



clsa élcv

Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Maintaining Contact Questionnaire (Tracking and Comprehensive)

Wave 1 Version

v2.7, 2015 Jan 15

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PROGRAMMING INSTRUCTIONS:

THE FOLLOWING MODULES ARE ADMINISTERED TO TRACKING PARTICIPANTS:

FAL

HUP

ORH

PKD

HCU

MED

DSU

NUR

PA2

SEQ

INT

TRA

ENV

WEA

CON

THE FOLLOWING MODULES ARE ADMINISTERED TO COMPREHENSIVE PARTICIPANTS:

FAL

HUP

ORH

SNO

HCU

DSU

NUR

PA2

K10

PER

SEQ

INT

TRA

ENV

WEA

CON



Falls (FAL) – Tracking/Comprehensive

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

FAL_1
FAL_12MN_MCQ

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

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

FAL_2
FAL_NMBR_NB_MCQ

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

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

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

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

[DO NOT READ] Refused 99

FAL_END



Pain and Discomfort (HUP) – Tracking/Comprehensive

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

HUP_1
HUP_FREE_MCQ

Are you usually free of pain or discomfort?

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

HUP_2
HUP_INTNSTY_MCQ

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

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

HUP_3
HUP_PRVACT_MCQ

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

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

HUP_END



Oral Health (ORH) – Tracking/Comprehensive

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

ORH_1
ORH_HLTH_MCQ

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

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

ORH_2
ORH_TEETH_MCQ

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

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

ORH_3
ORH_DENT_MCQ

Do you wear dentures or false teeth?

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

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



ORH_4

ORH_UNCEAT_MCQ

In the past 12 months, how often have you found it uncomfortable to eat any food because of problems with your mouth? Would you say...**READ LIST, CODE ONLY ONE RESPONSE**

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

ORH_5

ORH_AVDEAT_MCQ

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

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



ORH_6
ORH_EXP_MCQ

In the past 12 months have you experienced any of the following? **READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY**

ORH_EXP_TTH_MCQ	Toothache	01
ORH_EXP_CHW_MCQ	Cannot chew adequately	02
ORH_EXP_DNU_MCQ	Dentures uncomfortable	03
ORH_EXP_DNL_MCQ	Dentures loose/don't fit.....	04
ORH_EXP_DNB_MCQ	Dentures broken.....	05
ORH_EXP_DNM_MCQ	Dentures missing.....	06
ORH_EXP_SWL_MCQ	Swelling in your mouth	07
ORH_EXP_DRM_MCQ	Dry mouth.....	08
ORH_EXP_BRM_MCQ	Burning mouth	09
ORH_EXP_JWS_MCQ	Jaw muscles sore.....	10
ORH_EXP_JJP_MCQ	Jaw joints painful	11
ORH_EXP_NTD_MCQ	Natural tooth decayed	12
ORH_EXP_NTL_MCQ	Natural tooth loose	13
ORH_EXP NTB_MCQ	Natural tooth broken.....	14
ORH_EXP_GUMS_MCQ	Gums around natural teeth are sore	15
ORH_EXP_GUMB_MCQ	Gums around natural teeth bleed.....	16
ORH_EXP_DNS_MCQ	Denture-related sores	17
ORH_EXP_TTHD_MCQ	Teeth or dentures dirty	18
ORH_EXP_BB_MCQ	Bad breath.....	19
ORH_EXP_NONE_MCQ	[DO NOT READ] Have not experienced any of these problems ...	96X
ORH_EXP_OT_MCQ	Other problem (please specify: _____).....	97
ORH_EXP_DK_NA_MCQ	[DO NOT READ] Don't know/No answer.....	98X
ORH_EXP_REFUSED_MCQ	[DO NOT READ] Refused	99X



ORH_7

ORH_BRUSH_NB_MCQ

How often do you usually brush your teeth and/or dentures? For example: twice a day, three times a week, once a month. **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT FREQUENCY**

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

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

[DO NOT READ] Refused 999

ORH_7a

ORH_BRCHECK98_MCQ

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

Yes 1

No 2

ORH_7b

ORH_BRCHECK99_MCQ

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

Yes 1

No 2

ORH_BRUSH_UNIT_MCQ **RECORD UNIT OF MEASUREMENT:**

Per day 1

Per week..... 2

Per month..... 3

Per year 4

ORH_END

Snoring (SNO) – Comprehensive

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

SNO_1

SNO_SNORE_MCQ

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

SNO_2

SNO_STOPBREATH_MCQ

Has anyone ever observed you stop breathing in your sleep?

Yes 1

No 2

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

[DO NOT READ] Refused 9

SNO_END

Parkinsonism (PKD) – Tracking

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

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

PKD_1_MC
PKD_PARK_MCQ

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

- | | | |
|---|---|---|
| Yes | 1 | CONTINUE |
| No..... | 2 | SKIP TO PKD_1B_MC/
PKD_PARK_CHANGE_MCQ |
| [DO NOT READ] Don't know/No answer | 8 | SKIP TO PKD_3_MC/
PKD_MED_MCQ |
| [DO NOT READ] Refused | 9 | SKIP TO PKD_3_MC/
PKD_MED_MCQ |

PKD_1A_MC
PKD_PARKNEW_MCQ

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

- | | | |
|---|---|--|
| Yes | 1 | CONTINUE |
| No..... | 2 | SKIP TO PKD_3_MC/
PKD_MED_MCQ |
| [DO NOT READ] Don't know/No answer | 8 | SKIP TO PKD_3_MC/
PKD_MED_MCQ |
| [DO NOT READ] Refused | 9 | SKIP TO PKD_3_MC/
PKD_MED_MCQ |



PKD_1B_MC
PKD_PARK_CHANGE_MCQ

[IF CCT_PARK_TRM=YES AND PKD_1_MC/PKD_PARK_MCQ=NO, THEN ADMINISTER PKD_1B_MC/PKD_PARK_CHANGE_MCQ] In an earlier CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Parkinsonism or Parkinson's Disease. Since that interview, has the diagnosis changed?

- Yes 1 **SKIP TO PKD_3_MC/
PKD_MED_MCQ**
- No 2 **SKIP TO PKD_3_MC/
PKD_MED_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PKD_3_MC/
PKD_MED_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PKD_3_MC/
PKD_MED_MCQ**

PKD_2_MC
PKD_AGE_MCQ

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

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

PKD_AGE_NB_MCQ _____ **RECORD AGE (IN YEARS)**

PKD_AGE_YR_MCQ **OR** _____ **RECORD YEAR**

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

[DO NOT READ] Refused 9999

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

PKD_3_MC
PKD_MED_MCQ

Are you currently taking any of the following drugs?

	PD Medications	YES	NO	DK	RF
PKD_3_MC_a PKD_MED_LEV_MCQ	Levodopa/carbidopa (<i>Sinemet, Prolopa</i>)				
PKD_3_MC_b PKD_MED_LEN_MCQ	Levodopa/entacapone (<i>Stalevo</i>)				
PKD_3_MC_c PKD_MED_PRA_MCQ	Pramipexole (<i>Mirapex</i>)				
PKD_3_MC_d PKD_MED_ROP_MCQ	Ropinirole (<i>ReQuip</i>)				
PKD_3_MC_e PKD_MED_RAS_MCQ	Rasagiline (<i>Azilect</i>)				



	PD Medications	YES	NO	DK	RF
PKD_3_MC_f PKD_MED_SEL_MCQ	Selegiline (<i>Deprenyl</i>)				
PKD_3_MC_g PKD_MED_ENT_MCQ	Entacapone (<i>Comtan</i>)				
PKD_3_MC_h PKD_MED_BEN_MCQ	Benzotropine (<i>Cogentin</i>)				
PKD_3_MC_i PKD_MED_ETH_MCQ	Ethopropazine (<i>Parsitan</i>)				
PKD_3_MC_j PKD_MED_PRO_MCQ	Procyclidine				
PKD_3_MC_k PKD_MED_TRI_MCQ	Trihexyphenidyl (<i>Artane</i>)				
PKD_3_MC_l PKD_MED_AMA_MCQ	Amantadine (<i>Symmetrel</i>)				
PKD_3_MC_m PKD_MED_ROT_MCQ	Rotigotine Patch (<i>Neupro</i>)				
PKD_3_MC_n PKD_MED_LCI_MCQ	Levodopa/carbidopa intestinal gel (<i>Duodopa</i>)				

PKD_3D_MC
PKD_OTHMD_MCQ

Are you currently undergoing other treatment for Parkinsonism or Parkinson's Disease?

- Yes 01 **SKIP TO PKD_5_MC/
PKD_SHKE_MCQ**
- No 02 **IF PARTICIPANT
RESPONDED 'YES' TO
AT LEAST ONE DRUG
IN PKD_3_MC/
PKD_MED_MCQ, THEN
SKIP TO PKD_5_MC/
PKD_SHKE_MCQ;
OTHERWISE CONTINUE**
- [DO NOT READ]** Don't know/No answer 98 **IF PARTICIPANT
RESPONDED 'YES' TO
AT LEAST ONE DRUG
IN PKD_3_MC/
PKD_MED_MCQ, THEN
SKIP TO PKD_5_MC/
PKD_SHKE_MCQ;
OTHERWISE CONTINUE**
- [DO NOT READ]** Refused 99 **IF PARTICIPANT
RESPONDED 'YES' TO
AT LEAST ONE DRUG
IN PKD_3_MC/
PKD_MED_MCQ, THEN
SKIP TO PKD_5_MC/
PKD_SHKE_MCQ;
OTHERWISE CONTINUE**



PKD_4_MC
PKD_EVRMED_MCQ

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

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

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

PKD_5_MC
PKD_SHKE_MCQ

Do your arms or legs shake?

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

PKD_5a_MC
PKD_SHKESEV_MCQ

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

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

PKD_6_MC
PKD_SMWRT_MCQ

Is your handwriting smaller than it once was?

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



PKD_7_MC
PKD_BUTON_MCQ

Do you have trouble buttoning buttons?

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

PKD_8_MC
PKD_VOICE_MCQ

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

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

PKD_9_MC
PKD_FEET_MCQ

Do your feet suddenly seem to freeze in doorways?

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

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

PKD_10_MC
PKD_WALK_MCQ

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

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



PKD_11_MC
PKD_BAL_MCQ

Is your balance poor?

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

PKD_12_MC
PKD_FACE_MCQ

Does your face seem less expressive than it used to?

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

PKD_13_MC
PKD_RISE_MCQ

Do you have trouble rising from a chair?

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

PKD_END

Health Care Utilization (HCU) – Tracking/Comprehensive

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

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

		YES	NO	DK	RF
HCU_1 HCU_FAMPHY_MCQ	General practitioner, family physician				
HCU_2 HCU_SPEC_MCQ	Medical specialist (such as a cardiologist, gynaecologist, psychiatrist)				
HCU_3 HCU_PSYCH_MCQ	Psychologist				
HCU_4 HCU_DEN_MCQ	Dentist				
HCU_5 HCU_OPTO_MCQ	Ophthalmologist or optometrist				
HCU_6 HCU_PHYSIO_MCQ	Physiotherapist, occupational therapist, or chiropractor				
HCU_7 HCU_SOCLWRK_MCQ	Social worker				

HCU_8
HCU_EMEREG_MCQ

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

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

HCU_9
HCU_HLOVRNT_MCQ

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

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



HCU_10
HCU_NRSHM_MCQ

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

HCU_END

Medication Use (MED) – Tracking

The next question asks about your use of prescription medications.

MED_1
MED_USE1_MCQ

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

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

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

MED_1b
MED_USE2_MCQ

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

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

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

- Daily..... 1
- Every week, but not daily 2
- Less often than every week 3
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9



MED_2

MED_USEQTY_MCQ

[ASK IF MED_1/MED_USE1_MCQ IS EQUAL TO DAILY, EVERY WEEK OR LESS OFTEN] In the past month, how many prescription medications did you take?

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

One..... 1

Two..... 2

Three or more..... 3

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

[DO NOT READ] Refused 9

MED_END

Dietary Supplement Use (DSU) – Tracking/Comprehensive

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

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

		YES	NO	DK	RF
DSU_1 DSU_MLTV_MCQ	multivitamin supplements				
DSU_2 DSU_CAL_MCQ	calcium supplements				
DSU_3 DSU_VITD_MCQ	vitamin D supplements				
DSU_4 DSU_VITB12_MCQ	vitamin B12 supplements				
DSU_5 DSU_IRON_MCQ	iron supplements				
DSU_6 DSU_VITC_MCQ	vitamin C supplements				
DSU_7 DSU_OT_MCQ	other supplements				

DSU_7a **[ASK IF DSU_7/DSU_OT_MCQ IS EQUAL TO YES]** Other supplements (please specify) _____

DSU_END



Nutritional Risk (NUR) - Tracking 1-14E/Comprehensive 1-11

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

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

NUR_1
NUR_GLSWT_MCQ

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

- Gained weight 1 CONTINUE
Lost weight 2 CONTINUE
Stayed about the same 3 SKIP TO NUR_3/ NUR_SKPMLS_MCQ
[DO NOT READ] Don't know/No answer..... 8 SKIP TO NUR_3/ NUR_SKPMLS_MCQ
[DO NOT READ] Refused 9 SKIP TO NUR_3/ NUR_SKPMLS_MCQ

NUR_2
NUR_WTGL_MCQ

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

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

NUR_3
NUR_SKPMLS_MCQ

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

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



[DO NOT READ] Refused 9

NUR_4
NUR_APPTT_MCQ

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

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

NUR_5
NUR_SWLLFD_MCQ

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

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

NUR_6
NUR_FRTVEG_MCQ

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

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

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

- Seven or more 1
- Six..... 2
- Five..... 3
- Four 4
- Three 5
- Two..... 6
- Less than two 7



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

NUR_7
NUR_DRKFLD_MCQ

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

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

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

NUR_8
NUR_MLSMN_MCQ

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

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

NUR_9
NUR_CKMEALS_MCQ

Do you usually cook your own meals?

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

- Yes 1 **CONTINUE**
- No 2 **SKIP TO NUR_11/
NUR_MLPREP_OTH_MCQ**
- [DO NOT READ] Don't know/No answer..... 8 **SKIP TO NUR_11/
NUR_MLPREP_OTH_MCQ**



[DO NOT READ] Refused 9 SKIP TO NUR_11/
NUR_MLPPREP_OTH_MCQ

NUR_10
NUR_MLPPREP_MCQ

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

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

SKIP TO NUR_12/NUR_FASTFD_NB_MCQ

NUR_11
NUR_MLPPREP_OTH_MCQ

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

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

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

Fast Food Consumption

[NUR_12/NUR_FASTFD_NB_MCQ THROUGH NUR_14E/NUR_OTEA_NB_MCQ ARE
ADMINISTERED TO TRACKING PARTICIPANTS ONLY; COMPREHENSIVE PARTICIPANTS SKIP
TO NUR_END]

NUR_12
NUR_FASTFD_NB_MCQ

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

- RECORD NUMBER, CATI MASK: MIN=00, MAX=50
[DO NOT READ] Don't know/No answer..... 98
[DO NOT READ] Refused 99





Food Security

NUR_13

NUR_NOTENFD_MCQ

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

Coffee and Tea Consumption

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

NUR_14A

NUR_RCOFF_NB_MCQ

Regular Coffee

_____ **RECORD NUMBER, CATI MASK: MIN=00, MAX=10**

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

[DO NOT READ] Refused 99

NUR_14B

NUR_DCOFF_NB_MCQ

Decaffeinated Coffee

_____ **RECORD NUMBER, CATI MASK: MIN=00, MAX=10**

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

[DO NOT READ] Refused 99

NUR_14C

NUR_BTEA_NB_MCQ

Black Tea

_____ **RECORD NUMBER, CATI MASK: MIN=00, MAX=10**

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

[DO NOT READ] Refused 99



NUR_14D
NUR_GTEA_NB_MCQ
Green Tea

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=10
[DO NOT READ] Don't know/No answer98
[DO NOT READ] Refused99

NUR_14E
NUR_OTEA_NB_MCQ
Other Tea

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

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=10
[DO NOT READ] Don't know/No answer98
[DO NOT READ] Refused99

NUR_END

Physical Activities (PA2) – Tracking/Comprehensive

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

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

PA2_1

PA2_SIT_MCQ

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

Never	1	SKIP TO PA2_4/ PA2_WALK_MCQ
Seldom (1 to 2 days)	2	CONTINUE
Sometimes (3 to 4 days)	3	CONTINUE
Often (5 to 7 days).....	4	CONTINUE
[DO NOT READ] Don't know/No answer.....	8	SKIP TO PA2_4/ PA2_WALK_MCQ
[DO NOT READ] Refused	9	SKIP TO PA2_4/ PA2_WALK_MCQ

PA2_2

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

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



PA2_SIT_REFUSED_MCQ [DO NOT READ] Refused 99X

PA2_3
PA2_SITHR_MCQ

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

- Less than 30 minutes 1
- 30 minutes but less than 1 hour 2
- 1 hour but less than 2 hours 3
- 2 hours but less than 4 hours 4
- 4 hours or more 5
- [DO NOT READ] Don't know/No answer..... 8**
- [DO NOT READ] Refused 9**

PA2_4
PA2_WALK_MCQ

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

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

- Never 1 **SKIP TO PA2_6/
PA2_LSPRT_MCQ**
- Seldom (1 to 2 days) 2 **CONTINUE**
- Sometimes (3 to 4 days) 3 **CONTINUE**
- Often (5 to 7 days)..... 4 **CONTINUE**
- [DO NOT READ] Don't know/No answer..... 8** **SKIP TO PA2_6/
PA2_LSPRT_MCQ**
- [DO NOT READ] Refused 9** **SKIP TO PA2_6/
PA2_LSPRT_MCQ**

PA2_5
PA2_WALKHR_MCQ

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

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



- 4 hours or more 5
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

PA2_6

PA2_LSPRT_MCQ

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

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

- Never 1 **SKIP TO PA2_9/
PA2_MSPRT_MCQ**
- Seldom (1 to 2 days) 2 **CONTINUE**
- Sometimes (3 to 4 days) 3 **CONTINUE**
- Often (5 to 7 days)..... 4 **CONTINUE**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO PA2_9/
PA2_MSPRT_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PA2_9/
PA2_MSPRT_MCQ**

PA2_7

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

- PA2_LSPRT_ARC_MCQ Archery01
- PA2_LSPRT_BAD_MCQ Badminton02
- PA2_LSPRT_BIL_MCQ Billiards.....03
- PA2_LSPRT_BOA_MCQ Boating (canoeing, rowing, sailing)04
- PA2_LSPRT_BOC_MCQ Bocci05
- PA2_LSPRT_BOW_MCQ Bowling.....06
- PA2_LSPRT_CAT_MCQ Catch07
- PA2_LSPRT_CRO_MCQ Croquet08
- PA2_LSPRT_DAR_MCQ Darts.....09
- PA2_LSPRT_FIS_MCQ Fishing.....10
- PA2_LSPRT_FRI_MCQ Frisbee11
- PA2_LSPRT_GOL_MCQ Golf with a power cart12
- PA2_LSPRT_HOR_MCQ Horseshoes13



PA2_LSPRT_MUS_MCQ	Musical program	14
PA2_LSPRT_RIF_MCQ	Rifle shooting	15
PA2_LSPRT_SHU_MCQ	Shuffleboard.....	16
PA2_LSPRT_SWI_MCQ	Swimming: no laps.....	17
PA2_LSPRT_TAB_MCQ	Table tennis.....	18
PA2_LSPRT_YOG_MCQ	Yoga or stretching.....	19
PA2_LSPRT_OT_MCQ	Other (please specify: _____).....	97
PA2_LSPRT_DK_NA_MCQ	[DO NOT READ] Don't know/No answer	98X
PA2_LSPRT_REFUSED_MCQ	[DO NOT READ] Refused	99X

PA2_8
PA2_LSPRTHR_MCQ

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

Less than 30 minutes	1
30 minutes but less than 1 hour	2
1 hour but less than 2 hours.....	3
2 hours but less than 4 hours	4
4 hours or more	5
[DO NOT READ] Don't know/No answer.....	8
[DO NOT READ] Refused	9

PA2_9
PA2_MSPRT_MCQ

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

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

Never	1	SKIP TO PA2_12/ PA2_SSPRT_MCQ
Seldom (1 to 2 days)	2	CONTINUE
Sometimes (3 to 4 days)	3	CONTINUE
Often (5 to 7 days).....	4	CONTINUE
[DO NOT READ] Don't know/No answer.....	8	SKIP TO PA2_12/



[DO NOT READ] Refused 9
PA2_SSPRT_MCQ
SKIP TO PA2_12/
PA2_SSPRT_MCQ

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

- PA2_MSPRT_BAR_MCQ Barn chores..... 01
PA2_MSPRT_DAN_MCQ Dancing (ballroom, ballet, disco)..... 02
PA2_MSPRT_FEN_MCQ Fencing 03
PA2_MSPRT_FOO_MCQ Football 04
PA2_MSPRT_GOL_MCQ Golf (without a cart)..... 05
PA2_MSPRT_HOR_MCQ Horseback riding 06
PA2_MSPRT_HUN_MCQ Hunting..... 07
PA2_MSPRT_PIL_MCQ Pilates or tai chi..... 08
PA2_MSPRT_SCU_MCQ Scuba diving or snorkelling 09
PA2_MSPRT_SKA_MCQ Skating (ice, roller) 10
PA2_MSPRT_SLE_MCQ Sledding/snowmobiling 11
PA2_MSPRT_SOF_MCQ Softball/baseball/cricket 12
PA2_MSPRT_SUR_MCQ Surfing/snowboarding 13
PA2_MSPRT_TEN_MCQ Tennis (doubles) 14
PA2_MSPRT_TRA_MCQ Trampoline 15
PA2_MSPRT_VOL_MCQ Volleyball..... 16
PA2_MSPRT_OT_MCQ Other (please specify: _____)..... 97
PA2_MSPRT_DK_NA_MCQ [DO NOT READ] Don't know/No answer 98X
PA2_MSPRT_REFUSED_MCQ [DO NOT READ] Refused 99X

PA2_11
PA2_MSPRTHR_MCQ

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

- Less than 30 minutes 1
30 minutes but less than 1 hour 2
1 hour but less than 2 hours..... 3
2 hours but less than 4 hours 4
4 hours or more 5
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

PA2_12

PA2_SSPRT_MCQ

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

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

Never	1	SKIP TO PA2_15/ PA2_EXER_MCQ
Seldom (1 to 2 days)	2	CONTINUE
Sometimes (3 to 4 days)	3	CONTINUE
Often (5 to 7 days).....	4	CONTINUE
[DO NOT READ] Don't know/No answer.....	8	SKIP TO PA2_15/ PA2_EXER_MCQ
[DO NOT READ] Refused	9	SKIP TO PA2_15/ PA2_EXER_MCQ

PA2_13

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

PA2_SSPRT_AER_MCQ	Aerobic dance or water aerobics	01
PA2_SSPRT_BAC_MCQ	Backpacking.....	02
PA2_SSPRT_BAS_MCQ	Basketball.....	03
PA2_SSPRT_BIC_MCQ	Bicycling/exercise bike	04
PA2_SSPRT_BOA_MCQ	Board sailing	05
PA2_SSPRT_HAN_MCQ	Handball/paddleball	06
PA2_SSPRT_HIK_MCQ	Hiking	07
PA2_SSPRT_HOC_MCQ	Hockey (ice or field)	08
PA2_SSPRT_JOG_MCQ	Jogging.....	09
PA2_SSPRT_LAC_MCQ	Lacrosse.....	10
PA2_SSPRT_MOU_MCQ	Mountain climbing, running	11
PA2_SSPRT_RAC_MCQ	Racquetball	12
PA2_SSPRT_ROP_MCQ	Rope skipping	13
PA2_SSPRT_ROW_MCQ	Rowing/canoeing for competition.....	14
PA2_SSPRT_RWM_MCQ	Rowing machine	15



PA2_SSPRT_SKI_MCQ	Skiing (cross country, downhill, water)	16
PA2_SSPRT_SNO_MCQ	Snowshoeing.....	17
PA2_SSPRT_SOC_MCQ	Soccer	18
PA2_SSPRT_SQU_MCQ	Squash	19
PA2_SSPRT_STA_MCQ	Stair climbing.....	20
PA2_SSPRT_SWI_MCQ	Swimming (with laps).....	21
PA2_SSPRT_TEN_MCQ	Tennis (single)	22
PA2_SSPRT_OT_MCQ	Other (please specify: _____).....	97
PA2_SSPRT_DK_NA_MCQ	[DO NOT READ] Don't know/No answer	98X
PA2_SSPRT_REFUSED_MCQ	[DO NOT READ] Refused	99X

PA2_14

PA2_SSPRTHR_MCQ

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

- Less than 30 minutes 1
- 30 minutes but less than 1 hour 2
- 1 hour but less than 2 hours..... 3
- 2 hours but less than 4 hours..... 4
- 4 hours or more 5
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

PA2_15

PA2_EXER_MCQ

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

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

- | | | |
|--|---|---|
| Never | 1 | SKIP TO PA2_18/
PA2_LTHSWK_MCQ |
| Seldom (1 to 2 days) | 2 | CONTINUE |
| Sometimes (3 to 4 days) | 3 | CONTINUE |
| Often (5 to 7 days)..... | 4 | CONTINUE |
| [DO NOT READ] Don't know/No answer..... | 8 | SKIP TO PA2_18
PA2_LTHSWK_MCQ |
| [DO NOT READ] Refused | 9 | SKIP TO PA2_18
PA2_LTHSWK_MCQ |

PA2_16 What were these exercises? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY**

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

PA2_17
PA2_EXERHR_MCQ

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

- Less than 30 minutes 1
- 30 minutes but less than 1 hour 2
- 1 hour but less than 2 hours 3
- 2 hours but less than 4 hours 4
- 4 hours or more 5
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

PA2_18-23

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

		YES	NO	DK	RF
PA2_18 PA2_LTHSWK_MCQ	light housework, such as dusting or washing dishes				
PA2_19 PA2_HVYHSWK_MCQ	heavy housework or chores such as vacuuming, scrubbing floors, washing windows or carrying wood				
PA2_20 PA2_HMREPAIR_MCQ	home repairs like painting, wallpapering, electrical work, etc.				
PA2_21 PA2_HVYODA_MCQ	lawn work or yard care, including snow or leaf removal, wood chopping, etc. (excluding outdoor gardening)				
PA2_22	outdoor gardening, sweeping the balcony or				



PA2_LTODA_MCQ	the stairs				
PA2_23 PA2_CRPRSN_MCQ	caring for another person, such as children, a dependent spouse or other adult				

PA2_24
PA2_WRK_MCQ

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

- Yes 1 **CONTINUE**
- No 2 **SKIP TO PA2_27/
PA2_REPRTN_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PA2_27/
PA2_REPRTN_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PA2_27/
PA2_REPRTN_MCQ**

PA2_25
PA2_WRKHRS_NB_MCQ

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

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

PA2_26
PA2_WRKPA_MCQ

Which of the following categories best describes the amount of physical activity required on your job or as a volunteer? **READ CATEGORIES, CODE ONLY ONE RESPONSE**
INTERVIEWER NOTE: 50 LBS. IS APPROXIMATELY 23 KG

- Mainly sitting with slight arm movements (such as office worker or bus driver) 1
- Sitting and standing with some walking (such as cashier or light tool and machinery worker) 2
- Walking, with some handling of materials generally weighing less than 50 lbs. (such as postal worker, waitress or construction worker) 3
- Walking and heavy manual work often requiring handling of materials weighing over 50 lbs. (such as lumberjack, stone mason, farm or general labourer) 4
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9



PA2_27

PA2_REPRTN_MCQ

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

READ LIST, CODE ONLY ONE RESPONSE

- Strongly agree 1 **SKIP TO PA2_29/
PA2_PARTPA_MCQ**
- Agree 2 **SKIP TO PA2_29/
PA2_PARTPA_MCQ**
- Neither agree nor disagree..... 3 **SKIP TO PA2_29/
PA2_PARTPA_MCQ**
- Disagree 4 **CONTINUE**
- Strongly disagree 5 **CONTINUE**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO PA2_29/
PA2_PARTPA_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PA2_29/
PA2_PARTPA_MCQ**

PA2_28

PA2_PALVL_MCQ

During the past 7 days, would you say that your physical activity level was...**READ LIST, CODE ONLY ONE RESPONSE**

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

PA2_29

PA2_PARTPA_MCQ

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

- Yes 1 **CONTINUE**
- No..... 2 **SKIP TO PA2_END**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO PA2_END**
- [DO NOT READ]** Refused 9 **SKIP TO PA2_END**



PA2_30 What prevented you from doing physical activities/more physical activities? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY**

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

PA2_END

Psychological Distress (K10) – Comprehensive

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

K10_1
K10_TIRED_MCQ

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

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

K10_2
K10_NRVS_MCQ

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

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

K10_3

K10_NRVSCLMD_MCQ

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

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

K10_4

K10_HPLS_MCQ

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

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

K10_5

K10_RSTLS_MCQ

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

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



K10_6
K10_RSTLSSTL_MCQ

[DO NOT ASK IF PARTICIPANT SAID “NONE OF THE TIME” AT K10_5/K10_RSTLS_MCQ, (SKIP TO K10_7/K10_DEP_MCQ IF K10_5/K10_RSTLS_MCQ=NONE OF THE TIME)] How often did you feel so restless that you could not sit still? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

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

K10_7
K10_DEP_MCQ

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

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

K10_8
K10_EFFRT_MCQ

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

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



K10_9
K10_NOCHRUP_MCQ

During the past 30 days, how often did you feel so depressed that nothing could cheer you up? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

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

K10_10
K10_WRTHLSS_MCQ

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

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

K10_11
K10_FLING_MCQ

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

- More often than usual..... 1 SKIP TO K10_13/ K10_FLINGMORE_MCQ
About the same as usual..... 2 SKIP TO K10_14/ K10_UNWK_NB_MCQ
Less often than usual 3 CONTINUE
[DO NOT READ] Never have these feelings 4 SKIP TO K10_14/ K10_UNWK_NB_MCQ
[DO NOT READ] Don't know/No answer..... 8 SKIP TO K10_14/ K10_UNWK_NB_MCQ
[DO NOT READ] Refused 9 SKIP TO K10_14/ K10_UNWK_NB_MCQ



K10_12

K10_FLINGLESS_MCQ

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

- A lot less 1
- Somewhat less 2
- A little less 3
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

SKIP TO K10_14/ K10_UNWK_NB_MCQ

K10_13

K10_FLINGMORE_MCQ

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

- A lot more 1
- Somewhat more 2
- A little more 3
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

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

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

K10_14

K10_UNWK_NB_MCQ

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

_____ **RECORD NUMBER, CATI MASK: MIN=00, MAX=30**

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



K10_15
K10_HFWK_NB_MCQ

Not counting that/those day(s), how many days in the past 30 were you able to do only half or less of what you would normally have been able to do because of these feelings?
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

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

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

[DO NOT READ] Refused 99

K10_16
K10_DOC_NB_MCQ

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

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

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

[DO NOT READ] Refused 99

K10_16a
K10_OTPFLING_MCQ

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

Yes 1

No 2

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

[DO NOT READ] Refused 9

K10_16b
K10_OTPFLING_OTSP_MCQ

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

Other (please specify) _____



K10_17

K10_PHYSHLTH_MCQ

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

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

K10_END



Personality Traits (PER) – Comprehensive

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

PER_1
PER_EXTR_MCQ

I see myself as extraverted and enthusiastic.

Disagree.....	1	CONTINUE
Agree.....	2	SKIP TO PER_1B/ PER_EXTRAGR_MCQ
Neither agree nor disagree	3	SKIP TO PER_2/ PER_CRT_MCQ
[DO NOT READ] Don't know/No answer	8	SKIP TO PER_2/ PER_CRT_MCQ
[DO NOT READ] Refused.....	9	SKIP TO PER_2/ PER_CRT_MCQ

PER_1A
PER_EXTRDIS_MCQ

Would you disagree...

Strongly	1	SKIP TO PER_2/ PER_CRT_MCQ
Moderately	2	SKIP TO PER_2/ PER_CRT_MCQ
A little	3	SKIP TO PER_2/ PER_CRT_MCQ
[DO NOT READ] Don't know/No answer	8	SKIP TO PER_2/ PER_CRT_MCQ
[DO NOT READ] Refused.....	9	SKIP TO PER_2/ PER_CRT_MCQ

PER_1B
PER_EXTRAGR_MCQ

Would you agree...

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



PER_2
PER_CRT_MCQ

I see myself as critical and quarrelsome.

- Disagree 1 **CONTINUE**
- Agree 2 **SKIP TO PER_2B/
PER_CRTAGR_MCQ**
- Neither agree nor disagree 3 **SKIP TO PER_3/
PER_DP_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PER_3/
PER_DP_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PER_3/
PER_DP_MCQ**

PER_2A
PER_CRTDIS_MCQ

Would you disagree...

- Strongly 1 **SKIP TO PER_3/
PER_DP_MCQ**
- Moderately 2 **SKIP TO PER_3/
PER_DP_MCQ**
- A little 3 **SKIP TO PER_3/
PER_DP_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PER_3/
PER_DP_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PER_3/
PER_DP_MCQ**

PER_2B
PER_CRTAGR_MCQ

Would you agree...

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



PER_3
PER_DP_MCQ

I see myself as dependable and self-disciplined.

- Disagree 1 **CONTINUE**
- Agree 2 **SKIP TO PER_3B/
PER_DPAGR_MCQ**
- Neither agree nor disagree 3 **SKIP TO PER_4/
PER_ANX_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PER_4/
PER_ANX_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PER_4/
PER_ANX_MCQ**

PER_3A
PER_DPDIS_MCQ

Would you disagree...

- Strongly 1 **SKIP TO PER_4/
PER_ANX_MCQ**
- Moderately 2 **SKIP TO PER_4/
PER_ANX_MCQ**
- A little 3 **SKIP TO PER_4/
PER_ANX_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PER_4/
PER_ANX_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PER_4/
PER_ANX_MCQ**

PER_3B
PER_DPAGR_MCQ

Would you agree...

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



PER_4
PER_ANX_MCQ

I see myself as anxious and easily upset.

- Disagree 1 **CONTINUE**
- Agree 2 **SKIP TO PER_4B/
PER_ANXAGR_MCQ**
- Neither agree nor disagree 3 **SKIP TO PER_5/
PER_NEXP_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PER_5/
PER_NEXP_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PER_5/
PER_NEXP_MCQ**

PER_4A
PER_ANXDIS_MCQ

Would you disagree...

- Strongly 1 **SKIP TO PER_5/
PER_NEXP_MCQ**
- Moderately 2 **SKIP TO PER_5/
PER_NEXP_MCQ**
- A little 3 **SKIP TO PER_5/
PER_NEXP_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PER_5/
PER_NEXP_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PER_5/
PER_NEXP_MCQ**

PER_4B
PER_ANXAGR_MCQ

Would you agree...

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



PER_5
PER_NEXP_MCQ

I see myself as open to new experiences and complex

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

PER_5A
PER_NEXPDIS_MCQ

Would you disagree...

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

PER_5B
PER_NEXPAGR_MCQ

Would you agree...

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



PER_6
PER_RSV_MCQ

I see myself as reserved and quiet.

- Disagree 1 **CONTINUE**
- Agree 2 **SKIP TO PER_6B/
PER_RSVAGR_MCQ**
- Neither agree nor disagree 3 **SKIP TO PER_7/
PER_SYMP_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PER_7/
PER_SYMP_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PER_7/
PER_SYMP_MCQ**

PER_6A
PER_RSVDIS_MCQ

Would you disagree...

- Strongly 1 **SKIP TO PER_7/
PER_SYMP_MCQ**
- Moderately 2 **SKIP TO PER_7/
PER_SYMP_MCQ**
- A little 3 **SKIP TO PER_7/
PER_SYMP_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PER_7/
PER_SYMP_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PER_7/
PER_SYMP_MCQ**

PER_6B
PER_RSVAGR_MCQ

Would you agree...

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



PER_7
PER_SYMP_MCQ

I see myself as sympathetic and warm.

- Disagree..... 1 **CONTINUE**
- Agree..... 2 **SKIP TO PER_7B/
PER_SYMPAGR_MCQ**
- Neither agree nor disagree 3 **SKIP TO PER_8/
PER_DORG_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PER_8/
PER_DORG_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PER_8/
PER_DORG_MCQ**

PER_7A
PER_SYMPDIS_MCQ

Would you disagree...

- Strongly 1 **SKIP TO PER_8/
PER_DORG_MCQ**
- Moderately 2 **SKIP TO PER_8/
PER_DORG_MCQ**
- A little 3 **SKIP TO PER_8/
PER_DORG_MCQ**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO PER_8/
PER_DORG_MCQ**
- [DO NOT READ]** Refused 9 **SKIP TO PER_8/
PER_DORG_MCQ**

PER_7B
PER_SYMPAGR_MCQ

Would you agree...

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



PER_8
PER_DORG_MCQ

I see myself as disorganized and careless.

Disagree	1	CONTINUE
Agree	2	SKIP TO PER_8B/ PER_DORGAGR_MCQ
Neither agree nor disagree	3	SKIP TO PER_9/ PER_CALM_MCQ
[DO NOT READ] Don't know/No answer	8	SKIP TO PER_9/ PER_CALM_MCQ
[DO NOT READ] Refused	9	SKIP TO PER_9/ PER_CALM_MCQ

PER_8A
PER_DORGDIS_MCQ

Would you disagree...

Strongly	1	SKIP TO PER_9/ PER_CALM_MCQ
Moderately	2	SKIP TO PER_9/ PER_CALM_MCQ
A little	3	SKIP TO PER_9/ PER_CALM_MCQ
[DO NOT READ] Don't know/No answer	8	SKIP TO PER_9/ PER_CALM_MCQ
[DO NOT READ] Refused	9	SKIP TO PER_9/ PER_CALM_MCQ

PER_8B
PER_DORGAGR_MCQ

Would you agree...

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



PER_9
PER_CALM_MCQ

I see myself as calm and emotionally stable.

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

PER_9A
PER_CALMDIS_MCQ

Would you disagree...

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

PER_9B
PER_CALMAGR_MCQ

Would you agree...

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



PER_10
PER_CNV_MCQ

I see myself as conventional and uncreative.

- | | | |
|---|---|--|
| Disagree..... | 1 | CONTINUE |
| Agree..... | 2 | SKIP TO PER_10B/
PER_CNVAGR_MCQ |
| Neither agree nor disagree | 3 | SKIP TO PER_END |
| [DO NOT READ] Don't know/No answer | 8 | SKIP TO PER_END |
| [DO NOT READ] Refused | 9 | SKIP TO PER_END |

PER_10A
PER_CNVDIS_MCQ

Would you disagree...

- | | | |
|---|---|------------------------|
| Strongly | 1 | SKIP TO PER_END |
| Moderately | 2 | SKIP TO PER_END |
| A little | 3 | SKIP TO PER_END |
| [DO NOT READ] Don't know/No answer | 8 | SKIP TO PER_END |
| [DO NOT READ] Refused | 9 | SKIP TO PER_END |

PER_10B
PER_CNVAGR_MCQ

Would you agree...

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

PER_END



Social Inequality (SEQ) – Tracking/Comprehensive

SEQ_INTRO_MCQ

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

SEQ_1

SEQ_LADDER_MCQ

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

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

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

[DO NOT READ] Refused 99

SEQ_END

Online Social Networking (INT) – Tracking/Comprehensive

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

INT_1

INT_ACCESSHM_MCQ

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

Yes 1

No..... 2

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

[DO NOT READ] Refused 9

INT_2

INT_FRQEMAIL_MCQ

How frequently do you use email?

Daily 1

A few times a week 2

A few times a month 3

A few times a year..... 4

Never..... 5

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

[DO NOT READ] Refused 9

INT_3

INT_FRQWBSTS_MCQ

How frequently do you use the Internet to access websites?

Daily 1

A few times a week 2

A few times a month 3

A few times a year..... 4

Never..... 5

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

[DO NOT READ] Refused 9

[IF INT_3/INT_FRQWBSTS_MCQ=NEVER, THEN SKIP TO INT_END]



INT_4

INT_FRQHLTH_MCQ

In a typical month, how often do you use the Internet to search for health-related information?

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

INT_5

INT_SCLNTRWK_MCQ

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

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

INT_6

INT_WYSSCL_MCQ

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

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



INT_6A
INT_FRQMNF_MCQ

How often do you use social networking sites to make new friends?

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

INT_6B
INT_FRQFRI_MCQ

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

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

INT_6C
INT_FRQFAM_MCQ

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

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



INT_6D
INT_FRQPRO_MCQ

How often do you use social networking sites to promote yourself or your work?

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

INT_6E
INT_FRQOT_MCQ

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

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

INT_END

Transportation, Mobility, Migration (TRA) – Tracking/Comprehensive

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

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

TRA_1
TRA_DSTATUS_MCQ

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

- | | | |
|--|---|---|
| Never had a driver's license | 1 | SKIP TO TRA_2b/
TRA_CMNTR2_MCQ |
| Had a driver's license at one point in your
life, but currently do not have it | 2 | SKIP TO TRA_2b/
TRA_CMNTR2_MCQ |
| Have a driver's license without restrictions
(except eyeglasses) | 3 | CONTINUE |
| Have a driver's license with restrictions on
time of driving (daylight only), distance from
home, type of road (no highway), or number
of passengers | 4 | CONTINUE |
| [DO NOT READ] Don't know/No answer | 8 | SKIP TO TRA_2b/
TRA_CMNTR2_MCQ |
| [DO NOT READ] Refused | 9 | SKIP TO TRA_2b/
TRA_CMNTR2_MCQ |

TRA_2
TRA_DFREQ_MCQ

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

- | | | |
|--|---|---|
| Daily | 1 | |
| 4 to 6 times a week | 2 | |
| 2 to 3 times a week | 3 | |
| Once a week | 4 | |
| Less than once a week, but more
than once a month | 5 | |
| Less than once a month | 6 | |
| Not at all | 7 | SKIP TO TRA_2b/
TRA_CMNTR2_MCQ |



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

TRA_2a
TRA_CMNTR1_MCQ

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

- Passenger in a motor vehicle..... 01
Taxi 02
Public transit such as bus, rapid transit,
subway/metro or train 03
Accessible transit 04
Cycling 05
Walking 06
Wheelchair or motorized cart/scooter 07
Drive a motor vehicle 08
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

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

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

TRA_2b
TRA_CMNTR2_MCQ

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

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



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

[DO NOT READ] Refused 99

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

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

TRA_3
TRA_TYPTR_MCQ

In the past month, which of the following forms of transportation have you used? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

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

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

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

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

- TRA_PUBTR_NN_MCQ Service not needed 01
TRA_PUBTR_PNU_MCQ Prefer not to use..... 02
TRA_PUBTR_UNA_MCQ Service unavailable in your area 03
TRA_PUBTR_HEA_MCQ Limitation due to a health condition or mobility issue..... 04
TRA_PUBTR_INC_MCQ Inconvenient service schedule or route 05



TRA_PUBTR_COS_MCQ	Too costly	06
TRA_PUBTR_NAV_MCQ	Service unavailable in area you travelled to	07
TRA_PUBTR_AWR_MCQ	Unaware of local transit services	08
TRA_PUBTR_SCH_MCQ	Schedule unsuitable for need.....	09
TRA_PUBTR_NSF_MCQ	Unsafe	10
TRA_PUBTR_ACC_MCQ	Cannot easily get to public transit stop or station	11
TRA_PUBTR_COM_MCQ	Lack of comfort.....	12
TRA_PUBTR_OT_MCQ	Other (please specify: _____)	97
TRA_PUBTR_DK_NA_MCQ	[DO NOT READ] Don't know/No answer	98X
TRA_PUBTR_REFUSED_MCQ	[DO NOT READ] Refused	99X

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

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

TRA_ACCTR_NN_MCQ	Service not needed	01
TRA_ACCTR_PNU_MCQ	Prefer not to use	02
TRA_ACCTR_UNA_MCQ	Service unavailable in your area.....	03
TRA_ACCTR_HEA_MCQ	Limitation due to a health condition	04
TRA_ACCTR_INC_MCQ	Inconvenient service (travel time too long, inconvenient) schedule or route.....	05
TRA_ACCTR_COS_MCQ	Too costly.....	06
TRA_ACCTR_OVB_MCQ	Service unavailable due to overbooking	07
TRA_ACCTR_CNB_MCQ	Could not book (could not get through on the telephone, not enough time to book, etc.)	08
TRA_ACCTR_OT_MCQ	Other (please specify: _____).....	97X
TRA_ACCTR_DK_NA_MCQ	[DO NOT READ] Don't know/No answer	98X
TRA_ACCTR_REFUSED_MCQ	[DO NOT READ] Refused	99X

TRA_5a

TRA_PUBTRFRQ_MCQ

[ASK IF TRA_TYPTR_PUB_MCQ SELECTED] In the past month, how frequently did you take public transit? **READ LIST, CODE ONLY ONE RESPONSE**

- Daily..... 1
- 4 to 6 times a week 2
- 2 to 3 times a week 3
- Once a week 4
- Less than once a week, but more
than once a month..... 5
- Less than once a month..... 6
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

TRA_6

TRA_TRIP_MCQ

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_MCQ Commute to/from work 01
- TRA_TRIP_BK_MCQ Banking and other business appointments 02
- TRA_TRIP_MD_MCQ Medical appointments 03
- TRA_TRIP_GR_MCQ Grocery shopping 04
- TRA_TRIP_RI_MCQ Recreational/leisure shopping, restaurants 05
- TRA_TRIP_RO_MCQ Recreational/leisure trips to park, other
outdoor spaces 06
- TRA_TRIP_CH_MCQ Church/worship service 07
- TRA_TRIP_FM_MCQ Visiting friends and family..... 08
- TRA_TRIP_SO_MCQ Social activities (seniors recreational centres) 09
- TRA_TRIP_OT_MCQ Other (please specify _____) 97
- TRA_TRIP_DK_NA_MCQ **[DO NOT READ]** Don't know/No answer 98
- TRA_TRIP_REFUSED_MCQ **[DO NOT READ]** Refused 99

Next we are going to ask you some questions about your driving skills compared to 10 years ago, or less than 10 years depending on how long you have had your license. Please note that your responses to these questions are confidential and will not be shared with the ministry of transportation in any way that will affect your driver's license.

TRA_7a **[ASK IF TRA_1/TRA_DSTATUS_MCQ=UNRESTRICTED DL or RESTRICTED DL]**
Compared to 10 years ago (or the total years if less than 10 that you have had your license), how would you rate your ability to...

TRA_7b **[ASK IF TRA_1/TRA_DSTATUS_MCQ=CURRENTLY NO DL]** You mentioned that you had a driver's license in the past. Comparing the last year you drove to 10 years before that, how would you rate your ability to ...

		<u>Better</u>	<u>Same</u>	<u>A little worse</u>	<u>A lot worse</u>	<u>Don't know/No answer</u>	<u>Refused</u>
TRA_7 (i) TRA_CHGRS_ MCQ	Avoid rolling stops (failing to completely stop at a sign/signal).						
TRA_7 (ii) TRA_CHGHC_ MCQ	Avoid hitting curbs or medians.						
TRA_7 (iii) TRA_CHGLPE_ MCQ	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_7 (iv) TRA_CHGSLC_ MCQ	Perform high speed lane changes while either overtaking or merging.						
TRA_7 (v) TRA_CHGJDG_ MCQ	Judge the available gap or speed of the approaching vehicles.						
TRA_7 (vi) TRA_CHGCOC_ MCQ	Control over-cautiousness: avoid driving too slowly.						
TRA_7 (vii) TRA_CHGCGB_ MCQ	Not confuse the gas and brake pedal: avoid unintended acceleration.						
TRA_7 (viii) TRA_CHGQDD_ MCQ	Make quick driving decisions.						
TRA_7 (ix) TRA_CHGDS_ MCQ	Drive safely (avoid accidents or near misses).						



TRA_8

TRA_AVOID_MCQ

[ASK IF TRA_1/TRA_DSTATUS_MCQ=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_MCQ On ramps and off ramps 01
TRA_AVOID_CR_MCQ Traffic circles/roundabouts 02
TRA_AVOID_FW_MCQ Four way stops without traffic signals 03
TRA_AVOID_UN_MCQ Unfamiliar routes or detours 04
TRA_AVOID_HV_MCQ Heavy traffic or rush hour in town 05
TRA_AVOID_ML_MCQ Heavy traffic or rush hour on multi-lane or divided highways/expressways 06
TRA_AVOID_SL_MCQ Heavy traffic or rush hour on single-lane or undivided highways/expressways 07
TRA_AVOID_TL_MCQ Making left hand turns with traffic lights 08
TRA_AVOID_NL_MCQ Making left hand turns with no traffic lights or stop signs 09
TRA_AVOID_LG_MCQ Travelling next to large trucks 10
TRA_AVOID_BS_MCQ Crossing or entering busy streets without traffic signals 11
TRA_AVOID_YD_MCQ Yielding to traffic (at yield signs) 12
TRA_AVOID_SN_MCQ Driving in heavy rain or snow 13
TRA_AVOID_DW_MCQ Driving at dawn/dusk 14
TRA_AVOID_NT_MCQ Driving at night 15
TRA_AVOID_NONE_MCQ No, I do not try to avoid any of these situations 96
TRA_AVOID_OT_MCQ Other (please specify.....) 97
TRA_AVOID_DK_NA_MCQ [DO NOT READ] Don't know/No answer 98
TRA_AVOID_REFUSED_MCQ [DO NOT READ] Refused 99

TRA_9

TRA_DRVST_YR_MCQ

[ASK IF TRA_1/TRA_DSTATUS_MCQ=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

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

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

[DO NOT READ] Refused 99



TRA_9a

TRA_CEASE_MCQ

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

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



TRA_10
TRA_MED_MCQ

[ASK IF TRA_1/TRA_DSTATUS_MCQ=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?

- Yes 1 CONTINUE
No.....2 SKIP TO TRA_11/
TRA_LVDHM_YR_MCQ
[DO NOT READ] Don't know/No answer..... 8 SKIP TO TRA_11/
TRA_LVDHM_YR_MCQ
[DO NOT READ] Refused9 SKIP TO TRA_11/
TRA_LVDHM_YR_MCQ

TRA_10a
TRA_MEDTPC_MCQ

[ASK IF TRA_MED_MCQ=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_MCQ Possible safety issues related to a medical
condition that you have01
TRA_MEDTPC_MED_MCQ Possible safety issues related to driving
when taking prescription medication02
TRA_MEDTPC_HRB_MCQ Possible safety issues related to driving when
taking non-prescription or herbal
medications/supplements.....03
TRA_MEDTPC_ACC_MCQ A motor vehicle accident or a near miss
that you were a part of04
TRA_MEDTPC_INF_MCQ Driving infraction (e.g., speeding ticket).....05
TRA_MEDTPC_THR_MCQ Referral for a driving assessment with an
occupational therapist06
TRA_MEDTPC_LCS_MCQ Referral for a driving assessment with
licensing authority07
TRA_MEDTPC_TRN_MCQ Driver re-training.....08
TRA_MEDTPC_ADV_MCQ General information/advice from your doctor.....09
TRA_MEDTPC_OT_MCQ Other (please specify.....).....97
TRA_MEDTPC_DK_NA_MCQ [DO NOT READ] Don't know/No answer98
TRA_MEDTPC_REFUSED_MCQ [DO NOT READ] Refused99

INTERVIEWER: TRA_11/TRA_LVDHM_YR_MCQ AND TRA_12/TRA_LVCMNTY_YR_MCQ ARE
ASKING FOR A VALUE IN YEARS.



TRA_11

TRA_LVDHM_YR_MCQ

How long have you lived in your present home? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER, ENTER "00" IF LESS THAN 1 YEAR

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

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

[DO NOT READ] Refused 99

TRA_12

TRA_LVCMNTY_YR_MCQ

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

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

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

[DO NOT READ] Refused 99

TRA_13

TRA_v2CMNTY_MCQ

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

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

TRA_END

Built Environments (ENV) – Tracking/Comprehensive

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

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

ENV_2
ENV_STFHM_MCQ

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

I am satisfied with my current housing.

Strongly agree.....	01
Agree.....	02
Disagree.....	03
Strongly disagree	04
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

ENV_3 How do you feel about your local area, that is, everywhere within a 20 minute walk or about a kilometer from your home? Please tell me how strongly you agree or disagree with the following statements. **INTERVIEWER INSTRUCTION: If the participant lives in a rural location their perception of local area may not be within 1 kilometer or a 20-minute walk from their home. Please inform the participant that “local area” should be what it means to them as the community which they live in.**

		Strongly agree	Agree	Disagree	Strongly disagree	DK	RF
ENV_3A ENV_FLPRTA REA_MCQ	I really feel a part of this area						
ENV_3B ENV_VNDLSM _MCQ	Vandalism or graffiti are a big problem in this area						
ENV_3C ENV_FLLNLY_ MCQ	I often feel lonely living in this area						
ENV_3D ENV_PPLTRS T_MCQ	Most people in this area can be trusted						
ENV_3E ENV_AFRDWL K_MCQ	People would be afraid to walk alone after dark in this area						
ENV_3F ENV_PPLFRN DLY_MCQ	Most people in this area are friendly						
ENV_3G ENV_PPLTKA DV_MCQ	People in this area will take advantage of you						
ENV_3H ENV_CLEAN_ MCQ	This area is kept very clean						
ENV_3I ENV_PPLHLP _MCQ	If you were in trouble, there are lots of people in this area who would help you						

ENV_END



Wealth (WEA) – Tracking/Comprehensive

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

WEA_A
WEA_MRTL_MCQ

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

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

WEA_B
WEA_MRTL_CHANGE_MCQ

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

- Single, never married or never lived with a partner 1
Married/Living with a partner in a common-law relationship 2
Widowed 3
Divorced 4
Separated 5
[DO NOT READ] Refused 9

Now some questions about your overall financial situation.

WEA_1 Which, if any, of the following savings and investments do you (and your spouse/partner) have? READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

- WEA_SVNGS_ACC_MCQ Account at a bank, credit union or elsewhere .. 1 CONTINUE
WEA_SVNGS_RRSP_MCQ RRSPs 2 CONTINUE
WEA_SVNGS_INV_MCQ Financial investments outside of RRSPs 3 CONTINUE
WEA_SVNGS_NONE_MCQ [DO NOT READ] None 6X SKIP TO WEA_3/ WEA_LFINS_MCQ
WEA_SVNGS_DK_NA_MCQ [DO NOT READ] Don't know/No answer 8X SKIP TO WEA_3/ WEA_LFINS_MCQ
WEA_SVNGS_REFUSED_MCQ [DO NOT READ] Refused 9X SKIP TO WEA_3/ WEA_LFINS_MCQ



WEA_2

WEA_SVNGSVL_MCQ

What is the approximate total value of these savings and investments? READ LIST,
CODE ONLY ONE RESPONSE

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

WEA_3

WEA_LFINS_MCQ

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

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

WEA_4

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

- WEA_ASSETS_HSE_MCQ House, apartment, or holiday home,
including timeshares but not including
principal residence 01
WEA_ASSETS_PRES_MCQ Principal residence..... 02
WEA_ASSETS_FBS_MCQ Farm or business property (such as a shop,
Warehouse, or garage)..... 03
WEA_ASSETS_OTL_MCQ Other land 04
WEA_ASSETS_MOWD_MCQ Money owed to you by others 05
WEA_ASSETS_TRST_MCQ A trust..... 06
WEA_ASSETS_CINH_MCQ A covenant or inheritance 07
WEA_ASSETS_NONE_MCQ [DO NOT READ] None..... 96X
WEA_ASSETS_OT_MCQ Other assets (including works of art or
collectibles such as antiques or
jewellery) (please specify: _____) 97
WEA_ASSETS_DK_NA_MCQ [DO NOT READ] Don't know/No answer 98X
WEA_ASSETS_REFUSED_MCQ [DO NOT READ] Refused 99X



WEA_5 Do you (or your spouse/partner) currently have any of the following kinds of debts?
READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

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

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

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

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

- Very well..... 1
Adequately 2
With some difficulty 3
Not very well..... 4
Totally inadequately 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9



WEA_8 Does having too little money stop you from doing any of the following things? **READ LIST, CODE ALL THAT APPLY**

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

WEA_9

WEA_ORGMONEY_MCQ

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

- I look after all the household money except my spouse/partner's
personal spending..... 01
- My spouse/partner looks after all the household money except my
personal spending..... 02
- I look after all the household money. My spouse/partner is
given a housekeeping allowance 03
- My spouse/partner looks after all the household money. I am given
a housekeeping allowance..... 04
- We share and manage our household finances jointly 05
- We keep our finances completely separate 06
- WEA_ORGMONEY_OTSP_MCQ We have some other arrangement (please specify _____).... 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99



WEA_10
WEA_FNDEC_MCQ

[ASK IF SDC_MRTL_TRM=COMMON_LAW AND WEA_MRTL_MCQ=YES OR WEA_MRTL_CHANGE_MCQ=COMMON_LAW] In your household, who has the final say in big financial decisions? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE

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

WEA_FNDEC_OTSP_MCQ

- Another person does (specify relationship: _____) 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

WEA_11
WEA_SUFFUND_MCQ

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

- Little or no possibility 1
Some possibility 2
High possibility 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

WEA_12
WEA_INHERT_MCQ

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

- None 1
Low 2
Moderate 3
High 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

WEA_END



Conclusion (CON) - Tracking/Comprehensive

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

CON_1

CON_PERMRECRT_MCQ

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

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

- Very willing 1
Unsure..... 2
Not at all willing 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CON_2

CON_WEBST_MCQ

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

- Very willing 1 SKIP TO CON_3/ CON_CNTPRT_MCQ IF EMAIL ADDRESS IS ON FILE, OTHERWISE CONTINUE
Unsure..... 2 SKIP TO CON_2C/ CON_WBST_MCQ
Not at all willing 3 SKIP TO CON_2C/ CON_WBST_MCQ
[DO NOT READ] Don't know/No answer 8 SKIP TO CON_3/ CON_CNTPRT_MCQ
[DO NOT READ] Refused 9 SKIP TO CON_3/ CON_CNTPRT_MCQ



(CON_2A HAS BEEN DELETED AND SUBSEQUENT QUESTIONS WILL NOT BE RENUMBERED)

CON_2B
CON_EMAIL_MCQ

We would require that you provide us with an email address to take advantage of this option. This is because the link to the survey would be sent to you via email. Could you please provide us with your current email address?

[INTERVIEWER: OPEN PARTICIPANT'S DETAILS IN SABRETOOTH AND ASK THEM TO PROVIDE THEIR EMAIL ADDRESS]

CON_2B1
CON_EMAILPRO_MCQ

INTERVIEWER: Did participant provide email address?

- Yes 1 **SKIP TO CON_3/
CON_CNTPRT_MCQ**
- No..... 2 **SKIP TO CON_3/
CON_CNTPRT_MCQ**

CON_2C
CON_WBST_MCQ

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

- CON_WBST_EXP_MCQ Lack of computer experience and/or training01
- CON_WBST_ACC_MCQ No access to the Internet or email02
- CON_WBST_TEL_MCQ Prefer telephone interviews03
- CON_WBST_PRV_MCQ Privacy concerns04
- CON_WBST_OT_MCQ Other (please specify: _____)97
- CON_WBST_DK_NA_MCQ **[DO NOT READ]** Don't know/No answer98X
- CON_WBST_REFUSED_MCQ **[DO NOT READ]** Refused99X



As you know, the CLSA is a long-term research study that will collect information from participants over a 20-year period. To get the best results, we want people to stay in the study for as long as possible. CLSA participants value many aspects of being part of a study like the CLSA. These aspects make participants want to stay involved in the study over the long term.

CON_3

CON_CNTPRT_MCQ

What makes you want to continue to participate in the CLSA into the future? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY.**

CON_CNTPRT_ALT_MCQ	Altruism (e.g. I want to help, good for society).....	01
CON_CNTPRT_IMP_MCQ	Importance of the study (e.g. importance of study areas—health and aging).....	02
CON_CNTPRT_INT_MCQ	It's interesting	03
CON_CNTPRT_PLE_MCQ	Pleasant experience/positive interactions with staff	04
CON_CNTPRT_MON_MCQ	Monetary incentives (e.g. \$30 at Data Collection Site)	05
CON_CNTPRT_INF_MCQ	Gives me information about myself (e.g. test results, personal health information, monitoring changes to my health as I age)	06
CON_CNTPRT_TIM_MCQ	Reasonable time commitment/not hard to do	07
CON_CNTPRT_OT_MCQ	Other (please specify: _____).....	97
CON_CNTPRT_DK_NA_MCQ	[DO NOT READ] Don't know/No answer	98X
CON_CNTPRT_REFUSED_MCQ	[DO NOT READ] Refused	99X



CON_4 What are some potential things that we could do, or changes we could make, that would support and encourage you to remain in the study into the future? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY.**

CON_STAY_TRSP_MCQ	Provide transportation	01
CON_STAY_FLX_MCQ	More flexible appointments	02
CON_STAY_FWRQ_MCQ	Fewer interview questions	03
CON_STAY_SHRTVS_MCQ	Shorter Data Collection Site visits	04
CON_STAY_WEBSR_MCQ	Answer questions through web-based survey	05
CON_STAY_RSLT_MCQ	Provide additional test results	06
CON_STAY_MON_MCQ	Monetary incentives	07
CON_STAY_INC_MCQ	Non-monetary incentives (e.g. gifts, merchandise with study logo)	08
CON_STAY_UPD_MCQ	Regular updates on study progress and results	09
CON_STAY_OT_MCQ	Other (please specify: _____).....	97
CON_STAY_DK_NA_MCQ	[DO NOT READ] Don't know/No answer	98X
CON_STAY_REFUSED_MCQ	[DO NOT READ] Refused	99X

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

CON_END