



**clsa élcv**

Canadian Longitudinal Study on Aging  
Étude longitudinale canadienne sur le vieillissement

# **Tracking and Comprehensive Web Questionnaire (Follow Up 4)**

**v1.0, 2026 February 04**

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

<b>ED_3</b>	<b>ED_OTED_WBF4</b>
<b>[ALWAYS ASK]</b>	
Have you received any other education that could be counted towards a degree, certificate, or diploma from an educational institution?	
<b>PARTICIPANT INSTRUCTION: WE HAVE ALREADY COLLECTED YOUR EDUCATION HISTORY AT BASELINE. WE ARE ASKING THIS QUESTION AGAIN TO CONFIRM THE INFORMATION.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>SMK_6</b>	<b>SMK_OTCURRE_WBF4</b>
<b>[ASK IF SMK_OTOCC_WBF4 = YES]</b>	
What other types of tobacco products do you currently use?	
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>	
<b>SMK_OTCURRE_CG_WBF4</b>	01 Cigars
<b>SMK_OTCURRE_SM_WBF4</b>	02 Small cigars (cigarillos)
<b>SMK_OTCURRE_PI_WBF4</b>	03 Tobacco pipes
<b>SMK_OTCURRE_CH_WBF4</b>	04 Chewing tobacco or snuff
<b>SMK_OTCURRE_PT_WBF4</b>	05 Nicotine patches
<b>SMK_OTCURRE_GU_WBF4</b>	06 Nicotine gum
<b>SMK_OTCURRE_BE_WBF4</b>	07 Betel nut
<b>SMK_OTCURRE_PN_WBF4</b>	08 Paan
<b>SMK_OTCURRE_SH_WBF4</b>	09 Sheesha
<b>SMK_OTCURRE_EN_WBF4</b>	10 E-cigarettes, with nicotine
<b>SMK_OTCURRE_EC_WBF4</b>	11 E-cigarettes, without nicotine
<b>SMK_OTCURRE_OTSP_WBF4</b>	97 Other: _____
<b>SMK_OTCURRE_DK_NA_WBF4</b>	98 Don't know / No answer
<b>SMK_OTCURRE_REFUSED_WBF4</b>	99 Prefer not to answer

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## Education (ED)

<b>Overview</b>	The purpose of this section is to collect education data about our population.
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<b>ED_1</b>	<b>ED_ELHS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
What is the highest grade of elementary or high school you have ever completed?		
<b>PARTICIPANT INSTRUCTIONS: WE HAVE ALREADY COLLECTED YOUR EDUCATION HISTORY AT BASELINE. WE ARE ASKING THIS QUESTION AGAIN TO CONFIRM THE INFORMATION.</b>		
<b>SELECT ONE RESPONSE</b>		
GRADE_8	1	Grade 8 or lower (Quebec: Secondary II or lower)
GRADE_9_10	2	Grade 9-10 (Quebec: Secondary III or IV; Newfoundland and Labrador: 1 <sup>st</sup> year of Secondary)
GRADE_11_13	3	Grade 11-13 (Quebec: Secondary V; Newfoundland and Labrador: 2 <sup>nd</sup> to 4 <sup>th</sup> year Secondary)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ED_2</b>	<b>ED_HSGR_WBF4</b>	
<b>[ASK IF ED_ELHS_WBF4 = GRADE_11_13]</b>		
Did you graduate from high school (secondary school)?		
<b>PARTICIPANT INSTRUCTION: WE HAVE ALREADY COLLECTED YOUR EDUCATION HISTORY AT BASELINE. WE ARE ASKING THIS QUESTION AGAIN TO CONFIRM THE INFORMATION.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ED_3</b>	<b>ED_OTED_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you received any other education that could be counted towards a degree, certificate, or diploma from an educational institution?		
<b>PARTICIPANT INSTRUCTION: WE HAVE ALREADY COLLECTED YOUR EDUCATION HISTORY AT BASELINE. WE ARE ASKING THIS QUESTION AGAIN TO CONFIRM THE INFORMATION.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

ED_4	ED_HIGH_WBF4	
<b>[ASK IF ED_OTED_WBF4 = YES]</b>		
What is the highest degree, certificate, or diploma you have obtained?		
<b>PARTICIPANT INSTRUCTIONS: WE HAVE ALREADY COLLECTED YOUR EDUCATION HISTORY AT BASELINE. WE ARE ASKING THIS QUESTION AGAIN TO CONFIRM THE INFORMATION.</b>		
<b>SELECT ONE RESPONSE</b>		
NO_POST_SECONDARY	01	No post-secondary degree, certificate, or diploma
TRADE_CERTIFICATE	02	Trade certificate or diploma from a vocational school or apprenticeship training
NON_UNIVERSITY_CERTIFICATE	03	Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
UNIVERSITY_CERTIFICATE	04	University certificate below bachelor's level
BACHELORS_DEGREE	05	Bachelor's degree
DEGREE_ABOVE_BACHELOR	06	University degree or certificate above bachelor's degree
OTSP	97	Other (Please specify: _____)
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**ED\_END**

## Home Ownership (OWN)

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

<b>OWN_1</b>	<b>OWN_DWLG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
What type of dwelling do you currently live in?		
<p><b>PARTICIPANT NOTE: SENIORS_HOUSING – Seniors’ housing (retirement home, assisted living)</b>  <b>Seniors’ housing is a broad term to describe non-institutional dwellings that are rented, leased, and sometimes owned. These settings are designed for housing seniors and have the expectation of supportive services as part of the rent, lease, and ownership agreement with the dwelling’s owner and/or resident association. These services might include meals and bathing but can include intensive care services like feeding. Residents of these dwellings are considered tenants or owners and have arranged outside care and services.</b></p> <p><b>Other synonyms: Assisted living (BC, MB); Retirement homes (BC, ON); Designated Supportive living (AB); Supportive living (AB, MB); Personal care homes (SK, NFLD); Independent seniors housing (MB); Elder homes (NT); Résidences pour personnes âgées (QC); Special care homes (NB); Residential care facilities (NS); Protective community residences (NFLD); Retirement communities.</b></p> <p><b>INSTITUTION – Institution (old age facility, nursing home, long-term care home)</b>  <b>Institutional care is a broad term to describe dwellings that have 24-hour nursing care available, and are NOT rented, leased, or owned. In these settings a person is ‘admitted’ formally, and all their care is expected to come from the facility’s internal staff, including medical primary care. Residents are generally cognitively impaired and have substitute decision-makers.</b></p> <p><b>Other synonyms: Long-term Care (ON, AB, most provinces); Nursing home (most provinces); Residential care facility (BC).</b></p>		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don’t know / No answer
REFUSED	99	Prefer not to answer

<b>OWN_2</b>	<b>OWN_OWN_WBF4</b>	
<b>[ASK IF OWN_DWLG_WBF4 ≠ INSTITUTION AND OWN_DWLG_WBF4 ≠ DK_NA AND OWN_DWLG_WBF4 ≠ REFUSED]</b>		
Do you (or your spouse/partner) own or rent your dwelling?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
OWN	01	Own
RENT	02	Rent
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>OWN_3</b>	<b>OWN_MRTG_WBF4</b>	
<b>[ASK IF OWN_OWN_WBF4 = OWN]</b>		
Is this with a mortgage or is your mortgage paid off completely?		
<b>PARTICIPANT INSTRUCTIONS: IF THE DWELLING NEVER HAD A MORTGAGE OR WAS RECEIVED AS A GIFT OR AN INHERITANCE, SELECT 'PAID OFF COMPLETELY'</b>		
<b>SELECT ONE RESPONSE</b>		
WITH_MORTGAGE	1	With mortgage
PAID_OFF	2	Paid off completely
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>OWN_4</b>	<b>OWN_STFHM_WBF4</b>	
<b>[ALWAYS ASK]</b>		
When thinking of your home, how strongly would you agree or disagree with the following statement? I am satisfied with my current housing.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
STRONGLY_AGREE	1	Strongly agree
AGREE	2	Agree
NEITHER_AGREE_DISAGREE	3	Neither agree nor disagree
DISAGREE	4	Disagree
STRONGLY_DISAGREE	5	Strongly disagree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>OWN_5</b>	<b>OWN_HMPRB_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Does your current home have any of the following problems?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
OWN_HMPRB_NOI_WBF4	01	Problems with noise (e.g., from neighbours, street noise)
OWN_HMPRB_LEA_WBF4	02	Problems with leaking (e.g., water getting in from roof, gutters or windows)
OWN_HMPRB_CON_WBF4	03	Problems with condensation (e.g., mold)
OWN_HMPRB_EP_WBF4	04	Problems with electrical wiring or plumbing
OWN_HMPRB_HEA_WBF4	05	Problems with heating (e.g., inadequate or too much heat)
OWN_HMPRB_MAI_WBF4	06	Problems with maintenance or repairs
OWN_HMPRB_INF_WBF4	07	Problems with infestations (e.g., insects, mice or rats)
OWN_HMPRB_NONE_WBF4	96	Have not experienced any of these problems
OWN_HMPRB_OTSP_WBF4	97	Other: _____
OWN_HMPRB_DK_NA_WBF4	98	Don't know / No answer
OWN_HMPRB_REFUSED_WBF4	99	Prefer not to answer

<b>OWN_6</b>	<b>OWN_MOVE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you moved in the last 3 years?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>OWN_7</b>	<b>OWN_CMNTY_WBF4</b>	
<b>[ASK IF OWN_MOVE_WBF4 = YES]</b>		
What were your reasons for moving to your current location?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
OWN_CMNTY_CLI_WBF4	01	Climate and natural environment
OWN_CMNTY_RET_WBF4	02	Retirement or retirement plans
OWN_CMNTY_FAM_WBF4	03	Family lives here
OWN_CMNTY_FRI_WBF4	04	Friends live here
OWN_CMNTY_HOU_WBF4	05	Better and/or more suitable housing
OWN_CMNTY_REC_WBF4	06	Recreation facilities and services
OWN_CMNTY_HEA_WBF4	07	Health care
OWN_CMNTY_COS_WBF4	08	Lower cost of living
OWN_CMNTY_EMP_WBF4	09	Employment opportunities
OWN_CMNTY_APT_WBF4	10	Availability of public transit
OWN_CMNTY_ACC_WBF4	11	Ease of access to public transit
OWN_CMNTY_OTSP_WBF4	97	Other: _____
OWN_CMNTY_DK_NA_WBF4	98	Don't know / No answer
OWN_CMNTY_REFUSED_WBF4	99	Prefer not to answer

**OWN\_END**

## Socio-Demographic Characteristics (SDC)

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

<b>SDC_1</b>	<b>SDC_INDGN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Are you First Nations, Métis or Inuk (Inuit)?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
SDC_INDGN_NO_WBF4	1	No, not First Nations, Métis or Inuk (Inuit)
SDC_INDGN_FN_WBF4	2	Yes, First Nation (North American Indian)
SDC_INDGN_ME_WBF4	3	Yes, Métis
SDC_INDGN_IU_WBF4	4	Yes, Inuk (Inuit)
SDC_INDGN_DK_NA_WBF4	8	Don't know / No answer
SDC_INDGN_REFUSED_WBF4	9	Prefer not to answer

<b>SDC_1a</b>	<b>SDC_TWSPRT_WBF4</b>	
<b>[ASK IF SDC_INDGN_WBF4 = SDC_INDGN_FN_WBF4 OR SDC_INDGN_ME_WBF4 OR SDC_INDGN_IU_WBF4]</b>		
Are you Two-Spirit?		
<b>PARTICIPANT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SDC_2a</b>	<b>SDC_RELGCP_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Compared to three years ago, would you say that you are...?		
<b>PARTICIPANT INSTRUCTIONS: THIS QUESTION REFERS TO PARTICIPATION IN OR ADHERENCE TO THE BELIEFS AND PRACTICES OF AN ORGANIZED RELIGION. IF YOU HAVE NEVER BEEN RELIGIOUS, THEN “EQUALLY AS RELIGIOUS” WOULD APPLY.</b>		
<b>SELECT ONE RESPONSE</b>		
MORE_RELIGIOU	1	More religious
NO_CHANGE	2	Equally as religious
LESS_RELIGIOU	3	Less religious
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SDC_2b</b>	<b>SDC_SPIGCP_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Compared to three years ago, would you say that you are...?		
<b>PARTICIPANT INSTRUCTIONS: THIS QUESTION REFERS TO ACTIVITIES THAT ARE SPIRITUAL IN NATURE BUT ARE NOT ASSOCIATED WITH AN ORGANIZED RELIGION. IF YOU HAVE NEVER BEEN SPIRITUAL, THEN “EQUALLY SPIRITUAL” WOULD APPLY.</b>		
<b>SELECT ONE RESPONSE</b>		
MORE_SPIRITUAL	1	More spiritual
NO_CHANGE	2	Equally spiritual
LESS_SPIRITUAL	3	Less spiritual
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>SDC_3a</b>	<b>SDC_RELGFQ_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the past 12 months, how often did you engage in religious activities (including prayer, meditation) taking place at home or in any other location?		
<b>PARTICIPANT INSTRUCTIONS: THIS QUESTION REFERS TO PARTICIPATION IN OR ADHERENCE TO THE BELIEFS AND PRACTICES OF AN ORGANIZED RELIGION. IF YOU HAVE NEVER BEEN RELIGIOUS, THEN “NOT AT ALL” WOULD APPLY</b>		
<b>SELECT 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
THREE_TIMES_YEAR	4	At least 3 times a year
ONCE_TWICE_YEAR	5	Once or twice a year
NOT_AT_ALL	6	Not at all
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SDC_3b</b>	<b>SDC_SPIGFQ_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the past 12 months, how often did you engage in spiritual activities (including prayer, meditation) taking place at home or in any other location?		
<b>PARTICIPANT INSTRUCTIONS: THIS QUESTION REFERS TO ACTIVITIES THAT ARE SPIRITUAL IN NATURE BUT ARE NOT ASSOCIATED WITH AN ORGANIZED RELIGION. IF YOU HAVE NEVER BEEN SPIRITUAL, THEN “NOT AT ALL” WOULD APPLY</b>		
<b>SELECT 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
THREE_TIMES_YEAR	4	At least 3 times a year
ONCE_TWICE_YEAR	5	Once or twice a year
NOT_AT_ALL	6	Not at all
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

SDC_4	SDC_MRTL2_WBF4	
<b>[ALWAYS ASK]</b>		
What is your current marital/partner status?		
<b>PARTICIPANT INSTRUCTIONS: WE NEED TO CONFIRM / UPDATE YOUR MARITAL STATUS BECAUSE SOME QUESTIONS IN THE SURVEY ARE ASKED DEPENDING ON MARITAL / PARTNER STATUS</b>		
<b>SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

**SDC\_END**

## Gender Identity (GED)

<b>Overview</b>	By gender identity, we mean the inner sense that you have of yourself as being male or female. Gender identity can be different from your identified sex at birth or your sexual orientation, and it can change over time.
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<b>GED_1</b>	<b>SDC_CURRSEX_WBF4</b>	
<b>[ALWAYS ASK]</b>		
What is your current gender identity?		
<p><b>PARTICIPANT INSTRUCTIONS: GENDER NON-BINARY PEOPLE ARE THOSE WHOSE GENDER IDENTITY IS NEITHER AS COMPLETELY AS A MAN NOR COMPLETELY AS A WOMAN. THEY MAY FEEL PARTIALLY AS ONE OR THE OTHER OF THE BINARY GENDERS (MEN, WOMEN) AT ANY ONE TIME. THEY MAY MOVE AROUND FROM ONE TO THE OTHER FROM TIME TO TIME. THEY MAY FEEL THAT NEITHER OF THE BINARY GENDERS APPLIES TO THEM. SOME, BUT NOT ALL, GENDER NON-BINARY PEOPLE DO NOT CONSIDER THEMSELVES TO BE TRANS BECAUSE, FOR THEM, TRANS IMPLIES IDENTIFYING AS A BINARY GENDER. SOME, BUT NOT ALL, GENDER NON-BINARY PEOPLE CONSIDER THEMSELVES TO BE EITHER QUEER OR GENDERQUEER.</b></p>		
<b>SELECT ONE RESPONSE</b>		
MAN	01	Man
WOMAN	02	Woman
TRANSMAN	03	Trans Man
TRANSWOMAN	04	Trans Woman
NONBINARY	05	Gender Non-Binary
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**GED\_END**

## Height and Weight (HWT)

HWT_1	HWT_HGHT_WBF4	
<b>[ALWAYS ASK]</b>		
The next questions are about height and weight...How tall are you without shoes on?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
1	1	36"-47" (3'-3'11" or 90.2 cm to 120.6 cm)
2	2	48"-59" (4'-4'11" or 120.7 cm to 151 cm)
3	3	60"-71" (5'-5'11" or 151.1 cm to 181.5 cm)
4	4	72"-83" (6'-6'11" or 181.5 cm to 212 cm)
5	5	84" (7' or 213 cm) and over
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

HWT_1a	HWT_HGHT_1_WBF4	
<b>[ASK IF HWT_HGHT_WBF4 = 1]</b>		
Please indicate your exact height		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
36	01	3'0" / 36" (90.2 to 92.6 cm)
37	02	3'1" / 37" (92.7 to 95.2 cm)
38	03	3'2" / 38" (95.3 to 97.7 cm)
39	04	3'3" / 39" (97.8 to 100.2 cm)
40	05	3'4" / 40" (100.3 to 102.8 cm)
41	06	3'5" / 41" (102.9 to 105.3 cm)
42	07	3'6" / 42" (105.4 to 107.9 cm)
43	08	3'7" / 43" (108.0 to 110.4 cm)
44	09	3'8" / 44" (110.5 to 112.9 cm)
45	10	3'9" / 45" (113.0 to 115.5 cm)
46	11	3'10" / 46" (115.6 to 118.0 cm)
47	12	3'11" / 47" (118.1 to 120.6 cm)
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>HWT_1b</b>	<b>HWT_HGHT_2_WBF4</b>	
<b>[ASK IF HWT_HGHT_WBF4 = 2]</b>		
Please indicate your exact height		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
48	01	4'0" / 48" (120.7 to 123.1 cm)
49	02	4'1" / 49" (123.2 to 125.6 cm)
50	03	4'2" / 50" (125.7 to 128.2 cm)
51	04	4'3" / 51" (128.3 to 130.7 cm)
52	05	4'4" / 52" (130.8 to 133.3 cm)
53	06	4'5" / 53" (133.4 to 135.8 cm)
54	07	4'6" / 54" (135.9 to 138.3 cm)
55	08	4'7" / 55" (138.4 to 140.9 cm)
56	09	4'8" / 56" (141.0 to 143.4 cm)
57	10	4'9" / 57" (143.5 to 146.0 cm)
58	11	4'10" / 58" (146.1 to 148.5 cm)
59	12	4'11" / 59" (148.6 to 151.0 cm)
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>HWT_1c</b>	<b>HWT_HGHT_3_WBF4</b>	
<b>[ASK IF HWT_HGHT_WBF4 = 3]</b>		
Please indicate your exact height		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
60	01	5'0" / 60" (151.1 to 153.6 cm)
61	02	5'1" / 61" (153.7 to 156.1 cm)
62	03	5'2" / 62" (156.2 to 158.7 cm)
63	04	5'3" / 63" (158.8 to 161.2 cm)
64	05	5'4" / 64" (161.3 to 163.7 cm)
65	06	5'5" / 65" (163.8 to 166.3 cm)
66	07	5'6" / 66" (166.4 to 168.8 cm)
67	08	5'7" / 67" (168.9 to 171.4 cm)
68	09	5'8" / 68" (171.5 to 173.9 cm)
69	10	5'9" / 69" (174.0 to 176.4 cm)
70	11	5'10" / 70" (176.5 to 179.0 cm)
71	12	5'11" / 71" (179.1 to 181.5 cm)
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer



HWT_1d	HWT_HGHT_4_WBF4	
<b>[ASK IF HWT_HGHT_WBF4 = 4]</b>		
Please indicate your exact height		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
72	01	6'0" / 72" (181.6 to 184.1 cm)
73	02	6'1" / 73" (184.2 to 186.6 cm)
74	03	6'2" / 74" (186.7 to 189.1 cm)
75	04	6'3" / 75" (189.2 to 191.7 cm)
76	05	6'4" / 76" (191.8 to 194.2 cm)
77	06	6'5" / 77" (194.3 to 196.8 cm)
78	07	6'6" / 78" (196.9 to 199.3 cm)
79	08	6'7" / 79" (199.4 to 201.8 cm)
80	09	6'8" / 80" (201.9 to 204.4 cm)
81	10	6'9" / 81" (204.5 to 206.9 cm)
82	11	6'10" / 82" (207.0 to 209.5 cm)
83	12	6'11" / 83" (209.6 to 212.0 cm)
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

HWT_2	HWT_WGHT_NB_WBF4	
<b>[ALWAYS ASK]</b>		
How much do you weigh?		
<b>PARTICIPANT INSTRUCTIONS: IF YOU ARE UNSURE OF THE EXACT WEIGHT, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
<b>SELECT ONE RESPONSE</b>		
POUNDS	_____	Pounds ( <b>MASK: MIN=10, MAX=900</b> )
KILOS	_____	Kilograms ( <b>MASK: MIN=10, MAX=900</b> )
DK_NA	998	Don't know / No answer
REFUSED	999	Prefer not to answer

<b>HWT_3</b>	<b>HWT_CNWGHT_WBF4 (Tracking Only)</b>	
<b>[ALWAYS ASK IF TRACKING]</b>		
Do you consider yourself overweight, underweight, or just about right?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
OVERWEIGHT	1	Overweight
UNDERWEIGHT	2	Underweight
ABOUT_RIGHT	3	About right
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>HWT_4</b>	<b>HWT_DOWGHT_WBF4 (Tracking Only)</b>	
<b>[ALWAYS ASK IF TRACKING]</b>		
In the past 3 years, did you do anything about your weight?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**HWT\_END**

## Smoking (SMK)

<b>Overview</b>	<p>This module includes a series of questions about current smoking habits. Questions are asked about frequency of smoking, number of cigarettes smoked in a day.</p> <p>Because tobacco use is one of the leading causes of illness and death in Canada, it is important to examine this issue among Canadians as they age.</p> <p>Information from this module is important for understanding the health consequences of smoking as people age.</p> <p><b>Note:</b> This module covers smoking cigarettes and other types of tobacco products. Questions 1-4 cover smoking cigarettes. Other tobacco products are addressed in questions 5 and 6.</p>
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<b>SMK_1</b>	<b>SMK_CURRCG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
At the present time, do you smoke cigarettes daily, occasionally or not at all?		
<b>PARTICIPANT INSTRUCTION: SELECT 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 (you did not smoke at all in the past 30 days)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SMK_2</b>	<b>SMK_NBCG_WBF4</b>	
<b>[ASK IF SMK_CURRCG_WBF4 = DAILY_PAST_30_DAYS]</b>		
How many cigarettes do you smoke each day now?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
1_5_CIGARETTES	1	1-5 cigarettes
6_10_CIGARETTES	2	6-10 cigarettes
11_15_CIGARETTES	3	11-15 cigarettes
16_20_CIGARETTES	4	16-20 cigarettes
21_25_CIGARETTES	5	21-25 cigarettes
NB	6	26 or more cigarettes (Please specify: _____) <b>(MASK: MIN=26, MAX=200)</b>
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SMK_3</b>	<b>SMK_LST30_WBF4</b>	
<b>[ASK IF SMK_CURRCG_WBF4 = OCCASIONALLY]</b>		
On how many of the last 30 days did you smoke at least one cigarette?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
1_5_DAYS	1	1-5 days
6_10_DAYS	2	6-10 days
11_20_DAYS	3	11-20 days
21_29_DAYS	4	21-29 days
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SMK_4</b>	<b>SMK_NB30_WBF4</b>	
<b>[ASK IF SMK_CURRCG_WBF4 = OCCASIONALLY]</b>		
On the days that you smoked, how many cigarettes did you usually smoke?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
1_5_CIGARETTES	1	1-5 cigarettes
6_10_CIGARETTES	2	6-10 cigarettes
11_15_CIGARETTES	3	11-15 cigarettes
16_20_CIGARETTES	4	16-20 cigarettes
21_25_CIGARETTES	5	21-25 cigarettes
NB	6	26 or more cigarettes (Please specify: _____) <b>(MASK: MIN=26, MAX=200)</b>
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SMK_5</b>	<b>SMK_OTOCC_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you currently use any other types of tobacco products?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SMK_6</b>	<b>SMK_OTCURRE_WBF4</b>	
<b>[ASK IF SMK_OTOCC_WBF4 = YES]</b>		
What other types of tobacco products do you currently use?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
SMK_OTCURRE_CG_WBF4	01	Cigars
SMK_OTCURRE_SM_WBF4	02	Small cigars (cigarillos)
SMK_OTCURRE_PI_WBF4	03	Tobacco pipes
SMK_OTCURRE_CH_WBF4	04	Chewing tobacco or snuff
SMK_OTCURRE_PT_WBF4	05	Nicotine patches
SMK_OTCURRE_GU_WBF4	06	Nicotine gum
SMK_OTCURRE_BE_WBF4	07	Betel nut
SMK_OTCURRE_PN_WBF4	08	Paan
SMK_OTCURRE_SH_WBF4	09	Sheesha
SMK_OTCURRE_EN_WBF4	10	E-cigarettes, with nicotine
SMK_OTCURRE_EC_WBF4	11	E-cigarettes, without nicotine
SMK_OTCURRE_OTSP_WBF4	97	Other: _____
SMK_OTCURRE_DK_NA_WBF4	98	Don't know / No answer
SMK_OTCURRE_REFUSED_WBF4	99	Prefer not to answer

**SMK\_END**

## Cannabis (CAN)

<b>Overview</b>	<p>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.</p>
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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_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you used cannabis in the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CAN_2</b>	<b>CAN_FREQ_WBF4</b>	
<b>[ASK IF CAN_USE_WBF4 = YES]</b>		
How often did you use cannabis in the past 12 months?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CAN_3</b>	<b>CAN_PRPS_WBF4</b>	
<b>[ASK IF CAN_USE_WBF4 = YES]</b>		
In the past 12 months, for which of the following purposes have you used cannabis?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CAN_4</b>	<b>CAN_SYM_WBF4</b>	
<b>[ASK IF CAN_PRPS_WBF4 = MED_ONLY OR BOTH]</b>		
In the past 12 months, when you used cannabis for medical purposes, which symptoms were you using it for?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
CAN_SYM_PAIN_WBF4	01	Pain
CAN_SYM_NSVM_WBF4	02	Nausea or vomiting
CAN_SYM_LAWL_WBF4	03	Lack of appetite or weight loss
CAN_SYM_HDMG_WBF4	04	Headaches or migraines
CAN_SYM_MSSZ_WBF4	05	Muscle spasms or seizures
CAN_SYM_AXDP_WBF4	06	Anxiety or depression
CAN_SYM_PTSD_WBF4	07	Symptoms of PTSD
CAN_SYM_PRSL_WBF4	08	Problems sleeping
CAN_SYM_OPWD_WBF4	09	Opioid withdrawal symptoms
CAN_SYM_OTSP_WBF4	97	Other: _____
CAN_SYM_DK_NA_WBF4	98	Don't know / No answer
CAN_SYM_REFUSED_WBF4	99	Prefer not to answer

**CAN\_END**

## Alcohol Use (ALC)

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

<b>ALC_1</b>	<b>ALC_FREQ_WBF4</b>	
<b>[ALWAYS ASK]</b>		
About how often during the past 12 months did you drink alcohol?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>ALC_2a-ALC_2e</b>		
<b>[ASK IF ALC_FREQ_WBF4 ≠ NEVER AND ALC_FREQ_WBF4 ≠ DK_NA AND ALC_FREQ_WBF4 ≠ REFUSED]</b>		
In a typical week during the past 12 months, how many drinks of each of the following do you drink from <b>Sundays through Thursdays?</b>		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
<b>A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR</b>		
➤ Example: If Sally Joe consumes two beers on Monday and consumes two beers on Thursday the total amount of alcohol consumed would be four NOT two		
ALC_WD_RDNB_WBF4	Red wine	_____ (number) <b>(MASK: MIN=0, MAX=90)</b>
DK_NA		98 Don't know / No answer
REFUSED		99 Prefer not to answer
ALC_WD_WHNB_WBF4	White wine	_____ (number) <b>(MASK: MIN=0, MAX=90)</b>
DK_NA		98 Don't know / No answer
REFUSED		99 Prefer not to answer
ALC_WD_BRNB_WBF4	Beer	_____ (number) <b>(MASK: MIN=0, MAX=90)</b>
DK_NA		98 Don't know / No answer
REFUSED		99 Prefer not to answer
ALC_WD_LQNB_WBF4	Liquor	_____ (number) <b>(MASK: MIN=0, MAX=90)</b>
DK_NA		98 Don't know / No answer
REFUSED		99 Prefer not to answer
ALC_WD_OTNB_WBF4	Other alcohol	_____ (number) <b>(MASK: MIN=0, MAX=90)</b>
DK_NA		98 Don't know / No answer
REFUSED		99 Prefer not to answer

<b>ALC_3a-ALC_3e</b>		
<b>[ASK IF ALC_FREQ_WBF4 ≠ NEVER AND ALC_FREQ_WBF4 ≠ DK_NA AND ALC_FREQ_WBF4 ≠ REFUSED]</b>		
In a typical week during the past 12 months, how many drinks of each of the following do you drink on <b>Fridays and Saturdays</b> ?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
<b>A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR</b>		
➤ Example: If Sally Joe consumes two beers on Friday and consumes two beers on Saturday the total amount of alcohol consumed would be four NOT two.		
ALC_WE_RDNB_WBF4	Red wine	_____ (number) <b>(MASK: MIN=0, MAX=90)</b>
DK_NA		98 Don't know / No answer
REFUSED		99 Prefer not to answer
ALC_WE_WHNB_WBF4	White wine	_____ (number) <b>(MASK: MIN=0, MAX=90)</b>
DK_NA		98 Don't know / No answer
REFUSED		99 Prefer not to answer
ALC_WE_BRNB_WBF4	Beer	_____ (number) <b>(MASK: MIN=0, MAX=90)</b>
DK_NA		98 Don't know / No answer
REFUSED		99 Prefer not to answer
ALC_WE_LQNB_WBF4	Liquor	_____ (number) <b>(MASK: MIN=0, MAX=90)</b>
DK_NA		98 Don't know / No answer
REFUSED		99 Prefer not to answer
ALC_WE_OTNB_WBF4	Other alcohol	_____ (number) <b>(MASK: MIN=0, MAX=90)</b>
DK_NA		98 Don't know / No answer
REFUSED		99 Prefer not to answer

<b>ALC_4</b>		<b>ALC_MLFQ_WBF4</b>
[ASK IF (ALC_FREQ_WBF4 ≠ NEVER AND ALC_FREQ_WBF4 ≠ DK_NA AND ALC_FREQ_WBF4 ≠ REFUSED) <u>AND</u> SEX = MALE]		
About how often during the past 12 months would you say you had <u>five or more</u> drinks at the same sitting or occasion?		
<b>PARTICIPANT INSTRUCTIONS: A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR</b>		
<b>SELECT 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	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>ALC_5</b>		<b>ALC_FMFQ_WBF4</b>
[ASK IF (ALC_FREQ_WBF4 ≠ NEVER AND ALC_FREQ_WBF4 ≠ DK_NA AND ALC_FREQ_WBF4 ≠ REFUSED) <u>AND</u> SEX = FEMALE]		
About how often during the past 12 months would you say you had <u>four or more</u> drinks at the same sitting or occasion?		
<b>PARTICIPANT INSTRUCTIONS: A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR</b>		
<b>SELECT 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	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>ALC_6</b>	<b>ALC_HVST_WBF4</b>	
<b>[ASK IF ALC_FREQ_WBF4 ≠ NEVER AND ALC_FREQ_WBF4 ≠ DK_NA AND ALC_FREQ_WBF4 ≠ REFUSED]</b>		
How does your current consumption of alcohol compare to your heaviest period of drinking?		
<b>PARTICIPANT INSTRUCTIONS: IF THIS IS YOUR HEAVIEST PERIOD OF DRINKING, 'ABOUT THE SAME' WOULD APPLY</b>		
<b>SELECT ONE RESPONSE</b>		
SAME	1	About the same
LESS_HEAVIEST_PERIOD	2	Less than the heaviest period of drinking
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**ALC\_END**

## General Health (GEN)

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

<b>GEN_1</b>	<b>GEN_HLTH_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In general, would you say your health is excellent, very good, good, fair, or poor?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>GEN_2</b>	<b>GEN_MNTL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In general, would you say your mental health is excellent, very good, good, fair, or poor?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>GEN_3</b>	<b>GEN_OWNAG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In terms of your own healthy aging, would you say it is excellent, very good, good, fair, or poor?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>GEN_4</b>	<b>GEN_BRD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
About how often do you play board games, cards, crossword puzzles, jigsaw puzzles, or Sudoku?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>GEN_5</b>		<b>GEN_MUSC_WBF4</b>	
<b>[ALWAYS ASK]</b>			
About how often do you play a musical instrument or sing in a choir?			
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer	
REFUSED	9	Prefer not to answer	

**GEN\_END**

## Quality of Life (QUA)

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

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

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

<b>QUA_1</b>	<b>QUA_SECURE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Feeling settled and secure		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL	1	I am able to feel settled and secure in <b>all</b> areas of my life
MANY	2	I am able to feel settled and secure in <b>many</b> areas of my life
A_FEW	3	I am able to feel settled and secure in <b>a few</b> areas of my life
UNABLE	4	I am <b>unable</b> to feel settled and secure in <b>any</b> areas of my life
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>QUA_2</b>	<b>QUA_LOVE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Love, friendship and support		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
A_LOT	1	I can have <b>a lot</b> of love, friendship and support
QUITE_A_LOT	2	I can have <b>quite a lot</b> of love, friendship and support
A_LITTLE	3	I can have <b>a little</b> love, friendship and support
CANNOT	4	I <b>cannot</b> have <b>any</b> love, friendship and support
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

QUA_3	QUA_INDEPENDENT_WBF4	
<b>[ALWAYS ASK]</b>		
Being independent		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
COMPLETELY	1	I am able to be <b>completely</b> independent
MANY	2	I am able to be independent in <b>many</b> things
A_FEW	3	I am able to be independent in <b>a few</b> things
UNABLE	4	I am <b>unable</b> to be at all independent
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

QUA_4	QUA_ACHIEVE_WBF4	
<b>[ALWAYS ASK]</b>		
Achievement and progress		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL	1	I can achieve and progress in <b>all</b> aspects of my life
MANY	2	I can achieve and progress in <b>many</b> aspects of my life
A_FEW	3	I can achieve and progress in <b>a few</b> aspects of my life
CANNOT	4	I <b>cannot</b> achieve and progress in <b>any</b> aspects of my life
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

QUA_5	QUA_ENJOYMENT_WBF4	
<b>[ALWAYS ASK]</b>		
Enjoyment and pleasure		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
A_LOT	1	I can have <b>a lot</b> of enjoyment and pleasure
QUITE_A_LOT	2	I can have <b>quite a lot</b> of enjoyment and pleasure
A_LITTLE	3	I can have <b>a little</b> enjoyment and pleasure
CANNOT	4	I <b>cannot</b> have <b>any</b> enjoyment and pleasure
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

QUA\_END

## Physical Activities (PA2)

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

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

<b>PA2_1</b>	<b>PA2_SIT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV, computer activities or doing handicrafts? Would you say...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PA2_2</b>	<b>PA2_SIT2_WBF4</b>	
<b>[ASK IF PA2_SIT_WBF4 ≠ NEVER AND PA2_SIT_WBF4 ≠ DK_NA AND PA2_SIT_WBF4 ≠ REFUSED]</b>		
What were these activities?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
PA2_SIT2_BIN_WBF4	01	Bingo, cards or other games
PA2_SIT2_COM_WBF4	02	Computer activities
PA2_SIT2_CRO_WBF4	03	Crosswords, puzzles, etc.
PA2_SIT2_HAN_WBF4	04	Handicrafts
PA2_SIT2_LIS_WBF4	05	Listening to radio/music
PA2_SIT2_MUS_WBF4	06	Playing musical instruments
PA2_SIT2_REA_WBF4	07	Reading
PA2_SIT2_VIS_WBF4	08	Visiting with others
PA2_SIT2_TV_WBF4	09	Watching TV
PA2_SIT2_OTSP_WBF4	97	Other: _____
PA2_SIT2_DK_NA_WBF4	98	Don't know / No answer
PA2_SIT2_REFUSED_WBF4	99	Prefer not to answer

<b>PA2_3</b>	<b>PA2_SITHR_SIT_WBF4</b>	
<b>[ASK IF PA2_SIT_WBF4 ≠ NEVER AND PA2_SIT_WBF4 ≠ DK_NA AND PA2_SIT_WBF4 ≠ REFUSED]</b>		
On average, how many hours per day did you engage in these sitting activities?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PA2_4</b>	<b>PA2_WALK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for pleasure or exercise, walking to work, walking the dog, etc.		
<b>PARTICIPANT NOTE: WALKING CAN BE OUTDOOR OR INDOOR</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PA2_5</b>	<b>PA2_WALKHR_WBF4</b>	
<b>[ASK IF PA2_WALK_WBF4 ≠ NEVER AND PA2_WALK_WBF4 ≠ DK_NA AND PA2_WALK_WBF4 ≠ REFUSED]</b>		
On average, how many hours per day did you spend walking?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



PA2_6	PA2_LSPRT_WBF4	
<b>[ALWAYS ASK]</b>		
Over the past 7 days, how often did you engage in light sports or recreational activities such as bowling, golf with a cart, shuffleboard, badminton, fishing, stretching, yoga, curling or other similar activities?		
<b>PARTICIPANT INSTRUCTIONS: LIGHT SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE YOU CAN EASILY HAVE A CONVERSATION WHILE ENGAGED IN THE ACTIVITY. WALKING SHOULD BE RECORDED IN THE PREVIOUS QUESTION.</b>		
<b>SELECT ONE RESPONSE</b>		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

PA2_7	PA2_LSPRT2_WBF4	
[ASK IF PA2_LSPRT2_WBF4 ≠ NEVER AND PA2_LSPRT2_WBF4 ≠ DK_NA AND PA2_LSPRT2_WBF4 ≠ REFUSED]		
What were these activities?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
PA2_LSPRT2_ARC_WBF4	01	Archery
PA2_LSPRT2_BAD_WBF4	02	Badminton
PA2_LSPRT2_BIL_WBF4	03	Billiards
PA2_LSPRT2_BOA_WBF4	04	Boating (canoeing, rowing, sailing)
PA2_LSPRT2_BOC_WBF4	05	Bocce
PA2_LSPRT2_BOW_WBF4	06	Bowling
PA2_LSPRT2_CAT_WBF4	07	Catch
PA2_LSPRT2_CRO_WBF4	08	Croquet
PA2_LSPRT2_CUR_WBF4	20	Curling
PA2_LSPRT2_DAR_WBF4	09	Darts
PA2_LSPRT2_FIS_WBF4	10	Fishing
PA2_LSPRT2_FRI_WBF4	11	Frisbee
PA2_LSPRT2_GOL_WBF4	12	Golf with a power cart
PA2_LSPRT2_HOR_WBF4	13	Horseshoes
PA2_LSPRT2_MUS_WBF4	14	Musical program
PA2_LSPRT2_RIF_WBF4	15	Rifle shooting
PA2_LSPRT2_SHU_WBF4	16	Shuffleboard
PA2_LSPRT2_SWI_WBF4	17	Swimming: no laps
PA2_LSPRT2_TAB_WBF4	18	Table tennis
PA2_LSPRT2_YOG_WBF4	19	Yoga or stretching
PA2_LSPRT2_OTSP_WBF4	97	Other: _____
PA2_LSPRT2_DK_NA_WBF4	98	Don't know / No answer
PA2_LSPRT2_REFUSED_WBF4	99	Prefer not to answer

<b>PA2_8</b>	<b>PA2_LSPRTHR_WBF4</b>	
<b>[ASK IF PA2_LSPRT_WBF4 ≠ NEVER AND PA2_LSPRT_WBF4 ≠ DK_NA AND PA2_LSPRT_WBF4 ≠ REFUSED]</b>		
On average, how many hours per day did you engage in these light sports or recreational activities?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PA2_9</b>	<b>PA2_MSPRT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Over the past 7 days, how often did you engage in moderate sports or recreational activities such as ballroom dancing, hunting, skating, golf without a cart, softball, pickleball or other similar activities?		
<b>PARTICIPANT INSTRUCTIONS: MODERATE SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE THERE IS A SMALL INCREASE IN BREATHING WHILE ENGAGING IN THE ACTIVITY. DO NOT INCLUDE GARDENING AND LAWN WORK.</b>		
<b>SELECT ONE RESPONSE</b>		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

PA2_10	PA2_MSPRT2_WBF4	
<b>[ASK IF PA2_MSPRT2_WBF4 ≠ NEVER AND PA2_MSPRT2_WBF4 ≠ DK_NA AND PA2_MSPRT2_WBF4 ≠ REFUSED]</b>		
What were these activities?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
PA2_MSPRT2_BAR_WBF4	01	Barn chores
PA2_MSPRT2_DAN_WBF4	02	Dancing (ballroom, ballet, disco)
PA2_MSPRT2_FEN_WBF4	03	Fencing
PA2_MSPRT2_FOO_WBF4	04	Football
PA2_MSPRT2_GOL_WBF4	05	Golf (without a cart)
PA2_MSPRT2_HOR_WBF4	06	Horseback riding
PA2_MSPRT2_HUN_WBF4	07	Hunting
PA2_MSPRT2_PIC_WBF4	17	Pickleball
PA2_MSPRT2_PIL_WBF4	08	Pilates or tai chi
PA2_MSPRT2_SCU_WBF4	09	Scuba diving or snorkelling
PA2_MSPRT2_SKA_WBF4	10	Skating (ice, roller)
PA2_MSPRT2_SLE_WBF4	11	Sledding/snowmobiling
PA2_MSPRT2_SOF_WBF4	12	Softball/baseball/cricket
PA2_MSPRT2_SUR_WBF4	13	Surfing/snowboarding
PA2_MSPRT2_TEN_WBF4	14	Tennis (doubles)
PA2_MSPRT2_TRM_WBF4	15	Trampoline
PA2_MSPRT2_VOL_WBF4	16	Volleyball
PA2_MSPRT2_OTSP_WBF4	97	Other: _____
PA2_MSPRT2_DK_NA_WBF4	98	Don't know / No answer
PA2_MSPRT2_REFUSED_WBF4	99	Prefer not to answer

<b>PA2_11</b>	<b>PA2_MSPRTHR_WBF4</b>	
<b>[ASK IF PA2_MSPRT_WBF4 ≠ NEVER AND PA2_MSPRT_WBF4 ≠ DK_NA AND PA2_MSPRT_WBF4 ≠ REFUSED]</b>		
On average, how many hours per day did you engage in these moderate sports or recreational activities?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PA2_12</b>	<b>PA2_SSPRT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Over the past 7 days, how often did you engage in strenuous sports or recreational activities such as jogging, swimming, snowshoeing, cycling, aerobics, skiing, or other similar activities?		
<b>PARTICIPANT INSTRUCTIONS: STRENUOUS SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE HAVING A CONVERSATION IS VERY DIFFICULT.</b>		
<b>SELECT ONE RESPONSE</b>		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

PA2_13	PA2_SSPRT2_WBF4	
[ASK IF PA2_SSPRT_WBF4 ≠ NEVER AND PA2_SSPRT_WBF4 ≠ DK_NA AND PA2_SSPRT_WBF4 ≠ REFUSED]		
What were these activities?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
PA2_SSPRT2_AER_WBF4	01	Aerobic dance or water aerobics
PA2_SSPRT2_BAC_WBF4	02	Backpacking
PA2_SSPRT2_BAS_WBF4	03	Basketball
PA2_SSPRT2_BIC_WBF4	04	Bicycling/exercise bike
PA2_SSPRT2_BOA_WBF4	05	Board sailing
PA2_SSPRT2_HAN_WBF4	06	Handball/paddleball
PA2_SSPRT2_HIK_WBF4	07	Hiking
PA2_SSPRT2_HOC_WBF4	08	Hockey (ice or field)
PA2_SSPRT2_JOG_WBF4	09	Jogging
PA2_SSPRT2_LAC_WBF4	10	Lacrosse
PA2_SSPRT2_MOU_WBF4	11	Mountain climbing, running
PA2_SSPRT2_RAC_WBF4	12	Racquetball
PA2_SSPRT2_ROP_WBF4	13	Rope skipping
PA2_SSPRT2_ROW_WBF4	14	Rowing/canoeing for competition
PA2_SSPRT2_RWM_WBF4	15	Rowing machine
PA2_SSPRT2_SKI_WBF4	16	Skiing (cross country, downhill, water)
PA2_SSPRT2_SNO_WBF4	17	Snowshoeing
PA2_SSPRT2_SOC_WBF4	18	Soccer
PA2_SSPRT2_SQU_WBF4	19	Squash
PA2_SSPRT2_STA_WBF4	20	Stair climbing
PA2_SSPRT2_SWI_WBF4	21	Swimming (with laps)
PA2_SSPRT2_TEN_WBF4	22	Tennis (single)
PA2_SSPRT2_OTSP_WBF4	97	Other: _____
PA2_SSPRT2_DK_NA_WBF4	98	Don't know / No answer
PA2_SSPRT2_REFUSED_WBF4	99	Prefer not to answer

PA2_14	PA2_SSPRTHR_WBF4	
<b>[ASK IF PA2_SSPRT_WBF4 ≠ NEVER AND PA2_SSPRT_WBF4 ≠ DK_NA AND PA2_SSPRT_WBF4 ≠ REFUSED]</b>		
On average, how many hours per day did you engage in these strenuous sports or recreational activities?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

PA2_15	PA2_EXER_WBF4	
<b>[ALWAYS ASK]</b>		
Over the past 7 days, how often did you do any exercises specifically to increase muscle strength and endurance, such as lifting weights or push-ups, etc.?		
<b>PARTICIPANT INSTRUCTIONS: EXAMPLES INCLUDE HAND WEIGHTS, PHYSICAL THERAPY WITH WEIGHTS, CALLISTHENICS, SIT-UPS, AND WEIGHTLIFTING. CALLISTHENICS ARE ACTIVITIES USING YOUR BODY WEIGHT FOR RESISTANCE SUCH AS PUSH UPS.</b>		
<b>SELECT ONE RESPONSE</b>		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PA2_16</b>	<b>PA2_EXER2_WBF4</b>	
<b>[ASK IF PA2_EXER_WBF4 ≠ NEVER AND PA2_EXER_WBF4 ≠ DK_NA AND PA2_EXER_WBF4 ≠ REFUSED]</b>		
What were these exercises?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
PA2_EXER2_CAL_WBF4	01	Callisthenics
PA2_EXER2_PUS_WBF4	02	Push-ups
PA2_EXER2_SIT_WBF4	03	Sit-ups
PA2_EXER2_WEI_WBF4	04	Weightlifting and hand weights
PA2_EXER2_OTSP_WBF4	97	Other: _____
PA2_EXER2_DK_NA_WBF4	98	Don't know / No answer
PA2_EXER2_REFUSED_WBF4	99	Prefer not to answer

<b>PA2_17</b>	<b>PA2_EXERHR_WBF4</b>	
<b>[ASK IF PA2_EXER_WBF4 ≠ NEVER AND PA2_EXER_WBF4 ≠ DK_NA AND PA2_EXER_WBF4 ≠ REFUSED]</b>		
On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_30_MIN	1	Less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>PA2_18-PA2_23</b>					
<b>[ALWAYS ASK]</b>					
During the past 7 days, did you engage in any of the following activities?					
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER QUESTION</b>					
		Yes	No	Don't know / No answer	Prefer not to answer
		YES	NO	DK_NA	RF
		1	2	8	9
PA2_LTHSWK_WBF4	Light housework, such as dusting or washing dishes				
PA2_HVYHSWK_WBF4	Heavy housework or chores such as vacuuming, scrubbing floors, washing windows or carrying wood				
PA2_HMREPAIR_WBF4	Home repairs like painting, wallpapering, electrical work, etc.				
PA2_HVYODA_WBF4	Lawn work or yard care, including snow or leaf removal, wood chopping, etc. (excluding outdoor gardening)				
PA2_LTODA_WBF4	Outdoor gardening, sweeping the balcony or the stairs				
PA2_CRPRSN_WBF4	Caring for another person, such as children, a dependent spouse or other adult				

<b>PA2_24</b>	<b>PA2_WRK_WBF4</b>			
<b>[ALWAYS ASK]</b>				
During the past 7 days, did you work for pay or as a volunteer?				
YES	1	Yes		
NO	2	No		
DK_NA	8	Don't know / No answer		
REFUSED	9	Prefer not to answer		

<b>PA2_25</b>	<b>PA2_WRKHRS_NB_WBF4</b>			
<b>[ASK IF PA2_WRK_WBF4 = YES]</b>				
During the past 7 days, how many hours did you work for pay or as a volunteer?				
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF HOURS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>				
		<b>ENTER EXACT AMOUNT (MASK: MIN=1, MAX=168)</b>		
DK_NA	998	Don't know / No answer		
REFUSED	999	Prefer not to answer		

<b>PA2_26</b>	<b>PA2_WRKPA_WBF4</b>	
<b>[ASK IF PA2_WRK_WBF4 = YES]</b>		
Which of the following categories best describes the amount of physical activity required on your job or as a volunteer?		
<b>PARTICIPANT NOTE: 50 LBS. IS APPROXIMATELY 23 KG.</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SITTING	1	Mainly sitting with slight arm movements (such as office worker or bus driver)
STANDING_WALKING	2	Sitting and standing with some walking (such as cashier or light tool and machinery worker)
LIGHT_MANUAL	3	Walking with some handling of materials generally weighing less than 50 lbs (such as postal worker, waitress or construction worker)
HEAVY_MANUAL	4	Walking and heavy manual work often requiring handling of materials weighing over 50 lbs (such as lumberjack, stone mason, farm or general labourer)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PA2_27</b>	<b>PA2_REPRTN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
We just talked about your activities during the last 7 days. Taking them all together, would you say they represent the level of your routine activity over the last 12 months?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
STRONGLY_AGREE	1	Strongly agree
AGREE	2	Agree
NEITHER_AGREE_DISAGREE	3	Neither agree nor disagree
DISAGREE	4	Disagree
STRONGLY_DISAGREE	5	Strongly disagree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PA2_28</b>	<b>PA2_PALVL_WBF4</b>	
<b>[ASK IF PA2_REPRTN_WBF4 = DISAGREE OR STRONGLY_DISAGREE]</b>		
During the past 7 days, would you say that your physical activity level was...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LOT_LOWER	1	a lot lower than usual
LITTLE_LOWER	2	a little lower than usual
LITTLE_HIGHER	3	a little higher than usual
LOT_HIGHER	4	a lot higher than usual
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PA2_29</b>	<b>PA2_PARTPA_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the past 12 months, have you felt like you wanted to participate more in physical activities?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PA2_30</b>	<b>PA2_PRVPA_WBF4</b>	
<b>[ASK IF PA2_PARTPA_WBF4 = YES]</b>		
What prevented you from doing physical activities/more physical activities?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
PA2_PRVPA_COS_WBF4	01	Cost
PA2_PRVPA_TRM_WBF4	02	Transportation problems
PA2_PRVPA_ACT_WBF4	03	Activities not available in the area
PA2_PRVPA_LOC_WBF4	04	Location not physically accessible
PA2_PRVPA_FAR_WBF4	05	Location is too far
PA2_PRVPA_HEA_WBF4	06	Health condition limitation
PA2_PRVPA_ILL_WBF4	07	Illness/injury
PA2_PRVPA_FEA_WBF4	08	Fear of injury
PA2_PRVPA_TIM_WBF4	09	Lack of time
PA2_PRVPA_ENG_WBF4	10	Lack of energy
PA2_PRVPA_MOT_WBF4	11	Lack of motivation
PA2_PRVPA_SKI_WBF4	12	Lack of skills or knowledge
PA2_PRVPA_OTSP_WBF4	97	Other: _____
PA2_PRVPA_DK_NA_WBF4	98	Don't know / No answer
PA2_PRVPA_REFUSED_WBF4	99	Prefer not to answer

**PA2\_END**

## Nutrition: Short Diet Questionnaire (NUT) (Comprehensive Only)

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

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

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

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

<b>Overview</b>	<p>The Short Diet Questionnaire is used to collect data on the habitual intake of foods and beverages over the past 12 months. We are also interested in finding out if you are currently following any specific dietary regimen.</p> <p>Researchers are interested in your diet because nutrition is known to play an important role in healthy aging. For example, vitamin D and calcium are important for maintaining healthy bones – while the intake of trans-unsaturated fatty acids is known to negatively impact cholesterol levels.</p>
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**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY**

The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home. Think about the number of times you ate each food per month, per week or per day. **If you never eat a food or ate it less than once per month, then answer ‘Never or rarely’.**

<b>NUT_1</b>	<b>NUT_FBR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat high fibre breakfast cereals (All Bran, 100% Bran, Bran Flakes, muesli...) for example twice a day, three times a week, once a month?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_2</b>	<b>NUT_BRD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat <b>whole wheat</b> breads, bran breads, multigrain breads, rye breads (sliced, crusty, hamburger bun, hot dog bun, bagel, pita...)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_3</b>	<b>NUT_PST_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat <b>whole wheat</b> or whole grain pasta, noodles, quinoa, oats, brown or wild rice, or other whole grain foods?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_4</b>	<b>NUT_WTBRD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat <b>white breads</b> , bagels, rice, pasta, noodles, or other refined grains, such as breakfast cereals?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**PARTICIPANT INSTRUCTION: If “never” select “Never or rarely”**

<b>NUT_5</b>	<b>NUT_ALLMEATS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat beef, pork, veal, lamb, game (ground, hamburgers, roast, steak, cubed...)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_6</b>	<b>NUT_CHCK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat chicken, turkey?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_7</b>	<b>NUT_FISH_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat salmon, trout, sardines, herring, tuna, and mackerel (fresh, frozen or canned)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_8</b>	<b>NUT_PRDMEATS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat sausages, hot dogs, ham, cold cuts, smoked meat, bacon, pâtés, cretons, terrines...?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

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

<b>NUT_9</b>	<b>NUT_O3EG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat omega-3 eggs?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_10</b>	<b>NUT_EGGS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat all egg dishes except omega-3 eggs (eggs, omelette, quiche...)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

NUT_11	NUT_LEGEM_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually eat legumes, ex: dried beans, dried peas, lentils, tofu?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

NUT_12	NUT_NUTS_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually eat nuts, seeds and peanut butter?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**PARTICIPANT INSTRUCTION: If “never” select “Never or rarely”**

NUT_13	NUT_FRUT_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually eat fruit (fresh, frozen, canned)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_14</b>	<b>NUT_GREEN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat green salad (lettuce, with or without other ingredients)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_15</b>	<b>NUT_PTTO_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat potatoes (boiled, mashed or baked)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_16</b>	<b>NUT_CRRT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat carrots (fresh, frozen, canned, eaten on their own or with other food, cooked or raw)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_17</b>	<b>NUT_VGOT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat other vegetables (except carrots, potatoes or salad)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

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

<b>NUT_18</b>	<b>NUT_LWCS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat all low-fat cheeses?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_19</b>	<b>NUT_CHSE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat all regular cheeses?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

NUT_20	NUT_LWYG_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually eat yogurt (low-fat)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

NUT_21	NUT_YOGR_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually eat yogurt (regular)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**PARTICIPANT INSTRUCTION: If “never” select “Never or rarely”**

NUT_22	NUT_FDJCCALC_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually eat calcium-fortified foods (soy pudding...) or drink calcium-fortified juice (orange juice)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_23</b>	<b>NUT_DAIR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat ice cream, ice milk, frozen yogurt, milk-based desserts (puddings...)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_24</b>	<b>NUT_SALT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat salty snacks (regular chips, crackers...)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_25</b>	<b>NUT_DSRT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat cakes, pies, doughnuts, pastries, cookies, muffins...?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

NUT_26	NUT_CHOC_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually eat chocolate (either candy or bars)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

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

NUT_27	NUT_FATS_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually eat butter, lard, coconut oil, or palm oil?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

NUT_28	NUT_MRGOIL_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually have margarine or vegetable oils (e.g., olive, canola, or sunflower oil) including salad dressings and mayonnaise?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer



**PARTICIPANT INSTRUCTION: If “never” select “Never or rarely”**

<b>NUT_29</b>	<b>NUT_PURE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually drink 100% pure fruit juices either bottled or canned, frozen concentrate or diluted (ex. orange, grapefruit or others including tomato juice)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_30</b>	<b>NUT_SUGR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually drink fruit drinks with sugar added (ex. punch, cocktails with artificial flavors, lemonade, sugar iced tea or others)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_31</b>	<b>NUT_SFDRK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually drink regular soft drinks (ex. Coke, Pepsi, 7-Up, Sprite, etc.)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer



<b>NUT_32</b>	<b>NUT_ASFDRK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually drink artificial-sweetened soft drinks (ex. Diet Coke, Diet Pepsi, Diet 7-Up, Diet Sprite, etc.)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_33</b>	<b>NUT_CFFTEA_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually have sweetened hot or iced coffee or tea?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**PARTICIPANT INSTRUCTION: If “never” select “Never or rarely”**

<b>NUT_34</b>	<b>NUT_FLVML_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually have chocolate milk or other flavored milk?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_35</b>	<b>NUT_WHML_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually drink whole milk 3.25% m.f.?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_36</b>	<b>NUT_LFML_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually drink 2%, 1%, skim milk?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_37</b>	<b>NUT_PLNTDR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually drink fortified plant-based beverages (soy, oat, almond...)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

NUT_37a	NUT_PLNTDR_TYP_WBF4	
<b>[ASK IF NUT_PLNTDR_WBF4 = DAY OR WK OR MT &gt; 0]</b>		
Which type do you usually consume?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SB	1	Soy beverage
OTSP	2	Others
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

NUT_38	NUT_ENEG_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually drink Energy Drinks, such as Red Bull?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

NUT_39	NUT_PKFD_WBF4	
<b>[ALWAYS ASK]</b>		
How often do you usually eat already packaged foods or meals, such as soups, frozen meals or others?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_40</b>	<b>NUT_FSTFD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually eat food from fast food restaurants, such as burgers, French fries, poutine, pizza, submarine sandwiches, fried chicken, burritos, or tacos?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAY	_____	Per day
WK	_____	Per week
MT	_____	Per month
NEVER	96	Never or rarely
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>NUT_41</b>	<b>NUT_LSALT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you usually choose low salt or salt-free nuts, seeds, and peanut butter?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUT_42</b>	<b>NUT_TAST_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have problems tasting foods? Such as impaired taste for sweet or salty foods or having an unusual sweet, salty, sour or bitter taste in the mouth?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUT_43</b>	<b>NUT_SMEL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have problems with the sense of smell? Such as decreased perception or smelling non-appropriate odours?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUT_44</b>	<b>NUT_SPDIET_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Are you currently following a specific diet?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUT_44a</b>	<b>NUT_DTYP_WBF4</b>	
<b>[ASK IF NUT_SPDIET_WBF4 = YES]</b>		
What type of diet?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
NUT_DTYP_VEG_WBF4	01	Vegetarian diet
NUT_DTYP_VAG_WBF4	02	Vegan diet
NUT_DTYP_MAC_WBF4	03	Macrobiotic diet
NUT_DTYP_GLU_WBF4	04	Gluten free diet
NUT_DTYP_MED_WBF4	05	Mediterranean diet
NUT_DTYP_RAW_WBF4	06	Raw food diet
NUT_DTYP_DSH_WBF4	07	DASH diet (Dietary pattern to prevent and control high blood pressure)
NUT_DTYP_PAL_WBF4	08	Paleo diet
NUT_DTYP_WTL_WBF4	09	Weight loss diet
NUT_DTYP_LNA_WBF4	10	Diet low in salt
NUT_DTYP_LWF_WBF4	11	Diet low in fat
NUT_DTYP_LWS_WBF4	12	Diet low in sugar
NUT_DTYP_LFR_WBF4	13	Lactose-free diet
NUT_DTYP_KET_WBF4	14	Ketogenic diet
NUT_DTYP_OTSP_WBF4	97	Other (e.g., such as ethno-cultural diet): _____
NUT_DTYP_DK_NA_WBF4	98	Don't know / No answer
NUT_DTYP_REFUSED_WBF4	99	Prefer not to answer



NUT_44b	NUT_DTIM_WBF4	
[ASK IF NUT_SPDIET_WBF4 = YES]		
If yes, for how long? Specify weeks, months or years		
<b>PARTICIPANT INSTRUCTIONS: IF YOU ARE UNSURE, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
<b>SELECT ONE RESPONSE</b>		
WK	_____	Weeks ( <b>MASK: MIN=1, MAX=52</b> )
MT	_____	Months ( <b>MASK: MIN=1, MAX=12</b> )
YR	_____	Years ( <b>MASK: MIN=1, MAX=CURRENT AGE</b> )
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**NUT\_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, difficulty eating, fruit, vegetable and fluid consumption, and meal satisfaction. In addition, questions ask about frequency of fast-food consumption, coffee and tea consumption, and food security.</p> <p><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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**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

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

<b>NUR_1</b>	<b>NUR_GLSWT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Compared with 6 months ago, have you gained weight, lost weight or stayed about the same?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
GAINED	1	Gained weight
LOST	2	Lost weight
SAME	3	Stayed about the same
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUR_2a</b>	<b>NUR_WTL_WBF4</b>	
<b>[ASK IF NUR_GLSWT_WBF4 = LOST]</b>		
How much weight did you <b>LOSE</b> in the <u>past 6 months</u> ?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUR_2b</b>	<b>NUR_WTG_WBF4</b>	
<b>[ASK IF NUR_GLSWT_WBF4 = GAINED]</b>		
How much weight did you <b>GAIN</b> in the <u>past 6 months</u> ?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUR_3</b>	<b>NUR_SKPMLS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In general, how often do you skip meals?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUR_4</b>	<b>NUR_APPTT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In general, how would you describe your appetite? Would you say it is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
VERY_GOOD	1	Very good
GOOD	2	Good
FAIR	3	Fair
POOR	4	Poor
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUR_5</b>	<b>NUR_SWLLFD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In general, how often do you cough, choke, or have pain when swallowing food or fluid? Would you say...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUR_6</b>	<b>NUR_FRTVEG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In general, how many servings of fruits and vegetables do you eat in a day?		
<b>PARTICIPANT INSTRUCTIONS: FRUITS AND VEGETABLES CAN BE CANNED, FRESH, FROZEN OR 100% NATURAL JUICE.</b>		
<b>A SERVING IS...:</b>		
<ul style="list-style-type: none"> <li>▪ 125 ml (1/2 cup) OF VEGETABLES</li> <li>▪ 125 ml (1/2 cup) OF COOKED, LEAFY VEGETABLES</li> <li>▪ 250 ml (1 cup) RAW LEAFY VEGETABLES</li> <li>▪ 1 FRUIT OR 125 ml (1/2 cup) OF FROZEN OR CANNED FRUIT OR 125 ml (1/2 cup) OF 100% NATURAL JUICE</li> </ul>		
<b>SELECT ONE RESPONSE</b>		
SEVEN_OR_MORE	1	Seven or more
SIX	2	Six
FIVE	3	Five
FOUR	4	Four
THREE	5	Three
TWO	6	Two
LESS_TWO	7	Less than two
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUR_7</b>	<b>NUR_DRKFLD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How much fluid do you drink in a day?		
<b>PARTICIPANT INSTRUCTIONS: INCLUDES WATER, TEA, COFFEE, HERBAL DRINKS, 100% NATURAL JUICES, FRUIT FLAVOURED DRINKS, MILK AND SOFT DRINKS BUT NOT ALCOHOL. A CUP IS 8 OUNCES or 250 ML.</b>		
<b>SELECT ONE RESPONSE</b>		
EIGHT_OR_MORE	1	Eight or more cups
FIVE_SEVEN	2	Five to seven cups
THREE_FOUR	3	Three to four cups
TWO	4	About two cups
LESS_TWO	5	Less than two cups
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUR_8</b>	<b>NUR_MLSMN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you eat at least one meal each day with someone?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUR_9</b>	<b>NUR_CKMEALS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you usually cook your own meals?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



NUR_10	NUR_MLPREP_WBF4	
<b>[ASK IF NUR_CKMEALS_WBF4 = YES]</b>		
Which of the following statements best describes meal preparation for you?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ENJOY_COOKING	1	I enjoy cooking most of my meals
SOMETIMES_COOKING_CHORE	2	I sometimes find cooking a chore
USUALLY_COOKING_CHORE	3	I usually find cooking a chore
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

NUR_11	NUR_MLPREP_OTH_WBF4	
<b>[ASK IF NUR_CKMEALS_WBF4 = NO]</b>		
Which of the following statements best describes the meals prepared for you?		
<b>PARTICIPANT INSTRUCTIONS: INCLUDES FAMILY MEMBERS, FRIENDS, AND MEAL SERVICES</b>		
<b>SELECT ONE RESPONSE</b>		
SATISFIED	1	I'm <u>satisfied</u> with the quality of the food prepared by others
NOT_SATISFIED	2	I'm <u>not satisfied</u> with the quality of the food prepared by others
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Fast Food Consumption**

NUR_12	NUR_FASTFD_NB_WBF4	
<b>[ALWAYS ASK]</b>		
How many times in the past month have you eaten fast food (restaurant, take-out, or home delivery)?		
<b>PARTICIPANT NOTE: FAST FOOD TYPICALLY REFERS TO RESTAURANT LIKE MCDONALD'S, KFC, BURGER KING, ETC. WHERE THERE IS A COUNTER WHERE YOU ORDER AND GET YOUR FOOD ON A TRAY OR TAKE IT OUT. IT DOES NOT REFER TO ANY OTHER TYPE OF RESTAURANT.</b>		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	<u>      </u> (MASK: MIN=0, MAX=50)	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**Food Security**

NUR\_13 | NUR\_NOTENFD\_WBF4

**[ALWAYS ASK]**

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

YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Coffee and Tea Consumption**

NUR\_14a-NUR\_14e

**[ALWAYS ASK]**

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

**PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF CUPS PER DAY FOR EACH BEVERAGE, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE**

NUR_BEV_RCOFF_WBF4	Regular Coffee	_____	<b>(MASK: MIN=0, MAX=10)</b>
DK_NA		98	Don't know / No answer
REFUSED		99	Prefer not to answer
NUR_BEV_DCOFF_WBF4	Decaffeinated Coffee	_____	<b>(MASK: MIN=0, MAX=10)</b>
DK_NA		98	Don't know / No answer
REFUSED		99	Prefer not to answer
NUR_BEV_BTEA_WBF4	Black Tea	_____	<b>(MASK: MIN=0, MAX=10)</b>
DK_NA		98	Don't know / No answer
REFUSED		99	Prefer not to answer
NUR_BEV_GTEA_WBF4	Green Tea	_____	<b>(MASK: MIN=0, MAX=10)</b>
DK_NA		98	Don't know / No answer
REFUSED		99	Prefer not to answer
NUR_BEV_OTEa_WBF4	Other Tea	_____	<b>(MASK: MIN=0, MAX=10)</b>
DK_NA		98	Don't know / No answer
REFUSED		99	Prefer not to answer

**Food Consumption**

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

<b>NUR_15</b>	<b>NUR_FRSTFD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
At which time do you normally consume your first food? Excluding a glass of water or tea without sugar.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
BEFORE_5	1	Before 5 am
BETWEEN_5_AND_6	2	Between 5 and 6 am
BETWEEN_6_AND_7	3	Between 6 and 7 am
BETWEEN_7_AND_8	4	Between 7 and 8 am
BETWEEN_8_AND_9	5	Between 8 and 9 am
BETWEEN_9_AND_10	6	Between 9 and 10 am
AFTER_10	7	After 10 am
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>NUR_16</b>	<b>NUR_LSTFD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
At which time do you normally consume your last food? Excluding a glass of water or tea without sugar.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
BEFORE_6	1	Before 6 pm
BETWEEN_6_AND_7	2	Between 6 and 7 pm
BETWEEN_7_AND_8	3	Between 7 and 8 pm
BETWEEN_8_AND_9	4	Between 8 and 9 pm
BETWEEN_9_AND_10	5	Between 9 and 10 pm
BETWEEN_10_AND_11	6	Between 10 and 11 pm
AFTER_11	7	After 11 pm
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

NUR_17	NUR_MLTIM_WBF4	
<b>[ALWAYS ASK]</b>		
When you consider the timing of your main meals, are these regular?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
EVERY_DAY	1	I consume each meal around the same time every day (within a range of 15 minutes)
ON_MOST_DAYS	2	On most days I consume my meals around the same times, but not every day (1-2 days are different)
NOT_MANY_DAYS	3	On some days I consume my meals around the same time, but not on many days (>3 days irregular)
IRREGULAR	4	I consume my meals irregular (everyday irregular)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**NUR\_END**

## Oral Health (ORH)

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

Now, some questions about the health of your mouth.

<b>ORH_1</b>	<b>ORH_HLTH_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In general, would you say the health of your mouth is excellent, very good, good, fair or poor?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ORH_2</b>	<b>ORH_TEETH_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have one or more of your own original teeth?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

ORH_3	ORH_TEETH20_WBF4
<b>[ASK IF ORH_TEETH_WBF4 = YES OR DK_NA OR REFUSED]</b>	
Do you have 20 or more natural teeth?	
<b>PARTICIPANT INSTRUCTIONS: IF YOU ARE UNSURE, PLEASE COUNT YOUR NATURAL TEETH</b>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

ORH_3a	ORH_DENT_WBF4
<b>[ALWAYS ASK]</b>	
Do you wear dentures or false teeth?	
<b>PARTICIPANT INSTRUCTIONS: THIS INCLUDES FALSE TEETH, COMPLETE (FULL) OR PARTIAL DENTURES IF THEY ARE REMOVABLE (DO NOT INCLUDE DENTURES THAT CANNOT BE REMOVED FROM DENTAL IMPLANTS BY YOU, I.E. FIXED BRIDGES ON IMPLANTS)</b>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

ORH_3b	ORH_DNUSE_WBF4
<b>[ALWAYS ASK]</b>	
Do you have dentures or false teeth that you do not use?	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer



ORH_4	ORH_UNCEAT_WBF4	
<b>[ALWAYS ASK]</b>		
In the past 12 months, how often have you avoided eating particular foods because of problems with your mouth, teeth or dentures? Would you say...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

ORH_5	ORH_EXP_WBF4	
<b>[ALWAYS ASK]</b>		
In the past 12 months have you experienced any of the following?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
ORH_EXP_TTH_WBF4	01	Toothache
ORH_EXP_CHW_WBF4	02	Cannot chew adequately
ORH_EXP_DNU_WBF4	03	Dentures uncomfortable <b>[ASK IF ORH_DENT_WBF4 = YES]</b>
ORH_EXP_DNL_WBF4	04	Dentures loose/don't fit <b>[ASK IF ORH_DENT_WBF4 = YES]</b>
ORH_EXP_DNB_WBF4	05	Dentures broken <b>[ASK IF ORH_DENT_WBF4 = YES]</b>
ORH_EXP_DNT_WBF4	06	Dentures lost <b>[ASK IF ORH_DENT_WBF4 = YES]</b>
ORH_EXP_SWL_WBF4	07	Swelling in your mouth
ORH_EXP_DRM_WBF4	08	Dry mouth
ORH_EXP_BRM_WBF4	09	Burning mouth
ORH_EXP_JWS_WBF4	10	Jaw muscles sore
ORH_EXP_JJP_WBF4	11	Jaw joints painful
ORH_EXP_TTD_WBF4	12	Tooth-decay (caries)
ORH_EXP_NTL_WBF4	13	Natural tooth loose
ORH_EXP_NTB_WBF4	14	Natural tooth broken
ORH_EXP_GUMS_WBF4	15	Gums around natural teeth are sore
ORH_EXP_GUMB_WBF4	16	Gums around natural teeth bleed
ORH_EXP_DNS_WBF4	17	Denture-related sores <b>[ASK IF ORH_DENT_WBF4 = YES]</b>
ORH_EXP_TTC_WBF4	18	Difficulty keeping your natural teeth clean
ORH_EXP_DNC_WBF4	19	Difficulty keeping your dentures clean <b>[ASK IF ORH_DENT_WBF4 = YES]</b>
ORH_EXP_BB_WBF4	20	Bad breath
ORH_EXP_NONE_WBF4	96	Have not experienced any of these problems
ORH_EXP_OTSP_WBF4	97	Other: _____
ORH_EXP_DK_NA_WBF4	98	Don't know / No answer
ORH_EXP_REFUSED_WBF4	99	Prefer not to answer



<b>ORH_6</b>	<b>ORH_DNVST_WBF4</b>	
<b>[ALWAYS ASK]</b>		
When did you last visit a dental professional (e.g., dentist, dental hygienists, denturist, denturologist)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LAST_12_MONTH	1	In the last 12 months
LAST_5_YEARS	2	In the last five years
LAST_10_YEARS	3	In the last 10 years
MORE_10_YEARS	4	More than 10 years ago
NEVER	5	Never visited a dentist
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ORH_7</b>	<b>ORH_WYNDN_WBF4</b>	
<b>[ASK IF ORH_DNVST_WBF4 ≠ LAST_12_MONTH AND ORH_DNVST_WBF4 ≠ DK_NA AND ORH_DNVST_WBF4 ≠ REFUSED]</b>		
Why have you not seen a dental professional (e.g., dentist, dental hygienists, denturist, denturologist) in the past 12 months?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEED	01	Not needed
APPOINTMENT	02	Difficulty getting an appointment
DENTIST	03	No dentist in the area
HYGIENIST	04	No dental hygienists, denturist, denturologist in the area
TRANSPORTATION	05	Transportation problems
LANGUAGE	06	Language problem
PERSONAL	07	Personal and family responsibilities
LEAVE	08	Unable to leave the house due to health condition
FEAR	09	Fear (e.g., painful, embarrassing, find something wrong, dental phobia)
COST	10	Cost
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>ORH_8</b>	<b>ORH_TYPINS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
What type of dental insurance do you have?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
PRIVATE	01	Private
GOVT	02	Government
NONE	96	None
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>ORH_9</b>	<b>ORH_COST_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the past 12 months, have you not gone to a dental professional because of the cost of care?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ORH_10</b>	<b>ORH_PRBHT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the last 12 months, how often did you have a problem in accessing dental care because of a health-related problem? Would you say...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ORH_11</b>	<b>ORH_BRUSDN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you brush your teeth or dentures yourself?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>ORH_12</b>	<b>ORH_WHO_WBF4</b>	
<b>[ASK IF ORH_BRUSDN_WBF4 ≠ YES]</b>		
If you require assistance with mouth-care, who provides this for you?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
FAMILY	1	Family member
FRIEND	2	Friends
CARE_AID	3	Care-aid/Nurse
OTHER	4	Other: _____
NO_ONE	5	No one
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ORH_13</b>	<b>ORH_OFTN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often usually are your teeth or denture cleaned?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
MORE_ONCE_DAY	1	More than once a day
ONCE_DAY	2	At least once a day
ONCE_WEEK	3	At least once a week
MORE_ONCE_WEEK	4	More than once a week
ONCE_MONTH	5	At least once a month
NEVER	6	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ORH_14</b>	<b>ORH_FLSFQ_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you usually floss your teeth?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
MORE_ONCE_DAY	1	More than once a day
ONCE_DAY	2	At least once a day
ONCE_WEEK	3	At least once a week
MORE_ONCE_WEEK	4	More than once a week
ONCE_MONTH	5	At least once a month
NEVER	6	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**ORH\_END**

## Subjective Cognitive Decline (SCD)

<b>Overview</b>	<p>This module asks participants about perceived changes in their memory and whether this is of concern to them. This module will be asked of all participants.</p> <p>Research suggests that these concerns might be an early indicator of a brain disorder even when the person does well on testing. It is important to mention, though, there are many other potential causes (for example, aging, personality traits, effects of medical conditions and their treatment) for these changes, and many people with them do not have evidence of a brain disorder and are not at risk of progressing to more serious thinking problems.</p> <p>With the information collected, we will be trying to determine when these concerns represent the early stages of a brain disorder, what factors like age and personality are associated with them, and what influences the likelihood of these changes becoming worse over time.</p>
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<b>PCM_1</b>	<b>GEN_MEMO_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you feel like your memory is becoming worse?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NO	1	No
YES	2	Yes, but this does not worry me
YESWRY	3	Yes, and this worries me
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**PCM\_END**

## Pain and Discomfort (HUP)

<b>Overview</b>	<p>This module contains three 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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**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

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

<b>HUP_1</b>	<b>HUP_FREE_WBF4</b>
<b>[ALWAYS ASK]</b>	
Are you usually free of pain or discomfort?	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>HUP_2</b>	<b>HUP_INTNSTY_WBF4</b>
<b>[ASK IF HUP_FREE_WBF4 = NO]</b>	
How would you describe the usual intensity of your pain or discomfort? Would you say it is mild, moderate, or severe?	
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>	
MILD	1 Mild
MODERATE	2 Moderate
SEVERE	3 Severe
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>HUP_3</b>	<b>HUP_PRVACT_WBF4</b>
<b>[ASK IF HUP_FREE_WBF4 = NO]</b>	
How many activities does your pain or discomfort prevent? Would you say none, a few, some, or most?	
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>	
NONE	1 None
A_FEW	2 A few
SOME	3 Some
MOST	4 Most
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

**HUP\_END**

## Women’s Health (WHO)

<b>Overview</b>	<p>The women’s health module is used to collect data related to reproductive factors, menopause and hormone replacement therapy.</p> <p>Researchers are interested in these topics because they are known to affect the risk of certain diseases and health outcomes. For example, reproductive factors are known to influence hormone-related cancers like those of the breast and ovary - and the chance of developing osteoporosis (loss of bone mass) increases as women reach menopause.</p>
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<b>WHO_A</b>	<b>WHO_MENSTRFRST_WBF4</b>	
<b>[ASK IF FEMALE AND WHO_MENSTRFRST_PAST = NULL]</b>		
<b>WHO_MENSTRFRST_PAST = Use the first non-NULL value in (WHO_MENSTRFRST_TRF3/COF3, WHO_MENSTRFRST_TRF2/COF2)</b>		
At what age did you have your first menstrual period?		
	_____	<b>RECORD AGE (MASK: MIN=8, MAX=25)</b>
DK_NA	98	Don’t know / No answer
REFUSED	99	Prefer not to answer

The next questions are about symptoms associated with menopause.

<b>WHO_1</b>	<b>WHO_MENOP_WBF4</b>	
<b>[ASK IF SEX = FEMALE AND WHO_MENOP_PAST ≠ YES]</b>		
<b>WHO_MENOP_PAST = Use the first non-NULL value in (WHO_MENOP_TRF3/COF3, WHO_MENOP_TRF2/COF2, WHO_MENOP_TRF1/COF1, WHO_MENOP_TRM/COM)</b>		
Have you gone through menopause, meaning that your menstrual periods stopped for at least one year and did not restart?		
YES	1	Yes
NO	2	No
DK_NA	8	Don’t know / No answer
REFUSED	9	Prefer not to answer

WHO_1a	WHO_MENOHOW_WBF4	
<b>[ASK IF WHO_MENOP_WBF4 = YES]</b>		
Was your menopause natural or as a result of a medical intervention?		
<b>Definitions</b> Bilateral oophorectomy – the removal of two or more ovaries Bilateral salpingo-oophorectomy – also known as a BSO, is a surgical procedure in which both of the ovaries and the fallopian tubes are removed. Hysterectomy – the uterus is surgically removed		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NATURAL	1	Natural
OVARIES	2	Surgical menopause – bilateral oophorectomy without hysterectomy
ALL	3	Surgical menopause – hysterectomy and bilateral salpingo-oophorectomy/oophorectomy
HYSTERECTOMY	4	Surgical menopause – hysterectomy only (ovaries conserved)
HYSTOVAQUES	5	Surgical menopause – hysterectomy but uncertain if ovaries removed
SURGRADITION	6	Medically induced menopause – radiation
SURGDRUG	7	Medically induced menopause – drugs including chemotherapy
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

WHO_2	WHO_MPAG_AG_WBF4	
<b>[ASK IF WHO_MENOP_WBF4 = YES]</b>		
How old were you when your menstrual periods stopped for at least one year and did not re-start?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT AGE, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____	<b>RECORD AGE (MASK: MIN=0, MAX=CURRENT AGE)</b>
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>WHO_3</b>	<b>WHO_HRT_WBF4</b>	
<b>[ASK IF SEX = FEMALE AND WHO_HRT_PAST ≠ YES]</b>		
<b>WHO_HRT_PAST = Use the first non-NULL value in (WHO_HRT_TRF3/COF3, WHO_HRT_TRF2/COF2, WHO_HRT_TRF1/COF1, WHO_HRT_TRM/COM)</b>		
Have you ever used any hormone replacement therapy, sometimes called HRT, for any reason?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>WHO_4</b>	<b>WHO_TYPE_WBF4</b>	
<b>[ASK IF WHO_HRT_WBF4 = YES]</b>		
Which type of hormone replacement therapy have you used the most?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ESTROGEN_PROGESTERONE	1	Both Estrogen and Progesterone
ESTROGEN	2	Estrogen (e.g., Premarin, Estrace)
PROGESTERONE	3	Progesterone (e.g., Prometrium, Provera)
ESTROGEN_SKIN	4	Estrogen applied to the skin via gel, cream, patch or spray (e.g., Estraderm, Estrogel)
DEVICE_PROGESTERONE	5	Intra-uterine device with progesterone
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>WHO_5</b>	<b>WHO_HRTAG_AG_WBF4</b>	
<b>[ASK IF WHO_HRT_WBF4 = YES]</b>		
How old were you when you started using hormone replacement therapy?		
<b>PARTICIPANT NOTE: EXACT AGE IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
		<b>RECORD AGE (MASK: MIN=0, MAX=CURRENT AGE)</b>
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>WHO_6</b>	<b>WHO_HRTCURR_WBF4</b>	
<b>[ASK IF WHO_HRT_WBF4 = YES]</b>		
Are you still taking hormone replacement therapy?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>WHO_7</b>	<b>WHO_HRTSTIL_WBF4</b>	
<b>[ASK IF WHO_HRT_PAST = YES]</b>		
<b>WHO_HRT_PAST = Use the first non-NULL value in (WHO_HRT_TRF3/COF3, WHO_HRT_TRF2/COF2, WHO_HRT_TRF1/COF1, WHO_HRT_TRM/COM)</b>		
During your last interview you stated you had used hormone replacement therapy. Are you still taking this therapy?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>WHO_8</b>	<b>WHO_HRTDR_WBF4</b>	
<b>[ASK IF WHO_HRTCURR_WBF4 = NO OR WHO_HRTSTIL_WBF4 = NO]</b>		
In total, for how long did you use, or have you been using hormone replacement therapy?		
<b>PARTICIPANT INSTRUCTIONS: IF YOU ARE UNSURE OF THE TOTAL TIME, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
<b>SELECT ONE RESPONSE</b>		
WK	_____	Weeks ( <b>MASK: MIN=0, MAX=52</b> )
MT	_____	Months ( <b>MASK: MIN=0, MAX=12</b> )
YR	_____	Years ( <b>MASK: MIN=0, MAX=CURRENT AGE</b> )
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**WHO\_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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**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

Now some questions about your vision...

<b>VIS_1</b>	<b>VIS_SGHT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Is your eyesight, using glasses or corrective lenses if you use them...		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>VIS_2</b>	<b>VIS_AID_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Besides glasses or contact lenses, do you use any aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>VIS_3</b>	<b>VIS_USE_WBF4</b>	
<b>[ASK IF VIS_AID_WBF4 = YES]</b>		
Do you now use...		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
VIS_USE_MG_WBF4	01	Magnifiers
VIS_USE_BR_WBF4	02	Braille reading materials
VIS_USE_LG_WBF4	03	Larger print reading materials
VIS_USE_TK_WBF4	04	Talking books
VIS_USE_RC_WBF4	05	Recording equipment or portable note-takers
VIS_USE_CC_WBF4	06	Closed circuit devices (e.g., CCTVs)
VIS_USE_CP_WBF4	07	eReader, a computer with Braille, large print, or speech access
VIS_USE_CN_WBF4	08	A white cane
VIS_USE_DG_WBF4	09	A guide dog
VIS_USE_OTSP_WBF4	97	Another aid, specify: _____
VIS_USE_DK_NA_WBF4	98	Don't know / No answer
VIS_USE_REFUSED_WBF4	99	Prefer not to answer

**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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**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

<b>HRG_1</b>	<b>HRG_HRG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Is your hearing, using a hearing aid if you use one...		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>HRG_2</b>	<b>HRG_NOIS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you find it difficult to follow a conversation if there is background noise, such as TV, radio or children playing, even if using a hearing aid as usual?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>HRG_3</b>	<b>HRG_AID_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you use any aids, specialized equipment, or services for persons who are deaf or hard of hearing, for example, hearing aid, a volume control telephone or TV decoder?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>HRG_4</b>	<b>HRG_USE_WBF4</b>	
<b>[ASK IF HRG_AID_WBF4 = YES]</b>		
Do you now use...		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
HRG_USE_AID_WBF4	01	Hearing aid
HRG_USE_CP_WBF4	02	Computer to communicate (e.g., e-mail or chat services)
HRG_USE_VL_WBF4	03	Volume control telephone
HRG_USE_TTY_WBF4	04	Teletypewriters (TTY) or Telecommunications Device for the Deaf (TDD)
HRG_USE_MSG_WBF4	05	Message relay service
HRG_USE_PH_WBF4	06	Other phone-related devices (e.g., flashers, earphones)
HRG_USE_CC_WBF4	07	Closed caption T.V. or decoder
HRG_USE_AP_WBF4	08	Amplifiers (e.g., FM, acoustic, infra-red, earphones)
HRG_USE_VS_WBF4	09	Visual or vibrating alarm
HRG_USE_CO_WBF4	10	Cochlear or other surgical implant
HRG_USE_OTSP_WBF4	97	Another aid, specify: _____
HRG_USE_DK_NA_WBF4	98	Don't know / No answer
HRG_USE_REFUSED_WBF4	99	Prefer not to answer

<b>HRG_5</b>	<b>HRG_TINNIT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you suffer from Tinnitus?		
<b>PARTICIPANT NOTE: TINNITUS OCCURS WHEN THERE IS NO OUTSIDE SOURCE OF THE SOUNDS HEARD AND IS OFTEN CALLED 'RINGING IN THE EARS'. IT MAY ALSO SOUND LIKE BLOWING, ROARING, BUZZING, HISSING, HUMMING, WHISTLING, OR SIZZLING.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**HRG\_END**



## Hearing Handicap Inventory for the Elderly (HRG)

**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

HRG_PROB_TR4		Yes	Sometimes	No	Don't know / No answer	Prefer not to answer
[ALWAYS ASK]		YES	SOMETIMES	NO	DK_NA	RF
For the following questions, answer "Yes", "Sometimes" or "No".		4	2	0	98	99
<b>PARTICIPANT NOTE: IF YOU WEAR A HEARING AID, THEN THE QUESTIONS REFER TO YOUR HEARING ABILITIES WHILE WEARING THE HEARING AID.</b>						
HRG_PROB_EM BA_WBF4	Does a hearing problem cause you to feel embarrassed when you meet new people?					
HRG_PROB_FR ST_WBF4	Does a hearing problem cause you to feel frustrated when talking to members of your family?					
HRG_PROB_DIF F_WBF4	Do you have difficulty hearing when someone speaks in a whisper?					
HRG_PROB_HA CP_WBF4	Do you feel handicapped by a hearing problem?					
HRG_PROB_VIS T_WBF4	Does a hearing problem cause you difficulty when visiting friends, relatives or neighbours?					
HRG_PROB_ME ET_WBF4	Does a hearing problem cause you to attend meetings/religious services less often than you would like?					
HRG_PROB_AR GU_WBF4	Does a hearing problem cause you to have arguments with family members?					
HRG_PROB_LST N_WBF4	Does a hearing problem cause you difficulty when listening to TV or radio?					
HRG_PROB_LIF E_WBF4	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?					
HRG_PROB_FR ND_WBF4	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?					

HRG\_END

## **Resiliency Scale (RES) – (Comprehensive Only)**

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**RES\_END**

## Chronic Conditions (CCT/CCC)

<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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**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

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

**PROGRAMMING NOTE: CCT\_xxxx\_PAST is a combination of responses to the two latest consecutive Tracking participant interviews (allowing for wave skips)**  
**Skips defined as question not answered or answered REFUSED or DK\_NA.**

*For example:*

**(CCT\_xxxx\_TRF3 = YES AND (CCT\_xxxx\_TRF2 = YES))**

**OR**

**(CCT\_xxxx\_TRF3 = YES CCT\_xxxx\_TRF2 = Skipped AND CCT\_xxxx\_TRF1 = YES)**

**OR**

**(CCT\_xxxx\_TRF3 = YES CCT\_xxxx\_TRF2 = Skipped AND CCT\_xxxx\_TRF1 = Skipped AND CCT\_xxxx\_TRM = YES)**

**OR**

**(CCT\_xxxx\_TRF3 = Skipped AND CCT\_xxxx\_TRF2 = YES AND CCT\_xxxx\_TRF1 = YES)**

**OR**

**(CCT\_xxxx\_TRF3 = Skipped AND CCT\_xxxx\_TRF2 = YES AND CCT\_xxxx\_TRF1 = Skipped AND CCT\_xxxx\_TRM = YES)**

**OR**

**(CCT\_xxxx\_TRF3 = Skipped AND CCT\_xxxx\_TRF2 = Skipped AND CCT\_xxxx\_TRF1 = YES AND CCT\_xxxx\_TRM = YES)**

**CCC\_xxxx\_PAST is a combination of responses to the two latest consecutive Comprehensive participant interviews (allowing for wave skips)**  
**Skips defined as question not answered or answered REFUSED or DK\_NA.**

**Refer to above substituting CCC\_ for CCT\_ and \_CO for \_TR.**

**Summary of Modifications:**

**Variables:** Tracking variables used for all questions (present in both questionnaires). Used Comprehensive variables for ‘Comprehensive only’ questions.

**Notes:** No note if same question in both questionnaires. Note only for cohort specific questions (Tracking Only or Comprehensive Only). Programming note if an entire module is cohort specific. Programming note inserted for DCS by web only modules.

**Preconditions:** If different between questionnaires, used cohort specific preconditions. If same, then one precondition. If same but includes cached variable, used cohort specific variable.

**Osteoarthritis of the Knee**

CCT/CCC_1	CCT_OAKNEE_WBF4
<b>[ASK IF CCT_OAKNEE_PAST ≠ YES OR CCC_OAKNEE_PAST ≠ YES]</b>	
Has a doctor ever told you that you have osteoarthritis in the knee?	
<b>PARTICIPANT 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>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

CCT/CCC_1a	CCT_OAKNEEAGE_WBF4
<b>[ASK IF CCT_OAKNEE_WBF4 = YES]</b>	
At what age or in what year were you first told you had osteoarthritis in the knee?	
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>	
NB_SP	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year _____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998 Don't know / No answer
REFUSED	9999 Prefer not to answer

CCT/CCC_1b	CCT_OAKNEECHANGE_WBF4
<b>[ASK IF CCT_OAKNEE_WBF4 = NO AND CCT_OAKNEE_TRF3 = YES OR CCC_OAKNEE_COF3 = YES]</b>	
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in the knee. Since that interview, has the diagnosis changed?	
YES	1 Yes: _____
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

CCT/CCC_2	OSK_KNERPL_WBF4 (Comprehensive Only)
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>	
Have you ever had a knee replacement operation?	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer



<b>CCT/CCC_3</b>	<b>OSK_PAIN_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
During the <u>past 4 weeks</u> , have you had knee pain on most days?		
<b>PARTICIPANT NOTE: PAIN CAN INCLUDE DISCOMFORT</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT_CCC_4</b>	<b>OSK_PAINSL_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
During the <u>past 4 weeks</u> , have you had knee pain while climbing down stairs or walking down slopes?		
<b>PARTICIPANT NOTE: PAIN CAN INCLUDE DISCOMFORT</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_5</b>	<b>OSK_SWELL_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
During the past 4 weeks, have you had swelling in the knee?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

### ***Osteoarthritis of the Hip***

<b>CCT/CCC_6</b>	<b>CCT_OAHIP_WBF4</b>	
<b>[ASK IF CCT_OAHIP_PAST ≠ YES OR CCC_OAHIP_PAST ≠ YES]</b>		
Has a doctor ever told you that you have osteoarthritis in the hip?		
<b>PARTICIPANT 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>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CCT/CCC_6a</b>	<b>CCT_OAHIPAGE_WBF4</b>	
<b>[ASK IF CCT_OAHIP_WBF4 = YES]</b>		
At what age or in what year were you first told you had osteoarthritis in the hip?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_6b</b>	<b>CCT_OAHIPCHANGE_WBF4</b>	
<b>[ASK IF CCT_OAHIP_WBF4 = NO AND CCT_OAHIP_TRF3 = YES OR CCC_OAHIP_COF4 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in the hip. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_7</b>	<b>OSH_HIPRPL_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Have you ever had a hip replacement operation?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_8</b>	<b>OSH_FRAC_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF OSH_HIPRPL_WBF4 = YES]</b>		
Was the hip replacement operation the result of a break or fracture?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



CCT/CCC_9	OSH_PAIN_WBF4 (Comprehensive Only)	
[ALWAYS ASK IF COMPREHENSIVE]		
During the <u>past 4 weeks</u> , have you had pain in the groin or upper inner thigh on most days?		
<b>PARTICIPANT NOTE: FOR EACH QUESTION, THINK ABOUT PAIN OR LIMITS IN THE RANGE OF MOTION THAT MAY HAVE OCCURRED OVER THE <u>PAST FOUR WEEKS</u>.</b>		
<b>RANGE OF MOTION MEANS THE DISTANCE AND DIRECTION THAT A JOINT CAN NORMALLY MOVE.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_10	OSH_PAINSL_WBF4 (Comprehensive Only)	
[ALWAYS ASK IF COMPREHENSIVE]		
During the <u>past 4 weeks</u> , have you had pain in the groin or upper inner thigh while climbing down stairs or walking down slopes?		
<b>PARTICIPANT NOTE: FOR EACH QUESTION, THINK ABOUT PAIN OR LIMITS IN THE RANGE OF MOTION THAT MAY HAVE OCCURRED OVER THE <u>PAST FOUR WEEKS</u>.</b>		
<b>RANGE OF MOTION MEANS THE DISTANCE AND DIRECTION THAT A JOINT CAN NORMALLY MOVE.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_11	OSH_LOM_WBF4 (Comprehensive Only)	
[ALWAYS ASK IF COMPREHENSIVE]		
During the <u>past 4 weeks</u> , have you noticed any limitation in the range of motion of your hips?		
<b>PARTICIPANT NOTE: FOR EACH QUESTION, THINK ABOUT PAIN OR LIMITS IN THE RANGE OF MOTION THAT MAY HAVE OCCURRED OVER THE <u>PAST FOUR WEEKS</u>.</b>		
<b>RANGE OF MOTION MEANS THE DISTANCE AND DIRECTION THAT A JOINT CAN NORMALLY MOVE.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Osteoarthritis of the Hand**

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

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

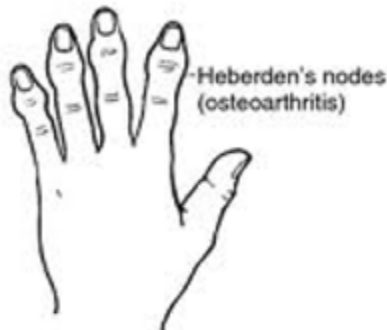
CCT/CCC_12	CCT_OAHAND_WBF4	
[ASK IF CCT_OAHAND_PAST ≠ YES OR CCC_OAHAND_PAST ≠ YES]		
Has a doctor ever told you that you have osteoarthritis in one or both hands?		
<b>PARTICIPANT NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_12a	CCT_OAHANDAGE_WBF4	
[ASK IF CCT_OAHAND_WBF4 = YES]		
At what age or in what year were you first told you had osteoarthritis in one or both hands?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

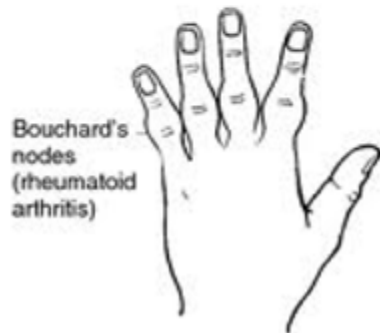
CCT/CCC_12b	CCT_OAHANDCHANGE_WBF4	
[ASK IF CCT_OAHAND_WBF4 = NO AND CCT_OAHAND_TRF3 = YES OR CCC_OAHAND_COF3 = YES]		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoarthritis in one or both hands. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_13	OSA_LGJNT_WBF4 (Comprehensive Only)	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Do you have enlargement in the small joints closest to the fingernails?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**NOTE:**



Swelling in the joints closest to the fingernails.



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

<b>CCT/CCC_14</b>	<b>OSA_NBFNG_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF OSA_LGJNT_WBF4 = YES]</b>		
In how many fingers do you have this enlargement in the small joints closest to the fingernails?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_HALF	1	Less than half
HALF_OR_MORE	2	Half or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_15</b>	<b>OSA_PAINJNT_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF OSA_LGJNT_WBF4 = YES]</b>		
During the <u>past 4 weeks</u> have you had pain in the small joints closest to the fingernails on most days?		
<b>PARTICIPANT NOTE: FOR EACH QUESTION, THINK ABOUT PAIN OR LIMITS IN THE RANGE OF MOTION THAT MAY HAVE OCCURRED OVER THE <u>PAST FOUR WEEKS</u>.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_16</b>	<b>OSA_LGTMB_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Do you have enlargement in the base of your thumbs just above your wrist?		
<b>PARTICIPANT NOTE: IF PARTICIPANT IS UNSURE, POINT TO THE LOCATION IN THE PICTURE.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_17</b>	<b>OSA_PAINTMB_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF OSA_LGTMB_WBF4 = YES]</b>		
During the <u>past 4 weeks</u> have you had pain in the base of your thumbs just above your wrist on most days?		
<b>PARTICIPANT NOTE: FOR EACH QUESTION, THINK ABOUT PAIN OR LIMITS IN THE RANGE OF MOTION THAT MAY HAVE OCCURRED OVER THE <u>PAST FOUR WEEKS</u>.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Arthritis/Musculoskeletal**

CCT/CCC_18	CCT_RA_WBF4	
[ASK IF CCT_RA_PAST ≠ YES OR CCC_RA_PAST ≠ YES]		
Has a doctor ever told you that you have rheumatoid arthritis?		
<b>PARTICIPANT NOTE: RHEUMATOID ARTHRITIS IS A CHRONIC INFLAMMATORY DISORDER THAT TYPICALLY AFFECTS THE SMALL JOINTS IN YOUR HANDS AND FEET. UNLIKE THE WEAR-AND-TEAR DAMAGE OF OSTEOARTHRITIS, RHEUMATOID ARTHRITIS AFFECTS THE LINING OF YOUR JOINTS, CAUSING A PAINFUL SWELLING THAT CAN EVENTUALLY RESULT IN BONE EROSION AND JOINT DEFORMITY.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_18a	CCT_RAAGE_WBF4 (Tracking Only)	
[ASK IF TRACKING <u>AND</u> CCT_RA_WBF4 = YES]		
At what age or in what year were you first told you had rheumatoid arthritis?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

CCT/CCC_18b	CCT_RACHANGE_WBF4	
[ASK IF CCT_RA_WBF4 = NO <u>AND</u> CCT_RA_TRF3 = YES OR CCC_RA_COF3 = YES]		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had rheumatoid arthritis. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Respiratory/Chronic Airflow Obstruction**

CCT/CCC_19	CCT_ASTM_WBF4	
[ASK IF CCT_ASTM_PAST ≠ YES OR CCC_ASTM_PAST ≠ YES]		
Has a doctor ever told you that you have asthma?		
<p><b>PARTICIPANT 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.</b></p> <p><b>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.</b></p>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_19a	CCT_ASTMAGE_WBF4	
[ASK IF CCT_ASTM_WBF4 = YES]		
At what age or in what year were you first told you had asthma?		
<p><b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b></p>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

CCT/CCC_19b	CCT_ASTMCHANGE_WBF4	
[ASK IF CCT_ASTM_WBF4 = NO AND CCT_ASTM_TRF3 = YES OR CCC_ASTM_COF3 = YES]		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had asthma. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_20</b>	<b>CAO_WHEZ_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Have you had wheezing or whistling in your chest at any time within the <u>last 12 months</u> ?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_21</b>	<b>CAO_SOBFLAT_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Do you become short of breath walking on flat surfaces?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_22</b>	<b>CAO_EXERT_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Do you wheeze with mild to moderate exertion?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_23</b>	<b>CAO_SOBUP_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Do you become short of breath climbing stairs or walking up a small hill?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_24</b>	<b>CAO_SOBPM_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Have you had an attack of shortness of breath that came on following strenuous activity at any time within the <u>last 12 months</u> ?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_25</b>	<b>CAO_WKWHEZ_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Have you woken up with an attack of wheezing at any time within the <u>last 12 months</u> ?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_26</b>	<b>CAO_WKCOF_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Have you woken up with an attack of coughing at any time within the <u>last 12 months</u> ?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_27</b>	<b>CAO_WKSOB_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Have you had an attack of shortness of breath that came on during the day when you were at rest at any time within the <u>last 12 months</u> ?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CCT/CCC_28</b>	<b>CCT_COPD_WBF4</b>
<b>[ASK IF CCT_COPD_PAST ≠ YES OR CCC_COPD_PAST ≠ YES]</b>	
Has a doctor told you that you have/had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?	
<b>PARTICIPANT NOTE: SMOKING ONLY APPLIES TO THE “CHRONIC CHANGES IN LUNGS DUE TO SMOKING” NOT THE EMPHYSEMA, CHRONIC BRONCHITIS, OR COPD.</b>	
<b><u>EMPHYSEMA</u> 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).</b>	
<b><u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</u> 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.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>CCT/CCC_28a</b>	<b>CCT_COPDAGE_WBF4</b>
<b>[ASK IF CCT_COPD_WBF4 = YES]</b>	
At what age or in what year were you first told you had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?	
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>	
NB_SP	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year _____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998 Don't know / No answer
REFUSED	9999 Prefer not to answer

<b>CCT/CCC_28b</b>	<b>CCT_COPDCHANGE_WBF4</b>
<b>[ASK IF CCT_COPD_WBF4 = NO <u>AND</u> CCT_COPD_TRF3 = YES OR CCC_COPD_COF3 = YES]</b>	
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking. Since that interview, has the diagnosis changed?	
YES	1 Yes: _____
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>CCT/CCC_29</b>	<b>CAO_COLD_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Do you get frequent colds that persist longer than those of other people you know?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_30</b>	<b>CAO_COFPY_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Have you usually coughed on most days within the last 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_31</b>	<b>CAO_COFAM_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF CAO_COFPY_WBF4 ≠ NO]</b>		
Do you cough up phlegm in the morning?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_32</b>	<b>CAO_COFMAM_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF CAO_COFAM_WBF4 = YES]</b>		
Do you cough phlegm most mornings?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_33</b>	<b>CAO_PHLEGMPY_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF CAO_COFPY_WBF4 ≠ NO]</b>		
Do you bring up phlegm on most days during the year?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_33a</b>	<b>CCC_TRBCOUGH_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Do you have a troublesome daily cough?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_33b</b>	<b>CCC_COUGHTM_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF CCC_TRBCOUGH_WBF4 = YES]</b>		
Has your cough lasted...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
8PLUS	1	>8 weeks
ONEYRPLUS	2	>1 year
FIVEYRPLUS	3	>5 years
NO	4	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Hypertension**

CCT/CCC_34	CCT_HBP_WBF4
[ASK IF CCT_HBP_PAST ≠ YES OR CCC_HBP_PAST ≠ YES]	
Has a doctor ever told you that you have high blood pressure or hypertension?	
<p><b>PARTICIPANT NOTE: <u>HIGH BLOOD PRESSURE</u> OR <u>HYPERTENSION</u> IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE.</b></p> <p><b>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.</b></p>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
refused	9 Prefer not to answer

CCT/CCC_34a	CCT_HBPPRG_WBF4 (Tracking Only)
[ASK IF TRACKING <u>AND</u> CCT_HBP_WBF4 = YES <u>AND</u> SEX = FEMALE]	
Were you pregnant when you were diagnosed with high blood pressure?	
<p><b>PARTICIPANT NOTE: <u>HIGH BLOOD PRESSURE</u> OR <u>HYPERTENSION</u> IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE.</b></p> <p><b>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.</b></p>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer



<b>CCT/CCC_34b</b>	<b>CCT_HBPOT_WBF4 (Tracking Only)</b>	
<b>[ASK IF CCT_HBPPRG_WBF4 = YES]</b>		
Other than when you were pregnant, was there any other time when you were diagnosed with high blood pressure?		
<b>PARTICIPANT NOTE: <u>HIGH BLOOD PRESSURE</u> 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.</b>		
<b>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.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
refused	9	Prefer not to answer

<b>CCT/CCC_34c</b>	<b>CCT_HBPAGE_WBF4</b>	
<b>[ASK IF CCT_HBP_WBF4 = YES]</b>		
At what age or in what year were you first told you had high blood pressure or hypertension?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_34d</b>	<b>CCT_HBPCHANGE_WBF4</b>	
<b>[ASK IF CCT_HBP_WBF4 = NO <u>AND</u> CCT_HBP_TRF3 = YES OR CCC_HBP_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had high blood pressure or hypertension. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>Diabetes</b>
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<b>CCT/CCC_35</b>	<b>CCT_DIAB_WBF4</b>
<b>[ASK IF CCT_DIAB_PAST ≠ YES OR DIA_DIAB_PAST ≠ YES]</b>	
Has a doctor ever told you that you have diabetes, borderline diabetes or that your blood sugar is high?	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>CCT/CCC_35a</b>	<b>CCT_DIABAGE_WBF4</b>
<b>[ASK IF CCT_DIAB_WBF4 = YES]</b>	
At what age or in what year were you first told you had diabetes, borderline diabetes or high blood sugar?	
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>	
NB_SP	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year _____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998 Don't know / No answer
REFUSED	9999 Prefer not to answer

<b>CCT/CCC_35b</b>	<b>CCT_DIABCHANGE_WBF4</b>
<b>[ASK IF CCT_DIAB_WBF4 = NO AND CCT_DIAB_TRF3 = YES OR DIA_DIAB_COF3 = YES]</b>	
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had diabetes, borderline diabetes or that your blood sugar is high. Since that interview, has the diagnosis changed?	
YES	1 Yes: _____
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer



<b>CCT/CCC_36</b>	<b>CCT_DIAB_DR_WBF4</b>	
<b>[ASK IF CCT_DIAB_DR_WBF4 = YES]</b>		
Have you ever been told by a doctor that you have diabetic retinopathy?		
<p><b>PARTICIPANT NOTE: DIABETIC RETINOPATHY IS A DIABETES COMPLICATION THAT AFFECTS EYES AND IS COMMON DIABETIC EYE DISEASE. IT'S CAUSED BY DAMAGE TO THE BLOOD VESSELS OF THE LIGHTSENSITIVE TISSUE AT THE BACK OF THE EYE (RETINA).</b></p> <p><b>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.</b></p> <p><b>PEOPLE WITH TYPE 1 OR TYPE 2 DIABETES ARE AT RISK OF THIS CONDITION.</b></p>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_36a</b>	<b>CCT_DIAB_DRAGE_WBF4</b>	
<b>[ASK IF CCT_DIAB_DR_WBF4 = YES]</b>		
At what age or in what year were you first told you had diabetic retinopathy?		
<p><b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b></p>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_36b</b>	<b>CCT_DIAB_DRCHANGE_WBF4</b>	
<b>[ASK IF CCT_DIAB_DR_WBF4 = NO AND CCT_DIAB_DR_TRF3 = YES OR DIA_DIABRT_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had diabetic retinopathy. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_37</b>	<b>DIA_EVPRG_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF COMPREHENSIVE AND PARTICIPANT SEX = FEMALE]</b>		
Have you ever been pregnant?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_38</b>	<b>DIA_PRGDIA_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF DIA_EVPRG_WBF4 = YES]</b>		
When you were pregnant, did the doctor tell you that you had diabetes, borderline diabetes or high blood sugar?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

***Cardiac/Cardiovascular and Ischemic Heart Disease***

<b>CCT/CCC_39</b>	<b>CCT_HEART_WBF4</b>	
<b>[ASK IF CCT_HEART_PAST ≠ YES OR CCC_HEART_PAST ≠ YES]</b>		
Has a doctor ever told you that you have heart disease (including congestive heart failure or CHF)?		
<b>PARTICIPANT NOTE: CONGESTIVE HEART FAILURE IS A CONDITION IN WHICH THE HEART CAN NO LONGER PUMP ENOUGH BLOOD TO THE REST OF THE BODY.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_39a</b>	<b>CCT_HEARTAGE_WBF4</b>	
<b>[ASK IF CCT_HEART_WBF4 = YES]</b>		
At what age or in what year were you first told you had heart disease (including congestive heart failure, or CHF)?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer



<b>CCT/CCC_39b</b>	<b>CCT_HEARTCHANGE_WBF4</b>	
<b>[ASK IF CCT_HEART_WBF4 = NO AND CCT_HEART_TRF3 = YES OR CCC_HEART_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had heart disease (including congestive heart failure, or CHF). Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_40</b>	<b>CCT_ANGI_WBF4</b>	
<b>[ASK IF CCT_ANGI_PAST ≠ YES OR CCC_ANGI_PAST ≠ YES]</b>		
Has a doctor ever told you that you have angina (or chest pain due to heart disease)?		
<b>PARTICIPANT NOTE: ANGINA 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.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_40a</b>	<b>CCT_ANGIAGE_WBF4</b>	
<b>[ASK IF CCT_ANGI_WBF4 = YES]</b>		
At what age or in what year were you first told you had angina (or chest pain due to heart disease)?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer



<b>CCT/CCC_40b</b>	<b>CCT_ANGICHANGE_WBF4</b>
<b>[ASK IF CCT_ANGI_WBF4 = NO AND CCT_ANGI_TRF3 = YES OR CCC_ANGI_COF3 = YES]</b>	
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had angina (or chest pain due to heart disease). Since that interview, has the diagnosis changed?	
YES	1 Yes: _____
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>CCT/CCC_41</b>	<b>CCT_AMI_WBF4</b>
<b>[ALWAYS ASK]</b>	
Has a doctor ever told you that you have had a heart attack or myocardial infarction?	
<b>PARTICIPANT NOTE: A HEART ATTACK (ALSO CALLED A MYOCARDIAL INFARCTION) OCCURS WHEN THE FLOW OF BLOOD TO THE HEART IS BLOCKED, MOST OFTEN BY A BUILD-UP OF FAT, CHOLESTEROL AND OTHER SUBSTANCES, WHICH FORM A PLAQUE IN THE ARTERIES THAT FEED THE HEART (CORONARY ARTERIES). THE INTERRUPTED BLOOD FLOW CAN DAMAGE OR DESTROY PART OF THE HEART MUSCLE.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>CCT/CCC_41a</b>	<b>CCT_AMIAGE_WBF4</b>
<b>[ASK IF CCT_AMI_WBF4 = YES]</b>	
At what age or in what year were you first told you had heart attack or myocardial infarction?	
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>	
NB_SP	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year _____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998 Don't know / No answer
REFUSED	9999 Prefer not to answer

<b>CCT/CCC_41b</b>	<b>CCT_AMICHANGE_WBF4</b>
<b>[ASK IF CCT_AMI_WBF4 = NO AND CCT_AMI_TRF3 = YES OR CCC_AMI_COF3 = YES]</b>	
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had heart attack or myocardial infarction. Since that interview, has the diagnosis changed?	
YES	1 Yes: _____
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer



CCT/CCC_42	IHD_CAB_WBF4 (Comprehensive Only)	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Have you ever had coronary artery bypass surgery, angioplasty, stent, or balloon angioplasty for heart disease?		
<p><b>PARTICIPANT NOTE: CORONARY ARTERY BYPASS SURGERY: A SURGICAL PROCEDURE PERFORMED TO RELIEVE ANGINA AND REDUCE THE RISK OF DEATH FROM CORONARY ARTERY DISEASE. ARTERIES OR VEINS FROM ELSEWHERE IN THE PATIENT'S BODY ARE GRAFTED TO THE CORONARY ARTERIES TO BYPASS NARROWED ARTERIES AND IMPROVE THE BLOOD SUPPLY TO THE HEART MUSCLE.</b></p> <p><b>ANGIOPLASTY (ALSO CALLED BALLOON ANGIOPLASTY OR PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY): AN EMPTY AND COLLAPSED BALLOON ON A GUIDE WIRE, KNOWN AS A BALLOON CATHETER, IS PASSED INTO THE NARROWED LOCATIONS OF ARTERIES AND INFLATED. THE BALLOON CRUSHES THE FATTY DEPOSITS, OPENING UP THE BLOOD VESSEL FOR IMPROVED FLOW, AND THE BALLOON IS THEN DEFLATED AND WITHDRAWN.</b></p> <p><b>STENT: A TUBE PLACED IN THE CORONARY ARTERIES THAT SUPPLY THE HEART, TO KEEP THE ARTERIES OPEN IN THE TREATMENT OF CORONARY HEART DISEASE. STENTS ARE OFTEN PLACED IN THE ARTERIES AFTER AN ANGIOPLASTY.</b></p>		
YES	1	YES
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_43	IHD_ANGIO_WBF4 (Comprehensive Only)	
<b>[ASK IF IHD_CAB_WBF4 ≠ YES]</b>		
Have you ever had an angiogram?		
<p><b>PARTICIPANT NOTE: AN ANGIOGRAM SHOWS BLOOD FLOW THROUGH ARTERIES, VEINS, OR THE HEART THAT USES X-RAYS, COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA) OR MAGNETIC RESONANCE ANGIOGRAPHY (MRA). AFTER A CONTRAST DYE IS INJECTED INTO THE BLOOD, THE BLOOD VESSELS LIGHT UP ON THE SCAN IF THERE IS BLOOD FLOW.</b></p>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_44	IHD_BLOCK_WBF4 (Comprehensive Only)	
<b>[ASK IF IHD_ANGIO_WBF4 = YES]</b>		
Has a doctor ever told you that you have a blockage in your arteries?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CCT/CCC_44a</b>	<b>IHD_BLOCK_CHANGE_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF IHD_BLOCK_WBF4 = NO AND IHD_BLOCK_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you have a blockage in your arteries. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_45</b>	<b>CCT_PAD_WBF4</b>	
<b>[ASK IF CCT_PVD_PAST ≠ YES OR CCC_PVD_PAST ≠ YES]</b>		
Has a doctor ever told you that you have peripheral arterial disease or poor circulation in your limbs?		
<b>PARTICIPANT NOTE: PERIPHERAL ARTERY DISEASE (ALSO CALLED PERIPHERAL ARTERIAL DISEASE) IS A COMMON CIRCULATORY PROBLEM IN WHICH NARROWED ARTERIES REDUCE BLOOD FLOW TO YOUR LIMBS. THIS WOULD NOT INCLUDE VENOUS DISEASES LIKE DEEP VEIN THROMBOSIS (DVT), VARICOSE VEINS, AND CHRONIC VENOUS INSUFFICIENCY.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_45a</b>	<b>CCT_PADAGE_WBF4</b>	
<b>[ASK IF CCT_PAD_WBF4 = YES]</b>		
At what age or in what year were you first told you had peripheral arterial disease or poor circulation in your limbs?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_45b</b>	<b>CCT_PADCHANGE_WBF4</b>	
<b>[ASK IF CCT_PAD_WBF4 = NO AND CCT_PAD_TRF3 = YES OR CCC_PAD_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had peripheral arterial disease or poor circulation in your limbs. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Aortic Valve Stenosis (AOR) – (Comprehensive Only)**

**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY**

**CCT/CCC\_46 | AOR\_AORSTN\_WBF4**

**[ALWAYS ASK]**

Has a doctor ever told you that you have aortic stenosis (or narrowing, thickening and/or calcium deposits of the aortic valve, the main valve of the heart)?

YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**CCT/CCC\_46a | AOR\_AORAGE\_WBF4**

**[ASK IF AOR\_AORSTN\_WBF4 = YES]**

At what age, or in what year, were you first told you had aortic stenosis?

**PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.**

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

**CCT/CCC\_46b | AOR\_CHANGE\_WBF4**

**[ASK IF AOR\_AORSTN\_WBF4 = NO AND AOR\_AORSTN\_COF3 = YES]**

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

YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



CCT/CCC_47	AOR_SURGAV_WBF4	
<b>[ALWAYS ASK]</b>		
Have you ever had a surgical procedure to replace/repair the aortic valve in your heart?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_47a	AOR_SURGAGE_WBF4	
<b>[ASK IF AOR_SURGAV_WBF4 = YES]</b>		
At what age, or in what year, did you have a surgical procedure to replace/repair the aortic valve in your heart?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

CCT/CCC_47b	AOR_SURTYPE_WBF4	
<b>[ASK IF AOR_SURGAV_WBF4 = YES]</b>		
Did you have open heart surgery or a minimally invasive procedure (TAVI or TAVR)?		
<b>PARTICIPANT NOTE: TAVI = TRANSCATHETER AORTIC VALVE IMPLANTATION TAVR = TRANSCATHETER AORTIC VALVE REPLACEMENT</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
OPENHS	1	Open heart surgery
MININV	2	A minimally invasive procedure
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_47c	AOR_VALVE_WBF4	
<b>[ASK IF AOR_SURTYPE_WBF4 = OPENHS]</b>		
If you had open heart surgery for aortic valve replacement, what kind of valve did you receive?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
MECVLV	1	A mechanical valve
TISVALV	2	Tissue valve (e.g., pig, cow, etc.)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**WHO Rose Questionnaire (ROS) – (Comprehensive Only)**

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

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

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

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

**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY**

<b>CCT/CCC_48</b>	<b>ROS_PAIN_WBF4</b>
<b>[ALWAYS ASK]</b>	
Have you ever had any pain or discomfort in your chest?	
<b>PARTICIPANT INSTRUCTIONS: THIS INCLUDES CHEST PAIN THAT IS GASTRIC RELATED</b>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>CCT/CCC_49</b>	<b>ROS_HILL_WBF4</b>
<b>[ASK IF ROS_PAIN_WBF4 = YES]</b>	
Do you get this pain or discomfort when you walk uphill or hurry?	
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>	
YES	1 Yes
NO	2 No
DONT_WALK_UPHILL	6 Don't walk uphill or hurry
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>CCT/CCC_50</b>	<b>ROS_LEVEL_WBF4</b>
<b>[ASK IF ROS_PAIN_WBF4 = YES]</b>	
Do you get it when you walk at an ordinary pace on the level?	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>CCT/CCC_51</b>	<b>ROS_BLOCK_NB_WBF4</b>	
<b>[ASK IF ROS_LEVEL_WBF4 = YES]</b>		
How many blocks of walking bring on your chest pain?		
<b>PARTICIPANT INSTRUCTIONS: ENTER '0' IF LESS THAN ONE BLOCK</b>		
		_____ <b>RECORD NUMBER OF BLOCKS</b>
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>CCT/CCC_52</b>	<b>ROS_DOWLK_WBF4</b>	
<b>[ASK IF (ROS_HILL_WBF4 = YES) OR (ROS_HILL_WBF4 = NO AND ROS_LEVEL_WBF4 = YES)]</b>		
What do you do if you get it while you are walking?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
STOPS_SLOW_DOWN	1	Stop or slow down
NITRO_CONTINUE	2	Take Nitro-glycerine and continue at same pace
CONTINUE	3	Continue at same pace
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_53</b>	<b>ROS_STILL_WBF4</b>	
<b>[ASK IF ROS_DOWLK_WBF4 = STOPS_SLOW_DOWN]</b>		
If you stand still, what happens to it? Does it get better or not?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
GETS_BETTER	1	Gets better
NOT_GET_BETTER	2	Does not get better
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_54	ROS_SOON_WBF4	
[ASK IF ROS_DOWLK_WBF4 IS NOT NULL OR ROS_STILL_WBF4 = GETS_BETTER]		
How soon does it get better?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
10_MIN_OR_LESS	1	10 minutes or less
MORE_THAN_10_MIN	2	More than 10 minutes
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

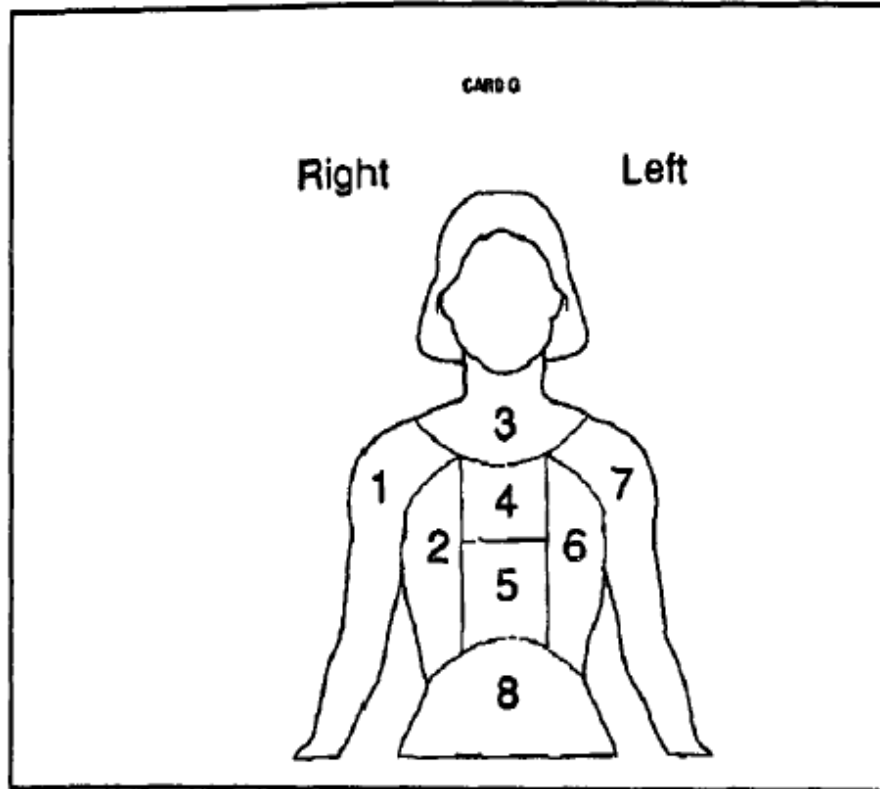
CCT/CCC_55	ROS_LOC_WBF4
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[ASK IF ROS\_PAIN\_WBF4 = YES]

What is the location of the pain or discomfort? (Please select the places where you get this pain or discomfort.)

**PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY**

**CARD G**



01      02      03      04      05      06      07      08

ROS_LOC_01_WBF4	ROS_LOC_02_WBF4	ROS_LOC_03_WBF4	ROS_LOC_04_WBF4	ROS_LOC_05_WBF4	ROS_LOC_06_WBF4	ROS_LOC_07_WBF4	ROS_LOC_08_WBF4
ROS_LOC_DK_NA_WBF4			98	Don't know / No answer			
ROS_LOC_REFUSED_WBF4			99	Prefer not to answer			

CCT/CCC_56	ROS_SEVPAIN_WBF4
<b>[ASK IF ROS_PAIN_WBF4 = YES]</b>	
Have you ever had severe pain across the front of your chest lasting for half an hour or more?	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

**Stroke/Cerebrovascular Event**

CCT/CCC_57	CCT_CVA_WBF4	
[ASK IF CCT_CVA_PAST ≠ YES OR CCC_CVA_PAST ≠ YES]		
Has a doctor ever told you that you have experienced a stroke or CVA (cerebrovascular accident)?		
<p><b>PARTICIPANT NOTE: <u>STROKE</u> IS THE SUDDEN DEATH OF BRAIN CELLS DUE TO LACK OF OXYGEN, CAUSED BY BLOCKAGE OF BLOOD FLOW OR RUPTURE OF AN ARTERY TO THE BRAIN.</b></p> <p><b>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.</b></p> <p><b>A STROKE IS SOMETIMES ABBREVIATED AS CVA. ALSO KNOWN AS CEREBROVASCULAR ACCIDENT.</b></p>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_57a	CCT_CVAAGE_WBF4	
[ASK IF CCT_CVA_WBF4 = YES]		
At what age or in what year were you first told you had experienced a stroke or CVA (cerebrovascular accident)?		
<p><b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b></p>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

CCT/CCC_57b	CCT_CVACHANGE_WBF4	
[ASK IF CCT_CVA_WBF4 = NO <u>AND</u> CCT_CVA_TRF3 = YES OR CCC_CVA_COF3 = YES]		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had experienced a stroke or CVA (cerebrovascular accident). Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



CCT/CCC_58	CCT_TIA_WBF4	
[ASK IF CCT_TIA_PAST ≠ YES OR CCC_TIA_PAST ≠ YES]		
Has a doctor ever told you that you have experienced a mini-stroke or TIA (Transient Ischemic Attack)?		
<b>PARTICIPANT NOTE: TRANSIENT ISCHEMIC ATTACK (TIA, MINI-STROKE) IS A NEUROLOGICAL EVENT WITH THE SIGNS AND SYMPTOMS OF A STROKE, BUT WHICH GO AWAY WITHIN A SHORT PERIOD OF TIME. ALSO CALLED A MINI-STROKE, A TIA IS DUE TO A TEMPORARY LACK OF ADEQUATE BLOOD AND OXYGEN (ISCHEMIA) TO THE BRAIN.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_58a	CCT_TIAAGE_WBF4	
[ASK IF CCT_TIA_WBF4 = YES]		
At what age or in what year were you first told you had experienced a mini-stroke or TIA (Transient Ischemic Attack)?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

CCT/CCC_58b	CCT_TIACHANGE_WBF4	
[ASK IF CCT_TIA_WBF4 = NO AND CCT_TIA_TRF3 = YES OR CCC_TIA_COF3 = YES]		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had experienced a mini-stroke or TIA (Transient Ischemic Attack). Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CCT/CCC_59</b>	<b>CCT_CVAFX_WBF4</b>	
<b>[ASK IF CCT_CVA_WBF4 = YES OR CCT_TIA_WBF4 = YES]</b>		
Has a doctor ever told you that you suffer from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_59a</b>	<b>CCT_CVAFXAGE_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND CCT_CVAFX_WBF4 = YES]</b>		
At what age or in what year were you first told you suffer from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_59b</b>	<b>CCT_CVAFXCHANGE_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND CCT_CVAFX_WBF4 = NO AND CCT_CVAFX_TRF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you suffer from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack). Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Modified QVSFS Questionnaire – (Comprehensive Only)**

**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY**

<b>CCT/CCC_60</b>	<b>STR_WEAK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you ever had sudden painless weakness on one side of your body?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_60a</b>	<b>STR_WEAK_DUR_WBF4</b>	
<b>[ASK IF STR_WEAK_WBF4 = YES]</b>		
How long did your symptoms last?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_61</b>	<b>STR_NUMB_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you ever had sudden numbness or a dead feeling on one side of your body?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CCT/CCC_61a</b>	<b>STR_NUMB_DUR_WBF4</b>	
<b>[ASK IF STR_NUMB_WBF4 = YES]</b>		
How long did your symptoms last?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_62</b>	<b>STR_VIS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you ever had sudden painless loss of vision in one or both eyes?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_62a</b>	<b>STR_VIS_DUR_WBF4</b>	
<b>[ASK IF STR_VIS_WBF4 = YES]</b>		
How long did your symptoms last?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_63</b>	<b>STR_NOVIS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you ever suddenly lost vision in one eye?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_63a</b>	<b>STR_NOVIS_DUR_WBF4</b>	
<b>[ASK IF STR_NOVIS_WBF4 = YES]</b>		
How long did your symptoms last?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_64</b>	<b>STR_NOUND_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you ever suddenly lost the ability to understand what people were saying?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_64a</b>	<b>STR_NOUND_DUR_WBF4</b>	
<b>[ASK IF STR_NOUND_WBF4 = YES]</b>		
How long did your symptoms last?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_65</b>	<b>STR_NOEXP_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you ever suddenly lost the ability to express yourself?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_65a	STR_NOEXP_DUR_WBF4	
[ASK IF STR_NOEXP_WBF4 = YES]		
How long did your symptoms last?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_24H	1	Less than 24 hours
24H_MORE	2	24 hours or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Traumatic Brain Injury (TBI) – (Comprehensive Only)**

**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY**

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

CCT/CCC_66	TBI_TYP_WBF4	
[ALWAYS ASK]		
Have you suffered a head injury or concussion from any of the following...?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TBI_TYP_VHSP_WBF4	01	Vehicular crash (please specify type of vehicle: _____)
TBI_TYP_FL_WBF4	02	Fall
TBI_TYP_SPTSP_WBF4	03	Sports-related activity (please specify: _____)
TBI_TYP_NN_WBF4	96	None/Did not suffer head injury
TBI_TYP_OTSP_WBF4	97	Other: _____
TBI_TYP_DK_WBF4	98	Don't know / No answer
TBI_TYP_RF_WBF4	99	Prefer not to answer

CCT/CCC_67	TBI_NMBR_NB_WBF4	
[ASK IF TBI_TYP_WBF4 ≠ TBI_TYP_NN_WBF4 AND TBI_TYP_WBF4 ≠ TBI_TYP_DK_WBF4 AND TBI_TYP_WBF4 ≠ TBI_TYP_RF_WBF4]		
How many head injuries or concussions have you had in your lifetime?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	NUMBER	_____ RECORD NUMBER (MASK: MIN=1, MAX=20)
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer



<b>CCT/CCC_67a</b>	<b>TBI_AGE_WBF4</b>	
<b>[ASK IF TBI_NMBR_NB_WBF4 ≥ 1]</b>		
What was your age at your most recent head injury or concussion?		
	AGE	_____ <b>RECORD AGE (MASK: MIN=0, MAX=CURRENT AGE)</b>
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_68</b>	<b>TBI_RSLT2_WBF4</b>	
<b>[ASK IF TBI_TYP_WBF4 ≠ TBI_TYP_NN_WBF4 AND TBI_TYP_WBF4 ≠ TBI_TYP_DK_WBF4 AND TBI_TYP_WBF4 ≠ TBI_TYP_RF_WBF4]</b>		
Did your most recent head injury or concussion result in...?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TBI_RSLT_DZ_WBF4	01	Being dazed, confused, or “seeing stars”
TBI_RSLT_NRM_WBF4	02	Not remembering the injury
TBI_RSLT_KO1_WBF4	03	Losing consciousness (knocked out) for less than a minute
TBI_RSLT_KO20_WBF4	04	Losing consciousness for 1-20 minutes
TBI_RSLT_KO2030_WBF4	05	Losing consciousness for >20 minutes but <30
TBI_RSLT_KO30MORE_WBF4	06	Losing consciousness for longer than 30 minutes
TBI_RSLT_NN_WBF4	96	None of the above
TBI_RSLT_DK_WBF4	98	Don't know / No answer
TBI_RSLT_RF_WBF4	99	Prefer not to answer

<b>CCT/CCC_69</b>	<b>TBI_MCR_WBF4</b>	
<b>[ASK IF TBI_TYP_WBF4 ≠ TBI_TYP_NN_WBF4 AND TBI_TYP_WBF4 ≠ TBI_TYP_DK_WBF4 AND TBI_TYP_WBF4 ≠ TBI_TYP_RF_WBF4]</b>		
What medical care did you receive for your most recent head injury or concussion?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TBI_MCR_PHA_WBF4	01	Physician assessment/visit
TBI_MCR_ED_WBF4	02	Emergency department visit
TBI_MCR_HO_WBF4	03	Hospitalization
TBI_MCR_NN_WBF4	96	None/Received no medical care
TBI_MCR_DK_WBF4	98	Don't know / No answer
TBI_MCR_RF_WBF4	99	Prefer not to answer

<b>CCT/CCC_70</b>	<b>TBI_PROB_WBF4</b>	
<b>[ASK IF TBI_TYP_WBF4 ≠ TBI_TYP_NN_WBF4 AND TBI_TYP_WBF4 ≠ TBI_TYP_DK_WBF4 AND TBI_TYP_WBF4 ≠ TBI_TYP_RF_WBF4]</b>		
Are you currently experiencing any of the following problems that you think might be related to a possible head injury or concussion?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TBI_PROB_HA_WBF4	01	Headaches
TBI_PROB_DIZ_WBF4	02	Dizziness
TBI_PROB_MEM_WBF4	03	Memory problems
TBI_PROB_BAL_WBF4	04	Balance problems
TBI_PROB_EAR_WBF4	05	Ringing in the ears
TBI_PROB_IRT_WBF4	06	Irritability
TBI_PROB_SLP_WBF4	07	Sleep problems
TBI_PROB_VIS_WBF4	08	Visual disturbances
TBI_PROB_FTG_WBF4	09	Fatigue
TBI_PROB_NN_WBF4	96	No/None/Not experiencing any problems
TBI_PROB_OTSP_WBF4	97	Other: _____
TBI_PROB_DK_WBF4	98	Don't know / No answer
TBI_PROB_RF_WBF4	99	Prefer not to answer

<b>CCT/CCC_71</b>	<b>TBI_POSITIVE_WBF4</b>	
<b>Positive Screen [DERIVED VARIABLE] IF (TBI_TYP_WBF4 = TBI_TYP_VH_WBF4 OR TBI_TYP_FL_WBF4 OR TBI_TYP_SPT_WBF4 OR TBI_TYP_OT_WBF4) AND (TBI_RSLT_WBF4 = TBI_RSLT_DZ_WBF4 OR TBI_RSLT_NRM_WBF4 OR TBI_RSLT_KO1_WBF4 OR TBI_RSLT_KO2030_WBF4 OR TBI_RSLT_KO30MORE_WBF4) THEN TBI_6 = YES (1), ELSE TBI_6 = NO (2)</b>		

**Neurological**

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

<b>CCT/CCC_72</b>	<b>CCT_MEMPB_WBF4</b>	
<b>[ASK IF CCT_MEMPB_PAST ≠ YES OR CCC_MEMPB_PAST ≠ YES]</b>		
Has a doctor ever told you that you have a memory problem?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



CCT/CCC_72a		CCT_MEMPBAGE_WBF4	
<b>[ASK IF CCT_MEMPB_WBF4 = YES]</b>			
At what age or in what year were you first told you had a memory problem?			
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>			
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)	
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)	
DK_NA	9998	Don't know / No answer	
REFUSED	9999	Prefer not to answer	

CCT/CCC_72b		CCT_MEMPB_CHANGE_WBF4	
<b>[ASK IF CCT_MEMPB_WBF4 = NO AND CCT_MEMPB_TRF3 = YES OR CCC_MEMPB_COF3 = YES]</b>			
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had a memory problem. Since that interview, has the diagnosis changed?			
YES	1	Yes: _____	
NO	2	No	
DK_NA	8	Don't know / No answer	
REFUSED	9	Prefer not to answer	

CCT/CCC_73		CCT_ALZH_WBF4	
<b>[ASK IF CCT_ALZH_PAST ≠ YES OR CCC_ALZH_PAST ≠ YES]</b>			
Has a doctor ever told you that you have dementia or Alzheimer's disease?			
<b>PARTICIPANT 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.</b>			
YES	1	Yes	
NO	2	No	
DK_NA	8	Don't know / No answer	
REFUSED	9	Prefer not to answer	

CCT/CCC_73a		CCT_ALZHAGE_WBF4	
<b>[ASK IF CCT_ALZH_WBF4 = YES]</b>			
At what age or in what year were you first told you had dementia or Alzheimer's disease?			
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>			
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)	
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)	
DK_NA	9998	Don't know / No answer	
REFUSED	9999	Prefer not to answer	



<b>CCT/CCC_73b</b>	<b>CCT_ALZH_CHANGE_WBF4</b>	
<b>[ASK IF CCT_ALZH_WBF4 = NO AND CCT_ALZH_TRF3 = YES OR CCC_ALZH_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had dementia or Alzheimer's disease. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_74</b>	<b>CCT_MS_WBF4</b>	
<b>[ASK IF CCT_MS_PAST ≠ YES OR CCC_MS_PAST ≠ YES]</b>		
Has a doctor ever told you that you have multiple sclerosis?		
<b>PARTICIPANT NOTE: MULTIPLE SCLEROSIS IS AN AUTOIMMUNE DISEASE THAT AFFECTS THE CENTRAL NERVOUS SYSTEM (BRAIN AND SPINAL CORD) (CENTRAL NERVOUS SYSTEM). AUTOIMMUNE DISEASES OCCUR WHEN THE IMMUNE SYSTEM MISTAKENLY ATTACKS AND DESTROYS HEALTHY BODY TISSUE. IN MS, THE INSULATING LAYER THAT FORMS AROUND NERVES IN THE BRAIN AND SPINAL CORD ARE ATTACKED AND THIS RESULTS IN CHANGES IN THE SPEED OF NERVE IMPULSES.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_74a</b>	<b>CCT_MSAGE_WBF4</b>	
<b>[ASK IF CCT_MS_WBF4 = YES]</b>		
At what age or in what year were you first told you had multiple sclerosis?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer



<b>CCT/CCC_74b</b>	<b>CCT_MS_CHANGE_WBF4</b>
<b>[ASK IF CCT_MS_WBF4 = NO AND CCT_MS_TRF3 = YES OR CCC_MS_COF3 = YES]</b>	
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had multiple sclerosis. Since that interview, has the diagnosis changed?	
YES	1 Yes: _____
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>CCT/CCC_75</b>	<b>CCT_MGRN_WBF4</b>
<b>[ASK IF CCT_MGRN_PAST ≠ YES OR CCC_MGRN_PAST ≠ YES]</b>	
Has a doctor ever told you that you have migraine headaches?	
<b>PARTICIPANT NOTE: A MIGRAINE HEADACHE CAN CAUSE INTENSE THROBBING OR PULSING IN ONE AREA OF THE HEAD AND IS COMMONLY ACCOMPANIED BY NAUSEA, VOMITING, AND EXTREME SENSITIVITY TO LIGHT AND SOUND. MIGRAINE ATTACKS CAN CAUSE SIGNIFICANT PAIN FOR HOURS TO DAYS.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>CCT/CCC_75a</b>	<b>CCT_MGRNAGE_WBF4</b>
<b>[ASK IF CCT_MGRN_WBF4 = YES]</b>	
At what age or in what year were you first told you had migraine headaches?	
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>	
NB_SP	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year _____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998 Don't know / No answer
REFUSED	9999 Prefer not to answer

<b>CCT/CCC_75b</b>	<b>CCT_MGRN_CHANGE_WBF4</b>
<b>[ASK IF CCT_MGRN_WBF4 = NO AND CCT_MGRN_TRF3 = YES OR CCC_MGRN COF3 = YES]</b>	
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had migraine headaches. Since that interview, has the diagnosis changed?	
YES	1 Yes: _____
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

**Gastrointestinal**

CCT/CCC_76	CCT_ULCR_WBF4
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[ASK IF CCT\_ULCR\_PAST ≠ YES OR CCC\_ULCR\_PAST ≠ YES]

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

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

YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_76a	CCT_ULCRAGE_WBF4
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[ASK IF CCT\_ULCR\_WBF4 = YES]

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

**PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.**

NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

CCT/CCC_76b	CCT_ULCR_CHANGE_WBF4
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[ASK IF CCT\_ULCR\_WBF4 = NO AND CCT\_ULCR\_TRF3 = YES OR CCC\_ULCR\_COF3 = YES]

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

YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CCT/CCC_77</b>					
<b>[ALWAYS ASK]</b>					
Has a doctor ever told you that you have a bowel disorder such as ...					
<p><b>PARTICIPANT 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>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER CONDITION</b>					
		Yes	No	Don't know / No answer	Prefer not to answer
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_CRDIS_WBF4	Crohn's disease				
CCT_ULCOL_WBF4	Ulcerative colitis				
CCT_IBSYD_WBF4	Irritable bowel syndrome				

<b>CCT/CCC_77a</b>	<b>CCT_CRDISAGE_WBF4</b>			
<b>[ASK IF CCT_CRDIS_WBF4 = YES]</b>				
At what age or in what year were you first told you had Crohn's disease?				
<p><b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b></p>				
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)		
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)		
DK_NA	9998	Don't know / No answer		
REFUSED	9999	Prefer not to answer		

<b>CCT/CCC_77b</b>	<b>CCT_CRDIS_CHANGE_WBF4</b>			
<b>[ASK IF CCT_CRDIS_WBF4 = NO AND CCT_CRDIS_TRF3 = YES OR CCC_CRDIS_COF3 = YES]</b>				
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Crohn's disease. Since that interview, has the diagnosis changed?				
YES	1	Yes: _____		
NO	2	No		
DK_NA	8	Don't know / No answer		
REFUSED	9	Prefer not to answer		



CCT/CCC_77c		CCT_ULCOLAGE_WBF4	
<b>[ASK IF CCT_ULCOL_WBF4 = YES]</b>			
At what age or in what year were you first told you had ulcerative colitis?			
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>			
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)	
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)	
DK_NA	9998	Don't know / No answer	
REFUSED	9999	Prefer not to answer	

CCT/CCC_77d		CCT_ULCOL_CHANGE_WBF4	
<b>[ASK IF CCT_ULCOL_WBF4 = NO AND CCT_ULCOL_TRF3 = YES OR CCC_ULCOL_COF3 = YES]</b>			
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had ulcerative colitis. Since that interview, has the diagnosis changed?			
YES	1	Yes: _____	
NO	2	No	
DK_NA	8	Don't know / No answer	
REFUSED	9	Prefer not to answer	

CCT/CCC_77e		CCT_IBSYDAGE_WBF4	
<b>[ASK IF CCT_IBSYD_WBF4 = YES]</b>			
At what age or in what year were you first told you had irritable bowel syndrome?			
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>			
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)	
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)	
DK_NA	9998	Don't know / No answer	
REFUSED	9999	Prefer not to answer	

CCT/CCC_77f		CCT_IBSYD_CHANGE_WBF4	
<b>[ASK IF CCT_IBSYD_WBF4 = NO AND CCT_IBSYD_TRF3 = YES OR CCC_IBSYD_COF3 = YES]</b>			
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had irritable bowel syndrome. Since that interview, has the diagnosis changed?			
YES	1	Yes: _____	
NO	2	No	
DK_NA	8	Don't know / No answer	
REFUSED	9	Prefer not to answer	



CCT/CCC_78	CCT_BOWINC_WBF4	
[ASK IF CCT_BOWINC_PAST ≠ YES OR CCC_BOWINC_PAST ≠ YES]		
Have you ever experienced bowel incontinence?		
<b>PARTICIPANT NOTE: BOWEL INCONTINENCE IS THE LOSS OF BOWEL CONTROL, LEADING TO AN INVOLUNTARY PASSAGE OF STOOL.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_78a	CCT_BOWINCAGE_WBF4	
[ASK IF CCT_BOWINC_WBF4 = YES]		
At what age or in what year did you begin to experience bowel incontinence?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

CCT/CCC_78b	CCT_BOWINC_CHANGE_WBF4	
[ASK IF CCT_BOWINC_WBF4 = NO <u>AND</u> CCT_BOWINC_TRF3 = YES OR CCC_BOWINC_COF3 = YES]		
At your last CLSA interview, you indicated YES to the question that you have experienced bowel incontinence. Since that interview, has something changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_79	CCT_URIINC_WBF4	
[ASK IF CCT_URIINC_PAST ≠ YES OR CCC_URIINC_PAST ≠ YES]		
Have you ever experienced urinary incontinence?		
<b>PARTICIPANT NOTE: URINARY INCONTINENCE IS THE LOSS OF BLADDER CONTROL.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



CCT/CCC_79a		CCT_URIINCAGE_WBF4	
<b>[ASK IF CCT_URIINC_WBF4 = YES]</b>			
At what age or in what year did you begin to experience urinary incontinence?			
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>			
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)	
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)	
DK_NA	9998	Don't know / No answer	
REFUSED	9999	Prefer not to answer	

CCT/CCC_79b		CCT_URIINC_CHANGE_WBF4	
<b>[ASK IF CCT_URIINC_WBF4 = NO AND CCT_URIINC_TRF3 = YES OR CCC_URIINC_COF3 = YES]</b>			
At your last CLSA interview, you indicated YES to the question that you have experienced urinary incontinence. Since that interview, has something changed?			
YES	1	Yes: _____	
NO	2	No	
DK_NA	8	Don't know / No answer	
REFUSED	9	Prefer not to answer	

**Vision**

CCT/CCC_80		CCT_CATAR_WBF4	
<b>[ASK IF CCT_CATAR_PAST ≠ YES OR ICQ_CATRCT_PAST ≠ YES]</b>			
Has a doctor ever told you that you have cataracts?			
<b>PARTICIPANT NOTE: A CATARACT IS A CLOUDINESS OR OPACITY IN THE NORMALLY TRANSPARENT CRYSTALLINE LENS OF THE EYE. THIS CLOUDINESS CAN CAUSE A DECREASE IN VISION AND MAY LEAD TO EVENTUAL BLINDNESS.</b>			
YES	1	Yes	
NO	2	No	
DK_NA	8	Don't know / No answer	
REFUSED	9	Prefer not to answer	



<b>CCT/CCC_80a</b>	<b>CCT_CATARAGE_WBF4</b>	
<b>[ASK IF CCT_CATAR_WBF4 = YES]</b>		
At what age or in what year were you first told you had cataracts?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_80b</b>	<b>CCT_CATAR_CHANGE_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING <u>AND</u> CCT_CATAR_WBF4 = NO <u>AND</u> CCT_CATAR_TRF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had cataracts. Since that interview, has something changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_80c</b>	<b>ICQ_CATRCTS_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF COMPREHENSIVE AND CCT_CATAR_WBF4 = YES]</b>		
Have you had surgery to remove the cataract? (Right, left, both)		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_80d</b>	<b>ICQ_CATRCT2_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF COMPREHENSIVE AND CCT_CATAR_WBF4 = YES]</b>		
Has a doctor told you that you are currently suffering from cataracts?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_80e	ICQ_CATIME2_WBF4 (Comprehensive Only)	
<b>[ASK IF ICQ_CATRCT2_WBF4 = YES]</b>		
If you are waiting for cataract surgery, how long have you been on the waiting list?		
<b>PARTICIPANT INSTRUCTIONS: PLEASE PROVIDE YOUR BEST ESTIMATE IF YOU ARE NOT SURE OF THE EXACT TIME.</b>		
<b>SELECT ONE RESPONSE</b>		
MO	Months	_____ (MASK: MIN=0, MAX=12)
DY	Days	_____ (MASK: MIN=0, MAX=365)
YR	Years	_____ (MASK: MIN=0, MAX=CURRENT AGE)
NS	001	Suffering from cataracts but not yet needing surgery
DK_NA	998	Don't know / No answer
REFUSED	999	Prefer not to answer

CCT/CCC_81	CCT_GLAUC_WBF4	
<b>[ASK IF CCT_GLAUC_PAST ≠ YES OR ICQ_GLAUC_PAST ≠ YES]</b>		
Has a doctor ever told you that you have glaucoma?		
<b>PARTICIPANT NOTE: <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>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

CCT/CCC_81a	CCT_GLAUCAGE_WBF4	
<b>[ASK IF CCT_GLAUC_WBF4 = YES]</b>		
At what age or in what year were you first told you had glaucoma?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer



<b>CCT/CCC_81b</b>	<b>CCT_GLAUCCHANGE_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND CCT_GLAUC_WBF4 = NO AND CCT_GLAUC_TRF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had glaucoma. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_82</b>	<b>CCT_MACDEG_WBF4</b>	
<b>[ASK IF CCT_MACDEG_PAST ≠ YES OR CCC_MACDEG_PAST ≠ YES]</b>		
Has a doctor ever told you that you have macular degeneration?		
<b>PARTICIPANT NOTE: MACULAR DEGENERATION USUALLY AFFECTS OLDER ADULTS AND RESULTS IN A LOSS OF VISION IN THE CENTER OF THE VISUAL FIELD (THE MACULA) BECAUSE OF DAMAGE TO THE RETINA.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_82a</b>	<b>CCT_MACDEGAGE_WBF4</b>	
<b>[ASK IF CCT_MACDEG_WBF4 = YES]</b>		
At what age or in what year were you first told you had macular degeneration?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_82b</b>	<b>CCT_MACDEG_CHANGE_WBF4</b>	
<b>[ASK IF CCT_MACDEG_WBF4 = NO AND CCT_MACDEG_TRF3 = YES OR CCC_MACDEG_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had macular degeneration. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



**Cancer**

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

<b>CCT/CCC_83</b>	<b>CCT_CANC_WBF4</b>
<b>[ALWAYS ASK]</b>	
Has a doctor ever told you that you had cancer?	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

CCT/CCC_83a	CCT_CANTP_WBF4	
<b>[ASK IF CCT_CANTP_WBF4 = YES]</b>		
What type(s) of cancer were you diagnosed with?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
CCT_CANTP_CNS_WBF4	01	Brain/Spinal cord/Central nervous system
CCT_CANTP_TH_WBF4	02	Thyroid
CCT_CANTP_SM_WBF4	03	Skin: melanoma
CCT_CANTP_SNM_WBF4	04	Skin: non-melanoma
CCT_CANTP_OR_WBF4	05	Oral
CCT_CANTP_LX_WBF4	06	Larynx
CCT_CANTP_ES_WBF4	07	Esophagus
CCT_CANTP_BR_WBF4	08	Breast
CCT_CANTP_LU_WBF4	09	Lung
CCT_CANTP_ST_WBF4	10	Stomach (gastric)
CCT_CANTP_BL_WBF4	11	Bladder
CCT_CANTP_KD_WBF4	12	Kidney
CCT_CANTP_LV_WBF4	13	Liver
CCT_CANTP_PA_WBF4	14	Pancreatic
CCT_CANTP_COL_WBF4	15	Colorectal
CCT_CANTP_PR_WBF4	16	Prostate (males only)
CCT_CANTP_TT_WBF4	17	Testis (male only)
CCT_CANTP_OV_WBF4	18	Ovarian (females only)
CCT_CANTP_FU_WBF4	19	Uterus (females only)
CCT_CANTP_FC_WBF4	20	Cervical (females only)
CCT_CANTP_LK_WBF4	21	Leukemia
CCT_CANTP_MM_WBF4	22	Multiple myeloma
CCT_CANTP_HL_WBF4	23	Hodgkin lymphoma
CCT_CANTP_NHL_WBF4	24	Non-Hodgkin lymphoma
CCT_CANTP_OTSP_WBF4	97	Other: _____
CCT_CANTP_DK_NA_WBF4	98	Don't know / No answer
CCT_CANTP_REFUSED_WBF4	99	Prefer not to answer



<b>CCT/CCC_83b</b>					
<b>[ASK IF CCT_CANTP_xxxx_WBF4 = YES]</b>					
At what age or in what year were you first told you had <b>[INSERT CANCER TYPE]</b> ?					
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>					
		Age (MASK: MIN=0, MAX= CURRENT AGE)	Year (MASK: MIN=YEAR OF BIRTH MAX= CURRENT YEAR)	Don't know / No answer	Prefer not to answer
		NB_SP	YR_SP	DK_NA	RF
				9998	9999
CCT_CANPAGE_CNS_WBF4	Brain/Spinal cord/Central nervous system				
CCT_CANPAGE_TH_WBF4	Thyroid				
CCT_CANPAGE_SM_WBF4	Skin: melanoma				
CCT_CANPAGE_SNM_WBF4	Skin: non-melanoma				
CCT_CANPAGE_OR_WBF4	Oral				
CCT_CANPAGE_LX_WBF4	Larynx				
CCT_CANPAGE_ES_WBF4	Esophagus				
CCT_CANPAGE_BR_WBF4	Breast				
CCT_CANPAGE_LU_WBF4	Lung				
CCT_CANPAGE_ST_WBF4	Stomach (gastric)				
CCT_CANPAGE_BL_WBF4	Bladder				
CCT_CANPAGE_KD_WBF4	Kidney				
CCT_CANPAGE_LV_WBF4	Liver				
CCT_CANPAGE_PA_WBF4	Pancreatic				
CCT_CANPAGE_COL_WBF4	Colorectal				
CCT_CANPAGE_PR_WBF4	Prostate (males only)				
CCT_CANPAGE_TT_WBF4	Testis (male only)				
CCT_CANPAGE_OV_WBF4	Ovarian (females only)				
CCT_CANPAGE_FU_WBF4	Uterus (females only)				
CCT_CANPAGE_FC_WBF4	Cervical (females only)				
CCT_CANPAGE_LK_WBF4	Leukemia				
CCT_CANPAGE_MM_WBF4	Multiple myeloma				
CCT_CANPAGE_HL_WBF4	Hodgkin lymphoma				
CCT_CANPAGE_NHL_WBF4	Non-Hodgkin lymphoma				
CCT_CANPAGE_OTSP_WBF4	Other				

**Mental Health**

<b>CCT/CCC_84</b>	<b>CCT_ANXI_WBF4</b>	
<b>[ASK IF CCT_ANXI_PAST ≠ YES OR CCC_ANXI_PAST ≠ YES]</b>		
Has a doctor ever told you that you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?		
<b>PARTICIPANT 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.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_84a</b>	<b>CCT_ANXIAGE_WBF4</b>	
<b>[ASK IF CCT_ANXI_WBF4 = YES]</b>		
At what age or in what year were you first told you had an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_84b</b>	<b>CCT_ANXI_CHANGE_WBF4</b>	
<b>[ASK IF CCT_ANXI_WBF4 = NO AND CCT_ANXI_TRF3 = YES OR CCC_ANXI_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_85</b>	<b>CCT_MOOD_WBF4</b>	
<b>[ASK IF CCT_MOOD_PAST ≠ YES OR CCC_MOOD_PAST ≠ YES]</b>		
Has a doctor ever told you that you have a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?		
<b>PARTICIPANT NOTE: DYSTHYMIA IS A CHRONIC TYPE OF DEPRESSION IN WHICH A PERSON'S moods ARE REGULARLY LOW. HOWEVER, SYMPTOMS ARE NOT AS SEVERE AS WITH MAJOR DEPRESSION.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_85a</b>	<b>CCT_MOODAGE_WBF4</b>	
<b>[ASK IF CCT_MOOD_WBF4 = YES]</b>		
At what age or in what year were you first told you had a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_85b</b>	<b>CCT_MOOD_CHANGE_WBF4</b>	
<b>[ASK IF CCT_MOOD_WBF4 = NO AND CCT_MOOD_TRF3 = YES OR CCC_MOOD_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Other Chronic Conditions**

<b>CCT/CCC_86</b>	<b>CCT_ALLRG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have allergies?		
<b>PARTICIPANT NOTE: THE QUESTION ASKS ABOUT ANY TYPE OF ALLERGY.</b>		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_86a</b>	<b>CCT_ALLRGAGE_WBF4</b>	
<b>[ASK IF CCT_ALLRG_WBF4 = YES]</b>		
At what age or in what year were you first told you had allergies?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_86b</b>	<b>CCT_ALLRG_CHANGE_WBF4</b>	
<b>[ASK IF CCT_ALLRG_WBF4 = NO AND CCT_ALLRG_TRF3 = YES OR CCC_ALLRG_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had allergies. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CCT/CCC_87</b>	<b>CCT_OSTPO_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?		
<b>PARTICIPANT NOTE: THIS IS DIFFERENT FROM OSTEOARTHRITIS</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_87a</b>	<b>CCT_OSTPOAGE_WBF4</b>	
<b>[ASK IF CCT_OSTPO_WBF4 = YES]</b>		
At what age or in what year were you first told you had osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_87b</b>	<b>CCT_OSTPOCHANGE_WBF4</b>	
<b>[ASK IF CCT_OSTPO_WBF4 = NO AND CCT_OSTPO_TRF3 = YES OR CCC_OSTPO_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_88</b>	<b>OST_BONE_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Have you ever broken a bone in your adult life that resulted from a minor fall or low level of injury (e.g., a simple fall from standing height)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_89</b>	<b>OST_FRAC_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF OST_BONE_WBF4 = YES]</b>		
What type of fracture(s)?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
OST_FRAC_HIP_WBF4	01	Hip
OST_FRAC_ARM_WBF4	02	Humerus (upper arm)
OST_FRAC_SPINE_WBF4	03	Spine
OST_FRAC_WRST_WBF4	04	Wrist
OST_FRAC_RIB_WBF4	05	Rib
OST_FRAC_PELV_WBF4	06	Pelvis
OST_FRAC_OTSP_WBF4	97	Other: _____
OST_FRAC_DK_WBF4	98	Don't know / No answer
OST_FRAC_RF_WBF4	99	Prefer not to answer

Now we are going to ask you about hip fracture among your parents.

<b>CCT/CCC_90</b>	<b>OST_MOM_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Did your mother have a hip fracture after age 50?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_91</b>	<b>OST_DAD_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Did your father have a hip fracture after age 50?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_92</b>	<b>OST_HGT_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
About how tall were you in your 20's (to the nearest inch or centimetre)?		
<b>PARTICIPANT INSTRUCTIONS: RECORD THE ANSWER IN FEET AND INCHES OR IN METER AND CENTIMETERS</b>		
FT	Feet	_____ <b>RECORD NUMBER OF FEET (MASK: MIN=2, MAX=7)</b>
IN	Inches	_____ <b>RECORD NUMBER OF INCHES (MASK: MIN=0, MAX=11.9)</b>
METER	Meters	_____ <b>RECORD NUMBER OF METERS (MASK: MIN=0, MAX=2)</b>
CM	Centimeters	_____ <b>RECORD NUMBER OF CENTIMETERS (MASK: MIN=0, MAX=99)</b>
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_93</b>	<b>OST_CST_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Do you, or have you ever, used or taken systemic corticosteroids such as prednisone or cortisone by tablet?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_93a</b>	<b>OST_CSTAGE_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF OST_CST_WBF4 = YES]</b>		
At what age, or in what year, did you last use corticosteroids?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ <b>(MASK: MIN=0, MAX=CURRENT AGE)</b>
YR_SP	Year	_____ <b>(MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR)</b>
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_93b</b>	<b>OST_CST_MTNB_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF OST_CST_WBF4 = YES]</b>		
Over your entire life, how many months did you use corticosteroids?		
<b>PARTICIPANT NOTE: IF YOU ARE UNSURE OF THE EXACT NUMBER OF MONTHS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	MONTHS	_____ <b>RECORD NUMBER OF MONTHS</b>
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_94</b>	<b>OST_BP_WBF4 (Comprehensive Only)</b>	
<b>[ALWAYS ASK IF COMPREHENSIVE]</b>		
Have you ever had pain in your back on most days for at least one month?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_94a</b>	<b>OST_BP_DUR_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF OST_BP_WBF4 = YES]</b>		
For how long?		
<b>PARTICIPANT NOTE: IF YOU ARE UNSURE OF THE EXACT TIME, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
MT	Months	_____ RECORD NUMBER OF MONTHS (MASK: MIN=0, MAX=12)
YR	Years	_____ RECORD NUMBER OF YEARS (MASK: MIN=0, MAX=CURRENT AGE)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_95</b>	<b>OST_BCKPPM_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF OST_BP_WBF4 = YES]</b>		
Have you had this pain within the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_96</b>	<b>OST_BCKPLOC_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF OST_BP_WBF4 = YES]</b>		
In what part of your back (is/was) the pain usually located?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
UPPER	1	Upper (above shoulder blades)
MIDDLE	2	Middle
LOWER	3	Lower (below waist)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CCT/CCC_97</b>	<b>CCT_UTHYR_WBF4</b>	
<b>[ASK IF CCT_UTHYR_PAST ≠ YES OR CCC_UTHYR_PAST ≠ YES]</b>		
Has a doctor ever told you that you have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_97a</b>	<b>CCT_UTHYRAGE_WBF4</b>	
<b>[ASK IF CCT_UTHYR_WBF4 = YES]</b>		
At what age or in what year were you first told you had an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_97b</b>	<b>CCT_UTHYRCHANGE_WBF4</b>	
<b>[ASK IF CCT_UTHYR_WBF4 = NO AND CCT_UTHYR_TRF3 = YES OR CCC_UTHYR_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema). Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_98</b>	<b>CCT_OTHYR_WBF4</b>	
<b>[ASK IF CCT_OTHYR_PAST ≠ YES OR CCC_OTHYR_PAST ≠ YES]</b>		
Has a doctor ever told you that you have an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CCT/CCC_98a</b>	<b>CCT_OTHYRAGE_WBF4</b>	
<b>[ASK IF CCT_OTHYR_WBF4 = YES]</b>		
At what age or in what year were you first told you had an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_98b</b>	<b>CCT_OTHYRCHANGE_WBF4</b>	
<b>[ASK IF CCT_OTHYR_WBF4 = NO AND CCT_OTHYR_TRF3 = YES OR CCC_OTHYR_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease). Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_99</b>	<b>CCT_KIDN_WBF4</b>	
<b>[ASK IF CCT_KIDN_PAST ≠ YES OR CCC_KIDN_PAST ≠ YES]</b>		
Has a doctor ever told you that you have kidney disease or kidney failure?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_99a</b>	<b>CCT_KIDNAGE_WBF4</b>	
<b>[ASK IF CCT_KIDN_WBF4 = YES]</b>		
At what age or in what year were you first told you had kidney disease or kidney failure?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer



<b>CCT/CCC_99b</b>	<b>CCT_KIDN_CHANGE_WBF4</b>	
<b>[ASK IF CCT_KIDN_WBF4 = NO AND CCT_KIDN_TRF3 = YES OR CCC_KIDN_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had kidney disease or kidney failure. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_99c</b>	<b>CCT_KIDNSTN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have kidney stone(s)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_99d</b>	<b>CCT_KIDNSTNAGE_WBF4</b>	
<b>[ASK IF CCT_KIDNSTN_WBF4 = YES]</b>		
At what age or in what year were you first told you had a kidney stone(s)?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_99e</b>	<b>CCT_KIDNSTN_CHANGE_WBF4</b>	
<b>[ASK IF CCT_KIDNSTN_WBF4 = NO AND CCT_KIDNSTN_TRF3 = YES OR CCC_KIDNSTN_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had kidney stone(s). Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>CCT/CCC_99f</b>	<b>CCC_DITYP_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF COMPREHENSIVE AND CCC_KIDN_WBF4 = YES]</b>		
Are you currently receiving dialysis treatment? (If yes, what type of dialysis?)		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
HEMODIALYSIS	1	Hemodialysis
PERITONEAL	2	Peritoneal
NO	3	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_99g</b>	<b>CCC_DITIM_WBF4 (Comprehensive Only)</b>	
<b>[ASK IF CCC_DITYP_WBF4 = HEMODIALYSIS]</b>		
When did you receive your last dialysis treatment?		
<b>PARTICIPANT INSTRUCTION: PLEASE FILL IN BOTH DATE AND TIME IF KNOWN. IF YOU ARE UNSURE, PLEASE PROVIDE YOUR BEST ESTIMATE</b>		
DATE	Date	
TIME	Time (hh:mm)	

<b>CCT/CCC_100</b>	<b>CCT_HCV_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Has a doctor ever told you that you have Hepatitis C?		
<b>PARTICIPANT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_100a</b>	<b>CCT_HCVAGE_WBF4</b>	
<b>[ASK IF CCT_HCV_WBF4 = YES]</b>		
At what age or in what year were you first diagnosed with Hepatitis C?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>CCT/CCC_100b</b>	<b>CCT_HCV_CHANGE_WBF4</b>	
<b>[ASK IF CCT_HCV_WBF4 = NO AND CCT_HCV_TRF3 = YES OR CCC_HCV_COF3 = YES]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had Hepatitis C. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_100c</b>	<b>CCT_HCV_TRT_WBF4</b>	
<b>[ASK IF CCT_HCV_WBF4 = YES]</b>		
Have you ever received treatment for hepatitis C?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_100d</b>	<b>CCT_HCV_TXS_WBF4</b>	
<b>[ASK IF CCT_HCV_TRT_WBF4 = YES]</b>		
Was the treatment successful in clearing the virus?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_100e</b>	<b>CCT_HCV_CURR_WBF4</b>	
<b>[ASK IF CCT_HCV_WBF4 = YES]</b>		
Do you currently have hepatitis C?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_101</b>	<b>CCT_GERD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you been diagnosed to have gastro-esophageal reflux (GERD) by a physician?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_102</b>	<b>CCT_GERDTRT2_WBF4</b>	
<b>[ASK IF CCT_GERD_WBF4 = YES]</b>		
Over the last 30 days, have you taken medication to prevent or treat GERD?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_102a</b>	<b>CCT_GERDSYM2_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Over the past 30 days, have you had symptoms of heartburn, indigestion, bloating, burning sensation in the throat/chest, regurgitation of food, or sour acid taste in your mouth?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_102b</b>	<b>CCT_GERDFQ2_WBF4</b>	
<b>[ASK IF CCT_GERDSYM2_WBF4 = YES]</b>		
Have you had these symptoms...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE,</b>		
ALL_TIME	1	All the time
SOME_TIME	2	Some of the time
RARELY	3	Rarely
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_103</b>	<b>CCT_RHSN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you been diagnosed to have rhinitis or sinusitis by a physician?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_103a</b>	<b>CCT_RHSNSYM_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have symptoms of runny nose, sneezing, nasal congestion, facial pain/fullness, mucus discharge from your nose or sensation of post-nasal drip?		
<b>PARTICIPANT NOTE: POST-NASAL DRIP IS THE ACCUMULATION OF MUCUS IN THE BACK OF THE THROAT, WHICH CAN CAUSE A FEELING OF CONGESTION, SORE THROAT, OR A COUGH.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_103b</b>	<b>CCT_RHSNFQ_WBF4</b>	
<b>[ASK IF CCT_RHSNSYM_WBF4 = YES]</b>		
Do you have symptoms...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SEASONAL	1	Seasonal
THROUGH_YEAR	2	Throughout the year
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CCT/CCC_103c</b>	<b>CCT_RHSNTRT_WBF4</b>	
<b>[ASK IF CCT_RHSNSYM_WBF4 = YES]</b>		
Are you on regular treatment to control these symptoms?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Neuro-psychiatric (DPR) – (Comprehensive Only)****PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY**

CCT/CCC_104	DPR_CLINDEP_WBF4
<b>[ALWAYS ASK]</b>	
Has a doctor ever told you that you suffer from clinical depression?	
<b>PARTICIPANT NOTE: DEPRESSION RANGES IN SERIOUSNESS FROM MILD, TEMPORARY EPISODES OF SADNESS TO SEVERE, PERSISTENT DEPRESSION. 'CLINICAL DEPRESSION' DESCRIBES THE MORE SEVERE FORM OF DEPRESSION, ALSO KNOWN AS 'MAJOR DEPRESSION' OR 'MAJOR DEPRESSIVE DISORDER'.</b>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

CCT/CCC_104a	DPR_CLINDEP_CHANGE_WBF4
<b>[ASK IF DPR_CLINDEP_WBF4 = NO AND DPR_CLINDEP_COF3 = YES]</b>	
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you suffer from clinical depression. Since that interview, has the diagnosis changed?	
YES	1 Yes: _____
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

CCT/CCC_105	DPR_AGE_WBF4
<b>[ASK IF DPR_CLINDEP_WBF4 = YES]</b>	
At what age, or in what year, were you first told you were clinically depressed?	
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>	
NB_SP	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year _____ (MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR)
DK_NA	9998 Don't know / No answer
REFUSED	9999 Prefer not to answer

CCT/CCC END

## Infections (INF)

**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

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

<b>INF_1</b>					
<b>[ALWAYS ASK]</b>					
In the past year, have you seen a doctor for any of the following reasons?					
<b>PARTICIPANT 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>					
<b>PARTICIPANT INSTRUCTIONS: SELECT ONE RESPONSE PER CONDITION</b>					
		Yes	No	Don't know / No answer	Prefer not to answer
		YES	NO	DK_NA	RF
		1	2	8	9
CCT_DRPNEU_WBF4	Pneumonia				
CCT_DRFLU_WBF4	Flu (Influenza)				
CCT_DRUTI_WBF4	Urinary tract infection (UTI)				
CCT_DRC19_WBF4	Coronavirus disease 2019 (COVID-19)				
CCT_DROT_WBF4	Any other infections? Specify: _____				

**INF\_END**

## Preventative Health Behaviours (PHB)

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

**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

<b>PHB_1</b>	<b>PHB_FLUV1_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you received the seasonal flu (influenza) vaccine in the past year?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PHB_2</b>	<b>PHB_PCV1_WBF4</b>	
<b>[ALWAYS ASK]</b>		
As an adult, have you ever had the pneumococcal vaccine, which protects against pneumonia?		
<b>PARTICIPANT NOTE: THIS VACCINE MIGHT ALSO BE CALLED PREVNAR-13, OR PNEUMOVAX-23.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PHB_2a</b>	<b>PHB_PCVAGE_WBF4</b>	
<b>[ASK IF PHB_PCV1_WBF4 = YES]</b>		
At what age or in what year did you receive your most recent pneumococcal vaccine?		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer



<b>PHB_3</b>	<b>PHB_SHIN1_WBF4</b>	
<b>[ALWAYS ASK]</b>		
As an adult, have you ever had the shingles vaccine?		
<b>PARTICIPANT NOTE: 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PHB_3a</b>	<b>PHB_SHINAGE_WBF4</b>	
<b>[ASK IF PHB_SHIN1_WBF4 = YES]</b>		
At what age or in what year did you receive your most recent shingles vaccine?		
NB_SP	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR_SP	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

**PHB\_END**

## Parkinsonism (PKD)

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

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

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

PKD_1	PKD_PARK_WBF4
<b>[ALWAYS ASK]</b>	
Has a doctor ever told you that you had parkinsonism or Parkinson's disease?	
<p><b>PARTICIPANT NOTE: PARKINSONISM IS ANY CONDITION THAT CAUSES A COMBINATION OF THE MOVEMENT ABNORMALITIES SEEN IN PARKINSON'S DISEASE, SUCH AS TREMOR, SLOW MOVEMENT, IMPAIRED SPEECH, OR MUSCLE STIFFNESS. NOT EVERYONE WHO HAS PARKINSONISM HAS PARKINSON'S DISEASE.</b></p> <p><b>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.</b></p>	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer



PKD_1a	PKD_PARK_CHANGE_WBF4	
<b>[ASK IF PKD_PARK_WBF4 = NO AND (PKD_PARK_TRF3 = YES OR CCC_PARK_COF3 = YES)]</b>		
At your last CLSA interview, you indicated YES to the question that you had been told by a doctor that you had parkinsonism or Parkinson’s disease. Since that interview, has the diagnosis changed?		
YES	1	Yes: _____
NO	2	No
DK_NA	8	Don’t know / No answer
REFUSED	9	Prefer not to answer

PKD_2	PKD_AGE_WBF4	
<b>[ASK IF PKD_PARK_WBF4 = YES]</b>		
At what age, or in what year, did you first develop parkinsonism or were you first told you had Parkinson’s disease?		
<b>PARTICIPANT NOTE: EXACT AGE / YEAR IS OPTIMUM, HOWEVER, IF YOU ARE UNSURE OF THE EXACT AGE / YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE WITHIN FIVE YEARS.</b>		
NB	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
YR	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	Don’t know / No answer
REFUSED	9999	Prefer not to answer

<b>PKD_3</b>	<b>PKD_MED_WBF4 (Tracking Only)</b>				
<b>[ALWAYS ASK IF TRACKING]</b>					
Even if you have not been diagnosed with parkinsonism or Parkinson’s disease, we will still need to ask you about some medications and or treatments that are typically given for these conditions.					
Are you currently taking any of the following drugs?					
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER MEDICATION</b>					
	<b>PD Medications</b>	Yes	No	Don't know / No answer	Prefer not to answer
		YES	NO	DK_NA	RF
		1	2	8	9
PKD_MED_LEV_WBF4	Levodopa/carbidopa ( <i>Sinemet, Prolopa</i> )				
PKD_MED_LEN_WBF4	Levodopa/entacapone ( <i>Stalevo</i> )				
PKD_MED_PRA_WBF4	Pramipexole ( <i>Mirapex</i> )				
PKD_MED_ROP_WBF4	Ropinirole ( <i>ReQuip</i> )				
PKD_MED_RAS_WBF4	Rasagiline ( <i>Azilect</i> )				
PKD_MED_SEL_WBF4	Selegiline ( <i>Deprenyl</i> )				
PKD_MED_ENT_WBF4	Entacapone ( <i>Comtan</i> )				
PKD_MED_BEN_WBF4	Benzotropine ( <i>Cogentin</i> )				
PKD_MED_ETH_WBF4	Ethopropazine ( <i>Parsitan</i> )				
PKD_MED_PRO_WBF4	Procyclidine				
PKD_MED_TRI_WBF4	Trihexyphenidyl ( <i>Artane</i> )				
PKD_MED_AMA_WBF4	Amantadine ( <i>Symmetrel</i> )				
PKD_MED_ROT_WBF4	Rotigotine Patch ( <i>Neupro</i> )				
PKD_MED_LCI_WBF4	Levodopa/carbidopa intestinal gel ( <i>Duodopa</i> )				

<b>PKD_4</b>	<b>PKD_OTHMD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Are you currently undergoing other treatment for parkinsonism or Parkinson’s disease?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_5</b>	<b>PKD_EVRMED_WBF4</b>	
<b>[ASK IF PKD_OTHMD_WBF4 = NO]</b>		
Have you ever taken any medications or undergone other treatment for parkinsonism or Parkinson’s disease?		
YES	1	Yes
NO	2	No
DK_NA	8	Don’t know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_6</b>	<b>PKD_SHKE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do your arms or legs shake?		
YES	1	Yes
NO	2	No
DK_NA	8	Don’t know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_6a</b>	<b>PKD_SHKSEV_WBF4</b>	
<b>[ASK IF PKD_SHKE_WBF4 = YES]</b>		
Is this shaking more severe or noticeable when your limb is resting, or when you are using it?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
RESTING	1	Resting
DURING_USE_ACTION	2	During use/action
DK_NA	8	Don’t know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_7</b>	<b>PKD_SMWRT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Is your handwriting smaller than it once was?		
YES	1	Yes
NO	2	No
DK_NA	8	Don’t know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_8</b>	<b>PKD_BUTON_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have trouble buttoning buttons?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_9</b>	<b>PKD_VOICE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do people tell you that your voice is softer than it once was?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_10</b>	<b>PKD_FEET_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do your feet suddenly seem to freeze in doorways?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_11</b>	<b>PKD_WALK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you shuffle your feet and/or take tiny steps when you walk?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_12</b>	<b>PKD_BAL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Is your balance poor?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_13</b>	<b>PKD_FACE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Does your face seem less expressive than it used to?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PKD_14</b>	<b>PKD_RISE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have trouble rising from a chair?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**PKD\_END**

## Epilepsy (EPI)

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

**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

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

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

<b>EPI_1</b>	<b>EPI_CAUS_FEV_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Did anyone ever tell you that you had a seizure or convulsion caused by a high fever when you were a child?		
YES	1	Yes
NO	2	No
POSSIBLE	3	Possible
DK	8	Don't Know
REFUSED	9	Prefer not to answer

<b>EPI_2</b>	<b>EPI_EVER_WBF4</b>	
<b>[ALWAYS ASK]</b>		
<b>PROGRAMMING NOTE: BRING FORWARD [OTHER THAN SEIZURE[S] YOU HAD BECAUSE OF A HIGH FEVER] ONLY IF EPI_CAUS_FEV_WBF4 = YES OR POSSIBLE</b>		
[Other than seizure[s] you had because of a high fever], have you ever had, or has anyone ever told you that you had, a seizure disorder or epilepsy?		
<b>PARTICIPANT NOTE:</b> <b>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.</b>  <b>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.</b>		
YES	1	Yes
NO	2	No
POSSIBLE	3	Possible
DK	8	Don't Know
REFUSED	9	Prefer not to answer

<b>EPI_3</b>	<b>EPI_EPILSZ_WBF4</b>	
<b>[ASK IF EPI_EVER_WBF4 ≠ NO]</b>		
Have you had a seizure within the last five years?		
YES	1	Yes
NO	2	No
POSSIBLE	3	Possible
DK	8	Don't Know
REFUSED	9	Prefer not to answer

<b>EPI_4</b>	<b>EPI_MED_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you ever taken medications for seizures?		
YES	1	Yes
NO	2	No
POSSIBLE	3	Possible
DK	8	Don't Know
REFUSED	9	Prefer not to answer

<b>EPI_5</b>	<b>EPI_CURRMED_WBF4</b>	
<b>[ASK IF EPI_MED_WBF4 ≠ NO]</b>		
Do you currently take medications for seizures?		
YES	1	Yes
NO	2	No
POSSIBLE	3	Possible
DK	8	Don't Know
REFUSED	9	Prefer not to answer



EPI_6	EPI_CAUS_WBF4					
<b>[ALWAYS ASK]</b>						
<b>PROGRAMMING NOTE: BRING FORWARD [OTHER THAN SEIZURE[S] YOU HAD BECAUSE OF A HIGH FEVER] ONLY IF EPI_CAUS_FEV_WBF4 = YES OR POSSIBLE</b>						
[Other than seizure[s] you had because of a high fever], have you ever had, or has anyone ever told you that you had, any of the following...						
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER STATEMENT</b>						
		Yes	No	Possible	Don't know / No answer	Prefer not to answer
		YES	NO	POSSIBLE	DK	RF
		1	2	3	8	9
EPI_CAUS_SEIZ_WBF4	i. A <u>seizure, convulsion, fit or spell under any circumstances?</u>					
EPI_CAUS_TWIT_WBF4	ii. <u>Uncontrolled movements of part or all of your body such as twitching, jerking, shaking or going limp?</u>					
EPI_CAUS_MENT_WBF4	iii. An <u>unexplained change in your mental state or level of awareness; or an episode of "spacing out" that you could not control?</u>					
EPI_CAUS_DREM_WBF4	iv. Did anyone ever tell you that when you were a small child, you would <u>daydream or stare into space</u> more than other children?					
EPI_CAUS_BDMV_WBF4	v. Have you ever noticed any <u>unusual body movements or feelings when exposed to strobe lights, video games, flickering lights, or sun glare?</u>					
EPI_CAUS_JERK_WBF4	vi. <u>Shortly after waking up, either in the morning or after a nap, have you ever noticed uncontrollable jerking or clumsiness, such as dropping things or things suddenly "flying" from your hands?</u>					
EPI_CAUS_SPEL_WBF4	vii. Have you ever had any <u>other type of repeated unusual spells?</u>					



<b>EPI_7</b>	<b>EPI_CAUS5YR_WBF4</b>
<b>[ASK IF EPI_CAUS_WBF4 = YES OR POSSIBLE FOR AT LEAST ONE SYMPTOM FROM EPI_CAUS_WBF4]</b>	
Have you had a(n) <b>[INSERT SYMPTOM(S) TO WHICH PARTICIPANT ANSWERED YES OR POSSIBLE IN EPI_CAUS_WBF4. INSERT THE PORTION OF THE PHRASE THAT IS UNDERLINED]</b> within the last five years?	
YES	1 Yes
NO	2 No
POSSIBLE	3 Possible
DK	8 Don't Know
REFUSED	9 Prefer not to answer

**EPI\_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_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty reaching or extending your arms above your shoulders?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_1a</b>	<b>FUL_SHLDDG_WBF4</b>	
<b>[ASK IF FUL_SHLD_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_2</b>	<b>FUL_STOOP_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty stooping, crouching, or kneeling down?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_2a</b>	<b>FUL_STOOPDG_WBF4</b>	
<b>[ASK IF FUL_STOOP_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_3</b>	<b>FUL_PUSH_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty pushing or pulling large objects like a living room chair?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_3a</b>	<b>FUL_PUSHDG_WBF4</b>	
<b>[ASK IF FUL_PUSH_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_4</b>	<b>FUL_LFT10_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty lifting ten pounds (or 4.5 kg) from the floor, like a heavy bag of groceries?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_4a</b>	<b>FUL_LFT10DG_WBF4</b>	
<b>[ASK IF FUL_LFT10_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_5</b>	<b>FUL_HDLG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty handling small objects, like picking up a coin from a table?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_5a</b>	<b>FUL_HDLGDG_WBF4</b>	
<b>[ASK IF FUL_HDLG_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_6</b>	<b>FUL_ST15_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty standing for a long period, around 15 minutes?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_6a</b>	<b>FUL_ST15DG_WBF4</b>	
<b>[ASK IF FUL_ST15_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_7</b>	<b>FUL_SIT1H_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty sitting for a long period, say 1 hour?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_7a</b>	<b>FUL_SIT1HDG_WBF4</b>	
<b>[ASK IF FUL_SIT1H_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_8</b>	<b>FUL_STDUP_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty standing up after sitting in a chair?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_8a</b>	<b>FUL_STDUPDG_WBF4</b>	
<b>[ASK IF FUL_STDUP_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_9</b>	<b>FUL_FSTR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty walking alone up and down a flight of stairs?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_9a</b>	<b>FUL_FSTRDG_WBF4</b>	
<b>[ASK IF FUL_FSTR_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_10</b>	<b>FUL_WK23B_WBF4</b>
<b>[ALWAYS ASK]</b>	
Do you have any difficulty walking 2 to 3 neighbourhood blocks?	
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>	
YES	1 Yes
NO	2 No
UNABLE	3 Unable to do
DOCTORS_ORDERS	4 Don't do on doctor's orders
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>FUL_10a</b>	<b>FUL_WK23BDG_WBF4</b>
<b>[ASK IF FUL_WK23B_WBF4 = YES]</b>	
Would you say the degree of difficulty is...	
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>	
LITTLE_DIFFICULT	1 A little difficult
SOMEWHAT_DIFFICULT	2 Somewhat difficult
VERY_DIFFICULT	3 Very difficult
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>FUL_11</b>	<b>FUL_MKBED_WBF4</b>
<b>[ALWAYS ASK]</b>	
Do you have any difficulty making a bed?	
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>	
YES	1 Yes
NO	2 No
UNABLE	3 Unable to do
DOCTORS_ORDERS	4 Don't do on doctor's orders
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>FUL_11a</b>	<b>FUL_MKBEDDG_WBF4</b>	
<b>[ASK IF FUL_MKBED_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_12</b>	<b>FUL_WSHBK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty washing your back?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_12a</b>	<b>FUL_WSHBKDG_WBF4</b>	
<b>[ASK IF FUL_WSHBK_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_13</b>	<b>FUL_KNCUT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty using a knife to cut food?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_13a</b>	<b>FUL_KNCUTDG_WBF4</b>	
<b>[ASK IF FUL_KNCUT_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_14</b>	<b>FUL_FORC_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have any difficulty with recreational or work activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, typing, etc.)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Don't do on doctor's orders
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FUL_14a</b>	<b>FUL_FORCDG_WBF4</b>	
<b>[ASK IF FUL_FORC_WBF4 = YES]</b>		
Would you say the degree of difficulty is...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**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 respondents' ability to perform <u>basic</u> daily activities. Activities of daily living are the tasks considered vital to live independently in the community.</p> <p>The respondent is asked whether help is needed when feeding and dressing oneself, taking care of their appearance, walking around, getting in and out of bed, bathing, and whether they have incontinence problems. These basic daily activities can be difficult to perform for people with mobility restrictions or limitations.</p> <p>Information on activities of daily living will help provide insights into limitations that Canadians may face in day-to-day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services.</p>
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Now we would like to ask you about activities of daily living. You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

<b>ADL_1</b>	<b>ADL_ABLDR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you dress and undress yourself without help (including picking out clothes and putting on socks and shoes)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_2</b>	<b>ADL_HPDR_WBF4</b>	
<b>[ASK IF ADL_ABLDR_WBF4 = NO]</b>		
Can you dress and undress yourself with some help?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_3</b>	<b>ADL_UNDR_WBF4</b>	
<b>[ASK IF ADL_HPDR_WBF4 = NO]</b>		
Are you completely unable to dress and undress yourself?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_4</b>	<b>ADL_ABLFD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you eat without help (i.e., you are able to feed yourself completely)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_5</b>	<b>ADL_HPFD_WBF4</b>	
<b>[ASK IF ADL_ABLFD_WBF4 = NO]</b>		
Can you eat with some help (i.e., you need help with cutting your food, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_6</b>	<b>ADL_UNFD_WBF4</b>	
<b>[ASK IF ADL_HPFD_WBF4 = NO]</b>		
Are you completely unable to feed yourself?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_7</b>	<b>ADL_ABLAP_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you take care of your own appearance without help, for example, combing your hair, shaving (if male)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_8</b>	<b>ADL_HPAP_WBF4</b>	
<b>[ASK IF ADL_ABLAP_WBF4 = NO]</b>		
Can you take care of your own appearance with some help?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_9</b>	<b>ADL_UNAP_WBF4</b>	
<b>[ASK IF ADL_HPAP_WBF4 = NO]</b>		
Are you completely unable to take care of your own appearance?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_10</b>	<b>ADL_ABLWK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you walk without help?		
<b>PARTICIPANT NOTE: IF YOU WALK WITH A CANE, THEN SELECT 'YES'.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_11</b>	<b>ADL_HPWK_WBF4</b>	
<b>[ASK IF ADL_ABLWK_WBF4 = NO]</b>		
Can you walk with some help from a person, or with the use of a walker or crutches, etc.?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_12</b>	<b>ADL_UNWK_WBF4</b>	
<b>[ASK IF ADL_HPWK_WBF4 = NO]</b>		
Are you completely unable to walk?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_13</b>	<b>ADL_ABLBD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you get in and out of bed without any help or aids?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_14</b>	<b>ADL_HPBD_WBF4</b>	
<b>[ASK IF ADL_ABLBD_WBF4 = NO]</b>		
Can you get in and out of bed with some help (either from a person or with the aid of some device)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>ADL_15</b>	<b>ADL_UNBD_WBF4</b>	
<b>[ASK IF ADL_HPBD_WBF4 = NO]</b>		
Are you totally dependent on someone else to lift you in and out of bed?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_16</b>	<b>ADL_ABLBT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you take a bath or shower without help?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_17</b>	<b>ADL_HPBT_WBF4</b>	
<b>[ASK IF ADL_ABLBT_WBF4 = NO]</b>		
Can you take a bath or shower with some help (i.e., you need help from someone getting in and out of the tub or you need special attachments on the tub)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_18</b>	<b>ADL_UNBT_WBF4</b>	
<b>[ASK IF ADL_HPBT_WBF4 = NO]</b>		
Are you completely unable to take a bath and a shower by yourself?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_19</b>	<b>ADL_BATH_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you ever have trouble getting to the bathroom in time?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>ADL_20</b>	<b>ADL_INCNT_WBF4</b>	
<b>[ASK IF ADL_BATH_WBF4 = YES]</b>		
How often do you wet or soil yourself (either day or night)? Would you say...		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

**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 respondents' ability to independently perform a series of daily activities.</p> <p>The respondent is asked whether or not help is needed when using the telephone, traveling, shopping, cooking, doing housework, taking medicine and handling money. Information on instrumental activities of daily living will help provide insights into limitations that Canadians may face in day-to-day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services.</p> <p>This module is a companion to the ADL module.</p>
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Now we would like to ask you about some activities of daily living, activities that can be done without help, with some help or which you are unable to do. You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

<b>IAL_1</b>	<b>IAL_ABLTEL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you use the telephone without help, including looking up numbers and dialling?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_2</b>	<b>IAL_HPTTEL_WBF4</b>	
<b>[ASK IF IAL_ABLTEL_WBF4 = NO]</b>		
Can you use the telephone with some help (i.e., you can answer the phone or dial the operator in an emergency, but need a special phone or help in getting the number or dialling)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_3</b>	<b>IAL_UNTEL_WBF4</b>	
<b>[ASK IF IAL_HPTTEL_WBF4 = NO]</b>		
Are you completely unable to use the telephone?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_4</b>	<b>IAL_ABLTRV_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you get to places out of walking distance without help (i.e., you drive your own car, or travel alone on buses, or taxis)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_5</b>	<b>IAL_HPTRV_WBF4</b>	
<b>[ASK IF IAL_ABLTRV_WBF4 = NO]</b>		
Can you get to places out of walking distance with some help (i.e., you need someone to help you or go with you when travelling)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_6</b>	<b>IAL_UNTRV_WBF4</b>	
<b>[ASK IF IAL_HPTRV_WBF4 = NO]</b>		
Are you unable to travel unless emergency arrangements are made for a specialized vehicle, like an ambulance?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_7</b>	<b>IAL_ABLGRO_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you go shopping for groceries or clothes without help (taking care of all shopping needs yourself)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_8</b>	<b>IAL_HPGRO_WBF4</b>	
<b>[ASK IF IAL_ABLGRO_WBF4 = NO]</b>		
Can you go shopping for groceries or clothes with some help (i.e., you need someone to go with you on all shopping trips)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_9</b>	<b>IAL_UNGRO_WBF4</b>	
<b>[ASK IF IAL_HPGRO_WBF4 = NO]</b>		
Are you completely unable to do any shopping?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_10</b>	<b>IAL_ABLML_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you prepare your own meals without help (i.e., you plan and cook full meals yourself)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_11</b>	<b>IAL_HPML_WBF4</b>	
<b>[ASK IF IAL_ABLML_WBF4 = NO]</b>		
Can you prepare your own meals with some help (i.e., you can prepare some things but are unable to cook full meals yourself)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_12</b>	<b>IAL_UNML_WBF4</b>	
<b>[ASK IF IAL_HPML_WBF4 = NO]</b>		
Are you completely unable to prepare any meals?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_13</b>	<b>IAL_ABLWRK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Can you do your housework without help (i.e., you can clean floors, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>IAL_14</b>	<b>IAL_HPWRK_WBF4</b>	
<b>[ASK IF IAL_ABLWRK_WBF4 = NO]</b>		
Can you do your housework with some help (i.e., you can do light housework but need help with heavy work)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

IAL_15	IAL_UNWRK_WBF4	
<b>[ASK IF IAL_HPWRK_WBF4 = NO]</b>		
Are you completely unable to do any housework?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

IAL_16	IAL_ABLMED_WBF4	
<b>[ALWAYS ASK]</b>		
Can you take your own medicine without help (in the right doses at the right time)?		
<b>PARTICIPANT INSTRUCTIONS: IF YOU OCCASIONALLY FORGET, SELECT 'YES'.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

IAL_17	IAL_HPMED_WBF4	
<b>[ASK IF IAL_ABLMED_WBF4 = NO]</b>		
Can you take your own medicine with some help (i.e., you are able to take medicine if someone prepares it for you or reminds you to take it)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

IAL_18	IAL_UNMED_WBF4	
<b>[ASK IF IAL_HPMED_WBF4 = NO]</b>		
Are you completely unable to take your medicine?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

IAL_19	IAL_ABLMO_WBF4	
<b>[ALWAYS ASK]</b>		
Can you handle your own money without help (i.e., you write cheques, pay bills, etc.)?		
<b>PARTICIPANT INSTRUCTIONS: IF YOU OCCASIONALLY FORGET, SELECT 'YES'.</b>		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

IAL_20	IAL_HPMO_WBF4	
<b>[ASK IF IAL_ABLMO_WBF4 = NO]</b>		
Can you handle your own money with some help (i.e., you manage day-to-day buying but need help with managing your chequebook or paying your bills)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

IAL_21	IAL_UNMO_WBF4	
<b>[ASK IF IAL_HPMO_WBF4 = NO]</b>		
Are you completely unable to handle your money?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

IAL\_END

## Depression (DEP)

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

<b>Overview</b>	<p>Many people feel depressed at one time or another, to varying degrees. However, long lasting depression is a serious mental and physical health concern.</p> <p>This module consists of a series of detailed questions about depression. The answers will be combined to determine how likely it is that the respondent is depressed.</p> <p>This module gathers information on the length, timing and consequences of depressive episodes.</p>
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**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

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

<b>DEP_1</b>	<b>DEP_BOTR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often were you bothered by things that usually don't bother you?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>DEP_2</b>	<b>DEP_MIND_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often did you have trouble keeping your mind on what you were doing?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>DEP_3</b>	<b>DEP_FLDP_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often did you feel depressed?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>DEP_4</b>	<b>DEP_FFRT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often did you feel that everything you did was an effort?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>DEP_5</b>	<b>DEP_HPFL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often did you feel hopeful about the future?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



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

<b>DEP_6</b>	<b>DEP_FRFL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often did you feel fearful or tearful?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>DEP_7</b>	<b>DEP_RSTLS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often was your sleep restless?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>DEP_8</b>	<b>DEP_HAPP_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often were you happy?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>DEP_9</b>	<b>DEP_LONLY_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often did you feel lonely?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>DEP_10</b>	<b>DEP_GTGO_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often did you feel that you could not "get going"?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALL_TIME	1	All of the time (5-7 days)
OCCASIONALLY	2	Occasionally (3-4 days)
SOME_TIME	3	Some of the time (1-2 days)
RARELY_NEVER	4	Rarely or never (less than 1 day)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**DEP\_END**

## Life Space Index (LSI) (Comprehensive Only)

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

<b>Overview</b>	<p>The questions in this module aim to describe the range of movement through the environment covered during daily functioning. They incorporate where a person goes, the frequency of going there, and the need for assistance.</p> <p>Information gathered in this questionnaire will serve as a measure of functional status, and a marker of environmental complexity and active lifestyle. It encompasses the effect of biomedical, psychological, socioeconomic, environmental, and social support factors on mobility.</p>
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**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY**

The following questions refer to your activities just within the past month.

<b>LSI_1 – LSI_5</b>				
<b>[ALWAYS ASK]</b>				
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER QUESTION</b>				
	Yes	No	Don't know / No answer	Prefer not to answer
	YES	NO	DK_NA	RF
	1	2	8	9
LSI_ROOM_WBF4	During the past four weeks, have you been to other rooms of your home besides the room where you sleep?			
LSI_OUT_WBF4	During the past four weeks, have you been to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway?			
LSI_NGHB_WBF4	During the past four weeks, have you been to places in your neighbourhood, other than your own yard or apartment building?			
LSI_TOWN_WBF4	During the past four weeks, have you been to places outside your neighbourhood, but within your town?			
LSI_FAR_WBF4	During the past four weeks, have you been to places outside your town?			

<b>LSI_6</b>	<b>LSI_RMFAQ_WBF4</b>	
<b>[ASK IF LSI_ROOM_WBF4 = YES]</b>		
How often did you get to other rooms of your home besides the room where you sleep?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_ONCE_WEEK	1	Less than once per week
1_3_TIMES_WEEK	2	1 to 3 times per week
4_6_TIMES_WEEK	3	4 to 6 times per week
DAILY	4	Daily
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LSI_7</b>	<b>LSI_OUTFAQ_WBF4</b>	
<b>[ASK IF LSI_OUT_WBF4 = YES]</b>		
How often did you get to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in your own yard or driveway?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_ONCE_WEEK	1	Less than once per week
1_3_TIMES_WEEK	2	1 to 3 times per week
4_6_TIMES_WEEK	3	4 to 6 times per week
DAILY	4	Daily
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LSI_8</b>	<b>LSI_NGHBFAQ_WBF4</b>	
<b>[ASK IF LSI_NGHB_WBF4 = YES]</b>		
How often did you get to places in your neighbourhood, other than your own yard or apartment building?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_ONCE_WEEK	1	Less than once per week
1_3_TIMES_WEEK	2	1 to 3 times per week
4_6_TIMES_WEEK	3	4 to 6 times per week
DAILY	4	Daily
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LSI_9</b>	<b>LSI_TWNFQ_WBF4</b>	
<b>[ASK IF LSI_TOWN_WBF4 = YES]</b>		
How often did you get to places outside your neighbourhood, but within your town?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_ONCE_WEEK	1	Less than once per week
1_3_TIMES_WEEK	2	1 to 3 times per week
4_6_TIMES_WEEK	3	4 to 6 times per week
DAILY	4	Daily
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LSI_10</b>	<b>LSI_FARFQ_WBF4</b>	
<b>[ASK IF LSI_FAR_WBF4 = YES]</b>		
How often did you get to places outside your town?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_ONCE_WEEK	1	Less than once per week
1_3_TIMES_WEEK	2	1 to 3 times per week
4_6_TIMES_WEEK	3	4 to 6 times per week
DAILY	4	Daily
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LSI_11</b>	<b>LSI_RMAID_WBF4</b>	
<b>[ASK IF LSI_ROOM_WBF4 = YES]</b>		
Did you use aids or equipment, or need help from another person to get to other rooms of your home besides the room where you sleep?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
PERSONAL_ASSISTANCE	1	Yes, personal assistance
EQUIPMENT_ONLY	2	Yes, equipment only
NO	3	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LSI_12</b>	<b>LSI_OUTAID_WBF4</b>	
<b>[ASK IF LSI_OUT_WBF4 = YES]</b>		
Did you use aids or equipment, or need help from another person to get to an area outside your home such as your porch, deck or patio, hallway (of an apartment building) or garage, in our own yard or driveway?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
PERSONAL_ASSISTANCE	1	Yes, personal assistance
EQUIPMENT_ONLY	2	Yes, equipment only
NO	3	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LSI_13</b>	<b>LSI_NGHBAID_WBF4</b>	
<b>[ASK IF LSI_NGHB_WBF4 = YES]</b>		
Did you use aids or equipment, or need help from another person to get to places in your neighbourhood, other than your own yard or apartment building?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
PERSONAL_ASSISTANCE	1	Yes, personal assistance
EQUIPMENT_ONLY	2	Yes, equipment only
NO	3	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LSI_14</b>	<b>LSI_TWNAID_WBF4</b>	
<b>[ASK IF LSI_TOWN_WBF4 = YES]</b>		
Did you use aids or equipment, or need help from another person to get to places outside your neighbourhood, but within your town?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
PERSONAL_ASSISTANCE	1	Yes, personal assistance
EQUIPMENT_ONLY	2	Yes, equipment only
NO	3	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



LSI_15	LSI_FARAID_WBF4	
<b>[ASK IF LSI_FAR_WBF4 = YES]</b>		
Did you use aids or equipment, or need help from another person to get to places outside your town?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
PERSONAL_ASSISTANCE	1	Yes, personal assistance
EQUIPMENT_ONLY	2	Yes, equipment only
NO	3	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**LSI\_END**

## Satisfaction with Life Scale (SLS)

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

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

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

<b>SLS_1</b>	<b>SLS_LIFE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In most ways, my life is close to my ideal.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DISAGREE	1	Disagree
NEITHER_AGREE_DISAGREE	2	Neither agree nor disagree
AGREE	3	Agree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_2</b>	<b>SLS_LIFENEG_WBF4</b>	
<b>[ASK IF SLS_LIFE_WBF4 = DISAGREE]</b>		
Would you say you...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SLIGHTLY_DISAGREE	1	Slightly disagree
DISAGREE	2	Disagree
STRONGLY_DISAGREE	3	Strongly disagree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_3</b>	<b>SLS_LIFEPOS_WBF4</b>	
<b>[ASK IF SLS_LIFE_WBF4 = AGREE]</b>		
Would you say you...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SLIGHTLY_AGREE	1	Slightly agree
AGREE	2	Agree
STRONGLY_AGREE	3	Strongly agree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_4</b>	<b>SLS_COND_WBF4</b>	
<b>[ALWAYS ASK]</b>		
The conditions of my life are excellent.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DISAGREE	1	Disagree
NEITHER_AGREE_DISAGREE	2	Neither agree nor disagree
AGREE	3	Agree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_5</b>	<b>SLS_CONDNEG_WBF4</b>	
<b>[ASK IF SLS_COND_WBF4 = DISAGREE]</b>		
Would you say you...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SLIGHTLY_DISAGREE	1	Slightly disagree
DISAGREE	2	Disagree
STRONGLY_DISAGREE	3	Strongly disagree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_6</b>	<b>SLS_CONDPOS_WBF4</b>	
<b>[ASK IF SLS_COND_WBF4 = AGREE]</b>		
Would you say you...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SLIGHTLY_AGREE	1	Slightly agree
AGREE	2	Agree
STRONGLY_AGREE	3	Strongly agree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_7</b>	<b>SLS_SATS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
I am satisfied with my life.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DISAGREE	1	Disagree
NEITHER_AGREE_DISAGREE	2	Neither agree nor disagree
AGREE	3	Agree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_8</b>	<b>SLS_SATSNEG_WBF4</b>	
<b>[ASK IF SLS_SATS_WBF4 = DISAGREE]</b>		
Would you say you...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SLIGHTLY_DISAGREE	1	Slightly disagree
DISAGREE	2	Disagree
STRONGLY_DISAGREE	3	Strongly disagree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_9</b>	<b>SLS_SATSPOS_WBF4</b>	
<b>[ASK IF SLS_SATS_WBF4 = AGREE]</b>		
Would you say you...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SLIGHTLY_AGREE	1	Slightly agree
AGREE	2	Agree
STRONGLY_AGREE	3	Strongly agree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_10</b>	<b>SLS_IMP_WBF4</b>	
<b>[ALWAYS ASK]</b>		
So far, I have gotten the important things I want in life.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DISAGREE	1	Disagree
NEITHER_AGREE_DISAGREE	2	Neither agree nor disagree
AGREE	3	Agree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_11</b>	<b>SLS_IMPNEG_WBF4</b>	
<b>[ASK IF SLS_IMP_WBF4 = DISAGREE]</b>		
Would you say you...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SLIGHTLY_DISAGREE	1	Slightly disagree
DISAGREE	2	Disagree
STRONGLY_DISAGREE	3	Strongly disagree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_12</b>	<b>SLS_IMPPOS_WBF4</b>	
<b>[ASK IF SLS_IMP_WBF4 = AGREE]</b>		
Would you say you...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SLIGHTLY_AGREE	1	Slightly agree
AGREE	2	Agree
STRONGLY_AGREE	3	Strongly agree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_13</b>	<b>SLS_OVER_WBF4</b>	
<b>[ALWAYS ASK]</b>		
If I could live my life over, I would change almost nothing.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DISAGREE	1	Disagree
NEITHER_AGREE_DISAGREE	2	Neither agree nor disagree
AGREE	3	Agree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_14</b>	<b>SLS_OVERNEG_WBF4</b>	
<b>[ASK IF SLS_OVER_WBF4 = DISAGREE]</b>		
Would you say you...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SLIGHTLY_DISAGREE	1	Slightly disagree
DISAGREE	2	Disagree
STRONGLY_DISAGREE	3	Strongly disagree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLS_15</b>	<b>SLS_OVERPOS_WBF4</b>	
<b>[ASK IF SLS_OVER_WBF4 = AGREE]</b>		
Would you say you...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SLIGHTLY_AGREE	1	Slightly agree
AGREE	2	Agree
STRONGLY_AGREE	3	Strongly agree
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**SLS\_END**

## Positive Mental Health (PMH)

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

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

<b>PMH_1 – PMH_14</b>									
<b>[ALWAYS ASK]</b>									
During the past month, how often did you feel ...									
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER STATEMENT</b>									
		Never	Once or twice	About once a week	About 2 or 3 times a week	Almost every day	Every day	Don't know / No answer	Prefer not to answer
		NEVER	ONCE	WEEK	2TIMES WK	ALMOS TALL	DAIL Y	DK_NA	RF
		1	2	3	4	5	6	8	9
PMH_HAPPY_WBF4	Happy								
PMH_INTERST_WBF4	Interested in life								
PMH_SATISFIED_WBF4	Satisfied with life								
PMH_IMPORTANT_WBF4	That you had something important to contribute to society								
PMH_COMMUNIT_WBF4	That you belonged to a community (like a social group, or your neighborhood)								
PMH_GOODPL_WBF4	That our society is a good place, or is becoming a better place, for all people								
PMH_PPLGOOD_WBF4	That people are basically good								

<b>PMH_1 – PMH_14</b>									
<b>[ALWAYS ASK]</b>									
During the past month, how often did you feel ...									
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER STATEMENT</b>									
		Never	Once or twice	About once a week	About 2 or 3 times a week	Almost every day	Every day	Don't know / No answer	Prefer not to answer
		NEVER	ONCE	WEEK	2TIMES WK	ALMOS TALL	DAIL Y	DK_NA	RF
		1	2	3	4	5	6	8	9
PMH_SOCIE TYWRK_WBF4	That the way our society works makes sense to you								
PMH_LIKEYOU_WBF4	That you liked most parts of your personality								
PMH_MANAGE_WBF4	Good at managing the responsibilities of your daily life								
PMH_RELATIONSHIPS_WBF4	That you had warm and trusting relationships with others								
PMH_BETTER_WBF4	That you had experiences that challenged you to grow and become a better person								
PMH_CONFIDENT_WBF4	Confident to think or express your own ideas and opinions								
PMH_DIRECTION_WBF4	That your life has a sense of direction or meaning to it								

**PMH\_END**

## Loneliness Scale (LON)

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

<b>LON_1</b>	<b>LONE_OFTN_WBF4</b>
<b>[ALWAYS ASK]</b>	
How often do you feel that you lack companionship?	
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>	
HARDLY_EVER	1 Hardly ever
SOME_TIME	2 Some of the time
OFTEN	3 Often
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>LON_2</b>	<b>LONE_LEFT_WBF4</b>
<b>[ALWAYS ASK]</b>	
How often do you feel left out?	
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>	
HARDLY_EVER	1 Hardly ever
SOME_TIME	2 Some of the time
OFTEN	3 Often
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>LON_3</b>	<b>LONE_ISOL_WBF4</b>
<b>[ALWAYS ASK]</b>	
How often do you feel isolated from others?	
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>	
HARDLY_EVER	1 Hardly ever
SOME_TIME	2 Some of the time
OFTEN	3 Often
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

LON\_END

## Social Networks (SN)

<b>Overview</b>	<p>Social functioning emphasizes issues of sustained engagement with life, the essential characteristic being the interaction between the individual and society. Exchanges between individuals and society all contribute to social functioning; these exchanges are facilitated through family and other social ties.</p> <p>The CLSA includes measures that cover both structural (e.g., social network size, frequency of contact) and functional (perception of support received) domains relevant to social support.</p>
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**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

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

<b>SN_1</b>	<b>SN_LIVH_NB_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How many people, not including yourself, currently live in your household?		
<b>PARTICIPANT NOTE: YOU ARE PERSON #1 IN THE HOUSEHOLD. RECORD INFORMATION FOR THE REMAINING MEMBERS OF THE HOUSEHOLD.</b>		
<b>(MASK: MIN=0, MAX=9)</b>		
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer
a)	What is the relationship of person #2 to you (i.e., spouse, parent, child, grandparent, grandchild, etc.)?	
b)	What is the sex of person #2?	
c)	How old is person #2? <b>(MASK: MIN=0, MAX=115)</b>	
<b>REPEAT SEQUENCE OF QUESTIONS FOR ALL REMAINING MEMBERS OF THE HOUSEHOLD</b>		

Household Member (HM)	Relationship	Sex	Age	
HM#1	SN_LIVH_M1_R_WBF4	Participant	SN_LIVH_M1_S_WBF4	SN_LIVH_M1_A_WBF4
HM#2	SN_LIVH_M2_R_WBF4		SN_LIVH_M2_S_WBF4	SN_LIVH_M2_A_WBF4
HM#3	SN_LIVH_M3_R_WBF4		SN_LIVH_M3_S_WBF4	SN_LIVH_M3_A_WBF4
HM#4	SN_LIVH_M4_R_WBF4		SN_LIVH_M4_S_WBF4	SN_LIVH_M4_A_WBF4
HM#5	SN_LIVH_M5_R_WBF4		SN_LIVH_M5_S_WBF4	SN_LIVH_M5_A_WBF4
HM#6	SN_LIVH_M6_R_WBF4		SN_LIVH_M6_S_WBF4	SN_LIVH_M6_A_WBF4
HM#7	SN_LIVH_M7_R_WBF4		SN_LIVH_M7_S_WBF4	SN_LIVH_M7_A_WBF4
HM#8	SN_LIVH_M8_R_WBF4		SN_LIVH_M8_S_WBF4	SN_LIVH_M8_A_WBF4
HM#9	SN_LIVH_M9_R_WBF4		SN_LIVH_M9_S_WBF4	SN_LIVH_M9_A_WBF4
HM#10	SN_LIVH_M10_R_WBF4		SN_LIVH_M10_S_WBF4	SN_LIVH_M10_A_WBF4



SN_2	SN_DGHTRLIV2_NB_WBF4
[ALWAYS ASK]	
How many, if any, living daughters do you have (including biological daughters, adopted daughters, stepdaughters and partner's daughters)? _____ (MASK: MIN=0, MAX=30)	
REFUSED	99   Prefer not to answer

SN_3	SN_SONLIV2_NB_WBF4
[ALWAYS ASK]	
How many, if any, living sons do you have (including biological sons, adopted sons, stepsons and partner's sons)? _____ (MASK: MIN=0, MAX=30)	
REFUSED	99   Prefer not to answer

SN_4	SN_CHILDBIO_NB_WBF4
[ASK IF (SN_DGHTRLIV2_NB_WBF4 ≠ 0 AND SN_DGHTRLIV2_NB_WBF4 ≠ REFUSED) OR (SN_SONLIV2_NB_WBF4 ≠ 0 AND SN_SONLIV2_NB_WBF4 ≠ REFUSED)]	
How many of your living children are related to you biologically? _____ (MASK: MIN=0, MAX=30)	
REFUSED	99   Prefer not to answer

SN_5	SN_CHILDADP_NB_WBF4
[ASK IF (SN_DGHTRLIV2_NB_WBF4 ≠ 0 AND SN_DGHTRLIV2_NB_WBF4 ≠ REFUSED) OR (SN_SONLIV2_NB_WBF4 ≠ 0 AND SN_SONLIV2_NB_WBF4 ≠ REFUSED)]	
How many of your living children are your adopted children? _____ (MASK: MIN=0, MAX=30)	
REFUSED	99   Prefer not to answer

SN_6	SN_CHILDSTP3_NB_WBF4
[ASK IF (SN_DGHTRLIV2_NB_WBF4 ≠ 0 AND SN_DGHTRLIV2_NB_WBF4 ≠ REFUSED) OR (SN_SONLIV2_NB_WBF4 ≠ 0 AND SN_SONLIV2_NB_WBF4 ≠ REFUSED)]	
How many of your living children are your stepchildren or partner's children? _____ (MASK: MIN=0, MAX=30)	
REFUSED	99   Prefer not to answer

SN_7	SN_SEECHILD_WBF4	
[ASK IF (SN_DGHTRLIV2_NB_WBF4 ≠ 0 AND SN_DGHTRLIV2_NB_WBF4 ≠ REFUSED) OR (SN_SONLIV2_NB_WBF4 ≠ 0 AND SN_SONLIV2_NB_WBF4 ≠ REFUSED)]		
When did you last get together with any of your children who live outside of your household?		
<b>PARTICIPANT INSTRUCTION: SELECT 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_CHILD_IN_HOUSEHOLD	7	Not applicable, all children live in household
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

SN_8	SN_SIBLIV_NB_WBF4	
[ALWAYS ASK]		
How many, if any, living siblings (sisters, brothers) do you have?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ (MASK: MIN=0, MAX=50)	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

SN_9	SN_SEESIB_WBF4	
[ASK IF SN_SIBLIV_NB_WBF4 ≠ 0 AND SN_SIBLIV_NB_WBF4 ≠ REFUSED]		
When did you last get together with any of your siblings who live outside of your household?		
<b>PARTICIPANT INSTRUCTION: SELECT 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_SIB_IN_HOUSEHOLD	7	Not applicable, all siblings live in household
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

SN_10	SN_RELLIV_NB_WBF4	
<b>[ALWAYS ASK]</b>		
About how many other living relatives (parents, grandparents, grandchildren, nieces, nephews, cousins, aunts, uncles) do you have?		
<b>PARTICIPANT NOTE: THIS QUESTION INCLUDES YOUR IN-LAWS, I.E., FATHER-IN-LAW, MOTHER-IN-LAW, SISTER-IN-LAW, BROTHER-IN-LAW (NOT THE PARENTS OF A FATHER- OR MOTHER-IN-LAW, NOT THE SPOUSE OR CHILDREN OF A BROTHER- OR SISTER-IN-LAW).</b>		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ (MASK: MIN=0, MAX=100)	
DK_NA	998	Don't know / No answer
REFUSED	999	Prefer not to answer

SN_11	SN_SEEREL_WBF4	
<b>[ASK IF SN_RELLIV_NB_WBF4 ≠ 0 AND SN_RELLIV_NB_WBF4 ≠ REFUSED]</b>		
When did you last get together with any of your other relatives who live outside of your household?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

SN_12	SN_FRND_NB_WBF4	
<b>[ALWAYS ASK]</b>		
Not counting family members, how many people do you consider close friends – that is, people you can confide in and talk over personal matters with?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ (MASK: MIN=0, MAX=90)	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>SN_13</b>		<b>SN_SEEFRND_WBF4</b>	
<b>[ASK IF SN_FRND_NB_WBF4 ≠ 0 AND SN_FRND_NB_WBF4 ≠ REFUSED]</b>			
When did you last get together with any of your close friends who live outside of your household?			
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer	
REFUSED	9	Prefer not to answer	

<b>SN_14</b>		<b>SN_SEENEIBR_WBF4</b>	
<b>[ALWAYS ASK]</b>			
When did you last get together with any of your neighbours?			
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer	
REFUSED	9	Prefer not to answer	

**SN\_END**

## Social Support – Availability (SSA)

<b>Overview</b>	<p>The ability of people to call on support when they need it is important in understanding their overall health. For example, having somebody to take you to a medical appointment may mean that you are more likely to get the care you need.</p> <p>This module consists of a series of detailed questions about the availability of social support. The answers will be combined to determine how likely it is that the respondent has access to social support.</p> <p>The results of this module will be valuable in identifying which groups are most lacking in social support.</p>
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**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

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

People sometimes look to others for companionship, assistance or other types of support. How often is each of the following kinds of support available to you if you need it? **PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER STATEMENT**

<b>SSA_1</b>	<b>SSA_CONFBED_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to help you if you were confined to bed?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_2</b>	<b>SSA_NDTLK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone you can count on to listen to you when you need to talk?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>SSA_3</b>	<b>SSA_CRISIS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to give you advice about a crisis?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_4</b>	<b>SSA_TYTDR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to take you to the doctor if needed?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_5</b>	<b>SSA_SHLOV_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone who shows you love and affection?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>SSA_6</b>	<b>SSA_GOODT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to have a good time with?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_7</b>	<b>SSA_INFO_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to give you information in order to help you?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_8</b>	<b>SSA_CONFID_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to confide in or talk to about yourself or your problems?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_9</b>	<b>SSA_HUGS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone who hugs you?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_10</b>	<b>SSA_RELAX_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to get together with for relaxation?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_11</b>	<b>SSA_MEALS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to prepare your meals if you were unable to do it yourself?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>SSA_12</b>	<b>SSA_ADVCE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone whose advice you really want?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_13</b>	<b>SSA_MINDOFF_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to do things with to help you get your mind off things?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_14</b>	<b>SSA_CHORES_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to help with daily chores if you were sick?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_15</b>	<b>SSA_SHFEAR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to share your most private worries and fears with?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_16</b>	<b>SSA_SUGG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to turn to for suggestions about how to deal with a personal problem?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_17</b>	<b>SSA_ENJOY_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to do something enjoyable with?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>SSA_18</b>	<b>SSA_PROBLM_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone who understands your problems?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_19</b>	<b>SSA_LOVU_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Someone to love you and make you feel wanted?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SSA_20</b>	<b>SSA_PET_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have a household pet that provides you with companionship?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

SSA\_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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**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

Now some questions about your social activities.

<b>SPA_1</b>	<b>SPA_SOAC_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Which of these statements apply to you?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
SPA_SOAC_RNP_WBF4	01	I read a daily newspaper (includes paper and online)
SPA_SOAC_HY_WBF4	02	I have a hobby or pastime
SPA_SOAC_HIC_WBF4	03	I have taken a holiday in Canada in the last 12 months
SPA_SOAC_HOC_WBF4	04	I have taken a holiday outside of Canada in the last 12 months
SPA_SOAC_DT_WBF4	05	I have gone on a daytrip or outing in the last 12 months
SPA_SOAC_INT_WBF4	06	I use the internet and/or e-mail
SPA_SOAC_VOT_WBF4	07	I voted in the last federal, provincial, or municipal election
SPA_SOAC_NONE_WBF4	96	None of these statements apply to me
SPA_SOAC_DK_NA_WBF4	98	Don't know / No answer
SPA_SOAC_REFUSED_WBF4	99	Prefer not to answer

**Community-related Activities**

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

In the past 12 months, how often did you participate in...**PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER ACTIVITY**

<b>SPA_2</b>	<b>SPA_OUTS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Family or friendship-based activities outside the household? <b>EXAMPLES INCLUDE: FORMAL AND INFORMAL ACTIVITIES SUCH AS SMALL GET-TOGETHERS, MEALS OUTSIDE OF THE HOUSEHOLD, WEDDINGS, OR REUNIONS.</b>		
<b>PARTICIPANT NOTES: ACTIVITIES MUST TAKE PLACE IN ‘REAL LIFE’ SETTINGS OUTSIDE THE HOME, RATHER THAN IN ‘ONLINE’ SETTINGS.</b>		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SPA_3</b>	<b>SPA_CHRCH_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Church or religious activities such as services, committees or choirs?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SPA_4</b>	<b>SPA_SPORT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Sports or physical activities that you do with other people?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SPA_5</b>	<b>SPA_EDUC_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Educational and cultural activities involving other people such as attending courses, concerts, plays, or visiting museums?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SPA_6</b>	<b>SPA_CLUB_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Service club or fraternal organization activities?		
<b>EXAMPLES INCLUDE: LION'S CLUB, ROTARY, KIWANIS CLUB, ROYAL CANADIAN LEGION, OR FORESTERS</b>		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SPA_7</b>	<b>SPA_NEIBR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Neighbourhood, community or professional association activities?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SPA_8</b>	<b>SPA_VOLUN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Volunteer or charity work?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SPA_9</b>	<b>SPA_OTACT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games?		
<b>PARTICIPANT NOTES: ACTIVITIES MUST TAKE PLACE IN 'REAL LIFE' SETTINGS OUTSIDE THE HOME, RATHER THAN IN 'ONLINE' SETTINGS.</b>		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>SPA_10</b>	<b>SPA_MORAC_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the past 12 months, have you felt like you wanted to participate in more social, recreational, or group activities?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SPA_11</b>	<b>SPA_PREVAC_WBF4</b>	
<b>[ASK IF SPA_MORAC_WBF4 = YES]</b>		
What prevented you from participating in more social, recreational, or group activities?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
SPA_PREVAC_CO_WBF4	01	Cost
SPA_PREVAC_TP_WBF4	02	Transportation problems
SPA_PREVAC_ANA_WBF4	03	Activities not available in the area
SPA_PREVAC_LNA_WBF4	04	Location not physically accessible
SPA_PREVAC_TF_WBF4	05	Location is too far
SPA_PREVAC_HC_WBF4	06	Health condition/limitation
SPA_PREVAC_TI_WBF4	07	Time of the activities not suitable
SPA_PREVAC_GA_WBF4	08	Don't want to go alone
SPA_PREVAC_PR_WBF4	09	Personal or family responsibilities
SPA_PREVAC_LRR_WBF4	10	Language related reasons
SPA_PREVAC_TB_WBF4	11	Too busy
SPA_PREVAC_AF_WBF4	12	Afraid or concerns about safety
SPA_PREVAC_GR_WBF4	13	Grieving
SPA_PREVAC_WH_WBF4	14	Weather conditions
SPA_PREVAC_MO_WBF4	15	Lack of motivation, organization or information
SPA_PREVAC_RL_WBF4	16	Relocation or travel
SPA_PREVAC_ANS_WBF4	17	Activities not interesting/not suitable
SPA_PREVAC_SC_WBF4	18	Social barriers (rejection, shyness, bullying, etc.)
SPA_PREVAC_PH_WBF4	19	Public health/COVID measures
SPA_PREVAC_OTSP_WBF4	97	Other: _____
SPA_PREVAC_DK_NA_WBF4	98	Don't know / No answer
SPA_PREVAC_REFUSED_WBF4	99	Prefer not to answer

## Social Cohesion

**PROGRAMMING NOTE: THIS MODULE IS PART OF DCS BY WEB**

SPA_12	SPA_COHES_WBF4	
<b>[ALWAYS ASK]</b>		
How would you describe your sense of belonging to your local community? Would you say it is:		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
VERY_STRONG	1	Very strong
SOMEWHAT_STRONG	2	Somewhat strong
SOMEWHAT_WEAK	3	Somewhat weak
VERY_WEAK	4	Very weak
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**SPA\_END**

## Generalized Anxiety Disorder (GAD)

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

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

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

<b>GAD_1</b>							
<b>[ALWAYS ASK]</b>							
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?							
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER QUESTION</b>							
		Not at all	Several days	More than half the days	Nearly every day	Don't know / No answer	Prefer not to answer
		NOT_AT_ALL	SEVERAL_DAYS	MORE_THAN_HALF_THE_DAYS	NEARLY_EVERY_DAY	DK_NA	RF
		0	1	2	3	8	9
GAD_NERV_WBF4	Feeling nervous, anxious or on edge						
GAD_STPW_OR_WBF4	Not being able to stop or control worrying						
GAD_WORRTO_WBF4	Worrying too much about different things						
GAD_RELAX_WBF4	Trouble relaxing						
GAD_RESTLESS_WBF4	Being so restless that it's hard to sit still						
GAD_ANNONY_WBF4	Becoming easily annoyed or irritable						
GAD_AFRAID_WBF4	Feeling afraid as if something awful might happen						



GAD\_TOTAL\_WBF4 = GAD\_NERV\_WBF4 + GAD\_STPWOR\_WBF4 + GAD\_WORRTO\_WBF4 +  
GAD\_RELAX\_WBF4 + GAD\_RESTLS\_WBF4 + GAD\_ANNOY\_WBF4 + GAD\_AFRAID\_WBF4

<b>GAD_2</b>	<b>GAD_TOTAL2_WBF4</b>	
<b>[ASK IF GAD_TOTAL_WBF4 ≥ 1]</b>		
How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NOT_DIFFICULT	1	Not difficult at all
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
EXTREMELY_DIFFICULT	4	Extremely difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**GAD\_END**

## Posttraumatic Stress Disorder (PSD) (Comprehensive Only)

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

<b>Overview</b>	<p>The CLSA includes the 4-item PC-PTSD, a brief instrument for measuring symptoms of posttraumatic stress disorder (PTSD). PTSD symptoms have been shown to emerge or re-emerge later in life. PTSD is a particularly relevant topic given that older adults constitute an increasingly large proportion of the Canadian population. Exposure to different types of trauma can lead to the development of PTSD symptoms. Information from this module is important for understanding the frequency of PTSD symptoms in an aging population.</p>
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**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY**

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...

<b>PSD_1</b>	<b>PSD_NGHTM_WBF4</b>
<b>[ALWAYS ASK]</b>	
Have had nightmares about it or thought about it when you did not want to?	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer

<b>PSD_2</b>	<b>PSD_AVOID_WBF4</b>
<b>[ALWAYS ASK]</b>	
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	
YES	1 Yes
NO	2 No
DK_NA	8 Don't know / No answer
REFUSED	9 Prefer not to answer



<b>PSD_3</b>	<b>PSD_GUARD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Were constantly on guard, watchful, or easily startled?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>PSD_4</b>	<b>PSD_DETACH_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Felt numb or detached from others, activities, or your surroundings?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

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

<b>CR1_1</b>	<b>CR1_PRO_WBF4</b>	
<b>[ALWAYS ASK]</b>		
During the past 12 months, did you receive short-term or long-term professional assistance at home, because of a health condition or limitation that affects your daily life, for any of the following activities?		
<b>PARTICIPANT 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>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
CR1_PRO_PR_WBF4	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_PRO_MD_WBF4	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_PRO_MG_WBF4	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_PRO_MH_WBF4	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_PRO_WK_WBF4	05	House maintenance or outdoor work
CR1_PRO_TR_WBF4	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_PRO_PT_WBF4	07	Physical therapy
CR1_PRO_TA_WBF4	08	Training and adaptation
CR1_PRO_MB_WBF4	09	Mobility
CR1_PRO_FM_WBF4	10	Financial management
CR1_PRO_NONE_WBF4	96	None
CR1_PRO_OTSP_WBF4	97	Other: _____
CR1_PRO_DK_NA_WBF4	98	Don't know / No answer
CR1_PRO_REFUSED_WBF4	99	Prefer not to answer

CR1_1a	CR1_IMPT_WBF4	
<b>[ASK IF CR1_PRO_WBF4 = MORE THAN ONE RESPONSE OPTION]</b>		
Which one of the professional services that you mentioned is most important to you?		
<b>PARTICIPANT NOTE: PLEASE SELECT THE ONE YOU CONSIDER TO BE THE MOST IMPORTANT</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
<b><i>PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_WBF4</i></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_2</b>	<b>CR1_MOST_WBF4</b>	
<b>[ASK IF CR1_PRO_WBF4 = MORE THAN ONE RESPONSE OPTION]</b>		
For which type of activity did you receive the most assistance?		
<b>PARTICIPANT NOTE: PLEASE SELECT THE ONE YOU CONSIDER TO BE THE MOST IMPORTANT</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
<b>PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_WBF4</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_PAY_WBF4</b>	
<b>[ASK IF CR1_PRO_WBF4 ≠ NONE AND CR1_PRO_WBF4 ≠ DK_NA AND CR1_PRO_WBF4 ≠ REFUSED]</b>		
Did you (or someone else in your family) pay directly for some or all of the help that you received?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
PAID_ALL_COST	1	Yes, we paid all of the cost
PAID_PART_COST	2	Yes, we paid part of the cost
NO_COST_INVOLVED	3	No, there was no cost involved (e.g., provided by a volunteer or included in provincial health care plan)
DIDNT_PAY_COST	4	No, we didn't pay any of the cost that was involved
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



CR1_3a	CR1_PAY_COST1_WBF4	
<b>[ASK IF CR1_PAY_WBF4 = PAID_ALL_COST OR PAID_PART_COST]</b>		
What was the average out of pocket cost per month over the past 12 months?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT COSTS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	\$ _____	
DK_NA	99998	Don't know / No answer
REFUSED	99999	Prefer not to answer

CR1_4	CR1_FRQ_NB_WBF4	
<b>[ASK IF CR1_PRO_WBF4 ≠ NONE AND CR1_PRO_WBF4 ≠ DK_NA AND CR1_PRO_WBF4 ≠ REFUSED]</b>		
During the past 12 months, about how many weeks did this person/organization help you?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF WEEKS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ (MASK: MIN=1, MAX=52)	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

CR1_5	CR1_HOUR_NB_WBF4	
<b>[ASK IF CR1_PRO_WBF4 ≠ NONE AND CR1_PRO_WBF4 ≠ DK_NA AND CR1_PRO_WBF4 ≠ REFUSED]</b>		
About how many hours per week, on average, did this person/organization provide you with such help?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF HOURS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ (MASK: MIN=1, MAX=168)	
DK_NA	998	Don't know / No answer
REFUSED	999	Prefer not to answer

CR1\_END

## Care Receiving 2/ Informal Care (CR2)

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

<b>CR2_1</b>	<b>CR2_FAM_WBF4</b>	
<b>[ALWAYS ASK]</b>		
During the past 12 months, did you receive short-term or long-term assistance from family, friends, or neighbours because of a health condition or limitation that affects your daily life, for any of the following activities?		
<b>PARTICIPANT NOTE: INCLUDE ONLY ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
CR2_FAM_PR_WBF4	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR2_FAM_MD_WBF4	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR2_FAM_MG_WBF4	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR2_FAM_MH_WBF4	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR2_FAM_WK_WBF4	05	House maintenance or outdoor work
CR2_FAM_TR_WBF4	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR2_FAM_PT_WBF4	07	Physical therapy
CR2_FAM_TA_WBF4	08	Training and adaptation
CR2_FAM_CS_WBF4	09	Social/emotional support
CR2_FAM_MB_WBF4	10	Mobility
CR2_FAM_MO_WBF4	11	Monetary assistance
CR2_FAM_FM_WBF4	12	Financial management
CR2_FAM_NONE_WBF4	96	None
CR2_FAM_OTSP_WBF4	97	Other: _____
CR2_FAM_DK_NA_WBF4	98	Don't know / No answer
CR2_FAM_REFUSED_WBF4	99	Prefer not to answer

<b>CR2_2</b>	<b>CR2_NMBR_WBF4</b>	
<b>[ASK IF CR2_FAM_WBF4 ≠ CR2_FAM_NONE_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_DK_NA_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_REFUSED_WBF4]</b>		
During the past 12 months, about how many different people (among your family, friends, and/or neighbours) provided you with such assistance?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ <b>(MASK: MIN=1, MAX=50)</b>	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>CR2_3</b>	<b>CR2_WKALL_WBF4</b>	
<b>[ASK IF CR2_FAM_WBF4 ≠ CR2_FAM_NONE_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_DK_NA_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_REFUSED_WBF4]</b>		
During the past 12 months, about how many weeks did this person/these people provide you with such assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF WEEKS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ <b>(MASK: MIN=1, MAX=52)</b>	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>CR2_4</b>	<b>CR2_HOUR_WBF4</b>	
<b>[ASK IF CR2_FAM_WBF4 ≠ CR2_FAM_NONE_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_DK_NA_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_REFUSED_WBF4]</b>		
About how many hours per week, on average, did this person/these people provide you with assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ <b>(MASK: MIN=1, MAX=168)</b>	
DK_NA	998	Don't know / No answer
REFUSED	999	Prefer not to answer



<b>CR2_5</b>	<b>CR2_MOST_WBF4</b>	
<b>[ASK IF CR2_FAM_WBF4 = MORE THAN ONE RESPONSE OPTION]</b>		
For which type of activity did you receive the most assistance?		
<b>PARTICIPANT NOTE: PLEASE SELECT THE ONE YOU CONSIDER TO BE THE MOST IMPORTANT</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
<b>PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR2_FAM_WBF4</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

<b>CR2_6</b>	<b>CR2_PERS_WBF4</b>	
<b>[ASK IF CR2_FAM_WBF4 ≠ CR2_FAM_NONE_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_DK_NA_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_REFUSED_WBF4]</b>		
We are interested in finding out a little bit more about the person who has dedicated the most time and resources to helping you with <b>[RECALL RESPONSE FROM CR2_MOST_WBF4; IF CR2_MOST_WBF4 WAS SKIPPED, RECALL RESPONSE FROM CR2_FAM_WBF4]</b> .		
Is this person from whom you received the most assistance...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LIVING_IN_HOUSEHOLD	1	Living in your household
LIVING_OUTSIDE_HOUSEHOLD	2	Living outside of your household
REFUSED	9	Prefer not to answer



CR2_6a	CR2_PERS_FAR_WBF4	
[ASK IF CR2_PERS_WBF4 = LIVING_OUTSIDE_HOUSEHOLD]		
How far is this person from you in hours or minutes driving?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
HOURS	_____	Hours (MASK: MIN=0, MAX=24)
MINUTES	_____	Minutes (MASK: MIN=0, MAX=60)
DK_NA	998	Don't know / No answer
REFUSED	999	Prefer not to answer

CR2_7	CR2_GNDR_WBF4	
[ASK IF CR2_FAM_WBF4 ≠ CR2_FAM_NONE_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_DK_NA_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_REFUSED_WBF4]		
Is the person who provided the most assistance male or female?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
MALE	1	Male
FEMALE	2	Female
REFUSED	9	Prefer not to answer

CR2_8	CR2_AGE_NB_WBF4	
[ASK IF CR2_FAM_WBF4 ≠ CR2_FAM_NONE_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_DK_NA_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_REFUSED_WBF4]		
How old is this person? _____ (MASK: MIN=3, MAX=110)		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
REFUSED	999	Prefer not to answer

<b>CR2_9</b>	<b>CR2_RELN_WBF4</b>	
<b>[ASK IF CR2_FAM_WBF4 ≠ CR2_FAM_NONE_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_DK_NA_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_REFUSED_WBF4]</b>		
What is the relationship between you and this person? Is s/he your...		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>CR2_10</b>	<b>CR2_DUR_WBF4</b>	
<b>[ASK IF CR2_FAM_WBF4 ≠ CR2_FAM_NONE_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_DK_NA_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_REFUSED_WBF4]</b>		
How long have you been receiving assistance from this person?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer



CR2_11	CR2_WKMST_NB_WBF4	
[ASK IF CR2_FAM_WBF4 ≠ CR2_FAM_NONE_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_DK_NA_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_REFUSED_WBF4]		
During the past 12 months, about how many weeks did you receive assistance from this person?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF WEEKS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ (MASK: MIN=1, MAX=52)	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

CR2_12	CR2_HRWK_NB_WBF4	
[ASK IF CR2_FAM_WBF4 ≠ CR2_FAM_NONE_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_DK_NA_WBF4 AND CR2_FAM_WBF4 ≠ CR2_FAM_REFUSED_WBF4]		
About how many hours per week on average did this person spend assisting you?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF HOURS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ (MASK: MIN=1, MAX=168)	
DK_NA	998	Don't know / No answer
REFUSED	999	Prefer not to answer



<b>CR2_13</b>		<b>CR2_DEVC_WBF4</b>
<b>[ALWAYS ASK]</b>		
During the past 12 months, have you used any of the following assistive devices or technologies?		
<p><b>PARTICIPANT 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, hearings aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication.</p>		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
CR2_DEVC_CN_WBF4	01	Crutches, cane or walking stick
CR2_DEVC_WC_WBF4	02	Wheelchair
CR2_DEVC_SC_WBF4	03	Motorized scooter
CR2_DEVC_WK_WBF4	04	Walker
CR2_DEVC_LG_WBF4	05	Neck, back or leg braces or supportive devices
CR2_DEVC_HD_WBF4	06	Hand or arm brace
CR2_DEVC_BR_WBF4	07	Grab bars
CR2_DEVC_BT_WBF4	08	Bathroom aids
CR2_DEVC_LT_WBF4	09	Bath or bed lifts or other lifting devices
CR2_DEVC_GR_WBF4	10	Grasping tools or reach extenders
CR2_DEVC_UT_WBF4	11	Special eating utensils
CR2_DEVC_AL_WBF4	12	Personal alarm
CR2_DEVC_MD_WBF4	13	Medication dispenser
CR2_DEVC_RA_WBF4	14	Robotic assistant
CR2_DEVC_RP_WBF4	15	Robotic prosthesis
CR2_DEVC_MA_WBF4	16	Memory aids such as timers, clocks
CR2_DEVC_GT_WBF4	17	GPS tracker
CR2_DEVC_FA_WBF4	18	Falls alert
CR2_DEVC_VA_WBF4	19	Virtual assistant such as Google Nest or Amazon Alexa
CR2_DEVC_TW_WBF4	20	Technology-enabled wheelchair
CR2_DEVC_VR_WBF4	21	Voice recognition, speech to text and text to speech software
CR2_DEVC_WT_WBF4	22	Wearable technologies such as smart watches for remote monitoring or communication
CR2_DEVC_MS_WBF4	23	Magnification software
CR2_DEVC_VO_WBF4	24	Voiceover screen readers
CR2_DEVC_VC_WBF4	25	Visual communication aids such as iPad or tablet
CR2_DEVC_NONE_WBF4	96	None
CR2_DEVC_OTSP_WBF4	97	Other: _____
CR2_DEVC_DK_NA_WBF4	98	Don’t know / No answer
CR2_DEVC_REFUSED_WBF4	99	Prefer not to answer

**CR2\_END**

## Care Giving (CAG)

<b>Overview</b>	<p>This module asks respondents whether they provided assistance to others because of a health condition or limitation during the past 12 months.</p> <p>The module covers a number of topics related to assisting others, including the types of assistance provided, total number of people a respondent provided with assistance, information about the person the caregiver helps the most, the impact of providing assistance on work and health, and positive and negative aspects of providing assistance.</p> <p>Information gathered in this module will be useful in providing information about caregiving as well as the characteristics of informal caregiving situations.</p>
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The following questions are about the types of assistance you may have provided to other people because of their health condition or limitation. Please only include assistance you provided to family members, friends and other people living both inside and outside your household. Exclude any assistance you provided as part of a volunteer organization or paid job.

<b>CAG_1</b>	<b>CAG_HLT_WBF4</b>
<b>[ALWAYS ASK]</b>	
During the past 12 months, have you provided any of the following types of assistance to another person because of a health condition or limitation?	
<b>PARTICIPANT NOTE: INCLUDE ASSISTANCE PROVIDED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS BECAUSE OF AGING.</b>	
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>	
CAG_HLT_PR_WBF4	01 Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CAG_HLT_MD_WBF4	02 Medical treatments, such as changing bandages, taking medications, or other medical procedure
CAG_HLT_MG_WBF4	03 Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CAG_HLT_MH_WBF4	04 Meal preparation, meal clean-up, house cleaning, laundry or sewing
CAG_HLT_WK_WBF4	05 House maintenance or outdoor work
CAG_HLT_TR_WBF4	06 Transportation to do shopping or errands, or to get to medical appointments, or social events
CAG_HLT_CS_WBF4	07 Social/emotional support
CAG_HLT_MB_WBF4	08 Mobility
CAG_HLT_MO_WBF4	09 Monetary assistance
CAG_HLT_FM_WBF4	10 Financial management
CAG_HLT_NONE_WBF4	96 None
CAG_HLT_OTSP_WBF4	97 Other: _____
CAG_HLT_DK_NA_WBF4	98 Don't know / No answer
CAG_HLT_REFUSED_WBF4	99 Prefer not to answer

<b>CAG_2</b>	<b>CAG_PPL_NB_WBF4</b>	
<b>[ASK IF CAG_HLT_WBF4 ≠ CAG_HLT_NONE_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_DK_NA_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_REFUSED_WBF4]</b>		
During the past 12 months, how many people in total have you provided any type of assistance to because of a health condition or limitation, including financial assistance?		
<b>PARTICIPANT NOTE: INCLUDES ALL FORMS OF ASSISTANCE, NOT ONLY FINANCIAL.</b>		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE.</b>		
		<b>(MASK: MIN=1, MAX=50)</b>
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>CAG_3</b>	<b>CAG_MOST_WBF4</b>	
<b>[ASK IF CAG_HLT_WBF4 ≠ CAG_HLT_NONE_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_DK_NA_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_REFUSED_WBF4]</b>		
We are interested in finding out a little bit more about the person to whom, in the past 12 months, you have dedicated the most time and resources to assisting. Is the person to whom you provided the most assistance...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
HOUSEHOLD	1	Living in your household
ANOTHER_HOUSEHOLD	2	Living outside of your household
HEALTH_CARE_INSTITUTION	3	Living in a health care institution
DECEASED	4	Now deceased
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CAG_4</b>	<b>CAG_GNDR_WBF4</b>	
<b>[ASK IF CAG_HLT_WBF4 ≠ CAG_HLT_NONE_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_DK_NA_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_REFUSED_WBF4]</b>		
Is the person to whom you provided the most assistance male or female?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
MALE	1	Male
FEMALE	2	Female
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>CAG_5</b>	<b>CAG_RELN_WBF4</b>	
[ASK IF CAG_HLT_WBF4 ≠ CAG_HLT_NONE_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_DK_NA_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_REFUSED_WBF4]		
What is the relationship between you and this person? Is s/he your...		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>CAG_6</b>	<b>CAG_WEEK_NB_WBF4</b>	
[ASK IF CAG_HLT_WBF4 ≠ CAG_HLT_NONE_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_DK_NA_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_REFUSED_WBF4]		
During the past 12 months, about how many weeks did you provide assistance to this person?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF WEEKS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE.</b>		
	_____ (MASK: MIN=1, MAX=52)	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer



CAG_7	CAG_HRWK_NB_WBF4
[ASK IF CAG_HLT_WBF4 ≠ CAG_HLT_NONE_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_DK_NA_WBF4 AND CAG_HLT_WBF4 ≠ CAG_HLT_REFUSED_WBF4]	
About how many hours per week, on average, did you spend assisting this person?	
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF HOURS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE.</b>	
	(MASK: MIN=1, MAX=168)
DK_NA	998 Don't know / No answer
REFUSED	999 Prefer not to answer

CAG\_END

## Injuries (INJ)

<b>Overview</b>	This module will contain questions asking for detailed information about the circumstances and nature of injury, risk perception, adaptation, and additional injury-related healthcare use.
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Now some questions about injuries which occurred in the past 12 months and were serious enough to limit your normal activities.

<b>INJ_1</b>	<b>INJ_OCC_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the last 12 months, have you had any injuries that were serious enough to limit some of your normal activities?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>INJ_2a</b>	<b>INJ_NMBR_NB_WBF4</b>	
<b>[ASK IF INJ_OCC_WBF4 = YES]</b>		
How many times were you injured in the past 12 months?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF INJURIES, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE.</b>		
	_____	<b>(MASK: MIN=1, MAX=30)</b>
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>INJ_2b</b>	<b>INJ_CAUS_WBF4</b>	
<b>[ASK IF INJ_OCC_WBF4 = YES]</b>		
Was this injury (Were any of these injuries) caused by?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
INJ_CAUS_FL_WBF4	01	A fall
INJ_CAUS_VH_WBF4	02	A motor vehicle collision (including injuries sustained as a pedestrian)
INJ_CAUS_WK_WBF4	03	An incident in your workplace
INJ_CAUS_NONE_WBF4	96	None of the above
INJ_CAUS_DK_NA_WBF4	98	Don't know / No answer
INJ_CAUS_REFUSED_WBF4	99	Prefer not to answer

INJ_3	INJ_HOW_WBF4	
<b>[ASK IF INJ_OCC_WBF4 = YES]</b>		
Thinking about this most serious injury, how did it happen?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ACCIDENT_DRIVER	01	Road traffic accident as a driver or passenger
ACCIDENT_PEDESTRIAN	02	Road traffic accident as a pedestrian
STRUCK_BY_OBJECT	03	Struck by an object
EXPLOSION	04	Explosion
NATURAL_FACTORS	05	Natural/environmental factors
SUFFOCATION	06	Suffocation
POISONING	07	Poisoning
ANIMAL_BITE	08	Snake/animal bite
FALL_SAME_LEVEL	09	Fall from same level
FALL_HEIGHT	10	Fall from a height
FIRE	11	Fire/flames
DROWNING	12	Drowning/submersion
HOT_CORROSIVE_LIQUIDS	13	Hot/corrosive liquids or substances
CRUSH_INJURIES	14	Crush injuries
MACHINERY	15	Accident by machinery
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>INJ_4</b>	<b>INJ_WHR_WBF4</b>	
<b>[ASK IF INJ_OCC_WBF4 = YES]</b>		
Again, thinking about this most serious injury, where did the injury happen?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
HOME	01	In a home or its surrounding area
INSTITUTION	02	Residential institution
SCHOOL	03	School, college, university (excluding sports areas)
OTHER_INSTITUTION	04	Other institution (e.g., church, hospital, theatre, civic building)
ATHLETIC_AREA	05	Sports or athletic area (include school sports area)
STREET	06	Street, highway, sidewalk
COMMERCIAL_AREA	07	Commercial area (e.g., store, restaurant, office building transport terminal)
CONSTRUCTION_AREA	08	Industrial or construction area
FARM	09	Farm (exclude farmhouse and its surrounding area)
CONSERVATION	10	Conservation or outdoor area
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>INJ_5</b>	<b>INJ_ACT_WBF4</b>	
<b>[ASK IF INJ_OCC_WBF4 = YES]</b>		
Again, thinking about this most serious injury, what type of activity were you doing when you were injured?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SPORTS	01	Sports or physical exercise (include school activities)
LEISURE	02	Leisure or hobby (include volunteering)
WORKING	03	Working at a job or business (include travel to or from work)
HOUSEHOLD_CHORES	04	Household chores, other unpaid work or education
SLEEPING	05	Sleeping, eating, personal care
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>INJ_6</b>	<b>INJ_TYPE_WBF4</b>	
<b>[ASK IF INJ_OCC_WBF4 = YES]</b>		
Thinking about this most serious injury, what type of injury did you have?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
MULTIPLE_INJURIES	01	Multiple injuries
BROKEN_BONES	02	Broken or fractured bones
BURNS	03	Burns, scald, chemical burn
DISLOCATION	04	Dislocation
SPRAIN	05	Sprain or strain (including musculoskeletal pulls or tears such as herniated disc, torn muscles and tendons, etc.)
CUT	06	Cut
PUNCTURE	07	Puncture, animal bite (open wound)
BRUISE	08	Bruise
SCRAPE	09	Scrape, blister
CONCUSSION	10	Concussion or other brain injury
POISONING	11	Poisoning
INJURY_INTERNAL_ORGANS	12	Injury to internal organs
DISCOMFORT	13	Discomfort
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>INJ_7</b>	<b>INJ_BRKN_WBF4</b>	
<b>[ASK IF INJ_TYPE_WBF4 = MULTIPLE_INJURIES]</b>		
Did this injury (any of these injuries) involve broken or fractured bones?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>INJ_8</b>	<b>INJ_SITE_WBF4</b>	
<b>[ASK IF INJ_TYPE_WBF4 = BROKEN_BONES OR INJ_BRKN_WBF4 = YES]</b>		
What part of the body was fractured?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
INJ_SITE_ML_WBF4	01	Multiple sites
INJ_SITE_EYE_WBF4	02	Eye socket
INJ_SITE_HD_WBF4	03	Head (excluding eyes)
INJ_SITE_NE_WBF4	04	Neck
INJ_SITE_SH_WBF4	05	Shoulder, upper arm
INJ_SITE_EL_WBF4	06	Elbow, lower arm
INJ_SITE_WR_WBF4	07	Wrist, hand
INJ_SITE_HIP_WBF4	08	Hip
INJ_SITE_TH_WBF4	09	Thigh
INJ_SITE_KN_WBF4	10	Knee, lower leg
INJ_SITE_AN_WBF4	11	Ankle, foot
INJ_SITE_UP_WBF4	12	Upper back or upper spine
INJ_SITE_LO_WBF4	13	Lower back or lower spine
INJ_SITE_CH_WBF4	14	Chest (excluding back and spine)
INJ_SITE_AB_WBF4	15	Abdomen or pelvis (excluding back and spine)
INJ_SITE_OTSP_WBF4	97	Other: _____
INJ_SITE_DK_NA_WBF4	98	Don't know / No answer
INJ_SITE_REFUSED_WBF4	99	Prefer not to answer

**INJ\_END**

## Falls (FAL)

<b>Overview</b>	<p>The questions in this module ask about falls in the past 12 months where the respondent has been hurt enough to limit some or all of their normal activities, if the respondent is receiving follow-up care for a fall-related injury, and fear of falling.</p> <p>Falling is the most common cause of injuries among older Canadians. Falls are also among the leading causes of hospitalization for seniors presenting with an injury. Fear of falling and its potential association with disability, functional mobility, and activity limitation is an emerging public health problem.</p>
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**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF (INJ\_CAUS\_WBF4 = INJ\_CAUS\_FL\_WBF4) OR (INJ\_HOW\_WBF4 = FALL\_SAME\_LEVEL) OR (INJ\_HOW\_WBF4 = FALL\_HEIGHT)**

You mentioned that you had at least one injury as a result of a fall. We would now like to ask you some questions about falls that you experienced in the last 12 months where you hurt yourself enough to limit your normal activities.

<b>FAL_1</b>	<b>FAL_NMBR_NB_WBF4</b>	
<b>[ASK IF (INJ_CAUS_WBF4 = INJ_CAUS_FL_WBF4) OR (INJ_HOW_WBF4 = FALL_SAME_LEVEL) OR (INJ_HOW_WBF4 = FALL_HEIGHT)]</b>		
How many times have you fallen in the past 12 months?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER OF FALLS, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
	_____ (MASK: MIN=1, MAX=30)	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer



<b>FAL_2</b>	<b>FAL_MOST_WBF4</b>	
<b>[ASK IF (INJ_CAUS_WBF4 = INJ_CAUS_FL_WBF4) OR (INJ_HOW_WBF4 = FALL_SAME_LEVEL) OR (INJ_HOW_WBF4 = FALL_HEIGHT)]</b>		
What has been your most serious injury or problem due to a fall within the past 12 months?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NO_SERIOUS_INJURY	01	No serious injury
SPRAIN	02	Sprain/strain
BRUISES	03	Bruises
CUTS	04	Cuts
DISCOMFORT	05	Discomfort
FRACTURE_HIP	06	Fracture of hip
FRACTURE_LEG	07	Fracture of leg
FRACTURE_ARM	08	Fracture of arm or wrist
FRACTURE_BACK	09	Fracture of back/vertebra
HEAD_INJURY	10	Head injury
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>FAL_3a</b>	<b>FAL_ATTN_WBF4</b>	
<b>[ASK IF (INJ_CAUS_WBF4 = INJ_CAUS_FL_WBF4) OR (INJ_HOW_WBF4 = FALL_SAME_LEVEL) OR (INJ_HOW_WBF4 = FALL_HEIGHT)]</b>		
Did you receive any medical attention from a health professional within 48 hours following this injury (due to a fall)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FAL_3b</b>	<b>FAL_HOSP_WBF4</b>	
<b>[ASK IF (INJ_CAUS_WBF4 = INJ_CAUS_FL_WBF4) OR (INJ_HOW_WBF4 = FALL_SAME_LEVEL) OR (INJ_HOW_WBF4 = FALL_HEIGHT)]</b>		
Were you hospitalized for this injury?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>FAL_3c</b>	<b>FAL_FU_WBF4</b>	
<b>[ASK IF (INJ_CAUS_WBF4 = INJ_CAUS_FL_WBF4) OR (INJ_HOW_WBF4 = FALL_SAME_LEVEL) OR (INJ_HOW_WBF4 = FALL_HEIGHT)]</b>		
At the present time, are you getting follow-up care from a health professional because of an injury caused by a fall in the last 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FAL_4</b>	<b>FAL_WHERE_WBF4</b>	
<b>[ASK IF (INJ_CAUS_WBF4 = INJ_CAUS_FL_WBF4) OR (INJ_HOW_WBF4 = FALL_SAME_LEVEL) OR (INJ_HOW_WBF4 = FALL_HEIGHT)]</b>		
Where did this fall happen?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
INSIDE_HOME	1	Inside of your home
OUTSIDE_HOME	2	Outside of your home, but inside a building
OUTDOORS	3	Outdoors
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>FAL_5</b>	<b>FAL_HOW_WBF4</b>	
<b>[ASK IF FAL_WHERE_WBF4 = INSIDE_HOME OR OUTSIDE_HOME]</b>		
How did your fall happen?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
FELL_STANDING_WALKING	01	Fell while standing or walking
FELL_STAIRS_STEPS	02	Fell on stairs or steps
FELL_EXERCISING	03	Fell while exercising (except walking)
FELL_HEIGHT	04	Fell from height of greater than 1 meter or 3 feet (for example, ladder, tree, roof)
FELL_FURNITURE	05	Fell from furniture (for example, bed, chair)
FELL_BATHTUB	06	Fell while getting in or out of the bathtub
FELL_SHOWER	07	Fell while getting in or out of the shower
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer



FAL_6	FAL_HOW2_WBF4	
<b>[ASK IF FAL_WHERE_WBF4 = OUTDOORS]</b>		
How did your fall happen?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
FELL_STANDING_WALKING	01	Fell while standing or walking
FELL_STAIRS_STEPS	02	Fell on stairs or steps
FELL_EXERCISING	03	Fell while exercising (except walking)
FELL_HEIGHT	04	Fell from height of greater than 1 meter or 3 feet (for example, ladder, tree, roof)
FELL_SNOW_ICE	05	Fell on snow or ice
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

FAL\_END

## Retirement Status (RET)

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

<b>RET_1</b>	<b>RET_RTRD_WBF4</b>	
<b>[ASK IF RET_RTRD_PAST = NOT_RETIRED OR PARTLY_RETIRED]</b>		
<b>RET_RTRD_PAST = use the first non-NULL value in (RET_RTRD_TRF3/COF3, RET_RTRD_TRF2/COF2, RET_RTRD_TRF1/COF1, RET_RTRD_TRM/COM)</b>		
At this time, do you consider yourself to be completely retired, partly retired or not retired?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>RET_2</b>	<b>RET_RTRN_WBF4</b>	
<b>[ASK IF RET_RTRD_PAST = COMPLETELY_RETIRED]</b>		
<b>RET_RTRD_PAST = use the first non-NULL value in (RET_RTRD_TRF3/COF3, RET_RTRD_TRF2/COF2, RET_RTRD_TRF1/COF1, RET_RTRD_TRM/COM)</b>		
After retirement, some people return to work and later retire again. Since your last interview have you retired and then returned to work?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



RET_3	RET_SPSE_WBF4	
<b>[ASK IF SDC_MRTL2_WBF4 = MARRIED OR COMMON_LAW2]</b>		
Is your spouse/partner retired?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

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

RET_4	RET_AGE_NB_WBF4	
<b>[ASK IF RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
How old were you when you first retired/partly retired?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT AGE, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE. IF YOU RETIRED BEFORE AGE 40, ENTER 40 IN THE FIELD</b>		
	_____ (MASK: MIN=40, MAX=CURRENT AGE)	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

RET_4a	RET_SPSEAG_NB_WBF4 (Tracking Only)	
<b>[ASK IF TRACKING AND RET_SPSE_WBF4 = YES]</b>		
At what age did your spouse/partner retire?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT AGE, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE. IF YOUR SPOUSE/PARTNER RETIRED BEFORE AGE 40, ENTER 40 IN THE FIELD</b>		
	_____ (MASK: MIN=40, MAX=97)	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>RET_5</b>	<b>RET_WHY_WBF4</b>	
<b>[ASK IF RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
There are many reasons why people retire. Which of the following reasons contributed to your decision to retire?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
RET_WHY_CM_WBF4	01	Completed the required years of service to qualify for pension
RET_WHY_RE_WBF4	02	Retirement was financially possible
RET_WHY_HL_WBF4	03	Health/disability/stress reasons
RET_WHY_IN_WBF4	04	Employer offered special incentives to retire
RET_WHY_OR_WBF4	05	Organizational restructuring or job eliminated
RET_WHY_PR_WBF4	06	Providing care to a family member or friend
RET_WHY_MD_WBF4	07	Employer had a mandatory retirement policy
RET_WHY_HO_WBF4	08	Wished to pursue hobbies or other activities of personal interest
RET_WHY_ST_WBF4	09	Wanted to stop working
RET_WHY_AG_WBF4	10	An agreement with your spouse or partner
RET_WHY_NA_WBF4	11	Never worked/stay at home parent or spouse
RET_WHY_OTSP_WBF4	97	Other: _____
RET_WHY_DK_NA_WBF4	98	Don't know / No answer
RET_WHY_REFUSED_WBF4	99	Prefer not to answer

<b>RET_6</b>	<b>RET_DUEHLTH_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING <u>AND</u> RET_WHY_WBF4 = RET_WHY_HL_WBF4]</b>		
You mentioned that you retired because of your health, stress or disability. Was this due to your physical health, your emotional/mental health, or both?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
PHYSICAL_HEALTH	1	Physical health
MENTAL_HEALTH	2	Emotional/mental health (including stress)
BOTH	3	Both physical and emotional/mental health
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>RET_7</b>	<b>RET_VOLUN_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
Would you say your retirement was voluntary, that is, you retired when you wanted to?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>RET_8</b>	<b>RET_PREP_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
Did you do any of the following in preparation for your retirement?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
RET_PREP_DH_WBF4	01	Decreased your number of work hours
RET_PREP_IH_WBF4	02	Increased your number of work hours
RET_PREP_CJ_WBF4	03	Changed jobs
RET_PREP_ILA_WBF4	04	Increased leisure activities and hobbies
RET_PREP_ED_WBF4	05	Enrolled in an educational or training program
RET_PREP_RSP_WBF4	06	Financial planning (Contributed to an RRSP or other investments)
RET_PREP_INV_WBF4	07	Built up savings or made other investments
RET_PREP_POM_WBF4	08	Paid-off mortgage or debts
RET_PREP_DLA_WBF4	09	Downsized living arrangements
RET_PREP_NONE_WBF4	96	Nothing
RET_PREP_OTSP_WBF4	97	Other: _____
RET_PREP_DK_NA_WBF4	98	Don't know / No answer
RET_PREP_REFUSED_WBF4	99	Prefer not to answer

<b>RET_9</b>	<b>RET_PENSPL_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
Before you retired, did you ever contribute to an employer pension plan, other than the Canada Pension Plan or Quebec Pension Plan?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>RET_10</b>	<b>RET_STDLIV_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING <u>AND</u> RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
Before your retirement, how adequate did you think your household income and investments would be to maintain your standard of living? Would you say they were...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ADEQUATE	1	Adequate
BARELY_ADEQUATE	2	Barely adequate
INADEQUATE	3	Inadequate
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>RET_10a</b>	<b>RET_STDFNC_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING <u>AND</u> RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
How would you describe your financial standard of living in retirement?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ADEQUATE	1	Adequate
BARELY_ADEQUATE	2	Barely adequate
INADEQUATE	3	Inadequate
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>RET_11</b>	<b>RET_BCKWRK_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING <u>AND</u> RET_RTRN_WBF4 = YES]</b>		
Which of the following reasons contributed to your decision to go back to work after you first retired?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
RET_BCKWRK_FC_WBF4	01	Financial considerations
RET_BCKWRK_CD_WBF4	02	Caregiving duties were no longer required
RET_BCKWRK_IH_WBF4	03	Improvement in your health
RET_BCKWRK_LW_WBF4	04	Liked working/being active
RET_BCKWRK_WO_WBF4	05	Interesting work opportunity
RET_BCKWRK_GR_WBF4	06	Preferred gradual retirement
RET_BCKWRK_MC_WBF4	07	Wanted to make a contribution
RET_BCKWRK_WC_WBF4	08	Wanted a challenge
RET_BCKWRK_NL_WBF4	09	Did not like retirement or not ready to retire
RET_BCKWRK_SR_WBF4	10	Services requested by previous employer
RET_BCKWRK_OTSP_WBF4	97	Other: _____
RET_BCKWRK_DK_NA_WBF4	98	Don't know / No answer
RET_BCKWRK_REFUSED_WBF4	99	Prefer not to answer

<b>RET_12</b>	<b>RET_WKSAME_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING <u>AND</u> RET_RTRN_WBF4 = YES]</b>		
Was this for the same employer or for a different employer as prior to retirement?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SAME_EMPLOYER	1	For the same employer
DIFFERENT_EMPLOYER	2	For a different employer
OWN_BUSINESS	3	For yourself or your own business
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>RET_13</b>	<b>RET_FOFTIME_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING <u>AND</u> RET_RTRN_WBF4 = YES]</b>		
Was this mainly full-time or part-time work?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
FULL_TIME	1	Full-time work
PART_TIME	2	Part-time work
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>RET_14</b>	<b>RET_POCWORK_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING <u>AND</u> RET_RTRN_WBF4 = YES]</b>		
Was this permanent or contract work?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
PERMANENT_WORK	1	Permanent work
CONTRACT_WORK	2	Contract work
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**RET\_END**

## Pre-Retirement Labour Force Participation (LFP)

<b>Overview</b>	This module will only be visible if the participant is partly or completely retired. It asks questions of participants related to the last job s/he had before partial or full retirement.
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**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED ONLY IF RET\_RTRD\_WBF4 = COMPLETELY\_RETIRED OR PARTLY\_RETIRED**

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

<b>LFP_1</b>	<b>LFP_LAST_NB_WBF4</b>	
<b>[ASK IF RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
In what year did you last have a paid job or operate a business or farm? <b>Participant Instructions: The minimum is your year of birth plus 40 years. The maximum is [current year].</b>		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT YEAR, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE.</b>		
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>LFP_2</b>	<b>LFP_YRS_WBF4</b>	
<b>[ASK IF RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
How many years did you work at that job? Was it...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_YEAR	1	Less than 1 year
1_3_YEARS	2	From 1 year to less than 3 years
3_5_YEARS	3	From 3 years to less than 5 years
5_MORE_YEARS	4	5 years or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LFP_3</b>	<b>LFP_HRWK_WBF4</b>	
<b>[ASK IF RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
In your last job before retirement, about how many hours a week did you work?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
EMPLOYED_ALL_TIME	1	Employed all of the time (that is, 30+ hours/week)
EMPLOYED_MOST_TIME	2	Employed most of the time (that is, less than 30 but more than 20 hours/week)
EMPLOYED_SOME_TIME	3	Employed some of the time (that is, less than 20 hours/week)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LFP_4</b>	<b>LFP_SCHD_WBF4</b>	
<b>[ASK IF RET_RTRD_WBF4 = COMPLETELY_RETIRED OR PARTLY_RETIRED]</b>		
Which of the following best describes your working schedule at that time?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAYTIME	01	Daytime schedule or shift
EVENING	02	Evening shift
NIGHT	03	Night shift
ROTATING	04	Rotating shift, changing periodically from days to evenings or nights
SEASONAL	05	Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**LFP\_END**

## Labour Force (LBF)

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

<b>LBF_1</b>	<b>LBF_CURR_WBF4</b>	
<b>[ASK IF (RET_RTRN_WBF4 = YES) OR (RET_RTRD_WBF4 = PARTLY_RETIRED OR NOT_RETIRED)]</b>		
Are you currently working at a job or business? This includes part-time jobs, seasonal work, contract work, self-employment, or any other paid work regardless of the number of hours worked.		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LBF_2</b>	<b>LBF_MANY_WBF4</b>	
<b>[ASK IF LBF_CURR_WBF4 = YES]</b>		
Do you currently work at more than one job or business?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LBF_3</b>	<b>LBF_STTS_WBF4</b>	
<b>[ASK IF LBF_CURR_WBF4 = YES]</b>		
What is your current working status? If you are self-employed, choose full-time or part-time, as appropriate.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
EMPLOYED_ALL_TIME	1	Employed all of the time (that is, 30+ hours/week)
EMPLOYED_MOST_TIME	2	Employed most of the time (that is, less than 30 but more than 20 hours/week)
EMPLOYED_SOME_TIME	3	Employed some of the time (that is, less than 20 hours/week)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LBF_4</b>	<b>LBF_SCHD_WBF4</b>	
<b>[ASK IF LBF_CURR_WBF4 = YES]</b>		
Which of the following best describes your working schedule?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAYTIME	01	Daytime schedule or shift
EVENING	02	Evening shift
NIGHT	03	Night shift
ROTATING	04	Rotating shift, changing periodically from days to evenings or nights
SEASONAL	05	Seasonal, on-call or casual, no pre-arranged schedules, but called as need arises
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>LBF_5</b>	<b>LBF_DURN_WBF4</b>	
<b>[ASK IF LBF_CURR_WBF4 = YES]</b>		
How long have you worked with your present employer or in your current business?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_YEAR	1	Less than 1 year
1_3_YEARS	2	From 1 year to less than 3 years
3_5_YEARS	3	From 3 years to less than 5 years
5_MORE_YEARS	4	5 years or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>LBF_6</b>	<b>LBF_RSN_WBF4</b>	
<b>[ASK IF LBF_CURR_WBF4 = NO]</b>		
What would best describe the reason for not working?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
UNABLE_WORK	01	Unable to work because of sickness or disability
LOOKING_AFTER_FAMILY	02	Looking after family
STUDENT	03	Student
UNEMPLOYED	04	Unemployed
UNPAID_WORK	05	Doing unpaid or voluntary work
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer



LBF_7	LBF_UNEM_WBF4	
[ASK IF LBF_CURR_WBF4 = NO]		
How long have you been unemployed?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT TIME, PLEASE PROVIDE YOUR BEST ESTIMATE.</b>		
<b>SELECT ONE RESPONSE</b>		
WK	_____	Weeks ( <b>MASK: MIN=0, MAX=52</b> )
MT	_____	Months ( <b>MASK: MIN=0, MAX=12</b> )
YR	_____	Years ( <b>MASK: MIN=0, MAX=CURRENT AGE</b> )
REFUSED	99	Prefer not to answer

LBF\_END



## **Work Limitations Questionnaire (WLQ) (Comprehensive Only)**

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**WLQ\_END**

## Retirement Planning (RPL)

RPL_1	RPL_AGE_WBF4	
<b>[ASK IF LBF_CURR_WBF4 = YES]</b>		
At what age do you plan to retire?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT AGE, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE</b>		
NB	_____ (MASK: MIN=CURRENT AGE, MAX=100)	
NOT_APPLICABLE	996	Not applicable, does not plan to retire
DK_NA	998	Don't know / No answer
REFUSED	999	Prefer not to answer

RPL_2	RPL_WHYNT_WBF4	
<b>[ASK IF RPL_AGE_WBF4 = NOT_APPLICABLE OR DK_NA]</b>		
[If not] Is that because...?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
HAVE_NOT_PLANNED_FOR_RETIREMENT	01	You have not thought about or planned for retirement
PLAN_TO_CONTINUE_WORKING	02	You plan to continue working for as long as you are able to
CANT_AFFORD_TO_RETIRE	03	You can't afford to retire
OTSP	97	Other: _____
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

RPL_3	RPL_RSN_WBF4 (Tracking Only)	
<b>[ASK IF TRACKING <u>AND</u> RPL_AGE_WBF4 = GREATER THAN 65]</b>		
Age 65 is often viewed as the standard age of retirement, although many Canadians retire at younger and older ages.		
What are the reasons that you continue to work after age 65?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
RPL_RSN_FIN_WBF4	01	Financial need
RPL_RSN_ENJ_WBF4	02	Enjoy the social contacts at work
RPL_RSN_HLT_WBF4	03	My health allows me to continue to work
RPL_RSN_LIK_WBF4	04	Like working/being active
RPL_RSN_INT_WBF4	05	Interesting work opportunity
RPL_RSN_RWD_WBF4	06	Financially rewarding work opportunity
RPL_RSN_COL_WBF4	07	I can continue to work and collect retirement benefits
RPL_RSN_OTSP_WBF4	97	Other: _____
RPL_RSN_DK_NA_WBF4	98	Don't know / No answer
RPL_RSN_REFUSED_WBF4	99	Prefer not to answer

<b>RPL_4</b>	<b>RPL_MOST_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND RPL_RSN_WBF4 = MORE THAN 1 RESPONSE OPTION]</b>		
What would you say is the most important reason that you continue to work?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
FINANCIAL_NEED	01	Financial need
ENJOY_WORK	02	Enjoy the social contacts at work
HEALTH_ALLOW	03	My health allows me to continue to work
LIKE_WORK	04	Like working/being active
WORK_OPPORTUNITY	05	Interesting work opportunity
FINANCIAL_REWARD	06	Financially rewarding work opportunity
COLLECT_BENEFIT	07	I can continue to work and collect retirement benefits
OTSP	97	Other
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>RPL_5</b>	<b>RPL_PREP_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND (RPL_AGE_WBF4 ≠ NOT_APPLICABLE AND RPL_AGE_WBF4 ≠ DK_NA AND RPL_AGE_WBF4 ≠ REFUSED)]</b>		
Have you done any of the following in preparation for your retirement?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
RPL_PREP_DH_WBF4	01	Decreased your number of work hours
RPL_PREP_IH_WBF4	02	Increased your number of work hours
RPL_PREP_CJ_WBF4	03	Changed jobs
RPL_PREP_IPA_WBF4	04	Increased physical activities
RPL_PREP_ILA_WBF4	05	Increased other leisure activities and hobbies
RPL_PREP_ED_WBF4	06	Enrolled in an educational or training program
RPL_PREP_RET_WBF4	07	Gathered retirement information
RPL_PREP_RSP_WBF4	08	Financial planning (Contributed to an RRSP or other investments)
RPL_PREP_INV_WBF4	09	Built up savings or made other investments
RPL_PREP_POM_WBF4	10	Paid-off mortgage or debts
RPL_PREP_DLA_WBF4	11	Downsized living arrangements
RPL_PREP_NONE_WBF4	96	Nothing
RPL_PREP_OTSP_WBF4	97	Other: _____
RPL_PREP_DK_NA_WBF4	98	Don't know / No answer
RPL_PREP_REFUSED_WBF4	99	Prefer not to answer

<b>RPL_6</b>	<b>RPL_PENSPL_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND RET_RTRD_WBF4 = NOT_RETIRED]</b>		
Have you ever contributed to an employer pension plan, other than the Canada Pension Plan or Quebec Pension Plan?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>RPL_7</b>	<b>RPL_STDLIV_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND (RPL_AGE_WBF4 ≠ NOT_APPLICABLE AND RPL_AGE_WBF4 ≠ DK_NA AND RPL_AGE_WBF4 ≠ REFUSED)]</b>		
When you retire, how adequate do you think your household income and investments will be to maintain your standard of living?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ADEQUATE	1	Adequate
BARELY_ADEQUATE	2	Barely adequate
INADEQUATE	3	Inadequate
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>RPL_8</b>	<b>RPL_WHYR_WBF4 (Tracking Only)</b>	
<b>[ASK IF TRACKING AND (RPL_AGE_WBF4 ≠ NOT_APPLICABLE AND RPL_AGE_WBF4 ≠ DK_NA AND RPL_AGE_WBF4 ≠ REFUSED)]</b>		
There are many reasons why people retire. Which of the following are likely to be the reasons that you retire?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
RPL_WHYR_PC_WBF4	01	Need to provide care to a family member
RPL_WHYR_AR_WBF4	02	Have adequate retirement income (e.g., pensions and investments)
RPL_WHYR_MP_WBF4	03	Mandatory retirement policies
RPL_WHYR_EP_WBF4	04	Early retirement policies of your employer
RPL_WHYR_JE_WBF4	05	Job ending and not wanting to start over
RPL_WHYR_WS_WBF4	06	Want to stop working
RPL_WHYR_SD_WBF4	07	Desire to start a different career or do part-time work
RPL_WHYR_HL_WBF4	08	Health/disability/stress reasons
RPL_WHYR_HO_WBF4	09	Wanting to pursue hobbies or other activities of personal interest
RPL_WHYR_OTSP_WBF4	97	Other: _____
RPL_WHYR_DK_NA_WBF4	98	Don't know / No answer
RPL_WHYR_REFUSED_WBF4	99	Prefer not to answer



RPL_9	RPL_INFSP_WBF4 (Tracking Only)	
[ASK IF TRACKING AND (RPL_AGE_WBF4 ≠ NOT_APPLICABLE AND RPL_AGE_WBF4 ≠ DK_NA AND RPL_AGE_WBF4 ≠ REFUSED) AND (MARITAL STATUS = MARRIED OR COMMON_LAW2)]		
Sometimes people’s reasons for retirement are influenced by their spouse or partner. Which of the following will likely influence your retirement?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
RPL_INFSP_SH_WBF4	01	Your spouse or partner’s health
RPL_INFSP_SI_WBF4	02	Your spouse or partner’s retirement income
RPL_INFSP_PS_WBF4	03	Pressure from your spouse or partner to continue or to stop working
RPL_INFSP_TSR_WBF4	04	The time at which your spouse or partner retires
RPL_INFSP_OTSP_WBF4	97	Other: _____
RPL_INFSP_DK_NA_WBF4	98	Don’t know / No answer
RPL_INFSP_REFUSED_WBF4	99	Prefer not to answer

RPL\_END

## Income (INC)

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

### *Household Income*

INC_1	INC_SRCE_WBF4
<b>[ALWAYS ASK]</b>	
Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?	
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>	
INC_SRCE_WG_WBF4	01 Wages and salaries
INC_SRCE_SE_WBF4	02 Income from self-employment
INC_SRCE_IN_WBF4	03 Dividends and interest (e.g., on bonds, savings)
INC_SRCE_EI_WBF4	04 Employment insurance
INC_SRCE_CM_WBF4	05 Worker's compensation
INC_SRCE_BN_WBF4	06 Benefits from Canada or Quebec Pension Plan
INC_SRCE_PN_WBF4	07 Job related retirement pensions, superannuation and annuities
INC_SRCE_GV_WBF4	08 RRSP/RRIF
INC_SRCE_OLD_WBF4	09 Old Age Security
INC_SRCE_GIS_WBF4	10 Guaranteed Income Supplement
INC_SRCE_WF_WBF4	11 Provincial or municipal social assistance or welfare
INC_SRCE_CH_WBF4	12 Child Tax Benefit



<b>INC_1</b>	<b>INC_SRCE_WBF4 (cont'd...)</b>	
<b>[ALWAYS ASK]</b>		
Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
INC_SRCE_SP_WBF4	13	Child support
INC_SRCE_AL_WBF4	14	Alimony
INC_SRCE_CP_WBF4	15	Capital gains (e.g., profits from sale of stocks)
INC_SRCE_NONE_WBF4	96	None
INC_SRCE_OTSP_WBF4	97	Other (e.g., rental income, veterans' pensions): _____
INC_SRCE_DK_NA_WBF4	98	Don't know / No answer
INC_SRCE_REFUSED_WBF4	99	Prefer not to answer

<b>INC_2</b>	<b>INC_FRST_WBF4</b>	
<b>[ASK IF INC_SRCE_WBF4 HAS GREATER THAN 1 VARIABLE SELECTED]</b>		
Of the sources of income you have identified, what are the three major sources of your household income, starting with the highest source of income? <b>[RECALL RESPONSE FROM INC_SRCE_WBF4].</b>		
INC_FRST_WBF4	1	1st highest source
INC_SCND_WBF4	2	2nd highest source
INC_THRD_WBF4	3	3rd highest source
REFUSED	9	Prefer not to answer

<b>INC_3</b>	<b>INC_TOT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, in the past 12 months?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_20000	1	Less than \$20,000
20000_50000	2	\$20,000 or more, but less than \$50,000
50000_100000	3	\$50,000 or more, but less than \$100,000
100000_150000	4	\$100,000 or more, but less than \$150,000
150000_MORE	5	\$150,000 or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**Personal Income**

<b>INC_4</b>	<b>INC_PSRCE_WBF4</b>
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**[ALWAYS ASK]**

Thinking about your total personal income, from which of the following sources did you receive any income in the past 12 months?

**PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY**

INC_PSRCE_WG_WBF4	01	Wages and salaries
INC_PSRCE_SE_WBF4	02	Income from self-employment
INC_PSRCE_IN_WBF4	03	Dividends and interest (e.g., on bonds, savings)
INC_PSRCE_EI_WBF4	04	Employment insurance
INC_PSRCE_CM_WBF4	05	Worker's compensation
INC_PSRCE_BN_WBF4	06	Benefits from Canada or Quebec Pension Plan
INC_PSRCE_PN_WBF4	07	Job related retirement pensions, superannuation and annuities
INC_PSRCE_GV_WBF4	08	RRSP/RRIF
INC_PSRCE_OLD_WBF4	09	Old Age Security
INC_PSRCE_GIS_WBF4	10	Guaranteed Income Supplement
INC_PSRCE_WF_WBF4	11	Provincial or municipal social assistance or welfare
INC_PSRCE_CH_WBF4	12	Child Tax Benefit
INC_PSRCE_SP_WBF4	13	Child support
INC_PSRCE_AL_WBF4	14	Alimony
INC_PSRCE_CP_WBF4	15	Capital gains (e.g., profits from sale of stocks)
INC_PSRCE_NONE_WBF4	96	None
INC_PSRCE_OTSP_WBF4	97	Other (e.g., rental income, veterans' pensions): _____
INC_PSRCE_DK_NA_WBF4	98	Don't know / No answer
INC_PSRCE_REFUSED_WBF4	99	Prefer not to answer

<b>INC_5</b>	<b>INC_PFRST_WBF4</b>
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**[ASK IF INC\_PSRCE\_WBF4 HAS GREATER THAN 1 VARIABLE SELECTED]**

Of the sources of income you have identified, what are the three major sources of your personal income, starting with the highest source of income? **[RECALL RESPONSE FROM INC\_PSRCE\_WBF4].**

INC_PFRST_WBF4	1	1st highest source
INC_PSCND_WBF4	2	2nd highest source
INC_PTHRD_WBF4	3	3rd highest source
REFUSED	9	Prefer not to answer



INC_6	INC_PTOT_WBF4	
<b>[ALWAYS ASK]</b>		
What is your best estimate of your total personal income from all sources, before taxes and deductions, in the past 12 months? <i>[RECALL RESPONSE FROM INC_TOT_WBF4]</i>		
<b>PARTICIPANT NOTE: THIS QUESTION ASKS YOU FOR YOUR TOTAL PERSONAL INCOME. IF YOU REPORTED THAT YOUR TOTAL HOUSEHOLD INCOME IS LESS THAN YOUR TOTAL PERSONAL INCOME, THEN PLEASE CORRECT THE TOTAL HOUSEHOLD INCOME AND TOTAL PERSONAL INCOME AS NEEDED</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_20000	1	Less than \$20,000
20000_50000	2	\$20,000 or more, but less than \$50,000
50000_100000	3	\$50,000 or more, but less than \$100,000
100000_150000	4	\$100,000 or more, but less than \$150,000
150000_MORE	5	\$150,000 or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INC\_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 we would like to ask you about your 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, have you had contact with any of the following about your physical or mental health?					
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER QUESTION</b>					
		Yes	No	Don't know / No answer	Prefer not to answer
		YES	NO	DK_NA	RF
		1	2	8	9
HCU_FAMPHY_WBF4	Family doctor or general practitioner				
HCU_SPEC_WBF4	Medical specialist (such as a cardiologist, gynaecologist, or ophthalmologist)				
HCU_PSYCH_WBF4	Mental health professional (such as a psychologist or psychiatrist)				
HCU_PHYSIO_WBF4	Physiotherapist, occupational therapist, or chiropractor				
HCU_NP_WBF4	Nurse practitioner				



<b>HCU_1a-HCU_5a</b>				
<b>[ASK IF ANY OF HCU_1-HCU_5 = YES]</b>				
During the past 12 months, <u>how many times</u> have you had contact with any of the following about your physical or mental health?				
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE.</b>				
		<b>ENTER EXACT AMOUNT (MASK: MIN=1, MAX=365)</b>	Don't know / No answer DK_NA	Prefer not to answer RF
			8	9
HCU_FAMPHY_NB_WBF4 <b>[ASK IF HCU_FAMPHY_WBF4 = YES]</b>	Family doctor or general practitioner			
HCU_SPEC_NB_WBF4 <b>[ASK IF HCU_SPEC_WBF4 = YES]</b>	Medical specialist (such as a cardiologist, gynaecologist, or ophthalmologist)			
HCU_PSYCH_NB_WBF4 <b>[ASK IF HCU_PSYCH_WBF4 = YES]</b>	Mental health professional (such as a psychologist or psychiatrist)			
HCU_PHYSIO_NB_WBF4 <b>[ASK IF HCU_PHYSIO_WBF4 = YES]</b>	Physiotherapist, occupational therapist, or chiropractor			
HCU_NP_NB_WBF4 <b>[ASK IF HCU_NP_WBF4 = YES]</b>	Nurse practitioner			

<b>HCU_6</b>	<b>HCU_EMEREG_WBF4</b>		
<b>[ALWAYS ASK]</b>			
Have you been seen in an emergency department during the past 12 months?			
YES	1	Yes	
NO	2	No	
DK_NA	8	Don't know / No answer	
REFUSED	9	Prefer not to answer	

<b>HCU_6a</b>	<b>HCU_EMEREG_NB_WBF4</b>		
<b>[ASK IF HCU_EMEREG_WBF4 = YES]</b>			
How many times have you been seen in an emergency department during the past 12 months?			
	_____	<b>ENTER EXACT AMOUNT (MASK: MIN=1, MAX=365)</b>	
DK_NA	998	Don't know / No answer	
REFUSED	999	Prefer not to answer	



<b>HCU_7</b>	<b>HCU_HLOVRNT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Were you a patient in a hospital overnight during the past 12 months? (including overnight in the emergency department)		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>HCU_7a</b>	<b>HCU_HLOVRNT_NB_WBF4</b>	
<b>[ASK HCU_HLOVRNT_WBF4 = YES]</b>		
How many times were you a patient in a hospital overnight during the past 12 months? (including overnight in the emergency department)		
	_____	<b>ENTER EXACT AMOUNT (MASK: MIN=1, MAX=365)</b>
DK_NA	998	Don't know / No answer
REFUSED	999	Prefer not to answer

<b>HCU_8</b>	<b>HCU_HAVEFAM_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have a family doctor, a general practitioner, or nurse practitioner that you can see for regular check-ups and when you are sick?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>HCU_9</b>	<b>HCU_FAMQL_WBF4</b>	
<b>[ASK IF HCU_HAVEFAM_WBF4 = YES]</b>		
Overall, how would you rate the quality of the care you receive from your family doctor, a general practitioner, or nurse practitioner?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
EXCELLENT	1	Excellent
GOOD	2	Good
FAIR	3	Fair
POOR	4	Poor
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>HCU_10</b>	<b>HCU_FAMAPP_WBF4</b>	
<b>[ASK IF HCU_HAVEFAM_WBF4 = YES]</b>		
When you need immediate care for a health problem, how long do you usually have to wait before you can have an appointment with your family doctor, a general practitioner, or nurse practitioner (or another care provider from the same office)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
SAME_DAY	1	On the same day
NEXT_DAY	2	The next day
2_3_DAYS	3	In 2 to 3 days
4_6_DAYS	4	In 4 to 6 days
1_2_WKS	5	In 1 to 2 weeks
2_WKS_1_MO	6	Between 2 weeks and one month
1_MO_PLUS	7	One month or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>HCU_11</b>	<b>HCU_OFFHR_WBF4</b>	
<b>[ASK IF HCU_HAVEFAM_WBF4 = YES]</b>		
If you needed medical care in the evening, on a weekend, or on a public holiday, how easy or difficult would it be to get care without going to a walk-in clinic or emergency department?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
VERY_EASY	1	Very Easy
SOMEWHAT_EASY	2	Somewhat Easy
SOMEWHAT_DIFFICULT	3	Somewhat Difficult
VERY_DIFFICULT	4	Very Difficult
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>HCU_12</b>	<b>HCU_COORD_WBF4</b>	
<b>[ASK IF HCU_HAVEFAM_WBF4 = YES]</b>		
In general, how would you rate the level of coordination between your family doctor, a general practitioner, or nurse practitioner and other health professionals who provide you with regular care? Would you say the coordination is...?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
EXCELLENT	01	Excellent
VERY_GOOD	02	Very good
GOOD	03	Good
FAIR	04	Fair
POOR	05	Poor
NOT_APPLICABLE	96	Not applicable
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>HCU_13</b>	<b>HCU_NOFAM_WBF4</b>	
<b>[ASK IF HCU_HAVEFAM_WBF4 = NO]</b>		
Why do you NOT have a family doctor, a general practitioner, or nurse practitioner?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
HCU_NOFAM_TAKE_WBF4	01	Family doctors, general practitioners, or nurse practitioners in the area are not taking new patients
HCU_NOFAM_AVAIL_WBF4	02	No family doctors, general practitioners, or nurse practitioners available in the area
HCU_NOFAM_CONT_WBF4	03	Have not tried to contact one
HCU_NOFAM_LEFT_WBF4	04	Had a medical provider who left or retired
HCU_NOFAM_SWIT_WBF4	05	Switched to using some form of clinic/walk-in clinic/clinic at hospital, other clinic, easier to use/get to clinic, better "service", etc.
HCU_NOFAM_EXP_WBF4	06	Negative experience with family/other doctor/health care system
HCU_NOFAM_OTSP_WBF4	97	Other: _____
HCU_NOFAM_DK_NA_WBF4	98	Don't know / No answer
HCU_NOFAM_REFUSED_WBF4	99	Prefer not to answer



<b>HCU_14</b>	<b>HCU_FAMV_WBF4</b>	
<b>[ASK IF HCU_FAMPHY_WBF4 = NO AND HCU_NP_WBF4 = NO AND HCU_HAVEFAM_WBF4 = YES]</b>		
Why have you NOT seen a family doctor, general practitioner, or nurse practitioner in the past 12 months?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
HCU_FAMV_NEED_WBF4	01	Not needed
HCU_FAMV_APPT_WBF4	02	Difficulty getting an appointment
HCU_FAMV_TRAN_WBF4	03	Transportation problems
HCU_FAMV_LANG_WBF4	04	Language problem
HCU_FAMV_CANC_WBF4	05	Appointment cancelled or deferred by doctor or nurse practitioner
HCU_FAMV_LEAV_WBF4	06	Unable to leave the house due to health condition
HCU_FAMV_PERS_WBF4	07	Personal and family responsibilities
HCU_FAMV_OTSP_WBF4	97	Other: _____
HCU_FAMV_DK_NA_WBF4	98	Don't know / No answer
HCU_FAMV_REFUSED_WBF4	99	Prefer not to answer

<b>HCU_15</b>	<b>HCU_SPEV_WBF4</b>	
<b>[ASK IF HCU_SPEC_WBF4 = NO]</b>		
Why have you NOT seen a medical specialist (such as a cardiologist, gynecologist, or ophthalmologist) in the past 12-months?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
HCU_SPEV_NEED_WBF4	01	Not needed
HCU_SPEV_REFE_WBF4	02	Difficulty getting a referral
HCU_SPEV_APPT_WBF4	03	Difficulty getting an appointment
HCU_SPEV_SPEC_WBF4	04	No specialists in the area
HCU_SPEV_TRAN_WBF4	05	Transportation problems
HCU_SPEV_LANG_WBF4	06	Language problem
HCU_SPEV_PERS_WBF4	07	Personal and family responsibilities
HCU_SPEV_CANC_WBF4	08	Appointment cancelled or deferred by specialist/doctor
HCU_SPEV_WAIT_WBF4	09	Still waiting for visit
HCU_SPEV_LEAV_WBF4	10	Unable to leave the house due to health condition
HCU_SPEV_OTSP_WBF4	97	Other: _____
HCU_SPEV_DK_NA_WBF4	98	Don't know / No answer
HCU_SPEV_REFUSED_WBF4	99	Prefer not to answer



<b>HCU_16</b>	<b>HCU_DIGITAL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Other than for booking an appointment, in the last 12 months have you used any of the following digital methods to communicate with <u>a health care provider</u> about your medical care?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
HCU_DIGITAL_WEB_WBF4	01	Email or through a website or portal
HCU_DIGITAL_VID_WBF4	02	Video call
HCU_DIGITAL_MSG_WBF4	03	Text messaging/electronic messaging
HCU_DIGITAL_TEL_WBF4	04	Telephone (voice only call)
HCU_DIGITAL_NA_WBF4	96	Not applicable
HCU_DIGITAL_OTSP_WBF4	97	Other methods (Please specify: _____)
HCU_DIGITAL_DK_NA_WBF4	98	Don't know / No answer
HCU_DIGITAL_REFUSED_WBF4	99	Prefer not to answer

<b>HCU_17</b>	<b>HCU_ACCESS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the last 12 months, have you looked at your medical records using an online system or digital tool? This does not include being able to access results of lab tests completed at labs.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
YES	01	Yes
NO	02	No
UNAWARE	03	Unaware if online system or digital tool is available
NOT_BELIEVE	04	Believe that online system or digital tool is not available
NOT_APPLICABLE	96	Not applicable
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>HCU_18</b>	<b>HCU_CONFL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the last 12 months, how often did you receive conflicting information about your health care and needs from <u>your health care providers</u> ?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALWAYS	01	Always
OFTEN	02	Often
SOMETIMES	03	Sometimes
RARELY	04	Rarely
NEVER	05	Never
NOT_APPLICABLE	96	Not applicable
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>HCU_19</b>	<b>HCU_TIME_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the last 12 months, how often did <u>your health care providers</u> spend enough time with you?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALWAYS	01	Always
OFTEN	02	Often
SOMETIMES	03	Sometimes
RARELY	04	Rarely
NEVER	05	Never
NOT_APPLICABLE	96	Not applicable
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>HCU_20</b>	<b>HCU_EXPLAIN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
In the last 12 months, how often did <u>your health care providers</u> explain things in a way that was easy to understand?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ALWAYS	01	Always
OFTEN	02	Often
SOMETIMES	03	Sometimes
RARELY	04	Rarely
NEVER	05	Never
NOT_APPLICABLE	96	Not applicable
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

**HCU\_END**

## Unmet Health Care Needs (MET)

<b>Overview</b>	<p>Access to health care services is often evaluated by considering frequency of use of health care services. However, such research does not capture information from those who do not use health care services or the reasons for not using services. Self-perceived unmet need for health care services is often used as a measure of the adequacy of access to services.</p> <p>The data collected can help researchers determine what factors contribute to unmet health care needs and how important lack of access is in determining unmet health care needs.</p>
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<b>MET_1</b>	<b>MET_NEED_WBF4</b>	
<b>[ALWAYS ASK]</b>		
During the past 12 months, was there ever a time when you felt that you needed health care, but you didn't receive it?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MET_2</b>	<b>MET_RSN_WBF4</b>	
<b>[ASK IF MET_NEED_WBF4 = YES]</b>		
Thinking of the most recent time, why didn't you get care?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
MET_RSN_AREA_WBF4	01	Not available – in the area
MET_RSN_TIME_WBF4	02	Not available – at time required (e.g., doctor on holidays, inconvenient hours)
MET_RSN_WAIT_WBF4	03	Waiting time too long
MET_RSN_INAD_WBF4	04	Felt would be inadequate
MET_RSN_COST_WBF4	05	Cost
MET_RSN_BUSY_WBF4	06	Too busy
MET_RSN_AROD_WBF4	07	Didn't get around to it/didn't bother
MET_RSN_SEEK_WBF4	08	Decided not to seek care
MET_RSN_NECE_WBF4	09	Doctor - didn't think it was necessary
MET_RSN_TRAN_WBF4	10	No transportation available
MET_RSN_OTSP_WBF4	97	Other: _____
MET_RSN_DK_NA_WBF4	98	Don't know / No answer
MET_RSN_REFUSED_WBF4	99	Prefer not to answer

**MET\_END**

## Medication Use (MED) (Tracking Only)

<b>Overview</b>	<p>The questions in this module pertain only to prescription medications taken in the past month.</p> <p><b>Importance of module:</b> The results help assess the frequency of prescription medication use (i.e., daily versus occasional use). The results also permit examination of the relations between frequency of drug usage and (1) the incidence/prevalence of health problems or (2) the utilization of other healthcare services.</p>
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**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO TRACKING PARTICIPANTS ONLY**

The next questions ask about your use of prescription medications.

<b>MED_1</b>	<b>MED_USE1_WBF4</b>		
<b>[ASK IF NO OR DK_NA OR REFUSED TO ALL MEDS IN PKD SECTION]</b>			
How often in the past month did you take one or more prescription medications?			
<b>PARTICIPANT INSTRUCTION: A PRESCRIPTION MEDICATION IS A DRUG THAT IS AVAILABLE FROM A PHARMACIST ONLY WITH WRITTEN INSTRUCTIONS FROM A DOCTOR OR A DENTIST. THIS QUESTION DOES NOT PERTAIN TO OVER-THE-COUNTER MEDICATIONS, WHICH MAY BE PURCHASED WITHOUT SUCH WRITTEN INSTRUCTIONS.</b>			
<b>SELECT ONE RESPONSE</b>			
DAILY	1	Daily	
EVERY_WEEK	2	Every week, but not daily	
LESS_EVERY_WEEK	3	Less often than every week	
NEVER	4	Never	
DK_NA	8	Don't know / No answer	
REFUSED	9	Prefer not to answer	

<b>MED_1a</b>	<b>MED_USE2_WBF4</b>		
<b>[ASK IF ANY MEDICATION IN PKD_MED_WBF4 = YES]</b>			
How often in the past month did you take one or more prescription medications?			
<b>PARTICIPANT INSTRUCTION: A PRESCRIPTION MEDICATION IS A DRUG THAT IS AVAILABLE FROM A PHARMACIST ONLY WITH WRITTEN INSTRUCTIONS FROM A DOCTOR OR A DENTIST. THIS QUESTION DOES NOT PERTAIN TO OVER-THE-COUNTER MEDICATIONS, WHICH MAY BE PURCHASED WITHOUT SUCH WRITTEN INSTRUCTIONS.</b>			
<b>SELECT ONE RESPONSE</b>			
DAILY	1	Daily	
EVERY_WEEK	2	Every week, but not daily	
LESS_EVERY_WEEK	3	Less often than every week	
DK_NA	8	Don't know / No answer	
REFUSED	9	Prefer not to answer	



MED_2	MED_USEQTY2_WBF4	
[ASK IF (MED_USE1_WBF4 ≠ NEVER AND MED_USE1_WBF4 ≠ DK_NA AND MED_USE1_WBF4 ≠ REFUSED) <u>OR</u> (MED_USE2_WBF4 ≠ DK_NA AND MED_USE2_WBF4 ≠ REFUSED)]		
In the past month, how many prescription medications did you take?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
ONE	1	One
TWO	2	Two
THREE	3	Three
FOUR	4	Four
FIVE_NINE	5	Five to nine
TEN_PLUS	6	Ten or more
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**MED\_END**

## Dietary Supplement Use (DSU) (Tracking Only)

<b>Overview</b>	<p>The questions in this module ask about the frequency of use of multivitamins, calcium, vitamin D, and B12 supplements.</p> <p><b>Importance of module:</b> Vitamin D and calcium are important for bone strength and may reduce the risk of osteoporosis and fractures in older adults. After the age of 50, the average person’s vitamin D needs are higher than can be obtained from food alone.</p> <p>Data from this module can help to estimate the frequency of dietary supplement use. The data could also provide information for prevention programs related to diet, as well as information about the impact of combined usage of drugs/medications and supplements.</p>
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**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO TRACKING PARTICIPANTS ONLY**

Now, some questions about your use of nutritional supplements in the past month.

Please note this can include BOTH prescription and non-prescription supplements.

<b>DSU_1-DSU_9</b>		
<b>[ALWAYS ASK]</b>		
In the past month, did you take any of the following:		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
DSU_VIT_MLTV_WBF4	01	Multivitamin supplements
DSU_VIT_CAL_WBF4	02	Calcium supplements
DSU_VIT_VITD_WBF4	03	Vitamin D supplements
DSU_VIT_VITB12_WBF4	04	Vitamin B12 supplements
DSU_VIT_IRON_WBF4	05	Iron supplements
DSU_VIT_VITC_WBF4	06	Vitamin C supplements
DSU_VIT_OMG_WBF4	07	Omega-3 supplements
DSU_VIT_PRO_WBF4	08	Protein supplements (e.g., protein enriched drinks, protein powder)
DSU_VIT_PROB_WBF4	09	Probiotics
DSU_VIT_NONE_WBF4	96	None
DSU_VIT_OTSP_WBF4	97	Other supplements: _____
DSU_VIT_DK_NA_WBF4	98	Don't know / No answer
DSU_VIT_REFUSED_WBF4	99	Prefer not to answer

**DSU\_END**

## Built Environments (ENV)

<b>Overview</b>	Built environments can impact human health by influencing an individual’s day-to-day activities, including levels of physical activity, access to healthy foods, opportunities for social interaction, and safety of travel.
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<b>ENV_1-ENV_9</b>							
<b>[ALWAYS ASK]</b>							
How do you feel about your local area, that is, everywhere within a 20-minute walk or about a mile from your home? Please tell me how strongly you agree or disagree with the following statements.							
<b>PARTICIPANT INSTRUCTION: IF YOU LIVE IN A RURAL LOCATION, YOUR PERCEPTION OF LOCAL AREA MAY NOT BE WITHIN ONE MILE (1.6 KILOMETERS) OR A 20-MINUTE WALK FROM YOUR HOME. LOCAL AREA SHOULD BE WHAT IT MEANS TO YOU AS THE COMMUNITY WHICH YOU LIVE IN.</b>							
<b>SELECT ONE RESPONSE PER STATEMENT</b>							
		Strongly agree	Agree	Disagree	Strongly disagree	Don't know / No answer	Prefer not to answer
		STRONGLY_AGREE	AGREE	DISAGREE	STRONGLY_DISAGREE	DK_NA	RF
		1	2	3	4	8	9
ENV_FLPRTAREA_WBF4	I really feel a part of this area						
ENV_VNDLSM_WBF4	Vandalism or graffiti are a big problem in this area						
ENV_FLLNLY_WBF4	I often feel lonely living in this area						
ENV_PPLTRST_WBF4	Most people in this area can be trusted						
ENV_AFRDWLK_WBF4	People would be afraid to walk alone after dark in this area						
ENV_PPLFRNDLY_WBF4	Most people in this area are friendly						
ENV_PPLTKADV_WBF4	People in this area will take advantage of you						
ENV_CLEAN_WBF4	This area is kept very clean						
ENV_PPLHLP_WBF4	If you were in trouble, there are lots of people in this area who would help you						

ENV\_END

## Transportation, Mobility, Migration (TRA)

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

<b>Overview</b>	<p>The questions in this module ask participants about their driving status and the types of transportation they use.</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 we would like you to focus on how you get around the area where you live. We will ask about the types of transportation you use.

<b>TRA_1</b>	<b>TRA_DSTATUS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Which of the following describes your driving status? (Include cars, vans, trucks and motorcycles.)		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER_DL	1	Never had a driver's license
CURRENTLY_NO_DL	2	Had a driver's license at one point in your life, but currently do not have it
UNRESTRICTED_DL	3	Have a driver's license without restrictions (except corrective lenses)
RESTRICTED_DL	4	Have a driver's license with restrictions on time of driving (daylight only), distance from home, type of road (no highway) or number of passengers
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>TRA_2</b>	<b>TRA_DFREQ_WBF4</b>	
<b>[ASK IF TRA_DSTATUS_WBF4 = UNRESTRICTED_DL OR RESTRICTED_DL]</b>		
How frequently do you drive?		
<b>PARTICIPANT INSTRUCTION: SELECT 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	Don't know / No answer
REFUSED	99	Prefer not to answer



TRA_2a	TRA_CMNTR1_WBF4	
[ASK IF TRA_DSTATUS_WBF4 = UNRESTRICTED_DL OR RESTRICTED_DL]		
In the past year, which was your <u>most common</u> form of transportation?		
<b>PARTICIPANT NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE 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 TRANSP, HANDI TRANSIT, OR WHEEL TRANS.</b>		
<b>PARTICIPANT INSTRUCTION: SELECT 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
ACCESSIBLE_TRANSIT	05	Accessible transit
CYCLING	06	Cycling
WALKING	07	Walking
WHEELCHAIR	08	Wheelchair or motorized cart/scooter
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

TRA_2b	TRA_CMNTR2_WBF4	
[ASK IF TRA_DSTATUS_WBF4 ≠ UNRESTRICTED_DL AND TRA_DSTATUS_WBF4 ≠ RESTRICTED_DL]		
In the past year, which was your <u>most common</u> form of transportation?		
<b>PARTICIPANT NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE 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 TRANSP, HANDI TRANSIT, OR WHEEL TRANS.</b>		
<b>PARTICIPANT INSTRUCTION: SELECT 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
ACCESSIBLE_TRANSIT	04	Accessible transit
CYCLING	05	Cycling
WALKING	06	Walking
WHEELCHAIR	07	Wheelchair or motorized cart/scooter
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

TRA_3		TRA_TYPTR_WBF4
<b>[ALWAYS ASK]</b>		
In the past month, which of the following forms of transportation have you used?		
<p><b>PARTICIPANT NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G. TRAVEL TO A 'PARK AND RIDE').</b></p> <p><b>ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSP, HANDI TRANSIT, OR WHEEL TRANS.</b></p>		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TRA_TYPTR_PAS_WBF4	01	Passenger in a motor vehicle (including driver)
TRA_TYPTR_TAX_WBF4	02	Taxi
TRA_TYPTR_PUB_WBF4	03	Public transit such as bus, rapid transit, subway/metro or train
TRA_TYPTR_ACC_WBF4	04	Accessible transit
TRA_TYPTR_CYC_WBF4	05	Cycling
TRA_TYPTR_WAL_WBF4	06	Walking
TRA_TYPTR_WHE_WBF4	07	Wheelchair or motorized cart/scooter
TRA_TYPTR_NONE_WBF4	96	None
TRA_TYPTR_DK_NA_WBF4	98	Don't know / No answer
TRA_TYPTR_REFUSED_WBF4	99	Prefer not to answer



TRA_4	TRA_PUBTR_WBF4	
[ASK IF TRA_TYPTR_WBF4 ≠ TRA_TYPTR_PUB_WBF4 AND TRA_TYPTR_WBF4 ≠ TRA_TYPTR_DK_NA_WBF4 AND TRA_TYPTR_WBF4 ≠ TRA_TYPTR_REFUSED_WBF4]		
Why did you not use public transit?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TRA_PUBTR_NN_WBF4	01	Service not needed
TRA_PUBTR_PNU_WBF4	02	Prefer not to use
TRA_PUBTR_UNA_WBF4	03	Service unavailable in your area
TRA_PUBTR_HEA_WBF4	04	Limitation due to a health condition or mobility issue
TRA_PUBTR_INC_WBF4	05	Inconvenient service, travel time too long, inconvenient schedule or route
TRA_PUBTR_COS_WBF4	06	Too costly
TRA_PUBTR_NAV_WBF4	07	Service unavailable in area you travelled to
TRA_PUBTR_AWR_WBF4	08	Unaware of local transit services
TRA_PUBTR_SCH_WBF4	09	Schedule unsuitable for need
TRA_PUBTR_NSF_WBF4	10	Unsafe
TRA_PUBTR_ACC_WBF4	11	Cannot easily get to public transit stop or station
TRA_PUBTR_COM_WBF4	12	Lack of comfort
TRA_PUBTR_OTSP_WBF4	97	Other: _____
TRA_PUBTR_DK_NA_WBF4	98	Don't know / No answer
TRA_PUBTR_REFUSED_WBF4	99	Prefer not to answer

<b>TRA_5</b>	<b>TRA_ACCTR_WBF4</b>	
[ASK IF TRA_TYPTR_WBF4 ≠ TRA_TYPTR_ACC_WBF4 AND TRA_TYPTR_WBF4 ≠ TRA_TYPTR_DK_NA_WBF4 AND TRA_TYPTR_WBF4 ≠ TRA_TYPTR_REFUSED_WBF4]		
Why did you not use accessible transit?		
<b>PARTICIPANT NOTE: ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPOR, HANDI TRANSIT, OR WHEEL TRANS.</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TRA_ACCTR_NN_WBF4	01	Service not needed
TRA_ACCTR_PNU_WBF4	02	Prefer not to use
TRA_ACCTR_UNA_WBF4	03	Service unavailable in your area
TRA_ACCTR_HEA_WBF4	04	Limitation due to a health condition
TRA_ACCTR_INC_WBF4	05	Inconvenient service (travel time too long, inconvenient) schedule or route
TRA_ACCTR_COS_WBF4	06	Too costly
TRA_ACCTR_OVB_WBF4	07	Service unavailable due to overbooking
TRA_ACCTR_CNB_WBF4	08	Could not book (could not get through on the telephone, not enough time to book, etc.)
TRA_ACCTR_OTSP_WBF4	97	Other: _____
TRA_ACCTR_DK_NA_WBF4	98	Don't know / No answer
TRA_ACCTR_REFUSED_WBF4	99	Prefer not to answer

<b>TRA_6</b>	<b>TRA_PUBTRFRQ_WBF4</b>	
[ASK IF TRA_TYPTR_WBF4 = TRA_TYPTR_PUB_WBF4]		
In the past month, how frequently did you take public transit?		
<b>PARTICIPANT NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G., TRAVEL TO A 'PARK AND RIDE')</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAILY	1	Daily
4_6_DAYS_WEEK	2	4 to 6 times a week
2_3_DAYS_WEEK	3	2 to 3 times a week
ONCE_WEEK	4	Once a week
LESS_1WEEK_MORE_1MONTH	5	Less than once a week, but more than once a month
LESS_ONCE_MONTH	6	Less than once a month
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

TRA_7	TRA_TRIP_WBF4	
<b>[ALWAYS ASK]</b>		
What kind of trip(s) do you typically make in a week, whether by car, public transit, walking or other means?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TRA_TRIP_WK_WBF4	01	Commute to/from work
TRA_TRIP_BK_WBF4	02	Banking and other business appointments
TRA_TRIP_MD_WBF4	03	Medical appointments
TRA_TRIP_GR_WBF4	04	Grocery shopping
TRA_TRIP_RI_WBF4	05	Recreational/leisure shopping, restaurants
TRA_TRIP_RO_WBF4	06	Recreational/leisure trips to park, other outdoor spaces
TRA_TRIP_CH_WBF4	07	Church/worship service
TRA_TRIP_FM_WBF4	08	Visiting friends and family
TRA_TRIP_SO_WBF4	09	Social activities (e.g., seniors recreational centres)
TRA_TRIP_OTSP_WBF4	97	Other: _____
TRA_TRIP_DK_NA_WBF4	98	Don't know / No answer
TRA_TRIP_REFUSED_WBF4	99	Prefer not to answer

TRA_8	TRA_AVOID_WBF4	
[ASK IF TRA_DSTATUS_WBF4 = UNRESTRICTED_DL OR RESTRICTED_DL]		
If possible, do you try to avoid any of these driving situations:		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TRA_AVOID_RA_WBF4	01	On ramps and off ramps
TRA_AVOID_CR_WBF4	02	Traffic circles/roundabouts
TRA_AVOID_FW_WBF4	03	Four way stops without traffic signals
TRA_AVOID_UN_WBF4	04	Unfamiliar routes or detours
TRA_AVOID_HV_WBF4	05	Heavy traffic or rush hour in town
TRA_AVOID_ML_WBF4	06	Heavy traffic or rush hour on multi-lane or divided highways/expressways
TRA_AVOID_SL_WBF4	07	Heavy traffic or rush hour on single-lane or undivided highways/expressways
TRA_AVOID_TL_WBF4	08	Making left hand turns with traffic lights
TRA_AVOID_NL_WBF4	09	Making left hand turns with no traffic lights or stop signs
TRA_AVOID_LG_WBF4	10	Travelling next to large trucks
TRA_AVOID_BS_WBF4	11	Crossing or entering busy streets without traffic signals
TRA_AVOID_YD_WBF4	12	Yielding to traffic (at yield signs)
TRA_AVOID_SN_WBF4	13	Driving in heavy rain or snow
TRA_AVOID_DW_WBF4	14	Driving at dawn/dusk
TRA_AVOID_NT_WBF4	15	Driving at night
TRA_AVOID_NONE_WBF4	96	No, I do not try to avoid any of these situations
TRA_AVOID_OTSP_WBF4	97	Other: _____
TRA_AVOID_DK_NA_WBF4	98	Don't know / No answer
TRA_AVOID_REFUSED_WBF4	99	Prefer not to answer

TRA_9	TRA_DRVST_YR_WBF4	
[ASK IF TRA_DSTATUS_WBF4 = CURRENTLY_NO_DL]		
Approximately how many years ago did you stop driving?		
<b>PARTICIPANT INSTRUCTION: IF YOU ARE UNSURE OF THE EXACT NUMBER, PLEASE PROVIDE YOUR BEST POSSIBLE ESTIMATE, ENTER "0" IF LESS THAN 1 YEAR</b>		
	<b>(MASK: MIN=0, MAX=CURRENT AGE)</b>	
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>TRA_9a</b>	<b>TRA_CEASE_WBF4</b>	
<b>[ASK IF TRA_DSTATUS_WBF4 = CURRENTLY_NO_DL]</b>		
What factors or events led you to stop driving?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TRA_CEASE_ND_WBF4	01	I no longer needed to drive
TRA_CEASE_EN_WBF4	02	I no longer enjoyed driving
TRA_CEASE_CO_WBF4	03	The cost of gas and upkeep of my car was too expensive
TRA_CEASE_SF_WBF4	04	I felt I was no longer a safe driver
TRA_CEASE_NR_WBF4	05	I was nervous or intimidated while driving
TRA_CEASE_DR_WBF4	06	My doctor advised me to stop driving
TRA_CEASE_FF_WBF4	07	Someone else advised me to stop driving (e.g., family or friend)
TRA_CEASE_PT_WBF4	08	Improved availability of public transit
TRA_CEASE_DP_WBF4	09	Driving-related events such as collision, demerit points
TRA_CEASE_RE_WBF4	10	Driver license renewal or road test requirement
TRA_CEASE_IN_WBF4	11	Inability to complete license renewal requirements
TRA_CEASE_PC_WBF4	12	Physical condition/limitation
TRA_CEASE_DV_WBF4	13	Deteriorating vision
TRA_CEASE_LC_WBF4	14	Having lesser confidence in driving
TRA_CEASE_NONE_WBF4	96	No reason
TRA_CEASE_OTSP_WBF4	97	Other: _____
TRA_CEASE_DK_NA_WBF4	98	Don't know / No answer
TRA_CEASE_REFUSED_WBF4	99	Prefer not to answer

<b>TRA_10</b>	<b>TRA_MED_WBF4</b>	
<b>[ASK IF TRA_DSTATUS_WBF4 = UNRESTRICTED_DL OR RESTRICTED_DL]</b>		
Have you ever spoken to your family doctor, optometrist or any other doctor, nurse or pharmacist about your driving safety?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

TRA_10a	TRA_MEDTPC_WBF4	
<b>[ASK IF TRA_MED_WBF4 = YES]</b>		
Which of the following topics related to your driving did you discuss with the medical professional?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
TRA_MEDTPC_CON_WBF4	01	Possible safety issues related to a medical condition that you have
TRA_MEDTPC_MED_WBF4	02	Possible safety issues related to driving when taking prescription medication
TRA_MEDTPC_HRB_WBF4	03	Possible safety issues related to driving when taking non-prescription or herbal medications/supplements
TRA_MEDTPC_ACC_WBF4	04	A motor vehicle accident or a near miss that you were a part of
TRA_MEDTPC_INF_WBF4	05	Driving infraction (e.g., speeding ticket)
TRA_MEDTPC_THR_WBF4	06	Referral for a driving assessment with an occupational therapist
TRA_MEDTPC_LCS_WBF4	07	Referral for a driving assessment with licensing authority
TRA_MEDTPC_TRN_WBF4	08	Driver re-training
TRA_MEDTPC_ADV_WBF4	09	General information/advice from your doctor
TRA_MEDTPC_OTSP_WBF4	97	Other: _____
TRA_MEDTPC_DK_NA_WBF4	98	Don't know / No answer
TRA_MEDTPC_REFUSED_WBF4	99	Prefer not to answer

TRA_11	TRA_ACCID_WBF4	
<b>[ASK IF TRA_DSTATUS_WBF4 ≠ NEVER_DL]</b>		
Were you involved as a driver in a motor vehicle collision in the past 3 years?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

TRA\_END

## Wealth (WEA)

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

<b>WEA_1</b>	<b>WEA_SVNGS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Which, if any, of the following savings and investments do you (and your spouse/partner) have?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
WEA_SVNGS_ACC_WBF4	01	Account at a bank, credit union or elsewhere
WEA_SVNGS_RRSP_WBF4	02	RRSPs
WEA_SVNGS_INV_WBF4	03	Financial investments outside of RRSPs
WEA_SVNGS_NONE_WBF4	96	None
WEA_SVNGS_DK_NA_WBF4	98	Don’t know / No answer
WEA_SVNGS_REFUSED_WBF4	99	Prefer not to answer

<b>WEA_2</b>	<b>WEA_SVNGSVL_WBF4</b>	
<b>[ASK IF WEA_SVNGS_WBF4 ≠ WEA_SVNGS_NONE_WBF4 AND WEA_SVNGS_WBF4 ≠ WEA_SVNGS_DK_NA_WBF4 AND WEA_SVNGS_WBF4 ≠ WEA_SVNGS_REFUSED_WBF4]</b>		
What is the approximate total value of these savings and investments?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_50000	1	Less than \$50,000
50000_100000	2	\$50,000 to less than \$100,000
100000_MILLION	3	\$100,000 to less than \$1 million
MORE_MILLION	4	\$1 million or more
DK_NA	8	Don’t know / No answer
REFUSED	9	Prefer not to answer

<b>WEA_3</b>	<b>WEA_LFINS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you (or your spouse/partner) have life insurance?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>WEA_4</b>	<b>WEA_ASSETS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Which, if any, of the following assets do you (and your spouse/partner) have?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
WEA_ASSETS_HSE_WBF4	01	House, apartment or holiday home, including timeshares but not including principal residence
WEA_ASSETS_PRES_WBF4	02	Principal residence
WEA_ASSETS_FBS_WBF4	03	Farm or business property (such as a shop, warehouse or garage)
WEA_ASSETS_OTL_WBF4	04	Other land
WEA_ASSETS_MOWD_WBF4	05	Money owed to you by others
WEA_ASSETS_TRST_WBF4	06	A trust
WEA_ASSETS_CINH_WBF4	07	A covenant or inheritance
WEA_ASSETS_NONE_WBF4	96	None
WEA_ASSETS_OTSP_WBF4	97	Other assets (including works of art or collectibles such as antiques or jewellery): _____
WEA_ASSETS_DK_NA_WBF4	98	Don't know / No answer
WEA_ASSETS_REFUSED_WBF4	99	Prefer not to answer

<b>WEA_5</b>	<b>WEA_DEBT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you (or your spouse/partner) currently have any of the following kinds of debts?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
WEA_DEBT_CCRD_WBF4	01	Credit or store cards
WEA_DEBT_DBI_WBF4	02	Debts to friends, relatives or other private individuals
WEA_DEBT_LNS_WBF4	03	Loans from banks or financial institutions, including overdrafts not including mortgages
WEA_DEBT_NONE_WBF4	96	None
WEA_DEBT_DK_NA_WBF4	98	Don't know / No answer
WEA_DEBT_REFUSED_WBF4	99	Prefer not to answer

<b>WEA_6</b>	<b>WEA_FNSTATUS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Which of these phrases best describes how you (and your spouse/partner) are managing financially these days?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
VERY_WELL	1	Manage very well
QUITE_WELL	2	Manage quite well
GET_BY	3	Get by alright
NOT_VERY_WELL	4	Don't manage very well
SOME_DIFFICULTIES	5	Have some financial difficulties
SEVERE_DIFFICULTIES	6	Have severe financial difficulties
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>WEA_7</b>	<b>WEA_INCNEEDS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How well do you think that your income currently satisfies your basic needs? Would you say...		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
VERY_WELL	1	Very well
ADEQUATELY	2	Adequately
SOME_DIFFICULTY	3	With some difficulty
NOT_VERY_WELL	4	Not very well
TOTALLY_INADEQUATELY	5	Totally inadequately
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>WEA_8</b>	<b>WEA_THNGS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Does having too little money stop you from doing any of the following things?		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
WEA_THNGS_FOD_WBF4	01	Buy your first choices of food items
WEA_THNGS_FFO_WBF4	02	Have family and friends around for a drink or meal
WEA_THNGS_POF_WBF4	03	Have an outfit to wear for social or family occasions
WEA_THNGS_HMR_WBF4	04	Keep your home in a good state of repair
WEA_THNGS_REL_WBF4	05	Replace or repair broken electrical goods
WEA_THNGS_TRSP_WBF4	06	Pay for fares or other transport costs to get to and from places you want to go
WEA_THNGS_PRES_WBF4	07	Buy presents for friends or family
WEA_THNGS_HLDY_WBF4	08	Take the type of holidays you want
WEA_THNGS_TRSLF_WBF4	09	Treat yourself from time to time
WEA_THNGS_NONE_WBF4	96	None of these / Not applicable
WEA_THNGS_DK_NA_WBF4	98	Don't know / No answer
WEA_THNGS_REFUSED_WBF4	99	Prefer not to answer

<b>WEA_9</b>	<b>WEA_ORGMONEY_WBF4</b>	
<b>[ASK IF SDC_MRTL2_WBF4 = MARRIED OR COMMON_LAW2]</b>		
People organize their family finances in different ways. Which of the following methods comes closest to the way you organize yours? It doesn't have to fit exactly – just choose the nearest one.		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
I_DO	01	I look after all the household money except my spouse/partner's personal spending
PARTNER	02	My spouse/partner looks after all the household money except my personal spending
I_DO_ALLOWANCE	03	I look after all the household money. My spouse/partner is given a housekeeping allowance
PARTNER_ALLOWANCE	04	My spouse/partner looks after all the household money. I am given a housekeeping allowance
SHARE	05	We share and manage our household finances jointly
SEPARATE	06	We keep our finances completely separate
OTSP	97	We have some other arrangement (specify: _____)
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer



<b>WEA_10</b>	<b>WEA_FNDEC_WBF4</b>	
<b>[ASK IF SDC_MRTL2_WBF4 = MARRIED OR COMMON_LAW2]</b>		
In your household, who has the final say in big financial decisions?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
I_DO	01	I do
PARTNER	02	My spouse/partner does
EQUAL	03	My spouse/partner and I have equal say
OTSP	97	Another person does (specify relationship: _____)
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>WEA_11</b>	<b>WEA_SUFFUND_WBF4</b>	
<b>[ALWAYS ASK]</b>		
What do you think the chances are that at some point in the future you will not have sufficient financial resources to meet your needs?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LITTLE_OR_NO	1	Little or no possibility
SOME	2	Some possibility
HIGH	3	High possibility
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>WEA_12</b>	<b>WEA_INHERT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
What are the chances that you (and your spouse/partner together) will leave an inheritance exceeding \$100,000?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NONE	1	None
LOW	2	Low
MODERATE	3	Moderate
HIGH	4	High
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**WEA\_END**

## Online Social Networking (INT)

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

<b>INT_1</b>	<b>INT_ACCESSHM_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have access to the Internet or email at home?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>INT_2</b>	<b>INT_FRQEMAIL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How frequently do you use email?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INT_3	INT_FRQWBSTS_WBF4	
<b>[ALWAYS ASK]</b>		
How frequently do you use the Internet to access websites?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INT_4	INT_FRQHLTH_WBF4	
<b>[ASK IF INT_FRQWBSTS_WBF4 ≠ NEVER]</b>		
How often do you use the Internet to search for health-related information?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INT_5	INT_SCLNTWRK_WBF4	
<b>[ASK IF INT_FRQWBSTS_WBF4 ≠ NEVER]</b>		
Do you currently use social networking sites on the Internet? Examples of such sites include Facebook, LinkedIn, Instagram, YouTube, Twitter, Messaging apps, Pinterest, MySpace, MSNGroups. Email is not included.		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INT_6	INT_WYSSCL_WBF4	
<b>[ASK IF INT_SCLNTWRK_WBF4 = YES]</b>		
What are the different ways you use social networking sites? Do you ever use those sites to...		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
INT_WYSSCL_MNF_WBF4	01	Make new friends
INT_WYSSCL_FRI_WBF4	02	Stay in touch or make plans with friends
INT_WYSSCL_FAM_WBF4	03	Stay in touch or make plans with family
INT_WYSSCL_PRO_WBF4	04	Promote yourself or your work
INT_WYSSCL_INF_WBF4	05	Share information (e.g., photos, interests)
INT_WYSSCL_OTSP_WBF4	97	Other: _____
INT_WYSSCL_DK_NA_WBF4	98	Don't know / No answer
INT_WYSSCL_REFUSED_WBF4	99	Prefer not to answer

INT_6a	INT_FRQMNF_WBF4	
<b>[ASK IF INT_WYSSCL_WBF4 = INT_WYSSCL_MNF_WBF4]</b>		
How often do you use social networking sites to make new friends?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INT_6b	INT_FRQFRI_WBF4	
<b>[ASK IF INT_WYSSCL_WBF4 = INT_WYSSCL_FRI_WBF4]</b>		
How often do you use social networking sites to stay in touch or make plans with friends?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INT_6c	INT_FRQFAM_WBF4	
<b>[ASK IF INT_WYSSCL_WBF4 = INT_WYSSCL_FAM_WBF4]</b>		
How often do you use social networking sites to stay in touch or make plans with family?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INT_6d	INT_FRQPRO_WBF4	
<b>[ASK IF INT_WYSSCL_WBF4 = INT_WYSSCL_PRO_WBF4]</b>		
How often do you use social networking sites to promote yourself or your work?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INT_6e	INT_FRQINF_WBF4	
<b>[ASK IF INT_WYSSCL_WBF4 = INT_WYSSCL_INF_WBF4]</b>		
How often do you use social networking sites to share information (e.g., photos, interests)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INT_6f	INT_FRQOTSP_WBF4	
[ASK IF INT_WYSSCL_WBF4 = INT_WYSSCL_OTSP_WBF4]		
How often do you use social networking sites to [BRING IN VERBATIM RESPONSES FROM INT_WYSSCL_OTSP_WBF4]?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

INT\_END

## Meta Memory (MEM) (Comprehensive Only)

<b>Overview</b>	Complaints about memory are extremely common in middle aged and older people. While these complaints can occur in the setting of demonstrable cognitive disorders such as mild cognitive impairment (MCI) or a dementia, they are also common in individuals without an overt cognitive disorder. The significance of memory complaints in cognitively normal people has been the subject of debate for many years.
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**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY**

The next questions are about everyday memory situations. Evaluate each situation as it pertains to your memory functioning over the past 2 weeks.

<b>MEM_1</b>	<b>MEM_PAYBILL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget to pay a bill on time?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_2</b>	<b>MEM_MPLAC_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you misplace something you use daily, like your keys or glasses?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_3</b>	<b>MEM_RMNUM_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you have trouble remembering a telephone number you just looked up?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
NO_NEED	6	No need to remember
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_4</b>	<b>MEM_RCNME_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you not recall the name of someone you just met?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_5</b>	<b>MEM_LVTHG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you leave something behind when you meant to bring it with you?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>MEM_6</b>	<b>MEM_FGAPT_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget an appointment?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_7</b>	<b>MEM_FGTD0_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget what you were just about to do; for example, walk into a room and forget what you went there to do?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_8</b>	<b>MEM_FGERD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget to run an errand?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_9</b>	<b>MEM_SPWRD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you have difficulty coming up with a specific word that you want?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_10</b>	<b>MEM_MBDTL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you have trouble remembering details from a newspaper or magazine article you read earlier that day?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_11</b>	<b>MEM_FGMED_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget to take medication?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_12</b>	<b>MEM_NAMEK_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you not recall the name of someone you have known for some time?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_13</b>	<b>MEM_PSMEG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget to pass on a message?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_14</b>	<b>MEM_FGSAY_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget what you were going to say in conversation?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_15</b>	<b>MEM_FGANV_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget a birthday or anniversary that you used to know well?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_16</b>	<b>MEM_TELNM_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget a telephone number you use frequently?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_17</b>	<b>MEM_RETELL_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you retell a story or joke to the same person because you forgot that you had already told him or her?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>MEM_18</b>	<b>MEM_PLAWY_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you misplace something that you put away a few days ago?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_19</b>	<b>MEM_BUYTH_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget to buy something you intended to buy?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MEM_20</b>	<b>MEM_DTCNV_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How often do you forget details about a recent conversation?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
RARELY	2	Rarely
SOMETIMES	3	Sometimes
OFTEN	4	Often
ALLTIME	5	All the time
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

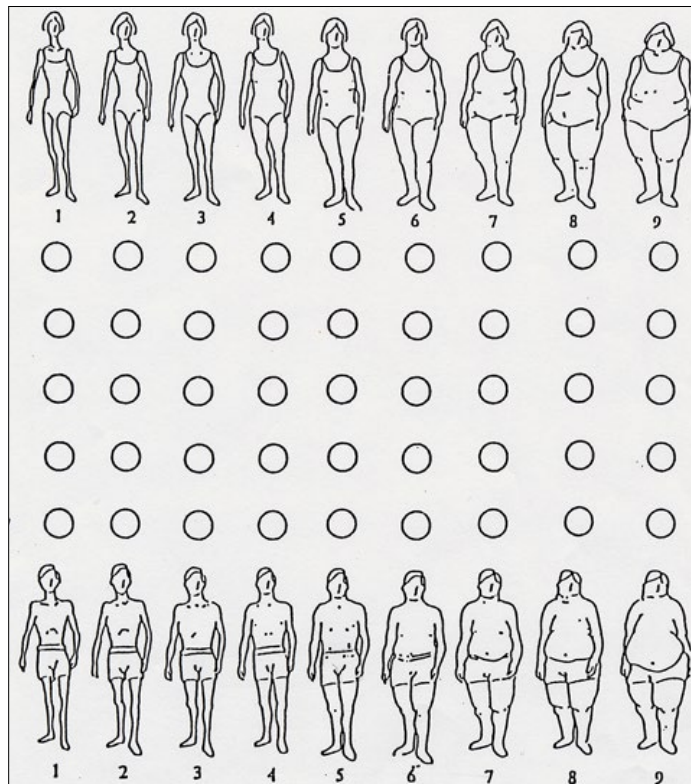
MEM\_END

## Weight Perception (WTP) – (Comprehensive Only)

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

<b>Overview</b>	Now, we ask you to choose from among nine line drawings, the picture that you think best reflected your body build at ages 25, 45, 55, 65 years, and currently.
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**PROGRAMMING NOTE: THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY**



**PARTICIPANT INSTRUCTION:** While looking at the image answer the question below.



<b>WTP_1a-WTP_1e</b>				
<b>[ALWAYS ASK]</b>				
Which diagram best depicts your outline at a given age?				
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE PER STATEMENT</b>				
			Don't know / no answer	Prefer not to answer
			DK_NA	RF
			8	9
WTP_IMAGE25_WBF4	Age 25	_____ RECORD NUMBER (MASK: MIN=1, MAX=9)		
WTP_IMAGE45_WBF4	Age 45	_____ RECORD NUMBER (MASK: MIN=1, MAX=9)		
<b>[ASK IF CURRENT AGE ≥ 55]</b>				
WTP_IMAGE55_WBF4	Age 55	_____ RECORD NUMBER (MASK: MIN=1, MAX=9)		
<b>[ASK IF CURRENT AGE ≥ 65]</b>				
WTP_IMAGE65_WBF4	Age 65	_____ RECORD NUMBER (MASK: MIN=1, MAX=9)		
WTP_IMAGECUR_WBF4	Currently	_____ RECORD NUMBER (MASK: MIN=1, MAX=9)		

**WTP\_END**

## Sleep (SLE) – (Comprehensive Only)

<b>Overview</b>	Questions about sleep allow the CLSA to examine the relation between sleep and health. Evidence has shown that factors such as duration of sleep and movement during sleep are linked to mortality and health concerns such as heart disease.
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**PROGRAMMING NOTES:  
THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY.  
THIS MODULE IS PART OF DCS BY WEB**

<b>SLE_1</b>	<b>SLE_QLTY_WBF4</b>	
<b>[ALWAYS ASK]</b>		
How satisfied or dissatisfied are you with your current sleep pattern?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
VERY_SATISFIED	1	Very Satisfied
SATISFIED	2	Satisfied
NEUTRAL	3	Neutral
DISSATISFIED	4	Dissatisfied
VERY_DISSATISFIED	5	Very Dissatisfied
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLE_2</b>	<b>SLE_HOUR_WBF4</b>	
<b>[ALWAYS ASK]</b>		
During the <u>past month</u> , on average, how many hours of actual sleep did you get at night?		
<b>PARTICIPANT NOTE: THIS MAY BE DIFFERENT THAN THE NUMBER OF HOURS YOU SPEND IN BED.</b>		
	HOURS	_____ RECORD NUMBER (MASK: MIN=0, MAX=24)
DK_NA	98	Don't know / No answer
REFUSED	99	Prefer not to answer

<b>SLE_3</b>	<b>SLE_30MIN_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Over the <u>last month</u> , how often did it take you more than 30 minutes to fall asleep?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
LESS_ONCE_WEEK	2	Less than once a week
1_2_TIME_WEEK	3	Once or twice/week
3_5_TIMES_WEEK	4	3-5 times/week
6_7_TIMES_WEEK	5	6-7 times/week
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLE_3a</b>	<b>SLE_30DUR_WBF4</b>	
<b>[ASK IF SLE_30MIN_WBF4 ≠ NEVER AND SLE_30MIN_WBF4 ≠ LESS_ONCE_WEEK AND SLE_30MIN_WBF4 ≠ DK_NA AND SLE_30MIN_WBF4 ≠ REFUSED]</b>		
For how long have you had this trouble going to sleep?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
WK	Weeks	_____ <b>RECORD NUMBER (MASK: MIN=1, MAX=52)</b>
MT	Months	_____ <b>RECORD NUMBER (MASK: MIN=1, MAX=12)</b>
YR	Years	_____ <b>RECORD NUMBER (MASK: MIN=1, MAX=CURRENT AGE)</b>
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>SLE_3b</b>	<b>SLE_30INTRF_WBF4</b>	
<b>[ASK IF SLE_30MIN_WBF4 ≠ NEVER AND SLE_30MIN_WBF4 ≠ LESS_ONCE_WEEK AND SLE_30MIN_WBF4 ≠ DK_NA AND SLE_30MIN_WBF4 ≠ REFUSED]</b>		
To what extent do you consider your problem falling asleep to interfere with your daily functioning (for example, from daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NOT_AT_ALL	1	Not at all
LITTLE	2	A little
SOMEWHAT	3	Somewhat
MUCH	4	Much
VERY_MUCH	5	Very much
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLE_4</b>	<b>SLE_MIDFQ_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Over the <u>last month</u> , how often did you wake in the middle of the night or too early in the morning and found it difficult to fall asleep again?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
LESS_ONCE_WEEK	2	Less than once a week
1_2_TIME_WEEK	3	Once or twice/week
3_5_TIMES_WEEK	4	3-5 times/week
6_7_TIMES_WEEK	5	6-7 times/week
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLE_4a</b>	<b>SLE_MIDDUR_WBF4</b>	
<b>[ASK IF SLE_MIDFQ_WBF4 ≠ NEVER AND SLE_MIDFQ_WBF4 ≠ LESS_ONCE_WEEK AND SLE_MIDFQ_WBF4 ≠ DK_NA AND SLE_MIDFQ_WBF4 ≠ REFUSED]</b>		
For how long have you had this trouble with staying asleep?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
WK	Weeks	_____ <b>RECORD NUMBER (MASK: MIN=1, MAX=52)</b>
MT	Months	_____ <b>RECORD NUMBER (MASK: MIN=1, MAX=12)</b>
YR	Years	_____ <b>RECORD NUMBER (MASK: MIN=1, MAX=CURRENT AGE)</b>
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>SLE_4b</b>	<b>SLE_MIDINTRF_WBF4</b>	
<b>[ASK IF SLE_MIDFQ_WBF4 ≠ NEVER AND SLE_MIDFQ_WBF4 ≠ LESS_ONCE_WEEK AND SLE_MIDFQ_WBF4 ≠ DK_NA AND SLE_MIDFQ_WBF4 ≠ REFUSED]</b>		
To what extent do you consider your problem staying asleep to interfere with your daily functioning (for example, from daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NOT_AT_ALL	1	Not at all
LITTLE	2	A little
SOMEWHAT	3	Somewhat
MUCH	4	Much
VERY_MUCH	5	Very much
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>SLE_5</b>	<b>SLE_STAYFQ_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Over the <u>last month</u> , how often do you find it difficult to stay awake during your normal waking hours when you want to?		
<b>PARTICIPANT NOTE: IF NAPPING IS A REGULAR, VOLUNTARY ACTIVITY, THEN NAPPING DOES NOT “COUNT”.</b>		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NEVER	1	Never
LESS_ONCE_WEEK	2	Less than once a week
1_2_TIME_WEEK	3	Once or twice/week
3_5_TIMES_WEEK	4	3-5 times/week
6_7_TIMES_WEEK	5	6-7 times/week
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLE_5a</b>	<b>SLE_STAYDUR_WBF4</b>	
<b>[ASK IF SLE_STAYFQ_WBF4 ≠ NEVER AND SLE_STAYFQ_WBF4 ≠ LESS_ONCE_WEEK AND SLE_STAYFQ_WBF4 ≠ DK_NA AND SLE_STAYFQ_WBF4 ≠ REFUSED]</b>		
For how long have you had trouble staying awake?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
WK	Weeks	____ RECORD NUMBER (MASK: MIN=1, MAX=52)
MT	Months	____ RECORD NUMBER (MASK: MIN=1, MAX=12)
YR	Years	____ RECORD NUMBER (MASK: MIN=1, MAX=CURRENT AGE)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>SLE_5b</b>	<b>SLE_STAYINTRF_WBF4</b>	
<b>[ASK IF SLE_STAYFQ_WBF4 ≠ NEVER AND SLE_STAYFQ_WBF4 ≠ LESS_ONCE_WEEK AND SLE_STAYFQ_WBF4 ≠ DK_NA AND SLE_STAYFQ_WBF4 ≠ REFUSED]</b>		
To what extent do you consider your problem staying awake to interfere with your daily functioning?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
NOT_AT_ALL	1	Not at all
LITTLE	2	A little
SOMEWHAT	3	Somewhat
MUCH	4	Much
VERY_MUCH	5	Very much
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



<b>SLE_6</b>	<b>SLE_DREAM_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Have you ever been told, or suspected yourself, that you seem to “act out your dreams” while asleep (for example, punching, flailing your arms in the air, making running movements, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLE_6a</b>	<b>SLE_DRMDUR_WBF4</b>	
<b>[ASK IF SLE_DREAM_WBF4 = YES]</b>		
For how long have you had this "acting out" of your dreams?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
WK	Weeks	____ RECORD NUMBER (MASK: MIN=1, MAX=52)
MT	Months	____ RECORD NUMBER (MASK: MIN=1, MAX=12)
YR	Years	____ RECORD NUMBER (MASK: MIN=1, MAX=CURRENT AGE)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

<b>SLE_7</b>	<b>SLE_LEGS_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have, or have you sometimes experienced, recurrent, uncomfortable feelings or sensations in your legs while sitting or lying down?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SLE_8</b>	<b>SLE_LGURG_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you have, or have you sometimes experienced, a recurrent need or urge to move your legs while sitting or lying down?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



SLE_8a	SLE_LGDUR_WBF4	
[ASK IF SLE_LEGS_WBF4 = YES OR SLE_LGURG_WBF4 = YES]		
For how long have you had these uncomfortable feelings or urge to move?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
WK	Weeks	_____ RECORD NUMBER (MASK: MIN=1, MAX=52)
MT	Months	_____ RECORD NUMBER (MASK: MIN=1, MAX=12)
YR	Years	_____ RECORD NUMBER (MASK: MIN=1, MAX=CURRENT AGE)
DK_NA	9998	Don't know / No answer
REFUSED	9999	Prefer not to answer

SLE_8b	SLE_LGFQ_WBF4	
[ASK IF SLE_LEGS_WBF4 = YES OR SLE_LGURG_WBF4 = YES]		
Over the <u>last month</u> , how many times (per week, on average) have you experienced these uncomfortable feelings or urge to move?		
<b>PARTICIPANT INSTRUCTION: SELECT ONE RESPONSE</b>		
LESS_THAN_ONCE	1	Less than once
ONCE_TWICE	2	Once or twice
3_4_TIMES	3	Three or four times
MORE_4_TIMES	4	More than four times
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

SLE_8c	SLE_LGIMPR_WBF4	
[ASK IF SLE_LEGS_WBF4 = YES OR SLE_LGURG_WBF4 = YES]		
Do these uncomfortable feelings or sensations in your legs, or the urge to move, disappear/improve when you are active or moving around?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

SLE_8d	SLE_LGEVE_WBF4	
[ASK IF SLE_LEGS_WBF4 = YES OR SLE_LGURG_WBF4 = YES]		
Are these uncomfortable feelings, or this urge to move, worse in the evening or at night compared with the morning?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer



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

<b>SNO_1</b>	<b>SNO_SNORE_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Do you snore loudly? By 'loudly' we mean louder than talking or loud enough to be heard through closed doors.		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>SNO_2</b>	<b>SNO_STOPBREATH_WBF4</b>	
<b>[ALWAYS ASK]</b>		
Has anyone ever observed you stop breathing in your sleep?		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

**SLE\_END**

## Munich ChronoType Questionnaire (MCT) (Comprehensive Only)

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

### PROGRAMMING NOTES:

**THIS MODULE IS ADMINISTERED TO COMPREHENSIVE PARTICIPANTS ONLY  
THIS MODULE IS PART OF DCS BY WEB**

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

MCT_1	MCT_REGWK_WBF4	
<b>[ALWAYS ASK]</b>		
I have a regular work schedule (this includes being, for example, a housewife or househusband).		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

MCT_1a	MCT_WKDAY_NB_WBF4	
<b>[ASK IF MCT_REGWK_WBF4 = YES]</b>		
I work on _____ days a week.		
	1	_____ (MASK: MIN=1, MAX=7)
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

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

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

<b>MCT_2-6</b>		
<b>[ALWAYS ASK]</b>		
<b><u>Workdays</u></b>		
MCT_BED_WD_WBF4	HH:MM	I go to bed at _____ o'clock.
Note that some people stay awake for some time when in bed.		
MCT_READY_WD_WBF4	HH:MM	I actually get ready to fall asleep at _____ o'clock.
MCT_SLEEP_WD_WBF4	MIN	I need _____ minutes to fall asleep. (MASK: MIN=0, MAX=60)
MCT_WAKE_WD_WBF4	HH:MM	I wake up at _____ o'clock.
MCT_GETUP_WD_WBF4	MIN	After _____ minutes I get up. (MASK: MIN=0, MAX=60)

<b>MCT_7</b>	<b>MCT_ALARMWD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
I use an alarm clock on workdays.		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MCT_8</b>	<b>MCT_BEFORE_WBF4</b>	
<b>[ASK IF MCT_ALARMWD_WBF4 = YES]</b>		
I regularly wake up BEFORE the alarm rings.		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MCT_9-13</b>		
<b>[ALWAYS ASK]</b>		
<b><u>Free Days</u></b>		
MCT_BED_FD_WBF4	HH:MM	I go to bed at ____ o'clock.
Note that some people stay awake for some time when in bed.		
MCT_READY_FD_WBF4	HH:MM	I actually get ready to fall asleep at ____ o'clock.
MCT_SLEEP_FD_WBF4	MIN	I need ____ minutes to fall asleep. <b>(MASK: MIN=0, MAX=60)</b>
MCT_WAKE_FD_WBF4	HH:MM	I wake up at ____ o'clock.
MCT_GETUP_FD_WBF4	MIN	After ____ minutes I get up. <b>(MASK: MIN=0, MAX=60)</b>

<b>MCT_14</b>	<b>MCT_ALARMFD_WBF4</b>	
<b>[ALWAYS ASK]</b>		
My wake-up time is due to the use of an alarm clock.		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MCT_15</b>	<b>MCT_REASON_WBF4</b>	
<b>[ALWAYS ASK]</b>		
There are particular reasons why I <u>cannot</u> freely choose my sleep times on free days.		
YES	1	Yes
NO	2	No
DK_NA	8	Don't know / No answer
REFUSED	9	Prefer not to answer

<b>MCT_16</b>	<b>MCT_ALRMWHY_WBF4</b>	
<b>[ASK IF MCT_REASON_WBF4 = YES]</b>		
If 'yes':		
<b>PARTICIPANT INSTRUCTION: SELECT ALL THAT APPLY</b>		
MCT_ALRMWHY_CHP_WBF4	01	Child(ren)/pet(s)
MCT_ALRMWHY_HO_WBF4	02	Hobbies
MCT_ALRMWHY_OTSP_WBF4	97	Other, for example: _____
MCT_ALRMWHY_DK_NA_WBF4	98	Don't know / No answer
MCT_ALRMWHY_REFUSED_WBF4	99	Prefer not to answer

**MCT\_END**

**END**