



clsa élcv

Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Data Collection Site Questionnaire (Follow Up 4)

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Examples of variable names as shown in the datasets.

| | | |
|---|-------------------------|--------------|
| Q1. | ICQ_DOMHAND_COF4 | |
| [ALWAYS ASK] | | |
| Is your dominant hand your right or left hand? | | |
| ESTABLISHING THE DOMINANT HAND IS IMPORTANT FOR KNOWING WHICH HAND TO MEASURE GRIP STRENGTH. | | |
| DO NOT READ LIST, CODE ONLY ONE RESPONSE | | |
| RIGHT | 1 | Right |
| LEFT | 2 | Left |
| AMBIDEXTROUS | 3 | Ambidextrous |

| | | |
|---|----------------------|--|
| SPA_1 | SPA_SOAC_COF4 | |
| [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_COF4 | 01 | I read a daily newspaper (includes paper and online) |
| SPA_SOAC_HY_COF4 | 02 | I have a hobby or pastime |
| SPA_SOAC_HIC_COF4 | 03 | I have taken a holiday in Canada in the last 12 months |
| SPA_SOAC_HOC_COF4 | 04 | I have taken a holiday outside of Canada in the last 12 months |
| SPA_SOAC_DT_COF4 | 05 | I have gone on a daytrip or outing in the last 12 months |
| SPA_SOAC_INT_COF4 | 06 | I use the internet and/or e-mail |
| SPA_SOAC_VOT_COF4 | 07 | I voted in the last federal, provincial, or municipal election |
| SPA_SOAC_NONE_COF4 | 96 | None of these statements apply to me |
| SPA_SOAC_DK_NA_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| SPA_SOAC_REFUSED_COF4 | 99 | [DO NOT READ] Refused |

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

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DCS RECEPTION

Interpretation and Contraindications Questionnaire – (Regular DCS/DCSatHome/Reduced DCS visit)

| | | |
|----------------------|-------------------------|------------------------------|
| Qa. | ICQ_TEMP_NB_COF4 | |
| [ALWAYS ASK] | | |
| Forehead temperature | | |
| | °Celsius | _____ (MASK: MIN=30, MAX=47) |
| REFUSED | 99 | [DO NOT READ] Refused |

| | | |
|---|-------------------------|--------------|
| Q1. | ICQ_DOMHAND_COF4 | |
| [ALWAYS ASK] | | |
| Is your dominant hand your right or left hand? | | |
| ESTABLISHING THE DOMINANT HAND IS IMPORTANT FOR KNOWING WHICH HAND TO MEASURE GRIP STRENGTH. | | |
| DO NOT READ LIST, CODE ONLY ONE RESPONSE | | |
| RIGHT | 1 | Right |
| LEFT | 2 | Left |
| AMBIDEXTROUS | 3 | Ambidextrous |

| | | | | | | | |
|---|--|----|------|-------|------|-----------|------|
| Q2. | | | | | | | |
| [ALWAYS ASK] | | | | | | | |
| Do you have any of the following conditions affecting one or both of your hands? | | | | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | | | | |
| | | No | Left | Right | Both | **DK / NA | **RF |
| | | NO | LEFT | RIGHT | BOTH | DK_NA | RF |
| | | 1 | 2 | 3 | 4 | 8 | 9 |
| ICQ_HNSWL_COF4 | Severe swelling, open sores, wounds, infection, or burns | | | | | | |
| ICQ_HNDCST_COF4 | Cast | | | | | | |
| ICQ_HNDHMT_COF4 | Hematoma (bruise) | | | | | | |
| NOTE: ANSWERS TO THESE QUESTIONS MAY AFFECT THE GRIP STRENGTH MEASUREMENTS. | | | | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY MEASUREMENT STAGE. | | | | | | | |

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

| | | | | | | | |
|--|---|----|------|-------|------|-----------|------|
| Q3. | | | | | | | |
| [ALWAYS ASK] | | | | | | | |
| Do you have any of the following conditions affecting one or both of your upper arms? | | | | | | | |
| NOTE: UPPER ARM = ELBOW JOINT AREA UP TO SHOULDER. INCLUDES AREA THAT BLOOD WOULD BE TAKEN FROM. | | | | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | | | | |
| | | No | Left | Right | Both | **DK / NA | **RF |
| | | NO | LEFT | RIGHT | BOTH | DK_NA | RF |
| | | 1 | 2 | 3 | 4 | 8 | 9 |
| ICQ_ARMSWL_COF4 | Severe swelling, open sores, wounds, infection or burns | | | | | | |
| ICQ_ARMCST_COF4 | Cast | | | | | | |
| NOTE: ANSWERS TO THESE QUESTIONS CAN AFFECT THE BLOOD PRESSURE, GRIP STRENGTH, DXA – FOREARM, BLOOD SPECIMEN MEASUREMENTS | | | | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY MEASUREMENT STAGE. | | | | | | | |

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

| | | | | | | | |
|---|--|----|------|-------|------|-----------|------|
| Q4. | | | | | | | |
| [ALWAYS ASK] | | | | | | | |
| Do you have any of the following conditions affecting one or both of your legs? | | | | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | | | | |
| | | No | Left | Right | Both | **DK / NA | **RF |
| | | NO | LEFT | RIGHT | BOTH | DK_NA | RF |
| | | 1 | 2 | 3 | 4 | 8 | 9 |
| ICQ_LEGSWL_COF4 | Severe swelling, open sores, wounds, infection, or burns | | | | | | |
| ICQ_LEGCST_COF4 | Cast | | | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY, TUG, 4-METRE WALK AND STANDING BALANCE MEASUREMENT STAGE. | | | | | | | |

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

| | | |
|---|------------------------|------------------------------|
| Q5a. | ICQ_SRG3MO_COF4 | |
| [ALWAYS ASK] | | |
| Have you had an operation (surgery) <u>within the last 3 months</u> ? | | |
| INTERVIEWER: LET THE PARTICIPANT KNOW THIS INCLUDES EYE AND NOSE SURGERY AS WELL. | | |
| NOTE: BEFORE COMPLETE HEALING HAS OCCURRED, RECENT OPERATIONS CAN AFFECT VARIOUS TESTS AND THE BLOOD DRAW, DEPENDING ON THE LOCATION OF THE OPERATION. CLSA TESTS ARE CONTRAINDICATED DEPENDING ON SPECIFIC SURGERY SITES. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | | | | | |
|---|---|----|------|-------|------|------|
| Q5b. | | | | | | |
| [ASK IF ICQ_SRG3MO_COF4 = YES] | | | | | | |
| What type of surgery did you have? | | | | | | |
| NOTE: REMIND PARTICIPANT THAT THIS QUESTION IS ASKING ABOUT SURGERY IN THE LAST 3 MONTHS | | | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | | | |
| | | No | Left | Right | Both | **RF |
| | | NO | LEFT | RIGHT | BOTH | RF |
| | | 1 | 2 | 3 | 4 | 9 |
| ICQ_SRGYARM_COF4 | Arm | | | | | |
| ICQ_SRGYCHT_COF4 | Chest or breast (incl. mastectomy or lymphadenectomy) | | | | | |
| ICQ_SRGYHND_COF4 | Hand or wrist | | | | | |
| ICQ_SRGYART_COF4 | Arteriovenous shunt/fistula | | | | | |
| ICQ_SRGYEYE_COF4 | Eye (i.e., cataracts or laser surgery) | | | | | |
| NOTE: ANSWERS TO THESE QUESTIONS COULD AFFECT THE BLOOD PRESSURE, BLOOD SPECIMEN, SPIROMETRY, GRIP STRENGTH, TONOMOMETRY, RETINAL AND DXA – FOREARM MEASUREMENTS | | | | | | |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA – WHOLE BODY MEASUREMENT STAGE. | | | | | | |

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

| | | | |
|---|--|-----|----|
| Q5c. | | | |
| [ASK IF ICQ_SRG3MO_COF4 = YES] | | | |
| What type of surgery did you have? | | | |
| NOTE: REMIND PARTICIPANT THAT THIS QUESTION IS ASKING ABOUT SURGERY IN THE LAST 3 MONTHS | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | |
| | | Yes | No |
| | | YES | NO |
| | | 1 | 2 |
| ICQ_SRGYABD_COF4 | Abdominal | | |
| ICQ_SRGYHRT_COF4 | Heart | | |
| ICQ_SRGYOTSP_COF4 | Other (NOTE: This could include major dental surgery): _____ | | |

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

| | | | |
|---|-------------------------|-----------------|--|
| Q6. | ICQ_PAINHND_COF4 | | |
| [ALWAYS ASK] | | | |
| Do you experience pain or paralysis in your hands or wrists due to conditions such as arthritis, tendinitis crisis, carpal tunnel syndrome, or some other reason? | | | |
| DO NOT READ LIST, CODE ONLY ONE RESPONSE | | | |
| YES_LEFT_SIDE | 1 | Yes, left side | |
| YES_RIGHT_SIDE | 2 | Yes, right side | |
| YES_BOTH_SIDES | 3 | Yes, both sides | |
| NO | 4 | No | |

| | | | |
|--|--------------------------|---|--|
| Q7a. | ICQ_RISEASSI_COF4 | | |
| [ALWAYS ASK] | | | |
| Are you able to rise from a chair without the assistance of another person? | | | |
| YES | 1 | Yes | |
| NO | 2 | No | |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9 | [DO NOT READ] Refused | |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE TUG AND CHAIR RISE QUESTIONS. | | | |

| | | |
|---|--------------------------|---|
| Q7b. | ICQ_RISECANE_COF4 | |
| [ASK IF ICQ_RISEASSI_COF4 = YES] | | |
| Do you use a cane or walker to stand or rise from a chair unassisted? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE CHAIR RISE AND STANDING BALANCE QUESTIONS. | | |

| | | |
|---|--------------------------|---|
| Q8. | ICQ_ABLESTND_COF4 | |
| [ALWAYS ASK] | | |
| Are you able to stand without the assistance of another person? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE HIP-WAIST RATIO, STANDING HEIGHT, WEIGHT, ALL DXA MEASUREMENTS, ECHOCARDIOGRAM, ECG, CHAIR RISE, TUG, 4-METRE WALK AND STANDING BALANCE QUESTIONS. | | |

| | | |
|--|-------------------------|---|
| Q9. | ICQ_ABLEWLK_COF4 | |
| [ALWAYS ASK] | | |
| Are you able to walk without the assistance of another person? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE TUG AND 4-METRE WALK. | | |

| | | |
|---|------------------------|---|
| Q10a. | ICQ_PREGNT_COF4 | |
| [ASK IF SEX = FEMALE AND ≤ 55 YEARS] | | |
| Are you pregnant? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT ALL OF THE DXA MEASUREMENTS | | |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE WEIGHT MEASUREMENT STAGE. | | |

| | | |
|---|-----------------------------|---|
| Q10b. | ICQ_PREGNTWK_NB_COF4 | |
| [ASK IF ICQ_PREGNT_COF4 = YES] | | |
| How many weeks pregnant are you? | | |
| Please provide your best estimate if you are not sure of the exact number of weeks. | | |
| | _____ | |
| DK_NA | 98 | [DO NOT READ] Don't know / No answer |
| REFUSED | 99 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE HIP-WAIST RATIO AND THE SPIROMETRY MEASUREMENTS. | | |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE WEIGHT MEASUREMENT STAGE. | | |

| | | |
|--|-------------------------|---|
| Q11. | ICQ_ILLLUNG_COF4 | |
| [ALWAYS ASK] | | |
| Do you currently have an illness or disease or symptoms that might interfere with a lung performance test such as a cold, bronchitis, flu, tuberculosis, pneumonia, collapsed lung, chest or abdominal pain, nausea or vomiting? | | |
| NOTE: THESE ILLNESSES ARE CONTRAINDICATIONS FOR SPIROMETRY IF A PARTICIPANT IS CURRENTLY EXHIBITING SYMPTOMS OR EXPERIENCING AN ACUTE EPISODE (A "FLAIR UP"). | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS | | |

| | | |
|---|-------------------------|------------------------------|
| Q12. | ICQ_HRTCOND_COF4 | |
| [ALWAYS ASK] | | |
| Have you had an unstable heart condition (e.g., that required admission to the hospital or emergency department, angioplasty, stent insertion, etc.) <u>within the last 3 months?</u> | | |
| NOTE: A PARTICIPANT WHO HAS RECENTLY SUFFERED FROM AN UNSTABLE HEART CONDITION IS CONTRAINDICATED FOR THE SPIROMETRY TEST. THIS TEST CAUSES AN INCREASE IN BLOOD PRESSURE. | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS | | |

| | | |
|---|------------------------|------------------------------|
| Q12a. | ICQ_EMB6WK_COF4 | |
| [ALWAYS ASK] | | |
| Have you had a pulmonary embolism <u>within the last 6 weeks?</u> | | |
| NOTE: PULMONARY EMBOLISM IS A BLOCKAGE IN ONE OF THE PULMONARY ARTERIES IN YOUR LUNGS. IN MOST CASES, PULMONARY EMBOLISM IS CAUSED BY BLOOD CLOTS THAT TRAVEL TO THE LUNGS FROM THE LEGS OR, RARELY, OTHER PARTS OF THE BODY (DEEP VEIN THROMBOSIS). | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS | | |

| | | |
|--|------------------------|------------------------------|
| Q12b. | ICQ_EMBMED_COF4 | |
| [ALWAYS ASK] | | |
| Are you currently taking anticoagulants, for example warfarin or apixaban, as a result of a pulmonary embolism? | | |
| NOTE: A PARTICIPANT WHO IS TAKING ANTICOAGULANTS AS A RESULT OF A PULMONARY EMBOLISM IS CONTRAINDICATED FOR SPIROMETRY. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENTS | | |

| | | |
|---|--------------------------|------------------------------|
| Q13. | ICQ_DERET3MO_COF4 | |
| [ALWAYS ASK] | | |
| Have you had a detached retina <u>within the last 3 months?</u> | | |
| NOTE: DOES NOT INCLUDE RETINAL OCCLUSION | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE SPIROMETRY, TONOMETER, RETINAL CAMERA MEASUREMENTS. TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN VISUAL ACUITY AND CONTRAST SENSITIVITY MEASUREMENTS | | |

| | | | | | |
|--|-----|------|-------|------|------|
| Q14. | | | | | |
| [ALWAYS ASK] | | | | | |
| Are you currently suffering from any infections of the following? | | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | | |
| | No | Left | Right | Both | **RF |
| | NO | LEFT | RIGHT | BOTH | RF |
| | 1 | 2 | 3 | 4 | 9 |
| ICQ_EYEINF_COF4 | Eye | | | | |
| ICQ_EARINF_COF4 | Ear | | | | |
| NOTE: ANSWERS TO THESE QUESTIONS MAY AFFECT THE TONOMETER MEASUREMENT. | | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE TUG, CHAIR RISE, 4-METRE WALK, HEARING, STANDING BALANCE, RETINAL AND EDTR OR TONOMETER MEASUREMENT STAGE. | | | | | |

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

| | | |
|--|------------------------|---|
| Q15a. | ICQ_CATRCT_COF4 | |
| [ALWAYS ASK] | | |
| 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 |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND EDTR OR CONTRAST SENSITIVITY OR TONOMETER MEASUREMENT STAGE. | | |

| | | |
|---|---------------------------|--|
| Q15b. | ICQ_CATRCTAGE_COF4 | |
| [ASK IF ICQ_CATRCT_COF4 = YES] | | |
| At what age or in what year were you first told you had cataracts? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| Q15c. | ICQ_CATRCTS_COF4 | |
| [ASK IF ICQ_CATRCT_COF4 = YES] | | |
| Have you had surgery to remove the cataract? (Right, left, both) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| Q15d. | ICQ_CATRCT2_COF4 | |
| [ASK IF ICQ_CATRCT_COF4 = YES] | | |
| Has a doctor told you that you are currently suffering from cataracts? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND VISUAL ACUITY OR TONOMETER MEASUREMENT STAGE. | | |

| | | |
|--|-------------------------|--|
| Q15e. | ICQ_CATIME2_COF4 | |
| [ASK IF ICQ_CATRCT2_COF4 = YES] | | |
| If you are waiting for cataract surgery, how long have you been on the waiting list? | | |
| PLEASE PROVIDE YOUR BEST ESTIMATE IF YOU ARE NOT SURE OF THE EXACT TIME. | | |
| CODE ONLY ONE RESPONSE | | |
| MO | Months | _____ (MASK: MIN=0, MAX=12) |
| DY | Days | _____ (MASK: MIN=0, MAX=365) |
| YR | Years | _____ (MASK: MIN=0, MAX=CURRENT AGE) |
| NS | 001 | Suffering from cataracts but not yet needing surgery |
| DK_NA | 998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 999 | [DO NOT READ] Refused |

| | | | |
|--|-----------------------|---|--|
| Q16. | ICQ_GLAUC_COF4 | | |
| [ALWAYS ASK] | | | |
| Has a doctor ever told you that you have glaucoma? | | | |
| NOTE: GLAUCOMA 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 | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND EDTR OR CONTRAST SENSITIVITY OR TONOMETER MEASUREMENT STAGE. | | | |

| | | | |
|---|--------------------------|--|--|
| Q16a. | ICQ_GLAUCAGE_COF4 | | |
| [ASK IF ICQ_GLAUC_COF4 = YES] | | | |
| At what age or in what year were you first told you had glaucoma? | | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) | |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9999 | [DO NOT READ] Refused | |

| | | | | | |
|---|--------------------------|----------------------|----------------------------|----|------|
| Q17. | | | | | |
| [ALWAYS ASK] | | | | | |
| Do you wear a Hearing Aid? | | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | | |
| | | Yes (not wearing) | Yes (currently wearing) | No | **RF |
| | | NOT_WEARING | WEARING | NO | RF |
| | | 1 | 2 | 3 | 9 |
| ICQ_HRAID_LEFT_COF4 | Hearing Aid – Left Side | | | | |
| ICQ_HRAID_RIGHT_COF4 | Hearing Aid – Right Side | | | | |
| ICQ_HRAID_BOTH_COF4 | Hearing Aid – Both Sides | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE HEARING MEASUREMENT AND DXA – WHOLE BODY STAGE. | | | | | |

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

| | | | | |
|--|--------------------------|----------------------------|----|------|
| Q17a. | ICQ_GLASSES2_COF4 | | | |
| [ALWAYS ASK] | | | | |
| Do you wear... | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | |
| | Yes (not wearing) | Yes (currently wearing) | No | **RF |
| | NOT_WEARING | WEARING | NO | RF |
| | 1 | 2 | 3 | 9 |
| Glasses (Note: Do not include reading glasses) | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE TONOMETER MEASUREMENT STAGE. | | | | |

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

| | | | | |
|--|-------------------------|----------------------------|----|------|
| Q17b. | ICQ_CTLENS2_COF4 | | | |
| [ALWAYS ASK] | | | | |
| Do you wear... | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | |
| | Yes (not wearing) | Yes (currently wearing) | No | **RF |
| | NOT_WEARING | WEARING | NO | RF |
| | 1 | 2 | 3 | 9 |
| Contact lenses | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE RETINAL AND EDTR OR TONOMETER MEASUREMENT STAGE. | | | | |

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

| | | |
|--|-----------------------|---|
| Q18. | ICQ_SMELL_COF4 | |
| [ALWAYS ASK] | | |
| How would you rate your sense of smell over the past four weeks, on a scale from 10 (best possible) to 0 (worst possible – unable to smell)? | | |
| CODE ONLY ONE RESPONSE | | |
| ZERO | 00 | 0 (unable to smell) |
| ONE | 01 | 1 |
| TWO | 02 | 2 |
| THREE | 03 | 3 |
| FOUR | 04 | 4 |
| FIVE | 05 | 5 |
| SIX | 06 | 6 |
| SEVEN | 07 | 7 |
| EIGHT | 08 | 8 |
| NINE | 09 | 9 |
| TEN | 10 | 10 (best possible) |
| DK_NA | 98 | [DO NOT READ] Don't know / No answer |
| REFUSED | 99 | [DO NOT READ] Refused |

| | | |
|---|-------------------------|------------------------------|
| Q19. | ICQ_PROSLIM_COF4 | |
| [ALWAYS ASK] | | |
| Do you have any prosthetic body parts such as limbs, joints, hips, knees, eyes? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | | | | | |
|--|-------------------------|----|------|-------|------|------|
| Q19a. | | | | | | |
| [ASK IF ICQ_PROSLIM_COF4 = YES] | | | | | | |
| Which of your limbs or joints are prosthetics? | | | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | | | |
| | | No | Left | Right | Both | **RF |
| | | NO | LEFT | RIGHT | BOTH | RF |
| | | 1 | 2 | 3 | 4 | 9 |
| ICQ_PROSARM2_COF4 | Arm - prosthetic | | | | | |
| ICQ_JOINTARM_COF4 | Arm - joint replacement | | | | | |
| ICQ_PROSLEG_COF4 | Leg | | | | | |
| ICQ_PROSHND_COF4 | Hand or fingers | | | | | |
| ICQ_PROSFT_COF4 | Foot | | | | | |
| ICQ_PROSHIP_COF4 | Hip | | | | | |
| ICQ_PROSKNEE_COF4 | Knee | | | | | |
| ICQ_PROSEYE_COF4 | Eye | | | | | |
| NOTE: ANSWERS TO THESE QUESTIONS CAN AFFECT THE BLOOD PRESSURE, DXA – FOREARM, DXA – DUAL HIP, GRIP STRENGTH AND BLOOD SPECIMEN MEASUREMENTS. | | | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE BLOOD PRESSURE, TUG, CHAIR RISE, 4-METRE WALK, STANDING BALANCE OR DXA -- WHOLE BODY, TONOMETER, RETINAL CAMERA OR BLOOD SPECIMEN MEASUREMENT STAGE. | | | | | | |

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

| | | |
|--|-----------------------|------------------------------|
| Q20. | ICQ_HRDWR_COF4 | |
| [ALWAYS ASK] | | |
| Do you have any implanted surgical hardware (pins, rods, screws, plates, wires)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | | | | | |
|--|---------|-----------|------|-------|------|------|
| Q20a. | | | | | | |
| [ASK IF ICQ_HRDWR_COF4 = YES] | | | | | | |
| Do you have implanted surgical hardware (pins, rods, screws, plates, wires) in your... | | | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | | | |
| | | No | Left | Right | Both | **RF |
| | | NO | LEFT | RIGHT | BOTH | RF |
| | | 1 | 2 | 3 | 4 | 9 |
| ICQ_HRDWR_FA_COF4 | Forearm | | | | | |
| ICQ_HRDWR_HP_COF4 | Hip | | | | | |
| ICQ_HRDWR_OTSP_COF4 | Other | Yes _____ | No | | | |
| NOTE: ANSWERS TO THESE QUESTIONS CAN AFFECT DXA – FOREARM AND DXA – HIP MEASUREMENTS. | | | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN DXA – WHOLE BODY. | | | | | | |

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

| | | |
|--|---------------------------|------------------------------|
| Q20b. | ICQ_HRDWR_SPN_COF4 | |
| [ASK IF ICQ_HRDWR_COF4 = YES] | | |
| Do you have any implanted surgical hardware (pins, rods, screws, plates, wires) in your spine? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THESE QUESTIONS CAN AFFECT DXA – AP AND LATERAL SPINE. | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN DXA – WHOLE BODY. | | |

| | | |
|--|--------------------|------------------------------|
| Q21. | ICQ_FX_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever suffered a break or fracture? | | |
| NOTE: PREVIOUS BREAKS AND FRACTURES ARE NOTED TO INFORM THE DXA SCANS AND DECIDE IF A SCAN NEEDS TO BE SKIPPED. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |

| Q22. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------|------|-----------|------|-----------|------|----|------|-------|------|-------|----|---|---|---|---|---|---|----------------|-----|--|--|--|--|-----------------|----------|--|--|--|--|----------------|-----------------|--|--|--|--|-----------------|-------|--|--|--|--|----------------|------|--|--|--|--|----------------|-----|--|--|--|--|----------------|-------|--|--|--|--|---------------|--------------|--|--|--|--|----------------|-----|--|--|--|--|-----------------|------|--|--|--|--|----------------|-------|--|--|--|--|----------------|-----|--|--|--|--|
| [ASK IF ICQ_FX_COF4 = YES] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate which parts of the body have been broken or fractured. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th>No</th> <th>Left</th> <th>Right</th> <th>Both</th> <th>**DK / NA</th> <th>**RF</th> </tr> <tr> <th>NO</th> <th>LEFT</th> <th>RIGHT</th> <th>BOTH</th> <th>DK_NA</th> <th>RF</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>8</th> <th>9</th> </tr> </thead> <tbody> <tr> <td>ICQ_FXARM_COF4</td> <td>Arm</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXSHLD_COF4</td> <td>Shoulder</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXHND_COF4</td> <td>Hand or fingers</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXWRST_COF4</td> <td>Wrist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXRIB_COF4</td> <td>Ribs</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXLEG_COF4</td> <td>Leg</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXANK_COF4</td> <td>Ankle</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXFT_COF4</td> <td>Foot or toes</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXHIP_COF4</td> <td>Hip</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXKNEE_COF4</td> <td>Knee</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXCHK_COF4</td> <td>Cheek</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ICQ_FXJAW_COF4</td> <td>Jaw</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | No | Left | Right | Both | **DK / NA | **RF | NO | LEFT | RIGHT | BOTH | DK_NA | RF | 1 | 2 | 3 | 4 | 8 | 9 | ICQ_FXARM_COF4 | Arm | | | | | ICQ_FXSHLD_COF4 | Shoulder | | | | | ICQ_FXHND_COF4 | Hand or fingers | | | | | ICQ_FXWRST_COF4 | Wrist | | | | | ICQ_FXRIB_COF4 | Ribs | | | | | ICQ_FXLEG_COF4 | Leg | | | | | ICQ_FXANK_COF4 | Ankle | | | | | ICQ_FXFT_COF4 | Foot or toes | | | | | ICQ_FXHIP_COF4 | Hip | | | | | ICQ_FXKNEE_COF4 | Knee | | | | | ICQ_FXCHK_COF4 | Cheek | | | | | ICQ_FXJAW_COF4 | Jaw | | | | |
| No | Left | Right | Both | **DK / NA | **RF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | LEFT | RIGHT | BOTH | DK_NA | RF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXARM_COF4 | Arm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXSHLD_COF4 | Shoulder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXHND_COF4 | Hand or fingers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXWRST_COF4 | Wrist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXRIB_COF4 | Ribs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXLEG_COF4 | Leg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXANK_COF4 | Ankle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXFT_COF4 | Foot or toes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXHIP_COF4 | Hip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXKNEE_COF4 | Knee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXCHK_COF4 | Cheek | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXJAW_COF4 | Jaw | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA – DUAL HIP AND FOREARM MEASUREMENTS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY, DXA – FOREARM OR DUAL HIP MEASUREMENT STAGE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Q22. | ICQ_FXLIMB2_COF4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------|------|-----------|------|-----|----|-------|----|---|---|---|---|-----------------|------|--|--|----------------|-------|--|--|-----------------|------|--|--|-----------------|------|--|--|------------------|-------------|--|--|-----------------|--------|--|--|
| [ASK IF ICQ_FX_COF4 = YES] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate which parts of the body have been broken or fractured. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Yes | No | **DK / NA | **RF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | NO | DK_NA | RF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 8 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXNOSE_COF4 | Nose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXSKL_COF4 | Skull | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXNECK_COF4 | Neck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXBACK_COF4 | Back | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXCOLLR_COF4 | Collar bone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ICQ_FXPELV_COF4 | Pelvis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO BE NOTED: ANSWERS TO THESE QUESTIONS ARE NOTED IN THE DXA – WHOLE BODY OR LATERAL SPINE MEASUREMENT STAGE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| | | |
|--|-------------------------|------------------------------|
| Q23. | ICQ_BCKSRGY_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had back surgery? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA – WHOLE BODY OR LATERAL SPINE MEASUREMENT STAGE. | | |

| | | |
|---|-----------------------|------------------------------|
| Q24. | ICQ_POLIO_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had polio? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA – WHOLE BODY, LATERAL SPINE, DUAL HIP OR FOREARM MEASUREMENT STAGE. | | |

| | | |
|---|--------------------------|------------------------------|
| Q25. | ICQ_BLDSP3MO_COF4 | |
| [ALWAYS ASK] | | |
| Have you had any blood in your sputum or coughed up blood <u>within the last 3 months</u> ? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENT. | | |

| | | |
|--|------------------------|--|
| Q25a. | ICQ_BLDSPY_COF4 | |
| [ASK IF ICQ_BLDSP3MO = YES] | | |
| <p>INTERVIEWER: SMALL AMOUNTS (I.E., A TINGE) OF BLOOD IN THE SPUTUM USUALLY DOES NOT INDICATE ANYTHING SERIOUS, BUT LARGER AMOUNTS (2+ TEASPOONFULS / 24 HOURS) CAN INDICATE A SERIOUS PROBLEM LIKE LUNG CANCER.</p> <p>SUGGEST THE PARTICIPANT SEE THEIR PHYSICIAN IF THEY HAVE NOT YET.</p> <p>IF THE PARTICIPANT INDICATES THEY HAVE HAD A LOT OF BLOOD, THEN SITE PI SHOULD BE CONTACTED AS PER THE SERIOUS ADVERSE EVENTS POLICY.</p> | | |

| | | | |
|--|------------------------|------------------------------|--|
| Q26. | ICQ_ANEURY_COF4 | | |
| [ALWAYS ASK] | | | |
| Have you ever had a thoracic, abdominal or cerebral aneurysm? | | | |
| YES | 1 | Yes | |
| NO | 2 | No | |
| REFUSED | 9 | [DO NOT READ] Refused | |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT SPIROMETRY MEASUREMENT. | | | |

| | | | | |
|---|------------------|----|-----------|------|
| Q27. | | | | |
| [ALWAYS ASK] | | | | |
| Do you have any of the following medical devices implanted within your body? | | | | |
| CODE ONLY ONE RESPONSE PER STATEMENT | | | | |
| | Yes | No | **DK / NA | **RF |
| | YES | NO | DK_NA | RF |
| | 1 | 2 | 8 | 9 |
| ICQ_PACEMKR_COF4 | Pacemaker | | | |
| ICQ_DEFIBR_COF4 | Defibrillator | | | |
| ICQ_COCHLIMP_COF4 | Cochlear implant | | | |
| ICQ_DEVIC_OTSP_COF4 | Other: _____ | | | |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA – WHOLE BODY MEASUREMENT STAGE. ANSWER OF ‘OTHER’ WILL BE NOTED FOR ALL DXA STAGES. | | | | |

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

| | | | |
|--|--------------------------|------------------------------|--|
| Q28. | ICQ_CHEMO4WK_COF4 | | |
| [ALWAYS ASK] | | | |
| If you have cancer, have you had chemotherapy treatment <u>within the last 4 weeks</u> ? | | | |
| NOTE: DRUGS THAT CAN BE CHEMOTHERAPY DRUGS, BUT WHICH ARE GIVEN FOR OTHER DISEASES, ARE NOT CONSIDERED CONTRAINDICATIONS (FOR EXAMPLE, METHOTREXATE GIVEN FOR ARTHRITIS). | | | |
| YES | 1 | Yes | |
| NO | 2 | No | |
| REFUSED | 9 | [DO NOT READ] Refused | |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE BLOOD SPECIMEN MEASUREMENT. | | | |

| | | |
|--|----------------|------------------------------|
| Q29. | ICQ_HAEMO_COF4 | |
| [ALWAYS ASK] | | |
| Do you have haemophilia or another type of disease that prevents your blood from clotting normally? | | |
| NOTE: DISEASES THAT PREVENT BLOOD FROM CLOTTING, SUCH AS TYPES OF HAEMOPHILIA, ARE CONTRAINDICATIONS FOR GIVING A BLOOD SAMPLE. PRICKING THE SKIN IS TOO RISKY IN SUCH CASES. THESE CONDITIONS INCLUDE HEMOPHILIA TYPES A AND B, VON WILLEBRAND DISEASE, AND CONDITIONS CALLED OTHER FACTOR DEFICIENCIES, WHERE CERTAIN 'FACTORS' THAT ARE MISSING IN THE BLOOD PREVENT IT FROM CLOTTING. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE BLOOD SPECIMEN MEASUREMENT. | | |

| | | |
|---|-------------------|------------------------------|
| Q30. | ICQ_BLDTR24H_COF4 | |
| [ALWAYS ASK] | | |
| Have you received a blood transfusion or donated blood <u>within the last 24 hours</u> ? | | |
| NOTE: A BLOOD DONATION TO CANADIAN BLOOD SERVICES IS 450 ML (A PINT). PLASMA DONATIONS ARE ALSO INCLUDED IN THIS QUESTION. | | |
| DIALYSIS IS NOT A CONTRAINDICATION. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE BLOOD SPECIMEN MEASUREMENT. | | |

| | | |
|--|------------------|------------------------------|
| Q31. | ICQ_NUCLMED_COF4 | |
| [ALWAYS ASK] | | |
| Have you been involved in a Nuclear Medicine test <u>in the last 7 days</u> ? | | |
| NOTE: A NUCLEAR MEDICINE TEST USES A RADIOACTIVE MATERIAL, WHICH IS INJECTED INTO YOUR BLOODSTREAM, SWALLOWED OR INHALED AS A GAS. A GAMMA CAMERA, PET SCANNER, OR PROBE DETECTS THIS ENERGY AND WITH THE HELP OF A COMPUTER CREATES PICTURES OFFERING DETAILS ON BOTH THE STRUCTURE AND FUNCTION OF ORGANS AND TISSUES IN YOUR BODY. <u>CT SCAN AND MRI TEST ARE EXCLUDED.</u> | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE DXA – WHOLE BODY OR FOREARM MEASUREMENT STAGE. | | |

| | |
|--|--------------------------------|
| Q31a. | ICQ_NUCLMED_48H_COF4 |
| [ASK IF ICQ_NUCLMED_COF4 = YES] | |
| Was the nuclear medicine test performed less than 48 hours ago (i.e., <u>within the last 2 days</u>)? | |
| YES | 1 Yes |
| NO | 2 No |
| REFUSED | 9 [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA – WHOLE BODY, LATERAL SPINE, DUAL HIP AND FOREARM MEASUREMENTS. | |

| | |
|--|------------------------------|
| Q31b. | ICQ_NUCLMED_TEST_COF4 |
| [ASK IF ICQ_NUCLMED_48H_COF4 = NO] | |
| What test was performed? (Please specify: _____) | |

| | |
|--|--------------------------------|
| Q31c. | ICQ_NUCLMED_IV24H_COF4 |
| [ASK IF (ICQ_NUCLMED_COF4 = NO OR REFUSED) OR (ICQ_NUCLMED_48H_COF4 = NO OR REFUSED)] | |
| Have you been involved in an IV CT or MRI contrast test (i.e., contrast material injected) <u>in the last 24 hours</u> ? | |
| YES | 1 Yes |
| NO | 2 No |
| REFUSED | 9 [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA - WHOLE BODY MEASUREMENT. | |

| | |
|---|--------------------------------|
| Q32. | ICQ_BARSWAL_COF4 |
| [ALWAYS ASK] | |
| Have you had a barium test <u>in the last 7 days</u> ? | |
| INTERVIEWER: BARIUM IS ALSO USED IN GASTROINTESTINAL INVESTIGATIONS (E.G., BARIUM SWALLOW, UPPER GI, BARIUM ENEMA) | |
| YES | 1 Yes |
| NO | 2 No |
| REFUSED | 9 [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE DXA - WHOLE BODY MEASUREMENT. | |

| | | |
|--|------------------------|------------------------------|
| Q33. | ICQ_TINNIT_COF4 | |
| [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 |
| REFUSED | 9 | [DO NOT READ] Refused |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE HEARING MEASUREMENT STAGE. | | |

| | | |
|---|-----------------------|--|
| Q34. | ICQ_SMOKE_COF4 | |
| [ALWAYS ASK] | | |
| What is your smoking status? | | |
| NOTE: THE QUESTION IS ONLY REFERRING TO TOBACCO PRODUCTS | | |
| YES | 1 | I currently smoke |
| NO | 2 | I don't smoke and I never have |
| FORMER | 3 | I don't smoke now but I have in the past |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE. | | |

| | | |
|---|---------------------------|-----|
| Q35. | ICQ_SMOKETIME_COF4 | |
| [ASK IF ICQ_SMOKE_COF4 = YES] | | |
| Have you smoked in <u>the last 24 hours</u> ? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE. | | |

| | | |
|---|------------------------|-------------------------------|
| Q36. | ICQ_SMOKE1_COF4 | |
| [ASK IF ICQ_SMOKETIME_COF4 = YES] | | |
| How many hours since your last cigarette, cigar or pipe? Please provide your best estimate if you are not sure of the exact number of hours. | | |
| RECORD BOTH NUMBERS | | |
| HOURS | _____ | HOURS (MASK: MIN=0, MAX=24) |
| MINUTES | _____ | MINUTES (MASK: MIN=0, MAX=60) |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY AND SNIFFIN' STICKS MEASUREMENT STAGE. | | |

| | | |
|---|-----------------------|---|
| Q37. | ICQ_ODOUR_COF4 | |
| [ALWAYS ASK] | | |
| Do you have any odour allergies? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |
| NOTE: ANSWERS TO THIS QUESTION MAY AFFECT THE SNIFFIN' STICKS MEASUREMENT STAGE. | | |

| | | |
|---|-----------------------------|------------------------------|
| Q38. | ICQ_INHALERLONG_COF4 | |
| [ALWAYS ASK] | | |
| Have you taken any long-acting inhalers <u>in the last 12 hours?</u> | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE. | | |

| | | |
|---|------------------------------|------------------------------|
| Q39. | ICQ_INHALERSHORT_COF4 | |
| [ALWAYS ASK] | | |
| Have you taken any short-acting inhalers <u>in the last 6 hours?</u> | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| TO BE NOTED: ANSWERS TO THIS QUESTION ARE NOTED IN THE SPIROMETRY MEASUREMENT STAGE. | | |

ICQ_END

MEASUREMENT ROOM 1

Hip and Waist Circumferences – (Regular/atHome/Reduced visits)

Weight and Standing Height Measurement – (Regular/atHome/Reduced)

Sitting Height – (Regular/Reduced)

**Heart Rate and Blood Pressure Measurement –
(Regular/atHome/Reduced)**

Electrocardiogram (ECG) – (Regular/Reduced)

Echocardiogram (ECHO) – (Regular)

Spirometry – (Regular/atHome/Reduced)

DXA STATION – (Regular/Reduced visits)

Bone Mineral Density Questionnaire

(DXA) – Dual Hip Measurement

(DXA) – IVA Lateral Spine Measurement

(DXA) – Whole Body Scan

(DXA) – Lumbar Spine

(DXA) – Forearm Measurement

INTERVIEW ROOM 1

Hearing – Audiometer (including hearing qc test) – (Regular/Reduced visits)

Digit Triplet Test – (Regular/Reduced)

STROOP Neuropsychological Screening Test (STP) – Victoria version – (Regular/atHome/Reduced visits)

This module contains the STROOP Neuropsychological Screening Test - Victoria version©. The Canadian Longitudinal Study on Aging was given permission to use this test by the University of Victoria Psychology Clinic.

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

For the next few tasks, we are going to ask you to read or call out some colour names, as well as say some words.

| | |
|---|---|
| STP_1 | NEUR_CONSREC_COF4 |
| [ALWAYS ASK] | |
| To help us capture this information accurately, we would like your permission to make an audio recording of your responses. This recording will only be used by authorized CLSA employees to code and verify your responses. It is subject to all of the same confidentiality provisions as all other data collected as part of the CLSA. Do you consent to be recorded? | |
| INTERVIEWER: IF THERE IS TECHNICAL DIFFICULTY AND THE PARTICIPANT CAN'T BE RECORDED, OR IF THE PARTICIPANT REFUSES TO BE RECORDED, USE THE AVAILABLE CASE REPORT FORMS (CRF's - CRF_COF4_0019_2 & CRF_COF4_0019_3). | |
| YES | 1 Yes |
| NO | 2 No |
| DK_NA | 8 [DO NOT READ] Don't know / No answer |
| REFUSED | 9 [DO NOT READ] Refused |
| PROGRAMMING NOTE: IF NEUR_CONSREC_COF4 ≠ YES DISABLE RECORDING ABILITY IN PINE AND MAKE NOTE IN PINE TO USE CRF. | |

| | |
|--|---|
| STP_2 | STP_DOT_COF4 |
| [ALWAYS ASK] | |
| Here is a sheet of paper on which you will see solid-coloured circles. We will begin with a demonstration: I will ask you to say the colour of each circle, from left to right as quickly as possible without making any mistakes. 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 STP_DOT_COF4 = YES SKIP TO STP_DOTRECR_COF4, IF STP_DOT_COF4 = REFUSED SKIP TO STROOP END] | |

| | |
|---|---|
| STP_3 | STP_DOTRPT_COF4 |
| [ASK IF STP_DOT_COF4 = NO OR DK_NA] | |
| <p>IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS. Here is a sheet of paper on which you will see solid-coloured circles. We will begin with a demonstration: I will ask you to say the colour of each circle, from left to right as quickly as possible without making any mistakes. Are you ready to begin?</p> | |
| YES | 1 Yes |
| NO | 2 No |
| DK_NA | 8 [DO NOT READ] Don't know / No answer |
| REFUSED | 9 [DO NOT READ] Refused |
| [IF STP_DOTRPT_COF4 = YES SKIP TO STP_DOTRECR_COF4, IF STP_DOTRPT_COF4 = DON'T KNOW OR REFUSED SKIP TO STROOP END] | |

| | |
|---|------------------|
| STP_3a | STP_DOTFCTR_COF4 |
| [ASK IF STP_DOTRPT_COF4 = NO] | |
| INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test? | |
| YES | 1 Yes |
| NO | 2 No |
| [IF STP_DOTFCTR_COF4 = NO SKIP TO STROOP END] | |

| | |
|--|---|
| STP_3b | STP_DOTLST_COF4 |
| [ASK IF STP_DOTFCTR_COF4 = YES] | |
| INTERVIEWER: What were the factors? | |
| MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY | |
| STP_DOTUND_COF4 | 01 Had difficulty understanding English/French |
| STP_DOTPHYS_COF4 | 02 Physical impairment, such as difficulty hearing |
| STP_DOTDIST_COF4 | 03 Distraction or noisy environment |
| STP_DOTCONC_COF4 | 04 Impaired concentration/memory problems |
| STP_DOTAID_COF4 | 05 Used an aid |
| STP_DOTTECH_COF4 | 06 Technical difficulties with the computer or the software |
| STP_DOTOTSP_COF4 | 97 Other (Please specify: _____) |
| [SKIP TO STROOP END] | |

| | |
|--|------------------|
| STP_4 | STP_DOT_TST_COF4 |
| [ASK IF STP_DOT_COF4 = YES OR STP_DOTRPT_COF4 = YES] | |
| You may begin when I say 'go'. Ready, go. | |
| INTERVIEWER: IF ONE OR MORE ERRORS ARE MADE, THE DEMONSTRATION MAY BE RE-STARTED A MAXIMUM OF TWO MORE TIMES. EVEN IF ONE OR MORE ERRORS OCCUR DURING THE THIRD ATTEMPT, PROCEED WITH THE TEST. | |
| DO NOT TIME THE DEMO. | |

| | |
|--|------------------|
| STP_5 | STP_DOTRECR_COF4 |
| [ASK IF STP_DOT_COF4 = YES OR STP_DOTRPT_COF4 = YES] | |
| INTERVIEWER INSTRUCTIONS: START RECORDING. | |
| For this part of the test, the instructions remain the same. I remind you that you must try to say the colour of each circle, from left to right as quickly as possible without making any mistakes. You may begin when I say 'go'. Ready, go. | |
| INTERVIEWER: DO NOT HELP THE PARTICIPANT. | |
| <i>RECORD</i> | |

| | |
|--|------------------|
| STP_5a | STP_DOTABLE_COF4 |
| [ASK IF STP_DOT_COF4 YES OR STP_DOTRPT_COF4 = YES] | |
| Was the participant able to complete the test? | |
| INTERVIEWER: MINOR ERRORS ARE ALLOWED | |
| YES | 1 Yes |
| NO | 2 No |
| [IF STP_DOTABLE_COF4 = NO SKIP TO STROOP END] | |

| | |
|--|--------------------------------------|
| STP_5b | STP_DOTTIMEN_COF4 |
| [ASK IF STP_DOTABLE_COF4 = YES] | |
| Record exact time in seconds: | _____ SECONDS (MASK: MIN=1, MAX=120) |
| Thank you. This task is finished. | |
| RECORDING INSTRUCTIONS: END RECORDING | |

| | | |
|---|--------------|---|
| STP_6 | STP_WOR_COF4 | |
| [ASK IF STP_DOTABLE_COF4 = YES] | | |
| Here is a sheet of paper on which you will see words written out in different colours of ink. We will begin with a demonstration: I will ask you not to say the words, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. 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 STP_WOR_COF4 = YES SKIP TO STP_WORRECR_COF4, IF STP_WOR_COF4 = REFUSED SKIP TO STROOP END] | | |

| | | |
|---|-----------------|---|
| STP_7 | STP_WORRPT_COF4 | |
| [ASK IF STP_WOR_COF4 = NO OR DK_NA] | | |
| IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS. | | |
| Here is a sheet of paper on which you will see words written out in different colours of ink. We will begin with a demonstration: I will ask you not to say the words, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. 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 STP_WORRPT_COF4 = YES SKIP TO STP_WORRECR_COF4, IF STP_WORRPT_COF4 = DON'T KNOW, REFUSED SKIP TO STROOP END] | | |

| | | |
|---|------------------|-----|
| STP_7a | STP_WORFCTR_COF4 | |
| [ASK IF STP_WORRPT_COF4 = NO] | | |
| INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| [IF STP_WORFCTR_COF4 = NO SKIP TO STROOP END] | | |

| | | |
|--|-----------------|--|
| STP_7b | STP_WORLST_COF4 | |
| [ASK IF STP_WORFCTR_COF4 = YES] | | |
| INTERVIEWER: What were the factors? | | |
| MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY | | |
| STP_WORUND_COF4 | 01 | Had difficulty understanding English/French |
| STP_WORPHYS_COF4 | 02 | Physical impairment, such as difficulty hearing |
| STP_WORDIST_COF4 | 03 | Distraction or noisy environment |
| STP_WORCONC_COF4 | 04 | Impaired concentration/memory problems |
| STP_WORAIID_COF4 | 05 | Used an aid |
| STP_WORECH_COF4 | 06 | Technical difficulties with the computer or the software |
| STP_WOROTSP_COF4 | 97 | Other (Please specify: _____) |
| [SKIP TO STROOP END] | | |

| | | |
|--|------------------|--|
| STP_8 | STP_WOR_TST_COF4 | |
| [ASK IF STP_WOR_COF4 = YES OR STP_WORRPT_COF4 = YES] | | |
| You may begin when I say 'go'. Ready, go. | | |
| INTERVIEWER: IF ONE OR MORE ERRORS ARE MADE, THE DEMONSTRATION MAY BE RE-STARTED A MAXIMUM OF TWO MORE TIMES. EVEN IF ONE OR MORE ERRORS OCCUR DURING THE THIRD ATTEMPT, PROCEED WITH THE TEST. DO NOT TIME THE DEMO. | | |

| | | |
|--|------------------|--|
| STP_9 | STP_WORRECR_COF4 | |
| [ASK IF STP_WOR_COF4 = YES OR STP_WORRPT_COF4 = YES] | | |
| INTERVIEWER INSTRUCTIONS: START RECORDING. START TIMER IMMEDIATELY UPON STATING GO. | | |
| For this part of the test, the instructions remain the same. I remind you that you must try to say the ink colour of each word, from left to right as quickly as possible without making any mistakes. You may begin when I say 'go'. Ready, go. | | |
| INTERVIEWER: DO NOT HELP THE PARTICIPANT. | | |
| RECORD | | |

| | | |
|---|-------------------------|------------------------------|
| STP_9a | STP_WORABLE_COF4 | |
| [ASK IF STP_WOR_COF4 = YES OR STP_WORRPT_COF4 = YES] | | |
| Was the participant able to complete the test? | | |
| INTERVIEWER: MINOR ERRORS ARE ALLOWED | | |
| YES | 1 | Yes |
| NO | 2 | No |
| REFUSED | 9 | [DO NOT READ] Refused |
| [IF STP_WORABLE_COF4 = NO SKIP TO STROOP END] | | |

| | | |
|--|--------------------------|---|
| STP_9b | STP_WORTIMEN_COF4 | |
| [ASK IF STP_WORABLE_COF4 = YES] | | |
| Record exact time in seconds: | _____ | SECONDS (MASK: MIN=1, MAX=120) |
| Thank you. This task is finished. | | |
| RECORDING INSTRUCTIONS: END RECORDING | | |

| | | |
|--|---------------------|---|
| STP_10 | STP_COL_COF4 | |
| [ASK IF STP_WORABLE_COF4 = YES] | | |
| Here is a sheet of paper on which you will see colour names written out in different colours of ink. We will begin with a demonstration: I will ask you not to read the colour names, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. 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 STP_COL_COF4 = YES SKIP TO STP_COLRECR_COF4, IF STP_COL_COF4 = REFUSED SKIP TO STROOP END] | | |

| | | | |
|--|---|---|--|
| STP_11 | | STP_COLRPT_COF4 | |
| [ASK IF STP_COL_COF4 = NO OR DK_NA] | | | |
| IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS. | | | |
| Here is a sheet of paper on which you will see colour names written out in different colours of ink. We will begin with a demonstration: I will ask you not to read the colour names, but rather say the ink colour of each word, from left to right as quickly as possible without making any mistakes. Are you ready to begin? | | | |
| YES | 1 | Yes | |
| NO | 2 | No | |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9 | [DO NOT READ] Refused | |
| <i>[IF STP_COLRPT_COF4 = YES SKIP TO STP_COLRECR_COF4, IF STP_COLRPT_COF4 = DON'T KNOW, REFUSED SKIP TO STROOP END]</i> | | | |

| | | | |
|---|---|------------------|--|
| STP_11a | | STP_COLFCTR_COF4 | |
| [ASK IF STP_COLRPT_COF4 = NO] | | | |
| INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test? | | | |
| YES | 1 | Yes | |
| NO | 2 | No | |
| <i>[IF STP_COLFCTR_COF4 = NO SKIP TO STROOP END]</i> | | | |

| | | | |
|--|----|--|--|
| STP_11b | | STP_COLLST_COF4 | |
| [ASK IF STP_COLFCTR_COF4 = YES] | | | |
| INTERVIEWER: What were the factors? | | | |
| MULTIPLE RESPONSES ALLOWED, CODE ALL THAT APPLY | | | |
| STP_COLUND_COF4 | 01 | Had difficulty understanding English/French | |
| STP_COLPHYS_COF4 | 02 | Physical impairment, such as difficulty hearing | |
| STP_COLDIST_COF4 | 03 | Distraction or noisy environment | |
| STP_COLCONC_COF4 | 04 | Impaired concentration/memory problems | |
| STP_COLAID_COF4 | 05 | Used an aid | |
| STP_COLECH_COF4 | 06 | Technical difficulties with the computer or the software | |
| STP_COLOTSP_COF4 | 97 | Other (Please specify: _____) | |
| <i>[SKIP TO STROOP END]</i> | | | |

| | |
|--|------------------|
| STP_12 | STP_COL_TST_COF4 |
| [ASK IF STP_COL_COF4 = YES OR STP_COLRPT_COF4 = YES] | |
| You may begin when I say 'go'. Ready, go. | |
| INTERVIEWER: IF ONE OR MORE ERRORS ARE MADE, THE DEMONSTRATION MAY BE RE-STARTED A MAXIMUM OF TWO MORE TIMES. EVEN IF ONE OR MORE ERRORS OCCUR DURING THE THIRD ATTEMPT, PROCEED WITH THE TEST. DO NOT TIME THE DEMO. | |

| | |
|--|------------------|
| STP_13 | STP_COLRECR_COF4 |
| [ASK IF STP_COL_COF4 = YES OR STP_COLRPT_COF4 = YES] | |
| INTERVIEWER INSTRUCTIONS: START RECORDING. START TIMER IMMEDIATELY UPON STATING GO. | |
| For this part of the test, the instructions remain the same. I remind you that you must try to say the ink colour of each word, from left to right as quickly as possible without making any mistakes. You may begin when I say 'go'. Ready, go. | |
| INTERVIEWER: DO NOT HELP THE PARTICIPANT. | |
| RECORD | |

| | |
|--|------------------|
| STP_13a | STP_COLABLE_COF4 |
| [ASK IF STP_COL_COF4 = YES OR STP_COLRPT_COF4 = YES] | |
| Was the participant able to complete the test? | |
| INTERVIEWER: MINOR ERRORS ARE ALLOWED | |
| YES | 1 Yes |
| NO | 2 No |

| | |
|--|--------------------------------------|
| STP_13b | STP_COLTIME_COF4 |
| [ASK IF STP_COLABLE_COF4 = YES] | |
| Record exact time in seconds: | _____ SECONDS (MASK: MIN=1, MAX=120) |
| Thank you. This task is finished. | |
| RECORDING INSTRUCTIONS: END RECORDING | |

| | |
|---|-------------------|
| STP_13c | STP_COL_COMM_COF4 |
| [ASK IF STP_COL_COF4 = YES OR STP_COLRPT_COF4 = YES] | |
| INTERVIEWER: DO YOU HAVE ANY COMMENTS ABOUT THIS TEST? | |
| YES | 1 _____ |
| NO | 2 No comment |

STP_END

Controlled Oral Word Association Test (FAS) – (Regular/atHome/Reduced visits)

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

For the next task, we are going to ask you to say some words.

| | |
|--|---|
| FAS_1 | FAS_INSTRDY_COF4 |
| [ALWAYS ASK] | |
| I will say a letter of the alphabet. Then I want you to give me as many words that begin with that letter as quickly as you can. For instance, if I say 'b', you might give me 'bad, battle, bed...'. I do not want you to use words that are proper names such as 'Boston, Bernard, or Benadryl'. Also, do not use the same word again with a different ending, such as 'eat and eating'. Are you ready to begin? | |
| INTERVIEWER: IF PARTICIPANT NEEDS CLARIFICATION ON WHICH LETTER YOU ARE REFERRING TO, WRITE THE LETTER ON A PIECE OF PAPER AND SHOW IT TO THE PARTICIPANT. | |
| YES | 1 Yes |
| NO | 2 No |
| DK_NA | 8 [DO NOT READ] Don't know / No answer |
| REFUSED | 9 [DO NOT READ] Refused |
| [IF FAS_INSTRDY_COF4 = YES SKIP TO FAS_FRECR_COF4, IF FAS_INSTRDY_COF4 = REFUSED SKIP TO FAS END] | |

| | |
|--|---|
| FAS_2 | FAS_INSTRPT_COF4 |
| [ASK IF FAS_INSTRDY_COF4 = NO OR DK_NA] | |
| IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS. | |
| I will say a letter of the alphabet. Then I want you to give me as many words that begin with that letter as quickly as you can. For instance, if I say 'b', you might give me 'bad, battle, bed...'. I do not want you to use words that are proper names such as 'Boston, Bernard, or Benadryl'. Also, do not use the same word again with a different ending, such as 'eat and eating'. Are you ready to begin? | |
| INTERVIEWER: IF PARTICIPANT NEEDS CLARIFICATION ON WHICH LETTER YOU ARE REFERRING TO, WRITE THE LETTER ON A PIECE OF PAPER AND SHOW IT TO THE PARTICIPANT. | |
| YES | 1 Yes |
| NO | 2 No |
| DK_NA | 8 [DO NOT READ] Don't know / No answer |
| REFUSED | 9 [DO NOT READ] Refused |
| [IF FAS_INSTRPT_COF4 = YES SKIP TO FAS_FRECR_COF4, IF FAS_INSTRPT_COF4 = DK_NA OR REFUSED SKIP TO FAS END] | |

| | | |
|---|--------------------------|-----|
| FAS_2a | FAS_INSTFCTR_COF4 | |
| [ASK IF FAS_INSTRPT_COF4 = NO] | | |
| INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| [IF FAS_INSTFCTR_COF4 = NO SKIP TO FAS END] | | |

| | | |
|---|-------------------------|--|
| FAS_2b | FAS_INSTLST_COF4 | |
| [ASK IF FAS_INSTFCTR_COF4 = YES] | | |
| INTERVIEWER: What were the factors? | | |
| MULTIPLE RESPONSES ALLOWED CODE ALL THAT APPLY | | |
| FAS_INSTUND_COF4 | 01 | Had difficulty understanding English/French |
| FAS_INSTPHYS_COF4 | 02 | Physical impairment, such as difficulty hearing |
| FAS_INSTDIST_COF4 | 03 | Distraction or noisy environment |
| FAS_INSTCONC_COF4 | 04 | Impaired concentration/memory problems |
| FAS_INSTAID_COF4 | 05 | Used an aid |
| FAS_INSTECH_COF4 | 06 | Technical difficulties with the computer or the software |
| FAS_INSTOTSP_COF4 | 97 | Other (Please specify: _____) |
| [SKIP TO FAS END] | | |

| | |
|---|-----------------------|
| FAS_3 | FAS_FRECR_COF4 |
| [ASK IF FAS_INSTRDY_COF4 = YES OR FAS_INSTRPT_COF4 = YES] | |
| RECORDING INSTRUCTIONS: BEGIN RECORDING | |
| Begin when I say the letter. The first letter is “F”. Go ahead. | |
| 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 words?” OR “You still have some time to think about it”. DO NOT INTERRUPT THE PARTICIPANT IF HE/SHE IS PROVIDING APPROPRIATE ANSWERS. ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, REPEAT THE BASIC INSTRUCTIONS AND THE LETTER. DO NOT HELP THE PARTICIPANT. | |
| RECORD | |

| | |
|--|-----------------------|
| FAS_3a | FAS_FCOMP_COF4 |
| [ASK IF FAS_INSTRDY_COF4 = YES OR FAS_INSTRPT_COF4 = YES] | |
| INTERVIEWER: TEST COMPLETED: | |
| YES | 1 Yes |
| NO | 2 No |
| Good, thank you. | |
| RECORDING INSTRUCTIONS: END RECORDING | |

| | |
|--|----------------------------|
| FAS_3b | FAS_FCOMP_COMM_COF4 |
| [ASK IF FAS_INSTRDY_COF4 = YES OR FAS_INSTRPT_COF4 = YES] | |
| INTERVIEWER: DO YOU HAVE ANY COMMENTS ABOUT THIS TEST? | |
| YES | 1 _____ |
| NO | 2 No comment |

| | |
|---|-----------------------|
| FAS_4 | FAS_ARECR_COF4 |
| [ASK IF FAS_INSTRDY_COF4 = YES OR FAS_INSTRPT_COF4 = YES] | |
| RECORDING INSTRUCTIONS: BEGIN RECORDING | |
| Begin when I say the letter. The first letter is “A”. Go ahead. | |
| 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 words?” OR “You still have some time to think about it”. | |
| DO NOT INTERRUPT THE PARTICIPANT IF HE/SHE IS PROVIDING APPROPRIATE ANSWERS. ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, REPEAT THE BASIC INSTRUCTIONS AND THE LETTER. DO NOT HELP THE PARTICIPANT. | |
| RECORD | |

| | |
|--|-----------------------|
| FAS_4a | FAS_ACOMP_COF4 |
| [ASK IF FAS_INSTRDY_COF4 = YES OR FAS_INSTRPT_COF4 = YES] | |
| INTERVIEWER: TEST COMPLETED: | |
| YES | 1 Yes |
| NO | 2 No |
| Good, thank you. | |
| RECORDING INSTRUCTIONS: END RECORDING | |

| | |
|--|----------------------------|
| FAS_4b | FAS_ACOMP_COMM_COF4 |
| [ASK IF FAS_INSTRDY_COF4 = YES OR FAS_INSTRPT_COF4 = YES] | |
| INTERVIEWER: DO YOU HAVE ANY COMMENTS ABOUT THIS TEST? | |
| YES | 1 _____ |
| NO | 2 No comment |

| | |
|---|------------------------|
| FAS_5 | FAS_SCRECR_COF4 |
| [ASK IF FAS_INSTRDY_COF4 = YES OR FAS_INSTRPT_COF4 = YES] | |
| RECORDING INSTRUCTIONS: BEGIN RECORDING | |
| Begin when I say the letter. The first letter is “S”. Go ahead. | |
| 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 words?” OR “You still have some time to think about it”. DO NOT INTERRUPT THE PARTICIPANT IF HE/SHE IS PROVIDING APPROPRIATE ANSWERS. ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, REPEAT THE BASIC INSTRUCTIONS AND THE LETTER. DO NOT HELP THE PARTICIPANT. | |
| RECORD | |

| | |
|--|-----------------------|
| FAS_5a | FAS_SCOMP_COF4 |
| [ASK IF FAS_INSTRDY_COF4 = YES OR FAS_INSTRPT_COF4 = YES] | |
| INTERVIEWER: TEST COMPLETED: | |
| YES | 1 Yes |
| NO | 2 No |
| Good, thank you. | |
| RECORDING INSTRUCTIONS: END RECORDING | |

| | |
|--|----------------------------|
| FAS_5b | FAS_SCOMP_COMM_COF4 |
| [ASK IF FAS_INSTRDY_COF4 = YES OR FAS_INSTRPT_COF4 = YES] | |
| INTERVIEWER: DO YOU HAVE ANY COMMENTS ABOUT THIS TEST? | |
| YES | 1 _____ |
| NO | 2 No comment |

FAS_END

Choice Reaction Time Test (CRT) – (Regular/Reduced visits)

Sniffin' Sticks (SNFS) – (Regular)

Social Networks (SN) – (Regular/atHome/byPhone/Reduced visits)

| | |
|-----------------|--|
| Overview | <p>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.</p> <p>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.</p> |
|-----------------|--|

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_COF4 | |
| [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 | Participant | | |
| HM#2 | | | |
| HM#3 | | | |
| HM#4 | | | |
| HM#5 | | | |
| HM#6 | | | |
| HM#7 | | | |
| HM#8 | | | |
| HM#9 | | | |
| HM#10 | | | |

| | |
|--|-----------------------------|
| SN_2 | SN_DGHTRLIV2_NB_COF4 |
| [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_COF4 |
| [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_COF4 |
| [ASK IF (SN_DGHTRLIV2_NB_COF4 ≠ 0 AND SN_DGHTRLIV2_NB_COF4 ≠ REFUSED) OR (SN_SONLIV2_NB_COF4 ≠ 0 AND SN_SONLIV2_NB_COF4 ≠ 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_COF4 |
| [ASK IF (SN_DGHTRLIV2_NB_COF4 ≠ 0 AND SN_DGHTRLIV2_NB_COF4 ≠ REFUSED) OR (SN_SONLIV2_NB_COF4 ≠ 0 AND SN_SONLIV2_NB_COF4 ≠ 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_COF4 |
| [ASK IF (SN_DGHTRLIV2_NB_COF4 ≠ 0 AND SN_DGHTRLIV2_NB_COF4 ≠ REFUSED) OR (SN_SONLIV2_NB_COF4 ≠ 0 AND SN_SONLIV2_NB_COF4 ≠ 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_COF4 | |
| [ASK IF (SN_DGHTRLIV2_NB_COF4 ≠ 0 AND SN_DGHTRLIV2_NB_COF4 ≠ REFUSED) OR (SN_SONLIV2_NB_COF4 ≠ 0 AND SN_SONLIV2_NB_COF4 ≠ 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_COF4 | |
| [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_COF4 | |
| [ASK IF SN_SIBLIV_NB_COF4 ≠ 0 AND SN_SIBLIV_NB_COF4 ≠ 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_COF4 | |
| [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_COF4 | |
| [ASK IF SN_RELLIV_NB_COF4 ≠ 0 AND SN_RELLIV_NB_COF4 ≠ 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_COF4 | |
| [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_COF4 | |
| [ASK IF SN_FRND_NB_COF4 ≠ 0 AND SN_FRND_NB_COF4 ≠ 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_COF4 | |
| [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) – (Regular/atHome/byPhone/Reduced visits)

| | |
|-----------------|---|
| Overview | <p>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.</p> <p>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.</p> <p>The results of this module will be valuable in identifying which groups are most lacking in social support.</p> |
|-----------------|---|

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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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) – (Regular/atHome/byPhone/Reduced visits)

| | |
|-----------------|---|
| Overview | <p>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.</p> <p>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.</p> |
|-----------------|---|

Now some questions about your social activities.

| | | |
|---|----------------------|--|
| SPA_1 | SPA_SOAC_COF4 | |
| [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_COF4 | 01 | I read a daily newspaper (includes paper and online) |
| SPA_SOAC_HY_COF4 | 02 | I have a hobby or pastime |
| SPA_SOAC_HIC_COF4 | 03 | I have taken a holiday in Canada in the last 12 months |
| SPA_SOAC_HOC_COF4 | 04 | I have taken a holiday outside of Canada in the last 12 months |
| SPA_SOAC_DT_COF4 | 05 | I have gone on a daytrip or outing in the last 12 months |
| SPA_SOAC_INT_COF4 | 06 | I use the internet and/or e-mail |
| SPA_SOAC_VOT_COF4 | 07 | I voted in the last federal, provincial, or municipal election |
| SPA_SOAC_NONE_COF4 | 96 | None of these statements apply to me |
| SPA_SOAC_DK_NA_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| SPA_SOAC_REFUSED_COF4 | 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_COF4 | |
| [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: 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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [ALWAYS ASK] | | |
| Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games? | | |
| INTERVIEWER: 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_COF4 | |
| [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_COF4 | |
| [ASK IF SPA_MORAC_COF4 = 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_COF4 | 01 | Cost |
| SPA_PREVAC_TP_COF4 | 02 | Transportation problems |
| SPA_PREVAC_ANA_COF4 | 03 | Activities not available in the area |
| SPA_PREVAC_LNA_COF4 | 04 | Location not physically accessible |
| SPA_PREVAC_TF_COF4 | 05 | Location is too far |
| SPA_PREVAC_HC_COF4 | 06 | Health condition/limitation |
| SPA_PREVAC_TI_COF4 | 07 | Time of the activities not suitable |
| SPA_PREVAC_GA_COF4 | 08 | Don't want to go alone |
| SPA_PREVAC_PR_COF4 | 09 | Personal or family responsibilities |
| SPA_PREVAC_LRR_COF4 | 10 | Language related reasons |
| SPA_PREVAC_TB_COF4 | 11 | Too busy |
| SPA_PREVAC_AF_COF4 | 12 | Afraid or concerns about safety |
| SPA_PREVAC_GR_COF4 | 13 | Grieving |
| SPA_PREVAC_WH_COF4 | 14 | Weather conditions |
| SPA_PREVAC_MO_COF4 | 15 | Lack of motivation, organization or information |
| SPA_PREVAC_RL_COF4 | 16 | Relocation or travel |
| SPA_PREVAC_ANS_COF4 | 17 | Activities not interesting/ not suitable |
| SPA_PREVAC_SC_COF4 | 18 | Social barriers (rejection, shyness, bullying, etc.) |
| SPA_PREVAC_PH_COF4 | 19 | Public health/COVID measures |
| SPA_PREVAC_OTSP_COF4 | 97 | Other: _____ |
| SPA_PREVAC_DK_NA_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| SPA_PREVAC_REFUSED_COF4 | 99 | [DO NOT READ] Refused |

Social Cohesion – (Regular/atHome/byPhone/Reduced visits)

| | | |
|--|-----------------------|---|
| SPA_12 | SPA_COHES_COF4 | |
| [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) – (Regular/atHome/byPhone/Reduced visits)

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 | <p>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.</p> <p>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.</p> |
|-----------------|--|

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 <u>last 2 weeks</u> , 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_COF4 | Feeling nervous, anxious or on edge | | | | | | |
| GAD_STPWOR_COF4 | Not being able to stop or control worrying | | | | | | |
| GAD_WORRTO_COF4 | Worrying too much about different things | | | | | | |
| GAD_RELAX_COF4 | Trouble relaxing | | | | | | |
| GAD_RESTLS_COF4 | Being so restless that it's hard to sit still | | | | | | |
| GAD_ANNOY_COF4 | Becoming easily annoyed or irritable | | | | | | |
| GAD_AFRAID_COF4 | Feeling afraid as if something awful might happen | | | | | | |

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

GAD_TOTAL_COF4 = GAD_NERV_COF4 + GAD_STPWOR_COF4 + GAD_WORRTO_COF4 +
 GAD_RELAX_COF4 + GAD_RESTLS_COF4 + GAD_ANNOY_COF4 + GAD_AFRAID_COF4

| | | |
|---|-----------------|---|
| GAD_2 | GAD_TOTAL2_COF4 | |
| [ASK IF GAD_TOTAL_COF4 ≥ 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

MEASUREMENT ROOM 2

Timed (4-metre) Walk Test – (Regular/Reduced visit)

Timed Get Up and Go Test – (Regular/Reduced visit)

Measuring Standing Balance – (Regular/Reduced visit)

Chair Rise Test – (Regular/Reduced visit)

Vision – Visual Acuity – (Regular/Reduced visit)

Vision – Tonometry – (Regular/Reduced visit)

Vision – Retinal Camera, Optical Coherence Tomography (OCT) – Right – (Regular/Reduced visit)

Nutritional Risk (NUR) – (Regular/atHome/byPhone/Reduced visits)

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 | <p>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.</p> <p>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.</p> |
|-----------------|--|

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

| | |
|---|---|
| NUR_1 | NUR_GLSWT_COF4 |
| [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_COF4 |
| [ASK IF NUR_GLSWT_COF4 = LOST] | |
| How much weight did you LOSE in the <u>past 6 months</u> ? | |
| 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_COF4 | |
| [ASK IF NUR_GLSWT_COF4 = GAINED] | | |
| How much weight did you GAIN in the <u>past 6 months</u> ? | | |
| 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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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...: | | | |
| <ul style="list-style-type: none"> ▪ 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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [ASK IF NUR_CKMEALS_COF4 = 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_COF4 | |
| [ASK IF NUR_CKMEALS_COF4 = 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_COF4 | |
| [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 RESTAURANTS 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_COF4 | |
| [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_RCOFF_NB_COF4 | 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_DCOFF_NB_COF4 | 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_BTEA_NB_COF4 | 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_GTEA_NB_COF4 | 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_OTEAN_NB_COF4 | 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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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

Pain and Discomfort (HUP) – (Regular/atHome/byPhone/Reduced visits)

| | |
|-----------------|---|
| Overview | <p>This module contains three questions about pain and discomfort.</p> <p>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.</p> |
|-----------------|---|

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

| | | |
|---|----------------------|---|
| HUP_1 | HUP_FREE_COF4 | |
| [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_COF4 | |
| [ASK IF HUP_FREE_COF4 = 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_COF4 | |
| [ASK IF HUP_FREE_COF4 = 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

Vision (VIS) – (Regular/atHome/byPhone/Reduced visits)

| | |
|-----------------|--|
| 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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [ASK IF VIS_AID_COF4 = YES] | | |
| Do you now use... | | |
| READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| VIS_USE_MG_COF4 | 01 | Magnifiers |
| VIS_USE_BR_COF4 | 02 | Braille reading materials |
| VIS_USE_LG_COF4 | 03 | Larger print reading materials |
| VIS_USE_TK_COF4 | 04 | Talking books |
| VIS_USE_RC_COF4 | 05 | Recording equipment or portable note-takers |
| VIS_USE_CC_COF4 | 06 | Closed circuit devices (e.g., CCTVs) |
| VIS_USE_CP_COF4 | 07 | eReader, a computer with Braille, large print, or speech access |
| VIS_USE_CN_COF4 | 08 | A white cane |
| VIS_USE_DG_COF4 | 09 | A guide dog |
| VIS_USE_OTSP_COF4 | 97 | Another aid, specify: _____ |
| VIS_USE_DK_NA_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| VIS_USE_REFUSED_COF4 | 99 | [DO NOT READ] Refused |

VIS_END

Hearing (HRG) – (Regular/atHome/byPhone/Reduced visits)

| | |
|-----------------|--|
| 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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [ASK IF HRG_AID_COF4 = YES] | | |
| Do you now use... | | |
| READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| HRG_USE_AID_COF4 | 01 | Hearing aid |
| HRG_USE_CP_COF4 | 02 | Computer to communicate (e.g., e-mail or chat services) |
| HRG_USE_VL_COF4 | 03 | Volume control telephone |
| HRG_USE_TTY_COF4 | 04 | Teletypewriters (TTY) or Telecommunications Device for the Deaf (TDD) |
| HRG_USE_MSG_COF4 | 05 | Message relay service |
| HRG_USE_PH_COF4 | 06 | Other phone-related devices (e.g., flashers, earphones) |
| HRG_USE_CC_COF4 | 07 | Closed caption T.V. or decoder |
| HRG_USE_AP_COF4 | 08 | Amplifiers (e.g., FM, acoustic, infra-red, earphones) |
| HRG_USE_VS_COF4 | 09 | Visual or vibrating alarm |
| HRG_USE_CO_COF4 | 10 | Cochlear or other surgical implant |
| HRG_USE_OTSP_COF4 | 97 | Another aid, specify: _____ |
| HRG_USE_DK_NA_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| HRG_USE_REFUSED_COF4 | 99 | [DO NOT READ] Refused |

HRG_END

Hearing Handicap Inventory for the Elderly – (Regular/atHome/byPhone/Reduced visits)

| HRG_PROB_COF4 | | Yes | Sometimes | No | **DK / NA | **RF |
|--|--|-----|-----------|----|-----------|------|
| [ALWAYS ASK] | | YES | SOMETIMES | NO | DK_NA | RF |
| For the following questions, answer “Yes”, “Sometimes” or “No.” | | 4 | 2 | 0 | 98 | 99 |
| INTERVIEWER: IF A PARTICIPANT WEARS A HEARING AID, THEN THE QUESTIONS REFER TO THEIR HEARING ABILITIES WHILE WEARING THE HEARING AID. | | | | | | |
| HRG_PROB_EMBA_COF4 | Does a hearing problem cause you to feel embarrassed when you meet new people? | | | | | |
| HRG_PROB_FRST_COF4 | Does a hearing problem cause you to feel frustrated when talking to members of your family? | | | | | |
| HRG_PROB_DIFF_COF4 | Do you have difficulty hearing when someone speaks in a whisper? | | | | | |
| HRG_PROB_HACP_COF4 | Do you feel handicapped by a hearing problem? | | | | | |
| HRG_PROB_VIST_COF4 | Does a hearing problem cause you difficulty when visiting friends, relatives or neighbours? | | | | | |
| HRG_PROB_MEET_COF4 | Does a hearing problem cause you to attend meetings/religious services less often than you would like? | | | | | |
| HRG_PROB_ARGU_COF4 | Does a hearing problem cause you to have arguments with family members? | | | | | |
| HRG_PROB_LSTN_COF4 | Does a hearing problem cause you difficulty when listening to TV or radio? | | | | | |
| HRG_PROB_LIFE_COF4 | Do you feel that any difficulty with your hearing limits or hampers your personal or social life? | | | | | |
| HRG_PROB_FRND_COF4 | 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

Resiliency Scale (RES) – (Regular/atHome/byPhone/Reduced)

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RES_END

**Vision – Retinal Camera, Optical Coherence Tomography (OCT) – Left –
(Regular/Reduced visits)**

Hand Grip Strength – (Regular/atHome/Reduced)

INTERVIEW ROOM 2

Vision – Contrast Sensitivity – (Regular)

Chronic Conditions (CCC)

| | |
|-----------------|---|
| Overview | <p>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.</p> <p>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.</p> <p>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.</p> |
|-----------------|---|

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:

CCC_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:

(CCC_xxxx_COF3 = YES AND (CCC_xxxx_COF2 = YES))

OR

(CCC_xxxx_COF3 = YES CCC_xxxx_COF2 = Skipped AND CCC_xxxx_COF1 = YES)

OR

(CCC_xxxx_COF3 = YES CCC_xxxx_COF2 = Skipped AND CCC_xxxx_COF1 = Skipped AND CCC_xxxx_COM = YES)

OR

(CCC_xxxx_COF3 = Skipped AND CCC_xxxx_COF2 = YES AND CCC_xxxx_COF1 = YES)

OR

(CCC_xxxx_COF3 = Skipped AND CCC_xxxx_COF2 = YES AND CCC_xxxx_COF1 = Skipped AND CCC_xxxx_COM = YES)

OR

(CCC_xxxx_COF3 = Skipped AND CCC_xxxx_COF2 = Skipped AND CCC_xxxx_COF1 = YES AND CCC_xxxx_COM = YES)

| |
|---|
| Cardiac/Cardiovascular – (Regular/atHome/byPhone/Reduced visits) |
|---|

| | | |
|--|-----------------------|---|
| CCC_1 | CCC_HEART_COF4 | |
| [ASK IF CCC_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 |

| | | | |
|---|--------------------------|--|--|
| CCC_1a | CCC_HEARTAGE_COF4 | | |
| [ASK IF CCC_HEART_COF4 = YES] | | | |
| At what age or in what year were you first told you had heart disease (including congestive heart failure, or CHF)? | | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) | |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9999 | [DO NOT READ] Refused | |

| | | | |
|---|-----------------------------|---|--|
| CCC_1b | CCC_HEARTCHANGE_COF4 | | |
| [ASK IF CCC_HEART_COF4 = NO AND CCC_HEART_COF3 = 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 | |

| | | | |
|--|---------------------|---|--|
| CCC_2 | CCC_PAD_COF4 | | |
| [ALWAYS ASK] | | | |
| 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 | |

| | | |
|---|-----------------|--|
| CCC_2a | CCC_PADAGE_COF4 | |
| [ASK IF CCC_PAD_COF4 = YES] | | |
| At what age or in what year were you first told you had peripheral arterial disease or poor circulation in your limbs? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|--------------------|---|
| CCC_2c | CCC_PADCHANGE_COF4 | |
| [ASK IF CCC_PAD_COF4 = NO AND CCC_PAD_COF3 = 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 |

Neurological – (Regular/atHome/byPhone/Reduced visits)

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

| | | |
|--|----------------|---|
| CCC_3 | CCC_MEMPB_COF4 | |
| [ASK IF CCC_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 |

| | | |
|---|-------------------|--|
| CCC_3a | CCC_MEMPBAGE_COF4 | |
| [ASK IF CCC_MEMPB_COF4 = YES] | | |
| At what age or in what year were you first told you had a memory problem? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| CCC_3b | CCC_MEMPB_CHANGE_COF4 | |
| [ASK IF CCC_MEMPB_COF4 = NO AND CCC_MEMPB_COF3 = 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 |

| | | |
|--|---------------|---|
| CCC_4 | CCC_ALZH_COF4 | |
| [ASK IF CCC_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 |

| | | |
|---|-------------------------|--|
| CCC_4a | CCC_ALZHAGE_COF4 | |
| [ASK IF CCC_ALZH_COF4 = YES] | | |
| At what age or in what year were you first told you had dementia or Alzheimer's disease? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|-----------------------------|---|
| CCC_4b | CCC_ALZH_CHANGE_COF4 | |
| [ASK IF CCC_ALZH_COF4 = NO AND CCC_ALZH_COF3 = 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 |

| | | |
|---|--------------------|---|
| CCC_5 | CCC_MS_COF4 | |
| [ASK IF CCC_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 |

| | | |
|--|----------------|--|
| CCC_5a | CCC_MSAGE_COF4 | |
| [ASK IF CCC_MS_COF4 = 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|--------------------|---|
| CCC_5b | CCC_MS_CHANGE_COF4 | |
| [ASK IF CCC_MS_COF4 = NO AND CCC_MS_COF3 = 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 |

| | | |
|---|---------------|---|
| CCC_6 | CCC_MGRN_COF4 | |
| [ASK IF CCC_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 |

| | | | |
|---|------|--|--|
| CCC_6a | | CCC_MGRNAGE_COF4 | |
| [ASK IF CCC_MGRN_COF4 = YES] | | | |
| At what age or in what year were you first told you had migraine headaches? | | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) | |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9999 | [DO NOT READ] Refused | |

| | | | |
|---|---|---|--|
| CCC_6b | | CCC_MGRN_CHANGE_COF4 | |
| [ASK IF CCC_MGRN_COF4 = NO AND CCC_MGRN COF3 = 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 | |

Epilepsy (EPI) – (Regular/atHome/byPhone/Reduced visits)

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_COF4 | |
| [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_COF4 | |
| [ALWAYS ASK] | | |
| INTERVIEWER: READ THE PREAMBLE <u>ONLY IF</u> EPI_1 (EPI_CAUS_FEV_COF4) = YES OR POSSIBLE | | |
| PROGRAMMING NOTE: BRING FORWARD [OTHER THAN SEIZURE[S] YOU HAD BECAUSE OF A HIGH FEVER] ONLY IF EPI_CAUS_FEV_COF4 = 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: 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_COF4 | |
| [ASK IF EPI_EVER_COF4 ≠ 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_COF4 | |
| [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_COF4 | |
| [ASK IF EPI_MED_COF4 ≠ 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 |

| | | | | | | |
|---|--|-----|----|----------|-----------|------|
| EPI_6 | EPI_CAUS_COF4 | | | | | |
| [ALWAYS ASK] | | | | | | |
| INTERVIEWER: READ PREAMBLE <u>ONLY IF</u> EPI_1 (EPI_CAUS_FEV_COF4) = YES OR POSSIBLE | | | | | | |
| PROGRAMMING NOTE: BRING FORWARD [OTHER THAN SEIZURE[S] YOU HAD BECAUSE OF A HIGH FEVER] ONLY IF EPI_CAUS_FEV_COF4 = 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_NA | RF |
| | | 1 | 2 | 3 | 8 | 9 |
| EPI_CAUS_SEIZ_COF4 | i. A <u>seizure, convulsion, fit or spell under any circumstances?</u> | | | | | |
| EPI_CAUS_TWIT_COF4 | ii. <u>Uncontrolled movements of part or all of your body such as twitching, jerking, shaking or going limp?</u> | | | | | |
| EPI_CAUS_MENT_COF4 | iii. <u>An 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_COF4 | 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_COF4 | 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_COF4 | 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_COF4 | vii. Have you ever had any <u>other type of repeated unusual spells?</u> | | | | | |

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

| | | |
|---|-------------------------|---------------------------------|
| EPI_7 | EPI_CAUS5YR_COF4 | |
| [ASK IF EPI_CAUS_COF4 = YES OR POSSIBLE FOR AT LEAST ONE SYMPTOM FROM EPI_CAUS_COF4] | | |
| Have you had a(n) [INSERT SYMPTOM(S) TO WHICH PARTICIPANT ANSWERED YES OR POSSIBLE IN EPI_CAUS_COF4. 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

Gastrointestinal – (Regular/atHome/byPhone/Reduced visits)

| | | |
|--|----------------------|---|
| CCC_7 | CCC_ULCR_COF4 | |
| [ASK IF CCC_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 |

| | | |
|---|-------------------------|--|
| CCC_7a | CCC_ULCRAGE_COF4 | |
| [ASK IF CCC_ULCR_COF4 = YES] | | |
| At what age or in what year were you first told you had intestinal or stomach ulcers? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | | |
|---|----------------------|---|--|
| CCC_7b | CCC_ULCR_CHANGE_COF4 | | |
| [ASK IF CCC_ULCR_COF4 = NO AND CCC_ULCR_COF3 = 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 | |

| | | | | | |
|---|--------------------------|-----|----|-----------|------|
| CCC_8 | | | | | |
| [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 |
| CCC_CRDIS_COF4 | Crohn's disease | | | | |
| CCC_ULCOL_COF4 | Ulcerative colitis | | | | |
| CCC_IBSYD_COF4 | Irritable bowel syndrome | | | | |

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

| | | | | |
|---|-------------------|--|--|--|
| CCC_8a | CCC_CRDISAGE_COF4 | | | |
| [ASK IF CCC_CRDIS_COF4 = YES] | | | | |
| At what age or in what year were you first told you had Crohn's disease? | | | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) | | |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer | | |
| REFUSED | 9999 | [DO NOT READ] Refused | | |

| | | |
|--|------------------------------|---|
| CCC_8b | CCC_CRDIS_CHANGE_COF4 | |
| [ASK IF CCC_CRDIS_COF4 = NO AND CCC_CRDIS_COF3 = 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 |

| | | |
|---|--------------------------|--|
| CCC_8c | CCC_ULCOLAGE_COF4 | |
| [ASK IF CCC_ULCOL_COF4 = YES] | | |
| At what age or in what year were you first told you had ulcerative colitis? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|------------------------------|---|
| CCC_8d | CCC_ULCOL_CHANGE_COF4 | |
| [ASK IF CCC_ULCOL_COF4 = NO AND CCC_ULCOL_COF3 = 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 |

| | | |
|---|--------------------------|--|
| CCC_8e | CCC_IBSYDAGE_COF4 | |
| [ASK IF CCC_IBSYD_COF4 = YES] | | |
| At what age or in what year were you first told you had irritable bowel syndrome? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|------------------------------|---|
| CCC_8f | CCC_IBSYD_CHANGE_COF4 | |
| [ASK IF CCC_IBSYD_COF4 = NO AND CCC_IBSYD_COF3 = 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 |

| | | |
|--|------------------------|---|
| CCC_9 | CCC_BOWINC_COF4 | |
| [ASK IF CCC_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 |

| | | |
|---|---------------------------|--|
| CCC_9a | CCC_BOWINCAGE_COF4 | |
| [ASK IF CCC_BOWINC_COF4 = YES] | | |
| At what age or in what year did you begin to experience bowel incontinence? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|-------------------------------|---|
| CCC_9b | CCC_BOWINC_CHANGE_COF4 | |
| [ASK IF CCC_BOWINC_COF4 = NO AND CCC_BOWINC_COF3 = 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 |

| | | |
|---|------------------------|---|
| CCC_10 | CCC_URIINC_COF4 | |
| [ASK IF CCC_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 |

| | | |
|---|---------------------------|--|
| CCC_10a | CCC_URIINCAGE_COF4 | |
| [ASK IF CCC_URIINC_COF4 = YES] | | |
| At what age or in what year did you begin to experience urinary incontinence? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|-------------------------------|---|
| CCC_10b | CCC_URIINC_CHANGE_COF4 | |
| [ASK IF CCC_URIINC_COF4 = NO AND CCC_URIINC_COF3 = 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 |

| | | |
|---|----------------------|---|
| CCC_11 | CCC_GERD_COF4 | |
| [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 |

| | | |
|--|--------------------------|---|
| CCC_12 | CCC_GERDTRT2_COF4 | |
| [ASK IF CCC_GERD_COF4 = 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 |

| | | |
|---|--------------------------|---|
| CCC_12a | CCC_GERDSYM2_COF4 | |
| [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 |

| | | |
|--|-------------------------|---|
| CCC_12b | CCC_GERDFQ2_COF4 | |
| [ASK IF CCC_GERDSYM2_COF4 = 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 |

Vision – (Regular/atHome/byPhone/Reduced visits)

| | | |
|--|------------------------|---|
| CCC_13 | CCC_MACDEG_COF4 | |
| [ASK IF CCC_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 |

| | | |
|---|---------------------------|--|
| CCC_13a | CCC_MACDEGAGE_COF4 | |
| [ASK IF CCC_MACDEG_COF4 = YES] | | |
| At what age or in what year were you first told you had macular degeneration? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|-------------------------------|---|
| CCC_13b | CCC_MACDEG_CHANGE_COF4 | |
| [ASK IF CCC_MACDEG_COF4 = NO AND CCC_MACDEG_COF3 = 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 – (Regular/atHome/byPhone/Reduced visits)

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

| CCC_14 | CCC_CANC_COF4 | |
|---|---------------|---|
| [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 |

| | | |
|--|----------------|---|
| CCC_14a | CCC_CANTP_COF4 | |
| [ASK IF CCC_CANC_COF4 = 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 | | |
| CCC_CANTP_BRCNS_COF4 | 01 | Brain/Spinal cord/Central nervous system |
| CCC_CANTP_TH_COF4 | 02 | Thyroid |
| CCC_CANTP_SM_COF4 | 03 | Skin: melanoma |
| CCC_CANTP_SNM_COF4 | 04 | Skin: non-melanoma |
| CCC_CANTP_OR_COF4 | 05 | Oral |
| CCC_CANTP_LX_COF4 | 06 | Larynx |
| CCC_CANTP_ES_COF4 | 07 | Esophagus |
| CCC_CANTP_BR_COF4 | 08 | Breast |
| CCC_CANTP_LU_COF4 | 09 | Lung |
| CCC_CANTP_ST_COF4 | 10 | Stomach (gastric) |
| CCC_CANTP_BL_COF4 | 11 | Bladder |
| CCC_CANTP_KD_COF4 | 12 | Kidney |
| CCC_CANTP_LV_COF4 | 13 | Liver |
| CCC_CANTP_PA_COF4 | 14 | Pancreatic |
| CCC_CANTP_COL_COF4 | 15 | Colorectal |
| CCC_CANTP_PR_COF4 | 16 | Prostate (males only) |
| CCC_CANTP_TT_COF4 | 17 | Testis (male only) |
| CCC_CANTP_OV_COF4 | 18 | Ovarian (females only) |
| CCC_CANTP_FU_COF4 | 19 | Uterus (females only) |
| CCC_CANTP_FC_COF4 | 20 | Cervical (females only) |
| CCC_CANTP_LK_COF4 | 21 | Leukemia |
| CCC_CANTP_MM_COF4 | 22 | Multiple myeloma |
| CCC_CANTP_HL_COF4 | 23 | Hodgkin lymphoma |
| CCC_CANTP_NHL_COF4 | 24 | Non-Hodgkin lymphoma |
| CCC_CANTP_OTSP_COF4 | 97 | Other: _____ |
| CCC_CANTP_DK_NA_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| CCC_CANTP_REFUSED_COF4 | 99 | [DO NOT READ] Refused |

| | | | | | |
|---|---|--|---|----------------------|-------------|
| CCC_14b | | | | | |
| [ASK IF CCC_CANTP_xxxx_COF4 = YES] | | | | | |
| At what age or in what year were you first told you had [INSERT CANCER TYPE] ? | | | | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX= CURRENT YEAR) | **DK / NA | **RF |
| | | NB_SP | YR_SP | DK_NA | RF |
| | | | | 9998 | 9999 |
| CCC_CANCERAGE_CNS_COF4 | Brain/Spinal cord/ Central nervous system | | | | |
| CCC_CANCERAGE_TH_COF4 | Thyroid | | | | |
| CCC_CANCERAGE_SM_COF4 | Skin: melanoma | | | | |
| CCC_CANCERAGE_SNM_COF4 | Skin: non-melanoma | | | | |
| CCC_CANCERAGE_OR_COF4 | Oral | | | | |
| CCC_CANCERAGE_LX_COF4 | Larynx | | | | |
| CCC_CANCERAGE_ES_COF4 | Esophagus | | | | |
| CCC_CANCERAGE_BR_COF4 | Breast | | | | |
| CCC_CANCERAGE_LU_COF4 | Lung | | | | |
| CCC_CANCERAGE_ST_COF4 | Stomach (gastric) | | | | |
| CCC_CANCERAGE_BL_COF4 | Bladder | | | | |
| CCC_CANCERAGE_KD_COF4 | Kidney | | | | |
| CCC_CANCERAGE_LV_COF4 | Liver | | | | |
| CCC_CANCERAGE_PA_COF4 | Pancreatic | | | | |
| CCC_CANCERAGE_COL_COF4 | Colorectal | | | | |
| CCC_CANCERAGE_PR_COF4 | Prostate (males only) | | | | |
| CCC_CANCERAGE_TT_COF4 | Testis (male only) | | | | |
| CCC_CANCERAGE_OV_COF4 | Ovarian (females only) | | | | |
| CCC_CANCERAGE_FU_COF4 | Uterus (females only) | | | | |
| CCC_CANCERAGE_FC_COF4 | Cervical (females only) | | | | |
| CCC_CANCERAGE_LK_COF4 | Leukemia | | | | |
| CCC_CANCERAGE_MM_COF4 | Multiple myeloma | | | | |
| CCC_CANCERAGE_HL_COF4 | Hodgkin lymphoma | | | | |
| CCC_CANCERAGE_NHL_COF4 | Non-Hodgkin lymphoma | | | | |
| CCC_CANCERAGE_OTSP_COF4 | Other | | | | |

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

Mental Health – (Regular/atHome/byPhone/Reduced visits)

| | | |
|---|----------------------|---|
| CCC_15 | CCC_ANXI_COF4 | |
| [ASK IF CCC_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 |

| | | |
|---|-------------------------|--|
| CCC_15a | CCC_ANXIAGE_COF4 | |
| [ASK IF CCC_ANXI_COF4 = 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: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|-----------------------------|---|
| CCC_15b | CCC_ANXI_CHANGE_COF4 | |
| [ASK IF CCC_ANXI_COF4 = NO AND CCC_ANXI_COF3 = 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 |

| | | |
|---|---------------|---|
| CCC_16 | CCC_MOOD_COF4 | |
| [ASK IF CCC_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 |

| | | |
|---|------------------|--|
| CCC_16a | CCC_MOODAGE_COF4 | |
| [ASK IF CCC_MOOD_COF4 = 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: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| CCC_16b | CCC_MOOD_CHANGE_COF4 | |
| [ASK IF CCC_MOOD_COF4 = NO AND CCC_MOOD_COF3 = 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 – (Regular/atHome/byPhone/Reduced visits)

| | | |
|---|-----------------------|---|
| CCC_17 | CCC_ALLRG_COF4 | |
| [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 |

| | | |
|---|--------------------------|--|
| CCC_17a | CCC_ALLRGAGE_COF4 | |
| [ASK IF CCC_ALLRG_COF4 = YES] | | |
| At what age or in what year were you first told you had allergies? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|------------------------------|---|
| CCC_17b | CCC_ALLRG_CHANGE_COF4 | |
| [ASK IF CCC_ALLRG_COF4 = NO AND CCC_ALLRG_COF3 = 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 |

| | | |
|--|----------------------|---|
| CCC_18 | CCC_KIDN_COF4 | |
| [ALWAYS ASK] | | |
| 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 |

| | | |
|---|-------------------------|--|
| CCC_18a | CCC_KIDNAGE_COF4 | |
| [ASK IF CCC_KIDN_COF4 = YES] | | |
| At what age or in what year were you first told you had kidney disease or kidney failure? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|-----------------------------|---|
| CCC_18b | CCC_KIDN_CHANGE_COF4 | |
| [ASK IF CCC_KIDN_COF4 = NO AND CCC_KIDN_COF3 = 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 |

| | | |
|---|-------------------------|---|
| CCC_18c | CCC_KIDNSTN_COF4 | |
| [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 |

| | | |
|---|---------------------|--|
| CCC_18d | CCC_KIDNSTNAGE_COF4 | |
| [ASK IF CCC_KIDNSTN_COF4 = YES] | | |
| At what age or in what year were you first told you had a kidney stone(s)? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|-------------------------|---|
| CCC_18e | CCC_KIDNSTN_CHANGE_COF4 | |
| [ASK IF CCC_KIDNSTN_COF4 = NO AND CCC_KIDNSTN_COF3 = 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 |

| | | |
|--|----------------|---|
| CCC_18f | CCC_DITYP_COF4 | |
| [ASK IF CCC_KIDN_COF4 = YES] | | |
| Are you currently receiving dialysis treatment? (If yes, what type of dialysis?) | | |
| CODE ONLY ONE RESPONSE | | |
| HEMODIALYSIS | 1 | Hemodialysis |
| PERITONEAL | 2 | Peritoneal |
| NO | 3 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|----------------|--|
| CCC_18g | CCC_DITIM_COF4 | |
| [ASK IF CCC_DITYP_COF4 = HEMODIALYSIS] | | |
| When did you receive your last dialysis treatment? | | |
| INTERVIEWER: PLEASE FILL IN BOTH DATE AND TIME IF KNOWN. IF PARTICIPANT IS UNSURE, PLEASE PROVIDE BEST ESTIMATE | | |
| DATE | Date | |
| TIME | Time (hh:mm) | |

| | |
|--|---|
| CCC_19 | CCC_HCV_COF4 |
| [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 |

| | |
|---|---|
| CCC_19a | CCC_HCVAGE_COF4 |
| [ASK IF CCC_HCV_COF4 = YES] | |
| At what age or in what year were you first diagnosed with Hepatitis C? | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 [DO NOT READ] Refused |

| | |
|--|---|
| CCC_19b | CCC_HCV_CHANGE_COF4 |
| [ASK IF CCC_HCV_COF4 = NO AND CCC_HCV_COF3 = 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 |

| | | |
|---|-------------------------|---|
| CCC_19c | CCC_HCV_TRT_COF4 | |
| [ASK IF CCC_HCV_COF4 = 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 |

| | | |
|---|-------------------------|---|
| CCC_19d | CCC_HCV_TXS_COF4 | |
| [ASK IF CCC_HCV_TRT_COF4 = 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 |

| | | |
|------------------------------------|--------------------------|---|
| CCC_19e | CCC_HCV_CURR_COF4 | |
| [ASK IF CCC_HCV_COF4 = 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 |

Diabetes (DIA) – (Regular/atHome/byPhone/Reduced visits)

Now I'd like to ask you some questions about various types of illnesses you may be experiencing or may have experienced in the past.

| | | |
|--|----------------------|---|
| DIA_1 | DIA_DIAB_COF4 | |
| [ALWAYS ASK] | | |
| 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 |

| | | |
|---|-----------------------------|---|
| DIA_1a | DIA_DIAB_CHANGE_COF4 | |
| [ASK IF DIA_DIAB_COF4 = NO AND DIA_DIAB_COF3 = 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 |

| | | |
|---|---------------------|--|
| DIA_1b | DIA_AGE_COF4 | |
| [ASK IF DIA_DIAB_COF4 = YES] | | |
| At what age or in what year were you first told you had diabetes, borderline diabetes or high blood sugar? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | | |
|--|---|---|--|
| DIA_2 | | DIA_DIABRT_COF4 | |
| [ASK IF DIA_DIAB_COF4 = YES] | | | |
| Have you ever been told by a doctor that you have diabetic retinopathy? | | | |
| <p>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 LIGHT-SENSITIVE TISSUE AT THE BACK OF THE EYE (RETINA).</p> <p>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.</p> <p>PEOPLE WITH TYPE 1 OR TYPE 2 DIABETES ARE AT RISK OF THIS CONDITION.</p> | | | |
| YES | 1 | Yes | |
| NO | 2 | No | |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9 | [DO NOT READ] Refused | |

| | | | |
|---|---|---|--|
| DIA_2a | | DIA_DIABRT_CHANGE_COF4 | |
| [ASK IF DIA_DIABRT_COF4 = NO AND DIA_DIABRT_COF3 = 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 | |

| | | | |
|--|------|--|--|
| DIA_2b | | DIA_DIABRTAGE_COF4 | |
| [ASK IF DIA_DIABRT_COF4 = YES] | | | |
| At what age or in what year were you first told you had diabetic retinopathy? | | | |
| <p>INTERVIEWER: 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?</p> | | | |
| NB_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) | |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) | |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9999 | [DO NOT READ] Refused | |

| | | |
|--|-----------------------|---|
| DIA_3 | DIA_EVPRG_COF4 | |
| [ASK IF PARTICIPANT SEX = FEMALE] | | |
| Have you ever been pregnant? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------|---|
| DIA_4 | DIA_PRGDIA_COF4 | |
| [ASK IF DIA_EVPRG_COF4 = YES] | | |
| When you were pregnant, did the doctor tell you that you had diabetes, borderline diabetes or high blood sugar? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

CALCULATE DIA_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR DIABETES; DIA_MED=2 OTHERWISE.

CALCULATE INS_MED=1 IF PARTICIPANT IS TAKING INSULIN; INS_MED=2 OTHERWISE

[IF DIA_DIAB_COF4 = YES CONTINUE, IF DIA_DIAB_COF4 = NO AND DIA_MED=1 THEN SKIP TO DIA_MEDHOME_COF4, IF DIA_DIAB_COF4 = NO AND DIA_MED=2 THEN SKIP TO DIA_END]

| | | |
|---|---------------------|---|
| DIA_5 | DIA_MED_COF4 | |
| [ASK IF DIA_DIAB_COF4 = YES] | | |
| Are you currently taking medication for diabetes? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------|---|
| DIA_5a | DIA_MEDCUR_COF4 | |
| [ASK IF DIA_MED=1 AND DIA_MED_COF4 = YES] | | |
| Are you currently taking <DRUGNAME> for diabetes? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DIABETES) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|----------------------------|---|
| DIA_5b | DIA_MEDINSNAME_COF4 | |
| [ASK IF DIA_MED=2 AND DIA_MED_COF4 = YES] | | |
| Can you tell me the name of the drug(s) you are taking for your diabetes? | | |
| MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| HUMULIN | 01 | Humulin |
| LEVEMIR | 02 | Levemir |
| HUMALOG | 03 | Humalog |
| APIDRA | 04 | Apidra |
| NOVORAPID | 05 | Novorapid |
| LANTUS | 06 | Lantus |
| NOVOMIX | 07 | Novomix |
| OTHER | 97 | Other: _____ |
| DK_NA | 98 | [DO NOT READ] Don't know / No answer |
| REFUSED | 99 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| DIA_5c | DIA_MEDHOME_COF4 | |
| [ASK IF (DIA_DIAB_COF4 = NO OR DIA_MED_COF4 = NO) AND DIA_MED=1] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat diabetes. Are you currently taking <DRUGNAME> for diabetes? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DIABETES) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------|--|
| DIA_5d | DIA_MEDAGE_COF4 | |
| [ASK IF INS_MED=1 OR (DIA_MEDINSNAME_COF4 ≠ DK_NA AND DIA_MEDINSNAME_COF4 ≠ REFUSED)] | | |
| At what age or in what year did you begin taking insulin? | | |
| IF PARTICIPANT IS UNSURE OF EXACT AGE, PLEASE PROVIDE BEST ESTIMATE | | |
| NB_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

DIA_END

Stroke/Cerebrovascular Event (STR) – (Regular/atHome/byPhone/Reduced visits)

CALCULATE STR_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR STROKE; STR_MED=2 OTHERWISE

| | | |
|--|--------------|---|
| STR_1 | CCC_CVA_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have experienced a stroke or CVA (Cerebrovascular accident)? | | |
| <p>NOTE: <u>STROKE</u> 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.</p> <p>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.</p> <p>A STROKE IS SOMETIMES ABBREVIATED AS CVA. ALSO KNOWN AS CEREBROVASCULAR ACCIDENT.</p> | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|---------------------|---|
| STR_1a | CCC_CVA_CHANGE_COF4 | |
| [ASK IF CCC_CVA_COF4 = NO AND CCC_CVA_COF3 = 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 |

| | | |
|--|-----------------|--|
| STR_2 | STR_CVAAGE_COF4 | |
| [ASK IF CCC_CVA_COF4 = YES] | | |
| At what age, or in what year, were you first told you had experienced a stroke or CVA (cerebrovascular accident)? | | |
| <p>INTERVIEWER: 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?</p> | | |
| NB_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

[IF CCC_CVA_COF4 = YES CONTINUE, IF CCC_CVA_COF4 = NO AND STR_MED=1 THEN SKIP TO STR_MEDHOME_COF4, IF CCC_CVA_COF4 = NO AND STR_MED=2 THEN SKIP TO CCC_TIA_COF4]

| | | |
|--|---------------------|---|
| STR_3 | STR_MED_COF4 | |
| [ASK IF CCC_CVA_COF4 = YES] | | |
| Are you currently taking medications for stroke? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------|---|
| STR_3a | STR_MEDCUR_COF4 | |
| [ASK IF STR_MED_COF4 = YES AND STR_MED=1] | | |
| Are you currently taking <DRUGNAME> for your stroke? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |
| SKIP TO STR_OTHMD_COF4 | | |

| | | |
|---|-------------------------|---|
| STR_3b | STR_MEDNAME_COF4 | |
| [ASK IF STR_MED_COF4 = YES AND STR_MED=2] | | |
| Can you tell me the name of the drug(s) you are taking for your stroke? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |
| SKIP TO STR_OTHMD_COF4 | | |

| | | |
|--|-------------------------|---|
| STR_3c | STR_MEDHOME_COF4 | |
| [ASK IF STR_MED=1 AND (CCC_CVA_COF4 = NO OR STR_MED_COF4 = NO)] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat a stroke. Are you currently taking <DRUGNAME> for a stroke? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

CALCULATE ANY_SMED=1 IF (STR_MED_COF4 = YES OR ANY DRUGS FOR STR_MEDHOME_COF4 ANSWERED "YES"); ANY_SMED=2 OTHERWISE

| | | |
|--|-----------------------|---|
| STR_3d | STR_OTHMD_COF4 | |
| [ASK IF CCC_CVA_COF4 = YES OR (CCC_CVA_COF4 = NO AND STR_MEDHOME_COF4 = YES OR DK_NA OR REFUSED)] | | |
| Are you currently undergoing other treatment for a stroke? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

NOTE: Stroke treatments typically involve programs to restore loss of function post-stroke, e.g., physiotherapy, exercise, speech. While other types of treatment may be administered during the early stages of a stroke (e.g., clot busters, surgery), study participants are unlikely receiving these treatments at the time of their DCS visit.

| | | |
|--|-----------------------|---|
| STR_4 | STR_EVRMD_COF4 | |
| [ASK IF ANY_SMED=2 AND STR_OTHMD_COF4 ≠ YES] | | |
| Have you ever taken any medications or undergone other treatment for stroke? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | |
|---|---|
| STR_5 | CCC_TIA_COF4 |
| [ALWAYS ASK] | |
| Has a doctor ever told you that you have experienced a ministroke or TIA (Transient Ischemic Attack)? | |
| NOTE: 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 |

| | |
|--|---|
| STR_5a | CCC_TIA_CHANGE_COF4 |
| [ASK IF CCC_TIA_COF4 = NO AND CCC_TIA_COF3 = 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 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 |

| | |
|--|---|
| STR_6 | STR_TIAAGE_COF4 |
| [ASK IF CCC_TIA_COF4 = YES] | |
| At what age, or in what year, were you first told you had experienced a 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 [DO NOT READ] Refused |

[IF CCC_TIA_COF4 = YES CONTINUE, IF CCC_TIA_COF4 = NO AND STR_MED=1 THEN SKIP TO STR_TIAMEDHOME_COF4, IF CCC_TIA_COF4 = NO AND STR_MED=2 THEN SKIP TO CCC_CVAFX_COF4]

| | | |
|--|------------------------|---|
| STR_7 | STR_TIAMED_COF4 | |
| [ASK IF CCC_TIA_COF4 = YES] | | |
| Are you currently taking medications or undergoing other treatment for a ministroke? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|---------------------------|---|
| STR_7a | STR_TIAMEDCUR_COF4 | |
| [ASK IF STR_TIAMED_COF4 = YES AND STR_MED=1] | | |
| Are you currently taking <DRUGNAME> for your ministroke? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR MINISTROKE OR TIA) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|----------------------------|---|
| STR_7b | STR_TIAMEDNAME_COF4 | |
| [ASK IF STR_TIAMED_COF4 = YES AND STR_MED=2] | | |
| Can you tell me the name of the drug(s) you are taking for your ministroke? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|----------------------------|---|
| STR_7c | STR_TIAMEDHOME_COF4 | |
| [ASK IF STR_MED=1 AND (CCC_TIA_COF4 = NO OR STR_TIAMED_COF4 = NO)] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat a stroke. Are you currently taking <DRUGNAME> for a ministroke? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR STROKE) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

CALCULATE ANY_SMED=1 IF (STR_TIAMED_COF4 = YES OR ANY DRUGS FOR STR_TIAMEDHOME_COF4 ANSWERED “YES”); ANY_SMED=2 OTHERWISE

| | | |
|---|--------------------------|---|
| STR_7d | STR_TIAOTHMD_COF4 | |
| [ASK IF CCC_TIA_COF4 = YES OR (CCC_TIA_COF4 = NO AND STR_TIAMEDHOME_COF4 = YES OR DK_NA OR REFUSED)] | | |
| Are you currently undergoing other treatment for a ministroke? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| STR_8 | STR_TIAEVMD_COF4 | |
| [ASK IF ANY_SMED=2 AND STR_TIAOTHMD_COF4 = NO OR DK_NA OR REFUSED] | | |
| Have you ever taken any medications or undergone other treatment for a ministroke? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| STR_9 | CCC_CVAFX_COF4 | |
| [ASK IF CCC_CVA_COF4 = YES OR CCC_TIA_COF4 = YES] | | |
| Has a doctor ever told you that you suffer from the effects of a stroke, 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 |

Modified QVSFS Questionnaire – (Regular/atHome/byPhone/Reduced visits)

| | | |
|--|----------------------|---|
| STR_10 | STR_WEAK_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had sudden painless weakness on one side of your body? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|-------------------------------------|--------------------------|---|
| STR_10a | STR_WEAK_DUR_COF4 | |
| [ASK IF STR_WEAK_COF4 = YES] | | |
| How long did your symptoms last? | | |
| CODE ONLY ONE RESPONSE | | |
| LESS_24H | 1 | Less than 24 hours |
| 24H_MORE | 2 | 24 hours or more |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| STR_11 | STR_NUMB_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had sudden numbness or a dead feeling on one side of your body? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|-------------------------------------|--------------------------|---|
| STR_11a | STR_NUMB_DUR_COF4 | |
| [ASK IF STR_NUMB_COF4 = YES] | | |
| How long did your symptoms last? | | |
| CODE ONLY ONE RESPONSE | | |
| LESS_24H | 1 | Less than 24 hours |
| 24H_MORE | 2 | 24 hours or more |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|---------------------|---|
| STR_12 | STR_VIS_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had sudden painless loss of vision in one or both eyes? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|------------------------------------|-------------------------|---|
| STR_12a | STR_VIS_DUR_COF4 | |
| [ASK IF STR_VIS_COF4 = YES] | | |
| How long did your symptoms last? | | |
| CODE ONLY ONE RESPONSE | | |
| LESS_24H | 1 | Less than 24 hours |
| 24H_MORE | 2 | 24 hours or more |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| STR_13 | STR_NOVIS_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever suddenly lost vision in one eye? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--------------------------------------|---------------------------|---|
| STR_13a | STR_NOVIS_DUR_COF4 | |
| [ASK IF STR_NOVIS_COF4 = YES] | | |
| How long did your symptoms last? | | |
| CODE ONLY ONE RESPONSE | | |
| LESS_24H | 1 | Less than 24 hours |
| 24H_MORE | 2 | 24 hours or more |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| STR_14 | STR_NOUND_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever suddenly lost the ability to understand what people were saying? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--------------------------------------|---------------------------|---|
| STR_14a | STR_NOUND_DUR_COF4 | |
| [ASK IF STR_NOUND_COF4 = YES] | | |
| How long did your symptoms last? | | |
| CODE ONLY ONE RESPONSE | | |
| LESS_24H | 1 | Less than 24 hours |
| 24H_MORE | 2 | 24 hours or more |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| STR_15 | STR_NOEXP_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever suddenly lost the ability to express yourself? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--------------------------------------|---------------------------|---|
| STR_15a | STR_NOEXP_DUR_COF4 | |
| [ASK IF STR_NOEXP_COF4 = YES] | | |
| How long did your symptoms last? | | |
| CODE ONLY ONE RESPONSE | | |
| LESS_24H | 1 | Less than 24 hours |
| 24H_MORE | 2 | 24 hours or more |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

Traumatic Brain Injury (TBI) – (Regular/atHome/byPhone/Reduced visits)

Next, we would like to ask you about head injuries or concussions...

| | | |
|---|---------------------|---|
| TBI_1 | TBI_TYP_COF4 | |
| [ALWAYS ASK] | | |
| Have you suffered a head injury or concussion from any of the following...? | | |
| READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| TBI_TYP_VHSP_COF4 | 01 | Vehicular crash (please specify type of vehicle: _____) |
| TBI_TYP_FL_COF4 | 02 | Fall |
| TBI_TYP_SPTSP_COF4 | 03 | Sports-related activity (please specify: _____) |
| TBI_TYP_NN_COF4 | 96 | None/Did not suffer head injury |
| TBI_TYP_OTSP_COF4 | 97 | Other: _____ |
| TBI_TYP_DK_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| TBI_TYP_RF_COF4 | 99 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| TBI_2 | TBI_NMBR_NB_COF4 | |
| [ASK IF TBI_TYP_COF4 ≠ TBI_TYP_NN_COF4 AND TBI_TYP_COF4 ≠ TBI_TYP_DK_COF4 AND TBI_TYP_COF4 ≠ TBI_TYP_RF_COF4] | | |
| How many head injuries or concussions have you had in your lifetime? | | |
| INTERVIEWER: PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER | | |
| | NUMBER | ____ RECORD NUMBER (MASK: MIN=1, MAX=20) |
| DK_NA | 98 | [DO NOT READ] Don't know / No answer |
| REFUSED | 99 | [DO NOT READ] Refused |

| | | |
|--|---------------------|--|
| TBI_2a | TBI_AGE_COF4 | |
| [ASK IF TBI_NMBR_NB_COF4 ≥ 1] | | |
| What was your age at your most recent head injury or concussion? | | |
| | AGE | _____ RECORD AGE (MASK: MIN=0, MAX=CURRENT AGE) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| TBI_3 | TBI_RSLT2_COF4 | |
| [ASK IF TBI_TYP_COF4 ≠ TBI_TYP_NN_COF4 AND TBI_TYP_COF4 ≠ TBI_TYP_DK_COF4 AND TBI_TYP_COF4 ≠ TBI_TYP_RF_COF4] | | |
| Did your most recent head injury or concussion result in...? | | |
| READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| NOTE: READ THE RESPONSE OPTIONS COMPLETELY AND EXACTLY AS WRITTEN | | |
| TBI_RSLT_DZ_COF4 | 01 | Being dazed, confused, or "seeing stars" |
| TBI_RSLT_NRM_COF4 | 02 | Not remembering the injury |
| TBI_RSLT_KO1_COF4 | 03 | Losing consciousness (knocked out) for less than a minute |
| TBI_RSLT_KO20_COF4 | 04 | Losing consciousness for 1-20 minutes |
| TBI_RSLT_KO2030_COF4 | 05 | Losing consciousness for >20 minutes but <30 |
| TBI_RSLT_KO30MORE_COF4 | 06 | Losing consciousness for longer than 30 minutes |
| TBI_RSLT_NN_COF4 | 96 | [DO NOT READ] None of the above |
| TBI_RSLT_DK_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| TBI_RSLT_RF_COF4 | 99 | [DO NOT READ] Refused |

| | | |
|--|---------------------|--|
| TBI_4 | TBI_MCR_COF4 | |
| [ASK IF TBI_TYP_COF4 ≠ TBI_TYP_NN_COF4 AND TBI_TYP_COF4 ≠ TBI_TYP_DK_COF4 AND TBI_TYP_COF4 ≠ TBI_TYP_RF_COF4] | | |
| What medical care did you receive for your most recent head injury or concussion? | | |
| READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| NOTE: READ THE RESPONSE OPTIONS COMPLETELY AND EXACTLY AS WRITTEN | | |
| TBI_MCR_PHA_COF4 | 01 | Physician assessment/visit |
| TBI_MCR_ED_COF4 | 02 | Emergency department visit |
| TBI_MCR_HO_COF4 | 03 | Hospitalization |
| TBI_MCR_NN_COF4 | 96 | [DO NOT READ] None/Received no medical care |
| TBI_MCR_DK_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| TBI_MCR_RF_COF4 | 99 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| TBI_5 | TBI_PROB_COF4 | |
| [ASK IF TBI_TYP_COF4 ≠ TBI_TYP_NN_COF4 AND TBI_TYP_COF4 ≠ TBI_TYP_DK_COF4 AND TBI_TYP_COF4 ≠ TBI_TYP_RF_COF4] | | |
| Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion? | | |
| READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98, OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| TBI_PROB_HA_COF4 | 01 | Headaches |
| TBI_PROB_DIZ_COF4 | 02 | Dizziness |
| TBI_PROB_MEM_COF4 | 03 | Memory problems |
| TBI_PROB_BAL_COF4 | 04 | Balance problems |
| TBI_PROB_EAR_COF4 | 05 | Ringing in the ears |
| TBI_PROB_IRT_COF4 | 06 | Irritability |
| TBI_PROB_SLP_COF4 | 07 | Sleep problems |
| TBI_PROB_VIS_COF4 | 08 | Visual disturbances |
| TBI_PROB_FTG_COF4 | 09 | Fatigue |
| TBI_PROB_NN_COF4 | 96 | No/None/Not experiencing any problems |
| TBI_PROB_OTSP_COF4 | 97 | Other: _____ |
| TBI_PROB_DK_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| TBI_PROB_RF_COF4 | 99 | [DO NOT READ] Refused |

| | | |
|--|--------------------------|--|
| TBI_6 | TBI_POSITIVE_COF4 | |
| Positive Screen [DERIVED VARIABLE] IF (TBI_TYP_COF4 = TBI_TYP_VH_COF4 OR TBI_TYP_FL_COF4 OR TBI_TYP_SPT_COF4 OR TBI_TYP_OT_COF4) AND (TBI_RSLT2_COF4 = TBI_RSLT_DZ_COF4 OR TBI_RSLT_NRM_COF4 OR TBI_RSLT_KO1_COF4 OR TBI_RSLT_KO20_COF4 OR TBI_RSLT_KO2030_COF4 OR TBI_RSLT_KO30MORE_COF4) THEN TBI_6=YES (1), ELSE TBI_6=NO (2) | | |

Hypo- and Hyperthyroidism (HYP) – (Regular/atHome/byPhone/Reduced visits)

CALCULATE HYO_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR HYPOTHYROIDISM; HYO_MED=2 OTHERWISE

CALCULATE HYR_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR HYPERTHYROIDISM; HYR_MED=2 OTHERWISE

| | | |
|--|-----------------------|---|
| HYP_1 | CCC_UTHYR_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)? | | |
| NOTE: MAKE CLEAR TO PARTICIPANTS THAT THIS QUESTION ASKS ABOUT AN UNDERACTIVE THYROID GLAND OR HYPOTHYROIDISM, NOT AN OVERACTIVE THYROID GLAND OR HYPERTHYROIDISM. ALL QUESTIONS FROM HYP_1 TO HYP_4 PERTAIN TO AN UNDERACTIVE THYROID. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------------|---|
| HYP_1a | CCC_UTHYR_CHANGE_COF4 | |
| [ASK IF CCC_UTHYR_COF4 = NO AND CCC_UTHYR_COF3 = 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 |

| | | |
|---|-------------------|--|
| HYP_2 | HYP_UTHYRAGE_COF4 | |
| [ASK IF CCC_UTHYR_COF4 = 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: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

[IF CCC_UTHYR_COF4 = YES CONTINUE, IF CCC_UTHYR_COF4 = NO AND HYO_MED=1 THEN SKIP TO HYP_UTHYRMEDHOME_COF4, IF CCC_UTHYR_COF4 = NO AND HYO_MED=2 THEN SKIP TO CCC_OTHYR_COF4]

| | | |
|---|-------------------|---|
| HYP_3 | HYP_UTHYRMED_COF4 | |
| [ASK IF CCC_UTHYR_COF4 = YES] | | |
| Are you currently taking medications or undergoing other treatment for an UNDER-active thyroid gland? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|----------------------|---|
| HYP_3a | HYP_UTHYRMEDCUR_COF4 | |
| [ASK IF HYP_UTHYRMED_COF4 = YES AND HYO_MED=1] | | |
| Are you currently taking <DRUGNAME> for hypothyroidism? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPOTHYROIDISM) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| HYP_3b | HYP_UTHYRMEDNAME_COF4 | |
| [ASK IF HYP_UTHYRMED_COF4 = YES AND HYO_MED=2] | | |
| Can you tell me the name of the drug(s) you are taking for your hypothyroidism? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| HYP_3c | HYP_UTHYRMEDHOME_COF4 | |
| [ASK IF (CCC_UTHYR_COF4 = NO OR HYP_UTHYRMED_COF4 = NO) AND HYO_MED=1] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat hypothyroidism. Are you currently taking <DRUGNAME> for hypothyroidism? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPOTHYROIDISM) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| HYP_4 | HYP_UTHYREVRMED_COF4 | |
| [ASK IF (CCC_UTHYR_COF4 = YES AND (HYP_UTHYRMED_COF4 = DK_NA OR REFUSED OR HYO_MED=2 OR HYP_UTHYRMEDHOME_COF4 ≠ YES)) OR (CCC_UTHYR_COF4 = NO AND HYP_UTHYRMEDHOME_COF4 = DK_NA OR REFUSED)] | | |
| Have you ever taken any medications or undergone other treatment for an UNDER-active thyroid gland? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|----------------|---|
| HYP_5 | CCC_OTHYR_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)? | | |
| NOTE: These questions pertain to an overactive thyroid. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| HYP_5a | CCC_OTHYR_CHANGE_COF4 | |
| [ASK IF CCC_OTHYR_COF4 = NO AND CCC_OTHYR_COF3 = YES] | | |
| At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had an 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 |

| | | |
|---|-------------------|--|
| HYP_6 | HYP_OTHYRAGE_COF4 | |
| [ASK IF CCC_OTHYR_COF4 = 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: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

[IF CCC_OTHYR_COF4 = YES CONTINUE, IF CCC_OTHYR_COF4 = NO AND HYR_MED=1 THEN SKIP TO HYP_OTHYRMEDHOME_COF4, IF CCC_OTHYR_COF4 = NO AND HYR_MED=2 THEN SKIP TO HYP_END]

| | | |
|--|--------------------------|---|
| HYP_7 | HYP_OTHYRMED_COF4 | |
| [ASK IF CCC_OTHYR_COF4 = YES] | | |
| Are you currently taking medications or undergoing other treatment for an OVER-active thyroid gland? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------------|---|
| HYP_7a | HYP_OTHYRMEDCUR_COF4 | |
| [ASK IF CCC_OTHYR_COF4 = YES AND HYR_MED=1] | | |
| Are you currently taking <DRUGNAME> for hyperthyroidism? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPERTHYROIDISM) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------------|---|
| HYP_7b | HYP_OTHYRMEDNAME_COF4 | |
| [ASK IF HYP_OTHYRMED_COF4 = YES AND HYR_MED=2] | | |
| Can you tell me the name of the drug(s) you are taking for your hyperthyroidism? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------------|---|
| HYP_7c | HYP_OTHYRMEDHOME_COF4 | |
| [ASK IF (CCC_OTHYR_COF4 = NO OR HYP_OTHYRMED_COF4 = NO) AND HYR_MED=1] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat hyperthyroidism. Are you currently taking <DRUGNAME> for hyperthyroidism? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HYPERTHYROIDISM) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|----------------------------|---|
| HYP_8 | HYP_OTHYREVRMD_COF4 | |
| [ASK IF (CCC_OTHYR_COF4 = YES AND (HYP_OTHYRMED_COF4 = DK_NA, REFUSED OR HYR_MED=2 OR HYP_OTHYRMEDHOME_COF4 ≠ YES)) OR (CCC_OTHYR_COF4 = NO AND HYP_OTHYRMEDHOME_COF4 = DK_NA OR REFUSED)] | | |
| Have you ever taken any medications or undergone other treatment for an OVER-active thyroid gland? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

HYP_END

Hypertension (HBP) – (Regular/atHome/byPhone/Reduced visits)

Thank you. Now I'd like to continue with some questions about blood pressure.

CALCULATE HBP_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR HYPERTENSION; HBP_MED=2 OTHERWISE

| | | |
|---|---------------------|---|
| HBP_1 | CCC_HBP_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have high blood pressure or hypertension? | | |
| 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 |

| | | |
|--|----------------------------|---|
| HBP_1a | CCC_HBP_CHANGE_COF4 | |
| [ASK IF CCC_HBP_COF4 = NO AND CCC_HBP_COF3 = 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 |

| | | |
|---|---------------------|--|
| HBP_2 | HBP_AGE_COF4 | |
| [ASK IF CCC_HBP_COF4 = YES] | | |
| At what age, or in what year, were you first told you had high blood pressure or hypertension? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|---------------------|---|
| HBP_3 | HBP_MED_COF4 | |
| [ASK IF CCC_HBP_COF4 = YES] | | |
| Are you currently taking medications for high blood pressure or hypertension? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------|---|
| HBP_3a | HBP_MEDCUR_COF4 | |
| [ASK IF HBP_MED_COF4 = YES AND HBP_MED=1] | | |
| Are you currently taking <DRUGNAME> for high blood pressure? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HIGH 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 |

| | | |
|--|-------------------------|---|
| HBP_3b | HBP_MEDNAME_COF4 | |
| [ASK IF HBP_MED_COF4 = YES AND HBP_MED=2] | | |
| Can you tell me the name of the drug(s) you are taking for your high blood pressure? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| HBP_3c | HBP_MEDHOME_COF4 | |
| [ASK IF HBP_MED=1 AND (CCC_HBP_COF4 = NO OR HBP_MED_COF4 = NO)] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat high blood pressure. Are you currently taking <DRUGNAME> for high blood pressure? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR HIGH 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 |

| | | |
|---|------------------------|---|
| HBP_4 | HBP_EVRMED_COF4 | |
| [ASK IF (CCC_HBP_COF3 = YES AND HBP_MED_COF3 = NO AND HBP_MED=2) OR (CCC_HBP_COF3 = YES AND HBP_MED_COF3 = NO AND HBP_MED=1 AND HBP_MEDHOME ≠ YES) OR HBP_MED_COF3 = DK_NA, REFUSED OR (CCC_HBP_COF3 = NO AND HBP_MED=1 AND HBP_MEDHOME = DK_NA, REFUSED)] | | |
| Have you ever taken medications for high 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 |

| | | |
|--|---------------------|---|
| HBP_5 | HBP_TRT_COF4 | |
| [ASK IF CCC_HBP_COF4 = YES OR CCC_HBP_COF4 = NO] | | |
| Are you currently being treated by diet or exercise or other non-pharmacological lowering treatments for high blood pressure or hypertension? | | |
| INTERVIEWER: THIS COULD INCLUDE SELF-TREATING SUCH AS REDUCING SALT INTAKE ON PARTICIPANT'S OWN INITIATIVE – I.E., WITHOUT DOCTOR'S SPECIFIC RECOMMENDATION. | | |
| NOTE: NON-PHARMACOLOGICAL TREATMENTS INCLUDE QUITTING SMOKING OR DRINKING, MANAGING STRESS, OR REDUCING DIETARY SODIUM INTAKE. ALSO INCLUDED HERE WOULD BE VITAMIN SUPPLEMENTS SUCH AS CALCIUM, POTASSIUM, MAGNESIUM, VITAMIN C OR OMEGA-3 FATTY ACIDS. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| HBP_6 | HBP_EVTRT_COF4 | |
| [ASK IF HBP_TRT_COF4 ≠ YES] | | |
| Have you ever been treated by diet or exercise, or other non-pharmacological lowering treatments for high blood pressure? | | |
| INTERVIEWER: THIS COULD INCLUDE SELF-TREATING SUCH AS REDUCING SALT INTAKE ON PARTICIPANT'S OWN INITIATIVE, I.E., WITHOUT DOCTOR'S SPECIFIC RECOMMENDATION. | | |
| NOTE: NON-PHARMACOLOGICAL TREATMENTS INCLUDE QUITTING SMOKING OR DRINKING, MANAGING STRESS, OR REDUCING DIETARY SODIUM INTAKE. ALSO INCLUDED HERE WOULD BE VITAMIN SUPPLEMENTS SUCH AS CALCIUM, POTASSIUM, MAGNESIUM, VITAMIN C OR OMEGA-3 FATTY ACIDS. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

HBP_END

Ischemic Heart Disease (IHD) – (Regular/atHome/byPhone/Reduced visits)

CALCULATE IHD_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR ISCHEMIC HEART DISEASE; IHD_MED=2 OTHERWISE

| | | |
|--|----------------------|---|
| IHD_1 | CCC_ANGI_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have angina (or chest pain due to heart disease)? | | |
| NOTE: 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 |

| | | |
|--|-----------------------------|---|
| IHD_1a | CCC_ANGI_CHANGE_COF4 | |
| [ASK IF CCC_ANGI_COF4 = NO AND CCC_ANGI_COF3 = 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 |

| | | |
|---|-------------------------|--|
| IHD_2 | IHD_ANGIAGE_COF4 | |
| [ASK IF CCC_ANGI_COF4 = YES] | | |
| At what age, or in what year, were you first told you had angina (or chest pain due to heart disease)? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|--------------|---|
| IHD_3 | CCC_AMI_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have had a heart attack or myocardial infarction? | | |
| NOTE: 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 |

| | | |
|--|---------------------|---|
| IHD_3a | CCC_AMI_CHANGE_COF4 | |
| [ASK IF CCC_AMI_COF4 = NO AND CCC_AMI_COF3 = YES] | | |
| At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you a 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 |

| | | |
|---|-----------------|--|
| IHD_4 | IHD_AMIAGE_COF4 | |
| [ASK IF CCC_AMI_COF4 = YES] | | |
| At what age, or in what year, were you first told you had a heart attack or myocardial infarction? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|--------------|---|
| IHD_5 | IHD_CAB_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had coronary artery bypass surgery, angioplasty, stent, or balloon angioplasty for heart disease? | | |
| <p>NOTE: CORONARY ARTERY BYPASS SURGERY: A SURGICAL PROCEDURE PERFORMED TO RELIEVE ANGINA AND REDUCE THE RISK OF DEATH FROM CORONARY ARTERY DISEASE. ARTERIES OR VEINS FROM ELSEWHERE IN THE PATIENT'S BODY ARE GRAFTED TO THE CORONARY ARTERIES TO BYPASS NARROWED ARTERIES AND IMPROVE THE BLOOD SUPPLY TO THE HEART MUSCLE.</p> <p>ANGIOPLASTY (ALSO CALLED BALLOON ANGIOPLASTY OR PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY): AN EMPTY AND COLLAPSED BALLOON ON A GUIDE WIRE, KNOWN AS A BALLOON CATHETER, IS PASSED INTO THE NARROWED LOCATIONS OF ARTERIES AND INFLATED. THE BALLOON CRUSHES THE FATTY DEPOSITS, OPENING UP THE BLOOD VESSEL FOR IMPROVED FLOW, AND THE BALLOON IS THEN DEFLATED AND WITHDRAWN.</p> <p>STENT: A TUBE PLACED IN THE CORONARY ARTERIES THAT SUPPLY THE HEART, TO KEEP THE ARTERIES OPEN IN THE TREATMENT OF CORONARY HEART DISEASE. STENTS ARE OFTEN PLACED IN THE ARTERIES AFTER AN ANGIOPLASTY.</p> | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|----------------|---|
| IHD_6 | IHD_ANGIO_COF4 | |
| [ASK IF IHD_CAB_COF4 ≠ YES] | | |
| Have you ever had an angiogram? | | |
| <p>NOTE: AN ANGIOGRAM SHOWS BLOOD FLOW THROUGH ARTERIES, VEINS, OR THE HEART THAT USES X-RAYS, COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA) OR MAGNETIC RESONANCE ANGIOGRAPHY (MRA). AFTER A CONTRAST DYE IS INJECTED INTO THE BLOOD, THE BLOOD VESSELS LIGHT UP ON THE SCAN IF THERE IS BLOOD FLOW.</p> | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|----------------|---|
| IHD_7 | IHD_BLOCK_COF4 | |
| [ASK IF IHD_ANGIO_COF4 = YES] | | |
| Has a doctor ever told you that you have a blockage in your arteries? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------------|---|
| IHD_7a | IHD_BLOCK_CHANGE_COF4 | |
| [ASK IF IHD_BLOCK_COF4 = NO AND IHD_BLOCK_COF3 = YES] | | |
| At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you have a blockage in your arteries. 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 |

[CALCULATE ANY_IHD=1 IF CCC_ANGI_COF4 = YES OR CCC_AMI_COF4 = YES OR IHD_BLOCK_COF4 = YES; ANY_IHD=2 OTHERWISE]

[IF ANY_IHD=1 THEN CONTINUE, IF ANY_IHD=2 AND IHD_MED=1 THEN SKIP TO IHD_MEDHOME_COF4, IF ANY_IHD=2 AND IHD_MED=2 THEN SKIP TO IHD_END]

| | | |
|---|---------------------|---|
| IHD_8 | IHD_MED_COF4 | |
| [ASK IF ANY_IHD=1 AND IHD_CAB_COF4 ≠ YES] | | |
| Are you currently taking any medications for heart disease? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------|---|
| IHD_8a | IHD_MEDCUR_COF4 | |
| [ASK IF IHD_MED_COF4 = YES AND IHD_MED=1] | | |
| Are you currently taking <DRUGNAME> for heart disease? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR IHD) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| IHD_8b | IHD_MEDNAME_COF4 | |
| [ASK IF IHD_MED_COF4 = YES AND IHD_MED=2] | | |
| Can you tell me the name of the drug(s) you are taking for your heart disease? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| IHD_8c | IHD_MEDHOME_COF4 | |
| [ASK IF IHD_MED=1 AND (ANY_IHD=2 OR IHD_MED_COF4 = NO)] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat heart disease. Are you currently taking <DRUGNAME> for heart disease? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR IHD) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------|---|
| IHD_9 | IHD_EVRMED_COF4 | |
| [ASK IF (ANY_IHD=1 AND IHD_MED_COF4 = NO AND IHD_MEDHOME_COF4 ≠ YES) OR ANY_IHD=2 AND IHD_MEDHOME_COF4 = DK_NA OR REFUSED)] | | |
| Have you ever taken any medications or undergone other treatment for heart disease? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

IHD_END

Aortic Valve Stenosis (AOR) – (Regular/atHome/byPhone/Reduced visits)

| | | |
|---|------------------------|---|
| AOR_1 | AOR_AORSTN_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have aortic stenosis (or narrowing, thickening and/or calcium deposits of the aortic valve, the main valve of the heart)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------|--|
| AOR_1a | AOR_AORAGE_COF4 | |
| [ASK IF AOR_AORSTN_COF4 = YES] | | |
| At what age, or in what year, were you first told you had aortic stenosis? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|------------------------|---|
| AOR_1b | AOR_CHANGE_COF4 | |
| [ASK IF AOR_AORSTN_COF4 = NO AND AOR_AORSTN_COF3 = YES] | | |
| At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had aortic stenosis. 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 |

| | | |
|--|------------------------|---|
| AOR_2 | AOR_SURGAV_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had a surgical procedure to replace/repair the aortic valve in your heart? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-------------------------|--|
| AOR_2a | AOR_SURGAGE_COF4 | |
| [ASK IF AOR_SURGAV_COF4 = YES] | | |
| At what age, or in what year, did you have a surgical procedure to replace/repair the aortic valve in your heart? | | |
| INTERVIEWER: 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| AOR_2b | AOR_SURTYPE_COF4 | |
| [ASK IF AOR_SURGAV_COF4 = YES] | | |
| Did you have open heart surgery or a minimally invasive procedure (TAVI or TAVR)? | | |
| INTERVIEWER: TAVI = TRANSCATHETER AORTIC VALVE IMPLANTATION TAVR = TRANSCATHETER AORTIC VALVE REPLACEMENT | | |
| CODE ONLY ONE RESPONSE | | |
| OPENHS | 1 | Open heart surgery |
| MININV | 2 | A minimally invasive procedure |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| AOR_2c | AOR_VALVE_COF4 | |
| [ASK IF AOR_SURTYPE_COF4 = OPENHS] | | |
| If you had open heart surgery for aortic valve replacement, what kind of valve did you receive? | | |
| CODE ONLY ONE RESPONSE | | |
| MECVALV | 1 | A mechanical valve |
| TISVALV | 2 | Tissue valve (e.g., pig, cow, etc.) |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

AOR_END

WHO Rose Questionnaire (ROS) – (Regular/atHome/byPhone/Reduced visits)

Bodegard J, Erikssen G, Bjornholt JV, Thelle D, Erikssen J. Possible angina detected by the WHO angina questionnaire in apparently healthy men with a normal exercise ECG: coronary heart disease or not? A 26 year follow up study. *Heart*. 2004 Jun;90(6):627-32.

Cook DG, Shaper AG, MacFarlane PW. Using the WHO (Rose) angina questionnaire in cardiovascular epidemiology. *Int J Epidemiol*. 1989 Sep;18(3):607-13.

Lawlor DA, Adamson J, Ebrahim S Performance of the WHO Rose angina questionnaire in post-menopausal women: Are all of the questions necessary? *Journal of Epidemiology & Community Health* 2003;57:538-541.

Rose GA. The diagnosis of ischaemic heart pain and intermittent claudication in field surveys. *Bull World Health Organ*. 1962;27:645-658

NOTE: THESE QUESTIONS MUST BE READ EXACTLY AS THEY ARE WRITTEN AND ALL RESPONSE CATEGORIES MUST BE READ OUT IN FULL. NO DEVIATIONS FROM THE TEXT ARE PERMITTED.

| | | |
|---|----------------------|---|
| ROS_1 | ROS_PAIN_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had any pain or discomfort in your chest? | | |
| INTERVIEWER: EVEN IF THE PARTICIPANT EXPLAINS THAT THE CHEST PAIN IS GASTRIC RELATED THE ANSWER TO THIS QUESTION IS “YES” AND CONTINUE TO QUESTION ROS_HILL_COF4 | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| ROS_2 | ROS_HILL_COF4 | |
| [ASK IF ROS_PAIN_COF4 = YES] | | |
| Do you get this pain or discomfort when you walk uphill or hurry? | | |
| CODE ONLY ONE RESPONSE | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DONT_WALK_UPHILL | 6 | Don't walk uphill or hurry |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

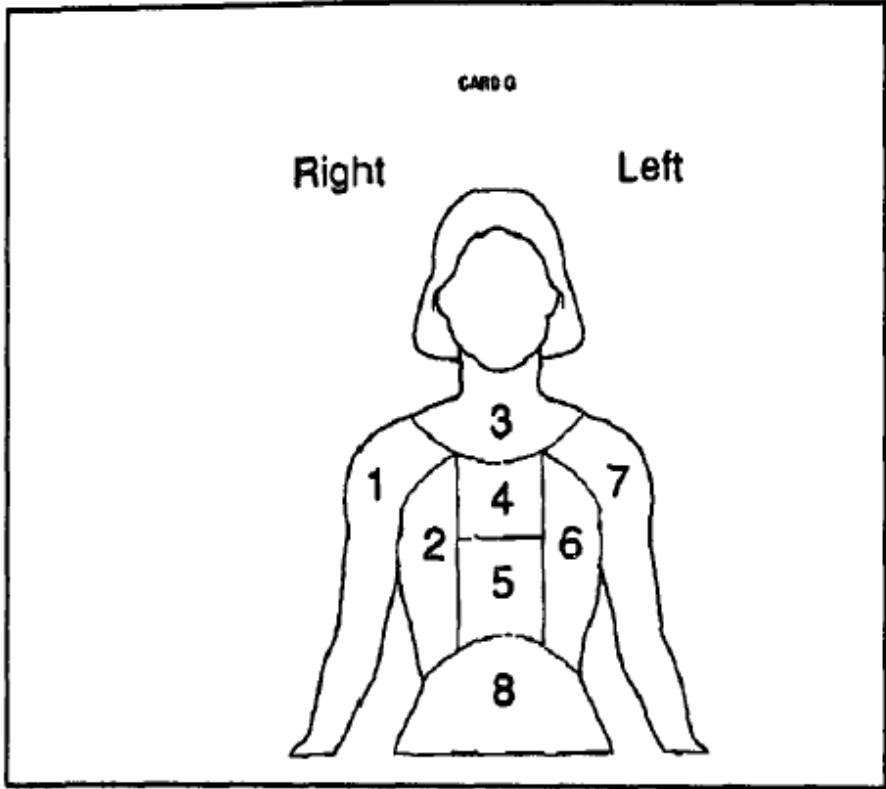
| | | |
|---|-----------------------|---|
| ROS_3 | ROS_LEVEL_COF4 | |
| [ASK IF ROS_PAIN_COF4 = YES] | | |
| Do you get it when you walk at an ordinary pace on the level? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|--------------------------|---|
| ROS_4 | ROS_BLOCK_NB_COF4 | |
| [ASK IF ROS_LEVEL_COF4 = YES] | | |
| How many blocks of walking bring on your chest pain? | | |
| INTERVIEWER: ENTER '0' IF LESS THAN ONE BLOCK | | |
| | | _____ RECORD NUMBER OF BLOCKS |
| DK_NA | 98 | [DO NOT READ] Don't know / No answer |
| REFUSED | 99 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|--|
| ROS_5 | ROS_DOWLK_COF4 | |
| [ASK IF (ROS_HILL_COF4 = YES) OR (ROS_HILL_COF4 = NO AND ROS_LEVEL_COF4 = YES)] | | |
| What do you do if you get it while you are walking? | | |
| CODE ONLY ONE RESPONSE | | |
| STOPS_SLOW_DOWN | 1 | Stop or slow down |
| NITRO_CONTINUE | 2 | Take Nitro-glycerine and continue at same pace |
| CONTINUE | 3 | Continue at same pace |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| ROS_6 | ROS_STILL_COF4 | |
| [ASK IF ROS_DOWLK_COF4 = STOPS_SLOW_DOWN] | | |
| If you stand still, what happens to it? Does it get better or not? | | |
| CODE ONLY ONE RESPONSE | | |
| GETS_BETTER | 1 | Gets better |
| NOT_GET_BETTER | 2 | Does not get better |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|---------------|---|
| ROS_7 | ROS_SOON_COF4 | |
| [ASK IF ROS_DOWLK_COF4 IS NOT NULL OR ROS_STILL_COF4 = GETS_BETTER] | | |
| How soon does it get better? | | |
| CODE ONLY ONE RESPONSE | | |
| 10_MIN_OR_LESS | 1 | 10 minutes or less |
| MORE_THAN_10_MIN | 2 | More than 10 minutes |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | | | | | | |
|--|-----------------|-----------------|--------------------------------------|-----------------|-----------------|-----------------|-----------------|
| ROS_8 | | ROS_LOC_COF4 | | | | | |
| [ASK IF ROS_PAIN_COF4 = YES] | | | | | | | |
| What is the location of the pain or discomfort? (Please show me the places where you get this pain or discomfort.) | | | | | | | |
| MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | | | | | | |
| <p>CARD G</p>  | | | | | | | |
| 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 |
| ROS_LOC_01_COF4 | ROS_LOC_02_COF4 | ROS_LOC_03_COF4 | ROS_LOC_04_COF4 | ROS_LOC_05_COF4 | ROS_LOC_06_COF4 | ROS_LOC_07_COF4 | ROS_LOC_08_COF4 |
| ROS_LOC_DK_NA_COF4 | | 98 | [DO NOT READ] Don't know / No answer | | | | |
| ROS_LOC_REFUSED_COF4 | | 99 | [DO NOT READ] Refused | | | | |

| | | |
|--|------------------|---|
| ROS_9 | ROS_SEVPAIN_COF4 | |
| [ASK IF ROS_PAIN_COF4 = YES] | | |
| Have you ever had severe pain across the front of your chest lasting for half an hour or more? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

ROS_END

Osteoarthritis of the Hand (OSA) – (Regular/atHome/byPhone/Reduced visits)

NOTE: Osteoarthritis: a joint disorder due to aging and wear and tear on a joint. The most common symptoms are pain and stiffness in the joints. The pain is often worse after exercise and when weight or pressure is put on the joint. Joint swelling is typically seen in the joints closest to the fingernails (see OSA_3/OSA_LGJNT diagram on the next page).

Rheumatoid arthritis (not the topic of this question) is a long-term disease that leads to inflammation of the joints and surrounding tissues. This condition often begins slowly, usually with only minor joint pain, stiffness, and fatigue. Joint symptoms may include morning stiffness, or warm, tender, and stiff feelings when not used for an hour. Joint pain is often felt on the same joint on both sides of the body. Over time, joints may lose their range of motion and may become deformed. Joint swelling is typically seen in the joints closest to the base of the fingers (see OSA_3/OSA_LGJNT diagram on the next page).

Now a few questions about osteoarthritis...

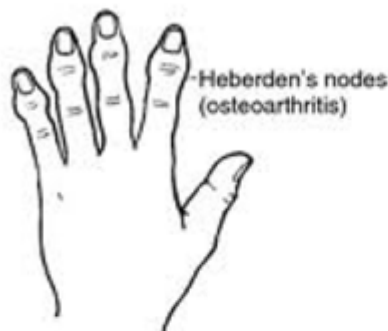
| | | |
|---|------------------------|---|
| OSA_1 | CCC_OAHAND_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have osteoarthritis in one or both hands? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------------|---|
| OSA_1a | CCC_OAHAND_CHANGE_COF4 | |
| [ASK IF CCC_OAHAND_COF4 = NO AND CCC_OAHAND_COF3 = 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 |

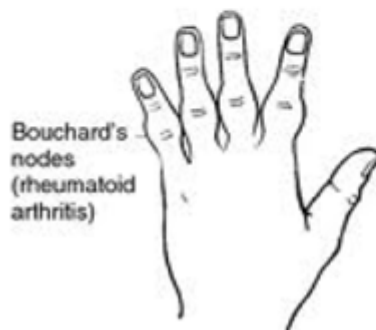
| | | | |
|--|------|--|--|
| OSA_2 | | OSA_AGE_COF4 | |
| [ASK IF CCC_OAHAND_COF4 = YES] | | | |
| At what age, or in what year, were you first told you had osteoarthritis in one or both hands? | | | |
| INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT PARTICIPANT WITH QUESTIONS LIKE, "CAN YOU BE MORE SPECIFIC?" | | | |
| NB_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) | |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) | |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9999 | [DO NOT READ] Refused | |

| | | | |
|---|---|---|--|
| OSA_3 | | OSA_LGJNT_COF4 | |
| [ALWAYS ASK] | | | |
| Do you have enlargement in the small joints closest to the fingernails? | | | |
| YES | 1 | Yes | |
| NO | 2 | No | |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9 | [DO NOT READ] Refused | |

NOTE:



Swelling in the joints closest to the fingernails.



Swelling in the joints closest to the base of the fingers.

| | | |
|--|-----------------------|---|
| OSA_4 | OSA_NBFNG_COF4 | |
| [ASK IF OSA_LGJNT_COF4 = YES] | | |
| In how many fingers do you have this enlargement in the small joints closest to the fingernails? | | |
| CODE ONLY ONE RESPONSE | | |
| LESS_HALF | 1 | Less than half |
| HALF_OR_MORE | 2 | Half or more |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-------------------------|---|
| OSA_5 | OSA_PAINJNT_COF4 | |
| [ASK IF OSA_LGJNT_COF4 = YES] | | |
| During the <u>past 4 weeks</u> have you had pain in the small joints closest to the fingernails on most days? | | |
| NOTE: FOR EACH QUESTION, EMPHASIZE THAT YOU ARE ASKING ABOUT PAIN OR LIMITS IN THE RANGE OF MOTION THAT MAY HAVE OCCURRED OVER THE <u>PAST FOUR WEEKS</u>. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| OSA_6 | OSA_LGTMB_COF4 | |
| [ALWAYS ASK] | | |
| Do you have enlargement in the base of your thumbs just above your wrist? | | |
| NOTE: IF PARTICIPANT IS UNSURE, POINT TO THE LOCATION IN THE PICTURE. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-------------------------|---|
| OSA_7 | OSA_PAINTMB_COF4 | |
| [ASK IF OSA_LGTMB_COF4 = YES] | | |
| During the <u>past 4 weeks</u> have you had pain in the base of your thumbs just above your wrist on most days? | | |
| NOTE: FOR EACH QUESTION, EMPHASIZE THAT YOU ARE ASKING ABOUT PAIN OR LIMITS IN THE RANGE OF MOTION THAT MAY HAVE OCCURRED OVER THE <u>PAST FOUR WEEKS</u>. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

OSA_END

Osteoarthritis of the Hip (OSH) – (Regular/atHome/byPhone/Reduced visits)

| | | |
|---|-----------------------|---|
| OSH_1 | CCC_OAHIP_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have osteoarthritis in the hip? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------------|---|
| OSH_1a | CCC_OAHIP_CHANGE_COF4 | |
| [ASK IF CCC_OAHIP_COF4 = NO AND CCC_OAHIP_COF3 = 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 |

| | | |
|--|---------------------|--|
| OSH_2 | OSH_AGE_COF4 | |
| [ASK IF CCC_OAHIP_COF4 = YES] | | |
| At what age, or in what year, were you first told you had osteoarthritis in the hip? | | |
| 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_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|------------------------|---|
| OSH_3 | OSH_HIPRPL_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had a hip replacement operation? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|----------------------|---|
| OSH_4 | OSH_FRAC_COF4 | |
| [ASK IF OSH_HIPRPL_COF4 = YES] | | |
| Was the hip replacement operation the result of a break or fracture? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| OSH_5 | OSH_PAIN_COF4 | |
| [ALWAYS ASK] | | |
| During the <u>past 4 weeks</u> , have you had pain in the groin or upper inner thigh on most days? | | |
| NOTE: FOR EACH QUESTION, EMPHASIZE THAT YOU ARE ASKING ABOUT PAIN OR LIMITS IN THE RANGE OF MOTION THAT MAY HAVE OCCURRED OVER THE <u>PAST FOUR WEEKS</u>. | | |
| RANGE OF MOTION MEANS THE DISTANCE AND DIRECTION THAT A JOINT CAN NORMALLY MOVE. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------|---|
| OSH_6 | OSH_PAINSL_COF4 | |
| [ALWAYS ASK] | | |
| During the <u>past 4 weeks</u> , have you had pain in the groin or upper inner thigh while climbing down stairs or walking down slopes? | | |
| NOTE: FOR EACH QUESTION, EMPHASIZE THAT YOU ARE ASKING ABOUT PAIN OR LIMITS IN THE RANGE OF MOTION THAT MAY HAVE OCCURRED OVER THE <u>PAST FOUR WEEKS</u>. | | |
| RANGE OF MOTION MEANS THE DISTANCE AND DIRECTION THAT A JOINT CAN NORMALLY MOVE. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|--------------|---|
| OSH_7 | OSH_LOM_COF4 | |
| [ALWAYS ASK] | | |
| During the <u>past 4 weeks</u> , have you noticed any limitation in the range of motion of your hips? | | |
| NOTE: FOR EACH QUESTION, EMPHASIZE THAT YOU ARE ASKING ABOUT PAIN OR LIMITS IN THE RANGE OF MOTION THAT MAY HAVE OCCURRED OVER THE <u>PAST FOUR WEEKS</u>. | | |
| RANGE OF MOTION MEANS THE DISTANCE AND DIRECTION THAT A JOINT CAN NORMALLY MOVE. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

OSH_END

Osteoarthritis of the Knee (OSK) – (Regular/atHome/byPhone/Reduced visits)

| | | |
|--|------------------------|---|
| OSK_1 | CCC_OAKNEE_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have osteoarthritis in the knee? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-------------------------------|---|
| OSK_1a | CCC_OAKNEE_CHANGE_COF4 | |
| [ASK IF CCC_OAKNEE_COF4 = NO AND CCC_OAKNEE_COF3 = 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 |

| | | |
|--|---------------------|--|
| OSK_2 | OSK_AGE_COF4 | |
| [ASK IF CCC_OAKNEE_COF4 = YES] | | |
| At what age, or in what year, were you first told you had osteoarthritis in the knee? | | |
| 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_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|------------------------|---|
| OSK_3 | OSK_KNERPL_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had a knee replacement operation? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| OSK_4 | OSK_PAIN_COF4 | |
| [ALWAYS ASK] | | |
| During the <u>past 4 weeks</u> , have you had knee pain on most days? | | |
| INTERVIEWER: PAIN CAN INCLUDE DISCOMFORT | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------|---|
| OSK_5 | OSK_PAINSL_COF4 | |
| [ALWAYS ASK] | | |
| During the <u>past 4 weeks</u> , have you had knee pain while climbing down stairs or walking down slopes? | | |
| INTERVIEWER: PAIN CAN INCLUDE DISCOMFORT | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| OSK_6 | OSK_SWELL_COF4 | |
| [ALWAYS ASK] | | |
| During the past 4 weeks, have you had swelling in the knee? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

OSK_END

Musculoskeletal: Other (OAR) – (Regular/atHome/byPhone/Reduced visits)

Now onto a new section...

| | | |
|--|--------------------|---|
| OAR_1 | CCC_RA_COF4 | |
| [ALWAYS ASK] | | |
| 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 |

| | | |
|---|---------------------------|---|
| OAR_1a | CCC_RA_CHANGE_COF4 | |
| [ASK IF CCC_RA_COF4 = NO AND CCC_RA_COF3 = 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 answer |
| REFUSED | 9 | [DO NOT READ] Refused |

OAR_END

Osteoporosis (OST) – (Regular/atHome/byPhone/Reduced visits)

| | | |
|---|-----------------------|---|
| OST_1 | CCC_OSTPO_COF4 | |
| [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 |

| | | |
|--|------------------------------|---|
| OST_1a | CCC_OSTPO_CHANGE_COF4 | |
| [ASK IF CCC_OSTPO_COF4 = NO AND CCC_OSTPO_COF3 = 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 |

| | | |
|--|---------------------|--|
| OST_2 | OST_AGE_COF4 | |
| [ASK IF CCC_OSTPO_COF4 = 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: 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_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

[CALCULATE OST_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR OSTEOPOROSIS; OST_MED=2 OTHERWISE]

[IF CCC_OSTPO_COF4 = YES CONTINUE, IF CCC_OSTPO_COF4 = NO AND OST_MED=1 THEN SKIP TO OST_MEDHOME_COF4, IF CCC_OSTPO_COF4 = NO AND OST_MED=2 THEN SKIP TO OST_BONE_COF4]

| | | |
|--|---------------------|---|
| OST_3 | OST_MED_COF4 | |
| [ASK IF CCC_OSTPO_COF4 = YES] | | |
| Are you currently taking medications for osteoporosis? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------|---|
| OST_3a | OST_MEDCUR_COF4 | |
| [ASK IF OST_MED_COF4 = YES AND OST_MED=1] | | |
| Are you currently taking <DRUGNAME> for osteoporosis? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR OSTEOPOROSIS) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| OST_3b | OST_MEDNAME_COF4 | |
| [ASK IF OST_MED_COF4 = YES AND OST_MED=2] | | |
| Can you tell me the name of the drug(s) you are taking for osteoporosis? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| OST_3c | OST_MEDHOME_COF4 | |
| [ASK IF OST_MED=1 AND (CCC_OSTPO_COF4 = NO OR OST_MED_COF4 = NO)] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat osteoporosis. Are you currently taking <DRUGNAME> for osteoporosis? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR OSTEOPOROSIS) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| OST_4 | OST_EVRMD_COF4 | |
| [ASK IF CCC_OSTPO_COF4 = YES AND (OST_MED_COF4 = DK_NA OR REFUSED OR OST_MED=2 OR OST_MEDHOME_COF4 = NO)] | | |
| Have you ever taken any medications for osteoporosis? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| OST_5 | OST_BONE_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever broken a bone in your adult life that resulted from a minor fall or low level of injury (e.g., a simple fall from standing height)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|----------------------|---|
| OST_6 | OST_FRAC_COF4 | |
| [ASK IF OST_BONE_COF4 = YES] | | |
| What type of fracture(s)? | | |
| MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| OST_FRAC_HIP_COF4 | 01 | Hip |
| OST_FRAC_ARM_COF4 | 02 | Humerus (upper arm) |
| OST_FRAC_SPINE_COF4 | 03 | Spine |
| OST_FRAC_WRST_COF4 | 04 | Wrist |
| OST_FRAC_RIB_COF4 | 05 | Rib |
| OST_FRAC_PELV_COF4 | 06 | Pelvis |
| OST_FRAC_OTSP_COF4 | 97 | Other: _____ |
| OST_FRAC_DK_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| OST_FRAC_RF_COF4 | 99 | [DO NOT READ] Refused |

Now I am going to ask you about hip fracture among your parents.

| | | |
|---|---------------------|---|
| OST_7 | OST_MOM_COF4 | |
| [ALWAYS ASK] | | |
| Did your mother have a hip fracture after age 50? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|---------------------|---|
| OST_8 | OST_DAD_COF4 | |
| [ALWAYS ASK] | | |
| Did your father have a hip fracture after age 50? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|---------------------|---|
| OST_9 | OST_HGT_COF4 | |
| [ALWAYS ASK] | | |
| About how tall were you in your 20's (to the nearest inch or centimetre)? | | |
| RECORD THE ANSWER IN FEET AND INCHES OR IN METER AND CENTIMETERS | | |
| FT | Feet | _____ RECORD NUMBER OF FEET (MASK: MIN=2, MAX=7) |
| IN | Inches | _____ RECORD NUMBER OF INCHES (MASK: MIN=0, MAX=11.9) |
| METERS | Meters | _____ RECORD NUMBER OF METERS (MASK: MIN=0, MAX=2) |
| CM | Centimeters | _____ RECORD NUMBER OF CENTIMETERS (MASK: MIN=0, MAX=99) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|---------------------|---|
| OST_10 | OST_CST_COF4 | |
| [ALWAYS ASK] | | |
| Do you, or have you ever, used or taken systemic corticosteroids such as prednisone or cortisone by tablet? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------|--|
| OST_10a | OST_CSTAGE_COF4 | |
| [ASK IF OST_CST_COF4 = YES] | | |
| At what age, or in what year, did you last use corticosteroids? | | |
| 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_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|--------------------------|---|
| OST_10b | OST_CST_MTNB_COF4 | |
| [ASK IF OST_CST_COF4 = YES] | | |
| Over your entire life, how many months did you use corticosteroids? | | |
| INTERVIEWER: IF PARTICIPANT IS UNSURE OF EXACT NUMBER OF MONTHS PLEASE PROVIDE BEST POSSIBLE ESTIMATE | | |
| | MONTHS | _____ RECORD NUMBER OF MONTHS |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|--------------------|---|
| OST_11 | OST_BP_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever had pain in your back on most days for at least one month? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | | |
|---|--------|---|--|
| OST_11a | | OST_BP_DUR_COF4 | |
| [ASK IF OST_BP_COF4 = YES] | | | |
| For how long? | | | |
| INTERVIEWER: IF PARTICIPANT IS UNSURE OF EXACT TIME, PLEASE PROVIDE BEST POSSIBLE ESTIMATE | | | |
| MT | Months | _____ RECORD NUMBER OF MONTHS (MASK: MIN=0, MAX=12) | |
| YR | Years | _____ RECORD NUMBER OF YEARS (MASK: MIN=0, MAX=CURRENT AGE) | |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9999 | [DO NOT READ] Refused | |

| | | | |
|---|---|---|--|
| OST_12 | | OST_BCKPPM_COF4 | |
| [ASK IF OST_BP_COF4 = YES] | | | |
| Have you had this pain within 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 | |

| | | | |
|--|---|---|--|
| OST_13 | | OST_BCKPLOC_COF4 | |
| [ASK IF OST_BP_COF4 = YES] | | | |
| In what part of your back (is/was) the pain usually located? | | | |
| CODE ONLY ONE RESPONSE | | | |
| UPPER | 1 | Upper (above shoulder blades) | |
| MIDDLE | 2 | Middle | |
| LOWER | 3 | Lower (below waist) | |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer | |
| REFUSED | 9 | [DO NOT READ] Refused | |

OST_END

Neuro-psychiatric (DPR) – (Regular/atHome/byPhone/Reduced visits)

| | | |
|---|------------------|---|
| DPR_1 | DPR_CLINDEP_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you suffer from clinical depression? | | |
| NOTE: DEPRESSION RANGES IN SERIOUSNESS FROM MILD, TEMPORARY EPISODES OF SADNESS TO SEVERE, PERSISTENT DEPRESSION. ‘CLINICAL DEPRESSION’ DESCRIBES THE MORE SEVERE FORM OF DEPRESSION, ALSO KNOWN AS ‘MAJOR DEPRESSION’ OR ‘MAJOR DEPRESSIVE DISORDER’. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| DPR_1a | DPR_CLINDEP_CHANGE_COF4 | |
| [ASK IF DPR_CLINDEP_COF4 = NO AND DPR_CLINDEP_COF3 = YES] | | |
| At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you suffer from clinical depression. 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 |

| | | |
|--|--------------|--|
| DPR_2 | DPR_AGE_COF4 | |
| [ASK IF DPR_CLINDEP_COF4 = YES] | | |
| At what age, or in what year, were you first told you were clinically depressed? | | |
| 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_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

[CALCULATE DPR_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR DEPRESSION; DPR_MED=2 OTHERWISE]

[IF DPR_CLINDEP_COF4 = YES CONTINUE, IF DPR_CLINDEP_COF4 = NO AND DPR_MED=1 THEN SKIP TO DPR_MEDHOME_COF4, IF DPR_CLINDEP_COF4 = NO AND DPR_MED=2 THEN SKIP TO DPR_END]

| | | |
|---|--------------|---|
| DPR_3 | DPR_MED_COF4 | |
| [ASK IF DPR_CLINDEP_COF4 = YES] | | |
| Are you currently taking medication for depression? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------|---|
| DPR_3a | DPR_MEDCUR_COF4 | |
| [ASK IF DPR_MED_COF4 = YES AND DPR_MED=1] | | |
| Are you currently taking <DRUGNAME> for depression? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DEPRESSION) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------|---|
| DPR_3b | DPR_MEDNAME_COF4 | |
| [ASK IF DPR_MED_COF4 = YES AND DPR_MED=2] | | |
| Can you tell me the name of the drug(s) you are taking for your depression? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------|---|
| DPR_3c | DPR_MEDHOME_COF4 | |
| [ASK IF DPR_MED=1 AND (DPR_CLINDEP_COF4 = NO OR DPR_MED_COF4 = NO)] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat depression. Are you currently taking <DRUGNAME> for depression? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR DEPRESSION) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

CALCULATE ANY_PMED=1 IF (DPR_MED_COF4 = YES OR ANY DRUGS FOR DPR_MEDHOME_COF4 ANSWERED “YES”); ANY_PMED=2 OTHERWISE

| | | |
|---|-----------------------|---|
| DPR_3d | DPR_OTHMD_COF4 | |
| [ASK IF DPR_CLINDEP_COF4 = YES OR (DPR_CLINDEP_COF4 = NO AND DPR_MEDHOME_COF4 = YES, OR DK_NA OR REFUSED)] | | |
| Are you currently undergoing other treatment for depression? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|---------------------|---|
| DPR_3e | DPR_OTH_COF4 | |
| [ASK IF DPR_OTHMD_COF4 = YES] | | |
| What other treatments are you currently undergoing? | | |
| READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| DPR_OTH_COUNS_COF4 | 01 | Counselling |
| DPR_OTH_PSYCH_COF4 | 02 | Psychotherapy |
| DPR_OTH_PSYTRT_COF4 | 03 | Psychiatric treatment |
| DPR_OTH_OTSP_COF4 | 97 | Other: _____ |
| DPR_OTH_DK_NA_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| DPR_OTH_REFUSED_COF4 | 99 | [DO NOT READ] Refused |

| | | |
|---|------------------------|---|
| DPR_4 | DPR_EVRTRT_COF4 | |
| [ASK IF DPR_OTHMD_COF4 = NO OR DK_NA OR REFUSED AND ANY_PMED=2] | | |
| Have you ever undergone treatment for depression other than medication in the past? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|---------------------|---|
| DPR_4a | DPR_EVR_COF4 | |
| [ASK IF DPR_EVRTRT_COF4 = YES] | | |
| What other treatments <u>did</u> you undergo? | | |
| READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| DPR_EVR_COUNS_COF4 | 01 | Counselling |
| DPR_EVR_PSYCH_COF4 | 02 | Psychotherapy |
| DPR_EVR_PSYTRT_COF4 | 03 | Psychiatric treatment |
| DPR_EVR_OTSP_COF4 | 97 | Other: _____ |
| DPR_EVR_DK_NA_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| DPR_EVR_REFUSED_COF4 | 99 | [DO NOT READ] Refused |

DPR_END

Depression (DEP) – (Regular/atHome/byPhone/Reduced visits)

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 | <p>Many people feel depressed at one time or another, to varying degrees. However, long lasting depression is a serious mental and physical health concern.</p> <p>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.</p> <p>This module gathers information on the length, timing and consequences of depressive episodes.</p> |
|-----------------|--|

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_COF4 | | |
| [ALWAYS ASK] | | | |
| How often were you bothered by things that usually don't bother you? | | | |
| 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_COF4 | | |
| [ALWAYS ASK] | | | |
| How often did you have trouble keeping your mind on what you were doing? | | | |
| 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_COF4 | |
| [ALWAYS ASK] | | |
| How often did you feel depressed? | | |
| 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_COF4 | |
| [ALWAYS ASK] | | |
| How often did you feel that everything you did was an effort? | | |
| 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_COF4 | |
| [ALWAYS ASK] | | |
| How often did you feel hopeful about the future? | | |
| 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_COF4 | |
| [ALWAYS ASK] | | |
| How often did you feel fearful or tearful? | | |
| 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_COF4 | |
| [ALWAYS ASK] | | |
| How often was your sleep restless? | | |
| 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_COF4 | |
| [ALWAYS ASK] | | |
| How often were you happy? | | |
| 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_COF4 | |
| [ALWAYS ASK] | | |
| How often did you feel lonely? | | |
| 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_COF4 | |
| [ALWAYS ASK] | | |
| How often did you feel that you could not "get going"? | | |
| 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

Parkinsonism (PKD) – (Regular/atHome/byPhone/Reduced visits)

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

| | |
|-----------------|---|
| Overview | <p>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.</p> <p>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.</p> <p>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.</p> |
|-----------------|---|

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 | CCC_PARK_COF4 |
| [ALWAYS ASK] | |
| Has a doctor ever told you that you had parkinsonism or Parkinson’s disease? | |
| <p>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.</p> <p>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.</p> | |
| 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 | CCC_PARK_CHANGE_COF4 | |
| [ASK IF CCC_PARK_COF4 = NO AND CCC_PARK_COF3 = 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_COF4 | |
| [ASK IF CCC_PARK_COF4 = 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_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 |

CALCULATE PKD_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR PARKINSONISM; PKD_MED=2 OTHERWISE

[IF CCC_PARK_COF4 = YES CONTINUE, IF CCC_PARK_COF4 = NO AND PKD_MED=1 THEN SKIP TO PKD_MEDHOME_COF4, IF CCC_PARK_COF4 = NO AND PKD_MED=2 THEN SKIP TO PKD_SHKE_COF4]

| | | |
|---|---------------------|---|
| PKD_3 | PKD_MED_COF4 | |
| [ASK IF CCC_PARK_COF4 = YES] | | |
| Are you currently taking medications 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_3a | PKD_MEDCUR_COF4 | |
| [ASK IF PKD_MED_COF4 = YES AND PKD_MED=1] | | |
| Are you currently taking <DRUGNAME> for parkinsonism or Parkinson's disease? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR PARKINSONISM) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------|---|
| PKD_3b | PKD_MEDNAME_COF4 | |
| [ASK IF PKD_MED_COF4 = YES AND PKD_MED=2] | | |
| Can you tell me the name of the drug(s) you are taking for your parkinsonism or Parkinson's disease? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------|---|
| PKD_3c | PKD_MEDHOME_COF4 | |
| [ASK IF PKD_MED=1 AND (CCC_PARK_COF4 = NO OR PKD_MED_COF4 = NO)] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat parkinsonism or Parkinson's disease. Are you currently taking <DRUGNAME> for parkinsonism or Parkinson's disease? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR PARKINSON'S DISEASE OR PARKINSONISM) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

CALCULATE ANY_PMED=1 IF (PKD_MED_COF4 = YES OR ANY DRUGS FOR PKD_MEDHOME_COF4 ANSWERED "YES"); ANY_PMED=2 OTHERWISE

| | | |
|---|-----------------------|---|
| PKD_3d | PKD_OTHMD_COF4 | |
| [ASK IF CCC_PARK_COF4 = YES OR (CCC_PARK_COF4 = NO AND PKD_MEDHOME_COF4 ≠ NO)] | | |
| 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_4 | PKD_EVRMED_COF4 | |
| [ASK IF PMED=2 AND PKD_OTHMD_COF4 = NO OR DK_NA OR REFUSED] | | |
| 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 |

| | | |
|-----------------------------|----------------------|---|
| PKD_5 | PKD_SHKE_COF4 | |
| [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_5a | PKD_SHKSEV_COF4 | |
| [ASK IF PKD_SHKE_COF4 = 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_6 | PKD_SMWRT_COF4 | |
| [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_7 | PKD_BUTON_COF4 | |
| [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_8 | PKD_VOICE_COF4 | |
| [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_9 | PKD_FEET_COF4 | |
| [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_10 | PKD_WALK_COF4 | |
| [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_11 | PKD_BAL_COF4 | |
| [ALWAYS ASK] | | |
| INTERVIEWER: TELL PARTICIPANTS TO ANSWER BASED ON THEIR AVERAGE PERFORMANCE, OVER THE LAST MONTH, NOT BASED ON THE RECENT STANDING BALANCE TEST. | | |
| 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_12 | PKD_FACE_COF4 | |
| [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_13 | PKD_RISE_COF4 | |
| [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

Chronic Airflow Obstruction (CAO) – (Regular/atHome/byPhone/Reduced visits)

| | | |
|--|-----------------------|---|
| CAO_1 | CCC_ASTHM_COF4 | |
| [ALWAYS ASK] | | |
| Has a doctor ever told you that you have asthma? | | |
| <p>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.</p> <p>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.</p> | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------------|---|
| CAO_1a | CCC_ASTHM_CHANGE_COF4 | |
| [ASK IF CCC_ASTHM_COF4 = NO AND CCC_ASTHM_COF3 = 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 |

| | | |
|---|--------------------------|--|
| CAO_2 | CCC_ASTHMAGE_COF4 | |
| [ASK IF CCC_ASTHM_COF4 = YES] | | |
| At what age or in what year were you first told that you had asthma? | | |
| <p>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?"</p> | | |
| NB_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| CAO_3 | CAO_WHEZ_COF4 | |
| [ALWAYS ASK] | | |
| Have you had wheezing or whistling in your chest at any time within the <u>last 12 months</u> ? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-------------------------|---|
| CAO_4 | CAO_SOBFLAT_COF4 | |
| [ALWAYS ASK] | | |
| Do you become short of breath walking on flat surfaces? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| CAO_5 | CAO_EXERT_COF4 | |
| [ALWAYS ASK] | | |
| Do you wheeze with mild to moderate exertion? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| CAO_6 | CAO_SOBUP_COF4 | |
| [ALWAYS ASK] | | |
| Do you become short of breath climbing stairs or walking up a small hill? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| CAO_7 | CAO_SOBPM_COF4 | |
| [ALWAYS ASK] | | |
| Have you had an attack of shortness of breath that came on following strenuous activity at any time within the <u>last 12 months</u> ? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------|---|
| CAO_8 | CAO_WKWHEZ_COF4 | |
| [ALWAYS ASK] | | |
| Have you woken up with an attack of wheezing at any time within the <u>last 12 months</u> ? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| CAO_9 | CAO_WKCOF_COF4 | |
| [ALWAYS ASK] | | |
| Have you woken up with an attack of coughing at any time within the <u>last 12 months</u> ? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| CAO_10 | CAO_WKSOB_COF4 | |
| [ALWAYS ASK] | | |
| Have you had an attack of shortness of breath that came on during the day when you were at rest at any time within the <u>last 12 months</u> ? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|---------------|---|
| CAO_11 | CCC_COPD_COF4 | |
| [ALWAYS ASK] | | |
| 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? | | |
| INTERVIEWER: 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 |

| | | |
|--|----------------------|---|
| CAO_11a | CCC_COPD_CHANGE_COF4 | |
| [ASK IF CCC_COPD_COF4 = NO AND CCC_COPD_COF3 = YES] | | |
| At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had one 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 |

| | | |
|--|------------------|--|
| CAO_12 | CAO_COPDAGE_COF4 | |
| [ASK IF CCC_COPD_COF4 = YES] | | |
| At what age or in what year were you first told that you had emphysema/chronic bronchitis/COPD/chronic lung changes? | | |
| 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_SP | Age | _____ (MASK: MIN=0, MAX=CURRENT AGE) |
| YR_SP | Year | _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|----------------------|---|
| CAO_13 | CAO_COLD_COF4 | |
| [ALWAYS ASK] | | |
| Do you get frequent colds that persist longer than those of other people you know? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| CAO_14 | CAO_COFPY_COF4 | |
| [ALWAYS ASK] | | |
| Have you usually coughed on most days within 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 |

| | | |
|--|-----------------------|---|
| CAO_15 | CAO_COFAM_COF4 | |
| [ASK IF CAO_COFPY_COF4 ≠ NO] | | |
| Do you cough up phlegm in the morning? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--------------------------------------|------------------------|---|
| CAO_16 | CAO_COFMAM_COF4 | |
| [ASK IF CAO_COFAM_COF4 = YES] | | |
| Do you cough phlegm most mornings? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|--------------------------|---|
| CAO_17 | CAO_PHLEGMPY_COF4 | |
| [ASK IF CAO_COPPY_COF4 ≠ NO] | | |
| Do you bring up phlegm on most days during the year? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|--------------------------|---|
| CAO_17a | CCC_TRBCOUGH_COF4 | |
| [ALWAYS ASK] | | |
| Do you have a troublesome daily cough? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| CAO_17b | CCC_COUGHTM_COF4 | |
| [ASK IF CCC_TRBCOUGH_COF4 = YES] | | |
| Has your cough lasted... | | |
| READ LIST, CODE ONLY ONE RESPONSE | | |
| 8PLUS | 1 | >8 weeks |
| ONEYRPLUS | 2 | >1 year |
| FIVEYRPLUS | 3 | >5 years |
| NO | 4 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

CALCULATE CAO_MED=1 IF PARTICIPANT IS TAKING AT LEAST ONE MEDICATION INDICATED FOR CHRONIC AIRFLOW OBSTRUCTION; CAO_MED=2 OTHERWISE

CALCULATE ANY_CAO=1 IF CCC_ASTHM_COF4 = YES OR CCC_COPD_COF4 = YES; ANY_CAO=2 OTHERWISE

[IF ANY_CAO=1 THEN CONTINUE, IF ANY_CAO=2 AND CAO_MED=1 THEN SKIP TO CAO_MEDHOME_COF4, IF ANY_CAO=2 AND CAO_MED=2 THEN SKIP TO CAO_END]

| | | |
|---|--------------|---|
| CAO_18 | CAO_MED_COF4 | |
| [ASK IF ANY_CAO=1] | | |
| Are you currently taking or using any medications for respiratory problems? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------|---|
| CAO_18a | CAO_MEDCUR_COF4 | |
| [ASK IF CAO_MED_COF4 = YES AND CAO_MED=1] | | |
| Are you currently taking <DRUGNAME> for respiratory problems? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR CAO) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------|---|
| CAO_18b | CAO_MEDNAME_COF4 | |
| [ASK IF CAO_MED_COF4 = YES AND CAO_MED=2] | | |
| Can you tell me the name of the drug(s) you are taking for your respiratory problem? | | |
| SP | 1 | Yes: _____ |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------|---|
| CAO_18c | CAO_MEDHOME_COF4 | |
| [ASK IF CAO_MED=1 AND (ANY_CAO=2 OR CAO_MED_COF4 = NO)] | | |
| Your home interview indicates you are taking <DRUGNAME> which can be used to treat respiratory problems. Are you currently taking <DRUGNAME> for a respiratory problem? | | |
| (ASK FOR ALL DRUGS PARTICIPANT IS CURRENTLY TAKING THAT ARE INDICATED FOR CAO) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

CAO_END

CCC_END

Infections (INF) – (Regular/atHome/byPhone/Reduced visits)

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 |
| | | YES | NO | DK_NA |
| | | 1 | 2 | 8 |
| CCC_DRPNEU_COF4 | Pneumonia | | | |
| CCC_DRFLU_COF4 | Flu (Influenza) | | | |
| CCC_DRUTI_COF4 | Urinary tract infection (UTI) | | | |
| CCC_DRC19_COF4 | Coronavirus disease 2019 (COVID-19) | | | |
| CCC_DROT_COF4 | Any other infections? Specify: _____ | | | |

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

| | | | |
|---|----------------------|---|--|
| INF_2 | CCC_RHSN_COF4 | | |
| [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 | |

| | | | |
|--|-------------------------|---|--|
| INF_2a | CCC_RHSNSYM_COF4 | | |
| [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 | |

| | | |
|---------------------------------|-----------------|---|
| INF_2b | CCC_RHSNFQ_COF4 | |
| [ASK IF CCC_RHSNSYM_COF4 = 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 |

| | | |
|---|------------------|---|
| INF_2c | CCC_RHSNTRT_COF4 | |
| [ASK IF CCC_RHSNSYM_COF4 = 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 |

INF_END

Preventative Health Behaviours (PHB) – (Regular/atHome/byPhone/Reduced visits)

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_COF4 | |
|--|----------------|---|
| [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_COF4 | |
|--|---------------|---|
| [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_COF4 | |
|--|-----------------|--|
| [ASK IF PHB_PCV1_COF4 = 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| PHB_3 | PHB_SHIN1_COF4 | |
| [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 ZOSTAVA. | | |
| 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_COF4 | |
| [ASK IF PHB_SHIN1_COF4 = 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=BIRTH YEAR, MAX=CURRENT YEAR) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

PHB_END

Elder Abuse Suspicion Index© (EAS) – (Regular/byPhone/Reduced visits)

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_COF4 | | |
| [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_COF4 | | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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

Oral Health (ORH) – (Regular/atHome/byPhone/Reduced visits)

| | |
|-----------------|---|
| Overview | <p>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.</p> <p>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.</p> |
|-----------------|---|

Now, some questions about the health of your mouth.

| | | |
|---|----------------------|---|
| ORH_1 | ORH_HLTH_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [ASK IF ORH_TEETH_COF4 = YES OR DK_NA OR REFUSED] | | |
| Do you have 20 or more natural teeth? | | |
| INTERVIEWER: 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_COF4 | |
| [ALWAYS ASK] | | |
| Do you wear dentures or false teeth? | | |
| INTERVIEWER: 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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | 01 | Toothache |
| ORH_EXP_CHW_COF4 | 02 | Cannot chew adequately |
| ORH_EXP_DNU_COF4 | 03 | Dentures uncomfortable [ASK IF ORH_DENT_COF4 = YES] |
| ORH_EXP_DNL_COF4 | 04 | Dentures loose/don't fit [ASK IF ORH_DENT_COF4 = YES] |
| ORH_EXP_DNB2_COF4 | 05 | Dentures broken [ASK IF ORH_DENT_COF4 = YES] |
| ORH_EXP_DNT_COF4 | 06 | Dentures lost [ASK IF ORH_DENT_COF4 = YES] |
| ORH_EXP_SWL_COF4 | 07 | Swelling in your mouth |
| ORH_EXP_DRM_COF4 | 08 | Dry mouth |
| ORH_EXP_BRM_COF4 | 09 | Burning mouth |
| ORH_EXP_JWS_COF4 | 10 | Jaw muscles sore |
| ORH_EXP_JJP_COF4 | 11 | Jaw joints painful |
| ORH_EXP_TTD_COF4 | 12 | Tooth-decay (caries) |
| ORH_EXP_NTL_COF4 | 13 | Natural tooth loose |
| ORH_EXP NTB_COF4 | 14 | Natural tooth broken |
| ORH_EXP_GUMS_COF4 | 15 | Gums around natural teeth are sore |
| ORH_EXP_GUMB_COF4 | 16 | Gums around natural teeth bleed |
| ORH_EXP_DNS_COF4 | 17 | Denture-related sores [ASK IF ORH_DENT_COF4 = YES] |
| ORH_EXP_TTC_COF4 | 18 | Difficulty keeping your natural teeth clean |
| ORH_EXP_DNC_COF4 | 19 | Difficulty keeping your dentures clean [ASK IF ORH_DENT_COF4 = YES] |
| ORH_EXP_BB_COF4 | 20 | Bad breath |
| ORH_EXP_NONE_COF4 | 96 | [DO NOT READ] Have not experienced any of these problems |
| ORH_EXP_OTSP_COF4 | 97 | Other: _____ |
| ORH_EXP_DK_NA_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| ORH_EXP_REFUSED_COF4 | 99 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| ORH_6 | ORH_DNVST_COF4 | |
| [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_COF4 | |
| [ASK IF ORH_DNVST_COF4 ≠ LAST_12_MONTH AND ORH_DNVST_COF4 ≠ DK_NA AND ORH_DNVST_COF4 ≠ 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 |
| APNT | 02 | Difficulty getting an appointment |
| DENT | 03 | No dentist in the area |
| HYGT | 04 | No dental hygienists, denturist, denturologist in the area |
| TRAN | 05 | Transportation problems |
| LANG | 06 | Language problem |
| PERS | 07 | Personal and family responsibilities |
| LEAV | 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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [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_COF4 | |
| [ASK IF ORH_BRUSDN_COF4 ≠ 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_COF4 | |
| [ALWAYS ASK] | | |
| How often usually are your teeth or dentures 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_COF4 | |
| [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

Sleep (SLE) – (Regular/atHome/byPhone/Reduced visits)

| | |
|-----------------|---|
| Overview | Questions about sleep allow the CLSA to examine the relation between sleep and health. Evidence has shown that factors such as duration of sleep and movement during sleep are linked to mortality and health concerns such as heart disease. |
|-----------------|---|

| | | |
|--|----------------------|---|
| SLE_1 | SLE_QLTY_COF4 | |
| [ALWAYS ASK] | | |
| How satisfied or dissatisfied are you with your current sleep pattern? | | |
| READ LIST, CODE ONLY ONE RESPONSE | | |
| VERY_SATISFIED | 1 | Very Satisfied |
| SATISFIED | 2 | Satisfied |
| NEUTRAL | 3 | Neutral |
| DISSATISFIED | 4 | Dissatisfied |
| VERY_DISSATISFIED | 5 | Very Dissatisfied |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| SLE_2 | SLE_HOUR_COF4 | |
| [ALWAYS ASK] | | |
| During the <u>past month</u> , on average, how many hours of actual sleep did you get at night? | | |
| THIS MAY BE DIFFERENT THAN THE NUMBER OF HOURS YOU SPEND IN BED. | | |
| | HOURS | _____ RECORD NUMBER (MASK: MIN=0, MAX=24) |
| DK_NA | 98 | [DO NOT READ] Don't know / No answer |
| REFUSED | 99 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| SLE_3 | SLE_30MIN_COF4 | |
| [ALWAYS ASK] | | |
| Over the <u>last month</u> , how often did it take you more than 30 minutes to fall asleep? | | |
| CODE ONLY ONE RESPONSE | | |
| NEVER | 1 | Never |
| LESS_ONCE_WEEK | 2 | Less than once a week |
| 1_2_TIME_WEEK | 3 | Once or twice/week |
| 3_5_TIMES_WEEK | 4 | 3-5 times/week |
| 6_7_TIMES_WEEK | 5 | 6-7 times/week |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-----------------------|---|
| SLE_3a | SLE_30DUR_COF4 | |
| [ASK IF SLE_30MIN_COF4 ≠ NEVER AND SLE_30MIN_COF4 ≠ LESS_ONCE_WEEK AND SLE_30MIN_COF4 ≠ DK_NA AND SLE_30MIN_COF4 ≠ REFUSED] | | |
| For how long have you had this trouble going to sleep? | | |
| CODE ONLY ONE RESPONSE | | |
| WK | Weeks | _____ RECORD NUMBER (MASK: MIN=1, MAX=52) |
| MT | Months | _____ RECORD NUMBER (MASK: MIN=1, MAX=12) |
| YR | Years | _____ RECORD NUMBER (MASK: MIN=1, MAX=CURRENT AGE) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|-------------------------|---|
| SLE_3b | SLE_30INTRF_COF4 | |
| [ASK IF SLE_30MIN_COF4 ≠ NEVER AND SLE_30MIN_COF4 ≠ LESS_ONCE_WEEK AND SLE_30MIN_COF4 ≠ DK_NA AND SLE_30MIN_COF4 ≠ REFUSED] | | |
| To what extent do you consider your problem falling asleep to interfere with your daily functioning (for example, from daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.). | | |
| CODE ONLY ONE RESPONSE | | |
| NOT_AT_ALL | 1 | Not at all |
| LITTLE | 2 | A little |
| SOMEWHAT | 3 | Somewhat |
| MUCH | 4 | Much |
| VERY_MUCH | 5 | Very much |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| SLE_4 | SLE_MIDFQ_COF4 | |
| [ALWAYS ASK] | | |
| Over the last month, how often did you wake in the middle of the night or too early in the morning and found it difficult to fall asleep again? | | |
| CODE ONLY ONE RESPONSE | | |
| NEVER | 1 | Never |
| LESS_ONCE_WEEK | 2 | Less than once a week |
| 1_2_TIME_WEEK | 3 | Once or twice/week |
| 3_5_TIMES_WEEK | 4 | 3-5 times/week |
| 6_7_TIMES_WEEK | 5 | 6-7 times/week |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------|---|
| SLE_4a | SLE_MIDDUR_COF4 | |
| [ASK IF SLE_MIDFQ_COF4 ≠ NEVER AND SLE_MIDFQ_COF4 ≠ LESS_ONCE_WEEK AND SLE_MIDFQ_COF4 ≠ DK_NA AND SLE_MIDFQ_COF4 ≠ REFUSED] | | |
| For how long have you had this trouble with staying asleep? | | |
| CODE ONLY ONE RESPONSE | | |
| WK | Weeks | _____ RECORD NUMBER (MASK: MIN=1, MAX=52) |
| MT | Months | _____ RECORD NUMBER (MASK: MIN=1, MAX=12) |
| YR | Years | _____ RECORD NUMBER (MASK: MIN=1, MAX=CURRENT AGE) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|--------------------------|---|
| SLE_4b | SLE_MIDINTRF_COF4 | |
| [ASK IF SLE_MIDFQ_COF4 ≠ NEVER AND SLE_MIDFQ_COF4 ≠ LESS_ONCE_WEEK AND SLE_MIDFQ_COF4 ≠ DK_NA AND SLE_MIDFQ_COF4 ≠ REFUSED] | | |
| To what extent do you consider your problem staying asleep to interfere with your daily functioning (for example, from daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)? | | |
| CODE ONLY ONE RESPONSE | | |
| NOT_AT_ALL | 1 | Not at all |
| LITTLE | 2 | A little |
| SOMEWHAT | 3 | Somewhat |
| MUCH | 4 | Much |
| VERY_MUCH | 5 | Very much |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------|---|
| SLE_5 | SLE_STAYFQ_COF4 | |
| [ALWAYS ASK] | | |
| Over the <u>last month</u> , how often do you find it difficult to stay awake during your normal waking hours when you want to? | | |
| INTERVIEWER: IF NAPPING IS A REGULAR, VOLUNTARY ACTIVITY, THEN NAPPING DOES NOT “COUNT”. IF THE PARTICIPANT SAYS THEY DO NOT HAVE TROUBLE STAYING AWAKE, WHETHER THEY NAP OR NOT, THEN WE HAVE TO ACCEPT WHAT THE PARTICIPANT SAYS. | | |
| CODE ONLY ONE RESPONSE | | |
| NEVER | 1 | Never |
| LESS_ONCE_WEEK | 2 | Less than once a week |
| 1_2_TIME_WEEK | 3 | Once or twice/week |
| 3_5_TIMES_WEEK | 4 | 3-5 times/week |
| 6_7_TIMES_WEEK | 5 | 6-7 times/week |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| SLE_5a | SLE_STAYDUR_COF4 | |
| [ASK IF SLE_STAYFQ_COF4 ≠ NEVER AND SLE_STAYFQ_COF4 ≠ LESS_ONCE_WEEK AND SLE_STAYFQ_COF4 ≠ DK_NA AND SLE_STAYFQ_COF4 ≠ REFUSED] | | |
| For how long have you had trouble staying awake? | | |
| CODE ONLY ONE RESPONSE | | |
| WK | Weeks | _____ RECORD NUMBER (MASK: MIN=1, MAX=52) |
| MT | Months | _____ RECORD NUMBER (MASK: MIN=1, MAX=12) |
| YR | Years | _____ RECORD NUMBER (MASK: MIN=1, MAX=CURRENT AGE) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|--|---------------------------|---|
| SLE_5b | SLE_STAYINTRF_COF4 | |
| [ASK IF SLE_STAYFQ_COF4 ≠ NEVER AND SLE_STAYFQ_COF4 ≠ LESS_ONCE_WEEK AND SLE_STAYFQ_COF4 ≠ DK_NA AND SLE_STAYFQ_COF4 ≠ REFUSED] | | |
| To what extent do you consider your problem staying awake to interfere with your daily functioning? | | |
| CODE ONLY ONE RESPONSE | | |
| NOT_AT_ALL | 1 | Not at all |
| LITTLE | 2 | A little |
| SOMEWHAT | 3 | Somewhat |
| MUCH | 4 | Much |
| VERY_MUCH | 5 | Very much |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| SLE_6 | SLE_DREAM_COF4 | |
| [ALWAYS ASK] | | |
| Have you ever been told, or suspected yourself, that you seem to “act out your dreams” while asleep (for example, punching, flailing your arms in the air, making running movements, etc.)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------|---|
| SLE_6a | SLE_DRMDUR_COF4 | |
| [ASK IF SLE_DREAM_COF4 = YES] | | |
| For how long have you had this "acting out" of your dreams? | | |
| CODE ONLY ONE RESPONSE | | |
| WK | Weeks | _____ RECORD NUMBER (MASK: MIN=1, MAX=52) |
| MT | Months | _____ RECORD NUMBER (MASK: MIN=1, MAX=12) |
| YR | Years | _____ RECORD NUMBER (MASK: MIN=1, MAX=CURRENT AGE) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| SLE_7 | SLE_LEGS_COF4 | |
| [ALWAYS ASK] | | |
| Do you have, or have you sometimes experienced, recurrent, uncomfortable feelings or sensations in your legs while sitting or lying down? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| SLE_8 | SLE_LGURG_COF4 | |
| [ALWAYS ASK] | | |
| Do you have, or have you sometimes experienced, a recurrent need or urge to move your legs while sitting or lying down? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| SLE_8a | SLE_LGDUR_COF4 | |
| [ASK IF SLE_LEGS_COF4 = YES OR SLE_LGURG_COF4 = YES] | | |
| For how long have you had these uncomfortable feelings or urge to move? | | |
| CODE ONLY ONE RESPONSE | | |
| WK | Weeks | _____ RECORD NUMBER (MASK: MIN=1, MAX=52) |
| MT | Months | _____ RECORD NUMBER (MASK: MIN=1, MAX=12) |
| YR | Years | _____ RECORD NUMBER (MASK: MIN=1, MAX=CURRENT AGE) |
| DK_NA | 9998 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9999 | [DO NOT READ] Refused |

| | | |
|---|----------------------|---|
| SLE_8b | SLE_LGFQ_COF4 | |
| [ASK IF SLE_LEGS_COF4 = YES OR SLE_LGURG_COF4 = YES] | | |
| Over the <u>last month</u> , how many times (per week, on average) have you experienced these uncomfortable feelings or urge to move? | | |
| CODE ONLY ONE RESPONSE | | |
| LESS_THAN_ONCE | 1 | Less than once |
| ONCE_TWICE | 2 | Once or twice |
| 3_4_TIMES | 3 | Three or four times |
| MORE_4_TIMES | 4 | More than four times |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|------------------------|---|
| SLE_8c | SLE_LGIMPR_COF4 | |
| [ASK IF SLE_LEGS_COF4 = YES OR SLE_LGURG_COF4 = YES] | | |
| Do these uncomfortable feelings or sensations in your legs, or the urge to move, disappear/improve when you are active or moving around? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-----------------------|---|
| SLE_8d | SLE_LGEVE_COF4 | |
| [ASK IF SLE_LEGS_COF4 = YES OR SLE_LGURG_COF4 = YES] | | |
| Are these uncomfortable feelings, or this urge to move, worse in the evening or at night compared with the morning? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

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

| | | |
|--|-----------------------|---|
| SNO_1 | SNO_SNORE_COF4 | |
| [ALWAYS ASK] | | |
| Do you snore loudly? By 'loudly' I mean louder than talking or loud enough to be heard through closed doors. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|----------------------------|---|
| SNO_2 | SNO_STOPBREATH_COF4 | |
| [ALWAYS ASK] | | |
| Has anyone ever observed you stop breathing in your sleep? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

SLE_END

Munich ChronoType Questionnaire (MCT) (Regular/atHome/byPhone/Reduced visits)

MCTQ Core, English, Version 2015-01. ©Till Roenneberg & co-workers

In this module, you report on your typical sleep behaviour over the past 4 weeks. We ask about workdays and work-free days separately. Please respond to the questions according to your perception of a standard week that includes your usual workdays and work-free days.

| | | |
|---|-----------------------|---|
| MCT_1 | MCT_REGWK_COF4 | |
| [ALWAYS ASK] | | |
| I have a regular work schedule (this includes being, for example, a housewife or househusband). | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--------------------------------------|--------------------------|---|
| MCT_1a | MCT_WKDAY_NB_COF4 | |
| [ASK IF MCT_REGWK_COF4 = YES] | | |
| I work on _____ days a week. | | |
| | 1 | _____ (MASK: MIN=1, MAX=7) |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

If you answer “Yes, on 7 days” or “No”, please consider if your sleep times may nonetheless differ between regular ‘workdays’ and ‘weekend days’ and fill out the module in this respect.

Please use 24-hour time scale (e.g., 23:00 instead of 11:00pm).

| | | |
|---|-------|--|
| MCT_2-6 | | |
| [ALWAYS ASK] | | |
| <u>Workdays</u> | | |
| MCT_BED_WD_COF4 | HH:MM | I go to bed at _____ o'clock. |
| Note that some people stay awake for some time when in bed. | | |
| MCT_READY_WD_COF4 | HH:MM | I actually get ready to fall asleep at _____ o'clock. |
| MCT_SLEEP_WD_COF4 | MIN | I need _____ minutes to fall asleep. (MASK: MIN=0, MAX=60) |
| MCT_WAKE_WD_COF4 | HH:MM | I wake up at _____ o'clock. |
| MCT_GETUP_WD_COF4 | MIN | After _____ minutes I get up. (MASK: MIN=0, MAX=60) |

| | | |
|-----------------------------------|-------------------------|---|
| MCT_7 | MCT_ALARMWD_COF4 | |
| [ALWAYS ASK] | | |
| I use an alarm clock on workdays. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------|---|
| MCT_8 | MCT_BEFORE_COF4 | |
| [ASK IF MCT_ALARMWD_COF4 = YES] | | |
| I regularly wake up BEFORE the alarm rings. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|-------|--|
| MCT_9-13 | | |
| [ALWAYS ASK] | | |
| <u>Free Days</u> | | |
| MCT_BED_FD_COF4 | HH:MM | I go to bed at ____ o'clock. |
| Note that some people stay awake for some time when in bed. | | |
| MCT_READY_FD_COF4 | HH:MM | I actually get ready to fall asleep at ____ o'clock. |
| MCT_SLEEP_FD_COF4 | MIN | I need ____ minutes to fall asleep. (MASK: MIN=0, MAX=60) |
| MCT_WAKE_FD_COF4 | HH:MM | I wake up at ____ o'clock. |
| MCT_GETUP_FD_COF4 | MIN | After ____ minutes I get up. (MASK: MIN=0, MAX=60) |

| | | |
|--|-------------------------|---|
| MCT_14 | MCT_ALARMFD_COF4 | |
| [ALWAYS ASK] | | |
| My wake-up time is due to the use of an alarm clock. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|---|------------------------|---|
| MCT_15 | MCT_REASON_COF4 | |
| [ALWAYS ASK] | | |
| There are particular reasons why I <u>cannot</u> freely choose my sleep times on free days. | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | [DO NOT READ] Don't know / No answer |
| REFUSED | 9 | [DO NOT READ] Refused |

| | | |
|--|-------------------------|---|
| MCT_16 | MCT_ALRMWHY_COF4 | |
| [ASK IF MCT_REASON_COF4 = YES] | | |
| If 'yes': | | |
| MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY | | |
| MCT_ALRMWHY_CHP_COF4 | 01 | Child(ren)/pet(s) |
| MCT_ALRMWHY_HO_COF4 | 02 | Hobbies |
| MCT_ALRMWHY_OTSP_COF4 | 97 | Other, for example: _____ |
| MCT_ALRMWHY_DK_NA_COF4 | 98 | [DO NOT READ] Don't know / No answer |
| MCT_ALRMWHY_REFUSED_COF4 | 99 | [DO NOT READ] Refused |

MCT_END

EXCLUSION CRITERIA

| HIP-WAIST RATIO | |
|-------------------------------------|--|
| Test Exclusion | |
| Pregnancy <u>more than 12 weeks</u> | ICQ_PREGNT_COF4 = yes AND; ICQ_PREGNTWK_NB_COF4 > 12 weeks, DK, RF |
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |

| WEIGHT | |
|------------------------------------|---|
| Test Exclusion | |
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |
| To Be Noted (Not Exclusion) | |
| Pregnancy | ICQ_PREGNT_COF4 = yes AND; ICQ_PREGNTWK_NB_COF4 = number of weeks |

| STANDING HEIGHT | |
|----------------------------|------------------------|
| Test Exclusion | |
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |

| SITTING HEIGHT | |
|--|------------------------|
| Test Exclusion | |
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |
| Participant's current weight exceeds 136 kg/300 lbs. | Weight stage |

| BLOOD PRESSURE | |
|---|---|
| Test Exclusion | |
| Surgery of both arms, breast or both sides of chest <u>within the last 3 months</u> ; or arteriovenous shunt/fistula on both arms | ICQ_SRGYARM_COF4 OR; ICQ_SRGYCHT_COF4 OR; ICQ_SRGYART_COF4 = both |
| Cast on both arms | ICQ_ARMCST_COF4 = yes, both |
| Prosthetic on both arms | ICQ_PROSARM2_COF4 = both |

| BLOOD PRESSURE | |
|--|--|
| Left Arm Exclusion and Pine Note (PN) | |
| Surgery of <u>left</u> arm, chest, or breast; or arteriovenous shunt/fistula <u>within last 3 months (PN)</u> | ICQ_SRGYARM_COF4 OR; ICQ_SRGYCHT_COF4 OR; ICQ_SRGYART_COF4 = left |
| Cast on left arm | ICQ_ARMCST_COF4 = left |
| Prosthetic on left arm | ICQ_PROSARM2_COF4 = left |
| Right Arm Exclusion and Pine Note (PN) | |
| Surgery of <u>right</u> arm, chest, or breast; or arteriovenous shunt/fistula <u>within last 3 months (PN)</u> | ICQ_SRGYARM_COF4 OR; ICQ_SRGYCHT_COF4 OR; ICQ_SRGYART_COF4 = right |
| Cast on right arm | ICQ_ARMCST_COF4 = right |
| Prosthetic on right arm | ICQ_PROSARM2_COF4 = right |
| To Be Noted (Not exclusion) | |
| Prosthetic arm – Joint replacement | ICQ_JOINTARM_COF4 = right OR left OR both |

| ECG | |
|----------------------------|------------------------|
| Test Exclusion | |
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |

| ECHOCARDIOGRAM | |
|----------------------------|------------------------|
| Test Exclusion | |
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |

| SPIROMETRY (FEV1, FORCED VITAL CAPACITY) | |
|--|---|
| Test Exclusion | |
| Acute respiratory condition | ICQ_ILLLUNG_COF4 = yes |
| Pregnancy <u>more than 27 weeks</u> | ICQ_PREGNT_COF4 = yes AND; ICQ_PREGNTWK_NB_COF4 > 27 weeks, DK |
| Unstable heart condition or recent heart surgery <u>within the last 3 months</u> | ICQ_HRTCOND_COF4 OR; ICQ_SRGYHRT_COF4 = yes |
| Major surgery on chest or abdomen <u>within last 3 months</u> | ICQ_SRGYCHT_COF4 OR; ICQ_SRGYABD_COF4 = left OR right OR both |

| SPIROMETRY (FEV1, FORCED VITAL CAPACITY) | |
|--|---|
| Test Exclusion | |
| Detached retina or recent eye surgery <u>within last 3 months</u> | ICQ_SRGYEYE_COF4 = left OR right OR both ICQ_DERET3MO_COF4 = yes |
| Has previously had blood in sputum <u>within last 3 months</u> | ICQ_BLDSP3MO_COF4 = yes |
| Has had thoracic, abdominal or cerebral aneurysm present | ICQ_ANEURY_COF4 = yes |
| Pulmonary embolism in the last 6 weeks, or still on anticoagulants for one | ICQ_EMB6WK_COF4 = yes ICQ_EMBMED_COF4 = yes |
| Average blood pressure of 200/120 | Blood Pressure stage |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Smoking Status (PN) | ICQ_SMOKE_COF4 = yes or no or former |
| Smoking in last 24 hours | ICQ_SMOKETIME_COF4 = yes or no |
| Last time participant had cigarette, cigar or pipe? | ICQ_SMOKE1_COF4 = hours or minutes |
| Use of long-acting inhaler | ICQ_INHALERLONG_COF4 = yes or no |
| Use of short acting inhaler | ICQ_INHALERSHORT_COF4 = yes or no |
| Have an abdominal feeding tube in place (PN) | ICQ_ABDTUBE_COF4 = yes |
| BONE DENSITY AND BIO-IMPEDENCE BY DXA – HIP | |
| Test Exclusion | |
| Pregnant women | ICQ_PREGNT_COF4 = yes, DK, RF |
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |
| Involved in Nuclear Medicine study <u>within the last 2 days</u> | ICQ_NUCLMED_48H_COF4 = yes |
| Prosthetic | ICQ_PROSHIP_COF4 = both |
| Previous breaks or fractures | ICQ_FXHIP_COF4 = left AND right |
| Implanted surgical hardware (pins, rods, screws, plates, wires) | ICQ_HRDWR_HP_COF4 = both |
| Left Hip Exclusion | |
| Prosthetic | ICQ_PROSHIP_COF4 = left |
| Implanted surgical hardware (pins, rods, screws, plates, wires) | ICQ_HRDWR_HP_COF4 = left |

| BONE DENSITY AND BIO-IMPEDENCE BY DXA – HIP | |
|---|-----------------------------------|
| Right Hip Exclusion | |
| Prosthetic | ICQ_PROSHIP_COF4 = right |
| Implanted surgical hardware (pins, rods, screws, plates, wires) | ICQ_HRDWR_HP_COF4 = right |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Polio | ICQ_POLIO_COF4 = yes |
| Previous breaks or fractures of one hip (PN) | ICQ_FXHIP_COF4 = left OR right |
| What test was performed | ICQ_NUCLMED_TEST_COF4 = specify |
| Implanted surgical hardware (pins, rods, screws, plates, wires) of one hip (PN) | ICQ_HRDWR_HP_COF4 = left OR right |
| Implanted surgical hardware (pins, rods, screw, plates, wires) in 'other' (OTSP) (PN) | ICQ_HRDWR_OTSP = yes |

| BONE DENSITY AND BIO-IMPEDENCE BY DXA – LATERAL SPINE IVA & LUMBAR SPINE | |
|---|---------------------------------|
| Test Exclusion | |
| Pregnant women | ICQ_PREGNT_COF4 = yes, DK, RF |
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |
| Involved in Nuclear Medicine study <u>within the last 2 days</u> | ICQ_NUCLMED_48H_COF4 = yes |
| Implanted surgical hardware (pins, rods, screws, plates, wires) in spine | ICQ_HRDWR_SPN_COF4 = yes |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Back surgery (PN) | ICQ_BCKSRGY_COF4 = yes |
| Polio (PN) | ICQ_POLIO_COF4 = yes |
| Previous breaks or fractures (PN) | ICQ_FXBACK_COF4 = yes |
| What test was performed | ICQ_NUCLMED_TEST_COF4 = specify |
| Implanted surgical hardware (pins, rods, screw, plates, wires) in 'other' (OTSP) (PN) | ICQ_HRDWR_OTSP = yes |

| BONE DENSITY AND BIO-IMPEDENCE BY DXA – WHOLE BODY | |
|---|-------------------------------|
| Test Exclusion | |
| Pregnant women | ICQ_PREGNT_COF4 = yes, DK, RF |

| BONE DENSITY AND BIO-IMPEDENCE BY DXA – WHOLE BODY | |
|---|---|
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |
| Involved in Nuclear Medicine study <u>within the last 2 days</u> | ICQ_NUCLMED_48H_COF4 = yes |
| Had an IV CT or MRI contrast test within 24 hours | ICQ_NUCLMED_IV24H_COF4 = yes |
| Had a barium test <u>within the last 7 days</u> | ICQ_BARSWAL_COF4 = yes |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Medical device implantation (PN) | ICQ_PACEMKR_COF4 OR; ICQ_DEFIBR_COF4 OR; ICQ_COCHLIMP_COF4 = yes |
| Cast | ICQ_HNDCST_COF4 OR; ICQ_ARMCST_COF4 OR; ICQ_LEGCSST_COF4 = left OR right OR both |
| Prosthetic limbs or joints | ICQ_PROSARM2_COF4 OR; ICQ_JOINTARM_COF4 OR; ICQ_PROSLEG_COF4 OR; ICQ_PROSHND_COF4 OR; ICQ_PROSFT_COF4 OR; ICQ_PROSHIP_COF4 OR; ICQ_PROSKNEE_COF4 = left OR right OR both |
| Previous breaks or fractures (PN) | ICQ_FXARM_COF4 OR; ICQ_FXSHLD_COF4 OR; ICQ_FXHND_COF4 OR; ICQ_FXWRST_COF4 OR; ICQ_FXRIB_COF4 OR; ICQ_FXLEG_COF4 OR; ICQ_FXANK_COF4 OR; ICQ_FXFT_COF4 OR; ICQ_FXHIP_COF4 OR; ICQ_FXKNEE_COF4 OR; ICQ_FXCHK_COF4 OR; ICQ_FXJAW_COF4 = left OR right OR both ICQ_FXNOSE_COF4 OR; ICQ_FXSKL_COF4 OR; ICQ_FXNECK_COF4 OR; ICQ_FXBACK_COF4 OR; ICQ_FXCOLLR_COF4 OR; ICQ_FXPELV_COF4 = yes |
| Back surgery (PN) | ICQ_BCKSRGY_COF4 = yes |
| Implanted surgical hardware (pins, rods, screws, plates, wires) (PN) | ICQ_HRDWR_COF4 = yes |
| Implanted surgical hardware (pins, rods, screw, plates, wires) in 'other' (OTSP) (PN) | ICQ_HRDWR_OTSP = yes |

| BONE DENSITY AND BIO-IMPEDENCE BY DXA – WHOLE BODY | |
|---|--|
| Polio | ICQ_POLIO_COF4 = yes |
| Hearing aid (PN) | ICQ_HRAID2_COF4 = if left_side OR right_side OR Both_sides = YES (currently wearing) |
| Arteriovenous shunt/Fistula (PN) | ICQ_SRGYART_COF4 = left OR right OR both |
| What test was performed | ICQ_NUCLMED_TEST_COF4 = specify |

| BONE DENSITY AND BIO-IMPEDENCE BY DXA – FOREARM | |
|--|---------------------------------|
| Test Exclusion | |
| Pregnant women | ICQ_PREGNT_COF4 = yes, DK, RF |
| Involved in Nuclear Medicine study <u>within the last 2 days</u> | ICQ_NUCLMED_48H_COF4 = yes |
| Prosthetic | ICQ_PROSARM2_COF4 = both |
| Previous breaks or fractures | ICQ_FXARM_COF4 = left AND right |
| Implanted surgical hardware (pins, rods, screws, plates, wires) | ICQ_HRDWR_FA_COF4 = both |
| Left Forearm Exclusion | |
| Prosthetic | ICQ_PROSARM2_COF4 = left |
| Cast | ICQ_ARMCST_COF4 = left |
| Arteriovenous shunt/Fistula | ICQ_SRGYART_COF4 = left |
| Previous breaks or fractures | ICQ_FXARM_COF4 = left |
| Implanted surgical hardware (pins, rods, screws, plates, wires) | ICQ_HRDWR_FA_COF4 = left |
| Right Forearm Exclusion | |
| Prosthetic | ICQ_PROSARM2_COF4 = right |
| Cast | ICQ_ARMCST_COF4 = right |
| Arteriovenous shunt/Fistula | ICQ_SRGYART_COF4 = right |
| Previous breaks or fractures | ICQ_FXARM_COF4 = right |
| Implanted surgical hardware (pins, rods, screws, plates, wires) | ICQ_HRDWR_FA_COF4 = right |
| To Be Noted (Not Exclusion) | |
| Previous breaks or fractures | ICQ_FXWRST_COF4 = left or right |
| Polio | ICQ_POLIO_COF4 = yes |

| | |
|--|---------------------------------|
| What test was performed | ICQ_NUCLMED_TEST_COF4 = specify |
| Implanted surgical hardware (pins, rods, screw, plates, wires) in 'other' (OTSP) | ICQ_HRDWR_OTSP = yes |

| | |
|---|---|
| HEARING and CDTT | |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Ear infection (PN) | ICQ_EARINF_COF4 = right OR left OR both |
| Hearing aids (PN) | ICQ_HRAID2_COF4 = right_side OR left_side OR both_sides |
| Tinnitus (PN) | ICQ_TINNIT_COF4 = yes |

| | |
|---|---|
| 4-METRE WALK TEST: WALKING SPEED | |
| Test Exclusion | |
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |
| Unable to walk unassisted | ICQ_ABLEWLK_COF4 = no |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Prosthetic limb or joint (PN) | ICQ_PROSLEG_COF4 OR; ICQ_PROSFT_COF4 OR; ICQ_PROSHIP_COF4 OR; ICQ_PROSKNEE_COF4 = right OR left OR both |
| Ear infection (PN) | ICQ_EARINF_COF4 = yes OR right OR left OR both |

| | |
|------------------------|----------------------|
| SNIFFIN' STICKS | |
| Test Exclusion | |
| Odour allergy | ICQ_ODOUR_COF4 = yes |

| TUG: MOBILITY AND BALANCE | |
|---|---|
| Test Exclusion | |
| Unable to stand or rise from a chair unassisted | ICQ_RISEASSI_COF4 OR; ICQ_ABLESTND_COF4 = no |
| Unable to walk unassisted | ICQ_ABLEWLK_COF4 = no |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Prosthetic limb or joint (PN) | ICQ_PROSLEG_COF4 OR; ICQ_PROSFT_COF4 OR; ICQ_PROSHIP_COF4 OR; ICQ_PROSKNEE_COF4 = right OR left OR both |
| Ear infection (PN) | ICQ_EARINF_COF4 = right OR left OR both |

| STANDING BALANCE | |
|---|---|
| Test Exclusion | |
| Unable to stand unassisted | ICQ_ABLESTND_COF4 = no |
| Uses cane or walker regularly | ICQ_RISECANE_COF4 = yes |
| Prosthetic limb | ICQ_PROSLEG_COF4 OR; ICQ_PROSFT_COF4 OR; ICQ_PROSKNEE_COF4 = right OR left OR both |
| Participant's current weight exceeds 125 kg/275 lbs. | Weight stage |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Prosthetic hip (PN) | ICQ_PROSHIP_COF4 = right OR left OR both |
| Ear infection (PN) | ICQ_EARINF_COF4 = right OR left OR both |

| CHAIR RISE: BALANCE AND COORDINATION | |
|---|---|
| Test Exclusion | |
| Unable to stand or rise from a chair unassisted | ICQ_RISEASSI_COF4 OR; ICQ_ABLESTND_COF4 = no |
| Uses cane or walker regularly | ICQ_RISECANE_COF4 = yes |

| CHAIR RISE: BALANCE AND COORDINATION (continued) | |
|---|---|
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Prosthetic limb or joint (PN) | ICQ_PROSLEG_COF4 OR; ICQ_PROSFT_COF4 OR; ICQ_PROSHIP_COF4 OR; ICQ_PROSKNEE_COF4 = right OR left OR both |
| Ear infection (PN) | ICQ_EARINF_COF4 = right OR left OR both |

| VISION – TONOMETER | |
|---|--|
| Test Exclusion | |
| Detached retina or eye surgery <u>within last 3 months</u> | ICQ_SRGYEYE_COF4 = left OR right OR both ICQ_DERET3MO_COF4 = yes |
| Eye infection | ICQ_EYEINF_COF4 = both |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Detached retina or eye surgery <u>within last 3 months (PN)</u> | ICQ_DERET3MO_COF4 = yes |
| Eye infection (PN) | ICQ_EYEINF_COF4 = right OR left |
| Glaucoma, cataracts, glasses, contact lenses (PN) | ICQ_CATRCT2_COF4 OR; ICQ_GLAUC_COF4 = yes OR; ICQ_GLASSES_COF4 OR; ICQ_CTLENS_COF4 = WEARING |
| Prosthetic eye (PN) | ICQ_PROSEYE_COF4 = right OR left OR both |

| VISION – RETINAL CAMERA – LEFT | |
|--|------------------------------------|
| Test Exclusion | |
| Eye surgery <u>within last 3 months (PN)</u> | ICQ_SRGYEYE_COF4 = left OR both |
| Eye infection | ICQ_EYEINF_COF4 = left OR both |
| Prosthetic eye | ICQ_PROSEYE_COF4 = left OR both |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Detached retina, <u>to confirm which eye to contraindicate</u> | ICQ_DERET3MO_COF4 = yes |

| VISION – RETINAL CAMERA – LEFT | |
|---|---|
| Eye infection (PN) | ICQ_EYEINF_COF4 = right |
| Glaucoma, cataracts, glasses, contact lenses (PN) | ICQ_CATRCT2_COF4 OR; ICQ_GLAUC_COF4 = yes OR; ICQ_GLASSES_COF4 OR; ICQ_CTLENS_COF4 = WEARING |
| Prosthetic eye | ICQ_PROSEYE_COF4 = right |

| VISION – RETINAL CAMERA – RIGHT | |
|---|---|
| Test Exclusion | |
| Eye surgery <u>within last 3 months</u> | ICQ_SRGYEYE_COF4 = right OR both |
| Eye infection | ICQ_EYEINF_COF4 = right OR both |
| Prosthetic eye | ICQ_PROSEYE_COF4 = right OR both |
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Detached retina, <u>to confirm which eye to contraindicate (PN)</u> | ICQ_DERET3MO_COF4 = yes |
| Eye infection (PN) | ICQ_EYEINF_COF4 = left |
| Glaucoma, cataracts, glasses, contact lenses (PN) | ICQ_CATRCT2_COF4 OR; ICQ_GLAUC_COF4 = yes OR; ICQ_GLASSES_COF4 OR; ICQ_CTLENS_COF4 = WEARING |
| Prosthetic eye | ICQ_PROSEYE_COF4 = left |

| VISION – ETDRS and Contrast Sensitivity | |
|--|---|
| To Be Noted (Not Exclusion) and Pine Note (PN) | |
| Detached retina or eye surgery <u>within last 3 months</u> | ICQ_SRGYEYE_COF4 = left OR right OR both ICQ_DERET3MO_COF4 = yes |
| Eye infection (PN – ETDRS only) | ICQ_EYEINF_COF4 = right OR left OR both |
| Glaucoma, cataracts, glasses, contact lenses | ICQ_CATRCT2_COF4 OR; ICQ_GLAUC_COF4 = yes OR; ICQ_GLASSES_COF4 OR; ICQ_CTLENS_COF4 = WEARING |
| Prosthetic eye | ICQ_PROSEYE_COF4 = right OR left OR both |

| GRIP STRENGTH | |
|--|---|
| Test Exclusion | |
| Surgery on both hands or wrists <u>within the last 3 months</u> | ICQ_SRGYHND_COF4 = both |
| Open sores or bruising on both hands | ICQ_HNDSWL_COF4 OR; ICQ_HNDHMT_COF4 = both |
| Cast on both hands or arms | ICQ_HNDCST_COF4 OR; ICQ_ARMCST_COF4 = both |
| Prosthetic arms, hands or fingers | ICQ_PROSARM2_COF4 OR; ICQ_PROSHND_COF4 = both |
| Left Hand Exclusion | |
| Surgery of <u>left</u> hand or wrist <u>within last 3 months</u> | ICQ_SRGYHND_COF4 = left, RF |
| Pain or paralyses in left hand or wrist due to arthritis, tendinitis, carpal tunnel syndrome | ICQ_PAINHND_COF4 = left sides |
| Open sores or bruising on left hand | ICQ_HNDSWL_COF4 OR; ICQ_HNDHMT_COF4 = left |
| Cast on left hand or arm | ICQ_HNDCST_COF4 OR; ICQ_ARMCST_COF4 = left |
| Prosthetic arm, hand or finger | ICQ_PROSARM2_COF4 OR; ICQ_PROSHND_COF4 = left |
| Right Hand Exclusion | |
| Surgery of <u>right</u> hand or wrist <u>within last 3 months</u> | ICQ_SRGYHND_COF4 = right, RF |
| Pain or paralyses in right hand or wrist due to arthritis, tendinitis, carpal tunnel syndrome | ICQ_PAINHND_COF4 = right sides |
| Open sores or bruising on right hand | ICQ_HNDSWL_COF4 OR; ICQ_HNDHMT_COF4 = right |
| Cast on right hand or arm | ICQ_HNDCST_COF4 OR; ICQ_ARMCST_COF4 = right |
| Prosthetic arm, hand or fingers | ICQ_PROSARM2_COF4 OR; ICQ_PROSHND_COF4 = right |
| To Be Noted (Not Exclusion) | |
| Pain or paralyses in both hands or wrists due to arthritis, tendinitis, carpal tunnel syndrome | ICQ_PAINHND_COF4 = both sides |

| BLOOD SPECIMEN | |
|--|--|
| Test Exclusion | |
| Chemotherapy <u>within last 4 weeks</u> | ICQ_CHEMO4WK_COF4 = yes |
| Haemophilia or other blood clotting disease | ICQ_HAEMO_COF4 = yes |
| Received blood transfusion or donated blood <u>in last 24 hours</u> | ICQ_BLDTR24H_COF4 = yes |
| Surgery of both arms, breasts, or both sides of chest <u>within the last 3 months</u> ; or arteriovenous shunt | ICQ_SRGYARM_COF4 OR; ICQ_SRGYCHT_COF4 OR; ICQ_SRGYART_COF4 = both |
| Cast or prosthetic arms | ICQ_ARMCST_COF4 = both OR; ICQ_PROSARM2_COF4 = both |
| Left Arm Exclusion | |
| Surgery of left arm, chest, or breast or arteriovenous shunt | ICQ_SRGYARM_COF4 = left OR; ICQ_SRGYCHT_COF4 = yes OR; ICQ_SRGYART_COF4 = left |
| Cast or prosthetic left arms | ICQ_ARMCST_COF4 = left OR; ICQ_PROSARM2_COF4 = left |
| Right Arm Exclusion | |
| Surgery of right arm, chest, or breast or arteriovenous shunt | ICQ_SRGYARM_COF4 = right OR; ICQ_SRGYCHT_COF4 = yes OR; ICQ_SRGYART_COF4 = right |
| Cast or prosthetic right arms | ICQ_ARMCST_COF4 = right OR; ICQ_PROSARM2_COF4 = right |
| To Be Noted (Not exclusion) | |
| Prosthetic arm – Joint replacement | ICQ_JOINTARM_COF4 = right OR left OR both |

END