



**clsa élcv**

Canadian Longitudinal Study on Aging  
Étude longitudinale canadienne sur le vieillissement

# **Data Collection Site Questionnaire (Follow Up 2)**

**v1.2, 2021 January 08**

**Examples of variable names as shown in the datasets.**

Q1.	ICQ_DOMHAND_COF2		
<b>[ALWAYS ASK]</b>			
Is your dominant hand your right or left hand?			
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>			
RIGHT	01	Right	
LEFT	02	Left	
AMBIDEXTROUS	03	Ambidextrous	

SPA_1	SPA_SOAC_COF2		
<b>[ALWAYS ASK]</b>			
Which of these statements apply to you?			
<b>NOTE: RESPONSE OPTION 1 – ‘I READ A DAILY NEWSPAPER’ – INCLUDES SITUATIONS WHERE THE PARTICIPANT ONLY READS THE SATURDAY EDITION OF A DAILY NEWSPAPER.</b>			
<b>READ EACH STATEMENT. MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY</b>			
SPA_SOAC_RNP_COF2	01	I read a daily newspaper	
SPA_SOAC_HY_COF2	02	I have a hobby or pastime	
SPA_SOAC_HIC_COF2	03	I have taken a holiday in Canada in the last 12 months	
SPA_SOAC_HOC_COF2	04	I have taken a holiday outside of Canada in the last 12 months	
SPA_SOAC_DT_COF2	05	I have gone on a daytrip or outing in the last 12 months	
SPA_SOAC_INT_COF2	06	I use the internet and/or e-mail	
SPA_SOAC_VOT_COF2	07	I voted in the last federal, provincial, or municipal election	
SPA_SOAC_NONE_COF2	96	None of these statements apply to me	
SPA_SOAC_DK_NA_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer	
SPA_SOAC_REFUSED_COF2	99	<b>[DO NOT READ]</b> Refused	

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## DCS RECEPTION

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

Q1.	ICQ_DOMHAND_COF2		
<b>[ALWAYS ASK]</b>			
Is your dominant hand your right or left hand?			
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>			
RIGHT	1	Right	
LEFT	2	Left	
AMBIDEXTROUS	3	Ambidextrous	

Q2.	ICQ_HND_COF2						
<b>[ALWAYS ASK]</b>							
Do you have any of the following conditions affecting one or both of your hands?							
<b>SELECT ALL THAT APPLY</b>							
		NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_HNDSWL_COF2	Severe swelling, open sores, wounds, infection, or burns						
ICQ_HNDCST_COF2	Cast						
ICQ_HNDHMT_COF2	Hematoma (bruise)						
<b>NOTE: ANSWERS TO THESE QUESTIONS MAY AFFECT THE GRIP STRENGTH MEASUREMENTS.</b>							
<b>TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY MEASUREMENT STAGE.</b>							

Q3.	ICQ_ARM_COF2						
<b>[ALWAYS ASK]</b>							
Do you have any of the following conditions affecting one or both of your upper arms?							
<b>NOTE: Upper arm = elbow joint area up to shoulder. Includes area that blood would be taken from.</b>							
<b>SELECT ALL THAT APPLY</b>							
		NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_ARMSWL_COF2	Severe swelling, open sores, wounds, infection or burns						
ICQ_ARMCST_COF2	Cast						
<b>NOTE: ANSWERS TO THESE QUESTIONS CAN AFFECT THE BLOOD PRESSURE, GRIP STRENGTH, DXA – FOREARM, BLOOD SPECIMEN MEASUREMENTS.</b>							
<b>TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY MEASUREMENT STAGE.</b>							

Q4.	ICQ_LEG_COF2						
<b>[ALWAYS ASK]</b>							
Do you have any of the following conditions affecting one or both of your legs?							
<b>SELECT ALL THAT APPLY</b>							
		NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_LEGSWL_COF2	Severe swelling, open sores, wounds, infection, or burns						
ICQ_LEGCST_COF2	Cast						
<b>TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY, TUG, 4-METRE WALK AND STANDING BALANCE MEASUREMENT STAGE.</b>							

Q5a.	ICQ_SRG3MO_COF2	
<b>[ALWAYS ASK]</b>		
Have you had an operation (surgery) <u>within the last 3 months</u> ?		
<b>INTERVIEWER: Let the participant know this includes eye and nose surgery as well.</b>		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

Q5b.	ICQ_SRGY_COF2						
<b>[ASK IF ICQ_SRG3MO_COF2 = YES]</b>							
What type of surgery did you have?							
<b>NOTE: REMIND PARTICIPANT THAT THIS QUESTION IS ASKING ABOUT SURGERY IN THE LAST 3 MONTHS</b>							
<b>SELECT ALL THAT APPLY</b>							
		NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_SRGYARM_COF2	Arm						
ICQ_SRGYCHT_COF2	Chest or breast (incl. mastectomy or lymphectomy)						
ICQ_SRGYHND_COF2	Hand or wrist						
ICQ_SRGYART_COF2	Arteriovenous shunt/fistula						
ICQ_SRGYEYE_COF2	Eye (i.e., cataracts or laser surgery)						
<b>NOTE: ANSWERS TO THESE QUESTIONS COULD AFFECT THE BLOOD PRESSURE, BLOOD SPECIMEN, SPIROMETRY, GRIP STRENGTH, TONOMETRY AND DXA - FOREARM MEASUREMENTS.</b>							
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA – WHOLE BODY MEASUREMENT STAGE.</b>							

Q5c.	ICQ_SRGYTYPE1_COF2			
<b>[ASK IF ICQ_SRG3MO_COF2 = YES]</b>				
What type of surgery did you have?				
<b>NOTE: REMIND PARTICIPANT THAT THIS QUESTION IS ASKING ABOUT SURGERY IN THE LAST 3 MONTHS</b>				
<b>SELECT ALL THAT APPLY</b>				
		YES	NO	RF
ICQ_SRGYABD_COF2	Abdominal			
ICQ_SRGYHRT_COF2	Heart			
ICQ_SRGYOT_COF2	Other (NOTE: This could include major dental surgery)			

Q5d.	ICQ_SRGY_OTSP_COF2			
<b>[ASK IF ICQ_SRGYTYPE1_COF2 = ICQ_SRGYOT_COF2]</b>				
Other (please specify: _____)				
ICQ_SRGY_OTSP_COF2				

Q6.	ICQ_PAINHND_COF2			
<b>[ALWAYS ASK]</b>				
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?				
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>				
YES_LEFT_SIDE	1	Yes, left side		
YES_RIGHT_SIDE	2	Yes, right side		
YES_BOTH_SIDES	8	Yes, both sides		
NO	9	No		

Q7a.	ICQ_RISEASSI_COF2			
<b>[ALWAYS ASK]</b>				
Are you able to rise from a chair without the assistance of another person?				
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>				
YES	1	Yes		
NO	2	No		
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer		
REFUSED	9	<b>[DO NOT READ]</b> Refused		
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE TUG AND CHAIR RISE QUESTIONS.</b>				

Q7b.	ICQ_RISECANE_COF2	
<b>[ALWAYS ASK]</b>		
Do you use a cane or walker to stand or rise from a chair unassisted?		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE CHAIR RISE AND STANDING BALANCE QUESTIONS.</b>		

Q8.	ICQ_ABLESTND_COF2	
<b>[ALWAYS ASK]</b>		
Are you able to stand without the assistance of another person?		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>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.</b>		

Q9.	ICQ_ABLEWLK_COF2	
<b>[ALWAYS ASK]</b>		
Are you able to walk without the assistance of another person?		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE TUG AND 4-METRE WALK.</b>		



Q10a.	ICQ_PREGNT_COF2	
<b>[ASK IF SEX = FEMALE AND ≤ 55 YEARS]</b>		
Are you pregnant?		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT ALL OF THE DXA MEASUREMENTS.</b>		
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE WEIGHT MEASUREMENT STAGE.</b>		

Q10b.	ICQ_PREGNTWK_COF2	
<b>[ASK IF ICQ_PREGNT_COF2 = YES]</b>		
How many weeks pregnant are you?		
<b>Please provide your best estimate if you are not sure of the exact number of weeks.</b>		
ICQ_PREGNTWK_NB_COF2	_____	
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE HIP-WAIST RATIO AND THE SPIROMETRY MEASUREMENTS.</b>		
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE WEIGHT MEASUREMENT STAGE.</b>		

Q11.	ICQ_ILLLUNG_COF2	
<b>[ALWAYS ASK]</b>		
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?		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>[ASK IF ICQ_ILLLUNG_COF2 = YES]</b>		
Yes (Specify)		
ICQ_ILLLUNG_SP_COF2	_____	
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS</b>		

Q12.	ICQ_HRTCOND_COF2	
<b>[ALWAYS ASK]</b>		
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>		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>[ASK IF ICQ_HRTCOND_COF2 = YES]</b>		
Yes (Specify)		
ICQ_HRTCOND_SP_COF2		
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS</b>		

Q12a.	ICQ_EMB6WK_COF2	
<b>[ALWAYS ASK]</b>		
Have you had a pulmonary embolism <u>within the last 6 weeks?</u>		
<b>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).</b>		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS</b>		

Q12b.	ICQ_EMBMED_COF2	
<b>[ALWAYS ASK]</b>		
Are you currently taking anticoagulants, for example Coumadin, as a result of a pulmonary embolism?		
<b>NOTE: A PARTICIPANT WHO IS TAKING ANTICOAGULANTS AS A RESULT OF A PULMONARY EMBOLISM IS CONTRAINDICATED FOR SPIROMETRY.</b>		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS</b>		

Q13.	ICQ_DERET3MO_COF2		
<b>[ALWAYS ASK]</b>			
Have you had a detached retina <u>within the last 3 months</u> ?			
<b>Note: Does not include retinal occlusion</b>			
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>			
YES	1	Yes	
NO	2	No	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE SPIROMETRY AND TONOMETER MEASUREMENTS</b>			

Q14.	ICQ_INF_COF2						
<b>[ALWAYS ASK]</b>							
Are you currently suffering from any infections of the following?							
<b>SELECT ALL THAT APPLY</b>							
		NO	LEFT	RIGHT	BOTH	DK	RF
ICQ_EYEINF_COF2	Eye						
ICQ_EARINF_COF2	Ear						
<b>NOTE: ANSWERS TO THESE QUESTIONS MAY AFFECT THE TONOMETER MEASUREMENT.</b>							
<b>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.</b>							

Q15a.	ICQ_CATRCT_COF2		
<b>[ALWAYS ASK]</b>			
Has a doctor ever told you that you have cataracts?			
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>			
YES	1	Yes	
NO	2	No	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	
<b>TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND EDTR OR TONOMETER MEASUREMENT STAGE.</b>			

Q15b.	ICQ_CATRCTAGE_COF2	
<b>[ASK IF ICQ_CATRCT_COF2 = YES]</b>		
At what age or in what year were you first told you had cataracts?		
<b>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?</b>		
ICQ_CATRCTAGE_NB_SP_COF2	Age	_____ [MASK: MIN=0, MAX=CURRENT AGE]
ICQ_CATRCTAGE_YR_SP_COF2	Year	_____ [MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

Q15c.	ICQ_CATRACT3_COF2	
<b>[ASK IF ICQ_CATRCT_COF2 = YES]</b>		
Have you had surgery to remove the cataract? (Right, left, both)		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't Know / No Answer
REFUSED	9	[DO NOT READ] Refused

Q15d.	ICQ_CATRCT2_COF2	
<b>[ASK IF ICQ_CATRCT_COF2 = YES]</b>		
Has a doctor told you that you are currently suffering from cataracts?		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't Know / No Answer
REFUSED	9	[DO NOT READ] Refused
<b>NOTE: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND VISUAL ACUITY OR TONOMETER MEASUREMENT STAGE.</b>		

Q15e.	ICQ_CATIME_COF2	
<b>[ASK IF ICQ_CATRCT2_COF2 = YES]</b>		
If you are waiting for cataract surgery, how many months have you been on the waiting list?		
<b>Please provide your best estimate if you are not sure of the exact time.</b>		
ICQ_CATIME_MO_COF2	Time _____ (Month)	
ICQ_CATIME_DY_COF2	Time _____ (Days)	
ICQ_CATIME_YR_COF2	Time _____ (Years)	
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

Q16.	ICQ_GLAUC_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have glaucoma?		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND EDTR OR TONOMETER MEASUREMENT STAGE.</b>		

Q16a.	ICQ_GLAUCAGE_COF2	
<b>[ASK IF ICQ_GLAUC_COF2 = YES]</b>		
At what age or in what year were you first told you had glaucoma?		
<b>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?</b>		
ICQ_GLAUCAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
ICQ_GLAUCAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

Q17.	ICQ_HRAID_COF2				
<b>[ALWAYS ASK]</b>					
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				
<b>TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE HEARING MEASUREMENT AND DXA - WHOLE BODY STAGE.</b>					

Q17b.	ICQ_GLASSES2_COF2				
<b>[ALWAYS ASK]</b>					
Do you wear: Device: Glasses					
		Yes (not wearing)	Yes (currently wearing)	No	Refused
ICQ_GLASSES2_COF2	Glasses				
<b>TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE TONOMETER MEASUREMENT STAGE.</b>					

Q17c.	ICQ_CTLENS2_COF2				
<b>[ALWAYS ASK]</b>					
Do you wear: Device: Contact lenses					
		Yes (not wearing)	Yes (currently wearing)	No	Refused
ICQ_CTLENS2_COF2	Contact lenses				
<b>TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND EDTR OR TONOMETER MEASUREMENT STAGE.</b>					

Q18.	ICQ_PROSLIM_COF2			
<b>[ALWAYS ASK]</b>				
Do you have any prosthetic body parts such as limbs, joints, hips, knees, eyes, etc.?				
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>				
YES	1	Yes		
NO	2	No		
REFUSED	9	<b>[DO NOT READ]</b> Refused		

Q19.	ICQ_PROSLIM_SP_COF2					
<b>[ASK IF ICQ_PROSLIM_COF2 = YES]</b>						
Which of your limbs or joints are prosthetics?						
<b>SELECT ALL THAT APPLY</b>						
	Body Part	NO	LEFT	RIGHT	BOTH	REFUSED
ICQ_PROSARM2_COF2	Arm - prosthetic					
ICQ_JOINTARM_COF2	Arm - joint replacement					
ICQ_PROSLEG_COF2	Leg					
ICQ_PROSHND_COF2	Hand or fingers					
ICQ_PROSFT_COF2	Foot					
ICQ_PROSHIP_COF2	Hip					
ICQ_PROSKNEE_COF2	Knee					
ICQ_PROSEYE_COF2	Eye					
<b>NOTE: ANSWERS TO THESE QUESTIONS CAN AFFECT THE BLOOD PRESSURE, DXA - FOREARM, DXA - DUAL HIP, GRIP STRENGTH AND BLOOD SPECIMEN MEASUREMENTS.</b>						
<b>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.</b>						

Q20.	ICQ_FX_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever suffered a break or fracture?		
<b>DO NOT READ LIST; CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
REFUSED	9	<b>[DO NOT READ]</b> Refused

Q21.	ICQ_FXLIMB_COF2						
<b>[ASK IF ICQ_FX_COF2 = YES]</b>							
Indicate which parts of the body have been broken or fractured.							
<b>SELECT ALL THAT APPLY</b>							
	Body Part	NO	LEFT	RIGHT	BOTH	DK/ NA	REFUSED
ICQ_FXARM_COF2	Arm						
ICQ_FXSHLD_COF2	Shoulder						
ICQ_FXHND_COF2	Hand or fingers						
ICQ_FXWRST_COF2	Wrist						
ICQ_FXRIB_COF2	Ribs						
ICQ_FXLEG_COF2	Leg						
ICQ_FXANK_COF2	Ankle						
ICQ_FXFT_COF2	Foot or toes						
ICQ_FXHIP_COF2	Hip						
ICQ_FXKNEE_COF2	Knee						
ICQ_FXCHK_COF2	Cheek						
ICQ_FXJAW_COF2	Jaw						
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA - DUAL HIP AND FOREARM MEASUREMENTS.</b>							
<b>TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA - WHOLE BODY, DXA - FOREARM OR DUAL HIP MEASUREMENT STAGE.</b>							



Q21.	ICQ_FXLIMB_COF2 (continued.....)				
<b>[ASK IF ICQ_FX_COF2 = YES]</b>					
Indicate which parts of the body have been broken or fractured.					
<b>SELECT ALL THAT APPLY</b>					
	Body Part	YES	NO	DK/NA	REFUSED
ICQ_FXNOSE_COF2	Nose				
ICQ_FXSKL_COF2	Skull				
ICQ_FXNECK_COF2	Neck				
ICQ_FXBACK_COF2	Back				
ICQ_FXCOLLR_COF2	Collar bone				
ICQ_FXPELV_COF2	Pelvis				
<b>TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA - WHOLE BODY OR LATERAL SPINE MEASUREMENT STAGE.</b>					

Q22.	ICQ_LAMIN_COF2				
<b>[ALWAYS ASK]</b>					
Have you ever had a laminectomy?					
<b>NOTE: LAMINECTOMY MEANS REMOVAL OF PART OR ALL OF A LAMINA (PART OF A VERTEBRA) AT ONE OR MORE LEVELS IN THE SPINE</b>					
YES	1	Yes			
NO	2	No			
REFUSED	9	<b>[DO NOT READ]</b> Refused			
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA - WHOLE BODY OR LATERAL SPINE MEASUREMENT STAGE.</b>					

Q23.	ICQ_POLIO_COF2				
<b>[ALWAYS ASK]</b>					
Have you ever had Polio?					
YES	1	Yes			
NO	2	No			
REFUSED	9	<b>[DO NOT READ]</b> Refused			
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA - WHOLE BODY, LATERAL SPINE, DUAL HIP OR FOREARM MEASUREMENT STAGE.</b>					

Q24.	ICQ_BLDSP3MO_COF2				
<b>[ALWAYS ASK]</b>					
Have you had any blood in your sputum or coughed up blood <u>within the last 3 months</u> ?					
YES	1	Yes			
NO	2	No			
REFUSED	9	<b>[DO NOT READ]</b> Refused			
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENT.</b>					

Q25.	ICQ_ANEURY_COF2		
<b>[ALWAYS ASK]</b>			
Have you ever had a thoracic, abdominal or cerebral aneurysm?			
YES	1	Yes	
NO	2	No	
REFUSED	9	<b>[DO NOT READ]</b> Refused	
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENT.</b>			

Q26.	ICQ_DEVIC_COF2				
<b>[ALWAYS ASK]</b>					
Do you have any of the following medical devices implanted within your body?					
		YES	NO	DK/NA	REFUSED
ICQ_PACEMKR_COF2	Pacemaker				
ICQ_DEFIBR_COF2	Defibrillator				
ICQ_COCHLIMP_COF2	Cochlear implant				
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA - WHOLE BODY MEASUREMENT STAGE.</b>					

Q26d.	ICQ_TUBE_COF2				
<b>[ALWAYS ASK]</b>					
Do you have currently in place any of the following types of feeding tubes?					
		YES	NO	DK/NA	REFUSED
ICQ_NGTUBE_COF2	Nasogastric tube				
ICQ_ABDTUBE_COF2	Abdominal tube				
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENT.</b>					
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE.</b>					

Q27.	ICQ_CHEMO4WK_COF2		
<b>[ALWAYS ASK]</b>			
If you have cancer have you had chemotherapy treatment <u>within the last 4 weeks</u> ?			
YES	1	Yes	
NO	2	No	
REFUSED	9	<b>[DO NOT READ]</b> Refused	
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE BLOOD SPECIMEN MEASUREMENT.</b>			

Q28.	ICQ_HAEMO_COF2
<b>[ALWAYS ASK]</b>	
Do you have haemophilia or another type of disease that prevents your blood from clotting normally?	
YES	1 Yes
NO	2 No
REFUSED	9 <b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE BLOOD SPECIMEN MEASUREMENT.</b>	

Q29.	ICQ_BLDTR24H_COF2
<b>[ALWAYS ASK]</b>	
Have you received a blood transfusion or donated blood <u>within the last 24 hours</u> ?	
<b>Note: A blood donation to Canadian Blood Services is 450 ml (a pint). Plasma donations are also included in this question.</b>	
YES	1 Yes
NO	2 No
REFUSED	9 <b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE BLOOD SPECIMEN MEASUREMENT.</b>	

Q30.	ICQ_NUCLMED_COF2
<b>[ALWAYS ASK]</b>	
Have you been involved in a Nuclear Medicine research study <u>in the last 7 days</u> ?	
<b>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></b>	
YES	1 Yes
NO	2 No
REFUSED	9 <b>[DO NOT READ]</b> Refused
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA - WHOLE BODY OR FOREARM MEASUREMENT STAGE.</b>	

Q30a.	ICQ_NUCLMED_48H_COF2
<b>[ASK IF ICQ_NUCLMED_COF2 = YES]</b>	
Was the nuclear medicine test performed less than 48 hours ago (i.e. <u>within the last 2 days</u> )?	
YES	1 Yes <b>[PROGRAMMING NOTE: CONTRAINDICATE ALL DXA SCANS]</b>
NO	2 No
REFUSED	9 <b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA - WHOLE BODY, LATERAL SPINE, DUAL HIP AND FOREARM MEASUREMENTS.</b>	

Q30b.	ICQ_NUCLMED_TEST_COF2
<b>[ASK IF ICQ_NUCLMED_48H_COF2 = NO]</b>	
What test was performed? (please specify _____)	
ICQ_NUCLMED_TEST_COF2	

Q30c.	ICQ_NUCLMED_IV24H_COF2
<b>[ASK ICQ_NUCLMED_COF2 = NO OR REFUSED OR ICQ_NUCLMED_48H_COF2 = NO OR REFUSED]</b>	
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	1 Yes <b>[PROGRAMMING NOTE: CONTRAINDICATE WHOLE BODY BUT PERFORM ALL OTHER DXA SCANS]</b>
NO	2 No
REFUSED	9 <b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA - WHOLE BODY MEASUREMENT.</b>	

Q31.	ICQ_BARSWAL_COF2
<b>[ALWAYS ASK]</b>	
Have you had a barium test <u>in the last 7 days</u> ?	
YES	1 Yes <b>[PROGRAMMING NOTE: CONTRAINDICATE WHOLE BODY BUT PERFORM ALL OTHER DXA SCANS]</b>
NO	2 No
REFUSED	9 <b>[DO NOT READ]</b> Refused
<b>NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA - WHOLE BODY MEASUREMENT.</b>	

Q32.	ICQ_TINNIT_COF2
<b>[ALWAYS ASK]</b>	
Do you suffer from Tinnitus?	
<b>NOTE: TINNITUS (TIN-IH-TUS) IS NOISE OR RINGING IN THE EARS.</b>	
YES	1 Yes
NO	2 No
REFUSED	9 <b>[DO NOT READ]</b> Refused
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE HEARING MEASUREMENT STAGE.</b>	

Q33.	ICQ_SMOKE_COF2
<b>[ALWAYS ASK]</b>	
What is your smoking status?	
<b>NOTE: THE QUESTION IS ONLY REFERRING TO TOBACCO PRODUCTS</b>	
YES	1 Yes (I currently smoke)
NO	2 No (I don't smoke and I never have)
FORMER	3 Former (I don't smoke now but I have in the past)
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE.</b>	

Q34.	ICQ_SMOKETIME_COF2
<b>[ASK IF ICQ_SMOKE_COF2 = YES]</b>	
Have you smoked in <u>the last 24 hours</u> ?	
YES	1 Yes
NO	2 No
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE.</b>	

Q35.	ICQ_SMOKEHOURS_COF2
<b>[ASK IF ICQ_SMOKE_COF2 = YES]</b>	
How many hours since your last cigarette, cigar or pipe?	
<b>Please provide your best estimate if you are not sure of the exact number of hours.</b>	
ICQ_SMOKEHOURS_COF2	_____ (Time: Hours)
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE.</b>	

Q36.	ICQ_INHALERLONG_COF2
<b>[ALWAYS ASK]</b>	
Have you taken any long-acting inhalers <u>in the last 12 hours</u> ?	
YES	1 Yes
NO	2 No
REFUSED	9 <b>[DO NOT READ]</b> Refused
<b>TO BE NOTED: ANSWERS TO THIS QUESTION MAY NEED TO BE NOTED IN REGARDS TO THE SPIROMETRY MEASUREMENT MODULE.</b>	

Q37.	ICQ_INHALERSHORT_COF2	
<b>[ALWAYS ASK]</b>		
Have you taken any short-acting inhalers <u>in the last 6 hours?</u>		
YES	1	Yes
NO	2	No
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE.</b>		

## **MEASUREMENT ROOM 1**

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

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

**Sitting Height – (Regular/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)**

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**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.*

<b>Overview</b>	<b>INTERVIEWER NOTES: REMINDER TO USE THE SCRIPT PRECISELY AS PROVIDED AND TO ADHERE TO THE PRESCRIBED TIME ALLOWANCES IN THE FOLLOWING COGNITION MODULES.</b>
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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_COF2
<b>[ALWAYS ASK]</b>	
<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: "<b>As you can see, this envelope contains money</b>" (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: "<b>When this timer goes off</b> (have the oven timer bell go off), <b>I want you to pick up this envelope which will be in front of you and give me a five dollar bill</b> (select the five dollar bill from the table and give it to yourself). <b>I want you to give yourself a ten dollar bill</b>" (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: "<b>Let me repeat the instructions. When this timer goes off...</b>"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: "<b>Please tell me what you are supposed to do.</b>" 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_COF2
<b>[ALWAYS ASK]</b>	
Is the participant able to do the test?	
YES	1 Yes
NO	2 No
[IF PMT_ABLE_COF2 = YES SKIP TO PMT_TIM_COF2]	



1b	PMT_FCT_COF2
<b>[ASK IF PMT_ABLE_COF2 = NO]</b>	
<b>INTERVIEWER:</b> What were the factors that prevented the participant from doing the test?	
<b>MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY</b>	
PMT_FCT_UND_COF2	01 Had difficulty understanding English/French
PMT_FCT_PHYS_COF2	02 Physical impairment, such as difficulty hearing
PMT_FCT_DIST_COF2	03 Distraction or noisy environment
PMT_FCT_CONC_COF2	04 Impaired concentration/memory problems
PMT_FCT_AID_COF2	05 Used an aid
PMT_FCT_TECH_COF2	06 Technical difficulties with the laptop
PMT_FCT_OT_COF2	97 Other
<i>[IF PMT_FCT_COF2 ≠ PMT_FCT_OT_COF2 SKIP PMT END]</i>	
1c	PMT_FCT_OTSP_COF2
<b>[ASK IF PMT_FCT_COF2 = PMT_FCT_OT_COF2]</b>	
Other (please specify: _____)	
PMT_FCT_OTSP1_COF2	
<i>[SKIP TO PMT END]</i>	
2	PMT_TIM_COF2
<b>[ASK IF PMT_ABLE_COF2 = YES]</b>	
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_COF2
<b>[ASK IF PMT_ABLE_COF2 = YES]</b>	
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_COF2	
<b>[ASK IF PMT_ABLE_COF2 = YES]</b>		
<p><b>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:</b> You were supposed to do something when the timer went off. Do you know what it was?</p>		
<p><b>INTERVIEWER NOTE: ALLOW THE BUZZER ON THE TIMER TO RUN FOR <u>AT LEAST 30</u> SECONDS BEFORE TURNING IT OFF.</b></p>		
<p><b>INTERVIEWER NOTE: IF PARTICIPANT COMPLETED THE TASK WITHOUT ANY CUES, SELECT <i>NOT APPLICABLE</i> TO ALL THREE CUES QUESTIONS.</b></p>		
YES	01	Yes
NO	02	No
NOT_APPLICABLE	96	<b>[DO NOT READ]</b> Not applicable
REFUSED	99	<b>[DO NOT READ]</b> Refused
<p><i>[IF PMT_TIM_COF2 = NO or NOT_APPLICABLE SKIP TO PMT_ENV_COF2, IF PMT_TIM_COF2 = REFUSED SKIP TO PMT_END]</i></p>		

PMT_1a	PMT_NOCUE_COF2	
<b>[ASK IF PMT_TIM_COF2 = YES]</b>		
<p><b>INTERVIEWER: SELECT ONE OF THE FOLLOWING OPTIONS BASED ON THE PARTICIPANT'S RESPONSE TO CUE</b></p>		
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_COF2	97	Other
<p><i>[IF PMT_NOCUE_COF2 = ABLE_WITHOUT_CUES SKIP TO PMT_ITP_COF2, IF PMT_NOCUE_COF2 = SOME_IDEA_MONEY_ONLY, or SOME_IDEA_ENVELOPE_ONLY, or SOME_IDEA_ENVELOPE_MONEY SKIP TO PMT_ENV_COF2]</i></p>		

PMT_1b	PMT_NOCUE_OTSP_COF2	
<b>[ASK IF PMT_NOCUE_COF2 = PMT_NOCUE_OT_COF2]</b>		
Other (please specify: _____)		
PMT_NOCUE_OTSP1_COF2		
<i>[CONTINUE]</i>		

PMT_2	PMT_ENV_COF2	
<b>[ASK IF PMT_TIM_COF2 = NO, or PMT_NOCUE_COF2 ≠ ABLE_WITHOUT_CUES]</b>		
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	96	<b>[DO NOT READ]</b> Not applicable
REFUSED	99	<b>[DO NOT READ]</b> Refused
<i>[IF PMT_ENV_COF2 = YES or NOT_APPLICABLE SKIP TO PMT_MONEY_COF2, IF PMT_ENV_COF2 = REFUSED SKIP TO PMT END]</i>		

PMT_2b1	OBSERVATIONS
<b>[ASK IF PMT_ENV_COF2 = NO]</b>	
<b>BEHAVIOURAL OBSERVATIONS OR COMMENTS:</b>	
_____	
_____	
<i>[CONTINUE]</i>	

PMT_3	PMT_MONEY_COF2	
<b>[ASK IF PMT_ENV_COF2 ≠ REFUSED]</b>		
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	96	<b>[DO NOT READ]</b> Not applicable
REFUSED	99	<b>[DO NOT READ]</b> Refused
<i>[IF PMT_MONEY_COF2 = YES or NOT_APPLICABLE SKIP TO PMT_ITP_COF2, IF PMT_MONEY_COF2 = REFUSED SKIP TO PMT END]</i>		

PMT_3b1	OBSERVATIONS
<b>[ASK IF PMT_MONEY_COF2 = NO]</b>	
<b>BEHAVIOURAL OBSERVATIONS OR COMMENTS:</b>	
_____	
_____	
<i>[CONTINUE]</i>	

PMT_4	PMT_ITP_COF2
<b>[ASK IF PMT_MONEY_COF2 ≠ REFUSED]</b>	
<b>INTERVIEWER: INTENTION TO PERFORM:</b>	
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_COF2
<b>[ASK IF PMT_MONEY_COF2 ≠ REFUSED]</b>	
<b>INTERVIEWER: ACCURACY OF RESPONSE:</b>	
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_COF2	
<b>[ASK IF PMT_MONEY_COF2 ≠ REFUSED]</b>		
<b>INTERVIEWER: NEED OF REMINDERS:</b>		
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_COF2		Specify Reminder_1
NEEDS_TWO_RMINDERS		(score=1): Needs two of the reminders. Specify reminders given:
PMT_REMTWO_SP1_COF2		Specify Reminder_1
PMT_REMTWO_SP2_COF2		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)**

**Digit Triplet Test – (Regular/Reduced)**

## 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.*

<b>Overview</b>	<b>INTERVIEWER NOTES: REMINDER TO USE THE SCRIPT PRECISELY AS PROVIDED AND TO ADHERE TO THE PRESCRIBED TIME ALLOWANCES IN THE FOLLOWING COGNITION MODULES.</b>
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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_COF2	
<b>[ALWAYS ASK]</b>		
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. <b>Do you consent to be recorded?</b>		
<b>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_COF2_0019_2 &amp; CRF_COF2_0019_3).</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>PROGRAMMING NOTE: IF NEUR_CONSREC_COF2 ≠ YES DISABLE RECORDING ABILITY IN ONYX AND MAKE NOTE IN ONYX TO USE CRF.</b>		
<b>[CONTINUE]</b>		

STP_2	STP_DOT_COF2	
<b>[ALWAYS ASK]</b>		
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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>[IF STP_DOT_COF2 = YES SKIP TO STP_DOTRECR_COF2, IF STP_DOT_COF2 = REFUSED SKIP TO STROOP END]</b>		

STP_3	STP_DOTRPT_COF2	
<b>[ASK IF STP_DOT_COF2 = NO or DK_NA]</b>		
<b>IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.</b>		
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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<i>[IF STP_DOTRPT_COF2 = YES SKIP TO STP_DOTRECR_COF2, IF STP_DOTRPT_COF2 = DON'T KNOW OR REFUSED SKIP TO STROOP END]</i>		

STP_3a	STP_DOTFCTR_COF2	
<b>[ASK IF STP_DOTRPT_COF2 = NO]</b>		
<b>INTERVIEWER:</b> Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
<i>[IF STP_DOTFCTR_COF2 = NO SKIP TO STROOP END]</i>		

STP_3b	STP_DOTLST_COF2	
<b>[ASK IF STP_DOTFCTR_COF2 = YES]</b>		
<b>INTERVIEWER:</b> What were the factors?		
<b>MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
STP_DOTUND_COF2	01	Had difficulty understanding English/French
STP_DOTPHYS_COF2	02	Physical impairment, such as difficulty hearing
STP_DOTDIST_COF2	03	Distraction or noisy environment
STP_DOTCONC_COF2	04	Impaired concentration/memory problems
STP_DOTAID_COF2	05	Used an aid
STP_DOTTECH_COF2	06	Technical difficulties with the laptop
STP_DOTOT_COF2	97	Other
<i>[IF STP_DOTLST_COF2 ≠ STP_DOTOT_COF2 SKIP TO STROOP END]</i>		

STP_3c	STP_DOTOTSP_COF2
<b>[ASK IF STP_DOTLST_COF2 = STP_DOTOT_COF2]</b>	
Other (please specify: _____)	
STP_DOTOTSP1_COF2	
<i>[SKIP TO STROOP END]</i>	

STP_4	STP_DOT_TST_COF2
<b>[ASK IF STP_DOT_COF2 = YES or STP_DOTRPT_COF2 = YES]</b>	
You may begin when I say 'go'. Ready, go.	
<b>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.</b>	
<b>DO NOT TIME THE DEMO.</b>	
<i>[CONTINUE]</i>	

STP_5	STP_DOTRECR_COF2
<b>[ASK IF STP_DOT_COF2 = YES or STP_DOTRPT_COF2 = YES]</b>	
<b>INTERVIEWER INSTRUCTIONS: START RECORDING.</b>	
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.	
<b>INTERVIEWER NOTES: DO NOT HELP THE PARTICIPANT.</b>	
<i>RECORD</i>	
<i>SKIP RECORDING</i>	
<i>[CONTINUE]</i>	

STP_5a	STP_DOTABLE_COF2
<b>[ASK IF STP_DOT_COF2 YES or STP_DOTRPT_COF2 = YES]</b>	
Was the participant able to complete the test?	
<b>INTERVIEWER NOTES: MINOR ERRORS ARE ALLOWED</b>	
YES	1 Yes
NO	2 No
<i>[IF STP_DOTABLE_COF2 = NO SKIP TO STROOP END]</i>	



STP_5b	STP_DOTTIMEN_COF2	
<b>[ASK IF STP_DOTABLE_COF2 = YES]</b>		
Record exact time in seconds:	_____	<b>[MASK: MIN=01, MAX=30]</b>
Thank you. This task is finished.		
<b>RECORDING INSTRUCTIONS: END RECORDING</b>		
<i>[CONTINUE]</i>		

STP_6	STP_WOR_COF2	
<b>[ASK IF STP_DOTABLE_COF2 = YES]</b>		
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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<i>[IF STP_WOR_COF2 = YES SKIP TO STP_WORRECR_COF2, IF STP_WOR_COF2 = REFUSED SKIP TO STROOP END]</i>		

STP_7	STP_WORRPT_COF2	
<b>[ASK IF STP_WOR_COF2 = NO or DK_NA]</b>		
<b>IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.</b>		
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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<i>[IF STP_WORRPT_COF2 = YES SKIP TO STP_WORRECR_COF2, IF STP_WORRPT_COF2 = DON'T KNOW, REFUSED SKIP TO STROOP END]</i>		

STP_7a	STP_WORFCTR_COF2	
<b>[ASK IF STP_WORRPT_COF2 = NO]</b>		
<b>INTERVIEWER:</b> Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
<i>[IF STP_WORFCTR_COF2 = NO SKIP TO STROOP END]</i>		

STP_7b	STP_WORLST_COF2	
<b>[ASK IF STP_WORFCTR_COF2 = YES]</b>		
INTERVIEWER: What were the factors?		
<b>MULTIPLE RESPONSES ALLOWED CODE ALL THAT APPLY</b>		
STP_WORUND_COF2	01	Had difficulty understanding English/French
STP_WORPHYS_COF2	02	Physical impairment, such as difficulty hearing
STP_WORDIST_COF2	03	Distraction or noisy environment
STP_WORCONC_COF2	04	Impaired concentration/memory problems
STP_WORAIID_COF2	05	Used an aid
STP_WORECH_COF2	06	Technical difficulties with the laptop
STP_WOROT_COF2	97	Other
<i>[IF STP_WORLST_COF2 ≠ STP_WOROT_COF2 SKIP TO STROOP END]</i>		

STP_7c	STP_WOROTSP_COF2	
<b>[ASK IF STP_WORLST_COF2 = STP_WOROT_COF2]</b>		
Other (please specify: _____)		
STP_WOROTSP1_COF2		
<i>[SKIP TO STROOP END]</i>		

STP_8	STP_WOR_TST_COF2	
<b>[ASK IF STP_WOR_COF2 = YES or STP_WORRPT_COF2 = YES]</b>		
You may begin when I say 'go'. Ready, go.		
<b>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.</b>		
<i>[CONTINUE]</i>		

STP_9	STP_WORRECR_COF2	
<b>[ASK IF STP_WOR_COF2 = YES or STP_WORRPT_COF2 = YES]</b>		
<b>INTERVIEWER INSTRUCTIONS: START RECORDING. START TIMER IMMEDIATELY UPON STATING GO.</b>		
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.		
<b>INTERVIEWER NOTES: DO NOT HELP THE PARTICIPANT.</b>		

RECORD
SKIP RECORDING
[CONTINUE]

STP_9a	STP_WORABLE_COF2
<b>[ASK IF STP_WOR_COF2 = YES or STP_WORRPT_COF2 = YES]</b>	
Was the participant able to complete the test?	
<b>INTERVIEWER NOTES: MINOR ERRORS ARE ALLOWED</b>	
YES	1 Yes
NO	2 No
REFUSED	9 <b>[DO NOT READ]</b> Refused
[IF STP_WORABLE_COF2 = NO SKIP TO STROOP END]	

STP_9b	STP_WORTIMEN_COF2
<b>[ASK IF STP_WORABLE_COF2 = YES]</b>	
Record exact time in seconds:	_____ <b>[MASK: MIN=01, MAX=30]</b>
Thank you. This task is finished.	
<b>RECORDING INSTRUCTIONS: END RECORDING</b>	
[CONTINUE]	

STP_10	STP_COL_COF2
<b>[ASK IF STP_WORABLE_COF2 = YES]</b>	
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	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused
[IF STP_COL_COF2 = YES SKIP TO STP_COLRECR_COF2, IF STP_COL_COF2 = REFUSED SKIP TO STROOP END]	

STP_11	STP_COLRPT_COF2	
<b>[ASK IF STP_COL_COF2 = NO or DK_NA]</b>		
<b>IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.</b>		
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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<i>[[IF STP_COLRPT_COF2 = YES SKIP TO STP_COLRECR_COF2, IF STP_COLRPT_COF2 = DON'T KNOW, REFUSED SKIP TO STROOP END]]</i>		

STP_11a	STP_COLFCTR_COF2	
<b>[ASK IF STP_COLRPT_COF2 = NO]</b>		
<b>INTERVIEWER:</b> Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
<i>[[IF STP_COLFCTR_COF2 = NO SKIP TO STROOP END]]</i>		

STP_11b	STP_COLLST_COF2	
<b>[ASK IF STP_COLFCTR_COF2 = YES]</b>		
<b>INTERVIEWER:</b> What were the factors?		
<b>MULTIPLE RESPONSES ALLOWED CODE ALL THAT APPLY</b>		
STP_COLUND_COF2	01	Had difficulty understanding English/French
STP_COLPHYS_COF2	02	Physical impairment, such as difficulty hearing
STP_COLDIST_COF2	03	Distraction or noisy environment
STP_COLCONC_COF2	04	Impaired concentration/memory problems
STP_COLAID_COF2	05	Used an aid
STP_COLECH_COF2	06	Technical difficulties with the laptop
STP_COLOT_COF2	97	Other
<i>[[IF STP_COLLST_COF2 ≠ STP_COLOT_COF2 SKIP TO STROOP END]]</i>		

STP_11c	STP_COLOTSP_COF2
<b>[ASK IF STP_COLLST_COF2 = STP_COLOT_COF2]</b>	
Other (please specify: _____)	
STP_COLOTSP1_COF2	
<i>[SKIP TO STROOP END]</i>	

STP_12	STP_COL_TST_COF2
<b>[ASK IF STP_COL_COF2 = YES or STP_COLRPT_COF2 = YES]</b>	
You may begin when I say 'go'. Ready, go.	
<b>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.</b>	
<i>[CONTINUE]</i>	

STP_13	STP_COLRECR_COF2
<b>[ASK IF STP_COL_COF2 = YES or STP_COLRPT_COF2 = YES]</b>	
<b>INTERVIEWER INSTRUCTIONS: START RECORDING. START TIMER IMMEDIATELY UPON STATING GO.</b>	
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.	
<b>INTERVIEWER NOTES: DO NOT HELP THE PARTICIPANT.</b>	
RECORD	
SKIP RECORDING	

STP_13a	STP_COLABLE_COF2
<b>[ASK IF STP_COL_COF2 = YES or STP_COLRPT_COF2 = YES]</b>	
Was the participant able to complete the test?	
<b>INTERVIEWER NOTES: MINOR ERRORS ARE ALLOWED</b>	
YES	1 Yes
NO	2 No



STP_13b	STP_COLTIMEN_COF2	
<b>[ASK IF STP_COLABLE_COF2 = YES]</b>		
Record exact time in seconds:	_____	<b>[MASK: MIN=01, MAX=30]</b>
Thank you. This task is finished.		
<b>RECORDING INSTRUCTIONS: END RECORDING</b>		
<b>INTERVIEWER: Please enter any comments related to the Stroop test. If none enter 'N/A'.</b>		
STP_COL_COMM_COF2	Comments: _____	

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

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

FAS_1	FAS_INSTRDY_COF2
<b>[ALWAYS ASK]</b>	
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?	
<b>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.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused
<i>[IF FAS_INSTRDY_COF2 = YES SKIP TO FAS_FRECR_COF2, IF FAS_INSTRDY_COF2 = REFUSED SKIP TO FAS END]</i>	

FAS_2	FAS_INSTRPT_COF2
<b>[ASK IF FAS_INSTRDY_COF2 = NO or DK_NA]</b>	
<b>IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.</b>	
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?	
<b>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.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused
<i>[IF FAS_INSTRPT_COF2 = YES SKIP TO FAS_FRECR_COF2, IF FAS_INSTRPT_COF2 = DON'T KNOW or REFUSED SKIP TO FAS END]</i>	

FAS_2a	FAS_INSTFCTR_COF2	
<b>[ASK IF FAS_INSTRPT_COF2 = NO]</b>		
<b>INTERVIEWER:</b> Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
<i>[IF FAS_INSTFCTR_COF2 = NO SKIP TO FAS END]</i>		

FAS_2b	FAS_INSTLST_COF2	
<b>[ASK IF FAS_INSTFCTR_COF2 = YES]</b>		
<b>INTERVIEWER:</b> What were the factors?		
<b>MULTIPLE RESPONSES ALLOWED CODE ALL THAT APPLY</b>		
FAS_INSTUND_COF2	01	Had difficulty understanding English/French
FAS_INSTPHYS_COF2	02	Physical impairment, such as difficulty hearing
FAS_INSTDIST_COF2	03	Distraction or noisy environment
FAS_INSTCONC_COF2	04	Impaired concentration/memory problems
FAS_INSTCID_COF2	05	Used an aid
FAS_INSTECH_COF2	06	Technical difficulties with the laptop
FAS_INSTOT_COF2	97	Other
<i>[IF FAS_INSTLST_COF2 ≠ FAS_INSTOT_COF2 SKIP TO FAS END]</i>		

FAS_2c	FAS_INSTOTSP_COF2	
<b>[ASK IF FAS_INSTLST_COF2 = FAS_INSTOT_COF2]</b>		
Other (please specify: _____)		
FAS_INSTOTSP1_COF2		
<i>[SKIP TO FAS END]</i>		



FAS_3	FAS_FRECR_COF2
<b>[ASK IF FAS_INSTRDY_COF2 = YES or FAS_INSTRPT_COF2 = YES]</b>	
<b>RECORDING INSTRUCTIONS: BEGIN RECORDING</b>	
Begin when I say the letter. The first letter is “F”. Go ahead.	
<b>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.</b>	
<b>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.</b>	
<b>RECORD</b>	
<b>SKIP RECORDING</b>	

FAS_FCOMP_COF2		
<b>INTERVIEWER: TEST COMPLETED:</b>		
YES	1	Yes
NO	2	No
Good, thank you.		
<b>RECORDING INSTRUCTIONS: END RECORDING</b>		
FAS_FCOMP_COMM_COF2	Comments (if there is none enter 'N/A'): _____	
[CONTINUE]		

FAS_4	FAS_ARECR_COF2
<b>[ASK IF FAS_INSTRDY_COF2 or FAS_INSTRPT_COF2 = YES]</b>	
<b>RECORDING INSTRUCTIONS: BEGIN RECORDING</b>	
Begin when I say the letter. The first letter is “A”. Go ahead.	
<b>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.</b>	
<b>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.</b>	



<b>RECORD</b>		
<b>SKIP RECORDING</b>		
FAS_ACOMP_COF2		
<b>INTERVIEWER: TEST COMPLETED:</b>		
YES	1	Yes
NO	2	No
Good, thank you.		
<b>RECORDING INSTRUCTIONS: END RECORDING</b>		
FAS_ACOMP_COMM_COF2	Comments (if there is none enter 'N/A'): _____	
[CONTINUE]		

FAS_5	FAS_SCRECR_COF2
[ASK IF FAS_INSTRDY_COF2 = YES or FAS_INSTRPT_COF2 = YES]	
<b>RECORDING INSTRUCTIONS: BEGIN RECORDING</b>	
Begin when I say the letter. The first letter is “S”. Go ahead.	
<b>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.</b>	
<b>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.</b>	
<b>RECORD</b>	
<b>SKIP RECORDING</b>	

FAS_SCOMP_COF2		
<b>INTERVIEWER: TEST COMPLETED:</b>		
YES	1	Yes
NO	2	No
Good, thank you.		
<b>RECORDING INSTRUCTIONS: END RECORDING</b>		

FAS_SCOMP_COMM_COF2	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)

<b>Overview</b>	<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. I will also be asking some questions about your children and, whether or not they currently live with you.

SN_1	SN_LIVH_NB_COF2
<b>[ALWAYS ASK]</b>	
How many people, not including yourself, currently live in your household? <b>NOTE PERSON #1 IS THE RESPONDENT, RECORD SEX AND AGE</b>	
SN_LIVH_NB_COF2	_____
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
<b>REPEAT SEQUENCE OF QUESTIONS FOR ALL REMAINING MEMBERS OF THE HOUSEHOLD</b>	

Household Member (HM)	Relationship	Sex	Age
HM#1	Participant		
HM#2			
HM#3			
HM#4			
HM#5			
HM#6			
HM#7			
HM#8			
HM#9			
HM#10			

SN_2	SN_CHILDSTPF2_NB_COF2	
<b>[ALWAYS ASK]</b>		
How many stepchildren do you have?		
SN_CHILDSTPNEW_NB_COF2	_____	
REFUSED	99	<b>[DO NOT READ]</b> Refused

SN_6	SN_DGHTRLIV_NB_COF2	
How many, if any, living daughters do you have (including adopted daughters, biological daughters, stepdaughters and partner's daughters)?		
SN_DGHTRLIV_NB_COF2	_____	
REFUSED	99	<b>[DO NOT READ]</b> Refused

SN_7	SN_SONLIV_NB_COF2	
How many, if any, living sons do you have (including adopted sons, biological sons, stepsons and partner's sons)?		
SN_SONLIV_NB_COF2	_____	
REFUSED	99	<b>[DO NOT READ]</b> Refused

SN_8	SN_SEECHILD_COF2	
<b>[ASK IF SN_DGHTRLIV_NB_COF2 ≠ 0 OR REFUSED AND SN_SONLIV_NB_COF2 ≠ 0 OR REFUSED]</b>		
When did you last get together with any of your children who live outside of your household?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	96	Not applicable, all children live in household
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

SN_9	SN_SIBLIV_NB_COF2	
<b>[ALWAYS ASK]</b>		
How many, if any, living siblings (sisters, brothers) do you have?		
<b>PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER</b>		
SN_SIBLIV_NB_COF2	_____ <b>[MASK: MIN=00, MAX=50]</b>	
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

SN_10	SN_SEESIB_COF2	
<b>[ASK IF SN_SIBLIV_NB_COF2 ≠ 0 OR REFUSED]</b>		
When did you last get together with any of your siblings who live outside of your household?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	96	Not applicable, all siblings live in household
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

SN_11	SN_RELLIV_NB_COF2	
<b>[ALWAYS ASK]</b>		
About how many other living relatives (parents, grandparents, grandchildren, nieces, nephews, cousins, aunts, uncles) do you have?		
<b>NOTE:</b> 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)		
<b>PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER</b>		
SN_RELLIV_NB_COF2	_____ <b>[MASK: MIN=000, MAX=100]</b>	
DK_NA	998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	999	<b>[DO NOT READ]</b> Refused

SN_12	SN_SEEREL_COF2	
<b>[ASK IF SN_RELLIV_NB_COF2 ≠ 0 OR REFUSED]</b>		
When did you last get together with any of your other relatives who live outside of your household?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	96	Not applicable, all relatives live in household
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

SN_13	SN_FRND_NB_COF2	
<b>[ALWAYS ASK]</b>		
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?		
<b>PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER</b>		
SN_FRND_NB_COF2	_____ <b>[MASK: MIN=00, MAX=90]</b>	
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

SN_14	SN_SEEFRND_COF2	
<b>[ASK IF SN_FRND_NB_COF2 ≠ 0 OR REFUSED]</b>		
When did you last get together with any of your close friends who live outside of your household?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	96	Not applicable, no friends live outside of household
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

SN_16	SN_SEENEIBR_COF2	
When did you last get together with any of your neighbours?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**SN\_END**

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

<b>Overview</b>	<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? <b>READ LIST OF STATEMENTS, CODE ONLY</b> <b>ONE RESPONSE PER STATEMENT</b>		
SSA_1	SSA_CONFBED_COF2	
<b>[ALWAYS ASK]</b>		
Someone to help you if you were confined to bed?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_2	SSA_NDTLK_COF2	
<b>[ALWAYS ASK]</b>		
Someone you can count on to listen to you when you need to talk?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused



SSA_3	SSA_CRISIS_COF2	
<b>[ALWAYS ASK]</b>		
Someone to give you advice about a crisis?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_4	SSA_TYTDR_COF2	
<b>[ALWAYS ASK]</b>		
Someone to take you to the doctor if needed?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_5	SSA_SHLOV_COF2	
<b>[ALWAYS ASK]</b>		
Someone who shows you love and affection?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_6	SSA_GOODT_COF2	
<b>[ALWAYS ASK]</b>		
Someone to have a good time with?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_7	SSA_INFO_COF2	
<b>[ALWAYS ASK]</b>		
Someone to give you information in order to help you?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_8	SSA_CONFID_COF2	
<b>[ALWAYS ASK]</b>		
Someone to confide in or talk to about yourself or your problems?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_9	SSA_HUGS_COF2	
<b>[ALWAYS ASK]</b>		
Someone who hugs you?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_10	SSA_RELAX_COF2	
<b>[ALWAYS ASK]</b>		
Someone to get together with for relaxation?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_11	SSA_MEALS_COF2	
<b>[ALWAYS ASK]</b>		
Someone to prepare your meals if you were unable to do it yourself?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_12	SSA_ADVCE_COF2	
<b>[ALWAYS ASK]</b>		
Someone whose advice you really want?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_13	SSA_MINDOFF_COF2	
<b>[ALWAYS ASK]</b>		
Someone to do things with to help you get your mind off things?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_14	SSA_CHORES_COF2	
<b>[ALWAYS ASK]</b>		
Someone to help with daily chores if you were sick?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_15	SSA_SHFEAR_COF2	
<b>[ALWAYS ASK]</b>		
Someone to share your most private worries and fears with?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_16	SSA_SUGG_COF2	
<b>[ALWAYS ASK]</b>		
Someone to turn to for suggestions about how to deal with a personal problem?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_17	SSA_ENJOY_COF2	
<b>[ALWAYS ASK]</b>		
Someone to do something enjoyable with?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_18	SSA_PROBLM_COF2	
<b>[ALWAYS ASK]</b>		
Someone who understands your problems?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_19	SSA_LOVU_COF2	
<b>[ALWAYS ASK]</b>		
Someone to love you and make you feel wanted?		
<b>CODE ONLY ONE RESPONSE PER STATEMENT</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SSA_20	SSA_PET_COF2	
<b>[ALWAYS ASK]</b>		
Do you have a household pet that provides you with companionship?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**SSA\_END**

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

<b>Overview</b>	<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_COF2	
<b>[ALWAYS ASK]</b>		
Which of these statements apply to you?		
<b>NOTE: RESPONSE OPTION 1 – ‘I READ A DAILY NEWSPAPER’ – INCLUDES SITUATIONS WHERE THE PARTICIPANT ONLY READS THE SATURDAY EDITION OF A DAILY NEWSPAPER.</b>		
<b>READ EACH STATEMENT. MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY</b>		
SPA_SOAC_RNP_COF2	01	I read a daily newspaper
SPA_SOAC_HY_COF2	02	I have a hobby or pastime
SPA_SOAC_HIC_COF2	03	I have taken a holiday in Canada in the last 12 months
SPA_SOAC_HOC_COF2	04	I have taken a holiday outside of Canada in the last 12 months
SPA_SOAC_DT_COF2	05	I have gone on a daytrip or outing in the last 12 months
SPA_SOAC_INT_COF2	06	I use the internet and/or e-mail
SPA_SOAC_VOT_COF2	07	I voted in the last federal, provincial, or municipal election
SPA_SOAC_NONE_COF2	96	None of these statements apply to me
SPA_SOAC_DK_NA_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer
SPA_SOAC_REFUSED_COF2	99	<b>[DO NOT READ]</b> 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_COF2	
<b>[ALWAYS ASK]</b>		
Family or friendship based activities outside the household?		
<b>READ IF NECESSARY – EXAMPLES INCLUDE: FORMAL AND INFORMAL ACTIVITIES SUCH AS SMALL GET-TOGETHERS, MEALS OUTSIDE OF THE HOUSEHOLD, WEDDINGS, OR REUNIONS</b>		
<b>INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN ‘REAL LIFE’ SETTINGS OUTSIDE THE HOME, RATHER THAN IN ‘ONLINE’ SETTINGS.</b>		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SPA_3	SPA_CHRCH_COF2	
<b>[ALWAYS ASK]</b>		
Church or religious activities such as services, committees or choirs		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused



SPA_4	SPA_SPORT_COF2	
<b>[ALWAYS ASK]</b>		
Sports or physical activities that you do with other people		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SPA_5	SPA_EDUC_COF2	
<b>[ALWAYS ASK]</b>		
Educational and cultural activities involving other people such as attending courses, concerts, plays, or visiting museums		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SPA_6	SPA_CLUB_COF2	
<b>[ALWAYS ASK]</b>		
Service club or fraternal organization activities		
<b>READ IF NECESSARY – EXAMPLES INCLUDE: LION'S CLUB, ROTARY, KIWANIS CLUB, ROYAL CANADIAN LEGION, OR FORESTERS</b>		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SPA_7	SPA_NEIBR_COF2	
<b>[ALWAYS ASK]</b>		
Neighbourhood, community or professional association activities		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SPA_8	SPA_VOLUN_COF2	
<b>[ALWAYS ASK]</b>		
Volunteer or charity work		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SPA_9	SPA_OTACT_COF2	
<b>[ALWAYS ASK]</b>		
Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games		
<b>INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN 'REAL LIFE' SETTINGS OUTSIDE THE HOME, RATHER THAN IN 'ONLINE' SETTINGS.</b>		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SPA_10	SPA_MORAC_COF2	
<b>[ALWAYS ASK]</b>		
In the past 12 months, have you felt like you wanted to participate in more social, recreational, or group activities?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SPA_11	SPA_PREVAC_COF2	
<b>[ASK IF SPA_MORAC_COF2 = YES]</b>		
What prevented you from participating in more social, recreational or group activities?		
<b>DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
SPA_PREVAC_CO_COF2	01	Cost
SPA_PREVAC_TP_COF2	02	Transportation problems
SPA_PREVAC_ANA_COF2	03	Activities not available in the area
SPA_PREVAC_LNA_COF2	04	Location not physically accessible
SPA_PREVAC_TF_COF2	05	Location is too far
SPA_PREVAC_HC_COF2	06	Health condition/limitation
SPA_PREVAC_TI_COF2	07	Time of the activities not suitable
SPA_PREVAC_GA_COF2	08	Don't want to go alone
SPA_PREVAC_PR_COF2	09	Personal or family responsibilities
SPA_PREVAC_LRR_COF2	10	Language related reasons
SPA_PREVAC_TB_COF2	11	Too busy
SPA_PREVAC_AF_COF2	12	Afraid or concerns about safety
SPA_PREVAC_GR_COF2	13	Grieving
SPA_PREVAC_WH_COF2	14	Weather conditions
SPA_PREVAC_MO_COF2	15	Lack of motivation, organization or information
SPA_PREVAC_RL_COF2	16	Relocation or travel
SPA_PREVAC_ANS_COF2	17	Activities not interesting/ not suitable
SPA_PREVAC_SC_COF2	18	Social barriers (rejection, shyness, bullying, etc.)
SPA_PREVAC_OT_COF2	97	Other
SPA_PREVAC_DK_NA_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer
SPA_PREVAC_REFUSED_COF2	99	<b>[DO NOT READ]</b> Refused
SPA_11b	SPA_PREVAC_OTSP_COF2	
<b>[ASK IF SPA_PREVAC_COF2 = SPA_PREVAC_OT_COF2]</b>		
Participation "Other" Specify		
SPA_PREVAC_OTSP_COF2	1	

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

SPA_12	SPA_COHES_COF2	
<b>[ALWAYS ASK]</b>		
How would you describe your sense of belonging to your local community? Would you say it is:		
VERY_STRONG	1	Very strong
SOMEWHAT_STRONG	2	Somewhat strong
SOMEWHAT_WEAK	3	Somewhat weak
VERY_WEAK	4	Very weak
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**SPA\_END**

## Generalized Anxiety Disorder (GAD) – (Regular/atHome/byPhone/Reduced visits)

*A Brief Measure for Assessing Generalized Anxiety Disorder The GAD-7.*

*Spitzer RL, Kroenke K, Williams JB, Löwe B. Arch Intern Med. 2006 May 22;166(10):1092-7*

<b>Overview</b>	<p>The questions in this module come from the GAD-7, which measures how much the person has been bothered by feeling nervous, anxious, or on edge, not being able to stop or control worrying, worrying too much about different things, having trouble relaxing, being so restless that it is hard to sit still, becoming easily annoyed or irritable, and feeling afraid as if something might happen.</p> <p>Importance: Generalized anxiety disorder interferes with everyday functioning. This includes work or school, social activities, and relationships with other people. It also increases the risk of drug abuse and eating disorders.</p>
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We will be asking you a number of questions about your overall mental health throughout today's interview. Some of the questions may seem similar but they are looking at slightly different outcomes which are important for determining overall well-being of our participants. Please answer them to the best of your ability without considering your previous answers for similar questions.

GAD_1							
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?							
<b>[ALWAYS ASK]</b>							
		<b>NOT AT ALL</b>	<b>SEVERAL DAYS</b>	<b>MORE THAN HALF THE DAYS</b>	<b>NEARLY EVERY DAY</b>	<b>[DO NOT READ] DK / NA</b>	<b>[DO NOT READ] Refused</b>
		0	1	2	3		
GAD_NERV_COF2	Feeling nervous, anxious or on edge						
GAD_STPWOR_COF2	Not being able to stop or control worrying						
GAD_WORRTO_COF2	Worrying too much about different things						
GAD_RELAX_COF2	Trouble relaxing						
GAD_RESTLS_COF2	Being so restless that it's hard to sit still						
GAD_ANNOY_COF2	Becoming easily annoyed or irritable						
GAD_AFRAID_COF2	Feeling afraid as if something awful might happen						

GAD\_TOTAL\_COF2 = GAD\_NERV\_COF2 + GAD\_STPWOR\_COF2 + GAD\_WORRTO\_COF2 + GAD\_RELAX\_COF2 + GAD\_RESTLS\_COF2 + GAD\_ANNOY\_COF2 + GAD\_AFRAID\_COF2

GAD_2	GAD_TOTAL2_COF2	
<b>[ASK IF GAD_TOTAL_COF2 ≥ 1 ]</b>		
How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?		
NOT_DIFFICULT	1	Not difficult at all
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
EXTREMELY_DIFFICULT	4	Extremely difficult
DK_NA	8	[DO NOT READ] Don't Know / No Answer
REFUSED	9	[DO NOT READ] Refused

**GAD\_END**

## **MEASUREMENT ROOM 2**

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**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).*

<b>Overview</b>	<p>This module is an adapted version of screening tool called Seniors in the Community: Risk Evaluation for Eating and Nutrition (SCREEN II). 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><b>Importance of module:</b> 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 your eating habits on a typical day.

NUR_1	NUR_GLSWT_COF2
<b>[ALWAYS ASK]</b>	
Compared with 6 months ago, have you gained weight, lost weight or stayed about the same?	
<b>READ LIST, CODE ONLY ONE RESPONSE</b>	
GAINED	1 Gained weight
LOST	2 Lost weight
SAME	3 Stayed about the same
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused



NUR_2a	NUR_WTL_COF2	
<b>[ASK IF NUR_GLSWT_COF2 = LOST]</b>		
How much weight did you <b>LOSE</b> in the <u>past 6 months</u> ?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
MORE_10_LB	1	More than 10 pounds (More than 4.5 kilos)
6_10_LB	2	6 to 10 pounds (2.7 to 4.5 kilos)
ABOUT_5_LB	3	About 5 pounds (About 2.3 kilos)
LESS_5_LB	4	Less than 5 pounds (Less than 2.3 kilos)
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

NUR_2b	NUR_WTG_COF2	
<b>[ASK IF NUR_GLSWT_COF2 = GAINED]</b>		
How much weight did you <b>GAIN</b> in the <u>past 6 months</u> ?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
MORE_10_LB	1	More than 10 pounds (More than 4.5 kilos)
6_10_LB	2	6 to 10 pounds (2.7 to 4.5 kilos)
ABOUT_5_LB	3	About 5 pounds (About 2.3 kilos)
LESS_5_LB	4	Less than 5 pounds (Less than 2.3 kilos)
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

NUR_3	NUR_SKPMLS_COF2	
<b>[ALWAYS ASK]</b>		
In general, how often do you skip meals?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
ALMOST EVERY DAY	1	Almost every day
OFTEN	2	Often
SOMETIMES	3	Sometimes
RARELY	4	Rarely
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

NUR_4	NUR_APPTT_COF2	
<b>[ALWAYS ASK]</b>		
In general, how would you describe your appetite? Would you say it is...		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
VERY_GOOD	1	Very good
GOOD	2	Good
FAIR	3	Fair
POOR	4	Poor
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

NUR_5	NUR_SWLLFD_COF2	
<b>[ALWAYS ASK]</b>		
In general, how often do you cough, choke, or have pain when swallowing food or fluid? Would you say...		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

NUR_6	NUR_FRTVEG_COF2	
<b>[ALWAYS ASK]</b>		
In general, how many servings of fruits and vegetables do you eat in a day?		
<b>INTERVIEWER INSTRUCTION: FRUITS AND VEGETABLES CAN BE CANNED, FRESH, FROZEN OR 100% NATURAL JUICE.</b>		
<b>A SERVING IS...:</b>		
<ul style="list-style-type: none"> <li>▪ 125 ml (1/2 cup) OF VEGETABLES</li> <li>▪ 125 ml (1/2 cup) OF COOKED, LEAFY VEGETABLES</li> <li>▪ 250 ml (1 cup) RAW LEAFY VEGETABLES</li> <li>▪ 1 FRUIT OR 125 ml (1/2 cup) OF FROZEN OR CANNED FRUIT OR 125 ml (1/2cup) OF 100% NATURAL JUICE</li> </ul>		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
SEVEN_OR_MORE	1	Seven or more
SIX	2	Six
FIVE	3	Five
FOUR	4	Four
THREE	5	Three
TWO	6	Two
LESS_TWO	7	Less than two
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

NUR_7	NUR_DRKFLD_COF2	
<b>[ALWAYS ASK]</b>		
How much fluid do you drink in a day?		
<b>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.</b>		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
EIGHT_OR_MORE	1	Eight or more cups
FIVE_SEVEN	2	Five to seven cups
THREE_FOUR	3	Three to four cups
TWO	4	About two cups
LESS_TWO	5	Less than two cups
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

NUR_8	NUR_MLSMN_COF2	
<b>[ALWAYS ASK]</b>		
How often do you eat at least one meal each day with someone?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
ALMOST_EVERY_DAY	1	Almost every day
OFTEN	2	Often
SOMETIMES	3	Sometimes
RARELY	4	Rarely
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

NUR_9	NUR_CKMEALS_COF2	
<b>[ALWAYS ASK]</b>		
Do you usually cook your own meals?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

NUR_10	NUR_MLPREP_COF2	
<b>[ASK IF NUR_CKMEALS_COF2 = YES]</b>		
Which of the following statements best describes meal preparation for you?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
ENJOY_COOKING	1	I enjoy cooking most of my meals
SOMETIMES_COOKING_CHORE	2	I sometimes find cooking a chore
USUALLY_COOKING_CHORE	3	I usually find cooking a chore
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

NUR_11	NUR_MLPREP_OTH_COF2	
<b>[ASK IF NUR_CKMEALS_COF2 = NO]</b>		
Which of the following statements best describes meal preparation for you?		
<b>INTERVIEWER INSTRUCTION: INCLUDES FAMILY MEMBERS, FRIENDS, AND MEAL SERVICES</b>		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
SATISFIED	1	I'm <u>satisfied</u> with the quality of the food prepared by others
NOT_SATISFIED	2	I'm <u>not satisfied</u> with the quality of the food prepared by others
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**Fast Food Consumption**

NUR_12	NUR_FASTFD_NB_COF2	
<b>[ALWAYS ASK]</b>		
On average, how many times in the past month have you eaten fast food (restaurant, take-out, or home delivery)?		
<b>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.</b>		
<b>PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER</b>		
NUR_FASTFD_NB_COF2	_____ <b>[MASK: MIN=00, MAX=50]</b>	
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

**Food Security**

NUR_13	NUR_NOTENFD_COF2	
<b>[ALWAYS ASK]</b>		
In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**Coffee and Tea Consumption**

NUR_14	NUR_BEV_NB_COF2	
<b>[ALWAYS ASK]</b>		
For each of the following beverages, how many cups do you drink each day? A cup is 8 ounces or 250 ml.		
<b>READ EACH BEVERAGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF THE EXACT NUMBER OF CUPS PER DAY FOR EACH BEVERAGE</b>		
NUR_RCOFF_NB_COF2	Regular Coffee	_____ <b>[MASK: MIN=00, MAX=10]</b>
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused
NUR_DCOFF_NB_COF2	Decaffeinated Coffee	_____ <b>[MASK: MIN=00, MAX=10]</b>
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused
NUR_BTEA_NB_COF2	Black Tea	_____ <b>[MASK: MIN=00, MAX=10]</b>
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused
NUR_GTEA_NB_COF2	Green Tea	_____ <b>[MASK: MIN=00, MAX=10]</b>
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused
NUR_OTEA_NB_COF2	Other Tea	_____ <b>[MASK: MIN=00, MAX=10]</b>
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

NUR\_END

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

<b>Overview</b>	<p>This module contains three questions about pain and discomfort.</p> <p><b>Importance of module:</b> 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_COF2		
<b>[ALWAYS ASK]</b>			
Are you usually free of pain or discomfort?			
YES	1	Yes	
NO	2	No	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	

HUP_2	HUP_INTNSTY_COF2		
<b>[ASK IF HUP_FREE_COF2 = NO]</b>			
How would you describe the usual intensity of your pain or discomfort? Would you say it is mild, moderate, or severe?			
<b>CODE ONLY ONE RESPONSE</b>			
MILD	1	Mild	
MODERATE	2	Moderate	
SEVERE	3	Severe	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	

HUP_3	HUP_PRVACT_COF2		
<b>[ASK IF HUP_FREE_COF2 = NO]</b>			
How many activities does your pain or discomfort prevent? Would you say none, a few, some, or most?			
<b>CODE ONLY ONE RESPONSE</b>			
NONE	1	None	
A_FEW	2	A few	
SOME	3	Some	
MOST	4	Most	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	

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

<b>Overview</b>	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_COF2
<b>[ALWAYS ASK]</b>	
Is your eyesight, using glasses or corrective lens if you use them...	
<b>READ LIST, CODE ONLY ONE RESPONSE</b>	
EXCELLENT	1 Excellent
VERY_GOOD	2 Very good
GOOD	3 Good
FAIR	4 Fair
POOR	5 Poor or non-existent (non-existent=blind)
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

VIS_02	VIS_AID_COF2
<b>[ALWAYS ASK]</b>	
Besides glasses or contact lenses, do you use any aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused



VIS_03		VIS_USE_COF2	
<b>[ASK IF VIS_AID_COF2 = YES]</b>			
Do you now use...			
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>			
VIS_USE_MG_COF2	01	Magnifiers	
VIS_USE_BR_COF2	02	Braille reading materials	
VIS_USE_LG_COF2	03	Larger print reading materials	
VIS_USE_TK_COF2	04	Talking books	
VIS_USE_RC_COF2	05	Recording equipment or portable note-takers	
VIS_USE_CC_COF2	06	Closed circuit devices (e.g., CCTVs)	
VIS_USE_CP_COF2	07	eReader, A computer with Braille, large print, or speech access	
VIS_USE_CN_COF2	08	A white cane	
VIS_USE_DG_COF2	09	A guide dog	
VIS_USE_OT_COF2	97	Another Aid	
VIS_USE_DK_NA_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer	
VIS_USE_REFUSED_COF2	99	<b>[DO NOT READ]</b> Refused	
VIS_03a		VIS_USE_OTSP_COF2	
<b>[ASK IF VIS_USE_COF2 = VIS_USE_OT_COF2]</b>			
Another Aid Specify			
VIS_USE_OTSP_COF2	1		

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

<b>Overview</b>	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_COF2
<b>[ALWAYS ASK]</b>	
Is your hearing, using a hearing aid if you use one...	
<b>READ LIST, CODE ONLY ONE RESPONSE</b>	
EXCELLENT	1 Excellent
VERY_GOOD	2 Very good
GOOD	3 Good
FAIR	4 Fair
POOR	5 Poor or non-existent (non-existent=deaf)
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

HRG_02	HRG_NOIS_COF2
<b>[ALWAYS ASK]</b>	
Do you find it difficult to follow a conversation if there is background noise, such as TV, radio or children playing, even if using a hearing aid as usual?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

HRG_03	HRG_AID_COF2
<b>[ALWAYS ASK]</b>	
Do you use any aids, specialized equipment, or services for persons who are deaf or hard of hearing, for example, a volume control telephone or TV decoder?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

HRG_04	HRG_USE_COF2	
<b>[ASK IF HRG_AID_COF2 = YES]</b>		
Do you now use...		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
HRG_USE_AID_COF2	01	Hearing aid
HRG_USE_CP_COF2	02	Computer to communicate (e.g., e-mail or chat services)
HRG_USE_VL_COF2	03	Volume control telephone
HRG_USE_TTY_COF2	04	TTY or TTD
HRG_USE_MSG_COF2	05	Message relay service
HRG_USE_PH_COF2	06	Other phone-related devices (e.g., flashers, earphones)
HRG_USE_CC_COF2	07	Closed caption T.V. or decoder
HRG_USE_AP_COF2	08	Amplifiers (e.g., FM, acoustic, infra-red, earphones)
HRG_USE_VS_COF2	09	Visual or vibrating alarm
HRG_USE_CO_COF2	10	Cochlear or other surgical implant
HRG_USE_OT_COF2	97	Another aid
HRG_USE_DK_NA_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer
HRG_USE_REFUSED_COF2	99	<b>[DO NOT READ]</b> Refused
HRG_04b	HRG_USE_OTSP_COF2	
<b>[ASK IF HRG_USE_COF2 = HRG_USE_OT_COF2]</b>		
Another Aid Specify		
HRG_USE_OTSP_COF2	1	



## 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	Don't Know = 98	Refused = 99
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<b>[ALWAYS ASK]</b>						
		YES	SOMETIMES	NO	<b>[DO NOT READ]</b> DK_NA	<b>[DO NOT READ]</b> REFUSED
HRG_PROB_EMBA_COF2	Does a hearing problem cause you to feel embarrassed when you meet new people?					
HRG_PROB_FRST_COF2	Does a hearing problem cause you to feel frustrated when talking to members of your family?					
HRG_PROB_DIFF_COF2	Do you have difficulty hearing when someone speaks in a whisper?					
HRG_PROB_HACP_COF2	Do you feel handicapped by a hearing problem?					
HRG_PROB_VIST_COF2	Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?					
HRG_PROB_MEET_COF2	Does a hearing problem cause you to attend meetings/religious services less often than you would like?					
HRG_PROB_ARGU_COF2	Does a hearing problem cause you to have arguments with family members?					
HRG_PROB_LSTN_COF2	Does a hearing problem cause you difficulty when listening to TV or radio?					
HRG_PROB_LIFE_COF2	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?					
HRG_PROB_FRND_COF2	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?					

**HRG\_END**

## **Resiliency Scale (RES) – (Regular/atHome/Reduced)**

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## **Vision – Retinal Camera – (Regular/Reduced visits)**

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## **Hand Grip Strength – (Regular/atHome/Reduced)**

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## INTERVIEW ROOM 2

### Neuropsychological Battery

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

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

1.	TMT_INST_COF2
<b>INSTRUCTIONS: Trial 1</b>	
<b>[ALWAYS ASK]</b>	
Present the subject with the large clock with the hands pointed to 8:00. Point to clock and say to Subject: <b>"According to this clock, what time is it?"</b> If the subject responds correctly, answer the question "Did the subject pass all of the practice trials?" and continue with instructions on step #2. If the Subject responds incorrectly, say: <b>"The time here is 8:00."</b> Set the time to 3:00, 12:15, 12:30, and 8:00. Ask the Subject after each setting: <b>"What time is it?"</b> If the subject fails any of these practice trials, discontinue the test.	

TMT_P1	TMT_PASS_COF2
<b>[ALWAYS ASK]</b>	
Did the subject pass all of the practice trials?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused
<i>[IF TMT_PASS_COF2 ≠ YES SKIP TO TMT END]</i>	

	TMT_INST1_COF2
<b>[ASK IF TMT_PASS_COF2 = YES]</b>	

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_COF2	
<b>[ASK IF TMT_PASS_COF2 = YES]</b>		
<b>INTERVIEWER:</b> Is the participant able to do the test?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<i>[IF TMT_TST_COF2 = REFUSED SKIP TO TMT END, IF TMT_TST_COF2 = YES SKIP TO TMT_TST_INST2_COF2]</i>		

4b	TMT_FCT_COF2	
<b>[ASK IF TMT_TST_COF2 = NO, DK_NA]</b>		
<b>INTERVIEWER:</b> What were the factors that prevented the participant from doing the test?		
<b>MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY</b>		
TMT_FCT_UND_COF2	01	Had difficulty understanding English/French
TMT_FCT_PHYS_COF2	02	Physical impairment, such as difficulty hearing
TMT_FCT_DIST_COF2	03	Distraction or noisy environment
TMT_FCT_CONC_COF2	04	Impaired concentration/memory problems
TMT_FCT_AID_COF2	05	Used an aid
TMT_FCT_TECH_COF2	06	Technical difficulties with the laptop
TMT_FCT_OT_COF2	97	Other
<i>[IF TMT_FCT_COF2 ≠ TMT_FCT_OT_COF2 SKIP TO TMT END]</i>		

4c	TMT_FCT_OTSP_COF2
<b>[ASK IF TMT_FCT_COF2 = TMT_FCT_OT_COF2]</b>	
Other (please specify: _____)	
TMT_FCT_OTSP_COF2	
<i>[SKIP TO PMT END]</i>	

	TMT_TST_INST2_COF2
<b>[ASK IF TMT_TST_COF2 = YES]</b>	
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.	
<b>INTERVIEWER: IF A PARTICIPANT PERFORMS THE TASK WITHOUT PROMPTING, USE “NOT APPLICABLE” RESPONSE FOR TMT_1, TMT_2 AND TMT_3.</b>	
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.	
<i>[CONTINUE]</i>	

TMT_1	TMT_DOTIM_COF2
<b>[ASK IF TMT_TST_COF2 = YES]</b>	
<b>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:</b> 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	96 <b>[DO NOT READ]</b> Not Applicable
REFUSED	99 <b>[DO NOT READ]</b> Refused
<i>[IF TMT_DOTIM_COF2 = NO, or NOT_APPLICABLE SKIP TO TMT_DOENV_COF2, IF TMT_DOTIM_COF2 = REFUSED SKIP TO TMT END]</i>	

TMT_1a	TMT_DOTIM_REP_COF2
<b>[ASK IF TMT_DOTIM_COF2 = YES]</b>	
<b>INTERVIEWER: ASK SUBJECT TO REPEAT THE DIRECTIONS AND PERFORM THE TASKS</b>	
Did subject repeat the directions and tasks correctly?	
YES	1 Yes
NO	2 No
<i>[IF TMT_DOTIM_REP_COF2 = YES SKIP TO TMT_ITPEXACT_COF2]</i>	



TMT_1b	TMT_DOTIM_OBS_COF2
<b>[ASK IF TMT_DOTIM_REP_COF2 = NO]</b>	
<b>BEHAVIOURAL OBSERVATIONS OR COMMENTS:</b>	
_____	
_____	
[CONTINUE]	

TMT_2	TMT_DOENV_COF2
<b>[ASK IF TMT_DOTIM_REP_COF2 = NO or TMT_DOTIM_COF2 = NOT APPLICABLE OR NO]</b>	
You were supposed to ask me for this envelope (show envelope to Subject) and to do something. Do you know what it was?	
<b>INTERVIEWER: IF SUBJECT CORRECTLY REPEATED DIRECTIONS AND ACTIONS FOR THE ENVELOPE, THEN ANSWER “YES” WITHOUT READING THE QUESTION.</b>	
YES	01 Yes
NO	02 No
NOT_APPLICABLE	96 <b>[DO NOT READ]</b> Not applicable
REFUSED	99 <b>[DO NOT READ]</b> Refused
<i>[IF TMT_DOENV_COF2 = YES OR NOT_APPLICABLE SKIP TO TMT_DOCARD_COF2, IF TMT_DOENV_COF2 = REFUSED SKIP TO TMT END]</i>	

TMT_2b	TMT_DOENV_OBS_COF2
<b>[ASK IF TMT_DOENV_COF2 = NO]</b>	
<b>BEHAVIOURAL OBSERVATIONS OR COMMENTS:</b>	
_____	
_____	
[CONTINUE]	

TMT_3	TMT_DOCARD_COF2
<b>[ASK IF TMT_DOENV_COF2 ≠ REFUSED]</b>	
You were supposed to do something with the cards in this envelope (give envelope to Subject). Do you know what it was?	
<b>INTERVIEWER: IF SUBJECT CORRECTLY REPEATED DIRECTIONS AND ACTIONS FOR WHAT WAS TO BE DONE WITH THE CARDS, THEN ANSWER “YES” WITHOUT READING THE QUESTION.</b>	
YES	01 Yes
NO	02 No
NOT_APPLICABLE	96 <b>[DO NOT READ]</b> Not Applicable
REFUSED	99 <b>[DO NOT READ]</b> Refused
<i>[IF TMT_DOCARD_COF2 = REFUSED SKIP TO TMT END, IF TMT_DOCARD_COF2 YES OR NOT APPLICABLE SKIP TO = TMT_ITPEXACT_COF2]</i>	

TMT_3b	TMT_DOCARD_OBS_COF2
<b>[ASK IF TMT_DOCARD_COF2 = NO]</b>	
<b>BEHAVIOURAL OBSERVATIONS OR COMMENTS:</b>	
_____	
_____	
[CONTINUE]	

TMT_4	TMT_ITPEXACT_COF2
<b>[ASK IF TMT_DOCARD_COF2 ≠ REFUSED OR TMT_DOTIM_REP_COF2 = YES]</b>	
<b>INTERVIEWER: INTENTION TO PERFORM:</b>	
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_COF2
<b>[ASK IF TMT_DOCARD_COF2 ≠ REFUSED OR TMT_DOTIM_REP_COF2 = YES]</b>	
<b>INTERVIEWER: ACCURACY OF RESPONSE:</b>	
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_COF2
<b>[ASK IF TMT_DOCARD_COF2 ≠ REFUSED OR TMT_DOTIM_REP_COF2 = YES]</b>	
<b>INTERVIEWER: NEED OF REMINDERS:</b>	
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_COF2 = NO_REMINDER OR THREE_REMINDERS SKIP TO TMT_END, IF TMT_RMD_COF2 = ONE_REMINDER SKIP TO TMT_RMDONE_SP_COF2, IF TMT_RMD_COF2 = TWO_REMINDERS SKIP TO TMT_RMDTWO_SP1_COF2]</i>	

TMT_6a	TMT_RMDONE_SP_COF2
<b>[ASK IF TMT_RMD_COF2 = ONE_REMINDER]</b>	
Specify reminder given: _____	
<i>[SKIP TO TMT_END]</i>	

TMT_6b	TMT_RMDTWO_SP1_COF2
<b>[ASK IF TMT_RMD_COF2 = TWO_REMINDERS]</b>	
Specify reminders given: _____	
TMT_RMDTWO_SP2_COF2	
Specify reminders given: _____	

**TMT\_END**

## Chronic Conditions (CCC)

<b>Overview</b>	<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_COF2
<b>[ASK IF CCC_HEART_DCS≠YES AT BASELINE OR CCC_HEART_COF1≠YES AT F1]</b>	
Has a doctor ever told you that you have heart disease (including congestive heart failure or CHF)?	
<b>NOTE: CONGESTIVE HEART FAILURE IS A CONDITION IN WHICH THE HEART CAN NO LONGER PUMP ENOUGH BLOOD TO THE REST OF THE BODY.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

CCC_1a	CCC_HEARTAGE_COF2
<b>[ASK IF CCC_HEART_COF2 = YES]</b>	
At what age or in what year were you first told you had heart disease (including congestive heart failure, or CHF)?	
<b>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?</b>	
CCC_HEARTAGE_NB_SP_COF2	Age _____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_HEARTAGE_YR_SP_COF2	Year _____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999 <b>[DO NOT READ]</b> Refused

CCC_1b	CCC_HEARTCHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_HEART_COF2 = NO and CCC_HEART_COF1 = YES) else if (CCC_HEART_COF2 = NO and CCC_HEART_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_1b	CCC_HEARTCHANGE_SP_COF2	
<b>[ASK IF CCC_HEARTCHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_HEARTCHANGE_SP_COF2		

CCC_02	CCC_PAD_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have peripheral arterial disease or poor circulation in your limbs?		
<b>NOTE: PERIPHERAL ARTERY DISEASE (ALSO CALLED PERIPHERAL ARTERIAL DISEASE) IS A COMMON CIRCULATORY PROBLEM IN WHICH NARROWED ARTERIES REDUCE BLOOD FLOW TO YOUR LIMBS. THIS WOULD NOT INCLUDE VENOUS DISEASES LIKE DEEP VEIN THROMBOSIS (DVT), VARICOSE VEINS, AND CHRONIC VENOUS INSUFFICIENCY.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_2a	CCC_PADAGE_COF2	
<b>[ASK IF CCC_PAD_COF2 = YES]</b>		
At what age or in what year were you first told you had peripheral arterial disease or poor circulation in your limbs?		
<b>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?</b>		
CCC_PADAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_PADAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

**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_COF2	
<b>[ASK IF CCC_MEMPB_DCS ≠ YES AT BASELINE OR CCC_MEMPB_COF1 ≠ YES AT F1]</b>		
Has a doctor ever told you that you have a memory problem?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_3a	CCC_MEMPBAGE_COF2	
<b>[ASK IF CCC_MEMPB_COF2 = YES]</b>		
At what age or in what year were you first told you had a memory problem?		
<b>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?</b>		
CCC_MEMPBAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_MEMPBAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_3b	CCC_MEMPB_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_MEMPB_COF2 = NO and CCC_MEMPB_COF1 = YES) else if (CCC_MEMPB_COF2 = NO and CCC_MEMPB_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_3b	CCC_MEMPBCHANGE_SP_COF2	
<b>[ASK IF CCC_MEMPB_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_MEMPBCHANGE_SP_COF2		



CCC_04	CCC_ALZH_COF2	
<b>[ASK IF CCC_ALZH_DCS ≠ YES AT BASELINE OR CCC_ALZH_COF1 ≠ YES AT F1]</b>		
Has a doctor ever told you that you have dementia or Alzheimer's disease?		
<b>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.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_4a	CCC_ALZHAGE_COF2	
<b>[ASK IF CCC_ALZH_COF2 = YES]</b>		
At what age or in what year were you first told you had dementia or Alzheimer's disease?		
<b>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?</b>		
CCC_ALZHAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_ALZHAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_4b	CCC_ALZH_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_ALZH_COF2 = NO and CCC_ALZH_COF1 = YES) else if (CCC_ALZH_COF2 = NO and CCC_ALZH_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_4b	CCC_ALZHCHANGE_SP_COF2	
<b>[ASK IF CCC_ALZH_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_ALZHCHANGE_SP_COF2		

CCC_05	CCC_MS_COF2	
<b>[ASK IF CCC_MS_DCS ≠ YES AT BASELINE OR CCC_MS_COF1 ≠ YES AT F1]</b>		
Has a doctor ever told you that you have multiple sclerosis?		
<b>NOTE: MULTIPLE SCLEROSIS (MS) IS AN AUTOIMMUNE DISEASE THAT AFFECTS THE BRAIN AND SPINAL CORD (CENTRAL NERVOUS SYSTEM). IN MS, THE IMMUNE SYSTEM ATTACKS THE PROTECTIVE COVERING (MYELIN) OF NERVE FIBRES.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_5a	CCC_MSAGE_COF2	
<b>[ASK IF CCC_MS_COF2 = YES]</b>		
At what age or in what year were you first told you had multiple sclerosis?		
<b>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?</b>		
CCC_MSAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_MSAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused





CCC_5b	CCC_MS_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_MS_COF2 = NO and CCC_MS_COF1 = YES) else if (CCC_MS_COF2 = NO and CCC_MS_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_5b	CCC_MSCHANGE_SP_COF2	
<b>[ASK IF CCC_MS_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_MSCHANGE_SP_COF2		

CCC_6	CCC_MGRN_COF2	
<b>[ASK IF CCC_MGRN_DCS ≠ YES AT BASELINE OR CCC_MGRN_COF1 ≠ YES AT F1]</b>		
Has a doctor ever told you that you have migraine headaches?		
<b>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.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_6a	CCC_MGRNAGE_COF2	
<b>[ASK IF CCC_MGRN_COF2 = YES]</b>		
At what age or in what year were you first told you had migraine headaches?		
<b>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?</b>		
CCC_MGRNAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_MGRNAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_6b	CCC_MGRN_CHANGE_COF2	
<b>ASK IF (F1 Visit = True and CCC_MGRN_COF2 = NO and CCC_MGRN_COF1 = YES) else if (CCC_MGRN_COF2 = NO and CCC_MGRN_DCS = YES)</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_6b	CCC_MGRNCHANGE_SP_COF2	
<b>[ASK IF CCC_MGRN_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_MGRNCHANGE_SP_COF2		

***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.*

I would like to ask a few questions about epilepsy. Although you may not have this condition, or any of the symptoms related to it, please answer the questions to help us estimate the percentage of people in the study who do or do not have this condition or symptoms.

For each of the following questions, please answer "yes", "no", or "possible".

**[UNLESS OTHERWISE SPECIFIED, CONTINUE FROM ONE QUESTION TO THE NEXT]**

EPI_1	EPI_CAUS_FEV_COF2	
<b>[ALWAYS ASK]</b>		
Did anyone ever tell you that you had a seizure or convulsion caused by a high fever when you were a child?		
YES	1	Yes
NO	2	No
POSSIBLE	3	Possible
DK	8	<b>[DO NOT READ]</b> Don't Know
REFUSED	9	<b>[DO NOT READ]</b> Refused

EPI_2	EPI_EVER_COF2
<b>[ALWAYS ASK]</b>	
<b>INTERVIEWER NOTE: READ THE PREAMBLE <u>ONLY IF</u> EPI_1 (EPI_CAUS_FEV_COF2) = YES OR POSSIBLE</b>	
(Other than the 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?	
<b>[INTERVIEWER 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.</b>  <b>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.]</b>	
YES	1 Yes
NO	2 No
POSSIBLE	3 Possible
DK	8 <b>[DO NOT READ]</b> Don't Know
REFUSED	9 <b>[DO NOT READ]</b> Refused
<b>[IF EPI_2 (EPI_EVER_COF2) = NO SKIP TO EPI_4 (EPI_MED_COF2)]</b>	

EPI_3	EPI_EPILSZ_COF2
<b>[ASK IF EPI_EVER_COF2 ≠ NO]</b>	
Have you had a seizure within the last five years?	
YES	1 Yes
NO	2 No
POSSIBLE	3 Possible
DK	8 <b>[DO NOT READ]</b> Don't Know
REFUSED	9 <b>[DO NOT READ]</b> Refused

EPI_4	EPI_MED_COF2
<b>[ALWAYS ASK]</b>	
Have you ever taken medications for seizures?	
YES	1 Yes
NO	2 No
POSSIBLE	3 Possible
DK	8 <b>[DO NOT READ]</b> Don't Know
REFUSED	9 <b>[DO NOT READ]</b> Refused

EPI_5	EPI_CURRMED_COF2	
<b>[ASK IF EPI_MED_COF2 ≠ NO]</b>		
Do you currently take medications for seizures?		
YES	1	Yes
NO	2	No
POSSIBLE	3	Possible
DK	8	<b>[DO NOT READ]</b> Don't Know
REFUSED	9	<b>[DO NOT READ]</b> Refused

EPI_6	EPI_CAUS_COF2					
<b>[ALWAYS ASK]</b>						
<b>INTERVIEWER NOTE: READ PREAMBLE <u>ONLY IF</u> EPI_1 (EPI_CAUS_FEV_COF2) = YES OR POSSIBLE</b>						
(Other than the 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...						
<b>INTERVIEWER INSTRUCTION: A YES / NO / POSSIBLE / DK / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE</b>						
		Yes	No	Possible	<b>[DO NOT READ]</b> DK	<b>[DO NOT READ]</b> RF
EPI_CAUS_SEIZ_COF2	i. <u>A seizure, convulsion, fit or spell under any circumstances?</u>					
EPI_CAUS_TWIT_COF2	ii. <u>Uncontrolled movements of part or all of your body such as twitching, jerking, shaking or going limp?</u>					
EPI_CAUS_MENT_COF2	iii. <u>An unexplained change in your mental state or level of awareness; or an episode of “spacing out” that you could not control?</u>					
EPI_CAUS_DREM_COF2	iv. <u>Did anyone ever tell you that when you were a small child, you would <u>daydream or stare into space</u> more than other children?</u>					
EPI_CAUS_BDMV_COF2	v. <u>Have you ever noticed any <u>unusual body movements or feelings when exposed to strobe lights, video games, flickering lights, or sun glare?</u></u>					
EPI_CAUS_JERK_COF2	vi. <u>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?</u>					
EPI_CAUS_SPEL_COF2	vii. <u>Have you ever had any other type of repeated unusual spells?</u>					
<b><i>[IF EPI_CAUS_COF2 = NO, DK, REFUSED SKIP TO EPI_END]</i></b>						

EPI_7	EPI_CAUS5YR_COF2	
<b>[ASK IF EPI_CAUS_COF2 = YES OR POSSIBLE TO AT LEAST ONE SYMPTOM FROM EPI_CAUS_COF2]</b>		
Have you had a(n) <b>[INSERT SYMPTOM(S) TO WHICH PARTICIPANT ANSWERED YES OR POSSIBLE IN EPI_CAUS_COF2. INSERT THE PORTION OF THE PHRASE THAT IS UNDERLINED.]</b> within the last five years?		
YES	1	Yes
NO	2	No
POSSIBLE	3	Possible
DK	8	<b>[DO NOT READ]</b> Don't Know
REFUSED	9	<b>[DO NOT READ]</b> Refused

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

CCC_7	CCC_ULCR_COF2	
<b>[ASK IF CCC_ULCR_DCS ≠ YES AT BASELINE OR CCC_ULCR_COF1 ≠ YES AT F1]</b>		
Has a doctor ever told you that you have intestinal or stomach ulcers?		
<b>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).</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_7a	CCC_ULCRAGE_COF2	
<b>[ASK IF CCC_ULCR_COF2 = YES]</b>		
At what age or in what year were you first told you had intestinal or stomach ulcers?		
<b>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?</b>		
CCC_ULCRAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_ULCRAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_7b	CCC_ULCR_CHANGE_COF2		
<b>[ASK IF (F1 Visit = True and CCC_ULCR_COF2 = NO and CCC_ULCR_COF1 = YES) else if (CCC_ULCR_COF2 = NO and CCC_ULCR_DCS =YES)]</b>			
At your last 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	1	Yes	
NO	2	No	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	
CCC_7b	CCC_ULCRCHANGE_SP_COF2		
<b>[ASK IF CCC_ULCR_CHANGE_COF2 = YES]</b>			
"YES" Specify			
CCC_ULCRCHANGE_SP_COF2			

CCC_8	CCC_IBDIBS_COF2				
<b>[ALWAYS ASK]</b>					
Has a doctor ever told you that you have a bowel disorder such as:					
<p><b>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.</b></p> <p><b>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.</b></p>					
		YES	NO	<b>[DO NOT READ]</b> DK/NA	<b>[DO NOT READ]</b> RF
CCC_CRDIS_COF2	Crohn's Disease				
CCC_ULCOL_COF2	Ulcerative colitis				
CCC_IBSYD_COF2	Irritable Bowel Syndrome				

CCC_8a	CCC_CRDISAGE_COF2	
<b>[ASK IF CCC_CRDIS_COF2 = YES]</b>		
At what age or in what year were you first told you had Crohn's Disease?		
<b>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?</b>		
CCC_CRDISAGE_NB_SP_COF2	Age	_____ [MASK: MIN=0, MAX=CURRENT AGE]
CCC_CRDISAGE_YR_SP_COF2	Year	_____ [MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_8b	CCC_ULCOLAGE_COF2	
<b>[ASK IF CCC_ULCOL_COF2 = YES]</b>		
At what age or in what year were you first told you had ulcerative colitis?		
<b>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?</b>		
CCC_ULCOLAGE_NB_SP_COF2	Age	_____ [MASK: MIN=0, MAX=CURRENT AGE]
CCC_ULCOLAGE_YR_SP_COF2	Year	_____ [MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

CCC_8c	CCC_IBSYDAGE_COF2	
<b>[ASK IF CCC_IBSYD_COF2 = YES]</b>		
At what age or in what year were you first told you had Irritable Bowel Syndrome?		
<b>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?</b>		
CCC_IBSYDAGE_NB_SP_COF2	Age	_____ [MASK: MIN=0, MAX=CURRENT AGE]
CCC_IBSYDAGE_YR_SP_COF2	Year	_____ [MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused



CCC_9	CCC_BOWINC_COF2	
<b>[ASK IF CCC_BOWINC_DCS ≠ YES AT BASELINE OR CCC_BOWINC_COF1 ≠ YES AT F1]</b>		
Have you ever experienced bowel incontinence?		
<b>NOTE: BOWEL INCONTINENCE IS THE LOSS OF BOWEL CONTROL, LEADING TO AN INVOLUNTARY PASSAGE OF STOOL</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_9a	CCC_BOWINCAGE_COF2	
<b>[ASK IF CCC_BOWINC_COF2 = YES]</b>		
At what age or in what year did you begin to experience bowel incontinence?		
<b>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?</b>		
CCC_BOWINCAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_BOWINCAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_9b	CCC_BOWINC_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_BOWINC_COF2 = NO and CCC_BOWINC_COF1 = YES) else if (CCC_BOWINC_COF2 = NO and CCC_BOWINC_DCS = YES)]</b>		
At your last CLSA interview, you indicated YES to the question that you have experienced bowel incontinence. Since that interview, has something changed?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_9b	CCC_BOWINCCHANGE_SP_COF2	
<b>[ASK IF CCC_BOWINC_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_BOWINCCHANGE_SP_COF2		

CCC_10	CCC_URIINC_COF2	
<b>[ASK IF CCC_URIINC_DCS ≠ YES AT BASELINE OR CCC_URIINC_COF1 ≠ YES AT F1]</b>		
Have you ever experienced urinary incontinence?		
<b>NOTE: URINARY INCONTINENCE IS THE LOSS OF BLADDER CONTROL.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_10a	CCC_URIINCAGE_COF2	
<b>[ASK IF CCC_URIINC_COF2 = YES]</b>		
At what age or in what year did you begin to experience urinary incontinence?		
<b>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?</b>		
CCC_URIINCAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_URIINCAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_10b	CCC_URIINC_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_URIINC_COF2 = NO and CCC_URIINC_COF1 = YES) else if (CCC_URIINC_COF2 = NO and CCC_URIINC_DCS = YES)]</b>		
At your last CLSA interview, you indicated YES to the question that you have experienced urinary incontinence. Since that interview, has something changed?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_10b	CCC_URIINCCHANGE_SP_COF2	
<b>[ASK IF CCC_URIINC_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_URIINCCHANGE_SP_COF2		

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

CCC_11	CCC_MACDEG_COF2	
<b>[ASK IF CCC_MACDEG_DCS ≠ YES AT BASELINE OR CCC_MACDEG_COF1 ≠ YES AT F1]</b>		
Has a doctor ever told you that you have macular degeneration?		
<b>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.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_11a	CCC_MACDEGAGE_COF2	
<b>[ASK IF CCC_MACDEG_COF2 = YES]</b>		
At what age or in what year were you first told you had macular degeneration?		
<b>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?</b>		
CCC_MACDEGAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_MACDEGAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_11b	CCC_MACDEG_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_MACDEG_COF2 = NO and CCC_MACDEG_COF1 = YES) else if (CCC_MACDEG_COF2 = NO and CCC_MACDEG_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_11b	CCC_MACDEGCHANGE_SP_COF2	
<b>[ASK IF CCC_MACDEG_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_MACDEGCHANGE_SP_COF2		



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

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

CCC_12	CCC_CANC_COF2
<b>[ALWAYS ASK]</b>	
Has a doctor ever told you that you had cancer?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

CCC_12a	CCC_CANTP_COF2	
<b>[ASK IF CCC_CANC_COF2 = YES]</b>		
What type(s) of cancer were you diagnosed with?		
<b>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]</b>		
CCC_CANTP_CNS_COF2	01	Brain/Spinal Cord/Central nervous system
CCC_CANTP_TH_COF2	02	Thyroid
CCC_CANTP_SM_COF2	03	Skin: melanoma
CCC_CANTP_SNM_COF2	04	Skin: non-melanoma
CCC_CANTP_OR_COF2	05	Oral
CCC_CANTP_LX_COF2	06	Larynx
CCC_CANTP_ES_COF2	07	Esophagus
CCC_CANTP_BR_COF2	08	Breast
CCC_CANTP_LU_COF2	09	Lung
CCC_CANTP_ST_COF2	10	Stomach (gastric)
CCC_CANTP_BL_COF2	11	Bladder
CCC_CANTP_KD_COF2	12	Kidney
CCC_CANTP_LV_COF2	13	Liver
CCC_CANTP_PA_COF2	14	Pancreatic
CCC_CANTP_COL_COF2	15	Colorectal
CCC_CANTP_PR_COF2	16	Prostate (males only)
CCC_CANTP_TT_COF2	17	Testis (male only)
CCC_CANTP_OV_COF2	18	Ovarian (females only)
CCC_CANTP_FU_COF2	19	Uterus (females only)
CCC_CANTP_FC_COF2	20	Cervical (females only)
CCC_CANTP_LK_COF2	21	Leukemia
CCC_CANTP_MM_COF2	22	Multiple Myeloma
CCC_CANTP_HL_COF2	23	Hodgkin Lymphoma
CCC_CANTP_NHL_COF2	24	Non-Hodgkin Lymphoma
CCC_CANTP_OT_COF2	97	Other
CCC_CANTP_DK_NA_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer
CCC_CANTP_REFUSED_COF2	99	<b>[DO NOT READ]</b> Refused

CCC_12b	CCC_CANTP_OTSP_COF2	
<b>[ASK IF CCC_CANTP_COF2 = CCC_CANTP_OT_COF2]</b>		
<b>NOTE: PLEASE REFER TO OPEN TEXT GUIDELINES</b>		
“Other” Specify		
CCC_CANTP_OTSP_COF2	1	

CCC_12c	CCC_CANCAGE_COF2			
<b>[ASK IF CCC_CANC_COF2 = YES]</b>				
At what age or in what year were you first told you had _____ cancer?				
<b>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?</b>				
<b>[ASK IF CCC_CANTP_COF2 = ...]</b>	<b>Age [MASK: MIN=0, MAX= CURRENT AGE]</b>	<b>Year [MASK: MIN= BIRTH YEAR, MAX= CURRENT YEAR]</b>	<b>[DO NOT READ] DK/NA</b>	<b>[DO NOT READ] RF</b>
Brain/Spinal Cord/Central Nervous System	CCC_CAN_NB_CNS_COF2	CCC_CAN_YR_CNS_COF2		
Thyroid	CCC_CAN_NB_TH_COF2	CCC_CAN_YR_TH_COF2		
Skin: melanoma	CCC_CAN_NB_SM_COF2	CCC_CAN_YR_SM_COF2		
Skin: non-melanoma	CCC_CAN_NB_SNM_COF2	CCC_CAN_YR_SNM_COF2		
Oral	CCC_CAN_NB_OR_COF2	CCC_CAN_YR_OR_COF2		
Larynx	CCC_CAN_NB_LX_COF2	CCC_CAN_YR_LX_COF2		
Esophagus	CCC_CAN_NB_ES_COF2	CCC_CAN_YR_ES_COF2		
Breast	CCC_CAN_NB_BR_COF2	CCC_CAN_YR_BR_COF2		

Lung		CCC_CAN NB_LU_ COF2		CCC_CAN YR_LU_ COF2		
Stomach (gastric)		CCC_CAN NB_ST_ COF2		CCC_CAN YR_ST_ COF2		
Bladder		CCC_CAN NB_BL_ COF2		CCC_CAN YR_BL_ COF2		
Kidney		CCC_CAN NB_KD_ COF2		CCC_CAN YR_KD_ COF2		
Liver		CCC_CAN NB_LV_ COF2		CCC_CAN YR_LV_ COF2		
Pancreatic		CCC_CAN NB_PA_ COF2		CCC_CAN YR_PA_ COF2		
Colorectal		CCC_CAN NB_COL_ COF2		CCC_CAN YR_COL_ COF2		
Prostate (males only)		CCC_CAN NB_PR_ COF2		CCC_CAN YR_PR_ COF2		
Testis (male only)		CCC_CAN NB_TT_ COF2		CCC_CAN YR_TT_ COF2		
Ovarian (females only)		CCC_CAN NB_OV_ COF2		CCC_CAN YR_OV_ COF2		
Uterus (females only)		CCC_CAN NB_FU_ COF2		CCC_CAN YR_FU_ COF2		
Cervical (females only)		CCC_CAN NB_FC_ COF2		CCC_CAN YR_FC_ COF2		
Leukemia		CCC_CAN NB_LK_ COF2		CCC_CAN YR_LK_ COF2		
Multiple Myeloma		CCC_CAN NB_MM_ COF2		CCC_CAN YR_MM_ COF2		
Hodgkin Lymphoma		CCC_CAN NB_HL_ COF2		CCC_CAN YR_HL_ COF2		
Non-Hodgkin Lymphoma		CCC_CAN NB_NHL_ COF2		CCC_CAN YR_NHL_ COF2		
Other, Specify		CCC_CAN NB_OTSP_ COF2		CCC_CAN YR_OTSP_ COF2		

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

CCC_13	CCC_ANXI_COF2
<b>[ASK IF CCC_ANXI_DCS ≠ YES AT BASELINE OR CCC_ANXI_COF1 ≠ YES AT F1]</b>	
Has a doctor ever told you that you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?	
<b>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.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

CCC_13a	CCC_ANXIAGE_COF2
<b>[ASK IF CCC_ANXI_COF2 = YES]</b>	
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?	
<b>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?</b>	
CCC_ANXIAGE_NB_SP_COF2	Age _____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_ANXIAGE_YR_SP_COF2	Year _____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999 <b>[DO NOT READ]</b> Refused

CCC_13b	CCC_ANXI_CHANGE_COF2
<b>[ASK IF (F1 Visit = True and CCC_ANXI_COF2 = NO and CCC_ANXI_COF1 = YES) else if (CCC_ANXI_COF2 = NO and CCC_ANXI_DCS = YES)]</b>	
At your last 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	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused
CCC_13b	CCC_ANXICHANGE_SP_COF2
<b>[ASK IF CCC_ANXI_CHANGE_COF2 = YES]</b>	
"YES" Specify	
CCC_ANXICHANGE_SP_COF2	



CCC_14	CCC_MOOD_COF2	
<b>[ASK IF CCC_MOOD_DCS ≠ YES AT BASELINE OR CCC_MOOD_COF1 ≠ YES AT F1]</b>		
Has a doctor ever told you that you have a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?		
<b>INTERVIEWER NOTE: DYSTHYMIA IS PRONOUNCED “DIS-THIGH-ME-AH”</b>		
<b>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.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_14a	CCC_MOODAGE_COF2	
<b>[ASK IF CCC_MOOD_COF2 = YES]</b>		
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?		
<b>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?</b>		
CCC_MOODAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_MOODAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_14b	CCC_MOOD_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_MOOD_COF2 = NO and CCC_MOOD_COF1 = YES) else if (CCC_MOOD_COF2 = NO and CCC_MOOD_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_14b	CCC_MOODCHANGE_SP_COF2	
<b>[ASK IF CCC_MOOD_CHANGE_COF2 = YES]</b>		
“YES” Specify		
CCC_MOODCHANGE_SP_COF2		

CCC_15	CCC_ALLRG_COF2	
<b>[ASK IF CCC_ALLRG_DCS ≠ YES_SPECIFY AT BASELINE OR CCC_ALLRG_COF1 ≠ YES_SPECIFY AT F1]</b>		
Has a doctor ever told you that you have allergies?		
<b>NOTE: THE QUESTION ASKS ABOUT ANY TYPE OF ALLERGY.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_15a	CCC_ALLRG_OTSP_COF2	
<b>[ASK IF CCC_ALLRG_COF2 = YES]</b>		
"YES" Specify		
CCC_ALLRG_OTSP_COF2	1	

CCC_15b	CCC_ALLRGAGE_COF2	
<b>[ASK IF CCC_ALLRG_COF2 = YES]</b>		
At what age or in what year were you first told you had allergies?		
<b>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?</b>		
CCC_ALLRGAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_ALLRGAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_15c	CCC_ALLRG_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_ALLRG_COF2 = NO and CCC_ALLRG_COF1 = YES_SPECIFY) else if (CCC_ALLRG_COF2 = NO and CCC_ALLRG_DCS =YES_SPECIFY)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_15c	CCC_ALLRGCHANGE_SP_COF2	
<b>[ASK IF CCC_ALLRG_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_ALLRGCHANGE_SP_COF2		

CCC_16	CCC_KIDN_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have kidney disease or kidney failure?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_16a	CCC_KIDNAGE_COF2	
<b>[ASK IF CCC_KIDN_COF2 = YES]</b>		
At what age or in what year were you first told you had kidney disease or kidney failure?		
<b>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?</b>		
CCC_KIDNAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_KIDNAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_16b	CCC_KIDN_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_KIDN_COF2 = NO and CCC_KIDN_COF1 = YES) else if (CCC_KIDN_COF2 = NO and CCC_KIDN_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_16b	CCC_KIDNCHANGE_SP_COF2	
<b>[ASK IF CCC_KIDN_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_KIDNCHANGE_SP_COF2		

CCC_16c	CCC_KIDNSTN_COF2		
<b>[ALWAYS ASK]</b>			
Has a doctor ever told you that you have kidney stone(s)?			
YES	1	Yes	
NO	2	No	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	

CCC_16d	CCC_KIDNSTNAGE_COF2		
<b>[ASK IF CCC_KIDNSTN_COF2 = YES]</b>			
At what age or in what year were you first told you had a kidney stone(s)?			
<b>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?</b>			
CCC_KIDNSTNAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>	
CCC_KIDNSTNAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>	
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9999	<b>[DO NOT READ]</b> Refused	

CCC_16e	CCC_DITYP_COF2				
<b>[ASK IF CCC_KIDN_COF2 = YES]</b>					
Are you currently receiving dialysis treatment? (If yes, what type of dialysis?)					
		YES	NO	DK/NA	REFUSED
HEMODIALYSIS	Hemodialysis				
PERITONEAL	Peritoneal				

CCC_16f	CCC_DITIM_COF2		
<b>[ASK IF HEMODIALYSIS = YES]</b>			
When did you receive your last dialysis treatment?			
<b>INTERVIEWER: PLEASE FILL IN BOTH DATE AND TIME IF KNOWN. IF PARTICIPANT IS UNSURE PLEASE PROVIDE BEST ESTIMATE</b>			
CCC_DITIM_DATE_COF2	DATE		
CCC_DITIM_HR_COF2	TIME (hh)		
CCC_DITIM_MIN_COF2	TIME (mm)		

CCC_17	CCC_HCV_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have Hepatitis C?		
<b>NOTE: HEPATITIS C IS AN INFECTION CAUSED BY A VIRUS THAT ATTACKS THE LIVER AND LEADS TO INFLAMMATION.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_17a	CCC_HCVAGE_COF2	
<b>[ASK IF CCC_HCV_COF2 = YES]</b>		
At what age or in what year were you first were first diagnosed with Hepatitis C?		
<b>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?</b>		
CCC_HCVAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_HCVAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CCC_17b	CCC_HCV_CHANGE_COF2	
<b>[ASK IF CCC_HCV_COF2 = NO and CCC_HCV_COF1 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Hepatitis C. Since that interview, has the diagnosis changed?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CCC_17b	CCC_HCVCHANGE_SP_COF2	
<b>[ASK IF CCC_HCV_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_HCVCHANGE_SP_COF2		

CCC_17c	CCC_HCV_TRT_COF2	
<b>[ASK IF CCC_HCV_COF2 = YES]</b>		
Have you ever received treatment for hepatitis C?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_17d	CCC_HCV_TXS_COF2	
<b>[ASK IF CCC_HCV_TRT_COF2 = YES]</b>		
Was the treatment successful in clearing the virus?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CCC_17e	CCC_HCV_CURR_COF2	
<b>[ASK IF CCC_HCV_COF2 = YES]</b>		
Do you currently have hepatitis C?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**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_18	CCC_INF_COF2				
<b>[ALWAYS ASK]</b>					
In the past year, have you seen a doctor for any of the following reasons?					
<b>READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION</b>					
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_COF2	Pneumonia				
CCC_DRFLU_COF2	Flu (Influenza)				
CCC_DRUTI_COF2	Urinary Tract Infection (UTI)				
CCC_DRDROT_COF2	Any other infections?				
CCC_18a	CCC_DRDROT_OTSP_COF2				
<b>[ASK IF CCC_DRDROT_COF2 = YES]</b>					
“Other” Specify					
CCC_DRDROT_OTSP_COF2	1				

**Preventative Health Behaviours (PHB) – (Regular/atHome/byPhone/Reduced visits)**

<b>PHB_1 – PHB_3</b>						
<b>[ALWAYS ASK]</b>						
Have you had...						
<b>INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE</b>						
		<b>Have you had...</b>	<b>Yes</b>	<b>No</b>	<b>DK/NA</b>	<b>RF</b>
PHB_1	PHB_FLUV_COF2	Flu shot in the last 12 months				
PHB_2	PHB_PCV_COF2	Pneumonia shot (pneumococcal vaccination) in your life				
PHB_3	PHB_SHIN_COF2	Shingles vaccine				

PHB_4	PHB_SHINVAC_COF2	
[ASK IF PHB_SHIN_COF2 = YES]		
Which shingles vaccine did you receive?		
<b>READ LIST; CODE ONLY ONE RESPONSE</b> <b>INTERVIEWER NOTE: ZOSTAVAX II IS A SINGLE DOSE VACCINE THAT HAS BEEN AROUND SINCE 2006. SHINGRIX CAME OUT IN 2017 AND IS A 2 DOSE VACCINE WITH A 2 TO 6 MONTH GAP BETWEEN DOSES.</b>		
ZOSTAVAX	1	Zostavax II
SHINGRIX	2	Shingrix
BOTH	3	Zostavax II and Shingrix (minimum 1 year gap)
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused



***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_1	DIA_DIAB_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have diabetes, borderline diabetes or that your blood sugar is high?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

DIA_1a	DIA_DIAB_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and DIA_DIAB_COF2 = NO and DIA_DIAB_COF1 = YES) else if (DIA_DIAB_COF2 = NO and DIA_DIAB_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
DIA_1a	DIA_DIABCHANGE_SP_COF2	
<b>[ASK IF DIA_DIAB_CHANGE_COF2 = YES]</b>		
"YES" Specify		
DIA_DIABCHANGE_SP_COF2		

DIA_1b	DIA_AGE_COF2	
<b>[ASK IF DIA_DIAB_COF2 = YES]</b>		
At what age or in what year were you first told you had diabetes, borderline diabetes or high blood sugar?		
<b>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?</b>		
DIA_AGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
DIA_AGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

DIA_2	DIA_DIABRT_COF2	
<b>[ASK IF DIA_DIAB_COF2 = YES]</b>		
Have you ever been told by a doctor that you have Diabetic Retinopathy?		
<b>DIABETIC RETINOPATHY IS A DIABETES COMPLICATION THAT AFFECTS EYES AND IS COMMON DIABETIC EYE DISEASE. IT'S CAUSED BY DAMAGE TO THE BLOOD VESSELS OF THE LIGHT-SENSITIVE TISSUE AT THE BACK OF THE EYE (RETINA).</b>		
<b>AT FIRST, DIABETIC RETINOPATHY MAY CAUSE NO SYMPTOMS OR ONLY MILD VISION PROBLEMS. IN SOME PEOPLE WITH THIS CONDITION, BLOOD VESSELS MAY SWELL AND LEAK FLUID. IN OTHER PEOPLE, ABNORMAL NEW BLOOD VESSELS GROW ON THE SURFACE OF THE RETINA.</b>		
<b>PEOPLE WITH TYPE 1 OR TYPE 2 DIABETES ARE AT RISK OF THIS CONDITION.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

DIA_2a	DIA_DIABRT_CHANGE_COF2	
<b>[ASK IF DIA_DIABRT_COF2 = NO AND DIA_DIABRT_COF1 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Diabetic Retinopathy. Since that interview, has the diagnosis changed?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
DIA_2a	DIA_DIABRT_CHANGE_SP_COF2	
<b>[ASK IF DIA_DIABRT_CHANGE_COF2 = YES]</b>		
"YES" Specify		
DIA_DIABRT_CHANGE_SP_COF2		

DIA_2b	DIA_DIABRTAGE_COF2	
<b>[ASK IF DIA_DIABRT_COF2 = YES]</b>		
At what age or in what year were you first told you had Diabetic Retinopathy?		
<b>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?</b>		
DIA_DIABRTAGE_NB_SP_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
DIA_DIABRTAGE_YR_SP_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

DIA_3	DIA_EVPRG_COF2	
<b>[ASK IF PARTICIPANT SEX = FEMALE]</b>		
Have you ever been pregnant?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

DIA_4	DIA_PRGDIA_COF2	
<b>[ASK IF DIA_EVPRG_COF2 = YES]</b>		
When you were pregnant, did the doctor tell you that you had diabetes, borderline diabetes or high blood sugar?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**[IF DIA\_DIAB\_COF2 = YES CONTINUE, IF DIA\_DIAB\_COF2 = NO AND DIA\_MED\_COF2 = YES THEN SKIP TO DIA\_MEDHOME\_COF2, IF DIA\_DIAB\_COF2 = NO AND DIA\_MED\_COF2 = NO THEN SKIP TO DIA\_END]**

DIA_5	DIA_MED_COF2	
Are you currently taking medication for diabetes?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

DIA_5a	DIA_MEDCUR_COF2	
Are you currently taking <DRUGNAME> for diabetes?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DIABETES)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>[IF YES] IF LAST DRUG AND INS_MED=1 THEN SKIP TO DIA_MEDAGE_COF2 OTHERWISE IF LAST DRUG AND INS_MED=2 THEN SKIP TO DIA_END</b>		
<b>[IF NO] IF LAST DRUG AND INS_MED=1 THEN SKIP TO DIA_MEDAGE_COF2 OTHERWISE IF LAST DRUG AND INS_MED=2 THEN SKIP TO DIA_END</b>		

DIA_5b	DIA_MEDNAME_COF2	
Can you tell me the name of the drug(s) you are taking for your diabetes?		
<b>IF ANY RESPONSE IS "INSULIN" SKIP TO DIA_MEDAGE_COF2 OTHERWISE SKIP TO DIA_END</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
DIA_5b	DIA_MEDNAME_SP_COF2	
<b>[ASK IF DIA_MEDNAME_COF2 = YES]</b>		
"YES" Specify		
DIA_MEDNAME_SP_COF2	1	

DIA_5c	DIA_MEDHOME_COF2	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat diabetes. Are you currently taking <DRUGNAME> for diabetes?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DIABETES)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>[IF YES] IF LAST DRUG AND INS_MED=1 THEN SKIP TO DIA_MEDAGE_COF2 OTHERWISE IF LAST DRUG AND INS_MED=2 THEN SKIP TO DIA_END</b>		



DIA_5d	DIA_MEDAGE_COF2	
<b>[ASK IF DIA_MEDNAME_COF2 = INSULIN]</b>		
At what age or in what year did you begin taking insulin?		
<b>IF PARTICIPANT IS UNSURE OF EXACT AGE PLEASE PROVIDE BEST ESTIMATE</b>		
DIA_MEDAGE_NB_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
DIA_MEDAGE_YR_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

**DIA\_END**

**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_COF2
Has a doctor ever told you that you have experienced a Stroke or CVA? (Cerebrovascular accident)?	
<b>NOTE: A STROKE HAPPENS WHEN BLOOD FLOW TO A PART OF THE BRAIN STOPS. CEREBROVASCULAR ACCIDENT IS ANOTHER NAME FOR A STROKE.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

STR_1a	CCC_CVA_CHANGE_COF2
<b>[ASK IF (F1 Visit = True and CCC_CVA_COF2 = NO and CCC_CVA_COF1 = YES) else if (CCC_CVA_COF2 = NO and CCC_CVA_DCS = YES)]</b>	
At your last 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	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused
STR_1a	CCC_CVACHANGE_SP_COF2
<b>[ASK IF CCC_CVA_CHANGE_COF2 = YES]</b>	
"YES" Specify	
CCC_CVACHANGE_SP_COF2	

STR_2	STR_CVAAGE_COF2
<b>[ASK IF CCC_CVA_COF2 = YES]</b>	
At what age, or in what year, were you first told you had experienced a stroke?	
<b>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?</b>	
STR_CVAAGE_NB_COF2	Age _____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
STR_CVAAGE_YR_COF2	Year _____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999 <b>[DO NOT READ]</b> Refused

[IF CCC\_CVA\_COF2 = YES CONTINUE, IF CCC\_CVA\_COF2 = NO AND STR\_MED = 1 THEN SKIP TO STR\_MEDHOME\_COF2, IF CCC\_CVA\_COF2 = NO AND STR\_MED = 2 THEN SKIP TO CCC\_TIA\_COF2]

STR_3	STR_MED_COF2	
Are you currently taking medications for stroke?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't Know / No Answer
REFUSED	9	[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 receiving these treatments at the time of their DCS visit (STR\_3d/STR\_OTHMD\_COF2 asks about current treatments).

STR_3a	STR_MEDCUR_COF2	
Are you currently taking <DRUGNAME> for your stroke?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't Know / No Answer
REFUSED	9	[DO NOT READ] Refused
<b>[IF YES] IF LAST DRUG THEN SKIP TO STR_OTHMD_COF2</b>		
<b>[IF NO] IF LAST DRUG THEN SKIP TO STR_OTHMD_COF2</b>		

STR_3b	STR_MEDNAME_COF2	
<b>[ASK IF STR_MED_COF2 = YES]</b>		
Can you tell me the name of the drug(s) you are taking for your stroke?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't Know / No Answer
REFUSED	9	[DO NOT READ] Refused
STR_3B	STR_MEDNAME_SP_COF2	
<b>[ASK IF STR_MEDNAME_COF2 = YES]</b>		
"YES" Specify		
STR_MEDNAME_SP_COF2	1	

STR_3c	STR_MEDHOME_COF2	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat a stroke. Are you currently taking <DRUGNAME> for a stroke?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG AND NO DRUG ANSWERED "YES" AND CCC_CVA_COF2 = NO THEN SKIP TO CCC_TIA_COF2; OTHERWISE CONTINUE</b>		

**CALCULATE ANY\_SMED=1 IF (STR\_MED\_COF2 = 1 (YES) OR ANY DRUGS FOR STR\_MEDHOME\_COF2 ANSWERED "YES"); ANY\_SMED = 2 OTHERWISE**

STR_3d	STR_OTHMD_COF2	
Are you currently undergoing other treatment for a stroke?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: SKIP TO CCC_TIA_COF2</b>		
<b>IF NO, DK_NA OR REFUSED: IF ANY_SMED=1 THEN SKIP TO CCC_TIA_COF2; OTHERWISE CONTINUE</b>		

STR_4	STR_EVRMD_COF2	
Have you ever taken any medications or undergone other treatment for stroke?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_5	CCC_TIA_COF2	
Has a doctor ever told you that you have experienced a ministroke or TIA (Transient Ischemic Attack)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused



STR_5a	CCC_TIA_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_TIA_COF2 = NO and CCC_TIA_COF1 = YES) else if (CCC_TIA_COF2 = NO and CCC_TIA_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
STR_5a	CCC_TIACHANGE_SP_COF2	
<b>[ASK IF CCC_TIA_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_TIACHANGE_SP_COF2		

STR_6	STR_TIAAGE_COF2	
<b>[ASK IF CCC_TIA_COF2 = YES]</b>		
At what age, or in what year, were you first told you had experienced a ministroke or TIA?		
<b>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?</b>		
STR_TIAAGE_NB_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
STR_TIAAGE_YR_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused
<b>[IF CCC_TIA_COF2 = YES CONTINUE, IF CCC_TIA_COF2 = NO AND STR_MED = 1 THEN SKIP TO STR_TIAMEDHOME_COF2, IF CCC_TIA_COF2 = NO AND STR_MED = 2 THEN SKIP TO CCC_CVAFX_COF2]</b>		

STR_7	STR_TIAMED_COF2	
Are you currently taking medications or undergoing other treatment for a ministroke?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_7a	STR_TIAMEDCUR_COF2	
Are you currently taking <DRUGNAME> for your ministroke?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR MINISTROKE OR TIA)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>[IF YES] REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_TIAOTHMD_COF2</b>		
<b>[IF NO] REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_TIAOTHMD_COF2</b>		

STR_7b	STR_TIAMEDNAME_COF2	
<b>[ASK IF STR_TIAMED_COF2 = YES]</b>		
Can you tell me the name of the drug(s) you are taking for your ministroke?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
STR_7B	STR_TIAMEDNAME_SP_COF2	
<b>[ASK IF STR_TIAMEDNAME_COF2 = YES]</b>		
"YES" Specify		
STR_TIAMEDNAME_SP_COF2	1	

**[IF CCC\_TIA\_COF2 = YES CONTINUE, IF CCC\_TIA\_COF2 = NO AND STR\_MED = 1 THEN SKIP TO STR\_TIAMEDHOME\_COF2, IF CCC\_TIA\_COF2 = NO AND STR\_MED = 2 THEN SKIP TO CCC\_CVAFX\_COF2]**

STR_7c	STR_TIAMEDHOME_COF2	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat a stroke. Are you currently taking <DRUGNAME> for a ministroke?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG THEN SKIP TO STR_TIAOTHMD_COF2</b>		
<b>IF NO: REPEAT FOR ALL STROKE DRUGS; IF LAST DRUG AND NO DRUG ANSWERED "YES" AND</b>		

**CCC\_TIA\_COF2 = NO THEN SKIP TO CCC\_CVAFX\_COF2; OTHERWISE CONTINUE  
IF DK\_NA OR REFUSED: CONTINUE**

**CALCULATE ANY\_SMED = 1 IF (STR\_TIAMED\_COF2 = YES OR ANY DRUGS FOR STR\_TIAMEDHOME\_COF2 ANSWERED “YES”); ANY\_SMED = 2 OTHERWISE**

STR_7d	STR_TIAOTHMD_COF2
Are you currently undergoing other treatment for a ministroke?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused
<b>IF <u>YES</u>: SKIP TO CCC_CVAFX_COF2</b>	
<b>IF <u>NO</u>, <u>DK_NA</u> OR <u>REFUSED</u>: IF ANY_SMED=1 THEN SKIP TO CCC_CVAFX_COF2; OTHERWISE CONTINUE</b>	

STR_8	STR_TIAEVMD_COF2
Have you ever taken any medications or undergone other treatment for a ministroke?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

STR_9	CCC_CVAFX_COF2
<b>[ASK IF CCC_CVA_COF2 = YES OR CCC_TIA_COF2 = YES]</b>	
Has a doctor ever told you that you suffer from the effects of a stroke, CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

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

STR_10	STR_WEAK_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever had sudden painless weakness on one side of your body?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_10a	STR_WEAK_DUR_COF2	
<b>[ASK IF STR_WEAK_COF2 = YES]</b>		
How long did your symptoms last?		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_11	STR_NUMB_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever had sudden numbness or a dead feeling on one side of your body?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_11a	STR_NUMB_DUR_COF2	
<b>[ASK IF STR_NUMB_COF2 = YES]</b>		
How long did your symptoms last?		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_12	STR_VIS_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever had sudden painless loss of vision in one or both eyes?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_12a	STR_VIS_DUR_COF2	
<b>[ASK IF STR_VIS_COF2 = YES]</b>		
How long did your symptoms last?		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_13	STR_NOVIS_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever suddenly lost vision in one eye?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_13a	STR_NOVIS_DUR_COF2	
<b>[ASK IF STR_NOVIS_COF2 = YES]</b>		
How long did your symptoms last?		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_14	STR_NOUND_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever suddenly lost the ability to understand what people were saying?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_14a	STR_NOUND_DUR_COF2	
<b>[ASK IF STR_NOUND_COF2 = YES]</b>		
How long did your symptoms last?		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_15	STR_NOEXP_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever suddenly lost the ability to express yourself?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

STR_15a	STR_NOEXP_DUR_COF2	
<b>[ASK IF STR_NOEXP_COF2 = YES]</b>		
How long did your symptoms last?		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

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

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

TBI_1	TBI_TYP_COF2
<b>[ALWAYS ASK]</b>	
Have you suffered a head injury or concussion from any of the following...?	
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>	
TBI_TYP_VH_COF2	01 Vehicular crash (please specify type of vehicle: _____)
TBI_TYP_FL_COF2	02 Fall
TBI_TYP_SPT_COF2	03 Sports-related activity (please specify: _____)
TBI_TYP_NN_COF2	96 None/Did not suffer head injury
TBI_TYP_OT_COF2	97 Other
TBI_TYP_DK_COF2	98 <b>[DO NOT READ]</b> Don't Know / No Answer
TBI_TYP_RF_COF2	99 <b>[DO NOT READ]</b> Refused
TBI_1a	TBI_TYP_VHSP_COF2
<b>[ASK IF TBI_TYP_VH_COF2 = YES]</b>	
Please specify type of vehicle: _____	
TBI_TYP_VHSP_COF2	1
TBI_1b	TBI_TYP_SPTSP_COF2
<b>[ASK IF TBI_TYP_SPT_COF2 = YES]</b>	
Sports-related activity (please specify: _____)	
TBI_TYP_SPTSP_COF2	1
TBI_1c	TBI_TYP_OTSP_COF2
<b>[ASK IF TBI_TYP_OT_COF2 = YES]</b>	
Other (please specify: _____)	
TBI_TYP_OTSP_COF2	1

TBI_2	TBI_NMBR_COF2
<b>[ASK IF TBI_TYP_COF2 ≠ TBI_TYP_NN_COF2 OR TBI_TYP_DK_COF2 OR TBI_TYP_RF_COF2]</b>	
How many head injuries or concussions have you had in your lifetime?	
<b>INTERVIEWER NOTE: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER</b>	
TBI_NMBR_NB_COF2	NUMBER _____ RECORD NUMBER [MASK: MIN=01, MAX=20]
DK_NA	98 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99 <b>[DO NOT READ]</b> Refused

TBI_2a	TBI_NMBR_AGE_COF2	
<b>[ASK IF TBI_NMBR_COF2&gt;1]</b>		
What was your age at your most recent head injury or concussion?		
TBI_AGE	AGE	_____ RECORD AGE [MASK: MIN=00, MAX=CURRENT AGE]
DK_NA	98	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

TBI_3	TBI_RSLT2_COF2	
<b>[ASK IF TBI_TYP_COF2 ≠ TBI_TYP_NN_COF2 OR TBI_TYP_DK_COF2 OR TBI_TYP_RF_COF2]</b>		
Did your most recent head injury or concussion result in...?		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
<b>NOTE: READ THE RESPONSE OPTIONS COMPLETELY AND EXACTLY AS WRITTEN.</b>		
TBI_RSLT_DZ_COF2	01	Being dazed, confused, or "seeing stars"
TBI_RSLT_NRM_COF2	02	Not remembering the injury
TBI_RSLT_KO1_COF2	03	Losing consciousness (knocked out) for less than a minute
TBI_RSLT_KO20_COF2	04	Losing consciousness for 1-20 minutes
TBI_RSLT_KO2030_COF2	05	Losing consciousness for >20 minutes but <30
TBI_RSLT_KO30MORE_COF2	06	Losing consciousness for longer than 30 minutes
TBI_RSLT_NN_COF2	96	<b>[DO NOT READ]</b> None of the Above
TBI_RSLT_DK_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer
TBI_RSLT_RF_COF2	99	<b>[DO NOT READ]</b> Refused

TBI_4	TBI_MCR_COF2	
<b>[ASK IF TBI_TYP_COF2 ≠ TBI_TYP_NN_COF2 OR TBI_TYP_DK_COF2 OR TBI_TYP_RF_COF2]</b>		
What medical care did you receive for your most recent head injury or concussion?		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
<b>NOTE: READ THE RESPONSE OPTIONS COMPLETELY AND EXACTLY AS WRITTEN.</b>		
TBI_MCR_PHA_COF2	01	Physician assessment/visit
TBI_MCR_ED_COF2	02	Emergency department visit
TBI_MCR_HO_COF2	03	Hospitalization
TBI_MCR_NN_COF2	96	<b>[DO NOT READ]</b> None/Received no medical care
TBI_MCR_DK_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer
TBI_MCR_RF_COF2	99	<b>[DO NOT READ]</b> Refused



TBI_5	TBI_PROB_COF2	
<b>[ASK IF TBI_TYP_COF2 ≠ TBI_TYP_NN_COF2 OR TBI_TYP_DK_COF2 OR TBI_TYP_RF_COF2]</b>		
Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion?		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98, OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
TBI_PROB_HA_COF2	01	Headaches
TBI_PROB_DIZ_COF2	02	Dizziness
TBI_PROB_MEM_COF2	03	Memory problems
TBI_PROB_BAL_COF2	04	Balance problems
TBI_PROB_EAR_COF2	05	Ringing in the ears
TBI_PROB_IRT_COF2	06	Irritability
TBI_PROB_SLP_COF2	07	Sleep problems
TBI_PROB_VIS_COF2	08	Visual disturbances
TBI_PROB_FTG_COF2	09	Fatigue
TBI_PROB_NN_COF2	96	No/None/Not experiencing any problems
TBI_PROB_OT_COF2	97	Other
TBI_PROB_DK_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer
TBI_PROB_RF_COF2	99	<b>[DO NOT READ]</b> Refused
TBI_5a	TBI_PROB_OTSP_COF2	
<b>[ASK IF TBI_PROB_OT_COF2 = YES]</b>		
Other (please specify: _____)		
TBI_PROB_OTSP_COF2	1	
TBI_6		
<b>Positive Screen [DERIVED VARIABLE – ONYX PROGRAMMING] If (TBI_TYP_COF2= TBI_TYP_VH_COF2 or TBI_TYP_FL_COF2 or TBI_TYP_SPT_COF2 or TBI_TYP_OT_COF2) and ( TBI_RSLT_COF2 = TBI_RSLT_DZ_COF2 or TBI_RSLT_NRM_COF2 or TBI_RSLT_KO1_COF2 or TBI_RSLT_KO2030_COF2 or TBI_RSLT_KO30MORE_COF2) then TBI_6=Yes 1, else TBI_6=No 2</b>		

***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_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?		
<b>NOTE:</b> 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: SKIP TO HYP_UTHYRAGE_COF2</b>		
<b>IF NO, DK_NA OR REFUSED: SKIP TO HYP_UTHYRMED_COF2</b>		

HYP_1a	CCC_UTHYR_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_UTHYR_COF2 = NO and CCC_UTHYR_COF1 = YES) else if (CCC_UTHYR_COF2 = NO and CCC_UTHYR_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
HYP_1a	CCC_UTHYRCHANGE_SP_COF2	
<b>[ASK IF CCC_UTHYR_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_UTHYRCHANGE_SP_COF2		

HYP_2	HYP_UTHYRAGE_COF2	
<b>[ASK IF CCC_UTHYR_COF2 = YES]</b>		
At what age, or in what year, were you first told you had hypothyroidism?		
<b>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?</b>		
HYP_UTHYRAGE_NB_COF2	AGE	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
HYP_UTHYRAGE_YR_COF2	YEAR	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused
<b>[IF CCC_UTHYR_COF2=YES CONTINUE, IF CCC_UTHYR_COF2=NO AND HYO_MED=1 THEN SKIP TO HYP_UTHYRMEDHOME_COF2, IF CCC_UTHYR_COF2=NO AND HYO_MED=2 THEN SKIP TO CCC_OTHYR_COF2]</b>		

HYP_3	HYP_UTHYRMED_COF2	
Are you currently taking medications or undergoing other treatment for an UNDER-active thyroid gland?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: IF HYO_MED=1 THEN CONTINUE; IF HYO_MED=2 THEN SKIP TO HYP_UTHYRMEDNAME_COF2</b>		
<b>IF NO: IF HYO_MED=1 THEN SKIP TO HYP_UTHYRMEDHOME_COF2 OTHERWISE SKIP TO HYP_UTHYREVRMED_COF2</b>		
<b>IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO HYP_UTHYREVRMED_COF2</b>		

HYP_3a	HYP_UTHYRMEDCUR_COF2	
Are you currently taking <DRUGNAME> for hypothyroidism?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPOTHYROIDISM)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>[IF YES] REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO CCC_OTHYR_COF2</b>		
<b>[IF NO] REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO CCC_OTHYR_COF2</b>		

HYP_3b	HYP_UTHYRMEDNAME_COF2	
<b>[ASK IF HYP_UTHYRMED_COF2 = YES]</b>		
Can you tell me the name of the drug(s) you are taking for your hypothyroidism?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
HYP_3b	HYP_UTHYRMEDNAME_SP_COF2	
<b>[ASK IF HYP_UTHYRMEDNAME_COF2 = YES]</b>		
"YES" Specify		
HYP_UTHYRMEDNAME_SP_COF2	1	

HYP_3c	HYP_UTHYRMEDHOME_COF2	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat hypothyroidism. Are you currently taking <DRUGNAME> for hypothyroidism?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPOTHYROIDISM)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<p><b>IF <u>YES</u>: REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO CCC_OTHYR_COF2</b></p> <p><b>IF <u>NO</u>: REPEAT FOR ALL HYPOTHYROIDISM DRUGS; IF CCC_UTHYR_COF2=1 AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF CCC_UTHYR_COF2=2 OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO CCC_OTHYR_COF2</b></p> <p><b>IF <u>DK_NA</u> OR <u>REFUSED</u>: CONTINUE</b></p>		

HYP_4	HYP_UTHYREVRMED_COF2	
Have you ever taken any medications or undergone other treatment for an UNDER-active thyroid gland?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

HYP_5	CCC_OTHYR_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?		
<b>NOTE: These questions pertain to an overactive thyroid.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: SKIP TO HYP_OTHYRAGE_COF2</b>		
<b>IF NO, DK_NA OR REFUSED: SKIP TO HYP_OTHYRMED_COF2</b>		

HYP_5a	CCC_OTHYR_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_OTHYR_COF2 = NO and CCC_OTHYR_COF1 = YES) else if (CCC_OTHYR_COF2 = NO and CCC_OTHYR_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
HYP_5a	CCC_OTHYRCHANGE_SP_COF2	
<b>[ASK IF CCC_OTHYR_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_OTHYRCHANGE_SP_COF2		

HYP_6	HYP_OTHYRAGE_COF2	
<b>[ASK IF CCC_OTHYR_COF2 = YES]</b>		
At what age, or in what year, were you first told you had hyperthyroidism?		
<b>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?</b>		
HYP_OTHYRAGE_NB_COF2	AGE	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
HYP_OTHYRAGE_YR_COF2	YEAR	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

**[IF CCC\_OTHYR\_COF2=YES CONTINUE, IF CCC\_OTHYR\_COF2=NO AND HYR\_MED=1 THEN SKIP TO HYP\_OTHYRMEDHOME\_COF2, IF CCC\_OTHYR\_COF2=NO AND HYR\_MED=2 THEN SKIP TO HYP\_END]**

HYP_7	HYP_OTHYRMED_COF2	
Are you currently taking medications or undergoing other treatment for an OVER-active thyroid gland?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: IF HYR_MED=1 THEN CONTINUE; IF HYR_MED=2 THEN SKIP TO HYP_OTHYRMEDNAME_COF2</b>		
<b>IF NO: IF HYR_MED=1 THEN SKIP TO HYP_OTHYRMEDHOME_COF2 OTHERWISE SKIP TO HYP_OTHYREVRMD_COF2</b>		
<b>IF DK_NA OR REFUSED: SKIP TO HYP_OTHYREVRMD_COF2</b>		

HYP_7a	HYP_OTHYRMEDCUR_COF2	
Are you currently taking <DRUGNAME> for hyperthyroidism?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPERTHYROIDISM)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>[IF YES OR NO] REPEAT FOR ALL HYPERTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO HYP_END</b>		
<b>[IF DK_NA OR REFUSED] SKIP TO HYP_END</b>		

HYP_7b	HYP_OTHYRMEDNAME_COF2	
<b>[ASK IF HYP_OTHYRMED_COF2 = YES AND HYR_MED=2]</b>		
Can you tell me the name of the drug(s) you are taking for your hyperthyroidism?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
HYP_7b	HYP_OTHYRMEDNAME_SP_COF2	
<b>[ASK IF HYP_OTHYRMEDNAME_COF2 = YES]</b>		
"YES" Specify		
HYP_OTHYRMEDNAME_SP_COF2	1	

HYP_7c	HYP_OTHYRMEDHOME_COF2	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat hyperthyroidism. Are you currently taking <DRUGNAME> for hyperthyroidism?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPERTHYROIDISM)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<p><b>IF <u>YES</u>: REPEAT FOR ALL HYPERTHYROIDISM DRUGS; IF LAST DRUG THEN SKIP TO HYP_END</b></p> <p><b>IF <u>NO</u>: REPEAT FOR ALL HYPERTHYROIDISM DRUGS; IF CCC_OTHYR_COF2=YES AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF CCC_OTHYR_COF2=NO OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO HYP_END</b></p> <p><b>IF <u>DK NA</u> OR <u>REFUSED</u>: CONTINUE</b></p>		

HYP_8	HYP_OTHYREVRMD_COF2	
Have you ever taken any medications or undergone other treatment for an OVER-active thyroid gland?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**HYP\_END**

**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_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have high blood pressure or hypertension?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: SKIP TO HBP_AGE_COF2</b>		
<b>IF NO, DK_NA OR REFUSED: SKIP TO HBP_MED_COF2</b>		

HBP_1a	CCC_HBP_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_HBP_COF2 = NO and CCC_HBP_COF1 = YES) else if (CCC_HBP_COF2 = NO and CCC_HBP_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
HBP_1a	CCC_HBPRCHANGE_SP_COF2	
<b>[ASK IF CCC_HBP_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_HBPRCHANGE_SP_COF2		



HBP_2	HBP_AGE_COF2	
<b>[ASK IF CCC_HBP_COF2 = YES]</b>		
At what age, or in what year, were you first told you had high blood pressure or hypertension?		
<b>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?</b>		
HBP_AGE_NB_COF2	AGE	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
HBP_AGE_YR_COF2	YEAR	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused
<b>[PROGRAMMING NOTE: IF DIA_EVPRG_COF2=NO SKIP TO HBP_MED_COF2]</b>		

HBP_4	HBP_OTPRG_COF2	
<b>[ASK IF DIA_EVPRG_COF2 = YES]</b>		
Other than when you were pregnant, was there any other time when you were diagnosed with high blood pressure?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>[IF CCC_HBP_COF2=YES CONTINUE, IF CCC_HBP_COF2=NO AND HBP_MED=1 THEN SKIP TO HBP_MEDHOME_COF2, IF CCC_HBP_COF2=NO AND HBP_MED=2 THEN SKIP TO HBP_TRT_COF2]</b>		

HBP_5	HBP_MED_COF2	
Are you currently taking medications for high blood pressure or hypertension?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: IF HBP_MED=1 THEN CONTINUE; IF HBP_MED=2 THEN SKIP TO HBP_MEDNAME_COF2</b>		
<b>IF NO: IF HBP_MED=1 THEN SKIP TO HBP_MEDHOME_COF2 OTHERWISE SKIP TO HBP_EVRMED_COF2</b>		
<b>IF DK_NA OR REFUSED: HBP_EVRMED_COF2</b>		

HBP_5a	HBP_MEDCUR_COF2	
Are you currently taking <DRUGNAME> for high blood pressure?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HIGH BLOOD PRESSURE)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF <u>YES</u>: REPEAT FOR ALL HBP DRUGS; IF LAST DRUG THEN SKIP TO HBP_TRT_COF2</b> <b>IF <u>NO</u>: REPEAT FOR ALL HBP DRUGS; IF LAST DRUG THEN SKIP TO HBP_TRT_COF2</b> <b>IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO HBP_TRT_COF2</b>		

HBP_5b	HBP_MEDNAME_COF2	
<b>[ASK IF HBP_MED_COF2 = YES]</b>		
Can you tell me the name of the drug(s) you are taking for your high blood pressure?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
HBP_5b	HBP_MEDNAME_SP_COF2	
<b>[ASK IF HBP_MEDNAME_COF2 = YES]</b>		
"YES" Specify		
HBP_MEDNAME_SP_COF2	1	

HBP_5c	HBP_MEDHOME_COF2	
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?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HIGH BLOOD PRESSURE)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IF **YES**: REPEAT FOR ALL HBP DRUGS; IF LAST DRUG THEN SKIP TO HBP\_TRT\_COF2

IF **NO**: REPEAT FOR ALL HBP DRUGS; IF CCC\_HBP\_COF2=YES AND LAST DRUG AND ALL ANSWERED “NO” THEN CONTINUE; ELSE IF CCC\_HBP\_COF2=NO OR LAST DRUG AND ANY ANSWERED “YES” THEN SKIP TO HBP\_TRT\_COF2

IF **DK NA** OR **REFUSED**: CONTINUE

HBP_6	HBP_EVRMED_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever taken medications for high blood pressure?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

HBP_7	HBP_TRT_COF2	
<b>[ALWAYS ASK]</b>		
Are you currently being treated by diet or exercise or other non-pharmacological lowering treatments for high blood pressure or hypertension?		
<b>INTERVIEWER: THIS COULD INCLUDE SELF-TREATING SUCH AS REDUCING SALT INTAKE ON PARTICIPANT'S OWN INITIATIVE—I.E. WITHOUT DOCTOR'S SPECIFIC RECOMMENDATION.</b>		
<b>NOTE:</b> 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

HBP_8	HBP_EVTRT_COF2	
<b>[ASK IF HBP_TRT_COF2 ≠ YES]</b>		
Have you ever been treated by diet or exercise, or other non-pharmacological lowering treatments for high blood pressure?		
<b>INTERVIEWER: THIS COULD INCLUDE SELF-TREATING SUCH AS REDUCING SALT INTAKE ON PARTICIPANT'S OWN INITIATIVE—I.E. WITHOUT DOCTOR'S SPECIFIC RECOMMENDATION.</b>		
<b>NOTE:</b> 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**HBP\_END**

***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_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have angina (or chest pain due to heart disease)?		
<b>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.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IHD_1a	CCC_ANGI_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_ANGI_COF2 = NO and CCC_ANGI_COF1 = YES) else if (CCC_ANGI_COF2 = NO and CCC_ANGI_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IHD_1a	CCC_ANGICHANGE_SP_COF2	
<b>[ASK IF CCC_ANGI_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_ANGICHANGE_SP_COF2		

IHD_2	IHD_ANGIAGE_COF2	
<b>[ASK IF CCC_ANGI_COF2 = YES]</b>		
At what age, or in what year, were you first told you had angina?		
<b>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?</b>		
IHD_ANGIAGE_NB_COF2	AGE	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
IHD_ANGIAGE_YR_COF2	YEAR	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

IHD_3	CCC_AMI_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have had a heart attack or myocardial infarction?		
<b>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.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IHD_3a	CCC_AMI_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_AMI_COF2 = NO and CCC_AMI_COF1 = YES) else if (CCC_AMI_COF2 = NO and CCC_AMI_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IHD_3a	CCC_AMICHANGE_SP_COF2	
<b>[ASK IF CCC_AMI_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_AMICHANGE_SP_COF2		

IHD_4	IHD_AMIAGE_COF2	
<b>[ASK IF CCC_AMI_COF2 = YES]</b>		
At what age, or in what year, were you first told you had a heart attack?		
<b>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?</b>		
IHD_AMIAGE_NB_COF2	AGE	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
IHD_AMIAGE_YR_COF2	YEAR	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

IHD_5	IHD_CAB_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever had coronary artery bypass surgery, angioplasty, stent, or balloon angioplasty for heart disease?		
<b>NOTE:</b>		
<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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IHD_6	IHD_ANGIO_COF2	
<b>[ASK IF IHD_CAB_COF2 ≠ YES]</b>		
Have you ever had an angiogram?		
<b>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.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IHD_7	IHD_BLOCK_COF2	
<b>[ASK IF IHD_ANGIO_COF2 ≠ YES]</b>		
Has a doctor ever told you that you have a blockage in your arteries?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>CALCULATE ANY_IHD=1 IF CCC_ANGI_COF2=YES OR CCC_AMI_COF2=YES OR IHD_BLOCK_COF2=YES; ANY_IHD=2 OTHERWISE</b>		

IHD_7a	IHD_BLOCK_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_BLOCK_COF2 = NO and CCC_BLOCK_COF1 = YES) else if (CCC_BLOCK_COF2 = NO and CCC_BLOCK_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
IHD_7a	IHD_BLOCKCHANGE_SP_COF2	
<b>[ASK IF IHD_BLOCK_CHANGE_COF2 = YES]</b>		
"YES" Specify		
IHD_BLOCKCHANGE_SP_COF2		

**[IF ANY\_IHD=1 THEN CONTINUE, IF ANY\_IHD=2 AND IHD\_MED=1 THEN SKIP TO IHD\_MEDHOME\_COF2, IF ANY\_IHD=2 AND IHD\_MED=2 THEN SKIP TO IHD\_END]**

IHD_8	IHD_MED_COF2	
Are you currently taking any medications for heart disease?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: IF IHD_MED=1 THEN CONTINUE; IF IHD_MED=2 THEN SKIP TO IHD_MEDNAME_COF2</b>		
<b>IF NO: IF IHD_MED=1 THEN SKIP TO IHD_MEDHOME_COF2 OTHERWISE SKIP TO IHD_EVRMED_COF2</b>		
<b>IF DK_NA OR REFUSED: SKIP TO IHD_EVRMED_COF2</b>		



IHD_8a	IHD_MEDCUR_COF2	
Are you currently taking <DRUGNAME> for heart disease?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR IHD)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF <u>YES</u>: REPEAT FOR ALL IHD DRUGS; IF LAST DRUG THEN SKIP TO IHD_END</b>		
<b>IF <u>NO</u>: REPEAT FOR ALL IHD DRUGS; IF LAST DRUG THEN SKIP TO IHD_END</b>		
<b>IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO IHD_END</b>		

IHD_8b	IHD_MEDNAME_COF2	
<b>[ASK IF IHD_MED_COF2 = YES]</b>		
Can you tell me the name of the drug(s) you are taking for your heart disease?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
IHD_8b	IHD_MEDNAME_SP_COF2	
<b>[ASK IF IHD_MEDNAME_COF2 = YES]</b>		
"YES" Specify		
IHD_MEDNAME_SP_COF2	1	

IHD_8c	IHD_MEDHOME_COF2	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat heart disease. Are you currently taking <DRUGNAME> for heart disease?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR IHD)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: REPEAT FOR ALL IHD DRUGS; IF LAST DRUG THEN SKIP TO IHD_END</b>		
<b>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</b>		
<b>IF DK_NA OR REFUSED: CONTINUE</b>		

IHD_9	IHD_EVRMED_COF2	
Have you ever taken any medications or undergone other treatment for heart disease?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
IHD_9A	IHD_EVRMED_SP_COF2	
<b>[ASK IF IHD_EVRMED_COF2 = YES]</b>		
"YES" Specify		
IHD_EVRMED_SP_COF2	1	

**IHD\_END**

**Aortic Valve Stenosis (AOR) – (Regular/atHome/byPhone/Reduced visits)**

AOR_1	AOR_AORSTN_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have aortic stenosis (or narrowing, thickening and/or calcium deposits of the aortic valve, the main valve of the heart)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

AOR_1a	AOR_AORAGE_COF2	
<b>[ASK IF AOR_AORSTN_COF2 = YES]</b>		
At what age, or in what year, were you first told you had aortic stenosis?		
<b>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?</b>		
AOR_AORAGE_NB_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
AOR_AORAGE_YR_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

AOR_2	AOR_SURGAV_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever had a surgical procedure to replace/repair the aortic valve in your heart?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

AOR_2a	AOR_SURGAGE_COF2	
<b>[ASK IF AOR_SURGAV_COF2 = YES]</b>		
At what age, or in what year, did you have a surgical procedure to replace/repair the aortic valve in your heart?		
<b>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?</b>		
AOR_SURGAGE_NB_COF2	AGE	_____ [MASK: MIN=0, MAX=CURRENT AGE]
AOR_SURGAGE_YR_COF2	YEAR	_____ [MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

AOR_2b	AOR_SURTYPE_COF2	
<b>[ASK IF AOR_SURGAV_COF2 = YES]</b>		
Did you have open heart surgery or a minimally invasive procedure (TAVI or TAVR)?		
<b>INTERVIEWER:</b> TAVI = transcatheter aortic valve implantation TAVR = transcatheter aortic valve replacement		
AOR_OPENHS_COF2	1	Open heart surgery
AOR_MININV_COF2	2	A minimally invasive procedure
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

AOR_2c	AOR_VALVE_COF2	
<b>[ASK IF AOR_SURTYPE_COF2 = OPENHS]</b>		
If you had open heart surgery for aortic valve replacement, what kind of valve did you receive?		
AOR_MECVLV_COF2	1	A mechanical valve
AOR_TISVALV_COF2	2	Tissue valve (e.g. pig, cow, etc)?
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**AOR\_END**

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

Bodegard J, Erikssen G, Bjornholt JV, Thelle D, Erikssen J. Possible angina detected by the WHO angina questionnaire in apparently healthy men with a normal exercise ECG: coronary heart disease or not? A 26 year follow up study. *Heart*. 2004 Jun;90(6):627-32.

Cook DG, Shaper AG, MacFarlane PW. Using the WHO (Rose) angina questionnaire in cardiovascular epidemiology. *Int J Epidemiol*. 1989 Sep;18(3):607-13.

Lawlor DA, Adamson J, Ebrahim S Performance of the WHO Rose angina questionnaire in post-menopausal women: Are all of the questions necessary? *Journal of Epidemiology & Community Health* 2003;57:538-541.

Rose GA. The diagnosis of ischaemic heart pain and intermittent claudication in field surveys. *Bull World Health Organ*. 1962;27:645-658

**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_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever had any pain or discomfort in your chest?		
<b>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_COF2</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ROS_2	ROS_HILL_COF2	
<b>[ASK IF ROS_PAIN_COF2 = YES]</b>		
Do you get this pain or discomfort when you walk uphill or hurry?		
YES	1	Yes
NO	2	No
DONT_WALK_UPHILL	6	Don't walk uphill or hurry
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ROS_3	ROS_LEVEL_COF2	
<b>[ASK IF ROS_PAIN_COF2 = YES]</b>		
Do you get it when you walk at an ordinary pace on the level?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF NO: IF ROS_HILL_COF2=YES THEN SKIP TO ROS_DOWLK_COF2; IF ROS_HILL_COF2=NO THEN SKIP TO ROS_LOC_COF2</b>		
<b>IF DK_NA OR REFUSED: IF ROS_HILL_COF2=YES THEN SKIP TO ROS_DOWLK_COF2; IF ROS_HILL_COF2=NO THEN SKIP TO ROS_LOC_COF2</b>		

ROS_4	ROS_BLOCK_COF2	
<b>[ASK IF ROS_LEVEL_COF2 = YES]</b>		
How many blocks of walking bring on your chest pain?		
<b>INTERVIEWER: ENTER '00' IF LESS THAN ONE BLOCK</b>		
ROS_BLOCK_NB_COF2		_____ RECORD NUMBER OF BLOCKS
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

ROS_5	ROS_DOWLK_COF2	
<b>[ASK IF ROS_HILL_COF2=YES or ROS_HILL_COF2=NO and ROS_LEVEL_COF2=YES]</b>		
What do you do if you get it while you are walking?		
STOPS_SLOW_DOWN	1	Stop or slow down
NITRO_CONTINUE	2	Take Nitro-glycerine and continue at same pace
CONTINUE	3	Continue at same pace
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ROS_6	ROS_STILL_COF2	
<b>[ASK IF ROS_DOWLK_COF2 = STOPS_SLOW_DOWN]</b>		
If you stand still, what happens to it? Does it get better or not?		
GETS_BETTER	1	Gets better
NOT_GET_BETTER	2	Does not get better
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ROS_7	ROS_SOON_COF2		
<b>[ASK IF ROS_DOWLK_COF2 is Not Null or ROS_STILL_COF2=GETS_BETTER]</b>			
How soon does it get better?			
10_MIN_OR_LESS	1	10 minutes or less	
MORE_THAN_10_MIN	2	More than 10 minutes	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	

ROS_8	ROS_LOC_COF2						
<b>[ASK IF ROS_PAIN_COF2 = YES]</b>							
What is the location of the pain or discomfort? (Please show me the places where you get this pain or discomfort.)							
<b>MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>							
<p><b>CARD G</b></p>							
01	02	03	04	05	06	07	08
ROS_LOC_01_COF2	ROS_LOC_02_COF2	ROS_LOC_03_COF2	ROS_LOC_04_COF2	ROS_LOC_05_COF2	ROS_LOC_06_COF2	ROS_LOC_07_COF2	ROS_LOC_08_COF2
DK_NA		98	<b>[DO NOT READ]</b> Don't Know / No Answer				
REFUSED		99	<b>[DO NOT READ]</b> Refused				



ROS_9	ROS_SEVPAIN_COF2	
<b>[ASK IF ROS_PAIN_COF2 = YES]</b>		
Have you ever had severe pain across the front of your chest lasting for half an hour or more?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**ROS\_END**

***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_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have osteoarthritis in one or both hands?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

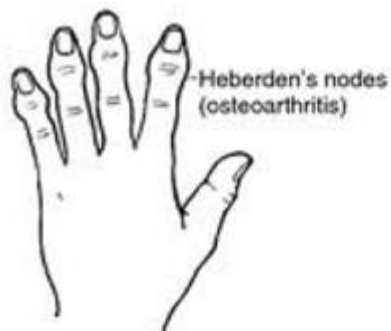
OSA_1a	CCC_OAHAND_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_OAHAND_COF2 = NO and CC_OAHAND_COF1 = YES) else if (CCC_OAHAND_COF2 = NO and CCC_OAHAND_DCS = YES)]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in one or both hands. Since that interview, has the diagnosis changed?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSA_1a	CCC_OAHANDCHANGE_SP_COF2	
<b>[ASK IF CCC_OAHAND_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_OAHANDCHANGE_SP_COF2		

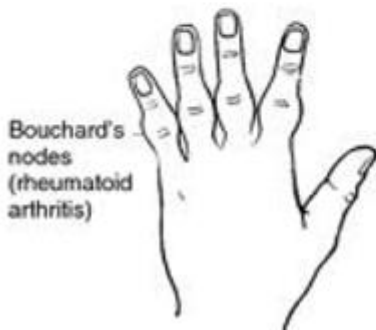
OSA_2	OSA_AGE_COF2	
<b>[ASK IF CCC_OAHAND_COF2 = YES]</b>		
At what age, or in what year, were you first told you had osteoarthritis in one or both hands?		
<b>INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"</b>		
OSA_AGE_NB_COF2	Age	_____ [MASK: MIN=0, MAX=CURRENT AGE]
OSA_AGE_YR_COF2	Year	_____ [MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]
DK_NA	9998	[DO NOT READ] Don't Know / No Answer
REFUSED	9999	[DO NOT READ] Refused

OSA_3	OSA_LGJNT_COF2	
<b>[ALWAYS ASK]</b>		
Do you have enlargement in the small joints closest to the fingernails?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't Know / No Answer
REFUSED	9	[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_COF2	
<b>[ASK IF OSA_LGJNT_COF2 = YES]</b>		
In how many fingers do you have this enlargement in the small joints closest to the fingernails?		
LESS_HALF	1	Less than half
HALF_OR_MORE	2	Half or more
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSA_5	OSA_PAINJNT_COF2	
<b>[ASK IF OSA_LGJNT_COF2 = YES]</b>		
During the <u>past 4 weeks</u> have you had pain in the small joints closest to the fingernails on most days?		
<b>NOTE:</b> 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSA_6	OSA_LGTMB_COF2	
<b>[ALWAYS ASK]</b>		
Do you have enlargement in the base of your thumbs just above your wrist?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSA_7	OSA_PAINTMB_COF2	
<b>[ASK IF OSA_LGTMB_COF2 = YES]</b>		
During the <u>past 4 weeks</u> have you had pain in the base of your thumbs just above your wrist on most days?		
<b>NOTE:</b> 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**OSA\_END**

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

OSH_1	CCC_OAHIP_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have osteoarthritis in the hip?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSH_1a	CCC_OAHIP_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_OAHIP_COF2 = NO and CCC_OAHIP_COF1 = YES) else if (CCC_OAHIP_COF2 = NO and CCC_OAHIP_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSH_1a	CCC_OAHIPCHANGE_SP_COF2	
<b>[ASK IF CCC_OAHIP_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_OAHIPCHANGE_SP_COF2		

OSH_2	OSH_AGE_COF2	
<b>[ASK IF CCC_OAHIP_COF2 = YES]</b>		
At what age, or in what year, were you first told you had osteoarthritis in the hip?		
<b>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?"</b>		
OSH_AGE_NB_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
OSH_AGE_YR_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

OSH_3	OSH_HIPRPL_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever had a hip replacement operation?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSH_4	OSH_FRAC_COF2	
<b>[ASK IF OSH_HIPRPL_COF2 = YES]</b>		
Was the hip replacement operation the result of a break or fracture?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSH_5	OSH_PAIN_COF2	
<b>[ALWAYS ASK]</b>		
During the <u>past 4 weeks</u> , have you had pain in the groin or upper inner thigh on most days?		
<b>NOTE:</b> 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSH_6	OSH_PAINSL_COF2	
<b>[ALWAYS ASK]</b>		
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?		
<b>NOTE:</b> 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused



OSH_7	OSH_LOM_COF2	
<b>[ALWAYS ASK]</b>		
During the <u>past 4 weeks</u> , have you noticed any limitation in the range of motion of your hips?		
<b>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>.</b>		
<b>Range of motion means the distance and direction that a joint can normally move</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**OSH\_END**

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

OSK_1	CCC_OAKNEE_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have osteoarthritis in the knee?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSK_1a	CCC_OAKNEE_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_OAKNEE_COF2 = NO and CCC_OAKNEE_COF1 = YES) else if (CCC_OAKNEE_COF2 = NO and CCC_OAKNEE_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
OSK_1a	CCC_OAKNEECHANGE_SP_COF2	
<b>[ASK IF CCC_OAKNEE_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_OAKNEECHANGE_SP_COF2		

OSK_2	OSK_AGE_COF2	
<b>[ASK IF CCC_OAKNEE_COF2 = YES]</b>		
At what age, or in what year, were you first told you had osteoarthritis in the knee?		
<b>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?"</b>		
OSK_AGE_NB_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
OSK_AGE_YR_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused



OSK_3	OSK_KNERPL_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever had a knee replacement operation?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSK_4	OSK_PAIN_COF2	
<b>[ALWAYS ASK]</b>		
During the <u>past 4 weeks</u> , have you had knee pain on most days?		
<b>INTERVIEWER: PAIN CAN INCLUDE DISCOMFORT</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSK_5	OSK_PAINSL_COF2	
<b>[ALWAYS ASK]</b>		
During the <u>past 4 weeks</u> , have you had knee pain while climbing down stairs or walking down slopes?		
<b>INTERVIEWER: PAIN CAN INCLUDE DISCOMFORT</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OSK_6	OSK_SWELL_COF2	
<b>[ALWAYS ASK]</b>		
During the past 4 weeks, have you had swelling in the knee?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**OSK\_END**

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

Now onto a new section...

OAR_1	CCC_RA_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have rheumatoid arthritis?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OAR_1a	CCC_RA_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_RA_COF2 = NO and CCC_RA_COF1 = YES) else if (CCC_RA_COF2 = NO and CCC_RA_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OAR_1a	CCC_RACHANGE_SP_COF2	
<b>[ASK IF CCC_RA_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_RACHANGE_SP_COF2		

**OAR\_END**

***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_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have osteoporosis, sometimes called low bone mineral density, or thin, brittle or weak bones?		
<b>INTERVIEWER: NOTE THAT THIS IS DIFFERENT FROM OSTEOARTHRITIS</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OST_1a	CCC_OSTPO_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_OSTPO_COF2 = NO and CCC_OSTPO_COF1 = YES) else if (CCC_OSTPO_COF2 = NO and CCC_OSTPO_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
OST_1a	CCC_OSTPOCHANGE_SP_COF2	
<b>[ASK IF CCC_OSTPO_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_OSTPOCHANGE_SP_COF2		

OST_2	OST_AGE_COF2	
<b>[ASK IF CCC_OSTPO_COF2 = YES]</b>		
At what age, or in what year, were you first told you had osteoporosis?		
<b>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?"</b>		
OST_AGE_NB_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
OST_AGE_YR_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

**[IF CCC\_OSTPO\_COF2=YES CONTINUE, IF CCC\_OSTPO\_COF2=NO AND OST\_MED=1 THEN SKIP TO OST\_MEDHOME\_COF2, IF CCC\_OSTPO\_COF2=NO AND OST\_MED=2 THEN SKIP TO OST\_BONE\_COF2]**

OST_3	OST_MED_COF2	
<b>[ASK IF CCC_OSTPO_COF2 = YES]</b>		
Are you currently taking medications for osteoporosis?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF <u>YES</u>: IF OST_MED=1 THEN CONTINUE; IF OST_MED=2 THEN SKIP TO OST_MEDNAME_COF2</b>		
<b>IF <u>NO</u>: IF OST_MED=1 THEN SKIP TO OST_MEDHOME_COF2 OTHERWISE SKIP TO OST_EVRMD_COF2</b>		
<b>IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO OST_EVRMD_COF2</b>		

OST_3a	OST_MEDCUR_COF2	
Are you currently taking <DRUGNAME> for osteoporosis?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR OSTEOPOROSIS)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF <u>YES</u> OR <u>NO</u>: REPEAT FOR ALL OSTEOPOROSIS DRUGS; IF LAST DRUG THEN SKIP TO OST_BONE_COF2</b>		
<b>IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO OST_BONE_COF2</b>		

OST_3b	OST_MEDNAME_COF2	
<b>[ASK IF OST_MED_COF2 = YES]</b>		
Can you tell me the name of the drug(s) you are taking for osteoporosis?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
OST_3b	OST_MEDNAME_SP_COF2	
<b>[ASK IF OST_MEDNAME_COF2 = YES]</b>		
"YES" Specify		
OST_MEDNAME_SP_COF2	1	

OST_3c	OST_MEDHOME_COF2	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat osteoporosis. Are you currently taking <DRUGNAME> for osteoporosis?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR OSTEOPOROSIS)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: REPEAT FOR ALL OSTEOPOROSIS DRUGS; IF LAST DRUG THEN SKIP TO OST_BONE_COF2</b> <b>IF NO: REPEAT FOR ALL OSTEOPOROSIS DRUGS; IF CCC_OSTPO_COF2=YES AND LAST DRUG AND ALL ANSWERED "NO" THEN CONTINUE; ELSE IF CCC_OSTPO_COF2=NO OR LAST DRUG AND ANY ANSWERED "YES" THEN SKIP TO OST_BONE_COF2</b> <b>IF DK_NA OR REFUSED: SKIP TO OST_BONE_COF2</b>		

OST_4	OST_EVRMD_COF2	
Have you ever taken any medications for osteoporosis?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OST_5	OST_BONE_COF2	
<b>[ALWAYS ASK]</b>		
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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OST_6	OST_FRAC_COF2	
<b>[ASK IF OST_BONE_COF2 = YES]</b>		
What type of fracture(s)?		
<b>MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY.</b>		
OST_FRAC_HIP_COF2	01	Hip
OST_FRAC_ARM_COF2	02	Humerus (upper arm)
OST_FRAC_SPINE_COF2	03	Spine
OST_FRAC_WRST_COF2	04	Wrist
OST_FRAC_RIB_COF2	05	Rib
OST_FRAC_PELV_COF2	06	Pelvis
OST_FRAC_OT_COF2	97	Other
OST_FRAC_DK_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer
OST_FRAC_RF_COF2	99	<b>[DO NOT READ]</b> Refused
OST_6a	OST_FRAC_OTSP_COF2	
<b>[ASK IF OST_FRAC_COF2 = OST_FRAC_OT_COF2]</b>		
Other Specify		
OST_FRAC_OTSP_COF2	1	

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

OST_7	OST_MOM_COF2	
<b>[ALWAYS ASK]</b>		
Did your mother have a hip fracture after age 50?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OST_8	OST_DAD_COF2	
<b>[ALWAYS ASK]</b>		
Did your father have a hip fracture after age 50?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OST_9	OST_HGT_COF2	
<b>[ALWAYS ASK]</b>		
About how tall were you in your 20's (to the nearest inch or centimetre)?		
<b>[PROVIDE CONVERSION CHART FOR HEIGHT PROVIDED IN CENTIMETRES]</b>		
<b>RECORD BOTH NUMBERS:</b>		
OST_HGT_FT_COF2	FEET	
OST_HGT_IN_COF2	INCHES	
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

OST_10	OST_CST_COF2	
<b>[ALWAYS ASK]</b>		
Do you, or have you ever, used or taken systemic corticosteroids such as prednisone or cortisone by tablet?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OST_10a	OST_CSTAGE_COF2	
<b>[ASK IF OST_CST_COF2 = YES]</b>		
At what age, or in what year, did you last use corticosteroids?		
<b>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?"</b>		
OST_CSTAGE_NB_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
OST_CSTAGE_YR_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

OST_10b	OST_CST_MT_COF2	
<b>[ASK IF OST_CST_COF2 = YES]</b>		
Over your entire life, how many months did you use corticosteroids?		
<b>INTERVIEWER: IF PARTICIPANT IS UNSURE OF EXACT NUMBER OF MONTHS PLEASE PROVIDE BEST POSSIBLE ESTIMATE</b>		
OST_CST_MTNB_COF2	MONTHS	_____ RECORD NUMBER OF MONTHS
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

OST_11	OST_BP_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever had pain in your back on most days for at least one month?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OST_11a	OST_BP_DUR_COF2	
<b>[ASK IF OST_BP_COF2 = YES]</b>		
For how long?		
<b>INTERVIEWER: IF PARTICIPANT IS UNSURE OF EXACT TIME PLEASE PROVIDE BEST POSSIBLE ESTIMATE</b>		
OST_BP_DUR_MT_COF2	MONTHS	_____ RECORD NUMBER OF MONTHS
OST_BP_DUR_YR_COF2	YEARS	_____ RECORD NUMBER OF YEARS
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused



OST_12	OST_BCKPPM_COF2	
<b>[ASK IF OST_BP_COF2 = YES]</b>		
Have you had this pain within the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

OST_13	OST_BCKPLOC_COF2	
<b>[ASK IF OST_BP_COF2 = YES]</b>		
In what part of your back (is/was) the pain usually located?		
UPPER	1	Upper (above shoulder blades)
MIDDLE	2	Middle
LOWER	3	Lower (below waist)
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**OST\_END**

**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_COF2
<b>[ALWAYS ASK]</b>	
Has a doctor ever told you that you suffer from clinical depression?	
<b>NOTE:</b> 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	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

DPR_1a	DPR_CLINDEP_CHANGE_COF2
<b>[ASK IF (F1 Visit = True and DPR_CLINDEP_COF2 = NO and DPR_CLINDEP = YES) else if (DPR_CLINDEP_COF2 = NO and DPR_CLINDEP_DCS = YES)]</b>	
At your last 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	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused
DPR_1a	DPR_CLINDEPCHANGE_SP_COF2
<b>[ASK IF DPR_CLINDEP_CHANGE_COF2 = YES]</b>	
“YES” Specify	
DPR_CLINDEPCHANGE_SP_COF2	

DPR_2	DPR_AGE_COF2
<b>[ASK IF DPR_CLINDEP_COF2 = YES]</b>	
At what age, or in what year, were you first told you were clinically depressed?	
<b>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?”</b>	
DPR_AGE_NB_COF2	Age _____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
DPR_AGE_YR_COF2	Year _____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999 <b>[DO NOT READ]</b> Refused



**[IF DPR\_CLINDEP\_COF2=YES CONTINUE, IF DPR\_CLINDEP\_COF2=NO AND DPR\_MED=1 THEN SKIP TO DPR\_MEDHOME\_COF2, IF DPR\_CLINDEP\_COF2=NO AND DPR\_MED=2 THEN SKIP TO DPR\_END]**

DPR_3	DPR_MED_COF2	
Are you currently taking medication for depression?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES: IF DPR_MED=1 THEN CONTINUE; IF DPR_MED=2 THEN SKIP TO DPR_MEDNAME_COF2</b>		
<b>IF NO: IF DPR_MED=1 THEN SKIP TO DPR_MEDHOME_COF2 OTHERWISE SKIP TO DPR_OTHMD_COF2</b>		
<b>IF DK_NA OR REFUSED: SKIP TO DPR_OTHMD_COF2</b>		

DPR_3a	DPR_MEDCUR_COF2	
Are you currently taking <DRUGNAME> for depression?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DEPRESSION)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF YES OR NO: REPEAT FOR ALL DEPRESSION DRUGS; IF LAST DRUG THEN SKIP TO DPR_OTHMD_COF2</b>		
<b>IF DK_NA OR REFUSED: SKIP TO DPR_OTHMD_COF2</b>		

DPR_3b	DPR_MEDNAME_COF2	
<b>[ASK IF DPR_MED_COF2 = YES]</b>		
Can you tell me the name of the drug(s) you are taking for your depression?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
DPR_3b	DPR_MEDNAME_SP_COF2	
<b>[ASK IF DPR_MEDNAME_COF2 = YES]</b>		
"YES" Specify		
DPR_MEDNAME_SP_COF2	1	

DPR_3c	DPR_MEDHOME_COF2	
Your home interview indicates you are taking <DRUGNAME> which can be used to treat depression. Are you currently taking <DRUGNAME> for depression?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DEPRESSION)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<p><b>IF <u>YES</u>: REPEAT FOR ALL DEPRESSION DRUGS; CONTINUE</b></p> <p><b>IF <u>NO</u>: REPEAT FOR ALL DEPRESSION DRUGS; IF LAST DRUG AND NO DRUGS ANSWERED "YES" AND DPR_CLINDEP_COF2=NO THEN SKIP TO DPR_END; OTHERWISE CONTINUE</b></p> <p><b>IF <u>DK_NA</u> OR <u>REFUSED</u>: CONTINUE</b></p>		

**CALCULATE ANY\_PMED=1 IF (DPR\_MED\_COF2=YES OR ANY DRUGS FOR DPR\_MEDHOME\_COF2 ANSWERED "YES"); ANY\_PMED=2 OTHERWISE**

DPR_3d	DPR_OTHMD_COF2	
Are you currently undergoing other treatment for depression?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<p><b>IF <u>YES</u>: CONTINUE</b></p> <p><b>IF <u>NO</u>: IF ANY_PMED=1 THEN SKIP TO DPR_END; OTHERWISE CONTINUE</b></p> <p><b>IF <u>DK_NA</u> OR <u>REFUSED</u>: IF ANY_PMED=1 THEN SKIP TO DPR_END; OTHERWISE CONTINUE</b></p>		

DPR_3e	DPR_OTHCOUN_COF2	
<b>[ASK IF DPR_OTHMD_COF2 = YES]</b>		
What other treatments are you currently undergoing?		
<b>INTERVIEWER: READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY</b>		
DPR_OTHCOUNS_COF2	01	Counselling
DPR_OTHPSYCH_COF2	02	Psychotherapy
DPR_OTHPSYTRT_COF2	03	Psychiatric treatment
DPR_OTHOTHER_COF2	97	Other
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused
DPR_3e	DPR_OTHOTHERSP_COF2	
<b>[ASK IF DPR_OTHCOUN_COF2 = DPR_OTHOTHER_COF2]</b>		
Other Specify		
DPR_OTHOTHERSP_COF2	1	

DPR_4	DPR_EVRTRT_COF2	
Have you ever undergone treatment for depression other than medication in the past?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

DPR_4a	DPR_EVRCOUN_COF2	
<b>[ASK IF DPR_EVRTRT_COF2 = YES]</b>		
What other treatments <u>did</u> you undergo?		
<b>INTERVIEWER: READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY</b>		
DPR_EVRCOUNS_COF2	01	Counselling
DPR_EVRPSYCH_COF2	02	Psychotherapy
DPR_EVRPSYTRT_COF2	03	Psychiatric treatment
DPR_EVROTHER_COF2	97	Other
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused
DPR_4a	DPR_EVROTHERSP_COF2	
<b>[ASK IF DPR_EVRCOUN_COF2 = DPR_EVROTHER_COF2]</b>		
Other Specify		
DPR_EVROTHERSP_COF2	1	

**DPR\_END**

**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 (CES-D-10).

<b>Overview</b>	<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 applies best.

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 best applies to how you have felt over the past week.

DEP_1	DEP_BOTR_COF2		
<b>[ALWAYS ASK]</b>			
How often were you bothered by things that usually don't bother you?			
<b>INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE</b>			
<b>NOTE: Read response options exactly as shown.</b>			
ALL_TIME	1	All of the time (5-7days)	
OCCASIONALLY	2	Occasionally (3-4 days)	
SOME_TIME	3	Some of the time (1-2 days)	
RARELY_NEVER	4	Rarely or never (less than 1 day)	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	

DEP_2	DEP_MIND_COF2		
<b>[ALWAYS ASK]</b>			
How often did you have trouble keeping your mind on what you were doing?			
<b>INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE</b>			
<b>NOTE: Read response options exactly as shown.</b>			
ALL_TIME	1	All of the time (5-7days)	
OCCASIONALLY	2	Occasionally (3-4 days)	
SOME_TIME	3	Some of the time (1-2 days)	
RARELY_NEVER	4	Rarely or never (less than 1 day)	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	

DEP_3	DEP_FLDP_COF2	
<b>[ALWAYS ASK]</b>		
How often did you feel depressed?		
<b>INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE</b>		
<b>NOTE: Read response options exactly as shown.</b>		
ALL_TIME	1	All of the time (5-7days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

DEP_4	DEP_FFRT_COF2	
<b>[ALWAYS ASK]</b>		
How often did you feel that everything you did was an effort?		
<b>INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE</b>		
<b>NOTE: Read response options exactly as shown.</b>		
ALL_TIME	1	All of the time (5-7days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

DEP_5	DEP_HPFL_COF2	
<b>[ALWAYS ASK]</b>		
How often did you feel hopeful about the future?		
<b>INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE</b>		
<b>NOTE: Read response options exactly as shown.</b>		
ALL_TIME	1	All of the time (5-7days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

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

DEP_6	DEP_FRFL_COF2
<b>[ALWAYS ASK]</b>	
How often did you feel fearful or tearful?	
<b>INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE</b>	
<b>NOTE: Read response options exactly as shown.</b>	
ALL_TIME	1 All of the time (5-7days)
OCCASIONALLY	2 Occasionally (3-4 days)
SOME_TIME	3 Some of the time (1-2 days)
RARELY_NEVER	4 Rarely or never (less than 1 day)
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

DEP_7	DEP_RSTLS_COF2
<b>[ALWAYS ASK]</b>	
How often was your sleep restless?	
<b>INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE</b>	
<b>NOTE: Read response options exactly as shown.</b>	
ALL_TIME	1 All of the time (5-7days)
OCCASIONALLY	2 Occasionally (3-4 days)
SOME_TIME	3 Some of the time (1-2 days)
RARELY_NEVER	4 Rarely or never (less than 1 day)
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

DEP_8	DEP_HAPP_COF2
<b>[ALWAYS ASK]</b>	
How often were you happy?	
<b>INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE</b>	
<b>NOTE: Read response options exactly as shown.</b>	
ALL_TIME	1 All of the time (5-7days)
OCCASIONALLY	2 Occasionally (3-4 days)
SOME_TIME	3 Some of the time (1-2 days)
RARELY_NEVER	4 Rarely or never (less than 1 day)
DK_NA	8 <b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9 <b>[DO NOT READ]</b> Refused



DEP_9	DEP_LONLY_COF2	
<b>[ALWAYS ASK]</b>		
How often did you feel lonely?		
<b>INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE</b>		
<b>NOTE: Read response options exactly as shown.</b>		
ALL_TIME	1	All of the time (5-7days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

DEP_10	DEP_GTGO_COF2	
<b>[ALWAYS ASK]</b>		
How often did you feel that you could not "get going"?		
<b>INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE</b>		
<b>NOTE: Read response options exactly as shown.</b>		
ALL_TIME	1	All of the time (5-7days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**DPR\_END**

**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_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you had Parkinsonism or Parkinson’s Disease?		
<p><b>NOTE:</b>  <b>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.</b></p> <p><b>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.</b></p>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don’t Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_1a	CCC_PARK_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_PARK_COF2 = NO and CCC_PARK_COF1 = YES) else if (CCC_PARK_COF2 = NO and CCC_PARK_DCS = YES)]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Parkinsonism or Parkinson’s Disease. Since that interview, has the diagnosis changed?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don’t Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
PKD_1a	CCC_PARKCHANGE_SP_COF2	
<b>[ASK IF CCC_PARK_CHANGE_COF2 = YES]</b>		
“YES” Specify		
CCC_PARKCHANGE_SP_COF2		

PKD_2	PKD_AGE_COF2	
<b>[ASK IF CCC_PARK_COF2 = YES]</b>		
At what age, or in what year, did you first develop Parkinsonism or were you first told you had Parkinson's Disease?		
<b>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?"</b>		
PKD_AGE_NB_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
PKD_AGE_YR_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

**[IF CCC\_PARK\_COF2=YES CONTINUE, IF CCC\_PARK\_COF2=NO AND PKD\_MED=1 THEN SKIP TO PKD\_MEDHOME\_COF2, IF CCC\_PARK\_COF2=NO AND PKD\_MED=2 THEN SKIP TO PKD\_SHKE\_COF2]**

PKD_3	PKD_MED_COF2	
Are you currently taking medications for Parkinsonism or Parkinson's Disease?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF <u>YES</u>: IF PKD_MED=1 THEN CONTINUE; IF PKD_MED=2 THEN SKIP TO PKD_MEDNAME_COF2</b>		
<b>IF <u>NO</u>: IF PKD_MED=1 THEN SKIP TO PKD_MEDHOME_COF2 OTHERWISE SKIP TO PKD_OTHMD_COF2</b>		
<b>IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO PKD_OTHMD_COF2</b>		

PKD_3a	PKD_MEDCUR_COF2	
Are you currently taking <DRUGNAME> for Parkinsonism or Parkinson's Disease?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR PARKINSONISM)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF <u>YES</u> OR <u>NO</u>: REPEAT FOR ALL PARKINSONISM DRUGS; IF LAST DRUG THEN SKIP TO PKD_OTHMD_COF2</b>		
<b>IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO PKD_OTHMD_COF2</b>		

PKD_3b	PKD_MEDNAME_COF2	
<b>[ASK IF PKD_MED_COF2 = YES]</b>		
Can you tell me the name of the drug(s) you are taking for your Parkinsonism or Parkinson's Disease?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
PKD_3b	PKD_MEDNAME_SP_COF2	
<b>[ASK IF PKD_MEDNAME_COF2 = YES]</b>		
"YES" Specify		
PKD_MEDNAME_SP_COF2	1	

PKD_3c	PKD_MEDHOME_COF2	
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?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR PARKINSONISM)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<p><b>IF <u>YES</u>: REPEAT FOR ALL PARKINSONISM DRUGS; CONTINUE</b></p> <p><b>IF <u>NO</u>: REPEAT FOR ALL PARKINSONISM DRUGS; IF LAST DRUG AND NO DRUGS ANSWERED "YES" AND CCC_PARK_COF2=NO THEN SKIP TO PKD_SHKE_COF2; OTHERWISE CONTINUE</b></p> <p><b>IF <u>DK_NA</u> OR <u>REFUSED</u>: CONTINUE</b></p>		

**CALCULATE ANY\_PMED=1 IF (PKD\_MED\_COF2=YES OR ANY DRUGS FOR PKD\_MEDHOME\_COF2 ANSWERED "YES"); ANY\_PMED=2 OTHERWISE**

PKD_3d	PKD_OTHMD_COF2	
Are you currently undergoing other treatment for Parkinsonism or Parkinson's Disease?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IF **YES**: SKIP TO PKD\_SHKE\_COF2

IF **NO**: IF ANY\_PMED=1 THEN SKIP TO PKD\_SHKE\_COF2; OTHERWISE CONTINUE

IF **DK\_NA** OR **REFUSED**: IF ANY\_PMED=1 THEN SKIP TO PKD\_SHKE\_COF2; OTHERWISE CONTINUE

PKD_4	PKD_EVRMED_COF2	
Have you ever taken any medications or undergone other treatment for Parkinsonism or Parkinson's Disease?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_5	PKD_SHKE_COF2	
<b>[ALWAYS ASK]</b>		
Do your arms or legs shake?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_5a	PKD_SHKSEV_COF2	
<b>[ASK IF PKD_SHKE_COF2 = YES]</b>		
Is this shaking more severe or noticeable when your limb is resting, or when you are using it?		
RESTING	1	Resting
DURING_USE_ACTION	2	During use/action
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_6	PKD_SMWRT_COF2	
<b>[ALWAYS ASK]</b>		
Is your handwriting smaller than it once was?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_7	PKD_BUTON_COF2	
<b>[ALWAYS ASK]</b>		
Do you have trouble buttoning buttons?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_8	PKD_VOICE_COF2	
<b>[ALWAYS ASK]</b>		
Do people tell you that your voice is softer than it once was?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_9	PKD_FEET_COF2	
<b>[ALWAYS ASK]</b>		
Do your feet suddenly seem to freeze in doorways?		
<b>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"</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_10	PKD_WALK_COF2	
<b>[ALWAYS ASK]</b>		
Do you shuffle your feet and/or take tiny steps when you walk?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_11	PKD_BAL_COF2	
<b>[ALWAYS ASK]</b>		
<b>INTERVIEWER: Tell participants to answer based on their average performance, over the last month, not based on the recent standing balance test.</b>		
Is your balance poor?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_12	PKD_FACE_COF2	
<b>[ALWAYS ASK]</b>		
Does your face seem less expressive than it used to?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PKD_13	PKD_RISE_COF2	
<b>[ALWAYS ASK]</b>		
Do you have trouble rising from a chair?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**PKD\_END**

**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_COF2	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have asthma?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_1a	CCC_ASTHM_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_ASTHM_COF2 = NO and CCC_ASTHM_COF1 = YES) else if (CCC_ASTHM_COF2 = NO and CCC_ASTHM_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_1a	CCC_ASTHMCHANGE_SP_COF2	
<b>[ASK IF CCC_ASTHM_CHANGE_COF2 = YES]</b>		
"YES" Specify		
CCC_ASTHMCHANGE_SP_COF2		

CAO_2	CCC_ASTHMAGE_COF2	
<b>[ASK IF CCC_ASTHM_COF2 = YES]</b>		
At what age or in what year were you first told that you had asthma?		
<b>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?"</b>		
CCC_ASTHMAGE_NB_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CCC_ASTHMAGE_YR_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused



CAO_3	CAO_WHEZ_COF2	
<b>[ALWAYS ASK]</b>		
Have you had wheezing or whistling in your chest at any time within the <u>last 12 months</u> ?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_4	CAO_SOBFLAT_COF2	
<b>[ALWAYS ASK]</b>		
Do you become short of breath walking on flat surfaces?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_5	CAO_EXERT_COF2	
<b>[ALWAYS ASK]</b>		
Do you wheeze with mild to moderate exertion?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_6	CAO_SOBUP_COF2	
<b>[ALWAYS ASK]</b>		
Do you become short of breath climbing stairs or walking up a small hill?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_7	CAO_SOBPM_COF2	
<b>[ALWAYS ASK]</b>		
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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_8	CAO_WKWHEZ_COF2	
<b>[ALWAYS ASK]</b>		
Have you woken up with an attack of wheezing at any time within the <u>last 12 months</u> ?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_9	CAO_WKCOF_COF2	
<b>[ALWAYS ASK]</b>		
Have you woken up with an attack of coughing at any time within the <u>last 12 months</u> ?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_10	CAO_WKSOB_COF2	
<b>[ALWAYS ASK]</b>		
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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_11	CCC_COPD_COF2	
<b>[ALWAYS ASK]</b>		
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?		
<b>INTERVIEWER: SMOKING ONLY APPLIES TO THE “CHRONIC CHANGES IN LUNGS DUE TO SMOKING” NOT THE EMPHYSEMA, CHRONIC BRONCHITIS, OR COPD.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_11a	CCC_COPD_CHANGE_COF2	
<b>[ASK IF (F1 Visit = True and CCC_COPD_COF2 = NO and CCC_COPD_COF1 = YES) else if (CCC_COPD_COF2 = NO and CCC_COPD_DCS = YES)]</b>		
At your last 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	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CAO_11a	CCC_COPDCHANGE_SP_COF2	
<b>[ASK IF CCC_COPD_CHANGE_COF2 = YES]</b>		
“YES” Specify		
CCC_COPDCHANGE_SP_COF2		

CAO_12	CAO_COPDAGE_COF2	
<b>[ASK IF CCC_COPD_COF2 = YES]</b>		
At what age or in what year were you first told that you had emphysema/chronic bronchitis/COPD/chronic lung changes?		
<b>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?”</b>		
CAO_COPDAGE_NB_COF2	Age	_____ <b>[MASK: MIN=0, MAX=CURRENT AGE]</b>
CAO_COPDAGE_YR_COF2	Year	_____ <b>[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]</b>
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

CAO_13	CAO_COLD_COF2	
<b>[ALWAYS ASK]</b>		
Do you get frequent colds that persist longer than those of other people you know?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_14	CAO_COFPY_COF2	
<b>[ALWAYS ASK]</b>		
Have you usually coughed on most days within the last 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_15	CAO_COFAM_COF2	
<b>[ASK IF CAO_COFPY_COF2 ≠ NO]</b>		
Do you cough up phlegm in the morning?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_16	CAO_COFMAM_COF2	
<b>[ASK IF CAO_COFAM_COF2 = YES]</b>		
Do you cough phlegm most mornings?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_17	CAO_PHLEGMPY_COF2	
<b>[ASK IF CAO_COFPY_COF2 ≠ NO]</b>		
Do you bring up phlegm on most days during the year?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_17a	CCC_TRBCOUGH_COF2	
<b>[ALWAYS ASK]</b>		
Do you have a troublesome daily cough?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

CAO_17b	CCC_COUGHTM_COF2	
<b>[ASK IF CCC_TRBCOUGH_COF2=YES]</b>		
Has your cough lasted...		
<b>READ LIST</b>		
8PLUS	1	>8 weeks
ONEYRPLUS	2	>1 year
FIVEYRPLUS	3	>5 years
NO	4	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**CALCULATE ANY\_CAO=1 IF CCC\_ASTHM\_COF2=YES OR CCC\_COPD\_COF2=YES; ANY\_CAO=2 OTHERWISE [IF ANY\_CAO=1 THEN CONTINUE, IF ANY\_CAO=2 AND CAO\_MED=1 THEN SKIP TO CAO\_MEDHOME\_COF2, IF ANY\_CAO=2 AND CAO\_MED=2 THEN SKIP TO CAO\_END]**

CAO_18	CAO_MED_COF2	
Are you currently taking or using any medications for respiratory problems?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF <u>YES</u>: IF CAO_MED=1 THEN CONTINUE; IF CAO_MED=2 THEN SKIP TO CAO_MEDNAME_COF2</b>		
<b>IF <u>NO</u>: IF CAO_MED=1 THEN SKIP TO CAO_MEDHOME_COF2 OTHERWISE SKIP TO CAO_END</b>		
<b>IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO CAO_END</b>		

CAO_18a	CAO_MEDCUR_COF2	
Are you currently taking <DRUGNAME> for respiratory problems?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR CAO)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
<b>IF <u>YES OR NO</u>: REPEAT FOR ALL CAO DRUGS; IF LAST DRUG THEN SKIP TO CAO_END</b>		
<b>IF <u>DK_NA</u> OR <u>REFUSED</u>: SKIP TO CAO_END</b>		

CAO_18b	CAO_MEDNAME_COF2	
<b>[ASK IF CAO_MED_COF2 = YES]</b>		
Can you tell me the name of the drug(s) you are taking for your respiratory problem?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
CAO_18b	CAO_MEDNAME_SP_COF2	
<b>[ASK IF CAO_MEDNAME_COF2 = YES]</b>		
"YES" Specify		
CAO_MEDNAME_SP_COF2	1	

CAO_18c	CAO_MEDHOME_COF2	
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?		
<b>(ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR CAO)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**CAO\_END**

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

<b>Overview</b>	<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 and flossing habits. Participants are also asked to report how often they avoid eating particular foods.</p> <p><b>Importance of module:</b> 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.

ORH_1	ORH_HLTH_COF2	
<b>[ALWAYS ASK]</b>		
In general, would you say the health of your mouth is excellent, very good, good, fair or poor?		
<b>CODE ONLY ONE RESPONSE</b>		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_2	ORH_TEETH_COF2	
<b>[ALWAYS ASK]</b>		
Do you have one or more of your own original teeth?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused



ORH_2a	ORH_TEETHCHANGE_COF2	
<b>[ASK IF ORH_TEETH_COF2 = YES AND ORH_TEETH_COF1 = NO or ORH_TEETH_MCQ = NO ]</b>		
At your last CLSA interview, you indicated NO to the question that you had one or more of your own original teeth. Since that interview, has something changed?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused
ORH_2a	ORH_TEETHCHANGE_SP_COF2	
<b>[ASK IF ORH_TEETHCHANGE_COF2 = YES]</b>		
"YES" Specify		
ORH_TEETHCHANGE_SP_COF2		

ORH_3	ORH_TETH20_COF2	
<b>[ASK IF ORH_TEETH_COF2 = YES, DK_NA OR REFUSED]</b>		
Do you have 20 or more natural teeth?		
<b>INTERVIEWER INSTRUCTIONS: PROMPT PARTICIPANT TO COUNT THEIR NATURAL TEETH</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_3a	ORH_DENT_COF2	
<b>[ALWAYS ASK]</b>		
Do you wear dentures or false teeth?		
<b>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)</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_3b	ORH_DNUSE_COF2	
<b>[ALWAYS ASK]</b>		
Do you have dentures or false teeth that you do not use?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_4	ORH_UNCEAT_COF2	
<b>[ALWAYS ASK]</b>		
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... <b>READ LIST, CODE ONLY ONE RESPONSE</b>		
OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_5	ORH_EXP_DNB_COF2	
<b>[ALWAYS ASK]</b>		
In the past 12 months have you experienced any of the following?		
<b>MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY</b>		
ORH_EXP_TTH_COF2	01	toothache
ORH_EXP_CHW_COF2	02	cannot chew adequately
ORH_EXP_DNU_COF2	03	dentures uncomfortable <b>[ASK IF ORH_DENT_COF2 = YES, DK_NA OR REFUSED]</b>
ORH_EXP_DNL_COF2	04	dentures loose/don't fit <b>[ASK IF ORH_DENT_COF2 = YES, DK_NA OR REFUSED]</b>
ORH_EXP_DNB2_COF2	05	dentures broken <b>[ASK IF ORH_DENT_COF2 = YES, DK_NA OR REFUSED]</b>
ORH_EXP_DNT_COF2	06	dentures lost <b>[ASK IF ORH_DENT_COF2 = YES, DK_NA OR REFUSED]</b>
ORH_EXP_SWL_COF2	07	swelling in your mouth
ORH_EXP_DRM_COF2	08	dry mouth
ORH_EXP_BRM_COF2	09	burning mouth
ORH_EXP_JWS_COF2	10	jaw muscles sore
ORH_EXP_JJP_COF2	11	jaw joints painful
ORH_EXP_TTD_COF2	12	Tooth-decay (caries)
ORH_EXP_NTL_COF2	13	natural tooth loose
ORH_EXP_NTB_COF2	14	natural tooth broken
ORH_EXP_GUMS_COF2	15	gums around natural teeth are sore
ORH_EXP_GUMB_COF2	16	gums around natural teeth bleed
ORH_EXP_DNS_COF2	17	denture-related sores <b>[ASK IF ORH_DENT_COF2 = YES, DK_NA OR REFUSED]</b>
ORH_EXP_TTC_COF2	18	difficulty keeping your natural teeth clean
ORH_EXP_DNC_COF2	19	difficulty keeping your denture clean <b>[ASK IF ORH_DENT_COF2 = YES, DK_NA OR REFUSED]</b>
ORH_EXP_BB_COF2	20	bad breath
ORH_EXP_NONE_COF2	96	have not experienced any of these problems
ORH_EXP_OT_COF2	97	Other
ORH_EXP_DK_NA_COF2	98	<b>[DO NOT READ]</b> Don't Know / No Answer
ORH_EXP_REFUSED_COF2	99	<b>[DO NOT READ]</b> Refused
ORH_5a	ORH_EXP_OTSP_COF2	
<b>[ASK IF ORH_EXP_DNB_COF2 = ORH_EXP_OT_COF2]</b>		
Other (please specify)		
ORH_EXP_OTSP_COF2	01	

ORH_6	ORH_DNVST_COF2	
<b>[ALWAYS ASK]</b>		
When did you last visit a Dental Professional (e.g. dentist, dental hygienists, denturist, Denturologist)?		
LAST_12_MONTH	1	In the last 12 months
LAST_5_YEARS	2	In the last five years
LAST_10_YEARS	3	In the last 10 years
MORE_10_YEARS	4	More than 10 years ago
NEVER	5	Never visited a dentist
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_7	ORH_WYNDN_COF2	
<b>[ASK IF ORH_DNVST_COF2 ≠ LAST_12_MONTH, DK_NA OR REFUSED]</b>		
Why have you not seen a Dental Professional (e.g. dentist, dental hygienists, denturist, Denturologist) in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NEED	01	Not needed
APNT	02	Difficulty getting an appointment
DENT	03	No Dentist in the area
HYGT	04	No dental hygienists, denturist, Denturologist in the area
TRAN	05	Transportation problems
LANG	06	Language problem
PERS	07	Personal and family responsibilities
LEAV	08	Unable to leave the house due to health condition
FEAR	09	Fear (e.g. painful, embarrassing, find something wrong, dental phobia)
COST	10	Cost
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

ORH_8	ORH_TYPINS_COF2	
<b>[ALWAYS ASK]</b>		
What type of dental insurance do you have?		
PRIVATE	01	Private
GOVT	02	Government
NONE	96	None
DK_NA	98	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

ORH_9	ORH_COST_COF2	
<b>[ALWAYS ASK]</b>		
In the past 12 months, have you not gone to a dental professional because of the cost of care?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_10	ORH_PRBHT_COF2	
<b>[ALWAYS ASK]</b>		
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...		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_11	ORH_BRUSDN_COF2	
<b>[ALWAYS ASK]</b>		
Do you brush your teeth or dentures yourself?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_12	ORH_WHO_COF2	
<b>[ASK IF ORH_BRUSDN_COF2 = NO OR DK_NA OR REFUSED]</b>		
If you require assistance with mouth-care, who provides this for you?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
FAMILY	1	Family member
FRIEND	2	Friends
CARE_AID	3	Care-aid/Nurse
OTHER	4	Other
NO_ONE	5	No one
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_13	ORH_OFTN_COF2	
<b>[ALWAYS ASK]</b>		
How often usually are your teeth or denture cleaned?		
<b>READ LIST, CODE ONLY ONE RESPONSE (STRESS "USUALLY")</b>		
MORE_ONCE_DAY	1	More than once a day
ONCE_DAY	2	At least once a day
ONCE_WEEK	3	At least once a week
MORE_ONCE_WEEK	4	More than once a week
ONCE_MONTH	5	At least once a month
NEVER	6	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH_14	ORH_FLSFQ_COF2	
<b>[ALWAYS ASK]</b>		
How often do you usually floss your teeth?		
<b>READ LIST, CODE ONLY ONE RESPONSE (STRESS "USUALLY")</b>		
MORE_ONCE_DAY	1	More than once a day
ONCE_DAY	2	At least once a day
ONCE_WEEK	3	At least once a week
MORE_ONCE_WEEK	4	More than once a week
ONCE_MONTH	5	At least once a month
NEVER	6	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ORH\_END

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

<b>Overview</b>	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_COF2		
<b>[ALWAYS ASK]</b>			
How satisfied or dissatisfied are you with your current sleep pattern?			
<b>READ LIST, CODE ONLY ONE RESPONSE</b>			
VERY_SATISFIED	1	Very Satisfied	
SATISFIED	2	Satisfied	
NEUTRAL	3	Neutral	
DISSATISFIED	4	Dissatisfied	
VERY_DISSATISFIED	5	Very Dissatisfied	
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9	<b>[DO NOT READ]</b> Refused	

SLE_2	SLS_HOUR_COF2		
<b>[ALWAYS ASK]</b>			
During the <u>past month</u> , on average, how many hours of actual sleep did you get at night?			
<b>THIS MAY BE DIFFERENT THAN THE NUMBER OF HOURS YOU SPEND IN BED.</b>			
SLS_HOUR_NB_COF2	HOURS	_____ RECORD NUMBER [MASK: MIN=00, MAX=24]	
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer	
REFUSED	9999	<b>[DO NOT READ]</b> Refused	

SLE_3	SLS_30MIN_COF2	
<b>[ALWAYS ASK]</b>		
Over the <u>last month</u> , how often did it take you more than 30 minutes to fall asleep?		
NEVER	1	Never
LESS_ONCE_WEEK	2	Less than once a week
1_2_TIME_WEEK	3	Once or twice/week
3_5_TIMES_WEEK	4	3-5 times/week
6_7_TIMES_WEEK	5	6-7 times/week
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SLE_3a	SLE_30DUR_COF2	
<b>[ASK IF SLS_30MIN_COF2 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]</b>		
For how long have you had this trouble going to sleep?		
SLE_30DUR_WK_COF2	WEEKS	_____ RECORD NUMBER [MASK: MIN=01, MAX=52]
SLE_30DUR_MT_COF2	MONTHS	_____ RECORD NUMBER [MASK: MIN=01, MAX=12]
SLE_30DUR_YR_COF2	YEARS	_____ RECORD NUMBER [MASK: MIN=01, MAX=CURRENT AGE]
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

SLE_3b	SLE_30INTRF_COF2	
<b>[ASK IF SLS_30MIN_COF2 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]</b>		
To what extent do you consider your problem falling asleep to interfere with your daily functioning (for example, from daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).		
NOT_AT_ALL	1	Not at all
LITTLE	2	A little
SOMEWHAT	3	Somewhat
MUCH	4	Much
VERY_MUCH	5	Very much
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused



SLE_4	SLE_MIDFQ_COF2	
<b>[ALWAYS ASK]</b>		
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	1	Never
LESS_ONCE_WEEK	2	Less than once a week
1_2_TIME_WEEK	3	Once or twice/week
3_5_TIMES_WEEK	4	3-5 times/week
6_7_TIMES_WEEK	5	6-7 times/week
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SLE_4a	SLE_MIDDUR_COF2	
<b>[ASK IF SLE_MIDFQ_COF2 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]</b>		
For how long have you had this trouble with staying asleep?		
SLE_MIDDUR_WK_COF2	WEEKS	_____ RECORD NUMBER [MASK: MIN=01, MAX=52]
SLE_MIDDUR_MT_COF2	MONTHS	_____ RECORD NUMBER [MASK: MIN=01, MAX=12]
SLE_MIDDUR_YR_COF2	YEARS	_____ RECORD NUMBER [MASK: MIN=01, MAX=CURRENT AGE]
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

SLE_4b	SLE_MIDINTRF_COF2	
<b>[ASK IF SLE_MIDFQ_COF2 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]</b>		
To what extent do you consider your problem staying asleep to interfere with your daily functioning (for example, from daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?		
NOT_AT_ALL	1	Not at all
LITTLE	2	A little
SOMEWHAT	3	Somewhat
MUCH	4	Much
VERY_MUCH	5	Very much
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SLE_5	SLE_STAYFQ_COF2	
<b>[ALWAYS ASK]</b>		
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?		
<b>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.</b>		
NEVER	1	Never
LESS_ONCE_WEEK	2	Less than once a week
1_2_TIME_WEEK	3	Once or twice/week
3_5_TIMES_WEEK	4	3-5 times/week
6_7_TIMES_WEEK	5	6-7 times/week
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SLE_5a	SLE_STAYDUR_COF2	
<b>[ASK IF SLE_STAYFQ_COF2 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]</b>		
For how long have you had trouble staying awake?		
SLE_STAYDUR_WK_COF2	WEEKS	_____ RECORD NUMBER [MASK: MIN=01, MAX=52]
SLE_STAYDUR_MT_COF2	MONTHS	_____ RECORD NUMBER [MASK: MIN=01, MAX=12]
SLE_STAYDUR_YR_COF2	YEARS	_____ RECORD NUMBER [MASK: MIN=01, MAX=CURRENT AGE]
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

SLE_5b	SLE_STAYINTRF_COF2	
<b>[ASK IF SLE_STAYFQ_COF2 ≠ NEVER, LESS_ONCE_WEEK, DK_NA OR REFUSED]</b>		
To what extent do you consider your problem staying awake to interfere with your daily functioning?		
NOT_AT_ALL	1	Not at all
LITTLE	2	A little
SOMEWHAT	3	Somewhat
MUCH	4	Much
VERY_MUCH	5	Very much
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SLE_6	SLE_DREAM_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever been told, or suspected yourself, that you seem to “act out your dreams” while asleep (for example, punching, flailing your arms in the air, making running movements, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SLE_6a	SLE_DRMDUR_COF2	
<b>[ASK IF SLE_DREAM_COF2 = YES]</b>		
For how long have you had this "acting out" of your dreams?		
SLE_DRMDUR_WK_COF2	WEEKS	_____ RECORD NUMBER [MASK: MIN=01, MAX=52]
SLE_DRMDUR_MT_COF2	MONTHS	_____ RECORD NUMBER [MASK: MIN=01, MAX=12]
SLE_DRMDUR_YR_COF2	YEARS	_____ RECORD NUMBER [MASK: MIN=01, MAX=CURRENT AGE]
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

SLE_7	SLE_LEGS_COF2	
<b>[ALWAYS ASK]</b>		
Do you have, or have you sometimes experienced, recurrent, uncomfortable feelings or sensations in your legs while sitting or lying down?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SLE_8	SLE_LGURG_COF2	
<b>[ALWAYS ASK]</b>		
Do you have, or have you sometimes experienced, a recurrent need or urge to move your legs while sitting or lying down?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SLE_8a	SLE_LGDUR_COF2	
<b>[ASK IF SLE_LEGS_COF2 = YES or SLE_LGURG_COF2 = YES]</b>		
For how long have you had these uncomfortable feelings or urge to move?		
SLE_LGDUR_WK_COF2	WEEKS	_____ RECORD NUMBER [MASK: MIN=01, MAX=52]
SLE_LGDUR_MT_COF2	MONTHS	_____ RECORD NUMBER [MASK: MIN=01, MAX=12]
SLE_LGDUR_YR_COF2	YEARS	_____ RECORD NUMBER [MASK: MIN=01, MAX=CURRENT AGE]
DK_NA	9998	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

SLE_8b	SLE_LGFQ_COF2	
<b>[ASK IF SLE_LEGS_COF2 = YES or SLE_LGURG_COF2 = YES]</b>		
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	1	Less than once
ONCE_TWICE	2	Once or twice
3_4_TIMES	3	Three or four times
MORE_4_TIMES	4	More than four times
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SLE_8c	SLE_LGIMPR_COF2	
<b>[ASK IF SLE_LGURG_COF2 = YES]</b>		
Do these uncomfortable feelings or sensations in your legs, or the urge to move, disappear/improve when you are active or moving around?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SLE_8d	SLE_LGEVE_COF2	
<b>[ASK IF SLE_LGURG_COF2 = YES]</b>		
Are these uncomfortable feelings, or this urge to move, worse in the evening or at night compared with the morning?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> 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_COF2	
<b>[ALWAYS ASK]</b>		
Do you snore loudly? By 'loudly' I mean louder than talking or loud enough to be heard through closed doors.		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SNO_2	SNO_STOPBREATH_COF2	
<b>[ALWAYS ASK]</b>		
Has anyone ever observed you stop breathing in your sleep?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**SLE\_END**

## Intimate Partner Violence (IPV) – (Regular)

*Ford-Gilboe M, Wathen CN, Varcoe C, et al. Development of a brief measure of intimate partner violence experiences: the Composite Abuse Scale (Revised)—Short Form (CASR-SF). BMJ Open 2016;6:e012824.*

<b>Overview</b>	<p>The questions in this module come from the Composite Abuse Scale (Revised) - Short Form (CAS<sub>R</sub>-SF), a brief self-report measure of IPV that was adapted from the original longer Composite Abuse Scale (CAS). The CAS<sub>R</sub>-SF is used to assess lifetime exposure to IPV and severity of IPV experiences in the previous 12 months. IPV, or what is sometimes referred to as domestic violence, is defined as a pattern of behaviour from an intimate partner or ex-partner that causes or has the potential to cause physical, psychological or sexual harm, including physical aggression, sexual violence or coercion, psychological abuse, and controlling behaviours, including financial control. The CAS<sub>R</sub>-SF covers a broad range of acts consistent with these types of abuse.</p> <p><b>Importance of module:</b> IPV is associated with a wide range of physical and mental health problems, including injuries, chronic pain, gynecologic and gastrointestinal problems, depression, anxiety, substance abuse and suicide attempts, among others, and with increased use of health services.</p>
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Now, 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.

These questions ask about your experiences in adult intimate relationships. By adult intimate relationship we mean a current or former husband, wife, partner, or boyfriend/girlfriend for longer than one month.

IPV_1	IPV_ADULTINT_COF2	
<b>[ALWAYS ASK]</b>		
Have you ever been in an adult intimate relationship? (Since you were 16 years of age)		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_2	IPV_RELATN_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
Are you currently in a relationship?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_3	IPV_AFRAID_COF2	
<b>[ASK IF IPV_RELATN_COF2 = YES]</b>		
Are you currently afraid of your partner?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_4	IPV_PASTFRAID_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
Have you ever been afraid of any partner?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

We would like to know if you experienced any of the following actions from any current or former partner or partners. If it ever happened to you, please tell us *how often* it usually happened in the past 12 months.

IPV_5	IPV_SHOOK_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<b><i>Your partner(s):</i></b> Shook, pushed, grabbed or threw you		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_5a	IPV_SHOOKAMT_COF2	
<b>[ASK IF IPV_SHOOK_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_6	IPV_CRAZY_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Tried to convince your family, children or friends that you are crazy or tried to turn them against you		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_6a	IPV_CRAZYAMT_COF2	
<b>[ASK IF IPV_CRAZY_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused



IPV_7	IPV_THREAT_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i><b>Your partner(s):</b></i> Used or threatened to use a knife or gun or other weapon to harm you		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_7a	IPV_THREATAMT_COF2	
<b>[ASK IF IPV_THREAT_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_8	IPV_PERFORM_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i><b>Your partner(s):</b></i> Made you perform sex acts that you did not want to perform		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_8a	IPV_PERFORMAMT_COF2	
<b>[ASK IF IPV_PERFORM_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_9	IPV_FOLLOW_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Followed you or hung around outside your home or work		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_9a	IPV_FOLLOWAMT_COF2	
<b>[ASK IF IPV_FOLLOW_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_10	IPV_HARM_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Threatened to harm or kill you or someone close to you		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_10a	IPV_HARMAMT_COF2	
<b>[ASK IF IPV_HARM_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_11	IPV_CHOKE_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Choked you		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_11a	IPV_CHOKEAMT_COF2	
<b>[ASK IF IPV_CHOKE_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
AFEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_12	IPV_FORCE_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Forced or tried to force you to have sex		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_12a	IPV_FORCEAMT_COF2	
<b>[ASK IF IPV_FORCE_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
AFEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_13	IPV_HARASS_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Harassed you by phone, text, email or using social media		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_13a	IPV_HARASSAMT_COF2	
<b>[ASK IF IPV_HARASS_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_14	IPV_STUPID_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Told you that you were crazy, stupid or not good enough		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_14a	IPV_STUPIDAMT_COF2	
<b>[ASK IF IPV_STUPID_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_15	IPV_HIT_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Hit you with a fist or object, kicked or bit you		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_15a	IPV_HITAMT_COF2	
<b>[ASK IF IPV_HIT_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_16	IPV_KEPT_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Kept you from seeing or talking to your family or friends		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_16a	IPV_KEPTAMT_COF2	
<b>[ASK IF IPV_KEPT_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_17	IPV_LOCK_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Confined or locked you in a room or other space		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_17a	IPV_LOCKAMT_COF2	
<b>[ASK IF IPV_LOCK_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
AFEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_18	IPV_ACCESS_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Kept you from having access to a job, money or financial resources		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_18a	IPV_ACCESSAMT_COF2	
<b>[ASK IF IPV_ACCESS_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
AFEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused



IPV_19	IPV_BLAAME_COF2	
<b>[ASK IF IPV_ADULTINT_COF2 = YES]</b>		
<b>Has this ever happened to you?</b>		
<i>Your partner(s):</i> Blamed you for causing their violent behavior		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IPV_19a	IPV_BLAAMEAMT_COF2	
<b>[ASK IF IPV_BLAAME_COF2 = YES]</b>		
How often did it happen in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
NOTATALL	1	Not in the past 12 months
ONCE	2	Once
A FEW	3	A few times
MONTHLY	4	Monthly
WEEKLY	5	Weekly
DAILY	6	Daily/almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't Know / No Answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

Participant Debriefing Protocol (Post-Interview)

- At the end of the module, ask the participant:  
How was it for you to answer these questions?
- Acknowledge that talking about/answering questions about these experiences may produce emotional distress:  
“People sometimes have strong emotional reactions in the first few days after they have talked about what they have experienced”
- Reinforce that a stress reaction is completely normal. It does not imply that the participant is crazy or weak.
- Review the signs of stress reaction and things that may be helpful in dealing with a stress reaction should it occur.

Physical	Emotional	Cognitive	Behavioural
nausea	fear	confusion	withdrawal
vomiting	anxiety	nightmares	restlessness
dizziness	guilt	hyper-vigilance	difficulty sleeping
weakness	panic	disorientation	increased sleep
sweating	sadness	difficulty concentrating	increased appetite
difficulty breathing	irritability	forgetfulness	loss of appetite
heart palpitations	anger	intrusive images	activity level changes
chest pain	loss of control	suspiciousness	Increased drug or alcohol use
feeling like you have experienced the abuse again			

- As necessary, provide information or help connect the participant to community services or resources.

**IPV\_END**

## EXCLUSION CRITERIA

<b>HIP-WAIST RATIO</b>	
<b>Test Exclusion</b>	
Pregnancy <u>more than 12 weeks</u>	ICQ_PREGNT_COF2 = yes AND; ICQ_PREGNTWK_COF2 > 12 weeks, DK, RF
Unable to stand unassisted	ICQ_ABLESTND_COF2 = no
<b>WEIGHT</b>	
<b>Test Exclusion</b>	
Unable to stand unassisted	ICQ_ABLESTND_COF2 = no
<b>To Be Noted (Not Exclusion)</b>	
Pregnancy	ICQ_PREGNT_COF2 = yes AND; ICQ_PREGNTWK_COF2 = number of weeks
<b>STANDING HEIGHT</b>	
<b>Test Exclusion</b>	
Unable to stand unassisted	ICQ_ABLESTND_COF2 = no
<b>BLOOD PRESSURE</b>	
<b>Test Exclusion</b>	
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_COF2 OR; ICQ_SRGYCHT_COF2 OR; ICQ_SRGYART_COF2 = both
Cast on both arms	ICQ_ARMCST_COF2 = yes, both
Prosthetic on both arms	ICQ_PROSARM2_COF2 = both
<b>Left Arm Exclusion</b>	
Surgery of <u>left</u> arm, chest, or breast; or, arteriovenous shunt/fistula <u>within last 3 months</u>	ICQ_SRGYARM_COF2 OR; ICQ_SRGYCHT_COF2 OR ; ICQ_SRGYART_COF2 = left
Cast on left arm	ICQ_ARMCST_COF2 = left
Prosthetic on left arm	ICQ_PROSARM2_COF2 = left

<b>Right Arm Exclusion</b>	
Surgery of <u>right</u> arm, chest, or breast; or, arteriovenous shunt/fistula <u>within last 3 months</u>	ICQ_SRGYARM_COF2 OR; ICQ_SRGYCHT_COF2 OR ; ICQ_SRGYART_COF2 = right
Cast on right arm	ICQ_ARMCST_COF2 = right
Prosthetic on right arm	ICQ_PROSARM2_COF2 = right
<b>To Be Noted (Not exclusion)</b>	
Prosthetic arm – Joint replacement	ICQ_JOINTARM_COF2 = right OR left OR both

<b>ECG</b>	
<b>Test Exclusion</b>	
Unable to stand unassisted	ICQ_ABLESTND_COF2 = no

<b>CAROTID DOPPLER</b>	
<b>Test Exclusion</b>	
Unable to stand unassisted	ICQ_ABLESTND_COF2 = no

<b>SPIROMETRY (FEV1, FORCED VITAL CAPACITY)</b>	
<b>Test Exclusion</b>	
Acute respiratory condition	ICQ_ILLUNG_COF2 = yes
Pregnancy <u>more than 27 weeks</u>	ICQ_PREGNT_COF2 = yes AND; ICQ_PREGNTWK_COF2>27 weeks, DK
Unstable heart condition or recent heart surgery <u>within the last 3 months</u>	ICQ_HRTCOND_COF2 or; ICQ_SRGYHRT_COF2 = yes
Major surgery on chest or abdomen <u>within last 3 months</u>	ICQ_SRGYCHT_COF2 OR; ICQ_SRGYABD_COF2 = left OR right OR both
Detached retina or recent eye surgery <u>within last 3 months</u>	ICQ_SRGYEYE_COF2 = left OR right OR both ICQ_DERET3MO_COF2 = yes
Has previously had blood in sputum <u>within last 3 months</u>	ICQ_BLDSP3MO_COF2 = yes
Has had thoracic, abdominal or cerebral aneurysm present	ICQ_ANEURY_COF2 = yes
Pulmonary embolism in the last 6 weeks, or still on anticoagulants for one	ICQ_EMB6WK_COF2 = yes ICQ_EMBMED_COF2 = yes
Have a nasogastric tube in place	ICQ_NGTUBE_COF2 = yes

<b>To Be Noted (Not Exclusion)</b>	
Smoking Status	ICQ_SMOKE_COF2 = yes or no or former
Smoking in last 24 hours	ICQ_SMOKETIME_COF2 = yes or no
Last time participant had cigarette, cigar or pipe?	ICQ_SMOKEHOURS_COF2 = yes, time hours
Use of long acting inhaler	ICQ_INHALERLONG_COF2 = yes or no
Use of short acting inhaler	ICQ_INHALERSHORT_COF2 = yes or no
Have an abdominal feeding tube in place	ICQ_ABDTUBE_COF2 = yes

<b>BONE DENSITY AND BIO-IMPEDENCE BY DXA – HIP</b>	
<b>Test Exclusion</b>	
Pregnant women	ICQ_PREGNT_COF2 = yes, DK, RF
Unable to stand unassisted	ICQ_ABLESTND_COF2 = no
Involved in Nuclear Medicine study <u>within the last 2 days</u>	ICQ_NUCLMED_48H_COF2 = yes
Prosthetic	ICQ_PROSHIP_COF2 = both
Previous breaks or fractures	ICQ_FXHIP_COF2 = left AND right
<b>Left Hip Exclusion</b>	
Prosthetic	ICQ_PROSHIP_COF2 = left
<b>Right Hip Exclusion</b>	
Prosthetic	ICQ_PROSHIP_COF2 = right
<b>To Be Noted (Not Exclusion)</b>	
Polio	ICQ_POLIO_COF2 = yes
Previous breaks or fractures of one hip	ICQ_FXHIP_COF2 = left OR right
What test was performed	ICQ_NUCLMED_TEST_COF2 = specify

<b>BONE DENSITY AND BIO-IMPEDENCE BY DXA – LATERAL SPINE IVA &amp; LUMBAR SPINE</b>	
<b>Test Exclusion</b>	
Pregnant women	ICQ_PREGNT_COF2 = yes, DK, RF
Unable to stand unassisted	ICQ_ABLESTND_COF2 = no

Involved in Nuclear Medicine study <u>within the last 2 days</u>	ICQ_NUCLMED_48H_COF2 = yes
<b>To Be Noted (Not Exclusion)</b>	
Laminectomy	ICQ_LAMIN_COF2 = yes
Polio	ICQ_POLIO_COF2 = yes
Previous breaks or fractures	ICQ_FXBACK_COF2 = yes
What test was performed	ICQ_NUCLMED_TEST_COF2 = specify

<b>BONE DENSITY AND BIO-IMPEDENCE BY DXA – WHOLE BODY</b>	
<b>Test Exclusion</b>	
Pregnant women	ICQ_PREGNT_COF2 = yes, DK, RF
Unable to stand unassisted	ICQ_ABLESTND_COF2 = no
Involved in Nuclear Medicine study <u>within the last 2 days</u>	ICQ_NUCLMED_48H_COF2 = yes
Had a IV CT or MRI contrast test within 24 hours	ICQ_NUCLMED_IV24H_COF2 = yes
Had a barium test <u>within the last 7 days</u>	ICQ_BARSWAL_COF2 = yes
<b>To Be Noted (Not Exclusion)</b>	
Medical device implantation	ICQ_PACEMKR_COF2 OR; ICQ_DEFIBR_COF2 OR; ICQ_COCHLIMP_COF2 = yes
Cast	ICQ_HNDCST_COF2 OR; ICQ_ARMCST_COF2 OR; ICQ_LEGCSST_COF2 = left OR right OR both
Prosthetic limbs or joints	ICQ_PROSARM2_COF2 OR; ICQ_JOINTARM_COF2 OR; ICQ_PROSLEG_COF2 OR; ICQ_PROSHND_COF2 OR; ICQ_PROSFT_COF2 OR; ICQ_PROSHIP_COF2 OR; ICQ_PROSKNEE_COF2 = left OR right OR both

Previous breaks or fractures	ICQ_FXARM_COF2 OR; ICQ_FXSHLD_COF2 OR; ICQ_FXHND_COF2 OR; ICQ_FXWRST_COF2 OR; ICQ_FXRIB_COF2 OR; ICQ_FXLEG_COF2 OR; ICQ_FXANK_COF2 OR; ICQ_FXFT_COF2 OR; ICQ_FXHIP_COF2 OR; ICQ_FXKNEE_COF2 OR; ICQ_FXCHK_COF2 OR; ICQ_FXJAW_COF2 = left OR right OR both ICQ_FXNOSE_COF2 OR; ICQ_FXSKL_COF2 OR; ICQ_FXNECK_COF2 OR; ICQ_FXBACK_COF2 OR; ICQ_FXCOLLR_COF2 OR; ICQ_FXPELV_COF2 = yes
Laminectomy	ICQ_LAMIN_COF2 = yes
Polio	ICQ_POLIO_COF2 = yes
Hearing aid	ICQ_HRAID_COF2 = if left_side OR right_side OR Both_sides = YES (currently wearing)
Arteriovenous shunt/Fistula	ICQ_SRGYART_COF2 = left OR right OR both
What test was performed	ICQ_NUCLMED_TEST_COF2 = specify

<b>BONE DENSITY AND BIO-IMPEDENCE BY DXA – FOREARM</b>	
<b>Test Exclusion</b>	
Pregnant women	ICQ_PREGNT_COF2 = yes, DK, RF
Unable to stand unassisted	ICQ_ABLESTND_COF2 = no
Involved in Nuclear Medicine study <u>within the last 2 days</u>	ICQ_NUCLMED_48H_COF2 = yes
Prosthetic	ICQ_PROSARM2_COF2 = both
Previous breaks or fractures	ICQ_FXARM_COF2 = left AND right
<b>Left Forearm Exclusion</b>	
Prosthetic	ICQ_PROSARM2_COF2 = left
Cast	ICQ_ARMCST_COF2 = left
Arteriovenous shunt/Fistula	ICQ_SRGYART_COF2 = left
Previous breaks or fractures	ICQ_FXARM_COF2 = left

<b>Right Forearm Exclusion</b>	
Prosthetic	ICQ_PROSARM2_COF2 = right
Cast	ICQ_ARMCST_COF2 = right
Arteriovenous shunt/Fistula	ICQ_SRGYART_COF2 = right
Previous breaks or fractures	ICQ_FXARM_COF2 = right
<b>To Be Noted (Not Exclusion)</b>	
Previous breaks or fractures	ICQ_FXWRST_COF2 = yes
Polio	ICQ_POLIO_COF2 = yes
What test was performed	ICQ_NUCLMED_TEST_COF2 = specify

<b>HEARING</b>	
<b>To Be Noted (Not Exclusion)</b>	
Ear infection	ICQ_EARINF_COF2 = right OR left OR both
Hearing aids	ICQ_HRAID_COF2 = right_side OR left_side OR both_sides
Tinnitus	ICQ_TINNIT_COF2 = yes

<b>4-METRE WALK TEST: WALKING SPEED</b>	
<b>Test Exclusion</b>	
Unable to stand unassisted	ICQ_ABLESTND_COF2 = no
Unable to walk unassisted	ICQ_ABLEWLK_COF2 = no
<b>To Be Noted (Not Exclusion)</b>	
Prosthetic limb or joint	ICQ_PROSLEG_COF2 OR; ICQ_PROSFT_COF2 OR; ICQ_PROSHIP_COF2 OR; ICQ_PROSKNEE_COF2 = right OR left OR both
Ear infection	ICQ_EARINF_COF2 = yes OR right OR left OR both

<b>TUG: MOBILITY AND BALANCE</b>	
<b>Test Exclusion</b>	
Unable to stand or rise from a chair unassisted	ICQ_RISEASSI_COF2 OR; ICQ_ABLESTND_COF2 = no
Unable to walk unassisted	ICQ_ABLEWLK_COF2 = no
<b>To Be Noted (Not Exclusion)</b>	



Prosthetic limb or joint	ICQ_PROSLEG_COF2 OR; ICQ_PROSFT_COF2 OR; ICQ_PROSHIP_COF2 OR; ICQ_PROSKNEE_COF2 = right OR left OR both
Ear infection	ICQ_EARINF_COF2 = right OR left OR both

**STANDING BALANCE**

**Test Exclusion**

Unable to stand unassisted	ICQ_ABLESTND_COF2 = no
Uses cane or walker regularly	ICQ_RISECANE_COF2 = yes

**To Be Noted (Not Exclusion)**

Prosthetic limb or joint	ICQ_PROSLEG_COF2 OR; ICQ_PROSFT_COF2 OR; ICQ_PROSHIP_COF2 OR; ICQ_PROSKNEE_COF2 = right OR left OR both
Ear infection	ICQ_EARINF_COF2 = right OR left OR both

**CHAIR RISE: BALANCE AND COORDINATION**

**Test Exclusion**

Unable to stand or rise from a chair unassisted	ICQ_RISEASSI_COF2 OR; ICQ_ABLESTND_COF2 = no
Uses cane or walker regularly	ICQ_RISECANE_COF2 = yes

**To Be Noted (Not Exclusion)**

Prosthetic limb or joint	ICQ_PROSLEG_COF2 OR; ICQ_PROSFT_COF2 OR; ICQ_PROSHIP_COF2 OR; ICQ_PROSKNEE_COF2 = right OR left OR both
Ear infection	ICQ_EARINF_COF2 = right OR left OR both

**VISION – TONOMETER**

**Test Exclusion**

Detached retina or eye surgery <u>within last 3 months</u>	ICQ_SRGYEYE_COF2 = left OR right OR both ICQ_DERET3MO_COF2 = yes
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Eye infection	ICQ_EYEINF_COF2 = both
<b>To Be Noted (Not Exclusion)</b>	
Eye infection	ICQ_EYEINF_COF2 = right OR left
Glaucoma, cataracts, glasses, contact lenses	ICQ_CATRCT2_COF2 OR; ICQ_GLAUC_COF2 OR; ICQ_GLASSES_COF2 OR; ICQ_CTLENS_COF2 = yes
Prosthetic eye	ICQ_PROSEYE_COF2 = yes

<b>VISION – RETINAL CAMERA &amp; ETDRS</b>	
<b>To Be Noted (Not Exclusion)</b>	
Eye infection	ICQ_EYEINF_COF2 = right OR left OR both
Glaucoma, cataracts, glasses, contact lenses	ICQ_CATRCT2_COF2 OR; ICQ_GLAUC_COF2 OR; ICQ_GLASSES_COF2 OR; ICQ_CTLENS_COF2 = yes
Prosthetic eye	ICQ_PROSEYE_COF2 = yes

<b>GRIP STRENGTH</b>	
<b>To Be Noted (Not Exclusion)</b>	
Pain or paralyses in both hands or wrists due to arthritis, tendinitis, carpal tunnel syndrome	ICQ_PAINHND_COF2 = both sides
<b>Test Exclusion</b>	
Surgery on both hands or wrists <u>within the last 3 months</u>	ICQ_SRGYHND_COF2 = both
Open sores or bruising on both hands	ICQ_HNSWL_COF2 OR; ICQ_HNDHMT_COF2 = both
Cast on both hands or arms	ICQ_HNDCST_COF2 OR; ICQ_ARMCST_COF2 = both
Prosthetic arms, hands or fingers	ICQ_PROSARM2_COF2 OR; ICQ_PROSHND_COF2 = both
<b>Left Hand Exclusion</b>	
Surgery of <u>left</u> hand or wrist <u>within last 3 months</u>	ICQ_SRGYHND_COF2= left, RF
Pain or paralyses in left hand or wrist due to arthritis, tendinitis, carpal tunnel syndrome	ICQ_PAINHND_COF2 = left sides

Open sores or bruising on left hand	ICQ_HNDSWL_COF2 OR; ICQ_HNDHMT_COF2 = left
Cast on left hand or arm	ICQ_HNDCST_COF2 OR; ICQ_ARMCST_COF2 = left
Prosthetic arm, hand or finger	ICQ_PROSARM2_COF2 OR; ICQ_PROSHND_COF2 = left
<b>Right Hand Exclusion</b>	
Surgery of <u>right</u> hand or wrist <u>within last 3 months</u>	ICQ_SRGYHND_COF2 = right, RF
Pain or paralyses in right hand or wrist due to arthritis, tendinitis, carpal tunnel syndrome	ICQ_PAINHND_COF2 = right sides
Open sores or bruising on right hand	ICQ_HNDSWL_COF2 OR; ICQ_HNDHMT_COF2 = right
Cast on right hand or arm	ICQ_HNDCST_COF2 OR; ICQ_ARMCST_COF2 = right
Prosthetic arm, hand or fingers	ICQ_PROSARM2_COF2 OR; ICQ_PROSHND_COF2 = right

<b>BLOOD SPECIMEN</b>	
<b>Test Exclusion</b>	
Chemotherapy <u>within last 4 weeks</u>	ICQ_CHEMO4WK_COF2 = yes
Haemophilia or other blood clotting disease	ICQ_HAEMO_COF2 = yes
Received blood transfusion or donated blood <u>in last 24 hours</u>	ICQ_BLDTR24H_COF2 = yes
Surgery of both arms, breasts, or both sides of chest <u>within the last 3 months</u> ; or, arteriovenous shunt	ICQ_SRGYARM_COF2 OR; ICQ_SRGYCHT_COF2 OR; ICQ_SRGYART_COF2 = both
Cast or prosthetic arms	ICQ_ARMCST_COF2 = both OR; ICQ_PROSARM2_COF2 = both
<b>Left Arm Exclusion</b>	
Surgery of left arm, chest, or breast or arteriovenous shunt	ICQ_SRGYARM_COF2 = left OR; ICQ_SRGYCHT_COF2 = yes OR; ICQ_SRGYART_COF2 = left
Cast or prosthetic left arms	ICQ_ARMCST_COF2=left OR; ICQ_PROSARM2_COF2=left
<b>Right Arm Exclusion</b>	
Surgery of right arm, chest, or breast or arteriovenous shunt	ICQ_SRGYARM_COF2 = right OR; ICQ_SRGYCHT_COF2 = yes OR; ICQ_SRGYART_COF2 = right

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Cast or prosthetic right arms	ICQ_ARMST_CO2 = right OR; ICQ_PROSARM2_CO2 = right
<b>To Be Noted (Not exclusion)</b>	
Prosthetic arm – Joint replacement	ICQ_JOINTARM_CO2 = right OR left OR both

**END**