



CR2_10
CR2_RELN_COM

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

- Husband/wife..... 01
- Common-law partner 02
- Father/mother 03
- Son/daughter 04
- Brother/sister 05
- Grandfather/grandmother 06
- Grandson/granddaughter 07
- Father-in-law/mother-in-law..... 08
- Son-in-law/daughter-in-law..... 09
- Brother-in-law/sister-in-law 10
- Other relative 11
- Friend 12
- Neighbour 13
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer..... 98
- [DO NOT READ]** Refused 99

CR2_11
CR2_DUR_COM

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

- Less than 6 months 1
- 6 months up to 12 months (1 year) 2
- More than 12 months (1 year) and up to 36 months (3 years)..... 3
- More than 36 months (3 years) and up to 60 months (5 years)..... 4
- More than 5 years 5
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9



CR2_12

CR2_WKMST_NB_COM

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

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

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

[DO NOT READ] Refused 99

CR2_13

CR2_HRMK_NB_COM

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

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

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

[DO NOT READ] Refused 999



CR2_14

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

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

*Additional categories coded; refer to data dictionary.

CR2_15

CR2_HIP_COM

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

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

CR2_END



Care Giving (CAG)

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

CAG_1

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

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

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

*Additional categories coded; refer to data dictionary.

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



CAG_2
CAG_PPL_NB_COM

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

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

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

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

[DO NOT READ] Refused 99

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

CAG_3
CAG_MOST_COM

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

Living in your household..... 1

Living in another household 2

Living in a health care institution 3

Now deceased..... 4

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

[DO NOT READ] Refused 9

CAG_4
CAG_GNDR_COM

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

Male..... 1

Female..... 2

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

[DO NOT READ] Refused 9



CAG_5
CAG_RELN_COM

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

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

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

CAG_6
CAG_WEEK_NB_COM

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

- _____ **RECORD NUMBER OF WEEKS, CATI MASK: MIN=01, MAX=52**
- [DO NOT READ]** Don't know/No answer..... 98
- [DO NOT READ]** Refused 99

CAG_7
CAG_HRWK_NB_COM

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

- _____ **RECORD NUMBER OF HOURS, CATI MASK: MIN=001, MAX=168**
- [DO NOT READ]** Don't know/No answer..... 998
- [DO NOT READ]** Refused 999

CAG_END



Injuries (INJ)

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

INJ_1
INJ_OCC_COM

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

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

INJ_2a
INJ_NMBR_NB_COM

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

- _____ RECORD NUMBER, CATI MASK: MIN=01, MAX=30
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

INJ_2b

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

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

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



INJ_3
INJ_HOW_COM

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

	Road traffic accident as a driver or passenger	01
	Road traffic accident as a pedestrian.....	02
	Struck by an object.....	03
	Explosion.....	04
	Natural/environmental factors	05
	Suffocation	06
	Poisoning.....	07
	Snake/animal bite.....	08
	Fall from same level	09
	Fall from a height.....	10
	Fire/flames.....	11
	Drowning/submersion.....	12
	Hot/corrosive liquids or substances	13
	Crush injuries	14
	Accident by machinery	15
INJ_HOW_OTSP_COM	Other (please specify: _____)	97
	[DO NOT READ] Don't know/No answer.....	98
	[DO NOT READ] Refused	99

INJ_4
INJ_WHR_COM

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

	In a home or its surrounding area	01
	Residential institution	02
	School, college, university (excluding sports areas)	03
	Other institution (e.g. church, hospital, theatre, civic building)....	04
	Sports or athletic area (include school sports area).....	05
	Street, highway, sidewalk.....	06
	Commercial area (e.g. store, restaurant, office building transport terminal)	07
	Industrial or construction area	08
	Farm (exclude farmhouse and its surrounding area)	09
INJ_WHR_OTSP_COM	Other (please specify: _____)	97
	[DO NOT READ] Don't know/No answer.....	98
	[DO NOT READ] Refused	99

INJ_5
INJ_ACT_COM

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

	Sports or physical exercise (include school activities).....	01
	Leisure or hobby (include volunteering).....	02
	Working at a job or business (include travel to or from work).....	03
	Household chores, other unpaid work or education	04
	Sleeping, eating, personal care	05
INJ_ACT_OTSP_COM	Other (please specify: _____).....	97
	[DO NOT READ] Don't know/No answer.....	98
	[DO NOT READ] Refused	99



INJ_6
INJ_TYPE_COM

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

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

INJ_7
INJ_BRKN_COM

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

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



INJ_8

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

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

*Additional categories coded; refer to data dictionary.

INJ_END



Falls and Consumer Products (FAL)

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

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

FAL_Q01
FAL_NMBR_NB_COM

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

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

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

[DO NOT READ] Refused 99

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

FAL_Q02
FAL_MOST_COM

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

READ LIST, CODE ONLY ONE RESPONSE

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

GO TO FAL_Q04 / FAL_WHERE_COM

FAL_MOST_OTSP_COM Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99



IF INJ_3/INJ_HOW_COM=9 OR 10 THEN SAY:

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

FAL_Q03a
FAL_ATT_N_COM

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

- Yes 1
- No 2 **GO TO FAL_Q04/
FAL_WHERE_COM**
- [DO NOT READ]** Don't know/No answer 8 **GO TO FAL_Q04/
FAL_WHERE_COM**
- [DO NOT READ]** Refused 9 **GO TO FAL_Q04/
FAL_WHERE_COM**

FAL_Q03b
FAL_HOSP_COM

Were you hospitalized for this injury?

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

FAL_Q03c
FAL_FU_COM

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

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



FAL_Q04
FAL_WHERE_COM

Where did this fall happen?

READ LIST, CODE ONLY ONE RESPONSE

- Inside of your home 1
- Outside of your home, but inside
a building 2
- Outdoors 3
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

FAL_Q05
FAL_HOW_COM

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

- Fell while standing or walking 01
- Fell on stairs or steps 02
- Fell while exercising (except walking) 03
- Fell from height of greater than 1 meter or
3 feet (for example, ladder, tree, roof) 04
- [ONLY ASK IF FAL_Q04/FAL_WHERE_COM=1 OR 2]**
- Fell from furniture (for example, bed, chair) 05
- [ONLY ASK IF FAL_Q04/FAL_WHERE_COM=1 OR 2]**
- Fell while getting in or out of the bathtub 06
- [ONLY ASK IF FAL_Q04/FAL_WHERE_COM=1 OR 2]**
- Fell while getting in or out of the shower 07
- [ONLY ASK IF FAL_Q04/FAL_WHERE_COM=3]**
- Fell on snow or ice 08

- FAL_HOW_OTSP_COM Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

**IF CR2_14/CR2_DEVC_COM=96 OR CR2_14/CR2_DEVC_COM=98 OR CR2_14/
CR2_DEVC_COM=99, SKIP TO FAL_Q07a/FAL_LDR_COM AND SKIP PREAMBLE**



FAL_Q06a
FAL_DVCTR_AL_COM

Were you using your <name assistive devices from CR2_14/CR2_DEVC_COM> at the time of your fall? **[ONLY ASK IF INDICATED USE OF ASSISTIVE DEVICE IN THE CARE RECEIVING SECTION]**

- Yes 1 **ANSWER FAL_Q06b/
FAL_DVCTR_OT_COM**
- No 2 **SKIP TO FAL_Q07a/
FAL_LDR_COM**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO FAL_Q07a/
FAL_LDR_COM**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q07a/
FAL_LDR_COM**

FAL_Q06b
FAL_DVCTR_OT_COM

Did your <named assistive device> contribute to the fall?

- Yes 1 **ANSWER FAL_Q06c/
FAL_DVDSC_COM**
- No 2 **SKIP TO FAL_Q07a/
FAL_LDR_COM**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO FAL_Q07a/
FAL_LDR_COM**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q07a/
FAL_LDR_COM**

FAL_Q06c
FAL_DVDSC_COM

Which of the following best describes how it contributed to your fall? **READ LIST, CODE ONLY ONE RESPONSE**

- Poor design..... 01
- Assistive device not being used as designed ... 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Assistive device was worn out 05
- Inadequate instructions..... 06
- Did not read the instructions 07
- Human error..... 08
- FAL_DVDSC_OTSP_COM Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused..... 99



Other than assistive devices, were any of the following a contributing factor to your fall?

FAL_Q07a
FAL_LDR_COM

Was a ladder a contributing factor to your fall?

- Yes..... 1 **GO TO FAL_Q07b/
FAL_LDRDSC_COM**
- No.....2 **SKIP TO FAL_Q08a/
FAL_STL_COM**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO FAL_Q08a/
FAL_STL_COM**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q08a/
FAL_STL_COM**

FAL_Q07b
FAL_LDRDSC_COM

Which of the following best describes how it contributed to your fall?

- Poor design..... 01
- Ladder not being used as designed..... 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Ladder was worn out..... 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- FAL_LDRDSC_OTSP_COM Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

FAL_Q08a
FAL_STL_COM

Was a step stool a contributing factor to your fall?

- Yes..... 1 **GO TO FAL_Q08b/
FAL_STLDSC_COM**
- No.....2 **SKIP TO FAL_Q09a/
FAL_BED_COM**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO FAL_Q09a/
FAL_BED_COM**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q09a/
FAL_BED_COM**



FAL_Q08b
FAL_STLDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design	01
Step stool not being used as designed	02
Defective manufacturing	03
Lack of servicing or maintenance	04
Step stool was worn out.....	05
Inadequate instructions	06
Did not read the instructions	07
Human error	08
FAL_STLDSC_OTSP_COM Other (please specify: _____)	97
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

FAL_Q09a
FAL_BED_COM

Was a bed a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q09b/ FAL_BDDSC_COM
No.....	2	SKIP TO FAL_Q10a/ FAL_CHR_COM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q10a/ FAL_CHR_COM
[DO NOT READ] Refused	9	SKIP TO FAL_Q10a/ FAL_CHR_COM



FAL_Q09b
FAL_BDDSC_COM

Which of the following best describes how it contributed to your fall?

	Poor design	01
	Bed not being used as designed.....	02
	Defective manufacturing	03
	Lack of servicing or maintenance	04
	Bed was worn out.....	05
	Inadequate instructions	06
	Did not read the instructions	07
	Human error	08
FAL_BDDSC_OTSP_COM	Other (please specify: _____).....	97
	[DO NOT READ] Don't know/No answer	98
	[DO NOT READ] Refused	99

FAL_Q10a
FAL_CHR_COM

Was a chair a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q10b/ FAL_CHDSC_COM
No.....	2	SKIP TO FAL_Q11a/ FAL_FURN_COM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q11a/ FAL_FURN_COM
[DO NOT READ] Refused	9	SKIP TO FAL_Q11a/ FAL_FURN_COM



FAL_Q10b
FAL_CHDSC_COM

Which of the following best describes how it contributed to your fall?

- Poor design 01
- Chair not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Chair was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- FAL_CHDSC_OTSP_COM Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

FAL_Q11a
FAL_FURN_COM

Was other furniture a contributing factor to your fall?

- FAL_FURN_SP_COM Yes (please specify: _____) 1 **GO TO FAL_Q11b/
FAL_FRNDSC_COM**
- No..... 2 **SKIP TO FAL_Q12a/
FAL_RUG_COM**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO FAL_Q12a/
FAL_RUG_COM**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q12a/
FAL_RUG_COM**



FAL_Q11b
FAL_FRNDSC_COM

Which of the following best describes how it contributed to your fall?

- Poor design 01
- Other furniture not being used as designed..... 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Other furniture was worn out..... 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- FAL_FRNDSC_OTSP_COM Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

FAL_Q12a
FAL_RUG_COM

Was rug/carpet a contributing factor to your fall?

- Yes..... 1 **GO TO FAL_Q12b/
FAL_RGDSC_COM**
- No..... 2 **SKIP TO FAL_Q13a/
FAL_FLR_COM**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO FAL_Q13a/
FAL_FLR_COM**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q13a/
FAL_FLR_COM**



FAL_Q12b
FAL_RGDSC_COM

Which of the following best describes how it contributed to your fall?

- Poor design 01
- Rug/carpet not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Rug/carpet was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- FAL_RGDSC_OTSP_COM Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

FAL_Q13a
FAL_FLR_COM

Was flooring a contributing factor to your fall?

- Yes..... 1 **GO TO FAL_Q13b/
FAL_FLDSC_COM**
- No..... 2 **SKIP TO FAL_Q14a/
FAL_ELEC_COM**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO FAL_Q14a/
FAL_ELEC_COM**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q14a/
FAL_ELEC_COM**



FAL_Q13b
FAL_FLDSC_COM

Which of the following best describes how it contributed to your fall?

	Poor design	01
	Flooring not being used as designed	02
	Defective manufacturing	03
	Lack of servicing or maintenance	04
	Flooring was worn out	05
	Inadequate instructions	06
	Did not read the instructions	07
	Human error	08
FAL_FLDSC_OTSP_COM	Other (please specify: _____).....	97
	[DO NOT READ] Don't know/No answer	98
	[DO NOT READ] Refused	99

FAL_Q14a
FAL_ELEC_COM

Were electrical cords a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q14b/ FAL_ELDSC_COM
No.....	2	SKIP TO FAL_Q15a/ FAL_FOOT_COM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q15a/ FAL_FOOT_COM
[DO NOT READ] Refused	9	SKIP TO FAL_Q15a/ FAL_FOOT_COM



FAL_Q14b
FAL_ELDSC_COM

Which of the following best describes how it contributed to your fall?

	Poor design	01
	Electrical cords not being used as designed	02
	Defective manufacturing	03
	Lack of servicing or maintenance	04
	Electrical cord was worn out	05
	Inadequate instructions	06
	Did not read the instructions	07
	Human error	08
FAL_ELDSC_OTSP_COM	Other (please specify: _____).....	97
	[DO NOT READ] Don't know/No answer	98
	[DO NOT READ] Refused	99

FAL_Q15a
FAL_FOOT_COM

Was footwear a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q15b/ FAL_FTDSC_COM
No.....	2	SKIP TO FAL_Q16a FAL_CLTH_COM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q16a FAL_CLTH_COM
[DO NOT READ] Refused	9	SKIP TO FAL_Q16a FAL_CLTH_COM



FAL_Q15b
FAL_FTDSC_COM

Which of the following best describes how it contributed to your fall?

	Poor design	01
	Footwear not being used as designed	02
	Defective manufacturing	03
	Lack of servicing or maintenance	04
	Footwear was worn out	05
	Inadequate instructions	06
	Did not read the instructions	07
	Human error	08
FAL_FTDSC_OTSP_COM	Other (please specify: _____)	97
	[DO NOT READ] Don't know/No answer	98
	[DO NOT READ] Refused	99

FAL_Q16a
FAL_CLTH_COM

Was other clothing a contributing factor to your fall?

FAL_CLTH_SP_COM	Yes (please specify: _____)	1	GO TO FAL_Q16b/ FAL_CLDSC_COM
	No	2	SKIP TO FAL_Q17a/ FAL_TOY_COM
	[DO NOT READ] Don't know/No answer	8	SKIP TO FAL_Q17a/ FAL_TOY_COM
	[DO NOT READ] Refused	9	SKIP TO FAL_Q17a/ FAL_TOY_COM



FAL_Q16b
FAL_CLDSC_COM

Which of the following best describes how it contributed to your fall?

	Poor design	01
	Other clothing not being used as designed	02
	Defective manufacturing	03
	Lack of servicing or maintenance	04
	Other clothing was worn out	05
	Inadequate instructions	06
	Did not read the instructions	07
	Human error	08
FAL_CLDSC_OTSP_COM	Other (please specify: _____).....	97
	[DO NOT READ] Don't know/No answer	98
	[DO NOT READ] Refused	99

FAL_Q17a
FAL_TOY_COM

Were toys a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q17b/ FAL_TOYDSC_COM
No.....	2	SKIP TO FAL_Q18a/ FAL_YRD_COM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q18a/ FAL_YRD_COM
[DO NOT READ] Refused	9	SKIP TO FAL_Q18a/ FAL_YRD_COM



FAL_Q17b
FAL_TOYDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design	01
Toys not being used as designed	02
Defective manufacturing	03
Lack of servicing or maintenance	04
Toy was worn out	05
Inadequate instructions	06
Did not read the instructions	07
Human error	08
FAL_TOYDSC_OTSP_COM Other (please specify: _____)	97
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

FAL_Q18a
FAL_YRD_COM

Were yard tools a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q18b FAL_YRDDSC_COM
No.....	2	SKIP TO FAL_Q19a/ FAL_BIKE_COM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q19a/ FAL_BIKE_COM
[DO NOT READ] Refused	9	SKIP TO FAL_Q19a/ FAL_BIKE_COM



FAL_Q18b
FAL_YRDDSC_COM

Which of the following best describes how it contributed to your fall?

	Poor design	01
	Yard tools not being used as designed.....	02
	Defective manufacturing	03
	Lack of servicing or maintenance	04
	Yard tool was worn out	05
	Inadequate instructions	06
	Did not read the instructions	07
	Human error	08
FAL_YRDDSC_OTSP_COM	Other (please specify: _____).....	97
	[DO NOT READ] Don't know/No answer	98
	[DO NOT READ] Refused	99

FAL_Q19a
FAL_BIKE_COM

Was a bicycle a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q19b/ FAL_BKDSC_COM
No.....	2	SKIP TO FAL_Q20a/ FAL_SPRT_COM
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q20a/ FAL_SPRT_COM
[DO NOT READ] Refused	9	SKIP TO FAL_Q20a/ FAL_SPRT_COM



FAL_Q19b
FAL_BKDSC_COM

Which of the following best describes how it contributed to your fall?

	Poor design	01
	Bicycle not being used as designed	02
	Defective manufacturing	03
	Lack of servicing or maintenance	04
	Bicycle was worn out	05
	Inadequate instructions	06
	Did not read the instructions	07
	Human error	08
FAL_BKDSC_OTSP_COM	Other (please specify: _____).....	97
	[DO NOT READ] Don't know/No answer	98
	[DO NOT READ] Refused	99

FAL_Q20a
FAL_SPRT_COM

Was other sports equipment a contributing factor to your fall?

FAL_SPRT_SP_COM	Yes (please specify: _____).....	1	GO TO FAL_Q20b/ FAL_SPRTDSC_COM
	No.....	2	SKIP TO FAL_Q21a/ FAL_ELSE_COM
	[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q21a/ FAL_ELSE_COM
	[DO NOT READ] Refused	9	SKIP TO FAL_Q21a/ FAL_ELSE_COM



FAL_Q20b
FAL_SPRTDSC_COM

Which of the following best describes how it contributed to your fall?

- Poor design 01
- Other sports equipment not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Other sports equipment was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- FAL_SPRTDSC_OTSP_COM Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

FAL_Q21a
FAL_ELSE_COM

Was anything else a contributing factor to your fall?

- FAL_ELSE_SP_COM Yes (please specify: _____) 1 **GO TO FAL_Q21b/
FAL_ELSEDSC_COM**
- No 2 **SKIP TO FAL_END**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO FAL_END**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_END**



FAL_Q21b
FAL_ELSEDSC_COM

Which of the following best describes how it contributed to your fall?

Poor design	01
Anything else not being used as designed	02
Defective manufacturing	03
Lack of servicing or maintenance	04
Anything else was worn out	05
Inadequate instructions	06
Did not read the instructions	07
Human error	08
FAL_ELSEDSC_OTSP_COM Other (please specify: _____).....	97
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

FAL_END

Retirement Status (RET)

The following questions ask about your retirement experience.

RET_1
RET_RTRD_COM

At this time, do you consider yourself to be completely retired, partly retired or not retired? **CODE ONLY ONE RESPONSE**

- Completely retired 1
- Partly retired 2
- Not retired 3
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

RET_2
RET_RTRN_COM

After retirement, some people return to work and later retire again. Have you ever previously retired and then returned to work?

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

RET_3
RET_SPSE_COM

[ASK IF SDC_9/SDC_MRTL_COM=02] Is your spouse/partner retired?

- | | |
|---|--|
| Yes 1 | CONTINUE |
| No 2 | SKIP TO RET_5/
RET_AGE_NB_COM |
| [DO NOT READ] Don't know/No answer 8 | SKIP TO RET_5/
RET_AGE_NB_COM |
| [DO NOT READ] Refused 9 | SKIP TO RET_5/
RET_AGE_NB_COM |



(RET_4 Intentionally left out as this an abbreviated version of the Retirement Status (RET) module.)

SKIP TO RET_END IF (RET_1/RET_RTRD_COM=3 OR RET_1/RET_RTRD_COM=8 OR RET_1/RET_RTRD_COM=9) AND (RET_2/RET_RTRN_COM=2 OR RET_2/RET_RTRN_COM=8 OR RET_2/RET_RTRN_COM=9)

Please answer the following questions as they relate to your first retirement experience.

RET_5
RET_AGE_NB_COM

How old were you when you first retired/partly retired? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE

RECORD AGE (IN YEARS)
CATI MASK: MIN=40, MAX=CURRENT AGE
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused..... 99

RET_6

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

- RET_WHY_CM_COM Completed the required years of service to qualify for pension.....01
RET_WHY_RE_COM Retirement was financially possible02
RET_WHY_HL_COM Health/disability/stress reasons03
RET_WHY_IN_COM Employer offered special incentives to retirement04
RET_WHY_OR_COM Organizational restructuring or job eliminated05
RET_WHY_PR_COM Providing care to a family member or friend06
RET_WHY_MD_COM Employer had a mandatory retirement policy07
RET_WHY_HO_COM Wished to pursue hobbies or other activities of personal interest08
RET_WHY_ST_COM Wanted to stop working09
RET_WHY_AG_COM An agreement with your spouse or partner..... 10
RET_WHY_OT_COM Other97
RET_WHY_OTSP_COM Other (please specify: _____)*
RET_WHY_DK_NA_COM [DO NOT READ] Don't know/No answer 98
RET_WHY_REFUSED_COM [DO NOT READ] Refused 99

*Additional categories coded; refer to data dictionary.

RET_END



Pre-Retirement Labour Force Participation (LFP)

ASK THIS SECTION ONLY IF THE PARTICIPANT IS COMPLETELY OR PARTLY RETIRED: RET_1/
RET_RTRD_COM=1 OR RET_1/RET_RTRD_COM=2

The following questions apply to the last job you had before [retirement]. [IF RET_1/RET_RTRD_COM=2
SUBSTITUTE “partly retiring”]

LFP_1
LFP_LAST_NB_COM

In what year did you last have a paid job or operate a business or farm? **PROBE FOR
BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR**

_____ **RECORD YEAR AND CONTINUE, CATI MASK: MIN=[RECALL
AGE_1/AGE_DOB_COM YEAR] PLUS 40, MAX=CURRENT YEAR OR
[RECALL RET_5/ RET_AGE_NB_COM] PLUS [RECALL
AGE_1/AGE_DOB_COM YEAR] (if RET_1/RET_RTRD_COM=1 AND RET_2/
RET_RTRN_COM=2)**

[DO NOT READ] Not applicable/Never held paid job ...9996 **SKIP TO LFP_END**

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

[DO NOT READ] Refused 9999

LFP_2
LFP_YRS_COM

How many years did you work at that job? Was it...**READ LIST, CODE ONLY ONE
RESPONSE**

Less than 1 year..... 1

From 1 year to less than 3 years 2

From 3 years to less than 5 years..... 3

5 years or more 4

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

[DO NOT READ] Refused 9



LFP_3
LFP_HRWK_COM

In your last job before retirement, about how many hours a week did you work? READ LIST, CODE ONLY ONE RESPONSE

- Employed all of the time (that is, 30+ hours/week)..... 1
Employed most of the time (that is, less than 30 but more than 20 hours/week) 2
Employed some of the time (that is, less than 20 hours/week) 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

LFP_4
LFP_SCHD_COM

Which of the following best describes your working schedule at that time? READ LIST, CODE ONLY ONE RESPONSE

- Daytime schedule or shift..... 01
Evening shift..... 02
Night shift 03
Rotating shift, changing periodically from days to evenings or nights 04
Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises..... 05
LFP_SCHD_OTSP_COM Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

LFP_5
LFP_TYPE_SP_COM

What type of work did you do? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

- _____

[DO NOT READ] Refused99



LFP_6
LFP_IND_SP_COM

What business or industry sector were you in? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

Three horizontal lines for handwritten response.

[DO NOT READ] Refused99

LFP_7
LFP_LNGST_COM

Was this the longest you had been in the same job?

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

Now I would like you to think back over your entire career to the job that you worked the longest.

LFP_8
LFP_LGPAY_COM

In the job you worked the longest, were you a paid employee, self-employed, or an unpaid family worker? READ LIST, CODE ONLY ONE RESPONSE

INTERVIEWER NOTE: IF ASKED, AN UNPAID FAMILY WORKER IS SOMEONE WHO WORKS WITHOUT PAY ON THEIR OWN FAMILY OPERATED FARM OR BUSINESS OPERATED BY ANOTHER MEMBER LIVING IN THE SAME HOUSEHOLD. THE ROOM AND BOARD AND ANY CASH ALLOWANCE GIVEN AS INCENTIVES ARE NOT COUNTED AS COMPENSATION FOR THESE FAMILY WORKERS.

- A paid employee 1
Self-employed 2
Unpaid family worker 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9



LFP_9
LFP_LGHR_COM

In the job you worked the longest, about how many hours a week did you work? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

- Employed all of the time (that is, 30+ hours/week)..... 1
- Employed most of the time (that is, less than 30 but more than 20 hours/week) 2
- Employed some of the time (that is, less than 20 hours/week) 3
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

LFP_10
LFP_LGSCHD_COM

Which of the following best describes your working schedule in the job you worked the longest? **READ LIST, CODE ONLY ONE RESPONSE**

- Daytime schedule or shift..... 01
- Evening shift..... 02
- Night shift 03
- Rotating shift, changing periodically from days to evenings or nights 04
- Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises 05
- LFP_LGSCHD_OTSP_COM Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

LFP_11
LFP_LGTYPE_SP_COM

What type of work did you do? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

[DO NOT READ] Refused99



LFP_12
LFP_LGIND_SP_COM

What business or industry sector were you in? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

[DO NOT READ] Refused99

LFP_13
LFP_LGYRS_COM

How many years did you work at this job? Was it...**READ LIST, CODE ONLY ONE RESPONSE. INTERVIEWER NOTE: IF LFP_13/LFP_LGYRS_COM ≤LFP_2/LFP_YRS_COM, THEN ASK: THIS QUESTION ASKS YOU HOW MANY YEARS YOU SPENT WORKING IN THE JOB YOU WORKED THE LONGEST, BUT YOU REPORTED THAT YOU WORKED FEWER YEARS AT THIS JOB COMPARED TO THE LAST JOB YOU HELD BEFORE RETIREMENT. WHICH JOB DID YOU WORK THE LONGEST? INTERVIEWER: CORRECT RESPONSES AS NECESSARY.**

- Less than 1 year..... 1
- From 1 year to less than 3 years 2
- From 3 years to less than 5 years..... 3
- 5 years or more 4
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

LFP_END



Labour Force (LBF)

SKIP TO LBF_3/LBF_MANY_COM IF RET_1/RET_RTRD_COM=2; SKIP TO LBF_END IF RET_1/RET_RTRD_COM=1

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

LBF_1
LBF_EVER_COM

Have you ever worked at a job or business?

- Yes 1 **CONTINUE**
- No 2 **SKIP TO LBF_11/
LBF_NVR_COM**
- [DO NOT READ]** Refused 9 **CONTINUE**

LBF_2
LBF_CURR_COM

Are you currently working at a job or business? This includes part-time jobs, seasonal work, contract work, self-employment, or any other paid work regardless of the number of hours worked.

- Yes 1 **CONTINUE**
- No 2 **SKIP TO LBF_9/
LBF_RSN_COM**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO LBF_13/
LBF_LGSTAT_COM**
- [DO NOT READ]** Refused 9 **SKIP TO LBF_13/
LBF_LGSTAT_COM**

Current Work

LBF_3
LBF_MANY_COM

Do you currently work at more than one job or business?

- Yes 1
- No 2 **SKIP LBF_4/
LBF_STTS_COM
PREAMBLE**
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9



Now I would like to ask you about the work you consider to be your main job.

LBF_4
LBF_STTS_COM

What is your current working status? If you are self-employed, choose full-time or part-time, as appropriate. **READ LIST, CODE ONLY ONE RESPONSE**

- Employed all of the time (that is, 30+ hours/week)..... 1
- Employed most of the time (that is, less than 30 but more than
20 hours/week) 2
- Employed some of the time (that is, less than 20 hours/week) 3
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

LBF_5
LBF_SCHD_COM

Which of the following best describes your working schedule? **READ LIST, CODE ONLY ONE RESPONSE**

- Daytime schedule or shift..... 01
- Evening shift..... 02
- Night shift 03
- Rotating shift, changing periodically from days to evenings or nights 04
- Seasonal, on-call or casual, no pre-arranged schedules,
but called as need arises..... 05
- LBF_SCHD_OTSP_COM Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

LBF_6
LBF_TYPE_NB_COM

What type of work do you do? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

[DO NOT READ] Refused99



LBF_7
LBF_BUSN_NB_COM

What business or industry sector are you in? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

Three horizontal lines for handwritten response.

[DO NOT READ] Refused99

LBF_8
LBF_DURN_COM

How long have you worked with your present employer or in your current business? READ LIST, CODE ONLY ONE RESPONSE

- Less than 1 year..... 1
From 1 year to less than 3 years 2
From 3 years to less than 5 years..... 3
5 years or more 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

IF RET_1/RET_RTRD_COM=2, SKIP TO LBF_END; IF RET_1/RET_RTRD_COM=3, SKIP TO LBF_12/LBF_LGEVER_COM

Currently Not Working

LBF_9
LBF_RSN_COM

[ASK IF LBF_2/LBF_CURR_COM=2] What would best describe the reason for not working? CODE ONLY ONE RESPONSE

- Unable to work because of sickness or disability 1
Looking after family 2
Student..... 3
Unemployed 4
Doing unpaid or voluntary work 5
LBF_RSN_OTSP_COM Other (please specify: _____) 7
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9



LBF_10
LBF_UNEMDUR_YR_COM

How long have you been unemployed?

_____ RECORD NUMBER

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

[DO NOT READ] Refused 99

RECORD UNIT OF MEASUREMENT:

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

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

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

SKIP TO LBF_13/LBF_LGSTAT_COM

Never Worked

LBF_11

[ASK IF LBF_1/LBF_EVER_COM=2] You mentioned that you have never worked. Can you tell me what prevented you from working? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

- LBF_NVR_OW_COM Own illness or disability..... 01
- LBF_NVR_CH_COM Caring for own children 02
- LBF_NVR_EL_COM Caring for elder relatives 03
- LBF_NVR_SP_COM Caring for spouse..... 04
- LBF_NVR_OT_COM Other personal or family responsibilities 97
- LBF_NVR_OTSP_COM Other personal or family responsibilities (please specify)
- LBF_NVR_DK_NA_COM [DO NOT READ] Don't know/No answer 98
- LBF_NVR_REFUSED_COM [DO NOT READ] Refused 99

SKIP TO LBF_END



Longest Job

LBF_12
LBF_LGEVER_COM

Is this the longest you have been in the same job?

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

Now we want to ask you questions about the job that you worked at the longest over your lifetime.

LBF_13
LBF_LGSTAT_COM

Thinking about the job you worked at the longest, what was your working status in that job? If you were self-employed, choose full-time or part-time as appropriate. CODE ONLY ONE RESPONSE

- Working all of the time (that is, 30+ hours/week)..... 1
Working most of the time (that is, less than 30 but more than 20 hours/week) 2
Working some of the time (that is, less than 20 hours/week) 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

LBF_14
LBF_LGSCHD_COM

Which of the following best describes your working schedule in that job?

- Daytime schedule or shift.....01
Evening shift.....02
Night shift03
Rotating shift, changing periodically from days to evenings or nights04
Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises05
LBF_LGSCHD_OTSP_COM Other (please specify: _____).....97
[DO NOT READ] Don't know/No answer98
[DO NOT READ] Refused99



LBF_15

LBF_LGTYPE_SP_COM

What type of work did you do in that job? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

Three horizontal lines for text entry.

[DO NOT READ] Refused99

LBF_16

LBF_LGIND_SP_COM

What business or industry sector were you in? RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

Three horizontal lines for text entry.

[DO NOT READ] Refused99

LBF_17

LBF_LGDURN_COM

How long did you work in that job? READ LIST, CODE ONLY ONE RESPONSE

- Less than 1 year..... 1
From 1 year to less than 3 years 2
From 3 years to less than 5 years..... 3
5 years or more 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

LBF_END

Retirement Planning (RPL) - abbreviated version

RPL_1

RPL_AGE_NB_COM

At what age do you plan to retire? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE

RECORD AGE, CATI MASK: MIN=CURRENT AGE, MAX=87

[DO NOT READ] Not applicable, does not plan to retire..... 96

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

[DO NOT READ] Refused 99

RPL_END

Income (INC)

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

Household Income

INC_1

Thinking about the total income for all 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_COM	Wages and salaries	01
INC_SRCE_SE_COM	Income from self-employment.....	02
INC_SRCE_IN_COM	Dividends and interest (e.g., on bonds, savings).....	03
INC_SRCE_EI_COM	Employment insurance	04
INC_SRCE_CM_COM	Worker's compensation.....	05
INC_SRCE_BN_COM	Benefits from Canada or Quebec Pension Plan	06
INC_SRCE_PN_COM	Job related retirement pensions, superannuation and annuities	07
INC_SRCE_GV_COM	RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)	08
INC_SRCE_OLD_COM	Old Age Security	09
INC_SRCE_GIS_COM	Guaranteed Income Supplement.....	10
INC_SRCE_WF_COM	Provincial or municipal social assistance or welfare.....	11
INC_SRCE_CH_COM	Child Tax Benefit.....	12
INC_SRCE_SP_COM	Child support.....	13
INC_SRCE_AL_COM	Alimony	14
INC_SRCE_CP_COM	Capital gains (e.g. profits from sale of stocks).....	15
INC_SRCE_NONE_COM	[DO NOT READ] None	96
INC_SRCE_OT_COM	Other (e.g., rental income, veterans' pensions).....	97
INC_SRCE_DK_NA_COM	[DO NOT READ] Don't know/No answer	98
INC_SRCE_REFUSED_COM	[DO NOT READ] Refused	99



INC_2 [ASK ONLY IF MORE THAN ONE SOURCE OF INCOME IDENTIFIED AT INC_1/
INC_SRCE_COM] Of the sources of income you have identified, what are the three
[OMIT "THREE" IF ONLY TWO SOURCES LISTED IN INC_1/INC_SRCE_COM] major
sources of your household income, starting with the highest source of income? **READ
LIST, IF NECESSARY; CATI PROGRAMMING NOTE: RECALL ONLY THOSE
SOURCES OF INCOME IDENTIFIED AT INC_1/INC_SRCE_COM.**

INC_FRST_COM SPECIFY HIGHEST SOURCE OF HOUSEHOLD
INCOME: _____

INC_SCND_COM [ONLY IF INC_1/INC_SRCE_COM ≥ 2 RESPONSES] SPECIFY SECOND
HIGHEST SOURCE OF HOUSEHOLD INCOME _____

INC_THRD_COM [ONLY IF INC_1/INC_SRCE_COM ≥ 3 RESPONSES] SPECIFY THIRD
HIGHEST SOURCE OF HOUSEHOLD INCOME _____

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

[DO NOT READ] Refused 99

INC_3
INC_TOT_COM

What is your best estimate of the total household income received by all household
members, from all sources, before taxes and deductions, in the past 12 months? Was
it...**READ LIST, CODE ONLY ONE RESPONSE**

Less than \$20,000 1

\$20,000 or more, but less than \$50,000 2

\$50,000 or more, but less than \$100,000 3

\$100,000 or more, but less than \$150,000 4

\$150,000 or more..... 5

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

[DO NOT READ] Refused 9

Personal Income

INC_4

Thinking about your total 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_COM	Wages and salaries	01
INC_PSRCE_SE_COM	Income from self-employment.....	02
INC_PSRCE_IN_COM	Dividends and interest (e.g., on bonds, savings).....	03
INC_PSRCE_EI_COM	Employment insurance	04
INC_PSRCE_CM_COM	Worker's compensation.....	05
INC_PSRCE_BN_COM	Benefits from Canada or Quebec Pension Plan	06
INC_PSRCE_PN_COM	Job related retirement pensions, superannuation and annuities	07
INC_PSRCE_GV_COM	RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)	08
INC_PSRCE_OLD_COM	Old Age Security	09
INC_PSRCE_GIS_COM	Guaranteed Income Supplement.....	10
INC_PSRCE_WF_COM	Provincial or municipal social assistance or welfare.....	11
INC_PSRCE_CH_COM	Child Tax Benefit.....	12
INC_PSRCE_SP_COM	Child support.....	13
INC_PSRCE_AL_COM	Alimony	14
INC_PSRCE_CP_COM	Capital gains (e.g. profits from sale of stocks).....	15
INC_PSRCE_NONE_COM	[DO NOT READ] None	96
INC_PSRCE_OT_COM	Other (e.g., rental income, veterans' pensions).....	97
INC_PSRCE_DK_NA_COM	[DO NOT READ] Don't know/No answer	98
INC_PSRCE_REFUSED_COM	[DO NOT READ] Refused	99



INC_5 [ASK ONLY IF MORE THAN ONE SOURCE OF INCOME IDENTIFIED AT INC_4/ INC_PSRCE_COM] Of the sources of income you have identified, what are the three [OMIT "THREE" IF ONLY TWO SOURCES LISTED IN INC_4/INC_PSRCE_COM] major sources of personal income, starting with the highest source of income? READ LIST, IF NECESSARY; CATI PROGRAMMING NOTE: RECALL ONLY THOSE SOURCES IDENTIFIED AT INC_4/INC_PSRCE_COM

INC_PFRST_COM SPECIFY HIGHEST SOURCE OF PERSONAL INCOME: _____

INC_PSCND_COM [ONLY IF INC_4/INC_PSRCE_COM >= 2 RESPONSES] SPECIFY SECOND HIGHEST SOURCE OF PERSONAL INCOME _____

INC_PTHRD_COM [ONLY IF INC_4/INC_PSRCE_COM >= 3 RESPONSES] SPECIFY THIRD HIGHEST SOURCE OF PERSONAL INCOME _____

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

[DO NOT READ] Refused 99

INC_6
INC_PTOT_COM

What is your best estimate of your total personal income from all sources, before taxes and deductions, in the past 12 months? Was it... READ LIST, CODE ONLY ONE RESPONSE. INTERVIEWER NOTE: IF INC_6/INC_PTOT_COM > INC_3/INC_TOT_COM, THEN ASK: THIS QUESTION ASKS YOU FOR YOUR TOTAL PERSONAL INCOME, BUT YOU REPORTED THAT YOUR TOTAL HOUSEHOLD INCOME IS LESS THAN YOUR TOTAL PERSONAL INCOME. WHAT IS YOUR TOTAL HOUSEHOLD INCOME AND WHAT IS YOUR TOTAL PERSONAL INCOME? INTERVIEWER: CORRECT RESPONSES AS NECESSARY.

Less than \$20,000 1

\$20,000 or more, but less than \$50,000 2

\$50,000 or more, but less than \$100,000 3

\$100,000 or more, but less than \$150,000 4

\$150,000 or more..... 5

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

[DO NOT READ] Refused 9

INC_END

Medications (MEDI)

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

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



Administration Information (ADM)

ASK THIS SECTION ONLY OF THOSE WHO CONSENTED TO PROVIDE THEIR HEALTH CARD NUMBER

That completes our main interview. You have previously agreed to provide your health card number so that we can obtain information from provincial administrative databases and link it with the information you have shared with us during this interview. The information that we would get from the province includes your past and continuing use of health services such as visits to hospitals, clinics, and doctors' offices.

ADM_1
ADM_NUMB_COM

What is your health card number? **DO NOT INSERT BLANKS, HYPHENS, OR COMMAS BETWEEN NUMBERS AND LETTERS, REPEAT HEALTH CARD NUMBER BACK TO PARTICIPANT TO CONFIRM/VERIFY ACCURACY**

_____ **RECORD NUMBER**

[DO NOT READ] Don't know/No answer..... 999999999998

[DO NOT READ] Refused 999999999999

ADM_2
ADM_PROV_COM

And for which province or territory is your health card number? **CODE ONLY ONE RESPONSE**

- Newfoundland and Labrador 01
- Prince Edward Island 02
- Nova Scotia 03
- New Brunswick 04
- Quebec 05
- Ontario 06
- Manitoba 07
- Saskatchewan 08
- Alberta 09
- British Columbia 10
- Yukon 11
- Northwest Territories 12
- Nunavut 13
- Do not have a Canadian health card number 96
- [DO NOT READ]** Don't know/No answer..... 98
- [DO NOT READ]** Refused 99

ADM_END