



clsa élcv

Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

Proxy Questionnaire

(Follow Up 2)

v2.0, 2022 January 26

Examples of variable names as shown in the datasets.

SDC_1	SDC_RELGCP_PXF2	
[ALWAYS ASK]		
Compared to three years ago, would you say that [participant] is...?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT WAS NEVER RELIGIOUS “EQUALLY” WOULD APPLY		
MORE_RELIGIOU	1	More religious and/or spiritual
NO_CHANGE	2	Equally as religious and/or spiritual
LESS_RELIGIOU	3	Less religious and/or spiritual
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SMK_6	SMK_OTCURRE_PXF2	
[ASK IF SMK_OTOCC_PXF2 = YES]		
What other types of tobacco products do you currently use?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
SMK_OTCURRE_CG_PXF2	01	Cigars
SMK_OTCURRE_SM_PXF2	02	Small cigars (cigarillos)
SMK_OTCURRE_PI_PXF2	03	Tobacco pipes
SMK_OTCURRE_CH_PXF2	04	Chewing tobacco or snuff
SMK_OTCURRE_PT_PXF2	05	Nicotine patches
SMK_OTCURRE_GU_PXF2	06	Nicotine gum
SMK_OTCURRE_BE_PXF2	07	Betel nut
SMK_OTCURRE_PN_PXF2	08	Paan
SMK_OTCURRE_SH_PXF2	09	Sheesha
SMK_OTCURRE_EN_PXF2	10	E-cigarettes with nicotine
SMK_OTCURRE_EC_PXF2	11	E-cigarettes, without nicotine
SMK_OTCURRE_OTSP_PXF2	97	Other (please specify: _____)
SMK_OTCURRE_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
SMK_OTCURRE_REFUSED_PXF2	99	[DO NOT READ] Refused

Table of Contents

	Page
Proxy Questionnaire Introductions	5
Home Ownership (OWN)	11
Socio-Demographic Characteristics (SDC).....	13
Smoking (SMK)	15
Alcohol Use (ALC).....	17
General Health (GEN).....	19
Physical Activities (PA2)	21
Nutritional Risk (NUR).....	29
Oral Health (ORH).....	35
Pain and Discomfort (HUP).....	42
Vision (VIS)	43
Hearing (HRG)	45
Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE).....	47
Chronic Conditions (CCT)	53
<i>Osteoarthritis</i>	53
<i>Arthritis</i>	55
<i>Respiratory</i>	56
<i>Cardiac/Cardiovascular</i>	58
<i>Neurological</i>	65
<i>Gastrointestinal</i>	69
<i>Vision</i>	72
<i>Cancer</i>	74
<i>Mental Health</i>	76
<i>Other Chronic Conditions</i>	77
<i>Infections</i>	83
Parkinsonism (PKD).....	84
Functional Status (FUL)	88
Basic Activities of Daily Living (ADL)	96
Instrumental Activities of Daily Living (IAL).....	102
Social Networks (SN).....	108
Social Support – Availability (SSA).....	113
Social Participation (SPA).....	120
Generalized Anxiety Disorder (GAD).....	125
Care Receiving 1/ Formal Care (CR1).....	127
Care Receiving 2/ Informal Care (CR2).....	130
Injuries (INJ).....	137
Falls (FAL).....	142
Retirement Status (RET).....	146
Health Care Utilization (HCU).....	150

Built Environments (ENV) 153
Transportation, Mobility, Migration (TRA) 154
Online Social Networking (INT)..... 160

Proxy Questionnaire Status Check

Q00	PIC_REV_PXF2
[ALWAYS ASK]	
<p>Prior to beginning, I want to let you know that if [participant's name] becomes able or chooses to provide information for themselves, rather than relying on you as their proxy information provider, they are free to choose this option. It is part of the Canadian Longitudinal Study on Aging (CLSA) policies that a participant can choose to restart taking interviews from the CLSA even if they have previously relied on a proxy (like you) to be interviewed on their behalf. All they need to do is contact the CLSA to let us know and we will re-establish them as our primary contact for interviewing instead of you. This option is explained in our materials about the proxy process made available to all participants, which we presume [participant's name] would have read prior to designating you as their proxy. Even so, you can always remind [participants' name] of this option, if you think they would be interested.</p>	

Proxy Questionnaire

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

To begin, we would like to ask you a few questions about yourself as a proxy: about your age, gender and relationship to **[participant]**. We are collecting this information because it may allow us to better understand the basic characteristics about people who are proxies.

The information we collect about you here will be stored under a unique identification number, and not with your name or contact information. The data may be used for research purposes.

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

Q1	PIC_NAME_PXF2	
[ALWAYS ASK]		
<p>As we are going through the questionnaire, how would you like me to refer to Mr./Ms./Miss/Mrs. [participant's last name]? [If responder is unsure: Would you like us to refer to him/her as Mr./Ms./Miss/Mrs. [participant's last name], as [participant's first name], or as [participant's full name] or by another name?]</p>		
NAME		OPEN TEXT VARIABLE

Q2	PIC_RELN_PXF2	
[ALWAYS ASK]		
[If proxy responder has already indicated their relationship with the participant, just confirm that relationship]. What is your relationship to [participant's name] ? You are their...?		
WE ARE INTERESTED IN THE RELATIONSHIP OF THE PROXY RESPONDER TO THE PARTICIPANT, NOT THE OTHER WAY AROUND. SO, IF THE PROXY RESPONDER IS THE SON OF THE PARTICIPANT, THEN THE CORRECT ANSWER IS 'SON/DAUGHTER'.		
COLLECTING DEMOGRAPHIC DATA ABOUT THE PROXY RESPONDERS—FOR EXAMPLE, THEIR AGE, GENDER, AND RELATIONSHIP TO THE PARTICIPANT—MAY PROVE USEFUL FOR BUILDING KNOWLEDGE ABOUT HOW TO RECRUIT, INTEGRATE, AND RETAIN PROXY RESPONDERS IN THE STUDY. WE ALSO NEED TO KNOW SOME BASIC INFORMATION ABOUT WHO THE PROXY RESPONDERS ARE TO POTENTIALLY BETTER UNDERSTAND THE INFORMATION THEY PROVIDE, AND POSSIBLY TO EXPLAIN PATTERNS IN THE DATA.		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
SPOUSE	01	Husband/wife
COMMON_LAW	02	Common-law partner
PARENT	03	Father/mother
CHILD	04	Son/daughter
SIBLING	05	Brother/sister
GRAND_PARENT	06	Grandfather/grandmother
GRAND_CHILD	07	Grandson/granddaughter
PARENT_IN_LAW	08	Father-in-law/mother-in-law
CHILD_IN_LAW	09	Son-in-law/daughter-in-law
SIBLING_IN_LAW	10	Brother-in-law/sister-in-law
OTHER_RELATIVE	11	Other relative (specify: _____)
FRIEND	12	Friend
NEIGHBOUR	13	Neighbour
OTHER	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused



Q2a	PIC_CURRAGE_PXF2	
[ALWAYS ASK]		
What is your age?		
COLLECTING DEMOGRAPHIC DATA ABOUT THE PROXY RESPONDERS—FOR EXAMPLE, THEIR AGE, GENDER, AND RELATIONSHIP TO THE PARTICIPANT—MAY PROVE USEFUL FOR BUILDING KNOWLEDGE ABOUT HOW TO RECRUIT, INTEGRATE, AND RETAIN PROXY RESPONDERS IN THE STUDY. WE ALSO NEED TO KNOW SOME BASIC INFORMATION ABOUT WHO THE PROXY RESPONDERS ARE TO POTENTIALLY BETTER UNDERSTAND THE INFORMATION THEY PROVIDE, AND POSSIBLY TO EXPLAIN PATTERNS IN THE DATA.		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
UNDER_25	01	25 or below
26_35	02	26-35
36_45	03	36-45
46_55	04	46-55
56_65	05	56-65
66_75	06	66-75
76_85	07	76-85
86_95	08	86-95
ABOVE_95	09	Above 95
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

Q2b	PIC_CURRSEX_PXF2	
[ALWAYS ASK]		
What is your current gender identity?		
<p>INTERVIEWER: COLLECTING DEMOGRAPHIC DATA ABOUT THE PROXY RESPONDERS—FOR EXAMPLE, THEIR AGE, GENDER, AND RELATIONSHIP TO THE PARTICIPANT—MAY PROVE USEFUL FOR BUILDING KNOWLEDGE ABOUT HOW TO RECRUIT, INTEGRATE, AND RETAIN PROXY RESPONDERS IN THE STUDY. WE ALSO NEED TO KNOW SOME BASIC INFORMATION ABOUT WHO THE PROXY RESPONDERS ARE TO POTENTIALLY BETTER UNDERSTAND THE INFORMATION THEY PROVIDE, AND POSSIBLY TO EXPLAIN PATTERNS IN THE DATA.</p> <p>Gender non-binary people are those whose gender identity is neither 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.</p>		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
MAN	01	Man
WOMAN	02	Woman
TRANSMAN	03	Trans Man
TRANSWOMAN	04	Trans Woman
NONBINARY	05	Gender Non-Binary
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

Q2c	PIC_CLOSE_PXF2	
[ALWAYS ASK]		
On a scale from 1 – 5, how close do you feel you are to [participant's name] ? With one being 'not at all close' and five being 'extremely close'.		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
ONE	1	1 (not at all close)
TWO	2	2
THREE	3	3
FOUR	4	4
FIVE	5	5 (extremely close)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Q2d	PIC_KNOWN_PXF2	
[ALWAYS ASK]		
How long have you known [participant's name] ? In years and months.		
ROUND UP TO THE NEAREST MONTH		
LESS_MONTH	996	LESS THAN ONE MONTH
PIC_KNOWN_YR_PXF2	_____	YEARS (MIN=0; MAX=CURRENT AGE)
PIC_KNOWN_MT_PXF2	_____	MONTHS (MIN=0; MAX=11)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

Q3	PIC_COHAB_PXF2	
[ASK IF PIC_RELN_PXF2 ≠ NEIGHBOUR]		
Are you currently living with [participant's name] ?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Q4	PIC_VISIT_PXF2	
[ASK IF PIC_COHAB_PXF2 ≠ YES]		
In the past three months, how often have you visited with [participant's name] ? Is it ...		
READ LIST, CODE ONLY ONE RESPONSE		
MORE_DAY	1	At least once a day
MORE_WEEK	2	At least once a week
MORE_WEEK_LESS_DAY	3	More than once a week but less than once a day
MORE_MONTH	4	At least once a month
LESS_MONTH	5	Less than once a month
NOT_ALL	6	Not at all
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused



Q4a	PIC_CONT_PXF2	
[ASK IF PIC_COHAB_PXF2 ≠ YES]		
In the past three months, have you been in contact with [participant's name] in any of the following ways:		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PIC_CONT_PR_PXF2	01	In person
PIC_CONT_PH_PXF2	02	By phone
PIC_CONT_EM_PXF2	03	By email
PIC_CONT_SM_PXF2	04	By social media (Facebook, twitter, etc.)
PIC_CONT_CG_PXF2	05	Through contact with [his/her] caregiver
PIC_CONT_OT_PXF2	97	Other (specify: _____)
PIC_CONT_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
PIC_CONT_REFUSED_PXF2	99	[DO NOT READ] Refused

PIC_END

Home Ownership (OWN)

Overview	<p>In this module, respondents are asked to provide information about the participant's home ownership status, the value of their home, and the value of their mortgage.</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 **[participant]**'s current home.

OWN_1	OWN_DWLG_PXF2	
[ALWAYS ASK]		
What type of dwelling does [participant] currently live in?		
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE		
HOUSE	01	House (single detached, semi-detached, duplex or townhouse)
APARTMENT	02	Apartment or condominium
SENIORS_HOUSING	03	Seniors' housing (retirement home, assisted living)
INSTITUTION	04	Institution (old age facility)
HOTEL	05	Mobile home, hotel, rooming or lodging house
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

OWN_2	OWN_OWN_PXF2	
[ASK IF OWN_DWLG_PXF2 ≠ INSTITUTION, DK_NA OR REFUSED]		
Does [participant] (and [his/her] spouse/partner) own or rent [his/her] dwelling?		
CODE ONLY ONE RESPONSE		
OWN	01	Own
RENT	02	Rent
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

OWN_3	OWN_MRTG_PXF2	
[ASK IF OWN_OWN_PXF2 = OWN]		
Is this with a mortgage or is the mortgage paid off completely?		
INTERVIEWER INSTRUCTION: IF THE DWELLING NEVER HAD A MORTGAGE OR WAS RECEIVED AS A GIFT OR AN INHERITANCE, SELECT 'PAID OFF COMPLETELY'		
WITH_MORTGAGE	1	With mortgage
PAID_OFF	2	Paid off completely
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

OWN_END

Socio-Demographic Characteristics (SDC)

SDC_1	SDC_RELGCP_PXF2	
[ALWAYS ASK]		
Compared to three years ago, would you say that [participant] is...?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT WAS NEVER RELIGIOUS “EQUALLY” WOULD APPLY		
MORE_RELIGIOU	1	More religious and/or spiritual
NO_CHANGE	2	Equally as religious and/or spiritual
LESS_RELIGIOU	3	Less religious and/or spiritual
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SDC_2	SDC_RELGFQ_PXF2	
[ALWAYS ASK]		
In the past 12 months, how often did [participant] engage in religious or spiritual activities (including prayer, meditation) taking place at home or in any other location?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT WAS NEVER RELIGIOUS “NOT AT ALL” WOULD APPLY		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
THREE_TIMES_YEAR	4	At least 3 times a year
ONCE_TWICE_YEAR	5	Once or twice a year
NOT_AT_ALL	6	Not at all
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SDC_3	SDC_MRTL_PXF2	
[ALWAYS ASK]		
What is [participant] 's current marital/partner status?		
INTERVIEWER INSTRUCTIONS: WE NEED TO CONFIRM/UPDATE MARITAL STATUS BECAUSE SOME QUESTIONS IN THE SURVEY ARE ASKED DEPENDING ON MARITAL/PARTNER STATUS		
SINGLE	1	Single, never married or never lived with a partner
COMMON_LAW	2	Married/living with a partner in a common-law relationship
WIDOWED	3	Widowed
DIVORCED	4	Divorced
SEPARATED	5	Separated
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SDC_END

Smoking (SMK)

Overview	<p>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>Note: This module covers smoking cigarettes. Pipe and cigar smoking should not be included in this module.</p>
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SMK_1	SMK_CURRCG_PXF2	
[ALWAYS ASK]		
At the present time, does [participant] smoke cigarettes daily, occasionally or not at all?		
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE		
DAILY_PAST_30_DAYS	1	Daily (at least one cigarette every day for the past 30 days)
OCCASIONALLY	2	Occasionally (at least one cigarette in the past 30 days, but not every day)
NOT_AT_ALL	3	Not at all (they did not smoke at all in the past 30 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SMK_2	SMK_NBCG_PXF2	
[ASK IF SMK_CURRCG_PXF2 = DAILY_PAST_30_DAYS]		
How many cigarettes does [participant] smoke each day now?		
READ LIST IF NECESSARY; CODE ONLY ONE RESPONSE		
INTERVIEWER INSTRUCTIONS: A PACK CONTAINS EITHER 20 OR 25 CIGARETTES. IF THE RESPONDER ANSWERS "A PACK A DAY", ASK THEM FOR BEST ESTIMATE.		
1_5_CIGARETTES	1	1-5 cigarettes
6_10_CIGARETTES	2	6-10 cigarettes
11_15_CIGARETTES	3	11-15 cigarettes
16_20_CIGARETTES	4	16-20 cigarettes
21_25_CIGARETTES	5	21-25 cigarettes
NB	6	26 or more cigarettes (Please specify: _____) (MASK: MIN=26, MAX=200)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SMK_3	SMK_OTOCC_PXF2	
[ALWAYS ASK]		
Does [participant] currently use any other types of tobacco products?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SMK_4	SMK_OTCURR_PXF2	
[ASK IF SMK_OTOCC_PXF2 = YES]		
What other types of tobacco products does [participant] currently use?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
SMK_OTCURR_CG_PXF2	01	Cigars
SMK_OTCURR_SM_PXF2	02	Small cigars (cigarillos)
SMK_OTCURR_PI_PXF2	03	Tobacco pipes
SMK_OTCURR_CH_PXF2	04	Chewing tobacco or snuff
SMK_OTCURR_PT_PXF2	05	Nicotine patches
SMK_OTCURR_GU_PXF2	06	Nicotine gum
SMK_OTCURR_BE_PXF2	07	Betel nut
SMK_OTCURR_PN_PXF2	08	Paan
SMK_OTCURR_SH_PXF2	09	Sheesha
SMK_OTCURR_EN_PXF2	10	E-cigarettes with nicotine
SMK_OTCURR_EC_PXF2	11	E-cigarettes, without nicotine
SMK_OTCURR_OTSP_PXF2	97	Other (please specify: _____)
SMK_OTCURR_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
SMK_OTCURR_REFUSED_PXF2	99	[DO NOT READ] Refused

SMK_END

Alcohol Use (ALC)

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

ALC_1	ALC_FREQ_PXF2	
[ALWAYS ASK]		
About how often during the past 12 months did [participant] drink alcohol?		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST EVERY DAY	01	Almost every day (incl. 6 times a week)
4_5_TIMES_WEEK	02	4-5 times a week
2_3_TIMES_WEEK	03	2-3 times a week
ONCE_WEEK	04	Once a week
2_3_TIMES_MONTH	05	2-3 times a month
ABOUT_ONCE_MONTH	06	About once a month
LESS_ONCE_MONTH	07	Less than once a month
NEVER	96	Never
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ALC_2	ALC_HVST_PXF2	
[ASK IF ALC_FREQ_PXF2 ≠ NEVER, DK_NA OR REFUSED]		
How does [participant]'s current consumption of alcohol compare to [his/her] heaviest period of drinking?		
READ LIST, CODE ONLY ONE RESPONSE		
SAME	1	About the same
LESS_HEAVIEST_PERIOD	2	Less than the heaviest period of drinking
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ALC_END

General Health (GEN)

Overview	<p>The general health module is used to collect data on proxy-perceived health, proxy-perceived mental health, proxy-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 participant's health. For example, if a participant's health is described as fair or poor, they are more likely to have long-term health problems, to suffer from depression and to be heavy users of the health care system.</p>
-----------------	---

Next I am going to ask you some general questions about **[participant]**'s health.

GEN_1	GEN_HLTH_PXF2	
[ALWAYS ASK]		
In general, would you say [participant] 's health is excellent, very good, good, fair, or poor?		
CODE ONLY ONE RESPONSE		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_2	GEN_MNTL_PXF2	
[ALWAYS ASK]		
In general, would you say [participant] 's mental health is excellent, very good, good, fair, or poor?		
CODE ONLY ONE RESPONSE		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_3	GEN_OWNAG_PXF2	
[ALWAYS ASK]		
In terms of [participant] 's own healthy aging, would you say it is excellent, very good, good, fair, or poor?		
CODE ONLY ONE RESPONSE		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_4	GEN_BRD_PXF2	
[ALWAYS ASK]		
About how much time does [participant] spend playing board games, cards, crossword puzzles, jigsaw puzzles, or Sudoku?		
CODE ONLY ONE RESPONSE		
EVERY_DAY	1	Every day
SEVERAL_TIMES_WEEK	2	Several times a week
SEVERAL_TIMES_MONTH	3	Several times a month
SEVERAL_TIMES_YEAR	4	Several times a year
ONCE_YEAR_OR_LESS	5	Once a year or less
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_5	GEN_MUSC_PXF2	
[ALWAYS ASK]		
About how much time does [participant] spend playing a musical instrument or singing in a choir?		
CODE ONLY ONE RESPONSE		
EVERY_DAY	1	Every day
SEVERAL_TIMES_WEEK	2	Several times a week
SEVERAL_TIMES_MONTH	3	Several times a month
SEVERAL_TIMES_YEAR	4	Several times a year
ONCE_YEAR_OR_LESS	5	Once a year or less
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GEN_END

Physical Activities (PA2)

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

Overview	<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>Importance of module: Answers to this module may be used to assess participants' level of physical activity. Higher levels of activity are associated with better health.</p>
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Now I'd like to ask you about **[participant]**'s level of physical activity. The following questions are about leisure activities, household activities, and work and volunteer activities done over the past 7 days.

PA2_1	PA2_SIT_PXF2	
[ALWAYS ASK]		
Over the past 7 days, how often did [participant] participate in sitting activities such as reading, watching TV, computer activities or doing handicrafts? Would you say...		
READ LIST; CODE ONLY ONE RESPONSE		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_2	PA2_SITHR_SIT_PXF2	
[ASK IF PA2_SIT_PXF2 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did [participant] engage in these sitting activities?		
READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_3	PA2_WALK_PXF2	
[ALWAYS ASK]		
Over the past 7 days, how often did [participant] take a walk outside [his/her] home or yard for any reason? For example, for pleasure or exercise, walking to work, walking the dog, etc.		
READ LIST; CODE ONLY ONE RESPONSE		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_4	PA2_WALKHR_PXF2	
[ASK IF PA2_WALK_PXF2 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did [participant] spend walking?		
READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_5	PA2_LSPRT_PXF2	
[ALWAYS ASK]		
Over the past 7 days, how often did [participant] engage in light sports or recreational activities such as bowling, golf with a cart, shuffleboard, badminton, fishing or other similar activities?		
INTERVIEWER INSTRUCTION: LIGHT SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE YOU CAN EASILY HAVE A CONVERSATION WHILE ENGAGED IN THE ACTIVITY. WALKING SHOULD BE RECORDED IN THE PREVIOUS QUESTION.		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_6	PA2_LSPRTHR_PXF2	
[ASK IF PA2_LSPRT_PXF2 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did [participant] engage in these light sports or recreational activities?		
READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_7	PA2_MSPRT_PXF2	
[ALWAYS ASK]		
Over the past 7 days, how often did [participant] engage in moderate sports or recreational activities such as ballroom dancing, hunting, skating, golf without a cart, softball or other similar activities?		
INTERVIEWER INSTRUCTION: MODERATE SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE THERE IS A SMALL INCREASE IN BREATHING WHILE ENGAGING IN THE ACTIVITY. DO NOT INCLUDE GARDENING AND LAWN WORK.		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_8	PA2_MSPRTHR_PXF2	
[ASK IF PA2_MSPRT_PXF2 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did [participant] engage in these moderate sports or recreational activities?		
READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_9	PA2_SSPRT_PXF2	
[ALWAYS ASK]		
Over the past 7 days, how often did [participant] engage in strenuous sports or recreational activities such as jogging, swimming, snowshoeing, cycling, aerobics, skiing, or other similar activities?		
INTERVIEWER INSTRUCTION: STRENUOUS SPORTS OR RECREATIONAL ACTIVITIES REFER TO ACTIVITIES WHERE HAVING A CONVERSATION IS VERY DIFFICULT.		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_10	PA2_SSPRTHR_PXF2	
[ASK IF PA2_SSPRT_PXF2 ≠ NEVER, DK_NA OR REFUSED]		
On average, how many hours per day did [participant] engage in these strenuous sports or recreational activities?		
READ LIST; CODE ONLY ONE RESPONSE		
LESS_30_MIN	1	less than 30 minutes
30_MIN_1_HR	2	30 minutes but less than 1 hour
1_2_HR	3	1 hour but less than 2 hours
2_4_HR	4	2 hours but less than 4 hours
MORE_4_HR	5	4 hours or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_11	PA2_EXER_PXF2	
[ALWAYS ASK]		
Over the past 7 days, how often did [participant] do any exercises specifically to increase muscle strength and endurance, such as lifting weights or push-ups, etc.?		
INTERVIEWER INSTRUCTION: EXAMPLES INCLUDE HAND WEIGHTS, PHYSICAL THERAPY WITH WEIGHTS, CALLISTHENICS, SIT-UPS, AND WEIGHTLIFTING.		
READ LIST, CODE ONLY ONE RESPONSE		
NEVER	1	Never
SELDOM	2	Seldom (1 to 2 days)
SOMETIMES	3	Sometimes (3 to 4 days)
OFTEN	4	Often (5 to 7 days)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_12	PA2_EXERHR_PXF2		
[ASK IF PA2_EXER_PXF2 ≠ NEVER, DK_NA OR REFUSED]			
On average, how many hours per day did [participant] engage in exercises to increase muscle strength and endurance?			
READ LIST; CODE ONLY ONE RESPONSE			
LESS_30_MIN	1	less than 30 minutes	
30_MIN_1_HR	2	30 minutes but less than 1 hour	
1_2_HR	3	1 hour but less than 2 hours	
2_4_HR	4	2 hours but less than 4 hours	
MORE_4_HR	5	4 hours or more	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

PA2_13- PA2_18	PA2_HWRK_PXF2				
[ALWAYS ASK]					
During the past 7 days, did [participant] engage in any of the following activities?					
INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE					
		YES	NO	DK_NA	RF
PA2_LTHSWK_PXF2	light housework, such as dusting or washing dishes				
PA2_HVYHSWK_PXF2	heavy housework or chores such as vacuuming, scrubbing floors, washing windows or carrying wood				
PA2_HMREPAIR_PXF2	home repairs like painting, wallpapering, electrical work, etc.				
PA2_HVYODA_PXF2	lawn work or yard care, including snow or leaf removal, wood chopping, etc. (excluding outdoor gardening)				
PA2_LTODA_PXF2	outdoor gardening, sweeping the balcony or the stairs				
PA2_CRPRSN_PXF2	caring for another person, such as children, a dependent spouse or other adult				

PA2_19	PA2_WRK_PXF2	
[ALWAYS ASK]		
During the past 7 days, did [participant] work for pay or as a volunteer?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_20	PA2_WRKHRS_NB_PXF2	
[ASK IF PA2_WRK_PXF2 = YES]		
During the past 7 days, how many hours did [participant] work for pay or as a volunteer?		
INTERVIEWER INSTRUCTION: IF THE RESPONDER IS UNSURE OF THE EXACT NUMBER OF HOURS, PLEASE REQUEST BEST POSSIBLE ESTIMATE		
PA2_WRKHRS_NB_PXF2	_____	ENTER EXACT AMOUNT (MASK: MIN=1, MAX=168)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

PA2_21	PA2_WRKPA_PXF2	
[ASK IF PA2_WRK_PXF2 = YES]		
Which of the following categories best describes the amount of physical activity required on [participant] 's job or as a volunteer?		
INTERVIEWER NOTE: 50 LBS. IS APPROXIMATELY 23 KG. READ CATEGORIES, CODE ONLY ONE RESPONSE		
SITTING	1	mainly sitting with slight arm movements (such as office worker or bus driver)
STANDING_WALKING	2	sitting and standing with some walking (such as cashier or light tool and machinery worker)
LIGHT_MANUAL	3	walking with some handling of materials generally weighing less than 50 lbs (such as postal worker, waitress or construction worker)
HEAVY_MANUAL	4	walking and heavy manual work often requiring handling of materials weighing over 50 lbs (such as lumberjack, stone mason, farm or general labourer)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_22	PA2_REPRTN_PXF2	
[ALWAYS ASK]		
We just talked about [participant] 's activities during the last 7 days. Taking them all together, would you say they represent the level of [his/her] routine activity over the last 12 months?		
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE		
STRONGLY_AGREE	1	Strongly agree
AGREE	2	Agree
NEITHER_AGREE_DISAGREE	3	Neither agree nor disagree
DISAGREE	4	Disagree
STRONGLY_DISAGREE	5	Strongly disagree
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_23	PA2_PALVL_PXF2	
[ASK IF PA2_REPRTN_PXF2 = DISAGREE OR STRONGLY_DISAGREE]		
During the past 7 days, would you say that [participant] 's physical activity level was...		
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE		
LOT_LOWER	1	a lot lower than usual
LITTLE_LOWER	2	a little lower than usual
LITTLE_HIGHER	3	a little higher than usual
LOT_HIGHER	4	a lot higher than usual
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_24	PA2_PARTPA_PXF2	
[ALWAYS ASK]		
In the past 12 months, do you feel that [participant] felt like [he/she] wanted to participate more in physical activities?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PA2_25	PA2_PRVPA_PXF2	
[ASK IF PA2_PARTPA_PXF2 = YES]		
What prevented [participant] from doing physical activities/more physical activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
PA2_PRVPA_COS_PXF2	01	Cost
PA2_PRVPA_TRM_PXF2	02	Transportation problems
PA2_PRVPA_ACT_PXF2	03	Activities not available in the area
PA2_PRVPA_LOC_PXF2	04	Location not physically accessible
PA2_PRVPA_FAR_PXF2	05	Location is too far
PA2_PRVPA_HEA_PXF2	06	Health condition limitation
PA2_PRVPA_ILL_PXF2	07	Illness/injury
PA2_PRVPA_FEA_PXF2	08	Fear of injury
PA2_PRVPA_TIM_PXF2	09	Lack of time
PA2_PRVPA_ENG_PXF2	10	Lack of energy
PA2_PRVPA_MOT_PXF2	11	Lack of motivation
PA2_PRVPA_SKI_PXF2	12	Lack of skills or knowledge
PA2_PRVPA_OTSP_PXF2	97	Other (please specify: _____)
PA2_PRVPA_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
PA2_PRVPA_REFUSED_PXF2	99	[DO NOT READ] Refused

PA2_END

Nutritional Risk (NUR)

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

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

NUR_1	NUR_GLSWT_PXF2	
[ALWAYS ASK]		
Compared with 6 months ago, has [participant] gained weight, lost weight or stayed about the same?		
READ LIST, CODE ONLY ONE RESPONSE		
GAINED	1	Gained weight
LOST	2	Lost weight
SAME	3	Stayed about the same
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_2a	NUR_WTL_PXF2	
[ASK IF NUR_GLSWT_PXF2 = LOST]		
How much weight did [participant] LOSE in the <u>past 6 months</u> ?		
READ LIST, CODE ONLY ONE RESPONSE		
MORE_10_LB	1	More than 10 pounds (More than 4.5 kilos)
6_10_LB	2	6 to 10 pounds (2.7 to 4.5 kilos)
ABOUT_5_LB	3	About 5 pounds (About 2.3 kilos)
LESS_5_LB	4	Less than 5 pounds (Less than 2.3 kilos)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_2b	NUR_WTG_PXF2	
[ASK IF NUR_GLSWT_PXF2 = GAINED]		
How much weight did [participant] GAIN in the <u>past 6 months</u> ?		
READ LIST, CODE ONLY ONE RESPONSE		
MORE_10_LB	1	More than 10 pounds (More than 4.5 kilos)
6_10_LB	2	6 to 10 pounds (2.7 to 4.5 kilos)
ABOUT_5_LB	3	About 5 pounds (About 2.3 kilos)
LESS_5_LB	4	Less than 5 pounds (Less than 2.3 kilos)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_3	NUR_SKPMLS_PXF2	
[ALWAYS ASK]		
In general, how often does [participant] skip meals?		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST EVERY DAY	1	Almost every day
OFTEN	2	Often
SOMETIMES	3	Sometimes
RARELY	4	Rarely
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_4	NUR_APPTT_PXF2	
[ALWAYS ASK]		
In general, how would you describe [participant]'s appetite? Would you say it is...		
READ LIST, CODE ONLY ONE RESPONSE		
VERY_GOOD	1	Very good
GOOD	2	Good
FAIR	3	Fair
POOR	4	Poor
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_5	NUR_SWLLFD_PXF2	
[ALWAYS ASK]		
In general, how often does [participant] cough, choke, or have pain when swallowing food or fluid? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_6	NUR_FRTVEG_PXF2	
[ALWAYS ASK]		
In general, how many servings of fruits and vegetables does [participant] eat in a day?		
INTERVIEWER INSTRUCTION: FRUITS AND VEGETABLES CAN BE CANNED, FRESH, FROZEN OR 100% NATURAL JUICE.		
A SERVING IS...:		
<ul style="list-style-type: none"> ▪ 125 ml (1/2 cup) OF VEGETABLES ▪ 125 ml (1/2 cup) OF COOKED, LEAFY VEGETABLES ▪ 250 ml (1 cup) RAW LEAFY VEGETABLES ▪ 1 FRUIT OR 125 ml (1/2 cup) OF FROZEN OR CANNED FRUIT OR 125 ml (1/2 cup) OF 100% NATURAL JUICE 		
READ LIST, CODE ONLY ONE RESPONSE		
SEVEN_OR_MORE	1	Seven or more
SIX	2	Six
FIVE	3	Five
FOUR	4	Four
THREE	5	Three
TWO	6	Two
LESS_TWO	7	Less than two
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_7	NUR_DRKFLD_PXF2	
[ALWAYS ASK]		
How much fluid does [participant] drink in a day?		
INTERVIEWER INSTRUCTION: INCLUDES WATER, TEA, COFFEE, HERBAL DRINKS, 100% NATURAL JUICES, FRUIT FLAVOURED DRINKS, MILK AND SOFT DRINKS BUT NOT ALCOHOL. A CUP IS 8 OUNCES or 250 ML.		
READ LIST, CODE ONLY ONE RESPONSE		
EIGHT_OR_MORE	1	Eight or more cups
FIVE_SEVEN	2	Five to seven cups
THREE_FOUR	3	Three to four cups
TWO	4	About two cups
LESS_TWO	5	Less than two cups
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_8	NUR_MLSMN_PXF2	
[ALWAYS ASK]		
How often does [participant] eat at least one meal each day with someone?		
READ LIST, CODE ONLY ONE RESPONSE		
ALMOST_EVERY_DAY	1	Almost every day
OFTEN	2	Often
SOMETIMES	3	Sometimes
RARELY	4	Rarely
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_9	NUR_CKMEALS_PXF2	
[ALWAYS ASK]		
Does [participant] usually cook [his/her] own meals?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_10	NUR_MLPREP_PXF2	
[ASK IF NUR_CKMEALS_PXF2 = YES]		
Which of the following statements best describes meal preparation for [participant]?		
READ LIST, CODE ONLY ONE RESPONSE		
ENJOY_COOKING	1	They enjoy cooking most of their meals
SOMETIMES_COOKING_CHORE	2	They sometimes find cooking a chore
USUALLY_COOKING_CHORE	3	They usually find cooking a chore
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_11	NUR_MLPREP_OTH_PXF2	
[ASK IF NUR_CKMEALS_PXF2 = NO]		
Which of the following statements best describes meal preparation for [participant]?		
INTERVIEWER INSTRUCTION: INCLUDES FAMILY MEMBERS, FRIENDS, AND MEAL SERVICES		
READ LIST, CODE ONLY ONE RESPONSE		
SATISFIED	1	They are <u>satisfied</u> with the quality of the food prepared by others
NOT_SATISFIED	2	They are <u>not satisfied</u> with the quality of the food prepared by others
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Fast Food Consumption

NUR_12	NUR_FASTFD_NB_PXF2	
[ALWAYS ASK]		
On average, how many times in the past month has [participant] eaten fast food (restaurant, take-out, or home delivery)?		
NOTE: FAST FOOD TYPICALLY REFERS TO RESTAURANT LIKE MCDONALD'S, KFC, BURGER KING, ETC. WHERE THERE IS A COUNTER WHERE YOU ORDER AND GET YOUR FOOD ON A TRAY OR TAKE IT OUT. IT DOES NOT REFER TO ANY OTHER TYPE OF RESTAURANT.		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER		
	_____ (MASK: MIN=0, MAX=50)	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused



Food Security

NUR_13	NUR_NOTENFD_PXF2	
[ALWAYS ASK]		
In the past 12 months, did [participant] ever eat less than [he/she] felt [he/she] should because there wasn't enough money to buy food?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

NUR_END

Oral Health (ORH)

Overview	<p>In this module, respondents are asked to describe the oral health (i.e., health of the participant’s mouth), the types of oral health problems the participant experiences (if any), and their toothbrushing and flossing habits. Respondents are also asked to report how often the participant avoids eating particular foods.</p> <p>Importance of module: To help examine the association between oral health and diseases such as diabetes or respiratory and cardiovascular diseases. The questions also provide information on risk factors for oral health problems. These factors include poor nutrition and socio-economic status. As well, data from this module could help identify groups with the greatest need for improved dental health services.</p>
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Now, some questions about the health of **[participant]**’s mouth.

ORH_1	ORH_HLTH_PXF2	
[ALWAYS ASK]		
In general, would you say the health of [participant] ’s mouth is excellent, very good, good, fair or poor?		
CODE ONLY ONE RESPONSE		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor
DK_NA	8	[DO NOT READ] Don’t know / No answer
REFUSED	9	[DO NOT READ] Refused

ORH_2	ORH_TEETH_PXF2	
[ALWAYS ASK]		
Does [participant] have one or more of [his/her] own original teeth?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don’t know / No answer
REFUSED	9	[DO NOT READ] Refused

ORH_3	ORH_TEETH20_PXF2
[ASK IF ORH_TEETH_PXF2 = YES, DK_NA OR REFUSED]	
Does [participant] have 20 or more natural teeth?	
INTERVIEWER INSTRUCTIONS: IF RESPONDENT UNSURE, ASK FOR BEST ESTIMATE	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ORH_3a	ORH_DENT_PXF2
[ALWAYS ASK]	
Does [participant] wear dentures or false teeth?	
INTERVIEWER INSTRUCTIONS: EMPHASIZE “WEAR” AND INCLUDE FALSE TEETH, COMPLETE (FULL) OR PARTIAL DENTURES IF THEY ARE REMOVABLE (DO NOT INCLUDE DENTURES THAT CANNOT BE REMOVED FROM DENTAL IMPLANTS BY THE PARTICIPANT, I.E. FIXED BRIDGES ON IMPLANTS)	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ORH_3b	ORH_DNUSE_PXF2
[ALWAYS ASK]	
Does [participant] have dentures or false teeth that [he/she] does not use?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ORH_4	ORH_UNCEAT_PXF2	
[ALWAYS ASK]		
In the past 12 months, how often has [participant] avoided eating particular foods because of problems with [his/her] mouth, teeth or dentures? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ORH_5	ORH_EXP_DNB_PXF2	
[ALWAYS ASK]		
In the past 12 months has [participant] experienced any of the following?		
MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
ORH_EXP_TTH_PXF2	01	toothache
ORH_EXP_CHW_PXF2	02	cannot chew adequately
ORH_EXP_DNU_PXF2	03	dentures uncomfortable [ASK IF ORH_DENT_PXF2 = YES, DK_NA OR REFUSED]
ORH_EXP_DNL_PXF2	04	dentures loose/don't fit [ASK IF ORH_DENT_PXF2 = YES, DK_NA OR REFUSED]
ORH_EXP_DRM_PXF2	08	dry mouth
ORH_EXP_NTB_PXF2	14	natural tooth broken
ORH_EXP_TTC_PXF2	18	difficulty keeping their natural teeth clean
ORH_EXP_DNC_PXF2	19	difficulty keeping their dentures clean
ORH_EXP_NONE_PXF2	96	[DO NOT READ] has not experienced any of these problems
ORH_EXP_OTSP_PXF2	97	Other (please specify: _____)
ORH_EXP_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
ORH_EXP_REFUSED_PXF2	99	[DO NOT READ] Refused

ORH_6	ORH_DNVST_PXF2	
[ALWAYS ASK]		
When did [participant] last visit a Dental Professional (e.g., dentist, dental hygienists, denturist, Denturologist)?		
CODE ONLY ONE RESPONSE		
LAST_12_MONTH	1	In the last 12 months
LAST_5_YEARS	2	In the last five years
LAST_10_YEARS	3	In the last 10 years
MORE_10_YEARS	4	More than 10 years ago
NEVER	5	Never visited a dentist
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ORH_7	ORH_WYNDN_PXF2	
[ASK IF ORH_DNVST_PXF2 ≠ LAST_12_MONTH, DK_NA OR REFUSED]		
Why has [participant] not seen a Dental Professional (e.g., dentist, dental hygienists, denturist, Denturologist) in the past 12 months?		
CODE ONLY ONE RESPONSE		
NEED	01	Not needed
APPOINTMENT	02	Difficulty getting an appointment
DENTIST	03	No Dentist in the area
HYGIENIST	04	No dental hygienists, denturist, Denturologist in the area
TRANSPORTATION	05	Transportation problems
LANGUAGE	06	Language problem
PERSONAL	07	Personal and family responsibilities
LEAVE	08	Unable to leave the house due to health condition
FEAR	09	Fear (e.g., painful, embarrassing, find something wrong, dental phobia)
COST	10	Cost
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ORH_8	ORH_TYPINS_PXF2	
[ALWAYS ASK]		
What type of dental insurance does [participant] have?		
CODE ONLY ONE RESPONSE		
PRIVATE	01	Private
GOVT	02	Government
NONE	96	None
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

ORH_9	ORH_COST_PXF2	
[ALWAYS ASK]		
In the past 12 months, has [participant] not gone to a dental professional because of the cost of care?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ORH_10	ORH_PRBHT_PXF2	
[ALWAYS ASK]		
In the last 12 months, how often did [participant] have a problem in accessing dental care because of a health-related problem? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
OFTEN	1	Often
SOMETIMES	2	Sometimes
RARELY	3	Rarely
NEVER	4	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ORH_11	ORH_BRUSDN_PXF2	
[ALWAYS ASK]		
Does [participant] brush [his/her] teeth or dentures [him/herself]?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ORH_12	ORH_WHO_PXF2	
[ASK IF ORH_BRUSDN_PXF2 ≠ YES]		
If [participant] requires assistance with mouth-care, who provides this for [him/her]?		
READ LIST, CODE ONLY ONE RESPONSE		
FAMILY	1	Family member
FRIEND	2	Friends
CARE_AID	3	Care-aid/Nurse
OTHER	4	Other
NO_ONE	5	No one
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ORH_13	ORH_OFTN_PXF2	
[ALWAYS ASK]		
How often usually are [participant]'s teeth or denture cleaned?		
READ LIST, CODE ONLY ONE RESPONSE (STRESS "USUALLY")		
MORE_ONCE_DAY	1	More than once a day
ONCE_DAY	2	At least once a day
ONCE_WEEK	3	At least once a week
MORE_ONCE_WEEK	4	More than once a week
ONCE_MONTH	5	At least once a month
NEVER	6	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused



ORH_14	ORH_FLSFQ_PXF2	
[ALWAYS ASK]		
How often does [participant] usually floss [his/her] teeth?		
READ LIST, CODE ONLY ONE RESPONSE (STRESS “USUALLY”)		
MORE_ONCE_DAY	1	More than once a day
ONCE_DAY	2	At least once a day
ONCE_WEEK	3	At least once a week
MORE_ONCE_WEEK	4	More than once a week
ONCE_MONTH	5	At least once a month
NEVER	6	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ORH_END

Pain and Discomfort (HUP)

Overview	<p>This module contains three questions about pain and discomfort.</p> <p>Importance of module: To identify whether the participant suffers from pain or discomfort. The module also assesses the impact of pain or discomfort on the participant's quality of life.</p>
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The next questions are about pain and discomfort that people may experience in their day-to-day lives.

HUP_1	HUP_FREE_PXF2	
[ALWAYS ASK]		
Is [participant] usually free of pain or discomfort?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HUP_2	HUP_INTNSTY_PXF2	
[ASK IF HUP_FREE_PXF2 = NO]		
How would you describe the usual intensity of [participant] 's pain or discomfort? Would you say it is mild, moderate, or severe?		
READ LIST; CODE ONLY ONE RESPONSE		
MILD	1	Mild
MODERATE	2	Moderate
SEVERE	3	Severe
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HUP_3	HUP_PRVACT_PXF2	
[ASK IF HUP_FREE_PXF2 = NO]		
How many activities does [participant] 's pain or discomfort prevent? Would you say none, a few, some, or most?		
CODE ONLY ONE RESPONSE		
NONE	1	None
A_FEW	2	A few
SOME	3	Some
MOST	4	Most
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HUP_END

Vision (VIS)

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

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

VIS_1	VIS_SGHT_PXF2	
[ALWAYS ASK]		
Is [participant] 's eyesight, using glasses or corrective lenses if [he/she] uses them...		
READ LIST, CODE ONLY ONE RESPONSE		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor or non-existent (non-existent=blind)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

VIS_2	VIS_AID_PXF2	
[ALWAYS ASK]		
Besides glasses or contact lenses, does [participant] use any aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

VIS_3		VIS_USE_PXF2	
[ASK IF VIS_AID_PXF2 = YES]			
Does [participant] now use...			
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY			
VIS_USE_MG_PXF2	01	Magnifiers	
VIS_USE_BR_PXF2	02	Braille reading materials	
VIS_USE_LG_PXF2	03	Larger print reading materials	
VIS_USE_TK_PXF2	04	Talking books	
VIS_USE_RC_PXF2	05	Recording equipment or portable note-takers	
VIS_USE_CC_PXF2	06	Closed circuit devices (e.g., CCTVs)	
VIS_USE_CP_PXF2	07	eReader, a computer with Braille, large print, or speech access	
VIS_USE_CN_PXF2	08	A white cane	
VIS_USE_DG_PXF2	09	A guide dog	
VIS_USE_OTSP_PXF2	97	Another aid (please specify: _____)	
VIS_USE_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer	
VIS_USE_REFUSED_PXF2	99	[DO NOT READ] Refused	

VIS_END

Hearing (HRG)

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

HRG_1	HRG_HRG_PXF2	
[ALWAYS ASK]		
Is [participant] 's hearing, using a hearing aid if [he/she] uses one...		
READ LIST, CODE ONLY ONE RESPONSE		
EXCELLENT	1	Excellent
VERY_GOOD	2	Very good
GOOD	3	Good
FAIR	4	Fair
POOR	5	Poor or non-existent (non-existent=deaf)
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HRG_2	HRG_NOIS_PXF2	
[ALWAYS ASK]		
Does [participant] find it difficult to follow a conversation if there is background noise, such as TV, radio or children playing, even if using a hearing aid as usual?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HRG_3	HRG_AID_PXF2	
[ALWAYS ASK]		
Does [participant] use any aids, specialized equipment, or services for persons who are deaf or hard of hearing, for example, a volume control telephone or TV decoder?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HRG_4	HRG_USE_PXF2	
[ASK IF HRG_AID_PXF2 = YES]		
Does [participant] now use...		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HRG_USE_AID_PXF2	01	Hearing aid
HRG_USE_CP_PXF2	02	Computer to communicate (e.g., e-mail or chat services)
HRG_USE_VL_PXF2	03	Volume control telephone
HRG_USE_TTY_PXF2	04	TTY or TTD
HRG_USE_MSG_PXF2	05	Message relay service
HRG_USE_PH_PXF2	06	Other phone-related devices (e.g., flashers, earphones)
HRG_USE_CC_PXF2	07	Closed caption T.V. or decoder
HRG_USE_AP_PXF2	08	Amplifiers (e.g., FM, acoustic, infra-red, earphones)
HRG_USE_VS_PXF2	09	Visual or vibrating alarm
HRG_USE_CO_PXF2	10	Cochlear or other surgical implant
HRG_USE_OTSP_PXF2	97	Another aid (please specify: _____)
HRG_USE_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
HRG_USE_REFUSED_PXF2	99	[DO NOT READ] Refused

HRG_END

Informant Questionnaire on Cognitive Decline in the Elderly (IQC)

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

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

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

IQC_1	IQC_FAMFR_PXF2	
[ALWAYS ASK]		
Remembering things about family and friends (e.g., occupations, birthdays, addresses)?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_2	IQC_RECNT_PXF2	
[ALWAYS ASK]		
Remembering things that have happened recently?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_3	IQC_CONVS_PXF2	
[ALWAYS ASK]		
Recalling conversations a few days later?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_4	IQC_ADTEL_PXF2	
[ALWAYS ASK]		
Remembering his/her address and telephone number?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_5	IQC_DATE_PXF2	
[ALWAYS ASK]		
Remembering what day and month it is?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_6	IQC_ULOC_PXF2	
[ALWAYS ASK]		
Remembering where things are usually kept?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_7	IQC_DLOC_PXF2	
[ALWAYS ASK]		
Remembering where to find things which have been put in a different place from usual?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_8	IQC_FMACH_PXF2	
[ALWAYS ASK]		
Knowing how to work familiar machines around the house?		
INTERVIEWER NOTE: A MACHINE IS A DEVICE OR APPLIANCE THAT CAN BE FOUND IN A HOME (I.E., WASHING MACHINE, DISHWASHER, ETC.)		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_9	IQC_NWMACH_PXF2	
[ALWAYS ASK]		
Learning to use a new gadget or machine around the house?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_10	IQC_LEARN_PXF2	
[ALWAYS ASK]		
Learning new things in general?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_11	IQC_STORY_PXF2	
[ALWAYS ASK]		
Following a story in a book or on TV?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_12	IQC_DECN_PXF2	
[ALWAYS ASK]		
Making decisions on everyday matters?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_13	IQC_MONEY_PXF2	
[ALWAYS ASK]		
Handling money for shopping?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_14	IQC_FINANC_PXF2	
[ALWAYS ASK]		
Handling financial matters (e.g., the pension, dealing with the bank)?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_15	IQC_ARITH_PXF2	
[ALWAYS ASK]		
Handling other everyday arithmetic problems (e.g., knowing how much food to buy, knowing how long between visits from family or friends)?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_16	IQC_INTEL_PXF2	
[ALWAYS ASK]		
Using [his/her] intelligence to understand what's going on and to reason things through?		
CODE ONLY ONE RESPONSE		
MUCH_IMPROVED	1	Much improved
A_BIT_IMPROVED	2	A bit improved
NOT_MUCH_CHANGE	3	Not much change
A_BIT_WORSE	4	A bit worse
MUCH_WORSE	5	Much worse
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IQC_END

Chronic Conditions (CCT)

Overview	<p>This module deals with long-term health conditions, diagnosed by a health professional, that have lasted or are expected to last at least 6 months.</p> <p>Answers to the questions in this module can be used to estimate the number of people in Canada suffering from chronic conditions such as diabetes, heart disease and Parkinson’s disease.</p> <p>By combining answers from this module with information from other modules, researchers can look at the relationship between chronic conditions and other characteristics, such as use of health care services or level of physical activity.</p>
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Now I’d like to ask about any chronic health conditions which **[participant]** may have. We are interested in "long-term conditions" which are expected to last, or have already lasted, 6 months or more and that **have been diagnosed by a health professional**.

Osteoarthritis

CCT_1	CCT_OAKNEE_PXF2
[ALWAYS ASK]	
Has a doctor ever told [participant] that [he/she] has osteoarthritis in the knee?	
NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don’t know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_1a	CCT_OAKNEEAGE_PXF2
[ASK IF CCT_OAKNEE_PXF2 = YES]	
At what age or in what year was [participant] first told [he/she] had osteoarthritis in the knee?	
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?	
CCT_OAKNEEAGE_NB_SP_PXF2	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_OAKNEEAGE_YR_SP_PXF2	Year _____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998 [DO NOT READ] Don’t know / No answer
REFUSED	9999 [DO NOT READ] Refused

CCT_2	CCT_OAHIP_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has osteoarthritis in the hip?		
NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_2a	CCT_OAHIPAGE_PXF2	
[ASK IF CCT_OAHIP_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had osteoarthritis in the hip?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_OAHIPAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_OAHIPAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_3	CCT_OAHAND_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has osteoarthritis in one or both hands?		
NOTE: OSTEOARTHRITIS IS THE MOST COMMON FORM OF ARTHRITIS, AFFECTING MILLIONS OF PEOPLE WORLDWIDE. IT OCCURS WHEN THE PROTECTIVE CARTILAGE ON THE ENDS OF YOUR BONES WEARS DOWN OVER TIME.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_3a	CCT_OAHANDAGE_PXF2	
[ASK IF CCT_OAHAND_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had osteoarthritis in one or both hands?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_OAHANDAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_OAHANDAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

Arthritis

CCT_4	CCT_RA_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has rheumatoid arthritis?		
NOTE: RHEUMATOID ARTHRITIS IS A CHRONIC INFLAMMATORY DISORDER THAT TYPICALLY AFFECTS THE SMALL JOINTS IN YOUR HANDS AND FEET. UNLIKE THE WEAR-AND-TEAR DAMAGE OF OSTEOARTHRITIS, RHEUMATOID ARTHRITIS AFFECTS THE LINING OF YOUR JOINTS, CAUSING A PAINFUL SWELLING THAT CAN EVENTUALLY RESULT IN BONE EROSION AND JOINT DEFORMITY.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_4a	CCT_RAAGE_PXF2	
[ASK IF CCT_RA_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had rheumatoid arthritis?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_RAAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_RAAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

Respiratory

CCT_5	CCT_ASTHM_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has asthma?		
ASTHMA IS A CONDITION IN WHICH YOUR AIRWAYS NARROW AND SWELL AND PRODUCE EXTRA MUCUS. THIS CAN MAKE BREATHING DIFFICULT AND TRIGGER COUGHING, WHEEZING AND SHORTNESS OF BREATH.		
FOR SOME PEOPLE, ASTHMA IS A MINOR NUISANCE. FOR OTHERS, IT CAN BE A MAJOR PROBLEM THAT INTERFERES WITH DAILY ACTIVITIES AND MAY LEAD TO A LIFE-THREATENING ASTHMA ATTACK.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_5a	CCT_ASTHMAGE_PXF2	
[ASK IF CCT_ASTHM_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had asthma?		
EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_ASTHMAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_ASTHMAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_6	CCT_COPD_PXF2
[ALWAYS ASK]	
Has a doctor told [participant] that [he/she] has/had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?	
EMPHYSEMA GRADUALLY DAMAGES THE AIR SACS (ALVEOLI) IN YOUR LUNGS, MAKING YOU PROGRESSIVELY MORE SHORT OF BREATH. EMPHYSEMA IS ONE OF SEVERAL DISEASES KNOWN COLLECTIVELY AS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IS A LUNG DISEASE CHARACTERIZED BY CHRONIC OBSTRUCTION OF LUNG AIRFLOW THAT INTERFERES WITH NORMAL BREATHING AND IS NOT FULLY REVERSIBLE. THE MORE FAMILIAR TERMS 'CHRONIC BRONCHITIS' AND 'EMPHYSEMA' ARE NO LONGER USED BUT ARE NOW INCLUDED WITHIN THE COPD DIAGNOSIS. COPD IS NOT SIMPLY A "SMOKER'S COUGH" BUT AN UNDER-DIAGNOSED, LIFE-THREATENING LUNG DISEASE.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_6a	CCT_COPDAGE_PXF2
[ASK IF CCT_COPD_PXF2 = YES]	
At what age or in what year was [participant] first told [he/she] had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?	
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?	
CCT_COPDAGE_NB_SP_PXF2	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_COPDAGE_YR_SP_PXF2	Year _____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998 [DO NOT READ] Don't know / No answer
REFUSED	9999 [DO NOT READ] Refused

Cardiac/Cardiovascular

CCT_7	CCT_HBP_PXF2
[ALWAYS ASK]	
Has a doctor ever told [participant] that [he/she] has high blood pressure or hypertension?	
HIGH BLOOD PRESSURE (HYPERTENSION) HIGH BLOOD PRESSURE IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE.	
BLOOD PRESSURE IS DETERMINED BOTH BY THE AMOUNT OF BLOOD YOUR HEART PUMPS AND THE AMOUNT OF RESISTANCE TO BLOOD FLOW IN YOUR ARTERIES. THE MORE BLOOD YOUR HEART PUMPS AND THE NARROWER YOUR ARTERIES, THE HIGHER YOUR BLOOD PRESSURE.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_7a	CCT_HBPPRG_PXF2
[ASK IF CCT_HBP_PXF2 = YES AND PARTICIPANT SEX = FEMALE]	
Was [participant] pregnant when [he/she] was diagnosed with high blood pressure?	
HIGH BLOOD PRESSURE (HYPERTENSION) HIGH BLOOD PRESSURE IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE.	
BLOOD PRESSURE IS DETERMINED BOTH BY THE AMOUNT OF BLOOD YOUR HEART PUMPS AND THE AMOUNT OF RESISTANCE TO BLOOD FLOW IN YOUR ARTERIES. THE MORE BLOOD YOUR HEART PUMPS AND THE NARROWER YOUR ARTERIES, THE HIGHER YOUR BLOOD PRESSURE.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_7b	CCT_HBPOT_PXF2	
[ASK IF CCT_HBPPRG_PXF2 = YES]		
Other than when [participant] was pregnant, was there any other time when [he/she] was diagnosed with high blood pressure?		
HIGH BLOOD PRESSURE (HYPERTENSION)		
HIGH BLOOD PRESSURE IS A COMMON CONDITION IN WHICH THE LONG-TERM FORCE OF THE BLOOD AGAINST YOUR ARTERY WALLS IS HIGH ENOUGH THAT IT MAY EVENTUALLY CAUSE HEALTH PROBLEMS, SUCH AS HEART DISEASE.		
BLOOD PRESSURE IS DETERMINED BOTH BY THE AMOUNT OF BLOOD YOUR HEART PUMPS AND THE AMOUNT OF RESISTANCE TO BLOOD FLOW IN YOUR ARTERIES. THE MORE BLOOD YOUR HEART PUMPS AND THE NARROWER YOUR ARTERIES, THE HIGHER YOUR BLOOD PRESSURE.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_7c	CCT_HBPAGE_PXF2	
[ASK IF CCT_HBP_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had high blood pressure or hypertension?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_HBPAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_HBPAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_8	CCT_DIAB_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has diabetes, borderline diabetes or that [his/her] blood sugar is high?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_8a	CCT_DIABAGE_PXF2	
[ASK IF CCT_DIAB_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had diabetes, borderline diabetes or high blood sugar?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_DIABAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_DIABAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_9	CCT_DIAB_DR_PXF2	
[ASK IF CCT_DIAB_PXF2 = YES]		
Has [participant] ever been told by a doctor that [he/she] has Diabetic Retinopathy?		
DIABETIC RETINOPATHY (DIE-UH-BET-IK RET-IH-NOP-UH-THEE) IS A DIABETES COMPLICATION THAT AFFECTS EYES. IT'S CAUSED BY DAMAGE TO THE BLOOD VESSELS OF THE LIGHT-SENSITIVE TISSUE AT THE BACK OF THE EYE (RETINA). AT FIRST, DIABETIC RETINOPATHY MAY CAUSE NO SYMPTOMS OR ONLY MILD VISION PROBLEMS.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_9a	CCT_DIAB_DRAGE_PXF2	
[ASK IF CCT_DIAB_DR_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had Diabetic Retinopathy?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_DIAB_DRAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_DIAB_DRAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_10	CCT_HEART_PXF2
[ALWAYS ASK]	
Has a doctor ever told [participant] that [he/she] has heart disease (including congestive heart failure or CHF)?	
NOTE: CONGESTIVE HEART FAILURE IS A CONDITION IN WHICH THE HEART CAN NO LONGER PUMP ENOUGH BLOOD TO THE REST OF THE BODY.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_10a	CCT_HEARTAGE_PXF2
[ASK IF CCT_HEART_PXF2 = YES]	
At what age or in what year was [participant] first told [he/she] had heart disease (including congestive heart failure, or CHF)?	
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?	
CCT_HEARTAGE_NB_SP_PXF2	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_HEARTAGE_YR_SP_PXF2	Year _____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998 [DO NOT READ] Don't know / No answer
REFUSED	9999 [DO NOT READ] Refused

CCT_11	CCT_ANGI_PXF2
[ALWAYS ASK]	
Has a doctor ever told [participant] that [he/she] has angina (or chest pain due to heart disease)?	
ANGINA IS A TERM USED FOR CHEST PAIN CAUSED BY REDUCED BLOOD FLOW TO THE HEART MUSCLE. ANGINA (AN-JIE-NUH OR AN-JUH-NUH) IS A SYMPTOM OF CORONARY ARTERY DISEASE. ANGINA IS TYPICALLY DESCRIBED AS SQUEEZING, PRESSURE, HEAVINESS, TIGHTNESS OR PAIN IN YOUR CHEST.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_11a	CCT_ANGIAGE_PXF2	
[ASK IF CCT_ANGI_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had angina (or chest pain due to heart disease)?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_ANGIAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_ANGIAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_12	CCT_AMI_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has had a heart attack or myocardial infarction?		
A HEART ATTACK, ALSO CALLED A MYOCARDIAL INFARCTION.		
A HEART ATTACK OCCURS WHEN THE FLOW OF BLOOD TO THE HEART IS BLOCKED, MOST OFTEN BY A BUILD-UP OF FAT, CHOLESTEROL AND OTHER SUBSTANCES, WHICH FORM A PLAQUE IN THE ARTERIES THAT FEED THE HEART (CORONARY ARTERIES). THE INTERRUPTED BLOOD FLOW CAN DAMAGE OR DESTROY PART OF THE HEART MUSCLE.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_12a	CCT_AMIAGE_PXF2	
[ASK IF CCT_AMI_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had a heart attack or myocardial infarction?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_AMIAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_AMIAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_13	CCT_PAD_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has peripheral arterial disease or poor circulation in [his/her] limbs?		
NOTE: PERIPHERAL ARTERY DISEASE (ALSO CALLED PERIPHERAL ARTERIAL DISEASE) IS A COMMON CIRCULATORY PROBLEM IN WHICH NARROWED ARTERIES REDUCE BLOOD FLOW TO YOUR LIMBS. THIS WOULD NOT INCLUDE VENOUS DISEASES LIKE DEEP VEIN THROMBOSIS (DVT), VARICOSE VEINS, AND CHRONIC VENOUS INSUFFICIENCY.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_13a	CCT_PADAGE_PXF2	
[ASK IF CCT_PAD_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had peripheral arterial disease or poor circulation in [his/her] limbs?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_PADAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_PADAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_14	CCT_CVA_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has experienced a Stroke or CVA (cerebrovascular accident)?		
STROKE: THE SUDDEN DEATH OF BRAIN CELLS DUE TO LACK OF OXYGEN, CAUSED BY BLOCKAGE OF BLOOD FLOW OR RUPTURE OF AN ARTERY TO THE BRAIN. SUDDEN LOSS OF SPEECH, WEAKNESS, OR PARALYSIS OF ONE SIDE OF THE BODY CAN BE SYMPTOMS. A SUSPECTED STROKE CAN BE CONFIRMED BY SCANNING THE BRAIN WITH SPECIAL X-RAY TESTS, SUCH AS CAT SCANS.		
ABBREVIATED CVA. ALSO KNOWN AS <u>CEREBROVASCULAR ACCIDENT.</u>		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_14a	CCT_CVAAGE_PXF2	
[ASK IF CCT_CVA_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had experienced a Stroke or CVA (cerebrovascular accident)?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_CVAAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_CVAAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_15	CCT_TIA_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has experienced a mini-stroke or TIA (Transient Ischemic Attack)?		
TRANSIENT ISCHEMIC ATTACK (TIA, MINI-STROKE): A NEUROLOGICAL EVENT WITH THE SIGNS AND SYMPTOMS OF A STROKE, BUT WHICH GO AWAY WITHIN A SHORT PERIOD OF TIME. ALSO CALLED A MINI-STROKE, A TIA IS DUE TO A TEMPORARY LACK OF ADEQUATE BLOOD AND OXYGEN (ISCHEMIA) TO THE BRAIN.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_15a	CCT_TIAAGE_PXF2	
[ASK IF CCT_TIA_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had experienced a mini-stroke or TIA (Transient Ischemic Attack)?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_TIAAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_TIAAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_16	CCT_CVAFX_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] suffers from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_16a	CCT_CVAFXAGE_PXF2	
[ASK IF CCT_CVAFX_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] suffers from the effects of a stroke, or CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_CVAFXAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_CVAFXAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

Neurological

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

CCT_17	CCT_MEMPB_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has a memory problem?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_17a	CCT_MEMPBAGE_PXF2	
[ASK IF CCT_MEMPB_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had a memory problem?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_MEMPBAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_MEMPBAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_18	CCT_ALZH_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has dementia or Alzheimer's disease?		
NOTE: ALZHEIMER'S DISEASE IS A FORM OF DEMENTIA. ALZHEIMER'S DISEASE AND OTHER DEMENTIAS PRODUCE COGNITIVE DETERIORATION THAT LEADS TO MEMORY LOSS AND ULTIMATELY AN INABILITY TO PERFORM BASIC ACTIVITIES OF DAILY LIVING.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_18a	CCT_ALZHAGE_PXF2	
[ASK IF CCT_ALZH_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had dementia or Alzheimer's disease?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_ALZHAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_ALZHAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_19	CCT_MS_PXF2
[ALWAYS ASK]	
Has a doctor ever told [participant] that [he/she] has multiple sclerosis?	
NOTE: MULTIPLE SCLEROSIS IS AN AUTOIMMUNE DISEASE THAT AFFECTS THE BRAIN AND SPINAL CORD (CENTRAL NERVOUS SYSTEM). AUTOIMMUNE DISEASES OCCUR WHEN THE IMMUNE SYSTEM MISTAKENLY ATTACKS AND DESTROYS HEALTHY BODY TISSUE.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_19a	CCT_MSAGE_PXF2
[ASK IF CCT_MS_PXF2 = YES]	
At what age or in what year was [participant] first told [he/she] had multiple sclerosis?	
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?	
CCT_MSAGE_NB_SP_PXF2	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_MSAGE_YR_SP_PXF2	Year _____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998 [DO NOT READ] Don't know / No answer
REFUSED	9999 [DO NOT READ] Refused

CCT_20	CCT_EPIL_PXF2
[ALWAYS ASK]	
Has a doctor ever told [participant] that [he/she] has epilepsy?	
NOTE: EPILEPSY IS A CENTRAL NERVOUS SYSTEM DISORDER (NEUROLOGICAL DISORDER) IN WHICH NERVE CELL ACTIVITY IN THE BRAIN BECOMES DISRUPTED, CAUSING SEIZURES OR PERIODS OF UNUSUAL BEHAVIOR, SENSATIONS AND SOMETIMES LOSS OF CONSCIOUSNESS.	
SEIZURE SYMPTOMS CAN VARY WIDELY. SOME PEOPLE WITH EPILEPSY SIMPLY STARE BLANKLY FOR A FEW SECONDS DURING A SEIZURE, WHILE OTHERS REPEATEDLY TWITCH THEIR ARMS OR LEGS.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_20a	EPI_EPILAGE_PXF2	
[ASK IF EPI_EPI_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had epilepsy?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
EPI_EPIAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
EPI_EPIAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_21	CCT_MGRN_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has migraine headaches?		
NOTE: A MIGRAINE HEADACHE CAN CAUSE INTENSE THROBBING OR PULSING IN ONE AREA OF THE HEAD AND IS COMMONLY ACCOMPANIED BY NAUSEA, VOMITING, AND EXTREME SENSITIVITY TO LIGHT AND SOUND. MIGRAINE ATTACKS CAN CAUSE SIGNIFICANT PAIN FOR HOURS TO DAYS.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_21a	CCT_MGRNAGE_PXF2	
[ASK IF CCT_MGRN_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had migraine headaches?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_MGRNAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_MGRNAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

Gastrointestinal

CCT_22	CCT_ULCR_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has intestinal or stomach ulcers?		
NOTE: INTESTINAL AND STOMACH ULCERS INCLUDE THE GUT AND ESOPHAGUS. ULCERS ARE CRATER-LIKE SORES (GENERALLY 1/4 INCH TO 3/4 INCH IN DIAMETER, BUT SOMETIMES 1 TO 2 INCHES IN DIAMETER) THAT FORM IN THE LINING OF THE STOMACH (CALLED GASTRIC ULCERS), JUST BELOW THE STOMACH AT THE BEGINNING OF THE SMALL INTESTINE IN THE DUODENUM (CALLED DUODENAL ULCERS) OR LESS COMMONLY IN THE ESOPHAGUS (CALLED ESOPHAGEAL ULCERS).		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_22a	CCT_ULCRAGE_PXF2	
[ASK IF CCT_ULCR_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had intestinal or stomach ulcers?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_ULCRAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_ULCRAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_23	CCT_IBDIBS_PXF2				
[ALWAYS ASK]					
Has a doctor ever told [participant] that [he/she] has a bowel disorder such as ...					
NOTE: CROHN'S DISEASE AND ULCERATIVE COLITIS ARE DIFFERENT TYPES OF INFLAMMATORY BOWEL DISEASE (IBD), IN WHICH THE INTESTINES BECOME INFLAMED (RED AND SWOLLEN), PROBABLY AS A RESULT OF AN IMMUNE REACTION OF THE BODY AGAINST ITS OWN INTESTINAL TISSUE.					
IRRITABLE BOWEL SYNDROME IS A DISORDER THAT LEADS TO ABDOMINAL PAIN AND CRAMPING, CHANGES IN BOWEL MOVEMENTS AND OTHER SYMPTOMS. UNLIKE IN IBD, THE STRUCTURE OF THE BOWEL IS NOT ABNORMAL IN IBS.					
		YES	NO	[DO NOT READ] Don't know / No answer	[DO NOT READ] Refused
CCC_CRDIS_PXF2	Crohn's Disease				
CCC_ULCOL_PXF2	Ulcerative colitis				
CCC_IBSYD_PXF2	Irritable Bowel Syndrome				

CCT_23a	CCT_CRDISAGE_PXF2				
[ASK IF CCT_CRDIS_PXF2 = YES]					
At what age or in what year was [participant] first told [he/she] had Crohn's Disease?					
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?					
CCT_CRDISAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)			
CCT_CRDISAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)			
DK_NA	9998	[DO NOT READ] Don't know / No answer			
REFUSED	9999	[DO NOT READ] Refused			

CCT_23b	CCT_ULCOLAGE_PXF2				
[ASK IF CCT_ULCOL_PXF2 = YES]					
At what age or in what year was [participant] first told [he/she] had ulcerative colitis?					
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?					
CCT_ULCOLAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)			
CCT_ULCOLAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)			
DK_NA	9998	[DO NOT READ] Don't know / No answer			
REFUSED	9999	[DO NOT READ] Refused			

CCT_23c	CCT_IBSYDAGE_PXF2	
[ASK IF CCT_IBSYD_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had Irritable Bowel Syndrome?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_IBSYDAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_IBSYDAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_24	CCT_BOWINC_PXF2	
[ALWAYS ASK]		
Has [participant] ever experienced bowel incontinence?		
NOTE: BOWEL INCONTINENCE IS THE LOSS OF BOWEL CONTROL, LEADING TO AN INVOLUNTARY PASSAGE OF STOOL		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_24a	CCT_BOWINCAGE_PXF2	
[ASK IF CCT_BOWINC_PXF2 = YES]		
At what age or in what year did [participant] begin to experience bowel incontinence?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_BOWINCAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_BOWINCAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_25	CCT_URIINC_PXF2	
[ALWAYS ASK]		
Has [participant] ever experienced urinary incontinence?		
NOTE: URINARY INCONTINENCE IS THE LOSS OF BLADDER CONTROL.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_25a	CCT_URIINCAGE_PXF2	
[ASK IF CCT_URIINC_PXF2 = YES]		
At what age or in what year did [participant] begin to experience urinary incontinence?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_URIINCAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_URIINCAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

<i>Vision</i>

CCT_26	CCT_CATAR_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has cataracts?		
NOTE: A CATARACT IS A CLOUDINESS OR OPACITY IN THE NORMALLY TRANSPARENT CRYSTALLINE LENS OF THE EYE. THIS CLOUDINESS CAN CAUSE A DECREASE IN VISION AND MAY LEAD TO EVENTUAL BLINDNESS.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_26a	CCT_CATARAGE_PXF2	
[ASK IF CCT_CATAR_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had cataracts?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_CATARAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_CATARAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_27	CCT_GLAUC_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has glaucoma?		
GLAUCOMA: A COMMON EYE CONDITION IN WHICH THE FLUID PRESSURE INSIDE THE EYE RISES TO A LEVEL HIGHER THAN HEALTHY FOR THAT EYE. IF UNTREATED, IT MAY DAMAGE THE OPTIC NERVE, CAUSING THE LOSS OF VISION OR EVEN BLINDNESS.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_27a	CCT_GLAUCAGE_PXF2	
[ASK IF CCT_GLAUC_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had glaucoma?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_GLAUCAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_GLAUCAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_28	CCT_MACDEG_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has macular degeneration?		
NOTE: MACULAR DEGENERATION USUALLY AFFECTS OLDER ADULTS AND RESULTS IN A LOSS OF VISION IN THE CENTER OF THE VISUAL FIELD (THE MACULA) BECAUSE OF DAMAGE TO THE RETINA.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_28a	CCT_MACDEGAGE_PXF2	
[ASK IF CCT_MACDEG_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had macular degeneration?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_MACDEGAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_MACDEGAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

Cancer

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

CCT_29	CCT_CANC_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] had cancer?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_29a	CCT_CANTP_PXF2	
[ASK IF CCT_CANCP_PXF2 = YES]		
What type(s) of cancer was [participant] diagnosed with?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
CCT_CANTP_CNS_PXF2	01	Brain/Spinal Cord/Central nervous system
CCT_CANTP_TH_PXF2	02	Thyroid
CCT_CANTP_SM_PXF2	03	Skin: melanoma
CCT_CANTP_SNM_PXF2	04	Skin: non-melanoma
CCT_CANTP_OR_PXF2	05	Oral
CCT_CANTP_LX_PXF2	06	Larynx
CCT_CANTP_ES_PXF2	07	Esophagus
CCT_CANTP_BR_PXF2	08	Breast
CCT_CANTP_LU_PXF2	09	Lung
CCT_CANTP_ST_PXF2	10	Stomach (gastric)
CCT_CANTP_BL_PXF2	11	Bladder
CCT_CANTP_KD_PXF2	12	Kidney
CCT_CANTP_LV_PXF2	13	Liver
CCT_CANTP_PA_PXF2	14	Pancreatic
CCT_CANTP_COL_PXF2	15	Colorectal
CCT_CANTP_PR_PXF2	16	Prostate (males only)
CCT_CANTP_TT_PXF2	17	Testis (male only)
CCT_CANTP_OV_PXF2	18	Ovarian (females only)
CCT_CANTP_FU_PXF2	19	Uterus (females only)
CCT_CANTP_FC_PXF2	20	Cervical (females only)
CCT_CANTP_LK_PXF2	21	Leukemia
CCT_CANTP_MM_PXF2	22	Multiple Myeloma
CCT_CANTP_HL_PXF2	23	Hodgkin Lymphoma
CCT_CANTP_NHL_PXF2	24	Non-Hodgkin Lymphoma
CCT_CANTP_OTSP_PXF2	97	Other (Please specify: _____)
CCT_CANTP_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
CCT_CANTP_REFUSED_PXF2	99	[DO NOT READ] Refused

CCT_29b	CCT_CANCAE_PXF2	
[ASK FOR EACH CANCER INDICATED IN CCT_CANTP_PXF2]		
At what age or in what year was [participant] first told [he/she] had [INSERT CANCER TYPE]?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_CANCAE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_CANCAE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

Mental Health

CCT_30	CCT_ANXI_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?		
NOTE: ANXIETY DISORDER IS A BLANKET TERM COVERING SEVERAL DIFFERENT CONDITIONS. THE COMMON THREAD BETWEEN CONDITIONS IS A PATTERN OF CONSTANT WORRY OR ANXIETY OVER MANY DIFFERENT ACTIVITIES OR EVENTS.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_30a	CCT_ANXIAGE_PXF2	
[ASK IF CCT_ANXI_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_ANXIAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_ANXIAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_31	CCT_MOOD_PXF2
[ALWAYS ASK]	
Has a doctor ever told [participant] that [he/she] has a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?	
INTERVIEWER NOTE: DYSTHYMIA IS PRONOUNCED “DIS-THIGH-ME-AH”	
NOTE: DYSTHYMIA IS A CHRONIC TYPE OF DEPRESSION IN WHICH A PERSON'S MOODS ARE REGULARLY LOW. HOWEVER, SYMPTOMS ARE NOT AS SEVERE AS WITH MAJOR DEPRESSION.	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_31a	CCT_MOODAGE_PXF2
[ASK IF CCT_MOOD_PXF2 = YES]	
At what age or in what year was [participant] first told [he/she] had a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?	
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?	
CCT_MOODAGE_NB_SP_PXF2	Age _____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_MOODAGE_YR_SP_PXF2	Year _____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998 [DO NOT READ] Don't know / No answer
REFUSED	9999 [DO NOT READ] Refused

<i>Other Chronic Conditions</i>
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CCT_32	CCT_ALLRG_PXF2
[ALWAYS ASK]	
Has a doctor ever told [participant] that [he/she] has allergies?	
NOTE: THE QUESTION ASKS ABOUT ANY TYPE OF ALLERGY.	
YES	1 Yes (please specify: _____)
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

CCT_32a	CCT_ALLRGAGE_PXF2	
[ASK IF CCT_ALLRG_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had allergies?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_ALLRGAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_ALLRGAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_33	CCT_OSTPO_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?		
NOTE THAT THIS IS DIFFERENT THAN OSTEOARTHRITIS		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_33a	CCT_OSTPOAGE_PXF2	
[ASK IF CCT_OSTPO_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_OSTPOAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_OSTPOAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_34	CCT_UTHYR_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_34a	CCT_UTHYRAGE_PXF2	
[ASK IF CCT_UTHYR_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_UTHYRAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_UTHYRAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_35	CCT_OTHYR_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_35a	CCT_OTHYRAGE_PXF2	
[ASK IF CCT_OTHYR_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_OTHYRAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_OTHYRAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_36	CCT_KIDN_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has kidney disease or kidney failure?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_36a	CCT_KIDNAGE_PXF2	
[ASK IF CCT_KIDN_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had kidney disease or kidney failure?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_KIDNAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_KIDNAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_36b	CCT_KIDNSTN_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has kidney stone(s)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_36c	CCT_KIDNSTNAGE_PXF2	
[ASK IF CCT_KIDNSTN_PXF2 = YES]		
At what age or in what year was [participant] first told [he/she] had a kidney stone(s)?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_KIDNSTNAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_KIDNSTNAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_37	CCT_HCV_PXF2	
[ALWAYS ASK]		
Has a doctor ever told [participant] that [he/she] has Hepatitis C?		
NOTE: HEPATITIS C IS AN INFECTION CAUSED BY A VIRUS THAT ATTACKS THE LIVER AND LEADS TO INFLAMMATION.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_37a	CCT_HCVAGE_PXF2	
[ASK IF CCT_HCV_PXF2 = YES]		
At what age or in what year was [participant] first diagnosed with Hepatitis C?		
INTERVIEWER NOTE: EXACT YEARS ARE OPTIMUM. CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN FIVE YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE: CAN YOU BE MORE SPECIFIC?		
CCT_HCVAGE_NB_SP_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
CCT_HCVAGE_YR_SP_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don't know / No answer
REFUSED	9999	[DO NOT READ] Refused

CCT_37b	CCT_HCV_TRT_PXF2	
[ASK IF CCT_HCV_PXF2 = YES]		
Has [participant] ever received treatment for hepatitis C?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_37c	CCT_HCV_TXS_PXF2	
[ASK IF CCT_HCV_TRT_PXF2 = YES]		
Was the treatment successful in clearing the virus?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CCT_37d	CCT_HCV_CURR_PXF2	
[ASK IF CCT_HCV_PXF2 = YES]		
Does [participant] currently have hepatitis C?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Infections

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

CCT_38	CCT_INF_PXF2				
[ALWAYS ASK]					
In the past year, has [participant] seen a doctor for any of the following reasons?					
READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION					
NOTE: Influenza, commonly referred to as the flu, is an infectious disease caused by RNA viruses. The most common symptoms of the disease are chills, fever, sore throat, muscle pains, severe headache, coughing, weakness/fatigue, and general discomfort. Influenza is different from the common cold or the 'stomach flu' (which is actually a type of gastroenteritis).					
		YES	NO	DK/NA	REFUSED
CCT_DRPNEU_PXF2	Pneumonia				
CCT_DRFLU_PXF2	Flu (Influenza)				
CCT_DRUTI_PXF2	Urinary Tract Infection (UTI)				
CCT_DROT_PXF2	Any other infections? _____				

CCT_END

Parkinsonism (PKD)

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

Overview	<p>In this module, respondents are asked about Parkinsonism or Parkinson's disease to help us estimate the percentage of people in the study who may be affected with either disorder.</p> <p>Importance of module: Parkinsonism is any condition that causes a combination of the movement abnormalities seen in Parkinson's disease, such as tremors, slow movement, impaired speech, or muscle stiffness. Not everyone who has Parkinsonism has Parkinson's disease.</p> <p>Parkinson's disease is a degenerative disorder of the central nervous system. Early in the course of the disease, the most obvious symptoms are movement-related; these include shaking, rigidity, slowness of movement and difficulty with walking and gait. Later, cognitive and behavioural problems may arise, with dementia commonly occurring in the advanced stages of the disease. Other symptoms include sensory, sleep and emotional problems.</p>
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I would now like to ask a few questions about Parkinsonism or Parkinson's Disease. Although **[participant]** 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_PXF2		
[ALWAYS ASK]			
Has a doctor ever told [participant] that [he/she] had Parkinsonism or Parkinson's disease?			
<p>NOTE: Parkinsonism is any condition that causes a combination of the movement abnormalities seen in Parkinson's disease, such as tremor, slow movement, impaired speech, or muscle stiffness. Not everyone who has Parkinsonism has Parkinson's disease.</p> <p>Parkinson's disease is a degenerative disorder of the central nervous system. Early in the course of the disease, the most obvious symptoms are movement-related; these include shaking, rigidity, slowness of movement and difficulty with walking and gait. Later, cognitive and behavioural problems may arise, with dementia commonly occurring in the advanced stages of the disease. Other symptoms include sensory, sleep and emotional problems.</p>			
YES	1	Yes	
NO	2	No	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

PKD_2	PKD_AGE_PXF2	
[ASK IF PKD_PARK_PXF2 = YES]		
At what age, or in what year, did [participant] first develop Parkinsonism or was [he/she] first told [he/she] had Parkinson’s Disease?		
INTERVIEWER: EXACT YEARS ARE OPTIMUM, CAPTURE AS SPECIFIC INFORMATION AS POSSIBLE. THE MINIMUM ACCEPTABLE STANDARD IS WITHIN 5 YEARS. PROMPT RESPONDENT WITH QUESTIONS LIKE, “CAN YOU BE MORE SPECIFIC?”		
PKD_AGE_NB_PXF2	Age	_____ (MASK: MIN=0, MAX=CURRENT AGE)
PKD_AGE_YR_PXF2	Year	_____ (MASK: MIN=YEAR OF BIRTH, MAX=CURRENT YEAR)
DK_NA	9998	[DO NOT READ] Don’t know / No answer
REFUSED	9999	[DO NOT READ] Refused

INTERVIEWER INSTRUCTIONS: QUESTIONS PKD_SHKE_PXF2 THROUGH PKD_RISE_PXF2 PERTAIN TO WHETHER THE PARTICIPANT IS CURRENTLY EXPERIENCING ANY OF THE SYMPTOMS. PEOPLE WITH PARKINSONISM TEND TO EXPERIENCE ONE OR MORE OF THESE SYMPTOMS ON AN ONGOING BASIS, SO “CURRENTLY” MEANS REGULARLY.

PKD_3	PKD_SHKE_PXF2	
[ALWAYS ASK]		
Do [participant] ’s arms or legs shake?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don’t know / No answer
REFUSED	9	[DO NOT READ] Refused

PKD_3a	PKD_SHKSEV_PXF2	
[ASK IF PKD_SHKE_PXF2 = YES]		
Is this shaking more severe or noticeable when [his/her] limb is resting, or when [he/she] is using it?		
RESTING	1	Resting
DURING_USE_ACTION	2	During use/action
DK_NA	8	[DO NOT READ] Don’t know / No answer
REFUSED	9	[DO NOT READ] Refused

PKD_4	PKD_SMWRT_PXF2	
[ALWAYS ASK]		
Is [participant] 's handwriting smaller than it once was?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PKD_5	PKD_BUTON_PXF2	
[ALWAYS ASK]		
Does [participant] have trouble buttoning buttons?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PKD_6	PKD_VOICE_PXF2	
[ALWAYS ASK]		
Do people tell [participant] that [his/her] voice is softer than it once was?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PKD_7	PKD_FEET_PXF2	
[ALWAYS ASK]		
Do [participant] 's feet suddenly seem to freeze in doorways?		
INTERVIEWER: PEOPLE WITH PARKINSON'S WILL KNOW WHAT THIS MEANS. IF A RESPONDENT DOES NOT UNDERSTAND WHAT THIS QUESTION IS ASKING, RECORD RESPONSE AS "NO"		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PKD_8	PKD_WALK_PXF2	
[ALWAYS ASK]		
Does [participant] shuffle [his/her] feet and/or take tiny steps when [he/she] walks?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PKD_9	PKD_BAL_PXF2	
[ALWAYS ASK]		
Is [participant] 's balance poor?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PKD_10	PKD_FACE_PXF2	
[ALWAYS ASK]		
Does [participant] 's face seem less expressive than it used to?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PKD_11	PKD_RISE_PXF2	
[ALWAYS ASK]		
Does [participant] have trouble rising from a chair?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

PKD_END

Functional Status (FUL)

Overview	The purpose of these questions is to determine the degree of mobility of the aging population in day-to-day actions.
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FUL_1	FUL_SHLD_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty reaching or extending [his/her] arms above [his/her] shoulders?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_1a	FUL_SHLDDG_PXF2	
[ASK IF FUL_SHLD_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_2	FUL_STOOP_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty stooping, crouching, or kneeling down?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_2a	FUL_STOOPDG_PXF2	
[ASK IF FUL_STOOP_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_3	FUL_PUSH_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty pushing or pulling large objects like a living room chair?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_3a	FUL_PUSHDG_PXF2	
[ASK IF FUL_PUSH_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_4	FUL_LFT10_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty lifting ten pounds (or 4.5 kg) from the floor, like a heavy bag of groceries?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_4a	FUL_LFT10DG_PXF2	
[ASK IF FUL_LFT10_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_5	FUL_HDLG_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty handling small objects, like picking up a coin from a table?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_5a	FUL_HDLGDG_PXF2	
[ASK IF FUL_HDLG_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_6	FUL_ST15_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty standing for a long period, around 15 minutes?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_6a	FUL_ST15DG_PXF2	
[ASK IF FUL_ST15_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_7	FUL_SIT1H_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty sitting for a long period, say 1 hour?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_7a	FUL_SIT1HDG_PXF2	
[ASK IF FUL_SIT1H_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_8	FUL_STDUP_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty standing up after sitting in a chair?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_8a	FUL_STDUPDG_PXF2	
[ASK IF FUL_STDUP_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_9	FUL_FSTR_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty walking alone up and down a flight of stairs?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_9a	FUL_FSTRDG_PXF2	
[ASK IF FUL_FSTR_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_10	FUL_WK23B_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty walking 2 to 3 neighbourhood blocks?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_10a	FUL_WK23BDG_PXF2	
[ASK IF FUL_WK23B_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_11	FUL_MKBED_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty making a bed?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_11a	FUL_MKBEDDG_PXF2	
[ASK IF FUL_MKBED_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_12	FUL_WSHBK_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty washing [his/her] back?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_12a	FUL_WSHBKDG_PXF2	
[ASK IF FUL_WSHBK_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_13	FUL_KNCUT_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty using a knife to cut food?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_13a	FUL_KNCUTDG_PXF2	
[ASK IF FUL_KNCUT_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_14	FUL_FORC_PXF2	
[ALWAYS ASK]		
Does [participant] have any difficulty with recreational or work activities in which [he/she] takes some force or impact through [his/her] arm, shoulder, or hand (e.g., golf, hammering, tennis, typing, etc.)?		
YES	1	Yes
NO	2	No
UNABLE	3	Unable to do
DOCTORS_ORDERS	4	Doesn't do on doctor's orders
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_14a	FUL_FORCDG_PXF2	
[ASK IF FUL_FORC_PXF2 = YES]		
Would you say the degree of difficulty is...		
LITTLE_DIFFICULT	1	A little difficult
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FUL_END

Basic Activities of Daily Living (ADL)

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

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

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

ADL_1	ADL_ABLDR_PXF2	
[ALWAYS ASK]		
Can [participant] dress and undress [him/herself] without help (including picking out clothes and putting on socks and shoes)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_2	ADL_HPDR_PXF2	
[ASK IF ADL_ABLDR_PXF2 = NO]		
Can [participant] dress and undress [him/herself] with some help?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_3	ADL_UNDR_PXF2	
[ASK IF ADL_HPDR_PXF2 = NO]		
Is [participant] completely unable to dress and undress [him/herself] ?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_4	ADL_ABLFD_PXF2	
[ALWAYS ASK]		
Can [participant] eat without help (i.e., [he/she] is able to feed [him/herself] completely)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_5	ADL_HPDF_PXF2	
[ASK IF ADL_ABLFD_PXF2 = NO]		
Can [participant] eat with some help (i.e., [he/she] needs help with cutting [his/her] food, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_6	ADL_UNFD_PXF2	
[ASK IF ADL_HPDF_PXF2 = NO]		
Is [participant] completely unable to feed [him/herself] ?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_7	ADL_ABLAP_PXF2	
[ALWAYS ASK]		
Can [participant] take care of [his/her] own appearance without help, for example, combing [his/her] hair, shaving (if male)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_8	ADL_HPAP_PXF2	
[ASK IF ADL_ABLAP_PXF2 = NO]		
Can [participant] take care of [his/her] own appearance with some help?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_9	ADL_UNAP_PXF2	
[ASK IF ADL_HPAP_PXF2 = NO]		
Is [participant] completely unable to take care of [his/her] own appearance?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_10	ADL_ABLWK_PXF2	
[ALWAYS ASK]		
Can [participant] walk without help?		
INTERVIEWER NOTE: IF PARTICIPANT WALKS WITH A CANE CODE AS YES		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_11	ADL_HPWK_PXF2
[ASK IF ADL_ABLWK_PXF2 = NO]	
Can [participant] walk with some help from a person, or with the use of a walker or crutches, etc.?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ADL_12	ADL_UNWK_PXF2
[ASK IF ADL_HPWK_PXF2 = NO]	
Is [participant] completely unable to walk?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ADL_13	ADL_ABLBD_PXF2
[ALWAYS ASK]	
Can [participant] get in and out of bed without any help or aids?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ADL_14	ADL_HPBD_PXF2
[ASK IF ADL_ABLBD_PXF2 = NO]	
Can [participant] get in and out of bed with some help (either from a person or with the aid of some device)?	
YES	1 Yes
NO	2 No
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

ADL_15	ADL_UNBD_PXF2	
[ASK IF ADL_HPBD_PXF2 = NO]		
Is [participant] totally dependent on someone else to lift [him/her] in and out of bed?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_16	ADL_ABLBT_PXF2	
[ALWAYS ASK]		
Can [participant] take a bath or shower without help?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_17	ADL_HPBT_PXF2	
[ASK IF ADL_ABLBT_PXF2 = NO]		
Can [participant] take a bath or shower with some help (i.e., [he/she] needs help from someone getting in and out of the tub or [he/she] needs special attachments on the tub)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_18	ADL_UNBT_PXF2	
[ASK IF ADL_HPBT_PXF2 = NO]		
Is [participant] completely unable to take a bath and a shower by [him/herself] ?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_19	ADL_BATH_PXF2	
[ALWAYS ASK]		
Does [participant] ever have trouble getting to the bathroom in time?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_20	ADL_INCNT_PXF2	
[ASK IF ADL_BATH_PXF2 = YES]		
How often does [participant] wet or soil [him/herself] (either day or night)? Would you say...		
READ LIST, CODE ONLY ONE RESPONSE		
0_1_TIME_WEEK	1	Never or less than once a week
1_2_TIME_WEEK	2	Once or twice a week
3_MORE_TIMES_WEEK	3	Three times a week or more
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

ADL_END

Instrumental Activities of Daily Living (IAL)

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

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

IAL_1	IAL_ABLTEL_PXF2	
[ALWAYS ASK]		
Can [participant] use the telephone without help, including looking up numbers and dialling?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_2	IAL_HPTTEL_PXF2	
[ASK IF IAL_ABLTEL_PXF2 = NO]		
Can [participant] use the telephone with some help (i.e., [he/she] can answer the phone or dial the operator in an emergency, but needs a special phone or help in getting the number or dialling)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_3	IAL_UNTEL_PXF2	
[ASK IF IAL_HPTTEL_PXF2 = NO]		
Is [participant] completely unable to use the telephone?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_4	IAL_ABLTRV_PXF2	
[ALWAYS ASK]		
Can [participant] get to places out of walking distance without help (i.e., [he/she] drives [his/her] own car, or travels alone on buses, or taxis)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_5	IAL_HPTRV_PXF2	
[ASK IF IAL_ABLTRV_PXF2 = NO]		
Can [participant] get to places out of walking distance with some help (i.e., [he/she] needs someone to help [him/her] or go with [him/her] when travelling)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_6	IAL_UNTRV_PXF2	
[ASK IF IAL_HPTRV_PXF2 = NO]		
Is [participant] unable to travel unless emergency arrangements are made for a specialized vehicle, like an ambulance?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_7	IAL_ABLGRO_PXF2	
[ALWAYS ASK]		
Can [participant] go shopping for groceries or clothes without help (taking care of all shopping needs [him/herself])?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_8	IAL_HPGRO_PXF2	
[ASK IF IAL_ABLGRO_PXF2 = NO]		
Can [participant] go shopping for groceries or clothes with some help (i.e., [he/she] needs someone to go with [him/her] on all shopping trips)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_9	IAL_UNGRO_PXF2	
[ASK IF IAL_HPGRO_PXF2 = NO]		
Is [participant] completely unable to do any shopping?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_10	IAL_ABLML_PXF2	
[ALWAYS ASK]		
Can [participant] prepare [his/her] own meals without help (i.e., [he/she] plans and cooks full meals [him/herself])?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_11	IAL_HPML_PXF2	
[ASK IF IAL_ABLML_PXF2 = NO]		
Can [participant] prepare [his/her] own meals with some help (i.e., [he/she] can prepare some things but is unable to cook full meals [him/herself])?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_12	IAL_UNML_PXF2	
[ASK IF IAL_HPML_PXF2 = NO]		
Is [participant] completely unable to prepare any meals?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_13	IAL_ABLWRK_PXF2	
[ALWAYS ASK]		
Can [participant] do [his/her] housework without help (i.e., [he/she] can clean floors, etc.)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_14	IAL_HPWRK_PXF2	
[ASK IF IAL_ABLWRK_PXF2 = NO]		
Can [participant] do [his/her] housework with some help (i.e., [he/she] can do light housework but needs help with heavy work)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_15	IAL_UNWRK_PXF2	
[ASK IF IAL_HPWRK_PXF2 = NO]		
Is [participant] completely unable to do any housework?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_16	IAL_ABLMED_PXF2	
[ALWAYS ASK]		
Can [participant] take [his/her] own medicine without help (in the right doses at the right time)?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_17	IAL_HPMED_PXF2	
[ASK IF IAL_ABLMED_PXF2 = NO]		
Can [participant] take [his/her] own medicine with some help (i.e., [he/she] is able to take medicine if someone prepares it for [him/her] or reminds [him/her] to take it)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_18	IAL_UNMED_PXF2	
[ASK IF IAL_HPMED_PXF2 = NO]		
Is [participant] completely unable to take [his/her] medicine?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_19	IAL_ABLMO_PXF2	
[ALWAYS ASK]		
Can [participant] handle [his/her] own money without help (i.e., [he/she] writes cheques, pays bills, etc.)?		
INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_20	IAL_HPMO_PXF2	
[ASK IF IAL_ABLMO_PXF2 = NO]		
Can [participant] handle [his/her] own money with some help (i.e., [he/she] manages day-to-day buying but needs help with managing [his/her] chequebook or paying [his/her] bills)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_21	IAL_UNMO_PXF2	
[ASK IF IAL_HPMO_PXF2 = NO]		
Is [participant] completely unable to handle [his/her] money?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

IAL_END

Social Networks (SN)

Overview	<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. The CLSA Questionnaire includes 15 items pertaining to the respondent's social network; these items include marital/partner status, living arrangements, family composition, social ties and social contacts.</p>
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Now I'm going to ask you some questions about who lives in **[participant]**'s household with **[him/her]** and what their relationship is to **[him/her]**. I will also be asking some questions about **[his/her]** children and, whether or not they currently live with **[him/her]**.

SN_1	SN_LIVH_NB_PXF2
[ALWAYS ASK]	
How many people, not including [participant] , currently live in [his/her] household? NOTE PERSON #1 IS THE PARTICIPANT, RECORD SEX AND AGE	
INTERVIEWER INSTRUCTION: IF THE PARTICIPANT IS CURRENTLY IN A LONG-TERM CARE FACILITY, THE TERM "HOUSEHOLD" REFERS TO THE LONG-TERM CARE HOME WHERE THEY CURRENTLY LIVE	
SN_LIVH_NB_PXF2	_____ (MASK: MIN=0, MAX=9)
DK_NA	98 [DO NOT READ] Don't know / No answer
REFUSED	99 [DO NOT READ] Refused
a)	What is the relationship of person #2 to [participant] (i.e., spouse, parent, child, grandparent, grandchild, etc.)?
b)	What is the sex of person #2?
c)	How old is person #2 (MASK: MIN=0, MAX=115)
REPEAT SEQUENCE OF QUESTIONS FOR ALL REMAINING MEMBERS OF THE HOUSEHOLD	

Household Member (HM)	Relationship	Sex	Age
HM#1	Participant		
HM#2			
HM#3			
HM#4			
HM#5			
HM#6			
HM#7			
HM#8			
HM#9			
HM#10			

SN_2	SN_DGHTRLIV_NB_PXF2
[ALWAYS ASK]	
How many, if any, living daughters does [participant] have (including adopted daughters, biological daughters, stepdaughters)?	
SN_DGHTRLIV_NB_PXF2	_____ (MASK: MIN=0, MAX=30)
REFUSED	99 [DO NOT READ] Refused

SN_3	SN_SONLIV_NB_PXF2
[ALWAYS ASK]	
How many, if any, living sons does [participant] have (including adopted sons, biological sons and stepsons)?	
SN_SONLIV_NB_PXF2	_____ (MASK: MIN=0, MAX=30)
REFUSED	99 [DO NOT READ] Refused

SN_4	SN_SEECHILD_PXF2
[ASK IF SN_DGHTRLIV_NB_PXF2 ≠ 0 OR REFUSED AND SN_SONLIV_NB_PXF2 ≠ 0 OR REFUSED]	
When did [participant] last get together with any of [his/her] children who live outside of [his/her] household?	
READ LIST, CODE ONLY ONE RESPONSE	
WITHIN_LAST_DAY_TWO	1 Within the last day or two
WITHIN_LAST_WEEK_TWO	2 Within the last week or two
WITHIN_PAST_MONTH	3 Within the past month
WITHIN_PAST_6_MONTHS	4 Within the past 6 months
WITHIN_PAST_YEAR	5 Within the past year
MORE_THAN_1_YEAR	6 More than 1 year ago
NA_CHILD_IN_HOUSEHOLD	7 Not applicable, all children live in household
DK_NA	8 [DO NOT READ] Don't know / No answer
REFUSED	9 [DO NOT READ] Refused

SN_5	SN_SIBLIV_NB_PXF2
[ALWAYS ASK]	
How many, if any, living siblings (sisters, brothers) does [participant] have?	
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER	
SN_SIBLIV_NB_PXF2	_____ (MASK: MIN=0, MAX=50)
DK_NA	98 [DO NOT READ] Don't know / No answer
REFUSED	99 [DO NOT READ] Refused

SN_6	SN_SEESIB_PXF2	
[ASK IF SN_SIBLIV_NB_PXF2 ≠ 0 OR REFUSED]		
When did [participant] last get together with any of [his/her] siblings who live outside of [his/her] household?		
INTERVIEWER INSTRUCTION: IF THE PARTICIPANT IS CURRENTLY IN A LONG-TERM CARE FACILITY, THE TERM “HOUSEHOLD” REFERS TO THE LONG-TERM CARE HOME WHERE THEY CURRENTLY LIVE		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
NA_SIB_IN_HOUSEHOLD	7	Not applicable, all siblings live in household
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SN_7	SN_RELLIV_NB_PXF2	
[ALWAYS ASK]		
About how many other living relatives (parents, grandparents, grandchildren, nieces, nephews, cousins, aunts, uncles) does [participant] have?		
NOTE: This question includes the participant's in-laws, i.e., father-in-law, mother-in-law, sister-in-law, brother-in-law (NOT the parents of a father- or mother-in-law, NOT the spouse or children of a brother- or sister-in-law).		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER		
SN_RELLIV_NB_PXF2	_____ (MASK: MIN=0, MAX=100)	
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

SN_8	SN_SEEREL_PXF2	
[ASK IF SN_RELLIV_NB_PXF2 ≠ 0 OR REFUSED]		
When did [participant] last get together with any of [his/her] other relatives who live outside of [his/her] household?		
INTERVIEWER INSTRUCTION: IF THE PARTICIPANT IS CURRENTLY IN A LONG-TERM CARE FACILITY, THE TERM “HOUSEHOLD” REFERS TO THE LONG-TERM CARE HOME WHERE THEY CURRENTLY LIVE		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
NA_REL_IN_HOUSEHOLD	7	Not applicable, all relatives live in household
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SN_9	SN_FRND_NB_PXF2	
[ALWAYS ASK]		
Not counting family members, how many people does [participant] consider close friends – that is, people [participant] can confide in and talk over personal matters with?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER		
SN_FRND_NB_PXF2	_____ (MASK: MIN=0, MAX=90)	
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

SN_10	SN_SEEFRND_PXF2	
[ASK IF SN_FRND_NB_PXF2 ≠ 0 OR REFUSED]		
When did [participant] last get together with any of [his/her] close friends who live outside of [his/her] household?		
INTERVIEWER INSTRUCTION: IF THE PARTICIPANT IS CURRENTLY IN A LONG-TERM CARE FACILITY, THE TERM “HOUSEHOLD” REFERS TO THE LONG-TERM CARE HOME WHERE THEY CURRENTLY LIVE		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
NA_FRND_IN_HOUSEHOLD	7	Not applicable, no friends live outside of household
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SN_11	SN_SEENEIBR_PXF2	
[ALWAYS ASK]		
When did [participant] last get together with any of [his/her] neighbours?		
READ LIST, CODE ONLY ONE RESPONSE		
WITHIN_LAST_DAY_TWO	1	Within the last day or two
WITHIN_LAST_WEEK_TWO	2	Within the last week or two
WITHIN_PAST_MONTH	3	Within the past month
WITHIN_PAST_6_MONTHS	4	Within the past 6 months
WITHIN_PAST_YEAR	5	Within the past year
MORE_THAN_1_YEAR	6	More than 1 year ago
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SN_END

Social Support – Availability (SSA)

Overview	<p>The ability of people to call on support when they need it is important in understanding their overall health. For example, having somebody to take you to a medical appointment may mean that you are more likely to get the care you need.</p> <p>This module consists of a series of detailed questions about the availability of social support. The answers will be combined to determine how likely it is that the participant 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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Next are some questions about the support that is available to **[participant]**.

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 **[participant]** if **[he/she]** needs it?

READ LIST OF STATEMENTS, CODE ONLY ONE RESPONSE PER STATEMENT.

SSA_1	SSA_CONFBD_PXF2	
[ALWAYS ASK]		
Someone to help [participant] if [he/she] were confined to bed?		
READ LIST OF STATEMENTS, CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_2	SSA_NDTLK_PXF2	
[ALWAYS ASK]		
Someone [participant] can count on to listen to [him/her] when [he/she] needs to talk?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_3	SSA_CRISIS_PXF2	
[ALWAYS ASK]		
Someone to give [participant] advice about a crisis?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_4	SSA_TYTDR_PXF2	
[ALWAYS ASK]		
Someone to take [participant] to the doctor if needed?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_5	SSA_SHLOV_PXF2	
[ALWAYS ASK]		
Someone who shows [participant] love and affection?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_6	SSA_GOODT_PXF2	
[ALWAYS ASK]		
Someone to have a good time with?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_7	SSA_INFO_PXF2	
[ALWAYS ASK]		
Someone to give [participant] information in order to help [him/her] ?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_8	SSA_CONFID_PXF2	
[ALWAYS ASK]		
Someone to confide in or talk to about [him/herself] or [his/her] problems?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_9	SSA_HUGS_PXF2	
[ALWAYS ASK]		
Someone who hugs [him/her]?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_10	SSA_RELAX_PXF2	
[ALWAYS ASK]		
Someone to get together with for relaxation?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_11	SSA_MEALS_PXF2	
[ALWAYS ASK]		
Someone to prepare [participant]'s meals if [he/she] was unable to do it [him/herself]?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_12	SSA_ADVCE_PXF2	
[ALWAYS ASK]		
Someone whose advice [participant] really wants?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_13	SSA_MINDOFF_PXF2	
[ALWAYS ASK]		
Someone to do things with to help [participant] get [his/her] mind off things?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_14	SSA_CHORES_PXF2	
[ALWAYS ASK]		
Someone to help with daily chores if [participant] were sick?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_15	SSA_SHFEAR_PXF2	
[ALWAYS ASK]		
Someone to share [participant] 's most private worries and fears with?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_16	SSA_SUGG_PXF2	
[ALWAYS ASK]		
Someone to turn to for suggestions about how to deal with a personal problem?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_17	SSA_ENJOY_PXF2	
[ALWAYS ASK]		
Someone to do something enjoyable with?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_18	SSA_PROBLM_PXF2	
[ALWAYS ASK]		
Someone who understands [his/her] problems?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_19	SSA_LOVU_PXF2	
[ALWAYS ASK]		
Someone to love [him/her] and make [participant] feel wanted?		
CODE ONLY ONE RESPONSE PER STATEMENT		
NONE_TIME	1	None of the time
LITTLE_TIME	2	A little of the time
SOME_TIME	3	Some of the time
MOST_TIME	4	Most of the time
ALL_TIME	5	All of the time
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_20	SSA_PET_PXF2	
[ALWAYS ASK]		
Does [participant] have a household pet that provides [him/her] with companionship?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SSA_END

Social Participation (SPA)

Overview	<p>This module asks about the type and amount of participation in different social activities, including participation in sporting activities, religious services, as well as limitations to such participation.</p> <p>Information from this module will demonstrate the degree to which older Canadians engage in social activities and highlight reasons why they may feel limited in their ability to participate in such activities.</p>
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Now some questions about **[participant]**'s social activities.

SPA_1	SPA_SOAC_PXF2	
[ALWAYS ASK]		
Which of these statements apply to [participant] ?		
NOTE: RESPONSE OPTION 1 – ‘THEY READ A DAILY NEWSPAPER’ – INCLUDES SITUATIONS WHERE THE PARTICIPANT ONLY READS THE SATURDAY EDITION OF A DAILY NEWSPAPER.		
READ EACH STATEMENT. MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
SPA_SOAC_RNP_PXF2	01	They read a daily newspaper
SPA_SOAC_HY_PXF2	02	They have a hobby or pastime
SPA_SOAC_HIC_PXF2	03	They have taken a holiday in Canada in the last 12 months
SPA_SOAC_HOC_PXF2	04	They have taken a holiday outside of Canada in the last 12 months
SPA_SOAC_DT_PXF2	05	They have gone on a daytrip or outing in the last 12 months
SPA_SOAC_INT_PXF2	06	They use the internet and/or e-mail
SPA_SOAC_VOT_PXF2	07	They voted in the last federal, provincial, or municipal election
SPA_SOAC_NONE_PXF2	96	None of these statements apply to them
SPA_SOAC_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
SPA_SOAC_REFUSED_PXF2	99	[DO NOT READ] Refused

Community-related Activities

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

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

READ LIST OF ACTIVITIES, CODE ONLY ONE RESPONSE PER ACTIVITY

SPA_2	SPA_OUTS_PXF2	
[ALWAYS ASK]		
Family- or friendship-based activities outside the household?		
READ IF NECESSARY – EXAMPLES INCLUDE: FORMAL AND INFORMAL ACTIVITIES SUCH AS SMALL GET-TOGETHERS, MEALS OUTSIDE OF THE HOUSEHOLD, WEDDINGS, OR REUNIONS		
INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN ‘REAL LIFE’ SETTINGS OUTSIDE THE HOME, RATHER THAN IN ‘ONLINE’ SETTINGS.		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SPA_3	SPA_CHRCH_PXF2	
[ALWAYS ASK]		
Church or religious activities such as services, committees or choirs		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SPA_4		SPA_SPORT_PXF2	
[ALWAYS ASK]			
Sports or physical activities that [participant] does with other people			
ONCE_DAY	1	At least once a day	
ONCE_WEEK	2	At least once a week	
ONCE_MONTH	3	At least once a month	
ONCE_YEAR	4	At least once a year	
NEVER	5	Never	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

SPA_5		SPA_EDUC_PXF2	
[ALWAYS ASK]			
Educational and cultural activities involving other people such as attending courses, concerts, plays, or visiting museums			
ONCE_DAY	1	At least once a day	
ONCE_WEEK	2	At least once a week	
ONCE_MONTH	3	At least once a month	
ONCE_YEAR	4	At least once a year	
NEVER	5	Never	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

SPA_6		SPA_CLUB_PXF2	
[ALWAYS ASK]			
Service club or fraternal organization activities			
READ IF NECESSARY – EXAMPLES INCLUDE: LION’S CLUB, ROTARY, KIWANIS CLUB, ROYAL CANADIAN LEGION, OR FORESTERS			
ONCE_DAY	1	At least once a day	
ONCE_WEEK	2	At least once a week	
ONCE_MONTH	3	At least once a month	
ONCE_YEAR	4	At least once a year	
NEVER	5	Never	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

SPA_7	SPA_NEIBR_PXF2	
[ALWAYS ASK]		
Neighbourhood, community or professional association activities		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SPA_8	SPA_VOLUN_PXF2	
[ALWAYS ASK]		
Volunteer or charity work		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SPA_9	SPA_OTACT_PXF2	
[ALWAYS ASK]		
Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games		
INTERVIEWER NOTES: ACTIVITIES MUST TAKE PLACE IN 'REAL LIFE' SETTINGS OUTSIDE THE HOME, RATHER THAN IN 'ONLINE' SETTINGS.		
ONCE_DAY	1	At least once a day
ONCE_WEEK	2	At least once a week
ONCE_MONTH	3	At least once a month
ONCE_YEAR	4	At least once a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SPA_10	SPA_MORAC_PXF2	
[ALWAYS ASK]		
In the past 12 months, do you think that [participant] wanted to participate in more social, recreational, or group activities?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

SPA_11	SPA_PREVAC_PXF2	
[ASK IF SPA_MORAC_PXF2 = YES]		
What prevented [participant] from participating in more social, recreational or group activities?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
SPA_PREVAC_CO_PXF2	01	Cost
SPA_PREVAC_TP_PXF2	02	Transportation problems
SPA_PREVAC_ANA_PXF2	03	Activities not available in the area
SPA_PREVAC_LNA_PXF2	04	Location not physically accessible
SPA_PREVAC_TF_PXF2	05	Location is too far
SPA_PREVAC_HC_PXF2	06	Health condition/limitation
SPA_PREVAC_TI_PXF2	07	Time of the activities not suitable
SPA_PREVAC_GA_PXF2	08	Doesn't want to go alone
SPA_PREVAC_PR_PXF2	09	Personal or family responsibilities
SPA_PREVAC_LRR_PXF2	10	Language related reasons
SPA_PREVAC_TB_PXF2	11	Too busy
SPA_PREVAC_AF_PXF2	12	Afraid or concerns about safety
SPA_PREVAC_GR_PXF2	13	Grieving
SPA_PREVAC_WH_PXF2	14	Weather conditions
SPA_PREVAC_MO_PXF2	15	Lack of motivation, organization or information
SPA_PREVAC_RL_PXF2	16	Relocation or travel
SPA_PREVAC_ANS_PXF2	17	Activities not interesting/not suitable
SPA_PREVAC_SC_PXF2	18	Social barriers (rejection, shyness, bullying, etc.)
SPA_PREVAC_OTSP_PXF2	97	Other (Please specify: _____)
SPA_PREVAC_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
SPA_PREVAC_REFUSED_PXF2	99	[DO NOT READ] Refused

SPA_END

Generalized Anxiety Disorder (GAD)

A Brief Measure for Assessing Generalized Anxiety Disorder The GAD-7

Robert L. Spitzer, MD; Kurt Kroenke, MD; Janet B. W. Williams, DSW; Bernd Löwe, MD, PhD ARCH INTERN MED/VOL 166, MAY 22, 2006, 1092

Overview	<p>The questions in this module come from the GAD-7, which measures how much the person has been bothered by feeling nervous, anxious, or on edge, not being able to stop or control worrying, worrying too much about different things, having trouble relaxing, being so restless that it is hard to sit still, becoming easily annoyed or irritable, and feeling afraid as if something might happen.</p> <p>Importance of module: Generalized anxiety disorder interferes with everyday functioning. This includes work or school, social activities, and relationships with other people. It also increases the risk of drug abuse and eating disorders.</p>
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We will be asking you a number of questions about **[participant]**'s overall mental health throughout today's interview. Some of the questions may seem similar but they are looking at slightly different outcomes which are important for determining overall well-being of our participants. Please answer them to the best of your ability without considering your previous answers for similar questions.

GAD_1							
Over the <u>last 2 weeks</u> , how often has [participant] been bothered by the following problems?							
[ALWAYS ASK]							
		Not at all	Several days	More than half the days	Nearly every day	[DO NOT READ] DK / NA	[DO NOT READ] Refused
		0	1	2	3		
GAD_NERV_PXF2	Feeling nervous, anxious or on edge						
GAD_STPWOR_PXF2	Not being able to stop or control worrying						
GAD_WORRTO_PXF2	Worrying too much about different things						
GAD_RELAX_PXF2	Trouble relaxing						
GAD_RESTLS_PXF2	Being so restless that it's hard to sit still						
GAD_ANNOY_PXF2	Becoming easily annoyed or irritable						
GAD_AFRAID_PXF2	Feeling afraid as if something awful might happen						

$$GAD_TOTAL_PXF2 = GAD_NERV_PXF2 + GAD_STPWOR_PXF2 + GAD_WORRTO_PXF2 + GAD_RELAX_PXF2 + GAD_RESTLS_PXF2 + GAD_ANNOY_PXF2 + GAD_AFRAID_PXF2$$

GAD_2	GAD_TOTAL2_PXF2	
[ASK IF GAD_TOTAL_PXF2 ≥ 1]		
How difficult have these problems made it for [participant] to do [his/her] work, take care of things at home, or get along with other people?		
NOT_DIFFICULT	1	Not difficult at all
SOMEWHAT_DIFFICULT	2	Somewhat difficult
VERY_DIFFICULT	3	Very difficult
EXTREMELY_DIFFICULT	4	Extremely difficult
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

GAD_END

Care Receiving 1/ Formal Care (CR1)

Overview	<p>This is the first of two modules that address care received at home during the past 12 months. This first module asks respondents whether the participant received home care services provided by professionals due to a health problem that affects their daily activities. The second module asks about assistance from family, friends, and neighbours.</p> <p>In this module, respondents are asked to report assistance provided to the participant by paid workers or organizations for various activities, such as medical care, personal care, housework, transportation, etc. Respondents are also asked about home care the participant needed but did not receive.</p> <p>Formal home care is considered to be an important part of health care reform. Both the health care system and the care recipient may benefit if some types of care are provided in the home instead of in a hospital or institution.</p>
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Now some questions on home care services **[participant]** may have received because of a health condition or limitation that affects **[his/her]** daily activities. These services include health care, homemaker, or other support services received at home. We ask that you include only services provided by professionals or paid workers.

CR1_1	CR1_PRO_PXF2
[ALWAYS ASK]	
During the past 12 months, did [participant] receive short-term or long-term professional assistance at home, because of a health condition or limitation that affects [his/her] daily life, for any of the following activities?	
INTERVIEWER NOTE: BY PROFESSIONAL ASSISTANCE, WE MEAN HELP FROM PAID WORKERS OR VOLUNTEER ORGANIZATIONS. INCLUDE ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS.	
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY	
CR1_PRO_PR_PXF2	01 Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_PRO_MD_PXF2	02 Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_PRO_MG_PXF2	03 Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_PRO_ML_PXF2	04 Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_PRO_AC_PXF2	05 House maintenance or outdoor work
CR1_PRO_TR_PXF2	06 Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_PRO_PT_PXF2	07 Physical therapy
CR1_PRO_TA_PXF2	08 Training and adaptation
CR1_PRO_NONE_PXF2	96 None
CR1_PRO_OTSP_PXF2	97 Other (Please specify: _____)
CR1_PRO_DK_NA_PXF2	98 [DO NOT READ] Don't know / No answer
CR1_PRO_REFUSED_PXF2	99 [DO NOT READ] Refused

CR1_1a	CR1_IMPT_PXF2	
[ASK IF CR1_PRO_PXF2 = MORE THAN ONE RESPONSE OPTION]		
Which one of the professional services that you mentioned is most important to [participant]?		
INTERVIEWER NOTE: IF RESPONDENT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THE PARTICIPANT CONSIDERS TO BE THE MOST IMPORTANT		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_PXF2		
CR1_IMPT_PR_PXF2	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_IMPT_MD_PXF2	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_IMPT_MG_PXF2	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_IMPT_ML_PXF2	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_IMPT_AC_PXF2	05	House maintenance or outdoor work
CR1_IMPT_TR_PXF2	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_IMPT_PT_PXF2	07	Physical therapy
CR1_IMPT_TA_PXF2	08	Training & adaptation
CR1_IMPT_OTSP1_PXF2	97	Other

CR1_2	CR1_MOST_PXF2	
[ASK IF CR1_PRO_PXF2 = MORE THAN ONE RESPONSE OPTION]		
For which type of activity did [participant] receive the most assistance?		
INTERVIEWER NOTE: IF RESPONDENT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THE PARTICIPANT CONSIDERS TO BE THE MOST IMPORTANT		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR1_PRO_PXF2		
CR1_MOST_PR_PXF2	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR1_MOST_MD_PXF2	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR1_MOST_MG_PXF2	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR1_MOST_ML_PXF2	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR1_MOST_AC_PXF2	05	House maintenance or outdoor work
CR1_MOST_TR_PXF2	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR1_MOST_PT_PXF2	07	Physical therapy
CR1_MOST_TA_PXF2	08	Training & adaptation
CR1_MOST_OTSP1_PXF2	97	Other

CR1_3	CR1_PAY_PXF2	
[ASK IF CR1_PRO_PXF2 ≠ NONE, DK_NA OR REFUSED]		
Did [participant] (or someone else in [his/her] family) pay directly for some or all of the help that [he/she] received?		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PAID_ALL_COST	1	Yes, they paid all of the cost
PAID_PART_COST	2	Yes, they 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, they didn't pay any of the cost that was involved
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

CR1_3a	CR1_PAY_COST1_PXF2	
[ASK IF CR1_PAY_PXF2 = PAID_ALL_COST OR PAID_PART_COST]		
What was the average out of pocket cost per month over the past 12 months?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT COSTS		
CR1_PAY_COST_PXF2	\$ _____	
DK_NA	99998	[DO NOT READ] Don't know / No answer
REFUSED	99999	[DO NOT READ] Refused

CR1_4	CR1_FRQ_NB_PXF2	
[ASK IF CR1_PRO_PXF2 ≠ NONE, DK_NA OR REFUSED]		
During the past 12 months, about how many weeks did this person/organization help [participant] ?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF WEEKS		
CR1_FRQ_NB_PXF2	_____	(MASK: MIN=1, MAX=52)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR1_5	CR1_HOUR_NB_PXF2	
[ASK IF CR1_PRO_PXF2 ≠ NONE, DK_NA OR REFUSED]		
About how many hours per week, on average, did this person/organization provide [participant] with such help?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF HOURS		
CR1_HOUR_NB_PXF2	_____	(MASK: MIN=1, MAX=168)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

CR1_END

Care Receiving 2/ Informal Care (CR2)

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

CR2_1	CR2_FAM_PXF2	
[ALWAYS ASK]		
During the past 12 months, did [participant] receive short-term or long-term assistance from family, friends, or neighbours because of a health condition or limitation that affects [his/her] daily life, for any of the following activities?		
INTERVIEWER NOTE: INCLUDE ONLY ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
CR2_FAM_PR_PXF2	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR2_FAM_MD_PXF2	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR2_FAM_MG_PXF2	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR2_FAM_ML_PXF2	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR2_FAM_AC_PXF2	05	House maintenance or outdoor work
CR2_FAM_TR_PXF2	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR2_FAM_PT_PXF2	07	Physical therapy
CR2_FAM_TA_PXF2	08	Training and adaptation
CR2_FAM_NONE_PXF2	96	None
CR2_FAM_OTSP_PXF2	97	Other (please specify: _____)
CR2_FAM_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
CR2_FAM_REFUSED_PXF2	99	[DO NOT READ] Refused

CR2_2	CR2_NMBR_PXF2	
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]		
During the past 12 months, about how many different people (among family, friends, and/or neighbours) provided [participant] with such assistance?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER		
CR2_NMBR_PXF2	_____	(MASK: MIN=1, MAX=50)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_3	CR2_WKALL_PXF2	
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]		
During the past 12 months, about how many weeks did this person/these people provide [participant] with such assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF WEEKS		
CR2_WKALL_NB_PXF2	_____	(MASK: MIN=1, MAX=52)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_4	CR2_HOUR_PXF2	
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]		
About how many hours per week, on average, did this person/these people provide [participant] with assistance? Include assistance from all family members, friends, and neighbours in your estimate.		
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER		
CR2_HOUR_NB_PXF2	_____	(MASK: MIN=1, MAX=168)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

CR2_5	CR2_MOST_PXF2	
[ASK IF CR2_FAM_PXF2 = MORE THAN ONE RESPONSE OPTION]		
For which type of activity did [participant] receive the most assistance?		
INTERVIEWER NOTE: IF RESPONDENT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THE PARTICIPANT CONSIDERS TO BE THE MOST IMPORTANT		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
PROGRAMMING NOTE: ONLY BRING FORWARD RESPONSE OPTIONS SELECTED IN CR2_FAM_PXF2		
CR2_MOST_PR_PXF2	01	Personal care, such as bathing, dressing, toileting, hair care, or care of nails
CR2_MOST_MD_PXF2	02	Medical treatments, such as changing bandages, taking medications, or other medical procedure
CR2_MOST_MG_PXF2	03	Scheduling or coordinating care-related tasks, such as making appointments or hiring professional help
CR2_MOST_ML_PXF2	04	Meal preparation, meal clean-up, house cleaning, laundry or sewing
CR2_MOST_AC_PXF2	05	House maintenance or outdoor work
CR2_MOST_TR_PXF2	06	Transportation to do shopping or errands, or to get to medical appointments, or social events
CR2_MOST_PT_PXF2	07	Physical therapy
CR2_MOST_TA_PXF2	08	Training & adaptation
CR2_MOST_OTSP_PXF2	97	Other

CR2_6	CR2_PERS_PXF2	
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]		
We are interested in finding out a little bit more about the person who has dedicated the most time and resources to helping [participant] with [RECALL RESPONSE FROM CR2_MOST_PXF2; IF CR2_MOST_PXF2 WAS SKIPPED, RECALL RESPONSE FROM CR2_FAM_PXF2] . Is this person from whom [participant] received the most assistance...		
READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE		
LIVING_IN_HOUSEHOLD	1	Living in [his/her] household
LIVING_OUTSIDE_HOUSEHOLD	2	Living outside of [his/her] household
REFUSED	9	[DO NOT READ] Refused

CR2_6a	CR2_PERS_FAR_PXF2	
[ASK IF CR2_PERS_PXF2 = LIVING_OUTSIDE_HOUSEHOLD]		
How far is this person from [participant] in hours or minutes driving?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER		
HOURS	_____	Hours
MINUTES	_____	Minutes
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused



CR2_7	CR2_GNDR_PXF2
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]	
Is the person who provided the most assistance male or female?	
CODE ONLY ONE RESPONSE	
MALE	1 Male
FEMALE	2 Female
REFUSED	9 [DO NOT READ] Refused

CR2_8	CR2_NAME_SP_PXF2
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]	
What is the first name of this person?	
CR2_NAME_SP_PXF2	_____
REFUSED	999 [DO NOT READ] Refused

CR2_9	CR2_AGE_NB_PXF2
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]	
How old is this person? (MASK: MIN=3, MAX=110)	
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER	
CR2_AGE_NB_PXF2	_____
REFUSED	999 [DO NOT READ] Refused

CR2_10	CR2_RELN_PXF2	
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]		
What is the relationship between [participant] and this person? Is s/he their...		
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE		
HUSBAND_WIFE	01	Husband/wife
COMMON_LAW	02	Common-law partner
FATHER_MOTHER	03	Father/mother
SON_DAUGHTER	04	Son/daughter
BROTHER_SISTER	05	Brother/sister
GRAND_PARENTS	06	Grandfather/grandmother
GRAND_CHILD	07	Grandson/granddaughter
FATHER_MOTHER_IN_LAW	08	Father-in-law/mother-in-law
SON_DAUGHTER_IN_LAW	09	Son-in-law/daughter-in-law
BROTHER_SISTER_IN_LAW	10	Brother-in-law/sister-in-law
OTHER_RELATIVE	11	Other relative
FRIEND	12	Friend
NEIGHBOUR	13	Neighbour
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_11	CR2_DUR_PXF2	
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]		
How long has [participant] been receiving assistance from this person?		
INTERVIEWER INSTRUCTION: READ LIST, CODE ONLY ONE RESPONSE		
LESS_6_MONTHS	1	Less than 6 months
6_12_MONTHS	2	6 months up to 12 months (1 year)
13_36_MONTHS	3	More than 12 months (1 year) and up to 36 months (3 years)
37_60_MONTHS	4	More than 36 months (3 years) and up to 60 months (5 years)
MORE_5_YEARS	5	More than 5 years
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused



CR2_12	CR2_WKMST_NB_PXF2	
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]		
During the past 12 months, about how many weeks did [participant] receive assistance from this person?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF WEEKS		
CR2_WKMST_NB_PXF2	_____	(MASK: MIN=1, MAX=52)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

CR2_13	CR2_HRWK_NB_PXF2	
[ASK IF CR2_FAM_PXF2 ≠ CR2_FAM_NONE_PXF2, CR2_FAM_DK_NA_PXF2 OR CR2_FAM_REFUSED_PXF2]		
About how many hours per week on average did this person spend assisting [participant]?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF HOURS		
CR2_HRWK_NB_PXF2	_____	(MASK: MIN=1, MAX=168)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

CR2_14	CR2_DEVC_PXF2	
[ALWAYS ASK]		
During the past 12 months, has [participant] used any of the following assistive devices?		
INTERVIEWER INSTRUCTION: READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
CR2_DEVC_CN_PXF2	01	Crutches, cane or walking stick
CR2_DEVC_WC_PXF2	02	Wheelchair
CR2_DEVC_SC_PXF2	03	Motorized scooter
CR2_DEVC_WK_PXF2	04	Walker
CR2_DEVC_LG_PXF2	05	Neck, back or leg braces or supportive devices
CR2_DEVC_HD_PXF2	06	Hand or arm brace
CR2_DEVC_BR_PXF2	07	Grab bars
CR2_DEVC_BT_PXF2	08	Bathroom aids
CR2_DEVC_LT_PXF2	09	Bath or bed lifts or other lifting devices
CR2_DEVC_GR_PXF2	10	Grasping tools or reach extenders
CR2_DEVC_UT_PXF2	11	Special eating utensils
CR2_DEVC_AL_PXF2	12	Personal alarm
CR2_DEVC_NONE_PXF2	96	[DO NOT READ] None
CR2_DEVC_OTSP_PXF2	97	Other (please specify: _____)
CR2_DEVC_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
CR2_DEVC_REFUSED_PXF2	99	[DO NOT READ] Refused

CR2_END

Injuries (INJ)

Overview	This module will contain questions asking for detailed information about the circumstances and nature of injury, risk perception, 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 **[participant]**'s normal activities.

INJ_1	INJ_OCC_PXF2	
[ALWAYS ASK]		
In the last 12 months, has [participant] had any injuries that were serious enough to limit some of [his/her] normal activities?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INJ_2a	INJ_NMBR_NB_PXF2	
[ASK IF INJ_OCC_PXF2 = YES]		
How many times was [participant] injured in the past 12 months?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF INJURIES		
INJ_NMBR_NB_PXF2	_____	(MASK: MIN=1, MAX=30)
DK_NA	998	[DO NOT READ] Don't know / No answer
REFUSED	999	[DO NOT READ] Refused

INJ_2b	INJ_CAUS_PXF2	
[ASK IF INJ_OCC_PXF2 = YES]		
Was this injury (Were any of these injuries) caused by?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
INJ_CAUS_FL_PXF2	01	A fall
INJ_CAUS_VH_PXF2	02	A motor vehicle collision (including injuries sustained as a pedestrian)
INJ_CAUS_WK_PXF2	03	An incident in their workplace
INJ_CAUS_NONE_PXF2	96	None of the above
INJ_CAUS_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
INJ_CAUS_REFUSED_PXF2	99	[DO NOT READ] Refused

INJ_3	INJ_HOW_PXF2	
[ASK IF INJ_OCC_PXF2 = YES]		
Again, thinking about this most serious injury, how did it happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
ACCIDENT_DRIVER	01	Road traffic accident as a driver or passenger
ACCIDENT_PEDESTRIAN	02	Road traffic accident as a pedestrian
STRUCK_BY_OBJECT	03	Struck by an object
EXPLOSION	04	Explosion
NATURAL_FACTORS	05	Natural/environmental factors
SUFFOCATION	06	Suffocation
POISONING	07	Poisoning
ANIMAL_BITE	08	Snake/animal bite
FALL_SAME_LEVEL	09	Fall from same level
FALL_HEIGHT	10	Fall from a height
FIRE	11	Fire/flames
DROWNING	12	Drowning/submersion
HOT_CORROSIVE_LIQUIDS	13	Hot/corrosive liquids or substances
CRUSH_INJURIES	14	Crush injuries
MACHINERY	15	Accident by machinery
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INJ_4	INJ_WHR_PXF2	
[ASK IF INJ_OCC_PXF2 = YES]		
Where did the injury happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE, PROBE FOR TYPE OF WORKPLACE IF RESPONDENT SAYS 'AT WORK'		
HOME	01	In a home or its surrounding area
INSTITUTION	02	Residential institution
SCHOOL	03	School, college, university (excluding sports areas)
OTHER_INSTITUTION	04	Other institution (e.g., church, hospital, theatre, civic building)
ATHLETIC_AREA	05	Sports or athletic area (include school sports area)
STREET	06	Street, highway, sidewalk
COMMERCIAL_AREA	07	Commercial area (e.g., store, restaurant, office building transport terminal)
CONSTRUCTION_AREA	08	Industrial or construction area
FARM	09	Farm (exclude farmhouse and its surrounding area)
CONSERVATION	10	Conservation or outdoor area
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INJ_5	INJ_ACT_PXF2	
[ASK IF INJ_OCC_PXF2 = YES]		
What type of activity was [participant] doing when [he/she] was injured?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
SPORTS	01	Sports or physical exercise (include school activities)
LEISURE	02	Leisure or hobby (include volunteering)
WORKING	03	Working at a job or business (include travel to or from work)
HOUSEHOLD_CHORES	04	Household chores, other unpaid work or education
SLEEPING	05	Sleeping, eating, personal care
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INJ_6	INJ_TYPE_PXF2	
[ASK IF INJ_OCC_PXF2 = YES]		
What type of injury did [participant] have?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
MULTIPLE_INJURIES	01	Multiple injuries
BROKEN_BONES	02	Broken or fractured bones
BURNS	03	Burns, scald, chemical burn
DISLOCATION	04	Dislocation
SPRAIN	05	Sprain or strain (including musculoskeletal pulls or tears such as herniated disc, torn muscles and tendons, etc.)
CUT	06	Cut
PUNCTURE	07	Puncture, animal bite (open wound)
BRUISE	08	Bruise
SCRAPE	09	Scrape, blister
CONCUSSION	10	Concussion or other brain injury
POISONING	11	Poisoning
INJURY_INTERNAL_ORGANS	12	Injury to internal organs
DISCOMFORT	13	Discomfort
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

INJ_7	INJ_BRKN_PXF2	
[ASK IF INJ_TYPE_PXF2 = MULTIPLE_INJURIES]		
Did this injury (any of these injuries) involve broken or fractured bones?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INJ_8	INJ_SITE_PXF2	
[ASK IF INJ_TYPE_PXF2 = BROKEN_BONES OR INJ_BRKN_PXF2 = YES]		
What part of the body was fractured?		
DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
INJ_SITE_ML_PXF2	01	Multiple sites
INJ_SITE_EYE_PXF2	02	Eye socket
INJ_SITE_HD_PXF2	03	Head (excluding eyes)
INJ_SITE_NE_PXF2	04	Neck
INJ_SITE_SH_PXF2	05	Shoulder, upper arm
INJ_SITE_EL_PXF2	06	Elbow, lower arm
INJ_SITE_WR_PXF2	07	Wrist, hand
INJ_SITE_HIP_PXF2	08	Hip
INJ_SITE_TH_PXF2	09	Thigh
INJ_SITE_KN_PXF2	10	Knee, lower leg
INJ_SITE_AN_PXF2	11	Ankle, foot
INJ_SITE_UP_PXF2	12	Upper back or upper spine
INJ_SITE_LO_PXF2	13	Lower back or lower spine
INJ_SITE_CH_PXF2	14	Chest (excluding back and spine)
INJ_SITE_AB_PXF2	15	Abdomen or pelvis (excluding back and spine)
INJ_SITE_OTSP_PXF2	97	Other (please specify: _____)
INJ_SITE_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
INJ_SITE_REFUSED_PXF2	99	[DO NOT READ] Refused

INJ_END

Falls (FAL)

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

THIS MODULE IS ADMINISTERED ONLY IF INJ_CAUS_PXF2 = INJ_CAUS_FL_PXF2 OR INJ_HOW_PXF2 = FALL_SAME_LEVEL OR INJ_HOW_PXF2 = FALL_HEIGHT

You mentioned that **[participant]** had at least one injury as a result of a fall. We would now like to ask you some questions about falls that **[he/she]** experienced in the last 12 months where **[he/she]** hurt **[him/herself]** enough to limit some of **[his/her]** normal activities.

FAL_1	FAL_NMBR_NB_PXF2	
[ASK IF INJ_CAUS_PXF2 = INJ_CAUS_FL_PXF2 OR INJ_HOW_PXF2 = FALL_SAME_LEVEL OR INJ_HOW_PXF2 = FALL_HEIGHT]		
How many times has [participant] fallen in the past 12 months?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER OF FALLS; PLEASE CONFIRM THE NUMBER IF THE PARTICIPANT FELL MORE THAN 10 TIMES IN THE LAST 12 MONTHS.		
FAL_NMBR_NB_PXF2	_____	(MASK: MIN=1, MAX=30)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

FAL_2	FAL_MOST_PXF2	
[ASK IF INJ_CAUS_PXF2 = INJ_CAUS_FL_PXF2 OR INJ_HOW_PXF2 = FALL_SAME_LEVEL OR INJ_HOW_PXF2 = FALL_HEIGHT]		
What has been [participant]'s most serious injury or problem due to a fall within the past 12 months?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
NO_SERIOUS_INJURY	01	No serious injury
SPRAIN	02	Sprain/strain
BRUISES	03	Bruises
CUTS	04	Cuts
DISCOMFORT	05	Discomfort
FRACTURE_HIP	06	Fracture of hip
FRACTURE_LEG	07	Fracture of leg
FRACTURE_ARM	08	Fracture of arm or wrist
FRACTURE_BACK	09	Fracture of back/vertebra
HEAD_INJURY	10	Head injury
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

FAL_3a	FAL_ATTN_PXF2	
[ASK IF INJ_CAUS_PXF2 = INJ_CAUS_FL_PXF2 OR INJ_HOW_PXF2 = FALL_SAME_LEVEL OR INJ_HOW_PXF2 = FALL_HEIGHT]		
Did [participant] receive any medical attention from a health professional within 48 hours following this injury (due to a fall)?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_3b	FAL_HOSP_PXF2	
[ASK IF INJ_CAUS_PXF2 = INJ_CAUS_FL_PXF2 OR INJ_HOW_PXF2 = FALL_SAME_LEVEL OR INJ_HOW_PXF2 = FALL_HEIGHT]		
Was [participant] hospitalized for this injury?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_3c	FAL_FU_PXF2	
[ASK IF INJ_CAUS_PXF2 = INJ_CAUS_FL_PXF2 OR INJ_HOW_PXF2 = FALL_SAME_LEVEL OR INJ_HOW_PXF2 = FALL_HEIGHT]		
At the present time, is [participant] getting follow-up care from a health professional because of an injury caused by a fall in the last 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_4	FAL_WHERE_PXF2	
[ASK IF INJ_CAUS_PXF2 = INJ_CAUS_FL_PXF2 OR INJ_HOW_PXF2 = FALL_SAME_LEVEL OR INJ_HOW_PXF2 = FALL_HEIGHT]		
Where did this fall happen?		
READ LIST, CODE ONLY ONE RESPONSE		
INSIDE_HOME	1	Inside of their home
OUTSIDE_HOME	2	Outside of their home, but inside a building
OUTDOORS	3	Outdoors
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

FAL_5	FAL_HOW_PXF2	
[ASK IF FAL_WHERE_PXF2 = INSIDE_HOME OR OUTSIDE_HOME]		
How did [participant] 's fall happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
FELL_STANDING_WALKING	01	Fell while standing or walking
FELL_STAIRS_STEPS	02	Fell on stairs or steps
FELL_EXERCISING	03	Fell while exercising (except walking)
FELL_HEIGHT	04	Fell from height of greater than 1 meter or 3 feet (for example, ladder, tree, roof)
FELL_FURNITURE	05	Fell from furniture (for example, bed, chair)
FELL_BATHTUB	06	Fell while getting in or out of the bathtub
FELL_SHOWER	07	Fell while getting in or out of the shower
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

FAL_6	FAL_HOW2_PXF2	
[ASK IF FAL_WHERE_PXF2 = OUTDOORS]		
How did [participant] 's fall happen?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
FELL_STANDING_WALKING	01	Fell while standing or walking
FELL_STAIRS_STEPS	02	Fell on stairs or steps
FELL_EXERCISING	03	Fell while exercising (except walking)
FELL_HEIGHT	04	Fell from height of greater than 1 meter or 3 feet (for example, ladder, tree, roof)
FELL_SNOW_ICE	05	Fell on snow or ice
OTSP	97	Other (please specify: _____)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

FAL_END

Retirement Status (RET)

Overview	<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 participants 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 **[participant]**'s retirement experience.

RET_1	RET_RTRD_PXF2	
[ALWAYS ASK]		
At this time, does [participant] consider [him/herself] to be completely retired, partly retired or not retired?		
CODE ONLY ONE RESPONSE		
COMPLETELY_RETIRED	1	Completely retired
PARTLY_RETIRED	2	Partly retired
NOT_RETIRED	3	Not retired
NEVER_PAID	4	Never held a paid job
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

RET_2	RET_SPSE_PXF2	
[ASK IF SDC_MRTL_PXF2 = COMMON_LAW]		
Is [participant] 's spouse/partner retired?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

Please answer the following questions as they relate to [participant]'s retirement experience, since [his/her] previous interview.

RET_3	RET_AGE_NB_PXF2	
[ASK IF RET_RTRD_PXF2 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
How old was [participant] when [he/she] first retired/partly retired?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE INTERVIEWER: IF PARTICIPANT IN FACT RETIRED BEFORE AGE 40 INPUT 40 IN THE FIELD		
RET_AGE_NB_PXF2	_____	(MASK: MIN=40, MAX=CURRENT AGE)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

RET_4	RET_WHY_PXF2	
[ASK IF RET_RTRD_PXF2 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
There are many reasons why people retire. Which of the following reasons contributed to [participant]'s decision to retire?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
RET_WHY_CM_PXF2	01	Completed the required years of service to qualify for pension
RET_WHY_RE_PXF2	02	Retirement was financially possible
RET_WHY_HL_PXF2	03	Health/disability/stress reasons
RET_WHY_IN_PXF2	04	Employer offered special incentives to retire
RET_WHY_OR_PXF2	05	Organizational restructuring or job eliminated
RET_WHY_PR_PXF2	06	Providing care to a family member or friend
RET_WHY_MD_PXF2	07	Employer had a mandatory retirement policy
RET_WHY_HO_PXF2	08	Wished to pursue hobbies or other activities of personal interest
RET_WHY_ST_PXF2	09	Wanted to stop working
RET_WHY_AG_PXF2	10	An agreement with their spouse or partner
RET_WHY_NA_PXF2	11	Never worked/stay at home parent or spouse
RET_WHY_OTSP_PXF2	97	Other (please specify: _____)
RET_WHY_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
RET_WHY_REFUSED_PXF2	99	[DO NOT READ] Refused

RET_5	RET_DUEHLTH_PXF2	
[ASK IF RET_WHY_PXF2 = RET_WHY_HL_PXF2]		
You mentioned that [participant] retired because of [his/her] health, stress or disability. Was this due to [his/her] physical health, [his/her] emotional/mental health, or both?		
PHYSICAL_HEALTH	1	Physical health
MENTAL_HEALTH	2	Emotional/mental health (including stress)
BOTH	3	Both physical and emotional/mental health
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

RET_6	RET_VOLUN_PXF2	
[RET_RTRD_PXF2 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
Would you say [participant] 's retirement was voluntary, that is, [he/she] retired when [he/she] wanted to?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

RET_7	RET_PREP_PXF2	
[ASK IF RET_RTRD_PXF2 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
Did [participant] do any of the following in preparation for [his/her] retirement?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
RET_PREP_DH_PXF2	01	Decreased their number of work hours
RET_PREP_IH_PXF2	02	Increased their number of work hours
RET_PREP_CJ_PXF2	03	Changed jobs
RET_PREP_ILA_PXF2	04	Increased leisure activities and hobbies
RET_PREP_ED_PXF2	05	Enrolled in an educational or training program
RET_PREP_RSP_PXF2	06	Financial planning (Contributed to an RRSP or other investments)
RET_PREP_INV_PXF2	07	Built up savings or made other investments
RET_PREP_POM_PXF2	08	Paid-off mortgage or debts
RET_PREP_DLA_PXF2	09	Downsized living arrangements
RET_PREP_NONE_PXF2	96	[DO NOT READ] Nothing
RET_PREP_OTSP_PXF2	97	Other (please specify: _____)
RET_PREP_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
RET_PREP_REFUSED_PXF2	99	[DO NOT READ] Refused

RET_8	RET_PENSPL_PXF2	
[RET_RTRD_PXF2 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
Before [participant] retired, did [he/she] ever contribute to an employer pension plan, other than the Canada pension plan or Quebec pension plan?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

RET_9	RET_STDLIV_PXF2	
[RET_RTRD_PXF2 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
Before [participant] 's retirement, how adequate did [he/she] think [his/her] household income and investments would be to maintain [his/her] standard of living? Would you say they were...		
ADEQUATE	1	Adequate
BARELY_ADEQUATE	2	Barely adequate
INADEQUATE	3	Inadequate
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

RET_9a	RET_STDFNC_PXF2	
[RET_RTRD_PXF2 = COMPLETELY_RETIRED OR PARTLY_RETIRED]		
How would you describe [participant] 's financial standard of living in retirement?		
ADEQUATE	1	Adequate
BARELY_ADEQUATE	2	Barely adequate
INADEQUATE	3	Inadequate
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

RET_END

Health Care Utilization (HCU)

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

HCU_PXF2							
During the past 12 months, has [participant] had contact with any of the following about [his/her] physical or mental health?							
[ALWAYS ASK]							
INTERVIEWER INSTRUCTION: A YES / NO / DK_NA / REFUSED RESPONSE IS REQUIRED FOR EACH QUESTION IN THE TABLE							
				Yes	No	DK/NA	RF
HCU_1	HCU_FAMPHY_PXF2	Family Doctor					
HCU_2	HCU_SPEC_PXF2	Medical specialist (such as a cardiologist, gynaecologist, psychiatrist or ophthalmologist)					
HCU_3	HCU_PSYCH_PXF2	Psychologist					
HCU_4	HCU_PHYSIO_PXF2	Physiotherapist, occupational therapist, or chiropractor					

HCU_5	HCU_HLOVRNT_PXF2		
[ALWAYS ASK]			
Was [participant] a patient in a hospital overnight during the past 12 months?			
YES	1	Yes	
NO	2	No	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

HCU_6	HCU_NRSHM_PXF2	
[ALWAYS ASK]		
Was [participant] a patient in a nursing home or convalescent home during the past 12 months?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_7	HCU_HAVEFAM_PXF2	
[ASK IF HCU_FAMPHY_PXF2 = NO]		
Does [participant] have a family doctor?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

HCU_8	HCU_NOFAM_PXF2	
[ASK IF HCU_HAVEFAM_PXF2 = NO]		
Why does [participant] NOT have a family doctor?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HCU_NOFAM_TAKE_PXF2	01	Family doctors in the area are not taking new patients
HCU_NOFAM_AVAIL_PXF2	02	No family doctors available in the area
HCU_NOFAM_CONT_PXF2	03	Has not tried to contact one
HCU_NOFAM_LEFT_PXF2	04	Had a medical doctor who left or retired
HCU_NOFAM_OTSP_PXF2	97	Other (please specify: _____)
HCU_NOFAM_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
HCU_NOFAM_REFUSED_PXF2	99	[DO NOT READ] Refused

HCU_9	HCU_FAMV_PXF2	
[ASK IF HCU_FAMPHY_PXF2 = NO AND HCU_HAVEFAM_PXF2 = YES]		
Why has [participant] NOT seen a family doctor in the past 12 months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HCU_FAMV_NEED_PXF2	01	Not needed
HCU_FAMV_APPT_PXF2	02	Difficulty getting an appointment
HCU_FAMV_TRAN_PXF2	03	Transportation problems
HCU_FAMV_LANG_PXF2	04	Language problem
HCU_FAMV_CANC_PXF2	05	Appointment cancelled or deferred by doctor
HCU_FAMV_LEAV_PXF2	06	Unable to leave the house due to health condition
HCU_FAMV_PERS_PXF2	07	Personal and family responsibilities
HCU_FAMV_OTSP_PXF2	97	Other (please specify: _____)
HCU_FAMV_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
HCU_FAMV_REFUSED_PXF2	99	[DO NOT READ] Refused

HCU_10	HCU_SPEV_PXF2	
[ASK IF HCU_SPEC_PXF2 = NO]		
Why has [participant] NOT seen a medical specialist (such as a cardiologist, gynecologist, psychiatrist or ophthalmologist) in the past 12 months?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
HCU_SPEV_NEED_PXF2	01	Not needed
HCU_SPEV_REFE_PXF2	02	Difficulty getting a referral
HCU_SPEV_APPT_PXF2	03	Difficulty getting an appointment
HCU_SPEV_SPEC_PXF2	04	No specialists in the area
HCU_SPEV_TRAN_PXF2	05	Transportation problems
HCU_SPEV_LANG_PXF2	06	Language problem
HCU_SPEV_PERS_PXF2	07	Personal and family responsibilities
HCU_SPEV_CANC_PXF2	08	Appointment cancelled or deferred by specialist/doctor
HCU_SPEV_WAIT_PXF2	09	Still waiting for visit
HCU_SPEV_LEAV_PXF2	10	Unable to leave the house due to health condition
HCU_SPEV_OTSP_PXF2	97	Other (please specify: _____)
HCU_SPEV_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
HCU_SPEV_REFUSED_PXF2	99	[DO NOT READ] Refused

HCU_END

Built Environments (ENV)

Overview	Built environments can impact human health by influencing an individual’s day-to-day activities, including levels of physical activity, access to healthy foods, opportunities for social interaction, and safety of travel.
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ENV_1	ENV_FLPRTAREA_PXF2						
[ALWAYS ASK]							
How does [participant] feel about [his/her] local area, that is, everywhere within a 20-minute walk or about a mile from [his/her] home? Please tell me how strongly you agree or disagree with the following statements.							
INTERVIEWER INSTRUCTION: If the participant lives in a rural location the perception of local area may not be within 1 kilometer or a 20-minute walk from their home. Please inform the respondent that “local area” should be what it means to them as the community which they live in.							
		Strongly agree	Agree	Disagree	Strongly disagree	DK	RF
ENV_FLPRTAREA1_PXF2	They really feel a part of this area						
ENV_VNDLSM_PXF2	Vandalism or graffiti are a big problem in this area						
ENV_FLLNLY_PXF2	They often feel lonely living in this area						
ENV_PPLTRST_PXF2	Most people in this area can be trusted						
ENV_AFRDWLK_PXF2	People would be afraid to walk alone after dark in this area						
ENV_PPLFRNDLY_PXF2	Most people in this area are friendly						
ENV_PPLTKADV_PXF2	People in this area will take advantage of you						
ENV_CLEAN_PXF2	This area is kept very clean						
ENV_PPLHLP_PXF2	If they were in trouble, there are lots of people in this area who would help them						

ENV_END

Transportation, Mobility, Migration (TRA)

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

Overview	<p>The questions in this module ask respondents about the participant’s driving status, the types of transportation the participant uses, and how long the participant has lived in their present home and community.</p> <p>Importance of module: These questions will provide data about the participants’ abilities and transportation functionality over time.</p>
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Now I would like you to focus on how **[participant]** gets around the area where **[he/she]** lives. I will ask about the types of transportation **[he/she]** uses, as well as how long **[he/she]** has lived in **[his/her]** current location.

TRA_1	TRA_DSTATUS_PXF2		
[ALWAYS ASK]			
Which of the following describes [participant] 's driving status? (Include cars, vans, trucks and motorcycles.)			
READ LIST, CODE ONLY ONE RESPONSE			
NEVER_DL	1	Never had a driver’s license	
CURRENTLY_NO_DL_DL	2	Had a driver’s license at one point in their life, but currently does not have it	
UNRESTRICTED_DL	3	Has a driver’s license without restrictions (except corrective lenses)	
RESTRICTED_DL	4	Has a driver's license with restrictions on time of driving (daylight only), distance from home, type of road (no highway) or number of passengers	
DK_NA	8	[DO NOT READ] Don't know / No answer	
REFUSED	9	[DO NOT READ] Refused	

TRA_2	TRA_DFREQ_PXF2		
[ASK IF TRA_DSTATUS_PXF2 = UNRESTRICTED_DL OR RESTRICTED_DL]			
How frequently does [participant] drive?			
READ LIST, CODE ONLY ONE RESPONSE			
DAILY	01	Daily	
4_6_DAYS_WEEK	02	4 to 6 times a week	
2_3_DAYS_WEEK	03	2 to 3 times a week	
ONCE_WEEK	04	Once a week	
LESS_1WEEK_MORE_1MONTH	05	Less than once a week, but more than once a month	
LESS_ONCE_MONTH	06	Less than once a month	
NONE	96	Not at all	
DK_NA	98	[DO NOT READ] Don't know / No answer	
REFUSED	99	[DO NOT READ] Refused	



TRA_2a	TRA_CMNTR1_PXF2	
[ASK IF TRA_DSTATUS_PXF2 = UNRESTRICTED_DL OR RESTRICTED_DL]		
In the past year, which was [participant]'s <u>most common</u> form of transportation?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G., TRAVEL TO A 'PARK AND RIDE')		
ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPO, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, CODE ONLY ONE RESPONSE		
DRIVE	01	Drive a motor vehicle
PASSENGER	02	Passenger in a motor vehicle
TAXI	03	Taxi
PUBLIC_TRANSIT	04	Public transit such as bus, rapid transit, subway/metro or train
ACESSIBLE_TRANSIT	05	Accessible transit
CYCLING	06	Cycling
WALKING	07	Walking
WHEELCHAIR	08	Wheelchair or motorized cart/scooter
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_2b	TRA_CMNTR2_PXF2	
[ASK IF TRA_DSTATUS_PXF2 ≠ UNRESTRICTED_DL OR RESTRICTED_DL]		
In the past year, which was [participant]'s <u>most common</u> form of transportation?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G., TRAVEL TO A 'PARK AND RIDE')		
ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPOR, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, CODE ONLY ONE RESPONSE		
PASSENGER	01	Passenger in a motor vehicle
TAXI	02	Taxi
PUBLIC_TRANSIT	03	Public transit such as bus, rapid transit, subway/metro or train
ACCESSIBLE_TRANSIT	04	Accessible transit
CYCLING	05	Cycling
WALKING	06	Walking
WHEELCHAIR	07	Wheelchair or motorized cart/scooter
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_3	TRA_TYPTR_PXF2	
[ALWAYS ASK]		
In the past month, which of the following forms of transportation has [participant] used?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G., TRAVEL TO A 'PARK AND RIDE')		
ACCESSIBLE TRANSIT INCLUDES ANY ACCESSIBLE TRANSPORTATION SERVICE SPECIFICALLY DESIGNED FOR PERSONS WITH DISABILITIES OR MOBILITY ISSUES, SUCH AS PARA TRANSPOR, HANDI TRANSIT, OR WHEEL TRANS.		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
TRA_TYPTR_PAS_PXF2	01	Passenger in a motor vehicle (including driver)
TRA_TYPTR_TAX_PXF2	02	Taxi
TRA_TYPTR_PUB_PXF2	03	Public transit such as bus, rapid transit, subway/metro or train
TRA_TYPTR_ACC_PXF2	04	Accessible transit
TRA_TYPTR_CYC_PXF2	05	Cycling
TRA_TYPTR_WAL_PXF2	06	Walking
TRA_TYPTR_WHE_PXF2	07	Wheelchair or motorized cart/scooter
TRA_TYPTR_NONE_PXF2	96	None
TRA_TYPTR_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
TRA_TYPTR_REFUSED_PXF2	99	[DO NOT READ] Refused

TRA_4	TRA_PUBTRFRQ_PXF2	
[ASK IF TRA_TYPTR_PXF2 = TRA_TYPTR_PUB_PXF2]		
In the past month, how frequently did [participant] take public transit?		
INTERVIEWER NOTE: FOR THE PUBLIC TRANSPORTATION CATEGORY, INCLUDE PARTICIPANTS WHO TRAVEL BY VEHICLE TO ANOTHER AREA IN ORDER TO USE PUBLIC TRANSIT (E.G., TRAVEL TO A 'PARK AND RIDE')		
READ LIST, CODE ONLY ONE RESPONSE		
DAILY	1	Daily
4_6_DAYS_WEEK	2	4 to 6 times a week
2_3_DAYS_WEEK	3	2 to 3 times a week
ONCE_WEEK	4	Once a week
LESS_1WEEK_MORE_1MONTH	5	Less than once a week, but more than once a month
LESS_ONCE_MONTH	6	Less than once a month
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

TRA_5	TRA_TRIP_PXF2	
[ALWAYS ASK]		
What kind of trip(s) did [participant] typically make in a week, whether by car, public transit, walking or other means?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
TRA_TRIP_WK_PXF2	01	Commute to/from work
TRA_TRIP_BK_PXF2	02	Banking and other business appointments
TRA_TRIP_MD_PXF2	03	Medical appointments
TRA_TRIP_GR_PXF2	04	Grocery shopping
TRA_TRIP_RI_PXF2	05	Recreational/leisure shopping, restaurants
TRA_TRIP_RO_PXF2	06	Recreational/leisure trips to park, other outdoor spaces
TRA_TRIP_CH_PXF2	07	Church/worship service
TRA_TRIP_FM_PXF2	08	Visiting friends and family
TRA_TRIP_SO_PXF2	09	Social activities (seniors recreational centres)
TRA_TRIP_OTSP_PXF2	97	Other (please specify: _____)
TRA_TRIP_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
TRA_TRIP_REFUSED_PXF2	99	[DO NOT READ] Refused

TRA_6	TRA_AVOID_PXF2	
[ASK IF TRA_DSTATUS_PXF2 = UNRESTRICTED_DL OR RESTRICTED_DL]		
If possible, does [participant] try to avoid any of these driving situations:		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
TRA_AVOID_RA_PXF2	01	On ramps and off ramps
TRA_AVOID_CR_PXF2	02	Traffic circles/roundabouts
TRA_AVOID_FW_PXF2	03	Four way stops without traffic signals
TRA_AVOID_UN_PXF2	04	Unfamiliar routes or detours
TRA_AVOID_HV_PXF2	05	Heavy traffic or rush hour in town
TRA_AVOID_ML_PXF2	06	Heavy traffic or rush hour on multi-lane or divided highways/expressways
TRA_AVOID_SL_PXF2	07	Heavy traffic or rush hour on single-lane or undivided highways/expressways
TRA_AVOID_TL_PXF2	08	Making left hand turns with traffic lights
TRA_AVOID_NL_PXF2	09	Making left hand turns with no traffic lights or stop signs
TRA_AVOID_LG_PXF2	10	Travelling next to large trucks
TRA_AVOID_BS_PXF2	11	Crossing or entering busy streets without traffic signals
TRA_AVOID_YD_PXF2	12	Yielding to traffic (at yield signs)
TRA_AVOID_SN_PXF2	13	Driving in heavy rain or snow
TRA_AVOID_DW_PXF2	14	Driving at dawn/dusk
TRA_AVOID_NT_PXF2	15	Driving at night
TRA_AVOID_NONE_PXF2	96	No, they do not try to avoid any of these situations
TRA_AVOID_OTSP_PXF2	97	Other (please specify: _____)
TRA_AVOID_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
TRA_AVOID_REFUSED_PXF2	99	[DO NOT READ] Refused

TRA_7	TRA_DRVST_YR_PXF2	
[ASK IF TRA_DSTATUS_PXF2 = CURRENTLY_NO_DL]		
Approximately how many years ago did [participant] stop driving?		
PROBE FOR BEST ESTIMATE IF RESPONDENT UNSURE OF EXACT NUMBER, ENTER "0" IF LESS THAN 1 YEAR		
TRA_DRVST_YR_PXF2	_____	(MASK: MIN=0, MAX=CURRENT AGE)
DK_NA	98	[DO NOT READ] Don't know / No answer
REFUSED	99	[DO NOT READ] Refused

TRA_7a	TRA_CEASE_PXF2	
[ASK IF TRA_DSTATUS_PXF2 = CURRENTLY_NO_DL]		
What factors or events led [participant] to stop driving?		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
TRA_CEASE_ND_PXF2	01	They no longer needed to drive
TRA_CEASE_EN_PXF2	02	They no longer enjoyed driving
TRA_CEASE_CO_PXF2	03	The cost of gas and upkeep of their car was too expensive
TRA_CEASE_SF_PXF2	04	They felt they were no longer a safe driver
TRA_CEASE_NR_PXF2	05	They were nervous or intimidated while driving
TRA_CEASE_DR_PXF2	06	Their doctor advised them to stop driving
TRA_CEASE_FF_PXF2	07	Someone else advised them to stop driving (e.g., family or friend)
TRA_CEASE_PT_PXF2	08	Improved availability of public transit
TRA_CEASE_DP_PXF2	09	Driving-related events such as collision, demerit points
TRA_CEASE_RE_PXF2	10	Driver license renewal or road test requirement
TRA_CEASE_IN_PXF2	11	Inability to complete license renewal requirements
TRA_CEASE_PC_PXF2	12	Physical condition/limitation
TRA_CEASE_DV_PXF2	13	Deteriorating vision
TRA_CEASE_LC_PXF2	14	Having lesser confidence in driving
TRA_CEASE_NONE_PXF2	96	No reason
TRA_CEASE_OTSP_PXF2	97	Other (please specify: _____)
TRA_CEASE_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
TRA_CEASE_REFUSED_PXF2	99	[DO NOT READ] Refused

TRA_8	TRA_ACCID_PXF2	
[ALWAYS ASK]		
Was [participant] involved as a driver in a motor vehicle collision in the past 3 years?		
CODE ONLY ONE RESPONSE		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

TRA_END

Online Social Networking (INT)

Overview	<p>The questions in this module ask respondents about the participant's usage of the internet, email, and social networking sites.</p> <p>Importance of module: The information from this module will help researchers estimate participants' online presence and understand how older adults are adapting to these technologies to build social networks.</p>
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The next set of questions is about **[participant]**'s access to and usage of the Internet.

INT_1	INT_ACCESSHM_PXF2	
[ALWAYS ASK]		
Does [participant] have access to the Internet or email at home?		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_2	INT_FRQEMAIL_PXF2	
[ALWAYS ASK]		
How frequently does [participant] use email?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_3	INT_FRQWBSTS_PXF2	
[ALWAYS ASK]		
How frequently does [participant] use the Internet to access websites?		
DO NOT READ LIST, CODE ONLY ONE RESPONSE		
DAILY	1	Daily
FEW_TIMES_WEEK	2	A few times a week
FEW_TIMES_MONTH	3	A few times a month
FEW_TIMES_YEAR	4	A few times a year
NEVER	5	Never
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_4	INT_SCLNTRK_PXF2	
[ASK IF INT_FRQWBSTS_PXF2 ≠ NEVER]		
Does [participant] currently use social networking sites on the Internet? Examples of such sites include Facebook, LinkedIn, MySpace, MSNGroups, or Twitter.		
YES	1	Yes
NO	2	No
DK_NA	8	[DO NOT READ] Don't know / No answer
REFUSED	9	[DO NOT READ] Refused

INT_5	INT_WYSSCL_PXF2	
[ASK IF INT_SCLNTRK_PXF2 = YES]		
What are the different ways [participant] uses social networking sites? Does [he/she] ever use those sites to...		
READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY		
INT_WYSSCL_MNF_PXF2	01	Make new friends
INT_WYSSCL_FRI_PXF2	02	Stay in touch or make plans with friends
INT_WYSSCL_FAM_PXF2	03	Stay in touch or make plans with family
INT_WYSSCL_PRO_PXF2	04	Promote themselves or their work
INT_WYSSCL_OTSP_PXF2	97	Other (please specify: _____)
INT_WYSSCL_DK_NA_PXF2	98	[DO NOT READ] Don't know / No answer
INT_WYSSCL_REFUSED_PXF2	99	[DO NOT READ] Refused

INT_END

END