



clsa élcv

Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Data Collection Site Questionnaire (Follow Up 1)

v1.5, 2018 June 07

Examples of variable names as shown in the datasets.

Q1.	ICQ_DOMHAND_COF1		
[ALWAYS ASK]			
Is your dominant hand your right or left hand?			
DO NOT READ LIST; CODE ONLY ONE RESPONSE			
RIGHT	01	Right	
LEFT	02	Left	
AMBIDEXTROUS	03	Ambidextrous	

SPA_1	SPA_SOAC_COF1		
[ALWAYS ASK]			
Which of these statements apply to you?			
NOTE: RESPONSE OPTION 1 – ‘I READ A DAILY NEWSPAPER’ – INCLUDES SITUATIONS WHERE THE PARTICIPANT ONLY READS THE SATURDAY EDITION OF A DAILY NEWSPAPER.			
READ EACH STATEMENT. MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
SPA_SOAC_RNP_COF1	01	I read a daily newspaper	
SPA_SOAC_HY_COF1	02	I have a hobby or pastime	
SPA_SOAC_HIC_COF1	03	I have taken a holiday in Canada in the last 12 months	
SPA_SOAC_HOC_COF1	04	I have taken a holiday outside of Canada in the last 12 months	
SPA_SOAC_DT_COF1	05	I have gone on a daytrip or outing in the last 12 months	
SPA_SOAC_INT_COF1	06	I use the internet and/or e-mail	
SPA_SOAC_VOT_COF1	07	I voted in the last federal, provincial, or municipal election	
SPA_SOAC_NONE_COF1	96	None of these statements apply to me	
SPA_SOAC_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer	
SPA_SOAC_REFUSED_COF1	99	[DO NOT READ] Refused	

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DCS RECEPTION

Interpretation and Contraindications Questionnaire – (Regular DCS/DCSatHome/DCSbyPhone/Reduced DCS visit)

Q1.	ICQ_DOMHAND_COF1		
[ALWAYS ASK]			
Is your dominant hand your right or left hand?			
DO NOT READ LIST; CODE ONLY ONE RESPONSE			
RIGHT	01	Right	
LEFT	02	Left	
AMBIDEXTROUS	03	Ambidextrous	

Q2.	ICQ_HND_COF1						
[ALWAYS ASK]							
Do you have any of the following conditions affecting one or both of your hands?							
SELECT ALL THAT APPLY							
		NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_HNDSWL_COF1	Severe swelling, open sores, wounds, infection, or burns						
ICQ_HNDCST_COF1	Cast						
ICQ_HNDHMT_COF1	Hematoma (bruise)						
NOTE: ANSWERS TO THESE QUESTIONS MAY AFFECT THE GRIP STRENGTH MEASUREMENTS.							
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY MEASUREMENT STAGE.							

Q3.	ICQ_ARM_COF1						
[ALWAYS ASK]							
Do you have any of the following conditions affecting one or both of your upper arms?							
NOTE: Upper arm = elbow joint area up to shoulder. Includes area that blood would be taken from.							
SELECT ALL THAT APPLY							
		NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_ARMSWL_COF1	Severe swelling, open sores, wounds, infection or burns						
ICQ_ARMCST_COF1	Cast						
NOTE: ANSWERS TO THESE QUESTIONS CAN AFFECT THE BLOOD PRESSURE, GRIP STRENGTH, DXA – FOREARM, BLOOD SPECIMEN MEASUREMENTS.							
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY MEASUREMENT STAGE.							

Q4.	ICQ_LEG_COF1						
[ALWAYS ASK]							
Do you have any of the following conditions affecting one or both of your legs?							
SELECT ALL THAT APPLY							
		NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_LEGSWL_COF1	Severe swelling, open sores, wounds, infection, or burns						
ICQ_LEGCST_COF1	Cast						
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY, TUG, 4-METRE WALK AND STANDING BALANCE MEASUREMENT STAGE.							

Q5a.	ICQ_SRG3MO_COF1	
[ALWAYS ASK]		
Have you had an operation (surgery) <u>within the last 3 months</u> ?		
INTERVIEWER: Let the participant know this includes eye and nose surgery as well.		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Q5b.	ICQ_SRGY_COF1						
[ASK IF ICQ_SRG3MO_COF1 = YES]							
What type of surgery did you have?							
NOTE: REMIND PARTICIPANT THAT THIS QUESTION IS ASKING ABOUT SURGERY IN THE LAST 3 MONTHS							
SELECT ALL THAT APPLY							
		NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_SRGYARM_COF1	Arm						
ICQ_SRGYCHT_COF1	Chest or breast (incl. mastectomy or lymphectomy)						
ICQ_SRGYHND_COF1	Hand or wrist						
ICQ_SRGYART_COF1	Arteriovenous shunt/fistula						
ICQ_SRGYEYE_COF1	Eye (i.e., cataracts or laser surgery)						
NOTE: ANSWERS TO THESE QUESTIONS COULD AFFECT THE BLOOD PRESSURE, BLOOD SPECIMEN, SPIROMETRY, GRIP STRENGTH, TONOMETRY AND DXA - FOREARM MEASUREMENTS.							
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA – WHOLE BODY MEASUREMENT STAGE.							

Q5c.	ICQ_SRGYTYPE1_COF1			
[ASK IF ICQ_SRG3MO_COF1 = YES]				
What type of surgery did you have?				
NOTE: REMIND PARTICIPANT THAT THIS QUESTION IS ASKING ABOUT SURGERY IN THE LAST 3 MONTHS				
SELECT ALL THAT APPLY				
		YES	NO	RF
ICQ_SRGYABD_COF1	Abdominal			
ICQ_SRGYHRT_COF1	Heart			
ICQ_SRGYOT_COF1	Other (NOTE: This could include major dental surgery)			

Q5d.	ICQ_SRGY_OTSP_COF1			
[ASK IF ICQ_SRGYTYPE1_COF1 = ICQ_SRGYOT_COF1]				
Other (please specify: _____)				
ICQ_SRGY_OTSP_COF1				

Q6.	ICQ_PAINHND_COF1			
[ALWAYS ASK]				
Do you experience pain or paralysis in your hands or wrists due to conditions such as arthritis, tendinitis crisis, carpal tunnel syndrome, or some other reason?				
DO NOT READ LIST; CODE ONLY ONE RESPONSE				
YES_LEFT_SIDE	01	Yes, left side		
YES_RIGHT_SIDE	02	Yes, right side		
YES_BOTH_SIDES	08	Yes, both sides		
NO	09	No		

Q7a.	ICQ_RISEASSI_COF1			
[ALWAYS ASK]				
Are you able to rise from a chair without the assistance of another person?				
DO NOT READ LIST; CODE ONLY ONE RESPONSE				
YES	01	Yes		
NO	02	No		
DK_NA	08	[DO NOT READ] Don't Know / No Answer		
REFUSED	09	[DO NOT READ] Refused		
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE TUG AND CHAIR RISE QUESTIONS.				

Q7b.	ICQ_RISECANE_COF1	
[ALWAYS ASK]		
Do you use a cane or walker to stand or rise from a chair unassisted?		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE CHAIR RISE AND STANDING BALANCE QUESTIONS.		

Q8.	ICQ_ABLESTND_COF1	
[ALWAYS ASK]		
Are you able to stand without the assistance of another person?		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE HIP-WAIST RATIO, STANDING HEIGHT, WEIGHT, ALL DXA MEASUREMENTS, CIMT, ECG, CHAIR RISE, TUG, 4-METRE WALK AND STANDING BALANCE QUESTIONS.		

Q9.	ICQ_ABLEWLK_COF1	
[ALWAYS ASK]		
Are you able to walk without the assistance of another person?		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE TUG AND 4-METRE WALK.		

Q10a.	ICQ_PREGNT_COF1	
[ASK IF SEX = FEMALE AND ≤ 55 YEARS]		
Are you pregnant?		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT ALL OF THE DXA MEASUREMENTS.		
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE WEIGHT MEASUREMENT STAGE.		

Q10b.	ICQ_PREGNTWK_COF1	
[ASK IF ICQ_PREGNT_COM = YES]		
How many weeks pregnant are you?		
Please provide your best estimate if you are not sure of the exact number of weeks.		
ICQ_PREGNTWK_NB_COF1	_____	
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE HIP-WAIST RATIO AND THE SPIROMETRY MEASUREMENTS.		
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE WEIGHT MEASUREMENT STAGE.		

Q11.	ICQ_ILLLUNG_COF1	
[ALWAYS ASK]		
Do you currently have an illness or disease or symptoms that might interfere with a lung performance test such as a cold, bronchitis, flu, tuberculosis, pneumonia, collapsed lung, chest or abdominal pain, nausea or vomiting?		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
[ASK IF ICQ_ILLLUNG_COF1 = YES]		
Yes (Specify)		
ICQ_ILLLUNG_SP_COF1	_____	
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS		

Q12.	ICQ_HRTCOND_COF1	
[ALWAYS ASK]		
Have you had an unstable heart condition (e.g., that required admission to the hospital or emergency department, angioplasty, stent insertion, etc.) <u>within the last 3 months?</u>		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
[ASK IF ICQ_HRTCOND_COF1 = YES]		
Yes (Specify)		
ICQ_HRTCOND_SP_COF1		
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS		

Q12a.	ICQ_EMB6WK_COF1	
[ALWAYS ASK]		
Have you had a pulmonary embolism <u>within the last 6 weeks?</u>		
Note: Pulmonary embolism is a blockage in one of the pulmonary arteries in your lungs. In most cases, pulmonary embolism is caused by blood clots that travel to the lungs from the legs or, rarely, other parts of the body (deep vein thrombosis).		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS		

Q12b.	ICQ_EMBMED_COF1	
[ALWAYS ASK]		
Are you currently taking anticoagulants, for example Coumadin, as a result of a pulmonary embolism?		
NOTE: A PARTICIPANT WHO IS TAKING ANTICOAGULANTS AS A RESULT OF A PULMONARY EMBOLISM IS CONTRAINDICATED FOR SPIROMETRY.		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS		

Q13.	ICQ_DERET3MO_COF1		
[ALWAYS ASK]			
Have you had a detached retina <u>within the last 3 months</u> ?			
Note: Does not include retinal occlusion			
DO NOT READ LIST; CODE ONLY ONE RESPONSE			
YES	01	Yes	
NO	02	No	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE SPIROMETRY AND TONOMETER MEASUREMENTS			

Q14.	ICQ_INF_COF1						
[ALWAYS ASK]							
Are you currently suffering from any infections of the following?							
SELECT ALL THAT APPLY							
		NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_EYEINF_COF1	Eye						
ICQ_EARINF_COF1	Ear						
NOTE: ANSWERS TO THESE QUESTIONS MAY AFFECT THE TONOMETER MEASUREMENT.							
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE TUG, CHAIR RISE, 4-METRE WALK, HEARING, STANDING BALANCE, RETINAL AND EDTR OR TONOMETER MEASUREMENT STAGE.							

Q15a.	ICQ_CATRCT_COF1		
[ALWAYS ASK]			
Has a doctor ever told you that you have cataracts?			
DO NOT READ LIST; CODE ONLY ONE RESPONSE			
YES	01	Yes	
NO	02	No	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND EDTR OR TONOMETER MEASUREMENT STAGE.			

Q15b.	ICQ_CATRCT2_COF1	
[ASK IF ICQ_CATRCT_COF1 = YES]		
Has a doctor told you that you are currently suffering from cataracts?		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
NOTE: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND VISUAL ACUITY OR TONOMETER MEASUREMENT STAGE.		

Q15c.	ICQ_CATRACT3_COF1	
[ASK IF ICQ_CATRCT_COF1 = YES]		
Have you had surgery to remove the cataract? (Right, left, both)		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Q15d.	ICQ_CATIME_COF1	
[ASK IF ICQ_CATRCT_COF1 = NO]		
If you are waiting for cataract surgery, how many months have you been on the waiting list?		
Please provide your best estimate if you are not sure of the exact time.		
ICQ_CATIME_MO_COF1	Time ____ (Month)	
ICQ_CATIME_DY_COF1	Time ____ (Days)	
ICQ_CATIME_YR_COF1	Time ____ (Years)	
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

Q16.	ICQ_GLAUC_COF1		
[ALWAYS ASK]			
Has a doctor ever told you that you have glaucoma?			
DO NOT READ LIST; CODE ONLY ONE RESPONSE			
YES	01	Yes	
NO	02	No	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND EDTR OR TONOMETER MEASUREMENT STAGE.			

Q17.	ICQ_HRAID_COF1				
[ALWAYS ASK]					
Do you wear: Device: Hearing Aid					
		Yes (not wearing)	Yes (currently wearing)	No	Refused
LEFT_SIDE	Hearing Aid – Left Side				
RIGHT_SIDE	Hearing Aid – Right Side				
BOTH_SIDES	Hearing Aid – Both Sides				
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE HEARING MEASUREMENT AND DXA - WHOLE BODY STAGE.					

Q17b.	ICQ_GLASSES2_COF1				
[ALWAYS ASK]					
Do you wear: Device: Glasses					
		Yes (not wearing)	Yes (currently wearing)	No	Refused
ICQ_GLASSES2_COF1	Glasses				
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE TONOMETER MEASUREMENT STAGE.					

Q17c.	ICQ_CTLENS2_COF1				
[ALWAYS ASK]					
Do you wear: Device: Contact lenses					
		Yes (not wearing)	Yes (currently wearing)	No	Refused
ICQ_CTLENS2_COF1	Contact lenses				
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND EDTR OR TONOMETER MEASUREMENT STAGE.					

Q18.	ICQ_PROSLIM_COF1	
[ALWAYS ASK]		
Do you have any prosthetic limbs or joints?		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
REFUSED	99	[DO NOT READ] Refused

Q19.	ICQ_PROSLIM_SP__COF1					
[ASK IF ICQ_PROSLIM_COF1 = YES]						
Which of your limbs or joints are prosthetics?						
SELECT ALL THAT APPLY						
	Body Part	NO	LEFT	RIGHT	BOTH	REFUSED
ICQ_PROSARM2_COF1	Arm - prosthetic					
ICQ_JOINTARM_COF1	Arm - joint replacement					
ICQ_PROSLEG_COF1	Leg					
ICQ_PROSHND_COF1	Hand or fingers					
ICQ_PROSFT_COF1	Foot					
ICQ_PROSHIP_COF1	Hip					
ICQ_PROSKNEE_COF1	Knee					
ICQ_PROSEYE_COF1	Eye					
NOTE: ANSWERS TO THESE QUESTIONS CAN AFFECT THE BLOOD PRESSURE, DXA - FOREARM, DXA - DUAL HIP, GRIP STRENGTH AND BLOOD SPECIMEN MEASUREMENTS.						
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE BLOOD PRESSURE, TUG, CHAIR RISE, 4-METRE WALK, STANDING BALANCE OR DXA - WHOLE BODY, TONOMETER, RETINAL CAMERA OR BLOOD SPECIMEN MEASUREMENT STAGE.						



Q20.	ICQ_FX_COF1	
[ALWAYS ASK]		
Have you ever suffered a break or fracture?		
DO NOT READ LIST; CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
REFUSED	99	[DO NOT READ] Refused

Q21.	ICQ_FXLIMB_COF1						
[ASK IF ICQ_FX_COF1 = YES]							
Indicate which parts of the body have been broken or fractured.							
SELECT ALL THAT APPLY							
	Body Part	NO	LEFT	RIGHT	BOTH	DK/NA	REFUSED
ICQ_FXARM_COF1	Arm						
ICQ_FXSHLD_COF1	Shoulder						
ICQ_FXHND_COF1	Hand or fingers						
ICQ_FXWRST_COF1	Wrist						
ICQ_FXRIB_COF1	Ribs						
ICQ_FXLEG_COF1	Leg						
ICQ_FXANK_COF1	Ankle						
ICQ_FXFT_COF1	Foot or toes						
ICQ_FXHIP_COF1	Hip						
ICQ_FXKNEE_COF1	Knee						
ICQ_FXCHK_COF1	Cheek						
ICQ_FXJAW_COF1	Jaw						
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA - DUAL HIP AND FOREARM MEASUREMENTS.							
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA - WHOLE BODY, DXA - FOREARM OR DUAL HIP MEASUREMENT STAGE.							

Q21.	ICQ_FXLIMB_COF1 (continued.....)				
[ASK IF ICQ_FX_COF1 = YES]					
Indicate which parts of the body have been broken or fractured.					
SELECT ALL THAT APPLY					
	Body Part	YES	NO	DK/NA	REFUSED
ICQ_FXNOSE_COF1	Nose				
ICQ_FXSKL_COF1	Skull				
ICQ_FXNECK_COF1	Neck				
ICQ_FXBACK_COF1	Back				
ICQ_FXCOLLR_COF1	Collar bone				
ICQ_FXPELV_COF1	Pelvis				
TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA - WHOLE BODY OR LATERAL SPINE MEASUREMENT STAGE.					

Q22.	ICQ_LAMIN_COF1	
[ALWAYS ASK]		
Have you ever had a laminectomy?		
NOTE: LAMINECTOMY MEANS REMOVAL OF PART OR ALL OF A LAMINA (PART OF A VERTEBRA) AT ONE OR MORE LEVELS IN THE SPINE		
YES	01	Yes
NO	02	No
REFUSED	99	[DO NOT READ] Refused
TO BE NOTED: ANSWERS TO THIS QUESTION IS NOTED IN THE DXA - WHOLE BODY OR LATERAL SPINE MEASUREMENT STAGE.		

Q23.	ICQ_POLIO_COF1	
[ALWAYS ASK]		
Have you ever had Polio?		
YES	01	Yes
NO	02	No
REFUSED	99	[DO NOT READ] Refused
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA - WHOLE BODY, LATERAL SPINE, DUAL HIP OR FOREARM MEASUREMENT STAGE.		

Q24.	ICQ_BLDSP3MO_COF1	
[ALWAYS ASK]		
Have you had any blood in your sputum or coughed up blood <u>within the last 3 months</u> ?		
YES	01	Yes
NO	02	No
REFUSED	99	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENT.		

Q25.	ICQ_ANEURY_COF1		
[ALWAYS ASK]			
Have you ever had a thoracic, abdominal or cerebral aneurysm?			
YES	01	Yes	
NO	02	No	
REFUSED	99	[DO NOT READ] Refused	
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENT.			

Q26.	ICQ_DEVIC_COF1				
[ALWAYS ASK]					
Do you have any of the following medical devices implanted within your body?					
		YES	NO	DK/ NA	REFUSED
ICQ_PACEMKR_COF1	Pacemaker				
ICQ_DEFIBR_COF1	Defibrillator				
ICQ_COCHLIMP_COF1	Cochlear implant				
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA - WHOLE BODY MEASUREMENT STAGE.					

Q26d.	ICQ_TUBE_COF1				
[ALWAYS ASK]					
Do you have currently in place any of the following types of feeding tubes?					
		YES	NO	DK/NA	REFUSED
ICQ_NGTUBE_COF1	Nasogastric tube				
ICQ_ABDTUBE_COF1	Abdominal tube				
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENT.					
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE.					

Q27.	ICQ_CHEMO4WK_COF1		
[ALWAYS ASK]			
If you have cancer have you had chemotherapy treatment <u>within the last 4 weeks</u> ?			
YES	01	Yes	
NO	02	No	
REFUSED	99	[DO NOT READ] Refused	
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE BLOOD SPECIMEN MEASUREMENT.			

Q28.	ICQ_HAEMO_COF1	
[ALWAYS ASK]		
Do you have haemophilia or another type of disease that prevents your blood from clotting normally?		
YES	01	Yes
NO	02	No
REFUSED	99	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE BLOOD SPECIMEN MEASUREMENT.		

Q29.	ICQ_BLDTR24H_COF1	
[ALWAYS ASK]		
Have you received a blood transfusion or donated blood <u>within the last 24 hours</u> ?		
Note: A blood donation to Canadian Blood Services is 450 ml (a pint). Plasma donations is also included in this question.		
YES	01	Yes
NO	02	No
REFUSED	99	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE BLOOD SPECIMEN MEASUREMENT.		

Q30.	ICQ_NUCLMED_COF1	
[ALWAYS ASK]		
Have you been involved in a Nuclear Medicine research study <u>in the last 7 days</u> ?		
NOTE: Nuclear medicine research study uses a radioactive material, which is injected into your bloodstream, swallowed or inhaled as a gas. A gamma camera, PET scanner, or probe detects this energy and with the help of a computer creates pictures offering details on both the structure and function of organs and tissues in your body. <u>CT scan and MRI test are excluded.</u>		
YES	01	Yes
NO	02	No
REFUSED	99	[DO NOT READ] Refused
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA - WHOLE BODY OR FOREARM MEASUREMENT STAGE.		

Q30a.	ICQ_NUCLMED_48H_COF1	
[ASK IF ICQ_NUCLMED_COF1 = YES]		
Was the nuclear medicine test performed less than 48 hours ago (i.e. <u>within the last 2 days</u>)?		
YES	01	Yes (PROGRAMMING NOTE: CONTRAINDICATE ALL DXA SCANS)
NO	02	No
REFUSED	99	[DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA - WHOLE BODY, LATERAL SPINE, DUAL HIP AND FOREARM MEASUREMENTS.		



Q30b.	ICQ_NUCLMED_TEST_COF1
[ASK IF ICQ_NUCLMED_48H_COF1= NO]	
What test was performed? (please specify _____)	
ICQ_NUCLMED_TEST_COF1	

Q30c.	ICQ_NUCLMED_IV24H_COF1
[ASK ICQ_NUCLMED_COF1 = NO OR REFUSED OR ICQ_NUCLMED_48H_COF1 = NO OR REFUSED]	
Have you been involved in an IV CT or MRI contrast test (i.e. contrast material injected) <u>in the last 24 hours</u> ?	
YES	01 Yes (PROGRAMMING NOTE: CONTRAINDICATE WHOLE BODY BUT PERFORM ALL OTHER DXA SCANS)
NO	02 No
REFUSED	99 [DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA - WHOLE BODY MEASUREMENT.	

Q31.	ICQ_BARSWAL_COF1
[ALWAYS ASK]	
Have you had a barium test <u>in the last 7 days</u> ?	
YES	01 Yes (PROGRAMMING NOTE: CONTRAINDICATE WHOLE BODY BUT PERFORM ALL OTHER DXA SCANS)
NO	02 No
REFUSED	99 [DO NOT READ] Refused
NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA - WHOLE BODY MEASUREMENT.	

Q32.	ICQ_TINNIT_COF1
[ALWAYS ASK]	
Do you suffer from Tinnitus?	
NOTE: TINNITUS (TIN-IH-TUS) IS NOISE OR RINGING IN THE EARS.	
YES	01 Yes
NO	02 No
REFUSED	99 [DO NOT READ] Refused
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE HEARING MEASUREMENT STAGE.	

Q33.	ICQ_SMOKE_COF1	
[ALWAYS ASK]		
What is your smoking status?		
NOTE: THE QUESTION IS ONLY REFERRING TO TOBACCO PRODUCTS		
YES	01	Yes (I currently smoke)
NO	02	No (I don't smoke and I never have)
FORMER	03	Former (I don't smoke now but I have in the past)
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE.		

Q34.	ICQ_SMOKETIME_COF1	
[ASK IF ICQ_SMOKE_COF1 = YES]		
Have you smoked in <u>the last 24 hours</u> ?		
YES	01	Yes
NO	02	No
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE.		

Q35.	ICQ_SMOKEHOURS_COF1	
[ASK IF ICQ_SMOKE_COF1 = YES]		
How many hours since your last cigarette, cigar or pipe?		
Please provide your best estimate if you are not sure of the exact number of hours.		
ICQ_SMOKEHOURS_COF1	_____ (Time: Hours)	
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE.		

Q36.	ICQ_INHALERLONG_COF1	
[ALWAYS ASK]		
Have you taken any long-acting inhalers <u>in the last 12 hours</u> ?		
YES	01	Yes
NO	02	No
REFUSED	99	[DO NOT READ] Refused
TO BE NOTED: ANSWERS TO THIS QUESTION MAY NEED TO BE NOTED IN REGARDS TO THE SPIROMETRY MEASUREMENT MODULE.		



Q37.	ICQ_INHALERSHORT_COF1	
[ALWAYS ASK]		
Have you taken any short-acting inhalers <u>in the last 6 hours?</u>		
YES	01	Yes
NO	02	No
REFUSED	99	[DO NOT READ] Refused
TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE.		

MEASUREMENT ROOM 1

Hip and Waist Circumferences – (Regular/atHome/Reduced visits)

**Weight and Standing Height Measurement –
(Regular/atHome/Reduced)**

**Heart Rate and Blood Pressure Measurement –
(Regular/atHome/Reduced)**

Electrocardiogram (ECG) – (Regular/Reduced)

Carotid Intima Media Thickness – (Regular)

Spirometry – (Regular/atHome/Reduced)

DXA STATION – (Regular/Reduced visits)

Bone Mineral Density Questionnaire

(DXA) – Dual Hip Measurement

(DXA) – IVA Lateral Spine Measurement

(DXA) – Whole Body Scan

(DXA) – Lumbar Spine

(DXA) – Forearm Measurement

INTERVIEW ROOM 1

Neuropsychological Battery

Prospective Memory Test (PMT) – (Regular/atHome visits)

The Canadian Longitudinal Study on Aging received permission from Dr. David Loewenstein (instrument developer) for the use of this instrument. D. A. Loewenstein and A. Acevedo, The Prospective Memory Test: Administration and Scoring Manual, University of Miami School of Medicine, Miami, Fla, USA, 2004.

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

1.	PMT_INST_COF1
[ALWAYS ASK]	
<p>Present the subject with the envelope containing 3 loonies, 1 five-dollar bill, 1 ten-dollar bill, 1 twenty-dollar bill, a quarter and a nickel.</p> <p>Say to Subject: "As you can see, this envelope contains money" (As you say this, open the envelope and place the different bill denominations and coins on the table, at random, without arranging them in ascending or descending value).</p> <p>Then say: "When this timer goes off (have the oven timer bell go off), I want you to pick up this envelope which will be in front of you and give me a five dollar bill (select the five dollar bill from the table and give it to yourself). I want you to give yourself a ten dollar bill" (select the ten dollar bill and give it to subject).</p> <p>Leave the money on the table and repeat instructions once more by saying: "Let me repeat the instructions. When this timer goes off..."As you repeat instructions, ring the timer again and verify that the Subject can hear the timer without difficulty.</p> <p>To verify that the Subject understood the instructions, say: "Please tell me what you are supposed to do." Repeat instructions as needed. Clarify any issues and verify that the Subject knows the event (i.e., oven timer bell going off) and the actions (i.e., take the envelope, open it, and give \$5 to examiner and \$10 to self) that he/she is supposed to perform.</p>	

1a	PMT_ABLE_COF1
[ALWAYS ASK]	
Is the participant able to do the test?	
YES	01 Yes
NO	02 No
[IF PMT_ABLE_COF1 = YES SKIP TO PMT_TIM_COF1]	

1b	PMT_FCT_COF1	
[ASK IF PMT_ABLE_COF1 = NO]		
INTERVIEWER: What were the factors that prevented the participant from doing the test?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
PMT_FCT_UND_COF1	01	Had difficulty understanding English/French
PMT_FCT_PHYS_COF1	02	Physical impairment, such as difficulty hearing
PMT_FCT_DIST_COF1	03	Distraction or noisy environment
PMT_FCT_CONC_COF1	04	Impaired concentration/memory problems
PMT_FCT_AID_COF1	05	Used an aid
PMT_FCT_TECH_COF1	06	Technical difficulties with the laptop
PMT_FCT_OT_COF1	97	Other
<i>[IF PMT_FCT_COF1 ≠ PMT_FCT_OT_COF1 SKIP PMT END]</i>		

1c	PMT_FCT_OTSP_COF1	
[ASK IF PMT_FCT_COF1 = PMT_FCT_OT_COF1]		
Other (please specify: _____)		
PMT_FCT_OTSP1_COF1		
<i>[SKIP TO PMT END]</i>		

2	PMT_TIM_COF1	
[ASK IF PMT_ABLE_COF1 = YES]		
Place the envelope to the left or right of Subject according to hand preference and work surface so that the envelope is within the Subject's reach but out of the way when working on other tasks. Set the timer for exactly 30 minutes. Do not allow the Subject to see the interval of time selected. Place the oven timer in close proximity to the Subject in a place where he/she is unable to see the time left before it goes off.		
<i>[CONTINUE]</i>		

3	PMT_INSTRUCTIONS2_COF1	
[ASK IF PMT_ABLE_COF1 = YES]		
When the timer goes off, allow a 60-second grace period for the Subject to initiate a response. If Subject has not initiated a response within 60 seconds, initiate provision of hierarchical cues as shown, in the next page.		
<i>[CONTINUE]</i>		



PMT_1	PMT_TIM_COF1	
[ASK IF PMT_ABLE_COF1 = YES]		
INTERVIEWER: WHEN THE TIMER GOES OFF, ALLOW A 60-SECOND GRACE PERIOD FOR THE PARTICIPANT TO INITIATE A RESPONSE. IF THE PARTICIPANT HAS NOT INITIATED A RESPONSE WITHIN 60 SECONDS, INITIATE PROVISION OF THE HIERARCHICAL CUES AS FOLLOWS BY SAYING: You were supposed to do something when the timer went off. Do you know what it was?		
INTERVIEWER NOTE: ALLOW THE BUZZER ON THE TIMER TO RUN FOR <u>AT LEAST 30</u> SECONDS BEFORE TURNING IT OFF.		
INTERVIEWER NOTE: IF PARTICIPANT COMPLETED THE TASK WITHOUT ANY CUES, SELECT <i>NOT APPLICABLE</i> TO ALL THREE CUES QUESTIONS.		
YES	01	Yes
NO	02	No
NOT_APPLICABLE	07	[DO NOT READ] Not applicable
REFUSED	09	[DO NOT READ] Refused
<i>[IF PMT_TIM_COF1 = NO or NOT_APPLICABLE SKIP TO PMT_ENV_COF1, IF PMT_TIM_COF1 = REFUSED SKIP TO PMT END]</i>		

PMT_1a	PMT_NOCUE_COF1	
[ASK IF PMT_TIM_COF1 = YES]		
INTERVIEWER: SELECT ONE OF THE FOLLOWING OPTIONS BASED ON THE PARTICIPANT'S RESPONSE TO CUE		
ABLE_WITHOUT_CUES	01	Was able to complete the task without further cues or errors
SOME_IDEA_ENVELOPE_MONEY	02	Has some idea (i.e. based on verbal comments or actions) that the response had to do with the envelope and the money
SOME_IDEA_ENVELOPE_ONLY	03	Has some idea (i.e. based on verbal comments or actions) that the response had to do with the envelope
SOME_IDEA_MONEY_ONLY	04	Has some idea (i.e. based on verbal comments or actions) that the response had to do with the money
PMT_NOCUE_OT_COF1	97	Other
<i>[IF PMT_NOCUE_COF1 = ABLE_WITHOUT_CUES SKIP TO PMT_ITP_COF1, IF PMT_NOCUE_COF1 = SOME_IDEA_MONEY_ONLY, or SOME_IDEA_ENVELOPE_ONLY, or SOME_IDEA_ENVELOPE_MONEY SKIP TO PMT_ENV_COF1]</i>		

PMT_1b	PMT_NOCUE_OTSP_COF1	
[ASK IF PMT_NOCUE_COF1 = PMT_NOCUE_OT_COF1]		
Other (please specify: _____)		
PMT_NOCUE_OTSP1_COF1		
<i>[CONTINUE]</i>		

PMT_2	PMT_ENV_COF1	
[ASK IF PMT_TIM_COF1 = NO, or PMT_NOCUE_COF1 ≠ ABLE_WITHOUT_CUES]		
You were supposed to do something with this envelope (show envelope to Subject). Do you know what it was?		
YES	01	Yes
NO	02	No
NOT_APPLICABLE	07	[DO NOT READ] Not applicable
REFUSED	09	[DO NOT READ] Refused
<i>[IF PMT_ENV_COF1 = YES or NOT_APPLICABLE SKIP TO PMT_MONEY_COF1, IF PMT_ENV_COF1 = REFUSED SKIP TO PMT END]</i>		

PMT_2b1	OBSERVATIONS
[ASK IF PMT_ENV_COF1 = NO]	
BEHAVIOURAL OBSERVATIONS OR COMMENTS:	

[CONTINUE]	

PMT_3	PMT_MONEY_COF1	
[ASK IF PMT_ENV_COF1 ≠ REFUSED]		
You were supposed to do something with the money in this envelope (show envelope to Subject). Do you know what it was?		
YES	01	Yes
NO	02	No
NOT_APPLICABLE	07	[DO NOT READ] Not applicable
REFUSED	09	[DO NOT READ] Refused
<i>[IF PMT_MONEY_COF1 = YES or NOT_APPLICABLE SKIP TO PMT_ITP_COF1, IF PMT_MONEY_COF1 = REFUSED SKIP TO PMT END]</i>		

PMT_3b1	OBSERVATIONS
[ASK IF PMT_MONEY_COF1 = NO]	
BEHAVIOURAL OBSERVATIONS OR COMMENTS:	

[CONTINUE]	



PMT_4	PMT_ITP_COF1
[ASK IF PMT_MONEY_COF1 ≠ REFUSED]	
INTERVIEWER: INTENTION TO PERFORM:	
GRABS_ENVELOPE	(score=3): Grabs envelope when the oven timer bell goes off.
GIVE_INDICATION_VERBALLY	(score=2): Does not grab envelope but gives indication verbally that s/he needs to do something in response to signal (e.g., "I know I'm supposed to do something but I can't remember what it is.").
NON_VERBAL_RESPONSE	(score=1): Provide a non-specific, non-verbal response to signal (e.g., looks around the room, looks at area where the bell rang, startle responses).
NO_RESPONSES	(score=0): Provides no responses to signal.
[CONTINUE]	

PMT_5	PMT_ACR_COF1
[ASK IF PMT_MONEY_COF1 ≠ REFUSED]	
INTERVIEWER: ACCURACY OF RESPONSE:	
CORRECTLY_GIVE_5_AND_10	(score=3): Subject correctly gives the examiner the \$5 dollar bill and gives to self the \$10 dollar bill.
CORRECTLY_SELECTS_BUT_NOT_USED_CORRECTLY	(score=2): Subject correctly selects the \$5 and \$10 dollar bills but does not use them correctly (e.g., gives the examiner the \$10 dollar bill and gives to self the \$5 dollar bill).
SELECTS_5_OR_10_GIVES_TO_SELF_OR_EXAMINER	(score=1): Subject selects the \$5 or \$10 dollar bill and gives it to self or examiner. Assign a score of 1 regardless of which one (i.e., the \$5 or \$10) is given to whom (i.e., self or examiner). Giving to examiner or self other denominations (e.g., \$20 bill) or coins results in score=1 if Subject selects either the \$5 or \$10 dollar bill.
NONE_OF_THE_ABOVE	(score=0): None of the above. Some alternatives are: a) Subject does not select the \$5 or \$10 dollar bill but rather selects other denominations or only selects coins. b) Subject selects \$5 or \$10 dollar bill but does not take any of these for self nor does he/she give it to the examiner. c) Subject does not select any money from the envelope (e.g. gives envelope to examiner with all the money in it).
[CONTINUE]	



PMT_6	PMT_REM_COF1
[ASK IF PMT_MONEY_COF1 ≠ REFUSED]	
INTERVIEWER: NEED OF REMINDERS:	
NO_REMINDER_NEEDED	(score=3): No reminder is needed.
NEEDS_ONLY_ONE_REMINDER	(score=2): Needs only one of the reminders. Specify reminder given:
PMT_REMONE_SP_COF1	Specify Reminder_1
NEEDS_TWO_RMINDERS	(score=1): Needs two of the reminders. Specify reminders given:
PMT_REMTWO_SP1_COF1	Specify Reminder_1
PMT_REMTWO_SP2_COF1	Specify Reminder_2
NEEDS_ALL_REMINDERS	(score=0): Needs all three reminders. Assign a score of 0 regardless of whether the response to the third reminder was accurate or not.

Hearing – Audiometer (including hearing qc test) – (Regular/Reduced visits)

Stroop Neuropsychological Screening Test (STP) – Victoria version – (Regular/atHome/Reduced visits)

This module contains the Stroop Neuropsychological Screening Test - Victoria version©. The Canadian Longitudinal Study on Aging was given permission to use this test by the University of Victoria Psychology Clinic.

Overview	INTERVIEWER NOTES: REMINDER TO USE THE SCRIPT PRECISELY AS PROVIDED AND TO ADHERE TO THE PRESCRIBED TIME ALLOWANCES IN THE FOLLOWING COGNITION MODULES.
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For the next few tasks, we are going to ask you to read or call out some colour names, as well as say some words.

STP_1	NEUR_CONSREC_COF1	
[ALWAYS ASK]		
To help us capture this information accurately, we would like your permission to make an audio recording of your responses. This recording will only be used by authorized CLSA employees to code and verify your responses. It is subject to all of the same confidentiality provisions as all other data collected as part of the CLSA. Do you consent to be recorded?		
INTERVIEWER NOTES: IF THERE IS TECHNICAL DIFFICULTY AND THE PARTICIPANT CAN'T BE RECORDED, OR IF THE PARTICIPANT REFUSES TO BE RECORDED, USE THE AVAILABLE CASE REPORT FORMS (CRF's - CRF_COF1_0019_2 & CRF_COF1_0019_3).		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<i>PROGRAMMING NOTE: IF NEUR_CONSREC_COF1 ≠ YES DISABLE RECORDING ABILITY IN ONYX AND MAKE NOTE IN ONYX TO USE CRF.</i>		
[CONTINUE]		

STP_2	STP_DOT_COF1	
[ASK ALWAYS]		
Here is a sheet of paper on which you will see solid-coloured circles. We will begin with a demonstration: I will ask you to say the colour of each circle, from left to right as quickly as possible without making any mistakes. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<i>[IF STP_DOT_COF1 = YES SKIP TO STP_DOTRECR_COF1, IF STP_DOT_COF1 = REFUSED SKIP TO STROOP END]</i>		

STP_3	STP_DOTRPT_COF1	
[ASK IF STP_DOT_COF1 = NO or DK_NA]		
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.		
Here is a sheet of paper on which you will see solid-coloured circles. We will begin with a demonstration: I will ask you to say the colour of each circle, from left to right as quickly as possible without making any mistakes. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<i>[[IF STP_DOTRPT_COF1 = YES SKIP TO STP_DOTRECR_COF1, IF STP_DOTRPT_COF1 = DON'T KNOW OR REFUSED SKIP TO STROOP END]</i>		

STP_3a	STP_DOTFCTR_COF1	
[ASK IF STP_DOTRPT_COF1 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
<i>[[IF STP_DOTFCTR_COF1 = NO SKIP TO STROOP END]</i>		

STP_3b	STP_DOTLST_COF1	
[ASK IF STP_DOTFCTR_COF1 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
STP_DOTUND_COF1	01	Had difficulty understanding English/French
STP_DOTPHYS_COF1	02	Physical impairment, such as difficulty hearing
STP_DOTDIST_COF1	03	Distraction or noisy environment
STP_DOTCONC_COF1	04	Impaired concentration/memory problems
STP_DOTAID_COF1	05	Used an aid
STP_DOTTECH_COF1	06	Technical difficulties with the laptop
STP_DOTOT_COF1	97	Other
<i>[[IF STP_DOTLST_COF1≠ STP_DOTOT_COF1 SKIP TO STROOP END]</i>		

STP_3c	STP_DOTOTSP_COF1
[ASK IF STP_DOTLST_COF1 = STP_DOTOT_COF1]	
Other (please specify: _____)	
STP_DOTOTSP1_COF1	
<i>[SKIP TO STROOP END]</i>	

STP_4	STP_DOT_TST_COF1
[ASK IF STP_DOT_COF1 = YES or STP_DOTRPT_COF1 = YES]	
You may begin when I say 'go'. Ready, go.	
INTERVIEWER NOTES: IF ONE OR MORE ERRORS ARE MADE, THE DEMONSTRATION MAY BE RE-STARTED A MAXIMUM OF TWO MORE TIMES. EVEN IF ONE OR MORE ERRORS OCCUR DURING THE THIRD ATTEMPT, PROCEED WITH THE TEST.	
DO NOT TIME THE DEMO.	
<i>[CONTINUE]</i>	

STP_5	STP_DOTRECR_COF1
[ASK IF STP_DOT_COF1 = YES or STP_DOTRPT_COF1 = YES]	
INTERVIEWER INSTRUCTIONS: START RECORDING.	
For this part of the test, the instructions remain the same. I remind you that you must try to say the colour of each circle, from left to right as quickly as possible without making any mistakes. You may begin when I say 'go'. Ready, go.	
INTERVIEWER NOTES: DO NOT HELP THE PARTICIPANT.	
<i>RECORD</i>	
<i>SKIP RECORDING</i>	
<i>[CONTINUE]</i>	

STP_5a	STP_DOTABLE_COF1
[ASK IF STP_DOT_COF1 YES or STP_DOTRPT_COF1 = YES]	
Was the participant able to complete the test?	
INTERVIEWER NOTES: MINOR ERRORS ARE ALLOWED	
YES	01 Yes
NO	02 No
<i>[IF STP_DOTABLE_COF1 = NO SKIP TO STROOP END]</i>	

STP_5b	STP_DOTTIMEN_COF1	
[ASK IF STP_DOTABLE_COF1 = YES]		
Record exact time in seconds:	_____	MIN=01, MAX=30
Thank you. This task is finished.		
RECORDING INSTRUCTIONS: END RECORDING		
<i>[CONTINUE]</i>		

STP_6	STP_WOR_COF1	
[ASK IF STP_DOTABLE_COF1 = YES]		
Here is a sheet of paper on which you will see words written out in different colours of ink. We will begin with a demonstration: I will ask you not to say the words, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<i>[IF STP_WOR_COF1 = YES SKIP TO STP_WORRECR_COF1, IF STP_WOR_COF1 = REFUSED SKIP TO STROOP END]</i>		

STP_7	STP_WORRPT_COF1	
[ASK IF STP_WOR_COF1 = NO or DK_NA]		
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.		
Here is a sheet of paper on which you will see words written out in different colours of ink. We will begin with a demonstration: I will ask you not to say the words, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<i>[IF STP_WOR_COF1 = YES SKIP TO STP_WORRECR_COF1, IF STP_WOR_COF1 = DON'T KNOW, REFUSED SKIP TO STROOP END]</i>		

STP_7a	STP_WORFCTR_COF1	
[ASK IF STP_WORRPT_COF1 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
<i>[IF STP_WORFCTR_COF1 = NO SKIP TO STROOP END]</i>		

STP_7b	STP_WORLST_COF1	
[ASK IF STP_WORFCTR_COF1 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED CODE ALL THAT APPLY		
STP_WORUND_COF1	01	Had difficulty understanding English/French
STP_WORPHYS_COF1	02	Physical impairment, such as difficulty hearing
STP_WORDIST_COF1	03	Distraction or noisy environment
STP_WORCONC_COF1	04	Impaired concentration/memory problems
STP_WORAIID_COF1	05	Used an aid
STP_WORECH_COF1	06	Technical difficulties with the laptop
STP_WOROT_COF1	97	Other
<i>[IF STP_WORLST_COF1 ≠ STP_WOROT_COF1 SKIP TO STROOP END]</i>		

STP_7c	STP_WOROTSP_COF1	
[ASK IF STP_WORECH_COF1 = STP_WOROT_COF1]		
Other (please specify: _____)		
STP_WOROTSP1_COF1		
<i>[SKIP TO STROOP END]</i>		

STP_8	STP_WOR_TST_COF1	
[ASK IF STP_WOR_COF1 = YES or STP_WORRPT_COF1 = YES]		
You may begin when I say 'go'. Ready, go.		
INTERVIEWER NOTES: IF ONE OR MORE ERRORS ARE MADE, THE DEMONSTRATION MAY BE RE-STARTED A MAXIMUM OF TWO MORE TIMES. EVEN IF ONE OR MORE ERRORS OCCUR DURING THE THIRD ATTEMPT, PROCEED WITH THE TEST. DO NOT TIME THE DEMO.		
<i>[CONTINUE]</i>		

STP_9	STP_WORRECR_COF1	
[ASK IF STP_WOR_COF1 = YES or STP_WORRPT_COF1 = YES]		
INTERVIEWER INSTRUCTIONS: START RECORDING. START TIMER IMMEDIATELY UPON STATING GO.		
For this part of the test, the instructions remain the same. I remind you that you must try to say the ink colour of each word, from left to right as quickly as possible without making any mistakes. You may begin when I say 'go'. Ready, go.		
INTERVIEWER NOTES: DO NOT HELP THE PARTICIPANT.		

RECORD
SKIP RECORDING
[CONTINUE]

STP_9a	STP_WORABLE_COF1
[ASK IF STP_WOR_COF1 = YES or STP_WORRPT_COF1 = YES]	
Was the participant able to complete the test?	
INTERVIEWER NOTES: MINOR ERRORS ARE ALLOWED	
YES	01 Yes
NO	02 No
REFUSED	09 [DO NOT READ] Refused
[IF STP_WORABLE_COF1 = NO SKIP TO STROOP END]	

STP_9b	STP_WORTIMEN_COF1
[ASK IF STP_WORABLE_COF1 = YES]	
Record exact time in seconds:	_____ MIN=01, MAX=30
Thank you. This task is finished.	
RECORDING INSTRUCTIONS: END RECORDING	
[CONTINUE]	

STP_10	STP_COL_COF1
[ASK IF STP_WORABLE_COF1 = YES]	
Here is a sheet of paper on which you will see colour names written out in different colours of ink. We will begin with a demonstration: I will ask you not to read the colour names, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. Are you ready to begin?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused
[IF STP_COL_COF1 = YES SKIP TO STP_COLRECR_COF1, IF STP_COL_COF1 = REFUSED SKIP TO STROOP END]	

STP_11	STP_COLRPT_COF1	
[ASK IF STP_COL_COF1 = NO or DK_NA]		
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.		
Here is a sheet of paper on which you will see colour names written out in different colours of ink. We will begin with a demonstration: I will ask you not to read the colour names, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<i>[[IF STP_COLRPT_COF1 = YES SKIP TO STP_COLRECR_COF1, IF STP_COLRPT_COF1 = DON'T KNOW, REFUSED SKIP TO STROOP END]]</i>		

STP_11a	STP_COLFCTR_COF1	
[ASK IF STP_COLRPT_COF1 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
<i>[[IF STP_COLFCTR_COF1 = NO SKIP TO STROOP END]]</i>		

STP_11b	STP_COLLST_COF1	
[ASK IF STP_COLFCTR_COF1 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED CODE ALL THAT APPLY		
STP_COLUND_COF1	01	Had difficulty understanding English/French
STP_COLPHYS_COF1	02	Physical impairment, such as difficulty hearing
STP_COLDIST_COF1	03	Distraction or noisy environment
STP_COLCONC_COF1	04	Impaired concentration/memory problems
STP_COLAID_COF1	05	Used an aid
STP_COLECH_COF1	06	Technical difficulties with the laptop
STP_COLOT_COF1	97	Other
<i>[[IF STP_COLLST_COF1 ≠ STP_COLOT_COF1 SKIP TO STROOP END]]</i>		

STP_11c	STP_COLOTSP_COF1
[ASK IF STP_COLLST_COF1 = STP_COLOT_COF1]	
Other (please specify: _____)	
STP_COLOTSP1_COF1	
[SKIP TO STROOP END]	

STP_12	STP_COL_TST_COF1
[ASK IF STP_COL_COF1 = YES or STP_COLRPT_COF1 = YES]	
You may begin when I say 'go'. Ready, go.	
INTERVIEWER NOTES: IF ONE OR MORE ERRORS ARE MADE, THE DEMONSTRATION MAY BE RE-STARTED A MAXIMUM OF TWO MORE TIMES. EVEN IF ONE OR MORE ERRORS OCCUR DURING THE THIRD ATTEMPT, PROCEED WITH THE TEST. DO NOT TIME THE DEMO.	
[CONTINUE]	

STP_13	STP_COLRECR_COF1
[ASK IF STP_COL_COF1 = YES or STP_COLRPT_COF1 = YES]	
INTERVIEWER INSTRUCTIONS: START RECORDING. START TIMER IMMEDIATELY UPON STATING GO.	
For this part of the test, the instructions remain the same. I remind you that you must try to say the ink colour of each word, from left to right as quickly as possible without making any mistakes. You may begin when I say 'go'. Ready, go.	
INTERVIEWER NOTES: DO NOT HELP THE PARTICIPANT.	
RECORD	
SKIP RECORDING	

STP_13a	STP_COLABLE_COF1
[ASK IF STP_COL_COF1 = YES or STP_COLRPT_COF1 = YES]	
Was the participant able to complete the test?	
INTERVIEWER NOTES: MINOR ERRORS ARE ALLOWED	
YES	01 Yes
NO	02 No



STP_13b	STP_COLTIMEN_COF1	
[ASK IF STP_COLABLE_COF1 = YES]		
Record exact time in seconds:	_____	MIN=01, MAX=30
Thank you. This task is finished.		
RECORDING INSTRUCTIONS: END RECORDING		
INTERVIEWER: Please enter any comments related to the Stroop test. If none enter 'N/A'.		
STP_COL_COMM_COF1	Comments: _____	

Controlled Oral Word Association Test (FAS) – (Regular/atHome/Reduced visits)

Overview	INTERVIEWER NOTES: REMINDER TO USE THE SCRIPT PRECISELY AS PROVIDED AND TO ADHERE TO THE PRESCRIBED TIME ALLOWANCES IN THE FOLLOWING COGNITION MODULES.
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For the next task, we are going to ask you to say some words.

FAS_1	FAS_INSTRDY_COF1
[ALWAYS ASK]	
I will say a letter of the alphabet. Then I want you to give me as many words that begin with that letter as quickly as you can. For instance, if I say 'b', you might give me 'bad, battle, bed...'. I do not want you to use words that are proper names such as 'Boston, Bob, or Brylcreem'. Also, do not use the same word again with a different ending, such as 'eat and eating'. Are you ready to begin?	
INTERVIEWER NOTE: IF PARTICIPANT NEEDS CLARIFICATION ON WHICH LETTER YOU ARE REFERRING TO, WRITE THE LETTER ON A PIECE OF PAPER AND SHOW IT TO THE PARTICIPANT.	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused
<i>[IF FAS_INSTRDY_COF1 = YES SKIP TO FAS_FCOMP_COF1, IF FAS_INSTRDY_COF1 = REFUSED SKIP TO FAS END]</i>	

FAS_2	FAS_INSTRPT_COF1
[ASK IF FAS_INSTRDY_COF1 = NO or DK_NA]	
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.	
I will say a letter of the alphabet. Then I want you to give me as many words that begin with that letter as quickly as you can. For instance, if I say 'b', you might give me 'bad, battle, bed...'. I do not want you to use words that are proper names such as 'Boston, Bob, or Brylcreem'. Also, do not use the same word again with a different ending, such as 'eat and eating'. Are you ready to begin?	
INTERVIEWER NOTE: IF PARTICIPANT NEEDS CLARIFICATION ON WHICH LETTER YOU ARE REFERRING TO, WRITE THE LETTER ON A PIECE OF PAPER AND SHOW IT TO THE PARTICIPANT.	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused
<i>[IF FAS_INSTRDY_COF1 = YES SKIP TO FAS_FCOMP_COF1, IF FAS_INSTRDY_COF1 = DON'T KNOW or REFUSED SKIP TO FAS END]</i>	

FAS_2a	FAS_INSTFCTR_COF1	
[ASK IF FAS_INSTRPT_COF1 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
<i>[IF FAS_INSTFCTR_COF1 = NO SKIP TO FAS END]</i>		

FAS_2b	FAS_INSTLST_COF1	
[ASK IF FAS_INSTFCTR_COF1 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED CODE ALL THAT APPLY		
FAS_INSTUND_COF1	01	Had difficulty understanding English/French
FAS_INSTPHYS_COF1	02	Physical impairment, such as difficulty hearing
FAS_INSTDIST_COF1	03	Distraction or noisy environment
FAS_INSTCONC_COF1	04	Impaired concentration/memory problems
FAS_INSTCID_COF1	05	Used an aid
FAS_INSTECH_COF1	06	Technical difficulties with the laptop
FAS_INSTOT_COF1	97	Other
<i>[IF FAS_INSTLST_COF1 ≠ FAS_INSTOT_COF1 SKIP TO FAS END]</i>		

FAS_2c	FAS_INSTOTSP_COF1	
[ASK IF FAS_INSTLST_COF1 = FAS_INSTOT_COF1]		
Other (please specify: _____)		
FAS_INSTOTSP1_COF1		
<i>[SKIP TO FAS END]</i>		



FAS_3	FAS_FRECR_COF1
[ASK IF FAS_INSTRDY_COF1 = YES or FAS_INSTRPT_COF1 = YES]	
RECORDING INSTRUCTIONS: BEGIN RECORDING	
Begin when I say the letter. The first letter is “F”. Go ahead.	
TIMER INSTRUCTIONS: PARTICIPANT HAS 60 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES, DO NOT STOP THE TIMER BEFORE THE BEEP.	
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT IS SILENT FOR 15 SECONDS OR STOPS BEFORE THE END OF THE TIMER, ENCOURAGE HIM/HER BY SAYING, “Can you think of any more words?” or “You still have some time to think about it”. DO NOT INTERRUPT THE PARTICIPANT IF HE/SHE IS PROVIDING APPROPRIATE ANSWERS. ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, REPEAT THE BASIC INSTRUCTIONS AND THE LETTER. DO NOT HELP THE PARTICIPANT.	
RECORD	
SKIP RECORDING	

FAS_FCOMP_COF1		
INTERVIEWER: TEST COMPLETED:		
YES	01	Yes
NO	02	No
Good, thank you.		
RECORDING INSTRUCTIONS: END RECORDING		
FAS_FCOMP_COMM_COF1	Comments (if there is none enter 'N/A'): _____	
<i>[CONTINUE]</i>		

FAS_4	FAS_ARECR_COF1
[ASK IF FAS_INSTRDY_COF1, or, FAS_INSTRPT_COF1 = YES]	
RECORDING INSTRUCTIONS: BEGIN RECORDING	
Begin when I say the letter. The first letter is “A”. Go ahead.	
TIMER INSTRUCTIONS: PARTICIPANT HAS 60 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES, DO NOT STOP THE TIMER BEFORE THE BEEP.	
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT IS SILENT FOR 15 SECONDS OR STOPS BEFORE THE END OF THE TIMER, ENCOURAGE HIM/HER BY SAYING, “Can you think of any more words?” or “You still have some time to think about it”. DO NOT INTERRUPT THE PARTICIPANT IF HE/SHE IS PROVIDING APPROPRIATE ANSWERS. ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, REPEAT THE BASIC INSTRUCTIONS AND THE LETTER. DO NOT HELP THE PARTICIPANT.	



RECORD		
SKIP RECORDING		
FAS_ACOMP_COF1		
INTERVIEWER: TEST COMPLETED:		
YES	01	Yes
NO	02	No
Good, thank you.		
RECORDING INSTRUCTIONS: END RECORDING		
FAS_ACOMP_COMM_COF1	Comments (if there is none enter 'N/A'): _____	
[CONTINUE]		

FAS_5	FAS_SCRECR_COF1
[ASK IF FAS_INSTRDY_COF1, or, FAS_INSTRPT_COF1 = YES]	
RECORDING INSTRUCTIONS: BEGIN RECORDING	
Begin when I say the letter. The first letter is “S”. Go ahead.	
TIMER INSTRUCTIONS: PARTICIPANT HAS 60 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES, DO NOT STOP THE TIMER BEFORE THE BEEP.	
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT IS SILENT FOR 15 SECONDS OR STOPS BEFORE THE END OF THE TIMER, ENCOURAGE HIM/HER BY SAYING, “Can you think of any more words?” or “You still have some time to think about it”. DO NOT INTERRUPT THE PARTICIPANT IF HE/SHE IS PROVIDING APPROPRIATE ANSWERS. ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, REPEAT THE BASIC INSTRUCTIONS AND THE LETTER. DO NOT HELP THE PARTICIPANT.	
RECORD	
SKIP RECORDING	

FAS_SCOMP_COF1		
INTERVIEWER: TEST COMPLETED:		
YES	01	Yes
NO	02	No
Good, thank you.		
RECORDING INSTRUCTIONS: END RECORDING		

FAS_SCOMP_COMM_COF1	Comments (if there is none enter 'N/A'): _____
[CONTINUE]	

Choice Reaction Time Test (CRT) – (Regular/Reduced visits)

Social Networks (SN) – (Regular/atHome/byPhone/Reduced visits)

Overview	<p>Social functioning emphasizes issues of sustained engagement with life, the essential characteristic being the interaction between the individual and society. Exchanges between individuals and society all contribute to social functioning; these exchanges are facilitated through family and other social ties.</p> <p>The CLSA includes measures that cover both structural (e.g., social network size, frequency of contact) and functional (perception of support received) domains relevant to social support. The CLSA Questionnaire includes 15 items pertaining to the respondent’s social network; these items include marital/partner status, living arrangements, family composition, social ties and social contacts.</p>
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Now I’m going to ask you some questions about who lives in your household with you and what their relationship is to you. As well, I’m going to ask you about your children, whether they live with you now or not.

SN_1	SN_LIVH_NB_COF1
[ALWAYS ASK]	
How many people, not including yourself, currently live in your household? NOTE PERSON #1 IS THE RESPONDENT, RECORD SEX AND AGE	
SN_LIVH_NB_COF1	_____
a)	What is the relationship of person #2 to you (i.e., spouse, parent, child, grandparent, grandchild, etc.)
b)	What is the sex of person #2?
c)	How old is person #2
REPEAT SEQUENCE OF QUESTIONS FOR ALL REMAINING MEMBERS OF THE HOUSEHOLD	

Household Member (HM)	Relationship	Sex	Age	
HM#1	SN_LIVH_M1_R_COF1	Participant	SN_LIVH_M1_S_COF1	SN_LIVH_M1_A_COF1
HM#2	SN_LIVH_M2_R_COF1		SN_LIVH_M2_S_COF1	SN_LIVH_M2_A_COF1
HM#3	SN_LIVH_M3_R_COF1		SN_LIVH_M3_S_COF1	SN_LIVH_M3_A_COF1
HM#4	SN_LIVH_M4_R_COF1		SN_LIVH_M4_S_COF1	SN_LIVH_M4_A_COF1
HM#5	SN_LIVH_M5_R_COF1		SN_LIVH_M5_S_COF1	SN_LIVH_M5_A_COF1
HM#6	SN_LIVH_M6_R_COF1		SN_LIVH_M6_S_COF1	SN_LIVH_M6_A_COF1
HM#7	SN_LIVH_M7_R_COF1		SN_LIVH_M7_S_COF1	SN_LIVH_M7_A_COF1
HM#8	SN_LIVH_M8_R_COF1		SN_LIVH_M8_S_COF1	SN_LIVH_M8_A_COF1
HM#9	SN_LIVH_M9_R_COF1		SN_LIVH_M9_S_COF1	SN_LIVH_M9_A_COF1
HM#10	SN_LIVH_M10_R_COF1		SN_LIVH_M10_S_COF1	SN_LIVH_M10_A_COF1



SN_2	SN_CHILD_NB_COF1
[ALWAYS ASK]	
How many children do you have (i.e., living children whom you have given birth to or adopted, living stepchildren, or living children whom are your partner's children)?	
NOTE: Some participants may not consider their partner's children to be their children. In such cases, please tell the participant that for the purposes of this questionnaire we are counting their partner's children as their children. Direct participants to include these children in their overall count of living children, as well as in the count of children given for question SN_5/SN_CHILDSTP_NB_COF1.	
SN_CHILD_NB_COF1	_____
REFUSED	99 [DO NOT READ] Refused

SN_3	SN_CHILDBIO_NB_COF1
[ASK IF SN_CHILD_NB_COF1 ≠ 0 OR REFUSED]	
How many of these children are related to you biologically?	
SN_CHILDBIO_NB_COF1	_____ MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]
REFUSED	99 [DO NOT READ] Refused

SN_4	SN_CHILDADP_NB_COF1
[ASK IF SN_CHILDBIO_NB_COF1 ≠ 0 OR REFUSED]	
How many of these children are your adopted children?	
SN_CHILDADP_NB_COF1	_____ MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]
REFUSED	99 [DO NOT READ] Refused

SN_5	SN_CHILDSTP_NB_COF1
[ASK IF SN_CHILDBIO_NB_COF1 ≠ 0 OR REFUSED]	
How many of these children are your stepchildren or your partner's children?	
SN_CHILDSTP_NB_COF1	_____ MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]
REFUSED	99 [DO NOT READ] Refused

SN_6	SN_DGHTRLIV_NB_COF1
[ASK IF SN_CHILDBIO_NB_COF1 ≠ 0 OR REFUSED]	
How many, if any, living daughters do you have (including biological daughters, stepdaughters and partner's daughters)?	
SN_DGHTRLIV_NB_COF1	_____ MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]
REFUSED	99 [DO NOT READ] Refused

SN_7	SN_SONLIV_NB_COF1
[ASK IF SN_CHILDBIO_NB_COF1 ≠ 0 OR REFUSED]	
How many, if any, living sons do you have (including biological sons, stepsons and partner's sons)?	
SN_SONLIV_NB_COF1	_____ MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]
REFUSED	99 [DO NOT READ] Refused

SN_8	SN_SEECHILD_COF1
[ASK IF SN_DGHTRLIV_NB_COF1 ≠ 0 OR REFUSED AND SN_SONLIV_NB_COF1 ≠ 0 OR REFUSED]	
When did you last get together with any of your children who live outside of your household?	
READ LIST, CODE ONLY ONE RESPONSE	
WITHIN_LAST_DAY_TWO	01 Within the last day or two
WITHIN_LAST_WEEK_TWO	02 Within the last week or two
WITHIN_PAST_MONTH	03 Within the past month
WITHIN_PAST_6_MONTHS	04 Within the past 6 months
WITHIN_PAST_YEAR	05 Within the past year
MORE_THAN_1_YEAR	06 More than 1 year ago
NA_CHILD_IN_HOUSEHOLD	07 Not applicable, all children live in household
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

SN_9	SN_SIBLIV_NB_COF1
[ALWAYS ASK]	
How many, if any, living siblings (sisters, brothers) do you have?	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER	
SN_SIBLIV_NB_COF1	_____ MASK: MIN=00, MAX=50
DK_NA	98 [DO NOT READ] Don't Know / No Answer
REFUSED	99 [DO NOT READ] Refused

SN_10	SN_SEESIB_COF1	
[ASK IF SN_SIBLIV_NB_COF1 ≠ 0 OR REFUSED]		
When did you last get together with any of your siblings who live outside of your household?		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	01	Within the last day or two
WITHIN_LAST_WEEK_TWO	02	Within the last week or two
WITHIN_PAST_MONTH	03	Within the past month
WITHIN_PAST_6_MONTHS	04	Within the past 6 months
WITHIN_PAST_YEAR	05	Within the past year
MORE_THAN_1_YEAR	06	More than 1 year ago
NA_SIB_IN_HOUSEHOLD	07	Not applicable, all siblings live in household
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SN_11	SN_RELLIV_NB_COF1	
[ALWAYS ASK]		
About how many other living relatives (parents, grandparents, grandchildren, nieces, nephews, cousins, aunts, uncles) do you have?		
NOTE: This question includes the participant's in-laws, i.e., father-in-law, mother-in-law, sister-in-law, brother-in-law (NOT the parents of a father- or mother-in-law, NOT the spouse or children of a brother- or sister-in-law)		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
SN_RELLIV_NB_COF1	MASK: MIN: 000, MAX=100	
DK_NA	998	[DO NOT READ] Don't Know / No Answer
REFUSED	999	[DO NOT READ] Refused

SN_12	SN_SEEREL_COF1	
[ASK IF SN_RELLIV_NB_COF1 ≠ 0 OR REFUSED]		
When did you last get together with any of your other relatives who live outside of your household?		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	01	Within the last day or two
WITHIN_LAST_WEEK_TWO	02	Within the last week or two
WITHIN_PAST_MONTH	03	Within the past month
WITHIN_PAST_6_MONTHS	04	Within the past 6 months
WITHIN_PAST_YEAR	05	Within the past year
MORE_THAN_1_YEAR	06	More than 1 year ago
NA_REL_IN_HOUSEHOLD	07	Not applicable, all relatives live in household
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SN_13	SN_FRND_NB_COF1	
[ALWAYS ASK]		
Not counting family members, how many people do you consider close friends – that is, people you can confide in and talk over personal matters with?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
SN_FRND_NB_COF1	_____ MASK: MIN: MIN=00, MAX=90	
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

SN_14	SN_SEEFRND_COF1	
[ASK IF SN_FRND_NB_COF1 ≠ 0 OR REFUSED]		
When did you last get together with any of your close friends who live outside of your household?		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	01	Within the last day or two
WITHIN_LAST_WEEK_TWO	02	Within the last week or two
WITHIN_PAST_MONTH	03	Within the past month
WITHIN_PAST_6_MONTHS	04	Within the past 6 months
WITHIN_PAST_YEAR	05	Within the past year
MORE_THAN_1_YEAR	06	More than 1 year ago
NA_FRND_IN_HOUSEHOLD	07	Not applicable, no friends live outside of household
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SN_15	SN_NEIBR_NB_COF1	
[ALWAYS ASK]		
How many of your neighbours do you know?		
NOTE: THIS QUESTION REQUIRES PARTICIPANTS TO SPECIFY THE NUMBER OF NEIGHBOURS THEY KNOW PERSONALLY BY NAME.		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
SN_NEIBR_NB_COF1	_____ MASK: MIN: MIN=00, MAX=90	
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

SN_16	SN_SEENEIBR_COF1	
[ASK IF SN_NEIBR_NB_COF1 ≠ 0 OR REFUSED]		
When did you last get together with any of your neighbours?		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	01	Within the last day or two
WITHIN_LAST_WEEK_TWO	02	Within the last week or two
WITHIN_PAST_MONTH	03	Within the past month
WITHIN_PAST_6_MONTHS	04	Within the past 6 months
WITHIN_PAST_YEAR	05	Within the past year
MORE_THAN_1_YEAR	06	More than 1 year ago
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SN_17	SN_OTH_COF1	
[ALWAYS ASK]		
Aside from family members, close friends, and neighbours, about how many other people do you know personally (i.e., by name) through...		
READ LIST, RECORD EXACT NUMBER FOR EACH, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
SN_PERWSCH_NB_COF1	Work or school?	_____ MASK: MIN: MIN=000, MAX=100
DK_NA	998	[DO NOT READ] Don't Know / No Answer
REFUSED	999	[DO NOT READ] Refused
SN_PERCOM_NB_COF1	Involvement in community activities and organizations?	_____ MASK: MIN: MIN=000, MAX=100
DK_NA	998	[DO NOT READ] Don't Know / No Answer
REFUSED	999	[DO NOT READ] Refused
SN_PERACT_NB_COF1	Other activities?	_____ MASK: MIN: MIN=000, MAX=100
DK_NA	998	[DO NOT READ] Don't Know / No Answer
REFUSED	999	[DO NOT READ] Refused

Social Support – Availability (SSA) – (Regular/atHome/byPhone/Reduced visits)

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

People sometimes look to others for companionship, assistance or other types of support. How often is each of the following kinds of support available to you if you need it? READ LIST OF STATEMENTS, CODE ONLY ONE RESPONSE PER STATEMENT		
SSA_1	SSA_CONFBED_COF1	
[ALWAYS ASK]		
Someone to help you if you were confined to bed?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_2	SSA_NDTLK_COF1	
[ALWAYS ASK]		
Someone you can count on to listen to you when you need to talk?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_3	SSA_CRISIS_COF1	
[ALWAYS ASK]		
Someone to give you advice about a crisis?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_4	SSA_TYTDR_COF1	
[ALWAYS ASK]		
Someone to take you to the doctor if needed?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_5	SSA_SHLOV_COF1	
[ALWAYS ASK]		
Someone who shows you love and affection?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_6	SSA_GOODT_COF1	
[ALWAYS ASK]		
Someone to have a good time with?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_7	SSA_INFO_COF1	
[ALWAYS ASK]		
Someone to give you information in order to help you?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_8	SSA_CONFID_COF1	
[ALWAYS ASK]		
Someone to confide in or talk to about yourself or your problems?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_9	SSA_HUGS_COF1	
[ALWAYS ASK]		
Someone who hugs you?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_10	SSA_RELAX_COF1	
[ALWAYS ASK]		
Someone to get together with for relaxation?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_11	SSA_MEALS_COF1	
[ALWAYS ASK]		
Someone to prepare your meals if you were unable to do it yourself?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_12	SSA_ADVCE_COF1	
[ALWAYS ASK]		
Someone whose advice you really want?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_13	SSA_MINDOFF_COF1	
[ALWAYS ASK]		
Someone to do things with to help you get your mind off things?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_14	SSA_CHORES_COF1	
[ALWAYS ASK]		
Someone to help with daily chores if you were sick?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_15	SSA_SHFEAR_COF1	
[ALWAYS ASK]		
Someone to share your most private worries and fears with?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_16	SSA_SUGG_COF1	
[ALWAYS ASK]		
Someone to turn to for suggestions about how to deal with a personal problem?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_17	SSA_ENJOY_COF1	
[ALWAYS ASK]		
Someone to do something enjoyable with?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



SSA_18	SSA_PROBLM_COF1	
[ALWAYS ASK]		
Someone who understands your problems?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_19	SSA_LOVU_COF1	
[ALWAYS ASK]		
Someone to love you and make you feel wanted?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	01	None of the time
LITTLE_TIME	02	A little of the time
SOME_TIME	03	Some of the time
MOST_TIME	04	Most of the time
ALL_TIME	05	All of the time
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SSA_20	SSA_PET_COF1	
[ALWAYS ASK]		
Do you have a household pet that provides you with companionship?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Social Participation (SPA) – (Regular/atHome/byPhone/Reduced visits)

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

SPA_1	SPA_SOAC_COF1	
[ALWAYS ASK]		
Which of these statements apply to you?		
NOTE: RESPONSE OPTION 1 – ‘I READ A DAILY NEWSPAPER’ – INCLUDES SITUATIONS WHERE THE PARTICIPANT ONLY READS THE SATURDAY EDITION OF A DAILY NEWSPAPER.		
READ EACH STATEMENT. MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
SPA_SOAC_RNP_COF1	01	I read a daily newspaper
SPA_SOAC_HY_COF1	02	I have a hobby or pastime
SPA_SOAC_HIC_COF1	03	I have taken a holiday in Canada in the last 12 months
SPA_SOAC_HOC_COF1	04	I have taken a holiday outside of Canada in the last 12 months
SPA_SOAC_DT_COF1	05	I have gone on a daytrip or outing in the last 12 months
SPA_SOAC_INT_COF1	06	I use the internet and/or e-mail
SPA_SOAC_VOT_COF1	07	I voted in the last federal, provincial, or municipal election
SPA_SOAC_NONE_COF1	96	None of these statements apply to me
SPA_SOAC_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
SPA_SOAC_REFUSED_COF1	99	[DO NOT READ] Refused

Community-related Activities

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

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

SPA_2	SPA_OUTS_COF1	
[ALWAYS ASK]		
Family or friendship based activities outside the household?		
READ IF NECESSARY – EXAMPLES INCLUDE: FORMAL AND INFORMAL ACTIVITIES SUCH AS SMALL GET-TOGETHERS, MEALS OUTSIDE OF THE HOUSEHOLD, WEDDINGS, OR REUNIONS		
INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN ‘REAL LIFE’ SETTINGS OUTSIDE THE HOME, RATHER THAN IN ‘ONLINE’ SETTINGS.		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_3	SPA_CHRCH_COF1	
[ALWAYS ASK]		
Church or religious activities such as services, committees or choirs		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_4	SPA_SPORT_COF1	
[ALWAYS ASK]		
Sports or physical activities that you do with other people		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_5	SPA_EDUC_COF1	
[ALWAYS ASK]		
Educational and cultural activities involving other people such as attending courses, concerts, plays, or visiting museums		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_6	SPA_CLUB_COF1	
[ALWAYS ASK]		
Service club or fraternal organization activities		
READ IF NECESSARY – EXAMPLES INCLUDE: LION'S CLUB, ROTARY, KIWANIS CLUB, ROYAL CANADIAN LEGION, OR FORESTERS		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_7	SPA_NEIBR_COF1	
[ALWAYS ASK]		
Neighbourhood, community or professional association activities		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_8	SPA_VOLUN_COF1	
[ALWAYS ASK]		
Volunteer or charity work		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_9	SPA_OTACT_COF1	
[ALWAYS ASK]		
Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games		
INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN 'REAL LIFE' SETTINGS OUTSIDE THE HOME, RATHER THAN IN 'ONLINE' SETTINGS.		
ONCE_DAY	01	At least once a day
ONCE_WEEK	02	At least once a week
ONCE_MONTH	03	At least once a month
ONCE_YEAR	04	At least once a year
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_10	SPA_MORAC_COF1	
[ALWAYS ASK]		
In the past 12 months, have you felt like you wanted to participate in more social, recreational, or group activities?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SPA_11	SPA_PREVAC_COF1	
[ASK IF SPA_MORAC_COF1 = YES]		
What prevented you from participating in more social, recreational or group activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
SPA_PREVAC_CO_COF1	01	Cost
SPA_PREVAC_TP_COF1	02	Transportation problems
SPA_PREVAC_ANA_COF1	03	Activities not available in the area
SPA_PREVAC_LNA_COF1	04	Location not physically accessible
SPA_PREVAC_TF_COF1	05	Location is too far
SPA_PREVAC_HC_COF1	06	Health condition/limitation
SPA_PREVAC_TI_COF1	07	Time of the activities not suitable
SPA_PREVAC_GA_COF1	08	Don't want to go alone
SPA_PREVAC_PR_COF1	09	Personal or family responsibilities
SPA_PREVAC_LRR_COF1	10	Language related reasons
SPA_PREVAC_TB_COF1	11	Too busy
SPA_PREVAC_AF_COF1	12	Afraid or concerns about safety
SPA_PREVAC_GR_COF1	13	Grieving
SPA_PREVAC_WH_COF1	14	Weather conditions
SPA_PREVAC_MO_COF1	15	Lack of motivation, organization or information
SPA_PREVAC_RL_COF1	16	Relocation or travel
SPA_PREVAC_ANS_COF1	17	Activities not interesting/ not suitable
SPA_PREVAC_SC_COF1	18	Social barriers (rejection, shyness, bullying, etc.)
SPA_PREVAC_OT_COF1	97	Other
SPA_PREVAC_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
SPA_PREVAC_REFUSED_COF1	99	[DO NOT READ] Refused
SPA_11b	SPA_PREVAC_OTSP_COF1	
[ASK IF SPA_PREVAC_COF1= SPA_PREVAC_OT_COF1]		
Participation "Other" Specify		
SPA_PREVAC_OTSP_COF1	01	

Social Cohesion – (Regular/atHome/byPhone/Reduced visits)

SPA_12	SPA_COHES_COF1	
[ALWAYS ASK]		
How would you describe your sense of belonging to your local community? Would you say it is:		
VERY_STRONG	01	Very strong
SOMEWHAT_STRONG	02	Somewhat strong
SOMEWHAT_WEAK	03	Somewhat weak
VERY_WEAK	04	Very weak
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Functional Status (FUL) – (atHome/byPhone visits)

Overview	The purpose of these questions is to determine the degree of mobility of the aging population in day to day actions.
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FUL_1	FUL_SHLD_COF1
[ALWAYS ASK]	
Do you have any difficulty reaching or extending your arms above your shoulders?	
YES	01 Yes
NO	02 No
UNABLE	03 Unable to do
DOCTORS_ORDERS	04 Don't do on doctor's orders
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

FUL_1a	FUL_SHLDDG_COF1
[ASK IF FUL_SHLD_COF1 = YES]	
Would you say the degree of difficulty is...	
LITTLE_DIFFICULT	01 A little difficult
SOMEWHAT_DIFFICULT	02 Somewhat difficult
VERY_DIFFICULT	03 Very difficult
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

FUL_2	FUL_STOOP_COF1
[ALWAYS ASK]	
Do you have any difficulty stooping, crouching, or kneeling down?	
YES	01 Yes
NO	02 No
UNABLE	03 Unable to do
DOCTORS_ORDERS	04 Don't do on doctor's orders
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

FUL_2a	FUL_STOOPDG_COF1	
[ASK IF FUL_STOOP_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_3	FUL_PUSH_COF1	
[ALWAYS ASK]		
Do you have any difficulty pushing or pulling large objects like a living room chair?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_3a	FUL_PUSHDG_COF1	
[ASK IF FUL_PUSH_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_4	FUL_LFT10_COF1	
[ALWAYS ASK]		
Do you have any difficulty lifting ten pounds (or 4.5 kg) from the floor, like a heavy bag of groceries?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_4a	FUL_LFT10DG_COF1	
[ASK IF FUL_LFT10_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_5	FUL_HDLG_COF1	
[ALWAYS ASK]		
Do you have any difficulty handling small objects, like picking up a coin from a table?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_5a	FUL_HDLGDG_COF1	
[ASK IF FUL_HDLG_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_6	FUL_ST15_COF1	
[ALWAYS ASK]		
Do you have any difficulty standing for a long period, around 15 minutes?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_6a	FUL_ST15DG_COF1	
[ASK IF FUL_ST15_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_7	FUL_SIT1H_COF1	
[ALWAYS ASK]		
Do you have any difficulty sitting for a long period, say 1 hour?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_7a	FUL_SIT1HDG_COF1	
[ASK IF FUL_SIT1H_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_8	FUL_STDUP_COF1	
[ALWAYS ASK]		
Do you have any difficulty standing up after sitting in a chair?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_8a	FUL_STDUPDG_COF1	
[ASK IF FUL_STDUP_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_9	FUL_FSTR_COF1	
[ALWAYS ASK]		
Do you have any difficulty walking alone up and down a flight of stairs?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_9a	FUL_FSTRDG_COF1	
[ASK IF FUL_FSTR_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_10	FUL_WK23B_COF1	
[ALWAYS ASK]		
Do you have any difficulty walking 2 to 3 neighbourhood blocks?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_10a	FUL_WK23BDG_COF1	
[ASK IF FUL_WK23B_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_11	FUL_MKBED_COF1	
[ALWAYS ASK]		
Do you have any difficulty making a bed?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_11a	FUL_MKBEDDG_COF1	
[ASK IF FUL_MKBED_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_12	FUL_WSHBK_COF1	
[ALWAYS ASK]		
Do you have any difficulty washing your back?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_12a	FUL_WSHBKDG_COF1	
[ASK IF FUL_WSHBK_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_13	FUL_KNCUT_COF1	
[ALWAYS ASK]		
Do you have any difficulty using a knife to cut food?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_13a	FUL_KNCUTDG_COF1	
[ASK IF FUL_KNCUT_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_14	FUL_FORC_COF1	
[ALWAYS ASK]		
Do you have any difficulty with recreational or work activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, typing, etc.)?		
YES	01	Yes
NO	02	No
UNABLE	03	Unable to do
DOCTORS_ORDERS	04	Don't do on doctor's orders
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_14a	FUL_FORCDG_COF1	
[ASK IF FUL_FORC_COF1 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	01	A little difficult
SOMEWHAT_DIFFICULT	02	Somewhat difficult
VERY_DIFFICULT	03	Very difficult
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FUL_END

MEASUREMENT ROOM 2

Timed (4-metre) Walk Test – (Regular/Reduced visit)

Timed Get Up and Go Test – (Regular/Reduced visit)

Measuring Standing Balance – (Regular/Reduced visit)

Chair Rise Test – (Regular/Reduced visit)

Vision – Visual Acuity – (Regular/Reduced visit)

Vision – Tonometry – (Regular/Reduced visit)

Vision – Retinal Camera – (Regular/Reduced visit)

Nutritional Risk (NUR) – (Regular/atHome/byPhone/Reduced visits)

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

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

NUR_1	NUR_GLSWT_COF1
[ALWAYS ASK]	
Compared with 6 months ago, have you gained weight, lost weight or stayed about the same?	
READ LIST, MULTIPLE RESPONSES ALLOWED EXCEPT FOR SAME, DON'T KNOW/NO ANSWER OR REFUSED	
GAINED	01 Gained weight
LOST	02 Lost weight
SAME	03 Stayed about the same
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

NUR_2a	NUR_WTL_COF1	
[ASK IF NUR_GLSWT_COF1 = LOST]		
How much weight did you LOSE in the <u>past 6 months</u> ?		
READ LIST, CODE ONLY ONE RESPONSE		
MORE_10_LB	01	More than 10 pounds (More than 4.5 kilos)
6_10_LB	02	6 to 10 pounds (2.7 to 4.5 kilos)
ABOUT_5_LB	03	About 5 pounds (About 2.3 kilos)
LESS_5_LB	04	Less than 5 pounds (Less than 2.3 kilos)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_2b	NUR_WTG_COF1	
[ASK IF NUR_GLSWT_COF1 = GAINED]		
How much weight did you GAIN in the <u>past 6 months</u> ?		
READ LIST, CODE ONLY ONE RESPONSE		
MORE_10_LB	01	More than 10 pounds (More than 4.5 kilos)
6_10_LB	02	6 to 10 pounds (2.7 to 4.5 kilos)
ABOUT_5_LB	03	About 5 pounds (About 2.3 kilos)
LESS_5_LB	04	Less than 5 pounds (Less than 2.3 kilos)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_3	NUR_SKPMLS_COF1	
[ALWAYS ASK]		
In general, how often do you skip meals?		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST_EVERY_DAY	01	Almost every day
OFTEN	02	Often
SOMETIMES	03	Sometimes
RARELY	04	Rarely
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_4	NUR_APPTT_COF1	
[ALWAYS ASK]		
In general, how would you describe your appetite? Would you say it is...		
READ LIST, CODE ONLY ONE RESPONSE		
VERY_GOOD	01	Very good
GOOD	02	Good
FAIR	03	Fair
POOR	04	Poor
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_5	NUR_SWLLFD_COF1	
[ALWAYS ASK]		
In general, how often do you cough, choke, or have pain when swallowing food or fluid? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
OFTEN	01	Often
SOMETIMES	02	Sometimes
RARELY	03	Rarely
NEVER	04	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_6	NUR_FRTVEG_COF1	
[ALWAYS ASK]		
In general, how many servings of fruits and vegetables do you eat in a day?		
INTERVIEWER INSTRUCTION: FRUITS AND VEGETABLES CAN BE CANNED, FRESH, FROZEN OR 100% NATURAL JUICE.		
A SERVING IS...:		
<ul style="list-style-type: none"> ▪ 125 ml (1/2 cup) OF VEGETABLES ▪ 125 ml (1/2 cup) OF COOKED, LEAFY VEGETABLES ▪ 250 ml (1 cup) RAW LEAFY VEGETABLES ▪ 1 FRUIT OR 125 ml (1/2 cup) OF FROZEN OR CANNED FRUIT OR 125 ml (1/2cup) OF 100% NATURAL JUICE 		
READ LIST, CODE ONLY ONE RESPONSE		
SEVEN_OR_MORE	01	Seven or more
SIX	02	Six
FIVE	03	Five
FOUR	04	Four
THREE	05	Three
TWO	06	Two
LESS_TWO	07	Less than two
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_7	NUR_DRKFLD_COF1	
[ALWAYS ASK]		
How much fluid do you drink in a day?		
INTERVIEWER INSTRUCTION: INCLUDES WATER, TEA, COFFEE, HERBAL DRINKS, 100% NATURAL JUICES, FRUIT FLAVOURED DRINKS, MILK AND SOFT DRINKS BUT NOT ALCOHOL. A CUP IS 8 OUNCES or 250 ML.		
READ LIST, CODE ONLY ONE RESPONSE		
EIGHT_OR_MORE	01	Eight or more cups
FIVE_SEVEN	02	Five to seven cups
THREE_FOUR	03	Three to four cups
TWO	04	About two cups
LESS_TWO	05	Less than two cups
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_8	NUR_MLSMN_COF1	
[ALWAYS ASK]		
How often do you eat at least one meal each day with someone?		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST_EVERY_DAY	01	Almost every day
OFTEN	02	Often
SOMETIMES	03	Sometimes
RARELY	04	Rarely
NEVER	05	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_9	NUR_CKMEALS_COF1	
[ALWAYS ASK]		
Do you usually cook your own meals?		
CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NUR_10	NUR_MLPREP_COF1	
[ASK IF NUR_CKMEALS_COF1 = YES]		
Which of the following statements best describes meal preparation for you?		
READ LIST, CODE ONLY ONE RESPONSE		
ENJOY_COOKING	01	I enjoy cooking most of my meals
SOMETIMES_COOKING_CHORE	02	I sometimes find cooking a chore
USUALLY_COOKING_CHORE	03	I usually find cooking a chore
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



NUR_11	NUR_MLPREP_OTH_COF1	
[ASK IF NUR_CKMEALS_COF1 = NO]		
Which of the following statements best describes meal preparation for you?		
INTERVIEWER INSTRUCTION: INCLUDES FAMILY MEMBERS, FRIENDS, AND MEAL SERVICES		
READ LIST, CODE ONLY ONE RESPONSE		
SATISFIED	01	I'm <u>satisfied</u> with the quality of the food prepared by others
NOT_SATISFIED	02	I'm <u>not satisfied</u> with the quality of the food prepared by others
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Fast Food Consumption

NUR_12	NUR_FASTFD_NB_COF1	
[ALWAYS ASK]		
On average, how many times in the past month have you eaten fast food (restaurant, take-out, or home delivery)?		
NOTE: FAST FOOD TYPICALLY REFERS TO RESTAURANT LIKE MCDONALD'S, KFC, BURGER KING, ETC. WHERE THERE IS A COUNTER WHERE YOU ORDER AND GET YOUR FOOD ON A TRAY OR TAKE IT OUT. IT DOES NOT REFER TO ANY OTHER TYPE OF RESTAURANT.		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
NUR_FASTFD_NB_COF1	_____ MASK: MIN: MIN=00, MAX=50	
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused



Food Security

NUR_13	NUR_NOTENFD_COF1	
[ALWAYS ASK]		
In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Coffee and Tea Consumption

NUR_14	NUR_BEV_NB_COF1	
[ALWAYS ASK]		
For each of the following beverages, how many cups do you drink each day? A cup is 8 ounces or 250 ml.		
READ EACH BEVERAGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF THE EXACT NUMBER OF CUPS PER DAY FOR EACH BEVERAGE		
NUR_RCOFF_NB_COF1	Regular Coffee	_____ MASK: MIN: MIN=00, MAX=10
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused
NUR_DCOFF_NB_COF1	Decaffeinated Coffee	_____ MASK: MIN: MIN=00, MAX=10
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused
NUR_BTEA_NB_COF1	Black Tea	_____ MASK: MIN: MIN=00, MAX=10
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused
NUR_GTEA_NB_COF1	Green Tea	_____ MASK: MIN: MIN=00, MAX=10
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused
NUR_OTEA_NB_COF1	Other Tea	_____ MASK: MIN: MIN=00, MAX=10
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

Pain and Discomfort (HUP) – (Regular/atHome/byPhone/Reduced visits)

Overview	<p>This module contains three questions about pain and discomfort.</p> <p>Importance of module: To identify whether the participant suffers from pain or discomfort. The module also assesses the impact of pain or discomfort on the participant's quality of life.</p>
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The next questions are about pain and discomfort that people may experience in their day-to-day lives.

HUP_1	HUP_FREE_COF1		
[ALWAYS ASK]			
Are you usually free of pain or discomfort?			
YES	01	Yes	
NO	02	No	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	

HUP_2	HUP_INTNSTY_COF1		
[ASK IF HUP_FREE_COF1 = NO]			
How would you describe the usual intensity of your pain or discomfort? Would you say it is mild, moderate, or severe?			
CODE ONLY ONE RESPONSE			
MILD	01	Mild	
MODERATE	02	Moderate	
SEVERE	03	Severe	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	

HUP_3	HUP_PRVACT_COF1		
[ASK IF HUP_FREE_COF1 = NO]			
How many activities does your pain or discomfort prevent? Would you say none, a few, some, or most?			
CODE ONLY ONE RESPONSE			
NONE	01	None	
A_FEW	02	A few	
SOME	03	Some	
MOST	04	Most	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	

Vision (VIS) – (Regular/atHome/byPhone/Reduced visits)

Overview	The purpose of these questions is to determine the number of people who can see with and without glasses or corrective lenses
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Now some questions about your vision...

VIS_01	VIS_SGHT_COF1	
[ALWAYS ASK]		
Is your eyesight, using glasses or corrective lens if you use them...		
READ LIST, CODE ONLY ONE RESPONSE		
EXCELLENT	01	Excellent
VERY_GOOD	02	Very good
GOOD	03	Good
FAIR	04	Fair
POOR	05	Poor or non-existent (non-existent=blind)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

VIS_02	VIS_AID_COF1	
[ALWAYS ASK]		
Besides glasses or contact lenses, do you use any aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

VIS_03		VIS_USE_COF1	
[ASK IF VIS_AID_COF1 = YES]			
Do you now use...			
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
VIS_USE_MG_COF1	01	Magnifiers	
VIS_USE_BR_COF1	02	Braille reading materials	
VIS_USE_LG_COF1	03	Larger print reading materials	
VIS_USE_TK_COF1	04	Talking books	
VIS_USE_RC_COF1	05	Recording equipment or portable note-takers	
VIS_USE_CC_COF1	06	Closed circuit devices (e.g., CCTVs)	
VIS_USE_CP_COF1	07	eReader, A computer with Braille, large print, or speech access	
VIS_USE_CN_COF1	08	A white cane	
VIS_USE_DG_COF1	09	A guide dog	
VIS_USE_OT_COF1	97	Another Aid	
VIS_USE_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer	
VIS_USE_REFUSED_COF1	99	[DO NOT READ] Refused	
VIS_03b		VIS_USE_OTSP_COF1	
[ASK IF VIS_USE_COF1 = VIS_USE_OT_COF1]			
Another Aid Specify			
VIS_USE_OTSP_COF1	01		

Hearing (HRG) – (Regular/atHome/byPhone/Reduced visits)

Overview	The purpose of these questions is to determine the number of people who have difficulty hearing with or without the use of aids.
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HRG_01	HRG_HRG_COF1	
[ALWAYS ASK]		
Is your hearing, using a hearing aid if you use one...		
READ LIST, CODE ONLY ONE RESPONSE		
EXCELLENT	01	Excellent
VERY_GOOD	02	Very good
GOOD	03	Good
FAIR	04	Fair
POOR	05	Poor
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

HRG_02	HRG_NOIS_COF1	
[ALWAYS ASK]		
Do you find it difficult to follow a conversation if there is background noise, such as TV, radio or children playing, even if using a hearing aid as usual?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

HRG_03	HRG_AID_COF1	
[ALWAYS ASK]		
Do you use any aids, specialized equipment, or services for persons who are deaf or hard of hearing, for example, a volume control telephone or TV decoder?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

HRG_04	HRG_USE_COF1	
[ASK IF HRG_AID_COF1 = YES]		
Do you now use...		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HRG_USE_AID_COF1	01	Hearing aid
HRG_USE_CP_COF1	02	Computer to communicate (e.g., e-mail or chat services)
HRG_USE_VL_COF1	03	Volume control telephone
HRG_USE_TTY_COF1	04	TTY or TTD
HRG_USE_MSG_COF1	05	Message relay service
HRG_USE_PH_COF1	06	Other phone-related devices (e.g., flashers, earphones)
HRG_USE_CC_COF1	07	Closed caption T.V. or decoder
HRG_USE_AP_COF1	08	Amplifiers (e.g., FM, acoustic, infra-red, earphones)
HRG_USE_VS_COF1	09	Visual or vibrating alarm
HRG_USE_CO_COF1	10	Cochlear or other surgical implant
HRG_USE_OT_COF1	97	Another aid
HRG_USE_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
HRG_USE_REFUSED_COF1	99	[DO NOT READ] Refused
HRG_04b	HRG_USE_OTSP_COF1	
[ASK IF HRG_USE_COF1 = HRG_USE_OT_COF1]		
Another Aid Specify		
HRG_USE_OTSP_COF1	01	



Hearing Handicap Inventory for the Elderly – (Regular/atHome/byPhone/Reduced visits)

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

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

Yes = 4	Sometimes = 2	No = 0
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[ALWAYS ASK]				
		YES	SOMETIMES	NO
HRG_PROB_EMBA_COF1	Does a hearing problem cause you to feel embarrassed when you meet new people?			
HRG_PROB_FRST_COF1	Does a hearing problem cause you to feel frustrated when talking to members of your family?			
HRG_PROB_DIFF_COF1	Do you have difficulty hearing when someone speaks in a whisper?			
HRG_PROB_HACP_COF1	Do you feel handicapped by a hearing problem?			
HRG_PROB_VIST_COF1	Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?			
HRG_PROB_MEET_COF1	Does a hearing problem cause you to attend meetings/religious services less often than you would like?			
HRG_PROB_ARGU_COF1	Does a hearing problem cause you to have arguments with family members?			
HRG_PROB_LSTN_COF1	Does a hearing problem cause you difficulty when listening to TV or radio?			
HRG_PROB_LIFE_COF1	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
HRG_PROB_FRND_COF1	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			

Vision – Retinal Camera – (Regular/Reduced visits)

Hand Grip Strength – (Regular/atHome/Reduced)

INTERVIEW ROOM 2

Neuropsychological Battery

Time-Based Prospective Memory Test (TMT) – (Regular/atHome visits)

Overview	INTERVIEWER NOTES: REMINDER TO USE THE SCRIPT PRECISELY AS PROVIDED AND TO ADHERE TO THE PRESCRIBED TIME ALLOWANCES IN THE FOLLOWING COGNITION MODULES.
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Now I am going to ask you to complete one more task related to memory and concentration.

1.	TMT_INST_COF1
INSTRUCTIONS: Trial 1	
[ALWAYS ASK]	
<p>Present the subject with the large clock with the hands pointed to 8:00. Point to clock and say to Subject: "According to this clock, what time is it?"</p> <p>If the subject responds correctly, answer the question "Did the subject pass all of the practice trials?" and continue with instructions on step #2.</p> <p>If the Subject responds incorrectly, say: "The time here is 8:00." Set the time to 3:00, 12:15, 12:30, and 8:00. Ask the Subject after each setting: "What time is it?" If the subject fails any of these practice trials, discontinue the test.</p>	

TMT_P1	TMT_PASS_COF1
[ALWAYS ASK]	
Did the subject pass all of the practice trials?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused
<i>[IF TMT_PASS_COF1 ≠ YES SKIP TO TMT END]</i>	

	TMT_INST1_COF1
[ASK IF TMT_PASS_COF1 = YES]	

2. Have the envelope with cards numbered 28, 14, 17, 13, 11 ready and say to Subject: **"When this clock reaches 8:15, I want you to interrupt whatever we are doing and ask me to give you this envelope** (show envelope to Subject). **I want you to then open the envelope** (open envelope to show the Subject how to open it, take out the cards with the numbers facing the subject and place them on the desk, at random, without arranging them in ascending or descending value) **and give me the card with the number 17.**" (Select the card with number 17 and take it as though giving it to self.) Re-order the cards and put them back in the envelope. Let the Subject know that you are going to repeat the instructions once more by saying: **"Let me repeat the instructions. When this clock reaches 8:15..."** On the second repetition of the instructions, present cards in a different order as the one used on the first presentation.

3. The card with the # 17 cannot be the first card pulled out of the envelope.

4. To verify that Subject understood the instructions say: **"Please tell me what you are supposed to do."** If Subject states the instructions correctly, say: **"Good."** If Subject makes a mistake, repeat instructions to make sure that he/she knows the target time (i.e., 8:15), the request that he/she has to make (i.e., give me the envelope), and the action (i.e., select card with number 17 and give it to examiner).

[CONTINUE]

4a	TMT_TST_COF1	
[ASK IF TMT_PASS_COF1 = YES]		
INTERVIEWER: Is the participant able to do the test?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<i>[IF TMT_TST_COF1 = REFUSED SKIP TO TMT END, IF TMT_TST_COF1 = YES SKIP TO TMT_TST_INST2_COF1]</i>		

4b.	TMT_FCT_COF1	
[ASK IF TMT_TST_COF1 = NO, DK_NA]		
INTERVIEWER: What were the factors that prevented the participant from doing the test?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
TMT_FCT_UND_COF1	01	Had difficulty understanding English/French
TMT_FCT_PHYS_COF1	02	Physical impairment, such as difficulty hearing
TMT_FCT_DIST_COF1	03	Distraction or noisy environment
TMT_FCT_CONC_COF1	04	Impaired concentration/memory problems
TMT_FCT_AID_COF1	05	Used an aid
TMT_FCT_TECH_COF1	06	Technical difficulties with the laptop
TMT_FCT_OT_COF1	97	Other
<i>[IF TMT_FCT_COF1 ≠ TMT_FCT_OT_COF1 SKIP TO TMT END]</i>		

4c	TMT_FCT_OTSP_COF1
[ASK IF TMT_FCT_COF1 = TMT_FCT_OT_COF1]	
Other (please specify: _____)	
TMT_FCT_OTSP_COF1	
[SKIP TO PMT END]	

	TMT_TST_INST2_COF1
[ASK IF TMT_TST_COF1 = YES]	
5. Place the envelope out of reach but in view of the subject as he or she works on other tasks. Reset the clock to 8:00. Place the clock on the table so that the clock is between yourself and the subject, off to the left- or right-hand side of the work surface, in a place where the subject can clearly see the time. Keep track of time but do not look at clock at any time, to avoid cueing Subject.	
INTERVIEWER: IF A PARTICIPANT PERFORMS THE TASK WITHOUT PROMPTING, USE “NOT APPLICABLE” RESPONSE FOR TMT_1, TMT_2 AND TMT_3.	
6. If Subject has not initiated a response by 8:19, interrupt whatever he/she is doing and initiate provision of hierarchical cues as shown in the next page.	
[CONTINUE]	

TMT_1	TMT_DOTIM_COF1
[ASK IF TMT_TST_COF1 = YES]	
INTERVIEWER: IF PARTICIPANT HAS NOT INITIATED A RESPONSE BY 8:19, INTERRUPT WHATEVER S/HE IS DOING, AND INITIATE PROVISION OF HIERARCHICAL CUES BY SAYING: You were supposed to interrupt me when the clock reached 8:15 and you were supposed to do something. Do you know what it was?	
YES	01 Yes
NO	02 No
NOT_APPLICABLE	07 [DO NOT READ] Not Applicable
REFUSED	99 [DO NOT READ] Refused
[IF TMT_DOTIM_COF1 = NO, or NOT_APPLICABLE SKIP TO TMT_DOENV_COF1, IF TMT_DOTIM_COF1 = REFUSED SKIP TO TMT END]	

TMT_1a	TMT_DOTIM_REP_COF1
[ASK IF TMT_DOTIM_COF1 = YES]	
INTERVIEWER: ASK SUBJECT TO REPEAT THE DIRECTIONS AND PERFORM THE TASKS	
Did subject repeat the directions and tasks correctly?	
YES	01 Yes
NO	02 No
[IF TMT_DOTIM_REP_COF1 = YES SKIP TO TMT_ITPEXACT_COF1]	

TMT_1b1	TMT_DOTIM_OBS_COF1
[ASK IF TMT_DOTIM_REP_COF1 = NO]	
BEHAVIOURAL OBSERVATIONS OR COMMENTS:	

[CONTINUE]	

TMT_2	TMT_DOENV_COF1
[ASK IF TMT_DOTIM_REP_COF1 = NO, or TMT_DOTIM_COF1 = NOT APPLICABLE OR NO]	
You were supposed to ask me for this envelope (show envelope to Subject) and to do something. Do you know what it was?	
INTERVIEWER: IF SUBJECT CORRECTLY REPEATED DIRECTIONS AND ACTIONS FOR THE ENVELOPE, THEN ANSWER “YES” WITHOUT READING THE QUESTION.	
YES	01 Yes
NO	02 No
NOT_APPLICABLE	07 [DO NOT READ] Not applicable
REFUSED	99 [DO NOT READ] Refused
<i>[IF TMT_DOENV_COF1 = YES OR NOT_APPLICABLE SKIP TO TMT_DOCARD_COF1, IF TMT_DOENV_COF1 = REFUSED SKIP TO TMT END]</i>	

TMT_2b1	TMT_DOENV_OBS_COF1
[ASK IF TMT_DOENV_COF1 = NO]	
BEHAVIOURAL OBSERVATIONS OR COMMENTS:	

[CONTINUE]	

TMT_3	TMT_DOCARD_COF1
[ASK IF TMT_DOENV_COF1 ≠ REFUSED]	
You were supposed to do something with the cards in this envelope (give envelope to Subject). Do you know what it was?	
INTERVIEWER: IF SUBJECT CORRECTLY REPEATED DIRECTIONS AND ACTIONS FOR WHAT WAS TO BE DONE WITH THE CARDS, THEN ANSWER “YES” WITHOUT READING THE QUESTION.	
YES	01 Yes
NO	02 No
NOT_APPLICABLE	07 [DO NOT READ] Not Applicable
REFUSED	99 [DO NOT READ] Refused
<i>[IF TMT_DOCARD_COF1 = REFUSED SKIP TO TMT END, IF TMT_DOCARD_COF1 YES OR NOT APPLICABLE SKIP TO = TMT_ITPEXACT_COF1]</i>	

TMT_3b1	TMT_DOCARD_OBS_COF1
[ASK IF TMT_DOCARD_COF1 = NO]	
BEHAVIOURAL OBSERVATIONS OR COMMENTS:	

[CONTINUE]	

TMT_4	TMT_ITPEXACT_COF1
[ASK IF TMT_DOCARD_COF1 ≠ REFUSED, OR TMT_DOTIM_REP_COF1 = YES]	
INTERVIEWER: INTENTION TO PERFORM:	
INTERRUPT_EXACT	(score=3): Subject interrupts exactly at 8:15.
INTERRUPT_2MIN	(score=2): Subject interrupts the examiner within 2 ± minutes of the target time of 8:15 (i.e., from 8:13 – 8:17).
INTERRUPT_4MIN	(score=1): Subject interrupts the examiner within 4 ± minutes of the target time of 8:15 (i.e., from 8:11 – 8:19).
INTERRUPT_MORE_4MIN	(score=0): Subject does not interrupt the examiner before 8:19, or interrupts the examiner more than 4 minutes earlier than the target time of 8:19 (i.e., before 8:11).
[CONTINUE]	

TMT_5	TMT_ACC_COF1
[ASK IF TMT_DOCARD_COF1 ≠ REFUSED, OR TMT_DOTIM_REP_COF1 = YES]	
INTERVIEWER: ACCURACY OF RESPONSE:	
THREE_ACTIONS	(score=3): Subject does the following three target actions correctly: requests envelope, gives a card to examiner, the card is number 17.
TWO_ACTIONS	(score=2): Subject does two of the following three target actions correctly: requests the envelope, gives a card to examiner, the card is number 17.
ONE_ACTION	(score=1): Subject does one of the following three target actions correctly: requests the envelope, gives a card to examiner, the card is number 17.
NO_ACTION	(score=0): Subject does not do any of the following three target actions correctly: requests the envelope, gives a card to examiner, the card is number 17.
[CONTINUE]	



TMT_6	TMT_RMD_COF1
[ASK IF TMT_DOCARD_COF1 ≠ REFUSED, OR TMT_DOTIM_REP_COF1 = YES]	
INTERVIEWER: NEED OF REMINDERS:	
NO_REMINDERS	(score=3): No reminder is needed
ONE_REMINDER	(score=2): Subject needs only one of the reminders.
TWO_REMINDERS	(score=1): Subject needs two of the reminders.
THREE_REMINDERS	(score=0): Subject needs all three reminders. Assign a score of 0 regardless of whether the final response (i.e., selecting card #17 after third reminder) is correct
<i>[IF TMT_RMD_COF1 = NO_REMINDER OR THREE_REMINDERS SKIP TO TMT_END, IF TMT_RMD_COF1 = TWO_REMINDERS SKIP TO TMT_RMDTWO_SP1_COF1]</i>	

TMT_6a	TMT_RMDONE_SP_COF1
[ASK IF TMT_RMD_COF1 = ONE_REMINDER]	
Specify reminder given: _____	
<i>[SKIP TO TMT_END]</i>	

TMT_6b	TMT_RMDTWO_SP1_COF1
[ASK IF TMT_RMD_COF1 = TWO_REMINDERS]	
Specify reminders given: _____	
TMT_RMDTWO_SP2_COF1	
Specify reminders given: _____	
TMT_END	

Chronic Conditions (CCC)

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

Cardiac/Cardiovascular – (Regular/atHome/byPhone/Reduced visits)

CCC_01	CCC_HEART_COF1
[ALWAYS ASK]	
Has a doctor ever told you that you have heart disease (including congestive heart failure or CHF)?	
NOTE: CONGESTIVE HEART FAILURE IS A CONDITION IN WHICH THE HEART CAN NO LONGER PUMP ENOUGH BLOOD TO THE REST OF THE BODY.	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

CCC_1a	CCC_HEARTAGE_COF1
[ASK IF CCC_HEART_COF1 = YES]	
At what age or in what year were you first told you had heart disease (including congestive heart failure, or CHF)?	
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?	
CCC_HEARTAGE_NB_SP_COF1	Age
CCC_HEARTAGE_YR_SP_COF1	Year
DK_NA	9998 [DO NOT READ] Don't Know / No Answer
REFUSED	9999 [DO NOT READ] Refused



CCC_1b	CCC_HEARTCHANGE_COF1	
[ASK IF CCC_HEART_COF1 = NO AND CCC_HEART_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had heart disease (including congestive heart failure, or CHF). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_1b	CCC_HEARTCHANGE_SP_COF1	
[ASK IF CCC_HEARTCHANGE_COF1 = YES]		
"YES" Specify		
CCC_HEARTCHANGE_SP_COF1		

CCC_02	CCC_PVD_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have peripheral vascular disease or poor circulation in your limbs?		
NOTE: PERIPHERAL VASCULAR DISEASE IS A NARROWING OR HARDENING OF THE ARTERIES THAT SUPPLY THE ARMS, HANDS, LEGS AND FEET, AS WELL AS THE HEAD, NECK AND BRAIN.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_2a	CCC_PVDAGE_COF1	
[ASK IF CCC_PVD_COF1 = YES]		
At what age or in what year were you first told you had peripheral vascular disease or poor circulation in your limbs?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_PVDAGE_NB_SP_COF1	Age	
CCC_PVDAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_2b	CCC_PVD_CHANGE_COF1	
[ASK IF CCC_PVD_COF1 = NO AND CCC_PVD_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had peripheral vascular disease or poor circulation in your limbs. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_2b	CCC_PVDCHANGE_SP_COF1	
[ASK IF CCC_PVD_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_PVDCHANGE_SP_COF1		

Neurological – (Regular/atHome/byPhone/Reduced visits)

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

CCC_03	CCC_MEMPB_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have a memory problem?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_3a	CCC_MEMPBAGE_COF1	
[ASK IF CCC_MEMPB_COF1 = YES]		
At what age or in what year were you first told you had a memory problem?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_MEMPBAGE_NB_SP_COF1	Age	
CCC_MEMPBAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused



CCC_3b	CCC_MEMPB_CHANGE_COF1	
[ASK IF CCC_MEMPB_COF1 = NO AND CCC_MEMPB_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had a memory problem. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_3b	CCC_MEMPBCHANGE_SP_COF1	
[ASK IF CCC_MEMPB_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_MEMPBCHANGE_SP_COF1		

CCC_04	CCC_ALZH_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have dementia or Alzheimer's disease?		
NOTE: ALZHEIMER'S DISEASE IS A FORM OF DEMENTIA. ALZHEIMER'S DISEASE AND OTHER DEMENTIAS PRODUCE COGNITIVE DETERIORATION THAT LEADS TO MEMORY LOSS AND ULTIMATELY AN INABILITY TO PERFORM BASIC ACTIVITIES OF DAILY LIVING.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_4a	CCC_ALZHAGE_COF1	
[ASK IF CCC_ALZH_COF1 = YES]		
At what age or in what year were you first told you had dementia or Alzheimer's disease?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_ALZHAGE_NB_SP_COF1	Age	
CCC_ALZHAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused



CCC_4b	CCC_ALZH_CHANGE_COF1	
[ASK IF CCC_ALZH_COF1 = NO AND CCC_ALZH_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had dementia or Alzheimer's disease. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_4b	CCC_ALZHCHANGE_SP_COF1	
[ASK IF CCC_ALZH_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_ALZHCHANGE_SP_COF1		

CCC_05	CCC_MS_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have multiple sclerosis?		
NOTE: MULTIPLE SCLEROSIS IS AN AUTOIMMUNE DISEASE THAT AFFECTS THE BRAIN AND SPINAL CORD (CENTRAL NERVOUS SYSTEM). AUTOIMMUNE DISEASES OCCUR WHEN THE IMMUNE SYSTEM MISTAKENLY ATTACKS AND DESTROYS HEALTHY BODY TISSUE.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_5a	CCC_MSAGE_COF1	
[ASK IF CCC_MS_COF1 = YES]		
At what age or in what year were you first told you had multiple sclerosis?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_MSAGE_NB_SP_COF1	Age	
CCC_MSAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused



CCC_5b	CCC_MS_CHANGE_COF1	
[ASK IF CCC_MS_COF1 = NO AND CCC_MS_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had multiple sclerosis. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_5b	CCC_MSCHANGE_SP_COF1	
[ASK IF CCC_MS_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_MSCHANGE_SP_COF1		

CCC_06	CCC_EPIL_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have epilepsy?		
NOTE: EPILEPSY IS A BRAIN DISORDER IN WHICH A PERSON HAS REPEATED SEIZURES (CONVULSIONS) OVER TIME.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_6a	CCC_EPILAGE_COF1	
[ASK IF CCC_EPIL_COF1 = YES]		
At what age or in what year were you first told you had epilepsy?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_EPILAGE_NB_SP_COF1	Age	
CCC_EPILAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused



CCC_6b	CCC_EPIL_CHANGE_COF1	
[ASK IF CCC_EPIL_COF1 = NO AND CCC_EPIL_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had epilepsy. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_6b	CCC_EPILCHANGE_SP_COF1	
[ASK IF CCC_EPIL_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_EPILCHANGE_SP_COF1		

CCC_07	CCC_MGRN_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have migraine headaches?		
NOTE: A MIGRAINE HEADACHE CAN CAUSE INTENSE THROBBING OR PULSING IN ONE AREA OF THE HEAD AND IS COMMONLY ACCOMPANIED BY NAUSEA, VOMITING, AND EXTREME SENSITIVITY TO LIGHT AND SOUND. MIGRAINE ATTACKS CAN CAUSE SIGNIFICANT PAIN FOR HOURS TO DAYS.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_7a	CCC_MGRNAGE_COF1	
[ASK IF CCC_MGRN_COF1 = YES]		
At what age or in what year were you first told you had migraine headaches?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_MGRNAGE_NB_SP_COF1	Age	
CCC_MGRNAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_7b	CCC_MGRN_CHANGE_COF1	
[ASK IF CCC_MGRN_COF1 = NO AND CCC_MGRN_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had migraine headaches. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_7b	CCC_MGRNCHANGE_SP_COF1	
[ASK IF CCC_MGRN_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_MGRNCHANGE_SP_COF1		

Gastrointestinal – (Regular/atHome/byPhone/Reduced visits)

CCC_08	CCC_ULCR_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have intestinal or stomach ulcers?		
NOTE: INTESTINAL AND STOMACH ULCERS INCLUDE THE GUT AND ESOPHAGUS. ULCERS ARE CRATER-LIKE SORES (GENERALLY 1/4 INCH TO 3/4 INCH IN DIAMETER, BUT SOMETIMES 1 TO 2 INCHES IN DIAMETER) THAT FORM IN THE LINING OF THE STOMACH (CALLED GASTRIC ULCERS), JUST BELOW THE STOMACH AT THE BEGINNING OF THE SMALL INTESTINE IN THE DUODENUM (CALLED DUODENAL ULCERS) OR LESS COMMONLY IN THE ESOPHAGUS (CALLED ESOPHAGEAL ULCERS).		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_8a	CCC_ULCRAGE_COF1	
[ASK IF CCC_ULCR_COF1 = YES]		
At what age or in what year were you first told you had intestinal or stomach ulcers?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_ULCRAGE_NB_SP_COF1	Age	
CCC_ULCRAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_8b	CCC_ULCR_CHANGE_COF1	
[ASK IF CCC_ULCR_COF1 = NO AND CCC_ULCR_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had intestinal or stomach ulcers. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_8b	CCC_ULCRCHANGE_SP_COF1	
[ASK IF CCC_ULCR_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_ULCRCHANGE_SP_COF1		

CCC_09	CCC_IBDIBS_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have a bowel disorder such as Crohn's Disease, ulcerative colitis, or Irritable Bowel Syndrome?		
NOTE: CROHN'S DISEASE AND ULCERATIVE COLITIS ARE DIFFERENT TYPES OF INFLAMMATORY BOWEL DISEASE (IBD), IN WHICH THE INTESTINES BECOME INFLAMED (RED AND SWOLLEN), PROBABLY AS A RESULT OF AN IMMUNE REACTION OF THE BODY AGAINST ITS OWN INTESTINAL TISSUE.		
IRRITABLE BOWEL SYNDROME IS A DISORDER THAT LEADS TO ABDOMINAL PAIN AND CRAMPING, CHANGES IN BOWEL MOVEMENTS AND OTHER SYMPTOMS. UNLIKE IN IBD, THE STRUCTURE OF THE BOWEL IS NOT ABNORMAL IN IBS.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_9a	CCC_IBDIBSAGE_COF1	
[ASK IF CCC_IBDIBS_COF1 = YES]		
At what age or in what year were you first told you had bowel disorder such as Crohn's Disease, ulcerative colitis, or Irritable Bowel Syndrome?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_IBDIBSAGE_NB_SP_COF1	Age	
CCC_IBDIBSAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_9b	CCC_IBDIBS_CHANGE_COF1	
[ASK IF CCC_IBDIBS_COF1 = NO AND CCC_IBDIBS_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had bowel disorder such as Crohn's Disease, ulcerative colitis, or Irritable Bowel Syndrome. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_9b	CCC_IBDIBSCHCHANGE_SP_COF1	
[ASK IF CCC_IBDIBS_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_IBDIBSCHCHANGE_SP_COF1		

CCC_10	CCC_BOWINC_COF1	
[ALWAYS ASK]		
Have you ever experienced bowel incontinence?		
NOTE: BOWEL INCONTINENCE IS THE LOSS OF BOWEL CONTROL, LEADING TO AN INVOLUNTARY PASSAGE OF STOOL		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_10a	CCC_BOWINCAGE_COF1	
[ASK IF CCC_BOWINC_COF1 = YES]		
At what age or in what year did you begin to experience bowel incontinence?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_BOWINCAGE_NB_SP_COF1	Age	
CCC_BOWINCAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_11	CCC_URIINC_COF1	
[ALWAYS ASK]		
Have you ever experienced urinary incontinence?		
NOTE: URINARY INCONTINENCE IS THE LOSS OF BLADDER CONTROL.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_11a	CCC_URIINCAGE_COF1	
[ASK IF CCC_URIINC_COF1 = YES]		
At what age or in what year did you begin to experience urinary incontinence?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_URIINCAGE_NB_SP_COF1	Age	
CCC_URIINCAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

Vision – (Regular/atHome/byPhone/Reduced visits)

CCC_12	CCC_MACDEG_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have macular degeneration?		
NOTE: MACULAR DEGENERATION USUALLY AFFECTS OLDER ADULTS AND RESULTS IN A LOSS OF VISION IN THE CENTER OF THE VISUAL FIELD (THE MACULA) BECAUSE OF DAMAGE TO THE RETINA.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_12a	CCC_MACDEGAGE_COF1	
[ASK IF CCC_MACDEG_COF1 = YES]		
At what age or in what year were you first told you had macular degeneration?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_MACDEGAGE_NB_SP_COF1	Age	
CCC_MACDEGAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_12b	CCC_MACDEG_CHANGE_COF1	
[ASK IF CCC_MACDEG_COF1 = NO AND CCC_MACDEG_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had macular degeneration. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_12b	CCC_MACDEGCHANGE_SP_COF1	
[ASK IF CCC_MACDEG_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_MACDEGCHANGE_SP_COF1		



Cancer – (Regular/atHome/byPhone/Reduced visits)

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

CCC_13	CCC_CANC_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you had cancer?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_13a	CCC_CANCAGE_COF1	
[ASK IF CCC_CANC_COF1 = YES]		
At what age or in what year were you first told you had cancer?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_CANCAGE_NB_SP_COF1	Age	
CCC_CANCAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_13b	CCC_CANC_CHANGE_COF1	
[ASK IF CCC_CANC_COF1 = NO AND CCC_CANC_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had cancer. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_13b	CCC_CANCCHANGE_SP_COF1	
[ASK IF CCC_CANC_CHANGE_COF1 = YES]		
“YES” Specify		
CCC_CANCCHANGE_SP_COF1		

CCC_13c	CCC_CANTP_COF1	
[ASK IF CCC_CANC_COF1 = YES]		
What type(s) of cancer were you diagnosed with?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY; [RECALL RESPONSE FROM SEX_1 FROM IN-HOME QUESTIONNAIRE]		
CCC_CANTP_BR_COF1	01	Breast
CCC_CANTP_COL_COF1	02	Colorectal
CCC_CANTP_SM_COF1	03	Skin: melanoma
CCC_CANTP_SNM_COF1	04	Skin: non-melanoma
CCC_CANTP_BL_COF1	05	Bladder
CCC_CANTP_KD_COF1	06	Kidney
CCC_CANTP_LU_COF1	07	Lung
CCC_CANTP_TH_COF1	08	Thyroid
CCC_CANTP_PR_COF1	09	Prostate (males only)
CCC_CANTP_OV_COF1	10	Ovarian (females only)
CCC_CANTP_LK_COF1	11	Leukemia
CCC_CANTP_PA_COF1	12	Pancreatic
CCC_CANTP_NHL_COF1	13	Non-Hodgkin Lymphoma
CCC_CANTP_FGO_COF1	14	Other female genital organs
CCC_CANTP_OT_COF1	97	Other
CCC_CANTP_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
CCC_CANTP_REFUSED_COF1	99	[DO NOT READ] Refused

CCC_13c	CCC_CANTP_OTSP_COF1	
[ASK IF CCC_CANTP_COF1 = CCC_CANTP_OT_COF1]		
NOTE: PLEASE REFER TO OPEN TEXT GUIDELINES		
"Other" Specify		
CCC_CANTP_OTSP_COF1	01	

Mental Health – (Regular/atHome/byPhone/Reduced visits)

CCC_14	CCC_ANXI_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?		
NOTE: ANXIETY DISORDER IS A BLANKET TERM COVERING SEVERAL DIFFERENT CONDITIONS. THE COMMON THREAD BETWEEN CONDITIONS IS A PATTERN OF CONSTANT WORRY OR ANXIETY OVER MANY DIFFERENT ACTIVITIES OR EVENTS.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_14a	CCC_ANXIAGE_COF1	
[ASK IF CCC_ANXI_COF1 = YES]		
At what age or in what year were you first told you had an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_ANXIAGE_NB_SP_COF1	Age	
CCC_ANXIAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_14b	CCC_ANXI_CHANGE_COF1	
[ASK IF CCC_ANXI_COF1 = NO AND CCC_ANXI_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_14b	CCC_ANXICHANGE_SP_COF1	
[ASK IF CCC_ANXI_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_ANXICHANGE_SP_COF1		



CCC_15	CCC_MOOD_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?		
INTERVIEWER NOTE: DYSTHYMIA IS PRONOUNCED “DIS-THIGH-ME-AH”		
NOTE: DYSTHYMIA IS A CHRONIC TYPE OF DEPRESSION IN WHICH A PERSON'S MOODS ARE REGULARLY LOW. HOWEVER, SYMPTOMS ARE NOT AS SEVERE AS WITH MAJOR DEPRESSION.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_15a	CCC_MOODAGE_COF1	
[ASK IF CCC_MOOD_COF1 = YES]		
At what age or in what year were you first told you had a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_MOODAGE_NB_SP_COF1	Age	
CCC_MOODAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_15b	CCC_MOOD_CHANGE_COF1	
[ASK IF CCC_MOOD_COF1 = NO AND CCC_MOOD_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_15b	CCC_MOODCHANGE_SP_COF1	
[ASK IF CCC_MOOD_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_MOODCHANGE_SP_COF1		



CCC_16	CCC_ALLRG_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have allergies?		
NOTE: THE QUESTION ASKS ABOUT ANY TYPE OF ALLERGY.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_16a	CCC_ALLRG_OTSP_COF1	
[ASK IF CCC_ALLRG_COF1 = YES]		
"YES" Specify		
CCC_ALLRG_OTSP_COF1	01	

CCC_16b	CCC_ALLRGAGE_COF1	
[ASK IF CCC_ALLRG_COF1 = YES]		
At what age or in what year were you first told you had allergies?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_ALLRGAGE_NB_SP_COF1	Age	
CCC_ALLRGAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_16c	CCC_ALLRG_CHANGE_COF1	
[ASK IF CCC_ALLRG_COF1 = NO AND CCC_ALLRG_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had allergies. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_16d	CCC_ALLRGCHANGE_SP_COF1	
[ASK IF CCC_ALLRG_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_ALLRGCHANGE_SP_COF1		

CCC_17	CCC_BCKP_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have back problems, excluding fibromyalgia and arthritis?		
<p>Fibromyalgia is a common syndrome in which a person has long-term, body-wide pain and tenderness in the joints, muscles, tendons, and other soft tissues.</p> <p>Arthritis is a painful inflammation and stiffness of the joints. Here we are referring to any type of arthritis (osteoarthritis, rheumatoid arthritis).</p>		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_17a	CCC_BCKPAGE_COF1	
[ASK IF CCC_BCKP_COF1 = YES]		
At what age or in what year were you first told you had back problems, excluding fibromyalgia and arthritis?		
<p>INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?</p>		
CCC_BCKPAGE_NB_SP_COF1	Age	
CCC_BCKPAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_17b	CCC_BCKP_CHANGE_COF1	
[ASK IF CCC_BCKP_COF1 = NO AND CCC_BCKP_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had back problems, excluding fibromyalgia and arthritis. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_17b	CCC_BCKPCHANGE_SP_COF1	
[ASK IF CCC_BCKP_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_BCKPCHANGE_SP_COF1		



CCC_18	CCC_KIDN_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have kidney disease or kidney failure?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_18a	CCC_KIDNAGE_COF1	
[ASK IF CCC_KIDN_COF1 = YES]		
At what age or in what year were you first told you had kidney disease or kidney failure?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_KIDNAGE_NB_SP_COF1	Age	
CCC_KIDNAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_18b	CCC_KIDN_CHANGE_COF1	
[ASK IF CCC_KIDN_COF1 = NO AND CCC_KIDN_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had kidney disease or kidney failure. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_18b	CCC_KIDNCHANGE_SP_COF1	
[ASK IF CCC_KIDN_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_KIDNCHANGE_SP_COF1		

CCC_18c	CCC_DITYP_COF1				
[ASK IF CCC_KIDN_COF1 = YES]					
Are you currently receiving dialysis treatment? (If yes, what type of dialysis?)					
		YES	NO	DK/NA	REFUSED
HEMODIALYSIS	Hemodialysis				
PERITONEAL	Peritoneal				

CCC_18d	CCC_DITIM_COF1	
[ASK IF HEMODIALYSIS = YES]		
When did you receive your last dialysis treatment?		
INTERVIEWER: PLEASE FILL IN BOTH DATE AND TIME IF KNOWN. IF PARTICIPANT IS UNSURE PLEASE PROVIDE BEST ESTIMATE		
CCC_DITIM_DATE_COF1	DATE	
CCC_DITIM_HR_COF1	TIME (hh)	
CCC_DITIM_MIN_COF1	TIME (mm)	

CCC_19	CCT_HCV_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have Hepatitis C?		
NOTE: HEPATITIS C IS AN INFECTION CAUSED BY A VIRUS THAT ATTACKS THE LIVER AND LEADS TO INFLAMMATION.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_19a	CCC_HCVAGE_COF1	
[ASK IF CCC_HCV_COF1 = YES]		
At what age or in what year were you first were first diagnosed with Hepatitis C?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCC_HCVAGE_NB_SP_COF1	Age	
CCC_HCVAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_19b	CCT_HCV_TRT_COF1	
[ASK IF CCT_HCV_COF1 = YES]		
Have you ever received treatment for hepatitis C?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_19c	CCT_HCV_TXS_COF1	
[ASK IF CCT_HCV_TRT_COF1 = YES]		
Was the treatment successful in clearing the virus?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_19d	CCT_HCV_CURR_COF1	
[ASK IF CCT_HCV_COF1 = YES]		
Do you currently have hepatitis C?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CCC_20	CCC_OTCCC_COF1	
[ALWAYS ASK]		
Do you have any other long-term physical or mental condition that has been diagnosed by a health professional?		
IF YES, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CCC_20B	CCC_OTCCC_OTSP_COF1	
[ASK IF CCC_OTCCC_COF1 = YES]		
"YES" Specify		
CCC_OTCCC_OTSP_COF1	01	

Infections – (Regular/atHome/byPhone/Reduced visits)

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

CCC_21	CCC_INF_COF1				
[ALWAYS ASK]					
In the past year, have you seen a doctor for any of the following reasons?					
READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION					
NOTE: Influenza, commonly referred to as the flu, is an infectious disease caused by RNA viruses. The most common symptoms of the disease are chills, fever, sore throat, muscle pains, severe headache, coughing, weakness/fatigue, and general discomfort. Influenza is different from the common cold or the ‘stomach flu’ (which is actually a type of gastroenteritis).					
		YES	NO	DK/NA	REFUSED
CCC_DRPNEU_COF1	Pneumonia				
CCC_DRFLU_COF1	Flu (Influenza)				
CCC_DRUTI_COF1	Urinary Tract Infection (UTI)				
CCC_DRDROT_COF1	Any other infections?				
CCC_21B	CCC_DRDROT_OTSP_COF1				
[ASK IF CCC_DRDROT_COF1 = YES]					
“Other” Specify					
CCC_DRDROT_OTSP_COF1	01				

Diabetes (DIA) – (Regular/atHome/byPhone/Reduced visits)

Now I'd like to ask you some questions about various types of illnesses you may be experiencing or may have experienced in the past.

CALCULATE DIA_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR DIABETES; DIA_MED=2 OTHERWISE CALCULATE INS_MED=1 IF PARTICIPANT IS TAKING INSULIN; INS_MED=2 OTHERWISE

DIA_01	DIA_DIAB_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have diabetes, borderline diabetes or that your blood sugar is high?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DIA_1a	DIA_DIAB_CHANGE_COF1	
[ASK IF DIA_DIAB_COF1 = NO AND DIA_DIAB_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had diabetes, borderline diabetes or that your blood sugar is high. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
DIA_1a	DIA_DIABCHANGE_SP_COF1	
[ASK IF DIA_DIAB_CHANGE_COF1 = YES]		
"YES" Specify		
DIA_DIABCHANGE_SP_COF1		

DIA_1b	DIA_TYPE_COF1	
[ASK IF DIA_DIAB_COF1 = YES]		
<p>NOTE: Type 1 diabetes can occur at any age. However, it is most often diagnosed in children, adolescents, or young adults. In type 1 diabetes, the cells that produce insulin do not work properly and little or no insulin is actually produced.</p> <p>In Type 2 diabetes, your fat, liver, and muscle cells do not respond correctly to insulin. This is called insulin resistance. As a result, blood sugar does not get into these cells to be stored for energy.</p>		
Were you diagnosed with:		
TYPE_I	01	Type I
TYPE_II	02	Type II
NEITHER	03	Neither
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DIA_1c	DIA_AGE_COF1	
[ASK IF DIA_DIAB_COF1 = YES]		
At what age or in what year were you first told you had diabetes, borderline diabetes or high blood sugar?		
<p>INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?</p>		
DIA_AGE_NB_SP_COF1	Age	
DIA_AGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

DIA_02	DIA_DIABRT_COF1	
[ALWAYS ASK]		
Have you ever been told by a doctor that you have Diabetic Retinopathy?		
<p>DIABETIC RETINOPATHY (DIE-UH-BET-IK RET-IH-NOP-UH-THEE) IS A DIABETES COMPLICATION THAT AFFECTS EYES. IT'S CAUSED BY DAMAGE TO THE BLOOD VESSELS OF THE LIGHT-SENSITIVE TISSUE AT THE BACK OF THE EYE (RETINA). AT FIRST, DIABETIC RETINOPATHY MAY CAUSE NO SYMPTOMS OR ONLY MILD VISION PROBLEMS.</p>		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DIA_2a	DIA_DIABRTAGE_COF1	
[ASK IF DIA_DIABRT_COF1 = YES]		
At what age or in what year were you first told you had Diabetic Retinopathy?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
DIA_DIABRTAGE_NB_SP_COF1	Age	
DIA_DIABRTAGE_YR_SP_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

DIA_03	DIA_EVPRG_COF1	
[ASK IF PARTICIPANT SEX = FEMALE]		
Have you ever been pregnant?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DIA_04	DIA_PRGDIA_COF1	
[ASK IF DIA_EVPRG_COF1 = YES]		
When you were pregnant, did the doctor tell you that you had diabetes, borderline diabetes or high blood sugar?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

[IF DIA_DIAB_COF1=YES CONTINUE, DIA_DIAB_COF1=NO AND DIA_MED_COF1=YES THEN SKIP TO DIA_MEDHOME_COF1, IF DIA_DIAB_COF1=NO AND DIA_MED_COF1=NO THEN SKIP TO DIA_END]

DIA_05	DIA_MED_COF1	
Are you currently taking medication for diabetes?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



DIA_5a	DIA_MEDCUR_COF1	
Are you currently taking <DRUGNAME> for diabetes?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DIABETES)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
[IF YES] IF LAST DRUG AND INS_MED=1 THEN SKIP TO DIA_MEDAGE_COF1 OTHERWISE IF LAST DRUG AND INS_MED=2 THEN SKIP TO DIA_END		
[IF NO] IF LAST DRUG AND INS_MED=1 THEN SKIP TO DIA_MEDAGE_COF1 OTHERWISE IF LAST DRUG AND INS_MED=2 THEN SKIP TO DIA_END		

DIA_5b	DIA_MEDNAME_COF1	
Can you tell me the name of the drug(s) you are taking for your diabetes?		
IF ANY RESPONSE IS "INSULIN" SKIP TO DIA_MEDAGE_COF1 OTHERWISE SKIP TO DIA_END		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
DIA_5b	DIA_MEDNAME_SP_COF1	
[ASK IF DIA_MEDNAME_COF1 = YES]		
"YES" Specify		
DIA_MEDNAME_SP_COF1	01	

DIA_5c	DIA_MEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat diabetes. Are you currently taking <DRUGNAME> for diabetes?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DIABETES)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
[IF YES] IF LAST DRUG AND INS_MED=1 THEN SKIP TO DIA_MEDAGE_COF1 OTHERWISE IF LAST DRUG AND INS_MED=2 THEN SKIP TO DIA_END		



DIA_5d	DIA_MEDAGE_COF1	
[ASK IF DIA_MEDNAME_COF1 = INSULIN]		
At what age or in what year did you begin taking insulin?		
IF PARTICIPANT IS UNSURE OF EXACT AGE PLEASE PROVIDE BEST ESTIMATE		
DIA_MEDAGE_NB_COF1	AGE	
DIA_MEDAGE_YR_COF1	YEAR	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused



Stroke/Cerebrovascular Event (STR) – (Regular/atHome/byPhone/Reduced visits)

CALCULATE STR_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR STROKE; STR_MED=2 OTHERWISE

STR_1	CCC_CVA_COF1	
Has a doctor ever told you that you have experienced a Stroke or CVA? (Cerebrovascular accident)?		
NOTE: A STROKE HAPPENS WHEN BLOOD FLOW TO A PART OF THE BRAIN STOPS. CEREBROVASCULAR ACCIDENT IS ANOTHER NAME FOR A STROKE.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_1a	CCC_CVA_CHANGE_COF1	
[ASK IF CCC_CVA_COF1 = NO AND CCC_CVA_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had experienced a Stroke or CVA (cerebrovascular accident). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_1a	CCC_CVACHANGE_SP_COF1	
[ASK IF CCC_CVA_CHANGE_COF1= YES]		
"YES" Specify		
CCC_CVACHANGE_SP_COF1		

STR_2	STR_CVAAGE_COF1	
[ASK IF CCC_CVA_COF1 = YES]		
At what age, or in what year, were you first told you had experienced a stroke?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
STR_CVAAGE_NB_COF1	AGE	
STR_CVAAGE_YR_COF1	YEAR	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

[IF CCC_CVA_COF1=1 CONTINUE, IF CCC_CVA_COF1=2 AND STR_MED=1 THEN SKIP TO STR_MEDHOME_COF1, IF CCC_CVA_COF1=2 AND STR_MED=2 THEN SKIP TO CCC_TIA_COF1]

STR_3	STR_MED_COF1	
Are you currently taking medications for stroke?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NOTE: Stroke treatments typically involve programs to restore loss of function post-stroke, e.g., physiotherapy, exercise, speech. While other types of treatment may be administered during the early stages of a stroke (e.g., clot busters, surgery), study participants are unlikely be receiving these treatments at the time of their DCS visit (STR_3d/STR_OTHMD_COF1 asks about current treatments).

STR_3a	STR_MEDCUR_COF1	
Are you currently taking <DRUGNAME> for your stroke?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
[IF YES] IF LAST DRUG THEN SKIP TO STR_OTHMD_COF1		
[IF NO] IF LAST DRUG THEN SKIP TO STR_OTHMD_COF1		

STR_3b	STR_MEDNAME_COF1	
[ASK IF STR_MED_COF1 = YES]		
Can you tell me the name of the drug(s) you are taking for your stroke?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
STR_3B	STR_MEDNAME_SP_COF1	
[ASK IF STR_MEDNAME_COF1 = YES]		
"YES" Specify		
STR_MEDNAME_SP_COF1	01	

STR_3c	STR_MEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat a stroke. Are you currently taking <DRUGNAME> for a stroke?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG AND NO DRUG ANSWERED "YES" AND CCC_CVA_COF1=2 THEN SKIP TO CCC_TIA_COF1; OTHERWISE CONTINUE		

CALCULATE ANY_SMED=1 IF (STR_MED_COF1=1 OR ANY DRUGS FOR STR_MEDHOME_COF1 ANSWERED "YES"); ANY_SMED=2 OTHERWISE

STR_3d	STR_OTHMD_COF1	
Are you currently undergoing other treatment for a stroke?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: SKIP TO CCC_TIA_COF1		
IF NO, DK_NA OR REFUSED: IF ANY_SMED=1 THEN SKIP TO CCC_TIA_COF1; OTHERWISE CONTINUE		

STR_4	STR_EVRMD_COF1	
Have you ever taken any medications or undergone other treatment for stroke?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_5	CCC_TIA_COF1	
Has a doctor ever told you that you have experienced a ministroke or TIA (Transient Ischemic Attack)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



STR_5a	CCC_TIA_CHANGE_COF1	
[ASK IF CCC_TIA_COF1 = NO AND CCC_TIA_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had experienced a ministroke or TIA (Transient Ischemic Attack). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
STR_5a	CCC_TIACHANGE_SP_COF1	
[ASK IF CCC_TIA_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_TIACHANGE_SP_COF1		

STR_6	STR_TIAAGE_COF1	
[ASK IF CCC_TIA_COF1 = YES]		
At what age, or in what year, were you first told you had experienced a ministroke or TIA?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
STR_TIAAGE_NB_COF1	AGE	
STR_TIAAGE_YR_COF1	YEAR	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused
[IF CCC_TIA_COF1=1 CONTINUE, IF CCC_TIA_COF1=2 AND STR_MED=1 THEN SKIP TO STR_TIAMEDHOME_COF1, IF CCC_TIA_COF1=2 AND STR_MED=2 THEN SKIP TO CCC_CVAFX_COF1]		

STR_7	STR_TIAMED_COF1	
Are you currently taking medications or undergoing other treatment for a ministroke?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_7a	STR_TIAMEDCUR_COF1	
Are you currently taking <DRUGNAME> for your ministroke?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR MINISTROKE OR TIA)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
[IF YES] REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_TIAOTHMD_COF1		
[IF NO] REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_TIAOTHMD_COF1		

STR_7b	STR_TIAMEDNAME_COF1	
[ASK IF STR_TIAMED_COF1 = YES]		
Can you tell me the name of the drug(s) you are taking for your ministroke?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
STR_7B	STR_TIAMEDNAME_SP_COF1	
[ASK IF STR_TIAMEDNAME_COF1= YES]		
"YES" Specify		
STR_TIAMEDNAME_SP_COF1	01	

[IF CCC_TIA_COF1=1 CONTINUE, IF CCC_TIA_COF1=2 AND STR_MED=1 THEN SKIP TO STR_TIAMEDHOME_COF1, IF CCC_TIA_COF1=2 AND STR_MED=2 THEN SKIP TO CCC_CVAFX_COF1]

STR_7c	STR_TIAMEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat a stroke. Are you currently taking <DRUGNAME> for a ministroke?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_TIAOTHMD_COF1		
IF NO: REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG AND NO DRUG ANSWERED "YES" AND CCC_TIA_COF1=2 THEN SKIP TO CCC_CVAFX_COF1; OTHERWISE CONTINUE		
IF DK_NA OR REFUSED: CONTINUE		



CALCULATE ANY_SMED=1 IF (STR_TIAMED_COF1=1 OR ANY DRUGS FOR STR_TIAMEDHOME_COF1 ANSWERED “YES”); ANY_SMED=2 OTHERWISE

STR_7d	STR_TIAOTHMD_COF1	
Are you currently undergoing other treatment for a ministroke?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: SKIP TO CCC_CVAFX_COF1		
IF NO, DK_NA OR REFUSED: IF ANY_SMED=1 THEN SKIP TO CCC_CVAFX_COF1; OTHERWISE CONTINUE		

STR_8	STR_TIAEVMD_COF1	
Have you ever taken any medications or undergone other treatment for a ministroke?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_9	CCC_CVAFX_COF1	
[ASK IF CCC_CVA_COF1=YES OR CCC_TIA_COF1=YES]		
Has a doctor ever told you that you suffer from the effects of a stroke, CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Modified QVSFS Questionnaire – (Regular/atHome/byPhone/Reduced visits)

STR_10	STR_WEAK_COF1	
[ALWAYS ASK]		
Have you ever had sudden painless weakness on one side of your body?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_10a	STR_WEAK_DUR_COF1	
[ASK IF STR_WEAK_COF1 = YES]		
How long did your symptoms last?		
LESS_24H	01	Less than 24 hours
24H_MORE	02	24 hours or more
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_11	STR_NUMB_COF1	
[ALWAYS ASK]		
Have you ever had sudden numbness or a dead feeling on one side of your body?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_11a	STR_NUMB_DUR_COF1	
[ASK IF STR_NUMB_COF1= YES]		
How long did your symptoms last?		
LESS_24H	01	Less than 24 hours
24H_MORE	02	24 hours or more
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_12	STR_VIS_COF1	
[ALWAYS ASK]		
Have you ever had sudden painless loss of vision in one or both eyes?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_12a	STR_VIS_DUR_COF1	
[ASK IF STR_VIS_COF1 = YES]		
How long did your symptoms last?		
LESS_24H	01	Less than 24 hours
24H_MORE	02	24 hours or more
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_13	STR_NOVIS_COF1	
[ALWAYS ASK]		
Have you ever suddenly lost vision in one eye?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_13a	STR_NOVIS_DUR_COF1	
[ASK IF STR_NOVIS_COF1 = YES]		
How long did your symptoms last?		
LESS_24H	01	Less than 24 hours
24H_MORE	02	24 hours or more
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_14	STR_NOUND_COF1	
[ALWAYS ASK]		
Have you ever suddenly lost the ability to understand what people were saying?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_14a	STR_NOUND_DUR_COF1	
[ASK IF STR_NOUND_COF1 = YES]		
How long did your symptoms last?		
LESS_24H	01	Less than 24 hours
24H_MORE	02	24 hours or more
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_15	STR_NOEXP_COF1	
[ALWAYS ASK]		
Have you ever suddenly lost the ability to express yourself?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

STR_15a	STR_NOEXP_DUR_COF1	
[ASK IF STR_NOEXP_COF1 = YES]		
How long did your symptoms last?		
LESS_24H	01	Less than 24 hours
24H_MORE	02	24 hours or more
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



Traumatic Brain Injury (TBI) – (Regular/atHome/byPhone/Reduced visits)

Next we would like to ask you about head injuries...

TBI_1	TBI_TYP_COF1
[ALWAYS ASK]	
Have you suffered a head injury from any of the following...?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
TBI_TYP_VH_COF1	01 Vehicular crash (please specify type of vehicle: _____)
TBI_TYP_FL_COF1	02 Fall
TBI_TYP_SPT_COF1	03 Sports-related activity (please specify: _____)
TBI_TYP_NN_COF1	96 None/Did not suffer head injury
TBI_TYP_OT_COF1	97 Other
TBI_TYP_DK_COF1	98 [DO NOT READ] Don't Know / No Answer
TBI_TYP_RF_COF1	99 [DO NOT READ] Refused
TBI_1a	TBI_TYP_VHSP_COF1
[ASK IF TBI_TYP_VH_COF1 = YES]	
Please specify type of vehicle: _____	
TBI_TYP_VHSP_COF1	01
TBI_1b	TBI_TYP_SPTSP_COF1
[ASK IF TBI_TYP_SPT_COF1 = YES]	
Sports-related activity (please specify: _____)	
TBI_TYP_SPTSP_COF1	01
TBI_1c	TBI_TYP_OTSP_COF1
[ASK IF TBI_TYP_OT_COF1 = YES]	
Other (please specify: _____)	
TBI_TYP_OTSP_COF1	01

TBI_2	TBI_NMBR_COF1
[ASK IF TBI_TYP_COF1 ≠ TBI_TYP_NN_COF1 OR TBI_TYP_DK_COF1 OR TBI_TYP_RF_COF1]	
How many head injuries have you had (in your lifetime)?	
INTERVIEWER NOTE: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER	
TBI_NMBR_NB_COF1	NUMBER _____ RECORD NUMBER, MASK: MIN=01, MAX=20
DK_NA	98 [DO NOT READ] Don't Know / No Answer
REFUSED	99 [DO NOT READ] Refused

TBI_3	TBI_RSLT_COF1
[ASK IF TBI_TYP_COF1 ≠ TBI_TYP_NN_COF1 OR TBI_TYP_DK_COF1 OR TBI_TYP_RF_COF1]	
<ul style="list-style-type: none"> • IF 1 HEAD INJURY AT TBI_2, READ “THE HEAD INJURY” • IF >1 HEAD INJURIES AT TBI_2, READ “ANY HEAD INJURIES” 	
Did [the head injury/any head injuries] you received result in...?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
NOTE: READ THE RESPONSE OPTIONS COMPLETELY AND EXACTLY AS WRITTEN.	
TBI_RSLT_DZ_COF1	01 Being dazed, confused, or “seeing stars”
TBI_RSLT_NRM_COF1	02 Not remembering the injury
TBI_RSLT_KO1_COF1	03 Losing consciousness (knocked out) for less than a minute
TBI_RSLT_KO20_COF1	04 Losing consciousness for 1-20 minutes
TBI_RSLT_KO20MORE_COF1	05 Losing consciousness for longer than 20 minutes
TBI_RSLT_NN_COF1	96 [DO NOT READ] None of the Above
TBI_RSLT_DK_COF1	98 [DO NOT READ] Don’t Know / No Answer
TBI_RSLT_RF_COF1	99 [DO NOT READ] Refused

TBI_4	TBI_MCR_COF1
[ASK IF TBI_TYP_COF1 ≠ TBI_TYP_NN_COF1 OR TBI_TYP_DK_COF1 OR TBI_TYP_RF_COF1]	
<ul style="list-style-type: none"> • IF 1 HEAD INJURY AT TBI_2, READ “THE HEAD INJURY” • IF >1 HEAD INJURIES AT TBI_2, READ “ANY HEAD INJURIES” 	
What medical care did you receive for [the head injury/any head injuries]?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
NOTE: READ THE RESPONSE OPTIONS COMPLETELY AND EXACTLY AS WRITTEN.	
TBI_MCR_PHA_COF1	01 Physician assessment/visit
TBI_MCR_ED_COF1	02 Emergency department visit
TBI_MCR_HO_COF1	03 Hospitalization
TBI_MCR_NN_COF1	96 [DO NOT READ] None/Received no medical care
TBI_MCR_DK_COF1	98 [DO NOT READ] Don’t Know / No Answer
TBI_MCR_RF_COF1	99 [DO NOT READ] Refused



TBI_5	TBI_PROB_COF1	
[ASK IF TBI_TYP_COF1 ≠ TBI_TYP_NN_COF1 OR TBI_TYP_DK_COF1 OR TBI_TYP_RF_COF1]		
Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98, OR 99 ARE SELECTED), CODE ALL THAT APPLY		
TBI_PROB_HA_COF1	01	Headaches
TBI_PROB_DIZ_COF1	02	Dizziness
TBI_PROB_MEM_COF1	03	Memory problems
TBI_PROB_BAL_COF1	04	Balance problems
TBI_PROB_EAR_COF1	05	Ringing in the ears
TBI_PROB_IRT_COF1	06	Irritability
TBI_PROB_SLP_COF1	07	Sleep problems
TBI_PROB_NN_COF1	96	No/None/Not experiencing any problems
TBI_PROB_OT_COF1	97	Other
TBI_PROB_DK_COF1	98	[DO NOT READ] Don't Know / No Answer
TBI_PROB_RF_COF1	99	[DO NOT READ] Refused
TBI_5a	TBI_PROB_OTSP_COF1	
[ASK IF TBI_PROB_OT_COF1 = YES]		
Other (please specify: _____)		
TBI_PROB_OTSP_COF1	01	
TBI_6		
Positive Screen [DERIVED VARIABLE – ONYX PROGRAMMING] If (TBI_TYP_COF1= TBI_TYP_VH_COF1 or TBI_TYP_FL_COF1 or TBI_TYP_SPT_COF1 or TBI_TYP_OT_COF1) and (TBI_RSLT_COF1 = TBI_RSLT_DZ_COF1 or TBI_RSLT_NRM_COF1 or TBI_RSLT_KO1_COF1 or TBI_RSLT_KO20_COF1 or TBI_RSLT_KO20MORE_COF1) then TBI_6=Yes 1, else TBI_6=No 2		

Hypo- and Hyperthyroidism (HYP) – (Regular/atHome/byPhone/Reduced visits)

CALCULATE HYO_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR HYPOTHYROIDISM; HYO_MED=2 OTHERWISE

CALCULATE HYR_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR HYPERTHYROIDISM; HYR_MED=2 OTHERWISE

HYP_1	CCC_UTHYR_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?		
NOTE: Make clear to participants that this question asks about an underactive thyroid gland or hypothyroidism, not an overactive thyroid gland or hyperthyroidism. All questions from HYP_1 to HYP_4 pertain to an underactive thyroid.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: SKIP TO HYP_UTHYRAGE_COF1		
IF NO, DK_NA OR REFUSED: SKIP TO HYP_UTHYRMED_COF1		

HYP_1a	CCC_UTHYR_CHANGE_COF1	
[ASK IF CCC_UTHYR_COF1 = NO AND CCC_UTHYR_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
HYP_1A	CCC_UTHYRCHANGE_SP_COF1	
[ASK IF CCC_UTHYR_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_UTHYRCHANGE_SP_COF1		



HYP_2	HYP_UTHYRAGE_COF1	
[ASK IF CCC_UTHYR_COF1 = YES]		
At what age, or in what year, were you first told you had hypothyroidism?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
HYP_UTHYRAGE_NB_COF1	AGE	
HYP_UTHYRAGE_YR_COF1	YEAR	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused
[IF CCC_UTHYR_COF1=1 CONTINUE, IF CCC_UTHYR_COF1=2 AND HYO_MED=1 THEN SKIP TO HYP_UTHYRMEDHOME_COF1, IF CCC_UTHYR_COF1=2 AND HYO_MED=2 THEN SKIP TO CCC_OTHYR_COF1]		

HYP_3	HYP_UTHYRMED_COF1	
Are you currently taking medications or undergoing other treatment for an UNDER-active thyroid gland?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: IF HYO_MED=1 THEN CONTINUE; IF HYO_MED=2 THEN SKIP TO HYP_UTHYRMEDNAME_COF1		
IF NO: IF HYO_MED=1 THEN SKIP TO HYP_UTHYRMEDHOME_COF1 OTHERWISE SKIP TO HYP_UTHYREVRMED_COF1		
IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO HYP_UTHYREVRMED_COF1		

HYP_3a	HYP_UTHYRMEDCUR_COF1	
Are you currently taking <DRUGNAME> for hypothyroidism?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPOTHYROIDISM)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
[IF YES] REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO CCC_OTHYR_COF1		
[IF NO] REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO CCC_OTHYR_COF1		

HYP_3b	HYP_UTHYRMEDNAME_COF1	
[ASK IF HYP_UTHYRMED_COF1 = YES]		
Can you tell me the name of the drug(s) you are taking for your hypothyroidism?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
HYP_3B	HYP_UTHYRMEDNAME_SP_COF1	
[ASK IF HYP_UTHYRMEDNAME_COF1 = YES]		
"YES" Specify		
HYP_UTHYRMEDNAME_SP_COF1	01	

HYP_3c	HYP_UTHYRMEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat hypothyroidism. Are you currently taking <DRUGNAME> for hypothyroidism?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPOTHYROIDISM)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO CCC_OTHYR_COF1 IF NO: REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF CCC_UTHYR_COF1=1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF CCC_UTHYR_COF1=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO CCC_OTHYR_COF1 IF <u>DK_NA</u> OR <u>REFUSED</u>: CONTINUE		

HYP_4	HYP_UTHYREVRMED_COF1	
Have you ever taken any medications or undergone other treatment for an UNDER-active thyroid gland?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

HYP_5	CCC_OTHYR_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?		
NOTE: These questions pertain to an overactive thyroid.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: SKIP TO HYP_UTHYRAGE_COF1		
IF NO, DK_NA OR REFUSED: SKIP TO HYP_UTHYRMED_COF1		

HYP_5a	CCC_OTHYR_CHANGE_COF1	
[ASK IF CCC_OTHYR_COF1 = NO AND CCC_OTHYR_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
HYP_5A	CCC_OTHYRCHANGE_SP_COF1	
[ASK IF CCC_OTHYR_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_OTHYRCHANGE_SP_COF1		

HYP_6	HYP_OTHYRAGE_COF1	
[ASK IF CCC_OTHYR_COF1 = YES]		
At what age, or in what year, were you first told you had hyperthyroidism?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
HYP_OTHYRAGE_NB_COF1	AGE	
HYP_OTHYRAGE_YR_COF1	YEAR	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

[IF CCC_OTHYR_COF1=1 CONTINUE, IF CCC_OTHYR_COF1=2 AND HYR_MED=1 THEN SKIP TO HYP_OTHYRMEDHOME_COF1, IF CCC_OTHYR_COF1=2 AND HYR_MED=2 THEN SKIP TO HYP_END]

HYP_7	HYP_OTHYRMED_COF1	
Are you currently taking medications or undergoing other treatment for an OVER-active thyroid gland?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: IF HYR_MED=1 THEN CONTINUE; IF HYR_MED=2 THEN SKIP TO HYP_OTHYRMEDNAME_COF1		
IF NO: IF HYR_MED=1 THEN SKIP TO HYP_OTHYRMEDHOME_COF1 OTHERWISE SKIP TO HYP_OTHYREVRMD_COF1		
IF DK_NA OR REFUSED: SKIP TO HYP_OTHYREVRMD_COF1		

HYP_7a	HYP_OTHYRMEDCUR_COF1	
Are you currently taking <DRUGNAME> for hyperthyroidism?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPERTHYROIDISM)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
[IF YES OR NO] REPEAT FOR ALL HYPERTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO HYP_END		
[IF DK_NA OR REFUSED] SKIP TO HYP_END		

HYP_7b	HYP_OTHYRMEDNAME_COF1	
[ASK IF HYP_OTHYRMED_COF1 = YES]		
Can you tell me the name of the drug(s) you are taking for your hyperthyroidism?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
HYP_7B	HYP_OTHYRMEDNAME_SP_COF1	
[ASK IF HYP_OTHYRMEDNAME_COF1= YES]		
"YES" Specify		
HYP_OTHYRMEDNAME_SP_COF1	01	

HYP_7c	HYP_OTHYRMEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat hyperthyroidism. Are you currently taking <DRUGNAME> for hyperthyroidism?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPERTHYROIDISM)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<p>IF <u>YES</u>: REPEAT FOR ALL HYPERTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO HYP_END</p> <p>IF <u>NO</u>: REPEAT FOR ALL HYPERTHYROIDISM DRUGS; IF CCC_OTHYR_COF1=1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF CCC_OTHYR_COF1=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO HYP_END</p> <p>IF <u>DK_NA</u> OR <u>REFUSED</u>: CONTINUE</p>		

HYP_8	HYP_OTHYREVRMD_COF1	
Have you ever taken any medications or undergone other treatment for an OVER-active thyroid gland?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



Hypertension (HBP) – (Regular/atHome/byPhone/Reduced visits)

Thank you. Now I'd like to continue with some questions about blood pressure.

CALCULATE HBP_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR HYPERTENSION; HBP_MED=2 OTHERWISE

HBP_1	CCC_HBP_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have high blood pressure or hypertension?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: SKIP TO HBP_AGE_COF1		
IF NO, DK_NA OR REFUSED: SKIP TO HBP_MED_COF1		

HBP_1a	CCC_HBP_CHANGE_COF1	
[ASK IF CCC_HBP_COF1 = NO AND CCC_HBP_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had high blood pressure or hypertension. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
HBP_1A	CCC_HBPRCHANGE_SP_COF1	
[ASK IF CCC_HBP_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_HBPRCHANGE_SP_COF1		



HBP_2	HBP_AGE_COF1	
[ASK IF CCC_HBP_COF1 = YES]		
At what age, or in what year, were you first told you had high blood pressure or hypertension?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
HBP_AGE_NB_COF1	AGE	
HBP_AGE_YR_COF1	YEAR	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused
[PROGRAMMING NOTE: IF DIA_EVPRG_COF1=2 SKIP TO HBP_MED_COF1]		

HBP_3	HBP_PRG_COF1	
[ASK IF DIA_EVPRG_COF1 = YES]		
Were you pregnant when you were diagnosed with high blood pressure?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

HBP_4	HBP_OTPRG_COF1	
[ASK IF DIA_EVPRG_COF1 = YES]		
Other than when you were pregnant, was there any other time when you were diagnosed with high blood pressure?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
[IF CCC_HBP_COF1=1 CONTINUE, IF CCC_HBP_COF1=2 AND HBP_MED=1 THEN SKIP TO HBP_MEDHOME_COF1, IF CCC_HBP_COF1=2 AND HBP_MED=2 THEN SKIP TO HBP_TRT_COF1]		



HBP_5	HBP_MED_COF1	
Are you currently taking medications for high blood pressure or hypertension?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF <u>YES</u>: IF HBP_MED=1 THEN CONTINUE; IF HBP_MED=2 THEN SKIP TO HBP_MEDNAME_COF1		
IF <u>NO</u>: IF HBP_MED=1 THEN SKIP TO HBP_MEDHOME_COF1 OTHERWISE SKIP TO HBP_EVRMED_COF1		
IF <u>DK_NA</u> OR <u>REFUSED</u>: HBP_EVRMED_COF1		

HBP_5a	HBP_MEDCUR_COF1	
Are you currently taking <DRUGNAME> for high blood pressure?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HIGH BLOOD PRESSURE)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF <u>YES</u>: REPEAT FOR ALL HBP DRUGS; IF LAST DRUG THEN SKIP TO HBP_TRT_COF1		
IF <u>NO</u>: REPEAT FOR ALL HBP DRUGS; IF LAST DRUG THEN SKIP TO HBP_TRT_COF1		
IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO HBP_TRT_COF1		

HBP_5b	HBP_MEDNAME_COF1	
[ASK IF HBP_MED_COF1 = YES]		
Can you tell me the name of the drug(s) you are taking for your high blood pressure?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
HBP_5B	HBP_MEDNAME_SP_COF1	
[ASK IF HBP_MEDNAME_COF1= YES]		
"YES" Specify		
HBP_MEDNAME_SP_COF1	01	



HBP_5c	HBP_MEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat high blood pressure. Are you currently taking <DRUGNAME> for high blood pressure?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HIGH BLOOD PRESSURE)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<p>IF <u>YES</u>: REPEAT FOR ALL HBP DRUGS; IF LAST DRUG THEN SKIP TO HBP_TRT_COF1</p> <p>IF <u>NO</u>: REPEAT FOR ALL HBP DRUGS; IF CCC_HBP_COF1=1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF CCC_HBP_COF1=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO HBP_TRT_COF1</p> <p>IF <u>DK_NA</u> OR <u>REFUSED</u>: CONTINUE</p>		

HBP_6	HBP_EVRMED_COF1	
[ALWAYS ASK]		
Have you ever taken medications for high blood pressure?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

HBP_7	HBP_TRT_COF1	
[ALWAYS ASK]		
Are you currently being treated by diet or exercise or other non-pharmacological lowering treatments for high blood pressure or hypertension?		
<p>INTERVIEWER: THIS COULD INCLUDE SELF-TREATING SUCH AS REDUCING SALT INTAKE ON PARTICIPANT'S OWN INITIATIVE—I.E. WITHOUT DOCTOR'S SPECIFIC RECOMMENDATION.</p> <p>NOTE: Non-pharmacological treatments include quitting smoking or drinking, managing stress, or reducing dietary sodium intake. Also included here would be vitamin supplements such as calcium, potassium, Magnesium, vitamin C or omega-3 fatty acids.</p>		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



HBP_8	HBP_EVTRT_COF1	
[ASK IF HBP_TRT_COF1 ≠ YES]		
Have you ever been treated by diet or exercise, or other non-pharmacological lowering treatments for high blood pressure?		
INTERVIEWER: THIS COULD INCLUDE SELF-TREATING SUCH AS REDUCING SALT INTAKE ON PARTICIPANT'S OWN INITIATIVE—I.E. WITHOUT DOCTOR'S SPECIFIC RECOMMENDATION.		
NOTE: Non-pharmacological treatments include quitting smoking or drinking, managing stress, or reducing dietary sodium intake. Also included here would be vitamin supplements such as calcium, potassium, Magnesium, vitamin C or omega-3 fatty acids.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Ischemic Heart Disease (IHD) – (Regular/atHome/byPhone/Reduced visits)

CALCULATE IHD_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR ISCHEMIC HEART DISEASE; IHD_MED=2 OTHERWISE

IHD_1	CCC_ANGI_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have angina (or chest pain due to heart disease)?		
NOTE: Angina is chest pain or discomfort that occurs if an area of heart muscle does not get enough oxygen-rich blood. Angina may feel like pressure or squeezing in the chest. The pain also can occur in your shoulders, arms, neck, jaw, or back. Angina pain may even feel like indigestion.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

IHD_1a	CCC_ANGI_CHANGE_COF1	
[ASK IF CCC_ANGI_COF1 = NO AND CCC_ANGI_COF1 = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had angina (or chest pain due to heart disease). Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IHD_1A	CCC_ANGICHANGE_SP_COF1	
[ASK IF CCC_ANGI_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_ANGICHANGE_SP_COF1		

IHD_2	IHD_ANGIAGE_COF1	
[ASK IF CCC_ANGI_COF1= YES]		
At what age, or in what year, were you first told you had angina?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
IHD_ANGIAGE_NB_COF1	AGE	
IHD_ANGIAGE_YR_COF1	YEAR	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

IHD_3	CCC_AMI_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have had a heart attack or myocardial infarction?		
NOTE: A heart attack or myocardial infarction occurs when blood flow to a part of the heart is blocked for a long enough time that part of the heart muscle is damaged or dies.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

IHD_3a	CCC_AMI_CHANGE_COF1	
[ASK IF CCC_AMI_COF1 = NO AND CCC_AMI_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you a heart attack or myocardial infarction. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

IHD_3A	CCC_AMICHANGE_SP_COF1	
[ASK IF CCC_AMI_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_AMICHANGE_SP_COF1		

IHD_4	IHD_AMIAGE_COF1	
[ASK IF CCC_AMI_COF1 = YES]		
At what age, or in what year, were you first told you had a heart attack?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
IHD_AMIAGE_NB_COF1	AGE	
IHD_AMIAGE_YR_COF1	YEAR	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

IHD_5	IHD_CAB_COF1	
[ALWAYS ASK]		
Have you ever had coronary artery bypass surgery, angioplasty, stent, or balloon angioplasty for your heart disease?		
NOTE:		
<i>Coronary artery bypass surgery:</i> a surgical procedure performed to relieve angina and reduce the risk of death from coronary artery disease. Arteries or veins from elsewhere in the patient's body are grafted to the coronary arteries to bypass narrowed arteries and improve the blood supply to the heart muscle.		
<i>Angioplasty (also called balloon angioplasty or Percutaneous Transluminal Coronary Angioplasty):</i> an empty and collapsed balloon on a guide wire, known as a balloon catheter, is passed into the narrowed locations of arteries and inflated. The balloon crushes the fatty deposits, opening up the blood vessel for improved flow, and the balloon is then deflated and withdrawn.		
<i>Stent:</i> a tube placed in the coronary arteries that supply the heart, to keep the arteries open in the treatment of coronary heart disease. Stents are often placed in the arteries after an angioplasty.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

IHD_6	IHD_ANGIO_COF1	
[ASK IF IHD_CAB_COF1 ≠ YES]		
Have you ever had an angiogram?		
NOTE: An angiogram is an X-ray test that uses a special dye and camera (fluoroscopy) to take pictures of the blood flow in an artery or vein.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

IHD_7	IHD_BLOCK_COF1	
[ASK IF IHD_ANGIO_COF1 ≠ YES]		
Has a doctor ever told you that you have a blockage in your arteries?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CALCULATE ANY_IHD=1 IF CCC_ANGI_COF1=1 OR CCC_AMI_COF1=1 OR IHD_BLOCK_COF1=1; ANY_IHD=2 OTHERWISE		

IHD_7a	IHD_BLOCK_CHANGE_COF1	
[ASK IF IHD_BLOCK_COF1 = NO AND IHD_BLOCK_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you have a blockage in your arteries. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IHD_7A	IHD_BLOCKCHANGE_SP_COF1	
[ASK IF IHD_BLOCK_CHANGE_COF1= YES]		
"YES" Specify		
IHD_BLOCKCHANGE_SP_COF1		

[IF ANY_IHD=1 THEN CONTINUE, IF ANY_IHD=2 AND IHD_MED=1 THEN SKIP TO IHD_MEDHOME_COF1, IF ANY_IHD=2 AND IHD_MED=2 THEN SKIP TO IHD_END]

IHD_8	IHD_MED_COF1	
Are you currently taking any medications for heart disease?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: IF IHD_MED=1 THEN CONTINUE; IF IHD_MED=2 THEN SKIP TO IHD_MEDNAME_COF1		
IF NO: IF IHD_MED=1 THEN SKIP TO IHD_MEDHOME_COF1 OTHERWISE SKIP TO IHD_EVRMED_COF1		
IF DK_NA OR REFUSED: SKIP TO IHD_EVRMED_COF1		



IHD_8a	IHD_MEDCUR_COF1	
Are you currently taking <DRUGNAME> for heart disease?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR IHD)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF <u>YES</u>: REPEAT FOR ALL IHD DRUGS; IF LAST DRUG THEN SKIP TO IHD_END		
IF <u>NO</u>: REPEAT FOR ALL IHD DRUGS; IF LAST DRUG THEN SKIP TO IHD_END		
IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO IHD_END		

IHD_8b	IHD_MEDNAME_COF1	
[ASK IF IHD_MED_COF1 = YES]		
Can you tell me the name of the drug(s) you are taking for your heart disease?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IHD_8b	IHD_MEDNAME_SP_COF1	
[ASK IF IHD_MEDNAME_COF1 = YES]		
"YES" Specify		
IHD_MEDNAME_SP_COF1	01	



IHD_8c	IHD_MEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat heart disease. Are you currently taking <DRUGNAME> for heart disease?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR IHD)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: REPEAT FOR ALL IHD DRUGS; IF LAST DRUG THEN SKIP TO IHD_END		
IF NO: REPEAT FOR ALL IHD DRUGS; IF ANY_IHD=1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF ANY_IHD=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO IHD_END		
IF DK_NA OR REFUSED: CONTINUE		

IHD_9	IHD_EVRMED_COF1	
Have you ever taken any medications or undergone other treatment for heart disease?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IHD_9	IHD_EVRMED_SP_COF1	
[ASK IF IHD_EVRMED_COF1 = YES]		
"YES" Specify		
IHD_EVRMED_SP_COF1	01	

WHO Rose Questionnaire (ROS) – (Regular/atHome/byPhone/Reduced visits)

NOTE: THESE QUESTIONS MUST BE READ EXACTLY AS THEY ARE WRITTEN AND ALL RESPONSE CATEGORIES MUST BE READ OUT IN FULL. NO DEVIATIONS FROM THE TEXT ARE PERMITTED.

ROS_1	ROS_PAIN_COF1	
[ALWAYS ASK]		
Have you ever had any pain or discomfort in your chest?		
INTERVIEWER: EVEN IF THE PARTICIPANT EXPLAINS THAT THE CHEST PAIN IS GASTRIC RELATED THE ANSWER TO THIS QUESTION IS “YES” AND CONTINUE TO QUESTION ROS_HILL_COF1		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ROS_2	ROS_HILL_COF1	
[ASK IF ROS_PAIN_COF1 = YES]		
Do you get this pain or discomfort when you walk uphill or hurry?		
YES	01	Yes
NO	02	No
DONT_WALK_UPHILL	06	Don't walk uphill or hurry
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

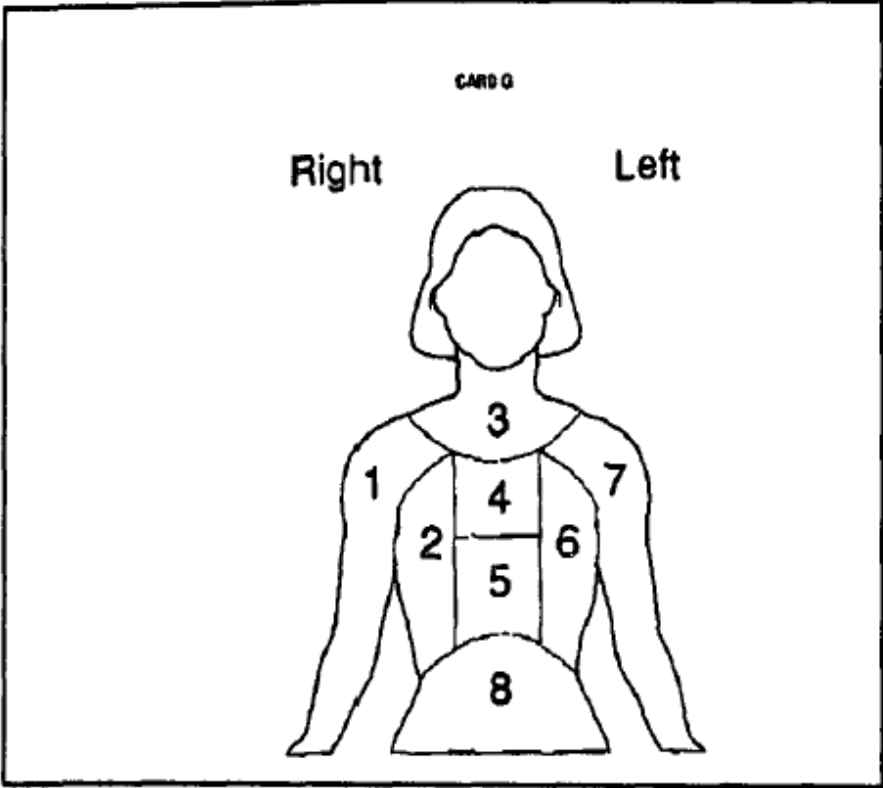
ROS_3	ROS_LEVEL_COF1	
[ASK IF ROS_PAIN_COF1 = YES]		
Do you get it when you walk at an ordinary pace on the level?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF NO: IF ROS_HILL_COF1=1 THEN SKIP TO ROS_DOWLK_COF1; IF ROS_HILL_COF1=2 THEN SKIP TO ROS_LOC_COF1		
IF DK_NA OR REFUSED: IF ROS_HILL_COF1=1 THEN SKIP TO ROS_DOWLK_COF1; IF ROS_HILL_COF1=2 THEN SKIP TO ROS_LOC_COF1		

ROS_4	ROS_BLOCK_COF1	
[ASK IF ROS_HILL_COF1 = YES]		
How many blocks of walking bring on your chest pain?		
INTERVIEWER: ENTER '00' IF LESS THAN ONE BLOCK OR SKIP IF [ROS_HILL_COF1=2 OR ROS_HILL_COF1=6] AND ROS_LEVEL_COF1=2		
ROS_BLOCK_NB_COF1		_____ RECORD NUMBER OF BLOCKS
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

ROS_5	ROS_DOWLK_COF1	
[ASK IF ROS_PAIN_COF1 = YES]		
What do you do if you get it while you are walking?		
STOPS_SLOW_DOWN	01	Stop or slow down
NITRO_CONTINUE	02	Take Nitro-glycerine and continue at same pace
CONTINUE	03	Continue at same pace
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ROS_6	ROS_STILL_COF1	
[ASK IF ROS_DOWLK_COF1 = STOPS_SLOW_DOWN]		
If you stand still, what happens to it? Does it get better or not?		
GETS_BETTER	01	Gets better
NOT_GET_BETTER	02	Does not get better
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ROS_7	ROS_SOON_COF1	
[ASK IF ROS_STILL_COF1 = GETS_BETTER]		
How soon does it get better?		
10_MIN_OR_LESS	01	10 minutes or less
MORE_THAN_10_MIN	02	More than 10 minutes
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ROS_8	ROS_LOC_COF1						
[ASK IF ROS_PAIN_COF1 = YES]							
What is the location of the pain or discomfort? (Please show me the places where you get this pain or discomfort.)							
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY							
<p>CARD G</p> 							
01	02	03	04	05	06	07	08
ROS_LOC_01_COF1	ROS_LOC_02_COF1	ROS_LOC_03_COF1	ROS_LOC_04_COF1	ROS_LOC_05_COF1	ROS_LOC_06_COF1	ROS_LOC_07_COF1	ROS_LOC_08_COF1
DK_NA		98	[DO NOT READ] Don't Know / No Answer				
REFUSED		99	[DO NOT READ] Refused				



ROS_9	ROS_SEVPAIN_COF1	
[ASK IF ROS_PAIN_COF1 = YES]		
Have you ever had severe pain across the front of your chest lasting for half an hour or more?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Osteoarthritis of the Hand (OSA) – (Regular/atHome/byPhone/Reduced visits)

NOTE: Osteoarthritis: a joint disorder due to aging and wear and tear on a joint. The most common symptoms are pain and stiffness in the joints. The pain is often worse after exercise and when weight or pressure is put on the joint. Joint swelling is typically seen in the joints closest to the fingernails (see OSA_3 diagram below).

Rheumatoid arthritis (not the topic of this question) is a long-term disease that leads to inflammation of the joints and surrounding tissues. This condition often begins slowly, usually with only minor joint pain, stiffness, and fatigue. Joint symptoms may include morning stiffness, or warm, tender, and stiff feelings when not used for an hour. Joint pain is often felt on the same joint on both sides of the body. Over time, joints may lose their range of motion and may become deformed. Joint swelling is typically seen in the joints closest to the base of the fingers (see OSA_3 diagram below).

Now a few questions about osteoarthritis...

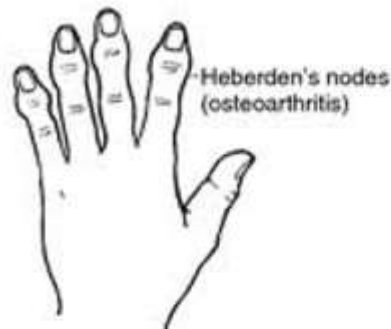
OSA_1	CCC_OAHAND_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have osteoarthritis in one or both hands?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSA_1a	CCC_OAHAND_CHANGE_COF1	
[ASK IF CCC_OAHAND_COF1 = NO AND CCC_OAHAND_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in one or both hands. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
OSA_1A	CCC_OAHANDCHANGE_SP_COF1	
[ASK IF CCC_OAHAND_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_OAHANDCHANGE_SP_COF1		

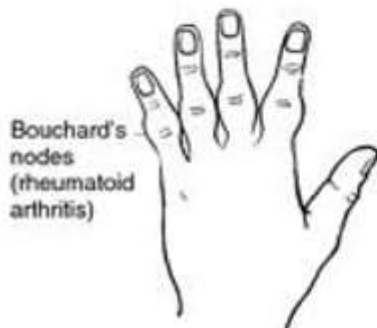
OSA_2	OSA_AGE_COF1	
[ASK IF CCC_OAHAND_COF1 = YES]		
At what age, or in what year, were you first told you had osteoarthritis in one or both hands?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"		
OSA_AGE_NB_COF1	Age	
OSA_AGE_YR_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

OSA_3	OSA_LGJNT_COF1	
[ALWAYS ASK]		
Do you have enlargement in the small joints closest to the fingernails?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

NOTE:



Swelling in the joints closest to the fingernails.



Swelling in the joints closest to the base of the fingers.

OSA_4	OSA_NBFNG_COF1	
[ASK IF OSA_LGJNT_COF1 = YES]		
In how many fingers do you have this enlargement in the small joints closest to the fingernails?		
LESS_HALF	01	Less than half
HALF_OR_MORE	02	Half or more
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSA_5	OSA_PAINJNT_COF1	
[ASK IF OSA_LGJNT_COF1 = YES]		
During the <u>past 4 weeks</u> have you had pain in the small joints closest to the fingernails on most days?		
NOTE: For each question, emphasize that you are asking about pain or limits in the range of motion that may have occurred over the <u>past four weeks</u> .		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSA_6	OSA_LGTMB_COF1	
[ALWAYS ASK]		
Do you have enlargement in the base of your thumbs just above your wrist?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSA_7	OSA_PAINTMB_COF1	
[ASK IF OSA_LGTMB_COF1 = YES]		
During the <u>past 4 weeks</u> have you had pain in the base of your thumbs just above your wrist on most days?		
NOTE: For each question, emphasize that you are asking about pain or limits in the range of motion that may have occurred over the <u>past four weeks</u> .		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Osteoarthritis of the Hip (OSH) – (Regular/atHome/byPhone/Reduced visits)

OSH_1	CCC_OAHIP_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have osteoarthritis in the hip?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSH_1a	CCC_OAHIP_CHANGE_COF1	
[ASK IF CCC_OAHIP_COF1 = NO AND CCC_OAHIP_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in the hip. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSH_1A	CCC_OAHIPCHANGE_SP_COF1	
[ASK IF CCC_OAHIP_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_OAHIPCHANGE_SP_COF1		

OSH_2	OSH_AGE_COF1	
[ASK IF CCC_OAHIP_COF1= YES]		
At what age, or in what year, were you first told you had osteoarthritis in the hip?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"		
OSH_AGE_NB_COF1	Age	
OSH_AGE_YR_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused



OSH_3	OSH_HIPRPL_COF1	
[ALWAYS ASK]		
Have you ever had a hip replacement operation?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSH_4	OSH_FRAC_COF1	
[ASK IF OSH_HIPRPL_COF1 = YES]		
Was the hip replacement operation the result of a break or fracture?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSH_5	OSH_PAIN_COF1	
[ALWAYS ASK]		
During the <u>past 4 weeks</u> , have you had pain in the groin or upper inner thigh on most days?		
NOTE: For each question, emphasize that you are asking about pain or limits in the range of motion that may have occurred over the <u>past four weeks</u> .		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSH_6	OSH_PAINSL_COF1	
[ALWAYS ASK]		
During the <u>past 4 weeks</u> , have you had pain in the groin or upper inner thigh while climbing down stairs or walking down slopes?		
NOTE: For each question, emphasize that you are asking about pain or limits in the range of motion that may have occurred over the <u>past four weeks</u> .		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



OSH_7	OSH_LOM_COF1	
[ALWAYS ASK]		
During the <u>past 4 weeks</u> , have you noticed any limitation in the range of motion of your hips?		
NOTE: For each question, emphasize that you are asking about pain or limits in the range of motion that may have occurred over the <u>past four weeks</u>.		
Range of motion means the distance and direction that a joint can normally move		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Osteoarthritis of the Knee (OSK) – (Regular/atHome/byPhone/Reduced visits)

OSK_1	CCC_OAKNEE_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have osteoarthritis in the knee?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSK_1a	CCC_OAKNEE_CHANGE_COF1	
[ASK IF CCC_OAKNEE_COF1 = NO AND CCC_OAKNEE_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in the knee. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
OSK_1A	CCC_OAKNEECHANGE_SP_COF1	
[ASK IF CCC_OAKNEE_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_OAKNEECHANGE_SP_COF1		

OSK_2	OSK_AGE_COF1	
[ASK IF CCC_OAKNEE_COF1 = YES]		
At what age, or in what year, were you first told you had osteoarthritis in the knee?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"		
OSK_AGE_NB_COF1	Age	
OSK_AGE_YR_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

OSK_3	OSK_KNERPL_COF1	
[ALWAYS ASK]		
Have you ever had a knee replacement operation?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSK_4	OSK_PAIN_COF1	
[ALWAYS ASK]		
During the <u>past 4 weeks</u> , have you had knee pain on most days?		
INTERVIEWER: PAIN CAN INCLUDE DISCOMFORT		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSK_5	OSK_PAINSL_COF1	
[ALWAYS ASK]		
During the <u>past 4 weeks</u> , have you had knee pain while climbing down stairs or walking down slopes?		
INTERVIEWER: PAIN CAN INCLUDE DISCOMFORT		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OSK_6	OSK_SWELL_COF1	
[ALWAYS ASK]		
During the past 4 weeks, have you had swelling in the knee?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Musculoskeletal: Other (OAR) – (Regular/atHome/byPhone/Reduced visits)

Now onto a new section...

OAR_1a	CCC_RA_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have rheumatoid arthritis?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OAR_1a	CCC_RA_CHANGE_COF1	
[ASK IF CCC_RA_COF1 = NO AND CCC_RA_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had rheumatoid arthritis. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OAR_1A	CCC_RACHANGE_SP_COF1	
[ASK IF CCC_RA_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_RACHANGE_SP_COF1		

OAR_1b	CCC_ARTOT_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have any other type of arthritis?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



OAD_1c	CCC_ARTOT_CHANGE_COF1	
[ASK IF CCC_ARTOT_COF1 = NO AND CCC_ARTOT_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had another type of arthritis. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
OAD_1C	CCC_ARTOTCHANGE_SP_COF1	
[ASK IF CCC_ARTOT_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_ARTOTCHANGE_SP_COF1		

OAD_2	OAD_AGE_COF1	
[ASK IF CCC_RA_COF1 = YES OR CCC_ARTOT_COF1 = YES]		
At what age, or in what year, were you first told you had arthritis?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"		
OAD_AGE_NB_COF1	Age	
OAD_AGE_YR_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

OAD_3	OAD_MED_COF1	
[ASK IF CCC_RA_COF1 = YES OR CCC_ARTOT_COF1 = YES]		
Are you currently taking medications or undergoing other treatment for your arthritis?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



OAR_4	OAR_MEDOT_COF1	
[ASK IF OAR_MED_COF1 ≠ YES]		
Have you <u>ever</u> taken any medications or undergone other treatment for this type of arthritis?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



Osteoporosis (OST) – (Regular/atHome/byPhone/Reduced visits)

CALCULATE OST_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR OSTEOPOROSIS; OST_MED=2 OTHERWISE

OST_1	CCC_OSTPO_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have osteoporosis, sometimes called low bone mineral density, or thin, brittle or weak bones?		
INTERVIEWER: NOTE THAT THIS IS DIFFERENT FROM OSTEOARTHRITIS		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OST_1a	CCC_OSTPO_CHANGE_COF1	
[ASK IF CCC_OSTPO_COF1 = NO AND CCC_OSTPO_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoporosis, sometimes called low bone mineral density, or thin, brittle or weak bones. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
OST_1A	CCC_OSTPOCHANGE_SP_COF1	
[ASK IF CCC_OSTPO_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_OSTPOCHANGE_SP_COF1		

OST_2	OST_AGE_COF1	
[ASK IF CCC_OSTPO_COF1 = YES]		
At what age, or in what year, were you first told you had osteoporosis?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"		
OST_AGE_NB_COF1	Age	
OST_AGE_YR_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused



[IF CCC_OSTPO_COF1=1 CONTINUE, IF CCC_OSTPO_COF1=2 AND OST_MED=1 THEN SKIP TO OST_MEDHOME_COF1, IF CCC_OSTPO_COF1=2 AND OST_MED=2 THEN SKIP TO OST_BONE_COF1]

OST_3	OST_MED_COF1	
[ASK IF OAR_MEDOT_COF1 = NO]		
Are you currently taking medications for osteoporosis?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF <u>YES</u>: IF OST_MED=1 THEN CONTINUE; IF OST_MED=2 THEN SKIP TO OST_MEDNAME_COF1		
IF <u>NO</u>: IF OST_MED=1 THEN SKIP TO OST_MEDHOME_COF1 OTHERWISE SKIP TO OST_EVRMD_COF1		
IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO OST_EVRMD_COF1		

OST_3a	OST_MEDCUR_COF1	
Are you currently taking <DRUGNAME> for osteoporosis?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR OSTEOPOROSIS)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF <u>YES</u> OR <u>NO</u>: REPEAT FOR ALL OSTEOPOROSIS DRUGS; IF LAST DRUG THEN SKIP TO OST_BONE_COF1		
IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO OST_BONE_COF1		

OST_3b	OST_MEDNAME_COF1	
[ASK IF OST_MED_COF1 = YES]		
Can you tell me the name of the drug(s) you are taking for osteoporosis?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
OST_3B	OST_MEDNAME_SP_COF1	
[ASK IF OST_MEDNAME_COF1 = YES]		
"YES" Specify		
OST_MEDNAME_SP_COF1	01	

OST_3c	OST_MEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat osteoporosis. Are you currently taking <DRUGNAME> for osteoporosis?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR OSTEOPOROSIS)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF <u>YES</u>: REPEAT FOR ALL OSTEOPOROSIS DRUGS; IF LAST DRUG THEN SKIP TO OST_BONE_COF1 IF <u>NO</u>: REPEAT FOR ALL OSTEOPOROSIS DRUGS; IF CCC_OSTPO_COF1=1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF CCC_OSTPO_COF1=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO OST_BONE_COF1 IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO OST_BONE_COF1		

OST_4	OST_EVRMD_COF1	
Have you ever taken any medications for osteoporosis?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OST_5	OST_BONE_COF1	
[ALWAYS ASK]		
Have you ever broken a bone in your adult life that resulted from a minor fall or low level of injury (e.g. a simple fall from standing height)?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OST_6	OST_FRAC_COF1	
[ASK IF OST_BONE_COF1 = YES]		
What type of fracture(s)?		
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY.		
OST_FRAC_HIP_COF1	01	Hip
OST_FRAC_ARM_COF1	02	Humerus (upper arm)
OST_FRAC_SPINE_COF1	03	Spine
OST_FRAC_WRST_COF1	04	Wrist
OST_FRAC_RIB_COF1	05	Rib
OST_FRAC_PELV_COF1	06	Pelvis
OST_FRAC_OT_COF1	97	Other
OST_FRAC_DK_COF1	98	[DO NOT READ] Don't Know / No Answer
OST_FRAC_RF_COF1	99	[DO NOT READ] Refused
OST_6	OST_FRAC_OTSP_COF1	
[ASK IF OST_FRAC_COF1 = OST_FRAC_OT_COF1]		
Other Specify		
OST_FRAC_OTSP_COF1	01	

Now I am going to ask you about hip fracture among your parents.

OST_7	OST_MOM_COF1	
[ALWAYS ASK]		
Did your mother have a hip fracture after age 50?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OST_8	OST_DAD_COF1	
[ALWAYS ASK]		
Did your father have a hip fracture after age 50?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OST_9	OST_HGT_COF1	
[ALWAYS ASK]		
About how tall were you in your 20's (to the nearest inch or centimetre)?		
[PROVIDE CONVERSION CHART FOR HEIGHT PROVIDED IN CENTIMETRES]		
RECORD BOTH NUMBERS:		
OST_HGT_FT_COF1	FEET	
OST_HGT_IN_COF1	INCHES	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

OST_10	OST_CST_COF1	
[ALWAYS ASK]		
Do you, or have you ever, used or taken systemic corticosteroids such as prednisone or cortisone by tablet?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



OST_10a	OST_CSTAGE_COF1	
[ASK IF OST_CST_COF1 = YES]		
At what age, or in what year, did you last use corticosteroids?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"		
OST_CSTAGE_NB_COF1	Age	
OST_CSTAGE_YR_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

OST_10b	OST_CST_MT_COF1	
[ASK IF OST_CST_COF1 = YES]		
Over your entire life, how many months did you use corticosteroids?		
INTERVIEWER: IF PARTICIPANT IS UNSURE OF EXACT NUMBER OF MONTHS PLEASE PROVIDE BEST POSSIBLE ESTIMATE		
OST_CST_MTNB_COF1	MONTHS	_____ RECORD NUMBER OF MONTHS
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

OST_11	OST_BP_COF1	
[ALWAYS ASK]		
Have you ever had pain in your back on most days for at least one month?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OST_11a	OST_BP_DUR_COF1	
[ASK IF OST_BP_COF1 = YES]		
For how long?		
INTERVIEWER: IF PARTICIPANT IS UNSURE OF EXACT TIME PLEASE PROVIDE BEST POSSIBLE ESTIMATE		
OST_BP_DUR_MT_COF1	MONTHS	_____ RECORD NUMBER OF MONTHS
OST_BP_DUR_YR_COF1	YEARS	_____ RECORD NUMBER OF YEARS
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

OST_12	OST_BCKPPM_COF1	
[ASK IF OST_BP_COF1 = YES]		
Have you had this pain within the past 12 months?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

OST_13	OST_BCKPLOC_COF1	
[ASK IF OST_BP_COF1 = YES]		
In what part of your back (is/was) the pain usually located?		
UPPER	01	Upper (above shoulder blades)
MIDDLE	02	Middle
LOWER	03	Lower (below waist)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Neuro-psychiatric (DPR) – (Regular/atHome/byPhone/Reduced visits)

CALCULATE DPR_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR DEPRESSION; DPR_MED=2 OTHERWISE

DPR_1	DPR_CLINDEP_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you suffer from clinical depression?		
NOTE: Depression ranges in seriousness from mild, temporary episodes of sadness to severe, persistent depression. 'Clinical depression' describes the more severe form of depression, also known as 'major depression' or 'major depressive disorder'.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DPR_1a	DPR_CLINDEP_CHANGE_COF1	
[ASK IF DPR_CLINDEP_COF1 = NO AND DPR_CLINDEP_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you suffer from clinical depression. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
DPR_1A	DPR_CLINDEPCHANGE_SP_COF1	
[ASK IF DPR_CLINDEP_CHANGE_COF1 = YES]		
"YES" Specify		
DPR_CLINDEPCHANGE_SP_COF1		

DPR_2	DPR_AGE_COF1	
[ASK IF DPR_CLINDEP_COF1 = YES]		
At what age, or in what year, were you first told you were clinically depressed?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"		
DPR_AGE_NB_COF1	Age	
DPR_AGE_YR_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused



[IF DPR_CLINDEP_COF1=1 CONTINUE, IF DPR_CLINDEP_COF1=2 AND DPR_MED=1 THEN SKIP TO DPR_MEDHOME_COF1, IF DPR_CLINDEP_COF1=2 AND DPR_MED=2 THEN SKIP TO DPR_END]

DPR_3	DPR_MED_COF1	
Are you currently taking medication for depression?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES: IF DPR_MED=1 THEN CONTINUE; IF DPR_MED=2 THEN SKIP TO DPR_MEDNAME_COF1		
IF NO: IF DPR_MED=1 THEN SKIP TO DPR_MEDHOME_COF1 OTHERWISE SKIP TO DPR_OTHMD_COF1		
IF DK_NA OR REFUSED: SKIP TO DPR_OTHMD_COF1		

DPR_3a	DPR_MEDCUR_COF1	
Are you currently taking <DRUGNAME> for depression?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DEPRESSION)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF YES OR NO: REPEAT FOR ALL DEPRESSION DRUGS; IF LAST DRUG THEN SKIP TO DPR_OTHMD_COF1		
IF DK_NA OR REFUSED: SKIP TO DPR_OTHMD_COF1		

DPR_3b	DPR_MEDNAME_COF1	
[ASK IF DPR_MED_COF1 = YES]		
Can you tell me the name of the drug(s) you are taking for your depression?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
DPR_3B	DPR_MEDNAME_SP_COF1	
[ASK IF DPR_MEDNAME_COF1 = YES]		
"YES" Specify		
DPR_MEDNAME_SP_COF1	01	



DPR_3c	DPR_MEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat depression. Are you currently taking <DRUGNAME> for depression?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DEPRESSION)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<p>IF <u>YES</u>: REPEAT FOR ALL DEPRESSION DRUGS; CONTINUE</p> <p>IF <u>NO</u>: REPEAT FOR ALL DEPRESSION DRUGS; IF LAST DRUG AND NO DRUGS ANSWERED "YES" AND DPR_CLINDEP_COF1=2 THEN SKIP TO DPR_END; OTHERWISE CONTINUE</p> <p>IF <u>DK_NA</u> OR <u>REFUSED</u>: CONTINUE</p>		

CALCULATE ANY_PMED=1 IF (DPR_MED_COF1=1 OR ANY DRUGS FOR DPR_MEDHOME_COF1 ANSWERED "YES"); ANY_PMED=2 OTHERWISE

DPR_3d	DPR_OTHMD_COF1	
Are you currently undergoing other treatment for depression?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<p>IF <u>YES</u>: SKIP TO DPR_END</p> <p>IF <u>NO</u>: IF ANY_PMED=1 THEN SKIP TO DPR_END; OTHERWISE CONTINUE</p> <p>IF <u>DK_NA</u> OR <u>REFUSED</u>: IF ANY_PMED=1 THEN SKIP TO DPR_END; OTHERWISE CONTINUE</p>		

DPR_4	DPR_EVRMED_COF1	
Have you ever taken any medications or undergone other treatment for depression?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Depression (DEP) – (Regular/atHome/byPhone/Reduced visits)

The Canadian Longitudinal Study on Aging received permission from Dr. Elena Andresen (instrument developer) for the use of the Center for Epidemiological Studies Short Depression Scale.

Overview	<p>Many people feel depressed at one time or another, to varying degrees. However, long lasting depression is a serious mental and physical health concern.</p> <p>This module consists of a series of detailed questions about depression. The answers will be combined to determine how likely it is that the respondent is depressed.</p> <p>This module gathers information on the length, timing and consequences of depressive episodes.</p>
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For the next few questions, please think about how you have felt in the past week that is from **[DATE ONE WEEK AGO]** to yesterday. Choose the answer that most applies for how you have felt over the past week.

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

DEP_1	DEP_BOTR_COF1
[ALWAYS ASK]	
How often were you bothered by things that usually don't bother you?	
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE	
NOTE: Read response options exactly as shown.	
ALL_TIME	01 All of the time (5-7days)
OCCASIONALLY	02 Occasionally (3-4 days)
SOME_TIME	03 Some of the time (1-2 days)
RARELY_NEVER	04 Rarely or never (less than 1 day)
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

DEP_2	DEP_MIND_COF1
[ALWAYS ASK]	
How often did you have trouble keeping your mind on what you were doing?	
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE	
NOTE: Read response options exactly as shown.	
ALL_TIME	01 All of the time (5-7days)
OCCASIONALLY	02 Occasionally (3-4 days)
SOME_TIME	03 Some of the time (1-2 days)
RARELY_NEVER	04 Rarely or never (less than 1 day)
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused



DEP_3	DEP_FLDP_COF1
[ALWAYS ASK]	
How often did you feel depressed?	
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE	
NOTE: Read response options exactly as shown.	
ALL_TIME	01 All of the time (5-7days)
OCCASIONALLY	02 Occasionally (3-4 days)
SOME_TIME	03 Some of the time (1-2 days)
RARELY_NEVER	04 Rarely or never (less than 1 day)
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

DEP_4	DEP_FFRT_COF1
[ALWAYS ASK]	
How often did you feel that everything you did was an effort?	
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE	
NOTE: Read response options exactly as shown.	
ALL_TIME	01 All of the time (5-7days)
OCCASIONALLY	02 Occasionally (3-4 days)
SOME_TIME	03 Some of the time (1-2 days)
RARELY_NEVER	04 Rarely or never (less than 1 day)
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

DEP_5	DEP_HPFL_COF1
[ALWAYS ASK]	
How often did you feel hopeful about the future?	
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE	
NOTE: Read response options exactly as shown.	
ALL_TIME	01 All of the time (5-7days)
OCCASIONALLY	02 Occasionally (3-4 days)
SOME_TIME	03 Some of the time (1-2 days)
RARELY_NEVER	04 Rarely or never (less than 1 day)
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused



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

DEP_6	DEP_FRFL_COF1	
[ALWAYS ASK]		
How often did you feel fearful or tearful?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DEP_7	DEP_RSTLS_COF1	
[ALWAYS ASK]		
How often was your sleep restless?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DEP_8	DEP_HAPP_COF1	
[ALWAYS ASK]		
How often were you happy?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



DEP_9	DEP_LONLY_COF1	
[ALWAYS ASK]		
How often did you feel lonely?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

DEP_10	DEP_GTGO_COF1	
[ALWAYS ASK]		
How often did you feel that you could not "get going"?		
INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE		
NOTE: Read response options exactly as shown.		
ALL_TIME	01	All of the time (5-7days)
OCCASIONALLY	02	Occasionally (3-4 days)
SOME_TIME	03	Some of the time (1-2 days)
RARELY_NEVER	04	Rarely or never (less than 1 day)
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Parkinsonism (PKD) – (Regular/atHome/byPhone/Reduced visits)

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

CALCULATE PKD_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR PARKINSONISM; PKD_MED=2 OTHERWISE

PKD_1	CCC_PARK_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you had Parkinsonism or Parkinson’s Disease?		
<p>NOTE: Parkinsonism is any condition that causes a combination of the movement abnormalities seen in Parkinson's disease, such as tremor, slow movement, impaired speech, or muscle stiffness. Not everyone who has Parkinsonism has Parkinson's disease.</p> <p>Parkinson’s disease is a degenerative disorder of the central nervous system. Early in the course of the disease, the most obvious symptoms are movement-related; these include shaking, rigidity, slowness of movement and difficulty with walking and gait. Later, cognitive and behavioural problems may arise, with dementia commonly occurring in the advanced stages of the disease. Other symptoms include sensory, sleep and emotional problems.</p>		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_1a	CCC_PARK_CHANGE_COF1	
[ASK IF CCC_PARK_COF1 = NO AND CCC_PARK_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Parkinsonism or Parkinson’s Disease. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
PKD_1A	CCC_PARKCHANGE_SP_COF1	
[ASK IF CCC_PARK_CHANGE_COF1 = YES]		
“YES” Specify		
CCC_PARKCHANGE_SP_COF1		



PKD_2	PKD_AGE_COF1	
[ASK IF CCC_PARK_COF1 = YES]		
At what age, or in what year, did you first develop Parkinsonism or were you first told you had Parkinson's Disease?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"		
PKD_AGE_NB_COF1	Age	
PKD_AGE_YR_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

[IF CCC_PARK_COF1=1 CONTINUE, IF CCC_PARK_COF1=2 AND PKD_MED=1 THEN SKIP TO PKD_MEDHOME_COF1, IF CCC_PARK_COF1=2 AND PKD_MED=2 THEN SKIP TO PKD_SHKE_COF1]

PKD_3	PKD_MED_COF1	
Are you currently taking medications for Parkinsonism or Parkinson's Disease?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF <u>YES</u>: IF PKD_MED=1 THEN CONTINUE; IF PKD_MED=2 THEN SKIP TO PKD_MEDNAME_COF1		
IF <u>NO</u>: IF PKD_MED=1 THEN SKIP TO PKD_MEDHOME_COF1 OTHERWISE SKIP TO PKD_OTHMD_COF1		
IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO PKD_OTHMD_COF1		

PKD_3a	PKD_MEDCUR_COF1	
Are you currently taking <DRUGNAME> for Parkinsonism or Parkinson's Disease?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR PARKINSONISM)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF <u>YES</u> OR <u>NO</u>: REPEAT FOR ALL PARKINSONISM DRUGS; IF LAST DRUG THEN SKIP TO PKD_OTHMD_COF1		
IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO PKD_OTHMD_COF1		

PKD_3b	PKD_MEDNAME_COF1	
[ASK IF PKD_MED_COF1= YES]		
Can you tell me the name of the drug(s) you are taking for your Parkinsonism or Parkinson's Disease?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
PKD_3B	PKD_MEDNAME_SP_COF1	
[ASK IF PKD_MEDNAME_COF1 = YES]		
"YES" Specify		
PKD_MEDNAME_SP_COF1	01	

PKD_3c	PKD_MEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat Parkinsonism or Parkinson's Disease. Are you currently taking <DRUGNAME> for Parkinsonism or Parkinson's Disease?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR PARKINSONISM)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<p>IF <u>YES</u>: REPEAT FOR ALL PARKINSONISM DRUGS; CONTINUE</p> <p>IF <u>NO</u>: REPEAT FOR ALL PARKINSONISM DRUGS; IF LAST DRUG AND NO DRUGS ANSWERED "YES" AND CCC_PARK_COF1=2 THEN SKIP TO PKD_SHKE_COF1; OTHERWISE CONTINUE</p> <p>IF <u>DK_NA</u> OR <u>REFUSED</u>: CONTINUE</p>		

CALCULATE ANY_PMED=1 IF (PKD_MED_COF1=1 OR ANY DRUGS FOR PKD_MEDHOME_COF1 ANSWERED "YES"); ANY_PMED=2 OTHERWISE

PKD_3d	PKD_OTHMD_COF1	
Are you currently undergoing other treatment for Parkinsonism or Parkinson's Disease?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

IF **YES**: SKIP TO PKD_SHKE_COF1

IF **NO**: IF ANY_PMED=1 THEN SKIP TO PKD_SHKE_COF1; OTHERWISE CONTINUE

IF **DK_NA** OR **REFUSED**: IF ANY_PMED=1 THEN SKIP TO PKD_SHKE_COF1; OTHERWISE CONTINUE

PKD_4	PKD_EVRMED_COF1	
Have you ever taken any medications or undergone other treatment for Parkinsonism or Parkinson's Disease?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_5	PKD_SHKE_COF1	
[ALWAYS ASK]		
Do your arms or legs shake?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_5a	PKD_SHKSEV_COF1	
[ASK IF PKD_SHKE_COF1 = YES]		
Is this shaking more severe or noticeable when your limb is resting, or when you are using it?		
RESTING	01	Resting
DURING_USE_ACTION	02	During use/action
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_6	PKD_SMWRT_COF1	
[ALWAYS ASK]		
Is your handwriting smaller than it once was?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_7	PKD_BUTON_COF1	
[ALWAYS ASK]		
Do you have trouble buttoning buttons?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_8	PKD_VOICE_COF1	
[ALWAYS ASK]		
Do people tell you that your voice is softer than it once was?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_9	PKD_FEET_COF1	
[ALWAYS ASK]		
Do your feet suddenly seem to freeze in doorways?		
INTERVIEWER: PEOPLE WITH PARKINSON'S WILL KNOW WHAT THIS MEANS. IF A PARTICIPANT DOES NOT UNDERSTAND WHAT THIS QUESTION IS ASKING, RECORD RESPONSE AS "NO"		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_10	PKD_WALK_COF1	
[ALWAYS ASK]		
Do you shuffle your feet and/or take tiny steps when you walk?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_11	PKD_BAL_COF1	
[ALWAYS ASK]		
Is your balance poor?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_12	PKD_FACE_COF1	
[ALWAYS ASK]		
Does your face seem less expressive than it used to?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PKD_13	PKD_RISE_COF1	
[ALWAYS ASK]		
Do you have trouble rising from a chair?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Chronic Airflow Obstruction (CAO) – (Regular/atHome/byPhone/Reduced visits)

CALCULATE CAO_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR CHRONIC AIRFLOW OBSTRUCTION; CAO_MED=2 OTHERWISE

CAO_1	CCC_ASTHM_COF1	
[ALWAYS ASK]		
Has a doctor ever told you that you have asthma?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_1a	CCC_ASTHM_CHANGE_COF1	
[ASK IF CCC_ASTHM_COF1 = NO AND CCC_ASTHM_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had asthma. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CAO_1A	CCC_ASTHMCHANGE_SP_COF1	
[ASK IF CCC_ASTHM_CHANGE_COF1 = YES]		
"YES" Specify		
CCC_ASTHMCHANGE_SP_COF1		

CAO_2	CCC_ASTHMAGE_COF1	
[ASK IF CCC_ASTHM_COF1 = YES]		
At what age or in what year were you first told that you had asthma?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"		
CCC_ASTHMAGE_NB_COF1	Age	
CCC_ASTHMAGE_YR_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CAO_3	CAO_WHEZ_COF1	
[ALWAYS ASK]		
Have you had wheezing or whistling in your chest at any time within the <u>last 12 months</u> ?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_4	CAO_SOBFLAT_COF1	
[ALWAYS ASK]		
Do you become short of breath walking on flat surfaces?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_5	CAO_EXERT_COF1	
[ALWAYS ASK]		
Do you wheeze with mild to moderate exertion?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_6	CAO_SOBUP_COF1	
[ALWAYS ASK]		
Do you become short of breath climbing stairs or walking up a small hill?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_7	CAO_SOBPM_COF1	
[ALWAYS ASK]		
Have you had an attack of shortness of breath that came on following strenuous activity at any time within the <u>last 12 months</u> ?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_8	CAO_WKWHEZ_COF1	
[ALWAYS ASK]		
Have you woken up with an attack of wheezing at any time within the <u>last 12 months</u> ?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_9	CAO_WKCOF_COF1	
[ALWAYS ASK]		
Have you woken up with an attack of coughing at any time within the <u>last 12 months</u> ?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_10	CAO_WKSOB_COF1	
[ALWAYS ASK]		
Have you had an attack of shortness of breath that came on during the day when you were at rest at any time within the <u>last 12 months</u> ?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



CAO_11	CCC_COPD_COF1	
[ALWAYS ASK]		
Has a doctor told you that you have/had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?		
INTERVIEWER: SMOKING ONLY APPLIES TO THE “CHRONIC CHANGES IN LUNGS DUE TO SMOKING” NOT THE EMPHYSEMA, CHRONIC BRONCHITIS, OR COPD.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_11a	CCC_COPD_CHANGE_COF1	
[ASK IF CCC_COPD_COF1 = NO AND CCC_COPD_DCS = YES]		
In your baseline (your first) CLSA interview, you indicated YES to the question that you had been told by a doctor that you had one of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking. Since that interview, has the diagnosis changed?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CAO_11b	CCC_COPDCHANGE_SP_COF1	
[ASK IF CCC_COPD_CHANGE_COF1 = YES]		
“YES” Specify		
CCC_COPDCHANGE_SP_COF1		

CAO_12	CAO_COPDAGE_COF1	
[ASK IF CCC_COPD_COF1 = YES]		
At what age or in what year were you first told that you had emphysema/chronic bronchitis/COPD/chronic lung changes?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, “CAN YOU BE MORE SPECIFIC?”		
CAO_COPDAGE_NB_COF1	Age	
CAO_COPDAGE_YR_COF1	Year	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CAO_13	CAO_COLD_COF1	
[ALWAYS ASK]		
Do you get frequent colds that persist longer than those of other people you know?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_14	CAO_COFPY_COF1	
[ALWAYS ASK]		
Have you usually coughed on most days within the last 12 months?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_15	CAO_COFAM_COF1	
[ASK IF CAO_COFPY_COF1 ≠ NO]		
Do you cough up phlegm in the morning?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_16	CAO_COFMAM_COF1	
[ASK IF CAO_COFAM_COF1 = YES]		
Do you cough phlegm most mornings?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CAO_17	CAO_PHLEGMPY_COF1	
[ASK IF CAO_COFPY_COF1 ≠ NO]		
Do you bring up phlegm on most days during the year?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

CALCULATE ANY_CAO=1 IF CCC_ASTHM_COF1=1 OR CCC_COPD_COF1=1; ANY_CAO=2 OTHERWISE

[IF ANY_CAO=1 THEN CONTINUE, IF ANY_CAO=2 AND CAO_MED=1 THEN SKIP TO CAO_MEDHOME_COF1, IF ANY_CAO=2 AND CAO_MED=2 THEN SKIP TO CAO_END]

CAO_18	CAO_MED_COF1	
Are you currently taking or using any medications for respiratory problems?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF <u>YES</u>: IF CAO_MED=1 THEN CONTINUE; IF CAO_MED=2 THEN SKIP TO CAO_MEDNAME_COF1		
IF <u>NO</u>: IF CAO_MED=1 THEN SKIP TO CAO_MEDHOME_COF1 OTHERWISE SKIP TO CAO_END		
IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO CAO_END		

CAO_18a	CAO_MEDCUR_COF1	
Are you currently taking <DRUGNAME> for respiratory problems?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR CAO)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
IF <u>YES</u> OR <u>NO</u>: REPEAT FOR ALL CAO DRUGS; IF LAST DRUG THEN SKIP TO CAO_END		
IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO CAO_END		

CAO_18b	CAO_MEDNAME_COF1	
[ASK IF CAO_MED_COF1 = YES]		
Can you tell me the name of the drug(s) you are taking for your respiratory problem?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
CAO_18b1	CAO_MEDNAME_SP_COF1	
[ASK IF CAO_MEDNAME_COF1 = YES]		
"YES" Specify		
CAO_MEDNAME_SP_COF1	01	

CAO_18c	CAO_MEDHOME_COF1	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat respiratory problems. Are you currently taking <DRUGNAME> for a respiratory problem?		
(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR CAO)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused
<p>IF <u>YES</u>: REPEAT FOR ALL CAO DRUGS; IF LAST DRUG THEN SKIP TO CAO_END</p> <p>IF <u>NO</u>: REPEAT FOR ALL CAO DRUGS; IF LAST DRUG THEN SKIP TO CAO_END</p> <p>IF <u>DK_NA</u> OR <u>REFUSED</u>: CONTINUE</p>		

Epilepsy (EPI) – (Regular/atHome/byPhone/Reduced visits)

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

EPI_1	EPI_EVER_COF1	
[ALWAYS ASK]		
[Other than seizure[s] you had because of a high fever], have you ever had, or has anyone ever told you that you had, a seizure disorder or epilepsy?		
<p>NOTE: Epilepsy is a central nervous system disorder (neurological disorder) in which nerve cell activity in the brain becomes disrupted, causing seizures or periods of unusual behavior, sensations and sometimes loss of consciousness.</p> <p>Seizure symptoms can vary widely. Some people with epilepsy simply stare blankly for a few seconds during a seizure, while others repeatedly twitch their arms or legs.</p>		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

EPI_2	EPI_MED_COF1	
[ALWAYS ASK]		
Have you ever taken medications for seizures?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

EPI_3	EPI_CAUS_FEV_COF1	
[ALWAYS ASK]		
Did anyone ever tell you that you had a seizure or convulsion caused by a high fever when you were a child?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

EPI_3b	EPI_CAUS_COF1				
[ALWAYS ASK]					
[Other than seizure[s] you had because of a high fever], have you ever had, or has anyone ever told you that you had, any of the following...					
INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE					
		Yes	No	DK/NA	RF
EPI_CAUS_SEIZ_COF1	i. A seizure, convulsion, fit or spell under any circumstances?				
EPI_CAUS_TWIT_COF1	ii. Uncontrolled movements of part or all of your body such as twitching, jerking, shaking or going limp?				
EPI_CAUS_MENT_COF1	iii. An unexplained change in your mental state or level of awareness; or an episode of “spacing out” that you could not control?				
EPI_CAUS_DREM_COF1	iv. Did anyone ever tell you that when you were a small child, you would daydream or stare into space more than other children?				
EPI_CAUS_BDMV_COF1	v. Have you ever noticed any unusual body movements or feelings when exposed to strobe lights, video games, flickering lights, or sun glare?				
EPI_CAUS_JERK_COF1	vi. Shortly after waking up, either in the morning or after a nap, have you ever noticed uncontrollable jerking or clumsiness, such as dropping things or things suddenly “flying” from your hands?				
EPI_CAUS_SPEL_COF1	vii. Have you ever had any other type of repeated unusual spells?				

EPI_4a	EPI_EPILSZ_COF1				
[ASK IF EPI_EVER_COF1=YES]					
Have you had an epileptic seizure within the last five years?					
YES	01	Yes			
NO	02	No			
DK_NA	08	[DO NOT READ] Don't Know / No Answer			
REFUSED	09	[DO NOT READ] Refused			

EPI_4b	EPI_CURRMED_COF1				
[ALWAYS ASK]					
Do you currently take medications for seizures?					
YES	01	Yes			
NO	02	No			
DK_NA	08	[DO NOT READ] Don't Know / No Answer			
REFUSED	09	[DO NOT READ] Refused			

Oral Health (ORH) – (Regular/atHome/byPhone/Reduced visits)

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

ORH_1	ORH_HLTH_COF1
[ALWAYS ASK]	
In general, would you say the health of your mouth is excellent, very good, good, fair or poor?	
CODE ONLY ONE RESPONSE	
EXCELLENT	01 Excellent
VERY_GOOD	02 Very good
GOOD	03 Good
FAIR	04 Fair
POOR	05 Poor
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

ORH_2	ORH_TEETH_COF1
[ALWAYS ASK]	
Do you have one or more of your own original teeth?	
YES	01 Yes
NO	02 No
DK_NA	08 [DO NOT READ] Don't Know / No Answer
REFUSED	09 [DO NOT READ] Refused

ORH_3	ORH_TETH20_COF1	
[ASK IF ORH_TEETH_COF1 = YES, DK_NA OR REFUSED]		
Do you have 20 or more natural teeth?		
INTERVIEWER INSTRUCTIONS: PROMPT PARTICIPANT TO COUNT THEIR NATURAL TEETH?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_3a	ORH_DENT_COF1	
[ALWAYS ASK]		
Do you wear dentures or false teeth?		
INTERVIEWER INSTRUCTIONS: EMPHASIZE "WEAR" AND INCLUDE FALSE TEETH, COMPLETE (FULL) OR PARTIAL DENTURES IF THEY ARE REMOVABLE (DO NOT INCLUDE DENTURES THAT CANNOT BE REMOVED FROM DENTAL IMPLANTS BY THE RESPONDENT, I.E. FIXED BRIDGES ON IMPLANTS)		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_3b	ORH_DNUSE_COF1	
[ALWAYS ASK]		
Do you have dentures or false teeth that you do not use?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_4	ORH_UNCEAT_COF1	
[ALWAYS ASK]		
In the past 12 months, how often have you avoided eating particular foods because of problems with your mouth, teeth or dentures? Would you say... READ LIST, CODE ONLY ONE RESPONSE		
OFTEN	01	Often
SOMETIMES	02	Sometimes
RARELY	03	Rarely
NEVER	04	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_5	ORH_EXP_DNB_COF1	
[ALWAYS ASK]		
In the past 12 months have you experienced any of the following?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
ORH_EXP_TTH_COF1	01	toothache
ORH_EXP_CHW_COF1	02	cannot chew adequately
ORH_EXP_DNU_COF1	03	dentures uncomfortable
ORH_EXP_DNL_COF1	04	dentures loose/don't fit
ORH_EXP_DNB_COF1	05	dentures broken
ORH_EXP_DNT_COF1	06	dentures lost
ORH_EXP_SWL_COF1	07	swelling in your mouth
ORH_EXP_DRM_COF1	08	dry mouth
ORH_EXP_BRM_COF1	09	burning mouth
ORH_EXP_JWS_COF1	10	jaw muscles sore
ORH_EXP_JJP_COF1	11	jaw joints painful
ORH_EXP_TTD_COF1	12	Tooth-decay (caries)
ORH_EXP_NTL_COF1	13	natural tooth loose
ORH_EXP_NTB_COF1	14	natural tooth broken
ORH_EXP_GUMS_COF1	15	gums around natural teeth are sore
ORH_EXP_GUMB_COF1	16	gums around natural teeth bleed
ORH_EXP_DNS_COF1	17	denture-related sores
ORH_EXP_TTC_COF1	18	Difficulty keeping your natural teeth clean
ORH_EXP_DNC_COF1	19	Difficulty keeping your denture clean
ORH_EXP_BB_COF1	20	bad breath
ORH_EXP_NONE_COF1	96	have not experienced any of these problems
ORH_EXP_OT_COF1	97	Other
ORH_EXP_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
ORH_EXP_REFUSED_COF1	99	[DO NOT READ] Refused
ORH_5a	ORH_EXP_OTSP_COF1	
[ASK IF ORH_EXP_DNB_COF1= ORH_EXP_OT_COF1]		
Other (please specify)		
ORH_EXP_OTSP_COF1	01	

ORH_6	ORH_DNVST_COF1	
[ALWAYS ASK]		
When did you last visit a Dental Professional (e.g. dentist, dental hygienists, denturist, Denturologist)?		
LAST_12_MONTH	01	In the last 12 months
LAST_5_YEARS	02	In the last five years
LAST_10_YEARS	03	In the last 10 years
MORE_10_YEARS	04	More than 10 years ago
NEVER	05	Never visited a dentist
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_7	ORH_WYNDN_COF1	
[ASK IF ORH_DNVST_COF1 ≠ LAST_12_MONTH]		
Why have you not seen a Dental Professional (e.g. dentist, dental hygienists, denturist, Denturologist) in the past 12 months?		
ORH_WYNDN_NEED_COF1	01	Not needed
ORH_WYNDN_APNT_COF1	02	Difficulty getting an appointment
ORH_WYNDN_DENT_COF1	03	No Dentist in the area
ORH_WYNDN_HYGT_COF1	04	No dental hygienists, denturist, Denturologist in the area
ORH_WYNDN_TRAN_COF1	05	Transportation problems
ORH_WYNDN_LANG_COF1	06	Language problem
ORH_WYNDN_PERS_COF1	07	Personal and family responsibilities
ORH_WYNDN_LEAV_COF1	08	Unable to leave the house due to health condition
ORH_WYNDN_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
ORH_WYNDN_REFUSED_COF1	99	[DO NOT READ] Refused

ORH_8	ORH_TYPINS_COF1	
[ALWAYS ASK]		
What type of dental insurance do you have?		
PRIVATE	01	Private
GOVT	02	Government
NONE	96	None
DK_NA	98	[DO NOT READ] Don't Know / No Answer
REFUSED	99	[DO NOT READ] Refused

ORH_9	ORH_COST_COF1	
[ALWAYS ASK]		
In the past 12 months, have you not gone to a dental professional because of the cost of care?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_10	ORH_PRBHT_COF1	
[ALWAYS ASK]		
In the last 12 months, how often did you have a problem in accessing dental care because of a health related problem? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
OFTEN	01	Often
SOMETIMES	02	Sometimes
RARELY	03	Rarely
NEVER	04	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_11	ORH_BRUSDN_COF1	
[ALWAYS ASK]		
Do you brush your teeth or dentures yourself?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



ORH_12	ORH_WHO_COF1	
[ALWAYS ASK]		
If you require assistance with mouth-care, who provides this for you?		
READ LIST, CODE ONLY ONE RESPONSE		
FAMILY	01	Family member
FRIEND	02	Friends
CARE_AID	03	Care-aid/Nurse
OTHER	04	Other
NO_ONE	05	No one
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

ORH_13	ORH_OFTN_COF1	
[ALWAYS ASK]		
How often usually are your teeth or denture cleaned?		
READ LIST, CODE ONLY ONE RESPONSE (STRESS "USUALLY")		
MORE_ONCE_DAY	01	More than once a day
ONCE_DAY	02	At least once a day
ONCE_WEEK	03	At least once a week
MORE_ONCE_WEEK	04	More than once a week
ONCE_MONTH	05	At least once a month
NEVER	06	Never
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Sleep (SLE) – (Regular/atHome/byPhone/Reduced visits)

Overview	Questions about sleep allow the CLSA to examine the relation between sleep and health. Evidence has shown that factors such as duration of sleep and movement during sleep are linked to mortality and health concerns such as heart disease.
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SLE_1	SLE_QLTY_COF1		
[ALWAYS ASK]			
How satisfied or dissatisfied are you with your current sleep pattern?			
READ LIST, CODE ONLY ONE RESPONSE			
VERY_SATISFIED	01	Very Satisfied	
SATISFIED	02	Satisfied	
NEUTRAL	03	Neutral	
DISSATISFIED	04	Dissatisfied	
VERY_DISSATISFIED	05	Very Dissatisfied	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	

SLE_2	SLS_HOUR_COF1		
[ALWAYS ASK]			
During the <u>past month</u> , 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.			
SLS_HOUR_NB_COF1	HOURS	____ RECORD NUMBER, MASK: MIN=00, MAX=24	
DK_NA	9998	[DO NOT READ] Don't Know / No Answer	
REFUSED	9999	[DO NOT READ] Refused	

SLE_3	SLS_30MIN_COF1	
[ALWAYS ASK]		
Over the <u>last month</u> , how often did it take you more than 30 minutes to fall asleep?		
NEVER	01	Never
LESS_ONCE_WEEK	02	Less than one a week
1_2_TIME_WEEK	03	Once or twice/week
3_5_TIMES_WEEK	04	3-5 times/week
6_7_TIMES_WEEK	05	6-7 times/week
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SLE_3a	SLE_30DUR_COF1	
[ASK IF SLS_30MIN_COF1 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]		
For how long have you had this trouble going to sleep?		
SLE_30DUR_WK_COF1	WEEKS	_____ RECORD NUMBER, MASK: MIN=01, MAX=52
SLE_30DUR_MT_COF1	MONTHS	_____ RECORD NUMBER, MASK: MIN=01, MAX=12
SLE_30DUR_YR_COF1	YEARS	_____ RECORD NUMBER, MASK: MIN=01, MAX=CURRENT AGE
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

SLE_3b	SLE_30INTRF_COF1	
[ASK IF SLS_30MIN_COF1 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]		
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	01	Not at all
LITTLE	02	A little
SOMEWHAT	03	Somewhat
MUCH	04	Much
VERY_MUCH	05	Very much
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



SLE_4	SLE_MIDFQ_COF1	
[ALWAYS ASK]		
Over the <u>last month</u> , 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	01	Never
LESS_ONCE_WEEK	02	Less than one a week
1_2_TIME_WEEK	03	Once or twice/week
3_5_TIMES_WEEK	04	3-5 times/week
6_7_TIMES_WEEK	05	6-7 times/week
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SLE_4a	SLE_MIDDUR_COF1	
[ASK IF SLE_MIDFQ_COF1 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]		
For how long have you had this trouble with staying asleep?		
SLE_MIDDUR_WK_COF1	WEEKS	_____ RECORD NUMBER, MASK: MIN=01, MAX=52
SLE_MIDDUR_MT_COF1	MONTHS	_____ RECORD NUMBER, MASK: MIN=01, MAX=12
SLE_MIDDUR_YR_COF1	YEARS	_____ RECORD NUMBER, MASK: MIN=01, MAX=CURRENT AGE
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

SLE_4b	SLE_MIDINTRF_COF1	
[ASK IF SLE_MIDFQ_COF1 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]		
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	01	Not at all
LITTLE	02	A little
SOMEWHAT	03	Somewhat
MUCH	04	Much
VERY_MUCH	05	Very much
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



SLE_5	SLE_STAYFQ_COF1	
[ALWAYS ASK]		
Over the <u>last month</u> , how often do you find it difficult to stay awake during your normal waking hours when you want to?		
INTERVIEWER NOTES: IF NAPPING IS A REGULAR, VOLUNTARY ACTIVITY, THEN NAPPING DOES NOT “COUNT”. IF THE PARTICIPANT SAYS THEY DO NOT HAVE TROUBLE STAYING AWAKE, WHETHER THEY NAP OR NOT, THEN WE HAVE TO ACCEPT WHAT THE PARTICIPANT SAYS.		
NEVER	01	Never
LESS_ONCE_WEEK	02	Less than one a week
1_2_TIME_WEEK	03	Once or twice/week
3_5_TIMES_WEEK	04	3-5 times/week
6_7_TIMES_WEEK	05	6-7 times/week
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SLE_5a	SLE_STAYDUR_COF1	
[ASK IF SLE_STAYFQ_COF1 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]		
For how long have you had trouble staying awake?		
SLE_STAYDUR_WK_COF1	WEEKS	_____ RECORD NUMBER, MASK: MIN=01, MAX=52
SLE_STAYDUR_MT_COF1	MONTHS	_____ RECORD NUMBER, MASK: MIN=01, MAX=12
SLE_STAYDUR_YR_COF1	YEARS	_____ RECORD NUMBER, MASK: MIN=01, MAX=CURRENT AGE
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

SLE_5b	SLE_STAYINTRF_COF1	
[ASK IF SLE_STAYFQ_COF1 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]		
To what extent do you consider your problem staying awake to interfere with your daily functioning?		
NOT_AT_ALL	01	Not at all
LITTLE	02	A little
SOMEWHAT	03	Somewhat
MUCH	04	Much
VERY_MUCH	05	Very much
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused



SLE_6	SLE_DREAM_COF1	
[ALWAYS ASK]		
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	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SLE_6a	SLE_DRMDUR_COF1	
[ASK IF SLE_DREAM_COF1 = YES]		
For how long have you had this "acting out" of your dreams?		
SLE_DRMDUR_WK_COF1	WEEKS	_____ RECORD NUMBER, MASK: MIN=01, MAX=52
SLE_DRMDUR_MT_COF1	MONTHS	_____ RECORD NUMBER, MASK: MIN=01, MAX=12
SLE_DRMDUR_YR_COF1	YEARS	_____ RECORD NUMBER, MASK: MIN=01, MAX=CURRENT AGE
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

SLE_7	SLE_LEGS_COF1	
[ALWAYS ASK]		
Do you have, or have you sometimes experienced, recurrent, uncomfortable feelings or sensations in your legs while sitting or lying down?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SLE_8	SLE_LGURG_COF1	
[ALWAYS ASK]		
Do you have, or have you sometimes experienced, a recurrent need or urge to move your legs while sitting or lying down?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SLE_8a	SLE_LGDUR_COF1	
[ASK IF SLE_LEGS_COF1 = YES OR SLE_LGURG_COF1 = YES]		
For how long have you had these uncomfortable feelings or urge to move?		
SLE_LGDUR_WK_COF1	WEEKS	_____ RECORD NUMBER, MASK: MIN=01, MAX=52
SLE_LGDUR_MT_COF1	MONTHS	_____ RECORD NUMBER, MASK: MIN=01, MAX=12
SLE_LGDUR_YR_COF1	YEARS	_____ RECORD NUMBER, MASK: MIN=01, MAX=CURRENT AGE
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

SLE_8b	SLE_LGFQ_COF1	
[ASK IF SLE_LEGS_COF1 = YES OR SLE_LGURG_COF1 = YES]		
Over the <u>last month</u> , how many times (per week, on average) have you experienced these uncomfortable feelings or urge to move?		
LESS_THAN_ONCE	01	Less than once
ONCE_TWICE	02	Once or twice
3_4_TIMES	03	Three or four times
MORE_4_TIMES	04	More than four times
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SLE_8c	SLE_LGIMPR_COF1	
[ASK IF SLE_LGURG_COF1 = YES]		
Do these uncomfortable feelings or sensations in your legs, or the urge to move, disappear/ improve when you are active or moving around?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SLE_8d	SLE_LGEVE_COF1	
[ASK IF SLE_LGURG_COF1 = YES]		
Are these uncomfortable feelings, or this urge to move, worse in the evening or at night compared with the morning?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

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

SNO_1	SNO_SNORE_COF1	
[ALWAYS ASK]		
Do you snore loudly? By 'loudly' I mean louder than talking or loud enough to be heard through closed doors.		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

SNO_2	SNO_STOPBREATH_COF1	
[ALWAYS ASK]		
Has anyone ever observed you stop breathing in your sleep?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

Elder Abuse (PSY) – (Regular/byPhone/Reduced visits)

PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF AGE IS ≥ 65 YEARS

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

Over the past 12 months has anyone....

PSY_1	PSY_CRT_COF1	
[ALWAYS ASK]		
Criticized you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_1a	PSY_OFTNCRT_COF1	
[ASK IF PSY_CRT_COF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PSY_1b	PSY_WHOCRT_COF1		
[ASK IF PSY_CRT_COF1 = YES]			
Who did this?			
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
WHOVRT_PARTNER_COF1	01	Spouse or partner	
WHOVRT_SIBLING_COF1	02	Sibling	
WHOVRT_CHILD_COF1	03	Child	
WHOVRT_GRANDCHILD_COF1	04	Grandchild	
WHOVRT_FAMILY_COF1	05	Other family member	
WHOVRT_FRIEND_COF1	06	Friend	
WHOVRT_PAID_COF1	07	Paid Caregiver	
WHOVRT_OTHER_COF1	97	Other	
WHOVRT_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer	
WHOVRT_REFUSED_COF1	99	[DO NOT READ] Refused	
PSY_1c	PSY_WHOVRT_OTSP_COF1		
[ASK IF PSY_WHOVRT_COF1 = OTHER]			
Other (please specify)			
PSY_WHOVRT_OTSP_COF1	01		

PSY_1c	PSY_SEXCRT2_COF1				
[ASK IF PSY_CRT_COF1 = YES - FOR ALL THAT APPLY]					
Was this person male or female?					
		MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PSY_SEXCRT2_PAR_COF1	01	Spouse or partner			
PSY_SEXCRT2_SIB_COF1	02	Sibling			
PSY_SEXCRT2_CHILD_COF1	03	Child			
PSY_SEXCRT2_GRAND_COF1	04	Grandchild			
PSY_SEXCRT2_FAM_COF1	05	Other family member			
PSY_SEXCRT2_FRI_COF1	06	Friend			
PSY_SEXCRT2_PAID_COF1	07	Paid Caregiver			
PSY_SEXCRT2_OTSP_COF1	97	Other			

PSY_1d	PSY_LIVCRT2_COF1						
[ASK IF PSY_CRT_COF1 = YES - FOR ALL THAT APPLY]							
Did that person (or any of those persons) live with you then?							
				YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PSY_LIVCRT2_PAR_COF1	01	Spouse or partner					
PSY_LIVCRT2_SIB_COF1	02	Sibling					
PSY_LIVCRT2_CHILD_COF1	03	Child					
PSY_LIVCRT2_GRAND_COF1	04	Grandchild					
PSY_LIVCRT2_FAM_COF1	05	Other family member					
PSY_LIVCRT2_FRI_COF1	06	Friend					
PSY_LIVCRT2_PAID_COF1	07	Paid Caregiver					
PSY_LIVCRT2_OTSP_COF1	97	Other					

PSY_2	PSY_ISU_COF1					
[ALWAYS ASK]						
Insulted you?						
YES	01	Yes				
NO	02	No				
DK_NA	08	[DO NOT READ] Don't Know / No Answer				
REFUSED	09	[DO NOT READ] Refused				

PSY_2a	PSY_OFTNISU_COF1					
[ASK IF PSY_ISU_COF1 = YES]						
How often did this happen over the last 12 months? Was it...						
ONCE	01	Once				
A_FEW_TIMES	02	A few times				
MANY_TIMES	03	Many times				
EVERY_DAY	04	Every day or almost every day				
DK_NA	08	[DO NOT READ] Don't Know / No Answer				
REFUSED	09	[DO NOT READ] Refused				

PSY_2b	PSY_WHOISU_COF1		
[ASK IF PSY_ISU_COF1 = YES]			
Who did this?			
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
WHOISU_PARTNER_COF1	01	Spouse or partner	
WHOISU_SIBLING_COF1	02	Sibling	
WHOISU_CHILD_COF1	03	Child	
WHOISU_GRANDCHILD_COF1	04	Grandchild	
WHOISU_FAMILY_COF1	05	Other family member	
WHOISU_FRIEND_COF1	06	Friend	
WHOISU_PAID_COF1	07	Paid Caregiver	
WHOISU_OTHER_COF1	97	other	
WHOISU_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer	
WHOISU_REFUSED_COF1	99	[DO NOT READ] Refused	

PSY_2c	PSY_WHOISU_OTSP_COF1		
[ASK IF PSY_WHOISU_COF1 = OTHER]			
Other (please specify)			
PSY_WHOISU_OTSP_COF1	01		

PSY_2c	PSY_SEXISU2_COF1				
[ASK IF PSY_ISU_COF1 = YES - FOR ALL THAT APPLY]					
Was this person male or female?					
		MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PSY_SEXISU2_PAR_COF1	01	Spouse or partner			
PSY_SEXISU2_SIB_COF1	02	Sibling			
PSY_SEXISU2_CHILD_COF1	03	Child			
PSY_SEXISU2_GRAND_COF1	04	Grandchild			
PSY_SEXISU2_FAM_COF1	05	Other family member			
PSY_SEXISU2_FRI_COF1	06	Friend			
PSY_SEXISU2_PAID_COF1	07	Paid Caregiver			
PSY_SEXISU2_OTSP_COF1	97	Other			

PSY_2d	PSY_LIVISU2_COF1						
[ASK IF PSY_ISU_COF1 = YES - FOR ALL THAT APPLY]							
Did that person (or any of those persons) live with you then?							
				YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PSY_LIVISU2_PAR_COF1	01	Spouse or partner					
PSY_LIVISU2_SIB_COF1	02	Sibling					
PSY_LIVISU2_CHILD_COF1	03	Child					
PSY_LIVISU2_GRAND_COF1	04	Grandchild					
PSY_LIVISU2_FAM_COF1	05	Other family member					
PSY_LIVISU2_FRI_COF1	06	Friend					
PSY_LIVISU2_PAID_COF1	07	Paid Caregiver					
PSY_LIVISU2_OTSP_COF1	97	Other					

PSY_3	PSY_THR_COF1		
[ALWAYS ASK]			
Threatened or intimidated you?			
YES	01	Yes	
NO	02	No	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	

PSY_3a	PSY_OFTNTHR_COF1		
[ASK IF PSY_THR_COF1= YES]			
How often did this happen over the last 12 months? Was it...			
ONCE	01	Once	
A_FEW_TIMES	02	A few times	
MANY_TIMES	03	Many times	
EVERY_DAY	04	Every day or almost every day	
DK_NA	08	[DO NOT READ] Don't Know / No Answer	
REFUSED	09	[DO NOT READ] Refused	

PSY_3b	PSY_WHOTHR_COF1		
[ASK IF PSY_THR_COF1= YES]			
Who did this?			
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
WHOTHR_PARTNER_COF1	01	Spouse or partner	
WHOTHR_SIBLING_COF1	02	Sibling	
WHOTHR_CHILD_COF1	03	Child	
WHOTHR_GRANDCHILD_COF1	04	Grandchild	
WHOTHR_FAMILY_COF1	05	Other family member	
WHOTHR_FRIEND_COF1	06	Friend	
WHOTHR_PAID_COF1	07	Paid Caregiver	
WHOTHR_OTHER_COF1	97	Other	
WHOTHR_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer	
WHOTHR_REFUSED_COF1	99	[DO NOT READ] Refused	
PSY_3b	PSY_WHOTHR_OTSP_COF1		
[ASK IF PSY_WHOTHR_COF1 = OTHER]			
Other (please specify)			
PSY_WHOTHR_OTSP_COF1	01		

PSY_3c	PSY_SEXTHR2_COF1				
[ASK IF PSY_THR_COF1 = YES - FOR ALL THAT APPLY]					
Was this person male or female?					
		MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PSY_SEXTHR2_PAR_COF1	01	Spouse or partner			
PSY_SEXTHR2_SIB_COF1	02	Sibling			
PSY_SEXTHR2_CHILD_COF1	03	Child			
PSY_SEXTHR2_GRAND_COF1	04	Grandchild			
PSY_SEXTHR2_FAM_COF1	05	Other family member			
PSY_SEXTHR2_FRI_COF1	06	Friend			
PSY_SEXTHR2_PAID_COF1	07	Paid Caregiver			
PSY_SEXTHR2_OTSP_COF1	97	Other			

PSY_3d	PSY_LIVTHR2_COF1						
[ASK IF PSY_THR_COF1 = YES - FOR ALL THAT APPLY]							
Did that person (or any of those persons) live with you then?							
				YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PSY_LIVTHR2_PAR_COF1	01	Spouse or partner					
PSY_LIVTHR2_SIB_COF1	02	Sibling					
PSY_LIVTHR2_CHILD_COF1	03	Child					
PSY_LIVTHR2_GRAND_COF1	04	Grandchild					
PSY_LIVTHR2_FAM_COF1	05	Other family member					
PSY_LIVTHR2_FRI_COF1	06	Friend					
PSY_LIVTHR2_PAID_COF1	07	Paid Caregiver					
PSY_LIVTHR2_OTSP_COF1	97	Other					

PSY_4	PSY_IGN_COF1					
[ALWAYS ASK]						
Excluded you or ignored you?						
YES	01	Yes				
NO	02	No				
DK_NA	08	[DO NOT READ] Don't Know / No Answer				
REFUSED	09	[DO NOT READ] Refused				

PSY_4a	PSY_OFTNIGN_COF1					
[ASK IF PSY_IGN_COF1= YES]						
How often did this happen over the last 12 months? Was it...						
ONCE	01	Once				
A_FEW_TIMES	02	A few times				
MANY_TIMES	03	Many times				
EVERY_DAY	04	Every day or almost every day				
DK_NA	08	[DO NOT READ] Don't Know / No Answer				
REFUSED	09	[DO NOT READ] Refused				

PSY_4b	PSY_WHOIGN_COF1		
[ASK IF PSY_IGN_COF1 = YES]			
Who did this?			
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
WHOIGN_PARTNER_COF1	01	Spouse or partner	
WHOIGN_SIBLING_COF1	02	Sibling	
WHOIGN_CHILD_COF1	03	Child	
WHOIGN_GRANDCHILD_COF1	04	Grandchild	
WHOIGN_FAMILY_COF1	05	Other family member	
WHOIGN_FRIEND_COF1	06	Friend	
WHOIGN_PAID_COF1	07	Paid Caregiver	
WHOIGN_OTHER_COF1	97	Other	
WHOIGN_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer	
WHOIGN_REFUSED_COF1	99	[DO NOT READ] Refused	
PSY_4b	PSY_WHOIGN_OTSP_COF1		
[ASK IF PSY_WHOIGN_COF1 = OTHER]			
Other (please specify)			
PSY_WHOIGN_OTSP_COF1	01		

PSY_4c	PSY_SEXIGN2_COF1				
[ASK IF PSY_IGN_COF1 = YES - FOR ALL THAT APPLY]					
Was this person male or female?					
		MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PSY_SEXIGN2_PAR_COF1	01	Spouse or partner			
PSY_SEXIGN2_SIB_COF1	02	Sibling			
PSY_SEXIGN2_CHILD_COF1	03	Child			
PSY_SEXIGN2_GRAND_COF1	04	Grandchild			
PSY_SEXIGN2_FAM_COF1	05	Other family member			
PSY_SEXIGN2_FRI_COF1	06	Friend			
PSY_SEXIGN2_PAID_COF1	07	Paid Caregiver			
PSY_SEXIGN2_OTSP_COF1	97	Other			



PSY_4d	PSY_LIVIGN2_COF1						
[ASK IF PSY_IGN_COF1 = YES - FOR ALL THAT APPLY]							
Did that person (or any of those persons) live with you then?							
				YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PSY_LIVIGN2_PAR_COF1	01	Spouse or partner					
PSY_LIVIGN2_SIB_COF1	02	Sibling					
PSY_LIVIGN2_CHILD_COF1	03	Child					
PSY_LIVIGN2_GRAND_COF1	04	Grandchild					
PSY_LIVIGN2_FAM_COF1	05	Other family member					
PSY_LIVIGN2_FRI_COF1	06	Friend					
PSY_LIVIGN2_PAID_COF1	07	Paid Caregiver					
PSY_LIVIGN2_OTSP_COF1	97	Other					

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

Over the past 12 months has anyone...

PHY_1	PHY_PUSH_COF1	
[ALWAYS ASK]		
Pushed, shoved or grabbed you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_1a	PHY_OFTNPUSH_COF1	
[ASK IF PHY_PUSH_COF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_1b	PHY_WHOPUSH_COF1	
[ASK IF PHY_PUSH_COF1 = YES]		
Who did this?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WHOPUSH_PARTNER_COF1	01	Spouse or partner
WHOPUSH_SIBLING_COF1	02	Sibling
WHOPUSH_CHILD_COF1	03	Child
WHOPUSH_GRANDCHILD_COF1	04	Grandchild
WHOPUSH_FAMILY_COF1	05	Other family member
WHOPUSH_FRIEND_COF1	06	Friend
WHOPUSH_PAID_COF1	07	Paid Caregiver
WHOPUSH_OTHER_COF1	97	Other
WHOPUSH_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
WHOPUSH_REFUSED_COF1	99	[DO NOT READ] Refused

PHY_1B	PHY_WHOPUSH_OTSP_COF1		
[ASK IF PHY_WHOPUSH_COF1 = OTHER]			
Other (please specify)			
PHY_WHOPUSH_OTSP_COF1	01		

PHY_1c	PHY_SEXPUSH2_COF1				
[ASK IF PSY_PUSH_COF1 = YES - FOR ALL THAT APPLY]					
Was this person male or female?					
		MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PHY_SEXPUSH2_PAR_COF1	01	Spouse or partner			
PHY_SEXPUSH2_SIB_COF1	02	Sibling			
PHY_SEXPUSH2_CHILD_COF1	03	Child			
PHY_SEXPUSH2_GRAND_COF1	04	Grandchild			
PHY_SEXPUSH2_FAM_COF1	05	Other family member			
PHY_SEXPUSH2_FRI_COF1	06	Friend			
PHY_SEXPUSH2_PAID_COF1	07	Paid Caregiver			
PHY_SEXPUSH2_OTSP_COF1	97	Other			

PHY_1d	PHY_LIVPUSH2_COF1				
[ASK IF PHY_PUSH_COF1 = YES - FOR ALL THAT APPLY]					
Did that person (or any of those persons) live with you then?					
		YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PHY_LIVPUSH2_PAR_COF1	01	Spouse or partner			
PHY_LIVPUSH2_SIB_COF1	02	Sibling			
PHY_LIVPUSH2_CHILD_COF1	03	Child			
PHY_LIVPUSH2_GRAND_COF1	04	Grandchild			
PHY_LIVPUSH2_FAM_COF1	05	Other family member			
PHY_LIVPUSH2_FRI_COF1	06	Friend			
PHY_LIVPUSH2_PAID_COF1	07	Paid Caregiver			
PHY_LIVPUSH2_OTSP_COF1	97	Other			

PHY_2	PHY_THRN_COF1	
[ALWAYS ASK]		
Thrown something at you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_2a	PHY_OFNTNTHRN_COF1	
[ASK IF PHY_THRN_COF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_2b	PHY_WHOTHRN_COF1	
[ASK IF PHY_THRN_COF1 = YES]		
Who did this?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WHOTHRN_PARTNER_COF1	01	Spouse or partner
WHOTHRN_SIBLING_COF1	02	Sibling
WHOTHRN_CHILD_COF1	03	Child
WHOTHRN_GRANDCHILD_COF1	04	Grandchild
WHOTHRN_FAMILY_COF1	05	Other family member
WHOTHRN_FRIEND_COF1	06	Friend
WHOTHRN_PAID_COF1	07	Paid Caregiver
WHOTHRN_OTHER_COF1	97	Other
WHOTHRN_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
WHOTHRN_REFUSED_COF1	99	[DO NOT READ] Refused
PHY_2B	PHY_WHOTHRN_OTSP_COF1	
[ASK IF PHY_WHOTHRN_COF1 = OTHER]		
Other (please specify)		
PHY_WHOTHRN_OTSP_COF1	01	

PHY_2c		PHY_SEXTHRN2_COF1					
[ASK IF PSY_THRN_COF1 = YES - FOR ALL THAT APPLY]							
Was this person male or female?							
			MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED	
PHY_SEXTHRN2_PAR_COF1	01	Spouse or partner					
PHY_SEXTHRN2_SIB_COF1	02	Sibling					
PHY_SEXTHRN2_CHILD_COF1	03	Child					
PHY_SEXTHRN2_GRAND_COF1	04	Grandchild					
PHY_SEXTHRN2_FAM_COF1	05	Other family member					
PHY_SEXTHRN2_FRI_COF1	06	Friend					
PHY_SEXTHRN2_PAID_COF1	07	Paid Caregiver					
PHY_SEXTHRN2_OTSP_COF1	97	Other					

PHY_2d		PHY_LIVTHRN2_COF1					
[ASK IF PHY_THRN_COF1 = YES - FOR ALL THAT APPLY]							
Did that person (or any of those persons) live with you then?							
			YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED	
PHY_LIVTHRN2_PAR_COF1	01	Spouse or partner					
PHY_LIVTHRN2_SIB_COF1	02	Sibling					
PHY_LIVTHRN2_CHILD_COF1	03	Child					
PHY_LIVTHRN2_GRAND_COF1	04	Grandchild					
PHY_LIVTHRN2_FAM_COF1	05	Other family member					
PHY_LIVTHRN2_FRI_COF1	06	Friend					
PHY_LIVTHRN2_PAID_COF1	07	Paid Caregiver					
PHY_LIVTHRN2_OTSP_COF1	97	Other					

PHY_3	PHY_HIT_COF1	
[ALWAYS ASK]		
Hit or slapped you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_3a	PHY_OFTNHIT_COF1	
[ASK IF PHY_HIT_COF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_3b	PHY_WHOHIT_COF1	
[ASK IF PHY_HIT_COF1 = YES]		
Who did this?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WHOHIT_PARTNER_COF1	01	Spouse or partner
WHOHIT_SIBLING_COF1	02	Sibling
WHOHIT_CHILD_COF1	03	Child
WHOHIT_GRANDCHILD_COF1	04	Grandchild
WHOHIT_FAMILY_COF1	05	Other family member
WHOHIT_FRIEND_COF1	06	Friend
WHOHIT_PAID_COF1	07	Paid Caregiver
WHOHIT_OTHER_COF1	97	Other
WHOHIT_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
WHOHIT_REFUSED_COF1	99	[DO NOT READ] Refused
PHY_3B	PHY_WHOHIT_OTSP_COF1	
[ASK IF PHY_WHOHIT_COF1 = OTHER]		
Other (please specify)		
PHY_WHOHIT_OTSP_COF1	01	

PHY_3c	PHY_SEXHIT2_COF1						
[ASK IF PSY_HIT_COF1 = YES - FOR ALL THAT APPLY]							
Was this person male or female?							
				MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PHY_SEXHIT2_PAR_COF1	01	Spouse or partner					
PHY_SEXHIT2_SIB_COF1	02	Sibling					
PHY_SEXHIT2_CHILD_COF1	03	Child					
PHY_SEXHIT2_GRAND_COF1	04	Grandchild					
PHY_SEXHIT2_FAM_COF1	05	Other family member					
PHY_SEXHIT2_FRI_COF1	06	Friend					
PHY_SEXHIT2_PAID_COF1	07	Paid Caregiver					
PHY_SEXHIT2_OTSP_COF1	97	Other					

PHY_3d	PHY_LIVHIT2_COF1						
[ASK IF PHY_HIT_COF1 = YES - FOR ALL THAT APPLY]							
Did that person (or any of those persons) live with you then?							
				YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PHY_LIVHIT2_PAR_COF1	01	Spouse or partner					
PHY_LIVHIT2_SIB_COF1	02	Sibling					
PHY_LIVHIT2_CHILD_COF1	03	Child					
PHY_LIVHIT2_GRAND_COF1	04	Grandchild					
PHY_LIVHIT2_FAM_COF1	05	Other family member					
PHY_LIVHIT2_FRI_COF1	06	Friend					
PHY_LIVHIT2_PAID_COF1	07	Paid Caregiver					
PHY_LIVHIT2_OTSP_COF1	97	Other					

PHY_4	PHY_THT_COF1						
[ALWAYS ASK]							
Tried to hit you with something?							
YES	01	Yes					
NO	02	No					
DK_NA	08	[DO NOT READ] Don't Know / No Answer					
REFUSED	09	[DO NOT READ] Refused					

PHY_4a	PHY_OFTNTHT_COF1	
[ASK IF PHY_THT_COF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_4b	PHY_WHOTHT_COF1	
[ASK IF PHY_THT_COF1 = YES]		
Who did this?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WHOTHT_PARTNER_COF1	01	Spouse or partner
WHOTHT_SIBLING_COF1	02	Sibling
WHOTHT_CHILD_COF1	03	Child
WHOTHT_GRANDCHILD_COF1	04	Grandchild
WHOTHT_FAMILY_COF1	05	Other family member
WHOTHT_FRIEND_COF1	06	Friend
WHOTHT_PAID_COF1	07	Paid Caregiver
WHOTHT_OTHER_COF1	97	Other
WHOTHT_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
WHOTHT_REFUSED_COF1	99	[DO NOT READ] Refused
PHY_4B	PHY_WHOTHT_OTSP_COF1	
[ASK IF PHY_WHOTHT_COF1 = OTHER]		
Other (please specify)		
PHY_WHOTHT_OTSP_COF1	01	

PHY_4c	PHY_SEXTHT2_COF1						
[ASK IF PSY_THT_COF1 = YES - FOR ALL THAT APPLY]							
Was this person male or female?							
				MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PHY_SEXTHT2_PAR_COF1	01	Spouse or partner					
PHY_SEXTHT2_SIB_COF1	02	Sibling					
PHY_SEXTHT2_CHILD_COF1	03	Child					
PHY_SEXTHT2_GRAND_COF1	04	Grandchild					
PHY_SEXTHT2_FAM_COF1	05	Other family member					
PHY_SEXTHT2_FRI_COF1	06	Friend					
PHY_SEXTHT2_PAID_COF1	07	Paid Caregiver					
PHY_SEXTHT2_OTSP_COF1	97	Other					

PHY_4d	PHY_LIVTHT2_COF1						
[ASK IF PHY_THT_COF1 = YES - FOR ALL THAT APPLY]							
Did that person (or any of those persons) live with you then?							
				YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PHY_LIVTHT2_PAR_COF1	01	Spouse or partner					
PHY_LIVTHT2_SIB_COF1	02	Sibling					
PHY_LIVTHT2_CHILD_COF1	03	Child					
PHY_LIVTHT2_GRAND_COF1	04	Grandchild					
PHY_LIVTHT2_FAM_COF1	05	Other family member					
PHY_LIVTHT2_FRI_COF1	06	Friend					
PHY_LIVTHT2_PAID_COF1	07	Paid Caregiver					
PHY_LIVTHT2_OTSP_COF1	97	Other					

PHY_5	PHY_CHK_COF1	
[ALWAYS ASK]		
Tried to choke you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_5a	PHY_OFTNCHK_COF1	
[ASK IF PHY_CHK_COF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_5b	PHY_WHOCHK_COF1	
[ASK IF PHY_CHK_COF1 = YES]		
Who did this?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WHOCHK_PARTNER_COF1	01	Spouse or partner
WHOCHK_SIBLING_COF1	02	Sibling
WHOCHK_CHILD_COF1	03	Child
WHOCHK_GRANDCHILD_COF1	04	Grandchild
WHOCHK_FAMILY_COF1	05	Other family member
WHOCHK_FRIEND_COF1	06	Friend
WHOCHK_PAID_COF1	07	Paid Caregiver
WHOCHK_OTHER_COF1	97	Other
WHOCHK_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
WHOCHK_REFUSED_COF1	99	[DO NOT READ] Refused
PHY_5B	PHY_WHOCHK_OTSP_COF1	
[ASK IF PHY_WHOCHK_COF1 = OTHER]		
Other (please specify)		
PHY_WHOCHK_OTSP_COF1	01	



PHY_5c	PHY_SEXCHK2_COF1					
[ASK IF PSY_CHK_COF1 = YES - FOR ALL THAT APPLY]						
Was this person male or female?						
			MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PHY_SEXCHK2_PAR_COF1	01	Spouse or partner				
PHY_SEXCHK2_SIB_COF1	02	Sibling				
PHY_SEXCHK2_CHILD_COF1	03	Child				
PHY_SEXCHK2_GRAND_COF1	04	Grandchild				
PHY_SEXCHK2_FAM_COF1	05	Other family member				
PHY_SEXCHK2_FRI_COF1	06	Friend				
PHY_SEXCHK2_PAID_COF1	07	Paid Caregiver				
PHY_SEXCHK2_OTSP_COF1	97	Other				

PHY_5d	PHY_LIVCHK2_COF1					
[ASK IF PHY_CHK_COF1 = YES - FOR ALL THAT APPLY]						
Did that person (or any of those persons) live with you then?						
			YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PHY_LIVCHK2_PAR_COF1	01	Spouse or partner				
PHY_LIVCHK2_SIB_COF1	02	Sibling				
PHY_LIVCHK2_CHILD_COF1	03	Child				
PHY_LIVCHK2_GRAND_COF1	04	Grandchild				
PHY_LIVCHK2_FAM_COF1	05	Other family member				
PHY_LIVCHK2_FRI_COF1	06	Friend				
PHY_LIVCHK2_PAID_COF1	07	Paid Caregiver				
PHY_LIVCHK2_OTSP_COF1	97	Other				

PHY_6	PHY_WPN_COF1					
[ALWAYS ASK]						
Threatened you with a weapon?						
YES	01	Yes				
NO	02	No				
DK_NA	08	[DO NOT READ] Don't Know / No Answer				
REFUSED	09	[DO NOT READ] Refused				

PHY_6a	PHY_OFTNWPN_COF1	
[ASK IF PHY_WPN_COF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

PHY_6b	PHY_WHOWPN_COF1	
[ASK IF PHY_WPN_COF1 = YES]		
Who did this?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WHOWPN_PARTNER_COF1	01	Spouse or partner
WHOWPN_SIBLING_COF1	02	Sibling
WHOWPN_CHILD_COF1	03	Child
WHOWPN_GRANDCHILD_COF1	04	Grandchild
WHOWPN_FAMILY_COF1	05	Other family member
WHOWPN_FRIEND_COF1	06	Friend
WHOWPN_PAID_COF1	07	Paid Caregiver
WHOWPN_OTHER_COF1	97	other
WHOWPN_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
WHOWPN_REFUSED_COF1	99	[DO NOT READ] Refused
PHY_6B	PHY_WHOWPN_OTSP_COF1	
[ASK IF PHY_WHOWPN_COF1 = OTHER]		
Other (please specify)		
PHY_WHOWPN_OTSP_COF1	01	

PHY_6c		PHY_SEXWPN2_COF1					
[ASK IF PSY_WPN_COF1 = YES - FOR ALL THAT APPLY]							
Was this person male or female?							
				MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PHY_SEXWPN2_PAR_COF1	01	Spouse or partner					
PHY_SEXWPN2_SIB_COF1	02	Sibling					
PHY_SEXWPN2_CHILD_COF1	03	Child					
PHY_SEXWPN2_GRAND_COF1	04	Grandchild					
PHY_SEXWPN2_FAM_COF1	05	Other family member					
PHY_SEXWPN2_FRI_COF1	06	Friend					
PHY_SEXWPN2_PAID_COF1	07	Paid Caregiver					
PHY_SEXWPN2_OTSP_COF1	97	Other					

PHY_6d		PHY_LIVWPN2_COF1					
[ASK IF PHY_WPN_COF1 = YES - FOR ALL THAT APPLY]							
Did that person (or any of those persons) live with you then?							
				YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
PHY_LIVWPN2_PAR_COF1	01	Spouse or partner					
PHY_LIVWPN2_SIB_COF1	02	Sibling					
PHY_LIVWPN2_CHILD_COF1	03	Child					
PHY_LIVWPN2_GRAND_COF1	04	Grandchild					
PHY_LIVWPN2_FAM_COF1	05	Other family member					
PHY_LIVWPN2_FRI_COF1	06	Friend					
PHY_LIVWPN2_PAID_COF1	07	Paid Caregiver					
PHY_LIVWPN2_OTSP_COF1	97	Other					

Financial abuse is when someone has taken control over or prevented you from accessing your money, possessions, property or legal documents against your will.

Over the past 12 months has anyone....

FIN_1	FIN_MNY_COF1	
[ALWAYS ASK]		
Made you give them your money, possessions or property?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_1a	FIN_OFTN_COF1	
[ASK IF FIN_MNY_COF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_1b	FIN_WHOMNY_COF1	
[ASK IF FIN_MNY_COF1 = YES]		
Who did this?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WHOMNY_PARTNER_COF1	01	Spouse or partner
WHOMNY_SIBLING_COF1	02	Sibling
WHOMNY_CHILD_COF1	03	Child
WHOMNY_GRANDCHILD_COF1	04	Grandchild
WHOMNY_FAMILY_COF1	05	Other family member
WHOMNY_FRIEND_COF1	06	Friend
WHOMNY_PAID_COF1	07	Paid Caregiver
WHOMNY_OTHER_COF1	97	other
WHOMNY_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
WHOMNY_REFUSED_COF1	99	[DO NOT READ] Refused



FIN_1B	FIN_WHOMNY_OTSP_COF1		
[ASK IF FIN_WHOMNY_COF1 = OTHER]			
Other (please specify)			
FIN_WHOMNY_OTSP_COF1	01		

FIN_1c	FIN_SEXMNY2_COF1				
[ASK IF FIN_MNY_COF1 = YES - FOR ALL THAT APPLY]					
Was this person male or female?					
		MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
FIN_SEXMNY2_PAR_COF1	01	Spouse or partner			
FIN_SEXMNY2_SIB_COF1	02	Sibling			
FIN_SEXMNY2_CHILD_COF1	03	Child			
FIN_SEXMNY2_GRAND_COF1	04	Grandchild			
FIN_SEXMNY2_FAM_COF1	05	Other family member			
FIN_SEXMNY2_FRI_COF1	06	Friend			
FIN_SEXMNY2_PAID_COF1	07	Paid Caregiver			
FIN_SEXMNY2_OTSP_COF1	97	Other			

FIN_1d	FIN_LIVMNY2_COF1				
[ASK IF FIN_MNY_COF1 = YES - FOR ALL THAT APPLY]					
Did that person (or any of those persons) live with you then?					
		YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
FIN_LIVMNY2_PAR_COF1	01	Spouse or partner			
FIN_LIVMNY2_SIB_COF1	02	Sibling			
FIN_LIVMNY2_CHILD_COF1	03	Child			
FIN_LIVMNY2_GRAND_COF1	04	Grandchild			
FIN_LIVMNY2_FAM_COF1	05	Other family member			
FIN_LIVMNY2_FRI_COF1	06	Friend			
FIN_LIVMNY2_PAID_COF1	07	Paid Caregiver			
FIN_LIVMNY2_OTSP_COF1	97	Other			

FIN_2	FIN_POS_COF1	
[ALWAYS ASK]		
Taken money, possessions or property from you?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_2a	FIN_OFTNPOS_COF1	
[ASK IF FIN_POS_COF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_2b	FIN_WHOPOS_COF1	
[ASK IF FIN_POS_COF1 = YES]		
Who did this?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WHOPOS_PARTNER_COF1	01	Spouse or partner
WHOPOS_SIBLING_COF1	02	Sibling
WHOPOS_CHILD_COF1	03	Child
WHOPOS_GRANDCHILD_COF1	04	Grandchild
WHOPOS_FAMILY_COF1	05	Other family member
WHOPOS_FRIEND_COF1	06	Friend
WHOPOS_PAID_COF1	07	Paid Caregiver
WHOPOS_OTHER_COF1	97	Other
WHOPOS_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
WHOPOS_REFUSED_COF1	99	[DO NOT READ] Refused
FIN_2B	FIN_WHOPOS_OTSP_COF1	
[ASK IF FIN_WHOPOS_COF1 = OTHER]		
Other (please specify)		
FIN_WHOPOS_OTSP_COF1	01	

FIN_2c		FIN_SEXPOS2_COF1					
[ASK IF FIN_POS_COF1 = YES - FOR ALL THAT APPLY]							
Was this person male or female?							
				MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
FIN_SEXPOS2_PAR_COF1	01	Spouse or partner					
FIN_SEXPOS2_SIB_COF1	02	Sibling					
FIN_SEXPOS2_CHILD_COF1	03	Child					
FIN_SEXPOS2_GRAND_COF1	04	Grandchild					
FIN_SEXPOS2_FAM_COF1	05	Other family member					
FIN_SEXPOS2_FRI_COF1	06	Friend					
FIN_SEXPOS2_PAID_COF1	07	Paid Caregiver					
FIN_SEXPOS2_OTSP_COF1	97	Other					

FIN_2d		FIN_LIVPOS2_COF1					
[ASK IF FIN_POS_COF1 = YES - FOR ALL THAT APPLY]							
Did that person (or any of those persons) live with you then?							
				YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
FIN_LIVPOS2_PAR_COF1	01	Spouse or partner					
FIN_LIVPOS2_SIB_COF1	02	Sibling					
FIN_LIVPOS2_CHILD_COF1	03	Child					
FIN_LIVPOS2_GRAND_COF1	04	Grandchild					
FIN_LIVPOS2_FAM_COF1	05	Other family member					
FIN_LIVPOS2_FRI_COF1	06	Friend					
FIN_LIVPOS2_PAID_COF1	07	Paid Caregiver					
FIN_LIVPOS2_OTSP_COF1	97	Other					

FIN_3	FIN_PRV_COF1	
[ALWAYS ASK]		
Deliberately prevented your access to your money, possessions, or property?		
YES	01	Yes
NO	02	No
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_3a	FIN_OFTNPRV_COF1	
[ASK IF FIN_PRV_COF1 = YES]		
How often did this happen over the last 12 months? Was it...		
ONCE	01	Once
A_FEW_TIMES	02	A few times
MANY_TIMES	03	Many times
EVERY_DAY	04	Every day or almost every day
DK_NA	08	[DO NOT READ] Don't Know / No Answer
REFUSED	09	[DO NOT READ] Refused

FIN_3b	FIN_WHOPRV_COF1	
[ASK IF FIN_PRV_COF1 = YES]		
Who did this?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
WHOPRV_PARTNER_COF1	01	Spouse or partner
WHOPRV_SIBLING_COF1	02	Sibling
WHOPRV_CHILD_COF1	03	Child
WHOPRV_GRANDCHILD_COF1	04	Grandchild
WHOPRV_FAMILY_COF1	05	Other family member
WHOPRV_FRIEND_COF1	06	Friend
WHOPRV_PAID_COF1	07	Paid Caregiver
WHOPRV_OTHER_COF1	97	Other
WHOPRV_DK_NA_COF1	98	[DO NOT READ] Don't Know / No Answer
WHOPRV_REFUSED_COF1	99	[DO NOT READ] Refused
FIN_3B	FIN_WHOPRV_OTSP_COF1	
[ASK IF FIN_WHOPRV_COF1 = OTHER]		
Other (please specify)		
FIN_WHOPRV_OTSP_COF1	01	



FIN_3c		FIN_SEXPRV2_COF1					
[ASK IF FIN_PRV_COF1 = YES - FOR ALL THAT APPLY]							
Was this person male or female?							
				MALE	FEMALE	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
FIN_SEXPRV2_PAR_COF1	01	Spouse or partner					
FIN_SEXPRV2_SIB_COF1	02	Sibling					
FIN_SEXPRV2_CHILD_COF1	03	Child					
FIN_SEXPRV2_GRAND_COF1	04	Grandchild					
FIN_SEXPRV2_FAM_COF1	05	Other family member					
FIN_SEXPRV2_FRI_COF1	06	Friend					
FIN_SEXPRV2_PAID_COF1	07	Paid Caregiver					
FIN_SEXPRV2_OTSP_COF1	97	Other					

FIN_3d		FIN_LIVPRV2_COF1					
[ASK IF FIN_PRV_COF1 = YES - FOR ALL THAT APPLY]							
Did that person (or any of those persons) live with you then?							
				YES	NO	[DO NOT READ] DK_NA	[DO NOT READ] REFUSED
FIN_LIVPRV2_PAR_COF1	01	Spouse or partner					
FIN_LIVPRV2_SIB_COF1	02	Sibling					
FIN_LIVPRV2_CHILD_COF1	03	Child					
FIN_LIVPRV2_GRAND_COF1	04	Grandchild					
FIN_LIVPRV2_FAM_COF1	05	Other family member					
FIN_LIVPRV2_FRI_COF1	06	Friend					
FIN_LIVPRV2_PAID_COF1	07	Paid Caregiver					
FIN_LIVPRV2_OTSP_COF1	97	Other					

EXCLUSION CRITERIA

HIP-WAIST RATIO	
Test Exclusion	
Pregnancy <u>more than 12 weeks</u>	ICQ_PREGNT_COF1=yes AND; ICQ_PREGNTWK_COF1>12 weeks, DK, RF
Unable to stand unassisted	ICQ_ABLESTND_COF1=no
WEIGHT	
Test Exclusion	
Unable to stand unassisted	ICQ_ABLESTND_COF1=no
To Be Noted (Not Exclusion)	
Pregnancy	ICQ_PREGNT_COF1=yes AND; ICQ_PREGNTWK_COF1= number of weeks
STANDING HEIGHT	
Test Exclusion	
Unable to stand unassisted	ICQ_ABLESTND_COF1=no
BLOOD PRESSURE	
Test Exclusion	
Surgery of both arms, breast or both sides of chest <u>within the last 3 months</u> ; or, arteriovenous shunt/fistula on both arms	ICQ_SRGYARM_COF1 OR; ICQ_SRGYCHT_COF1 OR; ICQ_SRGYART_COF1=both
Cast on both arms	ICQ_ARMCST_COF1=yes, both
Prosthetic on both arms	ICQ_PROSARM2_COF1=both
Left Arm Exclusion	
Surgery of <u>left</u> arm, chest, or breast; or, arteriovenous shunt/fistula <u>within last 3 months</u>	ICQ_SRGYARM_COF1 OR; ICQ_SRGYCHT_COF1 OR ; ICQ_SRGYART_COF1=left
Cast on left arm	ICQ_ARMCST_COF1=left
Prosthetic on left arm	ICQ_PROSARM2_COF1=left
Right Arm Exclusion	

Surgery of <u>right</u> arm, chest, or breast; or, arteriovenous shunt/fistula <u>within last 3 months</u>	ICQ_SRGYARM_COF1 OR; ICQ_SRGYCHT_COF1 OR ; ICQ_SRGYART_COF1=right
Cast on right arm	ICQ_ARMCST_COF1=right
Prosthetic on right arm	ICQ_PROSARM2_COF1=right
To Be Noted (Not exclusion)	
Prosthetic arm – Joint replacement	ICQ_JOINTARM_COF1=right OR left OR both

ECG	
Test Exclusion	
Unable to stand unassisted	ICQ_ABLESTND_COF1=no

CAROTID DOPPLER	
Test Exclusion	
Unable to stand unassisted	ICQ_ABLESTND_COF1=no

SPIROMETRY (FEV1, FORCED VITAL CAPACITY)	
Test Exclusion	
Acute respiratory condition	ICQ_ILLUNG_COF1=yes
Pregnancy <u>more than 27 weeks</u>	ICQ_PREGNT_COF1=yes AND; ICQ_PREGNTWK_COF1>27 weeks, DK
Unstable heart condition or recent heart surgery <u>within the last 3 months</u>	ICQ_HRTCOND_COF1 or; ICQ_SRGYHRT_COF1=yes
Major surgery on chest or abdomen <u>within last 3 months</u>	ICQ_SRGYCHT_COF1 OR; ICQ_SRGYABD_COF1=left OR right OR both
Detached retina or recent eye surgery <u>within last 3 months</u>	ICQ_SRGYEYE_COF1=left OR right OR both ICQ_DERET3MO_COF1=yes
Has previously had blood in sputum <u>within last 3 months</u>	ICQ_BLDSP3MO_COF1=yes
Has had thoracic, abdominal or cerebral aneurysm present	ICQ_ANEURY_COF1=yes
Pulmonary embolism in the last 6 weeks, or still on anticoagulants for one	ICQ_EMB6WK_COF1=yes ICQ_EMBMED_COF1=yes
Have a nasogastric tube in place	ICQ_NGTUBE_COF1=yes
To Be Noted (Not Exclusion)	

Smoking Status	ICQ_SMOKE_COF1=yes or no or former
Smoking in last 24 hours	ICQ_SMOKETIME_COF1=yes or no
Last time participant had cigarette, cigar or pipe?	ICQ_SMOKEHOURS_COF1=yes, time hours
Use of long acting inhaler	ICQ_INHALERLONG_COF1=yes or no
Use of short acting inhaler	ICQ_INHALERSHORT_COF1=yes or no
Have an abdominal feeding tube in place	ICQ_ABDTUBE_COF1=yes

BONE DENSITY AND BIO-IMPEDENCE BY DXA – HIP	
Test Exclusion	
Pregnant women	ICQ_PREGNT_COF1=yes, DK, RF
Unable to stand unassisted	ICQ_ABLESTND_COF1=no
Involved in Nuclear Medicine study <u>within the last 2 days</u>	ICQ_NUCLMED_48H_COF1=yes
Prosthetic	ICQ_PROSHIP_COF1=both
Previous breaks or fractures	ICQ_FXHIP_COF1=left AND right
Left Hip Exclusion	
Prosthetic	ICQ_PROSHIP_COF1=left
Right Hip Exclusion	
Prosthetic	ICQ_PROSHIP_COF1=right
To Be Noted (Not Exclusion)	
Polio	ICQ_POLIO_COF1=yes
Previous breaks or fractures of one hip	ICQ_FXHIP_COF1=left OR right
What test was performed	ICQ_NUCLMED_TEST_COF1=specify

BONE DENSITY AND BIO-IMPEDENCE BY DXA – LATERAL SPINE IVA & LUMBAR SPINE	
Test Exclusion	
Pregnant women	ICQ_PREGNT_COF1=yes, DK, RF
Unable to stand unassisted	ICQ_ABLESTND_COF1=no
Involved in Nuclear Medicine study <u>within the last 2 days</u>	ICQ_NUCLMED_48H_COF1=yes

To Be Noted (Not Exclusion)	
Laminectomy	ICQ_LAMIN_COF1=yes
Polio	ICQ_POLIO_COF1=yes
Previous breaks or fractures	ICQ_FXBACK_COF1=yes
What test was performed	ICQ_NUCLMED_TEST_COF1=specify

BONE DENSITY AND BIO-IMPEDENCE BY DXA – WHOLE BODY	
Test Exclusion	
Pregnant women	ICQ_PREGNT_COF1=yes, DK, RF
Unable to stand unassisted	ICQ_ABLESTND_COF1=no
Involved in Nuclear Medicine study <u>within the last 2 days</u>	ICQ_NUCLMED_48H_COF1=yes
Had a IV CT or MRI contrast test within 24 hours	ICQ_NUCLMED_IV24H_COF1=yes
Had a barium test <u>within the last 7 days</u>	ICQ_BARSWAL_COF1=yes
To Be Noted (Not Exclusion)	
Medical device implantation	ICQ_PACEMKR_COF1 OR; ICQ_DEFIBR_COF1 OR; ICQ_COCHLIMP_COF1=yes
Cast	ICQ_HNDCST_COF1 OR; ICQ_ARMCST_COF1 OR; ICQ_LEGCST_COF1=left OR right OR both
Prosthetic limbs or joints	ICQ_PROSARM2_COF1 OR; ICQ_JOINTARM_COF1 OR; ICQ_PROSLEG_COF1 OR; ICQ_PROSHND_COF1 OR; ICQ_PROSFT_COF1 OR; ICQ_PROSHIP_COF1 OR; ICQ_PROSKNEE_COF1=left OR right OR both

Previous breaks or fractures	ICQ_FXARM_COF1 OR; ICQ_FXSHLD_COF1 OR; ICQ_FXHND_COF1 OR; ICQ_FXWRST_COF1 OR; ICQ_FXRIB_COF1 OR; ICQ_FXLEG_COF1 OR; ICQ_FXANK_COF1 OR; ICQ_FXFT_COF1 OR; ICQ_FXHIP_COF1 OR; ICQ_FXKNEE_COF1 OR; ICQ_FXCHK_COF1 OR; ICQ_FXJAW_COF1=left OR right OR both ICQ_FXNOSE_COF1 OR; ICQ_FXSKL_COF1 OR; ICQ_FXNECK_COF1 OR; ICQ_FXBACK_COF1 OR; ICQ_FXCOLLR_COF1 OR; ICQ_FXPELV_COF1=yes
Laminectomy	ICQ_LAMIN_COF1=yes
Polio	ICQ_POLIO_COF1=yes
Hearing aid	ICQ_HRAID_COF1= if left_side OR right_side OR Both_sides=YES (currently wearing)
Arteriovenous shunt/Fistula	ICQ_SRGYART_COF1=left OR right OR both
What test was performed	ICQ_NUCLMED_TEST_COF1= specify

BONE DENSITY AND BIO-IMPEDENCE BY DXA – FOREARM	
Test Exclusion	
Pregnant women	ICQ_PREGNT_COF1=yes, DK, RF
Unable to stand unassisted	ICQ_ABLESTND_COF1=no
Involved in Nuclear Medicine study <u>within the last 2 days</u>	ICQ_NUCLMED_48H_COF1= yes
Prosthetic	ICQ_PROSARM2_COF1=both
Previous breaks or fractures	ICQ_FXARM_COF1=left AND right
Left Forearm Exclusion	
Prosthetic	ICQ_PROSARM2_COF1=left
Cast	ICQ_ARMCST_COF1=left
Arteriovenous shunt/Fistula	ICQ_SRGYART_COF1=left
Previous breaks or fractures	ICQ_FXARM_COF1=left

Right Forearm Exclusion	
Prosthetic	ICQ_PROSARM2_COF1=right
Cast	ICQ_ARMCST_COF1=right
Arteriovenous shunt/Fistula	ICQ_SRGYART_COF1=right
Previous breaks or fractures	ICQ_FXARM_COF1=right
To Be Noted (Not Exclusion)	
Previous breaks or fractures	ICQ_FXWRST_COF1
Polio	ICQ_POLIO_COF1=yes
What test was performed	ICQ_NUCLMED_TEST_COF1=specify

HEARING	
To Be Noted (Not Exclusion)	
Ear infection	ICQ_EARINF_COF1=right OR left OR both
Hearing aids	ICQ_HRAID_COF1=right_side OR left_side OR both_sides
Tinnitus	ICQ_TINNIT_COF1=yes

4-METRE WALK TEST: WALKING SPEED	
Test Exclusion	
Unable to stand unassisted	ICQ_ABLESTND_COF1=no
Unable to walk unassisted	ICQ_ABLEWLK_COF1=no
To Be Noted (Not Exclusion)	
Prosthetic limb or joint	ICQ_PROSLEG_COF1 OR; ICQ_PROSFT_COF1 OR; ICQ_PROSHIP_COF1 OR; ICQ_PROSKNEE_COF1=right OR left OR both
Ear infection	ICQ_EARINF_COF1=yes OR right OR left OR both

TUG: MOBILITY AND BALANCE	
Test Exclusion	
Unable to stand or rise from a chair unassisted	ICQ_RISEASSI_COF1 OR; ICQ_ABLESTND_COF1=no
Unable to walk unassisted	ICQ_ABLEWLK_COF1=no
To Be Noted (Not Exclusion)	

Prosthetic limb or joint	ICQ_PROSLEG_COF1 OR; ICQ_PROSFT_COF1 OR; ICQ_PROSHIP_COF1 OR; ICQ_PROSKNEE_COF1=right OR left OR both
Ear infection	ICQ_EARINF_COF1=right OR left OR both

STANDING BALANCE	
Test Exclusion	
Unable to stand unassisted	ICQ_ABLESTND_COF1=no
Uses cane or walker regularly	ICQ_RISECANE_COF1=yes
To Be Noted (Not Exclusion)	
Prosthetic limb or joint	ICQ_PROSLEG_COF1 OR; ICQ_PROSFT_COF1 OR; ICQ_PROSHIP_COF1 OR; ICQ_PROSKNEE_COF1=right OR left OR both
Ear infection	ICQ_EARINF_COF1=right OR left OR both

CHAIR RISE: BALANCE AND COORDINATION	
Test Exclusion	
Unable to stand or rise from a chair unassisted	ICQ_RISEASSI_COF1 OR; ICQ_ABLESTND_COF1=no
Uses cane or walker regularly	ICQ_RISECANE_COF1=yes
To Be Noted (Not Exclusion)	
Prosthetic limb or joint	ICQ_PROSLEG_COF1 OR; ICQ_PROSFT_COF1 OR; ICQ_PROSHIP_COF1 OR; ICQ_PROSKNEE_COF1=right OR left OR both
Ear infection	ICQ_EARINF_COF1=right OR left OR both

VISION - TONOMETER	
Test Exclusion	
Detached retina or eye surgery <u>within last 3 months</u>	ICQ_SRGYEYE_COF1=left OR right OR both ICQ_DERET3MO_COF1=yes

Eye infection	ICQ_EYEINF_COF1=both
To Be Noted (Not Exclusion)	
Eye infection	ICQ_EYEINF_COF1=right OR left
Glaucoma, cataracts, glasses, contact lenses	ICQ_CATRCT2_COF1 OR; ICQ_GLAUC_COF1 OR; ICQ_GLASSES_COF1 OR; ICQ_CTLENS_COF1=yes
Prosthetic eye	ICQ_PROSEYE_COF1=yes

VISION – RETINAL CAMERA & ETDRS	
To Be Noted (Not Exclusion)	
Eye infection	ICQ_EYEINF_COF1=right OR left OR both
Glaucoma, cataracts, glasses, contact lenses	ICQ_CATRCT2_COF1 OR; ICQ_GLAUC_COF1 OR; ICQ_GLASSES_COF1 OR; ICQ_CTLENS_COF1=yes
Prosthetic eye	ICQ_PROSEYE_COF1=yes

GRIP STRENGTH	
To Be Noted (Not Exclusion)	
Pain or paralyses in both hands or wrists due to arthritis, tendinitis, carpal tunnel syndrome	ICQ_PAINHND_COF1=both sides
Test Exclusion	
Surgery on both hands or wrists <u>within the last 3 months</u>	ICQ_SRGYHND_COF1=both
Open sores or bruising on both hands	ICQ_HNSWL_COF1 OR; ICQ_HNDHMT_COF1=both
Cast on both hands or arms	ICQ_HNDCST_COF1 OR; ICQ_ARMCST_COF1=both
Prosthetic arms, hands or fingers	ICQ_PROSARM2_COF1 OR; ICQ_PROSHND_COF1=both
Left Hand Exclusion	
Surgery of <u>left</u> hand or wrist <u>within last 3 months</u>	ICQ_SRGYHND_COF1=left, RF
Pain or paralyses in left hand or wrist due to arthritis, tendinitis, carpal tunnel syndrome	ICQ_PAINHND_COF1=left sides
Open sores or bruising on left hand	ICQ_HNSWL_COF1 OR; ICQ_HNDHMT_COF1=left

Cast on left hand or arm	ICQ_HNDCST_COF1 OR; ICQ_ARMCST_COF1=left
Prosthetic arm, hand or finger	ICQ_PROSARM2_COF1 OR; ICQ_PROSHND_COF1=left
Right Hand Exclusion	
Surgery of <u>right</u> hand or wrist <u>within last 3 months</u>	ICQ_SRGYHND_COF1=right, RF
Pain or paralyses in right hand or wrist due to arthritis, tendinitis, carpal tunnel syndrome	ICQ_PAINHND_COF1=right sides
Open sores or bruising on right hand	ICQ_HNDSWL_COF1 OR; ICQ_HNDHMT_COF1=right
Cast on right hand or arm	ICQ_HNDCST_COF1 OR; ICQ_ARMCST_COF1=right
Prosthetic arm, hand or fingers	ICQ_PROSARM2_COF1 OR; ICQ_PROSHND_COF1=right

BLOOD SPECIMEN	
Test Exclusion	
Chemotherapy <u>within last 4 weeks</u>	ICQ_CHEMO4WK_COF1=yes
Haemophilia or other blood clotting disease	ICQ_HAEMO_COF1=yes
Received blood transfusion or donated blood <u>in last 24 hours</u>	ICQ_BLDTR24H_COF1=yes
Surgery of both arms, breasts, or both sides of chest <u>within the last 3 months</u> ; or, arteriovenous shunt	ICQ_SRGYARM_COF1 OR; ICQ_SRGYCHT_COF1 OR; ICQ_SRGYART_COF1=both
Cast or prosthetic arms	ICQ_ARMCST_COF1=both OR; ICQ_PROSARM2_COF1=both
Left Arm Exclusion	
Surgery of left arm, chest, or breast or arteriovenous shunt	ICQ_SRGYARM_COF1=left OR; ICQ_SRGYCHT_COF1=yes OR; ICQ_SRGYART_COF1=left
Cast or prosthetic left arms	ICQ_ARMCST_COF1=left OR; ICQ_PROSARM2_COF1=left
Right Arm Exclusion	
Surgery of right arm, chest, or breast or arteriovenous shunt	ICQ_SRGYARM_COF1=right OR; ICQ_SRGYCHT_COF1=yes OR; ICQ_SRGYART_COF1=right
Cast or prosthetic right arms	ICQ_ARMCST_COF1=right OR; ICQ_PROSARM2_COF1=right
To Be Noted (Not exclusion)	



Prosthetic arm – Joint replacement	ICQ_JOINTARM_COF1=right OR left OR both
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END