



Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

In-Home Questionnaire

(Follow Up 4)

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Examples of variable names as shown in the datasets.

ED_3	ED_OTED_COF4
[ALWAYS ASK]	
Have you received any other education that could be counted towards a degree, certificate, or diploma from an educational institution?	
INTERVIEWER INSTRUCTION: WE HAVE ALREADY COLLECTED THEIR EDUCATION HISTORY AT BASELINE. WE ARE ASKING THIS QUESTION AGAIN.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

SMK_6	SMK_OTCURRE_COF4
[ASK IF SMK_OTOCC_COF4 = YES]	
What other types of tobacco products do you currently use?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
SMK_OTCURRE_CG_COF4	01 Cigars
SMK_OTCURRE_SM_COF4	02 Small cigars (cigarillos)
SMK_OTCURRE_PI_COF4	03 Tobacco pipes
SMK_OTCURRE_CH_COF4	04 Chewing tobacco or snuff
SMK_OTCURRE_PT_COF4	05 Nicotine patches
SMK_OTCURRE_GU_COF4	06 Nicotine gum
SMK_OTCURRE_BE_COF4	07 Betel nut
SMK_OTCURRE_PN_COF4	08 Paan
SMK_OTCURRE_SH_COF4	09 Sheesha
SMK_OTCURRE_EN_COF4	10 E-cigarettes, with nicotine
SMK_OTCURRE_EC_COF4	11 E-cigarettes, without nicotine
SMK_OTCURRE_OTSP_COF4	97 Other: _____
SMK_OTCURRE_DK_NA_COF4	98 [DO NOT READ] Don't know / No answer
SMK_OTCURRE_REFUSED_COF4	99 [DO NOT READ] Refused

NOTE: In table questions, a double asterisk (**) replaces [DO NOT READ], this response should not be read.

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Education (ED)

Overview	The purpose of this section is to collect education data about our population.
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ED_1	ED_ELHS_COF4
[ALWAYS ASK]	
What is the highest grade of elementary or high school you have ever completed?	
INTERVIEWER INSTRUCTION: WE HAVE ALREADY COLLECTED THEIR EDUCATION HISTORY AT BASELINE. WE ARE ASKING THIS QUESTION AGAIN.	
CODE ONLY ONE RESPONSE	
GRADE_8	1 Grade 8 or lower (Quebec: Secondary II or lower)
GRADE_9_10	2 Grade 9-10 (Quebec: Secondary III or IV; Newfoundland and Labrador: 1 st year of Secondary)
GRADE_11_13	3 Grade 11-13 (Quebec: Secondary V; Newfoundland and Labrador: 2 nd to 4 th year Secondary)
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ED_2	ED_HSGR_COF4
[ASK IF ED_ELHS_COF4 = GRADE_11_13]	
Did you graduate from high school (secondary school)?	
INTERVIEWER INSTRUCTION: WE HAVE ALREADY COLLECTED THEIR EDUCATION HISTORY AT BASELINE. WE ARE ASKING THIS QUESTION AGAIN.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ED_3	ED_OTED_COF4	
[ALWAYS ASK]		
Have you received any other education that could be counted towards a degree, certificate, or diploma from an educational institution?		
INTERVIEWER INSTRUCTION: WE HAVE ALREADY COLLECTED THEIR EDUCATION HISTORY AT BASELINE. WE ARE ASKING THIS QUESTION AGAIN.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ED_4	ED_HIGH_COF4	
[ASK IF ED_OTED_COF4 = YES]		
What is the highest degree, certificate, or diploma you have obtained?		
INTERVIEWER INSTRUCTION: WE HAVE ALREADY COLLECTED THEIR EDUCATION HISTORY AT BASELINE. WE ARE ASKING THIS QUESTION AGAIN.		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
NO_POST_SECONDARY	01	No post-secondary degree, certificate, or diploma
TRADE_CERTIFICATE	02	Trade certificate or diploma from a vocational school or apprenticeship training
NON_UNIVERSITY_CERTIFICATE	03	Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
UNIVERSITY_CERTIFICATE	04	University certificate below bachelor's level
BACHELORS_DEGREE	05	Bachelor's degree
DEGREE_ABOVE_BACHELOR	06	University degree or certificate above bachelor's degree
OTSP	97	Other (Please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ED_END

Home Ownership (OWN)

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

OWN_1	OWN_DWLG_COF4
[ALWAYS ASK]	
What type of dwelling do you currently live in?	
<p>NOTE: SENIORS_HOUSING – Seniors' housing (retirement home, assisted living) Senior's housing is a broad term to describe non-institutional dwellings that are rented, leased, and sometimes owned. These settings are designed for housing seniors and have the expectation of supportive services as part of the rent, lease, and ownership agreement with the dwelling's owner and/or resident association. These services might include meals and bathing but can include intensive care services like feeding. Residents of these dwellings are considered tenants or owners and have arranged outside care and services.</p> <p>Other synonyms: Assisted living (BC, MB); Retirement homes (BC, ON); Designated Supportive living (AB); Supportive living (AB, MB); Personal care homes (SK, NFLD); Independent seniors housing (MB); Elder homes (NT); Résidences pour personnes âgées (QC); Special care homes (NB); Residential care facilities (NS); Protective community residences (NFLD); Retirement communities.</p> <p>INSTITUTION – Institution (old age facility, nursing home, long-term care home) Institutional care is a broad term to describe dwellings that have 24-hour nursing care available, and are NOT rented, leased, or owned. In these settings a person is 'admitted' formally, and all their care is expected to come from the facility's internal staff, including medical primary care. Residents are generally cognitively impaired and have substitute decision-makers.</p> <p>Other synonyms: Long-term Care (ON, AB, most provinces); Nursing home (most provinces); Residential care facility (BC).</p>	
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE	
HOUSE	01 House (single detached, semi-detached, duplex or townhouse)
APARTMENT	02 Apartment or condominium
SENIORS_HOUSING	03 Seniors' housing (retirement home, assisted living)
INSTITUTION	04 Institution (old age facility, nursing home, long-term care home)
HOTEL	05 Mobile home, hotel, rooming or lodging house
OTSP	97 Other: _____
DK_NA	98 [DO NOT READ] Don't know / No answer
REFUSED	99 [DO NOT READ] Refused

OWN_2	OWN_OWN_COF4	
[ASK IF OWN_DWLG_COF4 ≠ INSTITUTION AND OWN_DWLG_COF4 ≠ DK_NA AND OWN_DWLG_COF4 ≠ REFUSED]		
Do you (or your spouse/partner) own or rent your dwelling?		
CODE ONLY ONE RESPONSE		
OWN	01	Own
RENT	02	Rent
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

OWN_3	OWN_MRTG_COF4	
[ASK IF OWN_OWN_COF4 = OWN]		
Is this with a mortgage or is your mortgage paid off completely?		
INTERVIEWER INSTRUCTION: IF THE DWELLING NEVER HAD A MORTGAGE OR WAS RECEIVED AS A GIFT OR AN INHERITANCE, SELECT 'PAID OFF COMPLETELY'		
CODE ONLY ONE RESPONSE		
WITH_MORTGAGE	1	With mortgage
PAID_OFF	2	Paid off completely
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

OWN_4	OWN_STFHM_COF4	
[ALWAYS ASK]		
When thinking of your home, how strongly would you agree or disagree with the following statement? I am satisfied with my current housing.		
CODE ONLY ONE RESPONSE		
STRONGLY_AGREE	1	Strongly agree
AGREE	2	Agree
NEITHER_AGREE_DISAGREE	3	Neither agree nor disagree
DISAGREE	4	Disagree
STRONGLY_DISAGREE	5	Strongly disagree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

OWN_5	OWN_HMPRB_COF4	
[ALWAYS ASK]		
Does your current home have any of the following problems?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
OWN_HMPRB_NOI_COF4	01	Problems with noise (e.g., from neighbours, street noise)
OWN_HMPRB_LEA_COF4	02	Problems with leaking (e.g., water getting in from roof, gutters or windows)
OWN_HMPRB_CON_COF4	03	Problems with condensation (e.g., mold)
OWN_HMPRB_EP_COF4	04	Problems with electrical wiring or plumbing
OWN_HMPRB_HEA_COF4	05	Problems with heating (e.g., inadequate or too much heat)
OWN_HMPRB_MAI_COF4	06	Problems with maintenance or repairs
OWN_HMPRB_INF_COF4	07	Problems with infestations (e.g., insects, mice or rats)
OWN_HMPRB_NONE_COF4	96	[DO NOT READ] Have not experienced any of these problems
OWN_HMPRB_OTSP_COF4	97	Other: _____
OWN_HMPRB_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
OWN_HMPRB_REFUSED_COF4	99	[DO NOT READ] Refused

OWN_6	OWN_MOVE_COF4	
[ALWAYS ASK]		
Have you moved in the last 3 years?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

OWN_7	OWN_CMNTY_COF4	
[ASK IF OWN_MOVE_COF4 = YES]		
What were your reasons for moving to your current location?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
OWN_CMNTY_CLI_COF4	01	Climate and natural environment
OWN_CMNTY_RET_COF4	02	Retirement or retirement plans
OWN_CMNTY_FAM_COF4	03	Family lives here
OWN_CMNTY_FRI_COF4	04	Friends live here
OWN_CMNTY_HOU_COF4	05	Better and/or more suitable housing
OWN_CMNTY_REC_COF4	06	Recreation facilities and services
OWN_CMNTY_HEA_COF4	07	Health care
OWN_CMNTY_COS_COF4	08	Lower cost of living
OWN_CMNTY_EMP_COF4	09	Employment opportunities
OWN_CMNTY_APT_COF4	10	Availability of public transit
OWN_CMNTY_ACC_COF4	11	Ease of access to public transit
OWN_CMNTY_OTSP_COF4	97	Other: _____
OWN_CMNTY_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
OWN_CMNTY_REFUSED_COF4	99	[DO NOT READ] Refused

OWN_END

Socio-Demographic Characteristics (SDC)

Some of the questions below may sound similar to those you have already answered in an earlier questionnaire. The purpose of the following questions is to develop a clearer picture of Indigenous and Two-Spirit identity within the CLSA sample. We appreciate you taking the time to answer these questions.

SDC_1	SDC_INDGN_COF4	
[ALWAYS ASK]		
Are you First Nations, Métis or Inuk (Inuit)?		
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 8 OR 9 ARE SELECTED), CODE ALL THAT APPLY		
SDC_INDGN_NO_COF4	1	No, not First Nations, Métis or Inuk (Inuit)
SDC_INDGN_FN_COF4	2	Yes, First Nation (North American Indian)
SDC_INDGN_ME_COF4	3	Yes, Métis
SDC_INDGN_IU_COF4	4	Yes, Inuk (Inuit)
SDC_INDGN_DK_NA_COF4	8	[DO NOT READ] Don't know / No answer
SDC_INDGN_REFUSED_COF4	9	[DO NOT READ] Refused

SDC_1a	SDC_TWSPRT_COF4	
[ASK IF SDC_INDGN_COF4 = SDC_INDGN_FN_COF4 OR SDC_INDGN_ME_COF4 OR SDC_INDGN_IU_COF4]		
Are you Two-Spirit?		
INTERVIEWER NOTE: TWO-SPIRIT IS A TERM COINED BY INDIGENOUS LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND/OR NON-HETEROSEXUAL (LGBTQ+) LEADERS THAT CAN BE USED TO DESCRIBE ONESELF. IT IS INTENDED TO EMBODY DIVERSE SEXUALITIES, GENDER IDENTITIES, ROLES AND/OR EXPRESSIONS AND FACILITATE INDIGENOUS PEOPLES' CONNECTIONS WITH NATION-SPECIFIC EXPRESSIONS AND ROLES OF GENDER AND SEXUAL DIVERSITY.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SDC_2a	SDC_RELGCP_COF4	
[ALWAYS ASK]		
Compared to three years ago, would you say that you are...?		
INTERVIEWER INSTRUCTIONS: THIS QUESTION REFERS TO PARTICIPATION IN OR ADHERENCE TO THE BELIEFS AND PRACTICES OF AN ORGANIZED RELIGION. IF THE PARTICIPANT WAS NEVER RELIGIOUS “EQUALLY AS RELIGIOUS” WOULD APPLY.		
CODE ONLY ONE RESPONSE		
MORE_RELIGIOU	1	More religious
NO_CHANGE	2	Equally as religious
LESS_RELIGIOU	3	Less religious
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SDC_2b	SDC_SPIGCP_COF4	
[ALWAYS ASK]		
Compared to three years ago, would you say that you are...?		
INTERVIEWER INSTRUCTIONS: THIS QUESTION REFERS TO ACTIVITIES THAT ARE SPIRITUAL IN NATURE BUT ARE NOT ASSOCIATED WITH AN ORGANIZED RELIGION. IF THE PARTICIPANT WAS NEVER SPIRITUAL “EQUALLY SPIRITUAL” WOULD APPLY.		
CODE ONLY ONE RESPONSE		
MORE_SPIRITUAL	1	More spiritual
NO_CHANGE	2	Equally spiritual
LESS_SPIRITUAL	3	Less spiritual
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SDC_3a	SDC_RELGFQ_COF4	
[ALWAYS ASK]		
In the past 12 months, how often did you engage in religious activities (including prayer, meditation) taking place at home or in any other location?		
INTERVIEWER INSTRUCTIONS: THIS QUESTION REFERS TO PARTICIPATION IN OR ADHERENCE TO THE BELIEFS AND PRACTICES OF AN ORGANIZED RELIGION. IF THE PARTICIPANT WAS NEVER RELIGIOUS “NOT AT ALL” WOULD APPLY.		
CODE ONLY ONE RESPONSE		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
THREE_TIMES_YEAR	4	At least 3 times a year
ONCE_TWICE_YEAR	5	Once or twice a year
NOT_AT_ALL	6	Not at all
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SDC_3b	SDC_SPIGFQ_COF4	
[ALWAYS ASK]		
In the past 12 months, how often did you engage in spiritual activities (including prayer, meditation) taking place at home or in any other location?		
INTERVIEWER INSTRUCTIONS: THIS QUESTION REFERS TO ACTIVITIES THAT ARE SPIRITUAL IN NATURE BUT ARE NOT ASSOCIATED WITH AN ORGANIZED RELIGION. IF THE PARTICIPANT WAS NEVER SPIRITUAL “NOT AT ALL” WOULD APPLY.		
CODE ONLY ONE RESPONSE		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
THREE_TIMES_YEAR	4	At least 3 times a year
ONCE_TWICE_YEAR	5	Once or twice a year
NOT_AT_ALL	6	Not at all
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SDC_4	SDC_MRTL2_COF4	
[ALWAYS ASK]		
What is your current marital/partner status?		
INTERVIEWER INSTRUCTIONS: WE NEED TO CONFIRM / UPDATE MARITAL STATUS BECAUSE SOME QUESTIONS IN THE SURVEY ARE ASKED DEPENDING ON MARITAL / PARTNER STATUS		
CODE ONLY ONE RESPONSE		
SINGLE	1	Single, never married or never lived with a partner
MARRIED	2	Married
COMMON_LAW2	3	Living with a partner in a common-law relationship
WIDOWED	4	Widowed
DIVORCED	5	Divorced
SEPARATED	6	Separated
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SDC_END

Gender Identity (GED)

Overview	By gender identity, we mean the inner sense that you have of yourself as being male or female. Gender identity can be different from your identified sex at birth or your sexual orientation, and it can change over time.
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GED_1	SDC_CURRSEX_COF4
[ALWAYS ASK]	
What is your current gender identity?	
BY CORRECTLY ADDRESSING SEX AND GENDER IDENTITY WE HAVE AN OPPORTUNITY TO EXAMINE THEIR IMPACT ON AGING AND HEALTH.	
INTERVIEWER INSTRUCTIONS: Gender non-binary people are those whose gender identity is neither as completely as a man nor completely as a woman. They may feel partially as one or the other of the binary genders (men, women) at any one time. They may move around from one to the other from time to time. They may feel that neither of the binary genders applies to them. Some, but not all, gender non-binary people do not consider themselves to be trans because, for them, trans implies identifying as a binary gender. Some, but not all, gender non-binary people consider themselves to be either queer or genderqueer.	
CODE ONLY ONE RESPONSE	
MAN	01 Man
WOMAN	02 Woman
TRANSMAN	03 Trans Man
TRANSWOMAN	04 Trans Woman
NONBINARY	05 Gender Non-Binary
OTSP	97 Other: _____
DK_NA	98 [DO NOT READ] Don't know / No answer
REFUSED	99 [DO NOT READ] Refused

GED_END

Smoking (SMK)

Overview	<p>This module includes a series of questions about current smoking habits. Questions are asked about frequency of smoking, number of cigarettes smoked in a day.</p> <p>Because tobacco use is one of the leading causes of illness and death in Canada, it is important to examine this issue among Canadians as they age.</p> <p>Information from this module is important for understanding the health consequences of smoking as people age.</p> <p>Note: This module covers smoking cigarettes and other types of tobacco products. Questions 1-4 cover smoking cigarettes. Other tobacco products are addressed in questions 5 and 6.</p>
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SMK_1	SMK_CURRCG_COF4
[ALWAYS ASK]	
At the present time, do you smoke cigarettes daily, occasionally or not at all?	
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE	
DAILY_PAST_30_DAYS	1 Daily (at least one cigarette every day for the past 30 days)
OCCASIONALLY	2 Occasionally (at least one cigarette in the past 30 days, but not every day)
NOT_AT_ALL	3 Not at all (you did not smoke at all in the past 30 days)
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

SMK_2	SMK_NBCG_COF4
[ASK IF SMK_CURRCG_COF4 = DAILY_PAST_30_DAYS]	
How many cigarettes do you smoke each day now?	
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE	
1_5_CIGARETTES	1 1-5 cigarettes
6_10_CIGARETTES	2 6-10 cigarettes
11_15_CIGARETTES	3 11-15 cigarettes
16_20_CIGARETTES	4 16-20 cigarettes
21_25_CIGARETTES	5 21-25 cigarettes
NB	6 26 or more cigarettes (Please specify: _____) (MASK: MIN=26, MAX=200)
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

SMK_3	SMK_LST30_COF4	
[ASK IF SMK_CURRCG_COF4 = OCCASIONALLY]		
On how many of the last 30 days did you smoke at least one cigarette?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
1_5_DAYS	1	1-5 days
6_10_DAYS	2	6-10 days
11_20_DAYS	3	11-20 days
21_29_DAYS	4	21-29 days
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SMK_4	SMK_NB30_COF4	
[ASK IF SMK_CURRCG_COF4 = OCCASIONALLY]		
On the days that you smoked, how many cigarettes did you usually smoke?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
1_5_CIGARETTES	1	1-5 cigarettes
6_10_CIGARETTES	2	6-10 cigarettes
11_15_CIGARETTES	3	11-15 cigarettes
16_20_CIGARETTES	4	16-20 cigarettes
21_25_CIGARETTES	5	21-25 cigarettes
NB	6	26 or more cigarettes (Please specify: _____) (MASK: MIN=26, MAX=200)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SMK_5	SMK_OTOCC_COF4	
[ALWAYS ASK]		
Do you currently use any other types of tobacco products?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SMK_6	SMK_OTCURR_COF4	
[ASK IF SMK_OTOCC_COF4 = YES]		
What other types of tobacco products do you currently use?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
SMK_OTCURR_CG_COF4	01	Cigars
SMK_OTCURR_SM_COF4	02	Small cigars (cigarillos)
SMK_OTCURR_PI_COF4	03	Tobacco pipes
SMK_OTCURR_CH_COF4	04	Chewing tobacco or snuff
SMK_OTCURR_PT_COF4	05	Nicotine patches
SMK_OTCURR_GU_COF4	06	Nicotine gum
SMK_OTCURR_BE_COF4	07	Betel nut
SMK_OTCURR_PN_COF4	08	Paan
SMK_OTCURR_SH_COF4	09	Sheesha
SMK_OTCURR_EN_COF4	10	E-cigarettes, with nicotine
SMK_OTCURR_EC_COF4	11	E-cigarettes, without nicotine
SMK_OTCURR_OTSP_COF4	97	Other: _____
SMK_OTCURR_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
SMK_OTCURR_REFUSED_COF4	99	[DO NOT READ] Refused

SMK_END

Cannabis (CAN)

Overview	On October 17, 2018, the Cannabis Act came into force in Canada regulating the production, distribution, sale and possession of cannabis across Canada. Health Canada developed and implemented the Canadian Cannabis Survey to provide annual data on patterns of use of cannabis, on the cannabis market and on issues of public safety since 2017. The breadth and depth of the CLSA provides a unique opportunity to contextualize cannabis use among Canadian older adults. To allow comparison to existing Canadian data, the CLSA cannabis module includes questions from the 2023 National Cannabis Survey and from the 2022 Canadian Community Health Survey (CCHS) - Annual Component.
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Now, some questions about cannabis use.

When we use the term cannabis, this includes marijuana (e.g., weed, pot), hashish, hash oil or any other products made from the cannabis plant. This includes products containing THC, CBD, or any other cannabinoids (e.g., CBN, CBG, delta 8 THC).

When we ask about use, this includes using cannabis in its dry form or when mixed or processed into another product such as an edible, an extract, a concentrate, including hashish, a liquid, or other product.

CAN_1	CAN_USE_COF4	
[ALWAYS ASK]		
Have you used cannabis in the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CAN_2	CAN_FREQ_COF4	
[ASK IF CAN_USE_COF4 = YES]		
How often did you use cannabis in the past 12 months?		
CODE ONLY ONE RESPONSE		
LESS_ONCE_MONTH	1	Less than once a month
1_3_DAYS_MONTH	2	1 to 3 times a month
ONCE_WEEK	3	Once a week
MORE_ONCE_WEEK	4	More than once a week
DAILY_ALMOST	5	Daily or almost daily
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CAN_3	CAN_PRPS_COF4	
[ASK IF CAN_USE_COF4 = YES]		
In the past 12 months, for which of the following purposes have you used cannabis?		
CODE ONLY ONE RESPONSE		
NON_MED_ONLY	1	Non-medical purposes only
MED_ONLY	2	Medical purposes only (either with or without a medical document)
BOTH	3	Both medical and non-medical purposes
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CAN_4	CAN_SYM_COF4	
[ASK IF CAN_PRPS_COF4 = MED_ONLY OR BOTH]		
In the past 12 months, when you used cannabis for medical purposes, which symptoms were you using it for?		
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
CAN_SYM_PAIN_COF4	01	Pain
CAN_SYM_NSVM_COF4	02	Nausea or vomiting
CAN_SYM_LAWL_COF4	03	Lack of appetite or weight loss
CAN_SYM_HDMG_COF4	04	Headaches or migraines
CAN_SYM_MSSZ_COF4	05	Muscle spasms or seizures
CAN_SYM_AXDP_COF4	06	Anxiety or depression
CAN_SYM_PTSD_COF4	07	Symptoms of PTSD
CAN_SYM_PRSL_COF4	08	Problems sleeping
CAN_SYM_OPWD_COF4	09	Opioid withdrawal symptoms
CAN_SYM_OTSP_COF4	97	Other: _____
CAN_SYM_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
CAN_SYM_REFUSED_COF4	99	[DO NOT READ] Refused

CAN_END

Alcohol Use (ALC)

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

ALC_1	ALC_FREQ_COF4	
[ALWAYS ASK]		
About how often during the past 12 months did you drink alcohol?		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST EVERY DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ALC_2a-ALC_2e		
[ASK IF ALC_FREQ_COF4 ≠ NEVER AND ALC_FREQ_COF4 ≠ DK_NA AND ALC_FREQ_COF4 ≠ REFUSED]		
In a typical week during the past 12 months, how many drinks of each of the following do you drink from Sundays through Thursdays?		
INTERVIEWER INSTRUCTION: READ LIST, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS ON SUNDAYS THROUGH THURSDAYS) AS REQUIRED.		
FOR THOSE PARTICIPANTS WHO INDICATED ONLY “MONTHLY CONSUMPTION” ASK “ON THE DAYS THAT YOU DID DRINK”		
A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR		
➤ Example: If Sally Joe consumes two beers on Monday and consumes two beers on Thursday the total amount of alcohol consumed would be four NOT two		
ALC_WD_RDNB_COF4	Red wine	_____ (number) (MASK: MIN=0, MAX=90)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
ALC_WD_WHNB_COF4	White wine	_____ (number) (MASK: MIN=0, MAX=90)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
ALC_WD_BRNB_COF4	Beer	_____ (number) (MASK: MIN=0, MAX=90)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
ALC_WD_LQNB_COF4	Liquor	_____ (number) (MASK: MIN=0, MAX=90)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
ALC_WD_OTNB_COF4	Other alcohol	_____ (number) (MASK: MIN=0, MAX=90)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ALC_3a-ALC_3e		
[ASK IF ALC_FREQ_COF4 ≠ NEVER AND ALC_FREQ_COF4 ≠ DK_NA AND ALC_FREQ_COF4 ≠ REFUSED]		
In a typical week during the past 12 months, how many drinks of each of the following do you drink on Fridays and Saturdays ?		
INTERVIEWER INSTRUCTION: READ LIST, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS ON FRIDAYS AND SATURDAYS) AS REQUIRED.		
FOR THOSE PARTICIPANTS WHO INDICATED ONLY “MONTHLY CONSUMPTION” ASK “ON THE DAYS THAT YOU DID DRINK”		
A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR		
➤ Example: If Sally Joe consumes two beers on Friday and consumes two beers on Saturday the total amount of alcohol consumed would be four NOT two		
ALC_WE_RDNB_COF4	Red wine	_____ (number) (MASK: MIN=0, MAX=90)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
ALC_WE_WHNB_COF4	White wine	_____ (number) (MASK: MIN=0, MAX=90)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
ALC_WE_BRNB_COF4	Beer	_____ (number) (MASK: MIN=0, MAX=90)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
ALC_WE_LQNB_COF4	Liquor	_____ (number) (MASK: MIN=0, MAX=90)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused
ALC_WE_OTNB_COF4	Other alcohol	_____ (number) (MASK: MIN=0, MAX=90)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ALC_4	ALC_MLFQ_COF4	
[ASK IF (ALC_FREQ_COF4 ≠ NEVER AND ALC_FREQ_COF4 ≠ DK_NA AND ALC_FREQ_COF4 ≠ REFUSED) AND SEX = MALE]		
About how often during the past 12 months would you say you had <u>five or more</u> drinks at the same sitting or occasion?		
INTERVIEWER INSTRUCTION: REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS) AS REQUIRED		
A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST EVERY DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ALC_5	ALC_FMFQ_COF4	
[ASK IF (ALC_FREQ_COF4 ≠ NEVER AND ALC_FREQ_COF4 ≠ DK_NA AND ALC_FREQ_COF4 ≠ REFUSED) AND SEX = FEMALE]		
About how often during the past 12 months would you say you had <u>four or more</u> drinks at the same sitting or occasion?		
INTERVIEWER INSTRUCTION: REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS) AS REQUIRED		
A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST EVERY DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ALC_6	ALC_HVST_COF4	
[ASK IF ALC_FREQ_COF4 ≠ NEVER AND ALC_FREQ_COF4 ≠ DK_NA AND ALC_FREQ_COF4 ≠ REFUSED]		
How does your current consumption of alcohol compare to your heaviest period of drinking?		
INTERVIEWER INSTRUCTION: IF THIS IS THEIR HEAVIEST PERIOD OF DRINKING, "ABOUT THE SAME" WOULD APPLY		
READ LIST, CODE ONLY ONE RESPONSE		
SAME	1	About the same
LESS_HEAVIEST_PERIOD	2	Less than the heaviest period of drinking
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ALC_END

General Health (GEN)

Overview	<p>The general health module includes physical, mental and social well-being and it is used to collect data on self-perceived health, self-perceived mental health, self-perceived stress and sense of belonging to the local community.</p> <p>Researchers are interested in these topics because they are good basic measures of health status. They can also be used to predict other aspects of the respondent's health. For example, respondents who describe their health as fair or poor are more likely to have long-term health problems, to suffer from depression and to be heavy users of the health care system.</p>
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Next, I am going to ask you some general questions about your health.

GEN_1	GEN_HLTH_COF4
[ALWAYS ASK]	
In general, would you say your health is excellent, very good, good, fair, or poor?	
CODE ONLY ONE RESPONSE	
EXCELLENT	1 Excellent
VERY_GOOD	2 Very good
GOOD	3 Good
FAIR	4 Fair
POOR	5 Poor
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

GEN_2	GEN_MNTL_COF4
[ALWAYS ASK]	
In general, would you say your mental health is excellent, very good, good, fair, or poor?	
CODE ONLY ONE RESPONSE	
EXCELLENT	1 Excellent
VERY_GOOD	2 Very good
GOOD	3 Good
FAIR	4 Fair
POOR	5 Poor
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

GEN_3	GEN_HLAG_COF4	
[ALWAYS ASK]		
I have talked with many adults and learned something from each of them about what they think promotes healthy aging. What do you think makes people live long and keep well?		
INTERVIEWER INSTRUCTIONS: RECORD AS CONCISELY AS POSSIBLE WITHOUT LOSING CRITICAL INFORMATION.		

DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

GEN_4	GEN_OWNAAG_COF4	
[ALWAYS ASK]		
In terms of your own healthy aging, would you say it is excellent, very good, good, fair, or poor?		
CODE ONLY ONE RESPONSE		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_5	GEN_BRD_COF4	
[ALWAYS ASK]		
About how often do you play board games, cards, crossword puzzles, jigsaw puzzles, or Sudoku?		
CODE ONLY ONE RESPONSE		
EVERY_DAY	1	Every day
SEVERAL_TIMES_WEEK	2	Several times a week
SEVERAL_TIMES_MONTH	3	Several times a month
SEVERAL_TIMES_YEAR	4	Several times a year
ONCE_YEAR_OR_LESS	5	Once a year or less
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_6	GEN_MUSC_COF4	
[ALWAYS ASK]		
About how often do you play a musical instrument or sing in a choir?		
CODE ONLY ONE RESPONSE		
EVERY_DAY	1	Every day
SEVERAL_TIMES_WEEK	2	Several times a week
SEVERAL_TIMES_MONTH	3	Several times a month
SEVERAL_TIMES_YEAR	4	Several times a year
ONCE_YEAR_OR_LESS	5	Once a year or less
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_END

Quality of Life (QUA)

ICECAP-A measure V2 © 2010 Hareth Al-Janabi and Joanna Coast

<https://www.birmingham.ac.uk/research/activity/mds/projects/HaPS/HE/ICECAP/ICECAP-A/index.aspx>

Overview	This module relates to quality of life or wellbeing in a broad sense, not just in relation to health. Questions are intended to describe people's <i>capability</i> to live a life that they <i>value</i> , rather than factors that may determine capability (e.g., income, health).
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Please indicate which ONE statement best describes your overall quality of life at the moment for each of the five groups below.

QUA_1	QUA_SECURE_COF4
[ALWAYS ASK]	
Feeling settled and secure	
CODE ONLY ONE RESPONSE	
ALL	1 I am able to feel settled and secure in all areas of my life
MANY	2 I am able to feel settled and secure in many areas of my life
A_FEW	3 I am able to feel settled and secure in a few areas of my life
UNABLE	4 I am unable to feel settled and secure in any areas of my life
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

QUA_2	QUA_LOVE_COF4
[ALWAYS ASK]	
Love, friendship and support	
CODE ONLY ONE RESPONSE	
A_LOT	1 I can have a lot of love, friendship and support
QUITE_A_LOT	2 I can have quite a lot of love, friendship and support
A_LITTLE	3 I can have a little love, friendship and support
CANNOT	4 I cannot have any love, friendship and support
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

QUA_3	QUA_INDEPENDENT_COF4	
[ALWAYS ASK]		
Being independent		
CODE ONLY ONE RESPONSE		
COMPLETELY	1	I am able to be completely independent
MANY	2	I am able to be independent in many things
A_FEW	3	I am able to be independent in a few things
UNABLE	4	I am unable to be at all independent
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

QUA_4	QUA_ACHIEVE_COF4	
[ALWAYS ASK]		
Achievement and progress		
CODE ONLY ONE RESPONSE		
ALL	1	I can achieve and progress in all aspects of my life
MANY	2	I can achieve and progress in many aspects of my life
A_FEW	3	I can achieve and progress in a few aspects of my life
CANNOT	4	I cannot achieve and progress in any aspects of my life
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

QUA_5	QUA_ENJOYMENT_COF4	
[ALWAYS ASK]		
Enjoyment and pleasure		
CODE ONLY ONE RESPONSE		
A_LOT	1	I can have a lot of enjoyment and pleasure
QUITE_A_LOT	2	I can have quite a lot of enjoyment and pleasure
A_LITTLE	3	I can have a little enjoyment and pleasure
CANNOT	4	I cannot have any enjoyment and pleasure
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

QUA_END

Subjective Cognitive Decline (SCD)

Overview	<p>This module asks participants about perceived changes in their memory and whether this is of concern to them. This module will be asked of all participants.</p> <p>Research suggests that these concerns might be an early indicator of a brain disorder even when the person does well on testing. It is important to mention, though, there are many other potential causes (for example, aging, personality traits, effects of medical conditions and their treatment) for these changes, and many people with them do not have evidence of a brain disorder and are not at risk of progressing to more serious thinking problems.</p> <p>With the information collected, we will be trying to determine when these concerns represent the early stages of a brain disorder, what factors like age and personality are associated with them, and what influences the likelihood of these changes becoming worse over time.</p>
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PCM_1	GEN_MEMO_COF4		
[ALWAYS ASK]			
Do you feel like your memory is becoming worse?			
READ LIST, CODE ONLY ONE RESPONSE			
NO	1	No	
YES	2	Yes, but this does not worry me	
YESWRY	3	Yes, and this worries me	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

PCM_END

Physical Activities (PA2)

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

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

PA2_1	PA2_SIT_COF4
[ALWAYS ASK]	
Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV, computer activities or doing handicrafts? Would you say...	
READ LIST, CODE ONLY ONE RESPONSE	
NEVER	1 Never
SELDOM	2 Seldom (1 to 2 days)
SOMETIMES	3 Sometimes (3 to 4 days)
OFTEN	4 Often (5 to 7 days)
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

PA2_2	PA2_SIT2_COF4	
[ASK IF PA2_SIT_COF4 ≠ NEVER AND PA2_SIT_COF4 ≠ DK_NA AND PA2_SIT_COF4 ≠ REFUSED]		
What were these activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PA2_SIT2_BIN_COF4	01	Bingo, cards or other games
PA2_SIT2_COM_COF4	02	Computer activities
PA2_SIT2_CRO_COF4	03	Crosswords, puzzles, etc.
PA2_SIT2_HAN_COF4	04	Handicrafts
PA2_SIT2_LIS_COF4	05	Listening to radio/music
PA2_SIT2_MUS_COF4	06	Playing musical instruments
PA2_SIT2_REA_COF4	07	Reading
PA2_SIT2_VIS_COF4	08	Visiting with others
PA2_SIT2_TV_COF4	09	Watching TV
PA2_SIT2_OTSP_COF4	97	Other: _____
PA2_SIT2_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
PA2_SIT2_REFUSED_COF4	99	[DO NOT READ] Refused

PA2_3	PA2_SITHR_SIT_COF4	
[ASK IF PA2_SIT_COF4 ≠ NEVER AND PA2_SIT_COF4 ≠ DK_NA AND PA2_SIT_COF4 ≠ REFUSED]		
On average, how many hours per day did you engage in these sitting activities?		
READ LIST, CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_4	PA2_WALK_COF4	
[ALWAYS ASK]		
Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for pleasure or exercise, walking to work, walking the dog, etc.		
NOTE: WALKING CAN BE OUTDOOR OR INDOOR		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_5	PA2_WALKHR_COF4	
[ASK IF PA2_WALK_COF4 ≠ NEVER AND PA2_WALK_COF4 ≠ DK_NA AND PA2_WALK_COF4 ≠ REFUSED]		
On average, how many hours per day did you spend walking?		
READ LIST, CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_6	PA2_LSPRT_COF4	
[ALWAYS ASK]		
Over the past 7 days, how often did you engage in light sports or recreational activities such as bowling, golf with a cart, shuffleboard, badminton, fishing, stretching, yoga, curling 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	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_7	PA2_LSPRT2_COF4	
[ASK IF PA2_LSPRT2_COF4 ≠ NEVER AND PA2_LSPRT2_COF4 ≠ DK_NA AND PA2_LSPRT2_COF4 ≠ REFUSED]		
What were these activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PA2_LSPRT2_ARC_COF4	01	Archery
PA2_LSPRT2_BAD_COF4	02	Badminton
PA2_LSPRT2_BIL_COF4	03	Billiards
PA2_LSPRT2_BOA_COF4	04	Boating (canoeing, rowing, sailing)
PA2_LSPRT2_BOC_COF4	05	Bocce
PA2_LSPRT2_BOW_COF4	06	Bowling
PA2_LSPRT2_CAT_COF4	07	Catch
PA2_LSPRT2_CRO_COF4	08	Croquet
PA2_LSPRT2_CUR_COF4	20	Curling
PA2_LSPRT2_DAR_COF4	09	Darts
PA2_LSPRT2_FIS_COF4	10	Fishing
PA2_LSPRT2_FRI_COF4	11	Frisbee
PA2_LSPRT2_GOL_COF4	12	Golf with a power cart
PA2_LSPRT2_HOR_COF4	13	Horseshoes
PA2_LSPRT2_MUS_COF4	14	Musical program
PA2_LSPRT2_RIF_COF4	15	Rifle shooting
PA2_LSPRT2_SHU_COF4	16	Shuffleboard
PA2_LSPRT2_SWI_COF4	17	Swimming: no laps
PA2_LSPRT2_TAB_COF4	18	Table tennis
PA2_LSPRT2_YOG_COF4	19	Yoga or stretching
PA2_LSPRT2_OTSP_COF4	97	Other: _____
PA2_LSPRT2_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
PA2_LSPRT2_REFUSED_COF4	99	[DO NOT READ] Refused

PA2_8	PA2_LSPRTHR_COF4	
[ASK IF PA2_LSPRT_COF4 ≠ NEVER AND PA2_LSPRT_COF4 ≠ DK_NA AND PA2_LSPRT_COF4 ≠ REFUSED]		
On average, how many hours per day did you engage in these light sports or recreational activities?		
READ LIST, CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_9	PA2_MSPRT_COF4	
[ALWAYS ASK]		
Over the past 7 days, how often did you engage in moderate sports or recreational activities such as ballroom dancing, hunting, skating, golf without a cart, softball, pickleball 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	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_10	PA2_MSPRT2_COF4	
[ASK IF PA2_MSPRT2_COF4 ≠ NEVER AND PA2_MSPRT2_COF4 ≠ DK_NA AND PA2_MSPRT2_COF4 ≠ REFUSED]		
What were these activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PA2_MSPRT2_BAR_COF4	01	Barn chores
PA2_MSPRT2_DAN_COF4	02	Dancing (ballroom, ballet, disco)
PA2_MSPRT2_FEN_COF4	03	Fencing
PA2_MSPRT2_FOO_COF4	04	Football
PA2_MSPRT2_GOL_COF4	05	Golf (without a cart)
PA2_MSPRT2_HOR_COF4	06	Horseback riding
PA2_MSPRT2_HUN_COF4	07	Hunting
PA2_MSPRT2_PIC_COF4	17	Pickleball
PA2_MSPRT2_PIL_COF4	08	Pilates or tai chi
PA2_MSPRT2_SCU_COF4	09	Scuba diving or snorkelling
PA2_MSPRT2_SKA_COF4	10	Skating (ice, roller)
PA2_MSPRT2_SLE_COF4	11	Sledding/snowmobiling
PA2_MSPRT2_SOF_COF4	12	Softball/baseball/cricket
PA2_MSPRT2_SUR_COF4	13	Surfing/snowboarding
PA2_MSPRT2_TEN_COF4	14	Tennis (doubles)
PA2_MSPRT2_TRM_COF4	15	Trampoline
PA2_MSPRT2_VOL_COF4	16	Volleyball
PA2_MSPRT2_OTSP_COF4	97	Other: _____
PA2_MSPRT2_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
PA2_MSPRT2_REFUSED_COF4	99	[DO NOT READ] Refused

PA2_11	PA2_MSPRTHR_COF4	
[ASK IF PA2_MSPRT_COF4 ≠ NEVER AND PA2_MSPRT_COF4 ≠ DK_NA AND PA2_MSPRT_COF4 ≠ REFUSED]		
On average, how many hours per day did you engage in these moderate sports or recreational activities?		
READ LIST, CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_12	PA2_SSPRT_COF4	
[ALWAYS ASK]		
Over the past 7 days, how often did you engage in strenuous sports or recreational activities such as jogging, swimming, snowshoeing, cycling, aerobics, skiing, or other similar activities?		
INTERVIEWER INSTRUCTION: STRENUOUS SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE HAVING A CONVERSATION IS VERY DIFFICULT.		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_13	PA2_SSPRT2_COF4	
[ASK IF PA2_SSPRT_COF4 ≠ NEVER AND PA2_SSPRT_COF4 ≠ DK_NA AND PA2_SSPRT_COF4 ≠ REFUSED]		
What were these activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PA2_SSPRT2_AER_COF4	01	Aerobic dance or water aerobics
PA2_SSPRT2_BAC_COF4	02	Backpacking
PA2_SSPRT2_BAS_COF4	03	Basketball
PA2_SSPRT2_BIC_COF4	04	Bicycling/exercise bike
PA2_SSPRT2_BOA_COF4	05	Board sailing
PA2_SSPRT2_HAN_COF4	06	Handball/paddleball
PA2_SSPRT2_HIK_COF4	07	Hiking
PA2_SSPRT2_HOC_COF4	08	Hockey (ice or field)
PA2_SSPRT2_JOG_COF4	09	Jogging
PA2_SSPRT2_LAC_COF4	10	Lacrosse
PA2_SSPRT2_MOU_COF4	11	Mountain climbing, running
PA2_SSPRT2_RAC_COF4	12	Racquetball
PA2_SSPRT2_ROP_COF4	13	Rope skipping
PA2_SSPRT2_ROW_COF4	14	Rowing/canoeing for competition
PA2_SSPRT2_RWM_COF4	15	Rowing machine
PA2_SSPRT2_SKI_COF4	16	Skiing (cross country, downhill, water)
PA2_SSPRT2_SNO_COF4	17	Snowshoeing
PA2_SSPRT2_SOC_COF4	18	Soccer
PA2_SSPRT2_SQU_COF4	19	Squash
PA2_SSPRT2_STA_COF4	20	Stair climbing
PA2_SSPRT2_SWI_COF4	21	Swimming (with laps)
PA2_SSPRT2_TEN_COF4	22	Tennis (single)
PA2_SSPRT2_OTSP_COF4	97	Other: _____
PA2_SSPRT2_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
PA2_SSPRT2_REFUSED_COF4	99	[DO NOT READ] Refused

PA2_14	PA2_SSPRTHR_COF4	
[ASK IF PA2_SSPRT_COF4 ≠ NEVER AND PA2_SSPRT_COF4 ≠ DK_NA AND PA2_SSPRT_COF4 ≠ REFUSED]		
On average, how many hours per day did you engage in these strenuous sports or recreational activities?		
READ LIST, CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_15	PA2_EXER_COF4	
[ALWAYS ASK]		
Over the past 7 days, how often did you do any exercises specifically to increase muscle strength and endurance, such as lifting weights or push-ups, etc.?		
INTERVIEWER INSTRUCTION: EXAMPLES INCLUDE HAND WEIGHTS, PHYSICAL THERAPY WITH WEIGHTS, CALLISTHENICS, SIT-UPS, AND WEIGHTLIFTING. CALLISTHENICS ARE ACTIVITIES USING YOUR BODY WEIGHT FOR RESISTANCE SUCH AS PUSH UPS.		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_16	PA2_EXER2_COF4	
[ASK IF PA2_EXER_COF4 ≠ NEVER AND PA2_EXER_COF4 ≠ DK_NA AND PA2_EXER_COF4 ≠ REFUSED]		
What were these exercises?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PA2_EXER2_CAL_COF4	01	Callisthenics
PA2_EXER2_PUS_COF4	02	Push-ups
PA2_EXER2_SIT_COF4	03	Sit-ups
PA2_EXER2_WEI_COF4	04	Weightlifting and hand weights
PA2_EXER2_OTSP_COF4	97	Other: _____
PA2_EXER2_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
PA2_EXER2_REFUSED_COF4	99	[DO NOT READ] Refused

PA2_17	PA2_EXERHR_COF4	
[ASK IF PA2_EXER_COF4 ≠ NEVER AND PA2_EXER_COF4 ≠ DK_NA AND PA2_EXER_COF4 ≠ REFUSED]		
On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?		
READ LIST, CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_18-PA2_23				
[ALWAYS ASK]				
During the past 7 days, did you engage in any of the following activities?				
CODE ONLY ONE RESPONSE PER QUESTION				
		Yes	No	**DK / NA
		YES	NO	DK_NA
		1	2	8
				**RF
				RF
				9
PA2_LTHSWK_COF4	Light housework, such as dusting or washing dishes			
PA2_HVYHSWK_COF4	Heavy housework or chores such as vacuuming, scrubbing floors, washing windows or carrying wood			
PA2_HMREPAIR_COF4	Home repairs like painting, wallpapering, electrical work, etc.			
PA2_HVYODA_COF4	Lawn work or yard care, including snow or leaf removal, wood chopping, etc. (excluding outdoor gardening)			
PA2_LTODA_COF4	Outdoor gardening, sweeping the balcony or the stairs			
PA2_CRPRSN_COF4	Caring for another person, such as children, a dependent spouse or other adult			

** Replaces [DO NOT READ]. This response should not be read.

PA2_24	PA2_WRK_COF4	
[ALWAYS ASK]		
During the past 7 days, did you work for pay or as a volunteer?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_25	PA2_WRKHRS_NB_COF4	
[ASK IF PA2_WRK_COF4 = YES]		
During the past 7 days, how many hours did you work for pay or as a volunteer?		
IF THE PARTICIPANT IS UNSURE OF THE EXACT NUMBER OF HOURS, PLEASE REQUEST BEST POSSIBLE ESTIMATE		
		ENTER EXACT AMOUNT (MASK: MIN=1, MAX=168)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

PA2_26	PA2_WRKPA_COF4	
[ASK IF PA2_WRK_COF4 = YES]		
Which of the following categories best describes the amount of physical activity required on your job or as a volunteer?		
INTERVIEWER NOTE: 50 LBS. IS APPROXIMATELY 23 KG.		
READ CATEGORIES, CODE ONLY ONE RESPONSE		
SITTING	1	Mainly sitting with slight arm movements (such as office worker or bus driver)
STANDING_WALKING	2	Sitting and standing with some walking (such as cashier or light tool and machinery worker)
LIGHT_MANUAL	3	Walking with some handling of materials generally weighing less than 50 lbs (such as postal worker, waitress or construction worker)
HEAVY_MANUAL	4	Walking and heavy manual work often requiring handling of materials weighing over 50 lbs (such as lumberjack, stone mason, farm or general labourer)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_27	PA2_REPRTN_COF4	
[ALWAYS ASK]		
We just talked about your activities during the last 7 days. Taking them all together, would you say they represent the level of your routine activity over the last 12 months?		
READ LIST, CODE ONLY ONE RESPONSE		
STRONGLY_AGREE	1	Strongly agree
AGREE	2	Agree
NEITHER_AGREE_DISAGREE	3	Neither agree nor disagree
DISAGREE	4	Disagree
STRONGLY_DISAGREE	5	Strongly disagree
DK_NA	8	[DO NOT READ] Don't know / No answer

REFUSED	9	[DO NOT READ] Refused
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PA2_28	PA2_PALVL_COF4	
[ASK IF PA2_REPRTN_COF4 = DISAGREE OR STRONGLY_DISAGREE]		
During the past 7 days, would you say that your physical activity level was...		
READ LIST, CODE ONLY ONE RESPONSE		
LOT_LOWER	1	a lot lower than usual
LITTLE_LOWER	2	a little lower than usual
LITTLE_HIGHER	3	a little higher than usual
LOT_HIGHER	4	a lot higher than usual
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_29	PA2_PARTPA_COF4	
[ALWAYS ASK]		
In the past 12 months, have you felt like you wanted to participate more in physical activities?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_30	PA2_PRVPA_COF4	
[ASK IF PA2_PARTPA_COF4 = YES]		
What prevented you from doing physical activities/more physical activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PA2_PRVPA_COS_COF4	01	Cost
PA2_PRVPA_TRM_COF4	02	Transportation problems
PA2_PRVPA_ACT_COF4	03	Activities not available in the area
PA2_PRVPA_LOC_COF4	04	Location not physically accessible
PA2_PRVPA_FAR_COF4	05	Location is too far
PA2_PRVPA_HEA_COF4	06	Health condition limitation
PA2_PRVPA_ILL_COF4	07	Illness/injury
PA2_PRVPA_FEA_COF4	08	Fear of injury
PA2_PRVPA_TIM_COF4	09	Lack of time
PA2_PRVPA_ENG_COF4	10	Lack of energy
PA2_PRVPA_MOT_COF4	11	Lack of motivation
PA2_PRVPA_SKI_COF4	12	Lack of skills or knowledge
PA2_PRVPA_OTSP_COF4	97	Other: _____
PA2_PRVPA_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
PA2_PRVPA_REFUSED_COF4	99	[DO NOT READ] Refused

PA2_END

Nutrition: Short Diet Questionnaire (NUT)

This module includes a modified version of the Short Diet Questionnaire. The original Short Diet Questionnaire was developed and validated by Bryna Shatenstein and Hélène Payette.

Shatenstein B, Payette H. Evaluation of the relative validity of the Short Diet Questionnaire for assessing usual consumption frequencies of selected nutrients and foods. *Nutrients* 2015, 7, 6362-6374; doi:10.3390/nu7085282. The development, testing and validation of the Short Diet Questionnaire (SDQ) were carried out among NuAge study participants as part of the Canadian Longitudinal Study on Aging (CLSA) Phase II validation studies, CIHR 2006–2008. The NuAge study was supported by the Canadian Institutes for Health Research (CIHR), Grant number MOP-62842, and the Quebec Network for Research on Aging, a network funded by the Fonds de Recherche du Québec–Santé.

The Short Diet Questionnaire was modified beginning in Follow Up 4 to align with the items included in the Healthy Eating Index: HEI-2015.

Krebs-Smith SM, Pannucci TE, Subar AF, Kirkpatrick SI, Lerman JL, Tooze JA, Wilson MM, Reedy J. Update of the Healthy Eating Index: HEI-2015. *J Acad Nutr Diet*. 2018 Sep;118(9):1591-1602. doi: 10.1016/j.jand.2018.05.021. Erratum in: *J Acad Nutr Diet*. 2019 Oct;119(10):1759. doi: 10.1016/j.jand.2019.07.025. PMID: 30146071; PMCID: PMC6719291.

Overview	<p>The Short Diet Questionnaire is used to collect data on the habitual intake of foods and beverages over the past 12 months. We are also interested in finding out if you are currently following any specific dietary regimen.</p> <p>Researchers are interested in your diet because nutrition is known to play an important role in healthy aging. For example, vitamin D and calcium are important for maintaining healthy bones – while the intake of trans-unsaturated fatty acids is known to negatively impact cholesterol levels.</p>
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The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home. Think about the number of times you ate each food per month, per week or per day. **If you never eat a food or ate it less than once per month, then answer 'Never or rarely'.**

NUT_1	NUT_FBR_COF4	
[ALWAYS ASK]		
How often do you usually eat high fibre breakfast cereals (All Bran, 100% Bran, Bran Flakes, muesli...) for example twice a day, three times a week, once a month?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_2	NUT_BRD_COF4	
[ALWAYS ASK]		
How often do you usually eat whole wheat breads, bran breads, multigrain breads, rye breads (sliced, crusty, hamburger bun, hot dog bun, bagel, pita...)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_3	NUT_PST_COF4	
[ALWAYS ASK]		
How often do you usually eat whole wheat or whole grain pasta, noodles, quinoa, oats, brown or wild rice, or other whole grain foods?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_4	NUT_WTBRD_COF4	
[ALWAYS ASK]		
How often do you usually eat white breads , bagels, rice, pasta, noodles, or other refined grains, such as breakfast cereals?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INTERVIEWER INSTRUCTION: IF “NEVER” RECORD AS “NEVER OR RARELY”

NUT_5	NUT_ALLMEATS_COF4	
[ALWAYS ASK]		
How often do you usually eat beef, pork, veal, lamb, game (ground, hamburgers, roast, steak, cubed...)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_6	NUT_CHCK_COF4	
[ALWAYS ASK]		
How often do you usually eat chicken, turkey?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_7	NUT_FISH_COF4	
[ALWAYS ASK]		
How often do you usually eat salmon, trout, sardines, herring, tuna, and mackerel (fresh, frozen or canned)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_8	NUT_PRDMEATS_COF4	
[ALWAYS ASK]		
How often do you usually eat sausages, hot dogs, ham, cold cuts, smoked meat, bacon, pâtés, cretons, terrines...?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

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

NUT_9	NUT_O3EG_COF4	
[ALWAYS ASK]		
How often do you usually eat omega-3 eggs?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_10	NUT_EGGS_COF4	
[ALWAYS ASK]		
How often do you usually eat all egg dishes except omega-3 eggs (eggs, omelette, quiche...)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_11	NUT_LEG4M_CO4F	
[ALWAYS ASK]		
How often do you usually eat legumes, ex: dried beans, dried peas, lentils, tofu?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_12	NUT_NUTS_CO4F	
[ALWAYS ASK]		
How often do you usually eat nuts, seeds and peanut butter?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INTERVIEWER INSTRUCTION: IF “NEVER” RECORD AS “NEVER OR RARELY”

NUT_13	NUT_FRUT_COF4	
[ALWAYS ASK]		
How often do you usually eat fruit (fresh, frozen, canned)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_14	NUT_GREEN_COF4	
[ALWAYS ASK]		
How often do you usually eat green salad (lettuce, with or without other ingredients)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_15	NUT_PTTO_COF4	
[ALWAYS ASK]		
How often do you usually eat potatoes (boiled, mashed or baked)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_16	NUT_CRRT_COF4	
[ALWAYS ASK]		
How often do you usually eat carrots (fresh, frozen, canned, eaten on their own or with other food, cooked or raw)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_17	NUT_VGOT_COF4	
[ALWAYS ASK]		
How often do you usually eat other vegetables (except carrots, potatoes or salad)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

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

NUT_18	NUT_LWCS_COF4	
[ALWAYS ASK]		
How often do you usually eat all low-fat cheeses?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_19	NUT_CHSE_COF4	
[ALWAYS ASK]		
How often do you usually eat all regular cheeses?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_20	NUT_LWYG_COF4	
[ALWAYS ASK]		
How often do you usually eat yogurt (low-fat)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_21	NUT_YOGR_COF4	
[ALWAYS ASK]		
How often do you usually eat yogurt (regular)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INTERVIEWER INSTRUCTION: IF “NEVER” RECORD AS “NEVER OR RARELY”

NUT_22	NUT_FDJCCALC_COF4	
[ALWAYS ASK]		
How often do you usually eat calcium-fortified foods (soy pudding...) or drink calcium-fortified juice (orange juice)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_23	NUT_DAIR_COF4	
[ALWAYS ASK]		
How often do you usually eat ice cream, ice milk, frozen yogurt, milk-based desserts (puddings...)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_24	NUT_SALT_COF4	
[ALWAYS ASK]		
How often do you usually eat salty snacks (regular chips, crackers...)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_25	NUT_DSRT_COF4	
[ALWAYS ASK]		
How often do you usually eat cakes, pies, doughnuts, pastries, cookies, muffins...?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_26	NUT_CHOC_COF4	
[ALWAYS ASK]		
How often do you usually eat chocolate (either candy or bars)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

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

NUT_27	NUT_FATS_COF4	
[ALWAYS ASK]		
How often do you usually eat butter, lard, coconut oil, or palm oil?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_28	NUT_MRGOIL_COF4	
[ALWAYS ASK]		
How often do you usually have margarine or vegetable oils (e.g., olive, canola, or sunflower oil) including salad dressings and mayonnaise?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INTERVIEWER INSTRUCTION: IF “NEVER” RECORD AS “NEVER OR RARELY”

NUT_29	NUT_PURE_COF4	
[ALWAYS ASK]		
How often do you usually drink 100% pure fruit juices either bottled or canned, frozen concentrate or diluted (ex. orange, grapefruit or others including tomato juice)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_30	NUT_SUGR_COF4	
[ALWAYS ASK]		
How often do you usually drink fruit drinks with sugar added (ex. punch, cocktails with artificial flavors, lemonade, sugar iced tea or others)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_31	NUT_SFDRK_COF4	
[ALWAYS ASK]		
How often do you usually drink regular soft drinks (ex. Coke, Pepsi, 7-Up, Sprite, etc.)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_32	NUT_ASFDRK_COF4	
[ALWAYS ASK]		
How often do you usually drink artificial-sweetened soft drinks (ex. Diet Coke, Diet Pepsi, Diet 7-Up, Diet Sprite, etc.)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_33	NUT_CFFTEA_COF4	
[ALWAYS ASK]		
How often do you usually have sweetened hot or iced coffee or tea?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INTERVIEWER INSTRUCTION: IF “NEVER” RECORD AS “NEVER OR RARELY”

NUT_34	NUT_FLVML_COF4	
[ALWAYS ASK]		
How often do you usually have chocolate milk or other flavored milk?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_35	NUT_WHML_CO4	
[ALWAYS ASK]		
How often do you usually drink whole milk 3.25% m.f.?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_36	NUT_LFML_CO4	
[ALWAYS ASK]		
How often do you usually drink 2%, 1%, skim milk?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_37	NUT_PLNTDR_COF4	
[ALWAYS ASK]		
How often do you usually drink fortified plant-based beverages (soy, oat, almond...)?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_37a	NUT_PLNTDR_TYP_COF4	
[ASK IF NUT_PLNTDR_COF4 = DAY OR WK OR MT > 0]		
Which type do you usually consume?		
CODE ONLY ONE RESPONSE		
SB	1	Soy beverage
OTSP	2	Others
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUT_38	NUT_ENEG_COF4	
[ALWAYS ASK]		
How often do you usually drink Energy Drinks, such as Red Bull?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_39	NUT_PKFD_COF4	
[ALWAYS ASK]		
How often do you usually eat already packaged foods or meals, such as soups, frozen meals or others?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_40	NUT_FSTFD_COF4	
[ALWAYS ASK]		
How often do you usually eat food from fast food restaurants, such as burgers, French fries, poutine, pizza, submarine sandwiches, fried chicken, burritos, or tacos?		
CODE ONLY ONE RESPONSE		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_41	NUT_LSALT_COF4	
[ALWAYS ASK]		
Do you usually choose low salt or salt-free nuts, seeds, and peanut butter?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUT_42	NUT_TAST_COF4	
[ALWAYS ASK]		
Do you have problems tasting foods? Such as impaired taste for sweet or salty foods or having an unusual sweet, salty, sour or bitter taste in the mouth?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUT_43	NUT_SMEL_COF4	
[ALWAYS ASK]		
Do you have problems with the sense of smell? Such as decreased perception or smelling non-appropriate odours?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUT_44	NUT_SPDIET_COF4	
[ALWAYS ASK]		
Are you currently following a specific diet?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUT_44a		NUT_DTYP_COF4
[ASK IF NUT_SPDIET_COF4 = YES]		
What type of diet?		
INTERVIEWER INSTRUCTIONS: READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
NUT_DTYP_VEG_COF4	01	Vegetarian diet
NUT_DTYP_VAG_COF4	02	Vegan diet
NUT_DTYP_MAC_COF4	03	Macrobiotic diet
NUT_DTYP_GLU_COF4	04	Gluten free diet
NUT_DTYP_MED_COF4	05	Mediterranean diet
NUT_DTYP_RAW_COF4	06	Raw food diet
NUT_DTYP_DSH_COF4	07	DASH diet (Dietary pattern to prevent and control high blood pressure)
NUT_DTYP_PAL_COF4	08	Paleo diet
NUT_DTYP_WTL_COF4	09	Weight loss diet
NUT_DTYP_LNA_COF4	10	Diet low in salt
NUT_DTYP_LWF_COF4	11	Diet low in fat
NUT_DTYP_LWS_COF4	12	Diet low in sugar
NUT_DTYP_LFR_COF4	13	Lactose-free diet
NUT_DTYP_KET_COF4	14	Ketogenic diet
NUT_DTYP_OTSP_COF4	97	Other (e.g., such as ethno-cultural diet): _____
NUT_DTYP_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
NUT_DTYP_REFUSED_COF4	99	[DO NOT READ] Refused

NUT_44b		NUT_DTIM_COF4
[ASK IF NUT_SPDIET_COF4 = YES]		
If yes, for how long? Specify weeks, months or years		
INTERVIEWER INSTRUCTIONS: PROBE FOR BEST ESTIMATE IF REQUIRED		
CODE ONLY ONE RESPONSE		
WK	_____	Weeks (MASK: MIN=1, MAX=52)
MT	_____	Months (MASK: MIN=1, MAX=12)
YR	_____	Years (MASK: MIN=1, MAX=CURRENT AGE)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

NUT_END

Women's Health (WHO)

Overview	<p>The women's health module is used to collect data related to reproductive factors, menopause and hormone replacement therapy.</p> <p>Researchers are interested in these topics because they are known to affect the risk of certain diseases and health outcomes. For example, reproductive factors are known to influence hormone-related cancers like those of the breast and ovary - and the chance of developing osteoporosis (loss of bone mass) increases as women reach menopause.</p>
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WHO_MENSTRFRST_PAST = Use the first non-NULL value in (WHO_MENSTRFRST_COF3, WHO_MENSTRFRST_COF2)

WHO_A	WHO_MENSTRFRST_COF4
[ASK IF FEMALE AND WHO_MENSTRFRST_PAST = NULL]	
At what age did you have your first menstrual period?	
	RECORD AGE (MASK: MIN=8, MAX=25)
DK_NA	98 [DO NOT READ] Don't know / No answer
REFUSED	99 [DO NOT READ] Refused

The next questions are about symptoms associated with menopause.

WHO_MENOP_PAST = Use the first non-NULL value in (WHO_MENOP_COF3, WHO_MENOP_COF2, WHO_MENOP_COF1, WHO_MENOP_COM)

WHO_1	WHO_MENOP_COF4
[ASK IF SEX = FEMALE AND WHO_MENOP_PAST ≠ YES]	
Have you gone through menopause, meaning that your menstrual periods stopped for at least one year and did not restart?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

WHO_1a	WHO_MENOHOW_COF4	
[ASK IF WHO_MENOP_COF4 = YES]		
Was your menopause natural or as a result of a medical intervention?		
Definitions Bilateral oophorectomy – the removal of two or more ovaries Bilateral salpingo-oophorectomy – also known as a BSO, is a surgical procedure in which both of the ovaries and the fallopian tubes are removed. Hysterectomy – the uterus is surgically removed		
CODE ONLY ONE RESPONSE		
NATURAL	1	Natural
OVARIES	2	Surgical menopause – bilateral oophorectomy without hysterectomy
ALL	3	Surgical menopause – hysterectomy and bilateral salpingo-oophorectomy/oophorectomy
HYSTERECTOMY	4	Surgical menopause – hysterectomy only (ovaries conserved)
HYSTOVAQUES	5	Surgical menopause – hysterectomy but uncertain if ovaries removed
SURGRADITION	6	Medically induced menopause – radiation
SURGDRUG	7	Medically induced menopause – drugs including chemotherapy
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

WHO_2	WHO_MPAG_AG_COF4	
[ASK IF WHO_MENOP_COF4 = YES]		
How old were you when your menstrual periods stopped for at least one year and did not re-start?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE		
	_____	RECORD AGE (MASK: MIN=0, MAX=CURRENT AGE)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WHO_HRT_PAST = Use the first non-NULL value in (WHO_HRT_COF3, WHO_HRT_COF2, WHO_HRT_COF1, WHO_HRT_COM)

WHO_3	WHO_HRT_COF4	
[ASK IF SEX = FEMALE AND WHO_HRT_PAST ≠ YES]		
Have you ever used any hormone replacement therapy, sometimes called HRT, for any reason?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

WHO_4	WHO_TYPE_COF4	
[ASK IF WHO_HRT_COF4 = YES]		
Which type of hormone replacement therapy have you used the most?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
ESTROGEN_PROGESTERONE	1	Both Estrogen and Progesterone
ESTROGEN	2	Estrogen (e.g., Premarin, Estrace)
PROGESTERONE	3	Progesterone (e.g., Prometrium, Provera)
ESTROGEN_SKIN	4	Estrogen applied to the skin via gel, cream, patch or spray (e.g., Estraderm, Estrogel)
DEVICE_PROGESTERONE	5	Intra-uterine device with progesterone
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

WHO_5	WHO_HRTAG_AG_COF4	
[ASK IF WHO_HRT_COF4 = YES]		
How old were you when you started using hormone replacement therapy?		
INTERVIEWER: EXACT AGE IS 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?"		
	_____	RECORD AGE (MASK: MIN=0, MAX=CURRENT AGE)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WHO_6	WHO_HRTCURR_COF4	
[ASK IF WHO_HRT_COF4 = YES]		
Are you still taking hormone replacement therapy?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

WHO_7	WHO_HRTSTIL_COF4	
[ASK IF WHO_HRT_PAST = YES]		
During your last interview you stated you had used hormone replacement therapy. Are you still taking this therapy?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

WHO_8	WHO_HRTDR_COF4	
[ASK IF WHO_HRTCURR_COF4 = NO OR WHO_HRTSTIL_COF4 = NO]		
In total, for how long did you use, or have you been using hormone replacement therapy?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT IS UNSURE OF THE TOTAL TIME		
CODE ONLY ONE RESPONSE		
WK	_____	Weeks (MASK: MIN=0, MAX=52)
MT	_____	Months (MASK: MIN=0, MAX=12)
YR	_____	Years (MASK: MIN=0, MAX=CURRENT AGE)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WHO_END

Functional Status (FUL)

Overview	The purpose of these questions is to determine the degree of mobility of the aging population in day-to-day actions.
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FUL_1	FUL_SHLD_COF4
[ALWAYS ASK]	
Do you have any difficulty reaching or extending your arms above your shoulders?	
CODE ONLY ONE RESPONSE	
YES	1 Yes
NO	2 No
UNABLE	3 Unable to do
DOCTORS_ORDERS	4 Don't do on doctor's orders
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

FUL_1a	FUL_SHLDDG_COF4
[ASK IF FUL_SHLD_COF4 = YES]	
Would you say the degree of difficulty is...	
CODE ONLY ONE RESPONSE	
LITTLE_DIFFICULT	1 A little difficult
SOMEWHAT_DIFFICULT	2 Somewhat difficult
VERY_DIFFICULT	3 Very difficult
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

FUL_2	FUL_STOOP_COF4	
[ALWAYS ASK]		
Do you have any difficulty stooping, crouching, or kneeling down?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_2a	FUL_STOOPDG_COF4	
[ASK IF FUL_STOOP_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_3	FUL_PUSH_COF4	
[ALWAYS ASK]		
Do you have any difficulty pushing or pulling large objects like a living room chair?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_3a	FUL_PUSHDG_COF4	
[ASK IF FUL_PUSH_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_4	FUL_LFT10_COF4	
[ALWAYS ASK]		
Do you have any difficulty lifting ten pounds (or 4.5 kg) from the floor, like a heavy bag of groceries?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_4a	FUL_LFT10DG_COF4	
[ASK IF FUL_LFT10_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_5	FUL_HDLG_COF4	
[ALWAYS ASK]		
Do you have any difficulty handling small objects, like picking up a coin from a table?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_5a	FUL_HDLGDG_COF4	
[ASK IF FUL_HDLG_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_6	FUL_ST15_COF4	
[ALWAYS ASK]		
Do you have any difficulty standing for a long period, around 15 minutes?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_6a	FUL_ST15DG_COF4	
[ASK IF FUL_ST15_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_7	FUL_SIT1H_COF4	
[ALWAYS ASK]		
Do you have any difficulty sitting for a long period, say 1 hour?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_7a	FUL_SIT1HDG_COF4	
[ASK IF FUL_SIT1H_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_8	FUL_STDUP_COF4	
[ALWAYS ASK]		
Do you have any difficulty standing up after sitting in a chair?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_8a	FUL_STDUPDG_COF4	
[ASK IF FUL_STDUP_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_9	FUL_FSTR_COF4	
[ALWAYS ASK]		
Do you have any difficulty walking alone up and down a flight of stairs?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_9a	FUL_FSTRDG_COF4	
[ASK IF FUL_FSTR_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_10	FUL_WK23B_COF4	
[ALWAYS ASK]		
Do you have any difficulty walking 2 to 3 neighbourhood blocks?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_10a	FUL_WK23BDG_COF4	
[ASK IF FUL_WK23B_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_11	FUL_MKBED_COF4	
[ALWAYS ASK]		
Do you have any difficulty making a bed?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_11a	FUL_MKBEDDG_COF4	
[ASK IF FUL_MKBED_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_12	FUL_WSHBK_COF4	
[ALWAYS ASK]		
Do you have any difficulty washing your back?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_12a	FUL_WSHBKDG_COF4	
[ASK IF FUL_WSHBK_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_13	FUL_KNCUT_COF4	
[ALWAYS ASK]		
Do you have any difficulty using a knife to cut food?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_13a	FUL_KNCUTDG_COF4	
[ASK IF FUL_KNCUT_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_14	FUL_FORC_COF4	
[ALWAYS ASK]		
Do you have any difficulty with recreational or work activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, typing, etc.)?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_14a	FUL_FORCDG_COF4	
[ASK IF FUL_FORC_COF4 = YES]		
Would you say the degree of difficulty is...		
CODE ONLY ONE RESPONSE		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_END

Basic Activities of Daily Living (ADL)

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

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

Now I'd like to ask you about activities of daily living. You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

ADL_1	ADL_ABLDR_COF4
[ALWAYS ASK]	
Can you dress and undress yourself without help (including picking out clothes and putting on socks and shoes)?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ADL_2	ADL_HPDR_COF4
[ASK IF ADL_ABLDR_COF4 = NO]	
Can you dress and undress yourself with some help?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ADL_3	ADL_UNDR_COF4	
[ASK IF ADL_HPDR_COF4 = NO]		
Are you completely unable to dress and undress yourself?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_4	ADL_ABLFD_COF4	
[ALWAYS ASK]		
Can you eat without help (i.e., you are able to feed yourself completely)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_5	ADL_HPFD_COF4	
[ASK IF ADL_ABLFD_COF4 = NO]		
Can you eat with some help (i.e., you need help with cutting your food, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_6	ADL_UNFD_COF4	
[ASK IF ADL_HPFD_COF4 = NO]		
Are you completely unable to feed yourself?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_7	ADL_ABLAP_COF4	
[ALWAYS ASK]		
Can you take care of your own appearance without help, for example, combing your hair, shaving (if male)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_8	ADL_HPAP_COF4	
[ASK IF ADL_ABLAP_COF4 = NO]		
Can you take care of your own appearance with some help?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_9	ADL_UNAP_COF4	
[ASK IF ADL_HPAP_COF4 = NO]		
Are you completely unable to take care of your own appearance?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_10	ADL_ABLWK_COF4	
[ALWAYS ASK]		
Can you walk without help?		
INTERVIEWER NOTE: IF PARTICIPANT WALKS WITH A CANE CODE AS YES		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_11	ADL_HPWK_COF4	
[ASK IF ADL_ABLWK_COF4 = NO]		
Can you walk with some help from a person, or with the use of a walker or crutches, etc.?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_12	ADL_UNWK_COF4	
[ASK IF ADL_HPWK_COF4 = NO]		
Are you completely unable to walk?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_13	ADL_ABLBD_COF4	
[ALWAYS ASK]		
Can you get in and out of bed without any help or aids?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_14	ADL_HPBD_COF4	
[ASK IF ADL_ABLBD_COF4 = NO]		
Can you get in and out of bed with some help (either from a person or with the aid of some device)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_15	ADL_UNBD_COF4	
[ASK IF ADL_HPBD_COF4 = NO]		
Are you totally dependent on someone else to lift you in and out of bed?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_16	ADL_ABLBT_COF4	
[ALWAYS ASK]		
Can you take a bath or shower without help?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_17	ADL_HPBT_COF4	
[ASK IF ADL_ABLBT_COF4 = NO]		
Can you take a bath or shower with some help (i.e., you need help from someone getting in and out of the tub or you need special attachments on the tub)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_18	ADL_UNBT_COF4	
[ASK IF ADL_HPBT_COF4 = NO]		
Are you completely unable to take a bath and a shower by yourself?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_19	ADL_BATH_COF4	
[ALWAYS ASK]		
Do you ever have trouble getting to the bathroom in time?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_20	ADL_INCNT_COF4	
[ASK IF ADL_BATH_COF4 = YES]		
How often do you wet or soil yourself (either day or night)? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
0_1_TIME_WEEK	1	Never or less than once a week
1_2_TIME_WEEK	2	Once or twice a week
3_MORE_TIMES_WEEK	3	Three times a week or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_END

Instrumental Activities of Daily Living (IAL)

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

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

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

IAL_1	IAL_ABLTEL_COF4
[ALWAYS ASK]	
Can you use the telephone without help, including looking up numbers and dialling?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

IAL_2	IAL_HPTEL_COF4
[ASK IF IAL_ABLTEL_COF4 = NO]	
Can you use the telephone with some help (i.e., you can answer the phone or dial the operator in an emergency, but need a special phone or help in getting the number or dialling)?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

IAL_3	IAL_UNTEL_COF4	
[ASK IF IAL_HPTTEL_COF4 = NO]		
Are you completely unable to use the telephone?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_4	IAL_ABLTRV_COF4	
[ALWAYS ASK]		
Can you get to places out of walking distance without help (i.e., you drive your own car, or travel alone on buses, or taxis)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_5	IAL_HPTRV_COF4	
[ASK IF IAL_ABLTRV_COF4 = NO]		
Can you get to places out of walking distance with some help (i.e., you need someone to help you or go with you when travelling)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_6	IAL_UNTRV_COF4	
[ASK IF IAL_HPTRV_COF4 = NO]		
Are you unable to travel unless emergency arrangements are made for a specialized vehicle, like an ambulance?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_7	IAL_ABLGRO_COF4	
[ALWAYS ASK]		
Can you go shopping for groceries or clothes without help (taking care of all shopping needs yourself)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_8	IAL_HPGRO_COF4	
[ASK IF IAL_ABLGRO_COF4 = NO]		
Can you go shopping for groceries or clothes with some help (i.e., you need someone to go with you on all shopping trips)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_9	IAL_UNGRO_COF4	
[ASK IF IAL_HPGRO_COF4 = NO]		
Are you completely unable to do any shopping?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_10	IAL_ABLML_COF4	
[ALWAYS ASK]		
Can you prepare your own meals without help (i.e., you plan and cook full meals yourself)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_11	IAL_HPML_COF4	
[ASK IF IAL_ABLML_COF4 = NO]		
Can you prepare your own meals with some help (i.e., you can prepare some things but are unable to cook full meals yourself)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_12	IAL_UNML_COF4	
[ASK IF IAL_HPML_COF4 = NO]		
Are you completely unable to prepare any meals?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_13	IAL_ABLWRK_COF4	
[ALWAYS ASK]		
Can you do your housework without help (i.e., you can clean floors, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_14	IAL_HPWRK_COF4	
[ASK IF IAL_ABLWRK_COF4 = NO]		
Can you do your housework with some help (i.e., you can do light housework but need help with heavy work)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_15	IAL_UNWRK_COF4	
[ASK IF IAL_HPWRK_COF4 = NO]		
Are you completely unable to do any housework?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_16	IAL_ABLMED_COF4	
[ALWAYS ASK]		
Can you take your own medicine without help (in the right doses at the right time)?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_17	IAL_HPMED_COF4	
[ASK IF IAL_ABLMED_COF4 = NO]		
Can you take your own medicine with some help (i.e., you are able to take medicine if someone prepares it for you or reminds you to take it)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_18	IAL_UNMED_COF4	
[ASK IF IAL_HPMED_COF4 = NO]		
Are you completely unable to take your medicine?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_19	IAL_ABLMO_COF4	
[ALWAYS ASK]		
Can you handle your own money without help (i.e., you write cheques, pay bills, etc.)?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_20	IAL_HPMO_COF4	
[ASK IF IAL_ABLMO_COF4 = NO]		
Can you handle your own money with some help (i.e., you manage day-to-day buying but need help with managing your chequebook or paying your bills)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_21	IAL_UNMO_COF4	
[ASK IF IAL_HPMO_COF4 = NO]		
Are you completely unable to handle your money?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_END

Cognition (COG)

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

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

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

Now, I am going to ask you to complete some tasks related to memory and concentration. Some of these tasks might seem difficult and some might seem easy, but that's the way it is supposed to be. We don't expect you to get them all right; we are asking everyone to do these tasks.

COG_A	COG_REC_COF4
[ALWAYS ASK]	
To help us capture this information accurately, we would like your permission to make an audio recording of your responses. This recording will only be used by authorized CLSA employees to code and verify your responses. It is subject to all of the same confidentiality provisions as all other data collected as part of the CLSA. Do you consent to be recorded?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused
[IF COG_REC_COF4 ≠ YES SKIP TO END OF MODULE]	

COG_1	COG_RDY_COF4
[ASK IF COG_REC_COF4 = YES]	
It is very important that you are not disturbed during these tasks. Only you can complete these tasks, without help from anyone else or the use of an aid, which includes pen and paper.	
To begin, a recorded voice will ask you a question that you will need to answer. Please listen carefully. Are you ready to listen to the recording?	
INTERVIEWER NOTES: IF THERE IS TECHNICAL DIFFICULTY AND THE PARTICIPANT CAN'T BE RECORDED SKIP TO COG_END	
CODE ONLY ONE RESPONSE	
YES	1 Yes
NO	2 No
TECH	3 [DO NOT READ] Technical problems prevented module from being completed
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused
[IF COG_RDY_COF4 = YES SKIP TO COG_BGN_COF4, IF COG_RDY_COF4 = REFUSED SKIP TO COG_ANML_COF4]	

COG_2	COG_RDYRPT_COF4	
[ASK IF COG_RDY_COF4 = NO OR DK_NA]		
INTERVIEWER INSTRUCTION: IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS:		
A recorded voice will ask you a question that you will need to answer. Please listen carefully. Are you ready to listen to the recording?		
INTERVIEWER NOTES: IF THERE IS TECHNICAL DIFFICULTY AND THE PARTICIPANT CAN'T BE RECORDED SKIP TO COG_END		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
[IF COG_RDYRPT_COF4 = YES SKIP TO COG_BGN_COF4]		

COG_2a	COG_RDYIMP_COF4	
[ASK IF COG_RDYRPT_COF4 = NO OR DK_NA OR REFUSED]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
[IF COG_RDYIMP_COF4 = NO SKIP TO COG_ANML_COF4]		

COG_2b	COG_RDYFCTR_COF4	
[ASK IF COG_RDYIMP_COF4 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_RDYFCTR_LG_COF4	01	Had difficulty understanding English/French
COG_RDYFCTR_PH_COF4	02	Physical impairment, such as difficulty hearing
COG_RDYFCTR_DI_COF4	03	Distraction or noisy environment
COG_RDYFCTR_IM_COF4	04	Impaired concentration/memory problems
COG_RDYFCTR_AID_COF4	05	Used an aid
COG_RDYFCTR_TE_COF4	06	Technical difficulties with the laptop/software
COG_RDYFCTR_OTSP_COF4	97	Other (Please specify: _____)
[SKIP TO COG_ANML_COF4]		

COG_3	COG_BGN_COF4	
[ASK IF COG_RDY_COF4 = YES OR COG_RDYRPT_COF4 = YES]		
I will begin the recording now.		
INTERVIEWER TO INDICATE IF THE PARTICIPANT CLEARLY HEARD THE RECORDING, DK_NA / REFUSED NOT ALLOWED		
YES	1	Yes, clearly heard recording
NO	2	No, did not clearly hear recording
[IF COG_BGN_COF4 = YES SKIP TO COG_WRD_COF4]		

COG_4	COG_HRD_COF4	
[ASK IF COG_BGN_COF4 = NO]		
ADJUST VOLUME AND SAY: I have adjusted the volume. I will replay the recording for you now.		
INTERVIEWER TO INDICATE IF THE PARTICIPANT CLEARLY HEARD THE RECORDING, DK_NA / REFUSED NOT ALLOWED		
YES	1	Yes, clearly heard recording
NO	2	No, did not clearly hear recording
[IF COG_HRD_COF4 = YES SKIP TO COG_WRD_COF4]		

COG_4a	COG_HRDIMP_COF4	
[ASK IF COG_HRD_COF4 = NO]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
[IF COG_HRDIMP_COF4 = NO SKIP TO COG_ANML_COF4]		

COG_4b	COG_HRDFCTR_COF4	
[ASK IF COG_HRDIMP_COF4 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_HRDFCTR_LG_COF4	01	Had difficulty understanding English/French
COG_HRDFCTR_PH_COF4	02	Physical impairment, such as difficulty hearing
COG_HRDFCTR_DI_COF4	03	Distraction or noisy environment
COG_HRDFCTR_IM_COF4	04	Impaired concentration/memory problems
COG_HRDFCTR_AID_COF4	05	Used an aid
COG_HRDFCTR_TE_COF4	06	Technical difficulties with the laptop/software
COG_HRDFCTR_OTSP_COF4	97	Other (Please specify: _____)
[SKIP TO COG_ANML_COF4]		

COG_5	COG_WRD_COF4	
[ASK IF COG_BGN_COF4 = YES OR COG_HRD_COF4 = YES]		
The first task will start with a recorded voice that will read you a list of words. We have purposely made the list long so it will be difficult for anyone to recall all of the words. Most people recall just a few words. Please listen carefully, as the list of words cannot be repeated. When the list of words is finished, I will ask you to recall aloud as many of the words as you can, in any order. May I start the recording?		
INTERVIEWER NOTES: IF THE LIST OF WORDS IS NOT PLAYING DUE TO TECHNICAL DIFFICULTY DO NOT RECITE THE WORDS FOR THE PARTICIPANT AND SKIP TO COG_ANML_COF4.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
[IF COG_WRD_COF4 = REFUSED SKIP TO COG_ANML_COF4, IF COG_WRD_COF4 = YES SKIP TO COG_WRDLST_COF4]		

COG_6	COG_WRRDPT_COF4	
[ASK IF COG_WRD_COF4 = NO OR DK_NA]		
INTERVIEWER: IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS:		
The first task will start with a recorded voice that will read you a list of words. We have purposely made the list long so it will be difficult for anyone to recall all of the words. Most people recall just a few words. Please listen carefully, as the list of words cannot be repeated. When the list of words is finished, I will ask you to recall aloud as many of the words as you can, in any order. May I start the recording?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
[IF COG_WRRDPT_COF4 = YES SKIP TO COG_WRDLST_COF4]		

COG_6a	COG_WRDIMP_COF4	
[ASK IF COG_WRRDPT_COF4 = NO OR DK_NA OR REFUSED]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
[IF COG_WRDIMP_COF4 = NO SKIP TO COG_ANML_COF4]		

COG_6b	COG_WRDFCTR_COF4	
[ASK IF COG_WRDIMP_COF4 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_WRDFCTR_LG_COF4	01	Had difficulty understanding English/French
COG_WRDFCTR_PH_COF4	02	Physical impairment, such as difficulty hearing
COG_WRDFCTR_DI_COF4	03	Distraction or noisy environment
COG_WRDFCTR_IM_COF4	04	Impaired concentration/memory problems
COG_WRDFCTR_AID_COF4	05	Used an aid
COG_WRDFCTR_TE_COF4	06	Technical difficulties with the laptop/software
COG_WRDFCTR_OTSP_COF4	97	Other (Please specify: _____)
[SKIP TO COG_ANML_COF4]		

COG_7		COG_WRDLST_COF4				
[ASK IF COG_WRD_COF4 = YES OR COG_WRDRPT_COF4 = YES]						
I will begin the recording now.						
RECORDING INSTRUCTIONS: START RECORDING						
Now, please tell me all the words you can remember in any order. Please begin.						
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96 OR 99 ARE SELECTED), RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS.						
TIMER INSTRUCTIONS: PARTICIPANT HAS 90 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES, DO NOT STOP THE TIMER BEFORE THE BEEP.						
INTERVIEWER NOTES: IF THERE IS TECHNICAL DIFFICULTY AND THE PARTICIPANT CAN'T BE RECORDED SKIP TO COG_END						
			Yes	No	Variant	Approved Variant Words
			1	9	2	
COG_WRDLST_DRUM_COF4	Drum	01				Dum or drub
COG_WRDLST_CURT_COF4	Curtain	02				Certain
COG_WRDLST_BELL_COF4	Bell	03				Ball
COG_WRDLST_COFF_COF4	Coffee	04				NA
COG_WRDLST_SCHL_COF4	School	05				Cool
COG_WRDLST_PRNT_COF4	Parent	06				NA
COG_WRDLST_MOON_COF4	Moon	07				NA
COG_WRDLST_GARD_COF4	Garden	08				NA
COG_WRDLST_HAT_COF4	Hat	09				NA
COG_WRDLST_FARM_COF4	Farmer	10				Armor, former
COG_WRDLST_NOSE_COF4	Nose	11				NA
COG_WRDLST_TURK_COF4	Turkey	12				NA
COG_WRDLST_COLR_COF4	Colour	13				Collar
COG_WRDLST_HOUS_COF4	House	14				NA
COG_WRDLST_RIVR_COF4	River	15				NA
COG_WRDLST_NONE_COF4	None/No words were correctly recalled	96				NA
COG_WRDLST_OTSP_COF4	OTHER words stated not on the above list (Please specify: _____)	97				
COG_WRDLST_REFUSED_COF4		99	[DO NOT READ] Refused			

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

COG_7a	COG_WRDLST_COMMT_COF4	
[ASK IF COG_WRD_COF4 = YES OR COG_WRDRPT_COF4 = YES]		
Thank you. This task is finished.		
INTERVIEWER: Do you have any comments about this test?		
YES	1	_____
NO	2	No comment

COG_7b	COG_WRDLST_LANG_COF4	
[ASK IF COG_WRD_COF4 = YES OR COG_WRDRPT_COF4 = YES]		
INTERVIEWER: Was this test completed in English or French?		
ENGLISH	1	English
FRENCH	2	French

COG_8	COG_ANML_COF4	
[ASK IF COG_REC_COF4 = YES]		
For the next few tasks, we are going to ask you to name some items, as well as count numbers and letters aloud.		
INTERVIEWER NOTES: The following tasks should be performed in either French or English, not both.		
Now, I would like you to name as many different animals as you can think of. You have one minute to do this. When you are ready to begin, I will start. Are you ready to begin?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
[IF COG_ANML_COF4 = YES SKIP TO COG_ANMLLIST_COF4, IF COG_ANML_COF4 = REFUSED SKIP TO COG_CNT_COF4]		

COG_9	COG_ANMLRPT_COF4	
[ASK IF COG_ANML_COF4 = NO OR DK_NA]		
INTERVIEWER: IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.		
Now, I would like you to name as many different animals as you can think of. You have one minute to do this. When you are ready to begin, I will start. Are you ready to begin?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
[IF COG_ANMLRPT_COF4 = YES SKIP TO COG_ANMLLIST_COF4]		

COG_9a	COG_ANMLIMP_COF4	
[ASK IF COG_ANMLRPT_COF4 = NO OR DK_NA OR REFUSED]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
[IF COG_ANMLIMP_COF4 = NO SKIP TO COG_CNT_COF4]		

COG_9b	COG_ANMLFCTR_COF4	
[ASK IF COG_ANMLIMP_COF4 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_ANMLFCTR_LG_COF4	01	Had difficulty understanding English/French
COG_ANMLFCTR_PH_COF4	02	Physical impairment, such as difficulty hearing
COG_ANMLFCTR_DI_COF4	03	Distraction or noisy environment
COG_ANMLFCTR_IM_COF4	04	Impaired concentration/memory problems
COG_ANMLFCTR_AID_COF4	05	Used an aid
COG_ANMLFCTR_TE_COF4	06	Technical difficulties with the laptop/software
COG_ANMLFCTR_OTSP_COF4	97	Other (Please specify: _____)
[SKIP TO COG_CNT_COF4]		

COG_10	COG_ANMLLIST_COF4	
[ASK IF COG_ANML_COF4 = YES OR COG_ANMLRPT_COF4 = YES]		
RECORDING INSTRUCTIONS: BEGIN RECORDING		
Please begin.		
TIMER INSTRUCTIONS: PARTICIPANT HAS 60 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES, DO NOT STOP THE TIMER BEFORE THE BEEP.		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT IS SILENT FOR 15 SECONDS OR STOPS BEFORE THE END OF THE TIMER, ENCOURAGE HIM/HER BY SAYING, "Can you think of any more animals?"		
DO NOT INTERRUPT THE PARTICIPANT IF HE/SHE IS PROVIDING APPROPRIATE ANSWERS. ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION ON WHAT CATEGORIES OF ANIMALS ARE ALLOWED OR ASKS IF A SPECIFIC CATEGORY(IES) COUNT (i.e.: BIRDS, FISH, INSECTS) MAY YOU PROVIDE CLARIFICATION. DO NOT HELP THE PARTICIPANT.		

COG_10a	COG_ANMLLIST_COMMT_COF4	
[ASK IF COG_ANML_COF4 = YES OR COG_ANML_RPT_COF4 = YES]		
Thank you. This task is finished.		
INTERVIEWER: Do you have any comments about this test?		
YES	1	_____
NO	2	No comment

COG_10b	COG_ANMLLIST_LANG_COF4	
[ASK IF COG_ANML_COF4 = YES OR COG_ANMLRPT_COF4 = YES]		
INTERVIEWER: Was this test completed in English or French?		
ENGLISH	1	English
FRENCH	2	French

COG_11	COG_CNT_COF4	
[ASK IF COG_REC_COF4 = YES]		
Now, I would like you to count from 1 to 20, from 1, 2, 3, 4 and so on. Are you ready to begin?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
<i>[IF COG_CNT_COF4 = YES SKIP TO COG_CNTTIME_RECORD_COF4, IF COG_CNT_COF4 = REFUSED SKIP TO COG_WRDLST2_COF4]</i>		

COG_12	COG_CNTRPT_COF4	
[ASK IF COG_CNT_COF4 = NO OR DK_NA]		
INTERVIEWER: IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION.		
Now, I would like you to count from 1 to 20, from 1, 2, 3, 4 and so on. Are you ready to begin?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
<i>[IF COG_CNTRPT_COF4 = YES SKIP TO COG_CNTTIME_RECORD_COF4]</i>		

COG_12a	COG_CNTIMP_COF4	
[ASK IF COG_CNTRPT_COF4 = NO OR DK_NA OR REFUSED]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
[IF COG_CNTIMP_COF4 = NO SKIP TO COG_WRDLST2_COF4]		

COG_12b	COG_CNTFCTR_COF4	
[ASK IF COG_CNTIMP_COF4 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_CNTFCTR_LG_COF4	01	Had difficulty understanding English/French
COG_CNTFCTR_PH_COF4	02	Physical impairment, such as difficulty hearing
COG_CNTFCTR_DI_COF4	03	Distraction or noisy environment
COG_CNTFCTR_IM_COF4	04	Impaired concentration/memory problems
COG_CNTFCTR_AID_COF4	05	Used an aid
COG_CNTFCTR_TE_COF4	06	Technical difficulties with the laptop/software
COG_CNTFCTR_OTSP_COF4	97	Other (Please specify: _____)
[SKIP TO COG_WRDLST2_COF4]		

COG_13	COG_CNTTIME_RECORD_COF4	
[ASK IF COG_CNT_COF4 = YES OR COG_CNTRPT_COF4 = YES]		
RECORDING INSTRUCTIONS: BEGIN RECORDING		
Please begin.		
TIMER INSTRUCTIONS: STOP RECORDING IMMEDIATELY WHEN THE PARTICIPANT HAS SUCCESSFULLY COUNTED FROM 1 TO 20 OR THE TIME REACHES 30 SECONDS, WHICHEVER COMES FIRST.		
ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED. THE TIMER SHOULD NOT BE PAUSED OR RESET, UNLESS THERE ARE TECHNICAL DIFFICULTIES. DK/RF NOT ALLOWED		
INTERVIEWER NOTES: MUST BE COMPLETED IN ENGLISH OR FRENCH, NOT BOTH		

COG_13a	COG_CNTTIME_RECYN_COF4	
[ASK IF COG_CNT_COF4 = YES OR COG_CNTRPT_COF4 = YES]		
Was the participant able to successfully count from 1-20?		
INTERVIEWER NOTES: SMALL ERRORS ARE ALLOWED		
YES	1	Yes
NO	2	No
[IF COG_CNTTIME_RECYN_COF4 = NO SKIP TO COG_WRDLST2_COF4]		

COG_13b	COG_CNTTIME_COMMT_COF4	
[ASK IF COG_CNT_COF4 = YES OR COG_CNTRPT_COF4 = YES]		
INTERVIEWER: Do you have any comments about this test?		
YES	1	_____
NO	2	No comment

COG_13c	COG_CNTTIME_NB_COF4	
[ASK IF COG_CNTTIME_RECYN_COF4 = YES]		
	_____	Record exact time in seconds: (MASK: MIN=1, MAX=30)
Thank you. This task is finished.		

COG_14	COG_ALP_COF4	
[ASK IF COG_CNTTIME_RECYN_COF4 = YES]		
Now, I would like you to say the alphabet, from A, B, C, D and so on. Are you ready to begin?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
[IF COG_ALP_COF4 = YES SKIP TO COG_ALPTIME_RECORD_COF4, IF COG_ALP_COF4 = REFUSED OR DON'T KNOW / NO ANSWER SKIP TO COG_WRDLST2_COF4]		

COG_15	COG_ALPRPT_COF4	
[ASK IF COG_ALP_COF4 = NO OR DK_NA]		
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION.		
Now, I would like you to say the alphabet, from A, B, C, D and so on. Are you ready to begin?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
[IF COG_ALPRPT_COF4 = YES SKIP TO COG_ALPTIME_RECORD_COF4]		

COG_15a	COG_ALPIMP_COF4	
[ASK IF COG_ALPRPT_COF4 = NO OR DK_NA OR REFUSED]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
[IF COG_ALPIMP_COF4 = NO SKIP TO COG_WRDLST2_COF4]		

COG_15b	COG_ALPFCTR_COF4	
[ASK IF COG_ALPIMP_COF4 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_ALPFCTR_LG_COF4	01	Had difficulty understanding English/French
COG_ALPFCTR_PH_COF4	02	Physical impairment, such as difficulty hearing
COG_ALPFCTR_DI_COF4	03	Distraction or noisy environment
COG_ALPFCTR_IM_COF4	04	Impaired concentration/memory problems
COG_ALPFCTR_AID_COF4	05	Used an aid
COG_ALPFCTR_TE_COF4	06	Technical difficulties with the laptop/software
COG_ALPFCTR_OTSP_COF4	97	Other (Please specify: _____)
[SKIP TO COG_WRDLST2_COF4]		

COG_16	COG_ALPTIME_RECORD_COF4
[ASK IF COG_ALP_COF4 = YES OR COG_ALPRPT_COF4 = YES]	
RECORDING INSTRUCTIONS: BEGIN RECORDING	
Please begin.	
TIMER INSTRUCTIONS: STOP RECORDING IMMEDIATELY WHEN THE PARTICIPANT HAS SUCCESSFULLY RECITED FROM A TO Z OR THE TIME REACHES 30 SECONDS, WHICHEVER COMES FIRST. ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED AND THE TIMER SHOULD NOT BE PAUSED OR RESET, UNLESS THERE ARE TECHNICAL DIFFICULTIES. DK/RF NOT ALLOWED.	
INTERVIEWER NOTES: MUST BE COMPLETED IN ENGLISH OR FRENCH, NOT BOTH	

COG_16a	COG_ALPTIME_RECYN_COF4
[ASK IF COG_ALP_COF4 = YES OR COG_ALPRPT_COF4 = YES]	
Was the participant able to successfully recite the alphabet?	
INTERVIEWER NOTES: SMALL ERRORS ARE ALLOWED	
YES	1 Yes
NO	2 No
[IF COG_ALPTIME_RECYN_COF4 = NO SKIP TO COG_WRDLST2_COF4]	

COG_16b	COG_ALPTIME_COMMT_COF4
[ASK IF COG_ALP_COF4 = YES OR COG_ALPRPT_COF4 = YES]	
INTERVIEWER: Do you have any comments about this test?	
YES	1 _____
NO	2 No comment

COG_16c	COG_ALPTIME_REC_COF4
[ASK IF COG_ALPTIME_RECYN_COF4 = YES]	
_____	Record exact time in seconds: (MASK: MIN=01, MAX=30)
Thank you. This task is finished.	

COG_17	COG_ALT_COF4	
[ASK IF COG_ALPTIME_RECYN_COF4 = YES]		
Now, I would like you to alternate consecutive numbers, beginning with number 1, with the alphabet, beginning with the letter A, such as 1-A, 2-B, 3-C, 4-D, and so on. Are you ready to begin?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
[IF COG_ALT_COF4 = YES SKIP TO COG_ALPTIME_RECORD_COF4, IF COG_ALT_COF4 = REFUSED SKIP TO COG_WRDLST2_COF4]		

COG_18	COG_ALTRPT_COF4	
[ASK IF COG_ALT_COF4 = NO OR DK_NA]		
IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION.		
Now, I would like you to alternate consecutive numbers, beginning with number 1, with the alphabet, beginning with the letter A, such as 1-A, 2-B, 3-C, 4-D, and so on. Are you ready to begin?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused
[IF COG_ALTRPT_COF4 = YES SKIP TO COG_ALPTIME_RECORD_COF4]		

COG_18a	COG_ALTIMP_COF4	
[ASK IF COG_ALTRPT_COF4 = NO OR DK_NA OR REFUSED]		
INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?		
YES	1	Yes
NO	2	No
[IF COG_ALTIMP_COF4 = NO SKIP TO COG_WRDLST2_COF4]		

COG_18b	COG_ALTFCTR_COF4	
[ASK IF COG_ALTIMP_COF4 = YES]		
INTERVIEWER: What were the factors?		
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY		
COG_ALTFCTR_LG_COF4	01	Had difficulty understanding English/French
COG_ALTFCTR_PH_COF4	02	Physical impairment, such as difficulty hearing
COG_ALTFCTR_DI_COF4	03	Distraction or noisy environment
COG_ALTFCTR_IM_COF4	04	Impaired concentration/memory problems
COG_ALTFCTR_AID_COF4	05	Used an aid
COG_ALTFCTR_TE_COF4	06	Technical difficulties with the laptop/software
COG_ALTFCTR_OTSP_COF4	97	Other (Please specify: _____)
[SKIP TO COG_WRDLST2_COF4]		

COG_19	COG_ALTTIME_RECORD_COF4	
[ASK IF COG_ALT_COF4 = YES OR COG_ALTRPT_COF4 = YES]		
RECORDING INSTRUCTIONS: BEGIN RECORDING		
Please begin.		
TIMER INSTRUCTIONS: START TIMER FOR 30 SECONDS. TIMER CANNOT BE RESET OR PAUSED. A BEEP WILL SOUND WHEN THE TIMER COMPLETES. DO NOT STOP THE TIMER BEFORE THE BEEP.		
INTERVIEWER NOTES: IF THE PARTICIPANT STARTS WITH ALPHA INSTEAD OF A NUMBER INTERRUPT HIM/HER, REPEAT THE INSTRUCTIONS, AND HAVE HIM/HER RESTART THE TEST CORRECTLY. DO NOT RESET OR PAUSE THE TIMER/RECORDING.		

COG_19a		
[ASK IF COG_ALT_COF4 = YES OR COG_ALTRPT_COF4 = YES]		
	_____	Record number of correct alternations in 30 seconds (MASK: MIN=0, MAX=51)

COG_19b	COG_ALTTIME_COMMT_COF4	
[ASK IF COG_ALT_COF4 = YES OR COG_ALTRPT_COF4 = YES]		
Thank you. This task is finished.		
INTERVIEWER: Do you have any comments about this test?		
YES	1	_____
NO	2	No comment

COG_19c	COG_ALTTME_LANG_COF4	
[ASK IF COG_ALT_COF4 = YES OR COG_ALTRPT_COF4 = YES]		
INTERVIEWER: Was this test completed in English or French?		
ENGLISH	1	English
FRENCH	2	French

COG_20	COG_WRDLST2_COF4					
[ASK IF COG_WRD = YES OR COG_WRDRPT = YES]						
A little while ago, a recorded voice read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now.						
RECORDING INSTRUCTIONS: BEGIN RECORDING						
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96 OR 99 ARE SELECTED), RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS. TIMER INSTRUCTIONS: PARTICIPANT HAS 60 SECONDS. TIMER SHOULD NOT BE RESET OR PAUSED, UNLESS THERE ARE TECHNICAL DIFFICULTIES. A BEEP WILL SOUND WHEN THE TIMER COMPLETES. DO NOT STOP THE TIMER BEFORE THE BEEP.						
INTERVIEWER NOTES: IF THE PARTICIPANT STARTS WITH LISTING THE ANIMALS THEY PREVIOUSLY NAMED, INTERRUPT THEM AND REPEAT THE INSTRUCTIONS.						
			Yes	No	Variant	Approved Variant Words
			1	9	2	
COG_WRDLST2_DRUM_COF4	Drum	01				Dum or drub
COG_WRDLST2_CURT_COF4	Curtain	02				Certain
COG_WRDLST2_BELL_COF4	Bell	03				Ball
COG_WRDLST2_COFF_COF4	Coffee	04				NA
COG_WRDLST2_SCHL_COF4	School	05				Cool
COG_WRDLST2_PRNT_COF4	Parent	06				NA
COG_WRDLST2_MOON_COF4	Moon	07				NA
COG_WRDLST2_GARD_COF4	Garden	08				NA
COG_WRDLST2_HAT_COF4	Hat	09				NA
COG_WRDLST2_FARM_COF4	Farmer	10				Armor, former
COG_WRDLST2_NOSE_COF4	Nose	11				NA
COG_WRDLST2_TURK_COF4	Turkey	12				NA
COG_WRDLST2_COLR_COF4	Colour	13				Collar
COG_WRDLST2_HOUS_COF4	House	14				NA
COG_WRDLST2_RIVR_COF4	River	15				NA
COG_WRDLST2_NONE_COF4	None/No words were correctly recalled	96				NA
COG_WRDLST2_OTSP_COF4	OTHER words stated not on the above list (Please specify: _____)	97				
COG_WRDLST2_REFUSED_COF4		99	[DO NOT READ] Refused			
[SKIP TO COG_WRDLST2_COMMT_COF4]						

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

Thank you. This is the end of the recording session.

TIMER INSTRUCTIONS: BEGIN/END TIMER

COG_20a	COG_WRDLST2_COMMT_COF4	
[ASK IF COG_WRD_COF4 = YES OR COG_WRDRPT_COF4 = YES]		
INTERVIEWER: Do you have any comments about this test?		
YES	1	_____
NO	2	No comment

COG_20b	COG_WRDLST2_LANG_COF4	
[ASK IF COG_WRD_COF4 = YES OR COG_WRDRPT_COF4 = YES]		
INTERVIEWER: Was this test completed in English or French?		
ENGLISH	1	English
FRENCH	2	French

COG_END

Life Space Index (LSI)

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

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

LSI_1 – LSI_5					
[ALWAYS ASK]					
CODE ONLY ONE RESPONSE PER QUESTION					
		Yes	No	** DK / NA	** RF
		YES	NO	DK_ NA	RF
		1	2	8	9
LSI_ROOM_COF4	During the past four weeks, have you been to other rooms of your home besides the room where you sleep?				
LSI_OUT_COF4	During the past four weeks, have you been to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway?				
LSI_NGHB_COF4	During the past four weeks, have you been to places in your neighbourhood, other than your own yard or apartment building?				
LSI_TOWN_COF4	During the past four weeks, have you been to places outside your neighbourhood, but within your town?				
LSI_FAR_COF4	During the past four weeks, have you been to places outside your town?				

** Replaces [DO NOT READ]. This response should not be read.

LSI_6	LSI_RMFAQ_CO4	
[ASK IF LSI_ROOM_CO4 = YES]		
How often did you get to other rooms of your home besides the room where you sleep?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LESS_ONCE_WEEK	1	Less than once per week
1_3_TIMES_WEEK	2	1 to 3 times per week
4_6_TIMES_WEEK	3	4 to 6 times per week
DAILY	4	Daily
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LSI_7	LSI_OUTFAQ_CO4	
[ASK IF LSI_OUT_CO4 = YES]		
How often did you get to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LESS_ONCE_WEEK	1	Less than once per week
1_3_TIMES_WEEK	2	1 to 3 times per week
4_6_TIMES_WEEK	3	4 to 6 times per week
DAILY	4	Daily
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LSI_8	LSI_NGHBFAQ_CO4	
[ASK IF LSI_NGHB_CO4 = YES]		
How often did you get to places in your neighbourhood, other than your own yard or apartment building?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LESS_ONCE_WEEK	1	Less than once per week
1_3_TIMES_WEEK	2	1 to 3 times per week
4_6_TIMES_WEEK	3	4 to 6 times per week
DAILY	4	Daily
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LSI_9	LSI_TWNFQ_COF4	
[ASK IF LSI_TOWN_COF4 = YES]		
How often did you get to places outside your neighbourhood, but within your town?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LESS_ONCE_WEEK	1	Less than once per week
1_3_TIMES_WEEK	2	1 to 3 times per week
4_6_TIMES_WEEK	3	4 to 6 times per week
DAILY	4	Daily
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LSI_10	LSI_FARFQ_COF4	
[ASK IF LSI_FAR_COF4 = YES]		
How often did you get to places outside your town?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LESS_ONCE_WEEK	1	Less than once per week
1_3_TIMES_WEEK	2	1 to 3 times per week
4_6_TIMES_WEEK	3	4 to 6 times per week
DAILY	4	Daily
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LSI_11	LSI_RMAID_COF4	
[ASK IF LSI_ROOM_COF4 = YES]		
Did you use aids or equipment, or need help from another person to get to other rooms of your home besides the room where you sleep?		
INTERVIEWER NOTE: IF YES, PROBE FOR PERSONAL ASSISTANCE/EQUIPMENT ONLY		
CODE ONLY ONE RESPONSE		
PERSONAL_ASSISTANCE	1	Yes, personal assistance
EQUIPMENT_ONLY	2	Yes, equipment only
NO	3	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LSI_12	LSI_OUTAID_COF4	
[ASK IF LSI_OUT_COF4 = YES]		
Did you use aids or equipment, or need help from another person to get to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in our own yard or driveway?		
INTERVIEWER NOTE: IF YES, PROBE FOR PERSONAL ASSISTANCE/EQUIPMENT ONLY		
CODE ONLY ONE RESPONSE		
PERSONAL_ASSISTANCE	1	Yes, personal assistance
EQUIPMENT_ONLY	2	Yes, equipment only
NO	3	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LSI_13	LSI_NGHB_AID_COF4	
[ASK IF LSI_NGHB_COF4 = YES]		
Did you use aids or equipment, or need help from another person to get to places in your neighbourhood, other than your own yard or apartment building?		
INTERVIEWER NOTE: IF YES, PROBE FOR PERSONAL ASSISTANCE/EQUIPMENT ONLY		
CODE ONLY ONE RESPONSE		
PERSONAL_ASSISTANCE	1	Yes, personal assistance
EQUIPMENT_ONLY	2	Yes, equipment only
NO	3	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LSI_14	LSI_TWNAID_COF4	
[ASK IF LSI_TOWN_COF4 = YES]		
Did you use aids or equipment, or need help from another person to get to places outside your neighbourhood, but within your town?		
INTERVIEWER NOTE: IF YES, PROBE FOR PERSONAL ASSISTANCE/EQUIPMENT ONLY		
CODE ONLY ONE RESPONSE		
PERSONAL_ASSISTANCE	1	Yes, personal assistance
EQUIPMENT_ONLY	2	Yes, equipment only
NO	3	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LSI_15	LSI_FARAID_COF4	
[ASK IF LSI_FAR_COF4 = YES]		
Did you use aids or equipment, or need help from another person to get to places outside your town?		
INTERVIEWER NOTE: IF YES, PROBE FOR PERSONAL ASSISTANCE/EQUIPMENT ONLY		
CODE ONLY ONE RESPONSE		
PERSONAL_ASSISTANCE	1	Yes, personal assistance
EQUIPMENT_ONLY	2	Yes, equipment only
NO	3	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LSI_END

Satisfaction with Life Scale (SLS)

Diener E, Emmons RA, Larsen RJ, Griffin S. (1985). *The satisfaction with life scale*. *J Pers Assess*, 49(1), 71-75.

Overview	This module asks respondents how satisfied they are with their life overall. Researchers are interested in the connection between satisfaction with life and overall physical and mental health and well-being. The degree to which a person is satisfied with life may be related to social support, work or activities, and may be negatively affected by major losses.
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We will be asking you a number of questions about your overall mental health throughout today's interview. Some of the questions may seem similar but they are looking at slightly different outcomes which are important for determining overall well-being of our participants. Please answer them to the best of your ability without considering your previous answers for similar questions.

Now I will read some statements that people might use to describe their satisfaction with their lives. Please tell me if you disagree or agree with each statement.

SLS_1	SLS_LIFE_COF4
[ALWAYS ASK]	
In most ways, my life is close to my ideal.	
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE	
DISAGREE	1 Disagree
NEITHER_AGREE_DISAGREE	2 Neither agree nor disagree
AGREE	3 Agree
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

SLS_2	SLS_LIFENEG_COF4
[ASK IF SLS_LIFE_COF4 = DISAGREE]	
Would you say you...	
READ LIST, CODE ONLY ONE RESPONSE	
SLIGHTLY_DISAGREE	1 Slightly disagree
DISAGREE	2 Disagree
STRONGLY_DISAGREE	3 Strongly disagree
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

SLS_3	SLS_LIFEPOS_COF4	
[ASK IF SLS_LIFE_COF4 = AGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_AGREE	1	Slightly agree
AGREE	2	Agree
STRONGLY_AGREE	3	Strongly agree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_4	SLS_COND_COF4	
[ALWAYS ASK]		
The conditions of my life are excellent.		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
DISAGREE	1	Disagree
NEITHER_AGREE_DISAGREE	2	Neither agree nor disagree
AGREE	3	Agree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_5	SLS_CONDNEG_COF4	
[ASK IF SLS_COND_COF4 = DISAGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_DISAGREE	1	Slightly disagree
DISAGREE	2	Disagree
STRONGLY_DISAGREE	3	Strongly disagree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_6	SLS_CONDPOS_COF4	
[ASK IF SLS_COND_COF4 = AGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_AGREE	1	Slightly agree
AGREE	2	Agree
STRONGLY_AGREE	3	Strongly agree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_7	SLS_SATS_COF4	
[ALWAYS ASK]		
I am satisfied with my life.		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
DISAGREE	1	Disagree
NEITHER_AGREE_DISAGREE	2	Neither agree nor disagree
AGREE	3	Agree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_8	SLS_SATSNEG_COF4	
[ASK IF SLS_SATS_COF4 = DISAGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_DISAGREE	1	Slightly disagree
DISAGREE	2	Disagree
STRONGLY_DISAGREE	3	Strongly disagree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_9	SLS_SATSPOS_COF4	
[ASK IF SLS_SATS_COF4 = AGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_AGREE	1	Slightly agree
AGREE	2	Agree
STRONGLY_AGREE	3	Strongly agree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_10	SLS_IMP_COF4	
[ALWAYS ASK]		
So far, I have gotten the important things I want in life.		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
DISAGREE	1	Disagree
NEITHER_AGREE_DISAGREE	2	Neither agree nor disagree
AGREE	3	Agree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_11	SLS_IMPNEG_COF4	
[ASK IF SLS_IMP_COF4 = DISAGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_DISAGREE	1	Slightly disagree
DISAGREE	2	Disagree
STRONGLY_DISAGREE	3	Strongly disagree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_12	SLS_IMPPOS_COF4	
[ASK IF SLS_IMP_COF4 = AGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_AGREE	1	Slightly agree
AGREE	2	Agree
STRONGLY_AGREE	3	Strongly agree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_13	SLS_OVER_COF4	
[ALWAYS ASK]		
If I could live my life over, I would change almost nothing.		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
DISAGREE	1	Disagree
NEITHER_AGREE_DISAGREE	2	Neither agree nor disagree
AGREE	3	Agree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_14	SLS_OVERNEG_COF4	
[ASK IF SLS_OVER_COF4 = DISAGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_DISAGREE	1	Slightly disagree
DISAGREE	2	Disagree
STRONGLY_DISAGREE	3	Strongly disagree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_15	SLS_OVERPOS_COF4	
[ASK IF SLS_OVER_COF4 = AGREE]		
Would you say you...		
READ LIST, CODE ONLY ONE RESPONSE		
SLIGHTLY_AGREE	1	Slightly agree
AGREE	2	Agree
STRONGLY_AGREE	3	Strongly agree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SLS_END

Positive Mental Health (PMH)

Keyes, C. L. M. (2009). *Atlanta: Brief description of the mental health continuum short form (MHC-SF)*.

Overview	<p>The questions in this module come from the Mental Health Continuum-Short Form. These questions measure emotional, psychological, and social well-being.</p> <p>Importance of module: High levels of positive mental health are associated with better physical, psychological, and psychosocial functioning, while low levels of positive mental health are related to poor emotional health, frequent limitations of daily living, and more missed days of work.</p>
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The following questions are about how you have been feeling during the past month and how often you have experienced or felt those feelings.

PMH_1-PMH_14									
[ALWAYS ASK]									
During the past month, how often did you feel ...									
CODE ONLY ONE RESPONSE PER STATEMENT									
		Never	Once or twice	About once a week	About 2 or 3 times a week	Almost every day	Every day	**DK / NA	**RF
		NEVER	ONCE	WEEK	2TIMESWK	ALMOST ALL	DAILY	DK_NA	RF
		1	2	3	4	5	6	8	9
PMH_HAPPY_COF4	Happy								
PMH_INTERST_COF4	Interested in life								
PMH_SATISFIED_COF4	Satisfied with life								
PMH_IMPORTANT_COF4	That you had something important to contribute to society								
PMH_COMMUNIT_COF4	That you belonged to a community (like a social group, or your neighborhood)								
PMH_GOODPLACE_COF4	That our society is a good place, or is becoming a better place, for all people								
PMH_PPLGOOD_COF4	That people are basically good								

		Never	Once or Twice	About once a week	About 2 or 3 times a week	Almost every day	Every day	**DK / NA	**RF
		NEVER	ONCE	WEEK	2TIMESWK	ALMOST ALL	DAILY	DK_NA	RF
		1	2	3	4	5	6	8	9
PMH_SOCIETYWRK_COF4	That the way our society works makes sense to you								
PMH_LIKEYOU_COF4	That you liked most parts of your personality								
PMH_MANAGEMENT_COF4	Good at managing the responsibilities of your daily life								
PMH_RELATIONSHIP_COF4	That you had warm and trusting relationships with others								
PMH_BETTER_COF4	That you had experiences that challenged you to grow and become a better person								
PMH_CONFIDENT_COF4	Confident to think or express your own ideas and opinions								
PMH_DIRECTION_COF4	That your life has a sense of direction or meaning to it								

** Replaces [DO NOT READ]. This response should not be read.

PMH_END

Loneliness Scale (LON)

Overview	Loneliness is a prevalent and complex phenomenon that has a substantial impact on many aspects of the lives of middle-aged and older adults. The concept of loneliness is often described as the subjective counterpart to social isolation. While social isolation can be measured objectively by capturing the quantity and quality of social network characteristics (included in the CLSA), loneliness needs to be measured subjectively by questioning perceptions and feelings with regards to social relationships and social activity.
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The next questions are about how you feel about different aspects of your life. **For each one, tell me** how often you feel that way.

LON_1	LONE_OFTN_COF4	
[ALWAYS ASK]		
How often do you feel that you lack companionship?		
READ LIST, CODE ONLY ONE RESPONSE		
HARDLY_EVER	1	Hardly ever
SOME_TIME	2	Some of the time
OFTEN	3	Often
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LON_2	LONE_LEFT_COF4	
[ALWAYS ASK]		
How often do you feel left out?		
READ LIST, CODE ONLY ONE RESPONSE		
HARDLY_EVER	1	Hardly ever
SOME_TIME	2	Some of the time
OFTEN	3	Often
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LON_3	LONE_ISOL_COF4	
[ALWAYS ASK]		
How often do you feel isolated from others?		
READ LIST, CODE ONLY ONE RESPONSE		
HARDLY_EVER	1	Hardly ever
SOME_TIME	2	Some of the time
OFTEN	3	Often
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LON_END

Posttraumatic Stress Disorder (PTSD)

This module uses the primary care PTSD screen (PC-PTSD). Prins, A., Ouimette, P., Kimerling, R., Cameron, R. P., Hugelshofer, D. S., Shaw-Hegwer, J., Thraillkill, A., Gusman, F.D., Sheikh, J. I. (2003). The primary care PTSD screen (PC-PTSD): development and operating characteristics. Primary Care Psychiatry, 9, 9-14.

Overview	<p>The CLSA includes the 4-item PC-PTSD, a brief instrument for measuring symptoms of posttraumatic stress disorder (PTSD).</p> <p>PTSD symptoms have been shown to emerge or re-emerge later in life. PTSD is a particularly relevant topic given that older adults constitute an increasingly large proportion of the Canadian population. Exposure to different types of trauma can lead to the development of PTSD symptoms.</p> <p>Information from this module is important for understanding the frequency of PTSD symptoms in an aging population.</p>
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In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...**READ ALL STATEMENTS.**

PSD_1	PSD_NGHTM_COF4
[ALWAYS ASK]	
Have had nightmares about it or thought about it when you did not want to?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

PSD_2	PSD_AVOID_COF4
[ALWAYS ASK]	
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

PSD_3	PSD_GUARD_COF4	
[ALWAYS ASK]		
Were constantly on guard, watchful, or easily startled?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PSD_4	PSD_DETACH_COF4	
[ALWAYS ASK]		
Felt numb or detached from others, activities, or your surroundings?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PSD_END

Care Receiving 1/ Formal Care (CR1)

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

CR1_1	CR1_PRO_COF4
[ALWAYS ASK]	
During the past 12 months, did you receive short-term or long-term professional assistance at home, because of a health condition or limitation that affects your daily life, for any of the following activities?	
INTERVIEWER NOTE: BY PROFESSIONAL ASSISTANCE, WE MEAN HELP FROM PAID WORKERS OR VOLUNTEER ORGANIZATIONS. INCLUDE ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS.	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
CR1_PRO_PR_COF4	01 Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_PRO_MD_COF4	02 Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_PRO_MG_COF4	03 Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_PRO_MH_COF4	04 Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_PRO_WK_COF4	05 House maintenance or outdoor work
CR1_PRO_TR_COF4	06 Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_PRO_PT_COF4	07 Physical therapy
CR1_PRO_TA_COF4	08 Training and adaptation
CR1_PRO_MB_COF4	09 Mobility
CR1_PRO_FM_COF4	10 Financial management
CR1_PRO_NONE_COF4	96 None
CR1_PRO_OTSP_COF4	97 Other: _____
CR1_PRO_DK_NA_COF4	98 [DO NOT READ] Don't know / No answer
CR1_PRO_REFUSED_COF4	99 [DO NOT READ] Refused

CR1_1a	CR1_IMPT_COF4	
[ASK IF CR1_PRO_COF4 = MORE THAN ONE RESPONSE OPTION]		
Which one of the professional services that you mentioned is most important to you?		
INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_COF4		
PR	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
MD	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
MG	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
MH	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
WK	05	House maintenance or outdoor work
TR	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
PT	07	Physical therapy
TA	08	Training & adaptation
MB	09	Mobility
FM	10	Financial management
OTSP1	97	Other

CR1_2	CR1_MOST_COF4	
[ASK IF CR1_PRO_COF4 = MORE THAN ONE RESPONSE OPTION]		
For which type of activity did you receive the most assistance?		
INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_COF4		
PR	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
MD	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
MG	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
MH	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
WK	05	House maintenance or outdoor work
TR	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
PT	07	Physical therapy
TA	08	Training & adaptation
MB	09	Mobility
FM	10	Financial management
OTSP1	97	Other

CR1_3	CR1_PAY_COF4	
[ASK IF CR1_PRO_COF4 ≠ NONE AND CR1_PRO_COF4 ≠ DK_NA AND CR1_PRO_COF4 ≠ REFUSED]		
Did you (or someone else in your family) pay directly for some or all of the help that you received?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PAID_ALL_COST	1	Yes, we paid all of the cost
PAID_PART_COST	2	Yes, we paid part of the cost
NO_COST_INVOLVED	3	No, there was no cost involved (e.g., provided by a volunteer or included in provincial health care plan)
DIDNT_PAY_COST	4	No, we didn't pay any of the cost that was involved
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CR1_3a	CR1_PAY_COST1_COF4	
[ASK IF CR1_PAY_COF4 = PAID_ALL_COST OR PAID_PART_COST]		
What was the average out of pocket cost per month over the past 12 months?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT COSTS		
	\$	
DK_NA	99998	[DO NOT READ] Don't know / No answer
REFUSED	99999	[DO NOT READ] Refused

CR1_4	CR1_FRQ_NB_COF4	
[ASK IF CR1_PRO_COF4 ≠ NONE AND CR1_PRO_COF4 ≠ DK_NA AND CR1_PRO_COF4 ≠ REFUSED]		
During the past 12 months, about how many weeks did this person/organization help you?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS		
		(MASK: MIN=1, MAX=52)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR1_5	CR1_HOUR_NB_COF4	
[ASK IF CR1_PRO_COF4 ≠ NONE AND CR1_PRO_COF4 ≠ DK_NA AND CR1_PRO_COF4 ≠ REFUSED]		
About how many hours per week, on average, did this person/organization provide you with such help?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS		
		(MASK: MIN=1, MAX=168)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

CR1_END

Care Receiving 2/ Informal Care (CR2)

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

CR2_1	CR2_FAM_COF4	
[ALWAYS ASK]		
During the past 12 months, did you receive short-term or long-term assistance from family, friends, or neighbours because of a health condition or limitation that affects your daily life, for any of the following activities?		
INTERVIEWER NOTE: INCLUDE ONLY ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
CR2_FAM_PR_COF4	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR2_FAM_MD_COF4	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR2_FAM_MG_COF4	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR2_FAM_MH_COF4	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR2_FAM_WK_COF4	05	House maintenance or outdoor work
CR2_FAM_TR_COF4	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR2_FAM_PT_COF4	07	Physical therapy
CR2_FAM_TA_COF4	08	Training and adaptation
CR2_FAM_CS_COF4	09	Social/emotional support
CR2_FAM_MB_COF4	10	Mobility
CR2_FAM_MO_COF4	11	Monetary assistance
CR2_FAM_FM_COF4	12	Financial management
CR2_FAM_NONE_COF4	96	None
CR2_FAM_OTSP_COF4	97	Other: _____
CR2_FAM_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
CR2_FAM_REFUSED_COF4	99	[DO NOT READ] Refused

CR2_2	CR2_NMBR_COF4	
[ASK IF CR2_FAM_COF4 ≠ CR2_FAM_NONE_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_DK_NA_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_REFUSED_COF4]		
During the past 12 months, about how many different people (among your family, friends, and/or neighbours) provided you with such assistance?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
	_____ (MASK: MIN=1, MAX=50)	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_3	CR2_WKALL_COF4	
[ASK IF CR2_FAM_COF4 ≠ CR2_FAM_NONE_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_DK_NA_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_REFUSED_COF4]		
During the past 12 months, about how many weeks did this person/these people provide you with such assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS		
	_____ (MASK: MIN=1, MAX=52)	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_4	CR2_HOUR_COF4	
[ASK IF CR2_FAM_COF4 ≠ CR2_FAM_NONE_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_DK_NA_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_REFUSED_COF4]		
About how many hours per week, on average, did this person/these people provide you with assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
	_____ (MASK: MIN=1, MAX=168)	
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

CR2_5	CR2_MOST_COF4	
[ASK IF CR2_FAM_COF4 = MORE THAN ONE RESPONSE OPTION]		
For which type of activity did you receive the most assistance?		
INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR2_FAM_COF4		
PR	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
MD	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
MG	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
MH	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
WK	05	House maintenance or outdoor work
TR	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
PT	07	Physical therapy
TA	08	Training & adaptation
CS	09	Social/emotional support
MB	10	Mobility
MO	11	Monetary assistance
FM	12	Financial management
OTSP	97	Other

CR2_6	CR2_PERS_COF4	
[ASK IF CR2_FAM_COF4 ≠ CR2_FAM_NONE_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_DK_NA_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_REFUSED_COF4]		
We are interested in finding out a little bit more about the person who has dedicated the most time and resources to helping you with [RECALL RESPONSE FROM CR2_MOST_COF4; IF CR2_MOST_COF4 WAS SKIPPED, RECALL RESPONSE FROM CR2_FAM_COF4] .		
Is this person from whom you received the most assistance...		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LIVING_IN_HOUSEHOLD	1	Living in your household
LIVING_OUTSIDE_HOUSEHOLD	2	Living outside of your household
REFUSED	9	[DO NOT READ] Refused

CR2_6a	CR2_PERS_FAR_COF4	
[ASK IF CR2_PERS_COF4 = LIVING_OUTSIDE_HOUSEHOLD]		
How far is this person from you in hours or minutes driving?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
HOURS	_____ Hours (MASK: MIN=0, MAX=24)	
MINUTES	_____ Minutes (MASK: MIN=0, MAX=60)	
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

CR2_7	CR2_GNDR_COF4	
[ASK IF CR2_FAM_COF4 ≠ CR2_FAM_NONE_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_DK_NA_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_REFUSED_COF4]		
Is the person who provided the most assistance male or female?		
CODE ONLY ONE RESPONSE		
MALE	1	Male
FEMALE	2	Female
REFUSED	9	[DO NOT READ] Refused

CR2_8	CR2_AGE_NB_COF4	
[ASK IF CR2_FAM_COF4 ≠ CR2_FAM_NONE_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_DK_NA_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_REFUSED_COF4]		
How old is this person? _____ (MASK: MIN=3, MAX=110)		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
REFUSED	999	[DO NOT READ] Refused

CR2_9	CR2_RELN_COF4	
[ASK IF CR2_FAM_COF4 ≠ CR2_FAM_NONE_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_DK_NA_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_REFUSED_COF4]		
What is the relationship between you and this person? Is s/he your...		
READ LIST, CODE ONLY ONE RESPONSE		
HUSBAND_WIFE	01	Husband/wife
COMMON_LAW	02	Common-law partner
FATHER_MOTHER	03	Father/mother
SON_DAUGHTER	04	Son/daughter
BROTHER_SISTER	05	Brother/sister
GRAND_PARENTS	06	Grandfather/grandmother
GRAND_CHILD	07	Grandson/granddaughter
FATHER_MOTHER_IN_LAW	08	Father-in-law/mother-in-law
SON_DAUGHTER_IN_LAW	09	Son-in-law/daughter-in-law
BROTHER_SISTER_IN_LAW	10	Brother-in-law/sister-in-law
OTHER_RELATIVE	11	Other relative
FRIEND	12	Friend
NEIGHBOUR	13	Neighbour
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_10	CR2_DUR_COF4	
[ASK IF CR2_FAM_COF4 ≠ CR2_FAM_NONE_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_DK_NA_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_REFUSED_COF4]		
How long have you been receiving assistance from this person?		
READ LIST, CODE ONLY ONE RESPONSE		
LESS_6_MONTHS	1	Less than 6 months
6_12_MONTHS	2	6 months up to 12 months (1 year)
13_36_MONTHS	3	More than 12 months (1 year) and up to 36 months (3 years)
37_60_MONTHS	4	More than 36 months (3 years) and up to 60 months (5 years)
MORE_5_YEARS	5	More than 5 years
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CR2_11	CR2_WKMST_NB_COF4	
[ASK IF CR2_FAM_COF4 ≠ CR2_FAM_NONE_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_DK_NA_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_REFUSED_COF4]		
During the past 12 months, about how many weeks did you receive assistance from this person?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS		
	_____ (MASK: MIN=1, MAX=52)	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_12	CR2_HRWK_NB_COF4	
[ASK IF CR2_FAM_COF4 ≠ CR2_FAM_NONE_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_DK_NA_COF4 AND CR2_FAM_COF4 ≠ CR2_FAM_REFUSED_COF4]		
About how many hours per week on average did this person spend assisting you?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS		
	_____ (MASK: MIN=1, MAX=168)	
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

CR2_13	CR2_DEVC_COF4	
[ALWAYS ASK]		
During the past 12 months, have you used any of the following assistive devices or technologies?		
<p>INTERVIEWER NOTES: A definition commonly used by assistive technology specialists comes from the United States of America Assistive Technology Act 2004 (Public Law 108-364) (Congress United States of America Government, 2004). The Act defines an assistive technology device as “any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.”</p> <p>Assistive devices and technologies are those whose primary purpose is to maintain or improve an individual’s functioning and independence to facilitate participation and to enhance overall well-being. They can also help prevent impairments and secondary health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication.</p>		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
CR2_DEVC_CN_COF4	01	Crutches, cane or walking stick
CR2_DEVC_WC_COF4	02	Wheelchair
CR2_DEVC_SC_COF4	03	Motorized scooter
CR2_DEVC_WK_COF4	04	Walker
CR2_DEVC_LG_COF4	05	Neck, back or leg braces or supportive devices
CR2_DEVC_HD_COF4	06	Hand or arm brace
CR2_DEVC_BR_COF4	07	Grab bars
CR2_DEVC_BT_COF4	08	Bathroom aids
CR2_DEVC_LT_COF4	09	Bath or bed lifts or other lifting devices
CR2_DEVC_GR_COF4	10	Grasping tools or reach extenders
CR2_DEVC_UT_COF4	11	Special eating utensils
CR2_DEVC_AL_COF4	12	Personal alarm
CR2_DEVC_MD_COF4	13	Medication dispenser
CR2_DEVC_RA_COF4	14	Robotic assistant
CR2_DEVC_RP_COF4	15	Robotic prosthesis
CR2_DEVC_MA_COF4	16	Memory aids such as timers, clocks
CR2_DEVC_GT_COF4	17	GPS tracker
CR2_DEVC_FA_COF4	18	Falls alert
CR2_DEVC_VA_COF4	19	Virtual assistant such as Google Nest or Amazon Alexa
CR2_DEVC_TW_COF4	20	Technology-enabled wheelchair
CR2_DEVC_VR_COF4	21	Voice recognition, speech to text and text to speech software
CR2_DEVC_WT_COF4	22	Wearable technologies such as smart watches for remote monitoring or communication
CR2_DEVC_MS_COF4	23	Magnification software
CR2_DEVC_VO_COF4	24	Voiceover screen readers
CR2_DEVC_VC_COF4	25	Visual communication aids such as iPad or tablet
CR2_DEVC_NONE_COF4	96	[DO NOT READ] None
CR2_DEVC_OTSP_COF4	97	Other: _____
CR2_DEVC_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
CR2_DEVC_REFUSED_COF4	99	[DO NOT READ] Refused

CR2_END

Care Giving (CAG)

Overview	<p>This module asks respondents whether they provided assistance to others because of a health condition or limitation during the past 12 months.</p> <p>The module covers a number of topics related to assisting others, including the types of assistance provided, total number of people a respondent provided with assistance, information about the person the caregiver helps the most, the impact of providing assistance on work and health, and positive and negative aspects of providing assistance.</p> <p>Information gathered in this module will be useful in providing information about caregiving as well as the characteristics of informal caregiving situations.</p>
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The following questions are about the types of assistance you may have provided to other people because of their 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	CAG_HLT_COF4
[ALWAYS ASK]	
During the past 12 months, have you provided any of the following types of assistance to another person because of a health condition or limitation?	
INTERVIEWER NOTE: INCLUDE ASSISTANCE PROVIDED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS BECAUSE OF AGING.	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
CAG_HLT_PR_COF4	01 Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CAG_HLT_MD_COF4	02 Medical treatments, such as changing bandages, taking medications, or other medical procedure
CAG_HLT_MG_COF4	03 Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CAG_HLT_MH_COF4	04 Meal preparation, meal clean-up, house cleaning, laundry or sewing
CAG_HLT_WK_COF4	05 House maintenance or outdoor work
CAG_HLT_TR_COF4	06 Transportation to do shopping or errands, or to get to medical appointments, or social events
CAG_HLT_CS_COF4	07 Social/emotional support
CAG_HLT_MB_COF4	08 Mobility
CAG_HLT_MO_COF4	09 Monetary assistance
CAG_HLT_FM_COF4	10 Financial management
CAG_HLT_NONE_COF4	96 [DO NOT READ] None
CAG_HLT_OTSP_COF4	97 Other: _____
CAG_HLT_DK_NA_COF4	98 [DO NOT READ] Don't know / No answer
CAG_HLT_REFUSED_COF4	99 [DO NOT READ] Refused

CAG_2	CAG_PPL_NB_COF4	
[ASK IF CAG_HLT_COF4 ≠ CAG_HLT_NONE_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_DK_NA_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_REFUSED_COF4]		
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?		
INTERVIEWER NOTE: INCLUDES ALL FORMS OF ASSISTANCE, NOT ONLY FINANCIAL		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
	(MASK: MIN=1, MAX=50)	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CAG_3	CAG_MOST_COF4	
[ASK IF CAG_HLT_COF4 ≠ CAG_HLT_NONE_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_DK_NA_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_REFUSED_COF4]		
We are interested in finding out a little bit more about the person to whom, in the past 12 months, you have dedicated the most time and resources to assisting. Is the person to whom you provided the most assistance...		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
HOUSEHOLD	1	Living in your household
ANOTHER_HOUSEHOLD	2	Living outside of your household
HEALTH_CARE_INSTITUTION	3	Living in a health care institution
DECEASED	4	Now deceased
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CAG_4	CAG_GNDR_COF4	
[ASK IF CAG_HLT_COF4 ≠ CAG_HLT_NONE_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_DK_NA_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_REFUSED_COF4]		
Is the person to whom you provided the most assistance male or female?		
CODE ONLY ONE RESPONSE		
MALE	1	Male
FEMALE	2	Female
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CAG_5	CAG_RELN_COF4	
[ASK IF CAG_HLT_COF4 ≠ CAG_HLT_NONE_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_DK_NA_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_REFUSED_COF4]		
What is the relationship between you and this person? Is s/he your...		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
HUSBAND_WIFE	01	Husband/wife
COMMON_LAW	02	Common-law partner
FATHER_MOTHER	03	Father/mother
SON_DAUGHTER	04	Son/daughter
BROTHER_SISTER	05	Brother/sister
GRAND_PARENTS	06	Grandfather/grandmother
GRAND_CHILD	07	Grandson/granddaughter
FATHER_MOTHER_IN_LAW	08	Father-in-law/mother-in-law
SON_DAUGHTER_IN_LAW	09	Son-in-law/daughter-in-law
BROTHER_SISTER_IN_LAW	10	Brother-in-law/sister-in-law
OTHER_RELATIVE	11	Other relative
FRIEND	12	Friend
NEIGHBOUR	13	Neighbour
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CAG_6	CAG_WEEK_NB_COF4	
[ASK IF CAG_HLT_COF4 ≠ CAG_HLT_NONE_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_DK_NA_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_REFUSED_COF4]		
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		
	_____ (MASK: MIN=1, MAX=52)	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CAG_7	CAG_HRWK_NB_COF4	
[ASK IF CAG_HLT_COF4 ≠ CAG_HLT_NONE_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_DK_NA_COF4 AND CAG_HLT_COF4 ≠ CAG_HLT_REFUSED_COF4]		
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		
	_____ (MASK: MIN=1, MAX=168)	
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

CAG_END

Injuries (INJ)

Overview	This module will contain questions asking for detailed information about the circumstances and nature of injury, risk perception, adaptation, and additional injury-related healthcare use.
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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_COF4
[ALWAYS ASK]	
In the last 12 months, have you had any injuries that were serious enough to limit some of your normal activities?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

INJ_2a	INJ_NMBR_NB_COF4
[ASK IF INJ_OCC_COF4 = YES]	
How many times were you injured in the past 12 months?	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF INJURIES	
	(MASK: MIN=1, MAX=30)
DK_NA	98 [DO NOT READ] Don't know / No answer
REFUSED	99 [DO NOT READ] Refused

INJ_2b	INJ_CAUS_COF4
[ASK IF INJ_OCC_COF4 = YES]	
Was this injury (Were any of these injuries) caused by?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
INJ_CAUS_FL_COF4	01 A fall
INJ_CAUS_VH_COF4	02 A motor vehicle collision (including injuries sustained as a pedestrian)
INJ_CAUS_WK_COF4	03 An incident in your workplace
INJ_CAUS_NONE_COF4	96 None of the above
INJ_CAUS_DK_NA_COF4	98 [DO NOT READ] Don't know / No answer
INJ_CAUS_REFUSED_COF4	99 [DO NOT READ] Refused

INJ_3	INJ_HOW_COF4	
[ASK IF INJ_OCC_COF4 = YES]		
Thinking about this most serious injury, how did it happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
ACCIDENT_DRIVER	01	Road traffic accident as a driver or passenger
ACCIDENT_PEDESTRIAN	02	Road traffic accident as a pedestrian
STRUCK_BY_OBJECT	03	Struck by an object
EXPLOSION	04	Explosion
NATURAL_FACTORS	05	Natural/environmental factors
SUFFOCATION	06	Suffocation
POISONING	07	Poisoning
ANIMAL_BITE	08	Snake/animal bite
FALL_SAME_LEVEL	09	Fall from same level
FALL_HEIGHT	10	Fall from a height
FIRE	11	Fire/flames
DROWNING	12	Drowning/submersion
HOT_CORROSIVE_LIQUIDS	13	Hot/corrosive liquids or substances
CRUSH_INJURIES	14	Crush injuries
MACHINERY	15	Accident by machinery
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INJ_4	INJ_WHR_COF4	
[ASK IF INJ_OCC_COF4 = YES]		
Again, thinking about this most serious injury, where did the injury happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE, PROBE FOR TYPE OF WORKPLACE IF PARTICIPANT SAYS 'AT WORK'		
HOME	01	In a home or its surrounding area
INSTITUTION	02	Residential institution
SCHOOL	03	School, college, university (excluding sports areas)
OTHER_INSTITUTION	04	Other institution (e.g., church, hospital, theatre, civic building)
ATHLETIC_AREA	05	Sports or athletic area (include school sports area)
STREET	06	Street, highway, sidewalk
COMMERCIAL_AREA	07	Commercial area (e.g., store, restaurant, office building transport terminal)
CONSTRUCTION_AREA	08	Industrial or construction area
FARM	09	Farm (exclude farmhouse and its surrounding area)
CONSERVATION	10	Conservation or outdoor area
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INJ_5	INJ_ACT_COF4	
[ASK IF INJ_OCC_COF4 = YES]		
Again, thinking about this most serious injury, what type of activity were you doing when you were injured?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
SPORTS	01	Sports or physical exercise (include school activities)
LEISURE	02	Leisure or hobby (include volunteering)
WORKING	03	Working at a job or business (include travel to or from work)
HOUSEHOLD_CHORES	04	Household chores, other unpaid work or education
SLEEPING	05	Sleeping, eating, personal care
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INJ_6	INJ_TYPE_COF4	
[ASK IF INJ_OCC_COF4 = YES]		
Thinking about this most serious injury what type of injury did you have?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
MULTIPLE_INJURIES	01	Multiple injuries
BROKEN_BONES	02	Broken or fractured bones
BURNS	03	Burns, scald, chemical burn
DISLOCATION	04	Dislocation
SPRAIN	05	Sprain or strain (including musculoskeletal pulls or tears such as herniated disc, torn muscles and tendons, etc.)
CUT	06	Cut
PUNCTURE	07	Puncture, animal bite (open wound)
BRUISE	08	Bruise
SCRAPE	09	Scrape, blister
CONCUSSION	10	Concussion or other brain injury
POISONING	11	Poisoning
INJURY_INTERNAL_ORGANS	12	Injury to internal organs
DISCOMFORT	13	Discomfort
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INJ_7	INJ_BRKN_COF4	
[ASK IF INJ_TYPE_COF4 = MULTIPLE_INJURIES]		
Did this injury (any of these injuries) involve broken or fractured bones?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INJ_8	INJ_SITE_COF4	
[ASK IF INJ_TYPE_COF4 = BROKEN_BONES OR INJ_BRKN_COF4 = YES]		
What part of the body was fractured?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
INJ_SITE_ML_COF4	01	Multiple sites
INJ_SITE_EYE_COF4	02	Eye socket
INJ_SITE_HD_COF4	03	Head (excluding eyes)
INJ_SITE_NE_COF4	04	Neck
INJ_SITE_SH_COF4	05	Shoulder, upper arm
INJ_SITE_EL_COF4	06	Elbow, lower arm
INJ_SITE_WR_COF4	07	Wrist, hand
INJ_SITE_HIP_COF4	08	Hip
INJ_SITE_TH_COF4	09	Thigh
INJ_SITE_KN_COF4	10	Knee, lower leg
INJ_SITE_AN_COF4	11	Ankle, foot
INJ_SITE_UP_COF4	12	Upper back or upper spine
INJ_SITE_LO_COF4	13	Lower back or lower spine
INJ_SITE_CH_COF4	14	Chest (excluding back and spine)
INJ_SITE_AB_COF4	15	Abdomen or pelvis (excluding back and spine)
INJ_SITE_OTSP_COF4	97	Other: _____
INJ_SITE_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
INJ_SITE_REFUSED_COF4	99	[DO NOT READ] Refused

INJ_END

Falls (FAL)

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

FAL_1	FAL_NMBR_NB_COF4
[ASK IF (INJ_CAUS_COF4 = INJ_CAUS_FL_COF4) OR (INJ_HOW_COF4 = FALL_SAME_LEVEL) OR (INJ_HOW_COF4 = FALL_HEIGHT)]	
How many times have you fallen in the past 12 months?	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF FALLS; PLEASE CONFIRM THE NUMBER IF THE PARTICIPANT FELL MORE THAN 10 TIMES IN THE LAST 12 MONTHS.	
	_____ (MASK: MIN=1, MAX=30)
DK_NA	98 [DO NOT READ] Don't know / No answer
REFUSED	99 [DO NOT READ] Refused

FAL_2	FAL_MOST_COF4	
[ASK IF (INJ_CAUS_COF4 = INJ_CAUS_FL_COF4) OR (INJ_HOW_COF4 = FALL_SAME_LEVEL) OR (INJ_HOW_COF4 = FALL_HEIGHT)]		
What has been your most serious injury or problem due to a fall within the past 12 months?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NO_SERIOUS_INJURY	01	No serious injury
SPRAIN	02	Sprain/strain
BRUISES	03	Bruises
CUTS	04	Cuts
DISCOMFORT	05	Discomfort
FRACTURE_HIP	06	Fracture of hip
FRACTURE_LEG	07	Fracture of leg
FRACTURE_ARM	08	Fracture of arm or wrist
FRACTURE_BACK	09	Fracture of back/vertebra
HEAD_INJURY	10	Head injury
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

FAL_3a	FAL_ATTN_COF4	
[ASK IF (INJ_CAUS_COF4 = INJ_CAUS_FL_COF4) OR (INJ_HOW_COF4 = FALL_SAME_LEVEL) OR (INJ_HOW_COF4 = FALL_HEIGHT)]		
Did you receive any medical attention from a health professional within 48 hours following this injury (due to a fall)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_3b	FAL_HOSP_COF4	
[ASK IF (INJ_CAUS_COF4 = INJ_CAUS_FL_COF4) OR (INJ_HOW_COF4 = FALL_SAME_LEVEL) OR (INJ_HOW_COF4 = FALL_HEIGHT)]		
Were you hospitalized for this injury?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_3c	FAL_FU_COF4	
[ASK IF (INJ_CAUS_COF4 = INJ_CAUS_FL_COF4) OR (INJ_HOW_COF4 = FALL_SAME_LEVEL) OR (INJ_HOW_COF4 = FALL_HEIGHT)]		
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	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_4	FAL_WHERE_COF4	
[ASK IF (INJ_CAUS_COF4 = INJ_CAUS_FL_COF4) OR (INJ_HOW_COF4 = FALL_SAME_LEVEL) OR (INJ_HOW_COF4 = FALL_HEIGHT)]		
Where did this fall happen?		
READ LIST, CODE ONLY ONE RESPONSE		
INSIDE_HOME	1	Inside of your home
OUTSIDE_HOME	2	Outside of your home, but inside a building
OUTDOORS	3	Outdoors
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_5	FAL_HOW_COF4	
[ASK IF FAL_WHERE_COF4 = INSIDE_HOME OR OUTSIDE_HOME]		
How did your fall happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
FELL_STANDING_WALKING	01	Fell while standing or walking
FELL_STAIRS_STEPS	02	Fell on stairs or steps
FELL_EXERCISING	03	Fell while exercising (except walking)
FELL_HEIGHT	04	Fell from height of greater than 1 meter or 3 feet (for example, ladder, tree, roof)
FELL_FURNITURE	05	Fell from furniture (for example, bed, chair)
FELL_BATHTUB	06	Fell while getting in or out of the bathtub
FELL_SHOWER	07	Fell while getting in or out of the shower
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

FAL_6	FAL_HOW2_COF4	
[ASK IF FAL_WHERE_COF4 = OUTDOORS]		
How did your fall happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
FELL_STANDING_WALKING	01	Fell while standing or walking
FELL_STAIRS_STEPS	02	Fell on stairs or steps
FELL_EXERCISING	03	Fell while exercising (except walking)
FELL_HEIGHT	04	Fell from height of greater than 1 meter or 3 feet (for example, ladder, tree, roof)
FELL_SNOW_ICE	05	Fell on snow or ice
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

FAL_END

Retirement Status (RET)

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

[RET_RTRD_PAST = Use the first non-NULL value in (RET_RTRD_COF3, RET_RTRD_COF2, RET_RTRD_COF1, RET_RTRD_COM)]

RET_1	RET_RTRD_COF4	
[ASK IF RET_RTRD_PAST = NOT_RETIRED OR PARTLY_RETIRED]		
At this time, do you consider yourself to be completely retired, partly retired or not retired?		
CODE ONLY ONE RESPONSE		
COMPLETELY_RETIRED	1	Completely retired
PARTLY_RETIRED	2	Partly retired
NOT_RETIRED	3	Not retired
NEVER_PAID	4	Never held a paid job
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

RET_2	RET_RTRN_COF4		
[ASK IF RET_RTRD_PAST = COMPLETELY_RETIRED]			
After retirement, some people return to work and later retire again. Since your last interview have you retired and then returned to work?			
YES	1	Yes	
NO	2	No	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

RET_3	RET_SPSE_COF4	
[ASK IF SDC_MRTL2_COF4 = MARRIED OR COMMON_LAW2]		
Is your spouse/partner retired?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

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

RET_4	RET_AGE_NB_COF4	
[ASK IF RET_RTRD_COF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
How old were you when you first retired/partly retired?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE		
INTERVIEWER: IF PARTICIPANT IN FACT RETIRED BEFORE AGE 40 INPUT 40 IN THE FIELD		
		(MASK: MIN=40, MAX=CURRENT AGE)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

RET_5	RET WHY_COF4	
[ASK IF RET_RTRD_COF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
There are many reasons why people retire. Which of the following reasons contributed to your decision to retire?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
RET WHY_CM_COF4	01	Completed the required years of service to qualify for pension
RET WHY_RE_COF4	02	Retirement was financially possible
RET WHY_HL_COF4	03	Health/disability/stress reasons
RET WHY_IN_COF4	04	Employer offered special incentives to retire
RET WHY_OR_COF4	05	Organizational restructuring or job eliminated
RET WHY_PR_COF4	06	Providing care to a family member or friend
RET WHY_MD_COF4	07	Employer had a mandatory retirement policy
RET WHY_HO_COF4	08	Wished to pursue hobbies or other activities of personal interest
RET WHY_ST_COF4	09	Wanted to stop working
RET WHY_AG_COF4	10	An agreement with your spouse or partner
RET WHY_NA_COF4	11	Never worked/stay at home parent or spouse
RET WHY_OTSP_COF4	97	Other: _____
RET WHY_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
RET WHY_REFUSED_COF4	99	[DO NOT READ] Refused

RET_END

Pre-Retirement Labour Force Participation (LFP)

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

LFP_1	LFP_LAST_NB_COF4
[ASK IF RET_RTRD_COF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]	
In what year did you last have a paid job or operate a business or farm?	
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR	
	_____ (MASK: MIN=YEAR OF BIRTH + 40, MAX=CURRENT YEAR)
DK_NA	9998 [DO NOT READ] Don't know / No answer
REFUSED	9999 [DO NOT READ] Refused

LFP_2	LFP_YRS_COF4
[ASK IF RET_RTRD_COF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]	
How many years did you work at that job? Was it...	
READ LIST, CODE ONLY ONE RESPONSE	
LESS_YEAR	1 Less than 1 year
1_3_YEARS	2 From 1 year to less than 3 years
3_5_YEARS	3 From 3 years to less than 5 years
5_MORE_YEARS	4 5 years or more
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

LFP_3	LFP_HRWK_COF4	
[ASK IF RET_RTRD_COF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
In your last job before retirement, about how many hours a week did you work?		
READ LIST, CODE ONLY ONE RESPONSE		
EMPLOYED_ALL_TIME	1	Employed all of the time (that is, 30+ hours/week)
EMPLOYED_MOST_TIME	2	Employed most of the time (that is, less than 30 but more than 20 hours/week)
EMPLOYED_SOME_TIME	3	Employed some of the time (that is, less than 20 hours/week)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LFP_4	LFP_SCHD_COF4	
[ASK IF RET_RTRD_COF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
Which of the following best describes your working schedule at that time?		
READ LIST, CODE ONLY ONE RESPONSE		
DAYTIME	01	Daytime schedule or shift
EVENING	02	Evening shift
NIGHT	03	Night shift
ROTATING	04	Rotating shift, changing periodically from days to evenings or nights
SEASONAL	05	Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

LFP_5	LFP_TYPE_SP_COF4	
[ASK IF RET_RTRD_COF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
What type of work did you do?		
RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE		
	<hr/> <hr/> <hr/>	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

LFP_6	LFP_IND_SP_COF4	
[ASK IF RET_RTRD_COF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
What business or industry sector were you in?		
RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE		
	<hr/> <hr/> <hr/>	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

LFP_END

Labour Force (LBF)

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

LBF_1	LBF_CURR_COF4
[ASK IF (RET_RTRN_COF4 = YES) OR (RET_RTRD_COF4 = PARTLY_RETIRED OR NOT_RETIRED)]	
Are you currently working at a job or business? This includes part-time jobs, seasonal work, contract work, self-employment, or any other paid work regardless of the number of hours worked.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

LBF_2	LBF_MANY_COF4
[ASK IF LBF_CURR_COF4 = YES]	
Do you currently work at more than one job or business?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

LBF_3	LBF_STTS_COF4
[ASK IF LBF_CURR_COF4 = YES]	
What is your current working status? If you are self-employed, choose full-time or part-time, as appropriate.	
CODE ONLY ONE RESPONSE	
EMPLOYED_ALL_TIME	1 Employed all of the time (that is, 30+ hours/week)
EMPLOYED_MOST_TIME	2 Employed most of the time (that is, less than 30 but more than 20 hours/week)
EMPLOYED_SOME_TIME	3 Employed some of the time (that is, less than 20 hours/week)
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

LBF_4	LBF_SCHD_COF4	
[ASK IF LBF_CURR_COF4 = YES]		
Which of the following best describes your working schedule?		
READ LIST, CODE ONLY ONE RESPONSE		
DAYTIME	01	Daytime schedule or shift
EVENING	02	Evening shift
NIGHT	03	Night shift
ROTATING	04	Rotating shift, changing periodically from days to evenings or nights
SEASONAL	05	Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

LBF_5	LBF_TYPE_NB_COF4	
[ASK IF LBF_CURR_COF4 = YES]		
What type of work do you do?		
RECORD AS CONCISELY AS POSSIBLE WITHOUT LOSING CRITICAL INFORMATION. PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE		

REFUSED	99	[DO NOT READ] Refused

LBF_6	LBF_BUSN_NB_COF4	
[ASK IF LBF_CURR_COF4 = YES]		
What business or industry sector are you in?		
RECORD AS CONCISELY AS POSSIBLE WITHOUT LOSING CRITICAL INFORMATION. PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE		

REFUSED	99	[DO NOT READ] Refused

LBF_7	LBF_DURN_COF4	
[ASK IF LBF_CURR_COF4 = YES]		
How long have you worked with your present employer or in your current business?		
READ LIST, CODE ONLY ONE RESPONSE		
LESS_YEAR	1	Less than 1 year
1_3_YEARS	2	From 1 year to less than 3 years
3_5_YEARS	3	From 3 years to less than 5 years
5_MORE_YEARS	4	5 years or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

LBF_8	LBF_RSN_COF4	
[ASK IF LBF_CURR_COF4 = NO]		
What would best describe the reason for not working?		
READ LIST, CODE ONLY ONE RESPONSE		
UNABLE_WORK	01	Unable to work because of sickness or disability
LOOKING_AFTER_FAMILY	02	Looking after family
STUDENT	03	Student
UNEMPLOYED	04	Unemployed
UNPAID_WORK	05	Doing unpaid or voluntary work
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

LBF_9	LBF_UNEM_COF4	
[ASK IF LBF_CURR_COF4 = NO]		
How long have you been unemployed?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT TIME		
CODE ONLY ONE RESPONSE		
WK	_____	Weeks (MASK: MIN=0, MAX=52)
MT	_____	Months (MASK: MIN=0, MAX=12)
YR	_____	Years (MASK: MIN=0, MAX=CURRENT AGE)
REFUSED	99	[DO NOT READ] Refused

LBF_END

Work Limitations Questionnaire (WLQ)

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WLQ_END

Retirement Planning (RPL) – abbreviated version

RPL_1	RPL_AGE_COF4	
[ASK IF LBF_CURR_COF4 = YES]		
At what age do you plan to retire?		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE		
NB	_____ (MASK: MIN=CURRENT AGE, MAX=100)	
NOT_APPLICABLE	996	[DO NOT READ] Not applicable, does not plan to retire
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

RPL_2	RPL_WHYNT_COF4	
[ASK IF RPL_AGE_COF4 = NOT_APPLICABLE OR DK_NA]		
[If not] Is that because...?		
READ LIST, CODE ONLY ONE RESPONSE		
HAVE_NOT_PLANNED_FOR_RETIREMENT	01	You have not thought about or planned for retirement
PLAN_TO_CONTINUE_WORKING	02	You plan to continue working for as long as you are able to
CANT_AFFORD_TO_RETIRE	03	You can't afford to retire
OTSP	97	Other: _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

RPL_END

Income (INC)

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

Household Income

INC_1	INC_SRCE_COF4
[ALWAYS ASK]	
Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
INC_SRCE_WG_COF4	01 Wages and salaries
INC_SRCE_SE_COF4	02 Income from self-employment
INC_SRCE_IN_COF4	03 Dividends and interest (e.g., on bonds, savings)
INC_SRCE_EI_COF4	04 Employment insurance
INC_SRCE_CM_COF4	05 Worker's compensation
INC_SRCE_BN_COF4	06 Benefits from Canada or Quebec Pension Plan
INC_SRCE_PN_COF4	07 Job related retirement pensions, superannuation and annuities
INC_SRCE_GV_COF4	08 RRSP/RRIF
INC_SRCE_OLD_COF4	09 Old Age Security
INC_SRCE_GIS_COF4	10 Guaranteed Income Supplement
INC_SRCE_WF_COF4	11 Provincial or municipal social assistance or welfare
INC_SRCE_CH_COF4	12 Child Tax Benefit

INC_1	INC_SRCE_COF4 (cont'd...)	
[ALWAYS ASK]		
Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
INC_SRCE_SP_COF4	13	Child support
INC_SRCE_AL_COF4	14	Alimony
INC_SRCE_CP_COF4	15	Capital gains (e.g., profits from sale of stocks)
INC_SRCE_NONE_COF4	96	[DO NOT READ] None
INC_SRCE_OTSP_COF4	97	Other (e.g., rental income, veterans' pensions): _____
INC_SRCE_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
INC_SRCE_REFUSED_COF4	99	[DO NOT READ] Refused

INC_2	INC_FRST_COF4	
[ASK IF INC_SRCE_COF4 HAS GREATER THAN 1 VARIABLE SELECTED]		
Of the sources of income you have identified, what are the three major sources of your household income, starting with the highest source of income? [RECALL RESPONSE FROM INC_SRCE_COF4].		
INC_FRST_COF4	1	1st highest source
INC_SCND_COF4	2	2nd highest source
INC_THRD_COF4	3	3rd highest source
REFUSED	9	[DO NOT READ] Refused

INC_3	INC_TOT_COF4	
[ALWAYS ASK]		
What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, in the past 12 months?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LESS_20000	1	Less than \$20,000
20000_50000	2	\$20,000 or more, but less than \$50,000
50000_100000	3	\$50,000 or more, but less than \$100,000
100000_150000	4	\$100,000 or more, but less than \$150,000
150000_MORE	5	\$150,000 or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Personal Income

INC_4	INC_PSRCE_COF4	
[ALWAYS ASK]		
Thinking about your total <u>personal</u> 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_COF4	01	Wages and salaries
INC_PSRCE_SE_COF4	02	Income from self-employment
INC_PSRCE_IN_COF4	03	Dividends and interest (e.g., on bonds, savings)
INC_PSRCE_EI_COF4	04	Employment insurance
INC_PSRCE_CM_COF4	05	Worker's compensation
INC_PSRCE_BN_COF4	06	Benefits from Canada or Quebec Pension Plan
INC_PSRCE_PN_COF4	07	Job related retirement pensions, superannuation and annuities
INC_PSRCE_GV_COF4	08	RRSP/RRIF
INC_PSRCE_OLD_COF4	09	Old Age Security
INC_PSRCE_GIS_COF4	10	Guaranteed Income Supplement
INC_PSRCE_WF_COF4	11	Provincial or municipal social assistance or welfare
INC_PSRCE_CH_COF4	12	Child Tax Benefit
INC_PSRCE_SP_COF4	13	Child support
INC_PSRCE_AL_COF4	14	Alimony
INC_PSRCE_CP_COF4	15	Capital gains (e.g., profits from sale of stocks)
INC_PSRCE_NONE_COF4	96	[DO NOT READ] None
INC_PSRCE_OTSP_COF4	97	Other (e.g., rental income, veterans' pensions): _____
INC_PSRCE_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
INC_PSRCE_REFUSED_COF4	99	[DO NOT READ] Refused

INC_5	INC_PFRST_COF4	
[ASK IF INC_PSRCE_COF4 HAS GREATER THAN 1 VARIABLE SELECTED]		
Of the sources of income you have identified, what are the three major sources of your <u>personal</u> income, starting with the highest source of income? [RECALL RESPONSE FROM INC_PSRCE_COF4] .		
INC_PFRST_COF4	1	1st highest source
INC_PSCND_COF4	2	2nd highest source
INC_PTHRD_COF4	3	3rd highest source
REFUSED	9	[DO NOT READ] Refused

INC_6	INC_PTOT_COF4	
[ALWAYS ASK]		
What is your best estimate of your total personal income from all sources, before taxes and deductions, in the past 12 months? [RECALL RESPONSE FROM INC_TOT_COF4]		
INTERVIEWER NOTE: IF INC_PTOT_COF4 > INC_TOT_COF4, 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.		
READ LIST, CODE ONLY ONE RESPONSE		
LESS_20000	1	Less than \$20,000
20000_50000	2	\$20,000 or more, but less than \$50,000
50000_100000	3	\$50,000 or more, but less than \$100,000
100000_150000	4	\$100,000 or more, but less than \$150,000
150000_MORE	5	\$150,000 or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INC_END

Medications (MEDI)

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

Number of Medications	Name of Medication	Drug Identification Number (DIN)	Prescription	Dosage - How Much			Frequency: When do you take the medication	Duration: (drug usage beyond one month)	Reason(s) for Use
	MEDI_ID_NAME	MEDI_ID_DIN	MEDI_PRE	MEDI_Q			MEDI_DOSE_FRQ	MEDI_USE	MEDI_REASON
WHAT APPEARS IN PINE→	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 <6 mo, 6 mo – 1 yr, 1 – 3 yrs, > 3 yrs.	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	Arthritis
Example →	NASONEX NASAL SPRAY	02238465		100	µG		Three x day	1 to 3 yrs	Congestion
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

MEDI_END

Health Care Utilization (HCU)

Overview	<p>This module covers a number of topics related to the use of health care services, including whether the participant has a regular medical doctor, uses medical specialists, or uses practitioners of alternative medicine.</p> <p>Importance of module: This module is relevant to policy makers, health care planners, and researchers, who may use the data to compare how different groups, e.g., men versus women, urban versus rural dwellers, use health services. This type of research can help determine who needs better access to healthcare services.</p>
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Now I would like to ask you about your contacts with healthcare professionals or the healthcare system during the past 12 months.

HCU_1-HCU_5					
[ALWAYS ASK]					
During the past 12 months, have you had contact with any of the following about your physical or mental health?					
CODE ONLY ONE RESPONSE PER QUESTION					
		Yes	No	** DK / NA	**RF
		YES	NO	DK_ NA	RF
		1	2	8	9
HCU_FAMPHY_COF4	Family doctor or general practitioner				
HCU_SPEC_COF4	Medical specialist (such as a cardiologist, gynaecologist, or ophthalmologist)				
HCU_PSYCH_COF4	Mental health professional (such as a psychologist or psychiatrist)				
HCU_PHYSIO_COF4	Physiotherapist, occupational therapist, or chiropractor				
HCU_NP_COF4	Nurse practitioner				

** Replaces [DO NOT READ]. This response should not be read.

HCU_1a-HCU_5a				
[ASK IF ANY OF HCU_1 – HCU_5 = YES]				
During the past 12 months, <u>how many times</u> have you had contact with any of the following about your physical or mental health?				
INTERVIEWER INSTRUCTION: IF THE PARTICIPANT IS UNSURE OF THE EXACT NUMBER, PLEASE REQUEST BEST POSSIBLE ESTIMATE				
		ENTER EXACT AMOUNT (MASK: MIN=1, MAX=365)	**DK / NA	** RF
			DK_NA	RF
			8	9
HCU_FAMPHY_NB_COF4 [ASK IF HCU_FAMPHY_COF4 = YES]	Family doctor or general practitioner			
HCU_SPEC_NB_COF4 [ASK IF HCU_SPEC_COF4 = YES]	Medical specialist (such as a cardiologist, gynaecologist, or ophthalmologist)			
HCU_PSYCH_NB_COF4 [ASK IF HCU_PSYCH_COF4 = YES]	Mental health professional (such as a psychologist or psychiatrist)			
HCU_PHYSIO_NB_COF4 [ASK IF HCU_PHYSIO_COF4 = YES]	Physiotherapist, occupational therapist, or chiropractor			
HCU_NP_NB_COF4 [ASK IF HCU_NP_COF4 = YES]	Nurse practitioner			

** Replaces [DO NOT READ]. This response should not be read.

HCU_6	HCU_EMEREG_COF4	
[ALWAYS ASK]		
Have you been seen in an emergency department during the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_6a	HCU_EMEREG_NB_COF4	
[ASK IF HCU_EMEREG_COF4 = YES]		
How many times have you been seen in an emergency department during the past 12 months?		
	_____	ENTER EXACT AMOUNT (MASK: MIN=1, MAX=365)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

HCU_7	HCU_HLOVRNT_COF4	
[ALWAYS ASK]		
Were you a patient in a hospital overnight during the past 12 months? (including overnight in the emergency department)		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_7a	HCU_HLOVRNT_NB_COF4	
[ASK HCU_HLOVRNT_COF4 = YES]		
How many times were you a patient in a hospital overnight during the past 12 months? (including overnight in the emergency department)		
	___	ENTER EXACT AMOUNT (MASK: MIN=001, MAX=365)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

HCU_8	HCU_HAVEFAM_COF4	
[ALWAYS ASK]		
Do you have a family doctor, a general practitioner, or nurse practitioner that you can see for regular check-ups and when you are sick?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_9	HCU_FAMQL_COF4	
[ASK IF HCU_HAVEFAM_COF4 = YES]		
Overall, how would you rate the quality of the care you receive from your family doctor, a general practitioner, or nurse practitioner?		
CODE ONLY ONE RESPONSE		
EXCELLENT	1	Excellent
GOOD	2	Good
FAIR	3	Fair
POOR	4	Poor
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_10	HCU_FAMAPP_COF4	
[ASK IF HCU_HAVEFAM_COF4 = YES]		
When you need immediate care for a health problem, how long do you usually have to wait before you can have an appointment with your family doctor, a general practitioner, or nurse practitioner (or another care provider from the same office)?		
CODE ONLY ONE RESPONSE		
SAME_DAY	1	On the same day
NEXT_DAY	2	The next day
2_3_DAYS	3	In 2 to 3 days
4_6_DAYS	4	In 4 to 6 days
1_2_WKS	5	In 1 to 2 weeks
2_WKS_1_MO	6	Between 2 weeks and one month
1_MO_PLUS	7	One month or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_11	HCU_OFFHR_COF4	
[ASK IF HCU_HAVEFAM_COF4 = YES]		
If you needed medical care in the evening, on a weekend, or on a public holiday, how easy or difficult would it be to get care without going to a walk-in clinic or emergency department?		
CODE ONLY ONE RESPONSE		
VERY_EASY	1	Very Easy
SOMEWHAT_EASY	2	Somewhat Easy
SOMEWHAT_DIFFICULT	3	Somewhat Difficult
VERY_DIFFICULT	4	Very Difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_12	HCU_COORD_COF4	
[ASK IF HCU_HAVEFAM_COF4 = YES]		
In general, how would you rate the level of coordination between your family doctor, a general practitioner, or nurse practitioner and other health professionals who provide you with regular care? Would you say the coordination is...?		
CODE ONLY ONE RESPONSE		
EXCELLENT	01	Excellent
VERY_GOOD	02	Very good
GOOD	03	Good
FAIR	04	Fair
POOR	05	Poor
NOT_APPLICABLE	96	Not applicable
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

HCU_13	HCU_NOFAM_COF4	
[ASK IF HCU_HAVEFAM_COF4 = NO]		
Why do you NOT have a family doctor, a general practitioner, or nurse practitioner?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HCU_NOFAM_TAKE_COF4	01	Family doctors, general practitioners, or nurse practitioners in the area are not taking new patients
HCU_NOFAM_AVAIL_COF4	02	No family doctors, general practitioners, or nurse practitioners available in the area
HCU_NOFAM_CONT_COF4	03	Have not tried to contact one
HCU_NOFAM_LEFT_COF4	04	Had a medical provider who left or retired
HCU_NOFAM_SWIT_COF4	05	Switched to using some form of clinic/walk-in clinic/clinic at hospital, other clinic, easier to use/get to clinic, better "service", etc.
HCU_NOFAM_EXP_COF4	06	Negative experience with family/other doctor/health care system
HCU_NOFAM_OTSP_COF4	97	Other: _____
HCU_NOFAM_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
HCU_NOFAM_REFUSED_COF4	99	[DO NOT READ] Refused

HCU_14	HCU_FAMV_COF4	
[ASK IF HCU_FAMPHY_COF4 = NO AND HCU_NP_COF4 = NO AND HCU_HAVEFAM_COF4 = YES]		
Why have you NOT seen a family doctor, general practitioner, or nurse practitioner in the past 12 months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HCU_FAMV_NEED_COF4	01	Not needed
HCU_FAMV_APPT_COF4	02	Difficulty getting an appointment
HCU_FAMV_TRAN_COF4	03	Transportation problems
HCU_FAMV_LANG_COF4	04	Language problem
HCU_FAMV_CANC_COF4	05	Appointment cancelled or deferred by doctor or nurse practitioner
HCU_FAMV_LEAV_COF4	06	Unable to leave the house due to health condition
HCU_FAMV_PERS_COF4	07	Personal and family responsibilities
HCU_FAMV_OTSP_COF4	97	Other: _____
HCU_FAMV_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
HCU_FAMV_REFUSED_COF4	99	[DO NOT READ] Refused

HCU_15	HCU_SPEV_COF4	
[ASK IF HCU_SPEC_COF4 = NO]		
Why have you NOT seen a medical specialist (such as a cardiologist, gynecologist, or ophthalmologist) in the past 12-months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HCU_SPEV_NEED_COF4	01	Not needed
HCU_SPEV_REFE_COF4	02	Difficulty getting a referral
HCU_SPEV_APPT_COF4	03	Difficulty getting an appointment
HCU_SPEV_SPEC_COF4	04	No specialists in the area
HCU_SPEV_TRAN_COF4	05	Transportation problems
HCU_SPEV_LANG_COF4	06	Language problem
HCU_SPEV_PERS_COF4	07	Personal and family responsibilities
HCU_SPEV_CANC_COF4	08	Appointment cancelled or deferred by specialist/doctor
HCU_SPEV_WAIT_COF4	09	Still waiting for visit
HCU_SPEV_LEAV_COF4	10	Unable to leave the house due to health condition
HCU_SPEV_OTSP_COF4	97	Other: _____
HCU_SPEV_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
HCU_SPEV_REFUSED_COF4	99	[DO NOT READ] Refused

HCU_16	HCU_DIGITAL_COF4	
[ALWAYS ASK]		
Other than for booking an appointment, in the last 12 months have you used any of the following digital methods to communicate with <u>a health care provider</u> about your medical care?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HCU_DIGITAL_WEB_COF4	01	Email or through a website or portal
HCU_DIGITAL_VID_COF4	02	Video call
HCU_DIGITAL_MSG_COF4	03	Text messaging/electronic messaging
HCU_DIGITAL_TEL_COF4	04	Telephone (voice only call)
HCU_DIGITAL_NA_COF4	96	Not applicable
HCU_DIGITAL_OTSP_COF4	97	Other methods (Please specify: _____)
HCU_DIGITAL_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
HCU_DIGITAL_REFUSED_COF4	99	[DO NOT READ] Refused

HCU_17	HCU_ACCESS_COF4	
[ALWAYS ASK]		
In the last 12 months, have you looked at your medical records using an online system or digital tool? This does not include being able to access results of lab tests completed at labs.		
CODE ONLY ONE RESPONSE		
YES	01	Yes
NO	02	No
UNAWARE	03	Unaware if online system or digital tool is available
NOT_BELIEVE	04	Believe that online system or digital tool is not available
NOT_APPLICABLE	96	Not applicable
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

HCU_18	HCU_CONFL_COF4	
[ALWAYS ASK]		
In the last 12 months, how often did you receive conflicting information about your health care and needs from <u>your health care providers</u> ?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
ALWAYS	01	Always
OFTEN	02	Often
SOMETIMES	03	Sometimes
RARELY	04	Rarely
NEVER	05	Never
NOT_APPLICABLE	96	Not applicable
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

HCU_19	HCU_TIME_COF4	
[ALWAYS ASK]		
In the last 12 months, how often did <u>your health care providers</u> spend enough time with you?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
ALWAYS	01	Always
OFTEN	02	Often
SOMETIMES	03	Sometimes
RARELY	04	Rarely
NEVER	05	Never
NOT_APPLICABLE	96	Not applicable
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

HCU_20	HCU_EXPLAIN_COF4	
[ALWAYS ASK]		
In the last 12 months, how often did <u>your health care providers</u> explain things in a way that was easy to understand?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
ALWAYS	01	Always
OFTEN	02	Often
SOMETIMES	03	Sometimes
RARELY	04	Rarely
NEVER	05	Never
NOT_APPLICABLE	96	Not applicable
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

HCU_END

Unmet Health Care Needs (MET)

Overview	<p>Access to health care services is often evaluated by considering frequency of use of health care services. However, such research does not capture information from those who do not use health care services or the reasons for not using services. Self-perceived unmet need for health care services is often used as a measure of the adequacy of access to services.</p> <p>The data collected can help researchers determine what factors contribute to unmet health care needs and how important lack of access is in determining unmet health care needs.</p>
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MET_1	MET_NEED_COF4
[ALWAYS ASK]	
During the past 12 months, was there ever a time when you felt that you needed health care, but you didn't receive it?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

MET_2	MET_RSN_COF4
[ASK IF MET_NEED_COF4 = YES]	
Thinking of the most recent time, why didn't you get care?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
MET_RSN_AREA_COF4	01 Not available - in the area
MET_RSN_TIME_COF4	02 Not available - at time required (e.g., doctor on holidays, inconvenient hours)
MET_RSN_WAIT_COF4	03 Waiting time too long
MET_RSN_INAD_COF4	04 Felt would be inadequate
MET_RSN_COST_COF4	05 Cost
MET_RSN_BUSY_COF4	06 Too busy
MET_RSN_AROD_COF4	07 Didn't get around to it/didn't bother
MET_RSN_SEEK_COF4	08 Decided not to seek care
MET_RSN_NECE_COF4	09 Doctor - didn't think it was necessary
MET_RSN_TRAN_COF4	10 No transportation available
MET_RSN_OTSP_COF4	97 Other: _____
MET_RSN_DK_NA_COF4	98 [DO NOT READ] Don't know / No answer
MET_RSN_REFUSED_COF4	99 [DO NOT READ] Refused

MET_END

Transportation, Mobility, Migration (TRA)

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

Overview	<p>The questions in this module ask participants about their driving status and the types of transportation they use.</p> <p>Importance of module: These questions will provide data about participants' ability and transportation functionality over time.</p>
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Now I would like you to focus on how you get around the area where you live. I will ask about the types of transportation you use.

TRA_1	TRA_DSTATUS_COF4	
[ALWAYS ASK]		
Which of the following describes your driving status? (Include cars, vans, trucks and motorcycles.)		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER_DL	1	Never had a driver's license
CURRENTLY_NO_DL	2	Had a driver's license at one point in your life, but currently do not have it
UNRESTRICTED_DL	3	Have a driver's license without restrictions (except corrective lenses)
RESTRICTED_DL	4	Have a driver's license with restrictions on time of driving (daylight only), distance from home, type of road (no highway) or number of passengers
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

TRA_2	TRA_DFREQ_COF4	
[ASK IF TRA_DSTATUS_COF4 = UNRESTRICTED_DL OR RESTRICTED_DL]		
How frequently do you drive?		
READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
4_6_DAYS_WEEK	02	4 to 6 times a week
2_3_DAYS_WEEK	03	2 to 3 times a week
ONCE_WEEK	04	Once a week
LESS_1WEEK_MORE_1MONTH	05	Less than once a week, but more than once a month
LESS_ONCE_MONTH	06	Less than once a month
NONE	96	Not at all
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_2a	TRA_CMNTR1_COF4	
[ASK IF TRA_DSTATUS_COF4 = UNRESTRICTED_DL OR RESTRICTED_DL]		
In the past year, which was your <u>most common</u> form of transportation?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G. TRAVEL TO A 'PARK AND RIDE')		
ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSP, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, CODE ONLY ONE RESPONSE		
DRIVE	01	Drive a motor vehicle
PASSENGER	02	Passenger in a motor vehicle
TAXI	03	Taxi
PUBLIC_TRANSIT	04	Public transit such as bus, rapid transit, subway/metro or train
ACCESSIBLE_TRANSIT	05	Accessible transit
CYCLING	06	Cycling
WALKING	07	Walking
WHEELCHAIR	08	Wheelchair or motorized cart/scooter
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_2b	TRA_CMNTR2_COF4	
[ASK IF TRA_DSTATUS_COF4 ≠ UNRESTRICTED_DL AND TRA_DSTATUS_COF4 ≠ RESTRICTED_DL]		
In the past year, which was your <u>most common</u> form of transportation?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G. TRAVEL TO A 'PARK AND RIDE')		
ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSP, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, CODE ONLY ONE RESPONSE		
PASSENGER	01	Passenger in a motor vehicle
TAXI	02	Taxi
PUBLIC_TRANSIT	03	Public transit such as bus, rapid transit, subway/metro or train
ACCESSIBLE_TRANSIT	04	Accessible transit
CYCLING	05	Cycling
WALKING	06	Walking
WHEELCHAIR	07	Wheelchair or motorized cart/scooter
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_3	TRA_TYPTR_COF4	
[ALWAYS ASK]		
In the past month, which of the following forms of transportation have you used?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G. TRAVEL TO A 'PARK AND RIDE') ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPOR, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
TRA_TYPTR_PAS_COF4	01	Passenger in a motor vehicle (including driver)
TRA_TYPTR_TAX_COF4	02	Taxi
TRA_TYPTR_PUB_COF4	03	Public transit such as bus, rapid transit, subway/metro or train
TRA_TYPTR_ACC_COF4	04	Accessible transit
TRA_TYPTR_CYC_COF4	05	Cycling
TRA_TYPTR_WAL_COF4	06	Walking
TRA_TYPTR_WHE_COF4	07	Wheelchair or motorized cart/scooter
TRA_TYPTR_NONE_COF4	96	None
TRA_TYPTR_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
TRA_TYPTR_REFUSED_COF4	99	[DO NOT READ] Refused

TRA_4	TRA_PUBTR_COF4	
[ASK IF TRA_TYPTR_COF4 ≠ TRA_TYPTR_PUB_COF4 AND TRA_TYPTR_COF4 ≠ TRA_TYPTR_DK_NA_COF4 AND TRA_TYPTR_COF4 ≠ TRA_TYPTR_REFUSED_COF4]		
Why did you not use public transit?		
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY. INTERVIEWER CAN PROBE WITHOUT READING WHOLE LIST IF HELPFUL.		
TRA_PUBTR_NN_COF4	01	Service not needed
TRA_PUBTR_PNU_COF4	02	Prefer not to use
TRA_PUBTR_UNA_COF4	03	Service unavailable in your area
TRA_PUBTR_HEA_COF4	04	Limitation due to a health condition or mobility issue
TRA_PUBTR_INC_COF4	05	Inconvenient service, travel time too long, inconvenient schedule or route
TRA_PUBTR_COS_COF4	06	Too costly
TRA_PUBTR_NAV_COF4	07	Service unavailable in area you travelled to
TRA_PUBTR_AWR_COF4	08	Unaware of local transit services
TRA_PUBTR_SCH_COF4	09	Schedule unsuitable for need
TRA_PUBTR_NSF_COF4	10	Unsafe
TRA_PUBTR_ACC_COF4	11	Cannot easily get to public transit stop or station
TRA_PUBTR_COM_COF4	12	Lack of comfort
TRA_PUBTR_OTSP_COF4	97	Other: _____
TRA_PUBTR_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
TRA_PUBTR_REFUSED_COF4	99	[DO NOT READ] Refused

TRA_5	TRA_ACCTR_COF4	
[ASK IF TRA_TYPTR_COF4 ≠ TRA_TYPTR_ACC_COF4 AND TRA_TYPTR_COF4 ≠ TRA_TYPTR_DK_NA_COF4 AND TRA_TYPTR_COF4 ≠ TRA_TYPTR_REFUSED_COF4]		
Why did you not use accessible transit?		
INTERVIEWER NOTE: ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPOR, HANDI TRANSIT, OR WHEEL TRANS.		
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY. INTERVIEWER CAN PROBE WITHOUT READING WHOLE LIST IF HELPFUL.		
TRA_ACCTR_NN_COF4	01	Service not needed
TRA_ACCTR_PNU_COF4	02	Prefer not to use
TRA_ACCTR_UNA_COF4	03	Service unavailable in your area
TRA_ACCTR_HEA_COF4	04	Limitation due to a health condition
TRA_ACCTR_INC_COF4	05	Inconvenient service (travel time too long, inconvenient) schedule or route
TRA_ACCTR_COS_COF4	06	Too costly
TRA_ACCTR_OVB_COF4	07	Service unavailable due to overbooking
TRA_ACCTR_CNB_COF4	08	Could not book (could not get through on the telephone, not enough time to book, etc.)
TRA_ACCTR_OTSP_COF4	97	Other: _____
TRA_ACCTR_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
TRA_ACCTR_REFUSED_COF4	99	[DO NOT READ] Refused

TRA_6	TRA_PUBTRFRQ_COF4	
[ASK IF TRA_TYPTR_COF4 = TRA_TYPTR_PUB_COF4]		
In the past month, how frequently did you take public transit?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G., TRAVEL TO A 'PARK AND RIDE')		
READ LIST, CODE ONLY ONE RESPONSE		
DAILY	1	Daily
4_6_DAYS_WEEK	2	4 to 6 times a week
2_3_DAYS_WEEK	3	2 to 3 times a week
ONCE_WEEK	4	Once a week
LESS_1WEEK_MORE_1MONTH	5	Less than once a week, but more than once a month
LESS_ONCE_MONTH	6	Less than once a month
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

TRA_7	TRA_TRIP_COF4	
[ALWAYS ASK]		
What kind of trip(s) do you typically make in a week, whether by car, public transit, walking or other means?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
TRA_TRIP_WK_COF4	01	Commute to/from work
TRA_TRIP_BK_COF4	02	Banking and other business appointments
TRA_TRIP_MD_COF4	03	Medical appointments
TRA_TRIP_GR_COF4	04	Grocery shopping
TRA_TRIP_RI_COF4	05	Recreational/leisure shopping, restaurants
TRA_TRIP_RO_COF4	06	Recreational/leisure trips to park, other outdoor spaces
TRA_TRIP_CH_COF4	07	Church/worship service
TRA_TRIP_FM_COF4	08	Visiting friends and family
TRA_TRIP_SO_COF4	09	Social activities (e.g., seniors recreational centres)
TRA_TRIP_OTSP_COF4	97	Other: _____
TRA_TRIP_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
TRA_TRIP_REFUSED_COF4	99	[DO NOT READ] Refused

TRA_8	TRA_AVOID_COF4	
[ASK IF TRA_DSTATUS_COF4 = UNRESTRICTED_DL OR RESTRICTED_DL]		
If possible, do you try to avoid any of these driving situations:		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
TRA_AVOID_RA_COF4	01	On ramps and off ramps
TRA_AVOID_CR_COF4	02	Traffic circles/roundabouts
TRA_AVOID_FW_COF4	03	Four way stops without traffic signals
TRA_AVOID_UN_COF4	04	Unfamiliar routes or detours
TRA_AVOID_HV_COF4	05	Heavy traffic or rush hour in town
TRA_AVOID_ML_COF4	06	Heavy traffic or rush hour on multi-lane or divided highways/expressways
TRA_AVOID_SL_COF4	07	Heavy traffic or rush hour on single-lane or undivided highways/expressways
TRA_AVOID_TL_COF4	08	Making left hand turns with traffic lights
TRA_AVOID_NL_COF4	09	Making left hand turns with no traffic lights or stop signs
TRA_AVOID_LG_COF4	10	Travelling next to large trucks
TRA_AVOID_BS_COF4	11	Crossing or entering busy streets without traffic signals
TRA_AVOID_YD_COF4	12	Yielding to traffic (at yield signs)
TRA_AVOID_SN_COF4	13	Driving in heavy rain or snow
TRA_AVOID_DW_COF4	14	Driving at dawn/dusk
TRA_AVOID_NT_COF4	15	Driving at night
TRA_AVOID_NONE_COF4	96	No, I do not try to avoid any of these situations
TRA_AVOID_OTSP_COF4	97	Other: _____
TRA_AVOID_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
TRA_AVOID_REFUSED_COF4	99	[DO NOT READ] Refused

TRA_9	TRA_DRVST_YR_COF4	
[ASK IF TRA_DSTATUS_COF4 = 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		
	_____ (MASK: MIN=0, MAX=CURRENT AGE)	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_9a	TRA_CEASE_COF4	
[ASK IF TRA_DSTATUS_COF4 = CURRENTLY_NO_DL]		
What factors or events led you to stop driving?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
TRA_CEASE_ND_COF4	01	I no longer needed to drive
TRA_CEASE_EN_COF4	02	I no longer enjoyed driving
TRA_CEASE_CO_COF4	03	The cost of gas and upkeep of my car was too expensive
TRA_CEASE_SF_COF4	04	I felt I was no longer a safe driver
TRA_CEASE_NR_COF4	05	I was nervous or intimidated while driving
TRA_CEASE_DR_COF4	06	My doctor advised me to stop driving
TRA_CEASE_FF_COF4	07	Someone else advised me to stop driving (e.g., family or friend)
TRA_CEASE_PT_COF4	08	Improved availability of public transit
TRA_CEASE_DP_COF4	09	Driving-related events such as collision, demerit points
TRA_CEASE_RE_COF4	10	Driver license renewal or road test requirement
TRA_CEASE_IN_COF4	11	Inability to complete license renewal requirements
TRA_CEASE_PC_COF4	12	Physical condition/limitation
TRA_CEASE_DV_COF4	13	Deteriorating vision
TRA_CEASE_LC_COF4	14	Having lesser confidence in driving
TRA_CEASE_NONE_COF4	96	No reason
TRA_CEASE_OTSP_COF4	97	Other: _____
TRA_CEASE_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
TRA_CEASE_REFUSED_COF4	99	[DO NOT READ] Refused

TRA_10	TRA_MED_COF4	
[ASK IF TRA_DSTATUS_COF4 = 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	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

TRA_10a	TRA_MEDTPC_COF4	
[ASK IF TRA_MED_COF4 = YES]		
Which of the following topics related to your driving did you discuss with the medical professional?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
TRA_MEDTPC_CON_COF4	01	Possible safety issues related to a medical condition that you have
TRA_MEDTPC_MED_COF4	02	Possible safety issues related to driving when taking prescription medication
TRA_MEDTPC_HRB_COF4	03	Possible safety issues related to driving when taking non-prescription or herbal medications/supplements
TRA_MEDTPC_ACC_COF4	04	A motor vehicle accident or a near miss that you were a part of
TRA_MEDTPC_INF_COF4	05	Driving infraction (e.g., speeding ticket)
TRA_MEDTPC_THR_COF4	06	Referral for a driving assessment with an occupational therapist
TRA_MEDTPC_LCS_COF4	07	Referral for a driving assessment with licensing authority
TRA_MEDTPC_TRN_COF4	08	Driver re-training
TRA_MEDTPC_ADV_COF4	09	General information/advice from your doctor
TRA_MEDTPC_OTSP_COF4	97	Other: _____
TRA_MEDTPC_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
TRA_MEDTPC_REFUSED_COF4	99	[DO NOT READ] Refused

TRA_11	TRA_ACCID_COF4	
[ASK IF TRA_DSTATUS_COF4 ≠ NEVER_DL]		
Were you involved as a driver in a motor vehicle collision in the past 3 years?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

TRA_END

Built Environments (ENV)

Overview	Built environments can impact human health by influencing an individual's day-to-day activities, including levels of physical activity, access to healthy foods, opportunities for social interaction, and safety of travel.
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ENV_1-ENV_9							
[ALWAYS ASK]							
How do you feel about your local area, that is, everywhere within a 20-minute walk or about a mile from your home? Please tell me how strongly you agree or disagree with the following statements.							
INTERVIEWER INSTRUCTION: IF THE PARTICIPANT LIVES IN A RURAL LOCATION THEIR PERCEPTION OF LOCAL AREA MAY NOT BE WITHIN ONE MILE (1.6 KILOMETERS) 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.							
CODE ONLY ONE RESPONSE PER STATEMENT							
		Strongly agree	Agree	Disagree	Strongly disagree	** DK / NA	** RF
		STRONGLY_AGREE	AGREE	DISAGREE	STRONGLY_DISAGREE	DK_NA	RF
		1	2	3	4	8	9
ENV_FLPRTAREA_COF4	I really feel a part of this area						
ENV_VNDLSM_COF4	Vandalism or graffiti are a big problem in this area						
ENV_FLLNLY_COF4	I often feel lonely living in this area						
ENV_PPLTRST_COF4	Most people in this area can be trusted						
ENV_AFRDWLK_COF4	People would be afraid to walk alone after dark in this area						
ENV_PPLFRNDLY_COF4	Most people in this area are friendly						
ENV_PPLTKADV_COF4	People in this area will take advantage of you						
ENV_CLEAN_COF4	This area is kept very clean						
ENV_PPLHLP_COF4	If you were in trouble, there are lots of people in this area who would help you						

** Replaces [DO NOT READ]. This response should not be read.

ENV_END

Wealth (WEA)

Overview	<p>The questions in this module ask participants about their current incomes, investments, and assets to measure socioeconomic status.</p> <p>Importance of module: Although sensitive, this information is important for studying the impact of wealth on health trends and behaviours. Even though many healthcare costs in Canada are covered by insurance, income still plays an important role in people's health, particularly for older Canadians. People with lower incomes are more likely to have poorer health, and people of different income levels also tend to use the healthcare system differently.</p>
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Now some questions about your overall financial situation.

WEA_1	WEA_SVNGS_COF4
[ALWAYS ASK]	
Which, if any, of the following savings and investments do you (and your spouse/partner) have?	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
WEA_SVNGS_ACC_COF4	01 Account at a bank, credit union or elsewhere
WEA_SVNGS_RRSP_COF4	02 RRSPs
WEA_SVNGS_INV_COF4	03 Financial investments outside of RRSPs
WEA_SVNGS_NONE_COF4	96 [DO NOT READ] None
WEA_SVNGS_DK_NA_COF4	98 [DO NOT READ] Don't know / No answer
WEA_SVNGS_REFUSED_COF4	99 [DO NOT READ] Refused

WEA_2	WEA_SVNGSVL_COF4
[ASK IF WEA_SVNGS_COF4 ≠ WEA_SVNGS_NONE_COF4 AND WEA_SVNGS_COF4 ≠ WEA_SVNGS_DK_NA_COF4 AND WEA_SVNGS_COF4 ≠ WEA_SVNGS_REFUSED_COF4]	
What is the approximate total value of these savings and investments?	
READ LIST, CODE ONLY ONE RESPONSE	
LESS_50000	1 Less than \$50,000
50000_100000	2 \$50,000 to less than \$100,000
100000_MILLION	3 \$100,000 to less than \$1 million
MORE_MILLION	4 \$1 million or more
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

WEA_3	WEA_LFINS_COF4	
[ALWAYS ASK]		
Do you (or your spouse/partner) have life insurance?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

WEA_4	WEA_ASSETS_COF4	
[ALWAYS ASK]		
Which, if any, of the following assets do you (and your spouse/partner) have?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
WEA_ASSETS_HSE_COF4	01	House, apartment or holiday home, including timeshares but not including principal residence
WEA_ASSETS_PRES_COF4	02	Principal residence
WEA_ASSETS_FBS_COF4	03	Farm or business property (such as a shop, warehouse or garage)
WEA_ASSETS_OTL_COF4	04	Other land
WEA_ASSETS_MOWD_COF4	05	Money owed to you by others
WEA_ASSETS_TRST_COF4	06	A trust
WEA_ASSETS_CINH_COF4	07	A covenant or inheritance
WEA_ASSETS_NONE_COF4	96	[DO NOT READ] None
WEA_ASSETS_OTSP_COF4	97	Other assets (including works of art or collectibles such as antiques or jewellery):
WEA_ASSETS_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
WEA_ASSETS_REFUSED_COF4	99	[DO NOT READ] Refused

WEA_5	WEA_DEBT_COF4	
[ALWAYS ASK]		
Do you (or your spouse/partner) currently have any of the following kinds of debts?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
WEA_DEBT_CCRD_COF4	01	Credit or store cards
WEA_DEBT_DBI_COF4	02	Debts to friends, relatives or other private individuals
WEA_DEBT_LNS_COF4	03	Loans from banks or financial institutions, including overdrafts not including mortgages
WEA_DEBT_NONE_COF4	96	[DO NOT READ] None
WEA_DEBT_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
WEA_DEBT_REFUSED_COF4	99	[DO NOT READ] Refused

WEA_6	WEA_FNSTATUS_COF4	
[ALWAYS ASK]		
Which of these phrases best describes how you (and your spouse/partner) are managing financially these days?		
READ LIST, CODE ONLY ONE RESPONSE		
VERY_WELL	1	Manage very well
QUITE_WELL	2	Manage quite well
GET_BY	3	Get by alright
NOT_VERY_WELL	4	Don't manage very well
SOME_DIFFICULTIES	5	Have some financial difficulties
SEVERE_DIFFICULTIES	6	Have severe financial difficulties
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

WEA_7	WEA_INCNEEDS_COF4	
[ALWAYS ASK]		
How well do you think that your income currently satisfies your basic needs? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
VERY_WELL	1	Very well
ADEQUATELY	2	Adequately
SOME_DIFFICULTY	3	With some difficulty
NOT_VERY_WELL	4	Not very well
TOTALLY_INADEQUATELY	5	Totally inadequately
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

WEA_8	WEA_THNGS_COF4	
[ALWAYS ASK]		
Does having too little money stop you from doing any of the following things?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
WEA_THNGS_FOD_COF4	01	Buy your first choices of food items
WEA_THNGS_FFO_COF4	02	Have family and friends around for a drink or meal
WEA_THNGS_POF_COF4	03	Have an outfit to wear for social or family occasions
WEA_THNGS_HMR_COF4	04	Keep your home in a good state of repair
WEA_THNGS_REL_COF4	05	Replace or repair broken electrical goods
WEA_THNGS_TRSP_COF4	06	Pay for fares or other transport costs to get to and from places you want to go
WEA_THNGS_PRES_COF4	07	Buy presents for friends or family
WEA_THNGS_HLDY_COF4	08	Take the type of holidays you want
WEA_THNGS_TRSLF_COF4	09	Treat yourself from time to time
WEA_THNGS_NONE_COF4	96	[DO NOT READ] None of these / Not applicable
WEA_THNGS_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
WEA_THNGS_REFUSED_COF4	99	[DO NOT READ] Refused

WEA_9	WEA_ORGMONEY_COF4	
[ASK IF SDC_MRTL2_COF4 = MARRIED OR COMMON_LAW2]		
People organize their family finances in different ways. Which of the following methods comes closest to the way you organize yours? It doesn't have to fit exactly – just choose the nearest one.		
READ LIST, CODE ONLY ONE RESPONSE		
I_DO	01	I look after all the household money except my spouse/partner's personal spending
PARTNER	02	My spouse/partner looks after all the household money except my personal spending
I_DO_ALLOWANCE	03	I look after all the household money. My spouse/partner is given a housekeeping allowance
PARTNER_ALLOWANCE	04	My spouse/partner looks after all the household money. I am given a housekeeping allowance
SHARE	05	We share and manage our household finances jointly
SEPARATE	06	We keep our finances completely separate
OTSP	97	We have some other arrangement (specify): _____
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WEA_10	WEA_FNDEC_COF4	
[ASK IF SDC_MRTL2_COF4 = MARRIED OR COMMON_LAW2]		
In your household, who has the final say in big financial decisions?		
READ LIST, CODE ONLY ONE RESPONSE		
I_DO	01	I do
PARTNER	02	My spouse/partner does
EQUAL	03	My spouse/partner and I have equal say
OTSP	97	Another person does (specify relationship: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

WEA_11	WEA_SUFFUND_COF4	
[ALWAYS ASK]		
What do you think the chances are that at some point in the future you will not have sufficient financial resources to meet your needs?		
READ LIST, CODE ONLY ONE RESPONSE		
LITTLE_OR_NO	1	Little or no possibility
SOME	2	Some possibility
HIGH	3	High possibility
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

WEA_12	WEA_INHERT_COF4	
[ALWAYS ASK]		
What are the chances that you (and your spouse/partner together) will leave an inheritance exceeding \$100,000?		
READ LIST, CODE ONLY ONE RESPONSE		
NONE	1	None
LOW	2	Low
MODERATE	3	Moderate
HIGH	4	High
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

WEA_END

Online Social Networking (INT)

Overview	<p>The questions in this module ask participants about their usage of the internet, email, and social networking sites.</p> <p>Importance of module: The information from this module will help researchers estimate participants' online presence and understand how older adults are adapting to these technologies to build social networks.</p>
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The next set of questions is about your access to and usage of the Internet.

INT_1	INT_ACCESSHM_COF4		
[ALWAYS ASK]			
Do you have access to the Internet or email at home?			
YES	1	Yes	
NO	2	No	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

INT_2	INT_FRQEMAIL_COF4	
[ALWAYS ASK]		
How frequently do you use email?		
CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_3	INT_FRQWBSTS_COF4	
[ALWAYS ASK]		
How frequently do you use the Internet to access websites?		
CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_4	INT_FRQHLTH_COF4	
[ASK IF INT_FRQWBSTS_COF4 ≠ NEVER]		
How often do you use the Internet to search for health-related information?		
CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_5	INT_SCLNTWRK_COF4	
[ASK IF INT_FRQWBSTS_COF4 ≠ NEVER]		
Do you currently use social networking sites on the Internet? Examples of such sites include Facebook, LinkedIn, Instagram, YouTube, Twitter, Messaging apps, Pinterest, MySpace, MSNGroups. Email is not included.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_6	INT_WYSSCL_COF4	
[ASK IF INT_SCLNTWRK_COF4 = YES]		
What are the different ways you use social networking sites? Do you ever use those sites to...		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
INT_WYSSCL_MNF_COF4	01	Make new friends
INT_WYSSCL_FRI_COF4	02	Stay in touch or make plans with friends
INT_WYSSCL_FAM_COF4	03	Stay in touch or make plans with family
INT_WYSSCL_PRO_COF4	04	Promote yourself or your work
INT_WYSSCL_INF_COF4	05	Share information (e.g., photos, interests)
INT_WYSSCL_OTSP_COF4	97	Other: _____
INT_WYSSCL_DK_NA_COF4	98	[DO NOT READ] Don't know / No answer
INT_WYSSCL_REFUSED_COF4	99	[DO NOT READ] Refused

INT_6a	INT_FRQMNF_COF4	
[ASK IF INT_WYSSCL_COF4 = INT_WYSSCL_MNF_COF4]		
How often do you use social networking sites to make new friends?		
CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_6b	INT_FRQFRI_COF4	
[ASK IF INT_WYSSCL_COF4 = INT_WYSSCL_FRI_COF4]		
How often do you use social networking sites to stay in touch or make plans with friends?		
CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_6c	INT_FRQFAM_COF4	
[ASK IF INT_WYSSCL_COF4 = INT_WYSSCL_FAM_COF4]		
How often do you use social networking sites to stay in touch or make plans with family?		
CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_6d	INT_FRQPRO_COF4	
[ASK IF INT_WYSSCL_COF4 = INT_WYSSCL_PRO_COF4]		
How often do you use social networking sites to promote yourself or your work?		
CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_6e	INT_FRQINF_COF4	
[ASK IF INT_WYSSCL_COF4 = INT_WYSSCL_INF_COF4]		
How often do you use social networking sites to share information (e.g., photos, interests)?		
CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_6f	INT_FRQOTSP_COF4	
[ASK IF INT_WYSSCL_COF4 = INT_WYSSCL_OTSP_COF4]		
How often do you use social networking sites to [BRING IN VERBATIM RESPONSES FROM INT_WYSSCL_OTSP_COF4]?		
CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_END

Meta Memory (MEM)

Overview	Complaints about memory are extremely common in middle aged and older people. While these complaints can occur in the setting of demonstrable cognitive disorders such as mild cognitive impairment (MCI) or a dementia, they are also common in individuals without an overt cognitive disorder. The significance of memory complaints in cognitively normal people has been the subject of debate for many years.
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The next questions are about everyday memory situations. Evaluate each situation as it pertains to your memory functioning over the past 2 weeks.

MEM_1	MEM_PAYBILL_COF4	
[ALWAYS ASK]		
How often do you forget to pay a bill on time?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_2	MEM_MPLAC_COF4	
[ALWAYS ASK]		
How often do you misplace something you use daily, like your keys or glasses?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_3	MEM_RMNUM_COF4	
[ALWAYS ASK]		
How often do you have trouble remembering a telephone number you just looked up?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
NO_NEED	6	No need to remember
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_4	MEM_RCNME_COF4	
[ALWAYS ASK]		
How often do you not recall the name of someone you just met?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_5	MEM_LVTHG_COF4	
[ALWAYS ASK]		
How often do you leave something behind when you meant to bring it with you?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_6	MEM_FGAPT_COF4	
[ALWAYS ASK]		
How often do you forget an appointment?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_7	MEM_FGTD0_COF4	
[ALWAYS ASK]		
How often do you forget what you were just about to do; for example, walk into a room and forget what you went there to do?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_8	MEM_FGERD_COF4	
[ALWAYS ASK]		
How often do you forget to run an errand?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_9	MEM_SPWRD_COF4	
[ALWAYS ASK]		
How often do you have difficulty coming up with a specific word that you want?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_10	MEM_MBDTL_COF4	
[ALWAYS ASK]		
How often do you have trouble remembering details from a newspaper or magazine article you read earlier that day?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_11	MEM_FGMED_COF4	
[ALWAYS ASK]		
How often do you forget to take medication?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_12	MEM_NAMEK_COF4	
[ALWAYS ASK]		
How often do you not recall the name of someone you have known for some time?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_13	MEM_PSMEG_COF4	
[ALWAYS ASK]		
How often do you forget to pass on a message?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_14	MEM_FGSAY_COF4	
[ALWAYS ASK]		
How often do you forget what you were going to say in conversation?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_15	MEM_FGANV_COF4	
[ALWAYS ASK]		
How often do you forget a birthday or anniversary that you used to know well?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_16	MEM_TELNM_COF4	
[ALWAYS ASK]		
How often do you forget a telephone number you use frequently?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_17	MEM_RETELL_COF4	
[ALWAYS ASK]		
How often do you retell a story or joke to the same person because you forgot that you had already told him or her?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_18	MEM_PLAWY_COF4	
[ALWAYS ASK]		
How often do you misplace something that you put away a few days ago?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_19	MEM_BUYTH_COF4	
[ALWAYS ASK]		
How often do you forget to buy something you intended to buy?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

MEM_20	MEM_DTCNV_COF4	
[ALWAYS ASK]		
How often do you forget details about a recent conversation?		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

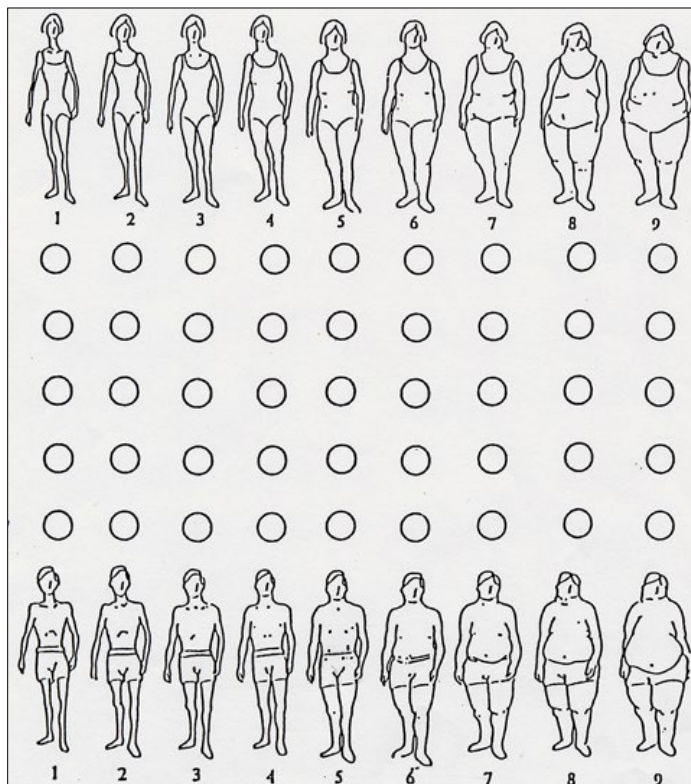
MEM_END

Weight Perception (WTP) – (Not part of In-home by Phone)

Must A, Willett WC, Dietz WH. Remote recall of childhood height, weight, and body build by elderly subjects. Am J Epidemiol 1993;138(1):56-64

Overview

Now, we ask you to choose from among nine line drawings, the picture that you think best reflected your body build at ages 25, 45, 55, 65 years, and currently.



INTERVIEWER: Give the participant a paper copy of the above diagram to look at. While the participant is looking at the image ask the question below.

WTP_1a-WTP_1e				
[ALWAYS ASK]				
Which diagram best depicts your outline at a given age?				
READ LIST, CODE ONLY ONE RESPONSE PER STATEMENT				
			**DK / NA	**RF
			DK_NA	RF
			8	9
WTP_IMAGE 25_CO4	Age 25	RECORD NUMBER (MASK: MIN=1, MAX=9)		
WTP_IMAGE 45_CO4	Age 45	RECORD NUMBER (MASK: MIN=1, MAX=9)		
ASK IF CURRENT AGE ≥ 55				
WTP_IMAGE 55_CO4	Age 55	RECORD NUMBER (MASK: MIN=1, MAX=9)		
ASK IF CURRENT AGE ≥ 65				
WTP_IMAGE 65_CO4	Age 65	RECORD NUMBER (MASK: MIN=1, MAX=9)		
WTP_IMAGE CUR_CO4	Currently	RECORD NUMBER (MASK: MIN=1, MAX=9)		

** Replaces [DO NOT READ]. This response should not be read.

WTP_END

END