ID #_____

SCREENING QUESTIONNAIRE
Registration Information
This page is to be kept at Study Centre

Complete using CSHA-3 Subject Information Sheet:

Name: _____
Surname (Maiden Name) Given Names

CSHA-3 Address: _____
No. Street (Apt #)

_____
Town/City Province Postal Code

CSHA-2 Residence: 1 Community 2 Institution

CSHA-3 Residence: 1 Community 2 Institution

Sex: 1 Male 2 Female **D.O.B.:** ____/____/____
DD MM YYYY

Complete during interview:

Primary Caregiver

Name: _____
Surname (Maiden Name) Given Names

CSHA-3 Address: _____
No. Street (Apt #)

_____
Town/City Province Postal Code

Phone: _____
(Area code) Number

Second Caregiver

Name: _____
Surname (Maiden Name) Given Names

CSHA-3 Address: _____
No. Street (Apt #)

_____
Town/City Province Postal Code

Phone: _____
(Area code) Number

Interviewer's name: _____ **Interviewer ID:** _____

ID #_____

English 5

CANADIAN STUDY OF HEALTH AND AGING-3

SCREENING QUESTIONNAIRE

Health Consent signed?	☐ Yes ☐ No
Protocol Assignment:	
To Neuro	☐ 1
To Clinical	☐ 2
To Caregiver	☐ 3
Finished	☐ 4

Time interview started: _____ : _____
(24-hour clock)

Date of interview: ____ / ____ / _____
dd mm yyyy

Editor # _____

Interviewer # _____

Canadian Study of Health & Aging - 3
SCREENING QUESTIONNAIRE
Identifying Information

STUDY SUBJECT *Complete using CSHA-3 Subject Information Sheet:*

A.1 **Sex:** 1 Male 2 Female

A.2 **D.O.B.:** ____/____/____
DD MM YYYY

A.3 **Date of CSHA-2 Screening Interview:** ____/____/____
DD MM YYYY

A.4 **CSHA-3 Residence:** 1 Community 2 Institution

A.5 **Marital status at CSHA-2**

0 ☐ Never married
1 ☐ Married
2 ☐ Common law marriage
3 ☐ Divorced
4 ☐ Separated
5 ☐ Widowed
7 ☐ R
8 ☐ DK

A.6 **Read English at CSHA-2 ?** 1 Yes 2 No

A.7 **Wrote English at CSHA-2 ?** 1 Yes 2 No

A.8 **Was permission given to access provincial health care records in CSHA-2?**

1 Yes 2 No

As you know, I'm going to spend some time talking with you about your health and general circumstances. I will begin by asking you some questions about you and your family. As we said before - all of this information is confidential. Do you have any questions?

1. **How is your eyesight (with glasses or contacts if you wear them)? Is it excellent, good, fair, poor, or are you completely unable to see?** ▶ (Cue Card #1)

1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor 5 ☐ Unable to see 7 ☐ R 8 ☐ DK

2. **How is your hearing (with a hearing aid if you wear one)? Is it excellent, good, fair, poor, or are you completely unable to hear?** ▶ (Cue Card #2)

1 ☐ Excellent 2 ☐ Good 3 ☐ Fair 4 ☐ Poor 5 ☐ Unable to hear 7 ☐ R 8 ☐ DK

3. **What is your marital status?**

0 ☐ Never married
1 ☐ Married
2 ☐ Common law marriage
3 ☐ Divorced
4 ☐ Separated
5 ☐ Widowed
7 ☐ R
8 ☐ DK

If subject is in an institution, SKIP this question and go to Q.5. 6 ☐ Subject in institution

4. **Do you live here alone?** 1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

▶ IF NO: **How many other people live here?** _____

(For each, say:) **How are they related to you?** *(Include up to 6 people; identify by initials)*

Relationship	Relationship
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

5. **People often have one or more individuals they can count on for help in time of need. Can you think of someone like this in your life?**

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

▶ IF YES: **How many such people?** Number: _____

5a. **Thinking now of the main such person, what is this person's relation to you?**

(Interviewer: Record name and address on registration sheet.)

1 ☐ Spouse
2 ☐ Child
3 ☐ Sibling
4 ☐ Friend
5 ☐ Neighbour
6 ☐ Formal service provider, specify _____
7 ☐ Other, specify _____
77 ☐ R
88 ☐ DK

5b. **If this person was unable to help you, thinking now of the second main such person, what is their relation to you?**
(Interviewer: Record name and address on registration sheet.)

1 ☐ Spouse
2 ☐ Child
3 ☐ Sibling
4 ☐ Friend
5 ☐ Neighbour
6 ☐ Formal service provider, specify _____
7 ☐ Other, specify _____
77 ☐ R
88 ☐ DK

6. **Do you have someone you can count on to listen to you when you need to talk?**
(On the phone or in person)

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

7. **How many people do you spend time with on a regular basis?**
(At least once a month; in your house or theirs; do not include phone conversations)

Number of people:_____ 0 ☐ No one 77 ☐ R 88 ☐ DK

8. **ADL QUESTIONS**

Now, I would like to ask you a few questions about things that we all need to do as a part of our daily lives. I would like to know if you can do these activities without any help, or if you need some help to do them, or if you can't do them at all. Please tell me about your situation today when answering these questions.

(Hand the respondent the cue card and for each item ask them to select the best answer. If they have difficulty in selecting the appropriate response category, you can read the examples in parentheses beside each option. Use these only when help is required: do not read the examples routinely).

A. **Can you eat...** ▶ (Cue Card #4)

2 ☐ without any help?	1 ☐ with some help? (Need some help with cutting, etc.)	0 ☐ or are you completely unable to feed yourself?	7 ☐ R 8 ☐ DK

B. **Can you dress and undress yourself...**

2 ☐ without any help? (Pick out clothes, dress and undress yourself)	1 ☐ with some help? (Buttons, zippers)	0 ☐ or are you completely unable to dress yourself?	7 ☐ R 8 ☐ DK

C. **Can you take care of your own appearance, for example, combing your hair and (for men) shaving...**

2 ☐ without any help?	1 ☐ with some help?	0 ☐ or are you completely unable to take care of your own appearance?	7 ☐ R 8 ☐ DK

D.	**Can you walk ...**			
	2 ☐ without any help?	1 ☐ with some help? (From a person, or using a walker, crutches or chair)	0 ☐ or are you completely unable to walk?	7 ☐ R 8 ☐ DK
E.	**Can you get in and out of bed ...**			
	2 ☐ without any help?	1 ☐ with some help? (From a person or device)	0 ☐ or are you completely unable to get in and out of bed unless someone lifts you?	7 ☐ R 8 ☐ DK
F.	**Can you take a bath or shower ...**			
	2 ☐ without help?	1 ☐ with some help? (From a person or device)	0 ☐ or are you completely unable to bathe yourself?	7 ☐ R 8 ☐ DK
G.	**Can you go to the bathroom or use a commode ...**			
	2 ☐ without help?	1 ☐ with some help?	0 ☐ or are you completely unable to use the bathroom or commode unless someone helps you?	7 ☐ R 8 ☐ DK
H.	**Can you use the telephone ...**			
	2 ☐ without help? (Including looking up numbers and dialing)	1 ☐ with some help? (Can answer phone, dial operator in an emergency, but need special phone or help in getting numbers or dialing)	0 ☐ or are you completely unable to use the phone?	7 ☐ R 8 ☐ DK
I.	**Can you get to places out of walking distance ..**			
	2 ☐ without help? (Can travel alone on buses, taxis or drive your own car)	1 ☐ with some help? (Need someone to help you or go with you when traveling)	0 ☐ or are you completely unable to travel unless special arrangements are made?	7 ☐ R 8 ☐ DK

J. Can you go shopping for your groceries or clothes ...

2 ☐ without help? (Can take care of all shopping yourself)
1 ☐ with some help? (Need someone to go with you on all shopping trips)
0 ☐ or are you completely unable to shop?
7 ☐ R 8 ☐ DK

K. Can you prepare your own meals ...

2 ☐ without help? (Can plan and cook full meals?)
1 ☐ with some help? (Can do some things but not prepare full meals)
0 ☐ or are you completely unable to prepare your own meals?
7 ☐ R 8 ☐ DK

L. Can you do your housework ...

2 ☐ without help? (Can scrub floors etc.)
1 ☐ with some help? (Can do light work but not heavy work)
0 ☐ or are you completely unable to do housework?
7 ☐ R 8 ☐ DK

M. Can you take your own medicine ...

2 ☐ without help? (In the right doses, at the right time)
1 ☐ with some help? (Can take medication if someone prepares it for you and reminds you to take it)
0 ☐ or are you completely unable to take your own medicine?
7 ☐ R 8 ☐ DK

N. Can you handle your own money ...

2 ☐ without help?
1 ☐ with some help? (Can manage day-to-day buying but need help with your cheque book and paying bills)
0 ☐ or are you completely unable to handle money?
7 ☐ R 8 ☐ DK

O. During the past year, have you fallen hard enough to feel the pain afterwards?

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

▶ IF YES: **How many times**? Specify _____

P. How much of the time does bad health, sickness, or pain stand in the way of your doing things you would like to be doing? ▶ (Cue Card #5)

1 ☐ Most of the time
2 ☐ Frequently
3 ☐ Sometimes
4 ☐ Seldom
5 ☐ Never
7 ☐ R 8 ☐ DK

Is Subject in an institution? 1 ☐ Yes 2 ☐ No

SKIP Q - U IF SUBJECT IS IN AN INSTITUTION

Q. Do you take out the garbage yourself ..

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

▶ IF YES: **Do you have great difficulty doing this yourself ...**

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

▶ IF NO: **Could you do it yourself if necessary...**

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

R. Are you healthy enough to walk up and down stairs without help? (one flight of stairs)

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

S. Do you use a walker or 4-pronged cane at least some of the time to get around?

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

T. Do you use a wheelchair at least some of the time to get around?

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

U. In the last month, how many days a week have you usually gone out of the house or building in which you live?

1 ☐ Two or more days a week 2 ☐ One day a week or less 3 ☐ Never

7 ☐ R 8 ☐ DK

9. THE 3MS

Now I am going to ask some questions of a different kind. Some of the questions that I ask you will be easy; others may be more difficult. They are all routine questions that we ask of everyone. I may also ask you the same question twice. Just answer all of them as best you can.

Time 3MS Started: _____:_____ (24-hour clock)

1. __/5 WHEN AND WHERE BORN? Date ____/____/_____ Place _____/_____
dd mm yyyy city/town province

Day	1 ☐	0 ☐			
Month	1 ☐	0 ☐	**Town**	1 ☐	0 ☐
Year	1 ☐	0 ☐	**Province**	1 ☐	0 ☐

2. __/3 THREE WORDS (Number of presentations ___)

Shoes 1 ☐ 0 ☐ **Blue** 1 ☐ 0 ☐ **Modesty** 1 ☐ 0 ☐

3. __/7 COUNTING and WORLD BACKWARDS

COUNTING FORWARDS Can Can't

5 to 1 (write their answer) ____ ____ ____ ____ ____
5 4 3 2 1

Score 0 ☐ 1 ☐ 2 ☐

SPELL "WORLD" Can Can't

"World" backwards (print letters) ____ ____ ____ ____ ____
D L R O W

Score 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 67 ☐ Not completed: Subject can't read

4. __/9 FIRST RECALL

Spontaneous recall: **Shoes**	3 ☐
Cue: **Something to wear**	2 ☐
Multiple: **Shirt, shoes, socks**	1 ☐
Missed completely	0 ☐
Spontaneous recall: **Blue**	3 ☐
Cue: **A colour**	2 ☐
Multiple: **Black, brown, blue**	1 ☐
Missed completely	0 ☐
Spontaneous recall: **Modesty**	3 ☐
Cue: **A good personal quality**	2 ☐
Multiple: **Modesty, charity, honesty**	1 ☐
Missed completely	0 ☐

5. __ TODAY'S DATE

15

Today's date _____

Accurate	3 ☐
Missed by 1 or 2 days	2 ☐
Missed by 3-5 days	1 ☐
Missed by more than 5 days	0 ☐

Month _____

Accurate or within 5 days	2 ☐
Missed by 1 month	1 ☐
Missed by more than a month	0 ☐

Year _____

Accurate	8 ☐
Missed by 1 year	4 ☐
Missed by 2-5 years	2 ☐
Missed by more than 5 years	0 ☐

Day of week _____

Accurate	1 ☐
Missed	0 ☐

Season _____

Accurate or within a month	1 ☐
Missed	0 ☐

6. __ SPATIAL ORIENTATION

5

Province	2 ☐	0 ☐	**Country**	1 ☐	0 ☐
City or town	1 ☐	0 ☐	**Hosp., store, home**	1 ☐	0 ☐

*MMSE: **Number (Place)**	☐ Y	☐ N	**Street (Floor)**	☐ Y	☐ N

7. __ NAMING

5

Forehead	1 ☐	0 ☐	**Elbow**	1 ☐	0 ☐
Chin	1 ☐	0 ☐	**Knuckle**	1 ☐	0 ☐
Shoulder	1 ☐	0 ☐			

*MMSE: **Pencil**	☐ Y	☐ N	**Watch**	☐ Y	☐ N

Not completed: Subject blind 66 ☐

8. __ FOUR-LEGGED ANIMALS (Write animals named)  (Timed item) (30 seconds)

10

_____ , _____ , _____ , _____ ,

_____ , _____ , _____ , _____ ,

_____ , _____ , _____ , _____ ,

_____ , _____ , _____ , _____.

9. __ SIMILARITIES (Write answer)
6

Arm-leg

Limbs, extremities	2 ☐
Body parts, bend, move, joint	1 ☐
Very weak similarity or no similarity	0 ☐

Laughing-crying

Feeling, emotion	2 ☐
Expressions, sounds, relieve tension	1 ☐
Very weak similarity or no similarity	0 ☐

Eating-sleeping

Necessary bodily functions	2 ☐
Bodily functions, relaxing, good for you	1 ☐
Very weak similarity or no similarity	0 ☐

---

10. __ REPETITION
5

I would like to go home (out)

Correct	2 ☐
1 or 2 missed/wrong words	1 ☐
More than 2 missed/wrong words	0 ☐

No ifs	1 ☐	0 ☐
ands	1 ☐	0 ☐
or buts	1 ☐	0 ☐

---

11. __ READ AND OBEY "CLOSE YOUR EYES" ▶ (Cue Card #6)
3

Obeys without prompting	3 ☐
Obeys after prompting	2 ☐
Read aloud only	1 ☐
None of the above	0 ☐
Not completed: subject blind	66 ☐
subject illiterate	67 ☐

---

12. __ WRITING (Timed item) (1 minute)
5

(I) would like to go home (out) 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

*MMSE: Sentence ☐ Y ☐ N

Not completed:	subject physically unable	66 ☐
	subject illiterate	67 ☐
Note handedness	L 2	R 1

ID #_____

13. __ COPYING TWO PENTAGONS (Timed item) (1 minute)

10

	Pentagon 1	Pentagon 2
5 approx equal sides	4 ☐	4 ☐
5 unequal (2:1) sides	3 ☐	3 ☐
Other enclosed figures	2 ☐	2 ☐
2 or more lines	1 ☐	1 ☐
Less than 2 lines	0 ☐	0 ☐

Intersection

4 corners	2 ☐
Not 4 corner enclosure	1 ☐
No intersection or no enclosure	0 ☐
Not completed: Physically unable	66 ☐

14. __ THREE STAGE COMMAND

3

Take this paper with your...

Left/right hand	1 ☐	0 ☐		
fold it in half	1 ☐	0 ☐		
and hand it back to me	1 ☐	0 ☐	66 ☐	Physically unable

15. __ SECOND RECALL

9

Spontaneous recall: **Shoes**	3 ☐
Cue: **Something to wear**	2 ☐
Multiple: **Shirt, shoes, socks**	1 ☐
Missed completely	0 ☐
Spontaneous recall: **Blue**	3 ☐
Cue: **A colour**	2 ☐
Multiple: **Black, brown, blue**	1 ☐
Missed completely	0 ☐
Spontaneous recall: **Modesty**	3 ☐
Cue: **A good personal quality**	2 ☐
Multiple: **Modesty, charity, honesty**	1 ☐
Missed completely	0 ☐

_____ **3MS TOTAL SCORE**

Time 3MS Completed: ____ : ____
(24-hour clock)

10. **Next we would like to see how easily you move around.**
Please rise from the chair, walk to me, turn, return to the chair and sit down again.
(Cue everyone at each stage)

Use a standard kitchen style chair. The subject must not push off from a table, so you should turn the chair away from the table. Stand 3 metres from the chair. The score is the time taken, in seconds, to complete the task. The subject is encouraged to wear regular footwear and to use his customary walking aid. No physical assistance is given. Have the subject walk through the test once to become familiar with it before being tested. Time both trials.

1st trial: _____ Seconds 777 ☐ R 666 ☐ Physically unable

2nd trial: _____ Seconds 667 ☐ Equipment unavailable

11. **I would like to check on your birth date again ...**
When were you born? ____ / ____ / ______
dd mm yyyy

12. **Where were you born?** _____ / _____
Town Province

I would now like to ask you a few questions about your health.

13. **How would you say your health is these days?** ▶ (Cue Card #7)

1 ☐ Very good 2 ☐ Pretty good 3 ☐ Not too good 4 ☐ Poor 5 ☐ Very poor

7 ☐ R 8 ☐ DK

14. **Compared to one year ago, how would you rate your health in general now?**
▶ (Cue Card #8)

1 ☐ Much better 2 ☐ Somewhat better 3 ☐ About the same

4 ☐ Somewhat worse 5 ☐ Much worse 7 ☐ R 8 ☐ DK

15. **Now please think about your physical health, which includes physical illness and injury. For how many days during THE PAST 30 DAYS was your physical health not good?**

_____ days 77 ☐ R 88 ☐ DK

16. **Now please think about your mental health, which includes stress, depression, and problems with emotions. For how many days during THE PAST 30 DAYS was your mental health not good?**

_____ days 77 ☐ R 88 ☐ DK

17. **During THE PAST 30 DAYS for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?**

_____ days 77 ☐ R 88 ☐ DK

18. **Here are some health problems that people often have. For each problem that I read, please tell me if you have had it in the PAST YEAR. You can just answer Yes or No.** (If the problem began long ago and symptoms lasted into the past year, check "yes". Do not read examples in parentheses unless the respondent asks for clarification.)

		Yes	No	R	DK
A.	**High blood pressure** (whether controlled by medication or not)	1 ☐	2 ☐	7 ☐	8 ☐
B.	**Heart or circulation problems** (hardening of the arteries, heart troubles or other blood diseases)	1 ☐	2 ☐	7 ☐	8 ☐
C.	**Stroke or effects of stroke**	1 ☐	2 ☐	7 ☐	8 ☐
D.	**Arthritis or rheumatism**	1 ☐	2 ☐	7 ☐	8 ☐
E.	**Parkinson's disease or other neurological problems** (but do not include stroke)	1 ☐	2 ☐	7 ☐	8 ☐
F.	**Eye trouble not relieved by glasses** (cataracts, glaucoma)	1 ☐	2 ☐	7 ☐	8 ☐
G.	**Ear trouble** (hearing loss)	1 ☐	2 ☐	7 ☐	8 ☐
H.	**Chest problems** (asthma, pneumonia, T.B., emphysema, bronchitis, breathing problems)	1 ☐	2 ☐	7 ☐	8 ☐
I.	**Troubles with your stomach or digestive system**	1 ☐	2 ☐	7 ☐	8 ☐

		Yes	No	R	DK
J.	**Back problems** (excluding arthritis)	1 ☐	2 ☐	7 ☐	8 ☐
K.	**Bladder control problems** (by that I mean, did you pass water when you didn't intend to?)	1 ☐	2 ☐	7 ☐	8 ☐
L.	**Problems controlling bowels** (by that I mean, did you lose stool when you didn't intend to?)	1 ☐	2 ☐	7 ☐	8 ☐
M.	**Any fractures** ▶ IF YES: Specify _____	1 ☐	2 ☐	7 ☐	8 ☐
N.	**Cancer** ▶ IF YES: Specify _____	1 ☐	2 ☐	7 ☐	8 ☐
O.	**Other** ▶ IF YES: Specify _____	1 ☐	2 ☐	7 ☐	8 ☐
P.	**In the PAST 5 YEARS, have you ever taken medication to control high blood pressure (hypertension)?**	1 ☐	2 ☐	7 ☐	8 ☐
Q.	**Has a doctor EVER told you that you have diabetes?** ▶ IF YES: Ask i, ii, and iii below:	1 ☐	2 ☐	7 ☐	8 ☐
	i. When was it diagnosed?	Year _____		7 ☐	8 ☐
	ii. Which of the following measures do you currently use to control your diabetes? (check all that apply) 1 ☐ None 2 ☐ Diet 3 ☐ Oral medication 4 ☐ Insulin 7 ☐ R 8 ☐ DK				
	iii. How often is your blood sugar checked? 1 ☐ Never 2 ☐ Less than once a week 3 ☐ Weekly 4 ☐ More than weekly but less than daily 5 ☐ Daily 7 ☐ R 8 ☐ DK				

Note to Interviewer:

If subject scored < 12 on 3MS Question 5, or < 2 on 3MS Question 15, OR is in an institution, go to Q 25, page 19 **SKIP** ☐ 1

19. Now, I would like to ask you about how you have been feeling. I will read you a list of ways you might have felt or behaved. As I read you each statement, please tell me how often you felt this way during THE PAST WEEK: Rarely, Some of the time, a Moderate amount of time, or Most of the time. ▶ (Cue Card #9)

0 Rarely or none of the time (for less than 1 day in past week)
1 Some or a little of the time (1-2 days)
2 Occasionally or a moderate amount of the time (3-4 days)
3 Most or all of the time (5-7 days)

		Rarely	Some	Occas.	Most	R	DK
A.	**I was bothered by things that don't usually bother me.**	**0**	**1**	**2**	**3**	**7**	**8**
B.	**I had trouble keeping my mind on what I was doing.**	**0**	**1**	**2**	**3**	**7**	**8**
C.	**I felt depressed.**	**0**	**1**	**2**	**3**	**7**	**8**
D.	**I felt that everything I did was an effort.**	**0**	**1**	**2**	**3**	**7**	**8**
E.	**I felt hopeful about the future.**	**0**	**1**	**2**	**3**	**7**	**8**
F.	**I felt fearful.**	**0**	**1**	**2**	**3**	**7**	**8**
G.	**My sleep was restless.**	**0**	**1**	**2**	**3**	**7**	**8**
H.	**I was happy.**	**0**	**1**	**2**	**3**	**7**	**8**
I.	**I felt lonely.**	**0**	**1**	**2**	**3**	**7**	**8**
J.	**I could not get going.**	**0**	**1**	**2**	**3**	**7**	**8**

20. Now I would like to ask about your activities and interests. These might include visiting with friends or relatives, helping your family or others, physical activities like walking or swimming, and hobbies or crafts. DURING THE PAST YEAR, did you do any...

For each named activity, **How often did you do this?** ▶ (Cue Card # 9.5)

1 Less than once a month
2 1-3 times a month
3 Once a week
4 Two times or more a week
7 R
8 DK

A. Hobbies or crafts such as woodworking, knitting, sewing?

Name of activity	Frequency						# of months	R	DK
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88

B. Physical activities or exercise such as walking, swimming, sports or working in the yard?

Name of activity	Frequency						# of months	R	DK
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88

C. Group activities such as going to clubs, church or community centres, playing cards?

Name of activity	Frequency						# of months	R	DK
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88

D. Helping family, friends, or volunteering?

Name of activity	Frequency						# of months	R	DK
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88
	1	2	3	4	7	8		77	88

21. We are interested in how things are going these days. Please answer "Yes" or "No". During THE PAST MONTH have you ever felt...

A. In high spirits?
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

B. Particularly content with your life?
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

C. Depressed or very unhappy?
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

D. Flustered because you didn't know what to do?
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

E. Bitter about the way your life has turned out?
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

F. Generally satisfied with the way your life has turned out?
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

The next section has to do with more general life experiences. Please answer "Yes or "No".

G. I am just as happy as when I was younger.
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

H. As I look back on my life I am fairly well satisfied.
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

I. Things are getting worse as I get older.
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

J. Little things bother me more this year.
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

K. Life is hard for me most of the time.
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

L. I am satisfied with my life today.
1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

22. **Now, I am going to ask you a few questions about your financial situation. We would like to get an indication of the level of income and feeling of financial security that seniors have, and how this relates to other aspects of their lives. This is completely confidential and we will not be looking at individual data.**

22a. **How well do you think your income currently satisfies your needs?** ▶ (Cue Card #10)

1 □ Very well
2 □ Adequately
3 □ With some difficulty
4 □ Not very well
5 □ Totally inadequate
7 □ R
8 □ DK

22b. **Here is a list of numbered categories that correspond to various income levels. Think about your household income from all sources (for example, jobs, social security). Which category does your income fall into?** ▶ (Cue Card #11)

1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11 □ 12 □
77 □R 88 □DK

23. **In this study I have talked with many seniors and learned something from each one of them. What do you think makes people live long and keep well?**

24. Now I'd like to ask you a few questions concerning your health care wishes.

A. Have you thought about who would make health treatment decisions for you if you were unable to do this for yourself? (For example, if you had to be put on a respirator)

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

B. Who would you want to make health decisions for you if you were unable to do this for yourself? (Circle more than one if applicable: if 2 daughters, write '2' beside).

1 Wife	11 Brother-in-law	23 Great granddaughter
2 Husband	12 Paid caregiver	24 Great grandson
3 Daughter	13 Volunteer	25 Niece's daughter
4 Son	16 Nephew	26 Niece's son
5 Sister	17 Niece	29 Institution's staff
6 Brother	18 Grandson	30 Family, unspecified
7 Friend	19 Granddaughter	
8 Daughter-in-law	20 Nephew's wife	90 Other *specify*:
9 Son-in-law	21 Niece's husband	
10 Sister-in-law	22 Cousin	_____

C. Have you discussed your preferences for end-of-life care with anyone?

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

(If Yes, please list who) 24 C.1 _____
(If No, R or DK, Skip to Q. 25)

D. Have you formalized this in a legal document? (For example, a living will or a Power of Attorney for Personal Care)

1 ☐ Yes 2 ☐ No 7 ☐ R 8 ☐ DK

25. To complete our information, we would very much appreciate your consent to access information from (Name of Provincial Plan). Please remember, all information will be confidential as described in the consent form.

Consent given? 1 ☐ Yes 2 ☐ No

Thank you very much for your time.

Time interview ended: ____ : ____ (24-hour clock)

CANADIAN STUDY OF HEALTH AND AGING-3

Interviewer Summary Sheet (this goes to Ottawa)

Sex ☐ M ☐ F Date of birth ____ / ____ / _____
dd mm yyyy

Place of interview

1 ☐ Respondent's home 2 ☐ Public place (*Specify*: _____)

3 ☐ Other person's home
(Whose home?: _____)

Housing arrangements

1 ☐ Detached 2 ☐ Semi-detached 3 ☐ Apartment or condo

4 ☐ Highrise 5 ☐ Guest/Boarding house/Hotel 6 ☐ Seniors' residence

7 ☐ Other 8 ☐ Don't know

(Specify: _____)

How did the subject tolerate the interview?

Very Well 5 ☐ 4☐ 3 ☐ 2 ☐ 1 ☐ Poorly

Did subject find the interview too long?

Definitely Yes 5 ☐ 4☐ 3 ☐ 2 ☐ 1 ☐ Definitely No

Please write your comments on the interview:

Problems: HEARING: 1 ☐ Yes 2 ☐ No VISION: 1 ☐ Yes 2 ☐ No

Please rate the language ability of the subject (in language of interview):

COMPLETELY FLUENT 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ MAJOR DIFFICULTY