



**clsa élcv**

Canadian Longitudinal Study on Aging  
Étude longitudinale canadienne sur le vieillissement

# **Proxy Questionnaire (Follow Up 4)**

**v1.0, 2026 February 11**

**Examples of variable names as shown in the datasets.**

SDC_2a	<b>SDC_RELGCP_PXF4</b>	
[ALWAYS ASK]		
Compared to three years ago, would you say that [participant] is...?		
<b>INTERVIEWER INSTRUCTIONS: THIS QUESTION REFERS TO PARTICIPATION IN OR ADHERENCE TO THE BELIEFS AND PRACTICES OF AN ORGANIZED RELIGION. IF THE PARTICIPANT WAS NEVER RELIGIOUS "EQUALLY AS RELIGIOUS" WOULD APPLY</b>		
<b>CODE ONLY ONE RESPONSE</b>		
MORE_RELIGIOU	1	More religious
NO_CHANGE	2	Equally as religious
LESS_RELIGIOU	3	Less religious
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SMK_6	<b>SMK_OTCURR_PXF4</b>	
[ASK IF SMK_OTOCC_PXF4 = YES]		
What other types of tobacco products do you currently use?		
<b>INTERVIEWER INSTRUCTIONS: READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
<b>SMK_OTCURR_CG_PXF4</b>	01	Cigars
<b>SMK_OTCURR_SM_PXF4</b>	02	Small cigars (cigarillos)
<b>SMK_OTCURR_PI_PXF4</b>	03	Tobacco pipes
<b>SMK_OTCURR_CH_PXF4</b>	04	Chewing tobacco or snuff
<b>SMK_OTCURR_PT_PXF4</b>	05	Nicotine patches
<b>SMK_OTCURR_GU_PXF4</b>	06	Nicotine gum
<b>SMK_OTCURR_BE_PXF4</b>	07	Betel nut
<b>SMK_OTCURR_PN_PXF4</b>	08	Paan
<b>SMK_OTCURR_SH_PXF4</b>	09	Sheesha
<b>SMK_OTCURR_EN_PXF4</b>	10	E-cigarettes, with nicotine
<b>SMK_OTCURR_EC_PXF4</b>	11	E-cigarettes, without nicotine
<b>SMK_OTCURR_OTSP_PXF4</b>	97	Other: _____
<b>SMK_OTCURR_DK_NA_PXF4</b>	98	<b>[DO NOT READ]</b> Don't know / No answer
<b>SMK_OTCURR_REFUSED_PXF4</b>	99	<b>[DO NOT READ]</b> Refused

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

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## Proxy Questionnaire Status Check

Q00	PIC_REV_PXF4
<b>[ALWAYS ASK]</b>	
<p>Prior to beginning, I want to let you know that if <b>[participant's name]</b> 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 <b>[participant's name]</b> would have read prior to designating you as their proxy. Even so, you can always remind <b>[participant's name]</b> 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's name]**. 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_PXF4	
<b>[ALWAYS ASK]</b>		
<p>As we are going through the questionnaire, how would you like me to refer to Mr./Ms./Miss/Mrs. <b>[participant's last name]</b>? <b>[If responder is unsure: Would you like us to refer to them as Mr./Ms./Miss/Mrs. [participant's last name], as [participant's first name], or as [participant's full name] or by another name?]</b></p>		
NAME		OPEN TEXT VARIABLE

Q2	PIC_RELN_PXF4	
<b>[ALWAYS ASK]</b>		
<b>[If proxy responder has already indicated their relationship with the participant, just confirm that relationship].</b> What is your relationship to <b>[participant’s name]</b> ? You are their . . . . ?		
<b>INTERVIEWER: 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.’</b>		
<b>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.</b>		
<b>DO NOT READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don’t know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

Q3	PIC_CURRAGE_PXF4		
[ALWAYS ASK]			
What is your age?			
<p><b>INTERVIEWER: 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.</b></p>			
<b>DO NOT READ LIST, CODE ONLY ONE RESPONSE</b>			
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	<b>[DO NOT READ]</b> Don't know / No answer	
REFUSED	99	<b>[DO NOT READ]</b> Refused	

<b>Q4</b>	<b>PIC_BTHSEX_PXF4</b>	
<b>[ALWAYS ASK]</b>		
What was your sex at birth?		
<p><b>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.</b></p> <p><b>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.</b></p>		
<b>DO NOT READ LIST, CODE ONLY ONE RESPONSE</b>		
MALE	1	Male
FEMALE	2	Female
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>Q5</b>	<b>PIC_PXRTRD_PXF4</b>	
<b>[ALWAYS ASK]</b>		
At this time, are you completely retired, partly retired or not retired?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>Q6</b>	<b>PIC_KNWELL_PXF4</b>	
<b>[ALWAYS ASK]</b>		
On a scale from 1 – 5, how well do you feel you know <b>[participant's name]</b> ? With one being 'not very well' and five being 'very well'.		
<b>DO NOT READ LIST, CODE ONLY ONE RESPONSE</b>		
ONE	1	1 (not very well)
TWO	2	2
THREE	3	3
FOUR	4	4
FIVE	5	5 (very well)
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>Q7</b>	<b>PIC_KNOWN_PXF4</b>	
<b>[ALWAYS ASK]</b>		
How long have you known <b>[participant's name]</b> ? In years and months.		
<b>INTERVIEWER: ROUND UP TO THE NEAREST MONTH</b>		
LESS_MONTH	996	Less than one month
YR	_____	Years ( <b>MASK: MIN=0; MAX=CURRENT AGE</b> )
MT	_____	Months ( <b>MASK: MIN=0; MAX=11</b> )
DK_NA	998	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	999	<b>[DO NOT READ]</b> Refused

<b>Q8</b>	<b>PIC_COHAB_PXF4</b>	
<b>[ASK IF PIC_RELN_PXF4 ≠ NEIGHBOUR]</b>		
Are you currently living with <b>[participant's name]</b> ?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>Q9</b>	<b>PIC_CONT_PXF4</b>	
<b>[ASK IF PIC_COHAB_PXF4 ≠ YES]</b>		
In the past 12 months, have you been in contact with <b>[participant's name]</b> in any of the following ways:		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
PIC_CONT_PR_PXF4	01	In person
PIC_CONT_PH_PXF4	02	By phone
PIC_CONT_EM_PXF4	03	By email
PIC_CONT_SM_PXF4	04	By social media (Facebook, X (formerly Twitter), etc.)
PIC_CONT_CG_PXF4	05	Through contact with their caregiver
PIC_CONT_OTSP_PXF4	97	Other (please specify: _____)
PIC_CONT_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
PIC_CONT_REFUSED_PXF4	99	<b>[DO NOT READ]</b> Refused

<b>Q10</b>	<b>PIC_FQCONT_PXF4</b>	
<b>[ASK IF PIC_CONT_PXF4 ≠ DK_NA OR REFUSED]</b>		
How often have you been in contact with <b>[participant's name]</b> ? Is it ...		
<b>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.</b>		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

Q11	PIC_VSLMT_PXF4	
<b>[ASK IF PIC_CONT_PXF4 = PR]</b>		
Was in-person visiting with <b>[participant's name]</b> limited for any of the following reasons over the past 12 months?		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
PIC_VSLMT_ILL_PXF4	01	Restrictions or precautions related to illness transmission (for example, COVID-19, influenza, RSV)
PIC_VSLMT_FAR_PXF4	02	Lives too far away
PIC_VSLMT_NONE_PXF4	96	Visiting was not limited
PIC_VSLMT_OTSP_PXF4	97	Other (please specify: _____)
PIC_VSLMT_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
PIC_VSLMT_REFUSED_PXF4	99	<b>[DO NOT READ]</b> Refused

**PIC\_END**

## Home Ownership (OWN)

<b>Overview</b>	In this module, respondents are asked to provide information about the participant's home.
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<b>OWN_1</b>	<b>OWN_DWLG_PXF4</b>
<b>[ALWAYS ASK]</b>	
What type of dwelling does <b>[participant]</b> currently live in?	
<p><b>REFER TO IF NEEDED: NOTE: SENIORS_HOUSING – Seniors' housing (retirement home, assisted living)</b></p> <p>Seniors' housing is a broad term to describe non-institutional dwellings that are <u>rented, leased, and sometimes owned</u>. These settings are designed for housing seniors and have the expectation of supportive services as part of the rent, lease, and ownership agreement with the dwelling's owner and/or resident association. These services might include meals and bathing but can include intensive care services like feeding. Residents of these dwellings are considered tenants or owners and have arranged outside care and services.</p> <p><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></p>	
<p><b>INSTITUTION – Institution (old age facility, nursing home, long-term care home)</b></p> <p>Institutional care is a broad term to describe dwellings that have 24-hour nursing care available, and are <b>NOT</b> rented, leased, or owned. In these settings a person is 'admitted' formally, and all their care is expected to come from the facility's internal staff, including medical primary care. Residents are generally cognitively impaired and have substitute decision-makers.</p> <p><i>Other synonyms: Long-term Care (ON, AB, most provinces); Nursing home (most provinces); Residential care facility (BC)</i></p>	
<b>READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE</b>	
HOUSE	01 House (single detached, semi-detached, duplex or townhouse)
APARTMENT	02 Apartment or condominium
SENIORS_HOUSING	03 Seniors' housing (retirement home, assisted living)
INSTITUTION	04 Institution (old age facility, nursing home, long-term care home)
HOTEL	05 Mobile home, hotel, rooming or lodging house
OTSP	97 Other: _____
DK_NA	98 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99 <b>[DO NOT READ]</b> Refused

**OWN\_END**

## Socio-Demographic Characteristics (SDC)

SDC_1	SDC_INDGN_PXF4	
[ALWAYS ASK]		
Is [participant] First Nations, Métis or Inuk (Inuit)?		
<b>MULTIPLE RESPONSES ALLOWED (EXCEPT IF 1, 8 OR 9 ARE SELECTED), CODE ALL THAT APPLY</b>		
SDC_INDGN_NO_PXF4	1	No, not First Nations, Métis or Inuk (Inuit)
SDC_INDGN_FN_PXF4	2	Yes, First Nation (North American Indian)
SDC_INDGN_ME_PXF4	3	Yes, Métis
SDC_INDGN_IU_PXF4	4	Yes, Inuk (Inuit)
SDC_INDGN_DK_NA_PXF4	8	<b>[DO NOT READ]</b> Don't know / No answer
SDC_INDGN_REFUSED_PXF4	9	<b>[DO NOT READ]</b> Refused

SDC_1a	SDC_TWSPRT_PXF4	
[ASK IF SDC_INDGN_PXF4 = SDC_INDGN_FN_PXF4 OR SDC_INDGN_ME_PXF4 OR SDC_INDGN_IU_PXF4]		
Is [participant] Two-Spirit?		
<b>INTERVIEWER NOTE: TWO-SPIRIT IS A TERM COINED BY INDIGENOUS LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND/OR NON-HETEROSEXUAL (LGBTQ+) LEADERS THAT CAN BE USED TO DESCRIBE ONESELF. IT IS INTENDED TO EMBODY DIVERSE SEXUALITIES, GENDER IDENTITIES, ROLES AND/OR EXPRESSIONS AND FACILITATE INDIGENOUS PEOPLES' CONNECTIONS WITH NATION-SPECIFIC EXPRESSIONS AND ROLES OF GENDER AND SEXUAL DIVERSITY.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

SDC_2	SDC_MRTL2_PXF4	
<b>[ALWAYS ASK]</b>		
What is <b>[participant]</b> 's current marital/partner status?		
<b>INTERVIEWER INSTRUCTIONS: WE NEED TO CONFIRM/UPDATE MARITAL STATUS BECAUSE SOME QUESTIONS IN THE SURVEY ARE ASKED DEPENDING ON MARITAL/PARTNER STATUS</b>		
<b>CODE ONLY ONE RESPONSE</b>		
SINGLE	1	Single, never married or never lived with a partner
MARRIED	2	Married
COMMON_LAW2	3	Living with a partner in a common-law relationship
WIDOWED	4	Widowed
DIVORCED	5	Divorced
SEPARATED	6	Separated
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**SDC\_END**

## Smoking (SMK)

<b>Overview</b>	<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><b>Note:</b> This module covers smoking cigarettes. Pipe and cigar smoking should not be included in this module.</p>
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<b>SMK_1</b>	<b>SMK_CURRCG_PXF4</b>	
<b>[ALWAYS ASK]</b>		
At the present time, does <b>[participant]</b> smoke cigarettes daily, occasionally or not at all?		
<b>READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**SMK\_END**

## Cannabis (CAN)

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

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

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

<b>CAN_1</b>	<b>CAN_USE_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Has <b>[participant]</b> used cannabis in the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>CAN_2</b>	<b>CAN_FREQ_PXF4</b>	
<b>[ASK IF CAN_USE_PXF4 = YES]</b>		
How often did <b>[participant]</b> use cannabis in the past 12 months?		
<b>CODE ONLY ONE RESPONSE</b>		
LESS_ONCE_MONTH	1	Less than once a month
1_3_DAYS_MONTH	2	1 to 3 times a month
ONCE_WEEK	3	Once a week
MORE_ONCE_WEEK	4	More than once a week
DAILY_ALMOST	5	Daily or almost daily
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>CAN_3</b>	<b>CAN_PRPS_PXF4</b>	
<b>[ASK IF CAN_USE_PXF4 = YES]</b>		
In the past 12 months, for which of the following purposes did <b>[participant]</b> use cannabis?		
<b>CODE ONLY ONE RESPONSE</b>		
NON_MED_ONLY	1	Non-medical purposes only
MED_ONLY	2	Medical purposes only (either with or without a medical document)
BOTH	3	Both medical and non-medical purposes
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>CAN_4</b>	<b>CAN_SYM_PXF4</b>	
<b>[ASK IF CAN_PRPS_PXF4 = MED_ONLY OR BOTH]</b>		
In the past 12 months, when <b>[participant]</b> used cannabis for medical purposes, which symptoms were they using it for?		
<b>MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
CAN_SYM_PAIN_PXF4	01	Pain
CAN_SYM_NSVM_PXF4	02	Nausea or vomiting
CAN_SYM_LAWL_PXF4	03	Lack of appetite or weight loss
CAN_SYM_HDMG_PXF4	04	Headaches or migraines
CAN_SYM_MSSZ_PXF4	05	Muscle spasms or seizures
CAN_SYM_AXDP_PXF4	06	Anxiety or depression
CAN_SYM_PTSD_PXF4	07	Symptoms of PTSD
CAN_SYM_PRSL_PXF4	08	Problems sleeping
CAN_SYM_OPWD_PXF4	09	Opioid withdrawal symptoms
CAN_SYM_OTSP_PXF4	97	Other: _____
CAN_SYM_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
CAN_SYM_REFUSED_PXF4	99	<b>[DO NOT READ]</b> Refused

**CAN\_END**

## Alcohol Use (ALC)

<b>Overview</b>	<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.

<b>ALC_1</b>	<b>ALC_FREQ_PXF4</b>	
<b>[ALWAYS ASK]</b>		
About how often during the past 12 months did <b>[participant]</b> drink alcohol?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

ALC_2	ALC_HVST_PXF4	
<b>[ASK IF ALC_FREQ_PXF4 ≠ NEVER AND ALC_FREQ_PXF4 ≠ DK_NA AND ALC_FREQ_PXF4 ≠ REFUSED]</b>		
How does [participant]'s consumption of alcohol during the past 12 months compare to their heaviest period of drinking?		
<b>INTERVIEWER INSTRUCTION: IF THIS IS THEIR HEAVIEST PERIOD OF DRINKING, 'ABOUT THE SAME' WOULD APPLY</b>		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
SAME	1	About the same
LESS_HEAVIEST_PERIOD	2	Less than the heaviest period of drinking
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ALC\_END

## General Health (GEN)

<b>Overview</b>	<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.

<b>GEN_1</b>	<b>GEN_HLTH_PXF4</b>	
<b>[ALWAYS ASK]</b>		
In general, would you say <b>[participant]</b> 's health is excellent, very good, good, fair, or poor?		
<b>CODE ONLY ONE RESPONSE</b>		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>GEN_2</b>	<b>GEN_MNTL_PXF4</b>	
<b>[ALWAYS ASK]</b>		
In general, would you say <b>[participant]</b> 's mental health is excellent, very good, good, fair, or poor?		
<b>CODE ONLY ONE RESPONSE</b>		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>GEN_3</b>	<b>GEN_BRD_PXF4</b>	
<b>[ALWAYS ASK]</b>		
About how often does <b>[participant]</b> play board games, cards, crossword puzzles, jigsaw puzzles, or Sudoku?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>GEN_4</b>	<b>GEN_MUSC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
About how often does <b>[participant]</b> play a musical instrument or sing in a choir?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> 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).

<b>Overview</b>	<p>This module is an adapted version of a screening tool called Seniors in the Community: Risk Evaluation for Eating and Nutrition (SCREEN II). Questions look at weight change, eating habits, and difficulty eating. In addition, questions ask about frequency of fast-food consumption, and food security.</p> <p><b>Importance of module:</b> 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.

<b>NUR_1</b>	<b>NUR_GLSWT_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Compared with 6 months ago, has <b>[participant]</b> gained weight, lost weight or stayed about the same?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
GAINED	1	Gained weight
LOST	2	Lost weight
SAME	3	Stayed about the same
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>NUR_2a</b>	<b>NUR_WTL_PXF4</b>	
<b>[ASK IF NUR_GLSWT_PXF4 = LOST]</b>		
How much weight did <b>[participant]</b> <b>LOSE</b> in the <u>past 6 months</u> ?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>NUR_2b</b>	<b>NUR_WTG_PXF4</b>	
<b>[ASK IF NUR_GLSWT_PXF4 = GAINED]</b>		
How much weight did <b>[participant]</b> <b>GAIN</b> in the <u>past 6 months</u> ?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>NUR_3</b>	<b>NUR_SKPMLS_PXF4</b>	
<b>[ALWAYS ASK]</b>		
In general, how often does <b>[participant]</b> skip meals?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
ALMOST EVERY DAY	1	Almost every day
OFTEN	2	Often
SOMETIMES	3	Sometimes
RARELY	4	Rarely
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>NUR_4</b>	<b>NUR_APPTT_PXF4</b>	
<b>[ALWAYS ASK]</b>		
In general, how would you describe <b>[participant]</b> 's appetite? Would you say it is...		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
VERY_GOOD	1	Very good
GOOD	2	Good
FAIR	3	Fair
POOR	4	Poor
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>NUR_5</b>	<b>NUR_SWLLFD_PXF4</b>	
<b>[ALWAYS ASK]</b>		
In general, how often does <b>[participant]</b> cough, choke, or have pain when swallowing food or fluid? Would you say...		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>NUR_6</b>	<b>NUR_MLSMN_PXF4</b>	
<b>[ALWAYS ASK]</b>		
How often does <b>[participant]</b> eat at least one meal each day with someone?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
ALMOST EVERY DAY	1	Almost every day
OFTEN	2	Often
SOMETIMES	3	Sometimes
RARELY	4	Rarely
NEVER	5	Never
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>NUR_7</b>	<b>NUR_CKMEALS_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> usually cook their own meals?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>Food Security</b>
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<b>NUR_8</b>	<b>NUR_NOTENFD_PXF4</b>
<b>[ALWAYS ASK]</b>	
In the past 12 months, did <b>[participant]</b> ever eat less than they felt they should because there wasn't enough money to buy food?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

**NUR\_END**

## Pain and Discomfort (HUP)

<b>Overview</b>	<p>This module contains questions about pain and discomfort.</p> <p><b>Importance of module:</b> 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 that the participant may experience in their day-to-day life.

<b>HUP_1</b>	<b>HUP_FREE_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Is <b>[participant]</b> usually free of pain or discomfort?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>HUP_2</b>	<b>HUP_PRVACT_PXF4</b>	
<b>[ASK IF HUP_FREE_PXF4 = NO]</b>		
How many activities does <b>[participant]</b> 's pain or discomfort prevent? Would you say none, a few, some, or most?		
<b>CODE ONLY ONE RESPONSE</b>		
NONE	1	None
A_FEW	2	A few
SOME	3	Some
MOST	4	Most
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**HUP\_END**

## Vision (VIS)

<b>Overview</b>	The purpose of these questions is to determine the number of people who can see with and without glasses or corrective lenses.
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Now some questions about **[participant]**'s vision...

<b>VIS_1</b>	<b>VIS_SGHT_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Is <b>[participant]</b> 's eyesight, using glasses or corrective lenses if they use them...		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>VIS_2</b>	<b>VIS_AID_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Besides glasses or contact lenses, does <b>[participant]</b> 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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>VIS_3</b>	<b>VIS_USE_PXF4</b>	
<b>[ASK IF VIS_AID_PXF4 = YES]</b>		
Does <b>[participant]</b> now use...		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
VIS_USE_MG_PXF4	01	Magnifiers
VIS_USE_BR_PXF4	02	Braille reading materials
VIS_USE_LG_PXF4	03	Larger print reading materials
VIS_USE_TK_PXF4	04	Talking books
VIS_USE_RC_PXF4	05	Recording equipment or portable note-takers
VIS_USE_CC_PXF4	06	Closed circuit devices (e.g., CCTVs)
VIS_USE_CP_PXF4	07	eReader, a computer with Braille, large print, or speech access
VIS_USE_CN_PXF4	08	A white cane
VIS_USE_DG_PXF4	09	A guide dog
VIS_USE_OTSP_PXF4	97	Another aid, specify: _____
VIS_USE_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
VIS_USE_REFUSED_PXF4	99	<b>[DO NOT READ]</b> Refused

**VIS\_END**

## Hearing (HRG)

<b>Overview</b>	The purpose of these questions is to determine the number of people who have difficulty hearing with or without the use of aids.
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Now some questions about **[participant]**'s hearing...

<b>HRG_1</b>	<b>HRG_HRG_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Is <b>[participant]</b> 's hearing, using a hearing aid if they use one...		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>HRG_2</b>	<b>HRG_NOIS_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> 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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>HRG_3</b>	<b>HRG_AID_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> 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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

HRG_4	HRG_USE_PXF4	
<b>[ASK IF HRG_AID_PXF4 = YES]</b>		
Does <b>[participant]</b> now use...		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
HRG_USE_AID_PXF4	01	Hearing aid
HRG_USE_CP_PXF4	02	Computer to communicate (e.g., e-mail or chat services)
HRG_USE_VL_PXF4	03	Volume control telephone
HRG_USE_TTY_PXF4	04	Teletypewriters (TTY) or Telecommunications Device for the Deaf (TDD)
HRG_USE_MSG_PXF4	05	Message relay service
HRG_USE_PH_PXF4	06	Other phone-related devices (e.g., flashers, earphones)
HRG_USE_CC_PXF4	07	Closed caption T.V. or decoder
HRG_USE_AP_PXF4	08	Amplifiers (e.g., FM, acoustic, infra-red, earphones)
HRG_USE_VS_PXF4	09	Visual or vibrating alarm
HRG_USE_CO_PXF4	10	Cochlear or other surgical implant
HRG_USE_OTSP_PXF4	97	Another aid, specify: _____
HRG_USE_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
HRG_USE_REFUSED_PXF4	99	<b>[DO NOT READ]</b> 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 (IQCODE): 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 they are like now. We are going to ask about situations where **[participant]** has to use their 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 their present performance with 3 years ago. So, if 3 years ago **[participant]** always forgot where they had left things, and they still do, then this would be considered “Not much change”.

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

<b>IQC_1</b>	<b>IQC_FAMFR_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Remembering things about family and friends (e.g., occupations, birthdays, addresses)?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_2</b>	<b>IQC_RECNT_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Remembering things that have happened recently?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_3</b>	<b>IQC_CONVS_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Recalling conversations a few days later?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_4</b>	<b>IQC_ADTEL_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Remembering their address and telephone number?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_5</b>	<b>IQC_DATE_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Remembering what day and month it is?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_6</b>	<b>IQC_ULOC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Remembering where things are usually kept?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_7</b>	<b>IQC_DLOC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Remembering where to find things which have been put in a different place from usual?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_8</b>	<b>IQC_FMACH_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Knowing how to work familiar machines around the house?		
<b>INTERVIEWER NOTE: A MACHINE IS A DEVICE OR APPLIANCE THAT CAN BE FOUND IN A HOME (I.E., WASHING MACHINE, DISHWASHER, ETC.)</b>		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_9</b>	<b>IQC_NWMACH_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Learning to use a new gadget or machine around the house?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_10</b>	<b>IQC_LEARN_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Learning new things in general?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_11</b>	<b>IQC_STORY_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Following a story in a book or on TV?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_12</b>	<b>IQC_DECN_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Making decisions on everyday matters?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_13</b>	<b>IQC_MONEY_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Handling money for shopping?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_14</b>	<b>IQC_FINANC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Handling financial matters (e.g., the pension, dealing with the bank)?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_15</b>	<b>IQC_ARITH_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Handling other everyday arithmetic problems (e.g., knowing how much food to buy, knowing how long between visits from family or friends)?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IQC_16</b>	<b>IQC_INTEL_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Using their intelligence to understand what's going on and to reason things through?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**IQC\_END**

## Chronic Conditions (CCT)

<b>Overview</b>	<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**.

### ***Osteoarthritis and Arthritis***

<b>CCT_1</b>					
<b>[ALWAYS ASK]</b>					
Has a doctor ever told <b>[participant]</b> that they have ...					
<b>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.</b>					
<b>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.</b>					
<b>READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION</b>					
		Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_OAKNEE_PXF4	Osteoarthritis in the knee?				
CCT_OAHIP_PXF4	Osteoarthritis in the hip?				
CCT_OAHAND_PXF4	Osteoarthritis in one or both hands?				
CCT_RA_PXF4	Rheumatoid arthritis?				

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

**Respiratory**

CCT\_2

[ALWAYS ASK]

Has a doctor ever told [participant] that they have ...

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

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

**SMOKING ONLY APPLIES TO THE “CHRONIC CHANGES IN LUNGS DUE TO SMOKING” NOT THE EMPHYSEMA, CHRONIC BRONCHITIS, OR COPD.**

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

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

**READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION**

		Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_ASTHM_PXF4	Asthma?				
CCT_COPD_PXF4	Any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?				

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

**Cardiac/Cardiovascular**

CCT\_3

[ALWAYS ASK]

Has a doctor ever told [participant] that they have ...

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

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

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

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

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

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

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

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

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

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

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

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

**READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION**

		Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_HBP_PXF4	High blood pressure or hypertension?				
CCT_DIAB_PXF4	Diabetes, borderline diabetes or that their blood sugar is high?				
CCT_DIAB_DR_PXF4	Diabetic Retinopathy?				
CCT_HEART_PXF4	Heart disease (including congestive heart failure or CHF)?				
CCT_ANGI_PXF4	Angina (or chest pain due to heart disease)?				
CCT_AMI_PXF4	Had a heart attack or myocardial infarction?				
CCT_PAD_PXF4	Peripheral arterial disease or poor circulation in their limbs?				
CCT_CVA_PXF4	Experienced a Stroke or CVA (cerebrovascular accident)?				
CCT_TIA_PXF4	Experienced a mini-stroke or TIA (Transient Ischemic Attack)?				

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

CCT_4	CCT_CVAFX_PXF4
<b>[ALWAYS ASK]</b>	
Has a doctor ever told <b>[participant]</b> that they suffer from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> 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 they have ...

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

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

**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.**

**READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION**

		Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_MEMPB_PXF4	A memory problem?				
CCT_ALZH_PXF4	Dementia or Alzheimer's disease?				
CCT_MS_PXF4	Multiple sclerosis?				
CCT_EPIL_PXF4	Epilepsy?				
CCT_MGRN_PXF4	Migraine headaches?				
CCT_PARK_PXF4	Parkinsonism or Parkinson's disease?				

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

**Gastrointestinal**

CCT_6	CCT_ULCR_PXF4
[ALWAYS ASK]	
Has a doctor ever told [participant] that they have intestinal or stomach ulcers?	
<p><b>NOTE: INTESTINAL AND STOMACH ULCERS INCLUDE THE GUT AND ESOPHAGUS. ULCERS ARE CRATER-LIKE SORES (GENERALLY 1/4 INCH TO 3/4 INCH IN DIAMETER, BUT SOMETIMES 1 TO 2 INCHES IN DIAMETER) THAT FORM IN THE LINING OF THE STOMACH (CALLED GASTRIC ULCERS), JUST BELOW THE STOMACH AT THE BEGINNING OF THE SMALL INTESTINE IN THE DUODENUM (CALLED DUODENAL ULCERS) OR LESS COMMONLY IN THE ESOPHAGUS (CALLED ESOPHAGEAL ULCERS).</b></p>	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

<b>CCT_7</b>				
[ALWAYS ASK]				
Has a doctor ever told [participant] that they have a bowel disorder such as ...				
<p><b>NOTE: CROHN'S DISEASE AND ULCERATIVE COLITIS ARE DIFFERENT TYPES OF INFLAMMATORY BOWEL DISEASE (IBD), IN WHICH THE INTESTINES BECOME INFLAMED (RED AND SWOLLEN), PROBABLY AS A RESULT OF AN IMMUNE REACTION OF THE BODY AGAINST ITS OWN INTESTINAL TISSUE.</b></p> <p><b>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.</b></p>				
<b>READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION</b>				
	Yes	No	**DK / NA	**RF
	YES	NO	DK_NA	RF
	1	2	8	9
CCT_CRDIS_PXF4	Crohn's Disease?			
CCT_ULCOL_PXF4	Ulcerative colitis?			
CCT_IBSYD_PXF4	Irritable Bowel Syndrome?			

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

<b>CCT_8</b>					
<b>[ALWAYS ASK]</b>					
Has <b>[participant]</b> ever experienced ...					
<b>NOTE: <u>BOWEL INCONTINENCE</u> IS THE LOSS OF BOWEL CONTROL, LEADING TO AN INVOLUNTARY PASSAGE OF STOOL.</b>					
<b><u>URINARY INCONTINENCE</u> IS THE LOSS OF BLADDER CONTROL.</b>					
<b>READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION</b>					
		Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_BOWINC_PXF4	Bowel Incontinence?				
CCT_URININC_PXF4	Urinary Incontinence?				

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

<b><i>Vision</i></b>
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<b>CCT_9</b>					
<b>[ALWAYS ASK]</b>					
Has a doctor ever told <b>[participant]</b> that they have:					
<b>NOTE: A <u>CATARACT</u> 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.</b>					
<b><u>GLAUCOMA</u> IS A COMMON EYE CONDITION IN WHICH THE FLUID PRESSURE INSIDE THE EYE RISES TO A LEVEL HIGHER THAN HEALTHY FOR THAT EYE. IF UNTREATED, IT MAY DAMAGE THE OPTIC NERVE, CAUSING THE LOSS OF VISION OR EVEN BLINDNESS.</b>					
<b><u>MACULAR DEGENERATION</u> 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.</b>					
<b>READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION</b>					
		Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_CATAR_PXF4	Cataracts?				
CCT_GLAUC_PXF4	Glaucoma?				
CCT_MACDEG_PXF4	Macular degeneration?				

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

**Cancer**

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

<b>CCT_10</b>	<b>CCT_CANC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told <b>[participant]</b> that they had cancer?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>CCT_10a</b>	<b>CCT_CANTP_PXF4</b>	
<b>[ASK IF CCT_CANCP_PXF4 = YES]</b>		
What type(s) of cancer was <b>[participant]</b> diagnosed with?		
<b>DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
CCT_CANTP_CNS_PXF4	01	Brain/Spinal cord/Central nervous system
CCT_CANTP_TH_PXF4	02	Thyroid
CCT_CANTP_SM_PXF4	03	Skin: melanoma
CCT_CANTP_SNM_PXF4	04	Skin: non-melanoma
CCT_CANTP_OR_PXF4	05	Oral
CCT_CANTP_LX_PXF4	06	Larynx
CCT_CANTP_ES_PXF4	07	Esophagus
CCT_CANTP_BR_PXF4	08	Breast
CCT_CANTP_LU_PXF4	09	Lung
CCT_CANTP_ST_PXF4	10	Stomach (gastric)
CCT_CANTP_BL_PXF4	11	Bladder
CCT_CANTP_KD_PXF4	12	Kidney
CCT_CANTP_LV_PXF4	13	Liver
CCT_CANTP_PA_PXF4	14	Pancreatic
CCT_CANTP_COL_PXF4	15	Colorectal
CCT_CANTP_PR_PXF4	16	Prostate (males only)
CCT_CANTP_TT_PXF4	17	Testis (male only)
CCT_CANTP_OV_PXF4	18	Ovarian (females only)
CCT_CANTP_FU_PXF4	19	Uterus (females only)
CCT_CANTP_FC_PXF4	20	Cervical (females only)
CCT_CANTP_LK_PXF4	21	Leukemia
CCT_CANTP_MM_PXF4	22	Multiple myeloma
CCT_CANTP_HL_PXF4	23	Hodgkin lymphoma
CCT_CANTP_NHL_PXF4	24	Non-Hodgkin lymphoma
CCT_CANTP_OTSP_PXF4	97	Other: _____
CCT_CANTP_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
CCT_CANTP_REFUSED_PXF4	99	<b>[DO NOT READ]</b> Refused

**Mental Health**

CCT\_11

[ALWAYS ASK]

Has a doctor ever told [participant] that they have:

**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.**

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

**READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION**

		Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_ANXI_PXF4	An anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?				
CCT_MOOD_PXF4	A mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?				

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

**Other Chronic Conditions**

**CCT\_12**

**[ALWAYS ASK]**

Has a doctor ever told **[participant]** that they have:

**NOTE THAT OSTEOPOROSIS IS DIFFERENT THAN OSTEOARTHRITIS**

**READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION**

		Yes	No	**DK / NA	**RF
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_OSTPO_PXF4	Osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?				
CCT_UTHYR_PXF4	An UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?				
CCT_OTHYR_PXF4	An OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?				
CCT_KIDN_PXF4	Kidney disease or kidney failure?				
CCT_KIDNSTN_PXF4	Kidney stone(s)?				

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

**CCT\_END**

## Infections (INF)

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.

<b>INF_1</b>	<b>CCT_HCV_PXF4</b>
<b>[ALWAYS ASK]</b>	
In the past year, has <b>[participant]</b> had hepatitis C?	
<b>NOTE: HEPATITIS C IS AN INFECTION CAUSED BY A VIRUS THAT ATTACKS THE LIVER AND LEADS TO INFLAMMATION.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

<b>INF_1a</b>	<b>CCT_DRHCV_PXF4</b>
<b>[ASK IF CCT_HCV_PXF4 = YES]</b>	
Was their hepatitis C diagnosed by a health care provider?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

<b>INF_2</b>	<b>CCT_PNEU_PXF4</b>
<b>[ALWAYS ASK]</b>	
In the past year, has <b>[participant]</b> had pneumonia?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

<b>INF_2a</b>	<b>CCT_DRPNEU_PXF4</b>
<b>[ASK IF CCT_PNEU_PXF4 = YES]</b>	
Was their pneumonia diagnosed by a health care provider?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

INF_3	CCT_FLU_PXF4
<b>[ALWAYS ASK]</b>	
In the past year, has [participant] had flu (Influenza)?	
<b>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).</b>	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

INF_3a	CCT_DRFLU_PXF4
<b>[ASK IF CCT_FLU_PXF4 = YES]</b>	
Was their flu (Influenza) diagnosed by a health care provider?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

INF_4	CCT_UTI_PXF4
<b>[ALWAYS ASK]</b>	
In the past year, has [participant] had a urinary tract infection (UTI)?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

INF_4a	CCT_DRUTI_PXF4
<b>[ASK IF CCT_UTI_PXF4 = YES]</b>	
Was their urinary tract infection (UTI) diagnosed by a health care provider?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

<b>INF_5</b>	<b>CCT_COV_PXF4</b>	
<b>[ALWAYS ASK]</b>		
In the past year, has <b>[participant]</b> had COVID-19?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>INF_5a</b>	<b>CCT_RTCOV_PXF4</b>	
<b>[ASK IF CCT_COV_PXF4 = YES]</b>		
Was their COVID-19 confirmed by an at-home test kit?		
<b>INTERVIEWER: THE TEST IS ALSO KNOWN AS A RAPID TEST OR A SELF-TEST KIT.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>INF_5b</b>	<b>CCT_DRCOV_PXF4</b>	
<b>[ASK IF CCT_COV_PXF4 = YES]</b>		
Was their COVID-19 diagnosed by a health care provider?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>INF_6</b>	<b>CCT_OT_PXF4</b>	
<b>[ALWAYS ASK]</b>		
In the past year, has <b>[participant]</b> had any other infections?		
YES	1	Yes (specify: _____)
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

INF_6a	CCT_DROT_PXF4	
[ASK IF CCT_OT_PXF4 = YES]		
Was/were their <i>[RECALL RESPONSE FROM CCT_OT_YES_PXF4]</i> diagnosed by a health care provider?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

INF\_END

## Preventative Health Behaviours (PHB)

SOURCE: Public Health Agency of Canada. (2019). Seasonal influenza vaccination coverage survey: Final report, 2018-2019 (ISBN Report978-0-660-30264-5). [https://publications.gc.ca/collections/collection\\_2019/aspc-phac/H14-315-2019-eng.pdf](https://publications.gc.ca/collections/collection_2019/aspc-phac/H14-315-2019-eng.pdf)

<b>PHB_1</b>	<b>PHB_FLUV1_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Has <b>[participant]</b> received the seasonal flu (influenza) vaccine in the past year?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>PHB_2</b>	<b>PHB_PCV1_PXF4</b>	
<b>[ALWAYS ASK]</b>		
As an adult, has <b>[participant]</b> ever had the pneumococcal vaccine, which protects against pneumonia?		
<b>INTERVIEWER: THIS VACCINE MIGHT ALSO BE CALLED PREVNAR-13, OR PNEUMOVAX-23.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>PHB_2a</b>	<b>PHB_PCVAGE_PXF4</b>	
<b>[ASK IF PHB_PCV1_PXF4 = YES]</b>		
At what age or in what year did <b>[participant]</b> receive their most recent pneumococcal vaccine?		
<b>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?</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

PHB_3	PHB_SHIN1_PXF4	
<b>[ALWAYS ASK]</b>		
As an adult, has <b>[participant]</b> ever had the shingles vaccine?		
<b>INTERVIEWER: SHINGLES IS ALSO KNOWN AS HERPES ZOSTER. THIS VACCINE MIGHT ALSO BE CALLED SHINGRIX, OR ZOSTAVAX.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PHB_3a	PHB_SHINAGE_PXF4	
<b>[ASK IF PHB_SHIN1_PXF4 = YES]</b>		
At what age or in what year did <b>[participant]</b> receive their most recent shingles vaccine?		
<b>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?</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9999	<b>[DO NOT READ]</b> Refused

PHB_4	PHB_VAC_PXF4	
<b>[ALWAYS ASK]</b>		
Has <b>[participant]</b> received at least one dose of a COVID-19 vaccine?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PHB_5	PHB_VDOSE_NB_PXF4	
<b>[ASK IF PHB_VAC_PXF4 = YES]</b>		
How many doses of a COVID-19 vaccine has <b>[participant]</b> received so far?		
	_____	(MASK: MIN=1, MAX=10)
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

PHB\_END

## Functional Status (FUL)

<b>Overview</b>	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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<b>FUL_1</b>	<b>FUL_SHLD_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty reaching or extending their arms above their shoulders?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_1a</b>	<b>FUL_SHLDDG_PXF4</b>	
<b>[ASK IF FUL_SHLD_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_2</b>	<b>FUL_STOOP_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty stooping, crouching, or kneeling down?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_2a</b>	<b>FUL_STOOPDG_PXF4</b>	
<b>[ASK IF FUL_STOOP_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_3</b>	<b>FUL_PUSH_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty pushing or pulling large objects like a living room chair?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_3a</b>	<b>FUL_PUSHDG_PXF4</b>	
<b>[ASK IF FUL_PUSH_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_4</b>	<b>FUL_LFT10_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty lifting ten pounds (or 4.5 kg) from the floor, like a heavy bag of groceries?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_4a</b>	<b>FUL_LFT10DG_PXF4</b>	
<b>[ASK IF FUL_LFT10_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_5</b>	<b>FUL_HDLG_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty handling small objects, like picking up a coin from a table?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_5a</b>	<b>FUL_HDLGDG_PXF4</b>	
<b>[ASK IF FUL_HDLG_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_6</b>	<b>FUL_ST15_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty standing for a long period, around 15 minutes?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_6a</b>	<b>FUL_ST15DG_PXF4</b>	
<b>[ASK IF FUL_ST15_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_7</b>	<b>FUL_SIT1H_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty sitting for a long period, say 1 hour?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_7a</b>	<b>FUL_SIT1HDG_PXF4</b>	
<b>[ASK IF FUL_SIT1H_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_8</b>	<b>FUL_STDUP_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty standing up after sitting in a chair?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_8a</b>	<b>FUL_STDUPDG_PXF4</b>	
<b>[ASK IF FUL_STDUP_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_9</b>	<b>FUL_FSTR_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty walking alone up and down a flight of stairs?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_9a</b>	<b>FUL_FSTRDG_PXF4</b>	
<b>[ASK IF FUL_FSTR_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_10</b>	<b>FUL_WK23B_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty walking 2 to 3 neighbourhood blocks?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_10a</b>	<b>FUL_WK23BDG_PXF4</b>	
<b>[ASK IF FUL_WK23B_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_11</b>	<b>FUL_MKBED_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty making a bed?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_11a</b>	<b>FUL_MKBEDDG_PXF4</b>	
<b>[ASK IF FUL_MKBED_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_12</b>	<b>FUL_WSHBK_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty washing their back?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_12a</b>	<b>FUL_WSHBKDG_PXF4</b>	
<b>[ASK IF FUL_WSHBK_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_13</b>	<b>FUL_KNCUT_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty using a knife to cut food?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_13a</b>	<b>FUL_KNCUTDG_PXF4</b>	
<b>[ASK IF FUL_KNCUT_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_14</b>	<b>FUL_FORC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> have any difficulty with recreational or work activities in which they take some force or impact through their arm, shoulder, or hand (e.g., golf, hammering, tennis, typing, etc.)?		
<b>CODE ONLY ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FUL_14a</b>	<b>FUL_FORCDG_PXF4</b>	
<b>[ASK IF FUL_FORC_PXF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>CODE ONLY ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> 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.*

<b>Overview</b>	<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.

<b>ADL_1</b>	<b>ADL_ABLDR_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> dress and undress themselves without help (including picking out clothes and putting on socks and shoes)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_2</b>	<b>ADL_HPDR_PXF4</b>	
<b>[ASK IF ADL_ABLDR_PXF4 = NO]</b>		
Can <b>[participant]</b> dress and undress themselves with some help?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_3</b>	<b>ADL_UNDR_PXF4</b>	
<b>[ASK IF ADL_HPDR_PXF4 = NO]</b>		
Is <b>[participant]</b> completely unable to dress and undress themself?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_4</b>	<b>ADL_ABLFD_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> eat without help (i.e., they are able to feed themself completely)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_5</b>	<b>ADL_HPFD_PXF4</b>	
<b>[ASK IF ADL_ABLFD_PXF4 = NO]</b>		
Can <b>[participant]</b> eat with some help (i.e., they need help with cutting their food, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_6</b>	<b>ADL_UNFD_PXF4</b>	
<b>[ASK IF ADL_HPFD_PXF4 = NO]</b>		
Is <b>[participant]</b> completely unable to feed themself?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_7</b>	<b>ADL_ABLAP_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> take care of their own appearance without help, for example, combing their hair, shaving (if male)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_8</b>	<b>ADL_HPAP_PXF4</b>	
<b>[ASK IF ADL_ABLAP_PXF4 = NO]</b>		
Can <b>[participant]</b> take care of their own appearance with some help?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_9</b>	<b>ADL_UNAP_PXF4</b>	
<b>[ASK IF ADL_HPAP_PXF4 = NO]</b>		
Is <b>[participant]</b> completely unable to take care of their own appearance?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_10</b>	<b>ADL_ABLWK_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> walk without help?		
<b>INTERVIEWER NOTE: IF PARTICIPANT WALKS WITH A CANE CODE AS YES</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

ADL_11	ADL_HPWK_PXF4	
[ASK IF ADL_ABLWK_PXF4 = 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_PXF4	
[ASK IF ADL_HPWK_PXF4 = 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_PXF4	
[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_PXF4	
[ASK IF ADL_ABLBD_PXF4 = 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

<b>ADL_15</b>	<b>ADL_UNBD_PXF4</b>	
<b>[ASK IF ADL_HPBD_PXF4 = NO]</b>		
Is <b>[participant]</b> totally dependent on someone else to lift them in and out of bed?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_16</b>	<b>ADL_ABLBT_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> take a bath or shower without help?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_17</b>	<b>ADL_HPBT_PXF4</b>	
<b>[ASK IF ADL_ABLBT_PXF4 = NO]</b>		
Can <b>[participant]</b> take a bath or shower with some help (i.e., they need help from someone getting in and out of the tub or they need special attachments on the tub)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_18</b>	<b>ADL_UNBT_PXF4</b>	
<b>[ASK IF ADL_HPBT_PXF4 = NO]</b>		
Is <b>[participant]</b> completely unable to take a bath and a shower by themselves?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_19</b>	<b>ADL_BATH_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> ever have trouble getting to the bathroom in time?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>ADL_20</b>	<b>ADL_INCNT_PXF4</b>	
<b>[ASK IF ADL_BATH_PXF4 = YES]</b>		
How often does <b>[participant]</b> wet or soil themselves (either day or night)? Would you say...		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> 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.*

<b>Overview</b>	<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 the participant requires help when using the telephone, traveling, shopping, cooking, doing housework, taking medicine and handling money.</p> <p>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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**PROGRAMMING NOTE: SKIP MODULE IF OWN\_DWLG = INSTITUTION**

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.

<b>IAL_1</b>	<b>IAL_ABLTEL_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> use the telephone without help, including looking up numbers and dialling?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>IAL_2</b>	<b>IAL_HPTEL_PXF4</b>	
<b>[ASK IF IAL_ABLTEL_PXF4 = NO]</b>		
Can <b>[participant]</b> use the telephone with some help (i.e., they can answer the phone or dial the operator in an emergency, but need a special phone or help in getting the number or dialling)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_3	IAL_UNTEL_PXF4
<b>[ASK IF IAL_HPTTEL_PXF4 = NO]</b>	
Is <b>[participant]</b> completely unable to use the telephone?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

IAL_4	IAL_ABLTRV_PXF4
<b>[ALWAYS ASK]</b>	
Can <b>[participant]</b> get to places out of walking distance without help (i.e., they drive their own car, or travel alone on buses, or taxis)?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

IAL_5	IAL_HPTRV_PXF4
<b>[ASK IF IAL_ABLTRV_PXF4 = NO]</b>	
Can <b>[participant]</b> get to places out of walking distance with some help (i.e., they need someone to help them or go with them when travelling)?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

IAL_6	IAL_UNTRV_PXF4
<b>[ASK IF IAL_HPTRV_PXF4 = NO]</b>	
Is <b>[participant]</b> unable to travel unless emergency arrangements are made for a specialized vehicle, like an ambulance?	
YES	1 Yes
NO	2 No
DK_NA	8 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9 <b>[DO NOT READ]</b> Refused

IAL_7	IAL_ABLGRO_PXF4	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> go shopping for groceries or clothes without help (taking care of all shopping needs themselves)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_8	IAL_HPGRO_PXF4	
<b>[ASK IF IAL_ABLGRO_PXF4 = NO]</b>		
Can <b>[participant]</b> go shopping for groceries or clothes with some help (i.e., they need someone to go with them on all shopping trips)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_9	IAL_UNGRO_PXF4	
<b>[ASK IF IAL_HPGRO_PXF4 = NO]</b>		
Is <b>[participant]</b> completely unable to do any shopping?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_10	IAL_ABLML_PXF4	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> prepare their own meals without help (i.e., they plan and cook full meals themselves)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_11	IAL_HPML_PXF4	
<b>[ASK IF IAL_ABLML_PXF4 = NO]</b>		
Can <b>[participant]</b> prepare their own meals with some help (i.e., they can prepare some things but are unable to cook full meals themselves)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_12	IAL_UNML_PXF4	
<b>[ASK IF IAL_HPML_PXF4 = NO]</b>		
Is <b>[participant]</b> completely unable to prepare any meals?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_13	IAL_ABLWRK_PXF4	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> do their housework without help (i.e., they can clean floors, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_14	IAL_HPWRK_PXF4	
<b>[ASK IF IAL_ABLWRK_PXF4 = NO]</b>		
Can <b>[participant]</b> do their housework with some help (i.e., they can do light housework but need help with heavy work)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_15	IAL_UNWRK_PXF4	
<b>[ASK IF IAL_HPWRK_PXF4 = NO]</b>		
Is <b>[participant]</b> completely unable to do any housework?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_16	IAL_ABLMED_PXF4	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> take their own medicine without help (in the right doses at the right time)?		
<b>INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_17	IAL_HPMED_PXF4	
<b>[ASK IF IAL_ABLMED_PXF4 = NO]</b>		
Can <b>[participant]</b> take their own medicine with some help (i.e., they are able to take medicine if someone prepares it for them or reminds them to take it)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_18	IAL_UNMED_PXF4	
<b>[ASK IF IAL_HPMED_PXF4 = NO]</b>		
Is <b>[participant]</b> completely unable to take their medicine?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_19	IAL_ABLMO_PXF4	
<b>[ALWAYS ASK]</b>		
Can <b>[participant]</b> handle their own money without help (i.e., they write cheques, pay bills, etc.)?		
<b>INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_20	IAL_HPMO_PXF4	
<b>[ASK IF IAL_ABLMO_PXF4 = NO]</b>		
Can <b>[participant]</b> handle their own money with some help (i.e., they manage day-to-day buying but need help with managing their chequebook or paying their bills)?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

IAL_21	IAL_UNMO_PXF4	
<b>[ASK IF IAL_HPMO_PXF4 = NO]</b>		
Is <b>[participant]</b> completely unable to handle their money?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**IAL\_END**

## Social Networks (SN)

<b>Overview</b>	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.

<b>SN_1</b>	<b>SN_LIVH_NB_PXF4</b>	
<b>[ALWAYS ASK]</b>		
How many people, not including <b>[participant]</b> , currently live in their household?		
	_____	
DK_NA	98	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

<b>SN_2</b>	<b>SN_SEEREL_PXF4</b>	
<b>[ALWAYS ASK]</b>		
When did <b>[participant]</b> last get together with any of their relatives who live outside of their household?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
NA_REL_IN_HOUSEHOLD	7	Not applicable, all relatives live in household
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SN_3</b>	<b>SN_SEEFRND_PXF4</b>	
<b>[ALWAYS ASK]</b>		
When did <b>[participant]</b> last get together with any of their close friends who live outside of their household?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
NA_FRND_IN_HOUSEHOLD	7	Not applicable, no friends live outside of household
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SN_4</b>	<b>SN_SEENEIBR_PXF4</b>	
<b>[ASK IF OWN_DWLG_PXF4 ≠ INSTITUTION]</b>		
When did <b>[participant]</b> last get together with any of their neighbours?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**SN\_END**

## Social Participation (SPA)

<b>Overview</b>	<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.

<b>SPA_1</b>	<b>SPA_SOAC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Which of these statements apply to <b>[participant]</b> ?		
<b>NOTE: RESPONSE OPTION 1 – ‘THEY READ A DAILY NEWSPAPER’ – INCLUDES SITUATIONS WHERE THE PARTICIPANT ONLY READS THE SATURDAY EDITION OF A DAILY NEWSPAPER.</b>		
<b>READ EACH STATEMENT. MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
SPA_SOAC_RNP_PXF4	01	They read a daily newspaper (includes paper and online)
SPA_SOAC_HY_PXF4	02	They have a hobby or pastime
SPA_SOAC_HIC_PXF4	03	They have taken a holiday in Canada in the last 12 months
SPA_SOAC_HOC_PXF4	04	They have taken a holiday outside of Canada in the last 12 months
SPA_SOAC_DT_PXF4	05	They have gone on a daytrip or outing in the last 12 months
SPA_SOAC_INT_PXF4	06	They use the internet and/or e-mail
SPA_SOAC_VOT_PXF4	07	They voted in the last federal, provincial, or municipal election
SPA_SOAC_NONE_PXF4	96	None of these statements apply to them
SPA_SOAC_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
SPA_SOAC_REFUSED_PXF4	99	<b>[DO NOT READ]</b> 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**

<b>SPA_2</b>	<b>SPA_OUTS_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Family- or friendship-based activities outside the household?		
<b>READ IF NECESSARY – EXAMPLES INCLUDE: FORMAL AND INFORMAL ACTIVITIES SUCH AS SMALL GET-TOGETHERS, MEALS OUTSIDE OF THE HOUSEHOLD, WEDDINGS, OR REUNIONS</b>		
<b>INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN ‘REAL LIFE’ SETTINGS OUTSIDE THE HOME, RATHER THAN IN ‘ONLINE’ SETTINGS.</b>		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SPA_3</b>	<b>SPA_CHRCH_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Church or religious activities such as services, committees or choirs?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SPA_4</b>	<b>SPA_SPORT_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Sports or physical activities that <b>[participant]</b> does with other people?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SPA_5</b>	<b>SPA_EDUC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Educational and cultural activities involving other people such as attending courses, concerts, plays, or visiting museums?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SPA_6</b>	<b>SPA_CLUB_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Service club or fraternal organization activities?		
<b>READ IF NECESSARY – EXAMPLES INCLUDE: LION'S CLUB, ROTARY, KIWANIS CLUB, ROYAL CANADIAN LEGION, OR FORESTERS</b>		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SPA_7</b>	<b>SPA_NEIBR_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Neighbourhood, community or professional association activities?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SPA_8</b>	<b>SPA_VOLUN_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Volunteer or charity work?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SPA_9</b>	<b>SPA_OTACT_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games?		
<b>INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN 'REAL LIFE' SETTINGS OUTSIDE THE HOME, RATHER THAN IN 'ONLINE' SETTINGS.</b>		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SPA_10</b>	<b>SPA_MORAC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
In the past 12 months, do you think that <b>[participant]</b> wanted to participate in more social, recreational, or group activities?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>SPA_11</b>	<b>SPA_PREVAC_PXF4</b>	
<b>[ASK IF SPA_MORAC_PXF4 = YES]</b>		
What prevented <b>[participant]</b> from participating in more social, recreational or group activities?		
<b>DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
SPA_PREVAC_CO_PXF4	01	Cost
SPA_PREVAC_TP_PXF4	02	Transportation problems
SPA_PREVAC_ANA_PXF4	03	Activities not available in the area
SPA_PREVAC_LNA_PXF4	04	Location not physically accessible
SPA_PREVAC_TF_PXF4	05	Location is too far
SPA_PREVAC_HC_PXF4	06	Health condition/limitation
SPA_PREVAC_TI_PXF4	07	Time of the activities not suitable
SPA_PREVAC_GA_PXF4	08	Doesn't want to go alone
SPA_PREVAC_PR_PXF4	09	Personal or family responsibilities
SPA_PREVAC_LRR_PXF4	10	Language related reasons
SPA_PREVAC_TB_PXF4	11	Too busy
SPA_PREVAC_AF_PXF4	12	Afraid or concerns about safety
SPA_PREVAC_GR_PXF4	13	Grieving
SPA_PREVAC_WH_PXF4	14	Weather conditions
SPA_PREVAC_MO_PXF4	15	Lack of motivation, organization or information
SPA_PREVAC_RL_PXF4	16	Relocation or travel
SPA_PREVAC_ANS_PXF4	17	Activities not interesting/not suitable
SPA_PREVAC_SC_PXF4	18	Social barriers (rejection, shyness, bullying, etc.)
SPA_PREVAC_PH_PXF4	19	Public health/COVID measures
SPA_PREVAC_OTSP_PXF4	97	Other: _____
SPA_PREVAC_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
SPA_PREVAC_REFUSED_PXF4	99	<b>[DO NOT READ]</b> Refused

**SPA\_END**

## Care Receiving 1/ Formal Care (CR1)

<b>Overview</b>	<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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**PROGRAMMING NOTE: 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 their 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.

<b>CR1_1</b>	<b>CR1_PRO_PXF4</b>	
<b>[ALWAYS ASK]</b>		
During the past 12 months, did <b>[participant]</b> receive short-term or long-term professional assistance at home, because of a health condition or limitation that affects their daily life, for any of the following activities?		
<b>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.</b>		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
CR1_PRO_PR_PXF4	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_PRO_MD_PXF4	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_PRO_MG_PXF4	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_PRO_MH_PXF4	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_PRO_WK_PXF4	05	House maintenance or outdoor work
CR1_PRO_TR_PXF4	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_PRO_PT_PXF4	07	Physical therapy
CR1_PRO_TA_PXF4	08	Training and adaptation
CR1_PRO_MB_PXF4	09	Mobility
CR1_PRO_FM_PXF4	10	Financial management
CR1_PRO_NONE_PXF4	96	None
CR1_PRO_OTSP_PXF4	97	Other: _____
CR1_PRO_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
CR1_PRO_REFUSED_PXF4	99	<b>[DO NOT READ]</b> Refused

<b>CR1_2</b>		<b>CR1_MOST_PXF4</b>
<b>[ASK IF CR1_PRO_PXF4 = MORE THAN ONE RESPONSE OPTION]</b>		
For which type of activity did <b>[participant]</b> receive the most assistance?		
<b>INTERVIEWER NOTE: IF RESPONDENT SELECTS TWO OR MORE EQUALLY, ASK THEM TO SELECT THE ONE THE PARTICIPANT CONSIDERS TO BE THE MOST IMPORTANT</b>		
<b>READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE</b>		
<b>PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_PXF4</b>		
PR	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
MD	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
MG	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
MH	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
WK	05	House maintenance or outdoor work
TR	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
PT	07	Physical therapy
TA	08	Training & adaptation
MB	09	Mobility
FM	10	Financial management
OTSP1	97	Other

<b>CR1_3</b>		<b>CR1_FRQ_NB_PXF4</b>
<b>[ASK IF CR1_PRO_PXF4 ≠ NONE AND CR1_PRO_PXF4 ≠ DK_NA AND CR1_PRO_PXF4 ≠ REFUSED]</b>		
During the past 12 months, about how many weeks did this person/organization help <b>[participant]</b> ?		
<b>PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF WEEKS</b>		
	_____	<b>(MASK: MIN=1, MAX=52)</b>
DK_NA	98	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

<b>CR1_4</b>	<b>CR1_HOUR_NB_PXF4</b>	
<b>[ASK IF CR1_PRO_PXF4 ≠ NONE AND CR1_PRO_PXF4 ≠ DK_NA AND CR1_PRO_PXF4 ≠ REFUSED]</b>		
About how many hours per week, on average, did this person/organization provide <b>[participant]</b> with such help?		
<b>PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF HOURS</b>		
	_____	<b>(MASK: MIN=1, MAX=168)</b>
DK_NA	998	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	999	<b>[DO NOT READ]</b> Refused

**CR1\_END**

## Care Receiving 2/ Informal Care (CR2)

<b>Overview</b>	<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 their daily activities. Respondents are asked to report assistance provided to participants 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.

<b>CR2_1</b>	<b>CR2_FAM_PXF4</b>	
<b>[ALWAYS ASK]</b>		
During the past 12 months, did <b>[participant]</b> receive short-term or long-term assistance from family, friends, or neighbours because of a health condition or limitation that affects their daily life, for any of the following activities?		
<b>INTERVIEWER NOTE: INCLUDE ONLY ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS</b>		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
CR2_FAM_PR_PXF4	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR2_FAM_MD_PXF4	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR2_FAM_MG_PXF4	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR2_FAM_MH_PXF4	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR2_FAM_WK_PXF4	05	House maintenance or outdoor work
CR2_FAM_TR_PXF4	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR2_FAM_PT_PXF4	07	Physical therapy
CR2_FAM_TA_PXF4	08	Training and adaptation
CR2_FAM_CS_PXF4	09	Social/emotional support
CR2_FAM_MB_PXF4	10	Mobility
CR2_FAM_MO_PXF4	11	Monetary assistance
CR2_FAM_FM_PXF4	12	Financial management
CR2_FAM_NONE_PXF4	96	None
CR2_FAM_OTSP_PXF4	97	Other: _____
CR2_FAM_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
CR2_FAM_REFUSED_PXF4	99	<b>[DO NOT READ]</b> Refused

<b>CR2_2</b>	<b>CR2_NMBR_PXF4</b>	
<b>[ASK IF CR2_FAM_PXF4 ≠ CR2_FAM_NONE_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_DK_NA_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_REFUSED_PXF4]</b>		
During the past 12 months, about how many different people (among family, friends, and/or neighbours) provided <b>[participant]</b> with such assistance?		
<b>PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER</b>		
	_____	<b>(MASK: MIN=1, MAX=50)</b>
DK_NA	98	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

<b>CR2_3</b>	<b>CR2_WKALL_PXF4</b>	
<b>[ASK IF CR2_FAM_PXF4 ≠ CR2_FAM_NONE_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_DK_NA_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_REFUSED_PXF4]</b>		
During the past 12 months, about how many weeks did this person/these people provide <b>[participant]</b> with such assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
<b>PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF WEEKS</b>		
	_____	<b>(MASK: MIN=1, MAX=52)</b>
DK_NA	98	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

<b>CR2_4</b>	<b>CR2_HOUR_PXF4</b>	
<b>[ASK IF CR2_FAM_PXF4 ≠ CR2_FAM_NONE_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_DK_NA_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_REFUSED_PXF4]</b>		
About how many hours per week, on average, did this person/these people provide <b>[participant]</b> with assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
<b>PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER</b>		
	_____	<b>(MASK: MIN=1, MAX=168)</b>
DK_NA	998	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	999	<b>[DO NOT READ]</b> Refused

CR2_5		CR2_MOST_PXF4	
<b>[ASK IF CR2_FAM_PXF4 = MORE THAN ONE RESPONSE OPTION]</b>			
For which type of activity did <b>[participant]</b> receive the most assistance?			
<b>INTERVIEWER NOTE: IF RESPONDENT SELECTS TWO OR MORE EQUALLY, ASK THEM TO SELECT THE ONE THE PARTICIPANT CONSIDERS TO BE THE MOST IMPORTANT</b>			
<b>READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE</b>			
<b>PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR2_FAM_PXF4</b>			
PR	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails	
MD	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure	
MG	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help	
MH	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing	
WK	05	House maintenance or outdoor work	
TR	06	Transportation to do shopping or errands, or to get to medical appointments, or social events	
PT	07	Physical therapy	
TA	08	Training & adaptation	
CS	09	Social/emotional support	
MB	10	Mobility	
MO	11	Monetary assistance	
FM	12	Financial management	
OTSP	97	Other	

CR2_6		CR2_PERSPX_PXF4	
<b>[ASK IF CR2_FAM_PXF4 ≠ CR2_FAM_NONE_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_DK_NA_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_REFUSED_PXF4]</b>			
We are interested in finding out a little bit more about the person who has dedicated the most time and resources to helping <b>[participant]</b> with <b>[RECALL RESPONSE FROM CR2_MOST_PXF4; IF CR2_MOST_PXF4 WAS SKIPPED, RECALL RESPONSE FROM CR2_FAM_PXF4]</b> .			
Are you the person from whom <b>[participant]</b> received the most assistance?			
YES	1	Yes	
NO	2	No	
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer	

<b>CR2_6a</b>	<b>CR2_PERS_PXF4</b>	
<b>[ASK IF CR2_PERSPX_PXF4 = NO]</b>		
Is this person from whom <b>[participant]</b> received the most assistance...		
<b>READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE</b>		
LIVING_IN_HOUSEHOLD	1	Living in their household
LIVING_OUTSIDE_HOUSEHOLD	2	Living outside of their household
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>CR2_6b</b>	<b>CR2_PERS_FAR_PXF4</b>	
<b>[ASK IF CR2_PERS_PXF4 = LIVING_OUTSIDE_HOUSEHOLD OR PIC_COHAB_PXF4 = NO]</b>		
How far are you/is this person from <b>[participant]</b> in hours or minutes driving?		
<b>PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER</b>		
HOURS	_____	Hours ( <b>MASK: MIN=0, MAX=24</b> )
MINUTES	_____	Minutes ( <b>MASK: MIN=0, MAX=60</b> )
DK_NA	998	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	999	<b>[DO NOT READ]</b> Refused

<b>CR2_7</b>	<b>CR2_GNDR_PXF4</b>	
<b>[ASK IF (CR2_FAM_PXF4 ≠ CR2_FAM_NONE_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_DK_NA_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_REFUSED_PXF4) AND CR2_PERSPX_PXF4 = NO]</b>		
Is the person who provided the most assistance male or female?		
<b>CODE ONLY ONE RESPONSE</b>		
MALE	1	Male
FEMALE	2	Female
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>CR2_8</b>	<b>CR2_AGE_NB_PXF4</b>	
<b>[ASK IF (CR2_FAM_PXF4 ≠ CR2_FAM_NONE_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_DK_NA_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_REFUSED_PXF4) AND CR2_PERSPX_PXF4 = NO]</b>		
How old is this person? _____ ( <b>MASK: MIN=3, MAX=110</b> )		
<b>PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER</b>		
REFUSED	999	<b>[DO NOT READ]</b> Refused

<b>CR2_9</b>	<b>CR2_RELN_PXF4</b>	
<b>[ASK IF (CR2_FAM_PXF4 ≠ CR2_FAM_NONE_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_DK_NA_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_REFUSED_PXF4) AND CR2_PERSPX_PXF4 = NO]</b>		
What is the relationship between <b>[participant]</b> and this person? Are they their...		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
HUSBAND_WIFE	01	Husband/wife
COMMON_LAW	02	Common-law partner
FATHER_MOTHER	03	Father/mother
SON_DAUGHTER	04	Son/daughter
BROTHER_SISTER	05	Brother/sister
GRAND_PARENTS	06	Grandfather/grandmother
GRAND_CHILD	07	Grandson/granddaughter
FATHER_MOTHER_IN_LAW	08	Father-in-law/mother-in-law
SON_DAUGHTER_IN_LAW	09	Son-in-law/daughter-in-law
BROTHER_SISTER_IN_LAW	10	Brother-in-law/sister-in-law
OTHER_RELATIVE	11	Other relative
FRIEND	12	Friend
NEIGHBOUR	13	Neighbour
OTSP	97	Other: _____
DK_NA	98	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

<b>CR2_10</b>	<b>CR2_DUR_PXF4</b>	
<b>[ASK IF CR2_FAM_PXF4 ≠ CR2_FAM_NONE_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_DK_NA_PXF4 AND CR2_FAM_PXF4 ≠ CR2_FAM_REFUSED_PXF4]</b>		
How long has <b>[participant]</b> been receiving assistance from [you/this person]?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>CR2_11</b>	<b>CR2_DEVC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
During the past 12 months, has <b>[participant]</b> used any of the following assistive devices?		
<p><b>INTERVIEWER NOTES:</b> A definition commonly used by assistive technology specialists comes from the United States of America Assistive Technology Act 2004 (Public Law 108-364) (Congress United States of America Government, 2004). The Act defines an assistive technology device as “any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.”</p> <p>Assistive devices and technologies are those whose primary purpose is to maintain or improve an individual’s functioning and independence to facilitate participation and to enhance overall well-being. They can also help prevent impairments and secondary health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication.</p>		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
CR2_DEVC_CN_PXF4	01	Crutches, cane or walking stick
CR2_DEVC_WC_PXF4	02	Wheelchair
CR2_DEVC_SC_PXF4	03	Motorized scooter
CR2_DEVC_WK_PXF4	04	Walker
CR2_DEVC_LG_PXF4	05	Neck, back or leg braces or supportive devices
CR2_DEVC_HD_PXF4	06	Hand or arm brace
CR2_DEVC_BR_PXF4	07	Grab bars
CR2_DEVC_BT_PXF4	08	Bathroom aids
CR2_DEVC_LT_PXF4	09	Bath or bed lifts or other lifting devices
CR2_DEVC_GR_PXF4	10	Grasping tools or reach extenders
CR2_DEVC_UT_PXF4	11	Special eating utensils
CR2_DEVC_AL_PXF4	12	Personal alarm
CR2_DEVC_MD_PXF4	13	Medication dispenser
CR2_DEVC_RA_PXF4	14	Robotic assistant
CR2_DEVC_RP_PXF4	15	Robotic prosthesis
CR2_DEVC_MA_PXF4	16	Memory aids such as timers, clocks
CR2_DEVC_GT_PXF4	17	GPS tracker
CR2_DEVC_FA_PXF4	18	Falls alert
CR2_DEVC_VA_PXF4	19	Virtual assistant such as Google Nest or Amazon Alexa
CR2_DEVC_TW_PXF4	20	Technology-enabled wheelchair
CR2_DEVC_VR_PXF4	21	Voice recognition, speech to text and text to speech software
CR2_DEVC_WT_PXF4	22	Wearable technologies such as smart watches for remote monitoring or communication
CR2_DEVC_MS_PXF4	23	Magnification software
CR2_DEVC_VO_PXF4	24	Voiceover screen readers
CR2_DEVC_VC_PXF4	25	Visual communication aids such as an iPad or tablet
CR2_DEVC_NONE_PXF4	96	<b>[DO NOT READ]</b> None
CR2_DEVC_OTSP_PXF4	97	Other: _____
CR2_DEVC_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
CR2_DEVC_REFUSED_PXF4	99	<b>[DO NOT READ]</b> Refused

**CR2\_END**

## Injuries (INJ)

<b>Overview</b>	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.

<b>INJ_1</b>	<b>INJ_OCC_PXF4</b>	
<b>[ALWAYS ASK]</b>		
In the last 12 months, has <b>[participant]</b> had any injuries that were serious enough to limit some of their normal activities?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>INJ_2a</b>	<b>INJ_NMBR_NB_PXF4</b>	
<b>[ASK IF INJ_OCC_PXF4 = YES]</b>		
How many times was <b>[participant]</b> injured in the past 12 months?		
<b>PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF INJURIES</b>		
_____ <b>(MASK: MIN=1, MAX=30)</b>		
DK_NA	998	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	999	<b>[DO NOT READ]</b> Refused

<b>INJ_2b</b>	<b>INJ_CAUS_PXF4</b>	
<b>[ASK IF INJ_OCC_PXF4 = YES]</b>		
Was this injury (Were any of these injuries) caused by?		
<b>READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY</b>		
INJ_CAUS_FL_PXF4	01	A fall
INJ_CAUS_VH_PXF4	02	A motor vehicle collision (including injuries sustained as a pedestrian)
INJ_CAUS_WK_PXF4	03	An incident in their workplace
INJ_CAUS_NONE_PXF4	96	None of the above
INJ_CAUS_DK_NA_PXF4	98	<b>[DO NOT READ]</b> Don't know / No answer
INJ_CAUS_REFUSED_PXF4	99	<b>[DO NOT READ]</b> Refused

**INJ\_END**

## Falls (FAL)

<b>Overview</b>	<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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**PROGRAMMING NOTE: ASK IF INJ\_CAUS\_PXF4 = INJ\_CAUS\_FL\_PXF4**

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 they experienced in the last 12 months where they hurt themselves enough to limit their normal activities.

<b>FAL_1</b>	<b>FAL_NMBR_NB_PXF4</b>
<b>[ASK IF INJ_CAUS_PXF4 = INJ_CAUS_FL_PXF4]</b>	
How many times has <b>[participant]</b> fallen in the past 12 months?	
<b>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.</b>	
	_____ <b>(MASK: MIN=1, MAX=30)</b>
DK_NA	98 <b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99 <b>[DO NOT READ]</b> Refused

<b>FAL_2a</b>	<b>FAL_ATTN_PXF4</b>	
<b>[ASK IF INJ_CAUS_PXF4 = INJ_CAUS_FL_PXF4]</b>		
Did <b>[participant]</b> 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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FAL_2b</b>	<b>FAL_HOSP_PXF4</b>	
<b>[ASK IF INJ_CAUS_PXF4 = INJ_CAUS_FL_PXF4]</b>		
Was <b>[participant]</b> hospitalized for this injury?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>FAL_2c</b>	<b>FAL_FU_PXF4</b>	
<b>[ASK IF INJ_CAUS_PXF4 = INJ_CAUS_FL_PXF4]</b>		
At the present time, is <b>[participant]</b> 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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**FAL\_END**

## Retirement Status (RET)

<b>Overview</b>	The questions in this module ask about the retirement status of the participant and their spouse.
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<b>RET_1</b>	<b>RET_RTRD_PXF4</b>	
<b>[ASK IF OWN_DWLG_PXF4 ≠ INSTITUTION]</b>		
At this time, does <b>[participant]</b> consider themselves to be completely retired, partly retired or not retired?		
<b>CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>RET_2</b>	<b>RET_SPSE_PXF4</b>	
<b>[ASK IF (SDC_MRTL2_PXF4 = MARRIED OR COMMON_LAW2) AND (PIC_RELN_PXF4 ≠ SPOUSE OR COMMON_LAW)]</b>		
Is <b>[participant]</b> 's spouse/partner retired?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

**RET\_END**

## Health Care Utilization (HCU)

<b>Overview</b>	<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><b>Importance of module:</b> 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.

<b>HCU_1-HCU_5</b>						
<b>[ALWAYS ASK]</b>						
During the past 12 months, has <b>[participant]</b> had contact with any of the following about their physical or mental health?						
<b>CODE ONLY ONE RESPONSE PER QUESTION</b>						
			Yes	No	**DK / NA	**RF
			YES	NO	DK_NA	RF
			1	2	8	9
HCU_1	HCU_FAMPHY_PXF4	Family doctor or general practitioner				
HCU_2	HCU_SPEC_PXF4	Medical specialist (such as a cardiologist, gynaecologist, or ophthalmologist)				
HCU_3	HCU_PSYCH_PXF4	Mental health professional (such as a psychologist or psychiatrist)				
HCU_4	HCU_PHYSIO_PXF4	Physiotherapist, occupational therapist, or chiropractor				
HCU_5	HCU_NP_PXF4	Nurse practitioner				

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

<b>HCU_6</b>	<b>HCU_EMERG_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Has <b>[participant]</b> been seen in an emergency department during the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>HCU_7</b>	<b>HCU_HLOVRNT_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Was <b>[participant]</b> a patient in a hospital or emergency department overnight during the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

<b>HCU_8</b>	<b>HCU_HAVEFAM_PXF4</b>	
<b>[ALWAYS ASK]</b>		
Does <b>[participant]</b> 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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> 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.

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

TRA_1	TRA_DSTATUS_PXF4	
<b>[ALWAYS ASK]</b>		
Which of the following describes <b>[participant]</b> ’s driving status? (Include cars, vans, trucks and motorcycles.)		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don’t know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

TRA_1a	TRA_DRLIC_PXF4	
<b>[ASK IF TRA_DSTATUS_PXF4 = LICENSE]</b>		
Is their license...		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don’t know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

TRA_2	TRA_DFREQ_PXF4	
<b>[ASK IF TRA_DSTATUS_PXF4 = LICENSE]</b>		
How frequently does [participant] drive?		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

TRA_2a	TRA_CMNTR1_PXF4	
<b>[ASK IF TRA_DSTATUS_PXF4 = LICENSE]</b>		
In the past year, which was [participant]'s <u>most common</u> form of transportation?		
<b>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').</b>		
<b>ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSP0, HANDI TRANSIT, OR WHEEL TRANS.</b>		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

TRA_2b	TRA_CMNTR2_PXF4	
<b>[ASK IF TRA_DSTATUS_PXF4 ≠ LICENSE]</b>		
In the past year, which was <b>[participant]</b> 's <u>most common</u> form of transportation?		
<b>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').</b>		
<b>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.</b>		
<b>READ LIST, CODE ONLY ONE RESPONSE</b>		
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	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	99	<b>[DO NOT READ]</b> Refused

TRA_3	TRA_ACCID_PXF4	
<b>[ALWAYS ASK]</b>		
Was <b>[participant]</b> involved as a driver in a motor vehicle collision in the past 3 years?		
YES	1	Yes
NO	2	No
DK_NA	8	<b>[DO NOT READ]</b> Don't know / No answer
REFUSED	9	<b>[DO NOT READ]</b> Refused

TRA\_END

END