



clsa élcv

Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Proxy Questionnaire (Follow Up 3)

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Examples of variable names as shown in the datasets.

SDC_1	SDC_RELGCP_PXF3	
[ALWAYS ASK]		
Compared to three years ago, would you say that [participant] is...?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT WAS NEVER RELIGIOUS “EQUALLY” WOULD APPLY		
MORE_RELIGIOU	1	More religious and/or spiritual
NO_CHANGE	2	Equally as religious and/or spiritual
LESS_RELIGIOU	3	Less religious and/or spiritual
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SMK_6	SMK_OTCURRE_PXF3	
[ASK IF SMK_OTOCC_PXF3 = YES]		
What other types of tobacco products do you currently use?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
SMK_OTCURRE_CG_PXF3	01	Cigars
SMK_OTCURRE_SM_PXF3	02	Small cigars (cigarillos)
SMK_OTCURRE_PI_PXF3	03	Tobacco pipes
SMK_OTCURRE_CH_PXF3	04	Chewing tobacco or snuff
SMK_OTCURRE_PT_PXF3	05	Nicotine patches
SMK_OTCURRE_GU_PXF3	06	Nicotine gum
SMK_OTCURRE_BE_PXF3	07	Betel nut
SMK_OTCURRE_PN_PXF3	08	Paan
SMK_OTCURRE_SH_PXF3	09	Sheesha
SMK_OTCURRE_EN_PXF3	10	E-cigarettes with nicotine
SMK_OTCURRE_EC_PXF3	11	E-cigarettes, without nicotine
SMK_OTCURRE_OTSP_PXF3	97	Other (please specify: _____)
SMK_OTCURRE_DK_NA_PXF3	98	[DO NOT READ] Don't know / No answer
SMK_OTCURRE_REFUSED_PXF3	99	[DO NOT READ] Refused

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Proxy Questionnaire Status Check

Q00	PIC_REV_PXF3
[ALWAYS ASK]	
<p>Prior to beginning, I want to let you know that if [participant's name] becomes able or chooses to provide information for themselves, rather than relying on you as their proxy information provider, they are free to choose this option. It is part of the Canadian Longitudinal Study on Aging (CLSA) policies that a participant can choose to restart taking interviews from the CLSA even if they have previously relied on a proxy (like you) to be interviewed on their behalf. All they need to do is contact the CLSA to let us know and we will re-establish them as our primary contact for interviewing instead of you. This option is explained in our materials about the proxy process made available to all participants, which we presume [participant's name] would have read prior to designating you as their proxy. Even so, you can always remind [participants' name] of this option, if you think they would be interested.</p>	

Proxy Questionnaire

The CLSA Proxy Questionnaire is used to collect information about a CLSA participant from a third party (the proxy information provider) when the participant is no longer able to provide that information for themselves.

To begin, we would like to ask you a few questions about yourself as a proxy: about your age, sex and relationship to **[participant]**. We are collecting this information because it may allow us to better understand the basic characteristics about people who are proxies. If this is not your first proxy interview, we may have asked you some of these questions last time.

Providing this information is completely voluntary. You can choose not to answer any of these questions.

Q1	PIC_NAME_PXF3
[ALWAYS ASK]	
<p>As we are going through the questionnaire, how would you like me to refer to Mr./Ms./Miss/Mrs. [participant's last name]? [If responder is unsure: Would you like us to refer to him/her as Mr./Ms./Miss/Mrs. [participant's last name], as [participant's first name], or as [participant's full name] or by another name?]</p>	
NAME	OPEN TEXT VARIABLE

Q2	PIC_RELN_PXF3	
[ALWAYS ASK]		
<p>[If proxy responder has already indicated their relationship with the participant, just confirm that relationship]. What is your relationship to [participant's name]? You are their...?</p>		
<p>WE ARE INTERESTED IN THE RELATIONSHIP OF THE PROXY RESPONDER TO THE PARTICIPANT, NOT THE OTHER WAY AROUND. SO, IF THE PROXY RESPONDER IS THE SON OF THE PARTICIPANT, THEN THE CORRECT ANSWER IS 'SON/DAUGHTER.'</p>		
<p>COLLECTING DEMOGRAPHIC DATA ABOUT THE PROXY RESPONDERS—FOR EXAMPLE, THEIR AGE, SEX, AND THEIR RELATIONSHIP TO THE PARTICIPANT—MAY PROVE USEFUL FOR BUILDING KNOWLEDGE ABOUT HOW TO RECRUIT, INTEGRATE, AND RETAIN PROXY RESPONDERS IN THE STUDY. WE ALSO NEED TO KNOW SOME BASIC INFORMATION ABOUT WHO THE PROXY RESPONDERS ARE TO POTENTIALLY BETTER UNDERSTAND THE INFORMATION THEY PROVIDE, AND POSSIBLY TO EXPLAIN PATTERNS IN THE DATA.</p>		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
SPOUSE	01	Husband/wife
COMMON_LAW	02	Common-law partner
PARENT	03	Father/mother
CHILD	04	Son/daughter
SIBLING	05	Brother/sister
GRAND_PARENT	06	Grandfather/grandmother
GRAND_CHILD	07	Grandson/granddaughter
PARENT_IN_LAW	08	Father-in-law/mother-in-law
CHILD_IN_LAW	09	Son-in-law/daughter-in-law
SIBLING_IN_LAW	10	Brother-in-law/sister-in-law
OTHER_RELATIVE	11	Other relative (specify: _____)
FRIEND	12	Friend
NEIGHBOUR	13	Neighbour
OTHER	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused



Q3	PIC_CURRAGE_PXF3	
[ALWAYS ASK]		
What is your age?		
COLLECTING DEMOGRAPHIC DATA ABOUT THE PROXY RESPONDERS—FOR EXAMPLE, THEIR AGE, SEX, AND THEIR RELATIONSHIP TO THE PARTICIPANT—MAY PROVE USEFUL FOR BUILDING KNOWLEDGE ABOUT HOW TO RECRUIT, INTEGRATE, AND RETAIN PROXY RESPONDERS IN THE STUDY. WE ALSO NEED TO KNOW SOME BASIC INFORMATION ABOUT WHO THE PROXY RESPONDERS ARE TO POTENTIALLY BETTER UNDERSTAND THE INFORMATION THEY PROVIDE, AND POSSIBLY TO EXPLAIN PATTERNS IN THE DATA.		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
25_BELOW	01	25 or below
26_35	02	26-35
36_45	03	36-45
46_55	04	46-55
56_65	05	56-65
66_75	06	66-75
76_85	07	76-85
86_95	08	86-95
ABOVE_95	09	Above 95
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

Q4	PIC_BTHSEX_PXF3	
[ALWAYS ASK]		
What was your sex at birth?		
<p>INTERVIEWER: "SEX" REFERS TO THE BIOLOGICAL AND PHYSIOLOGICAL CHARACTERISTICS THAT DEFINE MEN AND WOMEN. "GENDER" REFERS TO THE SOCIALLY CONSTRUCTED ROLES, BEHAVIOURS, ACTIVITIES, AND ATTRIBUTES THAT A GIVEN SOCIETY CONSIDERS APPROPRIATE FOR MEN AND WOMEN. THE INFORMATION WE ARE COLLECTING IS REGARDING THE PERSON'S SEX AT BIRTH.</p> <p>COLLECTING DEMOGRAPHIC DATA ABOUT THE PROXY RESPONDERS—FOR EXAMPLE, THEIR AGE, SEX, AND THEIR RELATIONSHIP TO THE PARTICIPANT—MAY PROVE USEFUL FOR BUILDING KNOWLEDGE ABOUT HOW TO RECRUIT, INTEGRATE, AND RETAIN PROXY RESPONDERS IN THE STUDY. WE ALSO NEED TO KNOW SOME BASIC INFORMATION ABOUT WHO THE PROXY RESPONDERS ARE TO POTENTIALLY BETTER UNDERSTAND THE INFORMATION THEY PROVIDE, AND POSSIBLY TO EXPLAIN PATTERNS IN THE DATA.</p>		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
MALE	1	Male
FEMALE	2	Female
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Q5	PIC_PXRTRD_PXF3	
[ALWAYS ASK]		
At this time, are you completely retired, partly retired or not retired?		
CODE ONLY ONE RESPONSE		
COMPLETELY_RETIRED	1	Completely retired
PARTLY_RETIRED	2	Partly retired
NOT_RETIRED	3	Not retired
NEVER_PAID	4	Never held a paid job
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Q6	PIC_KNWELL_PXF3	
[ALWAYS ASK]		
On a scale from 1 – 5, how well do you feel you know [participant's name] ? With one being 'not very well' and five being 'very well'.		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
ONE	1	1 (not very well)
TWO	2	2
THREE	3	3
FOUR	4	4
FIVE	5	5 (very well)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Q7	PIC_KNOWN_PXF3	
[ALWAYS ASK]		
How long have you known [participant's name] ? In years and months.		
ROUND UP TO THE NEAREST MONTH		
LESS_MONTH	996	Less than one month
YR	_____	YEARS (MIN=0; MAX=CURRENT AGE)
MT	_____	MONTHS (MIN=0; MAX=11)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

Q8	PIC_COHAB_PXF3	
[ASK IF PIC_RELN_PXF3 ≠ NEIGHBOUR]		
Are you currently living with [participant's name] ?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Q9	PIC_CONT_PXF3	
[ASK IF PIC_COHAB_PXF3 ≠ YES]		
In the past 12 months, have you been in contact with [participant's name] in any of the following ways:		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PR	01	In person
PH	02	By phone
EM	03	By email
SM	04	By social media (Facebook, twitter, etc.)
CG	05	Through contact with [his/her] caregiver
OT	97	Other (specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

Q10	PIC_FQCONT_PXF3	
[ASK IF PIC_CONT_PXF3 ≠ DK_NA OR REFUSED]		
How often have been in contact with [participant's name] ? Is it ...		
READ LIST, CODE ONLY ONE RESPONSE		
INTERVIEWER: THE 'CONTACT' REFERRED TO HERE SHOULD REFLECT THE ANSWERS TO THE PREVIOUS QUESTION ABOUT THE TYPE OF CONTACT THE RESPONDER HAD WITH THE PARTICIPANT IN THE LAST 12 MONTHS.		
MORE_DAY	1	At least once a day
MORE_WEEK	2	At least once a week
MORE_WEEK_LESS_DAY	3	More than once a week but less than once a day
MORE_MONTH	4	At least once a month
LESS_MONTH	5	Less than once a month
NOT_ALL	6	Not at all
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Q11	PIC_VSLMT_PXF3	
[ASK IF PIC_CONT_PXF3 = PR]		
Was in-person visiting with [participant] limited for any of the following reasons over the past 12 months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PIC_VSLMT_ILL_PXF3	01	COVID restrictions or precautions
PIC_VSLMT_FAR_PXF3	02	Lives too far away
PIC_VSLMT_NONE_PXF3	96	Visiting was not limited
PIC_VSLMT_OTSP_PXF3	97	Other (specify: _____)
PIC_VSLMT_DK_NA_PXF3	98	[DO NOT READ] Don't know / No answer
PIC_VSLMT_REFUSED_PXF3	99	[DO NOT READ] Refused

PIC_END

Home Ownership (OWN)

Overview	In this module, respondents are asked to provide information about the participant's home.
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OWN_1	OWN_DWLG_PXF3	
[ALWAYS ASK]		
What type of dwelling does [participant] currently live in?		
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE		
SENIORS_HOUSING – Seniors' housing (retirement home, assisted living)		
Seniors' housing is a broad term to describe non-institutional dwellings that are <u>rented, leased, and sometimes owned</u> . These setting are designed for housing seniors and have expectation of supportive services as part of the rent, lease, and ownership agreement with the dwelling's owner and or resident association. These services might include meals and bathing but can include intensive care services like feeding. Residents of these dwellings are considered tenants or owners and have arranged outside care and services.		
<i>Other synonyms: Assisted living (BC, MB); Retirement homes (BC, ON); Designated Supportive living (AB); Supportive living (AB, MB); Personal care homes (SK, NFLD); Independent senior's housing (MB); Elder homes (NT); Résidences pour personnes âgées (QC); Special care homes (NB); Residential care facilities (NS); Protective community residences (NFLD); Retirement communities</i>		
INSTITUTION - Institution (old age facility)		
Institutional care is a broad term to describe dwellings that have 24-hour nursing care available, and are NOT rented, leased, or owned. In these setting a person is 'admitted' formally, and all their care is expected to come from the facility's internal staff, including medical primary care. Residents are generally cognitively impaired and have substitute decision-makers.		
<i>Other synonyms: Long-term Care (ON, ALB, most provinces); Nursing home (most provinces); Residential care facility (BC)</i>		
HOUSE	01	House (single detached, semi-detached, duplex or townhouse)
APARTMENT	02	Apartment or condominium
SENIORS_HOUSING	03	Seniors' housing (retirement home, assisted living)
INSTITUTION	04	Institution (old age facility, nursing home or long-term care)
HOTEL	05	Mobile home, hotel, rooming or lodging house
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

OWN_END

Socio-Demographic Characteristics (SDC)

SDC_1	SDC_MRTL_PXF3	
[ALWAYS ASK]		
What is [participant] 's current marital/partner status?		
INTERVIEWER INSTRUCTIONS: WE NEED TO CONFIRM/UPDATE MARITAL STATUS BECAUSE SOME QUESTIONS IN THE SURVEY ARE ASKED DEPENDING ON MARITAL/PARTNER STATUS		
SINGLE	1	Single, never married or never lived with a partner
COMMON_LAW	2	Married/living with a partner in a common-law relationship
WIDOWED	3	Widowed
DIVORCED	4	Divorced
SEPARATED	5	Separated
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SDC_END

Smoking (SMK)

Overview	<p>Because tobacco use is one of the leading causes of illness and death in Canada, it is important to examine this issue among Canadians as they age.</p> <p>Information from this module is important for understanding the health consequences of smoking as people age.</p> <p>Note: This module covers smoking cigarettes. Pipe and cigar smoking should not be included in this module.</p>
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SMK_1	SMK_CURRCG_PXF3	
[ALWAYS ASK]		
At the present time, does [participant] smoke cigarettes daily, occasionally or not at all?		
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE		
DAILY_PAST_30_DAYS	1	Daily (at least one cigarette every day for the past 30 days)
OCCASIONALLY	2	Occasionally (at least one cigarette in the past 30 days, but not every day)
NOT_AT_ALL	3	Not at all (they did not smoke at all in the past 30 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SMK_END

Alcohol Use (ALC)

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

ALC_1	ALC_FREQ_PXF3	
[ALWAYS ASK]		
About how often during the past 12 months did [participant] drink alcohol?		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST_EVERY_DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ALC_2	ALC_HVST_PXF3	
[ASK IF ALC_FREQ_PXF3 ≠ NEVER, DK_NA OR REFUSED]		
How does [participant] 's consumption of alcohol during the past 12 months compare to [his/her] heaviest period of drinking?		
READ LIST, CODE ONLY ONE RESPONSE		
SAME	1	About the same
LESS_HEAVIEST_PERIOD	2	Less than the heaviest period of drinking
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ALC_END

General Health (GEN)

Overview	<p>The general health module is used to collect data on proxy-perceived health, proxy-perceived mental health of the participant, and some activities.</p> <p>Researchers are interested in these topics because they are good basic measures of health status. They can also be used to predict other aspects of the participant's health. For example, if a participant's health is described as fair or poor, they are more likely to have long-term health problems, to suffer from depression and to be heavy users of the health care system.</p>
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Next, I am going to ask you some general questions about **[participant]**'s health.

GEN_1	GEN_HLTH_PXF3	
[ALWAYS ASK]		
In general, would you say [participant] 's health is excellent, very good, good, fair, or poor?		
CODE ONLY ONE RESPONSE		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_2	GEN_MNTL_PXF3	
[ALWAYS ASK]		
In general, would you say [participant] 's mental health is excellent, very good, good, fair, or poor?		
CODE ONLY ONE RESPONSE		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_3	GEN_BRD_PXF3	
[ALWAYS ASK]		
About how often does [participant] play board games, cards, crossword puzzles, jigsaw puzzles, or Sudoku?		
CODE ONLY ONE RESPONSE		
EVERY_DAY	1	Every day
SEVERAL_TIMES_WEEK	2	Several times a week
SEVERAL_TIMES_MONTH	3	Several times a month
SEVERAL_TIMES_YEAR	4	Several times a year
ONCE_YEAR_OR_LESS	5	Once a year or less
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_4	GEN_MUSC_PXF3	
[ALWAYS ASK]		
About how often does [participant] play a musical instrument or sing in a choir?		
CODE ONLY ONE RESPONSE		
EVERY_DAY	1	Every day
SEVERAL_TIMES_WEEK	2	Several times a week
SEVERAL_TIMES_MONTH	3	Several times a month
SEVERAL_TIMES_YEAR	4	Several times a year
ONCE_YEAR_OR_LESS	5	Once a year or less
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_END

Nutritional Risk (NUR)

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

Overview	<p>This module is an adapted version of a screening tool called <i>Seniors in the Community: Risk Evaluation for Eating and Nutrition (SCREEN II)</i>. Questions look at weight change, eating habits, and difficulty eating. 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>
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The next group of questions ask about **[participant]**'s weight and eating habits on a typical day.

NUR_1	NUR_GLSWT_PXF3		
[ALWAYS ASK]			
Compared with 6 months ago, has [participant] 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_PXF3		
[ASK IF NUR_GLSWT_PXF3 = LOST]			
How much weight did [participant] <u>LOSE</u> 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_PXF3	
[ASK IF NUR_GLSWT_PXF3 = GAINED]		
How much weight did [participant] 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_PXF3	
[ALWAYS ASK]		
In general, how often does [participant] 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_PXF3	
[ALWAYS ASK]		
In general, how would you describe [participant]'s 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_PXF3	
[ALWAYS ASK]		
In general, how often does [participant] 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_MLSMN_PXF3	
[ALWAYS ASK]		
How often does [participant] 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_7	NUR_CKMEALS_PXF3	
[ALWAYS ASK]		
Does [participant] usually cook [his/her] own meals?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused



Food Security

NUR_8	NUR_NOTENFD_PXF3
[ALWAYS ASK]	
In the past 12 months, did [participant] ever eat less than [he/she] felt [he/she] 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

NUR_END

Pain and Discomfort (HUP)

Overview	<p>This module contains 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>
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The next questions are about pain and discomfort.

HUP_1	HUP_FREE_PXF3	
[ALWAYS ASK]		
Is [participant] 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_PRVACT_PXF3	
[ASK IF HUP_FREE_PXF3 = NO]		
How many activities does [participant] 's 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)

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 **[participant]**'s vision...

VIS_1	VIS_SGHT_PXF3	
[ALWAYS ASK]		
Is [participant] 's eyesight, using glasses or corrective lenses if [he/she] uses 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_PXF3	
[ALWAYS ASK]		
Besides glasses or contact lenses, does [participant] 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_PXF3	
[ASK IF VIS_AID_PXF3 = YES]		
Does [participant] now use...		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
MG	01	Magnifiers
BR	02	Braille reading materials
LG	03	Larger print reading materials
TK	04	Talking books
RC	05	Recording equipment or portable note-takers
CC	06	Closed circuit devices (e.g., CCTVs)
CP	07	eReader, a computer with Braille, large print, or speech access
CN	08	A white cane
DG	09	A guide dog
OTSP	97	Another aid (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

VIS_END

Hearing (HRG)

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

Now some questions about **[participant]**'s hearing...

HRG_1	HRG_HRG_PXF3	
[ALWAYS ASK]		
Is [participant] 's hearing, using a hearing aid if [he/she] uses 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_PXF3	
[ALWAYS ASK]		
Does [participant] 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_PXF3	
[ALWAYS ASK]		
Does [participant] use any aids, specialized equipment, or services for persons who are deaf or hard of hearing, for example, 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_PXF3	
[ASK IF HRG_AID_PXF3 = YES]		
Does [participant] now use...		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
AID	01	Hearing aid
CP	02	Computer to communicate (e.g., e-mail or chat services)
VL	03	Volume control telephone
TTY	04	TTY or TTD
MSG	05	Message relay service
PH	06	Other phone-related devices (e.g., flashers, earphones)
CC	07	Closed caption T.V. or decoder
AP	08	Amplifiers (e.g., FM, acoustic, infra-red, earphones)
VS	09	Visual or vibrating alarm
CO	10	Cochlear or other surgical implant
OTSP	97	Another aid (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

HRG_END

Informant Questionnaire on Cognitive Decline in the Elderly (IQC)

Jorm AF. A short form of the Informant Questionnaire on Cognitive Decline in the Elderly (IQC CODE): development and cross-validation. Psychol Med. 1994 Feb;24(1):145-53. doi: 10.1017/s003329170002691x. Erratum in: Psychol Med 1995 Mar;25(2):437. PMID: 8208879.

Now we want you to remember what **[participant]** was like 3 years ago and to compare it with what **[he/she]** is like now. We are going to ask about situations where **[participant]** has to use **[his/her]** memory or intelligence and we want you to indicate whether this has improved, stayed the same or gotten worse in that situation over the past 3 years. Note the importance of comparing **[his/her]** present performance with 3 years ago. So, if 3 years ago **[participant]** always forgot where **[he/she]** had left things, and **[he/she]** still does, then this would be considered "Not much change".

Compared with 3 years ago, how is **[participant]** at:

IQC_1	IQC_FAMFR_PXF3	
[ALWAYS ASK]		
Remembering things about family and friends (e.g., occupations, birthdays, addresses)?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_2	IQC_RECNT_PXF3	
[ALWAYS ASK]		
Remembering things that have happened recently?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_3	IQC_CONVS_PXF3	
[ALWAYS ASK]		
Recalling conversations a few days later?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_4	IQC_ADTEL_PXF3	
[ALWAYS ASK]		
Remembering his/her address and telephone number?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_5	IQC_DATE_PXF3	
[ALWAYS ASK]		
Remembering what day and month it is?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_6	IQC_ULOC_PXF3	
[ALWAYS ASK]		
Remembering where things are usually kept?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_7	IQC_DL0C_PXF3	
[ALWAYS ASK]		
Remembering where to find things which have been put in a different place from usual?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_8	IQC_FMACH_PXF3	
[ALWAYS ASK]		
Knowing how to work familiar machines around the house?		
INTERVIEWER NOTE: A MACHINE IS A DEVICE OR APPLIANCE THAT CAN BE FOUND IN A HOME (I.E., WASHING MACHINE, DISHWASHER, ETC.)		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_9	IQC_NWMACH_PXF3	
[ALWAYS ASK]		
Learning to use a new gadget or machine around the house?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_10	IQC_LEARN_PXF3	
[ALWAYS ASK]		
Learning new things in general?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_11	IQC_STORY_PXF3	
[ALWAYS ASK]		
Following a story in a book or on TV?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_12	IQC_DECN_PXF3	
[ALWAYS ASK]		
Making decisions on everyday matters?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_13	IQC_MONEY_PXF3	
[ALWAYS ASK]		
Handling money for shopping?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_14	IQC_FINANC_PXF3	
[ALWAYS ASK]		
Handling financial matters (e.g., the pension, dealing with the bank)?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_15	IQC_ARITH_PXF3	
[ALWAYS ASK]		
Handling other everyday arithmetic problems (e.g., knowing how much food to buy, knowing how long between visits from family or friends)?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_16	IQC_INTEL_PXF3	
[ALWAYS ASK]		
Using [his/her] intelligence to understand what's going on and to reason things through?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_END

Chronic Conditions (CCT)

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>
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Now I’d like to ask about any chronic health conditions which **[participant]** 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**.

<i>Osteoarthritis and Arthritis</i>
--

CCT_1					
[ALWAYS ASK]					
Has a doctor ever told [participant] that [he/she] has ...					
NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME.					
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	NO	[DO NOT READ] Don't know / No answer	[DO NOT READ] Refused
CCT_OAKNEE_PXF3	Osteoarthritis in the knee?				
CCT_OAHIP_PXF3	Osteoarthritis in the hip?				
CCT_OAHAND_PXF3	Osteoarthritis in one or both hands?				
CCT_RA_PXF3	Rheumatoid arthritis?				

Respiratory

CCT_2

[ALWAYS ASK]

Has a doctor ever told [participant] that [he/she] has ...

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

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

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	NO	[DO NOT READ] Don't know / No answer	[DO NOT READ] Refused
CCT_ASTHM_PXF3	Asthma?				
CCT_COPD_PXF3	Any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?				

Cardiac/Cardiovascular

CCT_3

[ALWAYS ASK]

Has a doctor ever told [participant] that [he/she] has ...

HIGH BLOOD PRESSURE (HYPERTENSION)

HIGH BLOOD PRESSURE 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.

DIABETIC RETINOPATHY (DIE-UH-BET-IK RET-IH-NOP-UH-THEE) IS A DIABETES COMPLICATION THAT AFFECTS EYES. IT'S CAUSED BY DAMAGE TO THE BLOOD VESSELS OF THE LIGHT-SENSITIVE TISSUE AT THE BACK OF THE EYE (RETINA). AT FIRST, DIABETIC RETINOPATHY MAY CAUSE NO SYMPTOMS OR ONLY MILD VISION PROBLEMS.

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

ANGINA IS A TERM USED FOR CHEST PAIN CAUSED BY REDUCED BLOOD FLOW TO THE HEART MUSCLE. ANGINA (AN-JIE-NUH OR AN-JUH-NUH) IS A SYMPTOM OF CORONARY ARTERY DISEASE. ANGINA IS TYPICALLY DESCRIBED AS SQUEEZING, PRESSURE, HEAVINESS, TIGHTNESS OR PAIN IN YOUR CHEST.

A HEART ATTACK, ALSO CALLED A MYOCARDIAL INFARCTION.

A HEART ATTACK 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.

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.

STROKE: THE SUDDEN DEATH OF BRAIN CELLS DUE TO LACK OF OXYGEN, CAUSED BY BLOCKAGE OF BLOOD FLOW OR RUPTURE OF AN ARTERY TO THE BRAIN. SUDDEN LOSS OF SPEECH, WEAKNESS, OR PARALYSIS OF ONE SIDE OF THE BODY CAN BE SYMPTOMS. A SUSPECTED STROKE CAN BE CONFIRMED BY SCANNING THE BRAIN WITH SPECIAL X-RAY TESTS, SUCH AS CAT SCANS. A STROKE IS SOMETIMES ABBREVIATED AS CVA. ALSO KNOWN AS CEREBROVASCULAR ACCIDENT.

TRANSIENT ISCHEMIC ATTACK (TIA, MINI-STROKE): 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	NO	[DO NOT READ] Don't know / No answer	[DO NOT READ] Refused
CCT_HBP_PXF3	High blood pressure or hypertension?				
CCT_DIAB_PXF3	Diabetes, borderline diabetes or that [his/her] blood sugar is high?				
CCT_DIAB_DR_PXF3	Diabetic Retinopathy?				
CCT_HEART_PXF3	Heart disease (including congestive heart failure or CHF)?				
CCT_ANGI_PXF3	Angina (or chest pain due to heart disease)?				
CCT_AMI_PXF3	Had a heart attack or myocardial infarction?				
CCT_PAD_PXF3	Peripheral arterial disease or poor circulation in [his/her] limbs?				
CCT_CVA_PXF3	Experienced a Stroke or CVA (cerebrovascular accident)?				
CCT_TIA_PXF3	Experienced a mini-stroke or TIA (Transient Ischemic Attack)?				

CCT_4	CCT_CVAFX_PXF3	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] suffers from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Neurological

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

CCT_5					
[ALWAYS ASK]					
Has a doctor ever told [participant] that [he/she] has ...					
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.					
MULTIPLE SCLEROSIS IS AN AUTOIMMUNE DISEASE THAT AFFECTS THE CENTRAL NERVOUS SYSTEM (BRAIN AND SPINAL CORD). AUTOIMMUNE DISEASES OCCUR WHEN THE IMMUNE SYSTEM ATTACKS AND DESTROYS 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.					
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.					
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.					
PARKINSONISM IS ANY CONDITION THAT CAUSES A COMBINATION OF THE MOVEMENT ABNORMALITIES SEEN IN PARKINSON'S DISEASE, SUCH AS TREMOR, SLOW MOVEMENT, IMPAIRED SPEECH, OR MUSCLE STIFFNESS. NOT EVERYONE WHO HAS PARKINSONISM HAS PARKINSON'S DISEASE.					
PARKINSON'S DISEASE IS A DEGENERATIVE DISORDER OF THE CENTRAL NERVOUS SYSTEM. EARLY IN THE COURSE OF THE DISEASE, THE MOST OBVIOUS SYMPTOMS ARE MOVEMENT-RELATED; THESE INCLUDE SHAKING, RIGIDITY, SLOWNESS OF MOVEMENT AND DIFFICULTY WITH WALKING AND GAIT. LATER, COGNITIVE AND BEHAVIOURAL PROBLEMS MAY ARISE, WITH DEMENTIA COMMONLY OCCURRING IN THE ADVANCED STAGES OF THE DISEASE. OTHER SYMPTOMS INCLUDE SENSORY, SLEEP AND EMOTIONAL PROBLEMS.					
		YES	NO	[DO NOT READ] Don't know / No answer	[DO NOT READ] Refused
CCT_MEMPB_PXF3	A memory problem?				
CCT_ALZH_PXF3	Dementia or Alzheimer's disease?				
CCT_MS_PXF3	Multiple sclerosis?				
CCT_EPIL_PXF3	Epilepsy?				
CCT_MGRN_PXF3	Migraine headaches?				
CCT_PARK_PXF3	Parkinsonism or Parkinson's disease?				

Gastrointestinal

CCT_6	CCT_ULCR_PXF3
[ALWAYS ASK]	
Has a doctor ever told [participant] that [he/she] has intestinal or stomach ulcers?	
INTESTINAL AND STOMACH ULCERS INCLUDE THE GUT AND ESOPHAGUS. ULCERS ARE CRATER-LIKE SORES (GENERALLY 1/4 INCH TO 3/4 INCH IN DIAMETER, BUT SOMETIMES 1 TO 2 INCHES IN DIAMETER) THAT FORM IN THE LINING OF THE STOMACH (CALLED GASTRIC ULCERS), JUST BELOW THE STOMACH AT THE BEGINNING OF THE SMALL INTESTINE IN THE DUODENUM (CALLED DUODENAL ULCERS) OR LESS COMMONLY IN THE ESOPHAGUS (CALLED ESOPHAGEAL ULCERS).	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_7				
[ALWAYS ASK]				
Has a doctor ever told [participant] that [he/she] has a bowel disorder such as ...				
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.				
		YES	NO	[DO NOT READ] Don't know / No answer
CCT_CRDIS_PXF3	Crohn's Disease?			[DO NOT READ] Refused
CCT_ULCOL_PXF3	Ulcerative colitis?			
CCT_IBSYD_PXF3	Irritable Bowel Syndrome?			

CCT_8					
[ALWAYS ASK]					
Has [participant] ever experienced ...					
NOTE: BOWEL INCONTINENCE IS THE LOSS OF BOWEL CONTROL, LEADING TO AN INVOLUNTARY PASSAGE OF STOOL					
NOTE: URINARY INCONTINENCE IS THE LOSS OF BLADDER CONTROL.					
		YES	NO	[DO NOT READ] Don't know / No answer	[DO NOT READ] Refused
CCT_BOWINC_PXF3	Bowel Incontinence?				
CCT_URIINC_PXF3	Urinary Incontinence?				

Vision

CCT_9					
[ALWAYS ASK]					
Has a doctor ever told [participant] that [he/she] has:					
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.					
GLAUCOMA: 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.					
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	NO	[DO NOT READ] Don't know / No answer	[DO NOT READ] Refused
CCT_CATAR_PXF3	Cataracts?				
CCT_GLAUC_PXF3	Glaucoma?				
CCT_MACDEG_PXF3	Macular degeneration?				



Cancer

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

CCT_10	CCT_CANC_PXF3
[ALWAYS ASK]	
Has a doctor ever told [participant] that [he/she] had cancer?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_10a	CCT_CANTP_PXF3	
[ASK IF CCT_CANC_PXF3 = YES]		
What type(s) of cancer was [participant] diagnosed with?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
CNS	01	Brain/Spinal Cord/Central nervous system
TH	02	Thyroid
SM	03	Skin: melanoma
SNM	04	Skin: non-melanoma
OR	05	Oral
LX	06	Larynx
ES	07	Esophagus
BR	08	Breast
LU	09	Lung
ST	10	Stomach (gastric)
BL	11	Bladder
KD	12	Kidney
LV	13	Liver
PA	14	Pancreatic
COL	15	Colorectal
PR	16	Prostate (males only)
TT	17	Testis (male only)
OV	18	Ovarian (females only)
FU	19	Uterus (females only)
FC	20	Cervical (females only)
LK	21	Leukemia
MM	22	Multiple Myeloma
HL	23	Hodgkin Lymphoma
NHL	24	Non-Hodgkin Lymphoma
OTSP	97	Other (Please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

Mental Health

CCT_11

[ALWAYS ASK]

Has a doctor ever told [participant] that [he/she] has:

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.

INTERVIEWER NOTE: DYSTHYMIA IS PRONOUNCED “DIS-THIGH-ME-AH”

NOTE: DYSTHYMIA 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	NO	[DO NOT READ] Don't know / No answer	[DO NOT READ] Refused
CCT_ANXI_PXF3	An anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?				
CCT_MOOD_PXF3	A mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?				

Other Chronic Conditions

CCT_12					
[ALWAYS ASK]					
Has a doctor ever told [participant] that [he/she] has:					
NOTE THAT OSTEOPOROSIS DIFFERENT THAN OSTEOARTHRITIS					
		YES	NO	[DO NOT READ] Don't know / No answer	[DO NOT READ] Refused
CCT_OSTPO_PXF3	Osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?				
CCT_UTHYR_PXF3	An UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?				
CCT_OTHYR_PXF3	An OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?				
CCT_KIDN_PXF3	Kidney disease or kidney failure?				
CCT_KIDNSTN_PXF3	Kidney stone(s)?				

Infections

Now I would like to ask you a few questions about infections **[participant]** may or may not have recently experienced and whether they were diagnosed by a health care professional.

CCT_13	CCT_HCV_PXF3	
[ALWAYS ASK]		
In the past year, has [participant] had hepatitis C?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_13a	CCT_DRHCV_PXF3	
[ASK IF CCT_HCV_PXF3 = YES]		
Was their hepatitis C diagnosed by a health care provider?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_14	CCT_PNEU_PXF3	
[ALWAYS ASK]		
In the past year, has [participant] had pneumonia?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_14a	CCT_DRPNEU_PXF3	
[ASK IF CCT_PNEU_PXF3 = YES]		
Was their pneumonia diagnosed by a health care provider?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_15	CCT_FLU_PXF3
[ALWAYS ASK]	
In the past year, has [participant] had flu (Influenza)?	
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	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_15a	CCT_DRFLU_PXF3
[ASK IF CCT_FLU_PXF3 = YES]	
Was their flu (Influenza) diagnosed by a health care provider?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_16	CCT_UTI_PXF3
[ALWAYS ASK]	
In the past year, has [participant] had a urinary tract infection (UTI)?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_16a	CCT_DRUTI_PXF3
[ASK IF CCT_UTI_PXF3 = YES]	
Was their urinary tract infection (UTI) diagnosed by a health care provider?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_17	CCT_COV_PXF3	
[ALWAYS ASK]		
In the past year, has [participant] had COVID-19?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_17a	CCT_RTCOV_PXF3	
[ASK IF CCT_COV_PXF3 = YES]		
Was their COVID-19 confirmed by an at-home test kit?		
INTERVIEWER: THE TEST IS ALSO KNOWN AS A RAPID TEST OR A SELF-TEST KIT.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_17b	CCT_DRCOV_PXF3	
[ASK IF CCT_COV_PXF3 = YES]		
Was their COVID-19 diagnosed by a health care provider?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_18	CCT_OT_PXF3	
[ALWAYS ASK]		
In the past year, has [participant] had any other infections?		
YES	1	Yes (specify: _____)
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_18a	CCT_DROT_PXF3	
[ASK IF CCT_OT_PXF3 = YES]		
Was/were their <i>[RECALL RESPONSE FROM CCT_OT_YES_PXF3]</i> diagnosed by a health care provider?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_END

Preventive Health Behaviours (PHB)

SOURCE: Questions based on/quoted from PHAC Seasonal Influenza Survey: https://epe.lac-bac.gc.ca/100/200/301/pwgsctpsgc/por-ef/public_health_agency_canada/2019/065-18-e/report.pdf

PHB_1	PHB_FLUV1_PXF3	
[ALWAYS ASK]		
Has [participant] 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_PXF3	
[ALWAYS ASK]		
As an adult, has [participant] 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_PXF3	
[ASK IF PHB_PCV1_PXF3 = YES]		
At what age or in what year did [participant] receive their most recent pneumococcal vaccine?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
PHB_PCVAGE_NB_SP_PXF3	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
PHB_PCVAGE_YR_SP_PXF3	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused



PHB_3	PHB_SHIN1_PXF3	
[ALWAYS ASK]		
As an adult, has [participant] ever had the shingles vaccine?		
INTERVIEWER: SHINGLES IS ALSO KNOWN AS HERPES ZOSTER. THIS VACCINE MIGHT ALSO BE CALLED SHINGRIX, OR ZOSTAVAX.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PHB_3a	PHB_SHINAGE_PXF3	
[ASK IF PHB_SHIN1_PXF3 = YES]		
At what age or in what year did [participant] receive their most recent shingles vaccine?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
PHB_SHINAGE_NB_SP_PXF3	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
PHB_SHINAGE_YR_SP_PXF3	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

PHB_4	PHB_VAC_PXF3	
[ALWAYS ASK]		
Has [participant] received at least one dose of a COVID-19 vaccine?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PHB_5	PHB_VDOSE_NB_PXF3	
[ASK IF PHB_VAC_PXF3 = YES]		
How many doses of a COVID-19 vaccine has [participant] received so far?		
	_____	(MIN=0, MAX=10)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PHB_END

Functional Status (FUL)

Overview	The purpose of these questions is to determine the degree of mobility of the aging population in day-to-day actions.
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FUL_1	FUL_SHLD_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty reaching or extending [his/her] arms above [his/her] shoulders?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_1a	FUL_SHLDDG_PXF3	
[ASK IF FUL_SHLD_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_2	FUL_STOOP_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty stooping, crouching, or kneeling down?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_2a	FUL_STOOPDG_PXF3	
[ASK IF FUL_STOOP_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_3	FUL_PUSH_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty pushing or pulling large objects like a living room chair?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_3a	FUL_PUSHDG_PXF3	
[ASK IF FUL_PUSH_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_4	FUL_LFT10_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty lifting ten pounds (or 4.5 kg) from the floor, like a heavy bag of groceries?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_4a	FUL_LFT10DG_PXF3	
[ASK IF FUL_LFT10_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_5	FUL_HDLG_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty handling small objects, like picking up a coin from a table?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_5a	FUL_HDLGDG_PXF3	
[ASK IF FUL_HDLG_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_6	FUL_ST15_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty standing for a long period, around 15 minutes?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_6a	FUL_ST15DG_PXF3	
[ASK IF FUL_ST15_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_7	FUL_SIT1H_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty sitting for a long period, say 1 hour?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_7a	FUL_SIT1HDG_PXF3	
[ASK IF FUL_SIT1H_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_8	FUL_STDUP_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty standing up after sitting in a chair?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_8a	FUL_STDUPDG_PXF3	
[ASK IF FUL_STDUP_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_9	FUL_FSTR_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty walking alone up and down a flight of stairs?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_9a	FUL_FSTRDG_PXF3	
[ASK IF FUL_FSTR_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_10	FUL_WK23B_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty walking 2 to 3 neighbourhood blocks?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_10a	FUL_WK23BDG_PXF3	
[ASK IF FUL_WK23B_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_11	FUL_MKBED_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty making a bed?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_11a	FUL_MKBEDDG_PXF3	
[ASK IF FUL_MKBED_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_12	FUL_WSHBK_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty washing [his/her] back?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_12a	FUL_WSHBKDG_PXF3	
[ASK IF FUL_WSHBK_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_13	FUL_KNCUT_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty using a knife to cut food?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_13a	FUL_KNCUTDG_PXF3	
[ASK IF FUL_KNCUT_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_14	FUL_FORC_PXF3	
[ALWAYS ASK]		
Does [participant] have any difficulty with recreational or work activities in which [he/she] takes some force or impact through [his/her] arm, shoulder, or hand (e.g., golf, hammering, tennis, typing, etc.)?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_14a	FUL_FORCDG_PXF3	
[ASK IF FUL_FORC_PXF3 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_END

Basic Activities of Daily Living (ADL)

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

Overview	<p>The Activities of Daily Living (ADL) scale assesses the participants' ability to perform <u>basic</u> daily activities. Activities of daily living are the tasks considered vital to live independently in the community.</p> <p>The respondent is asked whether the participant requires help with feeding and dressing oneself, taking care of their appearance, walking around, getting in and out of bed, bathing, and whether they have incontinence problems. These basic daily activities can be difficult to perform for people with mobility restrictions or limitations.</p> <p>Information on activities of daily living will help provide insights into limitations that Canadians may face in day-to-day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services.</p>
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Now I'd like to ask you about activities of daily living, activities that can be done without help, with some help or which **[participant]** is unable to do. You may feel that some of these questions do not apply to **[participant]**, but it is important that we ask the same questions of everyone.

ADL_1	ADL_ABLDR_PXF3	
[ALWAYS ASK]		
Can [participant] dress and undress [him/herself] without help (including picking out clothes and putting on socks and shoes)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_2	ADL_HPDR_PXF3	
[ASK IF ADL_ABLDR_PXF3 = NO]		
Can [participant] dress and undress [him/herself] with some help?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_3	ADL_UNDR_PXF3	
[ASK IF ADL_HPDR_PXF3 = NO]		
Is [participant] completely unable to dress and undress [him/herself] ?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_4	ADL_ABLFD_PXF3	
[ALWAYS ASK]		
Can [participant] eat without help (i.e., [he/she] is able to feed [him/herself] completely)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_5	ADL_HPFD_PXF3	
[ASK IF ADL_ABLFD_PXF3 = NO]		
Can [participant] eat with some help (i.e., [he/she] needs help with cutting [his/her] food, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_6	ADL_UNFD_PXF3	
[ASK IF ADL_HPFD_PXF3 = NO]		
Is [participant] completely unable to feed [him/herself] ?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_7	ADL_ABLAP_PXF3	
[ALWAYS ASK]		
Can [participant] take care of [his/her] own appearance without help, for example, combing [his/her] hair, shaving (if male)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_8	ADL_HPAP_PXF3	
[ASK IF ADL_ABLAP_PXF3 = NO]		
Can [participant] take care of [his/her] own appearance with some help?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_9	ADL_UNAP_PXF3	
[ASK IF ADL_HPAP_PXF3 = NO]		
Is [participant] completely unable to take care of [his/her] own appearance?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_10	ADL_ABLWK_PXF3	
[ALWAYS ASK]		
Can [participant] walk without help?		
INTERVIEWER NOTE: IF PARTICIPANT WALKS WITH A CANE CODE AS YES		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_11	ADL_HPWK_PXF3	
[ASK IF ADL_ABLWK_PXF3 = NO]		
Can [participant] walk with some help from a person, or with the use of a walker or crutches, etc.?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_12	ADL_UNWK_PXF3	
[ASK IF ADL_HPWK_PXF3 = NO]		
Is [participant] completely unable to walk?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_13	ADL_ABLBD_PXF3	
[ALWAYS ASK]		
Can [participant] get in and out of bed without any help or aids?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_14	ADL_HPBD_PXF3	
[ASK IF ADL_ABLBD_PXF3 = NO]		
Can [participant] get in and out of bed with some help (either from a person or with the aid of some device)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_15	ADL_UNBD_PXF3	
[ASK IF ADL_HPBD_PXF3 = NO]		
Is [participant] totally dependent on someone else to lift [him/her] in and out of bed?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_16	ADL_ABLBT_PXF3	
[ALWAYS ASK]		
Can [participant] take a bath or shower without help?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_17	ADL_HPBT_PXF3	
[ASK IF ADL_ABLBT_PXF3 = NO]		
Can [participant] take a bath or shower with some help (i.e., [he/she] needs help from someone getting in and out of the tub or [he/she] needs special attachments on the tub)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_18	ADL_UNBT_PXF3	
[ASK IF ADL_HPBT_PXF3 = NO]		
Is [participant] completely unable to take a bath and a shower by [him/herself] ?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_19	ADL_BATH_PXF3	
[ALWAYS ASK]		
Does [participant] ever have trouble getting to the bathroom in time?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_20	ADL_INCNT_PXF3	
[ASK IF ADL_BATH_PXF3 = YES]		
How often does [participant] wet or soil [him/herself] (either day or night)? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
0_1_TIME_WEEK	1	Never or less than once a week
1_2_TIME_WEEK	2	Once or twice a week
3_MORE_TIMES_WEEK	3	Three times a week or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_END

Instrumental Activities of Daily Living (IAL)

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

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

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

IAL_1	IAL_ABLTEL_PXF3	
[ALWAYS ASK]		
Can [participant] use the telephone without help, including looking up numbers and dialling?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_2	IAL_HPTTEL_PXF3	
[ASK IF IAL_ABLTEL_PXF3 = NO]		
Can [participant] use the telephone with some help (i.e., [he/she] can answer the phone or dial the operator in an emergency, but needs a special phone or help in getting the number or dialling)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_3	IAL_UNTEL_PXF3	
[ASK IF IAL_HPTTEL_PXF3 = NO]		
Is [participant] completely unable to use the telephone?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_4	IAL_ABLTRV_PXF3	
[ALWAYS ASK]		
Can [participant] get to places out of walking distance without help (i.e., [he/she] drives [his/her] own car, or travels alone on buses, or taxis)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_5	IAL_HPTRV_PXF3	
[ASK IF IAL_ABLTRV_PXF3 = NO]		
Can [participant] get to places out of walking distance with some help (i.e., [he/she] needs someone to help [him/her] or go with [him/her] when travelling)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_6	IAL_UNTRV_PXF3	
[ASK IF IAL_HPTRV_PXF3 = NO]		
Is [participant] unable to travel unless emergency arrangements are made for a specialized vehicle, like an ambulance?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_7	IAL_ABLGRO_PXF3	
[ALWAYS ASK]		
Can [participant] go shopping for groceries or clothes without help (taking care of all shopping needs [him/herself])?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_8	IAL_HPGRO_PXF3	
[ASK IF IAL_ABLGRO_PXF3 = NO]		
Can [participant] go shopping for groceries or clothes with some help (i.e., [he/she] needs someone to go with [him/her] on all shopping trips)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_9	IAL_UNGRO_PXF3	
[ASK IF IAL_HPGRO_PXF3 = NO]		
Is [participant] completely unable to do any shopping?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_10	IAL_ABLML_PXF3	
[ALWAYS ASK]		
Can [participant] prepare [his/her] own meals without help (i.e., [he/she] plans and cooks full meals [him/herself])?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_11	IAL_HPML_PXF3	
[ASK IF IAL_ABLML_PXF3 = NO]		
Can [participant] prepare [his/her] own meals with some help (i.e., [he/she] can prepare some things but is unable to cook full meals [him/herself])?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_12	IAL_UNML_PXF3	
[ASK IF IAL_HPML_PXF3 = NO]		
Is [participant] completely unable to prepare any meals?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_13	IAL_ABLWRK_PXF3	
[ALWAYS ASK]		
Can [participant] do [his/her] housework without help (i.e., [he/she] can clean floors, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_14	IAL_HPWRK_PXF3	
[ASK IF IAL_ABLWRK_PXF3 = NO]		
Can [participant] do [his/her] housework with some help (i.e., [he/she] can do light housework but needs help with heavy work)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_15	IAL_UNWRK_PXF3	
[ASK IF IAL_HPWRK_PXF3 = NO]		
Is [participant] completely unable to do any housework?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_16	IAL_ABLMED_PXF3	
[ALWAYS ASK]		
Can [participant] take [his/her] own medicine without help (in the right doses at the right time)?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_17	IAL_HPMED_PXF3	
[ASK IF IAL_ABLMED_PXF3 = NO]		
Can [participant] take [his/her] own medicine with some help (i.e., [he/she] is able to take medicine if someone prepares it for [him/her] or reminds [him/her] to take it)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_18	IAL_UNMED_PXF3	
[ASK IF IAL_HPMED_PXF3 = NO]		
Is [participant] completely unable to take [his/her] medicine?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_19	IAL_ABLMO_PXF3	
[ALWAYS ASK]		
Can [participant] handle [his/her] own money without help (i.e., [he/she] writes cheques, pays bills, etc.)?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_20	IAL_HPMO_PXF3	
[ASK IF IAL_ABLMO_PXF3 = NO]		
Can [participant] handle [his/her] own money with some help (i.e., [he/she] manages day-to-day buying but needs help with managing [his/her] chequebook or paying [his/her] bills)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_21	IAL_UNMO_PXF3	
[ASK IF IAL_HPMO_PXF3 = NO]		
Is [participant] completely unable to handle [his/her] money?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_END

Social Networks (SN)

Overview	Social functioning emphasizes issues of sustained engagement with life, the essential characteristic being the interaction between the individual and society. Exchanges between individuals and society all contribute to social functioning; these exchanges are facilitated through family and other social ties.
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Now I'm going to ask you some questions about who lives in **[participant]**'s household and who they have contact with.

SN_1	SN_LIVH_NB_PXF3	
[ALWAYS ASK]		
How many people, not including [participant] , currently live in [his/her] household?		
SN_LIVH_NB_PXF3	_____	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

SN_2	SN_SEEREL_PXF3	
[ALWAYS ASK]		
When did [participant] last get together with any of [his/her] relatives who live outside of [his/her] 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
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SN_3	SN_SEEFRND_PXF3	
[ALWAYS ASK]		
When did [participant] last get together with any of [his/her] close friends who live outside of [his/her] 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
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SN_4	SN_SEENEIBR_PXF3	
[ASK IF OWN_DWLG ≠ INSTITUTION]		
When did [participant] last get together with any of [his/her] 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 Participation (SPA)

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>
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Now some questions about **[participant]**'s social activities.

SPA_1	SPA_SOAC_PXF3	
[ALWAYS ASK]		
Which of these statements apply to [participant] ?		
NOTE: RESPONSE OPTION 1 – ‘THEY 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		
RNP	01	They read a daily newspaper
HY	02	They have a hobby or pastime
HIC	03	They have taken a holiday in Canada in the last 12 months
HOC	04	They have taken a holiday outside of Canada in the last 12 months
DT	05	They have gone on a daytrip or outing in the last 12 months
INT	06	They use the internet and/or e-mail
VOT	07	They voted in the last federal, provincial, or municipal election
NONE	96	None of these statements apply to them
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

Community-related Activities

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

In the past 12 months, how often did **[participant]** participate in...

READ LIST OF ACTIVITIES, CODE ONLY ONE RESPONSE PER ACTIVITY

SPA_2	SPA_OUTS_PXF3	
[ALWAYS ASK]		
Family- or friendship-based activities outside the household?		
READ IF NECESSARY – EXAMPLES INCLUDE: FORMAL AND INFORMAL ACTIVITIES SUCH AS SMALL GET-TOGETHERS, MEALS OUTSIDE OF THE HOUSEHOLD, WEDDINGS, OR REUNIONS		
INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN ‘REAL LIFE’ SETTINGS OUTSIDE THE HOME, RATHER THAN IN ‘ONLINE’ SETTINGS.		
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_PXF3	
[ALWAYS ASK]		
Church or religious activities such as services, committees or choirs		
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_PXF3	
[ALWAYS ASK]			
Sports or physical activities that [participant] does with other people			
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_PXF3	
[ALWAYS ASK]			
Educational and cultural activities involving other people such as attending courses, concerts, plays, or visiting museums			
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_PXF3	
[ALWAYS ASK]			
Service club or fraternal organization activities			
READ IF NECESSARY – EXAMPLES INCLUDE: LION’S CLUB, ROTARY, KIWANIS CLUB, ROYAL CANADIAN LEGION, OR FORESTERS			
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_PXF3	
[ALWAYS ASK]			
Neighbourhood, community or professional association activities			
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_PXF3	
[ALWAYS ASK]			
Volunteer or charity work			
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_PXF3	
[ALWAYS ASK]			
Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games			
INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN 'REAL LIFE' SETTINGS OUTSIDE THE HOME, RATHER THAN IN 'ONLINE' SETTINGS.			
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_PXF3	
[ALWAYS ASK]		
In the past 12 months, do you think that [participant] 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_PXF3	
[ASK IF SPA_MORAC_PXF3 = YES]		
What prevented [participant] 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		
CO	01	Cost
TP	02	Transportation problems
ANA	03	Activities not available in the area
LNA	04	Location not physically accessible
TF	05	Location is too far
HC	06	Health condition/limitation
TI	07	Time of the activities not suitable
GA	08	Doesn't want to go alone
PR	09	Personal or family responsibilities
LRR	10	Language related reasons
TB	11	Too busy
AF	12	Afraid or concerns about safety
GR	13	Grieving
WH	14	Weather conditions
MO	15	Lack of motivation, organization or information
RL	16	Relocation or travel
ANS	17	Activities not interesting/not suitable
SC	18	Social barriers (rejection, shyness, bullying, etc.)
PH	19	Public health/COVID measures
OTSP	97	Other (Please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

SPA_END

Care Receiving 1/ Formal Care (CR1)

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

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

CR1_1	CR1_PRO_PXF3
[ALWAYS ASK]	
During the past 12 months, did [participant] receive short-term or long-term professional assistance at home, because of a health condition or limitation that affects [his/her] daily life, for any of the following activities?	
INTERVIEWER NOTE: BY PROFESSIONAL ASSISTANCE, WE MEAN HELP FROM PAID WORKERS OR VOLUNTEER ORGANIZATIONS. INCLUDE ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS.	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
PR	01 Personal care, such as bathing, dressing, toileting, hair care, or care of nails
MD	02 Medical treatments, such as changing bandages, taking medications, or other medical procedure
MG	03 Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
MH	04 Meal preparation, meal clean-up, house cleaning, laundry or sewing
WK	05 House maintenance or outdoor work
TR	06 Transportation to do shopping or errands, or to get to medical appointments, or social events
PT	07 Physical therapy
TA	08 Training and adaptation
MB	09 Mobility
FM	10 Financial management
NONE	96 None
OTSP	97 Other (Please specify: _____)
DK_NA	98 [DO NOT READ] Don't know / No answer
REFUSED	99 [DO NOT READ] Refused



CR1_2	CR1_MOST_PXF3	
[ASK IF CR1_PRO_PXF3 = MORE THAN ONE RESPONSE OPTION]		
For which type of activity did [participant] receive the most assistance?		
INTERVIEWER NOTE: IF RESPONDENT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THE PARTICIPANT CONSIDERS TO BE THE MOST IMPORTANT		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_PXF3		
PR	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
MD	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
MG	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
ML	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
AC	05	House maintenance or outdoor work
TR	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
PT	07	Physical therapy
TA	08	Training & adaptation
MB	09	Mobility
FM	10	Financial management
OTSP1	97	Other

CR1_3	CR1_FRQ_NB_PXF3	
[ASK IF CR1_PRO_PXF3 ≠ NONE, DK_NA OR REFUSED]		
During the past 12 months, about how many weeks did this person/organization help [participant] ?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF WEEKS		
CR1_FRQ_NB_PXF3	_____ (MASK: MIN=01, MAX=52)	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused



CR1_4	CR1_HOUR_NB_PXF3
[ASK IF CR1_PRO_PXF3 ≠ NONE, DK_NA OR REFUSED]	
About how many hours per week, on average, did this person/organization provide [participant] with such help?	
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF HOURS	
CR1_HOUR_NB_PXF3	_____ (MASK: MIN=1, MAX=168)
DK_NA	998 [DO NOT READ] Don't know / No answer
REFUSED	999 [DO NOT READ] Refused

CR1_END

Care Receiving 2/ Informal Care (CR2)

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

CR2_1	CR2_FAM_PXF3	
[ALWAYS ASK]		
During the past 12 months, did [participant] receive short-term or long-term assistance from family, friends, or neighbours because of a health condition or limitation that affects [his/her] daily life, for any of the following activities?		
INTERVIEWER NOTE: INCLUDE ONLY ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PR	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
MD	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
MG	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
ML	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
AC	05	House maintenance or outdoor work
TR	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
PT	07	Physical therapy
TA	08	Training and adaptation
CS	09	Social/emotional support
MB	10	Mobility
MO	11	Monetary support
FM	12	Financial management
NONE	96	None
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_2	CR2_NMBR_PXF3	
[ASK IF CR2_FAM_PXF3 ≠ CR2_FAM_NONE_PXF3, CR2_FAM_DK_NA_PXF3 OR CR2_FAM_REFUSED_PXF3]		
During the past 12 months, about how many different people (among family, friends, and/or neighbours) provided [participant] with such assistance?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER		
CR2_NMBR_PXF3	_____	(MASK: MIN=1, MAX=50)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_3	CR2_WKALL_PXF3	
[ASK IF CR2_FAM_PXF3 ≠ CR2_FAM_NONE_PXF3, CR2_FAM_DK_NA_PXF3 OR CR2_FAM_REFUSED_PXF3]		
During the past 12 months, about how many weeks did this person/these people provide [participant] with such assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF WEEKS		
CR2_WKALL_NB_PXF3	_____	(MASK: MIN=1, MAX=52)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_4	CR2_HOUR_PXF3	
[ASK IF CR2_FAM_PXF3 ≠ CR2_FAM_NONE_PXF3, CR2_FAM_DK_NA_PXF3 OR CR2_FAM_REFUSED_PXF3]		
About how many hours per week, on average, did this person/these people provide [participant] with assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
CR2_HOUR_NB_PXF3	_____	(MASK: MIN=1, MAX=168)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

CR2_5	CR2_MOST_PXF3	
[ASK IF CR2_FAM_PXF3 = MORE THAN ONE RESPONSE OPTION]		
For which type of activity did [participant] receive the most assistance?		
INTERVIEWER NOTE: IF RESPONDENT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THE PARTICIPANT CONSIDERS TO BE THE MOST IMPORTANT READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR2_FAM_PXF3		
PR	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
MD	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
MG	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
ML	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
AC	05	House maintenance or outdoor work
TR	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
PT	07	Physical therapy
TA	08	Training & adaptation
CS	09	Social/emotional support
MB	10	Mobility
MO	11	Monetary support
FM	12	Financial management
OTSP	97	Other

CR2_6	CR2_PERSPX_PXF3	
[ASK IF CR2_FAM_PXF3 ≠ CR2_FAM_NONE_PXF3, CR2_FAM_DK_NA_PXF3 OR CR2_FAM_REFUSED_PXF3]		
We are interested in finding out a little bit more about the person who has dedicated the most time and resources to helping [participant] with [RECALL RESPONSE FROM CR2_MOST_PXF3; IF CR2_MOST_PXF3 WAS SKIPPED, RECALL RESPONSE FROM CR2_FAM_PXF3] . Are you the person from whom [participant] received the most assistance?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer

CR2_6a	CR2_PERS_PXF3	
[ASK IF CR2_PERSPX_PXF3 = NO]		
Is this person from whom [participant] received the most assistance...		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LIVING_IN_HOUSEHOLD	1	Living in [his/her] household
LIVING_OUTSIDE_HOUSEHOLD	2	Living outside of [his/her] household
REFUSED	9	[DO NOT READ] Refused

CR2_6b	CR2_PERS_FAR_PXF3	
[ASK IF CR2_PERS_PXF3 = LIVING_OUTSIDE_HOUSEHOLD OR PIC_COHAB_PXF3 = NO]		
How far are you/is this person from [participant] in hours or minutes driving?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER		
HOURS	_____	Hours
MINUTES	_____	Minutes
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

CR2_7	CR2_GNDR_PXF3	
[ASK IF CR2_FAM_PXF3 ≠ CR2_FAM_NONE_PXF3, CR2_FAM_DK_NA_PXF3 OR CR2_FAM_REFUSED_PXF3 AND CR2_PERSPX_PXF3 = NO]		
Is the person who provided the most assistance male or female?		
CODE ONLY ONE RESPONSE		
MALE	1	Male
FEMALE	2	Female
REFUSED	9	[DO NOT READ] Refused

CR2_8	CR2_AGE_NB_PXF3	
[ASK IF CR2_FAM_PXF3 ≠ CR2_FAM_NONE_PXF3, CR2_FAM_DK_NA_PXF3 OR CR2_FAM_REFUSED_PXF3 AND CR2_PERSPX_PXF3 = NO]		
How old is this person? (MASK: MIN=3, MAX=110)		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER		
CR2_AGE_NB_PXF3	_____	
REFUSED	999	[DO NOT READ] Refused

CR2_9	CR2_RELN_PXF3	
[ASK IF CR2_FAM_PXF3 ≠ CR2_FAM_NONE_PXF3, CR2_FAM_DK_NA_PXF3 OR CR2_FAM_REFUSED_PXF3 AND CR2_PERSPX_PXF3 = NO]		
What is the relationship between [participant] and this person? Is s/he their...		
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE		
HUSBAND_WIFE	01	Husband/wife
COMMON_LAW	02	Common-law partner
FATHER_MOTHER	03	Father/mother
SON_DAUGHTER	04	Son/daughter
BROTHER_SISTER	05	Brother/sister
GRAND_PARENTS	06	Grandfather/grandmother
GRAND_CHILD	07	Grandson/granddaughter
FATHER_MOTHER_IN_LAW	08	Father-in-law/mother-in-law
SON_DAUGHTER_IN_LAW	09	Son-in-law/daughter-in-law
BROTHER_SISTER_IN_LAW	10	Brother-in-law/sister-in-law
OTHER_RELATIVE	11	Other relative
FRIEND	12	Friend
NEIGHBOUR	13	Neighbour
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_10	CR2_DUR_PXF3	
[ASK IF CR2_FAM_PXF3 ≠ CR2_FAM_NONE_PXF3, CR2_FAM_DK_NA_PXF3 OR CR2_FAM_REFUSED_PXF3]		
How long has [participant] been receiving assistance from [you/this person]?		
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE		
LESS_6_MONTHS	1	Less than 6 months
6_12_MONTHS	2	6 months up to 12 months (1 year)
13_36_MONTHS	3	More than 12 months (1 year) and up to 36 months (3 years)
37_60_MONTHS	4	More than 36 months (3 years) and up to 60 months (5 years)
MORE_5_YEARS	5	More than 5 years
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused



CR2_11		CR2_DEVC_PXF3
[ALWAYS ASK]		
During the past 12 months, has [participant] used any of the following assistive devices?		
<p>INTERVIEWER NOTES: A definition commonly used by assistive technology specialists comes from the United States of America Assistive Technology Act 2004 (Public Law 108-364) (Congress United States of America Government, 2004). The Act defines an assistive technology device as “any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.”</p> <p>Assistive devices and technologies are those whose primary purpose is to maintain or improve an individual’s functioning and independence to facilitate participation and to enhance overall well-being. They can also help prevent impairments and secondary health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearings aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication.</p>		
INTERVIEWER INSTRUCTION: READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
CN	01	Crutches, cane or walking stick
WC	02	Wheelchair
SC	03	Motorized scooter
WK	04	Walker
LG	05	Neck, back or leg braces or supportive devices
HD	06	Hand or arm brace
BR	07	Grab bars
BT	08	Bathroom aids
LT	09	Bath or bed lifts or other lifting devices
GR	10	Grasping tools or reach extenders
UT	11	Special eating utensils
AL	12	Personal alarm
MD	13	Medication dispenser
RA	14	Robotic assistant
RP	15	Robotic prosthesis
MA	16	Memory aids such as timers, clocks
GT	17	GPS tracker
FA	18	Falls alert
VA	19	Virtual assistant such as Google Nest or Amazon Alexa
TW	20	Technology-enabled wheelchair
VR	21	Voice Regulation, Speech to text and text to speech software
WT	22	Wearable technologies such as smart watches for remote, monitoring or communication
MS	23	Magnification software
VO	24	Voiceover screen readers
VC	25	Visual communication aids such as an iPad or tablet
NONE	96	[DO NOT READ] None
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_END

Injuries (INJ)

Overview	This module will contain questions asking for detailed information about the circumstances and nature of injury, risk perception, and additional injury-related healthcare use.
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Now some questions about injuries which occurred in the past 12 months and were serious enough to limit **[participant]**'s normal activities.

INJ_1	INJ_OCC_PXF3	
[ALWAYS ASK]		
In the last 12 months, has [participant] had any injuries that were serious enough to limit some of [his/her] normal activities?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INJ_2a	INJ_NMBR_NB_PXF3	
[ASK IF INJ_OCC_PXF3 = YES]		
How many times was [participant] injured in the past 12 months?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF INJURIES		
INJ_NMBR_NB_PXF3	_____ (MASK: MIN=1, MAX=30)	
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

INJ_2b	INJ_CAUS_PXF3	
[ASK IF INJ_OCC_PXF3 = YES]		
Was this injury (Were any of these injuries) caused by?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
FL	01	A fall
VH	02	A motor vehicle collision (including injuries sustained as a pedestrian)
WK	03	An incident in their workplace
NONE	96	None of the above
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INJ_END

Falls (FAL)

Overview	<p>The questions in this module ask about falls in the past 12 months where the participant has been hurt enough to limit some or all of their normal activities, if the participant is receiving follow-up care for a fall-related injury, and fear of falling.</p> <p>Falling is the most common cause of injuries among older Canadians. Falls are also among the leading causes of hospitalization for seniors presenting with an injury. Fear of falling and its potential association with disability, functional mobility, and activity limitation is an emerging public health problem.</p>
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You mentioned that **[participant]** had at least one injury as a result of a fall. We would now like to ask you some questions about falls that **[he/she]** experienced in the last 12 months where **[he/she]** hurt **[him/herself]** enough to limit some of **[his/her]** normal activities.

FAL_1	FAL_NMBR_NB_PXF3
[ASK IF INJ_CAUS_PXF3 = INJ_CAUS_FL_PXF3]	
How many times has [participant] fallen in the past 12 months?	
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF FALLS; PLEASE CONFIRM THE NUMBER IF THE PARTICIPANT FELL MORE THAN 10 TIMES IN THE LAST 12 MONTHS.	
FAL_NMBR_NB_PXF3	_____ (MASK: MIN=1, MAX=30)
DK_NA	98 [DO NOT READ] Don't know / No answer
REFUSED	99 [DO NOT READ] Refused

FAL_2a	FAL_ATTN_PXF3	
[ASK IF INJ_CAUS_PXF3 = INJ_CAUS_FL_PXF3]		
Did [participant] receive any medical attention from a health professional within 48 hours following this injury (due to a fall)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_2b	FAL_HOSP_PXF3	
[ASK IF INJ_CAUS_PXF3 = INJ_CAUS_FL_PXF3]		
Was [participant] hospitalized for this injury?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_2c	FAL_FU_PXF3	
[ASK IF INJ_CAUS_PXF3 = INJ_CAUS_FL_PXF3]		
At the present time, is [participant] getting follow-up care from a health professional because of an injury caused by a fall in the last 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_END

Retirement Status (RET)

Overview	The questions in this module ask about the retirement status of the participant and their spouse.
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RET_1	RET_RTRD_PXF3	
[ASK IF OWN_DWLG ≠ INSTITUTION]		
At this time, does [participant] consider [him/herself] to be completely retired, partly retired or not retired?		
CODE ONLY ONE RESPONSE		
COMPLETELY_RETIRED	1	Completely retired
PARTLY_RETIRED	2	Partly retired
NOT_RETIRED	3	Not retired
NEVER_PAID	4	Never held a paid job
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

RET_2	RET_SPSE_PXF3	
[ASK IF SDC_MRTL_PXF3 = COMMON_LAW AND PIC_RELN_PXF3 ≠ SPOUSE OR COMMON_LAW]		
Is [participant] 's spouse/partner retired?		
YES	1	Yes
NO	2	No
NEVER_PAID	3	Never held a paid job
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

RET_END

Health Care Utilization (HCU)

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

HCU_PXF3						
During the past 12 months, has [participant] had contact with any of the following about [his/her] physical or mental health?						
[ALWAYS ASK]						
INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE						
			Yes	No	DK/NA	RF
HCU_1	HCU_FAMPHY_PXF3	Family doctor or general practitioner				
HCU_2	HCU_SPEC_PXF3	Medical specialist (such as a cardiologist, gynaecologist, or ophthalmologist)				
HCU_3	HCU_PSYCH_PXF3	Mental health professional (such as a psychologist or psychiatrist)				
HCU_4	HCU_PHYSIO_PXF3	Physiotherapist, occupational therapist, or chiropractor				
HCU_5	HCU_NP_PXF3	Nurse practitioner				

HCU_6	HCU_EMERG_PXF3	
[ALWAYS ASK]		
Has [participant] been seen in an Emergency Department during the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_7	HCU_HLOVRNT_PXF3	
[ALWAYS ASK]		
Was [participant] a patient in a hospital or Emergency Department overnight during the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_8	HCU_HAVEFAM_PXF3	
[ASK IF HCU_FAMPHY_PXF3 = NO]		
Does [participant] have a family doctor, a general practitioner, or nurse practitioner that they can see for regular check-ups and when they are sick?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_END

Transportation, Mobility, Migration (TRA)

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

Overview	<p>The questions in this module ask respondents about the participant's driving status, and the types of transportation the participant uses.</p> <p>Importance of module: These questions will provide data about the participants' abilities and transportation functionality over time.</p>
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Now I would like you to focus on how **[participant]** gets around the area where **[he/she]** lives. I will also ask about the types of transportation **[he/she]** uses.

TRA_1	TRA_DSTATUS_PXF3		
[ALWAYS ASK]			
Which of the following describes [participant] 's driving status? (Include cars, vans, trucks and motorcycles.)			
READ LIST, CODE ONLY ONE RESPONSE			
NEVER_DL	1	Never had a driver's license	
CURRENTLY_NO_DL_DL	2	Had a driver's license at one point in their life, but currently does not have it	
LICENSE	3	Has a driver's license currently	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

TRA_1a	TRA_DRLIC_PXF3		
[ASK IF TRA_DSTATUS_PXF3 = LICENSE]			
Is their license...			
READ LIST, CODE ONLY ONE RESPONSE			
UNRESTRICTED_DL	1	Without restrictions (except corrective lenses)	
RESTRICTED_DL	2	With restrictions on time of driving (daylight only), distance from home, type of road (no highway) or number of passengers	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

TRA_2	TRA_DFREQ_PXF3	
[ASK IF TRA_DSTATUS_PXF3 = LICENSE]		
How frequently does [participant] drive?		
READ LIST, CODE ONLY ONE RESPONSE		
DAILY	01	Daily
4_6_DAYS_WEEK	02	4 to 6 times a week
2_3_DAYS_WEEK	03	2 to 3 times a week
ONCE_WEEK	04	Once a week
LESS_1WEEK_MORE_1MONTH	05	Less than once a week, but more than once a month
LESS_ONCE_MONTH	06	Less than once a month
NONE	96	Not at all
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_2a	TRA_CMNTR1_PXF3	
[ASK IF TRA_DSTATUS_PXF3 = LICENSE]		
In the past year, which was [participant]'s <u>most common</u> form of transportation?		
<p>INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G., TRAVEL TO A 'PARK AND RIDE')</p> <p>ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPOR, HANDI TRANSIT, OR WHEEL TRANS.</p>		
READ LIST, CODE ONLY ONE RESPONSE		
DRIVE	01	Drive a motor vehicle
PASSENGER	02	Passenger in a motor vehicle
TAXI	03	Taxi
PUBLIC_TRANSIT	04	Public transit such as bus, rapid transit, subway/metro or train
ACESSIBLE_TRANSIT	05	Accessible transit
CYCLING	06	Cycling
WALKING	07	Walking
WHEELCHAIR	08	Wheelchair or motorized cart/scooter
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused



TRA_2b	TRA_CMNTR2_PXF3	
[ASK IF TRA_DSTATUS_PXF3 ≠ LICENSE]		
In the past year, which was [participant] 's <u>most common</u> form of transportation?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G., TRAVEL TO A 'PARK AND RIDE')		
ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPO, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, CODE ONLY ONE RESPONSE		
PASSENGER	01	Passenger in a motor vehicle
TAXI	02	Taxi
PUBLIC_TRANSIT	03	Public transit such as bus, rapid transit, subway/metro or train
ACESSIBLE_TRANSIT	04	Accessible transit
CYCLING	05	Cycling
WALKING	06	Walking
WHEELCHAIR	07	Wheelchair or motorized cart/scooter
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_3	TRA_ACCID_PXF3	
[ALWAYS ASK]		
Was [participant] involved as a driver in a motor vehicle collision in the past 3 years?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

TRA_END

END