAL_Q04/ FAL_WHERE_COM**

[DO NOT READ] Don't know/No answer 8   **GO TO FAL_Q04/ FAL_WHERE_COM**

[DO NOT READ] Refused 9   **GO TO FAL_Q04/ FAL_WHERE_COM**

FAL_Q03b
FAL_HOSP_COM

Were you hospitalized for this injury?

Yes 1

No 2

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

[DO NOT READ] Refused 9

FAL_Q03c
FAL_FU_COM

At the present time, are you getting follow-up care from a health professional because of an injury caused by a fall in the last 12 months?

Yes 1

No 2

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

[DO NOT READ] Refused 9

FAL_Q04
FAL_WHERE_COM
Where did this fall happen?

READ LIST, CODE ONLY ONE RESPONSE

Inside of your home 1
Outside of your home, but inside
  a building 2
Outdoors.. 3

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

[DO NOT READ] Refused 9

FAL_Q05
FAL_HOW_COM
How did your fall happen? **READ LIST, CODE ONLY ONE RESPONSE**

Fell while standing or walking 01

Fell on stairs or steps 02

Fell while exercising (except walking)................. 03

Fell from height of greater than 1 meter or

  3 feet (for example, ladder, tree, roof) 04

[ONLY ASK IF FAL_Q04/FAL_WHERE_COM=1 OR 2]

Fell from furniture (for example, bed, chair)......... 05

[ONLY ASK IF FAL_Q04/FAL_WHERE_COM=1 OR 2]

Fell while getting in or out of the bathtub 06

[ONLY ASK IF FAL_Q04/FAL_WHERE_COM=1 OR 2]

Fell while getting in or out of the shower 07

[ONLY ASK IF FAL_Q04/FAL_WHERE_COM=3]

Fell on snow or ice 08

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

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

[DO NOT READ] Refused 99

**IF CR2_14/CR2_DEVC_COM=96 OR CR2_14/CR2_DEVC_COM=98 OR CR2_14/
CR2_DEVC_COM=99, SKIP TO FAL_Q07a/FAL_LDR_COM AND SKIP PREAMBLE**

FAL_Q06a
FAL_DVCTR_AL_COM

Were you using your **<name assistive devices from CR2_14/CR2_DEVC_COM>** at the time of your fall**? [ONLY ASK IF INDICATED USE OF ASSISTIVE DEVICE IN THE CARE RECEIVING SECTION]**

Yes 1	**ANSWER FAL_Q06b/ FAL_DVCTR_OT_COM**	
No 2	**SKIP TO FAL_Q07a/ FAL_LDR_COM**	
[DO NOT READ] Don't know/No answer 8	**SKIP TO FAL_Q07a/ FAL_LDR_COM**	
[DO NOT READ] Refused 9	**SKIP TO FAL_Q07a/ FAL_LDR_COM**	

FAL_Q06b
FAL_DVCTR_OT_COM

Did your **<named assistive device>** contribute to the fall?

Yes 1	**ANSWER FAL_Q06c/ FAL_DVDSC_COM**
No 2	**SKIP TO FAL_Q07a/ FAL_LDR_COM**
[DO NOT READ] Don't know/No answer 8	**SKIP TO FAL_Q07a/ FAL_LDR_COM**
[DO NOT READ] Refused 9	**SKIP TO FAL_Q07a/ FAL_LDR_COM**

FAL_Q06c
FAL_DVDSC_COM

Which of the following best describes how it contributed to your fall? **READ LIST, CODE ONLY ONE RESPONSE**

Poor design 01

Assistive device not being used as designed ... 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Assistive device was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

FAL_DVDSC_OTSP_COM Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

Other than assistive devices, were any of the following a contributing factor to your fall?

FAL_Q07a
FAL_LDR_COM

Was a ladder a contributing factor to your fall?

Yes………………………………………………………..1	**GO TO FAL_Q07b/ FAL_LDRDSC_COM**
No………………………………………………………..2	**SKIP TO FAL_Q08a/ FAL_STL_COM**
[DO NOT READ] Don't know/No answer…… 8	**SKIP TO FAL_Q08a/ FAL_STL_COM**
[DO NOT READ] Refused ……………………..................9	**SKIP TO FAL_Q08a/ FAL_STL_COM**

FAL_Q07b
FAL_LDRDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design 01
Ladder not being used as designed 02
Defective manufacturing 03
Lack of servicing or maintenance 04
Ladder was worn out 05
Inadequate instructions 06
Did not read the instructions 07
Human error 08
FAL_LDRDSC_OTSP_COM Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

FAL_Q08a
FAL_STL_COM

Was a step stool a contributing factor to your fall?

Yes………………………………………………………..1	**GO TO FAL_Q08b/ FAL_STLDSC_COM**
No………………………………………………………..2	**SKIP TO FAL_Q09a/ FAL_BED_COM**
[DO NOT READ] Don't know/No answer…… 8	**SKIP TO FAL_Q09a/ FAL_BED_COM**
[DO NOT READ] Refused ……………………..................9	**SKIP TO FAL_Q09a/ FAL_BED_COM**

FAL_Q08b
FAL_STLDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design 01

Step stool not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Step stool was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

FAL_STLDSC_OTSP_COM   Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

FAL_Q09a
FAL_BED_COM

Was a bed a contributing factor to your fall?

Yes…………………………….. 1   **GO TO FAL_Q09b/ FAL_BDDSC_COM**

No…………………………….. 2   **SKIP TO FAL_Q10a/ FAL_CHR_COM**

[DO NOT READ] Don't know/No answer…… 8   **SKIP TO FAL_Q10a/ FAL_CHR_COM**

[DO NOT READ] Refused ………………… 9   **SKIP TO FAL_Q10a/ FAL_CHR_COM**

FAL_Q09b
FAL_BDDSC_COM
Which of the following best describes how it contributed to your fall?

Poor design 01

Bed not being used as designed..........................02

Defective manufacturing 03

Lack of servicing or maintenance 04

Bed was worn out..05

Inadequate instructions.......................................06

Did not read the instructions 07

Human error 08

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

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

[DO NOT READ] Refused 99

FAL_Q10a
FAL_CHR_COM
Was a chair a contributing factor to your fall?

Yes……………………………….......................... 1   **GO TO FAL_Q10b/**
   FAL_CHDSC_COM

No……………………………….......................... 2   **SKIP TO FAL_Q11a/**
   FAL_FURN_COM

[DO NOT READ] Don't know/No answer…… 8   **SKIP TO FAL_Q11a/**
   FAL_FURN_COM

[DO NOT READ] Refused ………………….................9   **SKIP TO FAL_Q11a/**
   FAL_FURN_COM

FAL_Q10b
FAL_CHDSC_COM
Which of the following best describes how it contributed to your fall?

Poor design 01

Chair not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Chair was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

FAL_CHDSC_OTSP_COM   Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

FAL_Q11a
FAL_FURN_COM
Was other furniture a contributing factor to your fall?

FAL_FURN_SP_COM   Yes (please specify: _____) 1   **GO TO FAL_Q11b/
FAL_FRNDSC_COM**

No……………………………………….. 2   **SKIP TO FAL_Q12a/
FAL_RUG_COM**

[DO NOT READ] Don't know/No answer……........... 8   **SKIP TO FAL_Q12a/
FAL_RUG_COM**

[DO NOT READ] Refused ……………………............. 9   **SKIP TO FAL_Q12a/
FAL_RUG_COM**

FAL_Q11b
FAL_FRNDSC_COM
Which of the following best describes how it contributed to your fall?

Poor design 01

Other furniture not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Other furniture was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

FAL_FRNDSC_OTSP_COM Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

FAL_Q12a
FAL_RUG_COM
Was rug/carpet a contributing factor to your fall?

Yes…………………….. 1   **GO TO FAL_Q12b/
FAL_RGDSC_COM**

No…………………………….................................... 2   **SKIP TO FAL_Q13a/
FAL_FLR_COM**

[DO NOT READ] Don't know/No answer…… 8   **SKIP TO FAL_Q13a/
FAL_FLR_COM**

[DO NOT READ] Refused ………………….................. 9   **SKIP TO FAL_Q13a/
FAL_FLR_COM**

FAL_Q12b
FAL_RGDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design 01

Rug/carpet not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Rug/carpet was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

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

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

[DO NOT READ] Refused 99

FAL_Q13a
FAL_FLR_COM

Was flooring a contributing factor to your fall?

Yes……………………... 1   **GO TO FAL_Q13b/**
FAL_FLDSC_COM

No……………………………................................ 2   **SKIP TO FAL_Q14a/**
FAL_ELEC_COM

[DO NOT READ] Don't know/No answer…… 8   **SKIP TO FAL_Q14a/**
FAL_ELEC_COM

[DO NOT READ] Refused ……………………................. 9   **SKIP TO FAL_Q14a/**
FAL_ELEC_COM

FAL_Q13b
FAL_FLDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design 01

Flooring not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Flooring was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

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

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

[DO NOT READ] Refused 99

FAL_Q14a
FAL_ELEC_COM

Were electrical cords a contributing factor to your fall?

Yes…………….…… 1   **GO TO FAL_Q14b/ FAL_ELDSC_COM**

No…………….……….…... 2   **SKIP TO FAL_Q15a/ FAL_FOOT_COM**

[DO NOT READ] Don't know/No answer…… 8   **SKIP TO FAL_Q15a/ FAL_FOOT_COM**

[DO NOT READ] Refused …………………….................. 9   **SKIP TO FAL_Q15a/ FAL_FOOT_COM**

FAL_Q14b
FAL_ELDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design 01

Electrical cords not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Electrical cord was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

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

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

[DO NOT READ] Refused 99

FAL_Q15a
FAL_FOOT_COM

Was footwear a contributing factor to your fall?

Yes………………….. 1   **GO TO FAL_Q15b/**
                                                                  FAL_FTDSC_COM

No………………………….................................. 2   **SKIP TO FAL_Q16a**
                                                                  FAL_CLTH_COM

[DO NOT READ] Don't know/No answer…… 8   **SKIP TO FAL_Q16a**
                                                                  FAL_CLTH_COM

[DO NOT READ] Refused …………………….................. 9   **SKIP TO FAL_Q16a**
                                                                  FAL_CLTH_COM

FAL_Q15b
FAL_FTDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design 01

Footwear not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Footwear was worn out.. 05

Inadequate instructions....................................... 06

Did not read the instructions 07

Human error 08

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

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

[DO NOT READ] Refused 99

FAL_Q16a
FAL_CLTH_COM

Was other clothing a contributing factor to your fall?

FAL_CLTH_SP_COM   Yes (please specify: _____)……………… ...1   **GO TO FAL_Q16b/ FAL_CLDSC_COM**

No………………………………….. 2   **SKIP TO FAL_Q17a/ FAL_TOY_COM**

[DO NOT READ] Don't know/No answer……............8   **SKIP TO FAL_Q17a/ FAL_TOY_COM**

[DO NOT READ] Refused ……………………............9   **SKIP TO FAL_Q17a/ FAL_TOY_COM**

FAL_Q16b
FAL_CLDSC_COM
Which of the following best describes how it contributed to your fall?

Poor design	01
Other clothing not being used as designed	02
Defective manufacturing	03
Lack of servicing or maintenance	04
Other clothing was worn out	05
Inadequate instructions	06
Did not read the instructions	07
Human error	08

FAL_CLDSC_OTSP_COM   Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

FAL_Q17a
FAL_TOY_COM
Were toys a contributing factor to your fall?

Yes…………………. 1	**GO TO FAL_Q17b/ FAL_TOYDSC_COM**
No…………………………….......................... 2	**SKIP TO FAL_Q18a/ FAL_YRD_COM**
[DO NOT READ] Don't know/No answer…… 8	**SKIP TO FAL_Q18a/ FAL_YRD_COM**
[DO NOT READ] Refused …………………….................. 9	**SKIP TO FAL_Q18a/ FAL_YRD_COM**

FAL_Q17b
FAL_TOYDSC_COM
Which of the following best describes how it contributed to your fall?

Poor design 01

Toys not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Toy was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

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

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

[DO NOT READ] Refused 99

FAL_Q18a
FAL_YRD_COM
Were yard tools a contributing factor to your fall?

Yes…………………… .... 1 **GO TO FAL_Q18b FAL_YRDDSC_COM**

No…………………….…………………….......................... 2 **SKIP TO FAL_Q19a/ FAL_BIKE_COM**

[DO NOT READ] Don't know/No answer…… .... 8 **SKIP TO FAL_Q19a/ FAL_BIKE_COM**

[DO NOT READ] Refused …………………….................. 9 **SKIP TO FAL_Q19a/ FAL_BIKE_COM**

FAL_Q18b
FAL_YRDDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design 01

Yard tools not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Yard tool was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

FAL_YRDDSC_OTSP_COM Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

FAL_Q19a
FAL_BIKE_COM

Was a bicycle a contributing factor to your fall?

Yes…………………. 1   **GO TO FAL_Q19b/**
                                                   FAL_BKDSC_COM

No………………….……....................................... 2   **SKIP TO FAL_Q20a/**
                                                   FAL_SPRT_COM

[DO NOT READ] Don't know/No answer…… 8   **SKIP TO FAL_Q20a/**
                                                   FAL_SPRT_COM

[DO NOT READ] Refused …………………. 9   **SKIP TO FAL_Q20a/**
                                                   FAL_SPRT_COM

FAL_Q19b
FAL_BKDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design 01

Bicycle not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Bicycle was worn out 05

Inadequate instructions....................................... 06

Did not read the instructions 07

Human error 08

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

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

[DO NOT READ] Refused 99

FAL_Q20a
FAL_SPRT_COM

Was other sports equipment a contributing factor to your fall?

FAL_SPRT_SP_COM   Yes (please specify: _____)………………… 1   **GO TO FAL_Q20b/ FAL_SPRTDSC_COM**

No………………………………………….. 2   **SKIP TO FAL_Q21a/ FAL_ELSE_COM**

[DO NOT READ] Don't know/No answer……........... 8   **SKIP TO FAL_Q21a/ FAL_ELSE_COM**

[DO NOT READ] Refused ……………………........... 9   **SKIP TO FAL_Q21a/ FAL_ELSE_COM**

FAL_Q20b
FAL_SPRTDSC_COM
Which of the following best describes how it contributed to your fall?

Poor design 01

Other sports equipment not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Other sports equipment was worn out 05

Inadequate instructions... 06

Did not read the instructions 07

Human error 08

FAL_SPRTDSC_OTSP_COM Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

FAL_Q21a
FAL_ELSE_COM
Was anything else a contributing factor to your fall?

FAL_ELSE_SP_COM Yes (please specify: _____)……………… ... 1   **GO TO FAL_Q21b/**
FAL_ELSEDSC_COM

No……………………………………….. 2   **SKIP TO FAL_END**

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

[DO NOT READ] Refused ……………………............ 9   **SKIP TO FAL_END**

FAL_Q21b
FAL_ELSEDSC_COM
Which of the following best describes how it contributed to your fall?

Poor design 01

Anything else not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Anything else was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

FAL_ELSEDSC_OTSP_COM Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

FAL_END

Retirement Status (RET)

The following questions ask about your retirement experience.

RET_1
RET_RTRD_COM

At this time, do you consider yourself to be completely retired, partly retired or not retired? **CODE ONLY ONE RESPONSE**

Completely retired 1

Partly retired 2

Not retired 3

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

[DO NOT READ] Refused 9

RET_2
RET_RTRN_COM

After retirement, some people return to work and later retire again. Have you ever previously retired and then returned to work?

Yes 1

No.. 2

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

[DO NOT READ] Refused 9

RET_3
RET_SPSE_COM

[ASK IF SDC_9/SDC_MRTL_COM=02] Is your spouse/partner retired?

Yes 1	**CONTINUE**	
No.. 2	**SKIP TO RET_5/ RET_AGE_NB_COM**	
[DO NOT READ] Don't know/No answer 8	**SKIP TO RET_5/ RET_AGE_NB_COM**	
[DO NOT READ] Refused 9	**SKIP TO RET_5/ RET_AGE_NB_COM**	

(RET_4 Intentionally left out as this an abbreviated version of the Retirement Status (RET) module.)

SKIP TO RET_END IF (RET_1/RET_RTRD_COM=3 OR RET_1/RET_RTRD_COM=8 OR RET_1/RET_RTRD_COM=9) AND (RET_2/RET_RTRN_COM=2 OR RET_2/RET_RTRN_COM=8 OR RET_2/RET_RTRN_COM=9)

Please answer the following questions as they relate to your <u>first</u> retirement experience.

RET_5
RET_AGE_NB_COM

How old were you when you first retired/partly retired? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE**

_____ **RECORD AGE (IN YEARS)**
CATI MASK: MIN=40, MAX=CURRENT AGE

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

[DO NOT READ] Refused 99

RET_6

There are many reasons why people retire. Which of the following reasons contributed to your decision to retire? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

RET_WHY_CM_COM	Completed the required years of service to qualify for pension	01
RET_WHY_RE_COM	Retirement was financially possible	02
RET_WHY_HL_COM	Health/disability/stress reasons	03
RET_WHY_IN_COM	Employer offered special incentives to retirement	04
RET_WHY_OR_COM	Organizational restructuring or job eliminated	05
RET_WHY_PR_COM	Providing care to a family member or friend	06
RET_WHY_MD_COM	Employer had a mandatory retirement policy	07
RET_WHY_HO_COM	Wished to pursue hobbies or other activities of personal interest	08
RET_WHY_ST_COM	Wanted to stop working	09
RET_WHY_AG_COM	An agreement with your spouse or partner	10
RET_WHY_OT_COM	Other	97

RET_WHY_OTSP_COM Other (please specify: _____)*****

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

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

*Additional categories coded; refer to data dictionary.

RET_END

Pre-Retirement Labour Force Participation (LFP)

ASK THIS SECTION ONLY IF THE PARTICIPANT IS COMPLETELY OR PARTLY RETIRED: RET_1/ RET_RTRD_COM=1 OR RET_1/RET_RTRD_COM=2

The following questions apply to the last job you had before [retirement]. **[IF RET_1/RET_RTRD_COM=2 SUBSTITUTE "partly retiring"]**

LFP_1
LFP_LAST_NB_COM

In what year did you last have a paid job or operate a business or farm? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR**

_____ **RECORD YEAR AND CONTINUE, CATI MASK: MIN=[RECALL AGE_1/AGE_DOB_COM YEAR] PLUS 40, MAX=CURRENT YEAR OR [RECALL RET_5/ RET_AGE_NB_COM] PLUS [RECALL AGE_1/AGE_DOB_COM YEAR] (if RET_1/RET_RTRD_COM=1 AND RET_2/ RET_RTRN_COM=2)**

[DO NOT READ] Not applicable/Never held paid job ...9996 **SKIP TO LFP_END**

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

[DO NOT READ] Refused 9999

LFP_2
LFP_YRS_COM

How many years did you work at that job? Was it...**READ LIST, CODE ONLY ONE RESPONSE**

Less than 1 year...1

From 1 year to less than 3 years 2

From 3 years to less than 5 years.......................3

5 years or more 4

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

[DO NOT READ] Refused 9

LFP_3
LFP_HRWK_COM

In your last job before retirement, about how many hours a week did you work? **READ LIST, CODE ONLY ONE RESPONSE**

Employed all of the time (that is, 30+ hours/week) 1

Employed most of the time (that is, less than 30 but more than

20 hours/week) 2

Employed some of the time (that is, less than 20 hours/week) 3

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

[DO NOT READ] Refused 9

LFP_4
LFP_SCHD_COM

Which of the following best describes your working schedule at that time? **READ LIST, CODE ONLY ONE RESPONSE**

Daytime schedule or shift... 01

Evening shift... 02

Night shift 03

Rotating shift, changing periodically from days to evenings or nights 04

Seasonal, on-call or casual, no pre-arranged schedules,

but called as need arises.. 05

LFP_SCHD_OTSP_COM Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

LFP_5
LFP_TYPE_SP_COM

What type of work did you do? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

_____
_____
_____

[DO NOT READ] Refused 99

LFP_6
LFP_IND_SP_COM

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

_____
_____
_____

[DO NOT READ] Refused 99

LFP_7
LFP_LNGST_COM

Was this the longest you had been in the same job?

Yes 1   **SKIP TO LBF_END**

No 2   **CONTINUE**

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

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

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

LFP_8
LFP_LGPAY_COM

In the job you worked the longest, were you a paid employee, self-employed, or an unpaid family worker? **READ LIST, CODE ONLY ONE RESPONSE**

INTERVIEWER NOTE: IF ASKED, AN UPAID FAMILY WORKER IS SOMEONE WHO WORKS WITHOUT PAY ON THEIR OWN FAMILY OPERATED FARM OR BUSINESS OPERATED BY ANOTHER MEMBER LIVING IN THE SAME HOUSEHOLD. THE ROOM AND BOARD AND ANY CASH ALLOWANCE GIVEN AS INCENTIVES ARE NOT COUNTED AS COMPENSATION FOR THESE FAMILY WORKERS.

A paid employee 1

Self-employed 2

Unpaid family worker 3

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

[DO NOT READ] Refused 9

LFP_9
LFP_LGHR_COM

In the job you worked the longest, about how many hours a week did you work? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

Employed all of the time (that is, 30+ hours/week) 1

Employed most of the time (that is, less than 30 but more than

20 hours/week) 2

Employed some of the time (that is, less than 20 hours/week) 3

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

[DO NOT READ] Refused 9

LFP_10
LFP_LGSCHD_COM

Which of the following best describes your working schedule in the job you worked the longest? **READ LIST, CODE ONLY ONE RESPONSE**

Daytime schedule or shift... 01

Evening shift... 02

Night shift 03

Rotating shift, changing periodically from days to evenings or nights 04

Seasonal, on-call or casual, no pre-arranged schedules,

but called as need arises 05

LFP_LGSCHD_OTSP_COM Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

LFP_11
LFP_LGTYPE_SP_COM

What type of work did you do? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

_____

_____

_____

[DO NOT READ] Refused 99

LFP_12
LFP_LGIND_SP_COM

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

_____

_____

_____

[DO NOT READ] Refused 99

LFP_13
LFP_LGYRS_COM

How many years did you work at this job? Was it…**READ LIST, CODE ONLY ONE RESPONSE. INTERVIEWER NOTE: IF LFP_13/LFP_LGYRS_COM ≤LFP_2/LFP_YRS_COM, THEN ASK: THIS QUESTION ASKS YOU HOW MANY YEARS YOU SPENT WORKING IN THE JOB YOU WORKED THE LONGEST, BUT YOU REPORTED THAT YOU WORKED FEWER YEARS AT THIS JOB COMPARED TO THE LAST JOB YOU HELD BEFORE RETIREMENT. WHICH JOB DID YOU WORK THE LONGEST? INTERVIEWER: CORRECT RESPONSES AS NECESSARY.**

Less than 1 year... 1

From 1 year to less than 3 years 2

From 3 years to less than 5 years........................ 3

5 years or more... 4

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

[DO NOT READ] Refused 9

LFP_END

Labour Force (LBF)

SKIP TO LBF_3/LBF_MANY_COM IF RET_1/RET_RTRD_COM=2; SKIP TO LBF_END IF RET_1/RET_RTRD_COM=1

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

LBF_1
LBF_EVER_COM

Have you ever worked at a job or business?

Yes 1	**CONTINUE**
No 2	**SKIP TO LBF_11/ LBF_NVR_COM**
[DO NOT READ] Refused 9	**CONTINUE**

LBF_2
LBF_CURR_COM

Are you currently working at a job or business? This includes part-time jobs, seasonal work, contract work, self-employment, or any other paid work regardless of the number of hours worked.

Yes 1	**CONTINUE**
No 2	**SKIP TO LBF_9/ LBF_RSN_COM**
[DO NOT READ] Don't know/No answer.............8	**SKIP TO LBF_13/ LBF_LGSTAT_COM**
[DO NOT READ] Refused 9	**SKIP TO LBF_13/ LBF_LGSTAT_COM**

Current Work

LBF_3
LBF_MANY_COM

Do you currently work at more than one job or business?

Yes 1	
No 2	**SKIP LBF_4/ LBF_STTS_COM PREAMBLE**
[DO NOT READ] Don't know/No answer.............8	
[DO NOT READ] Refused 9	

Now I would like to ask you about the work you consider to be your main job.

LBF_4
LBF_STTS_COM

What is your current working status? If you are self-employed, choose full-time or part-time, as appropriate. **READ LIST, CODE ONLY ONE RESPONSE**

Employed all of the time (that is, 30+ hours/week) 1

Employed most of the time (that is, less than 30 but more than

20 hours/week) 2

Employed some of the time (that is, less than 20 hours/week) 3

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

[DO NOT READ] Refused 9

LBF_5
LBF_SCHD_COM

Which of the following best describes your working schedule? **READ LIST, CODE ONLY ONE RESPONSE**

Daytime schedule or shift... 01

Evening shift... 02

Night shift 03

Rotating shift, changing periodically from days to evenings or nights 04

Seasonal, on-call or casual, no pre-arranged schedules,

but called as need arises.. 05

LBF_SCHD_OTSP_COM Other (please specify: _____) 97

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

[DO NOT READ] Refused 99

LBF_6
LBF_TYPE_NB_COM

What type of work do you do? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

_____
_____
_____

[DO NOT READ] Refused 99

LBF_7
LBF_BUSN_NB_COM

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

_____
_____
_____

[DO NOT READ] Refused 99

LBF_8
LBF_DURN_COM

How long have you worked with your present employer or in your current business? **READ LIST, CODE ONLY ONE RESPONSE**

Less than 1 year...1

From 1 year to less than 3 years 2

From 3 years to less than 5 years........................3

5 years or more 4

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

[DO NOT READ] Refused 9

IF RET_1/RET_RTRD_COM=2, SKIP TO LBF_END; IF RET_1/RET_RTRD_COM=3, SKIP TO LBF_12/LBF_LGEVER_COM

Currently Not Working

LBF_9
LBF_RSN_COM

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

Unable to work because of sickness or disability 1

Looking after family..2

Student...3

Unemployed 4

Doing unpaid or voluntary work 5

LBF_RSN_OTSP_COM   Other (please specify: _____)...................7

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

[DO NOT READ] Refused 9

LBF_10
LBF_UNEMDUR_YR_COM

How long have you been unemployed?

_____ **RECORD NUMBER**

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

Weeks **CATI MASK: MIN=01, MAX=52**..................................1

Months **CATI MASK: MIN=01, MAX=12** 2

Years **CATI MASK: MIN=01, MAX=CURRENT AGE**.............3

SKIP TO LBF_13/LBF_LGSTAT_COM

Never Worked

LBF_11

[ASK IF LBF_1/LBF_EVER_COM=2] You mentioned that you have never worked. Can you tell me what prevented you from working? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

LBF_NVR_OW_COM	Own illness or disability	01
LBF_NVR_CH_COM	Caring for own children	02
LBF_NVR_EL_COM	Caring for elder relatives	03
LBF_NVR_SP_COM	Caring for spouse	04
LBF_NVR_OT_COM	Other personal or family responsibilities	97
LBF_NVR_OTSP_COM	Other personal or family responsibilities (please specify)	
LBF_NVR_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
LBF_NVR_REFUSED_COM	**[DO NOT READ]** Refused	99

SKIP TO LBF_END

Longest Job

LBF_12
LBF_LGEVER_COM
Is this the longest you have been in the same job?

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

Now we want to ask you questions about the job that you worked at the longest over your lifetime.

LBF_13
LBF_LGSTAT_COM
Thinking about the job you worked at the longest, what was your working status in that job? If you were self-employed, choose full-time or part-time as appropriate. **CODE ONLY ONE RESPONSE**

Working all of the time (that is, 30+ hours/week).. 1

Working most of the time (that is, less than 30 but more than

20 hours/week) 2

Working some of the time (that is, less than 20 hours/week) 3

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

[DO NOT READ] Refused 9

LBF_14
LBF_LGSCHD_COM
Which of the following best describes your working schedule in that job?

Daytime schedule or shift..01

Evening shift..02

Night shift 03

Rotating shift, changing periodically from days to evenings or nights 04

Seasonal, on-call or casual, no pre-arranged schedules,

but called as need arises 05

LBF_LGSCHD_OTSP_COM Other (please specify: _____)..97

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

[DO NOT READ] Refused 99

LBF_15
LBF_LGTYPE_SP_COM

What type of work did you do in that job? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

_____
_____
_____

[DO NOT READ] Refused 99

LBF_16
LBF_LGIND_SP_COM

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

_____
_____
_____

[DO NOT READ] Refused 99

LBF_17
LBF_LGDURN_COM

How long did you work in that job? **READ LIST, CODE ONLY ONE RESPONSE**

Less than 1 year...1

From 1 year to less than 3 years 2

From 3 years to less than 5 years.......................3

5 years or more 4

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

[DO NOT READ] Refused 9

LBF_END

Retirement Planning (RPL) - abbreviated version

RPL_1
RPL_AGE_NB_COM

At what age do you plan to retire? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

_____ **RECORD AGE, CATI MASK: MIN=CURRENT AGE, MAX=87**

[DO NOT READ] Not applicable, does not plan to retire..... 96

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

[DO NOT READ] Refused 99

RPL_END

Income (INC)

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

Household Income

INC_1

Thinking about the total income for all <u>household</u> members, from which of the following sources did your household receive any income in the past 12 months? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

INC_SRCE_WG_COM	Wages and salaries	01
INC_SRCE_SE_COM	Income from self-employment	02
INC_SRCE_IN_COM	Dividends and interest (e.g., on bonds, savings)	03
INC_SRCE_EI_COM	Employment insurance	04
INC_SRCE_CM_COM	Worker's compensation	05
INC_SRCE_BN_COM	Benefits from Canada or Quebec Pension Plan	06
INC_SRCE_PN_COM	Job related retirement pensions, superannuation and annuities	07
INC_SRCE_GV_COM	RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)	08
INC_SRCE_OLD_COM	Old Age Security	09
INC_SRCE_GIS_COM	Guaranteed Income Supplement	10
INC_SRCE_WF_COM	Provincial or municipal social assistance or welfare	11
INC_SRCE_CH_COM	Child Tax Benefit	12
INC_SRCE_SP_COM	Child support	13
INC_SRCE_AL_COM	Alimony	14
INC_SRCE_CP_COM	Capital gains (e.g. profits from sale of stocks)	15
INC_SRCE_NONE_COM	**[DO NOT READ]** None	96
INC_SRCE_OT_COM	Other (e.g., rental income, veterans' pensions)	97
INC_SRCE_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
INC_SRCE_REFUSED_COM	**[DO NOT READ]** Refused	99

INC_2 **[ASK ONLY IF MORE THAN ONE SOURCE OF INCOME IDENTIFIED AT INC_1/ INC_SRCE_COM]** Of the sources of income you have identified, what are the three **[OMIT "THREE" IF ONLY TWO SOURCES LISTED IN INC_1/INC_SRCE_COM]** major sources of your <u>household</u> income, starting with the highest source of income? **READ LIST, IF NECESSARY; CATI PROGRAMMING NOTE: RECALL ONLY THOSE SOURCES OF INCOME IDENTIFIED AT INC_1/INC_SRCE_COM.**

INC_FRST_COM SPECIFY HIGHEST SOURCE OF HOUSEHOLD

INCOME:_____

INC_SCND_COM **[ONLY IF INC_1/INC_SRCE_COM≥2 RESPONSES]** SPECIFY SECOND

HIGHEST SOURCE OF HOUSEHOLD INCOME _____

INC_THRD_COM **[ONLY IF INC_1/INC_SRCE_COM≥3 RESPONSES]** SPECIFY THIRD

HIGHEST SOURCE OF HOUSEHOLD INCOME _____

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

[DO NOT READ] Refused 99

INC_3
INC_TOT_COM

What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, in the past 12 months? Was it…**READ LIST, CODE ONLY ONE RESPONSE**

Less than $20,000 1

$20,000 or more, but less than $50,000 2

$50,000 or more, but less than $100,000 3

$100,000 or more, but less than $150,000 4

$150,000 or more...5

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

[DO NOT READ] Refused 9

Personal Income

INC_4

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

INC_PSRCE_WG_COM	Wages and salaries	01
INC_PSRCE_SE_COM	Income from self-employment	02
INC_PSRCE_IN_COM	Dividends and interest (e.g., on bonds, savings)	03
INC_PSRCE_EI_COM	Employment insurance	04
INC_PSRCE_CM_COM	Worker's compensation	05
INC_PSRCE_BN_COM	Benefits from Canada or Quebec Pension Plan	06
INC_PSRCE_PN_COM	Job related retirement pensions, superannuation and annuities	07
INC_PSRCE_GV_COM	RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)	08
INC_PSRCE_OLD_COM	Old Age Security	09
INC_PSRCE_GIS_COM	Guaranteed Income Supplement	10
INC_PSRCE_WF_COM	Provincial or municipal social assistance or welfare	11
INC_PSRCE_CH_COM	Child Tax Benefit	12
INC_PSRCE_SP_COM	Child support	13
INC_PSRCE_AL_COM	Alimony	14
INC_PSRCE_CP_COM	Capital gains (e.g. profits from sale of stocks)	15
INC_PSRCE_NONE_COM	**[DO NOT READ]** None	96
INC_PSRCE_OT_COM	Other (e.g., rental income, veterans' pensions)	97
INC_PSRCE_DK_NA_COM	**[DO NOT READ]** Don't know/No answer	98
INC_PSRCE_REFUSED_COM	**[DO NOT READ]** Refused	99

INC_5 **[ASK ONLY IF MORE THAN ONE SOURCE OF INCOME IDENTIFIED AT INC_4/ INC_PSRCE_COM]** Of the sources of income you have identified, what are the three **[OMIT "THREE" IF ONLY TWO SOURCES LISTED IN INC_4/INC_PSRCE_COM]** major sources of <u>personal</u> income, starting with the highest source of income? **READ LIST, IF NECESSARY; CATI PROGRAMMING NOTE: RECALL ONLY THOSE SOURCES IDENTIFIED AT INC_4/INC_PSRCE_COM**

INC_PFRST_COM SPECIFY HIGHEST SOURCE OF PERSONAL

INCOME:_____

INC_PSCND_COM **[ONLY IF INC_4/INC_PSRCE_COM≥2 RESPONSES]** SPECIFY SECOND

HIGHEST SOURCE OF PERSONAL INCOME _____

INC_PTHRD_COM **[ONLY IF INC_4/INC_PSRCE_COM≥3 RESPONSES]** SPECIFY THIRD

HIGHEST SOURCE OF PERSONAL INCOME _____

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

[DO NOT READ] Refused 99

INC_6
INC_PTOT_COM

What is your best estimate of your total personal income from all sources, before taxes and deductions, in the past 12 months? Was it…**READ LIST, CODE ONLY ONE RESPONSE. INTERVIEWER NOTE: IF INC_6/INC_PTOT_COM >INC_3/INC_TOT_COM, THEN ASK: THIS QUESTION ASKS YOU FOR YOUR TOTAL *PERSONAL* INCOME, BUT YOU REPORTED THAT YOUR TOTAL *HOUSEHOLD* INCOME IS LESS THAN YOUR TOTAL PERSONAL INCOME. WHAT IS YOUR TOTAL HOUSEHOLD INCOME AND WHAT IS YOUR TOTAL PERSONAL INCOME? INTERVIEWER: CORRECT RESPONSES AS NECESSARY.**

Less than $20,000 1

$20,000 or more, but less than $50,000 2

$50,000 or more, but less than $100,000 3

$100,000 or more, but less than $150,000 4

$150,000 or more.. 5

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

[DO NOT READ] Refused 9

INC_END

Medications (MEDI)

INTERVIEWER INSTRUCTIONS: PLEASE ASK THE PARTICIPANT TO SHOW YOU ALL OF THE REGULARLY SCHEDULED/OR TAKEN MEDICATIONS (I.E. – SCHEDULED; ONCE A DAY, EVERY OTHER DAY, ETC. BUT NOT TAKEN OCCASIONALLY), PRESCRIPTION, NON-PRESCRIPTION OVER-THE-COUNTER, HERBALS, VITAMINS OR NATURAL HEALTH PRODUCTS THAT S/HE IS TAKING AND RECORD THE INFORMATION IN THE TABLE BELOW.

Number of Medications	Name of Medication	Drug Identification Number (DIN)	Prescription	Dosage - How Much			Frequency: When do you take the medication	Duration: (drug usage beyond one month)	Start Date	Reason(s) for Use
WHAT APPEARS IN ONYX →	Text field to type in name	Buttons to select and type in DIN or name of medication	Y/N/DK/NA/RF	Type in quantity	Drop down menu to select unit (mL, mcg, tablet, etc.)	Text field to type in comment (i.e. drops in left eye only, etc.)	Buttons to select once a day, twice daily, once a week, etc.	Buttons to select more than one year, 6 months to one year, etc.	Select from calendar, don't know/no answer or refused	Text field to type in response or select don't know/no answer or refused
Example →	ARTHROTEC	01917056		50	mg		Twice daily	6 months to one year	April 28, 2013	Arthritis
Example →	NASONEX NASAL SPRAY	02238465		100	µG		Three x day	More than one year	February 16, 2011	Congestion
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										

Administration Information (ADM)

ASK THIS SECTION ONLY OF THOSE WHO CONSENTED TO PROVIDE THEIR HEALTH CARD NUMBER

That completes our main interview. You have previously agreed to provide your health card number so that we can obtain information from provincial administrative databases and link it with the information you have shared with us during this interview. The information that we would get from the province includes your past and continuing use of health services such as visits to hospitals, clinics, and doctors' offices.

ADM_1
ADM_NUMB_COM

What is your health card number? **DO NOT INSERT BLANKS, HYPHENS, OR COMMAS BETWEEN NUMBERS AND LETTERS, REPEAT HEALTH CARD NUMBER BACK TO PARTICIPANT TO CONFIRM/VERIFY ACCURACY**

_____ **RECORD NUMBER**

[DO NOT READ] Don't know/No answer 9999999999998

[DO NOT READ] Refused 9999999999999

ADM_2
ADM_PROV_COM

And for which province or territory is your health card number? **CODE ONLY ONE RESPONSE**

Newfoundland and Labrador 01

Prince Edward Island 02

Nova Scotia 03

New Brunswick 04

Quebec 05

Ontario 06

Manitoba 07

Saskatchewan 08

Alberta 09

British Columbia 10

Yukon 11

Northwest Territories 12

Nunavut 13

Do not have a Canadian health card number 96

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

[DO NOT READ] Refused 99

ADM_END