



Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

60-min. Questionnaire

(Tracking Main Wave + injury)

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Table of Contents

	Page
Age (AGE).....	3
Sex (SEX).....	4
Socio-Demographic Characteristics (SDC).....	5
Home Ownership (OWN)	13
Education (ED)	14
Veteran Identifiers (VET).....	16
Height and Weight (HWT)	18
Smoking (SMK)	24
Alcohol Use (ALC).....	32
General Health (GEN).....	36
Women's Health (WHO).....	39
Vision (VIS)	41
Hearing (HRG)	43
Chronic Conditions Tracking (CCT)	45
Functional Status (FUL)	57
Basic Activities of Daily Living (ADL)	65
Instrumental Activities of Daily Living (IAL).....	70
Cognition (COG)	75
Depression (DEP)	86
Satisfaction with Life (SLS)	90
Posttraumatic Stress Disorder (PSD)	94
Social Networks (SN)	95
Social Support – Availability (SSA).....	101
Social Participation (SPA).....	108
Care Receiving 1/ Formal Care (CR1).....	113
Care Receiving 2/ Informal Care (CR2).....	116
Care Giving (CAG)	122
Injuries (INJ).....	125
Falls and Consumer Products (FAL).....	129
Retirement Status (RET).....	143
Pre-Retirement Labour Force Participation (LFP)	148
Labour Force (LBF).....	153
Retirement Planning (RPL)	159
Income (INC).....	162
Administration Information (ADM).....	166

Age (AGE)

AGE_1 For some of the questions I'll be asking, I need to know your exact date of birth.
DK/RF NOT ALLOWED

____/____/____ **RECORD DATE OF BIRTH IN
DAY/MONTH/YEAR FORMAT**

AGE_2 So your age is **[INSERT AGE AS CALCULATED BASED ON DATE OF BIRTH]**? Is that
correct? **DK/RF NOT ALLOWED**

Yes 1 **SKIP TO AGE_END**
No 2 **CONTINUE**

AGE_3 What is your age? **DK/RF NOT ALLOWED**

____ **RECORD EXACT AGE (IN YEARS), CATI MASK: MIN=45, MAX=85**

[DISQUALIFY IF AGE IS <45 OR >85] Because you are less than 45 years old/older
than 85 years of age, you are not eligible to participate in the Canadian Longitudinal
Study on Aging. Thank you for your time. **END INTERVIEW AND RECORD CALL
RESULT**

AGE_END

Sex (SEX)

SEX_1

RECORD SEX

Male 1

Female 2

ASK IF NECESSARY: Are you male or female? **DK, RF NOT ALLOWED**

SEX_END

Socio-Demographic Characteristics (SDC)

General Background:

Now some general background questions which will help us compare the health of people in Canada.

SDC_1 In what country were you born? **DO NOT READ RESPONSES, CODE ONLY ONE RESPONSE**

Canada	01	Italy	10
China	02	Jamaica	11
France	03	Netherlands/Holland.....	12
Germany.....	04	Philippines	13
Greece.....	05	Poland	14
Guyana	06	Portugal	15
Hong Kong	07	United Kingdom.....	16
Hungary	08	United States.....	17
India.....	09	Vietnam	18
		Sri Lanka	19
Other (please specify: _____)			97
[DO NOT READ] Don't know/No answer.....			98
[DO NOT READ] Refused			99

SKIP TO SDC_3 IF SDC_1=01 OR SDC_1=98 OR SDC_1=99

SDC_2 In what year did you first come to Canada to live? **PROBE FOR BEST ESTIMATE IF PARTICIPANT IS UNSURE OF EXACT YEAR**

_____ **RECORD YEAR, CATI MASK: MIN=[RECALL YEAR FROM AGE_1],
MAX=CURRENT YEAR**

[DO NOT READ] Don't know/No answer..... 9998

[DO NOT READ] Refused 9999

SDC_3 To which ethnic or cultural groups did your ancestors belong? (For example: French, Scottish, Chinese, East Indian.) **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

INTERVIEWER NOTE: IF 'CANADIAN' IS THE ONLY RESPONSE, PROBE. IF THE PARTICIPANT HESITATES, DO NOT SUGGEST CANADIAN. IF THE PARTICIPANT ANSWERS ESKIMO, ENTER CODE 20 (INUIT).

Canadian	01	Hebrew	11
French	02	Polish.....	12
English.....	03	Portuguese	13
German.....	04	South Asian (e.g. East Indian, Pakistani, Sri Lankan)	14
Scottish.....	05	Norwegian	15
Irish.....	06	Welsh	16
Italian	07	Swedish.....	17
Ukrainian	08	North American Indian	18
Dutch (Netherlands)	09	Métis.....	19
Chinese	10	Inuit.....	20
Other (please specify: _____)			97
[DO NOT READ] Don't know/No answer.....			98
[DO NOT READ] Refused			99

SDC_4

People living in Canada come from many different cultural and racial backgrounds. Are you...**READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

White	01
Chinese	02
South Asian (e.g., East Indian, Pakistani, Sri Lankan)	03
Black.....	04
Filipino	05
Latin American	06
Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)	07
Arab	08
West Asian (e.g., Afghan, Iranian)	09
Japanese	10
Korean.....	11
North American Indian.....	12
Inuit.....	13
Métis	14
Other (please specify: _____)	97
[DO NOT READ] Don't know/No answer.....	98
[DO NOT READ] Refused	99

SDC_5

In what languages can you conduct a conversation? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

English.....	01	Polish.....	12
French	02	Portuguese	13
Arabic	03	Punjabi	14
Cantonese	04	Spanish	15
German.....	05	Tagalog (Filipino)	16
Greek.....	06	Ukrainian	17
Hungarian.....	07	Vietnamese	18
Italian	08	Dutch	19
Korean	09	Hindi	20
Mandarin.....	10	Russian	21
Persian (Farsi).....	11	Tamil.....	22
Aboriginal (please specify: _____)			23
Other (please specify: _____)			97
[DO NOT READ] Don't know/No answer.....			98
[DO NOT READ] Refused			99

SDC_6

What language do you speak most often at home? **[RECALL RESPONSES SELECTED AT SDC_5] DO NOT READ LIST, CODE ONLY ONE RESPONSE**

English.....	01	Polish.....	12
French	02	Portuguese	13
Arabic	03	Punjabi	14
Cantonese	04	Spanish	15
German.....	05	Tagalog (Filipino)	16
Greek.....	06	Ukrainian	17
Hungarian.....	07	Vietnamese	18
Italian	08	Dutch	19
Korean.....	09	Hindi	20
Mandarin.....	10	Russian	21
Persian (Farsi).....	11	Tamil.....	22
Aboriginal (please specify: _____)			23
Other (please specify: _____)			97
[DO NOT READ] Don't know/No answer.....			98
[DO NOT READ] Refused			99

SDC_7

What is the language that you first learned at home in childhood and can still understand? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY. IF PARTICIPANT CAN NO LONGER UNDERSTAND THE FIRST LANGUAGE LEARNED, MARK THE SECOND LANGUAGE LEARNED.**

English.....	01	Polish.....	12
French	02	Portuguese	13
Arabic	03	Punjabi	14
Cantonese	04	Spanish	15
German.....	05	Tagalog (Filipino)	16
Greek.....	06	Ukrainian	17
Hungarian.....	07	Vietnamese	18
Italian	08	Dutch	19
Korean	09	Hindi	20
Mandarin.....	10	Russian	21
Persian (Farsi).....	11	Tamil.....	22
Aboriginal (please specify: _____)			23
Other (please specify: _____)			97
[DO NOT READ] Don't know/No answer.....			98
[DO NOT READ] Refused			99

SDC_8

What, if any, is your religion? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Roman Catholic.....	01
Ukrainian Catholic.....	02
United Church	03
Anglican (Church of England, Episcopalian)	04
Protestant.....	05
Presbyterian	06
Lutheran	07
Baptist	08
Pentecostal	09
Eastern Orthodox	10
Jewish	11
Islam (Muslim).....	12
Hindu	13
Buddhist	14
Sikh	15
Jehovah's Witness	16
[DO NOT READ] No religion (Agnostic, Atheist).....	96
Other (please specify: _____).....	97
[DO NOT READ] Don't know/No answer.....	98
[DO NOT READ] Refused	99

SDC_9

What is your current marital/partner status? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE, DK/NA NOT ALLOWED.**

Single, never married or never lived with a partner	1
Married/Living with a partner in a common-law relationship.....	2
Widowed	3
Divorced	4
Separated	5
[DO NOT READ] Refused	9

SDC_10

Do you consider yourself to be: **READ LIST, CODE ONLY ONE RESPONSE.**

- Heterosexual? (sexual relations with people
of the opposite sex).....1
- Homosexual, that is lesbian or gay? (sexual
relations with people of your own sex).....2
- Bisexual? (sexual relations with people of
both sexes).....3
- [DO NOT READ]** Don't know/No answer.....8
- [DO NOT READ]** Refused9

SDC_END

Home Ownership (OWN)

The next questions are about your current home.

OWN_1 What type of dwelling do you currently live in?

- | | | |
|---|----|------------------------|
| House (single detached, semi-detached,
duplex or townhouse)..... | 01 | CONTINUE |
| Apartment or condominium..... | 02 | CONTINUE |
| Seniors' housing (retirement home,
assisted living)..... | 03 | CONTINUE |
| Institution (old age facility) | 04 | SKIP TO OWN_END |
| Hotel, rooming or lodging house | 05 | SKIP TO OWN_END |
| Other (please specify _____)..... | 97 | CONTINUE |
| [DO NOT READ] Don't know/No answer | 98 | SKIP TO OWN_END |
| [DO NOT READ] Refused | 99 | SKIP TO OWN_END |

OWN_2 Do you (or your spouse/partner) own or rent your dwelling?

- | | | |
|---|----|------------------------|
| Own..... | 01 | CONTINUE |
| Rent..... | 02 | SKIP TO OWN_END |
| Other (please specify _____)..... | 97 | SKIP TO OWN_END |
| [DO NOT READ] Don't know/No answer | 98 | SKIP TO OWN_END |
| [DO NOT READ] Refused | 99 | SKIP TO OWN_END |

OWN_3 Is this with a mortgage or is your mortgage paid off completely?

INTERVIEWER: IF THE DWELLING NEVER HAD A MORTGAGE OR WAS RECEIVED AS A GIFT OR AN INHERITANCE, SELECT CODE 2 'PAID OFF COMPLETELY'

- | | |
|---|---|
| With mortgage..... | 1 |
| Paid off completely..... | 2 |
| [DO NOT READ] Don't know/No answer | 8 |
| [DO NOT READ] Refused | 9 |

OWN_END

Education (ED)

ED_1 What is the highest grade of elementary or high school you have ever completed? **CODE ONLY ONE RESPONSE**

- Grade 8 or lower (Québec: Secondary II or lower) 1
- Grade 9 - 10 (Québec: Secondary III or IV;
Newfoundland and Labrador; 1st year of Secondary) 2
- Grade 11 - 13 (Québec: Secondary V; Newfoundland
and Labrador: 2nd to 4th year of Secondary) 3
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

ED_2 **[ASK IF ED_1=3]** Did you graduate from high school (secondary school)?

- Yes 1
- No 2
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

ED_3 Have you received any other education that could be counted towards a degree, certificate, or diploma from an educational institution?

- Yes 1 **CONTINUE**
- No 2 **SKIP TO ED_END**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO ED_END**
- [DO NOT READ]** Refused 9 **SKIP TO ED_END**

ED_4

What is the highest degree, certificate, or diploma you have obtained? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

- No post-secondary degree, certificate, or diploma 01
- Trade certificate or diploma from a vocational school or
apprenticeship training 02
- Non-university certificate or diploma from a community college,
CEGEP, school of nursing, etc. 03
- University certificate below bachelor's level 04
- Bachelor's degree 05
- University degree or certificate above bachelor's degree 06
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

ED_END

Veteran Identifiers (VET)

VET_1 Have you ever served in the military forces? **IF YES, PROBE FOR CANADA/OTHER**

Yes, the Canadian Military Forces	1	CONTINUE
Yes, the Military Forces outside of Canada (please specify country: _____)	2	CONTINUE
No	3	SKIP TO VET_END
[DO NOT READ] Don't know/No answer	8	SKIP TO VET_END
[DO NOT READ] Refused	9	SKIP TO VET_END

VET_2 Was this service with the... **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Army	01
Navy	02
Air Force	03
Reserves (please specify: _____)	04
Other (please specify: _____)	97
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

VET_3 Are you currently in the military forces? **DK/NA NOT ALLOWED**

Yes	1	SKIP TO VET_5
No	2	CONTINUE
[DO NOT READ] Refused	9	SKIP TO VET_5

VET_4 What year did you release from the Military Forces? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR**

_____ **RECORD YEAR, CATI MASK: MIN=[RECALL YEAR FROM AGE_1]+15, MAX=CURRENT YEAR**

[DO NOT READ] Don't know/No answer 9998

[DO NOT READ] Refused 9999

VET_5 What year did you join the Military Forces? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR**

_____ **RECORD YEAR, CATI MASK: MIN=[RECALL YEAR FROM AGE_1]+15, MAX=CURRENT YEAR or RECALL RESPONSE FROM VET_4 (IF APPLICABLE)**

[DO NOT READ] Don't know/No answer 9998

[DO NOT READ] Refused 9999

VET_END

Height and Weight (HWT)

HWT_A **ASK FEMALES <50 YEARS ONLY: ([SEX_1=2] AND [AGE_2<50 OR AGE_3<50])**

It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?

- Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

The next questions are about height and weight...

HWT_1 How tall are you without shoes on?

- | | | |
|--|----|----------------------|
| Less than 1' / 12" (less than 29.2 cm) | 01 | SKIP TO HWT_8 |
| 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm) | 02 | CONTINUE |
| 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm) | 03 | SKIP TO HWT_3 |
| 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm) | 04 | SKIP TO HWT_4 |
| 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm) | 05 | SKIP TO HWT_5 |
| 5'0" to 5'11" (151.1 to 181.5 cm) | 06 | SKIP TO HWT_6 |
| 6'0" to 6'11" (181.6 to 212.0 cm) | 07 | SKIP TO HWT_7 |
| 7'0" and over (212.1 cm and over) | 08 | SKIP TO HWT_8 |
| [DO NOT READ] Don't know/No answer | 98 | SKIP TO HWT_8 |
| [DO NOT READ] Refused | 99 | SKIP TO HWT_8 |

HWT_2

INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

1'0" / 12" (29.2 to 31.7 cm.).....	01
1'1" / 13" (31.8 to 34.2 cm.).....	02
1'2" / 14" (34.3 to 36.7 cm.).....	03
1'3" / 15" (36.8 to 39.3 cm.).....	04
1'4" / 16" (39.4 to 41.8 cm.).....	05
1'5" / 17" (41.9 to 44.4 cm.).....	06
1'6" / 18" (44.5 to 46.9 cm.).....	07
1'7" / 19" (47.0 to 49.4 cm.).....	08
1'8" / 20" (49.5 to 52.0 cm.).....	09
1'9" / 21" (52.1 to 54.5 cm.).....	10
1'10" / 22" (54.6 to 57.1 cm.).....	11
1'11" / 23" (57.2 to 59.6 cm.).....	12
[DO NOT READ] Don't know/No answer.....	98
[DO NOT READ] Refused	99

SKIP TO HWT_8

HWT_3

INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

2'0" / 24" (59.7 to 62.1 cm.).....	01
2'1" / 25" (62.2 to 64.7 cm.).....	02
2'2" / 26" (64.8 to 67.2 cm.).....	03
2'3" / 27" (67.3 to 69.8 cm.).....	04
2'4" / 28" (69.9 to 72.3 cm.).....	05
2'5" / 29" (72.4 to 74.8 cm.).....	06
2'6" / 30" (74.9 to 77.4 cm.).....	07
2'7" / 31" (77.5 to 79.9 cm.).....	08
2'8" / 32" (80.0 to 82.5 cm.).....	09
2'9" / 33" (82.6 to 85.0 cm.).....	10
2'10" / 34" (85.1 to 87.5 cm.).....	11
2'11" / 35" (87.6 to 90.1 cm.).....	12
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

SKIP TO HWT_8

HWT_4

INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

3'0" / 36" (90.2 to 92.6 cm.).....	01
3'1" / 37" (92.7 to 95.2 cm.).....	02
3'2" / 38" (95.3 to 97.7 cm.).....	03
3'3" / 39" (97.8 to 100.2 cm.).....	04
3'4" / 40" (100.3 to 102.8 cm.).....	05
3'5" / 41" (102.9 to 105.3 cm.).....	06
3'6" / 42" (105.4 to 107.9 cm.).....	07
3'7" / 43" (108.0 to 110.4 cm.).....	08
3'8" / 44" (110.5 to 112.9 cm.).....	09
3'9" / 45" (113.0 to 115.5 cm.).....	10
3'10" / 46" (115.6 to 118.0 cm.).....	11
3'11" / 47" (118.1 to 120.6 cm.).....	12
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

SKIP TO HWT_8

HWT_5

INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

4'0" / 48" (120.7 to 123.1 cm.).....	01
4'1" / 49" (123.2 to 125.6 cm.).....	02
4'2" / 50" (125.7 to 128.2 cm.).....	03
4'3" / 51" (128.3 to 130.7 cm.).....	04
4'4" / 52" (130.8 to 133.3 cm.).....	05
4'5" / 53" (133.4 to 135.8 cm.).....	06
4'6" / 54" (135.9 to 138.3 cm.).....	07
4'7" / 55" (138.4 to 140.9 cm.).....	08
4'8" / 56" (141.0 to 143.4 cm.).....	09
4'9" / 57" (143.5 to 146.0 cm.).....	10
4'10" / 58" (146.1 to 148.5 cm.).....	11
4'11" / 59" (148.6 to 151.0 cm.).....	12
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

SKIP TO HWT_8

HWT_6

INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

5'0" (151.1 to 153.6 cm.)	01
5'1" (153.7 to 156.1 cm.)	02
5'2" (156.2 to 158.7 cm.)	03
5'3" (158.8 to 161.2 cm.)	04
5'4" (161.3 to 163.7 cm.)	05
5'5" (163.8 to 166.3 cm.)	06
5'6" (166.4 to 168.8 cm.)	07
5'7" (168.9 to 171.4 cm.)	08
5'8" (171.5 to 173.9 cm.)	09
5'9" (174.0 to 176.4 cm.)	10
5'10" (176.5 to 179.0 cm.)	11
5'11" (179.1 to 181.5 cm.)	12
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

SKIP TO HWT_8

HWT_7

INTERVIEWER TO RECORD PARTICIPANT'S EXACT HEIGHT

6'0" (181.6 to 184.1 cm.)	01
6'1" (184.2 to 186.6 cm.)	02
6'2" (186.7 to 189.1 cm.)	03
6'3" (189.2 to 191.7 cm.)	04
6'4" (191.8 to 194.2 cm.)	05
6'5" (194.3 to 196.8 cm.)	06
6'6" (196.9 to 199.3 cm.)	07
6'7" (199.4 to 201.8 cm.)	08
6'8" (201.9 to 204.4 cm.)	09
6'9" (204.5 to 206.9 cm.)	10
6'10" (207.0 to 209.5 cm.)	11
6'11" (209.6 to 212.0 cm.)	12
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

HWT_8

How much do you weigh? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT WEIGHT**

_____ **ENTER NUMBER, CATI MASK: MIN=010, MAX=900**

[DO NOT READ] Don't know/No answer 998

[DO NOT READ] Refused 999

HWT_9

Was that in pounds or kilograms? **DK/RF NOT ALLOWED**

Pounds 1

Kilograms 2

HWT_10

Do you consider yourself overweight, underweight, or just about right?

CODE ONLY ONE RESPONSE

Overweight 1

Underweight 2

Just about right..... 3

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

HWT_END

Smoking (SMK)

Tobacco Exposure

The first questions are about cigarette smoking. The term “cigarette” refers to cigarettes that are bought ready-made as well as those you roll yourself. Do not include cigars, cigarillos or pipes.

In this section, read the directions and follow the skips carefully. There are different “paths” for non-smokers, daily smokers and occasional smokers.

SMK_1 Have you smoked at least 100 cigarettes in your life? (about 4 - 5 packs)

Yes	1	SKIP TO SMK_3
No	2	CONTINUE
[DO NOT READ] Don't know/No answer	8	SKIP TO SMK_16
[DO NOT READ] Refused	9	SKIP TO SMK_16

SMK_2 Have you ever smoked a whole cigarette?

Yes	1	CONTINUE
No	2	SKIP TO SMK_16
[DO NOT READ] Don't know/No answer	8	SKIP TO SMK_16
[DO NOT READ] Refused	9	SKIP TO SMK_16

SMK_3 At what age did you smoke your first whole cigarette? **RECORD EXACT AGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

_____ **RECORD AGE, CATI MASK: MIN=01, MAX=CURRENT AGE**

[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

SMK_4 At the present time, do you smoke cigarettes daily, occasionally or not at all?

- Daily (at least one cigarette every day for
the past 30 days) 1 **CONTINUE**
- Occasionally (at least one cigarette in the
past 30 days, but not every day)..... 2 **SKIP TO SMK_9**
- Not at all (you did not smoke at all in the
past 30 days)..... 3 **SKIP TO SMK_11**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO SMK_16**
- [DO NOT READ]** Refused 9 **SKIP TO SMK_16**

SMK_5 At what age did you begin smoking cigarettes daily? **RECORD EXACT AGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

- _____ **RECORD AGE, CATI MASK: MIN=[RECALL RESPONSE FROM SMK_3], MAX=CURRENT AGE**
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

SMK_6 How many cigarettes do you smoke each day now?

- 1-5 cigarettes 1
- 6-10 cigarettes 2
- 11-15 cigarettes 3
- 16-20 cigarettes 4
- 21-25 cigarettes 5
- 26+ cigarettes 6
- If 26+, how many? _____

SMK_7 For how many total years have you smoked daily? **RECORD EXACT NUMBER, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

- _____ **RECORD NUMBER: CATI MASK: MIN=00, MAX=CURRENT AGE MINUS [RECALL RESPONSE FROM SMK_5]**
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

SMK_8 During the total years that you have smoked daily, about how many cigarettes per day have you usually smoked? (If your smoking pattern has changed over the years, make your best guess of the average number of cigarettes you have smoked per day.)

- 1-5 cigarettes 1
- 6-10 cigarettes 2
- 11-15 cigarettes 3
- 16-20 cigarettes 4
- 21-25 cigarettes 5
- 26+ cigarettes 6
- If 26+, how many? _____

IF YOU CURRENTLY SMOKE DAILY (SMK_4=1) SKIP TO SMK_16

SMK_9 On how many of the last 30 days did you smoke at least one cigarette?

- 1-5 days 1
- 6-10 days 2
- 11-20 days 3
- 21-29 days 4

SMK_10 On the days that you smoked, how many cigarettes did you usually smoke?

- 1-5 cigarettes 1
- 6-10 cigarettes 2
- 11-15 cigarettes 3
- 16-20 cigarettes 4
- 21-25 cigarettes 5
- 26+ cigarettes 6
- If 26+, how many? _____

SMK_11 **[ASK IF SMK_4=2 OR SMK_4=3]** Have you ever smoked cigarettes daily? (At least one cigarette a day for 30 days in a row.)

- | | | |
|---|---|-----------------------|
| Yes | 1 | CONTINUE |
| No..... | 2 | SKIP TO SMK_16 |
| [DO NOT READ] Don't know/No answer | 8 | SKIP TO SMK_16 |
| [DO NOT READ] Refused | 9 | SKIP TO SMK_16 |

SMK_12 At what age did you begin to smoke daily? **RECORD EXACT AGE, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

_____ **RECORD AGE, CATI MASK: MIN=01, MAX=CURRENT AGE**

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

SMK_13 When you smoked daily, how many cigarettes did you usually smoke each day?

1-5 cigarettes 1

6-10 cigarettes 2

11-15 cigarettes 3

16-20 cigarettes 4

21-25 cigarettes 5

26+ cigarettes 6

If 26+, how many? _____

SMK_14 For how many total years did you smoke daily? **RECORD EXACT NUMBER, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ **RECORD NUMBER: CATI MASK: MIN=01, MAX=CURRENT AGE MINUS [RECALL RESPONSE FROM SMK_12]**

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

SMK_15 When did you stop smoking cigarettes daily?

Less than 1 year ago 1

1-2 years ago 2

3-5 years ago 3

More than 5 years ago 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

SMK_16 In your lifetime, have you ever used other types of tobacco on a regular basis and for a period of at least six months?

- | | | |
|---|---|-----------------------|
| Yes..... | 1 | CONTINUE |
| No..... | 2 | SKIP TO SMK_19 |
| [DO NOT READ] Don't know/No answer | 8 | SKIP TO SMK_19 |
| [DO NOT READ] Refused | 9 | SKIP TO SMK_19 |

SMK_17 What other types of tobacco products have you ever used on a regular basis and for a period of at least six months? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

- | | |
|--|----|
| Cigars | 01 |
| Small cigars (cigarillos) | 02 |
| Tobacco pipes | 03 |
| Chewing tobacco or snuff | 04 |
| Nicotine patches..... | 05 |
| Nicotine gum | 06 |
| Betel nut | 07 |
| Paan | 08 |
| Sheesha | 09 |
| Other (please specify: _____) | 97 |
| [DO NOT READ] Don't know/No answer..... | 98 |
| [DO NOT READ] Refused | 99 |

SMK_18 Do you currently use any other types of tobacco products?

Yes.....	1	CONTINUE
No.....	2	SKIP TO SMK_19
[DO NOT READ] Don't know/No answer	8	SKIP TO SMK_19
[DO NOT READ] Refused	9	SKIP TO SMK_19

SMK_18a 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**

Cigars	01
Small cigars (cigarillos)	02
Tobacco pipes	03
Chewing tobacco or snuff	04
Nicotine patches.....	05
Nicotine gum	06
Betel nut	07
Paan	08
Sheesha	09
Other (please specify: _____)	97
[DO NOT READ] Don't know/No answer.....	98
[DO NOT READ] Refused	99

<i>Environmental Tobacco Smoke</i>

SMK_19 From birth until the age of 18, how many years did you live with a person who smoked cigarettes, cigars, or pipes inside your home? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF YEARS**

_____ **RECORD NUMBER, CATI MASK: MIN=00, MAX=18**

[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

SMK_20 As an adult, from age 18 years to now, for how many years did you live with a person who smoked cigarettes, cigars, or pipes inside your home? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF YEARS**

_____ **RECORD NUMBER, CATI MASK: MIN=00, MAX=CURRENT AGE-18**

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

SMK_21 At home, how often are you usually exposed to other people's tobacco smoke inside your home? **READ LIST, CODE ONLY ONE RESPONSE**

Everyday 1

Almost every day..... 2

At least once a week 3

At least once a month 4

Less than once a month..... 5

Never..... 6

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

SMK_22 During leisure activities outside of your home, how often are you usually exposed to other people's tobacco smoke? **READ LIST, CODE ONLY ONE RESPONSE**

Everyday 1

Almost every day..... 2

At least once a week 3

At least once a month 4

Less than once a month..... 5

Never..... 6

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

SMK_23

As an adult, from age 18 years to now, how many years did you regularly work in an environment where other people smoked cigarettes, cigars or pipes in your presence?
PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF YEARS

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=CURRENT AGE-18

[DO NOT READ] Don't know/No answer98

[DO NOT READ] Refused99

SMK_END

Alcohol Use (ALC)

Now, some questions about alcohol consumption. Alcohol includes red or white wine, beer, spirit or liquor, and other kinds of alcohol including sake, cider, sparkling wine, rose, etc.

ALC_1 Have you ever drank alcohol?

Yes	1	CONTINUE
No	2	SKIP TO ALC_END
[DO NOT READ] Don't know/No answer.....	8	SKIP TO ALC_END
[DO NOT READ] Refused	9	SKIP TO ALC_END

ALC_2 About how often during the past 12 months did you drink alcohol? **READ LIST, CODE ONLY ONE RESPONSE**

Almost every day (incl. 6 times a week).....	01
4-5 times a week	02
2-3 times a week	03
Once a week	04
2-3 times a month.....	05
About once a month	06
Less than once a month	07
Never	96
[DO NOT READ] Don't know/No answer.....	98
[DO NOT READ] Refused	99

SKIP TO ALC_6 IF ALC_2=96 OR ALC_2=98 OR ALC_2=99

ALC_3

In a typical week during the past 12 months, how many drinks of each of the following do you drink on weekdays, that is, from Sundays through Thursdays? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

INTERVIEWER NOTE: REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS ON WEEKDAYS) AS REQUIRED

A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR

a) Red wine

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

b) White wine

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

c) Beer

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

d) Liquor or spirit

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

e) Another kind of alcohol

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

ALC_4

In a typical week during the past 12 months, how many drinks of each of the following do you drink on weekends, that is, on Fridays and Saturdays? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

INTERVIEWER NOTE: REMIND PARTICIPANTS OF TIMING (I.E., PAST 12 MONTHS ON WEEKENDS) AS REQUIRED

A DRINK MEANS ONE GLASS OF WINE OR A WINE COOLER (142 ML, 5 OUNCES), ONE BOTTLE OR CAN OF BEER OR A GLASS OF DRAFT (341 ML, 12 OUNCES), ONE STRAIGHT OR MIXED DRINK WITH 1½ OUNCES OF LIQUOR.

a) Red wine

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

b) White wine

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

c) Beer

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

d) Liquor or spirit

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

e) Another kind of alcohol

_____ RECORD NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

ALC_5a **[ASK IF SEX_1=1]** About how often during the past 12 months would you say you had five or more drinks at the same sitting or occasion?

Almost every day (incl. 6 times a week)..... 01
 4-5 times a week 02
 2-3 times a week 03
 Once a week 04
 2-3 times a month..... 05
 About once a month 06
 Less than once a month 07
 Never 96
[DO NOT READ] Don't know/No answer..... 98
[DO NOT READ] Refused 99

ALC_5b **[ASK IF SEX_1=2]** About how often during the past 12 months would you say you had four or more drinks at the same sitting or occasion?

Almost every day (incl. 6 times a week)..... 01
 4-5 times a week 02
 2-3 times a week 03
 Once a week 04
 2-3 times a month..... 05
 About once a month 06
 Less than once a month 07
 Never 96
[DO NOT READ] Don't know/No answer..... 98
[DO NOT READ] Refused 99

ALC_6 How does your current consumption of alcohol compare to your heaviest period of drinking? **READ LIST, CODE ONLY ONE RESPONSE**

About the same 1
 Less than the heaviest period of drinking..... 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

ALC_END

General Health (GEN)

Next I am going to ask you some general questions about your health. By health, we mean not only the absence of disease or injury but also physical, mental, and social well-being.

GEN_1 In general, would you say your health is excellent, very good, good, fair, or poor? **CODE ONLY ONE RESPONSE**

Excellent..... 1
Very good..... 2
Good 3
Fair 4
Poor..... 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

GEN_2 In general, would you say your mental health is excellent, very good, good, fair, or poor? **CODE ONLY ONE RESPONSE**

Excellent..... 1
Very good..... 2
Good 3
Fair 4
Poor..... 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

GEN_3 I have talked with many adults and learned something from each of them about what they think promotes healthy aging. What do you think makes people live long and keep well?
RECORD VERBATIM, PROBE AND CLARIFY AS NECESSARY

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

GEN_4 In terms of your own healthy aging, would you say it is excellent, very good, good, fair, or poor? **CODE ONLY ONE RESPONSE**

Excellent..... 1

Very good..... 2

Good 3

Fair 4

Poor..... 5

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Mental Exercise

About how much time do you spend doing each of the following activities, taking into account both work and leisure time? **READ EACH ACTIVITY, CODE ONLY ONE RESPONSE PER ACTIVITY**

GEN_5 Playing board games, cards, crossword puzzles, jigsaw puzzles, or sudoku.

Every day 1

Several times a week 2

Several times a month 3

Several times a year 4

Once a year or less 5

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

GEN_6 Playing a musical instrument or singing in a choir.

Every day 1
Several times a week 2
Several times a month 3
Several times a year 4
Once a year or less 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

GEN_END

Women's Health (WHO)

CATI PROGRAMMING NOTE:

THIS SECTION IS TO BE ASKED OF FEMALE PARTICIPANTS ONLY: SEX_1=2

Menopause

The next questions are about symptoms associated with menopause.

WHO_1 Have you gone through menopause, meaning that your menstrual periods stopped for at least one year and did not restart?

Yes	1	CONTINUE
No.....	2	SKIP TO WHO_3
[DO NOT READ] Had a hysterectomy	3	SKIP TO WHO_3
[DO NOT READ] Don't know/No answer	8	SKIP TO WHO_3
[DO NOT READ] Refused	9	SKIP TO WHO_3

WHO_2 How old were you when your menstrual periods stopped for at least one year and did not re-start? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

_____ **RECORD AGE, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM AGE_2]**

[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

WHO_3 Have you ever used any hormone replacement therapy, sometimes called HRT, for any reason?

Yes	1	CONTINUE
No.....	2	SKIP TO WHO_END
[DO NOT READ] Don't know/No answer	8	SKIP TO WHO_END
[DO NOT READ] Refused	9	SKIP TO WHO_END

WHO_4 Which type of hormone replacement therapy have you used the most? **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

- Both Estrogen and Progesterone..... 1
- Estrogen (e.g. Premarin, Estrace) 2
- Progesterone (e.g. Prometrium, Provera)..... 3
- Estrogen gel or cream applied to the skin (e.g. Estraderm, Estrogel) 4
- Intra-uterine device with progesterone 5
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

WHO_5 How old were you when you started using hormone replacement therapy? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

____ **RECORD AGE, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM AGE_2]**

- [DO NOT READ]** Don't know/No answer98
- [DO NOT READ]** Refused99

WHO_6 In total, for how long did you use or have you been using hormone replacement therapy? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT DURATION**

____ **RECORD NUMBER**

- [DO NOT READ]** Don't know/No answer98
- [DO NOT READ]** Refused99

RECORD UNIT OF MEASUREMENT:

- Weeks **CATI MASK: MIN=01, MAX=52** 1
- Months **CATI MASK: MIN=01, MAX=12** 2
- Years **CATI MASK: MIN=01, MAX=CURRENT**
- AGE MINUS [RECALL RESPONSE FROM WHO_5]** 3

WHO_END

Vision (VIS)

Now some questions about your vision...

VIS_1 Is your eyesight, using glasses or corrective lens if you use them...**READ LIST, CODE
ONLY ONE RESPONSE**

- Excellent..... 1
- Very good..... 2
- Good 3
- Fair 4
- Poor or non-existent (non-existent=blind)..... 5
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

VIS_2 Besides glasses or contact lenses, do you use any aids or specialized equipment for persons who are blind or visually impaired, for example, magnifiers or Braille reading materials?

- | | |
|---|------------------------|
| Yes..... 1 | CONTINUE |
| No..... 2 | SKIP TO VIS_END |
| [DO NOT READ] Don't know/No answer 8 | SKIP TO VIS_END |
| [DO NOT READ] Refused 9 | SKIP TO VIS_END |

VIS_3

Do you now use...**READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Magnifiers.....	01
Braille reading materials	02
Larger print reading materials	03
Talking books	04
Recording equipment or portable note-takers	05
Closed circuit devices (e.g., CCTVs)	06
A computer with Braille, large print, or speech access	07
A white cane.....	08
A guide dog	09
Another aid (please specify: _____)	97
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

VIS_END

Hearing (HRG)

HRG_1 Is your hearing, using a hearing aid if you use one... **READ LIST, CODE ONLY ONE RESPONSE**

Excellent..... 1
Very good..... 2
Good 3
Fair 4
Poor..... 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

HRG_2 Do you find it difficult to follow a conversation if there is background noise, such as TV, radio or children playing, even if using a hearing aid as usual?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

HRG_3 Do you 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	CONTINUE
No..... 2	SKIP TO HRG_END
[DO NOT READ] Don't know/No answer 8	SKIP TO HRG_END
[DO NOT READ] Refused 9	SKIP TO HRG_END

HRG_4

Do you now use... **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Hearing aid	01
Computer to communicate (e.g., e-mail or chat services) ...	02
Volume control telephone	03
TTY or TTD	04
Message relay service	05
Other phone-related devices (e.g., flashers)	06
Closed caption T.V. or decoder	07
Amplifiers (e.g., FM, acoustic, infa-red)	08
Visual or vibrating alarm	09
Cochlear implant	10
Another aid (please specify: _____)	97
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

HRG_END

Chronic Conditions Tracking (CCT)

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

<i>Osteoarthritis</i>

CCT_1 Has a doctor ever told you that you have osteoarthritis in the knee?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_2 Has a doctor ever told you that you have osteoarthritis in the hip?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_3 Has a doctor ever told you that you have osteoarthritis in one or both hands?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Arthritis

CCT_4 Has a doctor ever told you that you have rheumatoid arthritis?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_5 Has a doctor ever told you that you have any other type of arthritis?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Respiratory

CCT_6 Has a doctor ever told you that you have asthma?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_7 Has a doctor told you that you have/had any of the following: emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), or chronic changes in lungs due to smoking?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Cardiac/Cardiovascular

CCT_8 Has a doctor ever told you that you have high blood pressure or hypertension?

Yes 1 **CONTINUE**
 No..... 2 **SKIP TO CCT_11**
[DO NOT READ] Don't know/No answer..... 8 **SKIP TO CCT_11**
[DO NOT READ] Refused 9 **SKIP TO CCT_11**

CCT_9 **[ASK FEMALES ONLY, MALES SKIP TO CCT_11: SEX_1=2]**
 Were you pregnant when you were diagnosed with high blood pressure?

Yes 1
 No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_10 **[ASK IF CCT_9=1]** Other than when you were pregnant, was there any other time when you were diagnosed with high blood pressure?

Yes 1
 No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_11 Has a doctor ever told you that you have diabetes, borderline diabetes or that your blood sugar is high?

Yes 1
 No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_12 Has a doctor ever told you that you have heart disease (including congestive heart failure, or CHF)?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_13 Has a doctor ever told you that you have angina (or chest pain due to heart disease)?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_14 Has a doctor ever told you that you have had a heart attack or myocardial infarction?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_15 Has a doctor ever told you that you have peripheral vascular disease or poor circulation in your limbs?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_16 Has a doctor ever told you that you have experienced a stroke or CVA (cerebrovascular accident)?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_17 Has a doctor ever told you that you have experienced a mini-stroke or TIA? (Transient Ischemic Attack)?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_18 **[ASK IF CCT_16=1 OR CCT_17=1]** Has a doctor ever told you that you suffer from the effects of a stroke, CVA (cerebrovascular accident), ministroke or TIA (Transient Ischemic Attack)?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

Neurological

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

CCT_19 Has a doctor ever told you that you have a memory problem?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_20 Has a doctor ever told you that you have dementia or Alzheimer's disease?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_21 Has a doctor ever told you that you had Parkinsonism or Parkinson's disease?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_22 Has a doctor ever told you that you have multiple sclerosis?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_23 Has a doctor ever told you that you have epilepsy?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_24 Has a doctor ever told you that you have migraine headaches?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

Gastrointestinal

CCT_25 Has a doctor ever told you that you have intestinal or stomach ulcers?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_26 Has a doctor ever told you that you have a bowel disorder such as Crohn's Disease, ulcerative colitis, or Irritable Bowel Syndrome?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_27 Has a doctor ever told you that you experience bowel incontinence?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_28 Has a doctor ever told you that you experience urinary incontinence?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

Vision

CCT_29 Has a doctor ever told you that you have cataracts?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_30 Has a doctor ever told you that you have glaucoma?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8**[DO NOT READ]** Refused 9

CCT_31 Has a doctor ever told you that you have macular degeneration?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8**[DO NOT READ]** Refused 9**Cancer**

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

CCT_32 Has a doctor ever told you that you had cancer?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8**[DO NOT READ]** Refused 9**CONTINUE****SKIP TO CCT_34****SKIP TO CCT_34****SKIP TO CCT_34**

CCT_33 What type(s) of cancer were you diagnosed with? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Breast.....	01	Lung.....	07
Colorectal	02	Thyroid	08
Skin: melanoma	03	Prostate (males only)	09
Skin: non-melanoma	04	Ovarian (females only)	10
Bladder	05	Leukemia	11
Kidney	06	Pancreatic	12
		Non-Hodgkin Lymphoma	13
Other (please specify: _____)			97
[DO NOT READ] Don't know/No answer.....			98
[DO NOT READ] Refused			99

Mental Health

CCT_34 Has a doctor ever told you that you have a mood disorder such as depression (including manic depression), bipolar disorder, mania, or dysthymia?

INTERVIEWER NOTE: DYSTHYMIA IS PRONOUNCED "DIS-THIGH-ME-AH"

Yes	1
No.....	2
[DO NOT READ] Don't know/No answer	8
[DO NOT READ] Refused	9

CCT_35 Has a doctor ever told you that you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

Yes	1
No.....	2
[DO NOT READ] Don't know/No answer	8
[DO NOT READ] Refused	9

Other Conditions

CCT_36 Has a doctor ever told you that you have allergies?

Yes (please specify: _____) 01

No..... 02

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

CCT_37 Has a doctor ever told you that you have osteoporosis, sometimes called low bone mineral density, or thin, brittle, or weak bones?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_38 Has a doctor ever told you that you have back problems, excluding fibromyalgia and arthritis?

INTERVIEWER NOTE: FIBROMYALGIA IS A DISORDER THAT CAUSES WIDESPREAD AND CHRONIC PAIN OF THE MUSCLES AND CONNECTIVE TISSUE

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_39 Has a doctor ever told you that you have an UNDER-active thyroid gland (sometimes called hypothyroidism or myxedema)?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

CCT_40 Has a doctor ever told you that you have an OVER-active thyroid gland (sometimes called hyperthyroidism or Graves' disease)?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_41 Has a doctor ever told you that you have kidney disease or kidney failure?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

CCT_42 Do you have any other long-term physical or mental condition that has been diagnosed by a health professional? **IF YES, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE**

Yes (please specify: _____) 01
No..... 02
[DO NOT READ] Don't know/No answer..... 98
[DO NOT READ] Refused 99

Infections

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

CCT_43 In the past year, have you seen a doctor for any of the following reasons? **READ EACH CONDITION, CODE ONLY ONE RESPONSE PER CONDITION**

a. Pneumonia

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

b. Flu (Influenza)

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

c. Urinary Tract Infection (UTI)

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

d. Any other infections?

Yes (please specify: _____) 01
No..... 02
[DO NOT READ] Don't know/No answer..... 98
[DO NOT READ] Refused 99

CCT_END

Functional Status (FUL)

FUL_1 Do you have any difficulty reaching or extending your arms above your shoulders? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_2 **[ASK IF FUL_1=1]** Would you say that the degree of difficulty is...**READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_3 Do you have any difficulty stooping, crouching, or kneeling down? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_4 **[ASK IF FUL_3=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

FUL_5 Do you have any difficulty pushing or pulling large objects like a living room chair? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

FUL_6 **[ASK IF FUL_5=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

FUL_7 Do you have any difficulty lifting ten pounds (or 4.5 kg) from the floor, like a heavy bag of groceries? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

FUL_8 **[ASK IF FUL_7=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_9 Do you have any difficulty handling small objects, like picking up a coin from a table? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_10 **[ASK IF FUL_9=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_11 Do you have any difficulty standing for a long period, around 15 minutes? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_12 **[ASK IF FUL_11=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_13 Do you have any difficulty sitting for a long period, say 1 hour? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_14 **[ASK IF FUL_13=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_15 Do you have any difficulty standing up after sitting in a chair? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_16 [ASK IF FUL_15=1] Would you say that the degree of difficulty is...**READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_17 Do you have any difficulty walking alone up and down a flight of stairs? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_18 [ASK IF FUL_17=1] Would you say that the degree of difficulty is...**READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_19 Do you have any difficulty walking 2 to 3 neighbourhood blocks? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_20 **[ASK IF FUL_19=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

FUL_21 Do you have any difficulty making a bed? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

FUL_22 **[ASK IF FUL_21=1] Would you say that the degree of difficulty is...READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

FUL_23 Do you have any difficulty washing your back? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

FUL_24 **[ASK IF FUL_23=1]** Would you say that the degree of difficulty is...**READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_25 Do you have any difficulty using a knife to cut food? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_26 **[ASK IF FUL_25=1]** Would you say that the degree of difficulty is...**READ LIST, CODE ONLY ONE RESPONSE**

A little difficult 1
Somewhat difficult 2
Very difficult 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_27 Do you have any difficulty with recreational or work activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, typing, etc.)? **CODE ONLY ONE RESPONSE**

Yes 1
No 2
Unable to do 3
Don't do on doctor's orders 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FUL_28

**[ASK IF FUL_27=1] Would you say that the degree of difficulty is...READ LIST, CODE
ONLY ONE RESPONSE**

A little difficult 1

Somewhat difficult 2

Very difficult 3

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

FUL_END

Basic Activities of Daily Living (ADL)

Now I'd like to ask you about some basic activities of daily living. Remember, these are activities that can be done without help, with some help, or which you are unable to do.

ADL_1 Can you dress and undress yourself without help (including picking out clothes and putting on socks & shoes)?

Yes 1 **SKIP TO ADL_4**
 No 2 **CONTINUE**
[DO NOT READ] Don't know/No answer..... 8 **SKIP TO ADL_4**
[DO NOT READ] Refused 9 **SKIP TO ADL_4**

ADL_2 Can you dress and undress yourself with some help?

Yes 1
 No 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

ADL_3 **[ASK IF ADL_2=2]** Are you completely unable to dress and undress yourself?

Yes 1
 No 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

ADL_4 Can you eat without help (i.e., you are able to feed yourself completely)?

Yes 1 **SKIP TO ADL_7**
 No 2 **CONTINUE**
[DO NOT READ] Don't know/No answer..... 8 **SKIP TO ADL_7**
[DO NOT READ] Refused 9 **SKIP TO ADL_7**

ADL_5 Can you eat with some help (i.e., you need help with cutting your food, etc.)?

Yes 1

No 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

ADL_6 **[ASK IF ADL_5=2]** Are you completely unable to feed yourself?

Yes 1

No 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

ADL_7 Can you take care of your own appearance without help, for example, combing your hair, shaving (if male)?

Yes 1

SKIP TO ADL_10

No 2

CONTINUE

[DO NOT READ] Don't know/No answer..... 8

SKIP TO ADL_10

[DO NOT READ] Refused 9

SKIP TO ADL_10

ADL_8 Can you take care of your own appearance with some help?

Yes 1

No 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

ADL_9 **[ASK IF ADL_8=2]** Are you completely unable to take care of your own appearance?

Yes 1

No 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

ADL_10 Can you walk without help?

INTERVIEWER INSTRUCTION: IF PARTICIPANT WALKS WITH A CANE, CODE AS 'YES'

Yes 1 **SKIP TO ADL_13**
 No 2 **CONTINUE**
[DO NOT READ] Don't know/No answer..... 8 **SKIP TO ADL_13**
[DO NOT READ] Refused 9 **SKIP TO ADL_13**

ADL_11 Can you walk with some help from a person, or with the use of a walker or crutches, etc.?

Yes 1
 No 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

ADL_12 **[ASK IF ADL_11=2]** Are you completely unable to walk?

Yes 1
 No 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

ADL_13 Can you get in and out of bed without any help or aids?

Yes 1 **SKIP TO ADL_16**
 No 2 **CONTINUE**
[DO NOT READ] Don't know/No answer..... 8 **SKIP TO ADL_16**
[DO NOT READ] Refused 9 **SKIP TO ADL_16**

ADL_14 Can you get in and out of bed with some help (either from a person or with the aid of some device)?

Yes 1
 No 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

ADL_15 **[ASK IF ADL_14=2]** Are you totally dependent on someone else to lift you in and out of bed?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

ADL_16 Can you take a bath or shower without help?

Yes 1 **SKIP TO ADL_19**
No 2 **CONTINUE**
[DO NOT READ] Don't know/No answer 8 **SKIP TO ADL_19**
[DO NOT READ] Refused 9 **SKIP TO ADL_19**

ADL_17 Can you take a bath or shower with some help (i.e., you need help from someone getting in and out of the tub or you need special attachments on the tub)?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

ADL_18 **[ASK IF ADL_17=2]** Are you completely unable to take a bath and a shower by yourself?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

ADL_19 Do you ever have trouble getting to the bathroom in time?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

ADL_20

[ASK IF ADL_19=1] How often do you wet or soil yourself (either day or night)? Would you say...**READ LIST, CODE ONLY ONE RESPONSE**

Never or less than once a week 1

Once or twice a week 2

Three times a week or more..... 3

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

ADL_END

Instrumental Activities of Daily Living (IAL)

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 you are unable to do. You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone.

IAL_1 Can you use the telephone without help, including looking up numbers and dialling?

Yes 1 **SKIP TO IAL_4**
 No 2 **CONTINUE**
[DO NOT READ] Don't know/No answer..... 8 **SKIP TO IAL_4**
[DO NOT READ] Refused 9 **SKIP TO IAL_4**

IAL_2 Can you use the telephone with some help (i.e., you can answer the phone or dial the operator in an emergency, but need a special phone or help in getting the number or dialling)?

Yes 1
 No 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

IAL_3 **[ASK IF IAL_2=2]** Are you completely unable to use the telephone?

Yes 1
 No 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

IAL_4 Can you get to places out of walking distance without help (i.e., you drive your own car, or travel alone on buses, or taxis)?

Yes 1 **SKIP TO IAL_7**
 No 2 **CONTINUE**
[DO NOT READ] Don't know/No answer..... 8 **SKIP TO IAL_7**
[DO NOT READ] Refused 9 **SKIP TO IAL_7**

IAL_5 Can you get to places out of walking distance with some help (i.e., you need someone to help you or go with you when travelling)?

Yes 1
No 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

IAL_6 **[ASK IF IAL_5=2]** Are you unable to travel unless emergency arrangements are made for a specialized vehicle, like an ambulance?

Yes 1
No 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

IAL_7 Can you go shopping for groceries or clothes without help (taking care of all shopping needs yourself)?

Yes 1	SKIP TO IAL_10
No 2	CONTINUE
[DO NOT READ] Don't know/No answer..... 8	SKIP TO IAL_10
[DO NOT READ] Refused 9	SKIP TO IAL_10

IAL_8 Can you go shopping for groceries or clothes with some help (i.e., you need someone to go with you on all shopping trips)?

Yes 1
No 2
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

IAL_9 [ASK IF IAL_8=2] Are you completely unable to do any shopping?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

IAL_10 Can you prepare your own meals without help (i.e., you plan and cook full meals yourself?)

Yes 1 **SKIP TO IAL_13**

No 2 **CONTINUE**

[DO NOT READ] Don't know/No answer 8 **SKIP TO IAL_13**

[DO NOT READ] Refused 9 **SKIP TO IAL_13**

IAL_11 Can you prepare your own meals with some help (i.e., you can prepare some things but are unable to cook full meals yourself?)

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

IAL_12 [ASK IF IAL_11=2] Are you completely unable to prepare any meals?

Yes 1

No 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

IAL_13 Can you do your housework without help (i.e., you can clean floors, etc.)?

Yes 1 **SKIP TO IAL_16**

No 2 **CONTINUE**

[DO NOT READ] Don't know/No answer 8 **SKIP TO IAL_16**

[DO NOT READ] Refused 9 **SKIP TO IAL_16**

IAL_14 Can you do your housework with some help (i.e., you can do light housework but need help with heavy work)?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

IAL_15 **[ASK IF IAL_14=2]** Are you completely unable to do any housework?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

IAL_16 Can you take your own medicine without help (in the right doses at the right time)?

INTERVIEWER INSTRUCTION: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'

Yes 1	SKIP TO IAL_19
No 2	CONTINUE
[DO NOT READ] Don't know/No answer 8	SKIP TO IAL_19
[DO NOT READ] Refused 9	SKIP TO IAL_19

IAL_17 Can you take your own medicine with some help (i.e., you are able to take medicine if someone prepares it for you or reminds you to take it)?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

IAL_18 **[ASK IF IAL_17=2]** Are you completely unable to take your medicine?

Yes 1

No 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

IAL_19 Can you handle your own money without help (i.e., you write cheques, pay bills, etc.)?

**INTERVIEWER INSTRUCTION: IF THE PARTICIPANT OCCASIONALLY FORGETS,
CODE AS 'YES'**

Yes 1 **SKIP TO IAL_END**

No 2 **CONTINUE**

[DO NOT READ] Don't know/No answer..... 8 **SKIP TO IAL_END**

[DO NOT READ] Refused 9 **SKIP TO IAL_END**

IAL_20 Can you handle your own money with some help (i.e., you manage day-to-day buying but need help with managing your chequebook or paying your bills)?

Yes 1

No 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

IAL_21 **[ASK IF IAL_20=2]** Are you completely unable to handle your money?

Yes 1

No 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

IAL_END

Cognition (COG)

Now, I am going to ask you to complete some tasks related to memory and concentration. Some of these tasks might seem difficult and some might seem easy, but that's the way it is supposed to be. We don't expect you to get them all right; we are asking everyone to do these tasks.

To help us capture this information accurately, we would like your permission to make an audio recording of your responses. This recording will only be used by authorized CLSA employees to code and verify your responses. It is subject to all of the same confidentiality provisions as all other data collected as part of the CLSA. Do you consent to be recorded?

COG_A	Yes	1	CONTINUE
	No	2	SKIP TO COG_END
	[DO NOT READ] Don't know/No answer.....	8	SKIP TO COG_END
	[DO NOT READ] Refused	9	SKIP TO COG_END

It is very important that you are not disturbed during these tasks. Only you can complete these tasks, without help from anyone else or the use of an aid.

COG_1 To begin, a recorded voice will ask you a question that you will need to answer. Please listen carefully. Are you ready to listen to the recording?

Yes	1	SKIP TO COG_3
No	2	CONTINUE
[DO NOT READ] Don't know/No answer.....	8	SKIP TO COG_END
[DO NOT READ] Refused	9	SKIP TO COG_END

COG_2 **IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS:**
A recorded voice will ask you a question that you will need to answer. Please listen carefully. Are you ready to listen to the recording? **DK/RF NOT ALLOWED**

Yes	1	SKIP TO COG_3
No	2	CONTINUE

COG_2a **INTERVIEWER:** Were there any factors that may have impaired the respondent's performance on the test?

Yes 1
No 2 **SKIP TO COG_9**

COG_2b **INTERVIEWER:** What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French..... 01
Physical impairment, such as difficulty hearing.... 02
Distraction or noisy environment..... 03
Impaired concentration/memory problems..... 04
Used an aid 05
Technical difficulties with the laptop 06
Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer..... 98
[DO NOT READ] Refused 99

GO TO COG_9

COG_3 I will begin the recording now. **INTERVIEWER TO INDICATE IF THE PARTICIPANT CLEARLY HEARD THE RECORDING, DK/RF NOT ALLOWED**

Yes, clearly heard recording..... 1 **SKIP TO COG_5**
No, did not clearly hear recording 2 **ADJUST VOLUME AND SAY: I have adjusted the volume. I will replay the recording for you now. CONTINUE**

COG_4 **INTERVIEWER TO INDICATE IF THE PARTICIPANT CLEARLY HEARD THE RECORDING, DK/RF NOT ALLOWED**

Yes, clearly heard..... 1 **SKIP TO COG_5**
No, did not hear clearly 2 **CONTINUE**

COG_4a **INTERVIEWER:** Were there any factors that may have impaired the respondent's performance on the test?

Yes 1
No 2 **SKIP TO COG_9**

COG_4b **INTERVIEWER:** What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French 01
Physical impairment, such as difficulty hearing 02
Distraction or noisy environment 03
Impaired concentration/memory problems 04
Used an aid 05
Technical difficulties with the laptop 06
Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

GO TO COG_9

COG_5 The first task will start with a recorded voice that will read you a list of words. We have purposely made the list long so it will be difficult for anyone to recall all of the words. Most people recall just a few words. Please listen carefully, as the list of words cannot be repeated. When the list of words is finished, I will ask you to recall aloud as many of the words as you can, in any order. May I start the recording? **DK/RF NOT ALLOWED**

Yes 1 **SKIP TO COG_7**
No 2 **CONTINUE**

COG_6

IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS:

The first task will start with a recorded voice that will read you a list of words. We have purposely made the list long so it will be difficult for anyone to recall all of the words. Most people recall just a few words. Please listen carefully, as the list of words cannot be repeated. When the list of words is finished, I will ask you to recall aloud as many of the words as you can, in any order. May I start the recording?

Yes	1	SKIP TO COG_7
No	2	CONTINUE
[DO NOT READ] Don't know/No answer.....	8	SKIP TO COG_END
[DO NOT READ] Refused	9	SKIP TO COG_END

COG_6a

INTERVIEWER: Were there any factors that may have impaired the respondent's performance on the test?

Yes	1	CONTINUE
No	2	SKIP TO COG_9

COG_6b

INTERVIEWER: What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French.....	01
Physical impairment, such as difficulty hearing....	02
Distraction or noisy environment.....	03
Impaired concentration/memory problems.....	04
Used an aid	05
Technical difficulties with the laptop.....	06
Other (please specify: _____)	97
[DO NOT READ] Don't know/No answer.....	98
[DO NOT READ] Refused	99

GO TO COG_9

COG_7

I will begin the recording now. Now, please tell me all the words you can remember in any order. Please begin. **MULTIPLE RESPONSES ALLOWED, RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS, DK/RF NOT ALLOWED. TIMER INSTRUCTIONS: DISPLAY COUNTDOWN TIMER FROM 90 SECONDS. TIMER CANNOT BE RESET OR PAUSED, BUT CAN BE STOPPED AT ANY TIME. A BEEP WILL SOUND WHEN THE TIMER COMPLETES. NULL ALLOWED. DK/RF NOT ALLOWED.**

Drum.....	01	Garden	08
Curtain	02	Hat.....	09
Bell.....	03	Farmer	10
Coffee	04	Nose.....	11
School.....	05	Turkey	12
Parent	06	Colour	13
Moon.....	07	House.....	14
		River.....	15
None/No words were correctly recalled		96	

Thank you. This task is finished.

For the next few tasks, we are going to ask you to name some items, as well as count numbers and letters aloud.

COG_9

Now, I would like you to name as many different animals as you can think of. You have one minute to do this. When you are ready to begin, I will start recording. Are you ready to begin? **DK/RF NOT ALLOWED**

Yes	1	SKIP TO COG_11
No	2	CONTINUE

COG_10

IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS.

Now, I would like you to name as many different animals as you can think of. You have one minute to do this. When you are ready to begin, I will start recording. Are you ready to begin?

Yes	1	SKIP TO COG_11
No	2	CONTINUE
[DO NOT READ] Don't know/No answer.....	8	SKIP TO COG_12
[DO NOT READ] Refused	9	SKIP TO COG_12

COG_10a **INTERVIEWER:** Were there any factors that may have impaired the respondent's performance on the test?

Yes 1 **CONTINUE**
No 2 **SKIP TO COG_12**

COG_10b **INTERVIEWER:** What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French 01
Physical impairment, such as difficulty hearing 02
Distraction or noisy environment 03
Impaired concentration/memory problems 04
Used an aid 05
Technical difficulties with the laptop 06
Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

GO TO COG_12

COG_11 Please begin. **IF THE PARTICIPANT IS SILENT FOR 15 SECONDS OR STOPS BEFORE THE END OF THE TIMER, ENCOURAGE HIM/HER BY SAYING, "Can you think of any more animals?" ONLY IF THE PARTICIPANT ASKS FOR CLARIFICATION, EXPLAIN THAT ANIMALS INCLUDE BIRDS, INSECTS, FISH, ETC. DO NOT HELP THE PARTICIPANT.**

START TIMER FOR 60 SECONDS. TIMER CANNOT BE RESET OR PAUSED.

Thank you. This task is finished.

COG_12 Now, I would like you to count from 1 to 20, from 1, 2, 3, 4 and so on. Are you ready to begin? **DK/RF NOT ALLOWED**

Yes 1 **SKIP TO COG_14**
No 2 **CONTINUE**

COG_13 **IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE QUESTION:** Now, I would like you to count from 1 to 20, from 1, 2, 3, 4 and so on. Are you ready to begin?

Yes	1	SKIP TO COG_14
No	2	CONTINUE
[DO NOT READ] Don't know/No answer.....	8	SKIP TO COG_END
[DO NOT READ] Refused	9	SKIP TO COG_END

COG_13a **INTERVIEWER:** Were there any factors that may have impaired the respondent's performance on the test?

Yes	1	CONTINUE
No	2	SKIP TO COG_22

COG_13b **INTERVIEWER:** What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French	01
Physical impairment, such as difficulty hearing....	02
Distraction or noisy environment.....	03
Impaired concentration/memory problems.....	04
Used an aid	05
Technical difficulties with the laptop	06
Other (please specify: _____)	97
[DO NOT READ] Don't know/No answer.....	98
[DO NOT READ] Refused	99

GO TO COG_22

COG_14 Please begin.

START TIMER (FOR 30 SECONDS) AND THE RECORDING. STOP WHEN THE PARTICIPANT HAS SUCCESSFULLY COUNTED FROM 1 TO 20. ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED. THE TIMER CANNOT BE PAUSED OR RESET. DK/RF NOT ALLOWED

_____ **RECORD EXACT TIME IN SECONDS, CATI MASK: MIN=01, MAX=30**

Thank you. This task is finished.

COG_16 Now, I would like you to say the alphabet, from A, B, C, D and so on. Are you ready to begin? **DK/RF NOT ALLOWED**

Yes 1 **SKIP TO COG_18**
No 2 **CONTINUE**

COG_17 **IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS**
Now I would like you to say the alphabet, such as A, B, C, D and so on. Are you ready to begin?

Yes 1 **SKIP TO COG_18**
No 2 **CONTINUE**
[DO NOT READ] Don't know/No answer 8 **SKIP TO COG_END**
[DO NOT READ] Refused 9 **SKIP TO COG_END**

COG_17a **INTERVIEWER:** Were there any factors that may have impaired the respondent's performance on the test?

Yes 1
No 2 **SKIP TO COG_22**

COG_17b **INTERVIEWER:** What were the factors? **MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French 01
Physical impairment, such as difficulty hearing 02
Distraction or noisy environment 03
Impaired concentration/memory problems 04
Used an aid 05
Technical difficulties with the laptop 06
Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

GO TO COG_22

COG_18 Please begin. **INTERVIEWER START TIMER AND THE RECORDING, STOP WHEN THE PARTICIPANT HAS SUCCESSFULLY RECITED FROM A TO Z. THE TIMER CAN BE STOPPED BEFORE REACHING MAXIMUM OF 30 SECONDS. ONCE STARTED, THIS QUESTION CANNOT BE RE-ENTERED AND THE TIMER CANNOT BE PAUSED OR RESET. DK/RF NOT ALLOWED.**

_____ **RECORD EXACT TIME IN SECONDS, CATI MASK: MIN=01, MAX=30**

Thank you. This task is finished.

COG_19 Now, I would like you to alternate consecutive numbers, beginning with number 1, with the alphabet, beginning with the letter A, such as 1-A, 2-B, 3-C, 4-D, and so on. Are you ready to begin? **DK/RF NOT ALLOWED**

Yes 1 **SKIP TO COG_21**
No 2 **CONTINUE**

COG_20 **IF THE PARTICIPANT DID NOT UNDERSTAND, REPEAT THE INSTRUCTIONS**
Now, I would like you to alternate consecutive numbers, beginning with number 1, with the alphabet, beginning with the letter A, such as 1-A, 2-B, 3-C, 4-D, and so on. Are you ready to begin?

Yes 1 **SKIP TO COG_21**
No 2 **CONTINUE**
[DO NOT READ] Don't know/No answer..... 8 SKIP TO COG_END
[DO NOT READ] Refused 9 SKIP TO COG_END

COG_20a **INTERVIEWER:** Were there any factors that may have impaired the respondent's performance on the test?

Yes 1 **CONTINUE**
No 2 **SKIP TO COG_22**

COG_20b **INTERVIEWER: What were the factors? MULTIPLE RESPONSES ALLOWED
(EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Had difficulty understanding English/French..... 01
Physical impairment, such as difficulty hearing.... 02
Distraction or noisy environment..... 03
Impaired concentration/memory problems..... 04
Used an aid 05
Technical difficulties with the laptop 06
Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer..... 98
[DO NOT READ] Refused 99

GO TO COG_22

COG_21 Please begin. **START TIMER (FOR 30 SECONDS) AND THE RECORDING. THE
TIMER CANNOT BE STOPPED. DISPLAY COUNT-UP TIMER. ONCE STARTED, THIS
QUESTION CANNOT BE RE-ENTERED. THE TIMER CANNOT BE PAUSED OR
RESET.**

_____ **RECORD NUMBER OF CORRECT ALTERNATIONS IN 30 SECONDS**

Thank you. This is the end of the recording session.

COG_22

[ASK ONLY IF RESPONDED TO COG_7] A little while ago, a recorded voice read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you can remember now. **RECORD ALL WORDS THAT PARTICIPANT CORRECTLY RECALLS. DK/RF NOT ALLOWED. START TIMER FOR 60 SECONDS. TIMER CANNOT BE RESET OR PAUSED.**

Drum.....	01	Garden	08
Curtain	02	Hat.....	09
Bell.....	03	Farmer	10
Coffee	04	Nose.....	11
School.....	05	Turkey	12
Parent.....	06	Colour	13
Moon.....	07	House.....	14
		River.....	15
None/No words were correctly recalled			96

Thank you. This is the end of the tasks.

COG_END

Depression (DEP)

For the next few questions, please think about how you have felt in the past week, that is from **[INSERT DATE OF ONE WEEK AGO]** to yesterday. I will first read you a question and then I will read you the answers from which you may choose. Please choose the answer that most applies to how you have felt over the past week.

DEP_1 How often were you bothered by things that usually don't bother you? **READ LIST, CODE ONLY ONE RESPONSE**

- All of the time (5-7days) 1
- Occasionally (3-4 days)..... 2
- Some of the time (1-2 days)..... 3
- Rarely or never (less than 1 day) 4
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

DEP_2 How often did you have trouble keeping your mind on what you were doing? **READ LIST, CODE ONLY ONE RESPONSE**

- All of the time (5-7days) 1
- Occasionally (3-4 days)..... 2
- Some of the time (1-2 days)..... 3
- Rarely or never (less than 1 day) 4
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

DEP_3 How often did you feel depressed? **READ LIST, CODE ONLY ONE RESPONSE**

- All of the time (5-7days) 1
- Occasionally (3-4 days)..... 2
- Some of the time (1-2 days)..... 3
- Rarely or never (less than 1 day) 4
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

DEP_4 How often did you feel that everything you did was an effort? **READ LIST, CODE ONLY ONE RESPONSE**

All of the time (5-7days) 1
Occasionally (3-4 days)..... 2
Some of the time (1-2 days)..... 3
Rarely or never (less than 1 day) 4
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

DEP_5 How often did you feel hopeful about the future? **READ LIST, CODE ONLY ONE RESPONSE**

All of the time (5-7days) 1
Occasionally (3-4 days)..... 2
Some of the time (1-2 days)..... 3
Rarely or never (less than 1 day) 4
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

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

DEP_6 How often did you feel fearful or tearful? **READ LIST, CODE ONLY ONE RESPONSE**

All of the time (5-7days) 1
Occasionally (3-4 days)..... 2
Some of the time (1-2 days)..... 3
Rarely or never (less than 1 day) 4
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

DEP_7 How often was your sleep restless? **READ LIST, CODE ONLY ONE RESPONSE**

All of the time (5-7days) 1
Occasionally (3-4 days)..... 2
Some of the time (1-2 days)..... 3
Rarely or never (less than 1 day) 4
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

DEP_8 How often were you happy? **READ LIST, CODE ONLY ONE RESPONSE**

All of the time (5-7days) 1
Occasionally (3-4 days)..... 2
Some of the time (1-2 days)..... 3
Rarely or never (less than 1 day) 4
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

DEP_9 How often did you feel lonely? **READ LIST, CODE ONLY ONE RESPONSE**

All of the time (5-7days) 1
Occasionally (3-4 days)..... 2
Some of the time (1-2 days)..... 3
Rarely or never (less than 1 day) 4
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

DEP_10

How often did you feel that you could not "get going"? **READ LIST, CODE ONLY ONE RESPONSE**

All of the time (5-7days) 1

Occasionally (3-4 days)..... 2

Some of the time (1-2 days)..... 3

Rarely or never (less than 1 day) 4

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

DEP_END

Satisfaction with Life (SLS)

Now a series of statements that people might use to describe their satisfaction with their lives. Please tell me if you disagree or agree with each statement.

SLS_1 In most ways, my life is close to my ideal. **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Disagree	1	CONTINUE
Neither agree nor disagree	4	SKIP TO SLS_4
Agree.....	6	SKIP TO SLS_3
[DO NOT READ] Don't know/No answer.....	8	SKIP TO SLS_4
[DO NOT READ] Refused	9	SKIP TO SLS_4

SLS_2 Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

Slightly disagree.....	1	SKIP TO SLS_4
Disagree.....	2	SKIP TO SLS_4
Strongly disagree	3	SKIP TO SLS_4
[DO NOT READ] Don't know/No answer.....	8	SKIP TO SLS_4
[DO NOT READ] Refused	9	SKIP TO SLS_4

SLS_3 Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

Slightly agree	1
Agree.....	2
Strongly agree.....	3
[DO NOT READ] Don't know/No answer.....	8
[DO NOT READ] Refused	9

SLS_4 The conditions of my life are excellent. **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Disagree	1	CONTINUE
Neither agree nor disagree	4	SKIP TO SLS_7
Agree.....	6	SKIP TO SLS_6
[DO NOT READ] Don't know/No answer.....	8	SKIP TO SLS_7
[DO NOT READ] Refused	9	SKIP TO SLS_7

SLS_5 Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

Slightly disagree.....	1	SKIP TO SLS_7
Disagree.....	2	SKIP TO SLS_7
Strongly disagree	3	SKIP TO SLS_7
[DO NOT READ] Don't know/No answer.....	8	SKIP TO SLS_7
[DO NOT READ] Refused	9	SKIP TO SLS_7

SLS_6 Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

Slightly agree	1
Agree.....	2
Strongly agree.....	3
[DO NOT READ] Don't know/No answer.....	8
[DO NOT READ] Refused	9

SLS_7 I am satisfied with my life. **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Disagree	1	CONTINUE
Neither agree nor disagree	4	SKIP TO SLS_10
Agree.....	6	SKIP TO SLS_9
[DO NOT READ] Don't know/No answer.....	8	SKIP TO SLS_10
[DO NOT READ] Refused	9	SKIP TO SLS_10

SLS_8 Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

Slightly disagree.....	1	SKIP TO SLS_10
Disagree.....	2	SKIP TO SLS_10
Strongly disagree	3	SKIP TO SLS_10
[DO NOT READ] Don't know/No answer.....	8	SKIP TO SLS_10
[DO NOT READ] Refused	9	SKIP TO SLS_10

SLS_9 Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

Slightly agree	1
Agree.....	2
Strongly agree.....	3
[DO NOT READ] Don't know/No answer.....	8
[DO NOT READ] Refused	9

SLS_10 So far, I have gotten the important things I want in life. **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Disagree	1	CONTINUE
Neither agree nor disagree	4	SKIP TO SLS_13
Agree.....	6	SKIP TO SLS_12
[DO NOT READ] Don't know/No answer.....	8	SKIP TO SLS_13
[DO NOT READ] Refused	9	SKIP TO SLS_13

SLS_11 Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

Slightly disagree.....	1	SKIP TO SLS_13
Disagree.....	2	SKIP TO SLS_13
Strongly disagree	3	SKIP TO SLS_13
[DO NOT READ] Don't know/No answer.....	8	SKIP TO SLS_13
[DO NOT READ] Refused	9	SKIP TO SLS_13

SLS_12 Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

Slightly agree 1
Agree..... 2
Strongly agree 3
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

SLS_13 If I could live my life over, I would change almost nothing. **READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

Disagree 1 **CONTINUE**
Neither agree nor disagree 4 **SKIP TO SLS_END**
Agree..... 6 **SKIP TO SLS_15**
[DO NOT READ] Don't know/No answer..... 8 **SKIP TO SLS_END**
[DO NOT READ] Refused 9 **SKIP TO SLS_END**

SLS_14 Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

Slightly disagree 1 **SKIP TO SLS_END**
Disagree..... 2 **SKIP TO SLS_END**
Strongly disagree 3 **SKIP TO SLS_END**
[DO NOT READ] Don't know/No answer..... 8 **SKIP TO SLS_END**
[DO NOT READ] Refused 9 **SKIP TO SLS_END**

SLS_15 Would you say you...**READ LIST, CODE ONLY ONE RESPONSE**

Slightly agree 1
Agree..... 2
Strongly agree 3
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

SLS_END

Posttraumatic Stress Disorder (PSD)

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

PSD_1 Have had nightmares about it or thought about it when you did not want to?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

PSD_2 Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

PSD_3 Were constantly on guard, watchful, or easily startled?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

PSD_4 Felt numb or detached from others, activities, or your surroundings?

Yes 1

No..... 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

PSD_END

Social Networks (SN)

Now I'm going to ask you some questions about who lives in your household with you and what their relationship is to you. As well, I'm going to ask you about your children, whether they live with you now or not.

SN_1 How many people, not including yourself, currently live in your household? _____
NOTE PERSON #1 IS THE RESPONDENT, RECORD SEX AND AGE.

- a) What is the relationship of person #2 to you (i.e., spouse, parent, child, grandparent, grandchild, etc.)
- b) What is the sex of person #2?
- c) How old is person #2

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			

REPEAT SEQUENCE OF QUESTIONS FOR ALL REMAINING MEMBERS OF THE HOUSEHOLD

SN_2 How many children do you have (i.e., living children whom you have given birth to or adopted, living stepchildren, or living children whom are your partner's children)? **DK/NA NOT ALLOWED**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=20**

[DO NOT READ] Refused 99

IF SN_2=0 OR SN_2=99, SKIP TO SN_10

SN_3 How many of these children are related to you biologically? **DK/NA NOT ALLOWED**

____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL
RESPONSE FROM SN_2]

[DO NOT READ] Refused 99

SN_4 How many of these children are your adopted children? **DK/NA NOT ALLOWED**

____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL
RESPONSE FROM SN_2]

[DO NOT READ] Refused 99

SN_5 How many of these children are your step children? **DK/NA NOT ALLOWED**

____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL
RESPONSE FROM SN_2]

[DO NOT READ] Refused 99

SN_6 How many of these children are your partner's children? **DK/NA NOT ALLOWED**

____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL
RESPONSE FROM SN_2]

[DO NOT READ] Refused 99

SN_7 How many, if any, living daughters do you have (including biological daughters, stepdaughters and partner's daughters)? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL
RESPONSE FROM SN_2]

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

SN_8 How many, if any, living sons do you have (including biological sons, stepsons and partner's sons)? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=[RECALL RESPONSE FROM SN_2]

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

CHECK SUM: SN_2= SN_7 + SN_8

INTERVIEWER NOTE: IF SN_2 DOES NOT EQUAL SUM OF SN_7 + SN_8, THEN ASK: The total number of children does not equal the sum of living daughters and living sons. Please ensure that the total number of living daughters and living sons sums to the total number of living children.

SN_9 When did you last get together with any of your children who live outside of your household? **READ LIST, CODE ONLY ONE RESPONSE**

Within the last day or two 1

Within the last week or two..... 2

Within the past month..... 3

Within the past 6 months..... 4

Within the past year..... 5

More than 1 year ago 6

Not applicable, all children live in household 7

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

SN_10 How many, if any, living siblings (sisters, brothers) do you have? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=50

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

IF SN_10=0 OR SN_10=99, SKIP TO SN_12

SN_11 When did you last get together with any of your siblings who live outside of your household? **READ LIST, CODE ONLY ONE RESPONSE**

- Within the last day or two 1
- Within the last week or two..... 2
- Within the past month..... 3
- Within the past 6 months..... 4
- Within the past year..... 5
- More than 1 year ago 6
- Not applicable, all siblings live in household 7
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

SN_12 About how many other living relatives (parents, grandparents, grandchildren, nieces, nephews, cousins, aunts, uncles) do you have? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

- _____ **RECORD EXACT NUMBER, CATI MASK: MIN: 000, MAX=100**
- [DO NOT READ]** Don't know/No answer..... 998
- [DO NOT READ]** Refused 999

IF SN_12=0 OR SN_12=999, SKIP TO SN_14

SN_13 When did you last get together with any of your other relatives who live outside of your household? **READ LIST, CODE ONLY ONE RESPONSE**

- Within the last day or two 1
- Within the last week or two..... 2
- Within the past month..... 3
- Within the past 6 months..... 4
- Within the past year..... 5
- More than 1 year ago 6
- Not applicable, all relatives live in household..... 7
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

SN_14 Not counting family members, how many people do you consider close friends – that is, people you can confide in and talk over personal matters with? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

IF SN_14=0 OR SN_14=99, SKIP TO SN_16

SN_15 When did you last get together with any of your close friends who live outside of your household? **READ LIST, CODE ONLY ONE RESPONSE**

Within the last day or two 1

Within the last week or two..... 2

Within the past month..... 3

Within the past 6 months..... 4

Within the past year..... 5

More than 1 year ago 6

Not applicable, no friends live outside
of household 7

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

SN_16 How many of your neighbours do you know? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ RECORD EXACT NUMBER, CATI MASK: MIN=00, MAX=90

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

IF SN_16=0 OR SN_16=99, SKIP TO SN_18

SN_17 When did you last get together with any of your neighbours? **READ LIST, CODE ONLY ONE RESPONSE**

- Within the last day or two 1
- Within the last week or two..... 2
- Within the past month..... 3
- Within the past 6 months..... 4
- Within the past year..... 5
- More than 1 year ago 6
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

SN_18 Aside from family members, close friends, and neighbours, about how many other people do you know personally (i.e., by name) through...**READ LIST, RECORD EXACT NUMBER FOR EACH, PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

SN_18a Work or school?
_____ **RECORD EXACT NUMBER, CATI MASK: MIN=000, MAX=100**
[DO NOT READ] Don't know/No answer..... 998
[DO NOT READ] Refused 999

SN_18b Involvement in community activities and organizations?
_____ **RECORD EXACT NUMBER, CATI MASK: MIN=000, MAX=100**
[DO NOT READ] Don't know/No answer..... 998
[DO NOT READ] Refused 999

SN_18c Other activities?
_____ **RECORD EXACT NUMBER, CATI MASK: MIN=000, MAX=100**
[DO NOT READ] Don't know/No answer..... 998
[DO NOT READ] Refused 999

SN_END

Social Support – Availability (SSA)

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

People sometimes look to others for companionship, assistance or other types of support. How often is each of the following kinds of support available to you if you need it? **READ LIST OF STATEMENTS, CODE ONLY ONE RESPONSE PER STATEMENT**

SSA_1 Someone to help you if you were confined to bed?

- None of the time 1
- A little of the time 2
- Some of the time 3
- Most of the time 4
- All of the time 5
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

SSA_2 Someone you can count on to listen to you when you need to talk?

- None of the time 1
- A little of the time 2
- Some of the time 3
- Most of the time 4
- All of the time 5
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

SSA_3 Someone to give you advice about a crisis?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_4 Someone to take you to the doctor if needed?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_5 Someone who shows you love and affection?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_6 Someone to have a good time with?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_7 Someone to give you information in order to help you?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_8 Someone to confide in or talk to about yourself or your problems?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_9 Someone who hugs you?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_10 Someone to get together with for relaxation?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_11 Someone to prepare your meals if you were unable to do it yourself?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_12 Someone whose advice you really want?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_13 Someone to do things with to help you get your mind off things?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_14 Someone to help with daily chores if you were sick?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_15 Someone to share your most private worries and fears with?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_16 Someone to turn to for suggestions about how to deal with a personal problem?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_17 Someone to do something enjoyable with?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_18 Someone who understands your problems?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_19 Someone to love you and make you feel wanted?

None of the time 1
A little of the time 2
Some of the time 3
Most of the time 4
All of the time 5
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_20 Do you have a household pet that provides you with companionship?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

SSA_END

Social Participation (SPA)

Now some questions about your social activities.

SPA_1 Which of these statements apply to you? **READ EACH STATEMENT, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

- I read a daily newspaper 01
- I have a hobby or pastime..... 02
- I have taken a holiday in Canada in the last 12 months 03
- I have taken a holiday outside of Canada in the last 12 months ... 04
- I have gone on a daytrip or outing in the last 12 months 05
- I use the internet and/or e-mail 06
- I voted in the last federal, provincial, or municipal election 07
- None of these statements apply to me 08
- [DO NOT READ]** Don't know/No answer..... 98
- [DO NOT READ]** Refused 99

Community-related Activities

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

In the past 12 months, how often did you participate in...**READ LIST OF ACTIVITIES, CODE ONLY ONE RESPONSE PER ACTIVITY**

SPA_2 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**

- At least once a day 1
- At least once a week 2
- At least once a month..... 3
- At least once a year..... 4
- Never 5
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

SPA_3 Church or religious activities such as services, committees or choirs

At least once a day 1
At least once a week 2
At least once a month..... 3
At least once a year..... 4
Never 5
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

SPA_4 Sports or physical activities that you do with other people

At least once a day 1
At least once a week 2
At least once a month..... 3
At least once a year..... 4
Never 5
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

SPA_5 Educational and cultural activities involving other people such as attending courses, concerts, plays, or visiting museums

At least once a day 1
At least once a week 2
At least once a month..... 3
At least once a year..... 4
Never 5
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

SPA_6 Service club or fraternal organization activities **READ IF NECESSARY** – Examples include: Lion's Club, Rotary, Kiwanis Club, Royal Canadian Legion, or Foresters

At least once a day 1
At least once a week 2
At least once a month..... 3
At least once a year..... 4
Never 5
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

SPA_7 Neighbourhood, community or professional association activities

At least once a day 1
At least once a week 2
At least once a month..... 3
At least once a year..... 4
Never 5
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

SPA_8 Volunteer or charity work

At least once a day 1
At least once a week 2
At least once a month..... 3
At least once a year..... 4
Never 5
[DO NOT READ] Don't know/No answer..... 8
[DO NOT READ] Refused 9

SPA_9 Any other recreational activities involving other people, including hobbies, gardening, poker, bridge, cards, and other games

- At least once a day 1
- At least once a week 2
- At least once a month..... 3
- At least once a year..... 4
- Never 5
- [DO NOT READ]** Don't know/No answer..... 8
- [DO NOT READ]** Refused 9

SPA_10 In the past 12 months, have you felt like you wanted to participate in more social, recreational, or group activities?

- | | |
|--|------------------------|
| Yes 1 | CONTINUE |
| No 2 | SKIP TO SPA_END |
| [DO NOT READ] Don't know/No answer..... 8 | SKIP TO SPA_END |
| [DO NOT READ] Refused 9 | SKIP TO SPA_END |

SPA_11

What prevented you from participating in more social, recreational, or group activities?
**DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE
SELECTED), CODE ALL THAT APPLY**

- Cost 01
- Transportation problems 02
- Activities not available in the area 03
- Location not physically accessible 04
- Location is too far 05
- Health condition/limitation 06
- Time of the activities not suitable 07
- Don't want to go alone..... 08
- Personal or family responsibilities 09
- Language related reasons..... 10
- Too busy..... 11
- Afraid or concerns about safety 12
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer..... 98
- [DO NOT READ]** Refused 99

SPA_END

Care Receiving 1/ Formal Care (CR1)

Now some questions on home care services you may have received because of a health condition or limitation that affects your daily activities. These services include health care, homemaker, or other support services received at home. Please include only services provided by professionals or paid workers. Exclude assistance from family, friends or neighbours.

CR1_1 During the past 12 months, did you receive short-term or long-term professional assistance at home, because of a health condition or limitation that affects your daily life, for any of the following activities? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

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.

- Personal care such as assistance with eating, dressing, bathing,
or toileting..... 01
- Medical care such as help taking medicine or help with nursing
care (for example, dressing changes or foot care) 02
- Managing care such as making appointments 03
- Help with activities such as housework, home maintenance, or
outdoor work 04
- Transportation, including trips to the doctor or for shopping 05
- Meal preparation or delivery 06
- [DO NOT READ]** None 96
- Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

SKIP TO CR1_END IF CR1_1=96 OR CR1_1=98 OR CR1_1=99

CR1_2 **[SKIP TO CR1_3 IF ONLY ONE ACTIVITY LISTED AT CR1_1] For which type of activity did you receive the most assistance? READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

CATI PROGRAMMING NOTE: RECALL RESPONSES SELECTED AT CR1_1

INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT

- Personal care such as assistance with eating, dressing, bathing,
or toileting..... 01
- Medical care such as help taking medicine or help with nursing
care (for example, dressing changes or foot care) 02
- Managing care such as making appointments 03
- Help with activities such as housework, home maintenance, or
outdoor work 04
- Transportation, including trips to the doctor or for shopping 05
- Meal preparation or delivery 06
- Other (please specify: _____)..... 97
- [DO NOT READ] Don't know/No answer 98**
- [DO NOT READ] Refused 99**

CR1_3 Did you (or someone else in your family) pay directly for some or all of the help that you received with **[RECALL RESPONSE FROM CR1_2; IF CR1_2 WAS SKIPPED, RECALL RESPONSE FROM CR1_1]? READ LIST, CODE ONLY ONE RESPONSE**

- Yes, we paid all of the cost..... 1
- Yes, we paid part of the cost..... 2
- No, there was no cost involved (e.g., provided by a volunteer or
included in provincial health care plan) 3
- No, we didn't pay any of the cost that was involved 4
- [DO NOT READ] Don't know/No answer..... 8**
- [DO NOT READ] Refused 9**

We are interested in finding out a little bit more about the professional person or organization that has dedicated the most time and resources to helping you with this **[INSERT RESPONSE FROM CR1_2; IF CR1_2 WAS SKIPPED, INSERT RESPONSE FROM CR1_1]**.

CR1_4 During the past 12 months, about how many weeks did this person/organisation help you with **[INSERT RESPONSE FROM CR1_2; IF CR1_2 WAS SKIPPED, INSERT RESPONSE FROM CR1_1]**? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS**

_____ **RECORD NUMBER, CATI MASK: MIN=01, MAX=52**

[DO NOT READ] Don't know/No answer98

[DO NOT READ] Refused99

CR1_5 About how many hours per week, on average, did this person/organisation provide you with such help? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS PER WEEK**

_____ **RECORD EXACT NUMBER, CATI MASK: MIN=001, MAX=168**

[DO NOT READ] Don't know/No answer.....998

[DO NOT READ] Refused999

CR1_END

Care Receiving 2/ Informal Care (CR2)

The following questions are about different types of assistance that you may have received because of a health condition or limitation that affects your daily activities. Please include only assistance from family, friends, or neighbours. Exclude assistance from paid workers or volunteer organizations.

CR2_1 During the past 12 months, did you receive short-term or long-term assistance from family, friends, or neighbours because of a health condition or limitation that affects your daily life, for any of the following activities? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

INTERVIEWER NOTE: INCLUDE ONLY ASSISTANCE RECEIVED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS

- Personal care such as assistance with eating, dressing, bathing,
or toileting..... 01
- Medical care such as help taking medicine or help with nursing
care (for example, dressing changes or foot care) 02
- Managing care such as making appointments 03
- Help with activities such as housework, home maintenance, or
outdoor work 04
- Transportation, including trips to the doctor or for shopping 05
- Meal preparation or delivery 06
- [DO NOT READ]** None 96
- Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

SKIP TO CR2_14 IF CR2_1=96 OR CR2_1=98 OR CR2_1=99

CR2_2 During the past 12 months, about how many different people (among your family, friends, and/or neighbours) provided you with such assistance? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ RECORD NUMBER, CATI MASK: MIN=01, MAX=50

[DO NOT READ] Don't know/No answer.....98

[DO NOT READ] Refused99

CR2_3 During the past 12 months, about how many weeks did this person/these people provide you with such assistance? Include assistance from all family members, friends, and neighbours in your estimate. **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ RECORD NUMBER, CATI MASK: MIN=01, MAX=52

[DO NOT READ] Don't know/No answer.....98

[DO NOT READ] Refused99

CR2_4 About how many hours per week, on average, did this person/these people provide you with assistance? Include assistance from all family members, friends, and neighbours in your estimate. **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

_____ RECORD NUMBER, CATI MASK: MIN=001, MAX=168

[DO NOT READ] Don't know/No answer.....998

[DO NOT READ] Refused999

You mentioned that during the past 12 months, you received assistance with **[RECALL RESPONSES FROM CR2_1]**.

CR2_5 **[SKIP TO CR2_6 IF ONLY ONE ACTIVITY LISTED AT CR2_1]** For which type of activity did you receive the most assistance? **READ LIST, CODE ONLY ONE RESPONSE**

CATI PROGRAMMING NOTE: RECALL RESPONSES SELECTED AT CR2_1

INTERVIEWER NOTE: IF PARTICIPANT SELECTS TWO OR MORE EQUALLY, ASK HIM/HER TO SELECT THE ONE THEY CONSIDER TO BE THE MOST IMPORTANT

- Personal care such as assistance with eating, dressing, bathing,
or toileting..... 01
- Medical care such as help taking medicine or help with nursing
care (for example, dressing changes or foot care) 02
- Managing care such as making appointments 03
- Help with activities such as housework, home maintenance, or
outdoor work 04
- Transportation, including trips to the doctor or for shopping 05
- Meal preparation or delivery 06
- Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

SKIP TO CR2_14 IF CR2_5=98 OR CR2_5=99

We are interested in finding out a little bit more about the person who has dedicated the most time and resources to helping you with **[RECALL RESPONSE FROM CR2_5; IF CR2_5 WAS SKIPPED, RECALL RESPONSE FROM CR2_1]**.

CR2_6 Is the person from whom you received the most assistance...**READ LIST, CODE ONLY ONE RESPONSE**

- Living in your household, or1
- Living outside of your household.....2
- [DO NOT READ]** Refused9

CR2_7 Is the person who provided the most assistance male or female?

Male.....1
Female.....2
[DO NOT READ] Refused9

CR2_8 What is the first name of this person?

_____ RECORD NAME
[DO NOT READ] Don't know/No answer.....8
[DO NOT READ] Refused9

CR2_9 How old is [RECALL NAME FROM CR2_8; IF CR2_8=8 OR CR2_8=9 THEN SUBSTITUTE "THIS PERSON"]? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE

_____ RECORD AGE (IN YEARS)
[DO NOT READ] Don't know/No answer.....98
[DO NOT READ] Refused99

CR2_10 What is the relationship between you and [RECALL NAME FROM CR2_8; IF CR2_8=8 OR CR2_8=9 THEN SUBSTITUTE "THIS PERSON"]? Is s/he your...READ LIST, CODE ONLY ONE RESPONSE

Husband/wife.....01
Common-law partner.....02
Father/mother.....03
Son/daughter.....04
Brother/sister.....05
Grandfather/grandmother.....06
Grandson/granddaughter.....07
Father-in-law/mother-in-law.....08
Son-in-law/daughter-in-law.....09
Brother-in-law/sister-in-law.....10
Other relative.....11
Friend.....12
Neighbour.....13
Other (please specify: _____).....97
[DO NOT READ] Don't know/No answer.....98
[DO NOT READ] Refused99

CR2_11 How long have you been receiving assistance from [RECALL NAME FROM CR2_8; IF CR2_8=8 OR CR2_8=9 THEN SUBSTITUTE "THIS PERSON"]? READ LIST, CODE ONLY ONE RESPONSE

- Less than 6 months 1
- 6 months up to 12 months (1 year) 2
- More than 12 months (1 year) and up to 36 months (3 years)..... 3
- More than 36 months (3 years) and up to 60 months (5 years)..... 4
- More than 5 years 5
- [DO NOT READ] Don't know/No answer..... 8
- [DO NOT READ] Refused 9

CR2_12 During the past 12 months, about how many weeks did you receive assistance from [RECALL NAME FROM CR2_8; IF CR2_8=8 OR CR2_8=9 THEN SUBSTITUTE "THIS PERSON"]? PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS

- _____ RECORD NUMBER, CATI MASK: MIN=01, MAX=52
- [DO NOT READ] Don't know/No answer.....98
- [DO NOT READ] Refused99

CR2_13 About how many hours per week on average did [RECALL NAME FROM CR2_8; IF CR2_8=8 OR CR2_8=9 THEN SUBSTITUTE "THIS PERSON"] spend assisting you with [RECALL RESPONSE FROM CR2_5; IF CR2_5 WAS SKIPPED, RECALL RESPONSE FROM CR2_1]. PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS PER WEEK

- _____ RECORD NUMBER, CATI MASK: MIN=001, MAX=168
- [DO NOT READ] Don't know/No answer.....998
- [DO NOT READ] Refused999

CR2_14 During the past 12 months, have you used any of the following assistive devices? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

- Cane or walking stick 01
- Wheelchair 02
- Motorized scooter 03
- Walker 04
- Leg braces or supportive devices 05
- Hand or arm brace 06
- Grab bars 07
- Bathroom aids 08
- Bath or bed lifts or other lifting devices 09
- Grasping tools or reach extenders 10
- Special eating utensils..... 11
- Personal alarm 12
- [DO NOT READ]** None 96
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer..... 98
- [DO NOT READ]** Refused 99

CR2_15 During the past 12 months, have you used hip protectors? (**ONLY ASK IF AGE ≥75**)

- Yes 01
- No..... 02
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

CR2_END

Care Giving (CAG)

The following questions are about the types of assistance you may have provided to other people because of a health condition or limitation. Please only include assistance you provided to family members, friends and other people living both inside and outside your household. Exclude any assistance you provided as part of a volunteer organization or paid job.

CAG_1 During the past 12 months, have you provided any of the following types of assistance to another person because of a health condition or limitation? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY.**

INTERVIEWER NOTE: INCLUDE ASSISTANCE PROVIDED BECAUSE OF PHYSICAL, MENTAL, OR COGNITIVE HEALTH PROBLEMS OR LIMITATIONS BECAUSE OF AGING.

- Personal care such as assistance with eating, dressing, bathing
or toileting 01
- Medical care such as help taking medicine or help with nursing care
(for example, dressing changes or foot care) 02
- Managing care such as making appointments 03
- Help with activities such as housework, home maintenance,
and outdoor work 04
- Transportation, including trips to the doctor or for shopping 05
- Meal preparation or delivery 06
- [DO NOT READ]** Did not provide any assistance 96
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

SKIP TO CAG_END IF CAG_1=96 OR CAG_1=98 OR CAG_1=99

CAG_2 During the past 12 months, how many people in total have you provided any type of assistance to because of a health condition or limitation, including financial assistance?
PROBE FOR BEST ESTIMATE. IF PARTICIPANT UNSURE OF EXACT NUMBER.

INTERVIEWER NOTE: INCLUDES ALL FORMS OF ASSISTANCE, NOT ONLY FINANCIAL

____ RECORD EXACT NUMBER, CATI MASK: MIN=01, MAX=50

[DO NOT READ] Don't know/No answer.....98

[DO NOT READ] Refused99

We are interested in finding out a little bit more about the person to whom, in the past 12 months, you have dedicated the most time and resources to assisting.

CAG_3 Is the person to whom you provided the most assistance...**READ LIST, CODE ONLY ONE RESPONSE**

Living in your household..... 1

Living in another household 2

Living in a health care institution 3

Now deceased..... 4

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

CAG_4 Is the person to whom you provided the most assistance male or female?

Male..... 1

Female..... 2

[DO NOT READ] Don't know/No answer..... 8

[DO NOT READ] Refused 9

CAG_5 What is the relationship between you and this person? Is s/he your...**READ LIST IF NECESSARY, CODE ONLY ONE RESPONSE**

INTERVIEWER REMINDER: WE ARE INTERESTED IN FINDING MORE ABOUT THE PERSON TO WHOM THE PARTICIPANT HAS DEDICATED THE MOST TIME AND RESOURCES

Husband/wife..... 01
Common-law partner..... 02
Parent..... 03
Child..... 04
Sibling..... 05
Grandchild..... 06
Father-in-law/mother-in-law..... 08
Son-in-law/daughter-in-law..... 09
Brother-in-law/sister-in-law..... 10
Other relative..... 11
Friend, neighbour, or other..... 12
[DO NOT READ] Don't know/No answer..... 98
[DO NOT READ] Refused..... 99

CAG_6 During the past 12 months, about how many weeks did you provide assistance to this person? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF WEEKS**

_____ **RECORD NUMBER OF WEEKS, CATI MASK: MIN=01, MAX=52**
[DO NOT READ] Don't know/No answer.....98
[DO NOT READ] Refused.....99

CAG_7 About how many hours per week, on average, did you spend assisting this person? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF HOURS**

_____ **RECORD NUMBER OF HOURS, CATI MASK: MIN=001, MAX=168**
[DO NOT READ] Don't know/No answer.....998
[DO NOT READ] Refused.....999

CAG_END

Injuries (INJ)

Now some questions about injuries which occurred in the past 12 months, and were serious enough to limit your normal activities.

INJ_1 In the last 12 months, have you had any injuries that were serious enough to limit some of your normal activities? For example, a broken bone, a bad cut or burn, a sprain or a poisoning.

Yes	1	CONTINUE
No	2	SKIP TO INJ_END
[DO NOT READ] Don't know/ No answer.....	8	SKIP TO INJ_END
[DO NOT READ] Refused	9	SKIP TO INJ_END

INJ_2a How many times were you injured in the past 12 months? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER OF INJURIES**

_____ **RECORD NUMBER, CATI MASK: MIN=01, MAX=30**

[DO NOT READ] Don't know/ No answer.....	98
[DO NOT READ] Refused	99

INJ_2b Was this injury (Were any of these injuries) caused by **(CHECK ALL THAT APPLY)?**

A Fall	1	CONTINUE
A Motor Vehicle Collision (including injuries sustained as a pedestrian)	2	CONTINUE
An incident in your workplace	3	CONTINUE
None of the above	4	CONTINUE
[DO NOT READ] Don't know/ No answer.....	8	SKIP TO INJ_END
[DO NOT READ] Refused	9	SKIP TO INJ_END

INTERVIEWER INSTRUCTION: IF MORE THAN ONE INJURY IN THE LAST 12 MONTHS, PARTICIPANT IS TO ANSWER QUESTIONS BASED ON THE MOST SEVERE INJURY.

INJ_3

Again, thinking about this most serious injury, how did it happen? **DO NOT READ LIST, CODE ONLY ONE RESPONSE**

- Road traffic accident as a driver or passenger 01
- Road traffic accident as a pedestrian 02
- Struck by an object..... 03
- Explosion 04
- Natural/ environmental factors 05
- Suffocation 06
- Poisoning..... 07
- Snake/ animal bite..... 08
- Fall from same level 09
- Fall from a height..... 10
- Fire/ flames..... 11
- Drowning/ submersion..... 12
- Hot/ corrosive liquids or substances 13
- Crush injuries 14
- Accident by machinery 15
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer..... 98
- [DO NOT READ]** Refused 99

INJ_4

Where did the injury happen? **DO NOT READ LIST, CODE ONLY ONE RESPONSE, PROBE FOR TYPE OF WORKPLACE IF PARTICIPANT SAYS 'AT WORK'**

- In a home or its surrounding area 01
- Residential institution 02
- School, college, university (excluding sports areas) 03
- Other institution (e.g. church, hospital, theatre, civic building).... 04
- Sports or athletic area (include school sports area)..... 05
- Street, highway, sidewalk..... 06
- Commercial area (e.g. store, restaurant, office building
transport terminal) 07
- Industrial or construction area 08
- Farm (exclude farmhouse and its surrounding area) 09
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/ No answer..... 98
- [DO NOT READ]** Refused 99

INJ_5 What type of activity were you doing when you were injured? **DO NOT READ LIST, CODE ONLY ONE RESPONSE**

- Sports or physical exercise (include school activities)..... 01
- Leisure or hobby (include volunteering)..... 02
- Working at a job or business (include travel to or from work)..... 03
- Household chores, other unpaid work or education 04
- Sleeping, eating, personal care 05
- Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/ No answer..... 98
- [DO NOT READ]** Refused 99

INJ_6 What type of injury did you have? **DO NOT READ LIST, CODE ONLY ONE RESPONSE**

- Multiple injuries..... 01 **CONTINUE**
- Broken or fractured bones..... 02 **SKIP TO INJ_8**
- Burns, scald, chemical burn 03 **SKIP TO INJ_END**
- Dislocation 04 **SKIP TO INJ_END**
- Sprain or strain 05 **SKIP TO INJ_END**
- Cut..... 06 **SKIP TO INJ_END**
- Puncture, animal bite (open wound) 07 **SKIP TO INJ_END**
- Bruise 08 **SKIP TO INJ_END**
- Scrape, blister 09 **SKIP TO INJ_END**
- Concussion or other brain injury 10 **SKIP TO INJ_END**
- Poisoning..... 11 **SKIP TO INJ_END**
- Injury to internal organs..... 12 **SKIP TO INJ_END**
- Discomfort 13 **SKIP TO INJ_END**
- Other (please specify: _____) 97 **SKIP TO INJ_END**
- [DO NOT READ]** Don't know/ No answer..... 98 **SKIP TO INJ_END**
- [DO NOT READ]** Refused 99 **SKIP TO INJ_END**

INJ_7 Did this injury (any of these injuries) involve broken or fractured bones?

- Yes 01 **CONTINUE**
- No..... 02 **SKIP TO INJ_END**
- [DO NOT READ]** Don't know/ No answer..... 98 **SKIP TO INJ_END**
- [DO NOT READ]** Refused 99 **SKIP TO INJ_END**

INJ_8

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**

Multiple sites.....	01
Eye socket.....	02
Head (excluding eyes).....	03
Neck	04
Shoulder, upper arm.....	05
Elbow, lower arm.....	06
Wrist, hand	07
Hip	08
Thigh.....	09
Knee, lower leg.....	10
Ankle, foot	11
Upper back or upper spine.....	12
Lower back or lower spine.....	13
Chest (excluding back and spine)	14
Abdomen or pelvis (excluding back and spine)	15
Other (please specify: _____)	97
[DO NOT READ] Don't know/ No answer.....	98
[DO NOT READ] Refused	99

INJ_END

Falls and Consumer Products (FAL)

[ONLY COMPLETE THIS MODULE IF INJ_2b=1]

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

FAL_Q01 How many times have you fallen in the past 12 months? (**ONLY ASK IF INJ_2a>1**)

_____ **RECORD NUMBER, CATI MASK: MIN=01, MAX=30; PLEASE CONFIRM THAT THE PARTICIPANT FELL MORE THAN 10 TIMES IN THE LAST 12 MONTHS.**

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

Please think about your most serious injury or problem due to a fall in the past 12 months. The next set of questions relate to this injury [SKIP TO IF INJ_3 = 9 OR 10]

FAL_Q02 What has been your most serious injury or problem due to a fall within the past 12 months?

READ LIST, CODE ONLY ONE RESPONSE

No serious injury.....	01	GO TO FAL_Q04
Sprain/strain	02	
Bruises.....	03	
Cuts	04	
Discomfort	05	
Fracture of hip	06	
Fracture of leg	07	
Fracture of arm or wrist	08	
Fracture of back/vertebra	09	
Head injury	10	
Other (please specify: _____)	97	
[DO NOT READ] Don't know/No answer	98	
[DO NOT READ] Refused	99	

IF INJ_3 = 9 OR 10 THEN SAY:

You mentioned in the previous section that your most serious injury was due to a fall. The next set of questions relate to this fall-related injury

FAL_Q03a Did you receive any medical attention from a health professional within 48 hours following this injury?

Yes 1
No 2 (Go to FAL_Q04)
[DO NOT READ] Don't know/No answer 8 (Go to FAL_Q04)
[DO NOT READ] Refused 9 (Go to FAL_Q04)

FAL_Q03b Were you hospitalized for this injury?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FAL_Q03c At the present time, are you getting follow-up care from a health professional because of an injury caused by a fall in the last 12 months?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FAL_Q04 Where did this fall happen?

READ LIST, CODE ONLY ONE RESPONSE

Inside of your home 1
Outside of your home, but inside
a building 2
Outdoors 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

FAL_Q05 How did your fall happen? **READ LIST, CODE ONLY ONE RESPONSE**

- Fell while standing or walking 01
- Fell on stairs or steps 02
- Fell while exercising (except walking) 03
- Fell from height of greater than 1 meter or
3 feet (for example, ladder, tree, roof)..... 04
- [ONLY ASK IF FAL_Q04=1 OR 2]** Fell from
furniture (for example, bed, chair) 05
- [ONLY ASK IF FAL_Q04=1 OR 2]** Fell while
getting in or out of the bathtub..... 06
- [ONLY ASK IF FAL_Q04=1 OR 2]** Fell while
getting in or out of the shower 07
- [ONLY ASK IF FAL_Q04=3]** Fell on snow or ice 08
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

IF CR2_14=96 OR CR2_14=98 OR CR2_14=99, SKIP TO FAL_Q07a AND SKIP PREAMBLE

FAL_Q06a Were you using your <name assistive devices from CR2_14> at the time of your fall?
[ONLY ASK IF INDICATED USE OF ASSISTIVE DEVICE IN THE CARE RECEIVING SECTION]

- Yes 1 **ANSWER FAL_Q06b**
- No 2 **SKIP TO FAL_Q07a**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO FAL_Q07a**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q07a**

FAL_Q06b Did your <named assistive device> contribute to the fall?

- Yes 1 **ANSWER FAL_Q06c**
- No 2 **SKIP TO FAL_Q07a**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO FAL_Q07a**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q07a**

FAL_Q06c Which of the following best describes how it contributed to your fall? **READ LIST, CODE ONLY ONE RESPONSE**

- Poor design 01
- Assistive device not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Assistive device was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

Other than assistive devices, were any of the following a contributing factor to your fall?

FAL_Q07a Was a ladder a contributing factor to your fall?

- Yes 1 **GO TO FAL_Q07b**
- No 2 **SKIP TO FAL_Q08a**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO FAL_Q08a**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q08a**

FAL_Q07b Which of the following best describes how it contributed to your fall?

- Poor design 01
- Ladder not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Ladder was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/ No answer 98
- [DO NOT READ]** Refused 99

FAL_Q08a Was a step stool a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q08b
No.....	2	SKIP TO FAL_Q09a
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q09a
[DO NOT READ] Refused	9	SKIP TO FAL_Q09a

FAL_Q08b Which of the following best describes how it contributed to your fall?

Poor design	01
Step stool not being used as designed	02
Defective manufacturing	03
Lack of servicing or maintenance	04
Step stool was worn out	05
Inadequate instructions	06
Did not read the instructions	07
Human error	08
Other (please specify: _____).....	97
[DO NOT READ] Don't know/ No answer	98
[DO NOT READ] Refused	99

FAL_Q09a Was a bed a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q09b
No.....	2	SKIP TO FAL_Q10a
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q10a
[DO NOT READ] Refused	9	SKIP TO FAL_Q10a

FAL_Q09b Which of the following best describes how it contributed to your fall?

- Poor design 01
- Bed not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Bed was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/ No answer 98
- [DO NOT READ]** Refused 99

FAL_Q10a Was a chair a contributing factor to your fall?

- Yes 1 **GO TO FAL_Q10b**
- No 2 **SKIP TO FAL_Q11a**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO FAL_Q11a**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q11a**

FAL_Q10b Which of the following best describes how it contributed to your fall?

- Poor design 01
- Chair not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Chair was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/ No answer 98
- [DO NOT READ]** Refused 99

FAL_Q11a Was other furniture a contributing factor to your fall?

Yes (please specify: _____)..... 1 **GO TO FAL_Q11b**

No..... 2 **SKIP TO FAL_Q12a**

[DO NOT READ] Don't know/No answer..... 8 **SKIP TO FAL_Q12a**

[DO NOT READ] Refused 9 **SKIP TO FAL_Q12a**

FAL_Q11b Which of the following best describes how it contributed to your fall?

Poor design 01

Other furniture not being used as designed..... 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Other furniture was worn out..... 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

Other (please specify: _____)..... 97

[DO NOT READ] Don't know/ No answer 98

[DO NOT READ] Refused 99

FAL_Q12a Was rug/carpet a contributing factor to your fall?

Yes..... 1 **GO TO FAL_Q12b**

No..... 2 **SKIP TO FAL_Q13a**

[DO NOT READ] Don't know/No answer..... 8 **SKIP TO FAL_Q13a**

[DO NOT READ] Refused 9 **SKIP TO FAL_Q13a**

FAL_Q12b Which of the following best describes how it contributed to your fall?

- Poor design 01
- Rug/carpet not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Rug/carpet was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____) 97
- [DO NOT READ] Don't know/ No answer 98**
- [DO NOT READ] Refused 99**

FAL_Q13a Was flooring a contributing factor to your fall?

- Yes 1 **GO TO FAL_Q13b**
- No 2 **SKIP TO FAL_Q14a**
- [DO NOT READ] Don't know/No answer 8** **SKIP TO FAL_Q14a**
- [DO NOT READ] Refused 9** **SKIP TO FAL_Q14a**

FAL_Q13b Which of the following best describes how it contributed to your fall?

- Poor design 01
- Flooring not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Flooring was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____) 97
- [DO NOT READ] Don't know/ No answer 98**
- [DO NOT READ] Refused 99**

FAL_Q14a Were electrical cords a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q14b
No.....	2	SKIP TO FAL_Q15a
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q15a
[DO NOT READ] Refused	9	SKIP TO FAL_Q15a

FAL_Q14b Which of the following best describes how it contributed to your fall?

Poor design	01
Electrical cords not being used as designed	02
Defective manufacturing	03
Lack of servicing or maintenance	04
Electrical cord was worn out	05
Inadequate instructions	06
Did not read the instructions	07
Human error	08
Other (please specify: _____).....	97
[DO NOT READ] Don't know/ No answer	98
[DO NOT READ] Refused	99

FAL_Q15a Was footwear a contributing factor to your fall?

Yes.....	1	GO TO FAL_Q15b
No.....	2	SKIP TO FAL_Q16a
[DO NOT READ] Don't know/No answer.....	8	SKIP TO FAL_Q16a
[DO NOT READ] Refused	9	SKIP TO FAL_Q16a

FAL_Q15b Which of the following best describes how it contributed to your fall?

- Poor design 01
- Footwear not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Footwear was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/ No answer 98
- [DO NOT READ]** Refused 99

FAL_Q16a Was other clothing a contributing factor to your fall?

- Yes (please specify: _____) 1 **GO TO FAL_Q16b**
- No 2 **SKIP TO FAL_Q17a**
- [DO NOT READ]** Don't know/No answer 8 **SKIP TO FAL_Q17a**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q17a**

FAL_Q16b Which of the following best describes how it contributed to your fall?

- Poor design 01
- Other clothing not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Other clothing was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/ No answer 98
- [DO NOT READ]** Refused 99

FAL_Q17a Were toys a contributing factor to your fall?

Yes..... 1 **GO TO FAL_Q17b**

No..... 2 **SKIP TO FAL_Q18a**

[DO NOT READ] Don't know/No answer..... 8 **SKIP TO FAL_Q18a**

[DO NOT READ] Refused 9 **SKIP TO FAL_Q18a**

FAL_Q17b Which of the following best describes how it contributed to your fall?

Poor design 01

Toys not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Toy was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

Other (please specify: _____)..... 97

[DO NOT READ] Don't know/ No answer 98

[DO NOT READ] Refused 99

FAL_Q18a Were yard tools a contributing factor to your fall?

Yes..... 1 **GO TO FAL_Q18b**

No..... 2 **SKIP TO FAL_Q19a**

[DO NOT READ] Don't know/No answer..... 8 **SKIP TO FAL_Q19a**

[DO NOT READ] Refused 9 **SKIP TO FAL_Q19a**

FAL_Q18b Which of the following best describes how it contributed to your fall?

- Poor design 01
- Yard tools not being used as designed..... 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Yard tool was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/ No answer 98
- [DO NOT READ]** Refused 99

FAL_Q19a Was a bicycle a contributing factor to your fall?

- Yes..... 1 **GO TO FAL_Q19b**
- No..... 2 **SKIP TO FAL_Q20a**
- [DO NOT READ]** Don't know/No answer..... 8 **SKIP TO FAL_Q20a**
- [DO NOT READ]** Refused 9 **SKIP TO FAL_Q20a**

FAL_Q19b Which of the following best describes how it contributed to your fall?

- Poor design 01
- Bicycle not being used as designed..... 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Bicycle was worn out..... 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/ No answer 98
- [DO NOT READ]** Refused 99

FAL_Q20a Was other sports equipment a contributing factor to your fall?

Yes (please specify: _____)..... 1 **GO TO FAL_Q20b**

No..... 2 **SKIP TO FAL_Q21a**

[DO NOT READ] Don't know/No answer..... 8 **SKIP TO FAL_Q21a**

[DO NOT READ] Refused 9 **SKIP TO FAL_Q21a**

FAL_Q20b Which of the following best describes how it contributed to your fall?

Poor design 01

Other sports equipment not being used as designed 02

Defective manufacturing 03

Lack of servicing or maintenance 04

Other sports equipment was worn out 05

Inadequate instructions 06

Did not read the instructions 07

Human error 08

Other (please specify: _____)..... 97

[DO NOT READ] Don't know/ No answer 98

[DO NOT READ] Refused 99

FAL_Q21a Was anything else a contributing factor to your fall?

Yes (please specify: _____)..... 1 **GO TO FAL_Q21b**

No..... 2 **SKIP TO FAL_END**

[DO NOT READ] Don't know/No answer..... 8 **SKIP TO FAL_END**

[DO NOT READ] Refused 9 **SKIP TO FAL_END**

FAL_Q21b Which of the following best describes how it contributed to your fall?

- Poor design 01
- Anything else not being used as designed 02
- Defective manufacturing 03
- Lack of servicing or maintenance 04
- Anything else was worn out 05
- Inadequate instructions 06
- Did not read the instructions 07
- Human error 08
- Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/ No answer 98
- [DO NOT READ]** Refused 99

FAL_END

Retirement Status (RET)

The following questions ask about your retirement experience.

RET_1 At this time, do you consider yourself to be completely retired, partly retired or not retired? **CODE ONLY ONE RESPONSE**

Completely retired 1
Partly retired 2
Not retired 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

RET_2 After retirement, some people return to work and later retire again. Have you ever previously retired and then returned to work?

Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

RET_3 **[ASK IF SDC_9=02]** Is your spouse/partner retired?

Yes 1	CONTINUE
No 2	SKIP TO RET_5
[DO NOT READ] Don't know/No answer 8	SKIP TO RET_5
[DO NOT READ] Refused 9	SKIP TO RET_5

RET_4 [ASK IF SDC_9=02] At what age did your spouse/partner retire? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

_____ **RECORD AGE IN YEARS, CATI MASK: MIN=40, MAX=85**

[DO NOT READ] Don't know/No answer98

[DO NOT READ] Refused99

SKIP TO RET_END IF (RET_1=3 OR RET_1=8 OR RET_1=9) AND (RET_2=2 OR RET_2=8 OR RET_2=9)

Please answer the following questions as they relate to your first retirement experience.

RET_5 How old were you when you first retired/partly retired? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE**

_____ **RECORD AGE (IN YEARS)**

CATI MASK: MIN=40, MAX=CURRENT AGE

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

RET_6 There are many reasons why people retire. Which of the following reasons contributed to your decision to retire? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Completed the required years of service to qualify for pension.....01

Retirement was financially possible02

Health/disability/stress reasons03

Employer offered special incentives to retirement04

Organizational restructuring or job eliminated05

Providing care to a family member or friend06

Employer had a mandatory retirement policy07

Wished to pursue hobbies or other activities of personal interest08

Wanted to stop working09

An agreement with your spouse or partner10

Other (please specify: _____).....97

[DO NOT READ] Don't know/No answer98

[DO NOT READ] Refused99

RET_7 **[ASK IF RET_6=03]** You mentioned that you retired because of your health, stress or disability. Was this due to your physical health, your emotional/mental health, or both?
CODE ONLY ONE RESPONSE

Physical health 1
Emotional/mental health (including stress) 2
Both physical and emotional/mental health 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

RET_8 Would you say your retirement was voluntary, that is, you retired when you wanted to?

Yes 1
No..... 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

RET_9 Did you do any of the following in preparation for your retirement? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Decreased your number of work hours..... 01
Increased your number of work hours 02
Changed jobs 03
Increased leisure activities and hobbies 04
Enrolled in an educational or training program 05
Contributed to an RRSP 06
Built up savings or made other investments 07
Paid-off mortgage or debts 08
Downsized living arrangements 09
[DO NOT READ] Nothing 96
Other (please specify: _____)..... 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

RET_10 Before you retired, did you ever contribute to an employer pension plan, other than the Canada pension plan or Quebec pension plan?

- Yes 1
No 2
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

RET_11 Before your retirement, how adequate did you think your household income and investments would be to maintain your standard of living? Would you say they were...**READ LIST, CODE ONLY ONE RESPONSE**

- Adequate 1
Barely adequate, or 2
Inadequate 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

IF RET_2=2 OR RET_2=8 OR RET_2=9, SKIP TO RET_END

Please answer the following questions as they relate to your experience with returning to work after retirement.

RET_12 **[ASK IF RET_2 =1]** Which of the following reasons contributed to your decision to go back to work after you first retired? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

- Financial considerations 01
Caregiving duties were no longer required 02
Improvement in your health 03
Liked working/being active 04
Interesting work opportunity 05
Preferred gradual retirement 06
Wanted to make a contribution 07
Wanted a challenge 08
Did not like retirement or not ready to retire 09
Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

RET_13 **[ASK IF RET_2=1]** Was this for the same employer or for a different employer as prior to retirement? **READ LIST, CODE ONLY ONE RESPONSE**

For the same employer 1

For a different employer 2

For yourself or your own business 3

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

RET_14 **[ASK IF RET_2=1]** Was this mainly full-time or part-time work? **CODE ONLY ONE RESPONSE**

Full time work 1

Part time work 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

RET_15 **[ASK IF RET_2=1]** Was this permanent or contract work? **READ LIST, CODE ONLY ONE RESPONSE**

Permanent work 1

Contract work 2

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

RET_END

Pre-Retirement Labour Force Participation (LFP)

ASK THIS SECTION ONLY IF THE PARTICIPANT IS COMPLETELY OR PARTLY RETIRED:
RET_1=1 OR RET_1=2

The following questions apply to the last job you had before [retirement]. [IF RET_1=2 SUBSTITUTE
“partly retiring”]

LFP_1 In what year did you last have a paid job or operate a business or farm? **PROBE FOR
BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT YEAR**

_____ **RECORD YEAR AND CONTINUE, CATI MASK: MIN=[RECALL
AGE_1 YEAR] PLUS 40, MAX=CURRENT YEAR OR [RECALL RET_5] PLUS
[RECALL AGE_1 YEAR] (if RET_1=1 AND RET_2=2)**

[DO NOT READ] Not applicable/Never held paid job ...9996 **SKIP TO LFP_END**

[DO NOT READ] Don't know/No answer9998

[DO NOT READ] Refused9999

LFP_2 How many years did you work at that job? Was it...**READ LIST, CODE ONLY ONE
RESPONSE**

Less than 1 year..... 1

From 1 year to less than 3 years 2

From 3 years to less than 5 years..... 3

5 years or more 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

LFP_3 In your last job before retirement, about how many hours a week did you work? **READ LIST, CODE ONLY ONE RESPONSE**

- Employed all of the time (that is, 30+ hours/week)..... 1
- Employed most of the time (that is, less than 30 but more than
20 hours/week) 2
- Employed some of the time (that is, less than 20 hours/week) 3
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

LFP_4 Which of the following best describes your working schedule at that time? **READ LIST, CODE ONLY ONE RESPONSE**

- Daytime schedule or shift..... 01
- Evening shift..... 02
- Night shift 03
- Rotating shift, changing periodically from days to evenings or nights 04
- Seasonal, on-call or casual, no pre-arranged schedules,
but called as need arises..... 05
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

LFP_5 What type of work did you do? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE — PROGRAMMING NOTE: TO BE CODED ACCORDING TO OCCUPATIONAL CLASSIFICATION SYSTEM**

-
-
-
- [DO NOT READ]** Refused99

LFP_6 What business or industry sector were you in? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE — PROGRAMMING NOTE: TO BE CODED ACCORDING TO INDUSTRIAL CLASSIFICATION SYSTEM**

[DO NOT READ] Refused99

LFP_7 Was this the longest you had been in the same job?

Yes	1	SKIP TO LBF_END
No	2	CONTINUE
[DO NOT READ] Don't know/No answer.....	8	SKIP TO LBF_END
[DO NOT READ] Refused	9	SKIP TO LBF_END

Now I would like you to think back over your entire career to the job that you worked the longest.

LFP_8 In the job you worked the longest, were you a paid employee, self-employed, or an unpaid family worker? **READ LIST, CODE ONLY ONE RESPONSE**

INTERVIEWER NOTE: IF ASKED, AN UNPAID FAMILY WORKER IS SOMEONE WHO WORKS WITHOUT PAY ON THEIR OWN FAMILY OPERATED FARM OR BUSINESS OPERATED BY ANOTHER MEMBER LIVING IN THE SAME HOUSEHOLD. THE ROOM AND BOARD AND ANY CASH ALLOWANCE GIVEN AS INCENTIVES ARE NOT COUNTED AS COMPENSATION FOR THESE FAMILY WORKERS.

A paid employee	1
Self-employed	2
Unpaid family worker	3
[DO NOT READ] Don't know/No answer	8
[DO NOT READ] Refused	9

LFP_9

In the job you worked the longest, about how many hours a week did you work? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT NUMBER**

- Employed all of the time (that is, 30+ hours/week)..... 1
- Employed most of the time (that is, less than 30 but more than
20 hours/week) 2
- Employed some of the time (that is, less than 20 hours/week) 3
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

LFP_10

Which of the following best describes your working schedule in the job you worked the longest? **READ LIST, CODE ONLY ONE RESPONSE**

- Daytime schedule or shift..... 01
- Evening shift..... 02
- Night shift 03
- Rotating shift, changing periodically from days to evenings or nights 04
- Seasonal, on-call or casual, no pre-arranged schedules,
but called as need arises 05
- Other (please specify: _____) 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

LFP_11

What type of work did you do? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE — PROGRAMMING NOTE: TO BE CODED ACCORDING TO OCCUPATIONAL CLASSIFICATION SYSTEM**

-
-
-
- [DO NOT READ]** Refused99

LFP_12

What business or industry sector were you in? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE — PROGRAMMING NOTE: TO BE CODED ACCORDING TO INDUSTRIAL CLASSIFICATION SYSTEM**

[DO NOT READ] Refused99

LFP_13

How many years did you work at this job? Was it...**READ LIST, CODE ONLY ONE RESPONSE. INTERVIEWER NOTE: IF LFP_13≤LFP_2, THEN ASK: THIS QUESTION ASKS YOU HOW MANY YEARS YOU SPENT WORKING IN THE JOB YOU WORKED THE LONGEST, BUT YOU REPORTED THAT YOU WORKED FEWER YEARS AT THIS JOB COMPARED TO THE LAST JOB YOU HELD BEFORE RETIREMENT. WHICH JOB DID YOU WORK THE LONGEST? INTERVIEWER: CORRECT RESPONSES AS NECESSARY.**

Less than 1 year..... 1

From 1 year to less than 3 years 2

From 3 years to less than 5 years..... 3

5 years or more 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

LFP_END

Labour Force (LBF)

SKIP TO LBF_3 IF RET_1=2; SKIP TO LBF_END IF RET_1=1

The next few questions concern your current and past employment activities.

LBF_1 Have you ever worked at a job or business?

Yes	1	CONTINUE
No	2	SKIP TO LBF_11
[DO NOT READ] Refused	9	CONTINUE

LBF_2 Are you currently working at a job or business? This includes part-time jobs, seasonal work, contract work, self-employment, or any other paid work regardless of the number of hours worked.

Yes	1	CONTINUE
No	2	SKIP TO LBF_9
[DO NOT READ] Don't know/No answer.....	8	SKIP TO LBF_13
[DO NOT READ] Refused	9	SKIP TO LBF_13

Current Work

LBF_3 Do you currently work at more than one job or business?

Yes	1	
No	2	SKIP LBF_4 PREAMBLE
[DO NOT READ] Don't know/No answer.....	8	
[DO NOT READ] Refused	9	

Now I would like to ask you about the work you consider to be your main job.

LBF_4 What is your current working status? If you are self-employed, choose full-time or part-time, as appropriate. **READ LIST, CODE ONLY ONE RESPONSE**

- Employed all of the time (that is, 30+ hours/week)..... 1
- Employed most of the time (that is, less than 30 but more than
20 hours/week) 2
- Employed some of the time (that is, less than 20 hours/week) 3
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

LBF_5 Which of the following best describes your working schedule? **READ LIST, CODE ONLY ONE RESPONSE**

- Daytime schedule or shift..... 01
- Evening shift..... 02
- Night shift 03
- Rotating shift, changing periodically from days to evenings or nights 04
- Seasonal, on-call or casual, no pre-arranged schedules,
but called as need arises..... 05
- Other (please specify: _____)..... 97
- [DO NOT READ]** Don't know/No answer 98
- [DO NOT READ]** Refused 99

LBF_6 What type of work do you do? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE — PROGRAMMING NOTE: TO BE CODED ACCORDING TO OCCUPATIONAL CLASSIFICATION SYSTEM**

-
-
-
- [DO NOT READ]** Refused 99

LBF_7 What business or industry sector are you in? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE — PROGRAMMING NOTE: TO BE CODED ACCORDING TO INDUSTRIAL CLASSIFICATION SYSTEM**

[DO NOT READ] Refused99

LBF_8 How long have you worked with your present employer or in your current business?
READ LIST, CODE ONLY ONE RESPONSE

Less than 1 year..... 1

From 1 year to less than 3 years 2

From 3 years to less than 5 years..... 3

5 years or more 4

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

IF RET_1=2, SKIP TO LBF_END; IF RET_1=3, SKIP TO LBF_12

Currently Not Working

LBF_9 **[ASK IF LBF_2=2]** What would best describe the reason for not working? **CODE ONLY ONE RESPONSE**

Unable to work because of sickness or disability 1

Looking after family 2

Student..... 3

Unemployed 4

Doing unpaid or voluntary work 5

Other (please specify: _____)..... 7

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

LBF_10 How long have you been unemployed?

_____ RECORD NUMBER, CATI MASK: MIN=01, MAX=52

[DO NOT READ] Don't know/No answer.....98

[DO NOT READ] Refused99

RECORD UNIT OF MEASUREMENT:

Weeks CATI MASK: MIN=01, MAX=521

Months CATI MASK: MIN=01, MAX=122

Years CATI MASK: MIN=01, MAX=CURRENT AGE3

SKIP TO LBF_13

Never Worked

LBF_11 **[ASK IF LBF_1=2]** You mentioned that you have never worked. Can you tell me what prevented you from working? **DO NOT READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Own illness or disability..... 01

Caring for own children 02

Caring for elder relatives 03

Caring for spouse..... 04

Other personal or family responsibilities (please specify: _____) 97

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

SKIP TO LBF_END

Longest Job

LBF_12 Is this the longest you have been in the same job?

Yes 1 **SKIP TO LBF_END**
 No 2 **CONTINUE**
[DO NOT READ] Don't know/No answer 8 **SKIP TO LBF_END**
[DO NOT READ] Refused 9 **SKIP TO LBF_END**

Now we want to ask you questions about the job that you worked at the longest over your lifetime.

LBF_13 Thinking about the job you worked at the longest, what was your working status in that job? If you were self-employed, choose full-time or part-time as appropriate. **CODE ONLY ONE RESPONSE**

Working all of the time (that is, 30+ hours/week) 1
 Working most of the time (that is, less than 30 but more than
 20 hours/week) 2
 Working some of the time (that is, less than 20 hours/week) 3
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

LBF_14 Which of the following best describes your working schedule in that job?

Daytime schedule or shift 01
 Evening shift 02
 Night shift 03
 Rotating shift, changing periodically from days to evenings or nights 04
 Seasonal, on-call or casual, no pre-arranged schedules,
 but called as need arises 05
 Other (please specify: _____) 97
[DO NOT READ] Don't know/No answer 98
[DO NOT READ] Refused 99

LBF_15

What type of work did you do in that job? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE — PROGRAMMING NOTE: TO BE CODED ACCORDING TO OCCUPATIONAL CLASSIFICATION SYSTEM**

[DO NOT READ] Refused99

LBF_16

What business or industry sector were you in? **RECORD VERBATIM, PROBE AND CLARIFY FOR AS MUCH DETAIL AS POSSIBLE — PROGRAMMING NOTE: TO BE CODED ACCORDING TO INDUSTRIAL CLASSIFICATION SYSTEM**

[DO NOT READ] Refused99

LBF_17

How long did you work in that job? **READ LIST, CODE ONLY ONE RESPONSE**

Less than 1 year..... 1
From 1 year to less than 3 years 2
From 3 years to less than 5 years..... 3
5 years or more 4
[DO NOT READ] Don't know/No answer 8
[DO NOT READ] Refused 9

LBF_END

Retirement Planning (RPL)

SKIP TO RPL_END IF COMPLETELY RETIRED OR NEVER WORKED: RET_1=1 OR LBF_1=2

The next few questions ask about preparations for retirement. Some of these questions may not apply to you but we need to ask the same questions of everyone.

RPL_1 At what age do you plan to retire? **PROBE FOR BEST ESTIMATE IF PARTICIPANT UNSURE OF EXACT AGE**

_____ **RECORD AGE, CATI MASK: MIN=CURRENT AGE, MAX=85**

[DO NOT READ] Not applicable, does not plan to retire..... 96

[DO NOT READ] Don't know/No answer 98

[DO NOT READ] Refused 99

RPL_2 **[ASK IF RPL_1=96, 98 OR 99] Is that because...READ LIST, CODE ONLY ONE RESPONSE**

You have not thought about or planned for retirement01

You plan to continue working for as long as you are able to02

You can't afford to retire.....03

Other (please specify: _____).....97

[DO NOT READ] Don't know/No answer98

[DO NOT READ] Refused99

RPL_3

[SKIP RPL_3 IF RET_1=2] Have you done any of the following in preparation for your retirement? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

- Decreased your number of work hours.....01
- Increased your number of work hours02
- Changed jobs03
- Increased physical activities04
- Increased other leisure activities and hobbies05
- Enrolled in an educational or training program06
- Gathered retirement information07
- Contributed to an RRSP08
- Built up savings or made other investments09
- Paid-off mortgage or debts10
- Downsized living arrangements11
- [DO NOT READ]** Nothing96
- Other (please specify: _____).....97
- [DO NOT READ]** Don't know/No answer98
- [DO NOT READ]** Refused99

IF RET_1=2, SKIP TO RPL_5

RPL_4

Have you ever contributed to an employer pension plan, other than the Canada pension plan or Quebec pension plan?

- Yes 1
- No..... 2
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

RPL_5

When you retire, how adequate do you think your household income and investments will be to maintain your standard of living? Will they be...**READ LIST, CODE ONLY ONE RESPONSE**

- Adequate 2
- Barely adequate 3
- Inadequate 4
- [DO NOT READ]** Don't know/No answer 8
- [DO NOT READ]** Refused 9

RPL_6

There are many reasons why people retire. Which of the following are likely to be the reasons that you retire? Will it be...**READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

- Need to provide care to a family member01
- Have adequate retirement income (e.g., pensions and investments)02
- Mandatory retirement policies03
- Early retirement policies of your employer04
- Job ending and not wanting to start over05
- Want to stop working06
- Desire to start a different career or do part-time work07
- Other (please specify: _____)97
- [DO NOT READ]** Don't know/No answer98
- [DO NOT READ]** Refused99

RPL_7

[ASK IF SDC_9=02] Sometimes people's reasons for retirement are influenced by their spouse or partner. Which of the following will likely influence your retirement? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), MARK ALL THAT APPLY**

- Your spouse or partner's health01
- Your spouse or partner's retirement income02
- Pressure from your spouse or partner to continue or to stop working03
- The time at which your spouse or partner retires04
- Other (please specify: _____)97
- [DO NOT READ]** Don't know/No answer98
- [DO NOT READ]** Refused99

RPL_END

Income (INC)

This next section is about your standard of living. A person's standard of living has been shown to have a relationship to their health. For this reason it is important that we have some understanding of the level of income that you and your family live on. As with all of the other information that you have shared, these answers are kept strictly confidential.

Household Income

INC_1 Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Wages and salaries	01
Income from self-employment.....	02
Dividends and interest (e.g., on bonds, savings).....	03
Employment insurance	04
Worker's compensation.....	05
Benefits from Canada or Quebec Pension Plan	06
Job related retirement pensions, superannuation and annuities	07
RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)	08
Old Age Security	09
Guaranteed Income Supplement.....	10
Provincial or municipal social assistance or welfare	11
Child Tax Benefit.....	12
Child support	13
Alimony	14
Capital gains (e.g. profits from sale of stocks).....	15
[DO NOT READ] None	96
Other (e.g., rental income, veterans' pensions).....	97
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

INC_2

[ASK ONLY IF MORE THAN ONE SOURCE OF INCOME IDENTIFIED AT INC_1] Of the sources of income you have identified, what are the three **[OMIT "THREE" IF ONLY TWO SOURCES LISTED AT INC_1]** major sources of your household income, starting with the highest source of income? **READ LIST, IF NECESSARY; CATI PROGRAMMING NOTE: RECALL ONLY THOSE SOURCES OF INCOME IDENTIFIED AT INC_1**

SPECIFY HIGHEST SOURCE OF HOUSEHOLD

INCOME: _____

[ONLY IF INC_1≥2 RESPONSES] SPECIFY SECOND

HIGHEST SOURCE OF HOUSEHOLD INCOME _____

[ONLY IF INC_1≥3 RESPONSES] SPECIFY THIRD

HIGHEST SOURCE OF HOUSEHOLD INCOME _____

INC_3

What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, in the past 12 months? Was it...**READ LIST, CODE ONLY ONE RESPONSE**

Less than \$20,000 1

\$20,000 or more, but less than \$50,000 2

\$50,000 or more, but less than \$100,000 3

\$100,000 or more, but less than \$150,000 4

\$150,000 or more..... 5

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

Personal Income

INC_4

Thinking about your total personal income, from which of the following sources did you receive any income in the past 12 months? **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 96, 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY**

Wages and salaries	01
Income from self-employment.....	02
Dividends and interest (e.g., on bonds, savings).....	03
Employment insurance	04
Worker's compensation.....	05
Benefits from Canada or Quebec Pension Plan	06
Job related retirement pensions, superannuation and annuities	07
RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)	08
Old Age Security	09
Guaranteed Income Supplement	10
Provincial or municipal social assistance or welfare	11
Child Tax Benefit.....	12
Child support	13
Alimony	14
Capital gains (e.g. profits from sale of stocks).....	15
[DO NOT READ] None	96
Other (e.g., rental income, veterans' pensions).....	97
[DO NOT READ] Don't know/No answer	98
[DO NOT READ] Refused	99

INC_5

[ASK ONLY IF MORE THAN ONE SOURCE OF INCOME IDENTIFIED AT INC_4] Of the sources of income you have identified, what are the three **[OMIT "THREE" IF ONLY TWO SOURCES LISTED IN INC_4]** major sources of personal income, starting with the highest source of income? **READ LIST, IF NECESSARY; CATI PROGRAMMING NOTE: RECALL ONLY THOSE SOURCES IDENTIFIED AT INC_4**

SPECIFY HIGHEST SOURCE OF PERSONAL

INCOME: _____

[ONLY IF INC_4≥2 RESPONSES] SPECIFY SECOND

HIGHEST SOURCE OF PERSONAL INCOME _____

[ONLY IF INC_4≥3 RESPONSES] SPECIFY THIRD

HIGHEST SOURCE OF PERSONAL INCOME _____

INC_6

What is your best estimate of your total personal income from all sources, before taxes and deductions, in the past 12 months? Was it...**READ LIST, CODE ONLY ONE RESPONSE. INTERVIEWER NOTE: IF INC_6>INC_3, THEN ASK: THIS QUESTION ASKS YOU FOR YOUR TOTAL PERSONAL INCOME, BUT YOU REPORTED THAT YOUR TOTAL HOUSEHOLD INCOME IS LESS THAN YOUR TOTAL PERSONAL INCOME. WHAT IS YOUR TOTAL HOUSEHOLD INCOME AND WHAT IS YOUR TOTAL PERSONAL INCOME? INTERVIEWER: CORRECT RESPONSES AS NECESSARY.**

Less than \$20,000 1

\$20,000 or more, but less than \$50,000 2

\$50,000 or more, but less than \$100,000 3

\$100,000 or more, but less than \$150,000 4

\$150,000 or more..... 5

[DO NOT READ] Don't know/No answer 8

[DO NOT READ] Refused 9

INC_END

Administration Information (ADM)

ASK THIS SECTION ONLY OF THOSE WHO CONSENTED TO PROVIDE THEIR HEALTH CARD NUMBER

That completes our main interview. You have previously agreed to provide your health card number so that we can obtain information from provincial administrative databases and link it with the information you have shared with us during this interview. The information that we would get from the province includes your past and continuing use of health services such as visits to hospitals, clinics, and doctors' offices.

ADM_1 What is your health card number? **DO NOT INSERT BLANKS, HYPHENS, OR COMMAS BETWEEN NUMBERS AND LETTERS, REPEAT HEALTH CARD NUMBER BACK TO PARTICIPANT TO CONFIRM/VERIFY ACCURACY**

_____ **RECORD NUMBER**

[DO NOT READ] Don't know/No answer..... 999999999998

[DO NOT READ] Refused 999999999999

ADM_2 And for which province or territory is your health card number? **CODE ONLY ONE RESPONSE**

Newfoundland and Labrador 01

Prince Edward Island 02

Nova Scotia 03

New Brunswick 04

Quebec 05

Ontario 06

Manitoba 07

Saskatchewan 08

Alberta 09

British Columbia 10

Yukon 11

Northwest Territories 12

Nunavut 13

Do not have a Canadian health card number 96

[DO NOT READ] Don't know/No answer..... 98

[DO NOT READ] Refused 99

ADM_END