clsa élcv
Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

In-Home Questionnaire
(Follow Up 1)

v1.4, 2018 May 25

Examples of variable names as shown in the datasets.

ED_1	ED_OTED_COF1

[ALWAYS ASK]
Since your initial interview; Have you received any other education that could be counted towards a degree, certificate, or diploma from an educational institution?
INTERVIEWER INSTRUCTION: WE HAVE ALREADY COLLECTED THEIR EDUCATION HISTORY, WHAT WE ARE LOOKING FOR IS ANY ADDITIONAL EDUCATION SINCE BASELINE.

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

SMK_6	SMK_OTCURR_COF1

[ASK IF SMK_OTOCC_COF1=YES]
What other types of tobacco products do you currently use?
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

SMK_OTCURR_CG_COF1	01	Cigars
SMK_OTCURR_SM_COF1	02	Small cigars (cigarillos)
SMK_OTCURR_PI_COF1	03	Tobacco pipes
SMK_OTCURR_CH_COF1	04	Chewing tobacco or snuff
SMK_OTCURR_PT_COF1	05	Nicotine patches
SMK_OTCURR_GU_COF1	06	Nicotine gum
SMK_OTCURR_BE_COF1	07	Betel nut
SMK_OTCURR_PN_COF1	08	Paan
SMK_OTCURR_SH_COF1	09	Sheesha
SMK_OTCURR_OT_COF1	97	Other
SMK_OTCURR_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
SMK_OTCURR_REFUSED_COF1	99	**[DO NOT READ]** Refused

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Socio-Demographic Characteristics (SDC)

SDC_01	SDC_RELGCP_COF1		
[ALWAYS ASK]			
Compared to three years ago, would you say that you are…?			
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT WAS NEVER RELIGIOUS "EQUALLY" WOULD APPLY			
MORE_RELIGIOU		01	More religious and/or spiritual
NO_CHANGE		02	Equally as religious and/or spiritual
LESS_RELIGIOU		03	Less religious and/or spiritual
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SDC_02	SDC_RELGFQ_COF1		
[ALWAYS ASK]			
In the past 12 months, how often did you engage in religious or spiritual activities (including prayer, meditation) taking place at home or in any other location?			
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT WAS NEVER RELIGIOUS "NOT AT ALL" WOULD APPLY			
ONCE_DAY		01	At least once a day
ONCE_WEEK		02	At least once a week
ONCE_MONTH		03	At least once a month
THREE_TIMES_YEAR		04	At least 3 times a year
ONCE_TWICE_YEAR		05	Once or twice a year
NOT_AT_ALL		06	Not at all
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SDC_03	**SDC_MRTL_COF1**		
[ALWAYS ASK]			
What is your current marital/partner status?			
INTERVIEWER INSTRUCTIONS: WE NEED TO CONFIM / UPDATE MARITAL STATUS BECAUSE SOME QUESTIONS IN THE SURVEY ARE ASKED DEPENDING ON MARITAL / PARTNER STATUS			
SINGLE	01	Single, never married or never lived with a partner	
COMMON_LAW	02	Married/living with a partner in a common-law relationship	
WIDOWED	03	Widowed	
DIVORCED	04	Divorced	
SEPARATED	05	Separated	
DK_NA	08	**[DO NOT READ]** Don't know/No answer	
REFUSED	09	**[DO NOT READ]** Refused	

SDC_04	**SDC_ORTN_COF1**		
[ALWAYS ASK]			
Do you consider yourself to be: Heterosexual? Homosexual? Bisexual?			
BY CORRECTLY ADDRESSING SEX, GENDER IDENTITY AND SEXUAL ORIENTATION WE HAVE AN OPPORTUNITY TO EXAMINE THEIR IMPACT ON AGING AND HEALTH.			
HETEROSEXUAL	01	Heterosexual? (sexual relations with people of the opposite sex)	
HOMOSEXUAL	02	Homosexual, that is lesbian or gay? (sexual relations with people of your own sex)	
BISEXUAL	03	Bisexual? (sexual relations with people of both sexes)	
NOT_ABOVE	04	Does not identify as any of the above responses	
DK_NA	08	**[DO NOT READ]** Don't know/No answer	
REFUSED	09	**[DO NOT READ]** Refused	

SDC_END

Gender Identity (GED)

Overview	By gender identity, we mean the inner sense that you have of yourself as being male or female. Gender identity can be different from your identified sex at birth or your sexual orientation, and it can change over time.

GED_01	SDC_CURRSEX_COF1		
[ALWAYS ASK]			
What is your current gender identity?			
BY CORRECTLY ADDRESSING SEX, GENDER IDENTITY AND SEXUAL ORIENTATION WE HAVE AN OPPORTUNITY TO EXAMINE THEIR IMPACT ON AGING AND HEALTH.			
MALE		01	Male
FEMALE		02	Female
TRANSMAN		03	Transgender Man/Transman
TRANSWOMAN		04	Transgender Woman/Transwoman
GENDERQUEER		05	Genderqueer
OTHER		97	Other
DK_NA		98	**[DO NOT READ]** Don't know/No answer
REFUSED		99	**[DO NOT READ]** Refused

GED_01a	SDC_CURRSEX_OTSP_COF1	
[ASK IF SDC_CURRSEX_COF1 = OTHER]		
Other (please specify: ____)		
SDC_CURRSEX_OTSP1_COF1		[OPEN TEXT VARIABLE]

GED_02	SDC_BTHSEX_COF1		
[ALWAYS ASK]			
What was your sex at birth?			
INTERVIEWER INSTRUCTIONS: "SEX" REFERS TO THE BIOLOGICAL AND PHYSIOLOGICAL CHARACTERISTICS THAT DEFINE MEN AND WOMEN. "GENDER" REFERS TO THE SOCIALLY CONSTRUCTED ROLES, BEHAVIOURS, ACTIVITIES, AND ATTRIBUTES THAT A GIVEN SOCIETY CONSIDERS APPROPRIATE FOR MEN AND WOMEN. THE INFORMATION WE ARE COLLECTING IS REGARDING THE PERSON'S SEX AT BIRTH.			
MALE		01	Male
FEMALE		02	Female
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

GED_END

Home Ownership (OWN)

Overview	In this module, respondents are asked to provide information about their home ownership status, the value of their home, and the value of their mortgage. It is important to capture information on home ownership, as quality of life for older persons is influenced by their assets and debts, not just income, and home ownership is a major asset for many. The information in this module, combined with information from the income module, will help researchers to understand the general financial situation of older Canadians and to assess its impact on their health.

The next questions are about your current home.

OWN_1	OWN_DWLG_COF1		
[ALWAYS ASK]			
What type of dwelling do you currently live in?			
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE			
HOUSE		01	House (single detached, semi-detached, duplex or townhouse)
APARTMENT		02	Apartment or condominium
SENIORS_HOUSING		03	Seniors' housing (retirement home, assisted living)
INSTITUTION		04	Institution (old age facility)
HOTEL		05	Mobile home, hotel, rooming or lodging house
OTHER		97	Other
DK_NA		98	**[DO NOT READ]** Don't know/No answer
REFUSED		99	**[DO NOT READ]** Refused
OWN_1a	**OWN_DWLG_OTSP_COF1**		
[ASK IF OWN_DWLG_COF1 = OTHER]			
Other (please specify: _____)			
OWN_DWLG_OTSP1_COF1			[OPEN TEXT VARIABLE]

OWN_2	**OWN_OWN_COF1**		
[ASK IF OWN_DWLG_COF1≠INSTITUTION]			
Do you (or your spouse/partner) own or rent your dwelling?			
CODE ONLY ONE RESPONSE			
OWN		01	Own
RENT		02	Rent
OTHER		97	Other
DK_NA		98	**[DO NOT READ]** Don't know/No answer
REFUSED		99	**[DO NOT READ]** Refused
OWN_2a	**OWN_OWN_OTSP_COF1**		
[ASK IF OWN_DWLG_COF1 = OTHER]			
Other (please specify: ____)			
OWN_OWN_OTSP1_COF1			[OPEN TEXT VARIABLE]

OWN_3	**OWN_MRTG_COF1**		
[ASK IF OWN_OWN_COF1 = OWN]			
Is this with a mortgage or is your mortgage paid off completely?			
INTERVIEWER INSTRUCTION: IF THE DWELLING NEVER HAD A MORTGAGE OR WAS RECEIVED AS A GIFT OR AN INHERITANCE, SELECT 'PAID OFF COMPLETELY'			
WITH_MORTGAGE		01	With mortgage
PAID_OFF		02	Paid off completely
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

OWN_END

Education (ED)

Overview	The purpose of this section is to collect education data about our population.

ED_1	ED_OTED_COF1
[ALWAYS ASK]	

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

INTERVIEWER INSTRUCTION: WE HAVE ALREADY COLLECTED THEIR EDUCATION HISTORY, WHAT WE ARE LOOKING FOR IS ANY ADDITIONAL EDUCATION SINCE BASELINE.

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

ED_END

Smoking (SMK)

Overview	This module includes a series of questions about current smoking habits. Questions are asked about frequency of smoking, number of cigarettes smoked in a day.
	Because tobacco use is one of the leading causes of illness and death in Canada, it is important to examine this issue among Canadians as they age.
	Information from this module is important for understanding the health consequences of smoking as people age.
	Note: This module covers smoking cigarettes. Pipe and cigar smoking should not be included in this module.

SMK_1	SMK_CURRCG_COF1

[ALWAYS ASK]

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

READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE

DAILY_PAST_30_DAYS	01	Daily (at least one cigarette every day for the past 30 days)
OCCASIONALLY	02	Occasionally (at least one cigarette in the past 30 days, but not every day)
NOT_AT_ALL	03	Not at all (you did not smoke at all in the past 30 days)
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

SMK_2	SMK_NBCG_COF1

[ASK IF SMK_CURRCG_COF1 = DAILY_PAST_30_DAYS]

How many cigarettes do you smoke each day now?

READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE

1_5_CIGARETTES	01	1-5 cigarettes
6_10_CIGARETTES	02	6-10 cigarettes
11_15_CIGARETTES	03	11-15 cigarettes
16_20_CIGARETTES	04	16-20 cigarettes
21_25_CIGARETTES	05	21-25 cigarettes
26_OR_MORE_CIGARETTES	06	26 or more cigarettes
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

SMK_2a	SMK_FRQDL_NB_COF1

[ASK IF SMK_NBCG_COF1 = 26_OR_MORE_CIGARETTES]

if 26 + how many _____

SMK_FRQDL_NB_COF1		Record #

SMK_3	SMK_LST30_COF1

[ASK IF SMK_CURRCG_COF1 = OCCASIONALLY]

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

READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE

1_5_DAYS	01	1-5 days
6_10_DAYS	02	6-10 days
11_20_DAYS	03	11-20 days
21_29_DAYS	04	21-29 days
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

SMK_4	SMK_NB30_COF1

[ASK IF SMK_CURRCG_COF1 = OCCASIONALLY]

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

READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE

1_5_CIGARETTES	01	1-5 cigarettes
6_10_CIGARETTES	02	6-10 cigarettes
11_15_CIGARETTES	03	11-15 cigarettes
16_20_CIGARETTES	04	16-20 cigarettes
21_25_CIGARETTES	05	21-25 cigarettes
26_OR_MORE_CIGARETTES	06	26 or more cigarettes
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

SMK_4a	SMK_NB30_NB_COF1

[ASK IF SMK_4 = 26_OR_MORE_CIGARETTES]

if 26 + how many _____

SMK_NB30_NB_COF1		Record #

SMK_5	SMK_OTOCC_COF1

[ALWAYS ASK]

Do you currently use any other types of tobacco products?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

SMK_6	SMK_OTCURR_COF1

[ASK IF SMK_OTOCC_COF1=YES]

What other types of tobacco products do you currently use?

READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

SMK_OTCURR_CG_COF1	01	Cigars
SMK_OTCURR_SM_COF1	02	Small cigars (cigarillos)
SMK_OTCURR_PI_COF1	03	Tobacco pipes
SMK_OTCURR_CH_COF1	04	Chewing tobacco or snuff
SMK_OTCURR_PT_COF1	05	Nicotine patches
SMK_OTCURR_GU_COF1	06	Nicotine gum
SMK_OTCURR_BE_COF1	07	Betel nut
SMK_OTCURR_PN_COF1	08	Paan
SMK_OTCURR_SH_COF1	09	Sheesha
SMK_OTCURR_OT_COF1	97	Other
SMK_OTCURR_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
SMK_OTCURR_REFUSED_COF1	99	**[DO NOT READ]** Refused

SMK_6a	SMK_OTCURR_OTSP_COF1

[ASK IF SMK_OTCURR_COF1 = OTHER]

Other (please specify: _____)

SMK_OTCURR_OTSP1_COF1	[OPEN TEXT VARIABLE]

SMK_7	SMK_HOME_COF1

[ALWAYS ASK]

At home, how often are you usually exposed to other people's tobacco smoke inside your home?

READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Everyday
ALMOST_EVERYDAY	02	Almost every day
AT_LEAST_ONCE_WEEK	03	At least once a week
AT_LEAST_ONCE_MONTH	04	At least once a month
LESS_THAN_ONCE_MONTH	05	Less than once a month
NEVER	06	Never
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

SMK_8	SMK_ACTV_COF1

[ALWAYS ASK]

During leisure activities outside of your home, how often are you usually exposed to other people's tobacco smoke?

READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Everyday
ALMOST_EVERYDAY	02	Almost every day
AT_LEAST_ONCE_WEEK	03	At least once a week
AT_LEAST_ONCE_MONTH	04	At least once a month
LESS_THAN_ONCE_MONTH	05	Less than once a month
NEVER	06	Never
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

SMK_9	SMK_ECIGAR_COF1

[ALWAYS ASK]

Have you ever tried an electronic cigarette, also known as an e-cigarette?

E-cigarette is a device used to simulate the experience of smoking, having a cartridge with a heater that vaporizes liquid nicotine instead of burning tobacco.

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

SMK_10	SMK_LSTECIGAR_CO1

[ASK IF SMK_ECIGAR_COF1 = YES]

The last time you used an e-cigarette, did it contain nicotine?

YES	01	Yes
NO	02	No
UNCERTAIN	03	Don't know
REFUSED	09	**[DO NOT READ]** Refused

SMK_END

Alcohol Use (ALC)

Overview	This module includes questions about how often the respondent drinks alcohol and the frequency of drinking heavily (defined as 5 drinks or more). Alcohol includes red or white wine, beer, spirit or liquor, and other kinds of alcohol including sake, cider, sparkling wine, rose, etc. Consumption of alcohol has a number of implications for health. Excessive drinking is related to a number of diseases and social and mental health problems. Drinking is also an important cause of accidents and injuries. However, under some conditions moderate alcohol consumption might reduce risk of heart disease. This module will be used to understand patterns of alcohol consumption and the health implications for older Canadians, including the relationship between alcohol consumption and chronic conditions.

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

ALC_1	ALC_EVER_COF1		
[ALWAYS ASK]			
Have you ever drank alcohol?			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

ALC_2	**ALC_FREQ_COF1**

[ASK IF ALC_EVER_COF1 = YES]

About how often during the past 12 months did you drink alcohol?

READ LIST, CODE ONLY ONE RESPONSE

ALMOST_EVERY_DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

ALC_3	**ALC_WD_NB_COF1**

[ASK IF ALC_EVER_COF1 = YES]

In a typical week during the past 12 months, how many drinks of each of the following do you drink from Sundays through Thursdays?

INTERVIEWER INSTRUCTION: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS ON WEEKDAYS) AS REQUIRED
FOR THOSE PARTICIPANTS WHO INDICATED ONLY "MONTHLY CONSUMPTION" ASK "ON THE DAYS THAT YOU DID DRINK"

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

> Example if Sally Joe consumes two beers on Monday and consumes two beers on Thursday the total amount of alcohol consumed would be four NOT two

ALC_RDWD_NB_COF1	Red wine	_____ (number) **MASK: MIN=00, MAX=90**
ALC_WHWD_NB_COF1	White wine	_____ (number) **MASK: MIN=00, MAX=90**
ALC_BRWD_NB_COF1	Beer	_____ (number) **MASK: MIN=00, MAX=90**
ALC_LQWD_NB_COF1	Liquor	_____ (number) **MASK: MIN=00, MAX=90**
ALC_OTWD_NB_COF1	Other alcohol	_____ (number) **MASK: MIN=00, MAX=90**

ALC_4	**ALC_WE_NB_COF1**

[ASK IF ALC_EVER_COF1 = YES]

In a typical week during the past 12 months, how many drinks of each of the following do you drink on Fridays and Saturdays?

INTERVIEWER INSTRUCTION: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS ON WEEKENDS) AS REQUIRED
FOR THOSE PARTICIPANTS WHO INDICATED ONLY "MONTHLY CONSUMPTION" ASK "ON THE DAYS THAT YOU DID DRINK"

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

> ➢ Example if Sally Joe consumes two beers on Friday and consumes two beers on Saturday the total amount of alcohol consumed would be four NOT two

ALC_RDWE_NB_COF1	Red wine	_____ (number) **MASK: MIN=00, MAX=90**
ALC_WHWE_NB_COF1	White wine	_____ (number) **MASK: MIN=00, MAX=90**
ALC_BRWE_NB_COF1	Beer	_____ (number) **MASK: MIN=00, MAX=90**
ALC_LQWE_NB_COF1	Liquor	_____ (number) **MASK: MIN=00, MAX=90**
ALC_OTWE_NB_COF1	Other alcohol	_____ (number) **MASK: MIN=00, MAX=90**

ALC_5	**ALC_MLFQ_COF1**

[ASK IF ALC_EVER_COF1 = YES AND SEX = MALE]

About how often during the past 12 months would you say you had <u>five or more</u> drinks at the same sitting or occasion?

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

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

ALMOST_EVERY_DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

ALC_6	ALC_FMFQ_COF1

[ASK IF ALC_EVER_COF1 = YES <u>AND</u> SEX = FEMALE]

About how often during the past 12 months would you say you had four or more drinks at the same sitting or occasion?

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

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

ALMOST_EVERY_DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

ALC_7	ALC_HVST_COF1

[ASK IF ALC_EVER_COF1 = YES]

How does your current consumption of alcohol compare to your heaviest period of drinking?

READ LIST, CODE ONLY ONE RESPONSE

SAME	01	About the same
LESS_HEAVIEST_PERIOD	02	Less than the heaviest period of drinking
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ALC_END

General Health (GEN)

Overview	The general health module is used to collect data on self-perceived health, self-perceived mental health, self-perceived stress and sense of belonging to the local community. Researchers are interested in these topics because they are good basic measures of health status. They can also be used to predict other aspects of the respondent's health. For example, respondents who describe their health as fair or poor are more likely to have long-term health problems, to suffer from depression and to be heavy users of the health care system.

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

GEN_1	GEN_HLTH_COF1		
[ALWAYS ASK]			
In general, would you say your health is excellent, very good, good, fair, or poor?			
CODE ONLY ONE RESPONSE			
EXCELLENT		01	Excellent
VERY_GOOD		02	Very good
GOOD		03	Good
FAIR		04	Fair
POOR		05	Poor
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

GEN_2	GEN_MNTL_COF1		
[ALWAYS ASK]			
In general, would you say your mental health is excellent, very good, good, fair, or poor?			
CODE ONLY ONE RESPONSE			
EXCELLENT		01	Excellent
VERY_GOOD		02	Very good
GOOD		03	Good
FAIR		04	Fair
POOR		05	Poor
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

GEN_3	GEN_HLAG_COF1

[ALWAYS ASK]

I have talked with many adults and learned something from each of them about what they think promotes healthy aging. What do you think makes people live long and keep well?

INTERVIEWER INSTRUCTIONS: RECORD PARTICIPANTS RESPONSE VERBATIM
FOR "DON'T KNOW / NO ANSWER" RECORD "98" FOR "REFUSED" RECORD "99" IN TEXT BOX

GEN_HLAG_TEXT_COF1		
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

GEN_4	GEN_OWNAG_COF1

[ALWAYS ASK]

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

CODE ONLY ONE RESPONSE

EXCELLENT	01	Excellent
VERY_GOOD	02	Very good
GOOD	03	Good
FAIR	04	Fair
POOR	05	Poor
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

GEN_5	GEN_BRD_COF1

[ALWAYS ASK]

About how much time do you spend playing board games, cards, crossword puzzles, jigsaw puzzles, or Sudoku?

CODE ONLY ONE RESPONSE

EVERY_DAY	01	Every day
SEVERAL_TIMES_WEEK	02	Several times a week
SEVERAL_TIMES_MONTH	03	Several times a month
SEVERAL_TIMES_YEAR	04	Several times a year
ONCE_YEAR_OR_LESS	05	Once a year or less
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

GEN_6	GEN_MUSC_COF1

[ALWAYS ASK]

About how much time do you spend playing a musical instrument or singing in a choir.

CODE ONLY ONE RESPONSE

EVERY_DAY	01	Every day
SEVERAL_TIMES_WEEK	02	Several times a week
SEVERAL_TIMES_MONTH	03	Several times a month
SEVERAL_TIMES_YEAR	04	Several times a year
ONCE_YEAR_OR_LESS	05	Once a year or less
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

GEN_END

clsa élcv

Subjective Cognitive Decline (SCD)

Overview	The questions in this module ask participants about perceived changes in their memory and whether this is of concern to them. These questions will be asked of all participants.
	Research suggests that these concerns might be an early indicator of a brain disorder even when the person does well on testing. It is important to mention, though, there are many other potential causes (for example, aging, personality traits, effects of medical conditions and their treatment) for these changes, and many people with them do not have evidence of a brain disorder and are not at risk of progressing to more serious thinking problems.
	With the information collected, we will be trying to determine when these concerns represent the early stages of a brain disorder, what factors like age and personality are associated with them, and what influences the likelihood of these changes becoming worse over time.

PCM_1	GEN_MEMO_COF1

[ALWAYS ASK]

Do you feel like your memory is becoming worse?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PCM_2	GEN_WORY_COF1

[ASK IF GEN_MEMO_COF1 = YES]

Does this worry you?

INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE

STRONGLY_AGREE	01	Strongly agree
AGREE	02	Agree
UNDECIDED	03	Undecided
DISAGREE	04	Disagree
STRONGLY_DISAGREE	05	Strongly disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PCM_END

Physical Activities (PA2)

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

Overview	The questions in this module are drawn from the Physical Activity Scale of the Elderly (PASE) and ask about light, moderate and strenuous activities, and exercise, in the past 7 days. Questions also ask about household, work, and volunteer activities in the past 7 days. **Importance of module**: Answers to this module may be used to assess participants' level of physical activity. Higher levels of activity are associated with better health.

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

PA2_1	PA2_SIT_COF1
[ALWAYS ASK]	
Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV, computer activities or doing handicrafts? Would you say…	
READ LIST; CODE ONLY ONE RESPONSE	

NEVER	01	Never
SELDOM	02	Seldom (1 to 2 days)
SOMETIMES	03	Sometimes (3 to 4 days)
OFTEN	04	Often (5 to 7 days)
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_2	PA2_SIT2_COF1

[ASK IF PA2_SIT_COF1 ≠ NEVER, DK_NA OR REFUSED]

What were these activities?

DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

PA2_SIT_BIN_COF1	01	Bingo, cards or other games
PA2_SIT_COM_COF1	02	Computer activities
PA2_SIT_CRO_COF1	03	Crosswords, puzzles, etc.
PA2_SIT_HAN_COF1	04	Handicrafts
PA2_SIT_LIS_COF1	05	Listening to radio/music
PA2_SIT_MUS_COF1	06	Playing musical instruments
PA2_SIT_REA_COF1	07	Reading
PA2_SIT_VIS_COF1	08	Visiting with others
PA2_SIT_TV_COF1	09	Watching TV
PA2_SIT_OT_COF1	97	Other
PA2_SIT_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
PA2_SIT_REFUSED_COF1	99	**[DO NOT READ]** Refused

PA2_2a	PA2_SIT_OTSP_COF1

[ASK IF PA2_SIT2_COF1 = PA2_SIT_OT_COF1]

Other (please specify: _____)

PA2_SIT_OTSP1_COF1	[OPEN TEXT VARIABLE]

PA2_3	PA2_SITHR_SIT_COF1

[ASK IF PA2_SIT_COF1 ≠ NEVER, DK_NA OR REFUSED]

On average, how many hours per day did you engage in these sitting activities?

READ LIST; CODE ONLY ONE RESPONSE

LESS_30_MIN	01	less than 30 minutes
30_MIN_1_HR	02	30 minutes but less than 1 hour
1_2_HR	03	1 hour but less than 2 hours
2_4_HR	04	2 hours but less than 4 hours
MORE_4_HR	05	4 hours or more
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_4	PA2_WALK_COF1

[ALWAYS ASK]

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

READ LIST; CODE ONLY ONE RESPONSE

NEVER	01	Never
SELDOM	02	Seldom (1 to 2 days)
SOMETIMES	03	Sometimes (3 to 4 days)
OFTEN	04	Often (5 to 7 days)
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_5	PA2_WALKHR_COF1

[ASK IF PA2_WALK_COF1 ≠ NEVER, DK_NA OR REFUSED]

On average, how many hours per day did you spend walking?

READ LIST; CODE ONLY ONE RESPONSE

LESS_30_MIN	01	less than 30 minutes
30_MIN_1_HR	02	30 minutes but less than 1 hour
1_2_HR	03	1 hour but less than 2 hours
2_4_HR	04	2 hours but less than 4 hours
MORE_4_HR	05	4 hours or more
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_6	PA2_LSPRT_COF1

[ALWAYS ASK]

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

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

NEVER	01	Never
SELDOM	02	Seldom (1 to 2 days)
SOMETIMES	03	Sometimes (3 to 4 days)
OFTEN	04	Often (5 to 7 days)
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_7	PA2_LSPRT2_COF1		
[ASK IF PA2_LSPRT_COF1 ≠ NEVER, DK_NA OR REFUSED]			
What were these activities?			
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
PA2_LSPRT_ARC_COF1	01	Archery	
PA2_LSPRT_BAD_COF1	02	Badminton	
PA2_LSPRT_BIL_COF1	03	Billiards	
PA2_LSPRT_BOA_COF1	04	Boating (canoeing, rowing, sailing)	
PA2_LSPRT_BOC_COF1	05	Bocce	
PA2_LSPRT_BOW_COF1	06	Bowling	
PA2_LSPRT_CAT_COF1	07	Catch	
PA2_LSPRT_CRO_COF1	08	Croquet	
PA2_LSPRT_DAR_COF1	09	Darts	
PA2_LSPRT_FIS_COF1	10	Fishing	
PA2_LSPRT_FRI_COF1	11	Frisbee	
PA2_LSPRT_GOL_COF1	12	Golf with a power cart	
PA2_LSPRT_HOR_COF1	13	Horseshoes	
PA2_LSPRT_MUS_COF1	14	Musical program	
PA2_LSPRT_RIF_COF1	15	Rifle shooting	
PA2_LSPRT_SHU_COF1	16	Shuffleboard	
PA2_LSPRT_SWI_COF1	17	Swimming: no laps	
PA2_LSPRT_TAB_COF1	18	Table tennis	
PA2_LSPRT_YOG_COF1	19	Yoga or stretching	
PA2_LSPRT_OT_COF1	97	Other	
PA2_LSPRT_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
PA2_LSPRT_REFUSED_COF1	99	**[DO NOT READ]** Refused	
PA2_7a	**PA2_LSPRT_OTSP_COF1**		
[ASK IF PA2_LSPRT2_COF1 = PA2_LSPRT_OT_COF1]			
Other (please specify: _____)			
PA2_LSPRT_OTSP1_COF1	[OPEN TEXT VARIABLE]		

PA2_8	PA2_LSPRTHR_COF1		

[ASK IF PA2_LSPRT_COF1 ≠ NEVER, DK_NA OR REFUSED]

On average, how many hours per day did you engage in these light sports or recreational activities?

READ LIST; CODE ONLY ONE RESPONSE

LESS_30_MIN		01	less than 30 minutes
30_MIN_1_HR		02	30 minutes but less than 1 hour
1_2_HR		03	1 hour but less than 2 hours
2_4_HR		04	2 hours but less than 4 hours
MORE_4_HR		05	4 hours or more
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

PA2_9	PA2_MSPRT_COF1		

[ALWAYS ASK]

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

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

NEVER		01	Never
SELDOM		02	Seldom (1 to 2 days)
SOMETIMES		03	Sometimes (3 to 4 days)
OFTEN		04	Often (5 to 7 days)
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

PA2_10	PA2_MSPRT2_COF1		

[ASK IF PA2_MSPRT_COF1 ≠ NEVER, DK_NA OR REFUSED]

What were these activities?

DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

PA2_MSPRT_BAR_COF1	01	Barn chores
PA2_MSPRT_DAN_COF1	02	Dancing (ballroom, ballet, disco)
PA2_MSPRT_FEN_COF1	03	Fencing
PA2_MSPRT_FOO_COF1	04	Football
PA2_MSPRT_GOL_COF1	05	Golf (without a cart)
PA2_MSPRT_HOR_COF1	06	Horseback riding
PA2_MSPRT_HUN_COF1	07	Hunting
PA2_MSPRT_PIL_COF1	08	Pilates or tai chi
PA2_MSPRT_SCU_COF1	09	Scuba diving or snorkelling
PA2_MSPRT_SKA_COF1	10	Skating (ice, roller)
PA2_MSPRT_SLE_COF1	11	Sledding/snowmobiling
PA2_MSPRT_SOF_COF1	12	Softball/baseball/cricket
PA2_MSPRT_SUR_COF1	13	Surfing/snowboarding
PA2_MSPRT_TEN_COF1	14	Tennis (doubles)
PA2_MSPRT_TRM_COF1	15	Trampoline
PA2_MSPRT_VOL_COF1	16	Volleyball
PA2_MSPRT_OT_COF1	97	Other
PA2_MSPRT_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
PA2_MSPRT_REFUSED_COF1	99	**[DO NOT READ]** Refused

PA2_10a	PA2_MSPRT_OTSP_COF1	

[ASK IF PA2_MSPRT2_COF1 = PA2_MSPRT_OT_COF1]

Other (please specify: _____)

PA2_MSPRT_OTSP1_COF1	[OPEN TEXT VARIABLE]

PA2_11	PA2_MSPRTHR_COF1

[ASK IF PA2_MSPRT_COF1 ≠ NEVER, DK_NA OR REFUSED]

On average, how many hours per day did you engage in these moderate sports or recreational activities?

INTERVIEWER INSTRUCTION: READ LIST; CODE ONLY ONE RESPONSE

LESS_30_MIN	01	less than 30 minutes
30_MIN_1_HR	02	30 minutes but less than 1 hour
1_2_HR	03	1 hour but less than 2 hours
2_4_HR	04	2 hours but less than 4 hours
MORE_4_HR	05	4 hours or more
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_12	PA2_SSPRT_COF1

[ALWAYS ASK]

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

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

NEVER	01	Never
SELDOM	02	Seldom (1 to 2 days)
SOMETIMES	03	Sometimes (3 to 4 days)
OFTEN	04	Often (5 to 7 days)
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_13	PA2_SSPRT2_COF1		
[ASK IF PA2_SSPRT_COF1 ≠ NEVER, DK_NA OR REFUSED]			
What were these activities?			
INTERVIEWER INSTRUCTION: DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
PA2_SSPRT_AER_COF1	01	Aerobic dance or water aerobics	
PA2_SSPRT_BAC_COF1	02	Backpacking	
PA2_SSPRT_BAS_COF1	03	Basketball	
PA2_SSPRT_BIC_COF1	04	Bicycling/exercise bike	
PA2_SSPRT_BOA_COF1	05	Board sailing	
PA2_SSPRT_HAN_COF1	06	Handball/paddleball	
PA2_SSPRT_HIK_COF1	07	Hiking	
PA2_SSPRT_HOC_COF1	08	Hockey (ice or field)	
PA2_SSPRT_JOG_COF1	09	Jogging	
PA2_SSPRT_LAC_COF1	10	Lacrosse	
PA2_SSPRT_MOU_COF1	11	Mountain climbing, running	
PA2_SSPRT_RAC_COF1	12	Racquetball	
PA2_SSPRT_ROP_COF1	13	Rope skipping	
PA2_SSPRT_ROW_COF1	14	Rowing/canoeing for competition	
PA2_SSPRT_RWM_COF1	15	Rowing machine	
PA2_SSPRT_SKI_COF1	16	Skiing (cross country, downhill, water)	
PA2_SSPRT_SNO_COF1	17	Snowshoeing	
PA2_SSPRT_SOC_COF1	18	Soccer	
PA2_SSPRT_SQU_COF1	19	Squash	
PA2_SSPRT_STA_COF1	20	Stair climbing	
PA2_SSPRT_SWI_COF1	21	Swimming (with laps)	
PA2_SSPRT_TEN_COF1	22	Tennis (single)	
PA2_SSPRT_OT_COF1	97	Other	
PA2_SSPRT_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
PA2_SSPRT_REFUSED_COF1	99	**[DO NOT READ]** Refused	
PA2_13a	**PA2_SSPRT_OTSP_COF1**		
[ASK IF PA2_SSPRT2_COF1 = PA2_SSPRT_OT_COF1]			
Other (please specify: _____)			
PA2_SSPRT_OTSP1_COF1	[OPEN TEXT VARIABLE]		

PA2_14	PA2_SSPRTHR_COF1

[ASK IF PA2_SSPRT_COF1 ≠ NEVER, DK_NA OR REFUSED]

On average, how many hours per day did you engage in these strenuous sports or recreational activities?

READ LIST; CODE ONLY ONE RESPONSE

LESS_30_MIN	01	less than 30 minutes
30_MIN_1_HR	02	30 minutes but less than 1 hour
1_2_HR	03	1 hour but less than 2 hours
2_4_HR	04	2 hours but less than 4 hours
MORE_4_HR	05	4 hours or more
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_15	PA2_EXER_COF1

[ALWAYS ASK]

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

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

NEVER	01	Never
SELDOM	02	Seldom (1 to 2 days)
SOMETIMES	03	Sometimes (3 to 4 days)
OFTEN	04	Often (5 to 7 days)
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_16	PA2_EXER2_COF1		
[ASK IF PA2_EXER_COF1 ≠ NEVER, DK_NA OR REFUSED]			
What were these exercises?			
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
PA2_EXER_CAL_COF1		01	Callisthenics
PA2_EXER_PUS_COF1		02	Push-ups
PA2_EXER_SIT_COF1		03	Sit-ups
PA2_EXER_WEI_COF1		04	Weight lifting and hand weights
PA2_EXER_OT_COF1		97	Other
PA2_EXER_DK_NA_COF1		98	**[DO NOT READ]** Don't know / No answer
PA2_EXER_REFUSED_COF1		99	**[DO NOT READ]** Refused
PA2_16a	**PA2_EXER_OTSP_COF1**		
[ASK IF PA2_EXER2_COF1 = PA2_EXER_OT_COF1]			
Other (please specify: _____)			
PA2_EXER_OTSP1_COF1		[OPEN TEXT VARIABLE]	

PA2_17	PA2_EXERHR_COF1		
[ASK IF PA2_EXER_COF1 ≠ NEVER, DK_NA OR REFUSED]			
On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?			
READ LIST; CODE ONLY ONE RESPONSE			
LESS_30_MIN		01	less than 30 minutes
30_MIN_1_HR		02	30 minutes but less than 1 hour
1_2_HR		03	1 hour but less than 2 hours
2_4_HR		04	2 hours but less than 4 hours
MORE_4_HR		05	4 hours or more
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

PA2_18- PA2_23	PA2_HWRK_COF1

[ALWAYS ASK]

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

		YES	NO	DK_ NA	RF
PA2_LTHSWK_COF1	light housework, such as dusting or washing dishes				
PA2_HVYHSWK_COF1	heavy housework or chores such as vacuuming, scrubbing floors, washing windows or carrying wood				
PA2_HMREPAIR_COF1	home repairs like painting, wallpapering, electrical work, etc.				
PA2_HVYODA_COF1	lawn work or yard care, including snow or leaf removal, wood chopping, etc. (excluding outdoor gardening)				
PA2_LTODA_COF1	outdoor gardening, sweeping the balcony or the stairs				
PA2_CRPRSN_COF1	caring for another person, such as children, a dependent spouse or other adult				

PA2_24	PA2_WRK_COF1

[ALWAYS ASK]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_25	PA2_WRKHRS_NB_COF1

[ASK IF PA2_WRK_COF1 = YES]

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

INTERVIEWER INSTRUCTION: IF THE PARTICIPANT IS UNSURE OF THE EXACT NUMBER OF HOURS, PLEASE REQUEST BEST POSSIBLE ESTIMATE

PA2_WRKHRS_NB_COF1	_____	**ENTER EXACT AMOUNT, MASK: MIN=001, MAX=168**
DK_NA	998	**[DO NOT READ]** Don't know/No answer
REFUSED	999	**[DO NOT READ]** Refused

PA2_26	PA2_WRKPA_COF1

[ASK IF PA2_WRK_COF1 = YES]

Which of the following categories best describes the amount of physical activity required on your job or as a volunteer?

INTERVIEWER NOTE: 50 LBS. IS APPROXIMATELY 23 KG. READ CATEGORIES, CODE ONLY ONE RESPONSE

SITTING	01	mainly sitting with slight arm movements (such as office worker or bus driver)
STANDING_WALKING	02	sitting and standing with some walking (such as cashier or light tool and machinery worker)
LIGHT_MANUAL	03	walking with some handling of materials generally weighing less than 50 lbs (such as postal worker, waitress or construction worker)
HEAVY_MANUAL	04	walking and heavy manual work often requiring handling of materials weighing over 50 lbs (such as lumberjack, stone mason, farm or general labourer)
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_27	PA2_REPRTN_COF1

[ALWAYS ASK]

We just talked about your activities during the last 7 days. Taking them all together, would you say they represent the level of your routine activity over the last 12 months?

INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE

STRONGLY_AGREE	01	Strongly agree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DISAGREE	04	Disagree
STRONGLY_DISAGREE	05	Strongly disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PA2_28	PA2_PALVL_COF1		

[ASK IF PA2_REPRTN_COF1 = DISAGREE OR STRONGLY_DISAGREE]

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

INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE

LOT_LOWER		01	a lot lower than usual
LITTLE_LOWER		02	a little lower than usual
LITTLE_HIGHER		03	a little higher than usual
LOT_HIGHER		04	a lot higher than usual
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

PA2_29	PA2_PARTPA_COF1		

[ALWAYS ASK]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

PA2_30	PA2_PRVPA_COF1		

[ASK IF PA2_PARTPA_COF1 = YES]

What prevented you from doing physical activities/more physical activities?

INTERVIEWER INSTRUCTION: DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

PA2_PRVPA_COS_COF1	01	Cost
PA2_PRVPA_TRM_COF1	02	Transportation problems
PA2_PRVPA_ACT_COF1	03	Activities not available in the area
PA2_PRVPA_LOC_COF1	04	Location not physically accessible
PA2_PRVPA_FAR_COF1	05	Location is too far
PA2_PRVPA_HEA_COF1	06	Health condition limitation
PA2_PRVPA_ILL_COF1	07	Illness/injury
PA2_PRVPA_FEA_COF1	08	Fear of injury
PA2_PRVPA_TIM_COF1	09	Lack of time
PA2_PRVPA_ENG_COF1	10	Lack of energy
PA2_PRVPA_MOT_COF1	11	Lack of motivation
PA2_PRVPA_SKI_COF1	12	Lack of skills or knowledge
PA2_PRVPA_OT_COF1	97	Other
PA2_PRVPA_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
PA2_PRVPA_REFUSED_COF1	99	**[DO NOT READ]** Refused
PA2_30a	**PA2_PRVPA_OTSP_COF1**	

[ASK IF PA2_PRVPA_COF1 = PA2_PRVPA_OT_COF1]

Other (please specify: _____)

PA2_PRVPA_OTSP1_COF1	[OPEN TEXT VARIABLE]

PA2_END

clsa élcv

Nutrition: Short Diet Questionnaire (NUT)

Overview	The Short Diet Questionnaire is used to collect data on the habitual intake of foods and beverages over the past 12 months. We are also interested in finding out if you are currently following any specific dietary regimen. Researchers are interested in your diet because nutrition is known to play an important role in health aging. For example, vitamin D and calcium are important for maintaining healthy bones – while the intake of trans-unsaturated fatty acids is known to negatively impact cholesterol levels.

The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home Think about the number of times you ate each food per month, per week or per day. If you never eat a food or ate it less than once per month, then answer 'never or rarely'.

NUT_1	**NUT_FBR_COF1**		
[ALWAYS ASK]			
How often do you usually eat high fibre breakfast cereals (All Bran, 100% Bran, Bran Flakes, muesli…) for example twice a day, three times a week, once a month?			
INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"			
RECORD NUMBER		_____	
NEVER	96	Never or rarely	
DK_NA	98	**[DO NOT READ]** Don't know / No answer	
REFUSED	99	**[DO NOT READ]** Refused	
NUT_1a	**NUT_FBR_COF1**		
[ASK IF NUT_FBR_COF1 ≠ NEVER, DK_NA OR REFUSED]			
RECORD UNIT OF MEASUREMENT:			
NUT_FBR_DAY_COF1	01	Per day	
NUT_FBR_WK_COF1	02	Per week	
NUT_FBR_MT_COF1	03	Per month	

NUT_2	NUT_BRD_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_2a	NUT_BRD_COF1

[ASK IF NUT_BRD_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_BRD_DAY_COF1	01	Per day
NUT_BRD_WK_COF1	02	Per week
NUT_BRD_MT_COF1	03	Per month

NUT_3	NUT_MEAT_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_3a	NUT_MEAT_COF1

[ASK IF NUT_MEAT_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_MEAT_DAY_COF1	01	Per day
NUT_MEAT_WK_COF1	02	Per week
NUT_MEAT_MT_COF1	03	Per month

NUT_4	NUT_MTOT_COF1

[ALWAYS ASK]

How often do you usually eat other meats (veal, lamb, game…)?

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER	_____	
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused
NUT_4a	**NUT_MTOT_COF1**	

[ASK IF NUT_MTOT_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_MTOT_DAY_COF1	01	Per day
NUT_MTOT_WK_COF1	02	Per week
NUT_MTOT_MT_COF1	03	Per month

NUT_5	NUT_CHCK_COF1

[ALWAYS ASK]

How often do you usually eat chicken, turkey?

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER	_____	
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused
NUT_5a	**NUT_CHCK_COF1**	

[ASK IF NUT_CHCK_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_CHCK_DAY_COF1	01	Per day
NUT_CHCK_WK_COF1	02	Per week
NUT_CHCK_MT_COF1	03	Per month

NUT_6	NUT_FISH_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_6a	NUT_FISH_COF1

[ASK IF NUT_FISH_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_FISH_DAY_COF1	01	Per day
NUT_FISH_WK_COF1	02	Per week
NUT_FISH_MT_COF1	03	Per month

NUT_7	NUT_SASG_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_7a	NUT_SASG_COF1

[ASK IF NUT_SASG_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_SASG_DAY_COF1	01	Per day
NUT_SASG_WK_COF1	02	Per week
NUT_SASG_MT_COF1	03	Per month

NUT_8	NUT_PATE_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_8a	NUT_PATE_COF1

[ASK IF NUT_PATE_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_PATE_DAY_COF1	01	Per day
NUT_PATE_WK_COF1	02	Per week
NUT_PATE_MT_COF1	03	Per month

NUT_9	NUT_SAUC_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_9a	NUT_SAUC_COF1

[ASK IF NUT_SAUC_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_SAUC_DAY_COF1	01	Per day
NUT_SAUC_WK_COF1	02	Per week
NUT_SAUC_MT_COF1	03	Per month

INTERVIEWER: REPEAT IF NECESSARY: Think about the number of times you ate each food per month, per week or per day. If you never eat a food or ate it less than once per month, then answer 'never or rarely'.

NUT_10	NUT_O3EG_COF1		
[ALWAYS ASK]			
How often do you usually eat omega-3 eggs?			
INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"			
RECORD NUMBER		_____	
NEVER		96	Never or rarely
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused
NUT_10a	**NUT_O3EG_COF1**		
[ASK IF NUT_O3EG_COF1 ≠ NEVER, DK_NA OR REFUSED]			
RECORD UNIT OF MEASUREMENT:			
NUT_O3EG_DAY_COF1		01	Per day
NUT_O3EG_WK_COF1		02	Per week
NUT_O3EG_MT_COF1		03	Per month

NUT_11	NUT_EGGS_COF1		
[ALWAYS ASK]			
How often do you usually eat all egg dishes except omega 3 eggs (eggs, omelette, quiche...)?			
INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"			
RECORD NUMBER		_____	
NEVER		96	Never or rarely
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused
NUT_11a	**NUT_EGGS_COF1**		
[ASK IF NUT_EGGS_COF1 ≠ NEVER, DK_NA OR REFUSED]			
RECORD UNIT OF MEASUREMENT:			
NUT_EGGS_DAY_COF1		01	Per day
NUT_EGGS_WK_COF1		02	Per week
NUT_EGGS_MT_COF1		03	Per month

NUT_12	NUT_LEGM_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_12a	NUT_LEGM_COF1

[ASK IF NUT_LEGM_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_LEGM_DAY_COF1	01	Per day
NUT_LEGM_WK_COF1	02	Per week
NUT_LEGM_MT_COF1	03	Per month

NUT_13	NUT_NUTS_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_13a	NUT_NUTS_COF1

[ASK IF NUT_NUTS_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_NUTS_DAY_COF1	01	Per day
NUT_NUTS_WK_COF1	02	Per week
NUT_NUTS_MT_COF1	03	Per month

NUT_14	NUT_FRUT_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_14a	NUT_FRUT_COF1

[ASK IF NUT_FRUT_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_FRUT_DAY_COF1	01	Per day
NUT_FRUT_WK_COF1	02	Per week
NUT_FRUT_MT_COF1	03	Per month

NUT_15	NUT_GREEN_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_15a	NUT_GREEN_COF1

[ASK IF NUT_GREEN_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_GREEN_DAY_COF1	01	Per day
NUT_GREEN_WK_COF1	02	Per week
NUT_GREEN_MT_COF1	03	Per month

NUT_16	NUT_PTTO_COF1		

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____	
NEVER	96	Never or rarely	
DK_NA	98	**[DO NOT READ]** Don't know / No answer	
REFUSED	99	**[DO NOT READ]** Refused	

NUT_16a	NUT_PTTO_COF1		

[ASK IF NUT_PTTO_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_PTTO_DAY_COF1	01	Per day
NUT_PTTO_WK_COF1	02	Per week
NUT_PTTO_MT_COF1	03	Per month

NUT_17	NUT_FRIE_COF1		

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____	
NEVER	96	Never or rarely	
DK_NA	98	**[DO NOT READ]** Don't know / No answer	
REFUSED	99	**[DO NOT READ]** Refused	

NUT_17a	NUT_FRIE_COF1		

[ASK IF NUT_FRIE_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_FRIE_DAY_COF1	01	Per day
NUT_FRIE_WK_COF1	02	Per week
NUT_FRIE_MT_COF1	03	Per month

NUT_18	**NUT_CRRT_COF1**		

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER	_____	
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_18a	**NUT_CRRT_COF1**	

[ASK IF NUT_CRRT_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_CRRT_DAY_COF1	01	Per day
NUT_CRRT_WK_COF1	02	Per week
NUT_CRRT_MT_COF1	03	Per month

NUT_19	**NUT_VGOT_COF1**		

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER	_____	
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_19a	**NUT_VGOT_COF1**	

[ASK IF NUT_VGOT_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_VGOT_DAY_COF1	01	Per day
NUT_VGOT_WK_COF1	02	Per week
NUT_VGOT_MT_COF1	03	Per month

INTERVIEWER: REPEAT IF NECESSARY: Think about the number of times you ate each food per month, per week or per day. If you never eat a food or ate it less than once per month, then answer 'never or rarely'.

NUT_20	NUT_LWCS_COF1		
[ALWAYS ASK]			
How often do you usually eat all low-fat cheeses?			
INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"			
RECORD NUMBER		_____	
NEVER		96	Never or rarely
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused
NUT_20a	**NUT_LWCS_COF1**		
[ASK IF NUT_LWCS_COF1 ≠ NEVER, DK_NA OR REFUSED]			
RECORD UNIT OF MEASUREMENT:			
NUT_LWCS_DAY_COF1		01	Per day
NUT_LWCS_WK_COF1		02	Per week
NUT_LWSC_MT_COF1		03	Per month

NUT_21	NUT_CHSE_COF1		
[ALWAYS ASK]			
How often do you usually eat all regular cheeses?			
INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"			
RECORD NUMBER		_____	
NEVER		96	Never or rarely
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused
NUT_21a	**NUT_CHSE_COF1**		
[ASK IF NUT_CHSE_COF1 ≠ NEVER, DK_NA OR REFUSED]			
RECORD UNIT OF MEASUREMENT:			
NUT_CHSE_DAY_COF1		01	Per day
NUT_CHSE_WK_COF1		02	Per week
NUT_CHSE_MT_COF1		03	Per month

NUT_22	NUT_LWYG_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_22a	NUT_LWYG_COF1

[ASK IF NUT_LWYG_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_LWYG_DAY_COF1	01	Per day
NUT_LWYG_WK_COF1	02	Per week
NUT_LWYG_MT_COF1	03	Per month

NUT_23	NUT_YOGR_COF1

[ALWAYS ASK]

How often do you usually eat yogurt (regular)?

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_23a	NUT_YOGR_COF1

[ASK IF NUT_YOGR_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_YOGR_DAY_COF1	01	Per day
NUT_YOGR_WK_COF1	02	Per week
NUT_YOGR_MT_COF1	03	Per month

NUT_24	NUT_CALC_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_24a	NUT_CALC_COF1

[ASK IF NUT_CALC_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_CALC_DAY_COF1	01	Per day
NUT_CALC_WK_COF1	02	Per week
NUT_CALC_MT_COF1	03	Per month

NUT_25	NUT_DAIR_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_25a	NUT_DAIR_COF1

[ASK IF NUT_DAIR_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_DAIR_DAY_COF1	01	Per day
NUT_DAIR_WK_COF1	02	Per week
NUT_DAIR_MT_COF1	03	Per month

NUT_26	NUT_SALT_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_26a	**NUT_SALT_COF1**

[ASK IF NUT_SALT_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_SALT_DAY_COF1	01	Per day
NUT_SALT_WK_COF1	02	Per week
NUT_SALT_MT_COF1	03	Per month

NUT_27	NUT_DSRT_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_27a	**NUT_DSRT_COF1**

[ASK IF NUT_DSRT_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_DSRT_DAY_COF1	01	Per day
NUT_DSRT_WK_COF1	02	Per week
NUT_DSRT_MT_COF1	03	Per month

NUT_28	NUT_CHOC_COF1

[ALWAYS ASK]

How often do you usually eat chocolate (either candy or bars)?

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_28a	**NUT_CHOC_COF1**

[ASK IF NUT_CHOC_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_CHOC_DAY_COF1	01	Per day
NUT_CHOC_WK_COF1	02	Per week
NUT_CHOC_MT_COF1	03	Per month

NUT_29	NUT_BTTR_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_29a	**NUT_BTTR_COF1**

[ASK IF NUT_BTTR_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_BTTR_DAY_COF1	01	Per day
NUT_BTTR_WK_COF1	02	Per week
NUT_BTTR_MT_COF1	03	Per month

INTERVIEWER: REPEAT IF NECESSARY: Think about the number of times you ate each food per month, per week or per day. If you never eat a food or ate it less than once per month, then answer 'never or rarely'.

NUT_30	NUT_DRSG_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER	_____	
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_30a	**NUT_DRSG_COF1**

[ASK IF NUT_DRSG_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_DRSG_DAY_COF1	01	Per day
NUT_DRSG_WK_COF1	02	Per week
NUT_DRSG_MT_COF1	03	Per month

NUT_31	NUT_CAJC_COF1

[ALWAYS ASK]

How often do you usually drink Calcium-fortified juices?

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER	_____	
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_31a	**NUT_CAJC_COF1**

[ASK IF NUT_CAJC_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_CAJC_DAY_COF1	01	Per day
NUT_CAJC_WK_COF1	02	Per week
NUT_CAJC_MT_COF1	03	Per month

NUT_32	NUT_PURE_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_32a	NUT_PURE_COF1

[ASK IF NUT_PURE_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_PURE_DAY_COF1	01	Per day
NUT_PURE_WK_COF1	02	Per week
NUT_PURE_MT_COF1	03	Per month

NUT_33	NUT_CAML_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_33a	NUT_CAML_COF1

[ASK IF NUT_CAML_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_CAML_DAY_COF1	01	Per day
NUT_CAML_WK_COF1	02	Per week
NUT_CAML_MT_COF1	03	Per month

NUT_34	NUT_WHML_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_34a	NUT_WHML_COF1

[ASK IF NUT_WHML_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_WHML_DAY_COF1	01	Per day
NUT_WHML_WK_COF1	02	Per week
NUT_WHML_MT_COF1	03	Per month

NUT_35	NUT_LFML_COF1

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER		_____
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_35a	NUT_LFML_COF1

[ASK IF NUT_LFML_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_LFML_DAY_COF1	01	Per day
NUT_LFML_WK_COF1	02	Per week
NUT_LFML_MT_COF1	03	Per month

NUT_36	**NUT_CADR_COF1**		

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER	_____	
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused
NUT_36a	**NUT_CADR_COF1**	

[ASK IF NUT_CADR_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_CADR_DAY_COF1	01	Per day
NUT_CADR_WK_COF1	02	Per week
NUT_CADR_MT_COF1	03	Per month

NUT_37	**NUT_ENEG_COF1**		

[ALWAYS ASK]

How often do you usually drink Energy Drinks, such as Red Bull?

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER	_____	
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused
NUT_37a	**NUT_ENEG_COF1**	

[ASK IF NUT_ENEG_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_ENEG_DAY_COF1	01	Per day
NUT_ENEG_WK_COF1	02	Per week
NUT_ENEG_MT_COF1	03	Per month

NUT_38	NUT_PKFD_COF1		

[ALWAYS ASK]

How often do you usually eat already packaged foods or meals, such as soups, frozen meals or others?

INTERVIEWER INSTRUCTION: IF "NEVER" RECORD AS "NEVER OR RARELY"

RECORD NUMBER	_____	
NEVER	96	Never or rarely
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

NUT_38a	NUT_PKFD_COF1		

[ASK IF NUT_PKFD_COF1 ≠ NEVER, DK_NA OR REFUSED]

RECORD UNIT OF MEASUREMENT:

NUT_PKFD_DAY_COF1	01	Per day
NUT_PKFD_WK_COF1	02	Per week
NUT_PKFD_MT_COF1	03	Per month

NUT_39	NUT_LSALT_COF1		

[ALWAYS ASK]

Do you usually choose low salt or salt-free nuts, seeds, and peanut butter?

INTERVIEWER INSTRUCTION:

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

NUT_40	NUT_TAST_COF1		

[ALWAYS ASK]

Do you have problems tasting foods? Such as impaired taste for sweet or salty foods or having an unusual sweet, salty, sour or bitter taste in the mouth?

INTERVIEWER INSTRUCTION:

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

NUT_41	NUT_SMEL_COF1		
[ALWAYS ASK]			
Do you have problems with the sense of smell? Such as decreased perception or smelling non-appropriate odours?			
INTERVIEWER INSTRUCTION:			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

NUT_42	NUT_SPDIET_COF1		
[ALWAYS ASK]			
Are you currently following a specific diet?			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

NUT_42a	NUT_DTYP_COF1		
[ASK IF NUT_SPDIET_COF1=YES]			
What type of diet?			
INTERVIEWER INSTRUCTIONS: READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
NUT_DTYP_VEG_COF1		01	Vegetarian diet
NUT_DTYP_VAG_COF1		02	Vegan diet
NUT_DTYP_MAC_COF1		03	Macrobiotic diet
NUT_DTYP_GLU_COF1		04	Gluten free diet
NUT_DTYP_MED_COF1		05	Mediterranean diet
NUT_DTYP_RAW_COF1		06	Raw food diet
NUT_DTYP_DSH_COF1		07	DASH diet (Dietary pattern to prevent and control high blood pressure)
NUT_DTYP_PAL_COF1		08	Paleo diet
NUT_DTYP_WTL_COF1		09	Weight loss diet
NUT_DTYP_OT_COF1		97	Other
NUT_DTYP_DK_NA_COF1		98	**[DO NOT READ]** Don't know / No answer
NUT_DTYP_REFUSED_COF1		99	**[DO NOT READ]** Refused
NUT_42b	NUT_DTYP_OTSP_COF1		
[ASK IF NUT_DTYP_COF1=NUT_DTYP_OT_COF1]			
Other (please specify: _____)			
NUT_DTYP_OTSP1_COF1		[OPEN TEXT VARIABLE]	

NUT_42c	NUT_DTIM_COF1	
[ASK IF NUT_SPDIET_COF1=YES]		
If yes, for how long? Specify weeks, months or years		
INTERVIEWERS INSTRUCTION: PROBE FOR BEST ESTIMATE IF REQUIRED		
WEEKS	__	Weeks
MONTHS	__	Months
YEARS	__	Years

NUT_END

Women's Health (WHO)

Overview	The women's health module is used to collect data related to reproductive factors, menopause and hormone replacement therapy. Researchers are interested in these topics because they are known to affect the risk of certain diseases and health outcomes. For example, reproductive factors are known to influence hormone-related cancers like those of the breast and ovary - and the chance of developing osteoporosis (loss of bone mass) increases as women reach menopause.

WHO_1	**WHO_CONCP_COF1**

[ASK IF SEX=FEMALE]

Have you ever used any hormonal contraceptives for any reason? Hormonal contraceptives include birth control pills, implants, patches, injections and rings or intra-uterine devices that release female hormones.

NOTE: This question is referring to HORMONAL contraception ONLY.

EXAMPLES OF BOTH HORMONAL AND NON-HORMONAL CONTRACEPTIVES LISTED BELOW:

Intra-uterine devices (IUD) that release hormones:
- Any IUD releasing levonorgestrel - including:
  o Mirena ®
  o Skyla ®
  o Jaydess ®

IUDs that do **NOT** release hormones:
- Any Copper containing IUDs
- Any inert IUDs (containing no bioactive components)

Other contraceptives that do **NOT** release hormones:
- Diaphragm
- Cervical caps
- Female condoms
- Male condoms
- Vaginal spermicides

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

WHO_2	WHO_CON_STRT_COF1

[ASK IF WHO_CONCP_COF1=YES]

How old were you when you started using hormonal contraceptives?

CON_AGE		_____ **RECORD AGE, MASK: MIN=00, MAX=CURRENT AGE**
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

WHO_3	WHO_CONTT_COF1

[ASK IF WHO_CON_STRT_COF1≠DK_NA OR REFUSED]

In total, how many years or months did you use or have you been using hormonal contraceptives? Add up all the time that you used contraceptives even if you started and stopped several times.

WHO_CONTT_MT_COF1	_____	MONTHS
WHO_CONTT_YR_COF1	_____	YEARS
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

WHO_4	WHO_PREG_NB_COF1

[ASK IF SEX=FEMALE]

How many times have you been pregnant, including live births, stillbirths, spontaneous miscarriage or therapeutic abortions?

NUMBER		_____ **RECORD NUMBER**
NONE	96	Never been pregnant
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

IF WHO_PREG_NB_COF1 = DK_NA OR REFUSED SKIP TO WHO_MENOP_COF1

WHO_5	WHO_PREG_FRST_COF1

[ASK IF WHO_PREG_NB_COF1≠0, NONE/NEVER, DK_NA OR REFUSED]

How old were you when you first became pregnant?

PREG_AGE		____ **RECORD AGE, MASK: MIN=00, MAX=CURRENT AGE**
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

WHO_6	WHO_PREG_LIVE_COF1

[ASK IF WHO_PREG_NB_COF1≠0, NONE/NEVER, DK_NA OR REFUSED]

How many children have you given birth to, considering live births only?

LIVE_BIRTHS		_____ **RECORD NUMBER**
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

WHO_7	WHO_PREG_LAST_COF1

[ASK IF WHO_PREG_NB_COF1 ≠ 0, 1, NONE/NEVER, DK_NA OR REFUSED]

How old were you when you last became pregnant?

PREG_LAST		_____ (**MASK: MIN=PREG_AGE, MAX=CURRENT AGE**)
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

The next questions are about symptoms associated with menopause.

WHO_8	WHO_MENOP_COF1		
[ASK SEX=FEMALE AND WHO_MENOP_COM=NO AT BASELINE]			
Have you gone through menopause, meaning that your menstrual periods stopped for at least one year and did not restart?			
YES		01	Yes
NO		02	No
HYSTERECTOMY		03	**[DO NOT READ]** Had a hysterectomy
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

WHO_9	WHO_MPAG_AG_COF1		
[ASK IF WHO_MENOP_COF1=YES]			
How old were you when your menstrual periods stopped for at least one year and did not re-start?			
INTERVIEWER INSTRUCTION: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE			
WHO_MPAG_AG_COF1			**____ RECORD AGE, MASK: MIN=00, MAX=CURRENT AGE**
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused

WHO_10	WHO_HRT_COF1		
[ASK SEX=FEMALE AND WHO_HRT_COM=NO]			
Have you ever used any hormone replacement therapy, sometimes called HRT, for any reason?			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

WHO_11	WHO_TYPE_COF1

[ASK IF WHO_HRT_COF1=YES]

Which type of hormone replacement therapy have you used the most?

ESTROGEN_PROGESTERONE	01	Both Estrogen and Progesterone
ESTROGEN	02	Estrogen (e.g. Premarin, Estrace)
PROGESTERONE	03	Progesterone (e.g. Prometrium, Provera)
ESTROGEN_GEL	04	Estrogen gel or cream applied to the skin (e.g. Estraderm, Estrogel)
DEVICE_PROGESTERONE	05	Intra-uterine device with progesterone
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

WHO_12	WHO_HRTAG_AG_COF1

[ASK IF WHO_HRT_COF1=YES]

How old were you when you started using hormone replacement therapy?

INTERVIEWER INSTRUCTION: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE

WHO_HRTAG_AG_COF1		___ RECORD AGE, MASK: MIN=00, MAX=CURRENT AGE
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

WHO_13	WHO_HRTCURR_COF1

[ASK IF WHO_HRT_COF1=YES]

Are you still taking hormone replacement therapy?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

WHO_14	**WHO_HRTSTIL_COF1**

[ASK SEX=FEMALE AND WHO_HRT_COM=YES AT BASELINE]

During your last interview you stated you had used hormone replacement therapy. Are you still taking this therapy?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

WHO_15	**WHO_HRTDR_COF1**

[ASK SEX=FEMALE AND WHO_HRTCURR_COF1=NO OR WHO_HRTSTIL_COF1=NO]

In total, for how long did you use or have you been using hormone replacement therapy?

INTERVIEWER INSTRUCTION: PROBE FOR BEST ESTIMATE IF PARTICIPANT IS UNSURE OF THE TOTAL TIME

WHO_HRTDR_WK_COF1	_____	WEEKS
WHO_HRTDR_MT_COF1	_____	MONTHS
WHO_HRTDR_YR_COF1	_____	YEARS
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

WHO_END

Basic Activities of Daily Living (ADL)

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

Overview	The Activities of Daily Living (ADL) scale assesses respondents' ability to perform <u>basic</u> daily activities. Activities of daily living are the tasks considered vital to live independently in the community.
	The respondent is asked whether help is needed when feeding and dressing oneself, taking care of their appearance, walking around, getting in and out of bed, bathing, and whether they have incontinence problems. These basic daily activities can be difficult to perform for people with mobility restrictions or limitations.
	Information on activities of daily living will help provide insights into limitations that Canadians may face in day to day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services.

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

ADL_1	**ADL_ABLDR_COF1**	
[ALWAYS ASK]		
Can you dress and undress yourself without help (including picking out clothes and putting on socks and shoes)?		
YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_2	**ADL_HPDR_COF1**	
[ASK IF ADL_ABLDR_COF1 = NO]		
Can you dress and undress yourself with some help?		
YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_3	ADL_UNDR_COF1

[ASK IF ADL_HPDR_COF1 = NO]

Are you completely unable to dress and undress yourself?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_4	ADL_ABLFD_COF1

[ALWAYS ASK]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_5	ADL_HPFD_COF1

[ASK IF ADL_ABLFD_COF1 = NO]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_6	ADL_UNFD_COF1

[ASK IF ADL_HPFD_COF1 = NO]

Are you completely unable to feed yourself?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_7	ADL_ABLAP_COF1

[ALWAYS ASK]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_8	ADL_HPAP_COF1

[ASK IF ADL_ABLAP_COF1 = NO]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_9	ADL_UNAP_COF1

[ASK IF ADL_HPAP_COF1 = NO]

Are you completely unable to take care of your own appearance?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_10	ADL_ABLWK_COF1

[ALWAYS ASK]

Can you walk without help?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_11	ADL_HPWK_COF1

[ASK IF ADL_ABLWK_COF1 = NO]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

ADL_12	ADL_UNWK_COF1

[ASK IF ADL_HPWK_COF1 = NO]

Are you completely unable to walk?

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

ADL_13	ADL_ABLBD_COF1

[ALWAYS ASK]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

ADL_14	ADL_HPBD_COF1

[ASK IF ADL_ABLBD_COF1 = NO]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

ADL_15	**ADL_UNBD_COF1**

[ASK IF ADL_HPBD_COF1 = NO]

Are you totally dependent on someone else to lift you in and out of bed?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_16	**ADL_ABLBT_COF1**

[ALWAYS ASK]

Can you take a bath or shower without help?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_17	**ADL_HPBT_COF1**

[ASK IF ADL_ABLBT_COF1 = NO]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_18	**ADL_UNBT_COF1**

[ASK IF ADL_HPBT_COF1 = NO]

Are you completely unable to take a bath and a shower by yourself?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_19	**ADL_BATH_COF1**

[ALWAYS ASK]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_20	**ADL_INCNT_COF1**

[ASK IF ADL_BATH_COF1 = YES]

How often do you wet or soil yourself (either day or night)? Would you say…

READ LIST, CODE ONLY ONE RESPONSE		
0_1_TIME_WEEK	01	Never or less than once a week
1_2_TIME_WEEK	02	Once or twice a week
3_MORE_TIMES_WEEK	03	Three times a week or more
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ADL_END

Instrumental Activities of Daily Living (IAL)

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

Overview	The Instrumental Activities of Daily Living (IADL) scale assesses respondents' ability to independently perform a series of daily activities. The respondent is asked whether or not help is needed when using the telephone, traveling, shopping, cooking, doing housework, taking medicine and handling money. Information on instrumental activities of daily living will help provide insights into limitations that Canadians may face in day to day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services. This module is a companion to the ADL module.

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

IAL_1	IAL_ABLTEL_COF1

[ALWAYS ASK]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

IAL_2	IAL_HPTEL_COF1

[ASK IF IAL_ABLTEL_COF1 = NO]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

IAL_3	IAL_UNTEL_COF1

[ASK IF IAL_HPTEL_COF1 = NO]

Are you completely unable to use the telephone?

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_4	IAL_ABLTRV_COF1

[ALWAYS ASK]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_5	IAL_HPTRV_COF1

[ASK IF IAL_ABLTRV_COF1 = NO]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_6	IAL_UNTRV_COF1

[ASK IF IAL_HPTRV_COF1 = NO]

Are you unable to travel unless emergency arrangements are made for a specialized vehicle, like an ambulance?

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_7	IAL_ABLGRO_COF1

[ALWAYS ASK]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

IAL_8	IAL_HPGRO_COF1

[ASK IF IAL_ABLGRO_COF1 = NO]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

IAL_9	IAL_UNGRO_COF1

[ASK IF IAL_HPGRO_COF1 = NO]

Are you completely unable to do any shopping?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

IAL_10	IAL_ABLML_COF1

[ALWAYS ASK]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

IAL_11	IAL_HPML_COF1

[ASK IF IAL_ABLML_COF1 = NO]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_12	IAL_UNML_COF1

[ASK IF IAL_HPML_COF1 = NO]

Are you completely unable to prepare any meals?

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_13	IAL_ABLWRK_COF1

[ALWAYS ASK]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_14	IAL_HPWRK_COF1

[ASK IF IAL_ABLWRK_COF1 = NO]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_15	IAL_UNWRK_COF1

[ASK IF IAL_HPWRK_COF1 = NO]

Are you completely unable to do any housework?

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_16	IAL_ABLMED_COF1

[ALWAYS ASK]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_17	IAL_HPMED_COF1

[ASK IF IAL_ABLMED_COF1 = NO]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_18	IAL_UNMED_COF1

[ASK IF IAL_HPMED_COF1 = NO]

Are you completely unable to take your medicine?

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

IAL_19	IAL_ABLMO_COF1

[ALWAYS ASK]

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

DO NOT READ LIST, CODE ONLY ONE RESPONSE

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

IAL_20	IAL_HPMO_COF1

[ASK IF IAL_ABLMO_COF1 = NO]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

IAL_21	IAL_UNMO_COF1

[ASK IF IAL_HPMO_COF1 = NO]

Are you completely unable to handle your money?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

IAL_END

Cognition (COG)

Rey Auditory Verbal Learning Test: This test is adapted from André Rey, "L'examen psychologique dans les cas d'encéphalopathie traumatique," Archives de psychologie 28:21, 1941. Recently the procedure has been described and discussed in more detail and with some modifications in André Rey, "L'examen clinique en psychologie," (Paris: Presses Universitaires, 1958), pp. 141-193. PSYCHOLOGICAL APPRAISAL OF CHILDREN WITH CEREBRAL DEFECTS by Edith Meyer Taylor, pp. 423-428.

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

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

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.

COG_A	COG_REC_COF1		
[ALWAYS ASK]			
To help us capture this information accurately, we would like your permission to make an audio recording of your responses. This recording will only be used by authorized CLSA employees to code and verify your responses. It is subject to all of the same confidentiality provisions as all other data collected as part of the CLSA. Do you consent to be recorded?			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused
[IF COG_REC_COF1 ≠ YES SKIP TO END OF MODULE]			

COG_1	COG_RDY_COF1		
[ASK IF COG_REC_COF1 = YES]			
It is very important that you are not disturbed during these tasks. Only you can complete these tasks, without help from anyone else or the use of an aid, which includes pen and paper.			
To begin, a recorded voice will ask you a question that you will need to answer. Please listen carefully. Are you ready to listen to the recording?			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused
[IF COG_RDY_COF1 = YES SKIP TO COG_BGN_COF1, IF COG_RDY_COF1 = REFUSED SKIP TO COG_ANML_COF1]			

COG_2	COG_RDYRPT_COF1		
[ASK IF COG_RDY_COF1 = NO or DK_NA]			
INTERVIEWER INSTRUCTION: IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.			
A recorded voice will ask you a question that you will need to answer. Please listen carefully. Are you ready to listen to the recording?			
INTERVIEWER NOTES: IF THERE IS TECHNICAL DIFFICULTY AND THE PARTICIPANT CAN'T BE RECORDED SKIP TO COG_END			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused
[IF COG_RDYRPT_COF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_ANML_COF1, IF COG_RDYRPT_COF1 = YES SKIP TO COG_BGN_COF1]			

COG_2a	COG_RDYIMP_COF1		
[ASK IF COG_RDYRPT_COF1 = NO]			
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?			
YES		01	Yes
NO		02	No
[IF COG_RDYIMP_COF1 = NO SKIP TO COG_ANML_COF1]			

COG_2b	COG_RDYCTR_COF1		
[ASK IF COG_RDYIMP_COF1 = YES]			
INTERVIEWER: What were the factors?			
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
COG_RDYCTR_LG_COF1		01	Had difficulty understanding English/French
COG_RDYCTR_PH_COF1		02	Physical impairment, such as difficulty hearing
COG_RDYCTR_DI_COF1		03	Distraction or noisy environment
COG_RDYCTR_IM_COF1		04	Impaired concentration/memory problems
COG_RDYCTR_AID_COF1		05	Used an aid
COG_RDYCTR_TE_COF1		06	Technical difficulties with the laptop
COG_RDYCTR_OT_COF1		97	Other
[IF COG_RDYCTR_COF1 ≠ COG_RDYCTR_OT_COF1 SKIP TO COG_ANML_COF1]			

COG_2c	COG_RDYFCTR_OTSP_COF1
[ASK IF COG_RDYFCTR_COF1 = COG_RDYFCTR_OT_COF1]	
Other (please specify: _____)	
COG_RDYFCTR_OTSP1_COF1	[OPEN TEXT VARIABLE]
[SKIP TO COG_ANML_COF1]	

COG_3	COG_BGN_COF1		
[ASK IF COG_RDY_COF1 or COG_RDYRPT_COF1 = YES]			
I will begin the recording now.			
INTERVIEWER TO INDICATE IF THE PARTICIPANT CLEARLY HEARD THE RECORDING, DK/RF NOT ALLOWED			
YES		01	Yes, clearly heard recording
NO		02	No, did not clearly hear recording
[IF COG_BGN_COF1 = YES SKIP TO COG_WRD_COF1]			

COG_4	COG_HRD_COF1		
[ASK IF COG_BGN_COF1 = NO]			
ADJUST VOLUME AND SAY: I have adjusted the volume. I will replay the recording for you now.			
INTERVIEWER TO INDICATE IF THE PARTICIPANT CLEARLY HEARD THE RECORDING, DK/RF NOT ALLOWED			
YES		01	Yes, clearly heard recording
NO		02	No, did not clearly hear recording
[IF COG_HRD_COF1 = YES SKIP TO COG_WRD_COF1]			

COG_4a	COG_HRDIMP_COF1		
[ASK IF COG_HRD_COF1 = NO]			
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?			
YES		01	Yes
NO		02	No
[IF COG_HRDIMP_COF1 = NO SKIP TO COG_ANML_COF1]			

COG_4b		COG_HRDFCTR_COF1	
[ASK IF COG_HRDIMP_COF1 = YES]			
INTERVIEWER: What were the factors?			
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
COG_HRDFCTR_LG_COF1	01	Had difficulty understanding English/French	
COG_HRDFCTR_PH_COF1	02	Physical impairment, such as difficulty hearing	
COG_HRDFCTR_DI_COF1	03	Distraction or noisy environment	
COG_HRDFCTR_IM_COF1	04	Impaired concentration/memory problems	
COG_HRDFCTR_AID_COF1	05	Used an aid	
COG_HRDFCTR_TE_COF1	06	Technical difficulties with the laptop	
COG_HRDFCTR_OT_COF1	97	Other	
COG_HRDFCTR_DK_NA_COF1	98	**[DO NOT READ]** Don't know/No answer	
COG_HRDFCTR_REFUSED_COF1	99	**[DO NOT READ]** Refused	
[IF COG_HRDFCTR_COF1 ≠ COG_HRDFCTR_OT_COF1 SKIP TO COG_ANML_COF1]			

COG_4c	COG_HRDFCTR_OTSP_COF1	
[ASK IF COG_HRDFCTR_COF1 = COG_HRDFCTR_OT_COF1]		
Other (please specify: _____)		
COG_HRDFCTR_OTSP1_COF1	[OPEN TEXT VARIABLE]	
[SKIP TO COG_ANML_COF1]		

COG_5	COG_WRD_COF1	
[ASK IF COG_BGN_COF1 or COG_HRD_COF1 = YES]		
The first task will start with a recorded voice that will read you a list of words. We have purposely made the list long so it will be difficult for anyone to recall all of the words. Most people recall just a few words. Please listen carefully, as the list of words cannot be repeated. When the list of words is finished, I will ask you to recall aloud as many of the words as you can, in any order. May I start the recording?		
YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused
INTERVIEWER NOTES: IF THE LIST OF WORDS IS NOT PLAYING DUE TO TECHNICAL DIFFICULTY DO NOT RECITE THE WORDS FOR THE PARTICIPANT AND SKIP TO COG_ANML_COF1.		
[IF COG_WRD_COF1 = REFUSED SKIP TO COG_ANML_COF1, IF COG_WRD_COF1 = YES SKIP TO COG_WRDLST_COF1]		

COG_6	COG_WRDRPT_COF1	

[ASK IF COG_WRD_COF1 = NO or DK_NA]

INTERVIEWER: IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS:

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

[IF COG_WRDRPT_COF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_ANML_COF1, IF COG_WRDRPT_COF1 = YES SKIP TO COG_WRDLST_COF1]

COG_6a	COG_WRDIMP_COF1	

[ASK IF COG_WRDRPT_COF1 = NO]

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

YES	01	Yes
NO	02	No

[IF COG_WRDIMP_COF1 = NO SKIP TO COG_ANML_COF1]

COG_6b	COG_WRDCTR_COF1	

[ASK IF COG_WRDIMP_COF1 = YES]

INTERVIEWER: What were the factors?

MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED). CODE ALL THAT APPLY

COG_WRDCTR_LG_COF1	01	Had difficulty understanding English/French
COG_WRDCTR_PH_COF1	02	Physical impairment, such as difficulty hearing
COG_WRDCTR_DI_COF1	03	Distraction or noisy environment
COG_WRDCTR_IM_COF1	04	Impaired concentration/memory problems
COG_WRDCTR_AID_COF1	05	Used an aid
COG_WRDCTR_TE_COF1	06	Technical difficulties with the laptop
COG_WRDCTR_OT_COF1	97	Other

[IF COG_WRDCTR_COF1 ≠ COG_WRDCTR_OT_COF1 SKIP TO COG_ANML_COF1]

COG_6c	COG_WRDFCTR_OTSP_COF1
[ASK IF COG_WRDCTR_COF1 = COG_WRDCTR_OT_COF1]	
Other (please specify: _____)	
COG_WRDFCTR_OTSP1_COF1	[OPEN TEXT VARIABLE]
[SKIP TO COG_ANML_COF1]	

COG_7	COG_WRDLST_COF1						
[ASK IF COG_RDY_COF1 = YES or COG_RDYRPT_COF1 = YES]							
I will begin the recording now.							
RECORDING INSTRUCTIONS: START RECORDING							
Now, please tell me all the words you can remember in any order. Please begin.							
MULTIPLE RESPONSES ALLOWED, RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS. (EXCEPT IF 96 OR 99 ARE SELECTED)							
TIMER INSTRUCTIONS: PARTICIPANT HAS 90 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES, DO NOT STOP THE TIMER BEFORE THE BEEP.							
INTERVIEWER NOTES: IF THERE IS TECHNICAL DIFFICULTY AND THE PARTICIPANT CAN'T BE RECORDED SKIP TO COG_END							
			Yes	**No**	**Variant**	**Approved Variant Words**	
COG_WRDLST_DRUM_COF1	Drum	01				Dum or drub	
COG_WRDLST_CURT_COF1	Curtain	02				certain	
COG_WRDLST_BELL_COF1	Bell	03				ball	
COG_WRDLST_COFF_COF1	Coffee	04				NA	
COG_WRDLST_SCHL_COF1	School	05				Cool	
COG_WRDLST_PRNT_COF1	Parent	06				NA	
COG_WRDLST_MOON_COF1	Moon	07				NA	
COG_WRDLST_GARD_COF1	Garden	08				NA	
COG_WRDLST_HAT_COF1	Hat	09				NA	
COG_WRDLST_FARM_COF1	Farmer	10				Armor, former	
COG_WRDLST_NOSE_COF1	Nose	11				NA	
COG_WRDLST_TURK_COF1	Turkey	12				NA	
COG_WRDLST_COLR_COF1	Colour	13				Collar	
COG_WRDLST_HOUS_COF1	House	14				NA	
COG_WRDLST_RIVR_COF1	River	15				NA	
COG_WRDLST_NONE_COF1	None/No words were correctly recalled	96				NA	
COG_WRDLST_OT_COF1	OTHER words stated not on the above list	97					
COG_WRDLST_REFUSED_COF1		99	**[DO NOT READ]** Refused				
[IF COG_WRDLST_COF1 ≠ COG_WRDLST_OT_COF1 SKIP TO COG_WRDLST_COMMT_COF1]							

* Please see the citation at the beginning of the Cognition module in this questionnaire.

COG_7a	COG_WRDLST_OTSP_COF1
[ASK IF COG_WRDLST_COF1 = COG_WRDLST_OT_COF1]	
Other (please specify: _____)	
COG_WRDLST_OTSP1_COF1	[OPEN TEXT VARIABLE]

COG_7b	COG_WRDLST_COMMT_COF1
[ASK IF COG_RDY_COF1 = YES or COG_RDYRPT_COF1 = YES]	
COG_WRDLST_COMMT_COF1	Comments: (If there is no comment enter "NA") _____
Thank you. This task is finished.	
RECORDING INSTRUCTIONS: END RECORDING	

COG_9	COG_ANML_COF1		
[ASK IF COG_REC_COF1 = YES]			
For the next few tasks, we are going to ask you to name some items, as well as count numbers and letters aloud.			
INTERVIEWER NOTES: The following tasks should be performed in either French or English, not both.			
Now, I would like you to name as many different animals as you can think of. You have one minute to do this. When you are ready to begin, I will start. Are you ready to begin?			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused
[IF COG_ANML_COF1 = YES SKIP TO COG_ANMLLIST_COF1, IF COG_ANML_COF1 = REFUSED SKIP TO COG_CNT_COF1]			

COG_10	COG_ANML_RPT_COF1		
[ASK IF COG_ANML_COF1 = NO or DK_NA]			
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.			
Now, I would like you to name as many different animals as you can think of. You have one minute to do this. When you are ready to begin, I will start. Are you ready to begin?			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused
[IF COG_ANML_COF1 = YES SKIP TO COG_ANMLLIST_COF1, IF COG_ANML_COF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_CNT_COF1]			

COG_10a		COG_ANMLIMP_COF1
[ASK IF COG_ANML_RPT_COF1 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
[IF COG_ANML_COF1 = NO SKIP TO COG_CNT_COF1]		

COG_10b		COG_ANMLFCTR_COF1
[ASK IF COG_ANMLIMP_COF1 = YES]		
INTERVIEWER: What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**		
COG_ANMLFCTR_LG_COF1	01	Had difficulty understanding English/French
COG_ANMLFCTR_PH_COF1	02	Physical impairment, such as difficulty hearing
COG_ANMLFCTR_DI_COF1	03	Distraction or noisy environment
COG_ANMLFCTR_IM_COF1	04	Impaired concentration/memory problems
COG_ANMLFCTR_AID_COF1	05	Used an aid
COG_ANMLFCTR_TE_COF1	06	Technical difficulties with the laptop
COG_ANMLFCTR_OT_COF1	97	Other
[IF COG_ANMLFCTR_COF1 ≠ COG_ANMLFCTR_OT_COF1 SKIP TO COG_CNT_COF1]		

COG_10c	COG_ANMLFCTR_OTSP_COF1
[ASK IF COG_ANMLFCTR_COF1 = COG_ANMLFCTR_OT_COF1]	
Other (please specify: _____)	
COG_ANMLFCTR_OTSP1_COF1	[OPEN TEXT VARIABLE]
[SKIP TO COG_CNT_COF1]	

COG_11	COG_ANMLLIST_COF1

[ASK IF COG_ANML_COF1 OR COG_ANML_RPT_COF1 = YES]

RECORDING INSTRUCTIONS: BEGIN RECORDING

Please begin.

TIMER INSTRUCTIONS: PARTICIPANT HAS 60 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES, DO NOT STOP THE TIMER BEFORE THE BEEP.

INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT IS SILENT FOR 15 SECONDS OR STOPS BEFORE THE END OF THE TIMER, ENCOURAGE HIM/HER BY SAYING, "Can you think of any more animals?"
DO NOT INTERRUPT THE PARTICIPANT IF HE/SHE IS PROVIDING APPROPRIATE ANSWERS.
ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION ON WHAT CATEGORIES OF ANIMALS ARE ALLOWED OR ASKS IF A SPECIFIC CATEGORY(IES) COUNT (i.e.: BIRDS, FISH, INSECTS) MAY YOU PROVIDE CLARIFICATION. DO NOT HELP THE PARTICIPANT.

COG_ANMLLIST_COMMT_COF1	Comments: (If there is none, enter "NA")

Thank you. This task is finished.

RECORDING INSTRUCTIONS: END RECORDING

COG_12	COG_CNT_COF1

[ASK IF COG_REC_COF1 = YES]

Now, I would like you to count from 1 to 20, from 1, 2, 3, 4 and so on. Are you ready to begin?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

[IF COG_CNT_COF1 = YES SKIP TO COG_CNTTIME_RECYN_COF1, IF COG_CNT_COF1 = REFUSED SKIP TO COG_WRDLST2_COF1]

COG_13	COG_CNTRPT_COF1

[ASK IF COG_CNT_COF1 = NO or DK_NA]

IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION.

Now, I would like you to count from 1 to 20, from 1, 2, 3, 4 and so on. Are you ready to begin?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

[IF COG_CNTRPT_COF1 = YES SKIP TO COG_CNTTIME_RECORD_COF1, IF COG_CNT_COF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_WRDLST2_COF1]

COG_13a	COG_CNTIMP_COF1

[ASK IF COG_CNTRPT_COF1 = NO]

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

YES	01	Yes
NO	02	No

[IF COG_CNTIMP_COF1 = NO SKIP TO COG_WRDLST2_COF1]

COG_13b	COG_CNTLST_COF1

[ASK IF COG_CNTIMP_COF1 = YES]

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

COG_CNTLST_LG_COF1	01	Had difficulty understanding English/French
COG_CNTLST_PH_COF1	02	Physical impairment, such as difficulty hearing
COG_CNTLST_DI_COF1	03	Distraction or noisy environment
COG_CNTLST_IM_COF1	04	Impaired concentration/memory problems
COG_CNTLST_AID_COF1	05	Used an aid
COG_CNTLST_TE_COF1	06	Technical difficulties with the laptop
COG_CNTLST_OT_COF1	97	Other

[IF COG_CNTLST_COF1 ≠ COG_CNTLST_OT_COF1 SKIP TO COG_WRDLST2_COF1]

COG_13c	COG_CNTLST_OTSP_COF1

[ASK IF COG_CNTLST_COF1 = COG_CNTLST_OT_COF1]

Other (please specify: _____)	
COG_CNTLST_OTSP1_COF1	[OPEN TEXT VARIABLE]

[SKIP TO COG_WRDLST2_COF1]

COG_14	COG_CNTTME_RECORD_COF1

[ASK IF COG_CNT_COF1 OR COG_CNTRPT_COF1 = YES]

RECORDING INSTRUCTIONS: BEGIN RECORDING

Please begin.

TIMER INSTRUCTIONS: STOP RECORDING IMMEDIATELY WHEN THE PARTICIPANT HAS SUCCESSFULLY COUNTED FROM 1 TO 20 OR THE TIME REACHES 30 SECONDS, WHICHEVER COMES FIRST.
ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED. THE TIMER SHOULD NOT BE PAUSED OR RESET, UNLESS THERE ARE TECHNICAL DIFFICULTIES. DK/RF NOT ALLOWED

INTERVIEWER NOTES: MUST BE COMPLETED IN ENGLISH OR FRENCH, NOT BOTH

COG_CNTTME_RECYN_COF1

Was the participant able to successfully count from 1-20?

INTERVIEWER NOTES: SMALL ERRORS ARE ALLOWED

YES	01	Yes
NO	02	No
COG_CNTTIME_COMMT_COF1	Comments: (If there is none enter "NA")

[IF COG_CNTTME_RECYN_COF1 = NO SKIP TO COG_WRDLST2_COF1]

COG_14a	COG_CNTTME_NB_COF1

[ASK IF COG_CNTTME_RECYN_COF1 = YES]

COG_CNTTME_NB_COF1	___	Record exact time in seconds: **MASK: MIN=01, MAX=30**

Thank you. This task is finished.

RECORDING INSTRUCTIONS: END RECORDING

COG_16	COG_ALP_COF1

[ASK IF COG_REC_COF1 = YES AND COG_CNTTIME_RECYN_COF1 = YES]

Now, I would like you to say the alphabet, from A, B, C, D and so on. Are you ready to begin?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

[IF COG_ALP_COF1 = YES SKIP TO COG_ALTTIME_REC_COF1, IF COG_ALP_COF1 = REFUSED SKIP TO COG_WRDLST2_COF1]

COG_17	COG_ALPRPT_COF1	
[ASK IF COG_ALP_COF1 = NO or DK_NA]		
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION.		
Now, I would like you to say the alphabet, from A, B, C, D and so on. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused
[IF COG_ALPRPT_COF1 = YES SKIP TO COG_ALPTME_REC_COF1, IF COG_ALPRPT_COF1 = REFUSED OR DON'T KNOW/NO ANSWER SKIP TO COG_WRDLST2_COF1]		

COG_17a	COG_ALPFCTR_COF1	
[ASK IF COG_ALPRPT_COF1 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
[IF COG_ALPFCTR_COF1 = NO SKIP TO COG_WRDLST2_COF1]		

COG_17b	COG_ALPLST_COF1	
[ASK IF COG_ALPFCTR_COF1 = YES]		
INTERVIEWER: What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**		
COG_ALPLST_LG_COF1	01	Had difficulty understanding English/French
COG_ALPLST_PH_COF1	02	Physical impairment, such as difficulty hearing
COG_ALPLST_DI_COF1	03	Distraction or noisy environment
COG_ALPLST_IM_COF1	04	Impaired concentration/memory problems
COG_ALPLST_AID_COF1	05	Used an aid
COG_ALPLST_TE_COF1	06	Technical difficulties with the laptop
COG_ALPLST_OT_COF1	97	Other
[IF COG_ALPLST_COF1 ≠ COG_ALPLST_OT_COF1 SKIP TO COG_WRDLST2_COF1]		

COG_17c	COG_ALPLST_OTSP_COF1

[ASK IF COG_ALPLST_COF1 = COG_ALPLST_OT_COF1]

Other (please specify: _____)

COG_ALPLST_OTSP1_COF1	[OPEN TEXT VARIABLE]

[SKIP TO COG_WRDLST2_COF1]

COG_18	COG_ALPTME_RECORD_COF1

[ASK IF COG_ALP_COF1 = YES OR COG_ALPRPT_COF1 = YES AND COG_CNTTME_RECYN_COF1 = YES]

RECORDING INSTRUCTIONS: BEGIN RECORDING

Please begin.

TIMER INSTRUCTIONS: STOP RECORDING IMMEDIATELY WHEN THE PARTICIPANT HAS SUCCESSFULLY RECITED FROM A TO Z OR THE TIME REACHES 30 SECONDS, WHICHEVER COMES FIRST. ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED AND THE TIMER SHOULD NOT BE PAUSED OR RESET, UNLESS THERE ARE TECHNICAL DIFFICULTIES. DK/RF NOT ALLOWED.

INTERVIEWER NOTES: MUST BE COMPLETED IN ENGLISH OR FRENCH, NOT BOTH

COG_ALPTME_RECYN_COF1

Was the participant able to successfully recite the alphabet?

INTERVIEWER NOTES: SMALL ERRORS ARE ALLOWED

YES	01	Yes
NO	02	No

[IF COG_ALPTME_RECYN_COF1 = NO SKIP TO COG_WRDLST2_COF1]

COG_ALPTME_COMMT_COF1	Comments: (If there is none enter "NA") _____

COG_18a	COG_ALPTME_REC_COF1

[ASK IF COG_ALPTME_RECYN_COF1 = YES]

COG_ALPTME_NB_COF1	___	Record exact time in seconds: **MASK: MIN=01, MAX=30**

Thank you. This task is finished.

RECORDING INSTRUCTIONS: END RECORDING

COG_19	COG_ALT_COF1	
[ASK IF COG_REC_COF1 = YES and COG_CNTTME_RECYN_COF1 = YES and COG_ALPTME_RECYN_COF1 = YES]		
Now, I would like you to alternate consecutive numbers, beginning with number 1, with the alphabet, beginning with the letter A, such as 1-A, 2-B, 3-C, 4-D, and so on. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused
[IF COG_ALT_COF1 = YES SKIP TO COG_ALTTME_REC_COF1, IF COG_ALT_COF1 = REFUSED SKIP TO COG_WRDLST2_COF1]		

COG_20	COG_ALTRPT_COF1	
[ASK IF COG_ALT_COF1 = DK_NA OR NO]		
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION.		
Now, I would like you to alternate consecutive numbers, beginning with number 1, with the alphabet, beginning with the letter A, such as 1-A, 2-B, 3-C, 4-D, and so on. Are you ready to begin?		
YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused
[IF COG_ALPRPT_COF1 = YES SKIP TO COG_ALTTIME_REC_COF1, IF COG_ALPRPT_COF1 = REFUSED OR DK_NA SKIP TO COG_WRDLST2_COF1]		

COG_20a	COG_ALTFCT_COF1	
[ASK IF COG_ALPRPT_COF1 = DK_NA OR NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	01	Yes
NO	02	No
[IF COG_ALTFCT_COF1 = NO SKIP TO COG_WRDLST2_COF1]		

COG_20b	COG_ALTLST_COF1		
[ASK IF COG_ALTFCT_COF1 = YES]			
INTERVIEWER: What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**			
COG_ALTLST_LG_COF1		01	Had difficulty understanding English/French
COG_ALTLST_PH_COF1		02	Physical impairment, such as difficulty hearing
COG_ALTLST_DI_COF1		03	Distraction or noisy environment
COG_ALTLST_IM_COF1		04	Impaired concentration/memory problems
COG_ALTLST_AID_COF1		05	Used an aid
COG_ALTLST_TE_COF1		06	Technical difficulties with the laptop
COG_ALTLST_OT_COF1		97	Other
[IF COG_ALTLST_COF1 ≠ COG_ALTLST_OT_COF1 SKIP TO COG_WRDLST2_COF1]			

COG_20c	COG_ALTLST_OTSP_COF1	
[ASK IF COG_ALTLST_COF1 = COG_ALTLST_OT_COF1]		
Other (please specify: _____)		
COG_ALTLST_OTSP1_COF1	[OPEN TEXT VARIABLE]	
[SKIP TO COG_WRDLST2_COF1]		

COG_21	COG_ALTTME_REC_COF1	
[ASK IF COG_ALT_COF1 OR COG_ALTRPT_COF1 = YES AND COG_CNTTME_RECYN_COF1 AND COG_ALPTME_RECYN_COF1 = YES]		
RECORDING INSTRUCTIONS: BEGIN RECORDING		
Please begin.		
TIMER INSTRUCTIONS: START TIMER FOR 30 SECONDS. TIMER CANNOT BE RESET OR PAUSED. A BEEP WILL SOUND WHEN THE TIMER COMPLETES. DO NOT STOP THE TIMER BEFORE THE BEEP.		
INTERVIEWER NOTES: IF THE PARTICIPANT STARTS WITH ALPHA INSTEAD OF A NUMBER INTERRUPT HIM/HER, REPEAT THE INSTRUCTIONS, AND HAVE HIM/HER RESTART THE TEST CORRECTLY. DO NOT RESET OR PAUSE THE TIMER.		
COG_ALTTME_NB_COF1	____	RECORD NUMBER OF CORRECT ALTERNATIONS IN 30 SECONDS **MASK: MAX=51**
COG_ALTTIME_COMMT_COF1	Comments: (If there is none enter "NA") _____	
Thank you. This task is finished.		
RECORDING INSTRUCTIONS: END RECORDING		

COG_22	COG_WRDLST2_COF1

[ASK IF COG_WRDLSTREC_COF1 IS NOT NULL]

A little while ago, a recorded voice read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now.

RECORDING INSTRUCTIONS: BEGIN RECORDING

RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS.
TIMER INSTRUCTIONS: PARTICIPANT HAS 60 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES. DO NOT STOP THE TIMER BEFORE THE BEEP.

INTERVIEWER NOTES: IF THE PARTICIPANT STARTS WITH LISTING OF THE ANIMALS THEY PREVIOUSLY NAMED, INTERRUPT THEM AND REPEAT THE INSTRUCTIONS.

			Yes	No	Variant	Approved Variant Words
COG_WRDLST2_DRUM_COF1	Drum	01				Dum or drub
COG_WRDLST2_CURT_COF1	Curtain	02				certain
COG_WRDLST2_BELL_COF1	Bell	03				ball
COG_WRDLST2_COFF_COF1	Coffee	04				NA
COG_WRDLST2_SCHL_COF1	School	05				Cool
COG_WRDLST2_PRNT_COF1	Parent	06				NA
COG_WRDLST2_MOON_COF1	Moon	07				NA
COG_WRDLST2_GARD_COF1	Garden	08				NA
COG_WRDLST2_HAT_COF1	Hat	09				NA
COG_WRDLST2_FARM_COF1	Farmer	10				Armor, former
COG_WRDLST2_NOSE_COF1	Nose	11				NA
COG_WRDLST2_TURK_COF1	Turkey	12				NA
COG_WRDLST2_COLR_COF1	Colour	13				Collar
COG_WRDLST2_HOUS_COF1	House	14				NA
COG_WRDLST2_RIVR_COF1	River	15				NA
COG_WRDLST2_NONE_COF1	None/No words were correctly recalled	96				NA
COG_WRDLST2_OT_COF1	OTHER words stated not on the above list	97				
COG_WRDLST2_REFUSED_COF1		99	**[DO NOT READ]** Refused			

[IF COG_WRDLST2_COF1 ≠ COG_WRDLST2_OT_COF1 OR COG_WRDLST2_REFUSED_COF1 SKIP TO COG_WRDLST_COMMT_COF1]

* Please see the citation at the beginning of the Cognition module in this questionnaire.

COG_22a	COG_WRDLST2_OTSP_COF1
[ASK IF COG_WRDLST2_OTSP_COF1 = COG_WRDLST2_OT_COF1]	
Other (please specify: _____)	
COG_WRDLST2_OTSP1_COF1	[OPEN TEXT VARIABLE]
Thank you. This is the end of the recording session.	
RECORDING INSTRUCTIONS: END RECORDING	

COG_22b	COG_WRDLST2_COMMT_COF1
Comments: (If there is none enter "NA") _____	

COG_END

Life Space Index (LSI)

This module uses the University of Alabama at Birmingham (UAB) Study of Aging Life-Space Assessment (LSA). Peel, C., Baker, P. S., Roth, D. L., Brown, C. J., Bodner, E. V., & Allman, R. M. (2005). Assessing mobility in older adults: the UAB Study of Aging Life-Space Assessment. Physical therapy, 85(10), 1008-1019.

Overview	The questions in this module aim to describe the range of movement through the environment covered during daily functioning. They incorporate where a person goes, the frequency of going there, and the need for assistance. Information gathered in this questionnaire will serve as a measure of functional status, and a marker of environmental complexity and active lifestyle. It encompasses the effect of biomedical, psychological, socioeconomic, environmental, and social support factors on mobility.

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

LSI_1 – LSI_5						
[ALWAYS ASK]						
INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE						
			Yes	**No**	**DK/ NA**	**RF**
LSI_1	LSI_ROOM_COF1	During the past four weeks, have you been to other rooms of your home besides the room where you sleep?				
LSI_2	LSI_OUT_COF1	During the past four weeks, have you been to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway?				
LSI_3	LSI_NGHB_COF1	During the past four weeks, have you been to places in your neighbourhood, other than your own yard or apartment building?				
LSI_4	LSI_TOWN_COF1	During the past four weeks, have you been to places outside your neighbourhood, but within your town?				
LSI_5	LSI_FAR_COF1	During the past four weeks, have you been to places outside your town?				

LSI_6	LSI_RMFQ_COF1		

[ASK IF LSI_ROOM_COF1 = YES]

How often did you get to other rooms of your home besides the room where you sleep?

LESS_ONCE_WEEK	01	Less than once per week
1_3_TIMES_WEEK	02	1 to 3 times per week
4_6_TIMES_WEEK	03	4 to 6 times per week
DAILY	04	Daily
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

LSI_7	LSI_OUTFQ_COF1		

[ASK IF LSI_OUT_COF1 = YES]

How often did you get to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway?

LESS_ONCE_WEEK	01	Less than once per week
1_3_TIMES_WEEK	02	1 to 3 times per week
4_6_TIMES_WEEK	03	4 to 6 times per week
DAILY	04	Daily
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

LSI_8	LSI_NGHBFQ_COF1		

[ASK IF LSI_NGHB_COF1 = YES]

How often did you get to places in your neighbourhood, other than your own yard or apartment building?

LESS_ONCE_WEEK	01	Less than once per week
1_3_TIMES_WEEK	02	1 to 3 times per week
4_6_TIMES_WEEK	03	4 to 6 times per week
DAILY	04	Daily
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

LSI_9	LSI_TWNFQ_COF1		
[ASK IF LSI_TWN_COF1 = YES]			
How often did you get to places outside your neighbourhood, but within your town?			
LESS_ONCE_WEEK	01	Less than once per week	
1_3_TIMES_WEEK	02	1 to 3 times per week	
4_6_TIMES_WEEK	03	4 to 6 times per week	
DAILY	04	Daily	
DK_NA	08	**[DO NOT READ]** Don't know/No answer	
REFUSED	09	**[DO NOT READ]** Refused	

LSI_10	LSI_FARFQ_COF1		
[ASK IF LSI_FAR_COF1 = YES]			
How often did you get to places outside your town?			
LESS_ONCE_WEEK	01	Less than once per week	
1_3_TIMES_WEEK	02	1 to 3 times per week	
4_6_TIMES_WEEK	03	4 to 6 times per week	
DAILY	04	Daily	
DK_NA	08	**[DO NOT READ]** Don't know/No answer	
REFUSED	09	**[DO NOT READ]** Refused	

LSI_11	LSI_RMAID_COF1		
[ASK IF LSI_ROOM_COF1 = YES]			
Did you use aids or equipment, or need help from another person to get to other rooms of your home besides the room where you sleep?			
PERSONAL_ASSISTANCE	01	Yes, personal assistance	
EQUIPMENT_ONLY	02	Yes, equipment only	
NO	03	No	
DK_NA	08	**[DO NOT READ]** Don't know/No answer	
REFUSED	09	**[DO NOT READ]** Refused	

LSI_12	LSI_OUTAID_COF1

[ASK IF LSI_OUT_COF1 = YES]

Did you use aids or equipment, or need help from another person to get to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in our own yard or driveway?

PERSONAL_ASSISTANCE	01	Yes, personal assistance
EQUIPMENT_ONLY	02	Yes, equipment only
NO	03	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

LSI_13	LSI_NGHBAID_COF1

[ASK IF LSI_NGHB_COF1 = YES]

Did you use aids or equipment, or need help from another person to get to places in your neighbourhood, other than your own yard or apartment building?

PERSONAL_ASSISTANCE	01	Yes, personal assistance
EQUIPMENT_ONLY	02	Yes, equipment only
NO	03	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

LSI_14	LSI_TWNAID_COF1

[ASK IF LSI_TWN_COF1 = YES]

Did you use aids or equipment, or need help from another person to get to places outside your neighbourhood, but within your town?

PERSONAL_ASSISTANCE	01	Yes, personal assistance
EQUIPMENT_ONLY	02	Yes, equipment only
NO	03	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

LSI_15	LSI_FARAID_COF1

[ASK IF LSI_FAR_COF1 = YES]

Did you use aids or equipment, or need help from another person to get to places outside your town?

PERSONAL_ASSISTANCE	01	Yes, personal assistance
EQUIPMENT_ONLY	02	Yes, equipment only
NO	03	No
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

LSI_END

Satisfaction with Life Scale (SLS)

Overview	This module asks respondents how satisfied they are with their life overall. Researchers are interested in the connection between satisfaction with life and overall physical and mental health and well-being. The degree to which a person is satisfied with life may be related to social support, work or activities, and may be negatively affected by major losses.

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

SLS_1	**SLS_LIFE_COF1**	
[ALWAYS ASK]		
In most ways, my life is close to my ideal.		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
DISAGREE	01	Disagree
NEITHER_AGREE_DISAGREE	02	Neither agree nor disagree
AGREE	03	Agree
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

SLS_2	**SLS_LIFENEG_COF1**	
[ASK IF SLS_LIFE_COF1 = DISAGREE]		
Would you say you…		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_DISAGREE	01	Slightly disagree
DISAGREE	02	Disagree
STRONGLY_DISAGREE	03	Strongly disagree
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

SLS_3	SLS_LIFEPOS_COF1		
[ASK IF SLS_LIFE_COF1 = AGREE]			
Would you say you…			
READ LIST, CODE ONLY ONE RESPONSE			
SLIGHTLY_AGREE		01	Slightly agree
AGREE		02	Agree
STRONGLY_AGREE		03	Strongly agree
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SLS_4	SLS_COND_COF1		
[ALWAYS ASK]			
The conditions of my life are excellent.			
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE			
DISAGREE		01	Disagree
NEITHER_AGREE_DISAGREE		02	Neither agree nor disagree
AGREE		03	Agree
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SLS_5	SLS_CONDNEG_COF1		
[ASK IF SLS_COND_COF1 = DISAGREE]			
Would you say you…			
READ LIST, CODE ONLY ONE RESPONSE			
SLIGHTLY_DISAGREE		01	Slightly disagree
DISAGREE		02	Disagree
STRONGLY_DISAGREE		03	Strongly disagree
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SLS_6	SLS_CONDPOS_COF1		
[ASK IF SLS_COND_COF1 = AGREE]			
Would you say you…			
READ LIST, CODE ONLY ONE RESPONSE			
SLIGHTLY_AGREE		01	Slightly agree
AGREE		02	Agree
STRONGLY_AGREE		03	Strongly agree
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SLS_7	SLS_SATS_COF1		
[ALWAYS ASK]			
I am satisfied with my life.			
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE			
DISAGREE		01	Disagree
NEITHER_AGREE_DISAGREE		02	Neither agree nor disagree
AGREE		03	Agree
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SLS_8	SLS_SATSNEG_COF1		
[ASK IF SLS_SATS_COF1 = DISAGREE]			
Would you say you…			
READ LIST, CODE ONLY ONE RESPONSE			
SLIGHTLY_DISAGREE		01	Slightly disagree
DISAGREE		02	Disagree
STRONGLY_DISAGREE		03	Strongly disagree
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SLS_9	SLS_SATSPOS_COF1		
[ASK IF SLS_SATS_COF1 = AGREE]			
Would you say you…			
READ LIST, CODE ONLY ONE RESPONSE			
SLIGHTLY_AGREE		01	Slightly agree
AGREE		02	Agree
STRONGLY_AGREE		03	Strongly agree
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SLS_10	SLS_IMP_COF1		
[ALWAYS ASK]			
So far, I have gotten the important things I want in life.			
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE			
DISAGREE		01	Disagree
NEITHER_AGREE_DISAGREE		02	Neither agree nor disagree
AGREE		03	Agree
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SLS_11	SLS_IMPNEG_COF1		
[ASK IF SLS_IMP_COF1 = DISAGREE]			
Would you say you…			
READ LIST, CODE ONLY ONE RESPONSE			
SLIGHTLY_DISAGREE		01	Slightly disagree
DISAGREE		02	Disagree
STRONGLY_DISAGREE		03	Strongly disagree
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

SLS_12	SLS_IMPPOS_COF1

[ASK IF SLS_IMP_COF1 = AGREE]

Would you say you…

READ LIST, CODE ONLY ONE RESPONSE

SLIGHTLY_AGREE	01	Slightly agree
AGREE	02	Agree
STRONGLY_AGREE	03	Strongly agree
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

SLS_13	SLS_OVER_COF1

[ALWAYS ASK]

If I could live my life over, I would change almost nothing.

READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

DISAGREE	01	Disagree
NEITHER_AGREE_DISAGREE	02	Neither agree nor disagree
AGREE	03	Agree
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

SLS_14	SLS_OVERNEG_COF1

[ASK IF SLS_OVER_COF1 = DISAGREE]

Would you say you…

READ LIST, CODE ONLY ONE RESPONSE

SLIGHTLY_DISAGREE	01	Slightly disagree
DISAGREE	02	Disagree
STRONGLY_DISAGREE	03	Strongly disagree
DK_NA	08	**[DO NOT READ]** Don't know/No answer
REFUSED	09	**[DO NOT READ]** Refused

SLS_15	SLS_OVERPOS_COF1		
[ASK IF SLS_OVER_COF1 = AGREE]			
Would you say you…			
READ LIST, CODE ONLY ONE RESPONSE			
SLIGHTLY_AGREE	01	Slightly agree	
AGREE	02	Agree	
STRONGLY_AGREE	03	Strongly agree	
DK_NA	08	**[DO NOT READ]** Don't know/No answer	
REFUSED	09	**[DO NOT READ]** Refused	

SLS_END

Loneliness Scale (LON)

Overview	Loneliness is a prevalent and complex phenomenon that has a substantial impact on many aspects of the lives of middle-aged and older adults. The concept of loneliness is often described as the subjective counterpart to social isolation. While social isolation can be measured objectively by capturing the quantity and quality of social network characteristics (included in the CLSA), loneliness needs to be measured subjectively by questioning perceptions and feelings with regards to social relationships and social activity.

The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way.

LON_01	LONE_OFTN_COF1		
[ALWAYS ASK]			
How often do you feel that you lack companionship?			
CODE ONLY ONE RESPONSE			
HARDLY_EVER		01	Hardly ever
SOME_TIME		02	Some of the time
OFTEN		03	Often
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

LON_02	LONE_LEFT_COF1		
[ALWAYS ASK]			
How often do you feel left out?			
CODE ONLY ONE RESPONSE			
HARDLY_EVER		01	Hardly ever
SOME_TIME		02	Some of the time
OFTEN		03	Often
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

LON_03	LONE_ISOL_COF1		
[ALWAYS ASK]			
How often do you feel isolated from others?			
CODE ONLY ONE RESPONSE			
HARDLY_EVER		01	Hardly ever
SOME_TIME		02	Some of the time
OFTEN		03	Often
DK_NA		08	**[DO NOT READ]** Don't know/No answer
REFUSED		09	**[DO NOT READ]** Refused

LON_END

Care Receiving 1/ Formal Care (CR1)

Overview	This is the first of two modules that address care received at home during the past 12 months. This first module asks respondents whether they received home care services provided by professionals due to a health problem that affects their daily activities. The second module asks about assistance from family, friends, and neighbours. In this module, respondents are asked to report assistance provided by paid workers or organizations for various activities, such as medical care, personal care, housework, transportation, etc. Respondents are also asked about home care they needed but did not receive. Formal home care is considered to be an important part of health care reform. Both the health care system and the care recipient may benefit if some types of care are provided in the home instead of in a hospital or institution.

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

CR1_1	**CR1_PRO_COF1**		
[ALWAYS ASK]			
During the past 12 months, did you receive short-term or long-term professional assistance at home, because of a health condition or limitation that affects your daily life, for any of the following activities?			
INTERVIEWER NOTE: BY PROFESSIONAL ASSISTANCE, WE MEAN HELP FROM PAID WORKERS OR VOLUNTEER ORGANIZATIONS. INCLUDE ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS. **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**			
CR1_PRO_PR_COF1	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails	
CR1_PRO_MD_COF1	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure	
CR1_PRO_MG_COF1	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help	
CR1_PRO_ML_COF1	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing	
CR1_PRO_AC_COF1	05	House maintenance or outdoor work	
CR1_PRO_TR_COF1	06	Transportation to do shopping or errands, or to get to medical appointments, or social events	
CR1_PRO_PT_COF1	07	Physical therapy	
CR1_PRO_TA_COF1	08	Training and adaptation	
CR1_PRO_NONE_COF1	96	None	
CR1_PRO_OT_COF1	97	Other	
CR1_PRO_DK_NA_COF1	98	**[DO NOT READ]** Don't know/No answer	
CR1_PRO_REFUSED_COF1	99	**[DO NOT READ]** Refused	

CR1_1a	CR1_PRO_OTSP_COF1

[ASK IF CR1_PRO_COF1 = CR1_PRO_OT_COF1]

Other (please specify: _____)

CR1_PRO_OTSP1_COF1	[OPEN TEXT VARIABLE]

CR1_1b	CR1_IMPT_COF1

[ASK IF CR1_PRO_COF1 = MORE THAN ONE RESPONSE OPTION]

Which one of the professional services that you mentioned is most important to you?

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

READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_COF1

CR1_IMPT_PR_COF1	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_IMPT_MD_COF1	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_IMPT_MG_COF1	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_IMPT_ML_COF1	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_IMPT_AC_COF1	05	House maintenance or outdoor work
CR1_IMPT_TR_COF1	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_IMPT_PT_COF1	07	Physical therapy
CR1_IMPT_TA_COF1	08	Training & adaptation
CR1_IMPT_OTSP1_COF1	97	Other

CR1_2	CR1_MOST_COF1		
[ASK IF CR1_PRO_COF1 = MORE THAN ONE RESPONSE OPTION]			
For which type of activity did you receive the most assistance?			
INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT			
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE			
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_COF1			
CR1_MOST_PR_COF1	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails	
CR1_MOST_MD_COF1	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure	
CR1_MOST_MG_COF1	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help	
CR1_MOST_ML_COF1	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing	
CR1_MOST_AC_COF1	05	House maintenance or outdoor work	
CR1_MOST_TR_COF1	06	Transportation to do shopping or errands, or to get to medical appointments, or social events	
CR1_MOST_PT_COF1	07	Physical therapy	
CR1_MOST_TA_COF1	08	Training & adaptation	
CR1_MOST_OTSP1_COF1	97	Other	

CR1_3	CR1_PAY_COF1		
[ASK IF CR1_PRO_COF1 ≠ NONE, DK_NA OR REFUSED]			
Did you (or someone else in your family) pay directly for some or all of the help that you received?			
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE			
PAID_ALL_COST	01	Yes, we paid all of the cost	
PAID_PART_COST	02	Yes, we paid part of the cost	
NO_COST_INVOLVED	03	No, there was no cost involved (e.g., provided by a volunteer or included in provincial health care plan)	
DIDNT_PAY_COST	04	No, we didn't pay any of the cost that was involved	
DK_NA	08	**[DO NOT READ]** Don't know/No answer	
REFUSED	09	**[DO NOT READ]** Refused	

CR1_3a	CR1_PAY_COST1_COF1

[ASK IF CR1_PAY_COF1 = PAID_ALL_COST OR PAID_PART_COST]

What was the average out of pocket cost per month over the past 12 months?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT COSTS

CR1_PAY_COST_COF1	$ _____	
DK_NA	9998	[DO NOT READ] Don't know/No answer
REFUSED	9999	[DO NOT READ] Refused

CR1_4	CR1_FRQ_NB_COF1

[ASK IF CR1_PRO_COF1 ≠ NONE, DK_NA OR REFUSED]

During the past 12 months, about how many weeks did this person/organization help you?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS

CR1_FRQ_NB_COF1	_____ (MASK: MIN=01, MAX=52)	
DK_NA	98	[DO NOT READ] Don't know/No answer
REFUSED	99	[DO NOT READ] Refused

CR1_5	CR1_HOUR_NB_COF1

[ASK IF CR1_PRO_COF1 ≠ NONE, DK_NA OR REFUSED]

About how many hours per week, on average, did this person/organization provide you with such help?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS

CR1_HOUR_NB_COF1	_____ (MASK: MIN=001, MAX=168)	
DK_NA	998	[DO NOT READ] Don't know/No answer
REFUSED	999	[DO NOT READ] Refused

CR1_END

Care Receiving 2/ Informal Care (CR2)

Overview	This module asks respondents whether they received home care services during the past 12 months. This module is about assistance provided by family members, friends or neighbours (informal caregivers) due to a health problem that affects their daily activities. Respondents are asked to report assistance provided for various activities, such as medical care, personal care, housework, transportation, etc. The module covers a number of topics related to informal home care including the identity of the person providing assistance, the duration and level of intensity of the care received.

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

CR2_1	CR2_FAM_COF1		
[ALWAYS ASK]			
During the past 12 months, did you receive short-term or long-term assistance from family, friends, or neighbours because of a health condition or limitation that affects your daily life, for any of the following activities?			
INTERVIEWER NOTE: INCLUDE ONLY ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
CR2_FAM_PR_COF1		01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR2_FAM_MD_COF1		02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR2_FAM_MG_COF1		03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR2_FAM_ML_COF1		04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR2_FAM_AC_COF1		05	House maintenance or outdoor work
CR2_FAM_TR_COF1		06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR2_FAM_PT_COF1		07	Physical therapy
CR2_FAM_TA_COF1		08	Training and adaptation
CR2_FAM_NONE_COF1		96	None
CR2_FAM_OT_COF1		97	Other
CR2_FAM_DK_NA_COF1		98	**[DO NOT READ]** Don't know/No answer
CR2_FAM_REFUSED_COF1		99	**[DO NOT READ]** Refused

CR2_1a	CR2_FAM_OTSP_COF1	
[ASK IF CR2_FAM_COF1 = CR2_FAM_OT_COF1]		
Other (please specify: _____)		
CR2_FAM_OTSP1_COF1		[OPEN TEXT VARIABLE]

CR2_2	CR2_NMBR_COF1

[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]

During the past 12 months, about how many different people (among your family, friends, and/or neighbours) provided you with such assistance?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

CR2_NMBR_COF1		_____ (MASK: MIN=01, MAX=50)
DK_NA	98	**[DO NOT READ]** Don't know/No answer
REFUSED	99	**[DO NOT READ]** Refused

CR2_3	CR2_WKALL_COF1

[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]

During the past 12 months, about how many weeks did this person/these people provide you with such assistance? Include assistance from all family members, friends, and neighbours in your estimate.

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS

CR2_WKALL_NB_COF1		_____ (MASK: MIN=01, MAX=52)
DK_NA	98	**[DO NOT READ]** Don't know/No answer
REFUSED	99	**[DO NOT READ]** Refused

CR2_4	CR2_HOUR_COF1

[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]

About how many hours per week, on average, did this person/these people provide you with assistance? Include assistance from all family members, friends, and neighbours in your estimate.

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

CR2_HOUR_NB_COF1		_____ (MASK: MIN=001, MAX=168)
DK_NA	998	**[DO NOT READ]** Don't know/No answer
REFUSED	999	**[DO NOT READ]** Refused

CR2_5	CR2_MOST_COF1		
[ASK IF CR2_FAM_COF1 = MORE THAN ONE RESPONSE OPTION]			
For which type of activity did you receive the most assistance?			
INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**			
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR2_FAM_COF1			
CR2_MOST_PR_COF1	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails	
CR2_MOST_MD_COF1	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure	
CR2_MOST_MG_COF1	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help	
CR2_MOST_ML_COF1	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing	
CR2_MOST_AC_COF1	05	House maintenance or outdoor work	
CR2_MOST_TR_COF1	06	Transportation to do shopping or errands, or to get to medical appointments, or social events	
CR2_MOST_PT_COF1	07	Physical therapy	
CR2_MOST_TA_COF1	08	Training & adaptation	
CR2_MOST_OTSP_COF1	97	Other	

CR2_6	CR2_PERS_COF1	
[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]		
We are interested in finding out a little bit more about the person who has dedicated the most time and resources to helping you with **[RECALL RESPONSE FROM CR2_MOST_COF1; IF CR2_MOST_COF1WAS SKIPPED, RECALL RESPONSE FROM CR2_FAM_COF1]**. Is this person from whom you received the most assistance…		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LIVING_IN_HOUSEHOLD	01	Living in your household
LIVING_OUTSIDE_HOUSEHOLD	02	Living outside of your household
REFUSED	09	**[DO NOT READ]** Refused

CR2_6a	CR2_PERS_FAR_COF1	
[ASK IF CR2_PERS_COF1 = LIVING_OUTSIDE_HOUSEHOLD]		
How far is this person from you in hours or minutes driving?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
HOURS	_____ Hours	
MINUTES	_____ Minutes	
DK_NA	998	**[DO NOT READ]** Don't know/No answer
REFUSED	999	**[DO NOT READ]** Refused

CR2_7	CR2_GNDR_COF1		
[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]			
Is the person who provided the most assistance male or female?			
CODE ONLY ONE RESPONSE			
MALE		01	Male
FEMALE		02	Female
REFUSED		09	**[DO NOT READ]** Refused

CR2_8	CR2_NAME_SP_COF1		
[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]			
What is the first name of this person?			
CR2_NAME_SP_COF1		_____	
REFUSED		999	**[DO NOT READ]** Refused

CR2_9	CR2_AGE_NB_COF1		
[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]			
How old is this person?			
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER			
CR2_AGE_NB_COF1		_____	
REFUSED		999	**[DO NOT READ]** Refused

CR2_10	CR2_RELN_COF1		
[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]			
What is the relationship between you and this person? Is s/he your…			
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE			
HUSBAND_WIFE		01	Husband/wife
COMMON_LAW		02	Common-law partner
FATHER_MOTHER		03	Father/mother
SON_DAUGHTER		04	Son/daughter
BROTHER_SISTER		05	Brother/sister
GRAND_PARENTS		06	Grandfather/grandmother
GRAND_CHILD		07	Grandson/granddaughter
FATHER_MOTHER_IN_LAW		08	Father-in-law/mother-in-law
SON_DAUGHTER_IN_LAW		09	Son-in-law/daughter-in-law
BROTHER_SISTER_IN_LAW		10	Brother-in-law/sister-in-law
OTHER_RELATIVE		11	Other relative
FRIEND		12	Friend
NEIGHBOUR		13	Neighbour
OTHER		97	Other
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused
CR2_10a	**CR2_RELN_OTSP_COF1**		
[ASK IF CR2_RELN_COF1 = OTHER]			
Other (please specify: _____)			
CR2_RELN_OTSP1_COF1	[OPEN TEXT VARIABLE]		

CR2_11	CR2_DUR_COF1		
[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]			
How long have you been receiving assistance from this person?			
CODE ONLY ONE RESPONSE			
LESS_6_MONTHS		01	Less than 6 months
6_12_MONTHS		02	6 months up to 12 months (1 year)
13_36_MONTHS		03	More than 12 months (1 year) and up to 36 months (3 years)
37_60_MONTHS		04	More than 36 months (3 years) and up to 60 months (5 years)
MORE_5_YEARS		05	More than 5 years
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

CR2_12	CR2_WKMST_NB_COF1

[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]

During the past 12 months, about how many weeks did you receive assistance from this person?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS

CR2_WKMST_NB_COF1		_____ **(MASK: MIN=01, MAX=52)**
DK_NA	98	**[DO NOT READ]** Don't know/No answer
REFUSED	99	**[DO NOT READ]** Refused

CR2_13	CR2_HRWK_NB_COF1

[ASK IF CR2_FAM_COF1 ≠ CR2_FAM_NONE_COF1, CR2_FAM_DK_NA_COF1 OR CR2_FAM_REFUSED_COF1]

About how many hours per week on average did this person spend assisting you?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS

CR2_HRWK_NB_COF1		_____ **(MASK: MIN=001, MAX=168)**
DK_NA	998	**[DO NOT READ]** Don't know/No answer
REFUSED	999	**[DO NOT READ]** Refused

CR2_14	CR2_DEVC_COF1

[ALWAYS ASK]

During the past 12 months, have you used any of the following assistive devices?

INTERVIEWER INSTRUCTION: READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

CR2_DEVC_CN_COF1	01	Crutches, cane or walking stick
CR2_DEVC_WC_COF1	02	Wheelchair
CR2_DEVC_SC_COF1	03	Motorized scooter
CR2_DEVC_WK_COF1	04	Walker
CR2_DEVC_LG_COF1	05	Neck, back or leg braces or supportive devices
CR2_DEVC_HD_COF1	06	Hand or arm brace
CR2_DEVC_BR_COF1	07	Grab bars
CR2_DEVC_BT_COF1	08	Bathroom aids
CR2_DEVC_LT_COF1	09	Bath or bed lifts or other lifting devices
CR2_DEVC_GR_COF1	10	Grasping tools or reach extenders
CR2_DEVC_UT_COF1	11	Special eating utensils
CR2_DEVC_AL_COF1	12	Personal alarm
CR2_DEVC_NONE_COF1	96	**[DO NOT READ]** None
CR2_DEVC_OT_COF1	97	Other
CR2_DEVC_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
CR2_DEVC_REFUSED_COF1	99	**[DO NOT READ]** Refused

CR2_14a	CR2_DEVC_OTSP_COF1
[ASK IF CR2_DEVC_COF1 = OTHER]	
Other (please specify: _____)	
CR2_DEVC_OTSP1_COF1	[OPEN TEXT VARIABLE]

CR2_END

Care Giving (CAG)

Overview	This module asks respondents whether they provided assistance to others because of a health condition or limitation during the past 12 months. The module covers a number of topics related to assisting others, including the types of assistance provided, total number of people a respondent provided with assistance, information about the person the caregiver helps the most, the impact of providing assistance on work and health, and positive and negative aspects of providing assistance. Information gathered in this module will be useful in providing information about caregiving as well as the characteristics of informal caregiving situations.

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

CAG_1	**CAG_HLT_COF1**		
[ALWAYS ASK]			
During the past 12 months, have you provided any of the following types of assistance to another person because of a health condition or limitation?			
INTERVIEWER NOTE: INCLUDE ASSISTANCE PROVIDED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS BECAUSE OF AGING. READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
CAG_HLT_PR_COF1	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails	
CAG_HLT_MD_COF1	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure	
CAG_HLT_MG_COF1	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help	
CAG_HLT_ML_COF1	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing	
CAG_HLT_AC_COF1	05	House maintenance or outdoor work	
CAG_HLT_TR_COF1	06	Transportation to do shopping or errands, or to get to medical appointments, or social events	
CAG_HLT_CS_COF1	07	Social/emotional support	
CAG_HLT_MB_COF1	08	Mobility	
CAG_HLT_MO_COF1	09	Monetary assistance or financial management	
CAG_HLT_NONE_COF1	96	**[DO NOT READ]** None	
CAG_HLT_OT_COF1	97	Other	
CAG_HLT_DK_NA_COF1	98	**[DO NOT READ]** Don't know/No answer	
CAG_HLT_REFUSED_COF1	99	**[DO NOT READ]** Refused	

CAG_1a	CAG_HLT_OTSP_COF1
[ASK IF CAG_HLT_COF1 = CAG_HLT_OT_COF1]	
Other (please specify: _____)	
CAG_HLT_OTSP1_COF1	[OPEN TEXT VARIABLE]

CAG_2	CAG_PPL_NB_COF1		
[ASK IF CAG_HLT_COF1 ≠ CAG_HLT_NONE_COF1, CAG_HLT_DK_NA_COF1 OR CAG_HLT_REFUSED_COF1]			
During the past 12 months, how many people in total have you provided any type of assistance to because of a health condition or limitation, including financial assistance?			
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER			
CAG_PPL_NB_COF1	_____ **(MASK: MIN=01, MAX=50)**		
DK_NA	98	**[DO NOT READ]** Don't know/No answer	
REFUSED	99	**[DO NOT READ]** Refused	

CAG_3	CAG_MOST_COF1		
[ASK IF CAG_HLT_COF1 ≠ CAG_HLT_NONE_COF1, CAG_HLT_DK_NA_COF1 OR CAG_HLT_REFUSED_COF1]			
We are interested in finding out a little bit more about the person to whom, in the past 12 months, you have dedicated the most time and resources to assisting. Is the person to whom you provided the most assistance…			
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE			
HOUSEHOLD	01	Living in your household	
ANOTHER_HOUSEHOLD	02	Living outside of your household	
HEALTH_CARE_INSTITUTION	03	Living in a health care institution	
DECEASED	04	Now deceased	
DK_NA	08	**[DO NOT READ]** Don't know/No answer	
REFUSED	09	**[DO NOT READ]** Refused	

CAG_4	CAG_GNDR_COF1		
[ASK IF CAG_HLT_COF1 ≠ CAG_HLT_NONE_COF1, CAG_HLT_DK_NA_COF1 OR CAG_HLT_REFUSED_COF1]			
Is the person to whom you provided the most assistance male or female?			
CODE ONLY ONE RESPONSE			
MALE	01	Male	
FEMALE	02	Female	
DK_NA	08	**[DO NOT READ]** Don't know/No answer	
REFUSED	09	**[DO NOT READ]** Refused	

CAG_5	CAG_RELN_COF1

[ASK IF CAG_HLT_COF1 ≠ CAG_HLT_NONE_COF1, CAG_HLT_DK_NA_COF1 OR CAG_HLT_REFUSED_COF1]

What is the relationship between you and this person? Is s/he your…

INTERVIEWER INSTRUCTION: READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

HUSBAND_WIFE	01	Husband/wife
COMMON_LAW	02	Common-law partner
FATHER_MOTHER	03	Father/mother
SON_DAUGHTER	04	Son/daughter
BROTHER_SISTER	05	Brother/sister
GRAND_PARENTS	06	Grandfather/grandmother
GRAND_CHILD	07	Grandson/granddaughter
FATHER_MOTHER_IN_LAW	08	Father-in-law/mother-in-law
SON_DAUGHTER_IN_LAW	09	Son-in-law/daughter-in-law
BROTHER_SISTER_IN_LAW	10	Brother-in-law/sister-in-law
OTHER_RELATIVE	11	Other relative
FRIEND	12	Friend
NEIGHBOUR	13	Neighbour
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

CAG_5a	**CAG_RELN_OTSP_COF1**
[ASK IF CAG_RELN_COF1 = OTHER]	
Other (please specify: _____)	
CAG_RELN_OTSP1_COF1	[OPEN TEXT VARIABLE]

CAG_6	CAG_WEEK_NB_COF1

[ASK IF CAG_HLT_COF1 ≠ CAG_HLT_NONE_COF1, CAG_HLT_DK_NA_COF1 OR CAG_HLT_REFUSED_COF1]

During the past 12 months, about how many weeks did you provide assistance to this person?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS

CAG_WEEK_NB_COF1	_____ **(MASK: MIN=01, MAX=52)**	
DK_NA	98	**[DO NOT READ]** Don't know/No answer
REFUSED	99	**[DO NOT READ]** Refused

CAG_7	CAG_HRWK_NB_COF1		
[ASK IF CAG_HLT_COF1 ≠ CAG_HLT_NONE_COF1, CAG_HLT_DK_NA_COF1 OR CAG_HLT_REFUSED_COF1]			
About how many hours per week, on average, did you spend assisting this person?			
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS			
CAG_HRWK_NB_COF1		_____ **(MASK: MIN=001, MAX=168)**	
DK_NA	998	**[DO NOT READ]** Don't know/No answer	
REFUSED	999	**[DO NOT READ]** Refused	

CAG_END

Injuries (INJ)

Overview	This module will contain questions asking for detailed information about the circumstances and nature of injury, risk perception, adaptation, and additional injury-related healthcare use.

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

INJ_1	INJ_OCC_COF1

[ALWAYS ASK]

In the last 12 months, have you had any injuries that were serious enough to limit some of your normal activities?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

INJ_2a	INJ_NMBR_NB_COF1

[ASK IF INJ_OCC_COF1 = YES]

How many times were you injured in the past 12 months?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF INJURIES

INJ_NMBR_NB_COF1	_____ (MASK: MIN=01, MAX=30)	
DK_NA	998	**[DO NOT READ]** Don't know/No answer
REFUSED	999	**[DO NOT READ]** Refused

INJ_2b	INJ_CAUS_COF1

[ASK IF INJ_OCC_COF1 = YES]

Was this injury (Were any of these injuries) caused by?

READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

INJ_CAUS_FL_COF1	01	A fall
INJ_CAUS_VH_COF1	02	A motor vehicle collision (including injuries sustained as a pedestrian)
INJ_CAUS_WK_COF1	03	An incident in your workplace
INJ_CAUS_NONE_COF1	96	None of the above
INJ_CAUS_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
INJ_CAUS_REFUSED_COF1	99	**[DO NOT READ]** Refused

INJ_3	INJ_HOW_COF1

[ASK IF INJ_OCC_COF1 = YES]

Again, thinking about this most serious injury, how did it happen?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

ACCIDENT_DRIVER	01	Road traffic accident as a driver or passenger
ACCIDENT_PEDESTRIAN	02	Road traffic accident as a pedestrian
STRUCK_BY_OBJECT	03	Struck by an object
EXPLOSION	04	Explosion
NATURAL_FACTORS	05	Natural/ environmental factors
SUFFOCATION	06	Suffocation
POISONING	07	Poisoning
ANIMAL_BITE	08	Snake/animal bite
FALL_SAME_LEVEL	09	Fall from same level
FALL_HEIGHT	10	Fall from a height
FIRE	11	Fire/flames
DROWNING	12	Drowning/submersion
HOT_CORROSIVE_LIQUIDS	13	Hot/corrosive liquids or substances
CRUSH_INJURIES	14	Crush injuries
MACHINERY	15	Accident by machinery
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

INJ_3a	INJ_HOW_OTSP_COF1

[ASK IF INJ_HOW_COF1 = OTHER]

Other (please specify: _____)

INJ_HOW_OTSP1_COF1	[OPEN TEXT VARIABLE]

INJ_4	INJ_WHR_COF1

[ASK IF INJ_OCC_COF1 = YES]

Where did the injury happen?

DO NOT READ LIST, CODE ONLY ONE RESPONSE, PROBE FOR TYPE OF WORKPLACE IF PARTICIPANT SAYS 'AT WORK'

HOME	01	In a home or its surrounding area
INSTITUTION	02	Residential institution
SCHOOL	03	School, college, university (excluding sports areas)
OTHER_INSTITUTION	04	Other institution (e.g. church, hospital, theatre, civic building)
ATHLETIC_AREA	05	Sports or athletic area (include school sports area)
STREET	06	Street, highway, sidewalk
COMMERCIAL_AREA	07	Commercial area (e.g. store, restaurant, office building transport terminal)
CONSTRUCTION_AREA	08	Industrial or construction area
FARM	09	Farm (exclude farmhouse and its surrounding area)
CONSERVATION	10	Conservation or outdoor area
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused
INJ_4a		**INJ_WHR_OTSP_COF1**

[ASK IF INJ_WHR_COF1 = OTHER]

Other (please specify: _____)

INJ_WHR_OTSP1_COF1	[OPEN TEXT VARIABLE]

INJ_5	INJ_ACT_COF1

[ASK IF INJ_OCC_COF1 = YES]

What type of activity were you doing when you were injured?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

SPORTS	01	Sports or physical exercise (include school activities)
LEISURE	02	Leisure or hobby (include volunteering)
WORKING	03	Working at a job or business (include travel to or from work)
HOUSEHOLD_CHORES	04	Household chores, other unpaid work or education
SLEEPING	05	Sleeping, eating, personal care
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

INJ_5a	INJ_ACT_OTSP_COF1
[ASK IF INJ_ACT_COF1 = OTHER]	
Other (please specify: _____)	
INJ_ACT_OTSP1_COF1	[OPEN TEXT VARIABLE]

INJ_6	INJ_TYPE_COF1
[ASK IF INJ_OCC_COF1 = YES]	
What type of injury did you have?	
DO NOT READ LIST, CODE ONLY ONE RESPONSE	

MULTIPLE_INJURIES	01	Multiple injuries
BROKEN_BONES	02	Broken or fractured bones
BURNS	03	Burns, scald, chemical burn
DISLOCATION	04	Dislocation
SPRAIN	05	Sprain or strain (including musculoskeletal pulls or tears such as herniated disc, torn muscles and tendons, etc.)
CUT	06	Cut
PUNCTURE	07	Puncture, animal bite (open wound)
BRUISE	08	Bruise
SCRAPE	09	Scrape, blister
CONCUSSION	10	Concussion or other brain injury
POISONING	11	Poisoning
INJURY_INTERNAL_ORGANS	12	Injury to internal organs
DISCOMFORT	13	Discomfort
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused
INJ_6a		**INJ_TYPE_OTSP_COF1**
[ASK IF INJ_TYPE_COF1 = OTHER]		
Other (please specify: _____)		
INJ_TYPE_OTSP1_COF1		[OPEN TEXT VARIABLE]

INJ_7	INJ_BRKN_COF1

[ASK IF INJ_TYPE_COF1=MULTIPLE_INJURIES]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

INJ_8	INJ_SITE_COF1

[ASK IF INJ_TYPE_COF1 = BROKEN_BONES OR INJ_BRKN_COF1 = YES]

What part of the body was fractured?

DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

INJ_SITE_ML_COF1		01	Multiple sites
INJ_SITE_EYE_COF1		02	Eye socket
INJ_SITE_HD_COF1		03	Head (excluding eyes)
INJ_SITE_NE_COF1		04	Neck
INJ_SITE_SH_COF1		05	Shoulder, upper arm
INJ_SITE_EL_COF1		06	Elbow, lower arm
INJ_SITE_WR_COF1		07	Wrist, hand
INJ_SITE_HIP_COF1		08	Hip
INJ_SITE_TH_COF1		09	Thigh
INJ_SITE_KN_COF1		10	Knee, lower leg
INJ_SITE_AN_COF1		11	Ankle, foot
INJ_SITE_UP_COF1		12	Upper back or upper spine
INJ_SITE_LO_COF1		13	Lower back or lower spine
INJ_SITE_CH_COF1		14	Chest (excluding back and spine)
INJ_SITE_AB_COF1		15	Abdomen or pelvis (excluding back and spine)
INJ_SITE_OT_COF1		97	Other
INJ_SITE_DK_NA_COF1		98	**[DO NOT READ]** Don't know / No answer
INJ_SITE_REFUSED_COF1		99	**[DO NOT READ]** Refused
INJ_8a	**INJ_SITE_OTSP_COF1**		

[ASK IF INJ_SITE_COF1 = OTHER]

Other (please specify: _____)		
INJ_SITE_OTSP1_COF1	[OPEN TEXT VARIABLE]	

INJ_END

Falls (FAL)

Overview	The questions in this module ask about falls in the past 12 months where the respondent has been hurt enough to limit some or all of their normal activities, if the respondent is receiving follow-up care for a fall-related injury, and fear of falling. Falling is the most common cause of injuries among older Canadians. Falls are also among the leading causes of hospitalization for seniors presenting with an injury. Fear of falling and its potential association with disability, functional mobility, and activity limitation is an emerging public health problem.

==PROGRAMMING NOTE:==
==THIS MODULE IS ADMINISTERED ONLY IF INJ_CAUS_COF1 = INJ_CAUS_FL_COF1==

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

FAL_1	FAL_NMBR_NB_COF1		
[ASK IF INJ_CAUS_COF1 = INJ_CAUS_FL_COF1]			
How many times have you fallen in the past 12 months?			
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF FALLS; **PLEASE CONFIRM THE NUMBER <u>IF</u> THE PARTICIPANT FELL MORE THAN 10 TIMES IN THE LAST 12 MONTHS.**			
FAL_NMBR_NB_COF1		_____ (MASK: MIN=01, MAX=30)	
DK_NA	998	**[DO NOT READ]** Don't know/No answer	
REFUSED	999	**[DO NOT READ]** Refused	

FAL_2	FAL_MOST_COF1

[ASK IF INJ_CAUS_COF1 = INJ_CAUS_FL_COF1]

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

DO NOT READ LIST, CODE ONLY ONE RESPONSE

NO_SERIOUS_INJURY	01	No serious injury
SPRAIN	02	Sprain/strain
BRUISES	03	Bruises
CUTS	04	Cuts
DISCOMFORT	05	Discomfort
FRACTURE_HIP	06	Fracture of hip
FRACTURE_LEG	07	Fracture of leg
FRACTURE_ARM	08	Fracture of arm or wrist
FRACTURE_BACK	09	Fracture of back/vertebra
HEAD_INJURY	10	Head injury
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

FAL_2a	FAL_MOST_OTSP_COF1

[ASK IF FAL_MOST_COF1 = OTHER]

Other (please specify: _____)

FAL_MOST_OTSP1_COF1	[OPEN TEXT VARIABLE]

FAL_3a	FAL_ATTN_COF1

[ASK IF INJ_CAUS_COF1 = INJ_CAUS_FL_COF1]

Did you receive any medical attention from a health professional within 48 hours following this injury (due to a fall)?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

FAL_3b	FAL_HOSP_COF1

[ASK IF INJ_CAUS_COF1 = INJ_CAUS_FL_COF1]

Were you hospitalized for this injury?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

FAL_3c	FAL_FU_COF1

[ASK IF INJ_CAUS_COF1 = INJ_CAUS_FL_COF1]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

FAL_4	FAL_WHERE_COF1

[ASK IF INJ_CAUS_COF1 = INJ_CAUS_FL_COF1]

Where did this fall happen?

INSIDE_HOME	01	Inside of your home
OUTSIDE_HOME	02	Outside of your home, but inside a building
OUTDOORS	03	Outdoors
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

FAL_5	FAL_HOW_COF1

[ASK IF FAL_WHERE_COF1 = INSIDE_HOME OR OUTSIDE_HOME]

How did your fall happen?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

FELL_STANDING_WALKING	01	Fell while standing or walking
FELL_STAIRS_STEPS	02	Fell on stairs or steps
FELL_EXERCISING	03	Fell while exercising (except walking)
FELL_HEIGHT	04	Fell from height of greater than 1 meter or 3 feet (for example, ladder, tree, roof)
FELL_FURNITURE	05	Fell from furniture (for example, bed, chair)
FELL_BATHTUB	06	Fell while getting in or out of the bathtub
FELL_SHOWER	07	Fell while getting in or out of the shower
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

FAL_5a	**FAL_HOW_OTSP_COF1**

[ASK IF FAL_HOW_COF1 = OTHER]

Other (please specify: _____)

FAL_HOW_OTSP1_COF1	[OPEN TEXT VARIABLE]

FAL_5	FAL_HOW_COF1

[ASK IF FAL_WHERE_COF1 = OUTDOORS]

How did your fall happen?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

FELL_STANDING_WALKING	01	Fell while standing or walking
FELL_STAIRS_STEPS	02	Fell on stairs or steps
FELL_EXERCISING	03	Fell while exercising (except walking)
FELL_HEIGHT	04	Fell from height of greater than 1 meter or 3 feet (for example, ladder, tree, roof)
FELL_SNOW_ICE	05	Fell on snow or ice
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

FAL_5a	**FAL_HOW_OTSP_COF1**

[ASK IF FAL_HOW_COF1 = OTHER]

Other (please specify: _____)

FAL_HOW_OTSP1_COF1	[OPEN TEXT VARIABLE]

FAL_END

Retirement Status (RET)

Overview	The questions in this module ask about such things as age at retirement, main reasons for retirement, labour force participation and ability to work.
	This module also asks about partial retirement for respondents who may have officially retired, but continued working or who are taking gradual retirement.
	It is important to understand the reasons behind decisions about retirement for older Canadians. Information gathered in this module will help in understanding why people choose to retire and whether they might continue to work afterwards.

The following questions ask about your retirement experience.

RET_1	**RET_RTRD_COF1**

[ASK IF RET_RTRD_COM = NOT_RETIRED OR PARTLY_RETIRED]

At this time, do you consider yourself to be completely retired, partly retired or not retired?

COMPLETELY_RETIRED	01	Completely retired
PARTLY_RETIRED	02	Partly retired
NOT_RETIRED	03	Not retired
NEVER_PAID	04	Never held a paid job
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

RET_2	**RET_RTRN_COF1**

[ASK IF RET_RTRD_COM = COMPLETELY_RETIRED]

After retirement, some people return to work and later retire again. Since your initial interview have you retired and then returned to work?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

RET_3	**RET_SPSE_COF1**

[ASK IF SDC_MRTL_COF1 = COMMON_LAW]

Is your spouse/partner retired?

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

Please answer the following questions as they relate to your retirement experience, since your previous interview.

RET_5	RET_AGE_NB_COF1
[ASK IF RET_RTRD_COF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]	
How old were you when you first retired/partly retired?	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE *INTERVIEWER: IF PARTICIPANT IN FACT RETIRED BEFORE AGE 40 INPUT 40 IN THE FIELD*	

RET_AGE_NB_COF1	_____ (MASK: MIN=40, MAX=CURRENT AGE)	
DK_NA	98	**[DO NOT READ]** Don't know/No answer
REFUSED	99	**[DO NOT READ]** Refused

RET_6	RET_WHY_COF1
[ASK IF RET_RTRD_COF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]	
There are many reasons why people retire. Which of the following reasons contributed to your decision to retire?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	

RET_WHY_CM_COF1	01	Completed the required years of service to qualify for pension
RET_WHY_RE_COF1	02	Retirement was financially possible
RET_WHY_HL_COF1	03	Health/disability/stress reasons
RET_WHY_IN_COF1	04	Employer offered special incentives to retire
RET_WHY_OR_COF1	05	Organizational restructuring or job eliminated
RET_WHY_PR_COF1	06	Providing care to a family member or friend
RET_WHY_MD_COF1	07	Employer had a mandatory retirement policy
RET_WHY_HO_COF1	08	Wished to pursue hobbies or other activities of personal interest
RET_WHY_ST_COF1	09	Wanted to stop working
RET_WHY_AG_COF1	10	An agreement with your spouse or partner
RET_WHY_NA_COF1	11	Never worked/stay at home parent or spouse
RET_WHY_OT_COF1	97	Other
RET_WHY_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
RET_WHY_REFUSED_COF1	99	**[DO NOT READ]** Refused
RET_6a	**RET_WHY_OTSP_COF1**	
[ASK IF RET_WHY_COF1 = RET_WHY_OT_COF1]		
Other (please specify: _____)		
RET_WHY_OTSP1_COF1	[OPEN TEXT VARIABLE]	

RET_END

Pre-Retirement Labour Force Participation (LFP)

Overview	This module will only be visible if the participant is partly or completely retired. It asks questions of participants related to the last job s/he had before partial or full retirement.

PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF RET_RTRD_COF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED

The following questions apply to the last job you had before retirement/partial retirement.

LFP_1	LFP_LAST_NB_COF1

[ASK IF RET_RTRD_COF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]

In what year did you last have a paid job or operate a business or farm?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR

LFP_LAST_NB_COF1	_____ (MASK: MIN=YEAR OF BIRTH+40, MAX=CURRENT YEAR)	
DK_NA	98	**[DO NOT READ]** Don't know/No answer
REFUSED	99	**[DO NOT READ]** Refused

LFP_2	LFP_YRS_COF1

[ASK IF RET_RTRD_COF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]

How many years did you work at that job? Was it…

READ LIST, CODE ONLY ONE RESPONSE

LESS_YEAR	01	Less than 1 year
1_3_YEARS	02	From 1 year to less than 3 years
3_5_YEARS	03	From 3 years to less than 5 years
5_MORE_YEARS	04	5 years or more
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

LFP_3	LFP_HRWK_COF1		
[ASK IF RET_RTRD_COF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]			
In your last job before retirement, about how many hours a week did you work?			
READ LIST, CODE ONLY ONE RESPONSE			
EMPLOYED_ALL_TIME	01	Employed all of the time (that is, 30+ hours/week)	
EMPLOYED_MOST_TIME	02	Employed most of the time (that is, less than 30 but more than 20 hours/week)	
EMPLOYED_SOME_TIME	03	Employed some of the time (that is, less than 20 hours/week)	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

LFP_4	LFP_SCHD_COF1		
[ASK IF RET_RTRD_COF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]			
Which of the following best describes your working schedule at that time?			
READ LIST, CODE ONLY ONE RESPONSE			
DAYTIME	01	Daytime schedule or shift	
EVENING	02	Evening shift	
NIGHT	03	Night shift	
ROTATING	04	Rotating shift, changing periodically from days to evenings or nights	
SEASONAL	05	Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises	
OTHER	97	Other	
DK_NA	98	**[DO NOT READ]** Don't know / No answer	
REFUSED	99	**[DO NOT READ]** Refused	
LFP_4a	**LFP_SCHD_OTSP_COF1**		
[ASK IF LFP_SCHD_COF1 = OTHER]			
Other (please specify: _____)			
LFP_SCHD_OTSP1_COF1	[OPEN TEXT VARIABLE]		

LFP_5	LFP_TYPE_SP_COF1

[ASK IF RET_RTRD_COF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]

What type of work did you do?

RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE
PROGRAMMING NOTE: TO BE CODED ACCORDING TO OCCUPATIONAL CLASSIFICATION SYSTEM

LFP_TYPE_SP_COF1	_____ _____ _____
REFUSED	99	**[DO NOT READ]** Refused

LFP_6	LFP_IND_SP_COF1

[ASK IF RET_RTRD_COF1 = COMPLETELY_RETIRED OR PARTLY_RETIRED]

What business or industry sector were you in?

RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE
PROGRAMMING NOTE: TO BE CODED ACCORDING TO INDUSTRIAL CLASSIFICATION SYSTEM

LFP_IND_SP_COF1	_____ _____ _____
REFUSED	99	**[DO NOT READ]** Refused

LFP_END

Labour Force (LBF)

Overview	This module includes a number of questions on the respondent's work life, including whether they are employed, unemployed or retired. Questions about occupation, reasons for not working, and usual work schedule are also asked. There are many relationships between work and health. For example, unemployment can cause various stress-related illnesses while some occupations are more likely to cause repetitive strain injuries.

PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF RET_RTRN_COF1 = YES OR RET_RTRD_COF1 = PARTLY_RETIRED OR NOT_RETIRED

The next few questions concern your current and past employment activities.

LBF_1	LBF_CURR_COF1		
[ASK IF RET_RTRN_COF1 = YES OR RET_RTRD_COF1 = PARTLY_RETIRED OR NOT_RETIRED]			
Are you currently working at a job or business? This includes part-time jobs, seasonal work, contract work, self-employment, or any other paid work regardless of the number of hours worked.			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

LBF_2	LBF_MANY_COF1		
[ASK IF LBF_CURR_COF1 = YES]			
Do you currently work at more than one job or business?			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

LBF_3	LBF_STTS_COF1		
[ASK IF LBF_CURR_COF1 = YES]			
What is your current working status? If you are self-employed, choose full-time or part-time, as appropriate.			
EMPLOYED_ALL_TIME		01	Employed all of the time (that is, 30+ hours/week)
EMPLOYED_MOST_TIME		02	Employed most of the time (that is, less than 30 but more than 20 hours/week)
EMPLOYED_SOME_TIME		03	Employed some of the time (that is, less than 20 hours/week)
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

LBF_4	LBF_SCHD_COF1

[ASK IF LBF_CURR_COF1 = YES]

Which of the following best describes your working schedule?

READ LIST, CODE ONLY ONE RESPONSE

DAYTIME	01	Daytime schedule or shift
EVENING	02	Evening shift
NIGHT	03	Night shift
ROTATING	04	Rotating shift, changing periodically from days to evenings or nights
SEASONAL	05	Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

LBF_4a	LBF_SCHD_OTSP_COF1

[ASK IF LBF_SCHD_COF1 = OTHER]

Other (please specify: _____)	
LBF_SCHD_OTSP1_COF1	[OPEN TEXT VARIABLE]

LBF_5	LBF_TYPE_NB_COF1

[ASK IF LBF_CURR_COF1 = YES]

What type of work do you do?

RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE
PROGRAMMING NOTE: TO BE CODED ACCORDING TO OCCUPATIONAL CLASSIFICATION SYSTEM

LBF_TYPE_NB_COF1	_____
REFUSED	99	**[DO NOT READ]** Refused

LBF_6	LBF_BUSN_NB_COF1

[ASK IF LBF_CURR_COF1 = YES]

What business or industry sector are you in?

RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE
PROGRAMMING NOTE: TO BE CODED ACCORDING TO INDUSTRIAL CLASSIFICATION SYSTEM

LBF_BUSN_NB_COF1	_____
REFUSED	99	**[DO NOT READ]** Refused

LBF_7	LBF_DURN_COF1

[ASK IF LBF_CURR_COF1 = YES]

How long have you worked with your present employer or in your current business?

READ LIST, CODE ONLY ONE RESPONSE

LESS_YEAR	01	Less than 1 year
1_3_YEARS	02	From 1 year to less than 3 years
3_5_YEARS	03	From 3 years to less than 5 years
5_MORE_YEARS	04	5 years or more
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

LBF_8	LBF_RSN_COF1

[ASK IF LBF_CURR_COF1 = NO]

What would best describe the reason for not working?

READ LIST, CODE ONLY ONE RESPONSE

UNABLE_WORK	01	Unable to work because of sickness or disability
LOOKING_AFTER_FAMILY	02	Looking after family
STUDENT	03	Student
UNEMPLOYED	04	Unemployed
UNPAID_WORK	05	Doing unpaid or voluntary work
OTHER	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused
LBF_8a	**LBF_RSN_OTSP_COF1**	

[ASK IF LBF_RSN_COF1 = OTHER]

Other (please specify: _____)

LBF_RSN_OTSP1_COF1	[OPEN TEXT VARIABLE]

LBF_9	LBF_UNEM_COF1

[ASK IF LBF_CURR_COF1 = NO]

How long have you been unemployed?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT TIME

LBF_UNEM_COF1	_____ [WEEKS, MONTHS, YEARS]
	**LBF_UNEM_WK_COF1	LBF_UNEM_MT_COF1	LBF_UNEM_YR_COF1**
REFUSED	99	**[DO NOT READ]** Refused

LBF_END

Work Limitations Questionnaire (WLQ)

This instrument has been removed due to copyright requirements.

Retirement Planning (RPL) - abbreviated version

<mark>**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF RET_RTRD_COF1 = PARTLY_RETIRED OR NOT_RETIRED**</mark>

RPL_1	RPL_AGE_NB_COF1		
[ASK IF LBF_CURR_COF1 = YES]			
At what age do you plan to retire?			
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE			
RPL_AGE_NB_COF1	_____ (MASK: MIN=CURRENT AGE, MAX=87)		
NOT_APPLICABLE		96	**[DO NOT READ]** Not applicable, does not plan to retire
DK_NA		98	**[DO NOT READ]** Don't know/No answer
REFUSED		99	**[DO NOT READ]** Refused

RPL_2	RPL_WHYNT_COF1		
[ASK IF RPL_AGE_NB_COF1 = NOT_APPLICABLE OR DK_NA]			
[If not] Is that because...?			
DO NOT READ LIST, CODE ONLY ONE RESPONSE			
HAVE_NOT_PLANNED_FOR_RETIREMENT	01	You have not thought about or planned for retirement	
PLAN_TO_CONTINUE_WORKING	02	You plan to continue working for as long as you are able to	
CANT_AFFORD_TO_RETIRE	03	You can't afford to retire	
OTHER	97	Other	
DK_NA	98	**[DO NOT READ]** Don't know / No answer	
REFUSED	99	**[DO NOT READ]** Refused	
RPL_2a	RPL_WHYNT_OTSP_COF1		
[ASK IF RPL_WHYNT_COF1 = OTHER]			
Other (please specify: _____)			
RPL_WHYNT_OTSP1_COF1	[OPEN TEXT VARIABLE]		

RPL_END

Income (INC)

Overview	In this module, respondents are asked to provide their individual and household incomes. Questions in the module seek to identify all sources of household and personal income, as well as the main source for each. Follow up questions are asked about Canada or Quebec pension plan benefits. Since a person's financial situation includes more than just income, respondents are also asked to estimate the value of their savings and investments, excluding the value of their principal residence and employer pension plans. The respondent is also asked whether their income covers their basic expenses. Although it is a sensitive topic, this information is important for studying health trends and behaviours; even though many healthcare costs in Canada are covered by insurance, income still plays an important role in people's health, particularly for older Canadians. People with lower incomes are more likely to have poorer health, and people of different income levels also tend to use the health care system differently.

This next section is about your standard of living. A person's standard of living has been shown to have a relationship to their health. For this reason it is important that we have some understanding of the level of income that you and your family live on. As with all of the other information that you have shared, these answers are kept strictly confidential.

Household Income

INC_1	INC_SRCE_COF1

[ALWAYS ASK]

Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?

READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

INC_SRCE_WG_COF1	01	Wages and salaries
INC_SRCE_SE_COF1	02	Income from self-employment
INC_SRCE_IN_COF1	03	Dividends and interest (e.g., on bonds, savings)
INC_SRCE_EI_COF1	04	Employment insurance
INC_SRCE_CM_COF1	05	Worker's compensation
INC_SRCE_BN_COF1	06	Benefits from Canada or Quebec Pension Plan
INC_SRCE_PN_COF1	07	Job related retirement pensions, superannuation and annuities
INC_SRCE_GV_COF1	08	RRSP/RRIF
INC_SRCE_OLD_COF1	09	Old Age Security
INC_SRCE_GIS_COF1	10	Guaranteed Income Supplement
INC_SRCE_WF_COF1	11	Provincial or municipal social assistance or welfare
INC_SRCE_CH_COF1	12	Child Tax Benefit

INC_1	INC_SRCE_COF1 (cont'd…)		
[ALWAYS ASK]			
Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?			
READ LIST, MULTIPLE RESPONSES ALLOWED			
INC_SRCE_SP_COF1		13	Child support
INC_SRCE_AL_COF1		14	Alimony
INC_SRCE_CP_COF1		15	Capital gains (e.g. profits from sale of stocks)
INC_SRCE_NONE_COF1		96	**[DO NOT READ]** None
INC_SRCE_OT_COF1		97	Other (e.g., rental income, veterans' pensions)
INC_SRCE_DK_NA_COF1		98	**[DO NOT READ]** Don't know / No answer
INC_SRCE_REFUSED_COF1		99	**[DO NOT READ]** Refused
INC_1a	**INC_SRCE_OTSP_COF1**		
[ASK IF INC_SRCE_COF1 = INC_SRCE_OT_COF1]			
Other (please specify: _____)			
INC_SRCE_OTSP1_COF1	[OPEN TEXT VARIABLE]		

INC_2	INC_FRST_COF1		
[ASK IF INC_SRCE_COF1 HAS GREATER THAN 2 VARIABLES SELECTED]			
Of the sources of income you have identified, what are the three major sources of your household income, starting with the highest source of income? *[RECALL RESPONSE FROM INC_SRCE_COF1].*			
INC_FRST_COF1		01	1st highest source
INC_SCND_COF1		02	2nd highest source
INC_THRD_COF1		03	3rd highest source
REFUSED		09	**[DO NOT READ]** Refused

INC_3	INC_TOT_COF1		
[ALWAYS ASK]			
What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, in the past 12 months?			
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE			
LESS_20000		01	Less than $20,000
20000_50000		02	$20,000 or more, but less than $50,000
50000_100000		03	$50,000 or more, but less than $100,000
100000_150000		04	$100,000 or more, but less than $150,000
150000_MORE		05	$150,000 or more
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

INC_4	INC_PSRCE_COF1		
[ALWAYS ASK]			
Thinking about your total personal income, from which of the following sources did you receive any income in the past 12 months?			
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
INC_PSRCE_WG_COF1	01	Wages and salaries	
INC_PSRCE_SE_COF1	02	Income from self-employment	
INC_PSRCE_IN_COF1	03	Dividends and interest (e.g., on bonds, savings)	
INC_PSRCE_EI_COF1	04	Employment insurance	
INC_PSRCE_CM_COF1	05	Worker's compensation	
INC_PSRCE_BN_COF1	06	Benefits from Canada or Quebec Pension Plan	
INC_PSRCE_PN_COF1	07	Job related retirement pensions, superannuation and annuities	
INC_PSRCE_GV_COF1	08	RRSP/RRIF	
INC_PSRCE_OLD_COF1	09	Old Age Security	
INC_PSRCE_GIS_COF1	10	Guaranteed Income Supplement	
INC_PSRCE_WF_COF1	11	Provincial or municipal social assistance or welfare	
INC_PSRCE_CH_COF1	12	Child Tax Benefit	
INC_PSRCE_SP_COF1	13	Child support	
INC_PSRCE_AL_COF1	14	Alimony	
INC_PSRCE_CP_COF1	15	Capital gains (e.g. profits from sale of stocks)	
INC_PSRCE_NONE_COF1	96	**[DO NOT READ]** None	
INC_PSRCE_OT_COF1	97	Other (e.g., rental income, veterans' pensions)	
INC_PSRCE_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
INC_PSRCE_REFUSED_COF1	99	**[DO NOT READ]** Refused	
INC_4a	**INC_PSRCE_OTSP_COF1**		
[ASK IF INC_PSRCE_COF1 = INC_PSRCE_OT_COF1]			
Other (please specify: _____)			
INC_PSRCE_OTSP1_COF1	[OPEN TEXT VARIABLE]		

INC_5	INC_PFRST_COF1		
[ASK IF INC_PSRCE_COF1 HAS GREATER THAN 2 VARIABLES SELECTED]			
Of the sources of income you have identified, what are the three major sources of your personal income, starting with the highest source of income? *[RECALL RESPONSE FROM INC_PSRCE_COF1]*.			
INC_PFRST_COF1	01	1st highest source	
INC_PSCND_COF1	02	2nd highest source	
INC_PTHRD_COF1	03	3rd highest source	
REFUSED	09	**[DO NOT READ]** Refused	

INC_6	INC_PTOT_COF1	

[ALWAYS ASK]

What is your best estimate of your total personal income from all sources, before taxes and deductions, in the past 12 months?

READ LIST, CODE ONLY ONE RESPONSE. INTERVIEWER NOTE: IF INC_6/INC_PTOT_COF1 >INC_3/INC_TOT_COF1, THEN ASK: THIS QUESTION ASKS YOU FOR YOUR TOTAL *PERSONAL* INCOME, BUT YOU REPORTED THAT YOUR TOTAL *HOUSEHOLD* INCOME IS LESS THAN YOUR TOTAL PERSONAL INCOME. WHAT IS YOUR TOTAL HOUSEHOLD INCOME AND WHAT IS YOUR TOTAL PERSONAL INCOME? INTERVIEWER: CORRECT RESPONSES AS NECESSARY.

LESS_20000	01	Less than $20,000
20000_50000	02	$20,000 or more, but less than $50,000
50000_100000	03	$50,000 or more, but less than $100,000
100000_150000	04	$100,000 or more, but less than $150,000
150000_MORE	05	$150,000 or more
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

INC_END

Medications (MEDI)

> **INTERVIEWER INSTRUCTIONS:** PLEASE ASK THE PARTICIPANT TO SHOW YOU ALL OF THE REGULARLY SCHEDULED/OR TAKEN MEDICATIONS (I.E. – SCHEDULED; ONCE A DAY, EVERY OTHER DAY, ETC. BUT NOT TAKEN OCCASIONALLY), PRESCRIPTION, NON-PRESCRIPTION OVER-THE-COUNTER, HERBALS, VITAMINS OR NATURAL HEALTH PRODUCTS THAT S/HE IS TAKING AND RECORD THE INFORMATION IN THE TABLE BELOW.

Number of Medications	Name of Medication	Drug Identification Number (DIN)	Prescription	Dosage - How Much		Frequency: When do you take the medication	Duration: (drug usage beyond one month)	Start Date	Reason(s) for Use
WHAT APPEARS IN ONYX →	Text field to type in name	Buttons to select and type in DIN or name of medication	Y/N/DK/NA/RF	Type in quantity	Drop down menu to select unit (mL, mcg, tablet, etc.) / Text field to type in comment (i.e. drops in left eye only, etc.)	Buttons to select once a day, twice daily, once a week, etc.	Buttons to select more than one year, 6 months to one year, etc.	Select from calendar, don't know/no answer or refused	Text field to type in response or select don't know/no answer or refused
Example →	ARTHROTEC	01917056		50	mg	Twice daily	6 months to one year	April 28, 2013	Arthritis
Example →	NASONEX NASAL SPRAY	02238465		100	µG	Three x day	More than one year	February 16, 2011	Congestion
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

MEDI_END

Health Care Utilization (HCU)

Overview	This module covers a number of topics related to the use of health care services, including whether the participant has a regular medical doctor, uses medical specialists, or uses practitioners of alternative medicine. Importance of module: This module is relevant to policy makers, health care planners, and researchers, who may use the data to compare how different groups, e.g., men versus women, urban versus rural –dwellers, use health services. This type of research can help determine who needs better access to healthcare services.

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

HCU_COF1
During the past 12 months, have you had contact with any of the following about your physical or mental health?
[ALWAYS ASK]
INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE

			Yes	**No**	**DK/ NA**	**RF**
HCU_1	HCU_FAMPHY_COF1	Family Doctor				
HCU_2	HCU_SPEC_COF1	Medical specialist (such as a cardiologist, gynaecologist, psychiatrist or ophthalmologist)				
HCU_3	HCU_PSYCH_COF1	Psychologist				
HCU_5	HCU_OPTO_COF1	Optometrist				
HCU_6	HCU_PHYSIO_COF1	Physiotherapist, occupational therapist, or chiropractor				
HCU_7	HCU_SOCLWRK_COF1	Social worker				

HCU_8	**HCU_EMEREG_COF1**
[ALWAYS ASK]	
Have you been seen in an Emergency Department during the past 12 months?	

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

HCU_9	HCU_HLOVRNT_COF1

[ALWAYS ASK]

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

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

HCU_10	HCU_NRSHM_COF1

[ALWAYS ASK]

Were you a patient in a nursing home or convalescent home during the past 12 months?

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

HCU_11	HCU_HAVEFAM_COF1

[ASK IF HCU_FAMPHY_COF1 = NO]

Do you have a family doctor?

YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

HCU_12	HCU_NOFAM_COF1

[ASK IF HCU_HAVEFAM_COF1 = NO]

Why do you NOT have a family doctor?

READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY

HCU_NOFAM_TAKE_COF1	01	Family doctors in the area are not taking new patients
HCU_NOFAM_AVAIL_COF1	02	No family doctors available in the area
HCU_NOFAM_CONT_COF1	03	Have not tried to contact one
HCU_NOFAM_LEFT_COF1	04	Had a medical doctor who left or retired
HCU_NOFAM_OT_COF1	97	Other
HCU_NOFAM_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
HCU_NOFAM_REFUSED_COF1	99	**[DO NOT READ]** Refused

HCU_12a	HCU_NOFAM_OTSP_COF1	
[ASK IF HCU_NOFAM_COF1 = HCU_NOFAM_OT_COF1]		
Other (please specify: _____)		
HCU_NOFAM_OTSP1_COF1	[OPEN TEXT VARIABLE]	

HCU_13	HCU_PLACE_COF1		
[ASK IF HCU_HAVEFAM_COF1 = NO]			
Is there a place that you usually go to when you are sick or need advice about your health?			
YES	01	Yes	
NO	02	No	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

HCU_14	HCU_FAMV_COF1		
[ASK IF HCU_FAMPHY_COF1=NO and HCU_HAVEFAM_COF1 = YES]			
Why have you NOT seen a family doctor in the past 12 months?			
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
HCU_FAMV_NEED_COF1	01	Not needed	
HCU_FAMV_APPT_COF1	02	Difficulty getting an appointment	
HCU_FAMV_TRAN_COF1	03	Transportation problems	
HCU_FAMV_LANG_COF1	04	Language problem	
HCU_FAMV_CANC_COF1	05	Appointment cancelled or deferred by doctor	
HCU_FAMV_LEAV_COF1	06	Unable to leave the house due to health condition	
HCU_FAMV_PERS_COF1	07	Personal and family responsibilities	
HCU_FAMV_OT_COF1	97	Other	
HCU_FAMV_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
HCU_FAMV_REFUSED_COF1	99	**[DO NOT READ]** Refused	
HCU_14a	**HCU_FAMV_OTSP_COF1**		
[ASK IF HCU_FAMV_COF1 = HCU_FAMV_OT_COF1]			
Other (please specify: _____)			
HCU_FAMV_OTSP1_COF1	[OPEN TEXT VARIABLE]		

HCU_15	HCU_SPEV_COF1		
[ASK IF HCU_SPEC_COF1 = NO]			
Why have you NOT seen a medical specialist (such as a cardiologist, gynecologist, psychiatrist or ophthalmologist) in the past 12-months?			
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
HCU_SPEV_NEED_COF1	01	Not needed	
HCU_SPEV_REFE_COF1	02	Difficulty getting a referral	
HCU_SPEV_APPT_COF1	03	Difficulty getting an appointment	
HCU_SPEV_SPEC_COF1	04	No specialists in the area	
HCU_SPEV_TRAN_COF1	05	Transportation problems	
HCU_SPEV_LANG_COF1	06	Language problem	
HCU_SPEV_PERS_COF1	07	Personal and family responsibilities	
HCU_SPEV_CANC_COF1	08	Appointment cancelled or deferred by specialist/doctor	
HCU_SPEV_WAIT_COF1	09	Still waiting for visit	
HCU_SPEV_LEAV_COF1	10	Unable to leave the house due to health condition	
HCU_SPEV_OT_COF1	97	Other	
HCU_SPEV_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
HCU_SPEV_REFUSED_COF1	99	**[DO NOT READ]** Refused	

HCU_15a	HCU_SPEV_OTSP_COF1
[ASK IF HCU_SPEV_COF1 = HCU_SPEV_OT_COF1]	
Other (please specify: _____)	
HCU_SPEV_OTSP1_COF1	[OPEN TEXT VARIABLE]

HCU_END

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Unmet Health Care Needs (MET)

Overview	Access to health care services is often evaluated by considering frequency of use of health care services. However, such research does not capture information from those who do not use health care services or the reasons for not using services. Self-perceived unmet need for health care services is often used as a measure of the adequacy of access to services. The data collected can help researchers determine what factors contribute to unmet health care needs how important lack of access is in determining unmet health care needs.

MET_1	MET_NEED_COF1		
[ALWAYS ASK]			
During the past 12 months, was there ever a time when you felt that you needed health care but you didn't receive it?			
YES		01	Yes
NO		02	No
DK_NA		08	**[DO NOT READ]** Don't know / No answer
REFUSED		09	**[DO NOT READ]** Refused

MET_2	MET_RSN_COF1	
[ASK IF MET_NEED_COF1 = YES]		
Thinking of the most recent time, why didn't you get care?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
MET_RSN_AREA_COF1	01	Not available - in the area
MET_RSN_TIME_COF1	02	Not available - at time required (e.g. doctor on holidays, inconvenient hours)
MET_RSN_WAIT_COF1	03	Waiting time too long
MET_RSN_INAD_COF1	04	Felt would be inadequate
MET_RSN_COST_COF1	05	Cost
MET_RSN_BUSY_COF1	06	Too busy
MET_RSN_AROD_COF1	07	Didn't get around to it/didn't bother
MET_RSN_SEEK_COF1	08	Decided not to seek care
MET_RSN_NECE_COF1	09	Doctor - didn't think it was necessary
MET_RSN_OT_COF1	97	Other
MET_RSN_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
MAT_RSN_REFUSED_COF1	99	**[DO NOT READ]** Refused
MET_2a	**MET_RSN_OTSP_COF1**	
[ASK IF MET_RSN_COF1 = MET_RSN_OT_COF1]		
Other (please specify: _____)		
MET_RSN_OTSP1_COF1	[OPEN TEXT VARIABLE]	

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Psychological Distress (K10)

Overview	The questions in this module come from the Kessler Psychological Distress Scale, which measures participants' levels of distress using questions on anxiety and depressive symptoms during the last 30 days.
	Importance of module: Psychological distress is associated with an increased use of health services and psychotropic drugs, as well as with suicide. Psychological distress may indirectly affect health by leading to the adoption of inappropriate lifestyle habits (e.g., poor nutritional or sleep habits, little or no exercise, and reduced engagement in social activities).

I would now like you to focus on how you have been feeling during the past 30 days.

K10_1	**K10_TIRED_COF1**

[ALWAYS ASK]

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

CODE ONLY ONE RESPONSE

ALL_TIME	01	All of the time
MOST_TIME	02	Most of the time
SOME_TIME	03	Some of the time
LITTLE_TIME	04	A little of the time
NONE_TIME	05	None of the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

K10_2	**K10_NRVS_COF1**

[ALWAYS ASK]

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

CODE ONLY ONE RESPONSE

ALL_TIME	01	All of the time
MOST_TIME	02	Most of the time
SOME_TIME	03	Some of the time
LITTLE_TIME	04	A little of the time
NONE_TIME	05	None of the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

K10_3	K10_NRVSCLMD_COF1

[ASK IF K10_NRVS_COF1 ≠ NONE_TIME, DK_NA, REFUSED]

During the past 30 days, how often did you feel so nervous that nothing could calm you down — all of the time, most of the time, some of the time, a little of the time, or none of the time?

CODE ONLY ONE RESPONSE

ALL_TIME	01	All of the time
MOST_TIME	02	Most of the time
SOME_TIME	03	Some of the time
LITTLE_TIME	04	A little of the time
NONE_TIME	05	None of the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

K10_4	K10_HPLS_COF1

[ALWAYS ASK]

During the past 30 days, about how often did you feel hopeless?

CODE ONLY ONE RESPONSE

ALL_TIME	01	All of the time
MOST_TIME	02	Most of the time
SOME_TIME	03	Some of the time
LITTLE_TIME	04	A little of the time
NONE_TIME	05	None of the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

K10_5	K10_RSTLS_COF1

[ALWAYS ASK]

During the past 30 days, about how often did you feel restless or fidgety?

CODE ONLY ONE RESPONSE

ALL_TIME	01	All of the time
MOST_TIME	02	Most of the time
SOME_TIME	03	Some of the time
LITTLE_TIME	04	A little of the time
NONE_TIME	05	None of the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

K10_6	K10_RSTLSSTL_COF1

[ASK IF K10_RSTLS_COF1 ≠ NONE_TIME, DK_NA, REFUSED]

How often did you feel so restless that you could not sit still?

CODE ONLY ONE RESPONSE

ALL_TIME	01	All of the time
MOST_TIME	02	Most of the time
SOME_TIME	03	Some of the time
LITTLE_TIME	04	A little of the time
NONE_TIME	05	None of the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

K10_7	K10_DEP_COF1

[ALWAYS ASK]

During the past 30 days, about how often did you feel depressed?

CODE ONLY ONE RESPONSE

ALL_TIME	01	All of the time
MOST_TIME	02	Most of the time
SOME_TIME	03	Some of the time
LITTLE_TIME	04	A little of the time
NONE_TIME	05	None of the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

K10_8	K10_EFFRT_COF1

[ALWAYS ASK]

During the past 30 days, about how often did you feel that everything was an effort?

CODE ONLY ONE RESPONSE

ALL_TIME	01	All of the time
MOST_TIME	02	Most of the time
SOME_TIME	03	Some of the time
LITTLE_TIME	04	A little of the time
NONE_TIME	05	None of the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

K10_9	K10_NOCHRUP_COF1

[ALWAYS ASK]

During the past 30 days, how often did you feel so depressed that nothing could cheer you up?

CODE ONLY ONE RESPONSE

ALL_TIME	01	All of the time
MOST_TIME	02	Most of the time
SOME_TIME	03	Some of the time
LITTLE_TIME	04	A little of the time
NONE_TIME	05	None of the time
DK_NA	08	**[DO NOT READ]** Don't Know / No Answer
REFUSED	09	**[DO NOT READ]** Refused

K10_10	K10_WRTHLSS_COF1

[ALWAYS ASK]

During the past 30 days, about how often did you feel worthless?

CODE ONLY ONE RESPONSE

ALL_TIME	01	All of the time
MOST_TIME	02	Most of the time
SOME_TIME	03	Some of the time
LITTLE_TIME	04	A little of the time
NONE_TIME	05	None of the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

K10_11	K10_FLING_COF1

[ALWAYS ASK]

The last set of questions asked about feelings that might have occurred during the past 30 days. Taking them all together, did these feelings occur …

CODE ONLY ONE RESPONSE

MORE_OFFEN	01	More often than usual
ALMOST_SAME	02	About the same as usual
LESS_OFTEN	03	Less often than usual
NEVER	04	Never have these feelings
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

K10_12	K10_FLINGLESS_COF1		
[ASK IF K10_FLNG_COF1 = LESS_OFTEN]			
A lot less than usual, somewhat less, or only a little less than usual?			
CODE ONLY ONE RESPONSE			
LESS_THAN_USUAL	01	Less than usual	
SOMEWHAT_LESS	02	Somewhat less	
LITTLE_LESS	03	Only a little less	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

K10_13	K10_FLINGMORE_COF1		
[ASK IF K10_FLNG_COF1 = MORE_OFTEN]			
A lot more than usual, somewhat more, or only a little more than usual?			
CODE ONLY ONE RESPONSE			
MORE_THAN_USUAL	01	More than usual	
SOMEWHAT_MORE	02	Somewhat more	
LITTLE_MORE	03	Only a little more	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

K10_14	K10_UNWK_NB_COF1		
[ALWAYS ASK]			
How many days out of the past 30 were you totally unable to work or carry out your normal activities because of these feelings?			
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF DAYS			
K10_UNWK_NB_COF1	_____ **(MASK: MIN=00, MAX=30)**		
DK_NA	98	**[DO NOT READ]** Don't know/No answer	
REFUSED	99	**[DO NOT READ]** Refused	

K10_15	K10_HFWK_NB_COF1		
[ALWAYS ASK]			
Not counting that/those day(s), how many days in the past 30 were you able to do only half or less of what you would normally have been able to do because of these feelings?			
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF DAYS			
K10_HFWK_NB_COF1	_____ **(MASK: MIN=00, MAX=30)**		
DK_NA	98	**[DO NOT READ]** Don't know/No answer	
REFUSED	99	**[DO NOT READ]** Refused	

K10_16	K10_DOC_NB_COF1		
[ALWAYS ASK]			
During the past 30 days, how many times did you see a doctor or other health professional about these feelings?			
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF DAYS			
K10_DOC_NB_COF1	_____ (MASK: MIN=00, MAX=30)		
DK_NA	98	**[DO NOT READ]** Don't know/No answer	
REFUSED	99	**[DO NOT READ]** Refused	

K10_16a	K10_OTPFLING_COF1		
[ASK IF HCU_FAMPHY_COF1 = NO <u>AND</u> HCU_SPEC_COF1 = NO <u>AND</u> HCU_PSYCH_COF1 = NO <u>AND</u> HCU_SOCLWRK_COF1 = NO]			
During the Health Care Utilization portion of the survey you indicated you had not seen a health professional such as a Family Physician, Psychiatrist, Psychologist or Social Worker in the past 12 months. These are practitioners who would typically deal with these feelings. Did you see another type of health care professional?			
YES	01	Yes	
NO	02	No	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	
K10_16b	**K10_OTPFLING_OTSP_COF1**		
[ASK IF K10_OTPFLING_COF1 = YES]			
Can you please specify the type of health care professional you saw about these feelings?			
Other (please specify: _____)			
K10_OTPFLING_OTSP1_COF1	[OPEN TEXT VARIABLE]		

K10_17	K10_PHYSHLTH_COF1		
[ALWAYS ASK]			
During the past 30 days, how often have physical health problems been the main cause of these feelings?			
CODE ONLY ONE RESPONSE			
ALL_TIME	01	All of the time	
MOST_TIME	02	Most of the time	
SOME_TIME	03	Some of the time	
LITTLE_TIME	04	A little of the time	
NONE_TIME	05	None of the time	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

K10_END

Personality Traits (PER)

Overview	Personality traits are "enduring patterns of perceiving, relating to, and thinking about oneself and the environment that are exhibited in a wide range of social and personal contexts" (American Psychiatric Association, 1994). Importance of module: The CLSA measures personality traits using the Ten-Item Personality Inventory (TIPI) test. The TIPI is designed to assess the 'Big Five' personality traits (i.e., openness, conscientiousness, extraversion, agreeableness, and neuroticism). These traits have been shown to be related to health..

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

PER_1	PER_EXTR_COF1

[ALWAYS ASK]

I see myself as extraverted and enthusiastic.

CODE ONLY ONE RESPONSE		
DISAGREE	01	Disagree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_1a	PER_EXTRDIS_COF1

[ASK IF PER_EXTR_COF1 = DISAGREE]

Would you disagree…		
CODE ONLY ONE RESPONSE		
STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_1b	PER_EXTRAGR_COF1

[ASK IF PER_EXTR_COF1 = AGREE]

Would you agree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_2	PER_CRT_COF1

[ALWAYS ASK]

I see myself as critical and quarrelsome.

CODE ONLY ONE RESPONSE

DISAGREE	01	Disagree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_2a	PER_CRTDIS_COF1

[ASK IF PER_CRT_COF1 = DISAGREE]

Would you disagree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_2b	PER_CRTAGR_COF1

[ASK IF PER_CRT_COF1 = AGREE]

Would you agree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_3	PER_DP_COF1

[ALWAYS ASK]

I see myself as dependable and self-disciplined.

CODE ONLY ONE RESPONSE

DISAGREE	01	Disagree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_3a	PER_DPDIS_COF1

[ASK IF PER_DP_COF1 = DISAGREE]

Would you disagree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_3b	PER_DPAGR_COF1

[ASK IF PER_DP_COF1 = AGREE]

Would you agree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_4	PER_ANX_COF1

[ALWAYS ASK]

I see myself as anxious and easily upset.

CODE ONLY ONE RESPONSE

DISAGREE	01	Disagree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_4a	PER_ANXDIS_COF1

[ASK IF PER_ANX_COF1 = DISAGREE]

Would you disagree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_4b	PER_ANXAGR_COF1

[ASK IF PER_ANX_COF1 = AGREE]

Would you agree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_5	PER_NEXP_COF1

[ALWAYS ASK]

I see myself as open to new experiences and complex.

CODE ONLY ONE RESPONSE

DISAGREE	01	Disagree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_5a	PER_NEXPDIS_COF1

[ASK IF PER_NEXP_COF1 = DISAGREE]

Would you disagree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_5b	PER_NEXPAGR_COF1

[ASK IF PER_NEXP_COF1 = AGREE]

Would you agree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_6	PER_RSV_COF1

[ALWAYS ASK]

I see myself as reserved and quiet.

CODE ONLY ONE RESPONSE

DISAGREE	01	Disagree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_6a	PER_RSVDIS_COF1

[ASK IF PER_RSV_COF1 = DISAGREE]

Would you disagree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_6b	PER_RSVAGR_COF1

[ASK IF PER_RSV_COF1 = AGREE]

Would you agree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_7	PER_SYMP_COF1

[ALWAYS ASK]

I see myself as sympathetic and warm.

CODE ONLY ONE RESPONSE

DISAGREE	01	Disagree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_7a	PER_SYMPDIS_COF1

[ASK IF PER_SYMP_COF1 = DISAGREE]

Would you disagree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_7b	PER_SYMPAGR_COF1

[ASK IF PER_SYMP_COF1 = AGREE]

Would you agree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_8	PER_DORG_COF1

[ALWAYS ASK]

I see myself as disorganized and careless.

CODE ONLY ONE RESPONSE

DISAGREE	01	Disagree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_8a	PER_DORGDIS_COF1

[ASK IF PER_DORG_COF1 = DISAGREE]

Would you disagree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_8b	PER_DORGAGR_COF1

[ASK IF PER_DORG_COF1 = AGREE]

Would you agree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_9	PER_CALM_COF1

[ALWAYS ASK]

I see myself as calm and emotionally stable.

CODE ONLY ONE RESPONSE

DISAGREE	01	Disagree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_9a	PER_CALMDIS_COF1

[ASK IF PER_CALM_COF1 = DISAGREE]

Would you disagree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_9b	PER_CALMAGR_COF1

[ASK IF PER_CALM_COF1 = AGREE]

Would you agree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_10	PER_CNV_COF1

[ALWAYS ASK]

I see myself as conventional and uncreative.

CODE ONLY ONE RESPONSE

DISAGREE	01	Disagree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_10a	PER_CNVDIS_COF1

[ASK IF PER_CNV_COF1 = DISAGREE]

Would you disagree…

CODE ONLY ONE RESPONSE

STRONG	01	strongly
MODERATELY	02	moderately
LITTLE	03	a little
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

PER_10b	PER_CNVAGR_COF1		
[ASK IF PER_CNV_COF1 = AGREE]			
Would you agree…			
CODE ONLY ONE RESPONSE			
STRONG	01	strongly	
MODERATELY	02	moderately	
LITTLE	03	a little	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

PER_END

Transportation, Mobility, Migration (TRA)

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

Overview	The questions in this module ask participants about their driving status, the types of transportation they use, and how long they have lived in their present home and community. Importance of module: These questions will provide data about participants' ability and transportation functionality over time.

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

TRA_1	TRA_DSTATUS_COF1

[ALWAYS ASK]

Which of the following describes your driving status? (Include cars, vans, trucks and motorcycles.)

READ LIST, CODE ONLY ONE RESPONSE

NEVER_DL	01	Never had a driver's license
CURRENTLY_NO_DL_DL	02	Had a driver's license at one point in your life, but currently do not have it
UNRESTRICTED_DL	03	Have a driver's license without restrictions (except eyeglasses)
RESTRICTED_DL	04	have a driver's license with restrictions on time of driving (daylight only), distance from home, type of road (no highway) or number of passengers
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

TRA_2	TRA_DFREQ_COF1

[ASK IF TRA_DSTATUS_COF1 = UNRESTRICTED_DL OR RESTRICTED_DL]

How frequently do you drive?

READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Daily
4_6_DAYS_WEEK	02	4 to 6 times a week
2_3_DAYS_WEEK	03	2 to 3 times a week
ONCE_WEEK	04	Once a week
LESS_1WEEK_MORE_1MONTH	05	Less than once a week, but more than once a month
LESS_ONCE_MONTH	06	Less than once a month
NONE	07	Not at all
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

TRA_2a	TRA_CMNTR1_COF1

[ASK IF TRA_DSTATUS_COF1 = UNRESTRICTED_DL OR RESTRICTED_DL]

In the past year, which was your <u>most common</u> form of transportation?

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

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

READ LIST, CODE ONLY ONE RESPONSE

DRIVE	01	Drive a motor vehicle
PASSENGER	02	Passenger in a motor vehicle
TAXI	03	Taxi
PUBLIC_TRANSIT	04	Public transit such as bus, rapid transit, subway/metro or train
ACESSIBLE_TRANSIT	05	Accessible transit
CYCLING	06	Cycling
WALKING	07	Walking
WHEELCHAIR	08	Wheelchair or motorized cart/scooter
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

TRA_2b	TRA_CMNTR2_COF1

[ASK IF TRA_DSTATUS_COF1 ≠ UNRESTRICTED_DL OR RESTRICTED_DL]

In the past year, which was your <u>most common</u> form of transportation?

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

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

READ LIST, CODE ONLY ONE RESPONSE

PASSENGER	01	Passenger in a motor vehicle
TAXI	02	Taxi
PUBLIC_TRANSIT	03	Public transit such as bus, rapid transit, subway/metro or train
ACESSIBLE_TRANSIT	04	Accessible transit
CYCLING	05	Cycling
WALKING	06	Walking
WHEELCHAIR	07	Wheelchair or motorized cart/scooter
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

TRA_3	TRA_TYPTR_COF1		

[ALWAYS ASK]

In the past month, which of the following forms of transportation have you used?

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

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

READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

TRA_TYPTR_PAS_COF1	01	Passenger in a motor vehicle (including driver)
TRA_TYPTR_TAX_COF1	02	Taxi
TRA_TYPTR_PUB_COF1	03	Public transit such as bus, rapid transit, subway/metro or train
TRA_TYPTR_ACC_COF1	04	Accessible transit
TRA_TYPTR_CYC_COF1	05	Cycling
TRA_TYPTR_WAL_COF1	06	Walking
TRA_TYPTR_WHE_COF1	07	Wheelchair or motorized cart/scooter
TRA_TYPTR_NONE_COF1	96	None
TRA_TYPTR_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
TRA_TYPTR_REFUSED_COF1	99	**[DO NOT READ]** Refused

TRA_4	TRA_PUBTR_COF1		

[ASK IF TRA_TYPTR_COF1 ≠ TRA_TYPTR_PUB_COF1 <u>AND</u> ≠ TRA_TYPTR_DK_NA_COF1 OR TRA_TYPTR_REFUSED_COF1]

Why did you not use public transit?

READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

TRA_PUBTR_NN_COF1	01	Service not needed
TRA_PUBTR_PNU_COF1	02	Prefer not to use
TRA_PUBTR_UNA_COF1	03	Service unavailable in your area
TRA_PUBTR_HEA_COF1	04	Limitation due to a health condition or mobility issue
TRA_PUBTR_INC_COF1	05	Inconvenient service schedule or route
TRA_PUBTR_COS_COF1	06	Too costly
TRA_PUBTR_NAV_COF1	07	Service unavailable in area you travelled to
TRA_PUBTR_AWR_COF1	08	Unaware of local transit services
TRA_PUBTR_SCH_COF1	09	Schedule unsuitable for need
TRA_PUBTR_NSF_COF1	10	Unsafe

TRA_4	TRA_PUBTR_COF1 *(cont'd.....)*		
TRA_PUBTR_ACC_COF1		11	Cannot easily get to public transit stop or station
TRA_PUBTR_COM_COF1		12	Lack of comfort
TRA_PUBTR_OT_COF1		97	Other
TRA_PUBTR_DK_NA_COF1		98	**[DO NOT READ]** Don't know / No answer
TRA_PUBTR_REFUSED_COF1		99	**[DO NOT READ]** Refused
TRA_4a		**TRA_PUBTR_OTSP_COF1**	
[ASK IF TRA_PUBTR_COF1 = TRA_PUBTR_OT_COF1]			
Other (please specify: _____)			
TRA_PUBTR_OTSP1_COF1		[OPEN TEXT VARIABLE]	

TRA_5	TRA_ACCTR_COF1		
[ASK IF TRA_TYPTR_COF1 ≠ TRA_TYPTR_ACC_COF1 <u>AND</u> ≠ TRA_TYPTR_DK_NA_COF1 OR TRA_TYPTR_REFUSED_COF1]			
Why did you not use accessible transit?			
INTERVIEWER NOTE: ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPO, HANDI TRANSIT, OR WHEEL TRANS.			
READ LIST, MULTIPLE RESPONSES ALLOWED			
TRA_ACCTR_NN_COF1		01	Service not needed
TRA_ACCTR_PNU_COF1		02	Prefer not to use
TRA_ACCTR_UNA_COF1		03	Service unavailable in your area
TRA_ACCTR_HEA_COF1		04	Limitation due to a health condition
TRA_ACCTR_INC_COF1		05	Inconvenient service (travel time too long, inconvenient) schedule or route
TRA_ACCTR_COS_COF1		06	Too costly
TRA_ACCTR_OVB_COF1		07	Service unavailable due to overbooking
TRA_ACCTR_CNB_COF1		08	Could not book (could not get through on the telephone, not enough time to book, etc.)
TRA_ACCTR_OT_COF1		97	Other
TRA_ACCTR_DK_NA_COF1		98	**[DO NOT READ]** Don't know / No answer
TRA_ACCTR_REFUSED_COF1		99	**[DO NOT READ]** Refused
TRA_5a		**TRA_ACCTR_OTSP_COF1**	
[ASK IF TRA_ACCTR_COF1 = TRA_ACCTR_OT_COF1]			
Other (please specify: _____)			
TRA_ACCTR_OTSP1_COF1		[OPEN TEXT VARIABLE]	

TRA_5b	TRA_PUBTRFRQ_COF1

[ASK IF TRA_TYPTR_COF1 = TRA_TYPTR_PUB_COF1]

In the past month, how frequently did you take public transit?

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

READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Daily
4_6_DAYS_WEEK	02	4 to 6 times a week
2_3_DAYS_WEEK	03	2 to 3 times a week
ONCE_WEEK	04	Once a week
LESS_1WEEK_MORE_1MONTH	05	Less than once a week, but more than once a month
LESS_ONCE_MONTH	06	Less than once a month
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

TRA_6	TRA_TRIP_COF1

[ALWAYS ASK]

What kind of trip(s) do you typically make in a week, whether by car, public transit, walking or other means?

READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

TRA_TRIP_WK_COF1	01	Commute to/from work
TRA_TRIP_BK_COF1	02	Banking and other business appointments
TRA_TRIP_MD_COF1	03	Medical appointments
TRA_TRIP_GR_COF1	04	Grocery shopping
TRA_TRIP_RI_COF1	05	Recreational/leisure shopping, restaurants
TRA_TRIP_RO_COF1	06	Recreational/leisure trips to park, other outdoor spaces
TRA_TRIP_CH_COF1	07	Church/worship service
TRA_TRIP_FM_COF1	08	Visiting friends and family
TRA_TRIP_SO_COF1	09	Social activities (seniors recreational centres)
TRA_TRIP_OT_COF1	97	Other
TRA_TRIP_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
TRA_TRIP_REFUSED_COF1	99	**[DO NOT READ]** Refused
TRA_6a	**TRA_TRIP_OTSP_COF1**	

[ASK IF TRA_TRIP_COF1 = TRA_TRIP_OT_COF1]

Other (please specify: _____)	
TRA_TRIP_OTSP1_COF1	[OPEN TEXT VARIABLE]

Next we are going to ask you some questions about your driving skills compared to 10 years ago, or less than 10 years depending on how long you have had your license. Please note that your responses to these questions are confidential and will not be shared with the Ministry of Transportation in any way that will affect your driver's license.	
TRA_7a	**TRA_DSTATUSDL_COF1**
[ASK IF TRA_DSTATUS_COF1 = UNRESTRICTED_DL or RESTRICTED_DL]	
Compared to 10 years ago (or the total years if less than 10 that you have had your license), how would you rate your ability to…	
TRA_7b	**TRA_DSTATUSNODL_COF1**
[ASK IF TRA_DSTATUS_COF1 = CURRENTLY_NO_DL_DL]	
You mentioned that you had a driver's license in the past. Comparing the last year you drove to 10 years before that, how would you rate your ability to …	

		Better	**Same**	**A little worse**	**A lot worse**	**DK/ NA**	**RF**
TRA_CHGRS_COF1	Avoid rolling stops (failing to completely stop at a sign/signal).						
TRA_CHGHC_COF1	Avoid hitting curbs or medians.						
TRA_CHGLPE_COF1	Avoid lane position errors such as executing turns from the wrong lane, drive in the far right lanes or in the parking or bicycle lane.						
TRA_CHGSLC_COF1	Perform high speed lane changes while either overtaking or merging.						
TRA_CHGJDG_COF1	Judge the available gap or speed of the approaching vehicles.						
TRA_CHGCOC_COF1	Control over-cautiousness: avoid driving too slowly.						
TRA_CHGCGB_COF1	Not confuse the gas and brake pedal: avoid unintended acceleration.						
TRA_CHGQDD_COF1	Make quick driving decisions.						
TRA_CHGDS_COF1	Drive safely (avoid accidents or near misses).						

TRA_8	TRA_AVOID_COF1		
[ASK IF TRA_DSTATUS_COF1 = UNRESTRICTED_DL or RESTRICTED_DL]			
If possible, do you try to avoid any of these driving situations:			
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
TRA_AVOID_RA_COF1	01	On ramps and off ramps	
TRA_AVOID_CR_COF1	02	Traffic circles/roundabouts	
TRA_AVOID_FW_COF1	03	Four way stops without traffic signals	
TRA_AVOID_UN_COF1	04	Unfamiliar routes or detours	
TRA_AVOID_HV_COF1	05	Heavy traffic or rush hour in town	
TRA_AVOID_ML_COF1	06	Heavy traffic or rush hour on multi-lane or divided highways/expressways	
TRA_AVOID_SL_COF1	07	Heavy traffic or rush hour on single-lane or undivided highways/expressways	
TRA_AVOID_TL_COF1	08	Making left hand turns with traffic lights	
TRA_AVOID_NL_COF1	09	Making left hand turns with no traffic lights or stop signs	
TRA_AVOID_LG_COF1	10	Travelling next to large trucks	
TRA_AVOID_BS_COF1	11	Crossing or entering busy streets without traffic signals	
TRA_AVOID_YD_COF1	12	Yielding to traffic (at yield signs)	
TRA_AVOID_SN_COF1	13	Driving in heavy rain or snow	
TRA_AVOID_DW_COF1	14	Driving at dawn/dusk	
TRA_AVOID_NT_COF1	15	Driving at night	
TRA_AVOID_NONE_COF1	96	No, I do not try to avoid any of these situations	
TRA_AVOID_OT_COF1	97	Other	
TRA_AVOID_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
TRA_AVOID_REFUSED_COF1	99	**[DO NOT READ]** Refused	
TRA_8a	**TRA_AVOID_OTSP_COF1**		
[ASK IF TRA_AVOID_COF1 = TRA_AVOID_OT_COF1]			
Other (please specify: _____)			
TRA_AVOID_OTSP1_COF1	[OPEN TEXT VARIABLE]		

TRA_9	TRA_DRVST_YR_COF1		
[ASK IF TRA_DSTATUS_COF1 = CURRENTLY_NO_DL]			
Approximately how many years ago did you stop driving?			
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER, ENTER "00" IF LESS THAN 1 YEAR			
TRA_DRVST_YR_COF1	_____ **(MASK: MIN=00, MAX=CURRENT AGE SUBTRACT 16)**		
DK_NA	98	**[DO NOT READ]** Don't know/No answer	
REFUSED	99	**[DO NOT READ]** Refused	

TRA_9a	TRA_CEASE_COF1		
[ASK IF TRA_DSTATUS_COF1 = CURRENTLY_NO_DL]			
What factors or events led you to stop driving?			
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
TRA_CEASE_ND_COF1	01	I no longer needed to drive	
TRA_CEASE_EN_COF1	02	I no longer enjoyed driving	
TRA_CEASE_CO_COF1	03	The cost of gas and upkeep of my car was too expensive	
TRA_CEASE_SF_COF1	04	I felt I was no longer a safe driver	
TRA_CEASE_NR_COF1	05	I was nervous or intimidated while driving	
TRA_CEASE_DR_COF1	06	My doctor advised me to stop driving	
TRA_CEASE_FF_COF1	07	Someone else advised me to stop driving (e.g., family or friend)	
TRA_CEASE_PT_COF1	08	Improved availability of public transit	
TRA_CEASE_DP_COF1	09	Driving-related events such as collision, demerit points	
TRA_CEASE_RE_COF1	10	Driver license renewal or road test requirement	
TRA_CEASE_IN_COF1	11	Inability to complete license renewal requirements	
TRA_CEASE_PC_COF1	12	Physical condition/limitation	
TRA_CEASE_DV_COF1	13	Deteriorating vision	
TRA_CEASE_LC_COF1	14	Having lesser confidence in driving	
TRA_CEASE_NONE_COF1	96	No reason	
TRA_CEASE_OT_COF1	97	Other	
TRA_CEASE_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
TRA_CEASE_REFUSED_COF1	99	**[DO NOT READ]** Refused	
TRA_9b	**TRA_CEASE_OTSP_COF1**		
[ASK IF TRA_CEASE_COF1 = TRA_CEASE_OT_COF1]			
Other (please specify: _____)			
TRA_CEASE_OTSP1_COF1	[OPEN TEXT VARIABLE]		

TRA_10	TRA_MED_COF1		
[ASK IF TRA_DSTATUS_COF1 = UNRESTRICTED_DL or RESTRICTED_DL]			
Have you ever spoken to your family doctor, optometrist or any other doctor, nurse or pharmacist about your driving safety?			
CODE ONLY ONE RESPONSE			
YES	01	Yes	
NO	02	No	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

TRA_10a	TRA_MEDTPC_COF1		
[ASK IF TRA_MED_COF1 = YES]			
Which of the following topics related to your driving did you discuss with the medical professional?			
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
TRA_MEDTPC_CON_COF1	01	Possible safety issues related to a medical condition that you have	
TRA_MEDTPC_MED_COF1	02	Possible safety issues related to driving when taking prescription medication	
TRA_MEDTPC_HRB_COF1	03	Possible safety issues related to driving when taking non-prescription or herbal medications/supplements	
TRA_MEDTPC_ACC_COF1	04	A motor vehicle accident or a near miss that you were a part of	
TRA_MEDTPC_INF_COF1	05	Driving infraction (e.g., speeding ticket)	
TRA_MEDTPC_THR_COF1	06	Referral for a driving assessment with an occupational therapist	
TRA_MEDTPC_LCS_COF1	07	Referral for a driving assessment with licensing authority	
TRA_MEDTPC_TRN_COF1	08	Driver re-training	
TRA_MEDTPC_ADV_COF1	09	General information/advice from your doctor	
TRA_MEDTPC_OT_COF1	97	Other	
TRA_MEDTPC_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
TRA_MEDTPC_REFUSED_COF1	99	**[DO NOT READ]** Refused	
TRA_10b	**TRA_MEDTPC_OTSP_COF1**		
[ASK IF TRA_MEDTPC_COF1 = TRA_MEDTPC_OT_COF1]			
Other (please specify: _____)			
TRA_MEDTPC_OTSP1_COF1	[OPEN TEXT VARIABLE]		

TRA_11	TRA_LVDHM_YR_COF1		
[ALWAYS ASK]			
How long have you lived in your present home?			
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER, ENTER "00" IF LESS THAN 1 YEAR			
TRA_LVDHM_YR_COF1	_____ **(MASK: MIN=00, MAX=CURRENT AGE)**		
DK_NA	98	**[DO NOT READ]** Don't know/No answer	
REFUSED	99	**[DO NOT READ]** Refused	

TRA_12	TRA_LVCMNTY_YR_COF1

[ALWAYS ASK]

How long have you lived in your current community (e.g., town, village, city)?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER, ENTER "00" IF LESS THAN 1 YEAR

TRA_LVCMNTY_YR_COF1	_____ (MASK: MIN=00, MAX=CURRENT AGE)	
DK_NA	98	**[DO NOT READ]** Don't know/No answer
REFUSED	99	**[DO NOT READ]** Refused

TRA_13	TRA_CMNTY_COF1

[ALWAYS ASK]

What were your reasons for moving to your current location?

DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

TRA_CMNTY_CLI_COF1	01	Climate and natural environment
TRA_CMNTY_RET_COF1	02	Retirement or retirement plans
TRA_CMNTY_FAM_COF1	03	Family lives here
TRA_CMNTY_FRI_COF1	04	Friends live here
TRA_CMNTY_HOU_COF1	05	Better and/or more suitable housing
TRA_CMNTY_REC_COF1	06	Recreation facilities and services
TRA_CMNTY_HEA_COF1	07	Health care
TRA_CMNTY_COS_COF1	08	Lower cost of living
TRA_CMNTY_EMP_COF1	09	Employment opportunities
TRA_CMNTY_APT_COF1	10	Availability of public transit
TRA_CMNTY_ACC_COF1	11	Ease of access to public transit
TRA_CMNTY_OT_COF1	97	Other
TRA_CMNTY_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
TRA_CMNTY_REFUSED_COF1	99	**[DO NOT READ]** Refused
TRA_13a	**TRA_CMNTY_OTSP_COF1**	

[ASK IF TRA_CMNTY_COF1 = TRA_CMNTY_OT_COF1]

Other (please specify: _____)	
TRA_CMNTY_OTSP1_COF1	[OPEN TEXT VARIABLE]

TRA_END

Built Environments (ENV)

Overview	This module asks participants about their current built environment. 'Built environment' means the human-made surroundings (e.g., housing, neighbourhood design, transportation systems) that make up an individual's community and set the stage for human activity. Importance of module: Built environments can impact human health by influencing an individual's day-to-day activities, including levels of physical activity, access to healthy foods, opportunities for social interaction, and safety of travel.

ENV_1	ENV_HMPRB_COF1		
[ALWAYS ASK]			
Does your current home have any of the following problems?			
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
ENV_HMPRB_NOI_COF1	01	Problems with noise (e.g., from neighbours, street noise)	
ENV_HMPRB_LEA_COF1	02	Problems with leaking (e.g., water getting in from roof, gutters or windows)	
ENV_HMPRB_CON_COF1	03	Problems with condensation (e.g., mold)	
ENV_HMPRB_EP_COF1	04	Problems with electrical wiring or plumbing	
ENV_HMPRB_HEA_COF1	05	Problems with heating (e.g., inadequate or too much heat)	
ENV_HMPRB_MAI_COF1	06	Problems with maintenance or repairs	
ENV_HMPRB_INF_COF1	07	Problems with infestations (e.g., insects, mice or rats)	
ENV_HMPRB_NONE_COF1	96	**[DO NOT READ]** Have not experienced any of these problems	
ENV_HMPRB_OT_COF1	97	Other	
ENV_HMPRB_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
ENV_HMPRB_REFUSED_COF1	99	**[DO NOT READ]** Refused	
ENV_1a	**ENV_HMPRB_OTSP_COF1**		
[ASK IF ENV_HMPRB_COF1 = ENV_HMPRB_OT_COF1]			
Other (please specify: _____)			
ENV_HMPRB_OTSP1_COF1	[OPEN TEXT VARIABLE]		

ENV_2	ENV_STFHM_COF1

[ALWAYS ASK]

When thinking of your home, how strongly would you agree or disagree with the following statement? I am satisfied with my current housing.

CODE ONLY ONE RESPONSE

STRONGLY_AGREE	01	Strongly agree
AGREE	02	Agree
NEITHER_AGREE_DISAGREE	03	Neither agree nor disagree
DISAGREE	04	Disagree
STRONGLY_DISAGREE	05	Strongly disagree
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ENV_3	ENV_FLPRTAREA_COF1

[ALWAYS ASK]

How do you feel about your local area, that is, everywhere within a 20 minute walk or about a mile from your home? Please tell me how strongly you agree or disagree with the following statements.

INTERVIEWER INSTRUCTION: If the participant lives in a rural location their perception of local area may not be within 1 kilometer or a 20-minute walk from their home. Please inform the participant that "local area" should be what it means to them as the community which they live in.

		Strongly agree	Agree	Disagree	Strongly disagree	DK	RF
ENV_FLPRTAREA1_COF1	I really feel a part of this area						
ENV_VNDLSM_COF1	Vandalism or graffiti are a big problem in this area						
ENV_FLLNLY_COF1	I often feel lonely living in this area						
ENV_PPLTRST_COF1	Most people in this area can be trusted						
ENV_AFRDWLK_COF1	People would be afraid to walk alone after dark in this area						
ENV_PPLFRNDLY_COF1	Most people in this area are friendly						
ENV_PPLTKADV_COF1	People in this area will take advantage of you						
ENV_CLEAN_COF1	This area is kept very clean						
ENV_PPLHLP_COF1	If you were in trouble, there are lots of people in this area who would help you						

ENV_END

Social Inequality (SEQ)

Overview	The CLSA measures social inequality by using the MacArthur Scale of Subjective Social Status. The scale is presented as a 10-rung "social ladder" and participants are asked to name the rung upon which they feel they stand.
	Importance of module: The MacArthur scale has been shown to predict health status and declines in health status over time in middle-aged adults. In addition, this measure is used along with other measures of socio economic status to capture an individual's subjective social status and their sense of place in the "social ladder".

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

SEQ_1	SEQ_LADDER_COF1
[ALWAYS ASK]	
Think of a ladder with 10 steps as representing where people stand in their communities. At the top of the ladder (or step 10) are the people who have the highest standing in their community. At the bottom (or step 1) are the people who have the lowest standing in their community. On which step would you place yourself on this ladder?	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER	

SEQ_LADSCALE_COF1		_____ (MASK: MIN=01, MAX=10)
DK_NA	98	**[DO NOT READ]** Don't know/No answer
REFUSED	99	**[DO NOT READ]** Refused

SEQ_END

Wealth (WEA)

Overview	The questions in this module ask participants about their current incomes, investments, and assets to measure socioeconomic status.
	Importance of module: Although sensitive, this information is important for studying the impact of wealth on health trends and behaviours. Even though many healthcare costs in Canada are covered by insurance, income still plays an important role in people's health, particularly for older Canadians. People with lower incomes are more likely to have poorer health, and people of different income levels also tend to use the healthcare system differently.

Now some questions about your overall financial situation.

WEA_1	WEA_SVNGS_COF1		
[ALWAYS ASK]			
Which, if any, of the following savings and investments do you (and your spouse/partner) have?			
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
WEA_SVNGS_ACC_COF1	01	Account at a bank, credit union or elsewhere	
WEA_SVNGS_RRSP_COF1	02	RRSPs	
WEA_SVNGS_INV_COF1	03	Financial investments outside of RRSPs	
WEA_SVNGS_NONE_COF1	96	**[DO NOT READ]** None	
WEA_SVNGS_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
WEA_SVNGS_REFUSED_COF1	99	**[DO NOT READ]** Refused	

WEA_2	WEA_SVNGSVL_COF1		
[ASK IF WEA_SVNGS_COF1 ≠ WEA_SVNGS_NONE_COF1 or WEA_SVNGS_DK_NA_COF1 or WEA_SVNGS_REFUSED_COF1]			
What is the approximate total value of these savings and investments?			
READ LIST, CODE ONLY ONE RESPONSE			
LESS_50000	01	Less than $50,000	
50000_100000	02	$50,000 to less than $100,000	
100000_MILLION	03	$100,000 to less than $1 million	
MORE_MILLION	04	$1 million or more	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

WEA_3	WEA_LFINS_COF1

[ALWAYS ASK]

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

CODE ONLY ONE RESPONSE

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

WEA_4	WEA_ASSETS_COF1

[ALWAYS ASK]

Which, if any, of the following assets do you (and your spouse/partner) have?

READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

WEA_ASSETS_HSE_COF1	01	House, apartment or holiday home, including timeshares but not including principal residence
WEA_ASSETS_PRES_COF1	02	Principal residence
WEA_ASSETS_FBS_COF1	03	Farm or business property (such as a shop, warehouse or garage)
WEA_ASSETS_OTL_COF1	04	Other land
WEA_ASSETS_MOWD_COF1	05	Money owed to you by others
WEA_ASSETS_TRST_COF1	06	A trust
WEA_ASSETS_CINH_COF1	07	A covenant or inheritance
WEA_ASSETS_NONE_COF1	96	**[DO NOT READ]** None
WEA_ASSETS_OT_COF1	97	Other assets (including works of art or collectibles such as antiques or jewellery)
WEA_ASSETS_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
WEA_ASSETS_REFUSED_COF1	99	**[DO NOT READ]** Refused
WEA_4a	**WEA_ASSETS_OTSP_COF1**	

[ASK IF WEA_ASSETS_COF1 = WEA_ASSETS_OT_COF1]

Other (please specify: _____)	
WEA_ASSETS_OTSP1_COF1	[OPEN TEXT VARIABLE]

WEA_5	WEA_DEBT_COF1		
[ALWAYS ASK]			
Do you (or your spouse/partner) currently have any of the following kinds of debts?			
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
WEA_DEBT_CCRD_COF1	01	Credit or store cards	
WEA_DEBT_DBI_COF1	02	Debts to friends, relatives or other private individuals	
WEA_DEBT_LNS_COF1	03	Loans from banks or financial institutions, including overdrafts not including mortgages	
WEA_DEBT_NONE_COF1	96	**[DO NOT READ]** None	
WEA_DEBT_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer	
WEA_DEBT_REFUSED_COF1	99	**[DO NOT READ]** Refused	

WEA_6	WEA_FNSTATUS_COF1		
[ALWAYS ASK]			
Which of these phrases best describes how you (and your spouse/partner) are getting along financially these days?			
READ LIST, CODE ONLY ONE RESPONSE			
VERY_WELL	01	Manage very well	
QUITE_WELL	02	Manage quite well	
GET_BY	03	Get by alright	
NOT_VERY_WELL	04	Don't manage very well	
SOME_DIFFICULTIES	05	Have some financial difficulties	
SEVERE_DIFFICULTIES	06	Have severe financial difficulties	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

WEA_7	WEA_INCNEEDS_COF1		
[ALWAYS ASK]			
How well do you think that your income currently satisfies your basic needs? Would you say…			
READ LIST, CODE ONLY ONE RESPONSE			
VERY_WELL	01	Very well	
ADEQUATELY	02	Adequately	
SOME_DIFFICULTY	03	With some difficulty	
NOT_VERY_WELL	04	Not very well	
TOTALLY_INADEQUATELY	05	Totally inadequately	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

WEA_8	WEA_THNGS_COF1		

[ALWAYS ASK]

Does having too little money stop you from doing any of the following things?

READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

WEA_THNGS_FOD_COF1	01	Buy your first choices of food items
WEA_THNGS_FFO_COF1	02	Have family and friends around for a drink or meal
WEA_THNGS_POF_COF1	03	Have an outfit to wear for social or family occasions
WEA_THNGS_HMR_COF1	04	Keep your home in a good state of repair
WEA_THNGS_REL_COF1	05	Replace or repair broken electrical goods
WEA_THNGS_TRSP_COF1	06	Pay for fares or other transport costs to get to and from places you want to go
WEA_THNGS_PRES_COF1	07	Buy presents for friends or family
WEA_THNGS_HLDY_COF1	08	Take the type of holidays you want
WEA_THNGS_TRSLF_COF1	09	Treat yourself from time to time
WEA_THNGS_NONE_COF1	96	**[DO NOT READ]** None of these/Not applicable
WEA_THNGS_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
WEA_THNGS_REFUSED_COF1	99	**[DO NOT READ]** Refused

WEA_9	WEA_ORGMONEY_COF1		

[ASK IF CURRENT MARITAL STATUS = COMMON_LAW]

People organise their family finances in different ways. Which of the following methods comes closest to the way you organise yours? It doesn't have to fit exactly - just choose the nearest one.

READ LIST, CODE ONLY ONE RESPONSE

I_DO	01	I look after all the household money except my spouse/partner's personal spending
PARTNER	02	My spouse/partner looks after all the household money except my personal spending
I_DO_ALLOWANCE	03	I look after all the household money. My spouse/partner is given a housekeeping allowance
PARTNER_ALLOWANCE	04	My spouse/partner looks after all the household money. I am given a housekeeping allowance
SHARE	05	We share and manage our household finances jointly
SEPARATE	06	We keep our finances completely separate
OTHER	97	We have some other arrangement
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

WEA_9a		WEA_ORGMONEY_OTSP_COF1	

[ASK IF WEA_ORGMONEY_COF1 = OTHER]

We have some other arrangement (specify)

WEA_ORGMONEY_OTSP1_COF1	[OPEN TEXT VARIABLE]

WEA_10	WEA_FNDEC_COF1

[ASK IF CURRENT MARITAL STATUS = COMMON_LAW]

In your household, who has the final say in big financial decisions?

READ LIST, CODE ONLY ONE RESPONSE

I_DO	01	I do
PARTNER	02	My spouse/partner does
EQUAL	03	My spouse/partner and I have equal say
OTHER	97	Another person does
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

WEA_10a	WEA_FNDEC_OTSP_COF1

[ASK IF WEA_FNDEC_COF1 = OTHER]

Another person does (specify relationship: _____)

WEA_FNDEC_OTSP1_COF1	[OPEN TEXT VARIABLE]

WEA_11	WEA_SUFFUND_COF1

[ALWAYS ASK]

What do you think the chances are that at some point in the future you will not have sufficient financial resources to meet your needs?

READ LIST, CODE ONLY ONE RESPONSE

LITTLE_OR_NO	01	Little or no possibility
SOME	02	Some possibility
HIGH	03	High possibility
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

WEA_12	WEA_INHERT_COF1

[ALWAYS ASK]

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

READ LIST, CODE ONLY ONE RESPONSE

NONE	01	None
LOW	02	Low
MODERATE	03	Moderate
HIGH	04	High
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

Online Social Networking (INT)

Overview	The questions in this module ask participants about their usage of the internet, email, and social networking sites.
	Importance of module: The information from this module will help researchers estimate participants' online presence and understand how older adults are adapting to these technologies to build social networks.

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

INT_1	INT_ACCESSHM_COF1		
[ALWAYS ASK]			
Do you have access to the Internet or email at home?			
YES	01	Yes	
NO	02	No	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

INT_2	INT_FRQEMAIL_COF1		
[ALWAYS ASK]			
How frequently do you use email?			
DO NOT READ LIST, CODE ONLY ONE RESPONSE			
DAILY	01	Daily	
FEW_TIMES_WEEK	02	A few times a week	
FEW_TIMES_MONTH	03	A few times a month	
FEW_TIMES_YEAR	04	A few times a year	
NEVER	05	Never	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

INT_3	INT_FRQWBSTS_COF1

[ALWAYS ASK]

How frequently do you use the Internet to access websites?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

INT_4	INT_FRQHLTH_COF1

[ASK IF INT_FRQWBSTS_COF1 ≠ NEVER]

How often do you use the Internet to search for health-related information?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

INT_5	INT_SCLNTWRK_COF1

[ASK IF INT_FRQWBSTS_COF1 ≠ NEVER]

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

YES	01	Yes
NO	02	No
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

INT_6	INT_WYSSCL_COF1

| **[ASK IF INT_SCLNTWRK_COF1 = YES]** |

What are the different ways you use social networking sites? Do you ever use those sites to…

READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

INT_WYSSCL_MNF_COF1	01	Make new friends
INT_WYSSCL_FRI_COF1	02	Stay in touch or make plans with friends
INT_WYSSCL_FAM_COF1	03	Stay in touch or make plans with family
INT_WYSSCL_PRO_COF1	04	Promote yourself or your work
INT_WYSSCL_OT_COF1	97	Other
INT_WYSSCL_DK_NA_COF1	98	**[DO NOT READ]** Don't know / No answer
INT_WYSSCL_REFUSED_COF1	99	**[DO NOT READ]** Refused
INT_6a	**INT_WYSSCL_OTSP_COF1**	

| **[ASK IF INT_WYSSCL_COF1 = INT_WYSSCL_OT_COF1]** |

Other (please specify: _____)

INT_WYSSCL_OTSP1_COF1	[OPEN TEXT VARIABLE]

INT_6b	INT_FRQMNF_COF1

| **[ASK IF INT_WYSSCL_COF1 = INT_WYSSCL_MNF_COF1]** |

How often do you use social networking sites to make new friends?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

INT_6c	INT_FRQFRI_COF1

[ASK IF INT_WYSSCL_COF1 = INT_WYSSCL_FRI_COF1]

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

DO NOT READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

INT_6d	INT_FRQFAM_COF1

[ASK IF INT_WYSSCL_COF1 = INT_WYSSCL_FAM_COF1]

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

DO NOT READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

INT_6e	INT_FRQPRO_COF1

[ASK IF INT_WYSSCL_COF1 = INT_WYSSCL_PRO_COF1]

How often do you use social networking sites to promote yourself or your work?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

INT_6f	INT_FRQOT_COF1

| **[ASK IF INT_WYSSCL_COF1 = INT_WYSSCL_OT_COF1]** |

How often do you use social networking sites to **[BRING IN VERBATIM RESPONSES FROM INT_WYSSCL_OTSP_COF1]**?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

DAILY	01	Daily
FEW_TIMES_WEEK	02	A few times a week
FEW_TIMES_MONTH	03	A few times a month
FEW_TIMES_YEAR	04	A few times a year
NEVER	05	Never
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

INT_END

Childhood Maltreatment and Health across the Lifespan (CEX)

Overview	This module is talking about things that may have happened to you before you were 16 in your school, in your neighborhood, or in your family. The questions ask if you ever witnessed or experienced any physical or sexual abuse before you were 16 years old. Your responses are important whether or not you have had any of these experiences. This information will help us to understand the links between childhood maltreatment and health outcomes that occur years later. 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.

The next few questions are about things that may have happened to you before you were 16 in your school, in your neighborhood, or in your family. Your responses are important whether or not you have had any of these experiences. Remember that all information provided is strictly confidential.

CEX_Q01	CEX_HURT_COF1		
[ALWAYS ASK]			
Before age 16, how many times did any one of your parents, step-parents or guardians swear at you, or say hurtful, insulting things that made you feel like you were not wanted or loved?			
DO NOT READ LIST, CODE ONLY ONE RESPONSE			
NEVER	01	Never	
1_2_TIMES	02	1 or 2 times	
3_5_TIMES	03	3 to 5 times	
6_10_TIMES	04	6 to 10 times	
MORE_10_TIMES	05	More than 10 times	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

CEX_Q02	CEX_SEEHIT_COF1		
[ALWAYS ASK]			
Before age 16, how many times did you see or hear any one of your parents, step-parents or guardians hit each other or another adult in your home? By adult, I mean anyone 18 years and over.			
DO NOT READ LIST, CODE ONLY ONE RESPONSE			
NEVER	01	Never	
1_2_TIMES	02	1 or 2 times	
3_5_TIMES	03	3 to 5 times	
6_10_TIMES	04	6 to 10 times	
MORE_10_TIMES	05	More than 10 times	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

CEX_Q03	CEX_SPANK_COF1

[ALWAYS ASK]

Before age 16, how many times did a parent or caregiver spank you with their hand on your bottom (bum), or slap you on your hand?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

CEX_Q04	CEX_SLAP_COF1

[ALWAYS ASK]

Before age 16, how many times did an adult slap you on the face, head or ears or hit or spank you with something hard to hurt you?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

CEX_Q05	CEX_PUSH_COF1

[ALWAYS ASK]

Before age 16, how many times did an adult push, grab, shove or throw something at you to hurt you?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

CEX_Q06	CEX_KICK_COF1

[ALWAYS ASK]

Before age 16, how many times did an adult kick, bite, punch, choke, burn you, or physically attack you in some way?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

CEX_Q07	CEX_CARE_COF1

[ALWAYS ASK]

Before age 16, how many times did your parents, step-parents or guardians not take care of your basic needs, such as keeping you clean or providing food or clothing?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

CEX_Q08	CEX_SEX_COF1

[ALWAYS ASK]

Before age 16, how many times did an adult force you or attempt to force you into any unwanted sexual activity, by threatening you, holding you down or hurting you in some way?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

CEX_Q09	CEX_TOUCH_COF1

[ALWAYS ASK]

Before age 16, how many times did an adult touch you against your will in any sexual way? By this, I mean anything from unwanted touching or grabbing, to kissing or fondling.

DO NOT READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

CEX_Q10	CEX_POLICE_COF1

[ASK IF CEX_HURT_COF1 & CEX_SEEHIT_COF1 & CEX_SPANK_COF1 & CEX_SLAP_COF1 & CEX_PUSH_COF1 & CEX_KICK_COF1 & CEX_CARE_COF1 & CEX_SEX_COF1 & CEX_TOUCH_COF1 ≠ NEVER, DK_NA OR REFUSED]

Before age 16, did you ever see or talk to the police or anyone from child protective services about any of the things you mentioned?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

CEX_Q11	CEX_WORD_COF1

[ALWAYS ASK]

Before age 16, how many times did you see or hear any one of your parents, step-parents or guardians say hurtful or mean things to each other or to another adult in your home?

DO NOT READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
1_2_TIMES	02	1 or 2 times
3_5_TIMES	03	3 to 5 times
6_10_TIMES	04	6 to 10 times
MORE_10_TIMES	05	More than 10 times
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

ACE_1 – ACE_3	ACE_EARLYTRAUMA_COF1				
[ALWAYS ASK]					
Before the age of 18…					
READ EACH CONDITION, CODE ONLY ONE RESPONSE PER QUESTION					
		YES	NO	DK_NA	REFUSED
ACE_DTHPRT_COF1	Did you ever experience the death or serious illness of a parent or a primary caretaker?				
ACE_DVRCPRT_COF1	Did you experience the divorce or separation of your parents?				
ACE_BRKDN_COF1	Did anyone in your family ever suffer from mental or psychiatric illness or have a "breakdown"?				

CEX_END

Meta Memory (MEM)

Overview	Complaints about memory are extremely common in middle aged and older people. While these complaints can occur in the setting of demonstrable cognitive disorders such as mild cognitive impairment (MCI) or a dementia, they are also common in individuals without an overt cognitive disorder. The significance of memory complaints in cognitively normal people has been the subject of debate for many years.

The next questions are about everyday memory situations. Evaluate each situation as it pertains to your memory functioning over the past 2 weeks.

MEM_01	MEM_PAYBILL_COF1		
[ALWAYS ASK]			
How often do you forget to pay a bill on time?			
READ LIST, CODE ONLY ONE RESPONSE			
NEVER	01	Never	
RARELY	02	Rarely	
SOMETIMES	03	Sometimes	
OFTEN	04	Often	
ALLTIME	05	All the time	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

MEM_02	MEM_MPLAC_COF1		
[ALWAYS ASK]			
How often do you misplace something you use daily, like your keys or glasses?			
READ LIST, CODE ONLY ONE RESPONSE			
NEVER	01	Never	
RARELY	02	Rarely	
SOMETIMES	03	Sometimes	
OFTEN	04	Often	
ALLTIME	05	All the time	
DK_NA	08	**[DO NOT READ]** Don't know / No answer	
REFUSED	09	**[DO NOT READ]** Refused	

MEM_03	MEM_RMNUM_COF1

[ALWAYS ASK]

How often do you have trouble remembering a telephone number you just looked up?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_04	MEM_RCNME_COF1

[ALWAYS ASK]

How often do you not recall the name of someone you just met?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_05	MEM_LVTHG_COF1

[ALWAYS ASK]

How often do you leave something behind when you meant to bring it with you?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_06	MEM_FGAPT_COF1

[ALWAYS ASK]

How often do you forget an appointment?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_07	MEM_FGTDO_COF1

[ALWAYS ASK]

How often do you forget what you were just about to do; for example, walk into a room and forget what you went there to do?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_08	MEM_FGERD_COF1

[ALWAYS ASK]

How often do you forget to run an errand?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_09	MEM_SPWRD_COF1

[ALWAYS ASK]

How often do you have difficulty coming up with a specific word that you want?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_10	MEM_MBDTL_COF1

[ALWAYS ASK]

How often do you have trouble remembering details from a newspaper or magazine article you read earlier that day?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_11	MEM_FGMED_COF1

[ALWAYS ASK]

How often do you forget to take medication?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_12	MEM_NAMEK_COF1

[ALWAYS ASK]

How often do you not recall the name of someone you have known for some time?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_13	MEM_PSMEG_COF1

[ALWAYS ASK]

How often do you forget to pass on a message?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_14	MEM_FGSAY_COF1

[ALWAYS ASK]

How often do you forget what you were going to say in conversation?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_15	MEM_FGANV_COF1

[ALWAYS ASK]

How often do you forget a birthday or anniversary that you used to know well?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_16	MEM_TELNM_COF1

[ALWAYS ASK]

How often do you forget a telephone number you use frequently?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_17	MEM_RETELL_COF1

[ALWAYS ASK]

How often do you retell a story or joke to the same person because you forgot that you had already told him or her?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_18	MEM_PLAWY_COF1

[ALWAYS ASK]

How often do you misplace something that you put away a few days ago?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_19	MEM_BUYTH_COF1

[ALWAYS ASK]

How often do you forget to buy something you intended to buy?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_20	MEM_DTCNV_COF1

[ALWAYS ASK]

How often do you forget details about a recent conversation?

READ LIST, CODE ONLY ONE RESPONSE

NEVER	01	Never
RARELY	02	Rarely
SOMETIMES	03	Sometimes
OFTEN	04	Often
ALLTIME	05	All the time
DK_NA	08	**[DO NOT READ]** Don't know / No answer
REFUSED	09	**[DO NOT READ]** Refused

MEM_END

Preventative Health Behaviours (PHB)

Overview	In this section, participants are asked questions about what health care services they use to monitor their health and prevent diseases, such as whether they get vaccinated for influenza, get their blood pressure checked regularly, etc. These questions are asked because preventative health care is an important aspect of the health care system as a way to prevent disease and promote population health. The information in this module, combined with other information, will allow researchers to understand whether and how the use of these services help people stay healthy.

Now a few questions about your use of various health care services.

PHB_1 – PHB_5
[ALWAYS ASK]
Have you had…
INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE

		Have you had…	Yes	No	DK/ NA	RF
PHB_1	PHB_BLP_COF1	Blood pressure taken in the last 12 months				
PHB_2	PHB_COL_COF1	Colorectal screening in the last 12 months				
PHB_3	PHB_CHOL_COF1	Blood test for cholesterol in the last 3 years				
PBH_4	PHB_GLU_COF1	Blood sugar or glucose tolerance test in the last 3 years				
PHB_5	PHB_PAP_COF1	Pap smear test (w)				
PHB_6	PHB_MG_COF1	Mammogram, that is a breast X-ray (w)				
PHB_7	PHB_DEXA_COF1	Bone density scan for osteoporosis (w)				
PHB_8	PHB_FLUV_COF1	Flu shot in the last 12 months				
PHB_9	PHB_PCV_COF1	Pneumonia shot (pneumococcal vaccination) in your life				

END