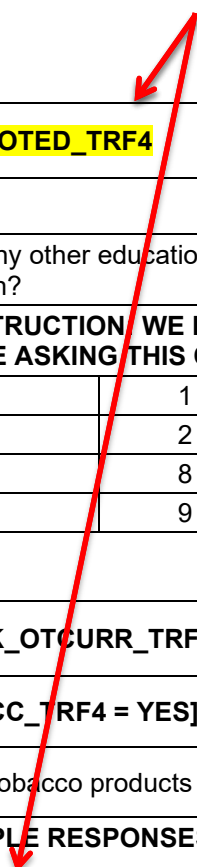**clsa élcv**

Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Main Wave Telephone Questionnaire
(Follow Up 4)

v2.0, 2025 June 03

Examples of variable names as shown in the datasets.

ED_3	ED_OTED_TRF4	
[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_OTCURR_TRF4	
[ASK IF SMK_OTOCC_TRF4 = 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_TRF4	01	Cigars
SMK_OTCURR_SM_TRF4	02	Small cigars (cigarillos)
SMK_OTCURR_PI_TRF4	03	Tobacco pipes
SMK_OTCURR_CH_TRF4	04	Chewing tobacco or snuff
SMK_OTCURR_PT_TRF4	05	Nicotine patches
SMK_OTCURR_GU_TRF4	06	Nicotine gum
SMK_OTCURR_BE_TRF4	07	Betel nut
SMK_OTCURR_PN_TRF4	08	Paan
SMK_OTCURR_SH_TRF4	09	Sheesha
SMK_OTCURR_EN_TRF4	10	E-cigarettes, with nicotine
SMK_OTCURR_EC_TRF4	11	E-cigarettes, without nicotine
SMK_OTCURR_OTSP_TRF4	97	Other: _____
SMK_OTCURR_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
SMK_OTCURR_REFUSED_TRF4	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.

ED_1	ED_ELHS_TRF4

[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: 1st year of Secondary)
GRADE_11_13	3	Grade 11-13 (Quebec: Secondary V; Newfoundland and Labrador: 2nd to 4th year Secondary)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

ED_2	ED_HSGR_TRF4

[ASK IF ED_ELHS_TRF4 = 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_TRF4

[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_TRF4

[ASK IF ED_OTED_TRF4 = 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	In this module, respondents are asked to provide information about their home ownership status.
	It is important to capture information on home ownership, as quality of life for older persons is influenced by their assets and debts, not just income, and home ownership is a major asset for many. The information in this module, combined with information from the income module, will help researchers to understand the general financial situation of older Canadians and to assess its impact on their health.

The next questions are about your current home.

OWN_1	**OWN_DWLG_TRF4**

[ALWAYS ASK]

What type of dwelling do you currently live in?

NOTE: SENIORS_HOUSING - Seniors' housing (retirement home, assisted living)
Seniors' 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.

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.

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.

Other synonyms: Long-term Care (ON, AB, most provinces); Nursing home (most provinces); Residential care facility (BC).

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_TRF4

[ASK IF OWN_DWLG_TRF4 ≠ INSTITUTION AND OWN_DWLG_TRF4 ≠ DK_NA AND OWN_DWLG_TRF4 ≠ 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_TRF4

[ASK IF OWN_OWN_TRF4 = 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_TRF4

[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_TRF4

[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_TRF4	01	Problems with noise (e.g., from neighbours, street noise)
OWN_HMPRB_LEA_TRF4	02	Problems with leaking (e.g., water getting in from roof, gutters or windows)
OWN_HMPRB_CON_TRF4	03	Problems with condensation (e.g., mold)
OWN_HMPRB_EP_TRF4	04	Problems with electrical wiring or plumbing
OWN_HMPRB_HEA_TRF4	05	Problems with heating (e.g., inadequate or too much heat)
OWN_HMPRB_MAI_TRF4	06	Problems with maintenance or repairs
OWN_HMPRB_INF_TRF4	07	Problems with infestations (e.g., insects, mice or rats)
OWN_HMPRB_NONE_TRF4	96	**[DO NOT READ]** Have not experienced any of these problems
OWN_HMPRB_OTSP_TRF4	97	Other: _____
OWN_HMPRB_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
OWN_HMPRB_REFUSED_TRF4	99	**[DO NOT READ]** Refused

OWN_6	OWN_MOVE_TRF4

[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_TRF4

[ASK IF OWN_MOVE_TRF4 = 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_TRF4	01	Climate and natural environment
OWN_CMNTY_RET_TRF4	02	Retirement or retirement plans
OWN_CMNTY_FAM_TRF4	03	Family lives here
OWN_CMNTY_FRI_TRF4	04	Friends live here
OWN_CMNTY_HOU_TRF4	05	Better and/or more suitable housing
OWN_CMNTY_REC_TRF4	06	Recreation facilities and services
OWN_CMNTY_HEA_TRF4	07	Health care
OWN_CMNTY_COS_TRF4	08	Lower cost of living
OWN_CMNTY_EMP_TRF4	09	Employment opportunities
OWN_CMNTY_APT_TRF4	10	Availability of public transit
OWN_CMNTY_ACC_TRF4	11	Ease of access to public transit
OWN_CMNTY_OTSP_TRF4	97	Other: _____
OWN_CMNTY_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
OWN_CMNTY_REFUSED_TRF4	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_TRF4		
[ALWAYS ASK]			
Are you First Nations, Métis or Inuk (Inuit)?			
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 1, 8 OR 9 ARE SELECTED), CODE ALL THAT APPLY			
SDC_INDGN_NO_TRF4		1	No, not First Nations, Métis or Inuk (Inuit)
SDC_INDGN_FN_TRF4		2	Yes, First Nation (North American Indian)
SDC_INDGN_ME_TRF4		3	Yes, Métis
SDC_INDGN_IU_TRF4		4	Yes, Inuk (Inuit)
SDC_INDGN_DK_NA_TRF4		8	**[DO NOT READ]** Don't know / No answer
SDC_INDGN_REFUSED_TRF4		9	**[DO NOT READ]** Refused

SDC_1a	SDC_TWSPRT_TRF4		
[ASK IF SDC_INDGN_TRF4 = SDC_INDGN_FN_TRF4 OR SDC_INDGN_ME_TRF4 OR SDC_INDGN_IU_TRF4]			
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_TRF4

[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_TRF4

[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_TRF4

[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_TRF4

[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_TRF4		
[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.

GED_1	SDC_CURRSEX_TRF4

[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

Height and Weight (HWT)

HWT_1	HWT_HGHT_TRF4	
[ALWAYS ASK]		
The next questions are about height and weight...How tall are you without shoes on?		
CODE ONLY ONE RESPONSE		
1	1	36"-47" (3'-3'11" or 90.2 cm to 120.6 cm)
2	2	48"-59" (4'-4'11" or 120.7 cm to 151 cm)
3	3	60"-71" (5'-5'11" or 151.1 cm to 181.5 cm)
4	4	72"-83" (6'-6'11" or 181.5 cm to 212 cm)
5	5	84" (7' or 213 cm) and over
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

HWT_1a	HWT_HGHT_1_TRF4	
[ASK IF HWT_HGHT_TRF4 = 1]		
INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT		
CODE ONLY ONE RESPONSE		
36	01	3'0" / 36" (90.2 to 92.6 cm)
37	02	3'1" / 37" (92.7 to 95.2 cm)
38	03	3'2" / 38" (95.3 to 97.7 cm)
39	04	3'3" / 39" (97.8 to 100.2 cm)
40	05	3'4" / 40" (100.3 to 102.8 cm)
41	06	3'5" / 41" (102.9 to 105.3 cm)
42	07	3'6" / 42" (105.4 to 107.9 cm)
43	08	3'7" / 43" (108.0 to 110.4 cm)
44	09	3'8" / 44" (110.5 to 112.9 cm)
45	10	3'9" / 45" (113.0 to 115.5 cm)
46	11	3'10" / 46" (115.6 to 118.0 cm)
47	12	3'11" / 47" (118.1 to 120.6 cm)
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

HWT_1b	HWT_HGHT_2_TRF4

[ASK IF HWT_HGHT_TRF4 = 2]

INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

CODE ONLY ONE RESPONSE

48	01	4'0" / 48" (120.7 to 123.1 cm)
49	02	4'1" / 49" (123.2 to 125.6 cm)
50	03	4'2" / 50" (125.7 to 128.2 cm)
51	04	4'3" / 51" (128.3 to 130.7 cm)
52	05	4'4" / 52" (130.8 to 133.3 cm)
53	06	4'5" / 53" (133.4 to 135.8 cm)
54	07	4'6" / 54" (135.9 to 138.3 cm)
55	08	4'7" / 55" (138.4 to 140.9 cm)
56	09	4'8" / 56" (141.0 to 143.4 cm)
57	10	4'9" / 57" (143.5 to 146.0 cm)
58	11	4'10" / 58" (146.1 to 148.5 cm)
59	12	4'11" / 59" (148.6 to 151.0 cm)
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

HWT_1c	HWT_HGHT_3_TRF4

[ASK IF HWT_HGHT_TRF4 = 3]

INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

CODE ONLY ONE RESPONSE

60	01	5'0" / 60" (151.1 to 153.6 cm)
61	02	5'1" / 61" (153.7 to 156.1 cm)
62	03	5'2" / 62" (156.2 to 158.7 cm)
63	04	5'3" / 63" (158.8 to 161.2 cm)
64	05	5'4" / 64" (161.3 to 163.7 cm)
65	06	5'5" / 65" (163.8 to 166.3 cm)
66	07	5'6" / 66" (166.4 to 168.8 cm)
67	08	5'7" / 67" (168.9 to 171.4 cm)
68	09	5'8" / 68" (171.5 to 173.9 cm)
69	10	5'9" / 69" (174.0 to 176.4 cm)
70	11	5'10" / 70" (176.5 to 179.0 cm)
71	12	5'11" / 71" (179.1 to 181.5 cm)
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

HWT_1d	HWT_HGHT_4_TRF4	

[ASK IF HWT_HGHT_TRF4 = 4]

INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

CODE ONLY ONE RESPONSE

72	01	6'0" / 72" (181.6 to 184.1 cm)
73	02	6'1" / 73" (184.2 to 186.6 cm)
74	03	6'2" / 74" (186.7 to 189.1 cm)
75	04	6'3" / 75" (189.2 to 191.7 cm)
76	05	6'4" / 76" (191.8 to 194.2 cm)
77	06	6'5" / 77" (194.3 to 196.8 cm)
78	07	6'6" / 78" (196.9 to 199.3 cm)
79	08	6'7" / 79" (199.4 to 201.8 cm)
80	09	6'8" / 80" (201.9 to 204.4 cm)
81	10	6'9" / 81" (204.5 to 206.9 cm)
82	11	6'10" / 82" (207.0 to 209.5 cm)
83	12	6'11" / 83" (209.6 to 212.0 cm)
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

HWT_2	HWT_WGHT_NB_TRF4	

[ALWAYS ASK]

How much do you weigh?

CODE ONLY ONE RESPONSE

INTERVIEWER INSTRUCTIONS: EXACT WEIGHT IS OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5-10 LBS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?"

POUNDS	_____	Pounds **(MASK: MIN=10, MAX=900)**
KILOS	_____	Kilograms **(MASK: MIN=10, MAX=900)**
DK_NA	998	**[DO NOT READ]** Don't know / No answer
REFUSED	999	**[DO NOT READ]** Refused

HWT_3	HWT_CNWGHT_TRF4

[ALWAYS ASK]

Do you consider yourself overweight, underweight, or just about right?

CODE ONLY ONE RESPONSE

OVERWEIGHT	1	Overweight
UNDERWEIGHT	2	Underweight
ABOUT_RIGHT	3	About right
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

HWT_4	HWT_DOWGHT_TRF4

[ALWAYS ASK]

In the past 3 years, did you do anything about your weight?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

HWT_END

Smoking (SMK)

Overview	This module includes a series of questions about current smoking habits. Questions are asked about frequency of smoking, number of cigarettes smoked in a day.
	Because tobacco use is one of the leading causes of illness and death in Canada, it is important to examine this issue among Canadians as they age.
	Information from this module is important for understanding the health consequences of smoking as people age.
	Note*:* This module covers smoking cigarettes and other types of tobacco products. Questions 1-4 cover smoking cigarettes. Other tobacco products are addressed in questions 5 and 6.

SMK_1	SMK_CURRCG_TRF4

[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_TRF4

[ASK IF SMK_CURRCG_TRF4 = 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_TRF4

[ASK IF SMK_CURRCG_TRF4 = 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_TRF4

[ASK IF SMK_CURRCG_TRF4 = 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_TRF4

[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_TRF4

[ASK IF SMK_OTOCC_TRF4 = 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_TRF4	01	Cigars
SMK_OTCURR_SM_TRF4	02	Small cigars (cigarillos)
SMK_OTCURR_PI_TRF4	03	Tobacco pipes
SMK_OTCURR_CH_TRF4	04	Chewing tobacco or snuff
SMK_OTCURR_PT_TRF4	05	Nicotine patches
SMK_OTCURR_GU_TRF4	06	Nicotine gum
SMK_OTCURR_BE_TRF4	07	Betel nut
SMK_OTCURR_PN_TRF4	08	Paan
SMK_OTCURR_SH_TRF4	09	Sheesha
SMK_OTCURR_EN_TRF4	10	E-cigarettes, with nicotine
SMK_OTCURR_EC_TRF4	11	E-cigarettes, without nicotine
SMK_OTCURR_OTSP_TRF4	97	Other: _____
SMK_OTCURR_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
SMK_OTCURR_REFUSED_TRF4	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.

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_TRF4		
[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_TRF4		
[ASK IF CAN_USE_TRF4 = 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_TRF4

[ASK IF CAN_USE_TRF4 = 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_TRF4

[ASK IF CAN_PRPS_TRF4 = 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_TRF4	01	Pain
CAN_SYM_NSVM_TRF4	02	Nausea or vomiting
CAN_SYM_LAWL_TRF4	03	Lack of appetite or weight loss
CAN_SYM_HDMG_TRF4	04	Headaches or migraines
CAN_SYM_MSSZ_TRF4	05	Muscle spasms or seizures
CAN_SYM_AXDP_TRF4	06	Anxiety or depression
CAN_SYM_PTSD_TRF4	07	Symptoms of PTSD
CAN_SYM_PRSL_TRF4	08	Problems sleeping
CAN_SYM_OPWD_TRF4	09	Opioid withdrawal symptoms
CAN_SYM_OTSP_TRF4	97	Other: _____
CAN_SYM_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
CAN_SYM_REFUSED_TRF4	99	**[DO NOT READ]** Refused

CAN_END

Alcohol Use (ALC)

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

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

ALC_1	**ALC_FREQ_TRF4**	
[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_TRF4 ≠ NEVER AND ALC_FREQ_TRF4 ≠ DK_NA AND ALC_FREQ_TRF4 ≠ 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_TRF4	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_TRF4	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_TRF4	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_TRF4	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_TRF4	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_TRF4 ≠ NEVER AND ALC_FREQ_TRF4 ≠ DK_NA AND ALC_FREQ_TRF4 ≠ 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_TRF4	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_TRF4	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_TRF4	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_TRF4	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_TRF4	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_TRF4

[ASK IF (ALC_FREQ_TRF4 ≠ NEVER AND ALC_FREQ_TRF4 ≠ DK_NA AND ALC_FREQ_TRF4 ≠ 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_TRF4

[ASK IF (ALC_FREQ_TRF4 ≠ NEVER AND ALC_FREQ_TRF4 ≠ DK_NA AND ALC_FREQ_TRF4 ≠ 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_TRF4

[ASK IF ALC_FREQ_TRF4 ≠ NEVER AND ALC_FREQ_TRF4 ≠ DK_NA AND ALC_FREQ_TRF4 ≠ 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	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. Researchers are interested in these topics because they are good basic measures of health status. They can also be used to predict other aspects of the respondent's health. For example, respondents who describe their health as fair or poor are more likely to have long-term health problems, to suffer from depression and to be heavy users of the health care system.

Next, I am going to ask you some general questions about your health.

GEN_1	GEN_HLTH_TRF4

[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_TRF4

[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_TRF4

[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_OWNAG_TRF4

[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_TRF4

[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_TRF4		
[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 *capability* to live a life that they *value*, rather than factors that may determine capability (e.g., income, health).

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_TRF4**	
[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_TRF4**	
[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_TRF4

[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_TRF4

[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_TRF4

[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

Physical Activities (PA2)

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

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

Now I'd like to ask you about your level of physical activity. The following questions are about leisure activities, household activities, and work and volunteer activities done over the past 7 days.

PA2_1	PA2_SIT_TRF4

[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_TRF4

[ASK IF PA2_SIT_TRF4 ≠ NEVER AND PA2_SIT_TRF4 ≠ DK_NA AND PA2_SIT_TRF4 ≠ 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_TRF4	01	Bingo, cards or other games
PA2_SIT2_COM_TRF4	02	Computer activities
PA2_SIT2_CRO_TRF4	03	Crosswords, puzzles, etc.
PA2_SIT2_HAN_TRF4	04	Handicrafts
PA2_SIT2_LIS_TRF4	05	Listening to radio/music
PA2_SIT2_MUS_TRF4	06	Playing musical instruments
PA2_SIT2_REA_TRF4	07	Reading
PA2_SIT2_VIS_TRF4	08	Visiting with others
PA2_SIT2_TV_TRF4	09	Watching TV
PA2_SIT2_OTSP_TRF4	97	Other: _____
PA2_SIT2_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
PA2_SIT2_REFUSED_TRF4	99	**[DO NOT READ]** Refused

PA2_3	PA2_SITHR_SIT_TRF4

[ASK IF PA2_SIT_TRF4 ≠ NEVER AND PA2_SIT_TRF4 ≠ DK_NA AND PA2_SIT_TRF4 ≠ 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_TRF4

[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_TRF4

[ASK IF PA2_WALK_TRF4 ≠ NEVER AND PA2_WALK_TRF4 ≠ DK_NA AND PA2_WALK_TRF4 ≠ 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_TRF4

[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_TRF4		

[ASK IF PA2_LSPRT_TRF4 ≠ NEVER AND PA2_LSPRT_TRF4 ≠ DK_NA AND PA2_LSPRT_TRF4 ≠ 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_TRF4	01	Archery
PA2_LSPRT2_BAD_TRF4	02	Badminton
PA2_LSPRT2_BIL_TRF4	03	Billiards
PA2_LSPRT2_BOA_TRF4	04	Boating (canoeing, rowing, sailing)
PA2_LSPRT2_BOC_TRF4	05	Bocce
PA2_LSPRT2_BOW_TRF4	06	Bowling
PA2_LSPRT2_CAT_TRF4	07	Catch
PA2_LSPRT2_CRO_TRF4	08	Croquet
PA2_LSPRT2_CUR_TRF4	20	Curling
PA2_LSPRT2_DAR_TRF4	09	Darts
PA2_LSPRT2_FIS_TRF4	10	Fishing
PA2_LSPRT2_FRI_TRF4	11	Frisbee
PA2_LSPRT2_GOL_TRF4	12	Golf with a power cart
PA2_LSPRT2_HOR_TRF4	13	Horseshoes
PA2_LSPRT2_MUS_TRF4	14	Musical program
PA2_LSPRT2_RIF_TRF4	15	Rifle shooting
PA2_LSPRT2_SHU_TRF4	16	Shuffleboard
PA2_LSPRT2_SWI_TRF4	17	Swimming: no laps
PA2_LSPRT2_TAB_TRF4	18	Table tennis
PA2_LSPRT2_YOG_TRF4	19	Yoga or stretching
PA2_LSPRT2_OTSP_TRF4	97	Other: _____
PA2_LSPRT2_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
PA2_LSPRT2_REFUSED_TRF4	99	**[DO NOT READ]** Refused

PA2_8	PA2_LSPRTHR_TRF4

[ASK IF PA2_LSPRT_TRF4 ≠ NEVER AND PA2_LSPRT_TRF4 ≠ DK_NA AND PA2_LSPRT_TRF4 ≠ 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_TRF4

[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_TRF4**

[ASK IF PA2_MSPRT_TRF4 ≠ NEVER AND PA2_MSPRT_TRF4 ≠ DK_NA AND PA2_MSPRT_TRF4 ≠ 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_TRF4	01	Barn chores
PA2_MSPRT2_DAN_TRF4	02	Dancing (ballroom, ballet, disco)
PA2_MSPRT2_FEN_TRF4	03	Fencing
PA2_MSPRT2_FOO_TRF4	04	Football
PA2_MSPRT2_GOL_TRF4	05	Golf (without a cart)
PA2_MSPRT2_HOR_TRF4	06	Horseback riding
PA2_MSPRT2_HUN_TRF4	07	Hunting
PA2_MSPRT2_PIC_TRF4	17	Pickleball
PA2_MSPRT2_PIL_TRF4	08	Pilates or tai chi
PA2_MSPRT2_SCU_TRF4	09	Scuba diving or snorkelling
PA2_MSPRT2_SKA_TRF4	10	Skating (ice, roller)
PA2_MSPRT2_SLE_TRF4	11	Sledding/snowmobiling
PA2_MSPRT2_SOF_TRF4	12	Softball/baseball/cricket
PA2_MSPRT2_SUR_TRF4	13	Surfing/snowboarding
PA2_MSPRT2_TEN_TRF4	14	Tennis (doubles)
PA2_MSPRT2_TRM_TRF4	15	Trampoline
PA2_MSPRT2_VOL_TRF4	16	Volleyball
PA2_MSPRT2_OTSP_TRF4	97	Other: _____
PA2_MSPRT2_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
PA2_MSPRT2_REFUSED_TRF4	99	**[DO NOT READ]** Refused

PA2_11	PA2_MSPRTHR_TRF4

[ASK IF PA2_MSPRT_TRF4 ≠ NEVER AND PA2_MSPRT_TRF4 ≠ DK_NA AND PA2_MSPRT_TRF4 ≠ 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_TRF4

[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_TRF4

[ASK IF PA2_SSPRT_TRF4 ≠ NEVER AND PA2_SSPRT_TRF4 ≠ DK_NA AND PA2_SSPRT_TRF4 ≠ 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_TRF4	01	Aerobic dance or water aerobics
PA2_SSPRT2_BAC_TRF4	02	Backpacking
PA2_SSPRT2_BAS_TRF4	03	Basketball
PA2_SSPRT2_BIC_TRF4	04	Bicycling/exercise bike
PA2_SSPRT2_BOA_TRF4	05	Board sailing
PA2_SSPRT2_HAN_TRF4	06	Handball/paddleball
PA2_SSPRT2_HIK_TRF4	07	Hiking
PA2_SSPRT2_HOC_TRF4	08	Hockey (ice or field)
PA2_SSPRT2_JOG_TRF4	09	Jogging
PA2_SSPRT2_LAC_TRF4	10	Lacrosse
PA2_SSPRT2_MOU_TRF4	11	Mountain climbing, running
PA2_SSPRT2_RAC_TRF4	12	Racquetball
PA2_SSPRT2_ROP_TRF4	13	Rope skipping
PA2_SSPRT2_ROW_TRF4	14	Rowing/canoeing for competition
PA2_SSPRT2_RWM_TRF4	15	Rowing machine
PA2_SSPRT2_SKI_TRF4	16	Skiing (cross country, downhill, water)
PA2_SSPRT2_SNO_TRF4	17	Snowshoeing
PA2_SSPRT2_SOC_TRF4	18	Soccer
PA2_SSPRT2_SQU_TRF4	19	Squash
PA2_SSPRT2_STA_TRF4	20	Stair climbing
PA2_SSPRT2_SWI_TRF4	21	Swimming (with laps)
PA2_SSPRT2_TEN_TRF4	22	Tennis (single)
PA2_SSPRT2_OTSP_TRF4	97	Other: _____
PA2_SSPRT2_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
PA2_SSPRT2_REFUSED_TRF4	99	**[DO NOT READ]** Refused

PA2_14	PA2_SSPRTHR_TRF4

[ASK IF PA2_SSPRT_TRF4 ≠ NEVER AND PA2_SSPRT_TRF4 ≠ DK_NA AND PA2_SSPRT_TRF4 ≠ 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_TRF4

[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_TRF4

[ASK IF PA2_EXER_TRF4 ≠ NEVER AND PA2_EXER_TRF4 ≠ DK_NA AND PA2_EXER_TRF4 ≠ 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_TRF4	01	Callisthenics
PA2_EXER2_PUS_TRF4	02	Push-ups
PA2_EXER2_SIT_TRF4	03	Sit-ups
PA2_EXER2_WEI_TRF4	04	Weightlifting and hand weights
PA2_EXER2_OTSP_TRF4	97	Other: _____
PA2_EXER2_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
PA2_EXER2_REFUSED_TRF4	99	**[DO NOT READ]** Refused

PA2_17	PA2_EXERHR_TRF4

[ASK IF PA2_EXER_TRF4 ≠ NEVER AND PA2_EXER_TRF4 ≠ DK_NA AND PA2_EXER_TRF4 ≠ 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	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
PA2_LTHSWK_TRF4	Light housework, such as dusting or washing dishes				
PA2_HVYHSWK_TRF4	Heavy housework or chores such as vacuuming, scrubbing floors, washing windows or carrying wood				
PA2_HMREPAIR_TRF4	Home repairs like painting, wallpapering, electrical work, etc.				
PA2_HVYODA_TRF4	Lawn work or yard care, including snow or leaf removal, wood chopping, etc. (excluding outdoor gardening)				
PA2_LTODA_TRF4	Outdoor gardening, sweeping the balcony or the stairs				
PA2_CRPRSN_TRF4	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_TRF4

[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_TRF4

[ASK IF PA2_WRK_TRF4 = 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_TRF4

[ASK IF PA2_WRK_TRF4 = 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_TRF4

[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

PA2_28	**PA2_PALVL_TRF4**

[ASK IF PA2_REPRTN_TRF4 = 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_TRF4**

[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_TRF4

[ASK IF PA2_PARTPA_TRF4 = 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_TRF4	01	Cost
PA2_PRVPA_TRM_TRF4	02	Transportation problems
PA2_PRVPA_ACT_TRF4	03	Activities not available in the area
PA2_PRVPA_LOC_TRF4	04	Location not physically accessible
PA2_PRVPA_FAR_TRF4	05	Location is too far
PA2_PRVPA_HEA_TRF4	06	Health condition limitation
PA2_PRVPA_ILL_TRF4	07	Illness/injury
PA2_PRVPA_FEA_TRF4	08	Fear of injury
PA2_PRVPA_TIM_TRF4	09	Lack of time
PA2_PRVPA_ENG_TRF4	10	Lack of energy
PA2_PRVPA_MOT_TRF4	11	Lack of motivation
PA2_PRVPA_SKI_TRF4	12	Lack of skills or knowledge
PA2_PRVPA_OTSP_TRF4	97	Other: _____
PA2_PRVPA_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
PA2_PRVPA_REFUSED_TRF4	99	**[DO NOT READ]** Refused

PA2_END

Nutritional Risk (NUR)

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

Overview	This module is an adapted version of a screening tool called Seniors in the Community: Risk Evaluation for Eating and Nutrition (SCREEN II). Questions look at weight change, eating habits, difficulty eating, fruit, vegetable and fluid consumption, and meal satisfaction. In addition, questions ask about frequency of fast-food consumption, coffee and tea consumption, and food security. **Importance of module:** The data from this module can be used to estimate the prevalence of nutritional risk. Nutritional risk is an indicator of frailty and is associated with lower resistance to infection, increased risk of falls, increased use of healthcare services, and increased dependency.

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

NUR_1	NUR_GLSWT_TRF4	
[ALWAYS ASK]		
Compared with 6 months ago, have you gained weight, lost weight or stayed about the same?		
READ LIST, CODE ONLY ONE RESPONSE		
GAINED	1	Gained weight
LOST	2	Lost weight
SAME	3	Stayed about the same
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

NUR_2a	NUR_WTL_TRF4	
[ASK IF NUR_GLSWT_TRF4 = LOST]		
How much weight did you **LOSE** in the past 6 months?		
READ LIST, CODE ONLY ONE RESPONSE		
MORE_10_LB	1	More than 10 pounds (More than 4.5 kilos)
6_10_LB	2	6 to 10 pounds (2.7 to 4.5 kilos)
ABOUT_5_LB	3	About 5 pounds (About 2.3 kilos)
LESS_5_LB	4	Less than 5 pounds (Less than 2.3 kilos)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

NUR_2b	NUR_WTG_TRF4

[ASK IF NUR_GLSWT_TRF4 = GAINED]

How much weight did you **GAIN** in the past 6 months?

READ LIST, CODE ONLY ONE RESPONSE

MORE_10_LB	1	More than 10 pounds (More than 4.5 kilos)
6_10_LB	2	6 to 10 pounds (2.7 to 4.5 kilos)
ABOUT_5_LB	3	About 5 pounds (About 2.3 kilos)
LESS_5_LB	4	Less than 5 pounds (Less than 2.3 kilos)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

NUR_3	NUR_SKPMLS_TRF4

[ALWAYS ASK]

In general, how often do you skip meals?

READ LIST, CODE ONLY ONE RESPONSE

ALMOST_EVERY_DAY	1	Almost every day
OFTEN	2	Often
SOMETIMES	3	Sometimes
RARELY	4	Rarely
NEVER	5	Never
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

NUR_4	NUR_APPTT_TRF4

[ALWAYS ASK]

In general, how would you describe your appetite? Would you say it is…

READ LIST, CODE ONLY ONE RESPONSE

VERY_GOOD	1	Very good
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

NUR_5	NUR_SWLLFD_TRF4

[ALWAYS ASK]

In general, how often do you cough, choke, or have pain when swallowing food or fluid? Would you say…

READ LIST, CODE ONLY ONE RESPONSE

OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

NUR_6	NUR_FRTVEG_TRF4

[ALWAYS ASK]

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

INTERVIEWER INSTRUCTION: FRUITS AND VEGETABLES CAN BE CANNED, FRESH, FROZEN OR 100% NATURAL JUICE.
A SERVING IS…:
- **125 ml (1/2 cup) OF VEGETABLES**
- **125 ml (1/2 cup) OF COOKED, LEAFY VEGETABLES**
- **250 ml (1 cup) RAW LEAFY VEGETABLES**
- **1 FRUIT OR 125 ml (1/2 cup) OF FROZEN OR CANNED FRUIT OR 125 ml (1/2 cup) OF 100% NATURAL JUICE**

READ LIST, CODE ONLY ONE RESPONSE

SEVEN_OR_MORE	1	Seven or more
SIX	2	Six
FIVE	3	Five
FOUR	4	Four
THREE	5	Three
TWO	6	Two
LESS_TWO	7	Less than two
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

NUR_7	NUR_DRKFLD_TRF4

[ALWAYS ASK]

How much fluid do you drink in a day?

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

READ LIST, CODE ONLY ONE RESPONSE

EIGHT_OR_MORE	1	Eight or more cups
FIVE_SEVEN	2	Five to seven cups
THREE_FOUR	3	Three to four cups
TWO	4	About two cups
LESS_TWO	5	Less than two cups
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

NUR_8	NUR_MLSMN_TRF4

[ALWAYS ASK]

How often do you eat at least one meal each day with someone?

READ LIST, CODE ONLY ONE RESPONSE

ALMOST_EVERY_DAY	1	Almost every day
OFTEN	2	Often
SOMETIMES	3	Sometimes
RARELY	4	Rarely
NEVER	5	Never
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

NUR_9	NUR_CKMEALS_TRF4

[ALWAYS ASK]

Do you usually cook your own meals?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

NUR_10	NUR_MLPREP_TRF4

[ASK IF NUR_CKMEALS_TRF4 = YES]

Which of the following statements best describes meal preparation for you?

READ LIST, CODE ONLY ONE RESPONSE

ENJOY_COOKING	1	I enjoy cooking most of my meals
SOMETIMES_COOKING_CHORE	2	I sometimes find cooking a chore
USUALLY_COOKING_CHORE	3	I usually find cooking a chore
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

NUR_11	NUR_MLPREP_OTH_TRF4

[ASK IF NUR_CKMEALS_TRF4 = NO]

Which of the following statements best describes the meals prepared for you?

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

READ LIST, CODE ONLY ONE RESPONSE

SATISFIED	1	I'm <u>satisfied</u> with the quality of the food prepared by others
NOT_SATISFIED	2	I'm <u>not satisfied</u> with the quality of the food prepared by others
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Fast Food Consumption

NUR_12	NUR_FASTFD_NB_TRF4

[ALWAYS ASK]

How many times in the past month have you eaten fast food (restaurant, take-out, or home delivery)?

NOTE: FAST FOOD TYPICALLY REFERS TO RESTAURANT LIKE MCDONALD'S, KFC, BURGER KING, ETC. WHERE THERE IS A COUNTER WHERE YOU ORDER AND GET YOUR FOOD ON A TRAY OR TAKE IT OUT. IT DOES NOT REFER TO ANY OTHER TYPE OF RESTAURANT.

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

	_____ (MASK: MIN=0, MAX=50)	
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

Food Security

NUR_13	NUR_NOTENFD_TRF4

[ALWAYS ASK]

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

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Coffee and Tea Consumption

NUR_14a-NUR_14e

[ALWAYS ASK]

For each of the following beverages, how many cups do you drink each day? A cup is 8 ounces or 250 ml.

READ EACH BEVERAGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF THE EXACT NUMBER OF CUPS PER DAY FOR EACH BEVERAGE

NUR_BEV_RCOFF_TRF4	Regular Coffee		_____ (MASK: MIN=0, MAX=10)
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused
NUR_BEV_DCOFF_TRF4	Decaffeinated Coffee		_____ (MASK: MIN=0, MAX=10)
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused
NUR_BEV_BTEA_TRF4	Black Tea		_____ (MASK: MIN=0, MAX=10)
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused
NUR_BEV_GTEA_TRF4	Green Tea		_____ (MASK: MIN=0, MAX=10)
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused
NUR_BEV_OTEA_TRF4	Other Tea		_____ (MASK: MIN=0, MAX=10)
DK_NA		98	**[DO NOT READ]** Don't know / No answer
REFUSED		99	**[DO NOT READ]** Refused

Food Consumption

Now we would like to ask about when you normally consume your first and last food of the day.

NUR_15	NUR_FRSTFD_TRF4		
[ALWAYS ASK]			
At which time do you normally consume your first food? Excluding a glass of water or tea without sugar.			
CODE ONLY ONE RESPONSE			
BEFORE_5		1	Before 5 am
BETWEEN_5_AND_6		2	Between 5 and 6 am
BETWEEN_6_AND_7		3	Between 6 and 7 am
BETWEEN_7_AND_8		4	Between 7 and 8 am
BETWEEN_8_AND_9		5	Between 8 and 9 am
BETWEEN_9_AND_10		6	Between 9 and 10 am
AFTER_10		7	After 10 am
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

NUR_16	NUR_LSTFD_TRF4		
[ALWAYS ASK]			
At which time do you normally consume your last food? Excluding a glass of water or tea without sugar.			
CODE ONLY ONE RESPONSE			
BEFORE_6		1	Before 6 pm
BETWEEN_6_AND_7		2	Between 6 and 7 pm
BETWEEN_7_AND_8		3	Between 7 and 8 pm
BETWEEN_8_AND_9		4	Between 8 and 9 pm
BETWEEN_9_AND_10		5	Between 9 and 10 pm
BETWEEN_10_AND_11		6	Between 10 and 11 pm
AFTER_11		7	After 11 pm
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

NUR_17	NUR_MLTIM_TRF4		
[ALWAYS ASK]			
When you consider the timing of your main meals, are these regular?			
READ LIST, CODE ONLY ONE RESPONSE			
EVERY_DAY		1	I consume each meal around the same time every day (within a range of 15 minutes)
ON_MOST_DAYS		2	On most days I consume my meals around the same times, but not every day (1-2 days are different)
NOT_MANY_DAYS		3	On some days I consume my meals around the same time, but not on many days (>3 days irregular)
IRREGULAR		4	I consume my meals irregular (everyday irregular)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

NUR_END

Oral Health (ORH)

Overview	In this module, participants are asked to describe their oral health (i.e., health of their mouth), the types of oral health problems they experience (if any), and their tooth brushing and flossing habits. Participants are also asked to report how often they avoid eating particular foods.
	Importance of module: To help examine the association between oral health and diseases such as diabetes or respiratory and cardiovascular diseases. The questions also provide information on risk factors for oral health problems. These factors include poor nutrition and socio-economic status. As well, data from this module could help identify groups with the greatest need for improved dental health services.

Now, some questions about the health of your mouth.

ORH_1	**ORH_HLTH_TRF4**		
[ALWAYS ASK]			
In general, would you say the health of your mouth 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

ORH_2	**ORH_TEETH_TRF4**		
[ALWAYS ASK]			
Do you have one or more of your own original teeth?			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

ORH_3	ORH_TEETH20_TRF4

[ASK IF ORH_TEETH_TRF4 = YES OR DK_NA OR REFUSED]

Do you have 20 or more natural teeth?

INTERVIEWER INSTRUCTIONS: PROMPT PARTICIPANT TO COUNT THEIR NATURAL TEETH

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

ORH_3a	ORH_DENT_TRF4

[ALWAYS ASK]

Do you wear dentures or false teeth?

INTERVIEWER INSTRUCTIONS: EMPHASIZE "WEAR" AND INCLUDE FALSE TEETH, COMPLETE (FULL) OR PARTIAL DENTURES IF THEY ARE REMOVABLE (DO NOT INCLUDE DENTURES THAT CANNOT BE REMOVED FROM DENTAL IMPLANTS BY THE RESPONDENT, I.E., FIXED BRIDGES ON IMPLANTS)

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

ORH_3b	ORH_DNUSE_TRF4

[ALWAYS ASK]

Do you have dentures or false teeth that you do not use?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

ORH_4	ORH_UNCEAT_TRF4

[ALWAYS ASK]

In the past 12 months, how often have you avoided eating particular foods because of problems with your mouth, teeth or dentures? Would you say…

READ LIST, CODE ONLY ONE RESPONSE

OFTEN		1	Often
SOMETIMES		2	Sometimes
RARELY		3	Rarely
NEVER		4	Never
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

ORH_5	ORH_EXP_TRF4

[ALWAYS ASK]

In the past 12 months have you experienced any of the following?

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

ORH_EXP_TTH_TRF4	01	Toothache
ORH_EXP_CHW_TRF4	02	Cannot chew adequately
ORH_EXP_DNU_TRF4	03	Dentures uncomfortable **[ASK IF ORH_DENT_TRF4 = YES]**
ORH_EXP_DNL_TRF4	04	Dentures loose/don't fit **[ASK IF ORH_DENT_TRF4 = YES]**
ORH_EXP_DNB_TRF4	05	Dentures broken **[ASK IF ORH_DENT_TRF4 = YES]**
ORH_EXP_DNT_TRF4	06	Dentures lost **[ASK IF ORH_DENT_TRF4 = YES]**
ORH_EXP_SWL_TRF4	07	Swelling in your mouth
ORH_EXP_DRM_TRF4	08	Dry mouth
ORH_EXP_BRM_TRF4	09	Burning mouth
ORH_EXP_JWS_TRF4	10	Jaw muscles sore
ORH_EXP_JJP_TRF4	11	Jaw joints painful
ORH_EXP_TTD_TRF4	12	Tooth-decay (caries)
ORH_EXP_NTL_TRF4	13	Natural tooth loose
ORH_EXP_NTB_TRF4	14	Natural tooth broken
ORH_EXP_GUMS_TRF4	15	Gums around natural teeth are sore
ORH_EXP_GUMB_TRF4	16	Gums around natural teeth bleed
ORH_EXP_DNS_TRF4	17	Denture-related sores **[ASK IF ORH_DENT_TRF4 = YES]**
ORH_EXP_TTC_TRF4	18	Difficulty keeping your natural teeth clean
ORH_EXP_DNC_TRF4	19	Difficulty keeping your dentures clean **[ASK IF ORH_DENT_TRF4 = YES]**
ORH_EXP_BB_TRF4	20	Bad breath
ORH_EXP_NONE_TRF4	96	**[DO NOT READ]** Have not experienced any of these problems
ORH_EXP_OTSP_TRF4	97	Other: _____
ORH_EXP_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
ORH_EXP_REFUSED_TRF4	99	**[DO NOT READ]** Refused

ORH_6	ORH_DNVST_TRF4

[ALWAYS ASK]

When did you last visit a dental professional (e.g., dentist, dental hygienists, denturist, denturologist)?

CODE ONLY ONE RESPONSE

LAST_12_MONTH	1	In the last 12 months
LAST_5_YEARS	2	In the last five years
LAST_10_YEARS	3	In the last 10 years
MORE_10_YEARS	4	More than 10 years ago
NEVER	5	Never visited a dentist
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

ORH_7	ORH_WYNDN_TRF4

[ASK IF ORH_DNVST_TRF4 ≠ LAST_12_MONTH AND ORH_DNVST_TRF4 ≠ DK_NA AND ORH_DNVST_TRF4 ≠ REFUSED]

Why have you not seen a dental professional (e.g., dentist, dental hygienists, denturist, denturologist) in the past 12 months?

CODE ONLY ONE RESPONSE

NEED	01	Not needed
APPOINTMENT	02	Difficulty getting an appointment
DENTIST	03	No dentist in the area
HYGIENIST	04	No dental hygienists, denturist, denturologist in the area
TRANSPORTATION	05	Transportation problems
LANGUAGE	06	Language problem
PERSONAL	07	Personal and family responsibilities
LEAVE	08	Unable to leave the house due to health condition
FEAR	09	Fear (e.g., painful, embarrassing, find something wrong, dental phobia)
COST	10	Cost
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

ORH_8	ORH_TYPINS_TRF4

[ALWAYS ASK]

What type of dental insurance do you have?

CODE ONLY ONE RESPONSE

PRIVATE	01	Private
GOVT	02	Government
NONE	96	None
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

ORH_9	ORH_COST_TRF4

[ALWAYS ASK]

In the past 12 months, have you not gone to a dental professional because of the cost of care?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

ORH_10	ORH_PRBHT_TRF4

[ALWAYS ASK]

In the last 12 months, how often did you have a problem in accessing dental care because of a health-related problem? Would you say…

READ LIST, CODE ONLY ONE RESPONSE

OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

ORH_11	ORH_BRUSDN_TRF4		
[ALWAYS ASK]			
Do you brush your teeth or dentures yourself?			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

ORH_12	ORH_WHO_TRF4		
[ASK IF ORH_BRUSDN_TRF4 ≠ YES]			
If you require assistance with mouth-care, who provides this for you?			
READ LIST, CODE ONLY ONE RESPONSE			
FAMILY		1	Family member
FRIEND		2	Friends
CARE_AID		3	Care-aid/Nurse
OTHER		4	Other: _____
NO_ONE		5	No one
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

ORH_13	ORH_OFTN_TRF4		
[ALWAYS ASK]			
How often usually are your teeth or denture cleaned?			
READ LIST, CODE ONLY ONE RESPONSE (STRESS "USUALLY")			
MORE_ONCE_DAY		1	More than once a day
ONCE_DAY		2	At least once a day
ONCE_WEEK		3	At least once a week
MORE_ONCE_WEEK		4	More than once a week
ONCE_MONTH		5	At least once a month
NEVER		6	Never
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

ORH_14	ORH_FLSFQ_TRF4

[ALWAYS ASK]

How often do you usually floss your teeth?

READ LIST, CODE ONLY ONE RESPONSE (STRESS "USUALLY")

MORE_ONCE_DAY	1	More than once a day
ONCE_DAY	2	At least once a day
ONCE_WEEK	3	At least once a week
MORE_ONCE_WEEK	4	More than once a week
ONCE_MONTH	5	At least once a month
NEVER	6	Never
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

ORH_END

Subjective Cognitive Decline (SCD)

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

PCM_1	GEN_MEMO_TRF4
[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

Pain and Discomfort (HUP)

Overview	This module contains three questions about pain and discomfort.
	Importance of module: To identify whether the participant suffers from pain or discomfort. The module also assesses the impact of pain or discomfort on the participant's quality of life.

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

HUP_1	HUP_FREE_TRF4		
[ALWAYS ASK]			
Are you usually free of pain or discomfort?			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

HUP_2	HUP_INTNSTY_TRF4		
[ASK IF HUP_FREE_TRF4 = NO]			
How would you describe the usual intensity of your pain or discomfort? Would you say it is mild, moderate, or severe?			
CODE ONLY ONE RESPONSE			
MILD		1	Mild
MODERATE		2	Moderate
SEVERE		3	Severe
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

HUP_3	HUP_PRVACT_TRF4		
[ASK IF HUP_FREE_TRF4 = NO]			
How many activities does your pain or discomfort prevent? Would you say none, a few, some, or most?			
CODE ONLY ONE RESPONSE			
NONE		1	None
A_FEW		2	A few
SOME		3	Some
MOST		4	Most
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

HUP_END

Women's Health (WHO)

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

WHO_A	**WHO_MENSTRFRST_TRF4**
[ASK IF FEMALE AND WHO_MENSTRFRST_PAST = NULL]	
WHO_MENSTRFRST_PAST = Use the first non-NULL value in (WHO_MENSTRFRST_TRF3, WHO_MENSTRFRST_TRF2)	

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_1	**WHO_MENOP_TRF4**
[ASK IF SEX = FEMALE AND WHO_MENOP_PAST ≠ YES]	
WHO_MENOP_PAST = Use the first non-NULL value in (WHO_MENOP_TRF3, WHO_MENOP_TRF2, WHO_MENOP_TRF1, WHO_MENOP_TRM)	

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_TRF4

[ASK IF WHO_MENOP_TRF4 = 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-oophrectomy/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_TRF4

[ASK IF WHO_MENOP_TRF4 = 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_3	WHO_HRT_TRF4

[ASK IF SEX = FEMALE AND WHO_HRT_PAST ≠ YES]

WHO_HRT_PAST = Use the first non-NULL value in (WHO_HRT_TRF3, WHO_HRT_TRF2, WHO_HRT_TRF1, WHO_HRT_TRM)

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_TRF4

[ASK IF WHO_HRT_TRF4 = 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_TRF4

[ASK IF WHO_HRT_TRF4 = 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_TRF4

[ASK IF WHO_HRT_TRF4 = 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_TRF4

[ASK IF WHO_HRT_PAST = YES]

WHO_HRT_PAST = Use the first non-NULL value in (WHO_HRT_TRF3, WHO_HRT_TRF2, WHO_HRT_TRF1, WHO_HRT_TRM)

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_TRF4

[ASK IF WHO_HRTCURR_TRF4 = NO OR WHO_HRTSTIL_TRF4 = 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

Vision (VIS)

Overview	The purpose of these questions is to determine the number of people who can see with and without glasses or corrective lenses.

Now some questions about your vision...

VIS_1	VIS_SGHT_TRF4

[ALWAYS ASK]

Is your eyesight, using glasses or corrective lenses if you use them…

READ LIST, CODE ONLY ONE RESPONSE

EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor or non-existent (non-existent=blind)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

VIS_2	VIS_AID_TRF4

[ALWAYS ASK]

Besides glasses or contact lenses, do you use any aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

VIS_3	VIS_USE_TRF4

[ASK IF VIS_AID_TRF4 = YES]

Do you now use…

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

VIS_USE_MG_TRF4	01	Magnifiers
VIS_USE_BR_TRF4	02	Braille reading materials
VIS_USE_LG_TRF4	03	Larger print reading materials
VIS_USE_TK_TRF4	04	Talking books
VIS_USE_RC_TRF4	05	Recording equipment or portable note-takers
VIS_USE_CC_TRF4	06	Closed circuit devices (e.g., CCTVs)
VIS_USE_CP_TRF4	07	eReader, a computer with Braille, large print, or speech access
VIS_USE_CN_TRF4	08	A white cane
VIS_USE_DG_TRF4	09	A guide dog
VIS_USE_OTSP_TRF4	97	Another aid, specify: _____
VIS_USE_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
VIS_USE_REFUSED_TRF4	99	**[DO NOT READ]** Refused

VIS_END

Hearing (HRG)

Overview	The purpose of these questions is to determine the number of people who have difficulty hearing with or without the use of aids.

HRG_1	HRG_HRG_TRF4

[ALWAYS ASK]

Is your hearing, using a hearing aid if you use one…

READ LIST, CODE ONLY ONE RESPONSE

EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor or non-existent (non-existent=deaf)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

HRG_2	HRG_NOIS_TRF4

[ALWAYS ASK]

Do you find it difficult to follow a conversation if there is background noise, such as TV, radio or children playing, even if using a hearing aid as usual?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

HRG_3	HRG_AID_TRF4

[ALWAYS ASK]

Do you use any aids, specialized equipment, or services for persons who are deaf or hard of hearing, for example, hearing aid, a volume control telephone or TV decoder?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

HRG_4	HRG_USE_TRF4

[ASK IF HRG_AID_TRF4 = YES]

Do you now use…

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

HRG_USE_AID_TRF4	01	Hearing aid
HRG_USE_CP_TRF4	02	Computer to communicate (e.g., e-mail or chat services)
HRG_USE_VL_TRF4	03	Volume control telephone
HRG_USE_TTY_TRF4	04	Teletypewriters (TTY) or Telecommunications Device for the Deaf (TDD)
HRG_USE_MSG_TRF4	05	Message relay service
HRG_USE_PH_TRF4	06	Other phone-related devices (e.g., flashers, earphones)
HRG_USE_CC_TRF4	07	Closed caption T.V. or decoder
HRG_USE_AP_TRF4	08	Amplifiers (e.g., FM, acoustic, infra-red, earphones)
HRG_USE_VS_TRF4	09	Visual or vibrating alarm
HRG_USE_CO_TRF4	10	Cochlear or other surgical implant
HRG_USE_OTSP_TRF4	97	Another aid, specify: _____
HRG_USE_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
HRG_USE_REFUSED_TRF4	99	**[DO NOT READ]** Refused

HRG_5	HRG_TINNIT_TRF4

[ALWAYS ASK]

Do you suffer from Tinnitus?

NOTE: TINNITUS (TIN-IH-TUS) OCCURS WHEN THERE IS NO OUTSIDE SOURCE OF THE SOUNDS HEARD AND IS OFTEN CALLED 'RINGING IN THE EARS'. IT MAY ALSO SOUND LIKE BLOWING, ROARING, BUZZING, HISSING, HUMMING, WHISTLING, OR SIZZLING.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

HRG_END

Hearing Handicap Inventory for the Elderly (HRG)

HRG_PROB_TR4
[ALWAYS ASK]
For the following questions, answer "Yes", "Sometimes" or "No".
INTERVIEWER: IF A PARTICIPANT WEARS A HEARING AID, THEN THE QUESTIONS REFER TO THEIR HEARING ABILITIES WHILE WEARING THE HEARING AID.

		Yes	Sometimes	No	**DK / NA	**RF
		YES	SOMETIMES	NO	DK_NA	RF
		4	2	0	98	99
HRG_PROB_EMBA_TRF4	Does a hearing problem cause you to feel embarrassed when you meet new people?					
HRG_PROB_FRST_TRF4	Does a hearing problem cause you to feel frustrated when talking to members of your family?					
HRG_PROB_DIFF_TRF4	Do you have difficulty hearing when someone speaks in a whisper?					
HRG_PROB_HACP_TRF4	Do you feel handicapped by a hearing problem?					
HRG_PROB_VIST_TRF4	Does a hearing problem cause you difficulty when visiting friends, relatives or neighbours?					
HRG_PROB_MEET_TRF4	Does a hearing problem cause you to attend meetings/religious services less often than you would like?					
HRG_PROB_ARGU_TRF4	Does a hearing problem cause you to have arguments with family members?					
HRG_PROB_LSTN_TRF4	Does a hearing problem cause you difficulty when listening to TV or radio?					
HRG_PROB_LIFE_TRF4	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?					
HRG_PROB_FRND_TRF4	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?					

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

HRG_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_TRF4		
[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_TRF4 ≠ YES SKIP TO END OF MODULE]			

COG_1	COG_RDY_TRF4		
[ASK IF COG_REC_TRF4 = 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_TRF4 = YES SKIP TO COG_BGN_TRF4, IF COG_RDY_TRF4 = REFUSED SKIP TO COG_ANML_TRF4]			

COG_2	COG_RDYRPT_TRF4

[ASK IF COG_RDY_TRF4 = 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_TRF4 = YES SKIP TO COG_BGN_TRF4]

COG_2a	COG_RDYIMP_TRF4

[ASK IF COG_RDYRPT_TRF4 = 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_TRF4 = NO SKIP TO COG_ANML_TRF4]

COG_2b	COG_RDYFCTR_TRF4

[ASK IF COG_RDYIMP_TRF4 = YES]

INTERVIEWER: What were the factors?

MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

COG_RDYFCTR_LG_TRF4	01	Had difficulty understanding English/French
COG_RDYFCTR_PH_TRF4	02	Physical impairment, such as difficulty hearing
COG_RDYFCTR_DI_TRF4	03	Distraction or noisy environment
COG_RDYFCTR_IM_TRF4	04	Impaired concentration/memory problems
COG_RDYFCTR_AID_TRF4	05	Used an aid
COG_RDYFCTR_TE_TRF4	06	Technical difficulties with the computer/software
COG_RDYFCTR_OTSP_TRF4	97	Other (Please specify: _____)

[SKIP TO COG_ANML_TRF4]

COG_3	COG_BGN_TRF4

[ASK IF COG_RDY_TRF4 = YES OR COG_RDYRPT_TRF4 = 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_TRF4 = YES SKIP TO COG_WRD_TRF4]

COG_4	COG_HRD_TRF4

[ASK IF COG_BGN_TRF4 = 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_TRF4 = YES SKIP TO COG_WRD_TRF4]

COG_4a	COG_HRDIMP_TRF4

[ASK IF COG_HRD_TRF4 = 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_TRF4 = NO SKIP TO COG_ANML_TRF4]

COG_4b	COG_HRDFCTR_TRF4		
[ASK IF COG_HRDIMP_TRF4 = YES]			
INTERVIEWER: What were the factors?			
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
COG_HRDFCTR_LG_TRF4	01	Had difficulty understanding English/French	
COG_HRDFCTR_PH_TRF4	02	Physical impairment, such as difficulty hearing	
COG_HRDFCTR_DI_TRF4	03	Distraction or noisy environment	
COG_HRDFCTR_IM_TRF4	04	Impaired concentration/memory problems	
COG_HRDFCTR_AID_TRF4	05	Used an aid	
COG_HRDFCTR_TE_TRF4	06	Technical difficulties with the computer/software	
COG_HRDFCTR_OTSP_TRF4	97	Other (Please specify: _____)	
[SKIP TO COG_ANML_TRF4]			

COG_5	COG_WRD_TRF4	
[ASK IF COG_BGN_TRF4 = YES OR COG_HRD_TRF4 = 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_TRF4.		
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_TRF4 = REFUSED SKIP TO COG_ANML_TRF4, IF COG_WRD_TRF4 = YES SKIP TO COG_WRDLST_TRF4]		

COG_6	COG_WRDRPT_TRF4

[ASK IF COG_WRD_TRF4 = 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_WRDRPT_TRF4 = YES SKIP TO COG_WRDLST_TRF4]

COG_6a	COG_WRDIMP_TRF4

[ASK IF COG_WRDRPT_TRF4 = 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_TRF4 = NO SKIP TO COG_ANML_TRF4]

COG_6b	COG_WRDFCTR_TRF4

[ASK IF COG_WRDIMP_TRF4 = YES]

INTERVIEWER: What were the factors?

MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

COG_WRDFCTR_LG_TRF4	01	Had difficulty understanding English/French
COG_WRDFCTR_PH_TRF4	02	Physical impairment, such as difficulty hearing
COG_WRDFCTR_DI_TRF4	03	Distraction or noisy environment
COG_WRDFCTR_IM_TRF4	04	Impaired concentration/memory problems
COG_WRDFCTR_AID_TRF4	05	Used an aid
COG_WRDFCTR_TE_TRF4	06	Technical difficulties with the computer/software
COG_WRDFCTR_OTSP_TRF4	97	Other (Please specify: _____)

[SKIP TO COG_ANML_TRF4]

COG_7	COG_WRDLST_TRF4					

[ASK IF COG_WRD_TRF4 = YES OR COG_WRDRPT_TRF4 = 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_TRF4	Drum	01				Dum or drub
COG_WRDLST_CURT_TRF4	Curtain	02				Certain
COG_WRDLST_BELL_TRF4	Bell	03				Ball
COG_WRDLST_COFF_TRF4	Coffee	04				NA
COG_WRDLST_SCHL_TRF4	School	05				Cool
COG_WRDLST_PRNT_TRF4	Parent	06				NA
COG_WRDLST_MOON_TRF4	Moon	07				NA
COG_WRDLST_GARD_TRF4	Garden	08				NA
COG_WRDLST_HAT_TRF4	Hat	09				NA
COG_WRDLST_FARM_TRF4	Farmer	10				Armor, former
COG_WRDLST_NOSE_TRF4	Nose	11				NA
COG_WRDLST_TURK_TRF4	Turkey	12				NA
COG_WRDLST_COLR_TRF4	Colour	13				Collar
COG_WRDLST_HOUS_TRF4	House	14				NA
COG_WRDLST_RIVR_TRF4	River	15				NA
COG_WRDLST_NONE_TRF4	None/No words were correctly recalled	96				NA
COG_WRDLST_OTSP_TRF4	OTHER words stated not on the above list (Please specify: _____)	97				
COG_WRDLST_REFUSED_TRF4		99	**[DO NOT READ]** Refused			

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

COG_7a	COG_WRDLST_COMMT_TRF4

[ASK IF COG_WRD_TRF4 = YES OR COG_WRDRPT_TRF4 = YES]

Thank you. This task is finished.

INTERVIEWER: Do you have any comments about this test?

YES	1	_____
NO	2	No comment

TIMER INSTRUCTIONS: BEGIN/END TIMER

COG_7b	COG_WRDLST_LANG_TRF4

[ASK IF COG_WRD_TRF4 = YES OR COG_WRDRPT_TRF4 = YES]

INTERVIEWER: Was this test completed in English or French?

ENGLISH	1	English
FRENCH	2	French

COG_8	COG_ANML_TRF4

[ASK IF COG_REC_TRF4 = 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_TRF4 = YES SKIP TO COG_ANMLLIST_TRF4; IF COG_ANML_TRF4 = REFUSED SKIP TO COG_CNT_TRF4]

COG_9	COG_ANML_RPT_TRF4

[ASK IF COG_ANML_TRF4 = 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_ANML_RPT_TRF4 = YES SKIP TO COG_ANMLLIST_TRF4

COG_9a	COG_ANMLIMP_TRF4

[ASK IF COG_ANML_RPT_TRF4 = 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_TRF4 = NO SKIP TO COG_CNT_TRF4]

COG_9b	COG_ANMLFCTR_TRF4

[ASK IF COG_ANMLIMP_TRF4 = YES]

INTERVIEWER: What were the factors?

MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

COG_ANMLFCTR_LG_TRF4	01	Had difficulty understanding English/French
COG_ANMLFCTR_PH_TRF4	02	Physical impairment, such as difficulty hearing
COG_ANMLFCTR_DI_TRF4	03	Distraction or noisy environment
COG_ANMLFCTR_IM_TRF4	04	Impaired concentration/memory problems
COG_ANMLFCTR_AID_TRF4	05	Used an aid
COG_ANMLFCTR_TE_TRF4	06	Technical difficulties with the computer/software
COG_ANMLFCTR_OTSP_TRF4	97	Other (Please specify: _____)

[SKIP TO COG_CNT_TRF4]

COG_10	COG_ANMLLIST_TRF4

[ASK IF COG_ANML_TRF4 = YES OR COG_ANML_RPT_TRF4 = YES]

TIMER INSTRUCTIONS: BEGIN/END TIMER

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_TRF4

[ASK IF COG_ANML_TRF4 = YES OR COG_ANML_RPT_TRF4 = YES]

Thank you. This task is finished.

INTERVIEWER: Do you have any comments about this test?

YES	1	_____
NO	2	No comment

TIMER INSTRUCTIONS: BEGIN/END TIMER

COG_10b	COG_ANMLLIST_LANG_TRF4

[ASK IF COG_ANML_TRF4 = YES OR COG_ANML_RPT_TRF4 = YES]

INTERVIEWER: Was this test completed in English or French?

ENGLISH	1	English
FRENCH	2	French

COG_11	COG_CNT_TRF4

[ASK IF COG_REC_TRF4 = 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

[IF COG_CNT_TRF4 = YES SKIP TO COG_CNTTIME_RECORD_TRF4, IF COG_CNT_TRF4 = REFUSED SKIP TO COG_WRDLST2_TRF4]

COG_12	COG_CNTRPT_TRF4		
[ASK IF COG_CNT_TRF4 = 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
[IF COG_CNTRPT_TRF4 = YES SKIP TO COG_CNTTIME_RECORD_TRF4			

COG_12a	COG_CNTIMP_TRF4		
[ASK IF COG_CNTRPT_TRF4 = 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_TRF4 = NO SKIP TO COG_WRDLST2_TRF4]			

COG_12b	COG_CNTFCTR_TRF4		
[ASK IF COG_CNTIMP_TRF4 = YES]			
INTERVIEWER: What were the factors?			
MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY			
COG_CNTFCTR_LG_TRF4		01	Had difficulty understanding English/French
COG_CNTFCTR_PH_TRF4		02	Physical impairment, such as difficulty hearing
COG_CNTFCTR_DI_TRF4		03	Distraction or noisy environment
COG_CNTFCTR_IM_TRF4		04	Impaired concentration/memory problems
COG_CNTFCTR_AID_TRF4		05	Used an aid
COG_CNTFCTR_TE_TRF4		06	Technical difficulties with the computer/software
COG_CNTFCTR_OTSP_TRF4		97	Other (Please specify: _____)
[SKIP TO COG_WRDLST2_TRF4]			

COG_13	COG_CNTTIME_RECORD_TRF4
[ASK IF COG_CNT_TRF4 = YES OR COG_CNTRPT_TRF4 = YES]	
TIMER INSTRUCTIONS: BEGIN/END TIMER	
Please begin.	
TIMER INSTRUCTIONS: STOP THE TIMER 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_TRF4	
[ASK IF COG_CNT_TRF4 = YES OR COG_CNTRPT_TRF4 = 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_TRF4 = NO SKIP TO COG_WRDLST2_TRF4]		

COG_13b	COG_CNTTIME_COMMT_TRF4	
[ASK IF COG_CNT_TRF4 = YES OR COG_CNTRPT_TRF4 = YES]		
INTERVIEWER: Do you have any comments about this test?		
YES	1	_____
NO	2	No comment

COG_13c	COG_CNTTIME_REC_TRF4	
[ASK IF COG_CNTTIME_RECYN_TRF4 = YES]		
	___	Record exact time in seconds: **(MASK: MIN=1, MAX=30)**
Thank you. This task is finished.		

COG_14	COG_ALP_TRF4		
[ASK IF COG_CNTTIME_RECYN_TRF4 = 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_TRF4 = YES SKIP TO COG_ALPTIME_RECORD_TRF4, IF COG_ALP_TRF4 = REFUSED SKIP TO COG_WRDLST2_TRF4]			

COG_15	COG_ALPRPT_TRF4		
[ASK IF COG_ALP_TRF4 = 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_TRF4 = YES SKIP TO COG_ALPTIME_RECORD_TRF4			

COG_15a	COG_ALPIMP_TRF4		
[ASK IF COG_ALPRPT_TRF4 = 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_TRF4 = NO SKIP TO COG_WRDLST2_TRF4]			

COG_15b	COG_ALPFCTR_TRF4

[ASK IF COG_ALPIMP_TRF4 = YES]

INTERVIEWER: What were the factors?

MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

COG_ALPFCTR_LG_TRF4	01	Had difficulty understanding English/French
COG_ALPFCTR_PH_TRF4	02	Physical impairment, such as difficulty hearing
COG_ALPFCTR_DI_TRF4	03	Distraction or noisy environment
COG_ALPFCTR_IM_TRF4	04	Impaired concentration/memory problems
COG_ALPFCTR_AID_TRF4	05	Used an aid
COG_ALPFCTR_TE_TRF4	06	Technical difficulties with the computer/software
COG_ALPFCTR_OTSP_TRF4	97	Other (Please specify: _____)

[SKIP TO COG_WRDLST2_TRF4]

COG_16	COG_ALPTIME_RECORD_TRF4

[ASK IF COG_ALP_TRF4 = YES OR COG_ALPRPT_TRF4 = YES]

TIMER INSTRUCTIONS: BEGIN/END TIMER

Please begin.

TIMER INSTRUCTIONS: STOP THE TIMER 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_TRF4

[ASK IF COG_ALP_TRF4 = YES OR COG_ALPRPT_TRF4 = 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_TRF4 = NO SKIP TO COG_WRDLST2_TRF4]

COG_16b	COG_ALPTIME_COMMT_TRF4

[ASK IF COG_ALP_TRF4 = YES OR COG_ALPRPT_TRF4 = YES]

INTERVIEWER: Do you have any comments about this test?

YES	1	_____
NO	2	No comment

COG_16c	COG_ALPTIME_REC_TRF4

[ASK IF COG_ALPTIME_RECYN_TRF4 = YES]

	___	Record exact time in seconds: **(MASK: MIN=1, MAX=30)**

Thank you. This task is finished.

COG_17	COG_ALT_TRF4

[ASK IF COG_ALPTIME_RECYN_TRF4 = 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_TRF4 = YES SKIP TO COG_ALTTIME_RECORD_TRF4, IF COG_ALT_TRF4 = REFUSED SKIP TO COG_WRDLST2_TRF4]

COG_18	COG_ALTRPT_TRF4

[ASK IF COG_ALT_TRF4 = 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_TRF4 = YES SKIP TO COG_ALTTIME_RECORD_TRF4]

COG_18a	COG_ALTIMP_TRF4

[ASK IF COG_ALTRPT_TRF4 = 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_TRF4 = NO SKIP TO COG_WRDLST2_TRF4]

COG_18b	COG_ALTFCTR_TRF4

[ASK IF COG_ALTIMP_TRF4 = YES]

INTERVIEWER: What were the factors?

MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY

COG_ALTFCTR_LG_TRF4	01	Had difficulty understanding English/French
COG_ALTFCTR_PH_TRF4	02	Physical impairment, such as difficulty hearing
COG_ALTFCTR_DI_TRF4	03	Distraction or noisy environment
COG_ALTFCTR_IM_TRF4	04	Impaired concentration/memory problems
COG_ALTFCTR_AID_TRF4	05	Used an aid
COG_ALTFCTR_TE_TRF4	06	Technical difficulties with the computer/software
COG_ALTFCTR_OTSP_TRF4	97	Other (Please specify: _____)

[SKIP TO COG_WRDLST2_TRF4]

COG_19	COG_ALTTIME_RECORD_TRF4

[ASK IF COG_ALT_TRF4 = YES OR COG_ALTRPT_TRF4 = YES]

TIMER INSTRUCTIONS: BEGIN/END TIMER

Please begin.

TIMER INSTRUCTIONS: START TIMER FOR 30 SECONDS. TIMER CANNOT BE RESET OR PAUSED. A BEEP WILL SOUND WHEN THE TIMER COMPLETES. DO NOT STOP THE TIMER BEFORE THE BEEP.

INTERVIEWER NOTES: IF THE PARTICIPANT STARTS WITH ALPHA INSTEAD OF A NUMBER INTERRUPT HIM/HER, REPEAT THE INSTRUCTIONS, AND HAVE HIM/HER RESTART THE TEST CORRECTLY. DO NOT RESET OR PAUSE THE TIMER.

COG_19a	

[ASK IF COG_ALT_TRF4 = YES OR COG_ALTRPT_TRF4 = YES]

	Record number of correct alternations in 30 seconds
——	**(MASK: MIN=0, MAX=51)**

COG_19b	COG_ALTTIME_COMMT_TRF4

[ASK IF COG_ALT_TRF4 = YES OR COG_ALTRPT_TRF4 = 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_TRF4		
[ASK IF COG_ALT_TRF4 = YES OR COG_ALTRPT_TRF4 = YES]			
INTERVIEWER: Was this test completed in English or French?			
ENGLISH		1	English
FRENCH		2	French

COG_20	COG_WRDLST2_TRF4

[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.

TIMER INSTRUCTIONS: BEGIN/END TIMER

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_TRF4	Drum	01				Dum or drub
COG_WRDLST2_CURT_TRF4	Curtain	02				Certain
COG_WRDLST2_BELL_TRF4	Bell	03				Ball
COG_WRDLST2_COFF_TRF4	Coffee	04				NA
COG_WRDLST2_SCHL_TRF4	School	05				Cool
COG_WRDLST2_PRNT_TRF4	Parent	06				NA
COG_WRDLST2_MOON_TRF4	Moon	07				NA
COG_WRDLST2_GARD_TRF4	Garden	08				NA
COG_WRDLST2_HAT_TRF4	Hat	09				NA
COG_WRDLST2_FARM_TRF4	Farmer	10				Armor, former
COG_WRDLST2_NOSE_TRF4	Nose	11				NA
COG_WRDLST2_TURK_TRF4	Turkey	12				NA
COG_WRDLST2_COLR_TRF4	Colour	13				Collar
COG_WRDLST2_HOUS_TRF4	House	14				NA
COG_WRDLST2_RIVR_TRF4	River	15				NA
COG_WRDLST2_NONE_TRF4	None/No words were correctly recalled	96				NA
COG_WRDLST2_OTSP_TRF4	OTHER words stated not on the above list (Please specify: _____)	97				
COG_WRDLST2_REFUSED_TRF4		99	**[DO NOT READ]** Refused			

[SKIP TO COG_WRDLST2_COMMT_TRF4]

*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_TRF4**	
[ASK IF COG_WRD_TRF4 = YES OR COG_WRDRPT_TRF4 = YES]		
INTERVIEWER: Do you have any comments about this test?		
YES	1	_____
NO	2	No comment

COG_20b	**COG_WRDLST2_LANG_TRF4**	
[ASK IF COG_WRD_TRF4 = YES OR COG_WRDRPT_TRF4 = YES]		
INTERVIEWER: Was this test completed in English or French?		
ENGLISH	1	English
FRENCH	2	French

COG_END

Chronic Conditions (CCT)

Overview	This module deals with long-term health conditions, diagnosed by a health professional, that have lasted or are expected to last at least 6 months.
	Answers to the questions in this module can be used to estimate the number of people in Canada suffering from chronic conditions such as diabetes, heart disease and Parkinson's disease.
	By combining answers from this module with information from other modules, researchers can look at the relationship between chronic conditions and other characteristics, such as use of health care services or level of physical activity.

Now I'd like to ask about any chronic health conditions which you may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that **have been diagnosed by a health professional.**

PROGRAMMING NOTE: *CCT_xxxx_PAST is a combination of responses to the two latest consecutive participant interviews (allowing for wave skips)*
Skips defined as question not answered or answered REFUSED or DK_NA.

For example:
(CCT_xxxx_TRF3 = YES AND (CCT_xxxx_TRF2 = YES))
OR
(CCT_xxxx_TRF3 = YES CCT_xxxx_TRF2 = Skipped AND CCT_xxxx_TRF1 = YES)
OR
(CCT_xxxx_TRF3 = YES CCT_xxxx_TRF2 = Skipped AND CCT_xxxx_TRF1 = Skipped AND CCT_xxxx_TRM = YES)
OR
(CCT_xxxx_TRF3 = Skipped AND CCT_xxxx_TRF2 = YES AND CCT_xxxx_TRF1 = YES)
OR
(CCT_xxxx_TRF3 = Skipped AND CCT_xxxx_TRF2 = YES AND CCT_xxxx_TRF1 = Skipped AND CCT_xxxx_TRM = YES)
OR
(CCT_xxxx_TRF3 = Skipped AND CCT_xxxx_TRF2 = Skipped AND CCT_xxxx_TRF1 = YES AND CCT_xxxx_TRM = YES)

Osteoarthritis of the Knee

CCT_1	CCT_OAKNEE_TRF4
[ASK IF CCT_OAKNEE_PAST ≠ YES]	
Has a doctor ever told you that you have osteoarthritis in the knee?	
NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME.	

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_1a	CCT_OAKNEEAGE_TRF4

[ASK IF CCT_OAKNEE_TRF4 = YES]

At what age or in what year were you first told you had osteoarthritis in the knee?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_1b	CCT_OAKNEECHANGE_TRF4

[ASK IF CCT_OAKNEE_TRF4 = NO <u>AND</u> CCT_OAKNEE_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in the knee. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Osteoarthritis of the Hip

CCT_2	CCT_OAHIP_TRF4

[ASK IF CCT_OAHIP_PAST ≠ YES]

Has a doctor ever told you that you have osteoarthritis in the hip?

NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_2a	CCT_OAHIPAGE_TRF4

[ASK IF CCT_OAHIP_TRF4 = YES]

At what age or in what year were you first told you had osteoarthritis in the hip?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_2b	CCT_OAHIPCHANGE_TRF4

[ASK IF CCT_OAHIP_TRF4 = NO <u>AND</u> CCT_OAHIP_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in the hip. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Osteoarthritis of the Hand

CCT_3	CCT_OAHAND_TRF4

[ASK IF CCT_OAHAND_PAST ≠ YES]

Has a doctor ever told you that you have osteoarthritis in one or both hands?

NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_3a	CCT_OAHANDAGE_TRF4

[ASK IF CCT_OAHAND_TRF4 = YES]

At what age or in what year were you first told you had osteoarthritis in one or both hands?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_3b	CCT_OAHANDCHANGE_TRF4

[ASK IF CCT_OAHAND_TRF4 = NO AND CCT_OAHAND_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in one or both hands. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Arthritis/Musculoskeletal

CCT_4	CCT_RA_TRF4

[ASK IF CCT_RA_PAST ≠ YES]

Has a doctor ever told you that you have rheumatoid arthritis?

NOTE: RHEUMATOID ARTHRITIS IS A CHRONIC INFLAMMATORY DISORDER THAT TYPICALLY AFFECTS THE SMALL JOINTS IN YOUR HANDS AND FEET. UNLIKE THE WEAR-AND-TEAR DAMAGE OF OSTEOARTHRITIS, RHEUMATOID ARTHRITIS AFFECTS THE LINING OF YOUR JOINTS, CAUSING A PAINFUL SWELLING THAT CAN EVENTUALLY RESULT IN BONE EROSION AND JOINT DEFORMITY.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_4a	CCT_RAAGE_TRF4

[ASK IF CCT_RA_TRF4 = YES]

At what age or in what year were you first told you had rheumatoid arthritis?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_4b	CCT_RACHANGE_TRF4

[ASK IF CCT_RA_TRF4 = NO AND CCT_RA_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had rheumatoid arthritis. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No nswer
REFUSED	9	**[DO NOT READ]** Refused

Respiratory/Chronic Airflow Obstruction

CCT_5	CCT_ASTHM_TRF4

[ASK IF CCT_ASTHM_PAST ≠ YES]

Has a doctor ever told you that you have asthma?

NOTE: ASTHMA IS A CONDITION IN WHICH YOUR AIRWAYS NARROW AND SWELL AND PRODUCE EXTRA MUCUS. THIS CAN MAKE BREATHING DIFFICULT AND TRIGGER COUGHING, WHEEZING AND SHORTNESS OF BREATH.

FOR SOME PEOPLE, ASTHMA IS A MINOR NUISANCE. FOR OTHERS, IT CAN BE A MAJOR PROBLEM THAT INTERFERES WITH DAILY ACTIVITIES AND MAY LEAD TO A LIFE-THREATENING ASTHMA ATTACK.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_5a	CCT_ASTHMAGE_TRF4

[ASK IF CCT_ASTHM_TRF4 = YES]

At what age or in what year were you first told you had asthma?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_5b	CCT_ASTHMCHANGE_TRF4

[ASK IF CCT_ASTHM_TRF4 = NO AND CCT_ASTHM_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had asthma. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_6	CCT_COPD_TRF4

[ASK IF CCT_COPD_PAST ≠ YES]

Has a doctor told you that you have/had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?

NOTE: SMOKING ONLY APPLIES TO THE "CHRONIC CHANGES IN LUNGS DUE TO SMOKING" NOT THE EMPHYSEMA, CHRONIC BRONCHITIS, OR COPD.

EMPHYSEMA GRADUALLY DAMAGES THE AIR SACS (ALVEOLI) IN YOUR LUNGS, MAKING YOU PROGRESSIVELY MORE SHORT OF BREATH. EMPHYSEMA IS ONE OF SEVERAL DISEASES KNOWN COLLECTIVELY AS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IS A LUNG DISEASE CHARACTERIZED BY CHRONIC OBSTRUCTION OF LUNG AIRFLOW THAT INTERFERES WITH NORMAL BREATHING AND IS NOT FULLY REVERSIBLE. THE MORE FAMILIAR TERMS 'CHRONIC BRONCHITIS' AND 'EMPHYSEMA' ARE NO LONGER USED BUT ARE NOW INCLUDED WITHIN THE COPD DIAGNOSIS. COPD IS NOT SIMPLY A "SMOKER'S COUGH" BUT AN UNDER-DIAGNOSED, LIFE-THREATENING LUNG DISEASE.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_6a	CCT_COPDAGE_TRF4

[ASK IF CCT_COPD_TRF4 = YES]

At what age or in what year were you first told you had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_6b	CCT_COPDCHANGE_TRF4

[ASK IF CCT_COPD_TRF4 = NO <u>AND</u> CCT_COPD_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Hypertension

CCT_7	CCT_HBP_TRF4

[ASK IF CCT_HBP_PAST ≠ YES]

Has a doctor ever told you that you have high blood pressure or hypertension?

<u>HIGH BLOOD PRESSURE</u> OR <u>HYPERTENSION</u> IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE.

BLOOD PRESSURE IS DETERMINED BOTH BY THE AMOUNT OF BLOOD YOUR HEART PUMPS AND THE AMOUNT OF RESISTANCE TO BLOOD FLOW IN YOUR ARTERIES. THE MORE BLOOD YOUR HEART PUMPS AND THE NARROWER YOUR ARTERIES, THE HIGHER YOUR BLOOD PRESSURE.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_7a	CCT_HBPPRG_TRF4

[ASK IF CCT_HBP_TRF4 = YES AND SEX = FEMALE]

Were you pregnant when you were diagnosed with high blood pressure?

HIGH BLOOD PRESSURE OR HYPERTENSION IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE.

BLOOD PRESSURE IS DETERMINED BOTH BY THE AMOUNT OF BLOOD YOUR HEART PUMPS AND THE AMOUNT OF RESISTANCE TO BLOOD FLOW IN YOUR ARTERIES. THE MORE BLOOD YOUR HEART PUMPS AND THE NARROWER YOUR ARTERIES, THE HIGHER YOUR BLOOD PRESSURE.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_7b	CCT_HBPOT_TRF4

[ASK IF CCT_HBPPRG_TRF4 = YES]

Other than when you were pregnant, was there any other time when you were diagnosed with high blood pressure?

HIGH BLOOD PRESSURE OR HYPERTENSION IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE.

BLOOD PRESSURE IS DETERMINED BOTH BY THE AMOUNT OF BLOOD YOUR HEART PUMPS AND THE AMOUNT OF RESISTANCE TO BLOOD FLOW IN YOUR ARTERIES. THE MORE BLOOD YOUR HEART PUMPS AND THE NARROWER YOUR ARTERIES, THE HIGHER YOUR BLOOD PRESSURE.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_7c	CCT_HBPAGE_TRF4

[ASK IF CCT_HBP_TRF4 = YES]

At what age or in what year were you first told you had high blood pressure or hypertension?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_7d	CCT_HBPCHANGE_TRF4

[ASK IF CCT_HBP_TRF4 = NO AND CCT_HBP_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had high blood pressure or hypertension. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Diabetes

CCT_8	CCT_DIAB_TRF4

[ASK IF CCT_DIAB_PAST ≠ YES]

Has a doctor ever told you that you have diabetes, borderline diabetes or that your blood sugar is high?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_8a	CCT_DIABAGE_TRF4

[ASK IF CCT_DIAB_TRF4 = YES]

At what age or in what year were you first told you had diabetes, borderline diabetes or high blood sugar?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_8b	CCT_DIABCHANGE_TRF4

[ASK IF CCT_DIAB_TRF4 = NO AND CCT_DIAB_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had diabetes, borderline diabetes or that your blood sugar is high. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_9	CCT_DIAB_DR_TRF4

[ASK IF CCT_DIAB_TRF4 = YES]

Have you ever been told by a doctor that you have diabetic retinopathy?

NOTE: DIABETIC RETINOPATHY IS A DIABETES COMPLICATION THAT AFFECTS EYES AND IS COMMON DIABETIC EYE DISEASE. IT'S CAUSED BY DAMAGE TO THE BLOOD VESSELS OF THE LIGHTSENSITIVE TISSUE AT THE BACK OF THE EYE (RETINA).

AT FIRST, DIABETIC RETINOPATHY MAY CAUSE NO SYMPTOMS OR ONLY MILD VISION PROBLEMS. IN SOME PEOPLE WITH THIS CONDITION, BLOOD VESSELS MAY SWELL AND LEAK FLUID. IN OTHER PEOPLE, ABNORMAL NEW BLOOD VESSELS GROW ON THE SURFACE OF THE RETINA.

PEOPLE WITH TYPE 1 OR TYPE 2 DIABETES ARE AT RISK OF THIS CONDITION.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_9a	CCT_DIAB_DRAGE_TRF4

[ASK IF CCT_DIAB_DR_TRF4 = YES]

At what age or in what year were you first told you had diabetic retinopathy?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_9b	CCT_DIAB_DRCHANGE_TRF4

[ASK IF CCT_DIAB_DR_TRF4 = NO AND CCT_DIAB_DR_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had diabetic retinopathy. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Cardiac/Cardiovascular and Ischemic Heart Disease

CCT_10	CCT_HEART_TRF4

[ASK IF CCT_HEART_PAST ≠ YES]

Has a doctor ever told you that you have heart disease (including congestive heart failure or CHF)?

NOTE: CONGESTIVE HEART FAILURE IS A CONDITION IN WHICH THE HEART CAN NO LONGER PUMP ENOUGH BLOOD TO THE REST OF THE BODY.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_10a	CCT_HEARTAGE_TRF4

[ASK IF CCT_HEART_TRF4 = YES]

At what age or in what year were you first told you had heart disease (including congestive heart failure, or CHF)?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_10b	CCT_HEARTCHANGE_TRF4

[ASK IF CCT_HEART_TRF4 = NO AND CCT_HEART_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had heart disease (including congestive heart failure, or CHF). Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_11	CCT_ANGI_TRF4

[ASK IF CCT_ANGI_PAST ≠ YES]

Has a doctor ever told you that you have angina (or chest pain due to heart disease)?

ANGINA (AN-JIE-NUH OR AN-JUH-NUH) IS A TERM USED FOR CHEST PAIN CAUSED BY REDUCED BLOOD FLOW TO THE HEART MUSCLE. ANGINA IS A SYMPTOM OF CORONARY ARTERY DISEASE AND TYPICALLY DESCRIBED AS SQUEEZING, PRESSURE, HEAVINESS, TIGHTNESS OR PAIN IN YOUR CHEST. THE PAIN ALSO CAN OCCUR IN YOUR SHOULDERS, ARMS, NECK, JAW, OR BACK. ANGINA PAIN MAY EVEN FEEL LIKE INDIGESTION.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_11a	CCT_ANGIAGE_TRF4

[ASK IF CCT_ANGI_TRF4 = YES]

At what age or in what year were you first told you had angina (or chest pain due to heart disease)?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_11b	CCT_ANGICHANGE_TRF4

[ASK IF CCT_ANGI_TRF4 = NO <u>AND</u> CCT_ANGI_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had angina (or chest pain due to heart disease). Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_12	CCT_AMI_TRF4

[ALWAYS ASK]

Has a doctor ever told you that you have had a heart attack or myocardial infarction?

A HEART ATTACK (ALSO CALLED A MYOCARDIAL INFARCTION) OCCURS WHEN THE FLOW OF BLOOD TO THE HEART IS BLOCKED, MOST OFTEN BY A BUILD-UP OF FAT, CHOLESTEROL AND OTHER SUBSTANCES, WHICH FORM A PLAQUE IN THE ARTERIES THAT FEED THE HEART (CORONARY ARTERIES). THE INTERRUPTED BLOOD FLOW CAN DAMAGE OR DESTROY PART OF THE HEART MUSCLE.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_12a	CCT_AMIAGE_TRF4

[ASK IF CCT_AMI_TRF4 = YES]

At what age or in what year were you first told you had heart attack or myocardial infarction?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_12b	CCT_AMICHANGE_TRF4

[ASK IF CCT_AMI_TRF4 = NO AND CCT_AMI_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had heart attack or myocardial infarction. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_13	CCT_PAD_TRF4

[ASK IF CCT_PVD_PAST ≠ YES]

Has a doctor ever told you that you have peripheral arterial disease or poor circulation in your limbs?

NOTE: PERIPHERAL ARTERY DISEASE (ALSO CALLED PERIPHERAL ARTERIAL DISEASE) IS A COMMON CIRCULATORY PROBLEM IN WHICH NARROWED ARTERIES REDUCE BLOOD FLOW TO YOUR LIMBS. THIS WOULD NOT INCLUDE VENOUS DISEASES LIKE DEEP VEIN THROMBOSIS (DVT), VARICOSE VEINS, AND CHRONIC VENOUS INSUFFICIENCY.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_13a	CCT_PADAGE_TRF4

[ASK IF CCT_PAD_TRF4 = YES]

At what age or in what year were you first told you had peripheral arterial disease or poor circulation in your limbs?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_13b	CCT_PADCHANGE_TRF4

[ASK IF CCT_PAD_TRF4 = NO AND CCT_PAD_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had peripheral arterial disease or poor circulation in your limbs. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Telephone Questionnaire (Follow Up 4)
v2.0, 2025 Jun 03

Stroke/Cerebrovascular Event

CCT_14	CCT_CVA_TRF4

[ASK IF CCT_CVA_PAST ≠ YES]

Has a doctor ever told you that you have experienced a stroke or CVA (cerebrovascular accident)?

STROKE IS THE SUDDEN DEATH OF BRAIN CELLS DUE TO LACK OF OXYGEN, CAUSED BY BLOCKAGE OF BLOOD FLOW OR RUPTURE OF AN ARTERY TO THE BRAIN.

SUDDEN LOSS OF SPEECH, WEAKNESS, OR PARALYSIS OF ONE SIDE OF THE BODY CAN BE SYMPTOMS. A SUSPECTED STROKE CAN BE CONFIRMED BY SCANNING THE BRAIN WITH SPECIAL X-RAY TESTS, SUCH AS CAT SCANS.

A STROKE IS SOMETIMES ABBREVIATED AS CVA. ALSO KNOWN AS CEREBROVASCULAR ACCIDENT.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_14a	CCT_CVAAGE_TRF4

[ASK IF CCT_CVA_TRF4 = YES]

At what age or in what year were you first told you had experienced a stroke or CVA (cerebrovascular accident)?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_14b	CCT_CVACHANGE_TRF4

[ASK IF CCT_CVA_TRF4 = NO AND CCT_CVA_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had experienced a stroke or CVA (cerebrovascular accident). Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

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CCT_15	CCT_TIA_TRF4

[ASK IF CCT_TIA_PAST ≠ YES]

Has a doctor ever told you that you have experienced a mini-stroke or TIA (Transient Ischemic Attack)?

TRANSIENT ISCHEMIC ATTACK (TIA, MINI-STROKE) IS A NEUROLOGICAL EVENT WITH THE SIGNS AND SYMPTOMS OF A STROKE, BUT WHICH GO AWAY WITHIN A SHORT PERIOD OF TIME. ALSO CALLED A MINI-STROKE, A TIA IS DUE TO A TEMPORARY LACK OF ADEQUATE BLOOD AND OXYGEN (ISCHEMIA) TO THE BRAIN.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_15a	CCT_TIAAGE_TRF4

[ASK IF CCT_TIA_TRF4 = YES]

At what age or in what year were you first told you had experienced a mini-stroke or TIA (Transient Ischemic Attack)?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_15b	CCT_TIACHANGE_TRF4

[ASK IF CCT_TIA_TRF4 = NO AND CCT_TIA_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had experienced a mini-stroke or TIA (Transient Ischemic Attack). Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_16	CCT_CVAFX_TRF4

[ASK IF CCT_CVA_TRF4 = YES OR CCT_TIA_TRF4 = YES]

Has a doctor ever told you that you suffer from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_16a	CCT_CVAFXAGE_TRF4

[ASK IF CCT_CVAFX_TRF4 = YES]

At what age or in what year were you first told you suffer from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_16b	CCT_CVAFXCHANGE_TRF4

[ASK IF CCT_CVAFX_TRF4 = NO <u>AND</u> CCT_CVAFX_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you suffer from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack). Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Neurological

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

CCT_17	CCT_MEMPB_TRF4

[ASK IF CCT_MEMPB_PAST ≠ YES]

Has a doctor ever told you that you have a memory problem?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_17a	CCT_MEMPBAGE_TRF4

[ASK IF CCT_MEMPB_TRF4 = YES]

At what age or in what year were you first told you had a memory problem?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_17b	CCT_MEMPB_CHANGE_TRF4

[ASK IF CCT_MEMPB_TRF4 = NO <u>AND</u> CCT_MEMPB_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had a memory problem. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_18	CCT_ALZH_TRF4

[ASK IF CCT_ALZH_PAST ≠ YES]

Has a doctor ever told you that you have dementia or Alzheimer's disease?

NOTE: ALZHEIMER'S DISEASE IS A FORM OF DEMENTIA. ALZHEIMER'S DISEASE AND OTHER DEMENTIAS PRODUCE COGNITIVE DETERIORATION THAT LEADS TO MEMORY LOSS AND ULTIMATELY AN INABILITY TO PERFORM BASIC ACTIVITIES OF DAILY LIVING.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_18a	CCT_ALZHAGE_TRF4

[ASK IF CCT_ALZH_TRF4 = YES]

At what age or in what year were you first told you had dementia or Alzheimer's disease?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_18b	CCT_ALZH_CHANGE_TRF4

[ASK IF CCT_ALZH_TRF4 = NO AND CCT_ALZH_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had dementia or Alzheimer's disease. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_19	CCT_MS_TRF4

[ASK IF CCT_MS_PAST ≠ YES]

Has a doctor ever told you that you have multiple sclerosis?

NOTE: MULTIPLE SCLEROSIS IS AN AUTOIMMUNE DISEASE THAT AFFECTS THE CENTRAL NERVOUS SYSTEM (BRAIN AND SPINAL CORD) (CENTRAL NERVOUS SYSTEM). AUTOIMMUNE DISEASES OCCUR WHEN THE IMMUNE SYSTEM MISTAKENLY ATTACKS AND DESTROYS HEALTHY BODY TISSUE. IN MS, THE INSULATING LAYER THAT FORMS AROUND NERVES IN THE BRAIN AND SPINAL CORD ARE ATTACKED AND THIS RESULTS IN CHANGES IN THE SPEED OF NERVE IMPULSES.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_19a	CCT_MSAGE_TRF4

[ASK IF CCT_MS_TRF4 = YES]

At what age or in what year were you first told you had multiple sclerosis?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_19b	CCT_MS_CHANGE_TRF4

[ASK IF CCT_MS_TRF4 = NO <u>AND</u> CCT_MS_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had multiple sclerosis. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_20	CCT_MGRN_TRF4

[ASK IF CCT_MGRN_PAST ≠ YES]

Has a doctor ever told you that you have migraine headaches?

NOTE: A MIGRAINE HEADACHE CAN CAUSE INTENSE THROBBING OR PULSING IN ONE AREA OF THE HEAD AND IS COMMONLY ACCOMPANIED BY NAUSEA, VOMITING, AND EXTREME SENSITIVITY TO LIGHT AND SOUND. MIGRAINE ATTACKS CAN CAUSE SIGNIFICANT PAIN FOR HOURS TO DAYS.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_20a	CCT_MGRNAGE_TRF4

[ASK IF CCT_MGRN_TRF4 = YES]

At what age or in what year were you first told you had migraine headaches?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_20b	CCT_MGRN_CHANGE_TRF4

[ASK IF CCT_MGRN_TRF4 = NO <u>AND</u> CCT_MGRN_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had migraine headaches. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Gastrointestinal

CCT_21	CCT_ULCR_TRF4

[ASK IF CCT_ULCR_PAST ≠ YES]

Has a doctor ever told you that you have intestinal or stomach ulcers?

NOTE: INTESTINAL AND STOMACH ULCERS INCLUDE THE GUT AND ESOPHAGUS. ULCERS ARE CRATER-LIKE SORES (GENERALLY 1/4 INCH TO 3/4 INCH IN DIAMETER, BUT SOMETIMES 1 TO 2 INCHES IN DIAMETER) THAT FORM IN THE LINING OF THE STOMACH (CALLED GASTRIC ULCERS), JUST BELOW THE STOMACH AT THE BEGINNING OF THE SMALL INTESTINE IN THE DUODENUM (CALLED DUODENAL ULCERS) OR LESS COMMONLY IN THE ESOPHAGUS (CALLED ESOPHAGEAL ULCERS).

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_21a	CCT_ULCRAGE_TRF4

[ASK IF CCT_ULCR_TRF4 = YES]

At what age or in what year were you first told you had intestinal or stomach ulcers?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_21b	CCT_ULCR_CHANGE_TRF4

[ASK IF CCT_ULCR_TRF4 = NO AND CCT_ULCR_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had intestinal or stomach ulcers. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_22	

[ALWAYS ASK]

Has a doctor ever told you that you have a bowel disorder such as ...

NOTE: CROHN'S DISEASE AND ULCERATIVE COLITIS ARE DIFFERENT TYPES OF INFLAMMATORY BOWEL DISEASE (IBD), IN WHICH THE INTESTINES BECOME INFLAMED (RED AND SWOLLEN), PROBABLY AS A RESULT OF AN IMMUNE REACTION OF THE BODY AGAINST ITS OWN INTESTINAL TISSUE.

IRRITABLE BOWEL SYNDROME IS A DISORDER THAT LEADS TO ABDOMINAL PAIN AND CRAMPING, CHANGES IN BOWEL MOVEMENTS AND OTHER SYMPTOMS. UNLIKE IN IBD, THE STRUCTURE OF THE BOWEL IS NOT ABNORMAL IN IBS.

READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION

		Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_CRDIS_TRF4	Crohn's disease				
CCT_ULCOL_TRF4	Ulcerative colitis				
CCT_IBSYD_TRF4	Irritable bowel syndrome				

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

CCT_22a	CCT_CRDISAGE_TRF4

[ASK IF CCT_CRDIS_TRF4 = YES]

At what age or in what year were you first told you had Crohn's disease?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_22b	CCT_CRDIS_CHANGE_TRF4

[ASK IF CCT_CRDIS_TRF4 = NO <u>AND</u> CCT_CRDIS_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Crohn's disease. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_22c	CCT_ULCOLAGE_TRF4

[ASK IF CCT_ULCOL_TRF4 = YES]

At what age or in what year were you first told you had ulcerative colitis?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_22d	CCT_ULCOL_CHANGE_TRF4

[ASK IF CCT_ULCOL_TRF4 = NO <u>AND</u> CCT_ULCOL_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had ulcerative colitis. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_22e	CCT_IBSYDAGE_TRF4

[ASK IF CCT_IBSYD_TRF4 = YES]

At what age or in what year were you first told you had irritable bowel syndrome?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_22f	CCT_IBSYD_CHANGE_TRF4

[ASK IF CCT_IBSYD_TRF4 = NO <u>AND</u> CCT_IBSYD_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had irritable bowel syndrome. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_23	CCT_BOWINC_TRF4

[ASK IF CCT_BOWINC_PAST ≠ YES]

Have you ever experienced bowel incontinence?

NOTE: BOWEL INCONTINENCE IS THE LOSS OF BOWEL CONTROL, LEADING TO AN INVOLUNTARY PASSAGE OF STOOL.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_23a	CCT_BOWINCAGE_TRF4

[ASK IF CCT_BOWINC_TRF4 = YES]

At what age or in what year did you begin to experience bowel incontinence?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_23b	CCT_BOWINC_CHANGE_TRF4

[ASK IF CCT_BOWINC_TRF4 = NO <u>AND</u> CCT_BOWINC_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you have experienced bowel incontinence. Since that interview, has something changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_24	CCT_URIINC_TRF4

[ASK IF CCT_URIINC_PAST ≠ YES]

Have you ever experienced urinary incontinence?

NOTE: URINARY INCONTINENCE IS THE LOSS OF BLADDER CONTROL.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_24a	CCT_URIINCAGE_TRF4

[ASK IF CCT_URIINC_TRF4 = YES]

At what age or in what year did you begin to experience urinary incontinence?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_24b	CCT_URIINC_CHANGE_TRF4

[ASK IF CCT_URIINC_TRF4 = NO <u>AND</u> CCT_URIINC_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you have experienced urinary incontinence. Since that interview, has something changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Vision

CCT_25	CCT_CATAR_TRF4

[ASK IF CCT_CATAR_PAST ≠ YES]

Has a doctor ever told you that you have cataracts?

NOTE: A CATARACT IS A CLOUDINESS OR OPACITY IN THE NORMALLY TRANSPARENT CRYSTALLINE LENS OF THE EYE. THIS CLOUDINESS CAN CAUSE A DECREASE IN VISION AND MAY LEAD TO EVENTUAL BLINDNESS.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_25a	CCT_CATARAGE_TRF4

[ASK IF CCT_CATAR_TRF4 = YES]

At what age or in what year were you first told you had cataracts?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_25b	CCT_CATAR_CHANGE_TRF4

[ASK IF CCT_CATAR_TRF4 = NO AND CCT_CATAR_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had cataracts. Since that interview, has something changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_26	CCT_GLAUC_TRF4

[ASK IF CCT_GLAUC_PAST ≠ YES]

Has a doctor ever told you that you have glaucoma?

<u>GLAUCOMA</u> IS A COMMON EYE CONDITION IN WHICH THE FLUID PRESSURE INSIDE THE EYE RISES TO A LEVEL HIGHER THAN HEALTHY FOR THAT EYE. IF UNTREATED, IT MAY DAMAGE THE OPTIC NERVE, CAUSING THE LOSS OF VISION OR EVEN BLINDNESS.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_26a	CCT_GLAUCAGE_TRF4

[ASK IF CCT_GLAUC_TRF4 = YES]

At what age or in what year were you first told you had glaucoma?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_26b	CCT_GLAUCCHANGE_TRF4

[ASK IF CCT_GLAUC_TRF4 = NO <u>AND</u> CCT_GLAUC_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had glaucoma. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_27	CCT_MACDEG_TRF4

[ASK IF CCT_MACDEG_PAST ≠ YES]

Has a doctor ever told you that you have macular degeneration?

NOTE: MACULAR DEGENERATION USUALLY AFFECTS OLDER ADULTS AND RESULTS IN A LOSS OF VISION IN THE CENTER OF THE VISUAL FIELD (THE MACULA) BECAUSE OF DAMAGE TO THE RETINA.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_27a	CCT_MACDEGAGE_TRF4

[ASK IF CCT_MACDEG_TRF4 = YES]

At what age or in what year were you first told you had macular degeneration?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_27b	CCT_MACDEG_CHANGE_TRF4

[ASK IF CCT_MACDEG_TRF4 = NO AND CCT_MACDEG_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had macular degeneration. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Cancer

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

CCT_28	CCT_CANC_TRF4		
[ALWAYS ASK]			
Has a doctor ever told you that you had cancer?			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

CCT_28a	CCT_CANTP_TRF4

[ASK IF CCT_CANC_TRF4 = YES]

What type(s) of cancer were you diagnosed with?

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

CCT_CANTP_CNS_TRF4	01	Brain/Spinal cord/Central nervous system
CCT_CANTP_TH_TRF4	02	Thyroid
CCT_CANTP_SM_TRF4	03	Skin: melanoma
CCT_CANTP_SNM_TRF4	04	Skin: non-melanoma
CCT_CANTP_OR_TRF4	05	Oral
CCT_CANTP_LX_TRF4	06	Larynx
CCT_CANTP_ES_TRF4	07	Esophagus
CCT_CANTP_BR_TRF4	08	Breast
CCT_CANTP_LU_TRF4	09	Lung
CCT_CANTP_ST_TRF4	10	Stomach (gastric)
CCT_CANTP_BL_TRF4	11	Bladder
CCT_CANTP_KD_TRF4	12	Kidney
CCT_CANTP_LV_TRF4	13	Liver
CCT_CANTP_PA_TRF4	14	Pancreatic
CCT_CANTP_COL_TRF4	15	Colorectal
CCT_CANTP_PR_TRF4	16	Prostate (males only)
CCT_CANTP_TT_TRF4	17	Testis (male only)
CCT_CANTP_OV_TRF4	18	Ovarian (females only)
CCT_CANTP_FU_TRF4	19	Uterus (females only)
CCT_CANTP_FC_TRF4	20	Cervical (females only)
CCT_CANTP_LK_TRF4	21	Leukemia
CCT_CANTP_MM_TRF4	22	Multiple myeloma
CCT_CANTP_HL_TRF4	23	Hodgkin lymphoma
CCT_CANTP_NHL_TRF4	24	Non-Hodgkin lymphoma
CCT_CANTP_OTSP_TRF4	97	Other: _____
CCT_CANTP_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
CCT_CANTP_REFUSED_TRF4	99	**[DO NOT READ]** Refused

CCT_28b					
[ASK IF CCT_CANTP_xxxx_TRF4 = YES]					
At what age or in what year were you first told you had **[INSERT CANCER TYPE]**?					
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?					
		Age (MASK: MIN=0, MAX= CURRENT AGE)	Year (MASK: MIN=YEAR OF BIRTH MAX= CURRENT YEAR)	**DK/NA	**RF
		NB_SP	YR_SP	DK_NA	RF
				9998	9999
CCT_CANCAGE_CNS_TRF4	Brain/Spinal cord/Central nervous system				
CCT_CANCAGE_TH_TRF4	Thyroid				
CCT_CANCAGE_SM_TRF4	Skin: melanoma				
CCT_CANCAGE_SNM_TRF4	Skin: non-melanoma				
CCT_CANCAGE_OR_TRF4	Oral				
CCT_CANCAGE_LX_TRF4	Larynx				
CCT_CANCAGE_ES_TRF4	Esophagus				
CCT_CANCAGE_BR_TRF4	Breast				
CCT_CANCAGE_LU_TRF4	Lung				
CCT_CANCAGE_ST_TRF4	Stomach (gastric)				
CCT_CANCAGE_BL_TRF4	Bladder				
CCT_CANCAGE_KD_TRF4	Kidney				
CCT_CANCAGE_LV_TRF4	Liver				
CCT_CANCAGE_PA_TRF4	Pancreatic				
CCT_CANCAGE_COL_TRF4	Colorectal				
CCT_CANCAGE_PR_TRF4	Prostate (males only)				
CCT_CANCAGE_TT_TRF4	Testis (male only)				
CCT_CANCAGE_OV_TRF4	Ovarian (females only)				
CCT_CANCAGE_FU_TRF4	Uterus (females only)				
CCT_CANCAGE_FC_TRF4	Cervical (females only)				
CCT_CANCAGE_LK_TRF4	Leukemia				
CCT_CANCAGE_MM_TRF4	Multiple myeloma				
CCT_CANCAGE_HL_TRF4	Hodgkin lymphoma				
CCT_CANCAGE_NHL_TRF4	Non-Hodgkin lymphoma				
CCT_CANCAGE_OTSP_TRF4	Other				

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

Mental Health

CCT_29	CCT_ANXI_TRF4

[ASK IF CCT_ANXI_PAST ≠ YES]

Has a doctor ever told you that you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

NOTE: ANXIETY DISORDER IS A BLANKET TERM COVERING SEVERAL DIFFERENT CONDITIONS. THE COMMON THREAD BETWEEN CONDITIONS IS A PATTERN OF CONSTANT WORRY OR ANXIETY OVER MANY DIFFERENT ACTIVITIES OR EVENTS.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_29a	CCT_ANXIAGE_TRF4

[ASK IF CCT_ANXI_TRF4 = YES]

At what age or in what year were you first told you had an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_29b	CCT_ANXI_CHANGE_TRF4

[ASK IF CCT_ANXI_TRF4 = NO AND CCT_ANXI_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_30	CCT_MOOD_TRF4

[ASK IF CCT_MOOD_PAST ≠ YES]

Has a doctor ever told you that you have a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?

NOTE: DYSTHYMIA (DIS-THIGH-ME-AH) IS A CHRONIC TYPE OF DEPRESSION IN WHICH A PERSON'S MOODS ARE REGULARLY LOW. HOWEVER, SYMPTOMS ARE NOT AS SEVERE AS WITH MAJOR DEPRESSION.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_30a	CCT_MOODAGE_TRF4

[ASK IF CCT_MOOD_TRF4 = YES]

At what age or in what year were you first told you had a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_30b	CCT_MOOD_CHANGE_TRF4

[ASK IF CCT_MOOD_TRF4 = NO AND CCT_MOOD_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia.
Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

Other Chronic Conditions

CCT_31	CCT_ALLRG_TRF4

[ALWAYS ASK]

Has a doctor ever told you that you have allergies?

NOTE: THE QUESTION ASKS ABOUT ANY TYPE OF ALLERGY.

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_31a	CCT_ALLRGAGE_TRF4

[ASK IF CCT_ALLRG_TRF4 = YES]

At what age or in what year were you first told you had allergies?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_31b	CCT_ALLRG_CHANGE_TRF4

[ASK IF CCT_ALLRG_TRF4 = NO AND CCT_ALLRG_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had allergies. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_32	CCT_OSTPO_TRF4

[ALWAYS ASK]

Has a doctor ever told you that you have osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?

INTERVIEWER: NOTE THAT THIS IS DIFFERENT FROM OSTEOARTHRITIS

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_32a	CCT_OSTPOAGE_TRF4

[ASK IF CCT_OSTPO_TRF4 = YES]

At what age or in what year were you first told you had osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_32b	CCT_OSTPOCHANGE_TRF4

[ASK IF CCT_OSTPO_TRF4 = NO AND CCT_OSTPO_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_33	CCT_UTHYR_TRF4

[ASK IF CCT_UTHYR_PAST ≠ YES]

Has a doctor ever told you that you have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_33a	CCT_UTHYRAGE_TRF4

[ASK IF CCT_UTHYR_TRF4 = YES]

At what age or in what year were you first told you had an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_33b	CCT_UTHYRCHANGE_TRF4

[ASK IF CCT_UTHYR_TRF4 = NO <u>AND</u> CCT_UTHYR_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema). Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_34	CCT_OTHYR_TRF4

[ASK IF CCT_OTHYR_PAST ≠ YES]

Has a doctor ever told you that you have an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_34a	CCT_OTHYRAGE_TRF4

[ASK IF CCT_OTHYR_TRF4 = YES]

At what age or in what year were you first told you had an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?

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

NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_34b	CCT_OTHYRCHANGE_TRF4

[ASK IF CCT_OTHYR_TRF4 = NO <u>AND</u> CCT_OTHYR_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease). Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_35	CCT_KIDN_TRF4

[ASK IF CCT_KIDN_PAST ≠ YES]

Has a doctor ever told you that you have kidney disease or kidney failure?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_35a	CCT_KIDNAGE_TRF4

[ASK IF CCT_KIDN_TRF4 = YES]

At what age or in what year were you first told you had kidney disease or kidney failure?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_35b	CCT_KIDN_CHANGE_TRF4

[ASK IF CCT_KIDN_TRF4 = NO <u>AND</u> CCT_KIDN_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had kidney disease or kidney failure. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_35c	CCT_KIDNSTN_TRF4

[ALWAYS ASK]

Has a doctor ever told you that you have kidney stone(s)?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_35d	CCT_KIDNSTNAGE_TRF4

[ASK IF CCT_KIDNSTN_TRF4 = YES]

At what age or in what year were you first told you had a kidney stone(s)?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_35e	CCT_KIDNSTN_CHANGE_TRF4

[ASK IF CCT_KIDNSTN_TRF4 = NO AND CCT_KIDNSTN_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had kidney stone(s). Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_36	CCT_HCV_TRF4

[ALWAYS ASK]

Has a doctor ever told you that you have Hepatitis C?

NOTE: HEPATITIS C IS AN INFECTION CAUSED BY A VIRUS THAT ATTACKS THE LIVER AND LEADS TO INFLAMMATION.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_36a	CCT_HCVAGE_TRF4

[ASK IF CCT_HCV_TRF4 = YES]

At what age or in what year were you first diagnosed with Hepatitis C?

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

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

CCT_36b	CCT_HCV_CHANGE_TRF4

[ASK IF CCT_HCV_TRF4 = NO <u>AND</u> CCT_HCV_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Hepatitis C. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_36c	CCT_HCV_TRT_TRF4

[ASK IF CCT_HCV_TRF4 = YES]

Have you ever received treatment for hepatitis C?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_36d	CCT_HCV_TXS_TRF4

[ASK IF CCT_HCV_TRT_TRF4 = YES]

Was the treatment successful in clearing the virus?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_36e	CCT_HCV_CURR_TRF4

[ASK IF CCT_HCV_TRF4 = YES]

Do you currently have hepatitis C?

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

CCT_37	CCT_GERD_TRF4

[ALWAYS ASK]

Have you been diagnosed to have gastro-esophageal reflux (GERD) by a physician?

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

CCT_38	CCT_GERDTRT2_TRF4

[ASK IF CCT_GERD_TRF4 = YES]

Over the last 30 days, have you taken medication to prevent or treat GERD?

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

CCT_38a	CCT_GERDSYM2_TRF4

[ALWAYS ASK]

Over the past 30 days, have you had symptoms of heartburn, indigestion, bloating, burning sensation in the throat/chest, regurgitation of food, or sour acid taste in your mouth?

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

CCT_38b	CCT_GERDFQ2_TRF4

[ASK IF CCT_GERDSYM2_TRF4 = YES]

Have you had these symptoms…

READ LIST, CODE ONLY ONE RESPONSE,

ALL_TIME	1	All the time
SOME_TIME	2	Some of the time
RARELY	3	Rarely
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_39	CCT_RHSN_TRF4

[ALWAYS ASK]

Have you been diagnosed to have rhinitis or sinusitis by a physician?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_39a	CCT_RHSNSYM_TRF4

[ALWAYS ASK]

Do you have symptoms of runny nose, sneezing, nasal congestion, facial pain/fullness, mucus discharge from your nose or sensation of post-nasal drip?
NOTE: POST-NASAL DRIP IS THE ACCUMULATION OF MUCUS IN THE BACK OF THE THROAT, WHICH CAN CAUSE A FEELING OF CONGESTION, SORE THROAT, OR A COUGH.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_39b	CCT_RHSNFQ_TRF4

[ASK IF CCT_RHSNSYM_TRF4 = YES]

Do you have symptoms…

CODE ONLY ONE RESPONSE

SEASONAL	1	Seasonal
THROUGH_YEAR	2	Throughout the year
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_39c	CCT_RHSNTRT_TRF4
[ASK IF CCT_RHSNSYM_TRF4 = YES]	
Are you on regular treatment to control these symptoms?	

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

CCT_END

Infections (INF)

Now I would like to ask you a few questions about infections you may or may not have recently experienced.

INF_1					
[ALWAYS ASK]					
In the past year, have you seen a doctor for any of the following reasons?					
READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION					
NOTE: INFLUENZA, COMMONLY REFERRED TO AS THE FLU, IS AN INFECTIOUS DISEASE CAUSED BY RNA VIRUSES. THE MOST COMMON SYMPTOMS OF THE DISEASE ARE CHILLS, FEVER, SORE THROAT, MUSCLE PAINS, SEVERE HEADACHE, COUGHING, WEAKNESS/FATIGUE, AND GENERAL DISCOMFORT. INFLUENZA IS DIFFERENT FROM THE COMMON COLD OR THE 'STOMACH FLU' (WHICH IS ACTUALLY A TYPE OF GASTROENTERITIS).		Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_DRPNEU_TRF4	Pneumonia				
CCT_DRFLU_TRF4	Flu (Influenza)				
CCT_DRUTI_TRF4	Urinary tract infection (UTI)				
CCT_DRC19_TRF4	Coronavirus disease 2019 (COVID-19)				
CCT_DROT_TRF4	Any other infections? Specify: _____				

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

INF_END

Preventative Health Behaviours (PHB)

Source: Public Health Agency of Canada. (2019). Seasonal influenza vaccination coverage survey (Catalogue Number: H14-315/2019E-PDF). Her Majesty the Queen in Right of Canada. https://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/public_health_agency_canada/2019/065-18-e/report.pdf

PHB_1	PHB_FLUV1_TRF4		
[ALWAYS ASK]			
Have you received the seasonal flu (influenza) vaccine in the past year?			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

PHB_2	PHB_PCV1_TRF4		
[ALWAYS ASK]			
As an adult, have you ever had the pneumococcal vaccine, which protects against pneumonia?			
INTERVIEWER: THIS VACCINE MIGHT ALSO BE CALLED PREVNAR-13, OR PNEUMOVAX-23.			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

PHB_2a	PHB_PCVAGE_TRF4		
[ASK IF PHB_PCV1_TRF4 = YES]			
At what age or in what year did you receive your most recent pneumococcal vaccine?			
NB_SP	Age	_____ **(MASK: MIN=0, MAX=CURRENT AGE)**	
YR_SP	Year	_____ **(MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)**	
DK_NA	9998	**[DO NOT READ]** Don't know / No answer	
REFUSED	9999	**[DO NOT READ]** Refused	

PHB_3	PHB_SHIN1_TRF4

[ALWAYS ASK]

As an adult, have you ever had the shingles vaccine?

INTERVIEWER: SHINGLES IS ALSO KNOWN AS HERPES ZOSTER. THIS VACCINE MIGHT ALSO BE CALLED SHINGRIX, OR ZOSTAVAX.

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

PHB_3a	PHB_SHINAGE_TRF4

[ASK IF PHB_SHIN1_TRF4 = YES]

At what age or in what year did you receive your most recent shingles vaccine?

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

PHB_END

Parkinsonism (PKD)

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

Overview	In this module, participants are asked about parkinsonism or Parkinson's disease to help us estimate the percentage of people in the study who may be affected with either disorder. **Importance of module:** Parkinsonism is any condition that causes a combination of the movement abnormalities seen in Parkinson's disease, such as tremors, slow movement, impaired speech, or muscle stiffness. Not everyone who has parkinsonism has Parkinson's disease. Parkinson's disease is a degenerative disorder of the central nervous system. Early in the course of the disease, the most obvious symptoms are movement-related; these include shaking, rigidity, slowness of movement and difficulty with walking and gait. Later, cognitive and behavioural problems may arise, with dementia commonly occurring in the advanced stages of the disease. Other symptoms include sensory, sleep and emotional problems.

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

PKD_1	PKD_PARK_TRF4		
[ALWAYS ASK]			
Has a doctor ever told you that you had parkinsonism or Parkinson's disease?			
NOTE: PARKINSONISM IS ANY CONDITION THAT CAUSES A COMBINATION OF THE MOVEMENT ABNORMALITIES SEEN IN PARKINSON'S DISEASE, SUCH AS TREMOR, SLOW MOVEMENT, IMPAIRED SPEECH, OR MUSCLE STIFFNESS. NOT EVERYONE WHO HAS PARKINSONISM HAS PARKINSON'S DISEASE. PARKINSON'S DISEASE IS A DEGENERATIVE DISORDER OF THE CENTRAL NERVOUS SYSTEM. EARLY IN THE COURSE OF THE DISEASE, THE MOST OBVIOUS SYMPTOMS ARE MOVEMENT-RELATED; THESE INCLUDE SHAKING, RIGIDITY, SLOWNESS OF MOVEMENT AND DIFFICULTY WITH WALKING AND GAIT. LATER, COGNITIVE AND BEHAVIOURAL PROBLEMS MAY ARISE, WITH DEMENTIA COMMONLY OCCURRING IN THE ADVANCED STAGES OF THE DISEASE. OTHER SYMPTOMS INCLUDE SENSORY, SLEEP AND EMOTIONAL PROBLEMS.			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

PKD_1a	PKD_PARK_CHANGE_TRF4

[ASK IF PKD_PARK_TRF4 = NO AND PKD_PARK_TRF3 = YES]

At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had parkinsonism or Parkinson's disease. Since that interview, has the diagnosis changed?

YES	1	Yes: _____
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

PKD_2	PKD_AGE_TRF4

[ASK IF PKD_PARK_TRF4 = YES]

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

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

NB	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	**[DO NOT READ]** Don't know / No answer
REFUSED	9999	**[DO NOT READ]** Refused

PKD_3	PKD_MED_TRF4

[ALWAYS ASK]

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

Are you currently taking any of the following drugs?

READ EACH MEDICATION, CODE A RESPONSE PER MEDICATION

	PD Medications	Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
PKD_MED_LEV_TRF4	Levodopa/carbidopa (*Sinemet, Prolopa*)				
PKD_MED_LEN_TRF4	Levodopa/entacapone *(Stalevo)*				
PKD_MED_PRA_TRF4	Pramipexole (*Mirapex*)				
PKD_MED_ROP_TRF4	Ropinirole (*ReQuip*)				
PKD_MED_RAS_TRF4	Rasagiline (*Azilect*)				
PKD_MED_SEL_TRF4	Selegiline (*Deprenyl*)				
PKD_MED_ENT_TRF4	Entacapone (*Comtan*)				
PKD_MED_BEN_TRF4	Benztropine (*Cogentin*)				
PKD_MED_ETH_TRF4	Ethopropazine (*Parsitan*)				
PKD_MED_PRO_TRF4	Procyclidine				
PKD_MED_TRI_TRF4	Trihexyphenidyl (*Artane*)				
PKD_MED_AMA_TRF4	Amantadine (*Symmetrel*)				
PKD_MED_ROT_TRF4	Rotigotine Patch *(Neupro)*				
PKD_MED_LCI_TRF4	Levodopa/carbidopa intestinal gel *(Duodopa)*				

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

PKD_4	PKD_OTHMD_TRF4

[ALWAYS ASK]

Are you currently undergoing other treatment for parkinsonism or Parkinson's disease?

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

PKD_5	PKD_EVRMED_TRF4

[ASK IF PKD_OTHMD_TRF4 = NO]

Have you ever taken any medications or undergone other treatment for parkinsonism or Parkinson's disease?

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

INTERVIEWER INSTRUCTIONS: QUESTIONS PKD_SHKE_TRF4 THROUGH PKD_RISE_TRF4 PERTAIN TO WHETHER THE PARTICIPANT IS CURRENTLY EXPERIENCING ANY OF THE SYMPTOMS. PEOPLE WITH PARKINSONISM TEND TO EXPERIENCE ONE OR MORE OF THESE SYMPTOMS ON AN ONGOING BASIS, SO "CURRENTLY" MEANS REGULARLY.

PKD_6	PKD_SHKE_TRF4

[ALWAYS ASK]

Do your arms or legs shake?

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

PKD_6a	PKD_SHKSEV_TRF4

[ASK IF PKD_SHKE_TRF4 = YES]

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

CODE ONLY ONE RESPONSE

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

PKD_7	PKD_SMWRT_TRF4

[ALWAYS ASK]

Is your handwriting smaller than it once was?

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

PKD_8	PKD_BUTON_TRF4

[ALWAYS ASK]

Do you have trouble buttoning buttons?

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

PKD_9	PKD_VOICE_TRF4

[ALWAYS ASK]

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

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

PKD_10	PKD_FEET_TRF4

[ALWAYS ASK]

Do your feet suddenly seem to freeze in doorways?

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

YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

PKD_11	PKD_WALK_TRF4

[ALWAYS ASK]

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

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

PKD_12	PKD_BAL_TRF4

[ALWAYS ASK]

Is your balance poor?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

PKD_13	PKD_FACE_TRF4

[ALWAYS ASK]

Does your face seem less expressive than it used to?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

PKD_14	PKD_RISE_TRF4

[ALWAYS ASK]

Do you have trouble rising from a chair?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

PKD_END

Epilepsy (EPI)

This module uses the Canadian Longitudinal Study on Aging Epilepsy Algorithm (CLSA-EA) questionnaire. The CLSA-EA questionnaire was developed and validated by Dr. Mark Keezer and his research team.

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

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

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

EPI_1	EPI_CAUS_FEV_TRF4		
[ALWAYS ASK]			
Did anyone ever tell you that you had a seizure or convulsion caused by a high fever when you were a child?			
YES		1	Yes
NO		2	No
POSSIBLE		3	Possible
DK		8	**[DO NOT READ]** Don't know
REFUSED		9	**[DO NOT READ]** Refused

EPI_2	EPI_EVER_TRF4		
[ALWAYS ASK]			
INTERVIEWER NOTE: READ THE PREAMBLE <u>ONLY IF</u> EPI_1 (EPI_CAUS_FEV_TRF4) = YES OR POSSIBLE			
PROGRAMMING NOTE: BRING FORWARD [OTHER THAN SEIZURE[S] YOU HAD BECAUSE OF A HIGH FEVER] ONLY IF EPI_CAUS_FEV_TRF4 = YES OR POSSIBLE			
[Other than seizure[s] you had because of a high fever], have you ever had, or has anyone ever told you that you had, a seizure disorder or epilepsy?			
INTERVIEWER NOTE: Epilepsy is a central nervous system disorder (neurological disorder) in which nerve cell activity in the brain becomes disrupted, causing seizures or periods of unusual behavior, sensations and sometimes loss of consciousness. **Seizure symptoms can vary widely. Some people with epilepsy simply stare blankly for a few seconds during a seizure, while others repeatedly twitch their arms or legs.**			
YES		1	Yes
NO		2	No
POSSIBLE		3	Possible
DK		8	**[DO NOT READ]** Don't know
REFUSED		9	**[DO NOT READ]** Refused

EPI_3	EPI_EPILSZ_TRF4

[ASK IF EPI_EVER_TRF4 ≠ NO]

Have you had a seizure within the last five years?

YES		1	Yes
NO		2	No
POSSIBLE		3	Possible
DK		8	**[DO NOT READ]** Don't know
REFUSED		9	**[DO NOT READ]** Refused

EPI_4	EPI_MED_TRF4

[ALWAYS ASK]

Have you ever taken medications for seizures?

YES		1	Yes
NO		2	No
POSSIBLE		3	Possible
DK		8	**[DO NOT READ]** Don't know
REFUSED		9	**[DO NOT READ]** Refused

EPI_5	EPI_CURRMED_TRF4

[ASK IF EPI_MED_TRF4 ≠ NO]

Do you currently take medications for seizures?

YES		1	Yes
NO		2	No
POSSIBLE		3	Possible
DK		8	**[DO NOT READ]** Don't know
REFUSED		9	**[DO NOT READ]** Refused

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EPI_6	EPI_CAUS_TRF4

[ALWAYS ASK]

INTERVIEWER NOTE: READ PREAMBLE <u>ONLY IF</u> EPI_1 (EPI_CAUS_FEV_TRF4) = YES OR POSSIBLE

PROGRAMMING NOTE: BRING FORWARD [OTHER THAN SEIZURE[S] YOU HAD BECAUSE OF A HIGH FEVER] ONLY IF EPI_CAUS_FEV_TRF4 = YES OR POSSIBLE

[Other than seizure[s] you had because of a high fever], have you ever had, or has anyone ever told you that you had, any of the following…

CODE ONLY ONE RESPONSE PER STATEMENT

		Yes	No	Possible	**DK / NA	**RF
		YES	NO	POSSIBLE	DK	RF
		1	2	3	8	9
EPI_CAUS_SEIZ_TRF4	i. A <u>seizure, convulsion, fit or spell under any circumstances</u>?					
EPI_CAUS_TWIT_TRF4	ii. <u>Uncontrolled movements of part or all of your body such as twitching, jerking, shaking or going limp</u>?					
EPI_CAUS_MENT_TRF4	iii. An <u>unexplained change in your mental state or level of awareness; or an episode of "spacing out" that you could not control</u>?					
EPI_CAUS_DREM_TRF4	iv. Did anyone ever tell you that when you were a small child, you would <u>daydream or stare into space</u> more than other children?					
EPI_CAUS_BDMV_TRF4	v. Have you ever noticed any <u>unusual body movements or feelings when exposed to strobe lights, video games, flickering lights, or sun glare</u>?					
EPI_CAUS_JERK_TRF4	vi. <u>Shortly after waking up, either in the morning or after a nap, have you ever noticed uncontrollable jerking or clumsiness, such as dropping things or things suddenly "flying" from your hands</u>?					
EPI_CAUS_SPEL_TRF4	vii. Have you ever had any <u>other type of repeated unusual spells</u>?					

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

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EPI_7	EPI_CAUS5YR_TRF4		
[ASK IF EPI_CAUS_TRF4 = YES OR POSSIBLE FOR AT LEAST ONE SYMPTOM FROM EPI_CAUS_TRF4]			
Have you had a(n) **[INSERT SYMPTOM(S) TO WHICH PARTICIPANT ANSWERED YES OR POSSIBLE IN EPI_CAUS_TRF4. INSERT THE PORTION OF THE PHRASE THAT IS UNDERLINED]** within the last five years?			
YES		1	Yes
NO		2	No
POSSIBLE		3	Possible
DK		8	**[DO NOT READ]** Don't know
REFUSED		9	**[DO NOT READ]** Refused

EPI_END

INTERMISSION

INTERVIEWER INSTRUCTIONS: PROCEED WITH THE INTERMISSION SECTION IF PARTICIPANT REQUIRES A BREAK.

INTERMISSION		
[ALWAYS ASK]		
That concludes the first portion of the telephone interview. At this point we can 1) Continue on; the remainder of the questions will take approximately 35 minutes 2) Take a break; we can call you back in 15 minutes to finish up 3) Book an appointment to continue another time		
INTERVIEWER INSTRUCTION: **BOOKING OF THE NEXT CALL SHOULD BE WITHIN 24 – 72 HOURS.**		
CONTINUE	01	Continue in interview
TAKE_BREAK	02	Take a break
APPOINTMENT	03	Make an appointment

CONTINUE
[ASK IF INTERMISSION = CONTINUE]
EXCELLENT, LET'S CONTINUE WITH THE REMAINDER OF THE QUESTIONNAIRE

CONTINUE
[ASK IF INTERMISSION = TAKE_BREAK]
INTERVIEWER INSTRUCTION: SCHEDULE A CALLBACK AND IT WILL AUTOMATICALLY BE ASSIGNED TO YOU.
OKAY, GREAT. I WILL CALL YOU BACK IN 10-15 MINUTES TO FINISH UP.

APPOINTMENT
[ASK IF INTERMISSION = APPOINTMENT]
INTERVIEWER INSTRUCTION: THE APPOINTMENT FOR THE SECOND PART OF THE INTERVIEW NEEDS TO BE SCHEDULED WITHIN 24 – 72 HOURS FROM THE CURRENT CALL.
ALRIGHT, LET'S BOOK AN APPOINTMENT FOR YOU.

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.

FUL_1	FUL_SHLD_TRF4

[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_TRF4

[ASK IF FUL_SHLD_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_STOOP_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_PUSH_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_LFT10_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_HDLG_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_ST15_TRF4 = 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_TRF4**

[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_TRF4**

[ASK IF FUL_SIT1H_TRF4 = 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_TRF4**

[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_TRF4

[ASK IF FUL_STDUP_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_FSTR_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_WK23B_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_MKBED_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_WSHBK_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_KNCUT_TRF4 = 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_TRF4

[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_TRF4

[ASK IF FUL_FORC_TRF4 = 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	The Activities of Daily Living (ADL) scale assesses respondents' ability to perform <u>basic</u> daily activities. Activities of daily living are the tasks considered vital to live independently in the community. The respondent is asked whether help is needed when feeding and dressing oneself, taking care of their appearance, walking around, getting in and out of bed, bathing, and whether they have incontinence problems. These basic daily activities can be difficult to perform for people with mobility restrictions or limitations. Information on activities of daily living will help provide insights into limitations that Canadians may face in day-to-day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services.

Now I'd like to ask you about 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_TRF4	
[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_TRF4	
[ASK IF ADL_ABLDR_TRF4 = 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_TRF4

[ASK IF ADL_HPDR_TRF4 = 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_TRF4

[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_TRF4

[ASK IF ADL_ABLFD_TRF4 = 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_TRF4

[ASK IF ADL_HPFD_TRF4 = 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_TRF4

[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_TRF4

[ASK IF ADL_ABLAP_TRF4 = 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_TRF4

[ASK IF ADL_HPAP_TRF4 = 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_TRF4

[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_TRF4

[ASK IF ADL_ABLWK_TRF4 = 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_TRF4

[ASK IF ADL_HPWK_TRF4 = 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_TRF4

[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_TRF4

[ASK IF ADL_ABLBD_TRF4 = 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_TRF4

[ASK IF ADL_HPBD_TRF4 = 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_TRF4

[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_TRF4

[ASK IF ADL_ABLBT_TRF4 = 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_TRF4

[ASK IF ADL_HPBT_TRF4 = 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_TRF4

[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_TRF4

[ASK IF ADL_BATH_TRF4 = 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	The Instrumental Activities of Daily Living (IADL) scale assesses respondents' ability to independently perform a series of daily activities.
	The respondent is asked whether or not help is needed when using the telephone, traveling, shopping, cooking, doing housework, taking medicine and handling money. Information on instrumental activities of daily living will help provide insights into limitations that Canadians may face in day-to-day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services.
	This module is a companion to the ADL module.

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

IAL_1	IAL_ABLTEL_TRF4	
[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_TRF4	
[ASK IF IAL_ABLTEL_TRF4 = 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_TRF4

[ASK IF IAL_HPTEL_TRF4 = 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_TRF4

[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_TRF4

[ASK IF IAL_ABLTRV_TRF4 = 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_TRF4

[ASK IF IAL_HPTRV_TRF4 = 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_TRF4

[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_TRF4

[ASK IF IAL_ABLGRO_TRF4 = 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_TRF4

[ASK IF IAL_HPGRO_TRF4 = 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_TRF4

[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_TRF4

[ASK IF IAL_ABLML_TRF4 = 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_TRF4

[ASK IF IAL_HPML_TRF4 = 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_TRF4

[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_TRF4

[ASK IF IAL_ABLWRK_TRF4 = 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_TRF4

[ASK IF IAL_HPWRK_TRF4 = 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_TRF4

[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_TRF4

[ASK IF IAL_ABLMED_TRF4 = 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_TRF4

[ASK IF IAL_HPMED_TRF4 = 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_TRF4

[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_TRF4

[ASK IF IAL_ABLMO_TRF4 = 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_TRF4

[ASK IF IAL_HPMO_TRF4 = 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

Depression (DEP)

The Canadian Longitudinal Study on Aging received permission from Dr. Elena Andresen (instrument developer) for the use of the Center for Epidemiological Studies Short Depression Scale (CES-D-10).

Overview	Many people feel depressed at one time or another, to varying degrees. However, long lasting depression is a serious mental and physical health concern.
	This module consists of a series of detailed questions about depression. The answers will be combined to determine how likely it is that the respondent is depressed.
	This module gathers information on the length, timing and consequences of depressive episodes.

For the next few questions, please think about how you have felt in the last seven days. Choose the answer that applies best.

I will first read you a question and then I will read you the answers from which you may choose.

DEP_1	DEP_BOTR_TRF4

[ALWAYS ASK]

How often were you bothered by things that usually don't bother you?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

NOTE: READ RESPONSE OPTIONS EXACTLY AS SHOWN.

ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

DEP_2	DEP_MIND_TRF4

[ALWAYS ASK]

How often did you have trouble keeping your mind on what you were doing?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

NOTE: READ RESPONSE OPTIONS EXACTLY AS SHOWN.

ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

DEP_3	DEP_FLDP_TRF4

[ALWAYS ASK]

How often did you feel depressed?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

NOTE: READ RESPONSE OPTIONS EXACTLY AS SHOWN.

ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

DEP_4	DEP_FFRT_TRF4

[ALWAYS ASK]

How often did you feel that everything you did was an effort?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

NOTE: READ RESPONSE OPTIONS EXACTLY AS SHOWN.

ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

DEP_5	DEP_HPFL_TRF4

[ALWAYS ASK]

How often did you feel hopeful about the future?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

NOTE: READ RESPONSE OPTIONS EXACTLY AS SHOWN.

ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

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

DEP_6	DEP_FRFL_TRF4

[ALWAYS ASK]

How often did you feel fearful or tearful?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

NOTE: READ RESPONSE OPTIONS EXACTLY AS SHOWN.

ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

DEP_7	DEP_RSTLS_TRF4

[ALWAYS ASK]

How often was your sleep restless?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

NOTE: READ RESPONSE OPTIONS EXACTLY AS SHOWN.

ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

DEP_8	DEP_HAPP_TRF4

[ALWAYS ASK]

How often were you happy?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

NOTE: READ RESPONSE OPTIONS EXACTLY AS SHOWN.

ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

DEP_9	DEP_LONLY_TRF4

[ALWAYS ASK]

How often did you feel lonely?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

NOTE: READ RESPONSE OPTIONS EXACTLY AS SHOWN.

ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

DEP_10	DEP_GTGO_TRF4

[ALWAYS ASK]

How often did you feel that you could not "get going"?

INTERVIEWER: READ LIST, CODE ONLY ONE RESPONSE

NOTE: READ RESPONSE OPTIONS EXACTLY AS SHOWN.

ALL_TIME		1	All of the time (5-7 days)
OCCASIONALLY		2	Occasionally (3-4 days)
SOME_TIME		3	Some of the time (1-2 days)
RARELY_NEVER		4	Rarely or never (less than 1 day)
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

DEP_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.

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_TRF4	
[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_TRF4	
[ASK IF SLS_LIFE_TRF4 = 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_TRF4

[ASK IF SLS_LIFE_TRF4 = 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_TRF4

[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_TRF4

[ASK IF SLS_COND_TRF4 = 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_TRF4

[ASK IF SLS_COND_TRF4 = 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_TRF4

[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_TRF4

[ASK IF SLS_SATS_TRF4 = 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_TRF4

[ASK IF SLS_SATS_TRF4 = 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_TRF4

[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_TRF4

[ASK IF SLS_IMP_TRF4 = 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_TRF4

[ASK IF SLS_IMP_TRF4 = 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_TRF4

[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_TRF4

[ASK IF SLS_OVER_TRF4 = 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_TRF4

[ASK IF SLS_OVER_TRF4 = 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	The questions in this module come from the Mental Health Continuum-Short Form. These questions measure emotional, psychological, and social well-being. **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.

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	2TIMES WK	ALMOSTALL	DAILY	DK_NA	RF
		1	2	3	4	5	6	8	9
PMH_HAPPY _TRF4	Happy								
PMH_INTERS T_TRF4	Interested in life								
PMH_SATISFI ED_TRF4	Satisfied with life								
PMH_IMPORT ANT_TRF4	That you had something important to contribute to society								
PMH_COMMU NT_TRF4	That you belonged to a community (like a social group, or your neighborhood)								
PMH_GOODP L_TRF4	That our society is a good place, or is becoming a better place, for all people								
PMH_PPLGO OD_TRF4	That people are basically good								
PMH_SOCIET YWRK_TRF4	That the way our society works makes sense to you								

		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	2TIMES WK	ALMOSTALL	DAILY	DK_NA	RF
		1	2	3	4	5	6	8	9
PMH_LIKEYOU_TRF4	That you liked most parts of your personality								
PMH_MANAGE_TRF4	Good at managing the responsibilities of your daily life								
PMH_RELATIONSHP_TRF4	That you had warm and trusting relationships with others								
PMH_BETTER_TRF4	That you had experiences that challenged you to grow and become a better person								
PMH_CONFIDENT_TRF4	Confident to think or express your own ideas and opinions								
PMH_DIRECTION_TRF4	That your life has a sense of direction or meaning to it								

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

PMH_END

Elder Abuse Suspicion Index© (EAS)

The Canadian Longitudinal Study on Aging received permission for the use of this instrument. This module is a modification of the ELDER ABUSE SUSPICION INDEX© (EASI). Yaffe MJ, Wolfson C, Lithwick M, Weiss D,. Development and validation of a tool to assist physicians' identification of elder abuse: The Elder Abuse Suspicion Index (EASI©). Journal of Elder Abuse and Neglect, 2008; 20 (3): 276-300. https://www.mcgill.ca/familymed/research/projects/elder; Dr. Mark Yaffe (mark.yaffe@mcgill.ca)

Overview	This module is talking about mistreatment or abuse of older adults. This information will be used to develop policies to help prevent the mistreatment or abuse of older adults in Canada.

PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF AGE IS ≥ 65 YEARS

Now we're trying to learn how older adults feel about their well-being and safety. I want to remind you again that your participation in this study is fully voluntary. You can refuse to answer any questions during the interview or stop at any time if the questions make you uncomfortable. Again, all information you provide will be kept confidential and used only for research purposes. The following questions will ask you about if someone in your life right now is ever hurting you or stopping you from being able to take your medications or access your money. If you do not want to answer any questions, or provide any of the details we ask for, you do not have to. Just let me know and we will skip the question. If you need me to stop at any point, let me know.

Within the last 12 months…

EAS_1	EAS_RELY_TRF4		
[ALWAYS ASK]			
Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

EAS_2	EAS_PRVNT_TRF4		
[ALWAYS ASK]			
Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

EAS_3	EAS_UPSET_TRF4

[ALWAYS ASK]

Have you been upset because someone talked to you in a way that made you feel shamed or threatened?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

EAS_4	EAS_FORCE_TRF4

[ALWAYS ASK]

Has anyone tried to force you to sign papers or to use your money against your will?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

EAS_5	EAS_AFRAID_TRF4

[ALWAYS ASK]

Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

EAS_END

Loneliness Scale (LON)

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

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

LON_1	LONE_OFTN_TRF4		
[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_TRF4		
[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_TRF4		
[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

Social Networks (SN)

Overview	Social functioning emphasizes issues of sustained engagement with life, the essential characteristic being the interaction between the individual and society. Exchanges between individuals and society all contribute to social functioning; these exchanges are facilitated through family and other social ties.
	The CLSA includes measures that cover both structural (e.g., social network size, frequency of contact) and functional (perception of support received) domains relevant to social support.

Now I'm going to ask you some questions about who lives in your household with you and what their relationship is to you. I will also be asking some questions about whether you have children, and if so, whether or not they currently live with you.

SN_1	SN_LIVH_NB_TRF4

[ALWAYS ASK]

How many people, not including yourself, currently live in your household?

NOTE: PERSON #1 IS THE RESPONDENT, RECORD SEX AND AGE

		_____ (MASK: MIN=0, MAX=9)
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused
a)	What is the relationship of person #2 to you (i.e., spouse, parent, child, grandparent, grandchild, etc.)?	
b)	What is the sex of person #2?	
c)	How old is person #2? **(MASK: MIN=0, MAX=115)**	

REPEAT SEQUENCE OF QUESTIONS FOR ALL REMAINING MEMBERS OF THE HOUSEHOLD

Household Member (HM)		Relationship		Sex		Age
HM#1	SN_LIVH_M1_R_TRF4	Participant	SN_LIVH_M1_S_TRF4		SN_LIVH_M1_A_TRF4	
HM#2	SN_LIVH_M2_R_TRF4		SN_LIVH_M2_S_TRF4		SN_LIVH_M2_A_TRF4	
HM#3	SN_LIVH_M3_R_TRF4		SN_LIVH_M3_S_TRF4		SN_LIVH_M3_A_TRF4	
HM#4	SN_LIVH_M4_R_TRF4		SN_LIVH_M4_S_TRF4		SN_LIVH_M4_A_TRF4	
HM#5	SN_LIVH_M5_R_TRF4		SN_LIVH_M5_S_TRF4		SN_LIVH_M5_A_TRF4	
HM#6	SN_LIVH_M6_R_TRF4		SN_LIVH_M6_S_TRF4		SN_LIVH_M6_A_TRF4	
HM#7	SN_LIVH_M7_R_TRF4		SN_LIVH_M7_S_TRF4		SN_LIVH_M7_A_TRF4	
HM#8	SN_LIVH_M8_R_TRF4		SN_LIVH_M8_S_TRF4		SN_LIVH_M8_A_TRF4	
HM#9	SN_LIVH_M9_R_TRF4		SN_LIVH_M9_S_TRF4		SN_LIVH_M9_A_TRF4	
HM#10	SN_LIVH_M10_R_TRF4		SN_LIVH_M10_S_TRF4		SN_LIVH_M10_A_TRF4	

SN_2	SN_DGHTRLIV2_NB_TRF4
[ALWAYS ASK]	
How many, if any, living daughters do you have (including biological daughters, adopted daughters, stepdaughters and partner's daughters)? _____ **(MASK: MIN=0, MAX=30)**	
REFUSED	99	**[DO NOT READ]** Refused

SN_3	SN_SONLIV2_NB_TRF4
[ALWAYS ASK]	
How many, if any, living sons do you have (including biological sons, adopted sons, stepsons and partner's sons)? _____ **(MASK: MIN=0, MAX=30)**	
REFUSED	99	**[DO NOT READ]** Refused

SN_4	SN_CHILDBIO_NB_TRF4
[ASK IF (SN_DGHTRLIV2_NB_TRF4 ≠ 0 AND SN_DGHTRLIV2_NB_TRF4 ≠ REFUSED) OR (SN_SONLIV2_NB_TRF4 ≠ 0 AND SN_SONLIV2_NB_TRF4 ≠ REFUSED)]	
How many of your living children are related to you biologically? _____ **(MASK: MIN=0, MAX=30)**	
REFUSED	99	**[DO NOT READ]** Refused

SN_5	SN_CHILDADP_NB_TRF4
[ASK IF (SN_DGHTRLIV2_NB_TRF4 ≠ 0 AND SN_DGHTRLIV2_NB_TRF4 ≠ REFUSED) OR (SN_SONLIV2_NB_TRF4 ≠ 0 AND SN_SONLIV2_NB_TRF4 ≠ REFUSED)]	
How many of your living children are your adopted children? _____ **(MASK: MIN=0, MAX=30)**	
REFUSED	99	**[DO NOT READ]** Refused

SN_6	SN_CHILDSTP3_NB_TRF4
[ASK IF (SN_DGHTRLIV2_NB_TRF4 ≠ 0 AND SN_DGHTRLIV2_NB_TRF4 ≠ REFUSED) OR (SN_SONLIV2_NB_TRF4 ≠ 0 AND SN_SONLIV2_NB_TRF4 ≠ REFUSED)]	
How many of your living children are your stepchildren or partner's children? _____ **(MASK: MIN=0, MAX=30)**	
REFUSED	99	**[DO NOT READ]** Refused

SN_7	SN_SEECHILD_TRF4

[ASK IF (SN_DGHTRLIV2_NB_TRF4 ≠ 0 AND SN_DGHTRLIV2_NB_TRF4 ≠ REFUSED) OR (SN_SONLIV2_NB_TRF4 ≠ 0 AND SN_SONLIV2_NB_TRF4 ≠ REFUSED)]

When did you last get together with any of your children who live outside of your household?

READ LIST, CODE ONLY ONE RESPONSE

WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
NA_CHILD_IN_HOUSEHOLD	7	Not applicable, all children live in household
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SN_8	SN_SIBLIV_NB_TRF4

[ALWAYS ASK]

How many, if any, living siblings (sisters, brothers) do you have?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

	_____ (MASK: MIN=0, MAX=50)
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

SN_9	SN_SEESIB_TRF4

[ASK IF SN_SIBLIV_NB_TRF4 ≠ 0 AND SN_SIBLIV_NB_TRF4 ≠ REFUSED]

When did you last get together with any of your siblings who live outside of your household?

READ LIST, CODE ONLY ONE RESPONSE

WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
NA_SIB_IN_HOUSEHOLD	7	Not applicable, all siblings live in household
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SN_10	SN_RELLIV_NB_TRF4

[ALWAYS ASK]

About how many other living relatives (parents, grandparents, grandchildren, nieces, nephews, cousins, aunts, uncles) do you have?

NOTE: THIS QUESTION INCLUDES THE PARTICIPANT'S IN-LAWS, I.E., FATHER-IN-LAW, MOTHER-IN-LAW, SISTER-IN-LAW, BROTHER-IN-LAW (NOT THE PARENTS OF A FATHER- OR MOTHER-IN-LAW, NOT THE SPOUSE OR CHILDREN OF A BROTHER- OR SISTER-IN-LAW)

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

	_____ (MASK: MIN=0, MAX=100)	
DK_NA	998	**[DO NOT READ]** Don't know / No answer
REFUSED	999	**[DO NOT READ]** Refused

SN_11	SN_SEEREL_TRF4

[ASK IF SN_RELLIV_NB_TRF4 ≠ 0 AND SN_RELLIV_NB_TRF4 ≠ REFUSED]

When did you last get together with any of your other relatives who live outside of your household?

READ LIST, CODE ONLY ONE RESPONSE

WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
NA_REL_IN_HOUSEHOLD	7	Not applicable, all relatives live in household
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SN_12	SN_FRND_NB_TRF4

[ALWAYS ASK]

Not counting family members, how many people do you consider close friends – that is, people you can confide in and talk over personal matters with?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER

	_____ (MASK: MIN=0, MAX=90)	
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

SN_13	SN_SEEFRND_TRF4

[ASK IF SN_FRND_NB_TRF4 ≠ 0 AND SN_FRND_NB_TRF4 ≠ REFUSED]

When did you last get together with any of your close friends who live outside of your household?

READ LIST, CODE ONLY ONE RESPONSE

WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
NA_FRND_IN_HOUSEHOLD	7	Not applicable, no friends live outside of household
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SN_14	SN_SEENEIBR_TRF4

[ALWAYS ASK]

When did you last get together with any of your neighbours?

READ LIST, CODE ONLY ONE RESPONSE

WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SN_END

Social Support – Availability (SSA)

Overview	The ability of people to call on support when they need it is important in understanding their overall health. For example, having somebody to take you to a medical appointment may mean that you are more likely to get the care you need.
	This module consists of a series of detailed questions about the availability of social support. The answers will be combined to determine how likely it is that the respondent has access to social support.
	The results of this module will be valuable in identifying which groups are most lacking in social support.

Next are some questions about the support that is available to you.

People sometimes look to others for companionship, assistance or other types of support. How often is each of the following kinds of support available to you if you need it? **READ LIST OF STATEMENTS, CODE ONLY ONE RESPONSE PER STATEMENT.**

SSA_1	SSA_CONFBED_TRF4	
[ALWAYS ASK]		
Someone to help you if you were confined to bed?		
READ LIST, CODE ONLY ONE RESPONSE		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_2	SSA_NDTLK_TRF4	
[ALWAYS ASK]		
Someone you can count on to listen to you when you need to talk?		
READ LIST, CODE ONLY ONE RESPONSE		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_3	SSA_CRISIS_TRF4

[ALWAYS ASK]

Someone to give you advice about a crisis?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_4	SSA_TYTDR_TRF4

[ALWAYS ASK]

Someone to take you to the doctor if needed?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_5	SSA_SHLOV_TRF4

[ALWAYS ASK]

Someone who shows you love and affection?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_6	SSA_GOODT_TRF4

[ALWAYS ASK]

Someone to have a good time with?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_7	SSA_INFO_TRF4

[ALWAYS ASK]

Someone to give you information in order to help you?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_8	SSA_CONFID_TRF4

[ALWAYS ASK]

Someone to confide in or talk to about yourself or your problems?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_9	SSA_HUGS_TRF4

[ALWAYS ASK]

Someone who hugs you?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_10	SSA_RELAX_TRF4

[ALWAYS ASK]

Someone to get together with for relaxation?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_11	SSA_MEALS_TRF4

[ALWAYS ASK]

Someone to prepare your meals if you were unable to do it yourself?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_12	SSA_ADVCE_TRF4

[ALWAYS ASK]

Someone whose advice you really want?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_13	SSA_MINDOFF_TRF4

[ALWAYS ASK]

Someone to do things with to help you get your mind off things?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_14	SSA_CHORES_TRF4

[ALWAYS ASK]

Someone to help with daily chores if you were sick?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_15	SSA_SHFEAR_TRF4

[ALWAYS ASK]

Someone to share your most private worries and fears with?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_16	SSA_SUGG_TRF4

[ALWAYS ASK]

Someone to turn to for suggestions about how to deal with a personal problem?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_17	SSA_ENJOY_TRF4

[ALWAYS ASK]

Someone to do something enjoyable with?

READ LIST, CODE ONLY ONE RESPONSE

NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SSA_18	SSA_PROBLM_TRF4		
[ALWAYS ASK]			
Someone who understands your problems?			
READ LIST, CODE ONLY ONE RESPONSE			
NONE_TIME		1	None of the time
LITTLE_TIME		2	A little of the time
SOME_TIME		3	Some of the time
MOST_TIME		4	Most of the time
ALL_TIME		5	All of the time
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

SSA_19	SSA_LOVU_TRF4		
[ALWAYS ASK]			
Someone to love you and make you feel wanted?			
READ LIST, CODE ONLY ONE RESPONSE			
NONE_TIME		1	None of the time
LITTLE_TIME		2	A little of the time
SOME_TIME		3	Some of the time
MOST_TIME		4	Most of the time
ALL_TIME		5	All of the time
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

SSA_20	SSA_PET_TRF4		
[ALWAYS ASK]			
Do you have a household pet that provides you with companionship?			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

SSA_END

Social Participation (SPA)

Overview	This module asks about the type and amount of participation in different social activities, including participation in sporting activities, religious services, as well as limitations to such participation. Information from this module will demonstrate the degree to which older Canadians engage in social activities and highlight reasons why they may feel limited in their ability to participate in such activities.

Now some questions about your social activities.

SPA_1	SPA_SOAC_TRF4		
[ALWAYS ASK]			
Which of these statements apply to you?			
NOTE: RESPONSE OPTION 1 – 'I READ A DAILY NEWSPAPER' – INCLUDES SITUATIONS WHERE THE PARTICIPANT ONLY READS THE SATURDAY EDITION OF A DAILY NEWSPAPER.			
READ EACH STATEMENT. MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
SPA_SOAC_RNP_TRF4	01	I read a daily newspaper (includes paper and online)	
SPA_SOAC_HY_TRF4	02	I have a hobby or pastime	
SPA_SOAC_HIC_TRF4	03	I have taken a holiday in Canada in the last 12 months	
SPA_SOAC_HOC_TRF4	04	I have taken a holiday outside of Canada in the last 12 months	
SPA_SOAC_DT_TRF4	05	I have gone on a daytrip or outing in the last 12 months	
SPA_SOAC_INT_TRF4	06	I use the internet and/or e-mail	
SPA_SOAC_VOT_TRF4	07	I voted in the last federal, provincial, or municipal election	
SPA_SOAC_NONE_TRF4	96	None of these statements apply to me	
SPA_SOAC_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer	
SPA_SOAC_REFUSED_TRF4	99	**[DO NOT READ]** Refused	

Community-related Activities

The next questions are about community-related activities that you may have participated in during the past 12 months.

In the past 12 months, how often did you participate in…**READ LIST OF ACTIVITIES, CODE ONLY ONE RESPONSE PER ACTIVITY**

SPA_2	SPA_OUTS_TRF4

[ALWAYS ASK]

Family or friendship-based activities outside the household?

READ IF NECESSARY – EXAMPLES INCLUDE: FORMAL AND INFORMAL ACTIVITIES SUCH AS SMALL GET-TOGETHERS, MEALS OUTSIDE OF THE HOUSEHOLD, WEDDINGS, OR REUNIONS.

INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN 'REAL LIFE' SETTINGS OUTSIDE THE HOME, RATHER THAN IN 'ONLINE' SETTINGS.

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
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SPA_3	SPA_CHRCH_TRF4

[ALWAYS ASK]

Church or religious activities such as services, committees or choirs?

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
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SPA_4	SPA_SPORT_TRF4

[ALWAYS ASK]

Sports or physical activities that you do with other people?

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
ONCE_YEAR		4	At least once a year
NEVER		5	Never
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

SPA_5	SPA_EDUC_TRF4

[ALWAYS ASK]

Educational and cultural activities involving other people such as attending courses, concerts, plays, or visiting museums?

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
ONCE_YEAR		4	At least once a year
NEVER		5	Never
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

SPA_6	SPA_CLUB_TRF4

[ALWAYS ASK]

Service club or fraternal organization activities?

READ IF NECESSARY – EXAMPLES INCLUDE: LION'S CLUB, ROTARY, KIWANIS CLUB, ROYAL CANADIAN LEGION, OR FORESTERS

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
ONCE_YEAR		4	At least once a year
NEVER		5	Never
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

SPA_7	SPA_NEIBR_TRF4

[ALWAYS ASK]

Neighbourhood, community or professional association activities?

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
ONCE_YEAR		4	At least once a year
NEVER		5	Never
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

SPA_8	SPA_VOLUN_TRF4

[ALWAYS ASK]

Volunteer or charity work?

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
ONCE_YEAR		4	At least once a year
NEVER		5	Never
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

SPA_9	SPA_OTACT_TRF4

[ALWAYS ASK]

Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games?

INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN 'REAL LIFE' SETTINGS OUTSIDE THE HOME, RATHER THAN IN 'ONLINE' SETTINGS.

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
ONCE_YEAR		4	At least once a year
NEVER		5	Never
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

SPA_10	**SPA_MORAC_TRF4**

[ALWAYS ASK]

In the past 12 months, have you felt like you wanted to participate in more social, recreational, or group activities?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

SPA_11	**SPA_PREVAC_TRF4**

[ASK IF SPA_MORAC_TRF4 = YES]

What prevented you from participating in more social, recreational, or group activities?

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

SPA_PREVAC_CO_TRF4	01	Cost
SPA_PREVAC_TP_TRF4	02	Transportation problems
SPA_PREVAC_ANA_TRF4	03	Activities not available in the area
SPA_PREVAC_LNA_TRF4	04	Location not physically accessible
SPA_PREVAC_TF_TRF4	05	Location is too far
SPA_PREVAC_HC_TRF4	06	Health condition/limitation
SPA_PREVAC_TI_TRF4	07	Time of the activities not suitable
SPA_PREVAC_GA_TRF4	08	Don't want to go alone
SPA_PREVAC_PR_TRF4	09	Personal or family responsibilities
SPA_PREVAC_LRR_TRF4	10	Language related reasons
SPA_PREVAC_TB_TRF4	11	Too busy
SPA_PREVAC_AF_TRF4	12	Afraid or concerns about safety
SPA_PREVAC_GR_TRF4	13	Grieving
SPA_PREVAC_WH_TRF4	14	Weather conditions
SPA_PREVAC_MO_TRF4	15	Lack of motivation, organization or information
SPA_PREVAC_RL_TRF4	16	Relocation or travel
SPA_PREVAC_ANS_TRF4	17	Activities not interesting/not suitable
SPA_PREVAC_SC_TRF4	18	Social barriers (rejection, shyness, bullying, etc.)
SPA_PREVAC_PH_TRF4	19	Public health/COVID measures
SPA_PREVAC_OTSP_TRF4	97	Other: _____
SPA_PREVAC_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
SPA_PREVAC_REFUSED_TRF4	99	**[DO NOT READ]** Refused

Social Cohesion

SPA_12	SPA_COHES_TRF4		
[ALWAYS ASK]			
How would you describe your sense of belonging to your local community? Would you say it is:			
CODE ONLY ONE RESPONSE			
VERY_STRONG		1	Very strong
SOMEWHAT_STRONG		2	Somewhat strong
SOMEWHAT_WEAK		3	Somewhat weak
VERY_WEAK		4	Very weak
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

SPA_END

Generalized Anxiety Disorder (GAD)

A Brief Measure for Assessing Generalized Anxiety Disorder The GAD-7. Spitzer RL, Kroenke K, Williams JB, Löwe B. Arch Intern Med. 2006 May 22;166(10);1092-7

Overview	The questions in this module come from the GAD-7, which measures how much the person has been bothered by feeling nervous, anxious, or on edge, not being able to stop or control worrying, worrying too much about different things, having trouble relaxing, being so restless that it is hard to sit still, becoming easily annoyed or irritable, and feeling afraid as if something might happen. **Importance of module**: Generalized anxiety disorder interferes with everyday functioning. This includes work or school, social activities, and relationships with other people. It also increases the risk of drug abuse and eating disorders.

We will be asking you a number of questions about your overall mental health throughout today's interview. Some of the questions may seem similar but they are looking at slightly different outcomes which are important for determining overall well-being of our participants. Please answer them to the best of your ability without considering your previous answers for similar questions.

GAD_1
[ALWAYS ASK]
Over the last 2 weeks, how often have you been bothered by the following problems?
CODE ONLY ONE RESPONSE PER QUESTION

		Not at all	Several days	More than half the days	Nearly every day	**DK / NA	**RF
		NOT_AT_ALL	SEVERAL_DAYS	MORE_THAN_HALF_THE_DAYS	NEARLY_EVERY_DAY	DK_NA	RF
		0	1	2	3	8	9
GAD_NERV_TRF4	Feeling nervous, anxious or on edge						
GAD_STPWOR_TRF4	Not being able to stop or control worrying						
GAD_WORRTO_TRF4	Worrying too much about different things						
GAD_RELAX_TRF4	Trouble relaxing						
GAD_RESTLS_TRF4	Being so restless that it's hard to sit still						
GAD_ANNOY_TRF4	Becoming easily annoyed or irritable						

		Not at all	Several days	More than half the days	Nearly every day	**DK / NA	**RF
		NOT_AT_ALL	SEVERAL_DAYS	MORE_THAN_HALF_THE_DAYS	NEARLY_EVERY_DAY	DK_NA	RF
		0	1	2	3	8	9
GAD_AFRAID_TRF4	Feeling afraid as if something awful might happen						

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

GAD_TOTAL_TRF4 = GAD_NERV_TRF4 + GAD_STPWOR_TRF4 + GAD_WORRTO_TRF4 + GAD_RELAX_TRF4 + GAD_RESTLS_TRF4 + GAD_ANNOY_TRF4 + GAD_AFRAID_TRF4

GAD_2	GAD_TOTAL2_TRF4		
[ASK IF GAD_TOTAL_TRF4 $\geq$ 1]			
How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?			
CODE ONLY ONE RESPONSE			
NOT_DIFFICULT		1	Not difficult at all
SOMEWHAT_DIFFICULT		2	Somewhat difficult
VERY_DIFFICULT		3	Very difficult
EXTREMELY_DIFFICULT		4	Extremely difficult
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

GAD_END

Care Receiving 1/ Formal Care (CR1)

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

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

CR1_1	CR1_PRO_TRF4	
[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_TRF4	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_PRO_MD_TRF4	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_PRO_MG_TRF4	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_PRO_MH_TRF4	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_PRO_WK_TRF4	05	House maintenance or outdoor work
CR1_PRO_TR_TRF4	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_PRO_PT_TRF4	07	Physical therapy
CR1_PRO_TA_TRF4	08	Training and adaptation
CR1_PRO_MB_TRF4	09	Mobility
CR1_PRO_FM_TRF4	10	Financial management
CR1_PRO_NONE_TRF4	96	None
CR1_PRO_OTSP_TRF4	97	Other: _____
CR1_PRO_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
CR1_PRO_REFUSED_TRF4	99	**[DO NOT READ]** Refused

CR1_1a	CR1_IMPT_TRF4

[ASK IF CR1_PRO_TRF4 = 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_TRF4

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_TRF4

[ASK IF CR1_PRO_TRF4 = 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_TRF4

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_TRF4

[ASK IF CR1_PRO_TRF4 ≠ NONE AND CR1_PRO_TRF4 ≠ DK_NA AND CR1_PRO_TRF4 ≠ 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_TRF4

[ASK IF CR1_PAY_TRF4 = 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_TRF4

[ASK IF CR1_PRO_TRF4 ≠ NONE AND CR1_PRO_TRF4 ≠ DK_NA AND CR1_PRO_TRF4 ≠ 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_TRF4

[ASK IF CR1_PRO_TRF4 ≠ NONE AND CR1_PRO_TRF4 ≠ DK_NA AND CR1_PRO_TRF4 ≠ 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	This module asks respondents whether they received home care services during the past 12 months. This module is about assistance provided by family members, friends or neighbours (informal caregivers) due to a health problem that affects their daily activities. Respondents are asked to report assistance provided for various activities, such as medical care, personal care, housework, transportation, etc. The module covers a number of topics related to informal home care including the identity of the person providing assistance, the duration and level of intensity of the care received.

The following questions are about 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_TRF4		
[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_TRF4	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails	
CR2_FAM_MD_TRF4	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure	
CR2_FAM_MG_TRF4	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help	
CR2_FAM_MH_TRF4	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing	
CR2_FAM_WK_TRF4	05	House maintenance or outdoor work	
CR2_FAM_TR_TRF4	06	Transportation to do shopping or errands, or to get to medical appointments, or social events	
CR2_FAM_PT_TRF4	07	Physical therapy	
CR2_FAM_TA_TRF4	08	Training and adaptation	
CR2_FAM_CS_TRF4	09	Social/emotional support	
CR2_FAM_MB_TRF4	10	Mobility	
CR2_FAM_MO_TRF4	11	Monetary assistance	
CR2_FAM_FM_TRF4	12	Financial management	
CR2_FAM_NONE_TRF4	96	None	
CR2_FAM_OTSP_TRF4	97	Other: _____	
CR2_FAM_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer	
CR2_FAM_REFUSED_TRF4	99	**[DO NOT READ]** Refused	

CR2_2	CR2_NMBR_TRF4

[ASK IF CR2_FAM_TRF4 ≠ CR2_FAM_NONE_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_DK_NA_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_REFUSED_TRF4]

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_TRF4

[ASK IF CR2_FAM_TRF4 ≠ CR2_FAM_NONE_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_DK_NA_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_REFUSED_TRF4]

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_TRF4

[ASK IF CR2_FAM_TRF4 ≠ CR2_FAM_NONE_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_DK_NA_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_REFUSED_TRF4]

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_TRF4

[ASK IF CR2_FAM_TRF4 = 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_TRF4

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_TRF4

[ASK IF CR2_FAM_TRF4 ≠ CR2_FAM_NONE_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_DK_NA_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_REFUSED_TRF4]

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_TRF4; IF CR2_MOST_TRF4 WAS SKIPPED, RECALL RESPONSE FROM CR2_FAM_TRF4]*. 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_TRF4
[ASK IF CR2_PERS_TRF4 = 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_TRF4
[ASK IF CR2_FAM_TRF4 ≠ CR2_FAM_NONE_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_DK_NA_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_REFUSED_TRF4]	

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_TRF4
[ASK IF CR2_FAM_TRF4 ≠ CR2_FAM_NONE_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_DK_NA_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_REFUSED_TRF4]	

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_TRF4		

[ASK IF CR2_FAM_TRF4 ≠ CR2_FAM_NONE_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_DK_NA_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_REFUSED_TRF4]

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_TRF4		

[ASK IF CR2_FAM_TRF4 ≠ CR2_FAM_NONE_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_DK_NA_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_REFUSED_TRF4]

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_TRF4

[ASK IF CR2_FAM_TRF4 ≠ CR2_FAM_NONE_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_DK_NA_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_REFUSED_TRF4]

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_TRF4

[ASK IF CR2_FAM_TRF4 ≠ CR2_FAM_NONE_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_DK_NA_TRF4 AND CR2_FAM_TRF4 ≠ CR2_FAM_REFUSED_TRF4]

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_TRF4

[ALWAYS ASK]

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

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."
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.

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

CR2_DEVC_CN_TRF4	01	Crutches, cane or walking stick
CR2_DEVC_WC_TRF4	02	Wheelchair
CR2_DEVC_SC_TRF4	03	Motorized scooter
CR2_DEVC_WK_TRF4	04	Walker
CR2_DEVC_LG_TRF4	05	Neck, back or leg braces or supportive devices
CR2_DEVC_HD_TRF4	06	Hand or arm brace
CR2_DEVC_BR_TRF4	07	Grab bars
CR2_DEVC_BT_TRF4	08	Bathroom aids
CR2_DEVC_LT_TRF4	09	Bath or bed lifts or other lifting devices
CR2_DEVC_GR_TRF4	10	Grasping tools or reach extenders
CR2_DEVC_UT_TRF4	11	Special eating utensils
CR2_DEVC_AL_TRF4	12	Personal alarm
CR2_DEVC_MD_TRF4	13	Medication dispenser
CR2_DEVC_RA_TRF4	14	Robotic assistant
CR2_DEVC_RP_TRF4	15	Robotic prosthesis
CR2_DEVC_MA_TRF4	16	Memory aids such as timers, clocks
CR2_DEVC_GT_TRF4	17	GPS tracker
CR2_DEVC_FA_TRF4	18	Falls alert
CR2_DEVC_VA_TRF4	19	Virtual assistant such as Google Nest or Amazon Alexa
CR2_DEVC_TW_TRF4	20	Technology-enabled wheelchair
CR2_DEVC_VR_TRF4	21	Voice recognition, speech to text and text to speech software
CR2_DEVC_WT_TRF4	22	Wearable technologies such as smart watches for remote monitoring or communication
CR2_DEVC_MS_TRF4	23	Magnification software
CR2_DEVC_VO_TRF4	24	Voiceover screen readers
CR2_DEVC_VC_TRF4	25	Visual communication aids such as iPad or tablet
CR2_DEVC_NONE_TRF4	96	**[DO NOT READ]** None
CR2_DEVC_OTSP_TRF4	97	Other: _____
CR2_DEVC_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
CR2_DEVC_REFUSED_TRF4	99	**[DO NOT READ]** Refused

CR2_END

Care Giving (CAG)

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

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

CAG_1	CAG_HLT_TRF4	
[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_TRF4	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CAG_HLT_MD_TRF4	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CAG_HLT_MG_TRF4	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CAG_HLT_MH_TRF4	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CAG_HLT_WK_TRF4	05	House maintenance or outdoor work
CAG_HLT_TR_TRF4	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CAG_HLT_CS_TRF4	07	Social/emotional support
CAG_HLT_MB_TRF4	08	Mobility
CAG_HLT_MO_TRF4	09	Monetary assistance
CAG_HLT_FM_TRF4	10	Financial management
CAG_HLT_NONE_TRF4	96	**[DO NOT READ]** None
CAG_HLT_OTSP_TRF4	97	Other: _____
CAG_HLT_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
CAG_HLT_REFUSED_TRF4	99	**[DO NOT READ]** Refused

CAG_2	CAG_PPL_NB_TRF4

[ASK IF CAG_HLT_TRF4 ≠ CAG_HLT_NONE_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_DK_NA_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_REFUSED_TRF4]

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_TRF4

[ASK IF CAG_HLT_TRF4 ≠ CAG_HLT_NONE_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_DK_NA_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_REFUSED_TRF4]

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_TRF4

[ASK IF CAG_HLT_TRF4 ≠ CAG_HLT_NONE_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_DK_NA_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_REFUSED_TRF4]

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_TRF4

[ASK IF CAG_HLT_TRF4 ≠ CAG_HLT_NONE_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_DK_NA_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_REFUSED_TRF4]

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_TRF4

[ASK IF CAG_HLT_TRF4 ≠ CAG_HLT_NONE_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_DK_NA_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_REFUSED_TRF4]

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_TRF4

[ASK IF CAG_HLT_TRF4 ≠ CAG_HLT_NONE_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_DK_NA_TRF4 AND CAG_HLT_TRF4 ≠ CAG_HLT_REFUSED_TRF4]

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.

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_TRF4	
[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_TRF4	
[ASK IF INJ_OCC_TRF4 = 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_TRF4	
[ASK IF INJ_OCC_TRF4 = 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_TRF4	01	A fall
INJ_CAUS_VH_TRF4	02	A motor vehicle collision (including injuries sustained as a pedestrian)
INJ_CAUS_WK_TRF4	03	An incident in your workplace
INJ_CAUS_NONE_TRF4	96	None of the above
INJ_CAUS_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
INJ_CAUS_REFUSED_TRF4	99	**[DO NOT READ]** Refused

INJ_3	INJ_HOW_TRF4

[ASK IF INJ_OCC_TRF4 = 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_TRF4

[ASK IF INJ_OCC_TRF4 = 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_TRF4

[ASK IF INJ_OCC_TRF4 = 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_TRF4

[ASK IF INJ_OCC_TRF4 = 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_TRF4

[ASK IF INJ_TYPE_TRF4 = 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_TRF4

[ASK IF INJ_TYPE_TRF4 = BROKEN_BONES OR INJ_BRKN_TRF4 = 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_TRF4	01	Multiple sites
INJ_SITE_EYE_TRF4	02	Eye socket
INJ_SITE_HD_TRF4	03	Head (excluding eyes)
INJ_SITE_NE_TRF4	04	Neck
INJ_SITE_SH_TRF4	05	Shoulder, upper arm
INJ_SITE_EL_TRF4	06	Elbow, lower arm
INJ_SITE_WR_TRF4	07	Wrist, hand
INJ_SITE_HIP_TRF4	08	Hip
INJ_SITE_TH_TRF4	09	Thigh
INJ_SITE_KN_TRF4	10	Knee, lower leg
INJ_SITE_AN_TRF4	11	Ankle, foot
INJ_SITE_UP_TRF4	12	Upper back or upper spine
INJ_SITE_LO_TRF4	13	Lower back or lower spine
INJ_SITE_CH_TRF4	14	Chest (excluding back and spine)
INJ_SITE_AB_TRF4	15	Abdomen or pelvis (excluding back and spine)
INJ_SITE_OTSP_TRF4	97	Other: _____
INJ_SITE_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
INJ_SITE_REFUSED_TRF4	99	**[DO NOT READ]** Refused

INJ_END

Falls (FAL)

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

PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF (INJ_CAUS_TRF4 = INJ_CAUS_FL_TRF4) OR (INJ_HOW_TRF4 = FALL_SAME_LEVEL) OR (INJ_HOW_TRF4 = FALL_HEIGHT)

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_TRF4	
[ASK IF (INJ_CAUS_TRF4 = INJ_CAUS_FL_TRF4) OR (INJ_HOW_TRF4 = FALL_SAME_LEVEL) OR (INJ_HOW_TRF4 = 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_TRF4

[ASK IF (INJ_CAUS_TRF4 = INJ_CAUS_FL_TRF4) OR (INJ_HOW_TRF4 = FALL_SAME_LEVEL) OR (INJ_HOW_TRF4 = 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_TRF4

[ASK IF (INJ_CAUS_TRF4 = INJ_CAUS_FL_TRF4) OR (INJ_HOW_TRF4 = FALL_SAME_LEVEL) OR (INJ_HOW_TRF4 = 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_TRF4

[ASK IF (INJ_CAUS_TRF4 = INJ_CAUS_FL_TRF4) OR (INJ_HOW_TRF4 = FALL_SAME_LEVEL) OR (INJ_HOW_TRF4 = 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_TRF4

[ASK IF (INJ_CAUS_TRF4 = INJ_CAUS_FL_TRF4) OR (INJ_HOW_TRF4 = FALL_SAME_LEVEL) OR (INJ_HOW_TRF4 = 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_TRF4

[ASK IF (INJ_CAUS_TRF4 = INJ_CAUS_FL_TRF4) OR (INJ_HOW_TRF4 = FALL_SAME_LEVEL) OR (INJ_HOW_TRF4 = 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_TRF4

[ASK IF FAL_WHERE_TRF4 = 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_TRF4

[ASK IF FAL_WHERE_TRF4 = 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	The questions in this module ask about such things as age at retirement, main reasons for retirement, labour force participation and ability to work. This module also asks about partial retirement for respondents who may have officially retired but continued working or who are taking gradual retirement. It is important to understand the reasons behind decisions about retirement for older Canadians. Information gathered in this module will help in understanding why people choose to retire and whether they might continue to work afterwards.

The following questions ask about your retirement experience.

RET_1	RET_RTRD_TRF4

[ASK IF RET_RTRD_PAST = NOT_RETIRED OR PARTLY_RETIRED]

RET_RTRD_PAST = use the first non-NULL value in (RET_RTRD_TRF3, RET_RTRD_TRF2, RET_RTRD_TRF1, RET_RTRD_TRM)

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_TRF4

[ASK IF RET_RTRD_PAST = COMPLETELY_RETIRED]

RET_RTRD_PAST = use the first non-NULL value in (RET_RTRD_TRF3, RET_RTRD_TRF2, RET_RTRD_TRF1, RET_RTRD_TRM)

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_TRF4

[ASK IF SDC_MRTL2_TRF4 = 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_TRF4

[ASK IF RET_RTRD_TRF4 = 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_4a	RET_SPSEAG_NB_TRF4

[ASK IF RET_SPSE_TRF4 = YES]

At what age did your spouse/partner retire?

PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE
INTERVIEWER: IF SPOUSE/PARTNER IN FACT RETIRED BEFORE AGE 40 INPUT 40 IN THE FIELD

	_____ (MASK: MIN=40, MAX=97)	
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

RET_5	RET_WHY_TRF4

[ASK IF RET_RTRD_TRF4 = 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_TRF4	01	Completed the required years of service to qualify for pension
RET_WHY_RE_TRF4	02	Retirement was financially possible
RET_WHY_HL_TRF4	03	Health/disability/stress reasons
RET_WHY_IN_TRF4	04	Employer offered special incentives to retire
RET_WHY_OR_TRF4	05	Organizational restructuring or job eliminated
RET_WHY_PR_TRF4	06	Providing care to a family member or friend
RET_WHY_MD_TRF4	07	Employer had a mandatory retirement policy
RET_WHY_HO_TRF4	08	Wished to pursue hobbies or other activities of personal interest
RET_WHY_ST_TRF4	09	Wanted to stop working
RET_WHY_AG_TRF4	10	An agreement with your spouse or partner
RET_WHY_NA_TRF4	11	Never worked/stay at home parent or spouse
RET_WHY_OTSP_TRF4	97	Other: _____
RET_WHY_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
RET_WHY_REFUSED_TRF4	99	**[DO NOT READ]** Refused

RET_6	RET_DUEHLTH_TRF4

[ASK IF RET_WHY_TRF4 = RET_WHY_HL_TRF4]

You mentioned that you retired because of your health, stress or disability. Was this due to your physical health, your emotional/mental health, or both?

CODE ONLY ONE RESPONSE

PHYSICAL_HEALTH	1	Physical health
MENTAL_HEALTH	2	Emotional/mental health (including stress)
BOTH	3	Both physical and emotional/mental health
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

RET_7	RET_VOLUN_TRF4		
[ASK IF RET_RTRD_TRF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]			
Would you say your retirement was voluntary, that is, you retired when you wanted to?			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

RET_8	RET_PREP_TRF4		
[ASK IF RET_RTRD_TRF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]			
Did you do any of the following in preparation for your retirement?			
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
RET_PREP_DH_TRF4		01	Decreased your number of work hours
RET_PREP_IH_TRF4		02	Increased your number of work hours
RET_PREP_CJ_TRF4		03	Changed jobs
RET_PREP_ILA_TRF4		04	Increased leisure activities and hobbies
RET_PREP_ED_TRF4		05	Enrolled in an educational or training program
RET_PREP_RSP_TRF4		06	Financial planning (Contributed to an RRSP or other investments)
RET_PREP_INV_TRF4		07	Built up savings or made other investments
RET_PREP_POM_TRF4		08	Paid-off mortgage or debts
RET_PREP_DLA_TRF4		09	Downsized living arrangements
RET_PREP_NONE_TRF4		96	**[DO NOT READ]** Nothing
RET_PREP_OTSP_TRF4		97	Other: _____
RET_PREP_DK_NA_TRF4		98	**[DO NOT READ]** Don't know / No answer
RET_PREP_REFUSED_TRF4		99	**[DO NOT READ]** Refused

RET_9	RET_PENSPL_TRF4		
[ASK IF RET_RTRD_TRF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]			
Before you retired, did you ever contribute to an employer pension plan, other than the Canada Pension Plan or Quebec Pension Plan?			
YES		1	Yes
NO		2	No
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

RET_10	RET_STDLIV_TRF4

[ASK IF RET_RTRD_TRF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]

Before your retirement, how adequate did you think your household income and investments would be to maintain your standard of living? Would you say they were…

CODE ONLY ONE RESPONSE

ADEQUATE		1	Adequate
BARELY_ADEQUATE		2	Barely adequate
INADEQUATE		3	Inadequate
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

RET_10a	RET_STDFNC_TRF4

[ASK IF RET_RTRD_TRF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]

How would you describe your financial standard of living in retirement?

CODE ONLY ONE RESPONSE

ADEQUATE		1	Adequate
BARELY_ADEQUATE		2	Barely adequate
INADEQUATE		3	Inadequate
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

RET_11	RET_BCKWRK_TRF4

[ASK IF RET_RTRN_TRF4 = YES]

Which of the following reasons contributed to your decision to go back to work after you first retired?

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

RET_BCKWRK_FC_TRF4	01	Financial considerations
RET_BCKWRK_CD_TRF4	02	Caregiving duties were no longer required
RET_BCKWRK_IH_TRF4	03	Improvement in your health
RET_BCKWRK_LW_TRF4	04	Liked working/being active
RET_BCKWRK_WO_TRF4	05	Interesting work opportunity
RET_BCKWRK_GR_TRF4	06	Preferred gradual retirement
RET_BCKWRK_MC_TRF4	07	Wanted to make a contribution
RET_BCKWRK_WC_TRF4	08	Wanted a challenge
RET_BCKWRK_NL_TRF4	09	Did not like retirement or not ready to retire
RET_BCKWRK_SR_TRF4	10	Services requested by previous employer
RET_BCKWRK_OTSP_TRF4	97	Other: _____
RET_BCKWRK_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
RET_BCKWRK_REFUSED_TRF4	99	**[DO NOT READ]** Refused

RET_12	RET_WKSAME_TRF4

[ASK IF RET_RTRN_TRF4 = YES]

Was this for the same employer or for a different employer as prior to retirement?

CODE ONLY ONE RESPONSE

SAME_EMPLOYER	1	For the same employer
DIFFERENT_EMPLOYER	2	For a different employer
OWN_BUSINESS	3	For yourself or your own business
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

RET_13	RET_FOPTIME_TRF4

[ASK IF RET_RTRN_TRF4 = YES]

Was this mainly full-time or part-time work?

CODE ONLY ONE RESPONSE

FULL_TIME		1	Full-time work
PART_TIME		2	Part-time work
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[DO NOT READ]** Refused

RET_14	RET_POCWORK_TRF4

[ASK IF RET_RTRN_TRF4 = YES]

Was this permanent or contract work?

CODE ONLY ONE RESPONSE

PERMANENT_WORK		1	Permanent work
CONTRACT_WORK		2	Contract work
DK_NA		8	**[DO NOT READ]** Don't know / No answer
REFUSED		9	**[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.

PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF RET_RTRD_TRF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED

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

LFP_1	LFP_LAST_NB_TRF4
[ASK IF RET_RTRD_TRF4 = 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_TRF4
[ASK IF RET_RTRD_TRF4 = 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_TRF4

[ASK IF RET_RTRD_TRF4 = 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_TRF4

[ASK IF RET_RTRD_TRF4 = 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_TRF4**

[ASK IF RET_RTRD_TRF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]

What type of work did you do?

RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

	_____ _____ _____

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

LFP_6	**LFP_IND_SP_TRF4**

[ASK IF RET_RTRD_TRF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]

What business or industry sector were you in?

RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE

	_____ _____ _____

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

LFP_END

Labour Force (LBF)

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

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

LBF_1	**LBF_CURR_TRF4**		
[ASK IF (RET_RTRN_TRF4 = YES) OR (RET_RTRD_TRF4 = 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_TRF4**		
[ASK IF LBF_CURR_TRF4 = 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_TRF4**		
[ASK IF LBF_CURR_TRF4 = 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_TRF4**		
[ASK IF LBF_CURR_TRF4 = 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_TRF4**		
[ASK IF LBF_CURR_TRF4 = 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_TRF4**		
[ASK IF LBF_CURR_TRF4 = 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_TRF4

[ASK IF LBF_CURR_TRF4 = 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_TRF4

[ASK IF LBF_CURR_TRF4 = 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_TRF4

[ASK IF LBF_CURR_TRF4 = 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

Retirement Planning (RPL)

RPL_1	RPL_AGE_TRF4
[ASK IF LBF_CURR_TRF4 = 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_TRF4
[ASK IF RPL_AGE_TRF4 = 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_3	RPL_RSN_TRF4

[ASK IF RPL_AGE_TRF4 = GREATER THAN 65]

Age 65 is often viewed as the standard age of retirement, although many Canadians retire at younger and older ages.

What are the reasons that you continue to work after age 65?

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

RPL_RSN_FIN_TRF4	01	Financial need
RPL_RSN_ENJ_TRF4	02	Enjoy the social contacts at work
RPL_RSN_HLT_TRF4	03	My health allows me to continue to work
RPL_RSN_LIK_TRF4	04	Like working/being active
RPL_RSN_INT_TRF4	05	Interesting work opportunity
RPL_RSN_RWD_TRF4	06	Financially rewarding work opportunity
RPL_RSN_COL_TRF4	07	I can continue to work and collect retirement benefits
RPL_RSN_OTSP_TRF4	97	Other: _____
RPL_RSN_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
RPL_RSN_REFUSED_TRF4	99	**[DO NOT READ]** Refused

RPL_4	RPL_MOST_TRF4

[ASK IF RPL_RSN_TRF4 = MORE THAN 1 RESPONSE OPTION]

What would you say is the most important reason that you continue to work?

CODE ONLY ONE RESPONSE

FINANCIAL_NEED	01	Financial need
ENJOY_WORK	02	Enjoy the social contacts at work
HEALTH_ALLOW	03	My health allows me to continue to work
LIKE_WORK	04	Like working/being active
WORK_OPPORTUNITY	05	Interesting work opportunity
FINANCIAL_REWARD	06	Financially rewarding work opportunity
COLLECT_BENEFIT	07	I can continue to work and collect retirement benefits
OTSP	97	Other
DK_NA	98	**[DO NOT READ]** Don't know / No answer
REFUSED	99	**[DO NOT READ]** Refused

RPL_5	RPL_PREP_TRF4		

[ASK IF RPL_AGE_TRF4 ≠ NOT_APPLICABLE AND RPL_AGE_TRF4 ≠ DK_NA AND RPL_AGE_TRF4 ≠ REFUSED]

Have you done any of the following in preparation for your retirement?

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

RPL_PREP_DH_TRF4		01	Decreased your number of work hours
RPL_PREP_IH_TRF4		02	Increased your number of work hours
RPL_PREP_CJ_TRF4		03	Changed jobs
RPL_PREP_IPA_TRF4		04	Increased physical activities
RPL_PREP_ILA_TRF4		05	Increased other leisure activities and hobbies
RPL_PREP_ED_TRF4		06	Enrolled in an educational or training program
RPL_PREP_RET_TRF4		07	Gathered retirement information
RPL_PREP_RSP_TRF4		08	Financial planning (Contributed to an RRSP or other investments)
RPL_PREP_INV_TRF4		09	Built up savings or made other investments
RPL_PREP_POM_TRF4		10	Paid-off mortgage or debts
RPL_PREP_DLA_TRF4		11	Downsized living arrangements
RPL_PREP_NONE_TRF4		96	**[DO NOT READ]** Nothing
RPL_PREP_OTSP_TRF4		97	Other: _____
RPL_PREP_DK_NA_TRF4		98	**[DO NOT READ]** Don't know / No answer
RPL_PREP_REFUSED_TRF4		99	**[DO NOT READ]** Refused

RPL_6	RPL_PENSPL_TRF4		

[ASK IF RET_RTRD_TRF4 = NOT_RETIRED]

Have you ever contributed to an employer pension plan, other than the Canada Pension Plan or Quebec Pension Plan?

YES	1	Yes
NO	2	No
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

RPL_7	RPL_STDLIV_TRF4		

[ASK IF RPL_AGE_TRF4 ≠ NOT_APPLICABLE AND RPL_AGE_TRF4 ≠ DK_NA AND RPL_AGE_TRF4 ≠ REFUSED]

When you retire, how adequate do you think your household income and investments will be to maintain your standard of living?

CODE ONLY ONE RESPONSE

ADEQUATE	1	Adequate
BARELY_ADEQUATE	2	Barely adequate
INADEQUATE	3	Inadequate
DK_NA	8	**[DO NOT READ]** Don't know / No answer
REFUSED	9	**[DO NOT READ]** Refused

RPL_8	RPL_WHYR_TRF4

[ASK IF RPL_AGE_TRF4 ≠ NOT_APPLICABLE AND RPL_AGE_TRF4 ≠ DK_NA AND RPL_AGE_TRF4 ≠ REFUSED]

There are many reasons why people retire. Which of the following are likely to be the reasons that you retire?

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

RPL_WHYR_PC_TRF4	01	Need to provide care to a family member
RPL_WHYR_AR_TRF4	02	Have adequate retirement income (e.g., pensions and investments)
RPL_WHYR_MP_TRF4	03	Mandatory retirement policies
RPL_WHYR_EP_TRF4	04	Early retirement policies of your employer
RPL_WHYR_JE_TRF4	05	Job ending and not wanting to start over
RPL_WHYR_WS_TRF4	06	Want to stop working
RPL_WHYR_SD_TRF4	07	Desire to start a different career or do part-time work
RPL_WHYR_HL_TRF4	08	Health/disability/stress reasons
RPL_WHYR_HO_TRF4	09	Wanting to pursue hobbies or other activities of personal interest
RPL_WHYR_OTSP_TRF4	97	Other: _____
RPL_WHYR_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
RPL_WHYR_REFUSED_TRF4	99	**[DO NOT READ]** Refused

RPL_9	RPL_INFSP_TRF4

[ASK IF (RPL_AGE_TRF4 ≠ NOT_APPLICABLE AND RPL_AGE_TRF4 ≠ DK_NA AND RPL_AGE_TRF4 ≠ REFUSED) AND (MARITAL STATUS = MARRIED OR COMMON_LAW2)]

Sometimes people's reasons for retirement are influenced by their spouse or partner. Which of the following will likely influence your retirement?

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

RPL_INFSP_SH_TRF4	01	Your spouse or partner's health
RPL_INFSP_SI_TRF4	02	Your spouse or partner's retirement income
RPL_INFSP_PS_TRF4	03	Pressure from your spouse or partner to continue or to stop working
RPL_INFSP_TSR_TRF4	04	The time at which your spouse or partner retires
RPL_INFSP_OTSP_TRF4	97	Other: _____
RPL_INFSP_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
RPL_INFSP_REFUSED_TRF4	99	**[DO NOT READ]** Refused

RPL_END

Income (INC)

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

This next section is about your income. As with all of the other information that you have shared, these answers are kept strictly confidential.

Household Income

INC_1	**INC_SRCE_TRF4**		
[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_TRF4	01	Wages and salaries	
INC_SRCE_SE_TRF4	02	Income from self-employment	
INC_SRCE_IN_TRF4	03	Dividends and interest (e.g., on bonds, savings)	
INC_SRCE_EI_TRF4	04	Employment insurance	
INC_SRCE_CM_TRF4	05	Worker's compensation	
INC_SRCE_BN_TRF4	06	Benefits from Canada or Quebec Pension Plan	
INC_SRCE_PN_TRF4	07	Job related retirement pensions, superannuation and annuities	
INC_SRCE_GV_TRF4	08	RRSP/RRIF	
INC_SRCE_OLD_TRF4	09	Old Age Security	
INC_SRCE_GIS_TRF4	10	Guaranteed Income Supplement	
INC_SRCE_WF_TRF4	11	Provincial or municipal social assistance or welfare	
INC_SRCE_CH_TRF4	12	Child Tax Benefit	

INC_1	INC_SRCE_TRF4 (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_TRF4	13	Child support	
INC_SRCE_AL_TRF4	14	Alimony	
INC_SRCE_CP_TRF4	15	Capital gains (e.g., profits from sale of stocks)	
INC_SRCE_NONE_TRF4	96	**[DO NOT READ]** None	
INC_SRCE_OTSP_TRF4	97	Other (e.g., rental income, veterans' pensions): _____	
INC_SRCE_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer	
INC_SRCE_REFUSED_TRF4	99	**[DO NOT READ]** Refused	

INC_2	INC_FRST_TRF4	
[ASK IF INC_SRCE_TRF4 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_TRF4].*		
INC_FRST_TRF4	1	1st highest source
INC_SCND_TRF4	2	2nd highest source
INC_THRD_TRF4	3	3rd highest source
REFUSED	9	**[DO NOT READ]** Refused

INC_3	INC_TOT_TRF4	
[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_TRF4

[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_TRF4	01	Wages and salaries
INC_PSRCE_SE_TRF4	02	Income from self-employment
INC_PSRCE_IN_TRF4	03	Dividends and interest (e.g., on bonds, savings)
INC_PSRCE_EI_TRF4	04	Employment insurance
INC_PSRCE_CM_TRF4	05	Worker's compensation
INC_PSRCE_BN_TRF4	06	Benefits from Canada or Quebec Pension Plan
INC_PSRCE_PN_TRF4	07	Job related retirement pensions, superannuation and annuities
INC_PSRCE_GV_TRF4	08	RRSP/RRIF
INC_PSRCE_OLD_TRF4	09	Old Age Security
INC_PSRCE_GIS_TRF4	10	Guaranteed Income Supplement
INC_PSRCE_WF_TRF4	11	Provincial or municipal social assistance or welfare
INC_PSRCE_CH_TRF4	12	Child Tax Benefit
INC_PSRCE_SP_TRF4	13	Child support
INC_PSRCE_AL_TRF4	14	Alimony
INC_PSRCE_CP_TRF4	15	Capital gains (e.g., profits from sale of stocks)
INC_PSRCE_NONE_TRF4	96	**[DO NOT READ]** None
INC_PSRCE_OTSP_TRF4	97	Other (e.g., rental income, veterans' pensions): _____
INC_PSRCE_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
INC_PSRCE_REFUSED_TRF4	99	**[DO NOT READ]** Refused

INC_5	INC_PFRST_TRF4

[ASK IF INC_PSRCE_TRF4 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_TRF4]**.

INC_PFRST_TRF4	1	1st highest source
INC_PSCND_TRF4	2	2nd highest source
INC_PTHRD_TRF4	3	3rd highest source
REFUSED	9	**[DO NOT READ]** Refused

INC_6	INC_PTOT_TRF4		
[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_TRF4]*			
INTERVIEWER NOTE: IF INC_PTOT_TRF4 > INC_TOT_TRF4, 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

Health Care Utilization (HCU)

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

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

HCU_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_TRF4	Family doctor or general practitioner				
HCU_SPEC_TRF4	Medical specialist (such as a cardiologist, gynaecologist, or ophthalmologist)				
HCU_PSYCH_TRF4	Mental health professional (such as a psychologist or psychiatrist)				
HCU_PHYSIO_TRF4	Physiotherapist, occupational therapist, or chiropractor				
HCU_NP_TRF4	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_TRF4 **[ASK IF HCU_FAMPHY_TRF4 = YES]**	Family doctor or general practitioner			
HCU_SPEC_NB_TRF4 **[ASK IF HCU_SPEC_TRF4 = YES]**	Medical specialist (such as a cardiologist, gynaecologist, or ophthalmologist)			
HCU_PSYCH_NB_TRF4 **[ASK IF HCU_PSYCH_TRF4 = YES]**	Mental health professional (such as a psychologist or psychiatrist)			
HCU_PHYSIO_NB_TRF4 **[ASK IF HCU_PHYSIO_TRF4 = YES]**	Physiotherapist, occupational therapist, or chiropractor			
HCU_NP_NB_TRF4 **[ASK IF HCU_NP_TRF4 = YES]**	Nurse practitioner			

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

HCU_6	**HCU_EMEREG_TRF4**		
[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_TRF4

[ASK IF HCU_EMEREG_TRF4 = 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_TRF4

[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_TRF4

[ASK HCU_HLOVRNT_TRF4 = 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=1, MAX=365)**
DK_NA	998	**[DO NOT READ]** Don't know / No answer
REFUSED	999	**[DO NOT READ]** Refused

HCU_8	HCU_HAVEFAM_TRF4

[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_TRF4

[ASK IF HCU_HAVEFAM_TRF4 = 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_TRF4

[ASK IF HCU_HAVEFAM_TRF4 = 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_TRF4

[ASK IF HCU_HAVEFAM_TRF4 = 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_TRF4

[ASK IF HCU_HAVEFAM_TRF4 = 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_TRF4

[ASK IF HCU_HAVEFAM_TRF4 = 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_TRF4	01	Family doctors, general practitioners, or nurse practitioners in the area are not taking new patients
HCU_NOFAM_AVAIL_TRF4	02	No family doctors, general practitioners, or nurse practitioners available in the area
HCU_NOFAM_CONT_TRF4	03	Have not tried to contact one
HCU_NOFAM_LEFT_TRF4	04	Had a medical provider who left or retired
HCU_NOFAM_SWIT_TRF4	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_TRF4	06	Negative experience with family/other doctor/health care system
HCU_NOFAM_OTSP_TRF4	97	Other: _____
HCU_NOFAM_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
HCU_NOFAM_REFUSED_TRF4	99	**[DO NOT READ]** Refused

HCU_14	HCU_FAMV_TRF4

[ASK IF HCU_FAMPHY_TRF4 = NO AND HCU_NP_TRF4 = NO AND HCU_HAVEFAM_TRF4 = 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_TRF4	01	Not needed
HCU_FAMV_APPT_TRF4	02	Difficulty getting an appointment
HCU_FAMV_TRAN_TRF4	03	Transportation problems
HCU_FAMV_LANG_TRF4	04	Language problem
HCU_FAMV_CANC_TRF4	05	Appointment cancelled or deferred by doctor or nurse practitioner
HCU_FAMV_LEAV_TRF4	06	Unable to leave the house due to health condition
HCU_FAMV_PERS_TRF4	07	Personal and family responsibilities
HCU_FAMV_OTSP_TRF4	97	Other: _____
HCU_FAMV_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
HCU_FAMV_REFUSED_TRF4	99	**[DO NOT READ]** Refused

HCU_15	HCU_SPEV_TRF4

[ASK IF HCU_SPEC_TRF4 = 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_TRF4	01	Not needed
HCU_SPEV_REFE_TRF4	02	Difficulty getting a referral
HCU_SPEV_APPT_TRF4	03	Difficulty getting an appointment
HCU_SPEV_SPEC_TRF4	04	No specialists in the area
HCU_SPEV_TRAN_TRF4	05	Transportation problems
HCU_SPEV_LANG_TRF4	06	Language problem
HCU_SPEV_PERS_TRF4	07	Personal and family responsibilities
HCU_SPEV_CANC_TRF4	08	Appointment cancelled or deferred by specialist/doctor
HCU_SPEV_WAIT_TRF4	09	Still waiting for visit
HCU_SPEV_LEAV_TRF4	10	Unable to leave the house due to health condition
HCU_SPEV_OTSP_TRF4	97	Other: _____
HCU_SPEV_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
HCU_SPEV_REFUSED_TRF4	99	**[DO NOT READ]** Refused

HCU_16	HCU_DIGITAL_TRF4

[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_TRF4	01	Email or through a website or portal
HCU_DIGITAL_VID_TRF4	02	Video call
HCU_DIGITAL_MSG_TRF4	03	Text messaging/electronic messaging
HCU_DIGITAL_TEL_TRF4	04	Telephone (voice only call)
HCU_DIGITAL_NA_TRF4	96	Not applicable
HCU_DIGITAL_OTSP_TRF4	97	Other methods (Please specify: _____)
HCU_DIGITAL_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
HCU_DIGITAL_REFUSED_TRF4	99	**[DO NOT READ]** Refused

HCU_17	HCU_ACCESS_TRF4

[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_TRF4

[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_TRF4

[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_TRF4

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

MET_1	**MET_NEED_TRF4**

[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_TRF4**

[ASK IF MET_NEED_TRF4 = 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_TRF4	01	Not available – in the area
MET_RSN_TIME_TRF4	02	Not available – at time required (e.g., doctor on holidays, inconvenient hours)
MET_RSN_WAIT_TRF4	03	Waiting time too long
MET_RSN_INAD_TRF4	04	Felt would be inadequate
MET_RSN_COST_TRF4	05	Cost
MET_RSN_BUSY_TRF4	06	Too busy
MET_RSN_AROD_TRF4	07	Didn't get around to it/didn't bother
MET_RSN_SEEK_TRF4	08	Decided not to seek care
MET_RSN_NECE_TRF4	09	Doctor - didn't think it was necessary
MET_RSN_TRAN_TRF4	10	No transportation available
MET_RSN_OTSP_TRF4	97	Other: _____
MET_RSN_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
MET_RSN_REFUSED_TRF4	99	**[DO NOT READ]** Refused

MET_END

Medication Use (MED)

Overview	The questions in this module pertain only to prescription medications taken in the past month. **Importance of module:** The results help assess the frequency of prescription medication use (i.e., daily versus occasional use). The results also permit examination of the relations between frequency of drug usage and (1) the incidence/prevalence of health problems or (2) the utilization of other healthcare services.

The next questions ask about your use of prescription medications.

MED_1	MED_USE1_TRF4

[ASK IF NO OR DK_NA OR REFUSED TO ALL MEDS IN PKD SECTION]

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

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

CODE ONLY ONE RESPONSE

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

MED_1a	MED_USE2_TRF4

[ASK IF ANY MEDICATION IN PKD_MED_TRF4 = YES]

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

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

CODE ONLY ONE RESPONSE

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

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

MED_2	MED_USEQTY2_TRF4		
[ASK IF (MED_USE1_TRF4 ≠ NEVER AND MED_USE1_TRF4 ≠ DK_NA AND MED_USE1_TRF4 ≠ REFUSED) <u>OR</u> (MED_USE2_TRF4 ≠ DK_NA AND MED_USE2_TRF4 ≠ REFUSED)]			
<u>In the past month</u>, how many prescription medications did you take?			
READ LIST, CODE ONLY ONE RESPONSE			
ONE	1	One	
TWO	2	Two	
THREE	3	Three	
FOUR	4	Four	
FIVE_NINE	5	Five to nine	
TEN_PLUS	6	Ten or more	
DK_NA	8	**[DO NOT READ]** Don't know / No answer	
REFUSED	9	**[DO NOT READ]** Refused	

MED_END

Dietary Supplement Use (DSU)

Overview	The questions in this module ask about the frequency of use of multivitamins, calcium, vitamin D, and B12 supplements. **Importance of module:** Vitamin D and calcium are important for bone strength and may reduce the risk of osteoporosis and fractures in older adults. After the age of 50, the average person's vitamin D needs are higher than can be obtained from food alone. Data from this module can help to estimate the frequency of dietary supplement use. The data could also provide information for prevention programs related to diet, as well as information about the impact of combined usage of drugs/medications and supplements.

Now, some questions about your use of nutritional supplements in the past month.

Please note this can include BOTH prescription and non-prescription supplements.

DSU_1-DSU_9		
[ALWAYS ASK]		
In the past month, did you take any of the following:		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
DSU_VIT_MLTV_TRF4	01	Multivitamin supplements
DSU_VIT_CAL_TRF4	02	Calcium supplements
DSU_VIT_VITD_TRF4	03	Vitamin D supplements
DSU_VIT_VITB12_TRF4	04	Vitamin B12 supplements
DSU_VIT_IRON_TRF4	05	Iron supplements
DSU_VIT_VITC_TRF4	06	Vitamin C supplements
DSU_VIT_OMG_TRF4	07	Omega-3 supplements
DSU_VIT_PRO_TRF4	08	Protein supplements (e.g., protein enriched drinks, protein powder)
DSU_VIT_PROB_TRF4	09	Probiotics
DSU_VIT_NONE_TRF4	96	None
DSU_VIT_OTSP_TRF4	97	Other supplements: _____
DSU_VIT_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
DSU_VIT_REFUSED_TRF4	99	**[DO NOT READ]** Refused

DSU_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.

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_TRF4	I really feel a part of this area						
ENV_VNDLSM_TRF4	Vandalism or graffiti are a big problem in this area						
ENV_FLLNLY_TRF4	I often feel lonely living in this area						
ENV_PPLTRST_TRF4	Most people in this area can be trusted						
ENV_AFRDWLK_TRF4	People would be afraid to walk alone after dark in this area						
ENV_PPLFRNDLY_TRF4	Most people in this area are friendly						
ENV_PPLTKADV_TRF4	People in this area will take advantage of you						
ENV_CLEAN_TRF4	This area is kept very clean						
ENV_PPLHLP_TRF4	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

Transportation, Mobility, Migration (TRA)

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

Overview	The questions in this module ask participants about their driving status and the types of transportation they use. **Importance of module**: These questions will provide data about participants' ability and transportation functionality over time.

Now I would like you to focus on how you get around the area where you live. I will ask about the types of transportation you use.

TRA_1	TRA_DSTATUS_TRF4

[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_TRF4

[ASK IF TRA_DSTATUS_TRF4 = 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_TRF4

[ASK IF TRA_DSTATUS_TRF4 = UNRESTRICTED_DL OR RESTRICTED_DL]

In the past year, which was your most common form of transportation?

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

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

READ LIST, CODE ONLY ONE RESPONSE

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

TRA_2b	TRA_CMNTR2_TRF4

[ASK IF TRA_DSTATUS_TRF4 ≠ UNRESTRICTED_DL AND TRA_DSTATUS_TRF4 ≠ RESTRICTED_DL]

In the past year, which was your most common form of transportation?

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

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

READ LIST, CODE ONLY ONE RESPONSE

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

TRA_3	TRA_TYPTR_TRF4		
[ALWAYS ASK]			
In the past month, which of the following forms of transportation have you used?			
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G., TRAVEL TO A 'PARK AND RIDE'). ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPO, HANDI TRANSIT, OR WHEEL TRANS.			
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
TRA_TYPTR_PAS_TRF4	01	Passenger in a motor vehicle (including driver)	
TRA_TYPTR_TAX_TRF4	02	Taxi	
TRA_TYPTR_PUB_TRF4	03	Public transit such as bus, rapid transit, subway/metro or train	
TRA_TYPTR_ACC_TRF4	04	Accessible transit	
TRA_TYPTR_CYC_TRF4	05	Cycling	
TRA_TYPTR_WAL_TRF4	06	Walking	
TRA_TYPTR_WHE_TRF4	07	Wheelchair or motorized cart/scooter	
TRA_TYPTR_NONE_TRF4	96	None	
TRA_TYPTR_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer	
TRA_TYPTR_REFUSED_TRF4	99	**[DO NOT READ]** Refused	

TRA_4	TRA_PUBTR_TRF4		
[ASK IF TRA_TYPTR_TRF4 ≠ TRA_TYPTR_PUB_TRF4 AND TRA_TYPTR_TRF4 ≠ TRA_TYPTR_DK_NA_TRF4 AND TRA_TYPTR_TRF4 ≠ TRA_TYPTR_REFUSED_TRF4]			
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_TRF4	01	Service not needed	
TRA_PUBTR_PNU_TRF4	02	Prefer not to use	
TRA_PUBTR_UNA_TRF4	03	Service unavailable in your area	
TRA_PUBTR_HEA_TRF4	04	Limitation due to a health condition or mobility issue	
TRA_PUBTR_INC_TRF4	05	Inconvenient service, travel time too long, inconvenient schedule or route	
TRA_PUBTR_COS_TRF4	06	Too costly	
TRA_PUBTR_NAV_TRF4	07	Service unavailable in area you travelled to	
TRA_PUBTR_AWR_TRF4	08	Unaware of local transit services	
TRA_PUBTR_SCH_TRF4	09	Schedule unsuitable for need	
TRA_PUBTR_NSF_TRF4	10	Unsafe	
TRA_PUBTR_ACC_TRF4	11	Cannot easily get to public transit stop or station	
TRA_PUBTR_COM_TRF4	12	Lack of comfort	
TRA_PUBTR_OTSP_TRF4	97	Other: _____	
TRA_PUBTR_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer	
TRA_PUBTR_REFUSED_TRF4	99	**[DO NOT READ]** Refused	

TRA_5	TRA_ACCTR_TRF4		

[ASK IF TRA_TYPTR_TRF4 ≠ TRA_TYPTR_ACC_TRF4 AND TRA_TYPTR_TRF4 ≠ TRA_TYPTR_DK_NA_TRF4 AND TRA_TYPTR_TRF4 ≠ TRA_TYPTR_REFUSED_TRF4]

Why did you not use accessible transit?

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

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_TRF4	01	Service not needed
TRA_ACCTR_PNU_TRF4	02	Prefer not to use
TRA_ACCTR_UNA_TRF4	03	Service unavailable in your area
TRA_ACCTR_HEA_TRF4	04	Limitation due to a health condition
TRA_ACCTR_INC_TRF4	05	Inconvenient service (travel time too long, inconvenient) schedule or route
TRA_ACCTR_COS_TRF4	06	Too costly
TRA_ACCTR_OVB_TRF4	07	Service unavailable due to overbooking
TRA_ACCTR_CNB_TRF4	08	Could not book (could not get through on the telephone, not enough time to book, etc.)
TRA_ACCTR_OTSP_TRF4	97	Other: _____
TRA_ACCTR_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
TRA_ACCTR_REFUSED_TRF4	99	**[DO NOT READ]** Refused

TRA_6	TRA_PUBTRFRQ_TRF4		

[ASK IF TRA_TYPTR_TRF4 = TRA_TYPTR_PUB_TRF4]

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_TRF4		
[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_TRF4	01	Commute to/from work	
TRA_TRIP_BK_TRF4	02	Banking and other business appointments	
TRA_TRIP_MD_TRF4	03	Medical appointments	
TRA_TRIP_GR_TRF4	04	Grocery shopping	
TRA_TRIP_RI_TRF4	05	Recreational/leisure shopping, restaurants	
TRA_TRIP_RO_TRF4	06	Recreational/leisure trips to park, other outdoor spaces	
TRA_TRIP_CH_TRF4	07	Church/worship service	
TRA_TRIP_FM_TRF4	08	Visiting friends and family	
TRA_TRIP_SO_TRF4	09	Social activities (e.g., seniors recreational centres)	
TRA_TRIP_OTSP_TRF4	97	Other: _____	
TRA_TRIP_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer	
TRA_TRIP_REFUSED_TRF4	99	**[DO NOT READ]** Refused	

TRA_8	TRA_AVOID_TRF4		
[ASK IF TRA_DSTATUS_TRF4 = 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_TRF4	01	On ramps and off ramps	
TRA_AVOID_CR_TRF4	02	Traffic circles/roundabouts	
TRA_AVOID_FW_TRF4	03	Four way stops without traffic signals	
TRA_AVOID_UN_TRF4	04	Unfamiliar routes or detours	
TRA_AVOID_HV_TRF4	05	Heavy traffic or rush hour in town	
TRA_AVOID_ML_TRF4	06	Heavy traffic or rush hour on multi-lane or divided highways/expressways	
TRA_AVOID_SL_TRF4	07	Heavy traffic or rush hour on single-lane or undivided highways/expressways	
TRA_AVOID_TL_TRF4	08	Making left hand turns with traffic lights	
TRA_AVOID_NL_TRF4	09	Making left hand turns with no traffic lights or stop signs	
TRA_AVOID_LG_TRF4	10	Travelling next to large trucks	
TRA_AVOID_BS_TRF4	11	Crossing or entering busy streets without traffic signals	
TRA_AVOID_YD_TRF4	12	Yielding to traffic (at yield signs)	
TRA_AVOID_SN_TRF4	13	Driving in heavy rain or snow	
TRA_AVOID_DW_TRF4	14	Driving at dawn/dusk	
TRA_AVOID_NT_TRF4	15	Driving at night	
TRA_AVOID_NONE_TRF4	96	No, I do not try to avoid any of these situations	
TRA_AVOID_OTSP_TRF4	97	Other: _____	
TRA_AVOID_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer	
TRA_AVOID_REFUSED_TRF4	99	**[DO NOT READ]** Refused	

TRA_9	TRA_DRVST_YR_TRF4		
[ASK IF TRA_DSTATUS_TRF4 = 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_TRF4

[ASK IF TRA_DSTATUS_TRF4 = 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_TRF4	01	I no longer needed to drive
TRA_CEASE_EN_TRF4	02	I no longer enjoyed driving
TRA_CEASE_CO_TRF4	03	The cost of gas and upkeep of my car was too expensive
TRA_CEASE_SF_TRF4	04	I felt I was no longer a safe driver
TRA_CEASE_NR_TRF4	05	I was nervous or intimidated while driving
TRA_CEASE_DR_TRF4	06	My doctor advised me to stop driving
TRA_CEASE_FF_TRF4	07	Someone else advised me to stop driving (e.g., family or friend)
TRA_CEASE_PT_TRF4	08	Improved availability of public transit
TRA_CEASE_DP_TRF4	09	Driving-related events such as collision, demerit points
TRA_CEASE_RE_TRF4	10	Driver license renewal or road test requirement
TRA_CEASE_IN_TRF4	11	Inability to complete license renewal requirements
TRA_CEASE_PC_TRF4	12	Physical condition/limitation
TRA_CEASE_DV_TRF4	13	Deteriorating vision
TRA_CEASE_LC_TRF4	14	Having lesser confidence in driving
TRA_CEASE_NONE_TRF4	96	No reason
TRA_CEASE_OTSP_TRF4	97	Other: _____
TRA_CEASE_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
TRA_CEASE_REFUSED_TRF4	99	**[DO NOT READ]** Refused

TRA_10	TRA_MED_TRF4

[ASK IF TRA_DSTATUS_TRF4 = 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_TRF4

[ASK IF TRA_MED_TRF4 = 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_TRF4	01	Possible safety issues related to a medical condition that you have
TRA_MEDTPC_MED_TRF4	02	Possible safety issues related to driving when taking prescription medication
TRA_MEDTPC_HRB_TRF4	03	Possible safety issues related to driving when taking non-prescription or herbal medications/supplements
TRA_MEDTPC_ACC_TRF4	04	A motor vehicle accident or a near miss that you were a part of
TRA_MEDTPC_INF_TRF4	05	Driving infraction (e.g., speeding ticket)
TRA_MEDTPC_THR_TRF4	06	Referral for a driving assessment with an occupational therapist
TRA_MEDTPC_LCS_TRF4	07	Referral for a driving assessment with licensing authority
TRA_MEDTPC_TRN_TRF4	08	Driver re-training
TRA_MEDTPC_ADV_TRF4	09	General information/advice from your doctor
TRA_MEDTPC_OTSP_TRF4	97	Other: _____
TRA_MEDTPC_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
TRA_MEDTPC_REFUSED_TRF4	99	**[DO NOT READ]** Refused

TRA_11	TRA_ACCID_TRF4

[ASK IF TRA_DSTATUS_TRF4 ≠ 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

Wealth (WEA)

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

Now some questions about your overall financial situation.

WEA_1	WEA_SVNGS_TRF4		
[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_TRF4		01	Account at a bank, credit union or elsewhere
WEA_SVNGS_RRSP_TRF4		02	RRSPs
WEA_SVNGS_INV_TRF4		03	Financial investments outside of RRSPs
WEA_SVNGS_NONE_TRF4		96	**[DO NOT READ]** None
WEA_SVNGS_DK_NA_TRF4		98	**[DO NOT READ]** Don't know / No answer
WEA_SVNGS_REFUSED_TRF4		99	**[DO NOT READ]** Refused

WEA_2	WEA_SVNGSVL_TRF4		
[ASK IF WEA_SVNGS_TRF4 ≠ WEA_SVNGS_NONE_TRF4 AND WEA_SVNGS_TRF4 ≠ WEA_SVNGS_DK_NA_TRF4 AND WEA_SVNGS_TRF4 ≠ WEA_SVNGS_REFUSED_TRF4]			
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_TRF4		
[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_TRF4		
[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_TRF4		01	House, apartment or holiday home, including timeshares but not including principal residence
WEA_ASSETS_PRES_TRF4		02	Principal residence
WEA_ASSETS_FBS_TRF4		03	Farm or business property (such as a shop, warehouse or garage)
WEA_ASSETS_OTL_TRF4		04	Other land
WEA_ASSETS_MOWD_TRF4		05	Money owed to you by others
WEA_ASSETS_TRST_TRF4		06	A trust
WEA_ASSETS_CINH_TRF4		07	A covenant or inheritance
WEA_ASSETS_NONE_TRF4		96	**[DO NOT READ**] None
WEA_ASSETS_OTSP_TRF4		97	Other assets (including works of art or collectibles such as antiques or jewellery): _____
WEA_ASSETS_DK_NA_TRF4		98	**[DO NOT READ]** Don't know / No answer
WEA_ASSETS_REFUSED_TRF4		99	**[DO NOT READ]** Refused

WEA_5	WEA_DEBT_TRF4		
[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_TRF4	01	Credit or store cards	
WEA_DEBT_DBI_TRF4	02	Debts to friends, relatives or other private individuals	
WEA_DEBT_LNS_TRF4	03	Loans from banks or financial institutions, including overdrafts not including mortgages	
WEA_DEBT_NONE_TRF4	96	**[DO NOT READ**] None	
WEA_DEBT_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer	
WEA_DEBT_REFUSED_TRF4	99	**[DO NOT READ]** Refused	

WEA_6	WEA_FNSTATUS_TRF4		
[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_TRF4		
[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_TRF4

[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_TRF4	01	Buy your first choices of food items
WEA_THNGS_FFO_TRF4	02	Have family and friends around for a drink or meal
WEA_THNGS_POF_TRF4	03	Have an outfit to wear for social or family occasions
WEA_THNGS_HMR_TRF4	04	Keep your home in a good state of repair
WEA_THNGS_REL_TRF4	05	Replace or repair broken electrical goods
WEA_THNGS_TRSP_TRF4	06	Pay for fares or other transport costs to get to and from places you want to go
WEA_THNGS_PRES_TRF4	07	Buy presents for friends or family
WEA_THNGS_HLDY_TRF4	08	Take the type of holidays you want
WEA_THNGS_TRSLF_TRF4	09	Treat yourself from time to time
WEA_THNGS_NONE_TRF4	96	**[DO NOT READ]** None of these / Not applicable
WEA_THNGS_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer
WEA_THNGS_REFUSED_TRF4	99	**[DO NOT READ]** Refused

WEA_9	WEA_ORGMONEY_TRF4

[ASK IF SDC_MRTL2_TRF4 = 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_TRF4

[ASK IF SDC_MRTL2_TRF4 = 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_TRF4

[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_TRF4

[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	The questions in this module ask participants about their usage of the internet, email, and social networking sites.
	Importance of module: The information from this module will help researchers estimate participants' online presence and understand how older adults are adapting to these technologies to build social networks.

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

INT_1	INT_ACCESSHM_TRF4		
[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_TRF4		
[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_TRF4

[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_TRF4

[ASK IF INT_FRQWBSTS_TRF4 ≠ 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_TRF4

[ASK IF INT_FRQWBSTS_TRF4 ≠ 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_TRF4		
[ASK IF INT_SCLNTWRK_TRF4 = 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_TRF4	01	Make new friends	
INT_WYSSCL_FRI_TRF4	02	Stay in touch or make plans with friends	
INT_WYSSCL_FAM_TRF4	03	Stay in touch or make plans with family	
INT_WYSSCL_PRO_TRF4	04	Promote yourself or your work	
INT_WYSSCL_INF_TRF4	05	Share information (e.g., photos, interests)	
INT_WYSSCL_OTSP_TRF4	97	Other: _____	
INT_WYSSCL_DK_NA_TRF4	98	**[DO NOT READ]** Don't know / No answer	
INT_WYSSCL_REFUSED_TRF4	99	**[DO NOT READ]** Refused	

INT_6a	INT_FRQMNF_TRF4		
[ASK IF INT_WYSSCL_TRF4 = INT_WYSSCL_MNF_TRF4]			
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_TRF4

[ASK IF INT_WYSSCL_TRF4 = INT_WYSSCL_FRI_TRF4]

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_TRF4

[ASK IF INT_WYSSCL_TRF4 = INT_WYSSCL_FAM_TRF4]

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_TRF4

[ASK IF INT_WYSSCL_TRF4 = INT_WYSSCL_PRO_TRF4]

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_TRF4

[ASK IF INT_WYSSCL_TRF4 = INT_WYSSCL_INF_TRF4]

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_TRF4

[ASK IF INT_WYSSCL_TRF4 = INT_WYSSCL_OTSP_TRF4]

How often do you use social networking sites to **[BRING IN VERBATIM RESPONSES FROM INT_WYSSCL_OTSP_TRF4]**?

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

END