

# Questionnaire for the International Network of Health and Retirement Studies

NIA/NIH 2R01 AG030153

GATEWAY TO GLOBAL AGING DATA TEAM

Please cite as “The Gateway to Global Aging Data Team. (2024). *Questionnaire for the International Network of Health and Retirement Studies*. The Gateway to Global Aging Data. <https://doi.org/10.25553/GSD3-SS07>”

## PREFACE

The Gateway to Global Aging Data team has compiled a questionnaire with our recommendations for baseline core interviews of future Health and Retirement Studies based on a comparison of the questions and topics included in the HRS and its International Network of Studies. This questionnaire can provide guidance for improving harmonization across the surveys. Our goal is to provide a starting off point for a thorough and comparable questionnaire and subsequent Harmonized dataset.

We have divided the items in this questionnaire into two broad categories. The main questionnaire includes the most important and commonly asked items across studies. The extended questionnaire includes less frequently asked questions or questions with less comparability across studies, which still offer meaningful research potential. Questions built as part of the main questionnaire are listed as QQ###, while those built as part of the extended questionnaire are listed as *QQ### (extended)*. Additionally, where there are common topics but alternative answer scales or differing ways of approaching similar topics, we have provided alternate questions, which are listed as *QQ### (alternate)*. For both extended and alternate questions, we have listed most, if not all, of the studies that ask the question in that manner or with that answer scale so that studies can prioritize which other HRS-INS studies they most closely want to emulate. We have chosen the answer scales to be most comparable across the HRS-INS. Where possible, we have assigned answer values to simplify coding for the Harmonized datasets.

In our work harmonizing and analyzing data, we have noticed issues for some topics where questions seem to have been misinterpreted, answer choices may be lacking clarity, or an important consideration has been entirely left out. In these cases, we have slightly departed from the existing question and answer choices in the HRS-INS questionnaires, and made adjustments to avoid misinterpretation, provide clarity, or ask a related question that has previously been ignored.

We also recognize that these studies are conducted in a multitude of countries around the world, all of which have unique cultural contexts. As a result, there may be questions that are inappropriate, questions which have not been included that should be, or answer scales that need to be adjusted in order to more appropriately apply to that context. We encourage study teams to make these changes where warranted or necessary.

There are many resources available on our website <https://g2aging.org/> that can be used to view the questions asked throughout the existing HRS-INS, or the variables that have been created in the Harmonized datasets. We have also provided best practices and other information that is very important to consider during questionnaire development and interviewer training in the Appendix of this document. We are available to answer questions that cannot be answered using these resources.

The skip patterns in this questionnaire are indicated after the question number. If multiple conditions are required, we use “&”, and if multiple conditions are optional we use commas, ranges (#-#), or “or”. The skip patterns also use the following symbols or acronyms:

=	Equal to	>	Greater than	TBD	To be determined
<>	Not equal to	<	Less than		



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## INTERVIEW INFORMATION

II001. Name: \_\_\_\_\_

II002. ID: \_\_\_\_\_

II003. Date of Interview

- a. Day \_\_\_\_\_ [range: 1-31]
- b. Month \_\_\_\_\_ [range: 1-12]
- c. Year \_\_\_\_\_ [range: TBD]

II004. Language or Dialect of Interview

1. Language 1
2. Language 2

II005. Mode of Interview

1. Face-to-face
2. Telephone
3. Web

## RESPONDENT SELECTION

RS001. First, I would like to ask if there are any persons aged 50 [45] or over living in this household?

- 0. No
- 1. Yes

NOTE: a household consists of all persons who live in the same dwelling (using the same entrance door) and who have a common housekeeping budget or usually have their meals together.

[if RS001=0, end interview]

RS002. [if RS001=1] In order to determine who is eligible to be interviewed, I need to ask a few questions about each household member aged 50 [45] or over living in this household. Can you provide the names and ages of each person aged 50 [45] or over and the name of their spouse or partner if they have one?

PN	RS002a. Name	RS002b. Age	RS002c. Partner's Name
1			
2			
3			
4			
5			

[random selection of one age-eligible respondent]

RS003\_intro. [Name of selected R] and [name of selected R's spouse/partner OR other age-eligible adults according to the design] have been selected to complete this interview.

[Respondent agreement]

## HOUSEHOLD COVERSCREEN

CS001. Next are some questions about your household. How many people regularly live in this household, including those who may be temporarily away?

\_\_\_\_\_ [range: 1-30], -8. Don't know, -9. Refuse

CS002-CS011. I am going to ask for information about each person who lives in the household, starting with the selected respondent, and his/her spouse, then children, and anyone else.

	CS002	CS003	CS004	CS005	CS006	CS007	CS008	CS009	CS010	CS011 (extended)
PN	Tell me the name of each person who regularly lives in this household.	Is [name] a man or woman?	What is [name's] relationship to [selected R]?	What is [name's] relationship to [selected R's spouse/partner]?	How old is [he/she]?	[if CS006>5] What is the highest level of education [name] has completed?	[if CS006>17] What is [name's] marital status?	[if CS004=4,5,6,7 or CS005=4,5,6,7] Does [name] have any children?	[if (CS004=4,5,6,7 or CS005=4,5,6,7) & CS006>17] What is [name's] current employment status?	[if (CS004=4,5,6,7 or CS005=4,5,6,7) & CS008=2,3] PN of child's spouse (enter -1 if not in hh)
		1. Man 2. Woman 3. Transgender [voluntary] -8. Don't know -9. Refuse	1. Respondent 2. Spouse 3. Live-in partner 4. Biological child 5. Adopted child 6. Step-child 7. Foster child 8. Child-in-law 9. Grandchild 10. Parent 11. Parent-in-law 12. Grandparent 13. Brother or sister 14. Brother-in-law or sister-in-law 15. Uncle or aunt 16. Niece or nephew 17. Other relative 18. Not a relative -8. Don't know -9. Refuse		_____ [range: 0-120] -8. Don't know -9. Refuse	0. None 1. Less than primary school 2. Primary school 3. Middle school 4. Technical or commercial school 5. High school 6. 2-year college degree 7. 4-year college degree 8. Masters degree 9. Professional degree -8. Don't know -9. Refuse	1. Never married 2. Married 3. Partnered/live-in relationship 4. Separated 5. Divorced 6. Widowed -8. Don't know -9. Refuse	0. No 1. Yes -8. Don't know -9. Refuse	1. Working full-time 2. Working part-time 3. Looking for a job/unemployed 4. Is a student 5. Is dedicated to household chores 6. Doesn't work -8. Don't know -9. Refuse	_____ -8. Don't know -9. Refuse
1										
2										
3										
...										
n										

CS012. [if CS001>1] Later in this interview, I will be asking questions about your [economic unit] finances. Which person in the [economic unit] is most knowledgeable about this?

[Def: economic unit can be either couple or household. The most suitable economic unit can be determined within each survey]

PN: \_\_\_\_\_ [enter 0 if nobody is selected]

## DEMOGRAPHICS

DM001-DM013. First are some questions about your background.

DM001. In which month and year were you born?

- a. Month: \_\_\_\_\_ [range: 1-12], -8. Don't know, -9. Refuse
- b. Year: \_\_\_\_\_ [range: TBD], -8. Don't know, -9. Refuse

DM002. Were you born in [country of interview]?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

DM003. [if DM002=0] In which country were you born?

\_\_\_\_\_, -8. Don't know, -9. Refuse

DM004. [if DM002=0] In which year did you come to live in [country of interview]?

\_\_\_\_\_ [range: DM001b-II003c], -8. Don't know, -9. Refuse

DM005. [if DM002=0] Do you have [country of interview] citizenship?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

### Current marital status

DM006. Are you currently married or living with partner?

- 1. Married
- 2. Partnered/live-in relationship
- 3. Not married or living with partner
- 8. Don't know
- 9. Refuse

DM007. [if DM006=1] In which year were you married to your spouse?

\_\_\_\_\_ [range: DM001b-II003c], -8. Don't know, -9. Refuse

DM008. [if DM006=2] In which year did you begin living with your partner?

\_\_\_\_\_ [range: DM001b-II003c], -8. Don't know, -9. Refuse

### Marital history

DM009. [Not counting your current relationship,] have you been married before?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

DM010. [if DM009=1] How many times have you been married in total?

\_\_\_\_\_ [range: 1-10], -8. Don't know, -9. Refuse

DM011. [if DM009=1] Please tell me when each marriage started and when and how it ended.

# (non-current marriage)	A. Year started _____ -8. Don't know -9. Refuse	B. Year ended _____ -8. Don't know -9. Refuse	C. How ended 1. Divorced 2. Widowed -8. Don't know -9. Refuse
1			
2			
...			
n			

### Religion

DM012. What is your religion?

- 0. None
- 1. Protestant
- 2. Catholic
- 3. Jewish
- 4. Muslim
- 5. Hindu
- 6. Buddhist
- 7. Other (Specify) \_\_\_\_\_ (DM012\_other)
- 8. Don't know
- 9. Refuse

DM013. [if DM012<>0] How important is religion in your life?

- 1. Very important
- 2. Somewhat important
- 3. Not important
- 8. Don't know
- 9. Refuse

## HEALTH

### Self-Rated Health and Disability

HT001. Now I want to ask you about your health. In general, would you say your health is excellent, very good, good, fair, or poor? [HRS, MHAS, ELSA, SHARE, CRELES, KLoSA, JSTAR, TILDA, CHARLS, LASI]

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
- 8. Don't know
- 9. Refuse

*HT001 (alternate). Now I want to ask you about your health. In general, would you say your health is very good, good, fair, poor, or very poor? [ELSA\*, SHARE\*, KLoSA, CHARLS, LASI, MARS, SPS]*

- 1. Very good*
- 2. Good*
- 3. Fair*
- 4. Poor*
- 5. Very poor*
- 8. Don't know*
- 9. Refuse*

HT002. Do you have any health problem or disability that limits the kind or amount of paid work you could do, should you want to?

0. No
1. Yes
2. Too old to work [Voluntary]
- 8. Don't know
- 9. Refuse

HT003. Do you have any long-term health problems, illness, or disability that limit your activities in any way? By long-term, we mean that it has troubled you over a period of time or is likely to affect you over a period of time.

0. No
1. Yes
- 8. Don't know
- 9. Refuse

### Doctor Diagnosed Health Problems

HT101 – HT112. Has any [doctor/health professional] ever diagnosed you with the following chronic conditions or diseases?

HT101	Hypertension or high blood pressure	0. No 1. Yes -8. Don't know -9. Refuse
HT102	Diabetes or high blood sugar	
HT103	Cancer or a malignant tumor, excluding minor skin cancer	
HT104	Chronic lung disease such as chronic obstructive pulmonary disease, chronic bronchitis or other chronic lung problems, excluding asthma	
HT105	Asthma	
HT106	Chronic heart disease such as coronary heart disease (heart attack or myocardial infarction), congestive heart failure, angina, abnormal heart rhythm or other chronic heart problems	
HT107	Stroke	
HT108	High cholesterol or Hypercholesterolemia	

HT109	Arthritis or rheumatism	
HT110	Any emotional, nervous, or psychiatric problems such as depression, unipolar/bipolar disorders, etc.	
HT111	Any memory-related disease such as Alzheimer's or dementia etc.	
<i>HT112 (extended)</i>	<i>Additional diseases or health conditions common in a country: e.g., stomach or other digestive diseases, osteoporosis or other bone/joint diseases, Parkinson's disease, liver disease, kidney disease</i>	

### **Hypertension**

HT101aa. [if HT101=1 & use health professional wording] Who first diagnosed you with high blood pressure or hypertension?

1. A doctor
2. Other western medicine practitioner
3. Traditional medicine practitioner
4. Other (Specify) \_\_\_\_\_ (HT101aa\_other)
- 8. Don't know
- 9. Refuse

HT101a. [if HT101=1] At what age were you first diagnosed with high blood pressure? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

HT101b. [if HT101=1] In order to control your blood pressure, are you currently taking any medication?

0. No
1. Yes
- 8. Don't know
- 9. Refuse

*HT101c (extended). [if HT101=1] In order to control your blood pressure, are you under salt or other diet restrictions?*

- 0. No*
- 1. Yes*
- 8. Don't know*
- 9. Refuse*

### **Diabetes and High Blood Sugar**

HT102aa. [if HT102=1 & use health professional wording] Who first diagnosed you with diabetes or high blood sugar?

1. A doctor
2. Other western medicine practitioner
3. Traditional medicine practitioner
4. Other (Specify) \_\_\_\_\_ (HT102aa\_other)
- 8. Don't know
- 9. Refuse

HT102a. [if HT102=1] At what age were you first diagnosed with diabetes or high blood sugar? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]



- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

HT102b. [if HT102=1] In order to treat or control your diabetes or high blood sugar, are you currently taking medications that you swallow?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT102c. [if HT102=1] Are you currently using insulin shots/injections?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*HT102d (extended). [if HT102=1] In order to control your diabetes, are you following a special diet?*

- 0. No*
- 1. Yes*
- 8. Don't know*
- 9. Refuse*

### **Cancer**

HT103aa. [if HT103=1 & use health professional wording] Who first diagnosed you with cancer?

- 1. A doctor
- 2. Other western medicine practitioner
- 3. Traditional medicine practitioner
- 4. Other (Specify) \_\_\_\_\_ (HT103aa\_other)
- 8. Don't know
- 9. Refuse

HT103a. [if HT103=1] At what age were you first diagnosed with cancer? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

HT103b. [if HT103=1] During the last two years, what type of treatments have you received for cancer? [Multiple answers are allowed] [Hard check: if response is "None", freeze all other option categories]

- a. Chemotherapy or medication
- b. Surgery
- c. Radiation
- d. Medications and treatments for symptoms (pain, nausea, rashes)
- e. Other (Specify) \_\_\_\_\_ (HT103b\_other)
- f. None
- 8. Don't know
- 9. Refuse

### ***Lung Disease***

HT104aa. [if HT104=1 & use health professional wording] Who first diagnosed you with a chronic lung disease such as chronic obstructive pulmonary disease, chronic bronchitis or other chronic lung problems?

1. A doctor
2. Other western medicine practitioner
3. Traditional medicine practitioner
4. Other (Specify) \_\_\_\_\_ (HT104aa\_other)
- 8. Don't know
- 9. Refuse

HT104a. [if HT104=1] At what age were you first diagnosed with a chronic lung disease? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

HT104b. [if HT104=1] Are you currently taking any medication or receiving treatment in relation to your lung disease?

0. No
1. Yes
- 8. Don't know
- 9. Refuse

HT104c. [if HT104=1] Are you receiving physical or respiratory therapy, or any other treatment for your lung disease?

0. No
1. Yes
- 8. Don't know
- 9. Refuse

### ***Asthma***

HT105aa. [if HT105=1 & use health professional wording] Who first diagnosed you with asthma?

1. A doctor
2. Other western medicine practitioner
3. Traditional medicine practitioner
4. Other (Specify) \_\_\_\_\_ (HT105aa\_other)
- 8. Don't know
- 9. Refuse

HT105a. [if HT105=1] At what age were you first diagnosed with asthma? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

HT105b. [if HT105=1] Are you currently taking any medication or receiving treatment in relation to your asthma?

0. No
1. Yes
- 8. Don't know
- 9. Refuse

### **Heart Disease**

HT106a. [if HT106=1] Which of the following heart problems have you been diagnosed with? [Multiple answers are allowed]

- a. Heart attack
- b. Congestive heart failure
- c. Angina
- d. Abnormal heart rhythm
- e. Heart murmur
- f. Other heart condition (Specify) \_\_\_\_\_ (HT106a\_other)
- 8. Don't know
- 9. Refuse

HT106aa. [if HT106=1 & use health professional wording] Who first diagnosed you with a heart condition?

- 1. A doctor
- 2. Other western medicine practitioner
- 3. Traditional medicine practitioner
- 4. Other (Specify) \_\_\_\_\_ (HT106aa\_other)
- 8. Don't know
- 9. Refuse

HT106b. [if HT106=1] At what age were you first diagnosed with a heart condition? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

HT106c. [if HT106a\_a=1] Have you had a heart attack in the last two years?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT106d. [if HT106=1] Are you currently taking or carrying any medication for your heart problem?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

### **Stroke**

HT107aa. [if HT107=1 & use health professional wording] Who first diagnosed you with a stroke?

- 1. A doctor
- 2. Other western medicine practitioner
- 3. Traditional medicine practitioner
- 4. Other (Specify) \_\_\_\_\_ (HT107aa\_other)
- 8. Don't know
- 9. Refuse

HT107a. [if HT107=1] At what age were you first diagnosed with a stroke? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]

- 8. Don't know
- 9. Refuse

HT107b. [if HT107=1] Have you had a stroke in the last two years?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT107c. [if HT107=1] Are you currently taking any medications because of your stroke or its complications?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT107d. [if HT107=1] Are you receiving physical or occupational therapy because of your stroke or its complications?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

### ***High Cholesterol or Hypercholesterolemia***

HT108aa. [if HT108=1 & use health professional wording] Who first diagnosed you with high cholesterol or hypercholesterolemia?

- 1. A doctor
- 2. Other western medicine practitioner
- 3. Traditional medicine practitioner
- 4. Other (Specify) \_\_\_\_\_ (HT108aa\_other)
- 8. Don't know
- 9. Refuse

HT108a. [if HT108=1] At what age were you first diagnosed with high cholesterol? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

HT108b. [if HT108=1] Do you regularly take medications to help lower or control your cholesterol?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

### ***Arthritis or Rheumatism***

HT109aa. [if HT109=1 & use health professional wording] Who first diagnosed you with arthritis or rheumatism?

- 1. A doctor
- 2. Other western medicine practitioner
- 3. Traditional medicine practitioner
- 4. Other (Specify) \_\_\_\_\_ (HT109aa\_other)
- 8. Don't know

-9. Refuse

HT109a. [if HT109=1] At what age were you first diagnosed with arthritis or rheumatism? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]

-8. Don't know

-9. Refuse

HT109b. [if HT109=1] Are you currently taking any medication or receiving other treatments for your arthritis or rheumatism?

0. No

1. Yes

-8. Don't know

-9. Refuse

***Emotional, Nervous, or Psychiatric Problems***

HT110a. [if HT110=1] Which type of emotional, nervous, or psychiatric problems have you been diagnosed with? [Multiple answers are allowed]

- a. Hallucinations
- b. Anxiety
- c. Depression
- d. Emotional problems
- e. Schizophrenia
- f. Psychosis
- g. Mood swings
- h. Manic depression
- i. Post-traumatic stress disorder
- j. Other (Specify) \_\_\_\_\_ (HT110a\_other)

-8. Don't know

-9. Refuse

HT110aa. [if HT110=1 & use health professional wording] Who first diagnosed you with [this/these problem(s)]?

- 1. A doctor
- 2. Other western medicine practitioner
- 3. Traditional medicine practitioner
- 4. Other (Specify) \_\_\_\_\_ (HT110aa\_other)

-8. Don't know

-9. Refuse

HT110b. [if HT110=1] At what age were you first diagnosed with [this/these problem(s)]? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]

-8. Don't know

-9. Refuse

HT110c. [if HT110=1] Are you currently taking tranquilizers, antidepressants, or other types of medication for emotional, nervous, or psychiatric problem(s)?

0. No

1. Yes

-8. Don't know

-9. Refuse

HT110d. [if HT110=1] Are you currently getting psychological or psychiatric treatment or therapy for your condition(s), such as counselling?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

**Memory-Related Disease**

HT111aa. [if HT111=1 & use health professional wording] Who first diagnosed you with a memory-related disease such as Alzheimer's or dementia?

- 1. A doctor
- 2. Other western medicine practitioner
- 3. Traditional medicine practitioner
- 4. Other (Specify) \_\_\_\_\_ (HT111aa\_other)
- 8. Don't know
- 9. Refuse

HT111a. [if HT111=1] At what age were you first diagnosed with memory-related disease? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

HT111b. [if HT111=1] Are you currently taking medications to help control your memory-related disease?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

**Additional diseases or health conditions common in the country (extended)**

HT112aa. [if HT112=1 & use health professional wording] Who first diagnosed you with [a disease or health condition]?

- 1. A doctor
- 2. Other western medicine practitioner
- 3. Traditional medicine practitioner
- 4. Other (Specify) \_\_\_\_\_ (HT112aa\_other)
- 8. Don't know
- 9. Refuse

HT112a. [if HT112=1] At what age were you diagnosed for the first time? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

HT112b. [if HT112=1] Are you currently taking any medication or receiving treatment for [this disease or health condition]?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

### Incontinence and Women's Health

HT201. This might not be easy to talk about, but during the last 12 months, have you lost any amount of urine beyond your control?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT202. [if CS003=2] How old were you when you stopped menstruating?

\_\_\_\_\_, [range: 1-CS006], -7. Still menstruating, -8. Don't know, -9. Refuse

HT203. [if CS003=2 & HT202>0] Have you ever had a hysterectomy, that is, surgery to remove your uterus or womb?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

### Self-Reported Anthropometric Measurements

HT211. Approximately how much do you weigh?

\_\_\_\_\_ kilograms [range: 30-250], -8. Don't know, -9. Refuse  
\_\_\_\_\_ *pounds (alternate)*

HT212. About how tall are you?

\_\_\_\_\_ meters [range: 0.9-2.5], -8. Don't know, -9. Refuse  
\_\_\_\_\_ *feet [HT212a], \_\_\_\_\_ inches [HT212b] (alternate)*

### Vision

HT221. Next, I would like to ask you some questions about your eyesight. Do you usually wear glasses, contact lenses, or corrective lens?

- 0. No
- 1. Yes
- 2. Visually disabled - registered or legally blind
- 8. Don't know
- 9. Refuse

HT222. [if HT221<>2] How is your vision, using glasses, contact lenses, or corrective lens as usual? Would you say it is excellent, very good, good, fair, or poor? [HRS, MHAS, ELSA, SHARE, JSTAR, CRELES, TILDA]

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 6. Blind [voluntary]
- 8. Don't know
- 9. Refuse

*HT222 (alternate). [if HT221<>2] How is your vision, using glasses, contact lenses, or corrective lens as usual? Would you say it is very good, good, fair, poor, or very poor? [KLoSA, MARS]*

- 1. Very good*
- 2. Good*
- 3. Fair*

- 4. *Poor*
- 5. *Very Poor*
- 6. *Blind [voluntary]*
- 8. *Don't know*
- 9. *Refuse*

HT223. [if HT222=5,6] When did you start losing your vision? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

HT224. Have you ever had cataract surgery? If yes, was it on one or both eyes?

- 0. No
- 1. Yes, one eye only
- 2. Yes, both eyes
- 8. Don't know
- 9. Refuse

**Hearing**

HT231. Now, I have some questions about your hearing. Do you usually use a hearing aid or an auditory device?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT232. How well do you normally hear, using a hearing aid or an auditory device if you normally use them? Would you say it is excellent, very good, good, fair, or poor? [HRS, MHAS, ELSA, SHARE, TILDA, CHARLS]

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 6. Deaf [voluntary]
- 8. Don't know
- 9. Refuse

*HT232 (alternate). How well do you normally hear, using a hearing aid or an auditory device if you normally use them? Would you say it is very good, good, fair, poor, or very poor? [KLoSA, MARS, ELSI]*

- 1. *Very good*
- 2. *Good*
- 3. *Fair*
- 4. *Poor*
- 5. *Very Poor*
- 6. *Deaf [voluntary]*
- 8. *Don't know*
- 9. *Refuse*

HT233. [Ask if HT232=5,6] When did you start losing your hearing? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]



- 8. Don't know
- 9. Refuse

### **Oral Health**

HT241. This next question is about your teeth. Have you lost some or all of your natural permanent teeth?

- 0. No, have not lost any teeth
- 1. Yes, lost some natural teeth
- 2. Yes, lost all natural teeth
- 8. Don't know
- 9. Refuse

HT242. [if HT241=1,2] Do you usually wear dentures, including partial dentures or implants?

- 0. No, I have no dentures or implants
- 1. Yes, I have some dentures or implants
- 2. Yes, I have full dentures or implants
- 8. Don't know
- 9. Refuse

### **Sleep**

HT251. The next questions are about your sleeping habits. How often do you have trouble falling asleep? Would you say most of the time, sometimes, or rarely or never?

- 1. Most of the time
- 2. Sometimes
- 3. Rarely or never
- 8. Don't know
- 9. Refuse

HT252. How often do you have trouble sleeping because you wake up during the night? Would you say most of the time, sometimes, or rarely or never?

- 1. Most of the time
- 2. Sometimes
- 3. Rarely or never
- 8. Don't know
- 9. Refuse

HT253. How often do you have trouble with waking up too early and not being able to fall asleep again? Would you say most of the time, sometimes, or rarely or never?

- 1. Most of the time
- 2. Sometimes
- 3. Rarely or never
- 8. Don't know
- 9. Refuse

HT254. Are you regularly taking any medication or using other treatments to help you sleep?

- 0. No
- 1. Yes, over-the-counter medication
- 2. Yes, prescription medication
- 3. Yes, both over-the counter medication and prescription medication
- 8. Don't know
- 9. Refuse

### Falls and Head Trauma

HT261. Now, we will ask about some health concerns, such as falls and injuries. Have you fallen down in the last two years?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT262. [if HT261=1] How many times have you fallen in the last two years?

\_\_\_\_\_ [range: 1,100], -8. Don't know, -9. Refuse

HT263. [if HT261=1] In (any of these falls / that fall), did you injure yourself seriously enough to need medical treatment?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT264. Have you ever fractured your hip?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT265. Have you ever had a blow to the head, a head injury, or head trauma that was severe enough to require medical attention or memory loss [, or loss of consciousness] for a period of time?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT266. [if HT265=1] At what age did you first experience this type of head injury? [only select one option]

- a. Age \_\_\_\_\_ [range: 0-CS006]
- b. Year \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

### Pain

HT271. Are you often troubled with pain?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT272. [if HT271=1] How bad is the pain most of the time: mild, moderate, or severe?

- 1. Mild
- 2. Moderate
- 3. Severe
- 8. Don't know
- 9. Refuse

HT273. [if HT271=1] Does this pain limit or make it difficult for you to do your usual activities such as household chores or work?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HT274. [if HT271=1] In the last 3 months, have you taken medication for your pain?

- 0. No
- 1. Yes, over-the-counter medication (Tylenol, Aspirin, Ibuprofen, or similar)
- 2. Yes, prescription medication (opioid, codeine, morphine or other)
- 3. Yes, both over-the counter medication and prescription medication
- 8. Don't know
- 9. Refuse

**Symptoms**

HT281-HT288. Have you had any of the following persistent or troublesome problems? [HRS, MHAS, SHARE, LASI]

HT281	Persistent swelling in your legs, ankles, or feet?	0. No 1. Yes -8. Don't know -9. Refuse
HT282	Shortness of breath while awake?	
HT283	Persistent dizziness or lightheadedness?	
HT284	Back pain or problems?	
HT285	Pain or stiffness in other joints (besides your back)?	
HT286	Persistent headaches?	
HT287	Severe fatigue or exhaustion?	
HT288	Persistent wheezing, cough, or bringing up phlegm?	

## FUNCTIONAL LIMITATIONS

### Mobility Activities

FL001-FL010. We need to understand difficulties people may have with various activities because of a health or physical problem. Please tell me whether you have any difficulty doing each of the everyday activities that I read to you. Exclude any difficulties that you expect to last less than three months.

Because of a health problem, do you have any difficulty with ...

FL001	Walking 100 meters [SHARE, JSTAR, TILDA, CHARLS, MARS] <i>(alternate) 100 yards [ELSA, LASI]</i> <i>(alternate) 1 block [HRS, MHAS]</i>	0. No 1. Yes -8. Don't know -9. Refuse
FL002	Sitting for about two hours	
FL003	Getting up from a chair after sitting for long periods	
FL004	Climbing several flights of stairs without resting	
FL005	Climbing one flight of stairs without resting	
FL006	Stooping, kneeling, or crouching	
FL007	Reaching or extending your arms above shoulder level	
FL008	Pulling or pushing large objects like a living room chair	
FL009	Lifting or carrying objects that weigh over 5 kg, like a heavy bag of groceries [MHAS, SHARE, JSTAR, TILDA, LASI, MARS] <i>(alternate) 10 pounds [HRS, ELSA, SHARE, TILDA]</i>	
FL010	Picking up a small coin from a table	

### Activities of Daily Living

FL101-FL106. Here are a few more everyday activities. Please tell me if you have any difficulty with these because of a physical, mental, emotional or memory problem. Again, exclude any difficulties you expect to last less than three months.

		A	<i>B (extended)</i>	C
		Because of a health or memory problem do you have any difficulty with [activity]? 1. No, I do not have any difficulty 2. Yes, I have difficulty but do not need help 3. Yes, I have difficulty and need some help 4. Yes, I have difficulty and I cannot do it without help -8. Don't know -9. Refuse	<i>(if FL10xA=2,3,4)</i> <i>Do you ever use equipment or devices to help you with [activity]?</i> <i>0. No</i> <i>1. Yes</i> <i>-8. Don't know</i> <i>-9. Refuse</i>	(if FL10xA=2,3,4) Does anyone ever help you with [activity]? 0. No 1. Yes -8. Don't know -9. Refuse
FL101	Dressing, including putting on shoes and socks			
FL102	Walking across a room			
FL103	Bathing or showering			
FL104	Eating, such as cutting up your food			
FL105	Getting in or out of bed			
FL106	Using the toilet, including getting up or down <i>(or squatting)</i>			

FL107\_[1-3] – FL113\_[1-3]. [if any FL101C-FL106C=1]

FL107\_[1-3]. Who helps you with these activities? Please start with the person who helps you the most. What is their name? [Loop through up to 3 helpers by prompting, Does anyone else help you? Who is that?]

\_\_\_\_\_, -8. Don't know, -9. Refuse

FL108\_[1-3]. Is [name in FL107\_[1-3]] a man or woman?

1. Man
  2. Woman
- 8. Don't know  
-9. Refuse

FL109\_[1-3]. What is that person's relationship to you?

1. Spouse or partner
  2. Child
  3. Child-in-law
  4. Grandchild
  5. Sibling or sibling-in-law
  6. Parent or parent-in-law
  7. Other relative
  8. Friend, neighbor, or other non-relative
  9. Professional helper (hired with specific training)
  10. Non-professional helper (hired without specific training)
  11. Social or health service worker
  12. Other (Specify) \_\_\_\_\_ (FL109\_[1-3]\_other)
- 8. Don't know  
-9. Refuse

FL110\_[1-3]. Does that person live in your household?

0. No
  1. Yes (Specify PN) \_\_\_\_\_ (FL110\_pn\_[1-3])
- 8. Don't know  
-9. Refuse

FL111\_[1-3]. During the past month, about how many days did [name in FL107\_[1-3]] help you?

\_\_\_\_\_, [code 30 if everyday], -8. Don't know, -9. Refuse

FL112\_[1-3]. On those days that [name in FL107\_[1-3]] helps you, about how many hours does [he/she] help you?

\_\_\_\_\_, [code 1 if less than 1 hour], -8. Don't know, -9. Refuse

FL113\_[1-3]. Is [name in FL107\_[1-3]] paid to help you?

0. No
  1. Yes
- 8. Don't know  
-9. Refuse

FL114. How much did you [and/or your spouse/partner] pay for all the care you received for these activities in the last month?

\_\_\_\_\_, -8. Don't know, -9. Refuse

FL115. Thinking about all the help you receive for these activities, would you say that the help you receive...

1. Meets your needs all the time
2. Usually meets your needs

- 3. Sometimes meets your needs
- 4. Or hardly ever meets your needs
- 8. Don't know
- 9. Refuse

**Instrumental Activities of Daily Living**

FL201-FL206. Here are a few other activities which some people have difficulty with because of a physical, mental, emotional, or memory problem. Please tell me whether you have any difficulty with each activity I name. If you don't do the activity, please say whether you would have difficulty with it if you tried. Again, exclude any difficulties you expect to last less than three months.

		A	B
		Because of a health or memory problem do you have any difficulty with ... 1. No, I do not have any difficulty 2. Yes, I have difficulty but do not need help 3. Yes, I have difficulty and need some help 4. Yes, I have difficulty and I cannot do it without help -7. Doesn't do -8. Don't know -9. Refuse	(if FL10x=2,3,4) Does anyone ever help you with [activity]? 0. No 1. Yes -8. Don't know -9. Refuse
FL201	Preparing a hot meal		
FL202	Shopping for groceries		
FL203	Making telephone calls		
FL204	Taking medications		
FL205	Doing work around the house or garden		
FL206	Managing money, such as paying bills, keeping track of expenses		

FL207\_[1-3] – FL213\_[1-3]. (if any FL201B-FL206B = 1)

FL207\_[1-3]. Who helps you with these activities? Please start with the person who helps you the most. What is their name? [Loop through up to 3 helpers by prompting, Does anyone else help you? Who is that?]  
 \_\_\_\_\_, -8. Don't know, -9. Refuse

FL208\_[1-3]. Is [name in FL207\_[1-3]] a man or woman?

- 1. Man
- 2. Woman
- 8. Don't know
- 9. Refuse

FL209\_[1-3]. What is that person's relationship to you?

- 1. Spouse or partner
- 2. Child
- 3. Child-in-law
- 4. Grandchild
- 5. Sibling or sibling-in-law
- 6. Parent or parent-in-law
- 7. Other relative
- 8. Friend, neighbor, or other non-relative
- 9. Professional helper (hired with specific training)

- 10. Non-professional helper (hired without specific training)
- 11. Social or health service worker
- 12. Other (Specify) \_\_\_\_\_ (FL209\_[1-3]\_other)
- 8. Don't know
- 9. Refuse

FL210\_[1-3]. Does that person live in your household?

- 0. No
- 1. Yes (Specify PN) \_\_\_\_\_ (FL211\_pn\_[1-3])
- 8. Don't know
- 9. Refuse

FL211\_[1-3]. During the past month, about how many days did [name in FL207\_[1-3]] help you?  
\_\_\_\_\_, [code 30 if everyday], -8. Don't know, -9. Refuse

FL212\_[1-3]. On those days that [name in FL207\_[1-3]] helps you, about how many hours does [he/she] help you?  
\_\_\_\_\_, [code 1 if less than 1 hour], -8. Don't know, -9. Refuse

FL213\_[1-3]. Is [name in FL207\_[1-3]] paid to help you?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

FL214. How much did you [and/or your spouse/partner] pay for all the care you received for these activities in the last month?

\_\_\_\_\_, -8. Don't know, -9. Refuse

FL215. Thinking about all the help you receive for these activities, would you say that the help you receive...

- 1. Meets your needs all the time
- 2. Usually meets your needs
- 3. Sometimes meets your needs
- 4. Or hardly ever meets your needs
- 8. Don't know
- 9. Refuse

## COGNITION

**\*IT IS IMPERATIVE THAT THE RECOMMENDATIONS IN THE [APPENDIX](#) ARE CONSIDERED FOR COGNITIVE TEST ITEMS. THE METHODS FOR COGNITION MEASUREMENT ARE, IN SOME WAYS, AS IMPORTANT AS THE CHOSEN ITEMS.**

CG000. Code 1 if R can respond themselves, code 2 if proxy interview is more appropriate

### Memory Ratings

CG001. [if CG000=1] Part of this study is concerned with people's memory, and ability to think about things. First, how would you rate your memory at the present time? Would you say it is excellent, very good, good, fair or poor? [HRS, RAND HRS, MHAS, ELSA, SHARE, TILDA, CHARLS, SPS]

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
- 8. Don't know
- 9. Refuse

*CG001 (alternate). [if CG000=1] Part of this study is concerned with people's memory, and ability to think about things. First, how would you rate your memory at the present time? Would you say it is very good, good, fair, poor, very poor? [MARS]*

- 1. Very good*
- 2. Good*
- 3. Fair*
- 4. Poor*
- 5. Very poor*
- 8. Don't know*
- 9. Refuse*

CG002. [if CG000=1] Compared to two years ago, would you say your memory is better now, about the same, or worse now than it was then?

1. Better now
2. About the same
3. Worse than it was then
- 8. Don't know
- 9. Refuse

### Sentence Writing or Speaking

CG011. [if CG000=1] [IWER: Give R a pen and point to the blank part of the paper.] Please write one sentence about how you're feeling today or about today's weather. [IWER: Spelling error is OK, as long as you can understand the meaning of the sentence written.]

0. Couldn't write a sentence
1. Wrote a sentence
- 8. Don't know
- 9. Refuse



CG012. [if CG011=0,-8,-9] Please tell me one sentence about how you're feeling today or about today's weather. [IWER: As long as you can understand the meaning of the sentence.]

- 0. Couldn't say a sentence
- 1. Said a sentence
- 8. Don't know
- 9. Refuse

**Immediate Word Recall**

CG021. [if CG000=1] I'll read a set of 10 words and ask you to recall as many as you can. We have purposely made the list long so that it will be difficult for anyone to recall all the words – most people recall just a few. Please listen carefully as I read the set of words because I cannot repeat them. When I finish, I will ask you to recall aloud as many of the words as you can, in any order. Is this clear? [IWER: Probe as needed for understanding of task. Read the items at a slow, steady rate (approximately one word every two seconds)]. Now please tell me the words you can recall. *[alternate – read by computer]*

Word lists: ONE OF THESE 4 LISTS IS RANDOMLY ASSIGNED TO EACH R

LIST 1	LIST 2	LIST 3	LIST 4
1. HOTEL	1. SKY	1. WOMAN	1. WATER
2. RIVER	2. OCEAN	2. ROCK	2. CHURCH
3. TREE	3. FLAG	3. BLOOD	3. DOCTOR
4. SKIN	4. DOLLAR	4. CORNER	4. PALACE
5. GOLD	5. WIFE	5. SHOES	5. FIRE
6. MARKET	6. MACHINE	6. LETTER	6. GARDEN
7. PAPER	7. HOME	7. GIRL	7. SEA
8. CHILD	8. EARTH	8. HOUSE	8. VILLAGE
9. KING	9. COLLEGE	9. VALLEY	9. BABY
10. BOOK	10. BUTTER	10. ENGINE	10. TABLE

\_\_\_\_\_ [range: 0-10], -8. Don't know, -9. Refuse

CG021a (alternate). [Interviewer answers] Was the word list read by:

- 1. Computer
- 2. interviewer

**Date Orientation**

CG031-CG035. [if CG000=1] Please tell me today's date, including the day of the month, month, year, day of the week, *[and season of the year]*.

CG031	Day of the month	0. Incorrect 1. Correct -8. Don't know -9. Refuse
CG032	Month of the year	
CG033	Year	
CG034	Day of the week	
CG035 (extended)	Season [KLoSA, TILDA, CHARLS]	

### Overlapping Pentagons

CG041. [if CG000=1] [IWER: Show the picture of two pentagons overlapped.]. Do you see this picture? Please draw that picture on this paper as shown. [IWER: If R requests a second attempt, it is reasonable to allow this. Any more than 2 attempts and R should score 0 on this part of the test. The two figures do not have to be perfect pentagons but they should be 5-sided. Furthermore, the lines do not need to be perfectly straight. The figure formed by the intersection of the two pentagons should have four sides, like a diamond. A drawing should be scored as zero if the figure formed by the intersection has three or five sides, or if the two figures do not intersect at all.].



- 0. Failed to draw picture
- 1. Drew picture
- 6. Couldn't do task due to vision problem
- 7. Couldn't do task due to other physical impairment
- 8. Don't know
- 9. Refuse

### 3-Stage Task

CG051-CG053. [if CG000=1] I am going to give you a sheet of paper. Take the paper with your right hand, fold it in half with both hands and place it on your lap.

CG051. First action.

- 0. R did not take the paper with the right hand, error
- 1. R took the paper with his/her right hand, correct
- 7. Cannot do
- 8. Don't know
- 9. Refuse

CG052. Second action.

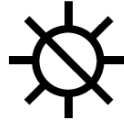
- 0. R did not fold the paper with both hands, error
- 1. R folded the paper in half with both hands, correct
- 7. Cannot do
- 8. Don't know
- 9. Refuse

CG053. Third action.

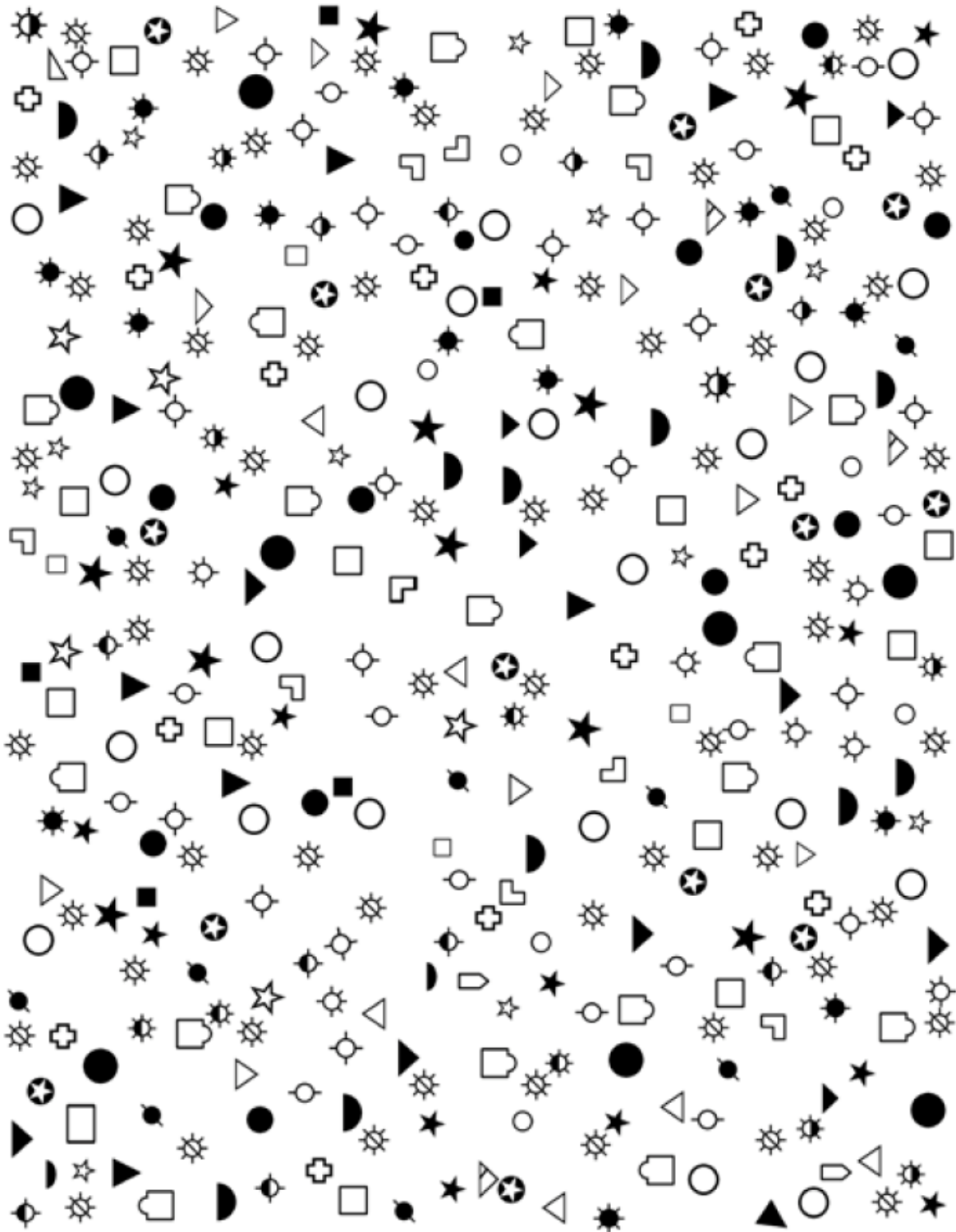
- 0. R did not place the paper in his/her lap, error
- 1. R placed the paper in his/her lap, correct
- 7. Cannot do
- 8. Don't know
- 9. Refuse

### Symbol Cancellation

CG061. [if CG000=1] [IWER: Show the test page horizontally oriented to R. Show this page with the design and instruct R:] Please find out the figures that look like this one in the following page. Find as many figures as you can, and circle around each figure as I am doing it [IWER: With a pencil circle the example figure for R.]. Just circle the figures that are the same as this one. Work as fast as you can, until I tell you to stop. [IWER: Start to count the time when R circles the first figure, and stop in 60 seconds.].



\_\_\_\_\_ [range: 0-60], -6. Couldn't do task due to vision problem, -7. Couldn't do task due to other physical impairment, -8. Don't know, -9. Refuse



### Delayed Word Recall

CG071. [if CG000=1] A little while ago, I read you a list of words and you repeated the ones you could remember. Please tell me any of the words that you remember now. [IWER: Permit as much time as R wishes – up to 2 minutes. Same list of words as in CG011].

\_\_\_\_\_ [range: 0-10], -8. Don't know, -9. Refuse

### Animal Naming

CG081. [if CG000=1] Now I would like you to name as many different animals as you can think of. You have one minute to do this. I will tell you when to stop. Ready, go! [IWER: Allow 60 seconds for R to complete task. Only if the participant asks for clarification, explain that animals include birds, insects, fish etc. Write animals mentioned in booklet provided. Enter the number of different animals mentioned. Rules for scoring animal naming task: 1. Do not count repetitions and do not count redundancies (e.g., white cow, brown cow). 2. Do not count named animals (e.g. Spot, Bambi, or Yogi Bear). 3. Different breeds (e.g. dog, terrier, poodle) and different gender or generation-specific names (e.g. bull, cow, steer, heifer, calf) each count as correct. If the respondent gives the name of an animal which you have not heard of (e.g. kudu, echidna), give them the benefit of the doubt and count them as correct). [HRS, SHARE, TILDA and LASI real and mythical animals as acceptable answers. In CHARLS "dragon" is an acceptable answer.]

\_\_\_\_\_ [range: 0-120], -8. Don't know, -9. Refuse

CG082 (extended). *Were there any incorrect names? [HRS, LASI]*

1. Yes
2. No

CG083 (extended). *Were there any repetitions? [MHAS, LASI]*

1. Yes
2. No

### Logical Memory

CG091-CG096 (extended). [if CG000=1] Now I will read a short story. I will then ask you to repeat as much of the story as you can remember. I want you to listen very carefully because I want you to try to tell me the whole story with as many details as you can remember. [IWER: make sure that R is ready before reading the story.]

*"Three children were alone at home and the house caught on fire. A brave man managed to climb in a back window and carry them to safety. Aside from minor cuts and bruises, all were well."*

*Now I would like for you to tell me the story in as much detail as possible. [IWER: Listen for story points.]*

CG091	<u>Three children</u>	0. Did not recall point
CG092	<u>House on fire</u>	1. Recalled gist of point
CG093	<u>Brave man climbed</u>	2. Recalled exact point
CG094	<u>Children rescued</u>	-7. Couldn't do task due to hearing problem
CG095	<u>Minor injuries</u>	-8. Don't know or couldn't remember story
CG096	<u>Everyone well</u>	-9. Refuse

### Constructional Praxis

CG101 (extended). [if CG000=1] [IWER: Have constructional praxis forms ready for the respondent to see and draw. Present item #1, a circle, and say] Now here is a circle I would like you to draw. Copy it just below it. [IWER: Present the page with the circle to the subject and point to the lower half of the page. Give the respondent one or two minutes to draw the figure. Repeat the instructions once if the respondent does not understand the first time.

*Respondents should use a pencil and are allowed to erase errors. Allow multiple self-starts but do not encourage repeated attempts.]*

- 0. Respondent did not draw a circle
- 1. Respondent drew a circle
- 6. Couldn't do task due to vision problem
- 7. Couldn't do task due to other physical impairment
- 8. Don't know
- 9. Refuse

*CG102. [IWER: Present, item #2, a diamond, and say] Now here's a drawing of a diamond. Copy it as best you can, just below it.*

- 0. Respondent did not draw a diamond
- 1. Respondent drew a diamond
- 6. Couldn't do task due to vision problem
- 7. Couldn't do task due to other physical impairment
- 8. Don't know
- 9. Refuse

*CG103. [IWER: Present, item #3, overlapping rectangles, and say] That's fine. Now draw this third figure. Copy it, just below it.*

- 0. Respondent did not draw overlapping rectangles
- 1. Respondent drew overlapping rectangles
- 6. Couldn't do task due to vision problem
- 7. Couldn't do task due to other physical impairment
- 8. Don't know
- 9. Refuse

*CG104. [IWER: Present, item #4, a cube, and say] This is the hardest figure to draw, but take your time. Copy it as best you can, just below it.*

- 0. Respondent did not draw a cube
- 1. Respondent drew a cube
- 6. Couldn't do task due to vision problem
- 7. Couldn't do task due to other physical impairment
- 8. Don't know
- 9. Refuse

### **Serial 7's**

*CG111. [if CG000=1] Now, let's try some subtraction of numbers. One hundred minus 7 equals what? [IWER: If R adds 7 instead, you may repeat the question].*

\_\_\_\_\_ [range: 0-1000], -7. R cannot count, -8. Don't know, -9. Refuse

*CG112. [if CG111>0] And 7 from that? [IWER: This is the second subtraction].*

\_\_\_\_\_ [range: 0-1000], -8. Don't know, -9. Refuse

*CG113. [if CG112>0] And 7 from that? [IWER: This is the third subtraction].*

\_\_\_\_\_ [range: 0-1000], -8. Don't know, -9. Refuse

*CG114. [if CG113>0] And 7 from that? [IWER: This is the fourth subtraction].*

\_\_\_\_\_ [range: 0-1000], -8. Don't know, -9. Refuse

*CG115. [if CG114>0] And 7 from that? [IWER: This is the fifth subtraction].*

\_\_\_\_\_ [range: 0-1000], -8. Don't know, -9. Refuse

*CG116 (extended). [Interviewer answers if not missing C115] Please indicate whether the R used paper and pen/pencil or any other aids when completing the number subtraction. [IWER: Choose the most appropriate answer]. [HRS, ELSA, CHARLS]*

1. *R definitely used aid*
2. *Suspect that R used aid, but not certain*
3. *No reason to think R used aid*
4. *R received some help*

**Backward Day Naming**

\*This serves as an alternate test for innumerate respondents. If the percentage of innumeracy is high in the population, it can be used in place of the Serial 7's task.

CG121-CG127. [if CG000=1 & CG111=-7] Now please list the days of the week backwards, starting from Sunday.

CG121	[First day named]	1. Sunday
CG122	[if CG121=1-7] [Second day named]	2. Saturday
CG123	[if CG122=1-7] [Third day named]	3. Friday
CG124	[if CG123=1-7] [Fourth day named]	4. Thursday
CG125	[if CG124=1-7] [Fifth day named]	5. Wednesday
CG126	[if CG125=1-7] [Sixth day named]	6. Tuesday
CG127	[if CG126=1-7] [Seventh day named]	7. Monday -8. Don't know -9. Refuse

**Go-No-Go Task**

*Part 1*

*CG131-CG140 (extended). [if CG000=1] In this task, when I tap the table once, like this (tap), I want you to tap twice. And when I tap twice (tap tap) I want you to tap once. Let's practice.*

*So when I tap once (tap) – you tap...? (subject taps)  
And when I tap twice (tap tap) – you tap...? (subject does not tap)*

*[if incorrect, say] Let's try again: remember when I tap once, you tap twice. And when I tap twice, you tap once – here we go. [IWER: Repeat above practice trial. Instructions and practice can be repeated one more time (for a maximum of three times).]*

*[if correct, say] OK that's right, remember, I tap once, you tap twice. I tap twice, you tap once. Here we go. [CAPI halts Part 1 after five incorrect responses in a row.]*

		-6. <i>Couldn't do task due to vision problem</i> -7. <i>Couldn't do task due to hearing problem</i> -8. <i>Don't know</i> -9. <i>Refuse</i>
CG131	[IWER: tap one time]	0. <i>Incorrect</i> 1. <i>Correct, R tapped 2 times</i>
CG132	[IWER: tap two times]	0. <i>Incorrect</i> 1. <i>Correct, R tapped 1 time</i>
CG133	[IWER: tap two times]	0. <i>Incorrect</i> 1. <i>Correct, R tapped 1 time</i>
CG134	[IWER: tap one time]	0. <i>Incorrect</i> 1. <i>Correct, R tapped 2 times</i>

CG135	[IWER: tap two times]	0. Incorrect 1. Correct, R tapped 1 time
CG136	[IWER: tap one time]	0. Incorrect 1. Correct, R tapped 2 times
CG137	[IWER: tap one time]	0. Incorrect 1. Correct, R tapped 2 times
CG138	[IWER: tap two times]	0. Incorrect 1. Correct, R tapped 1 time
CG139	[IWER: tap two times]	0. Incorrect 1. Correct, R tapped 1 time
CG140	[IWER: tap one time]	0. Incorrect 1. Correct, R tapped 2 times

**Part 2**

CG141-CG150 (extended). [if CG000=1] Now I am going to change the rules. This time when I tap once, you tap twice just like before. But now when I tap twice you do nothing – OK? Let’s practice.

So when I tap once (tap), you tap...? (subject taps)  
And when I tap twice (tap tap), you...? (subject taps)

[if incorrect, say] Let’s do that again: remember when I tap once, you tap twice. And when I tap twice, you do nothing – let’s practice again. [IWER: Repeat above practice trial. Instructions and practice can be repeated one more time (for a maximum of three times).]

[if correct, say] OK that’s right, remember, I tap once, you tap twice. And when I tap twice, you do nothing. Here we go. [CAPI halts Part 2 after five incorrect responses in a row.]

		-6. Couldn’t do task due to vision problem -7. Couldn’t do task due to hearing problem -8. Don’t know -9. Refuse
CG141	[IWER: tap two times]	0. Incorrect 1. Correct, R did not tap
CG142	[IWER: tap one time]	0. Incorrect 1. Correct, R tapped 2 times
CG143	[IWER: tap one time]	0. Incorrect 1. Correct, R tapped 2 times
CG144	[IWER: tap two times]	0. Incorrect 1. Correct, R did not tap
CG145	[IWER: tap two times]	0. Incorrect 1. Correct, R did not tap
CG146	[IWER: tap two times]	0. Incorrect 1. Correct, R did not tap
CG147	[IWER: tap one time]	0. Incorrect 1. Correct, R tapped 2 times
CG148	[IWER: tap one time]	0. Incorrect 1. Correct, R tapped 2 times
CG149	[IWER: tap one time]	0. Incorrect 1. Correct, R tapped 2 times
CG150	[IWER: tap two times]	0. Incorrect 1. Correct, R did not tap



**Delayed Logical Memory**

CG160 (extended). [if CG000=1] A while back I read you a story and asked you to tell me everything about the stories that you could remember. I would like to know if you still remember anything from this story. Thinking back on the story I told you, tell me everything that you remember about it. Start at the beginning.

- 0. Refuses
- 1. Doesn't remember story
- 2. Continue

[IWER: Listen for story points. Probe: "Anything else?"]

CG161	<u>Three children</u>	0. Did not recall point
CG162	<u>House on fire</u>	1. Recalled gist of point
CG163	<u>Brave man climbed</u>	2. Recalled exact point
CG164	<u>Children rescued</u>	-7. Couldn't do task due to hearing problem
CG165	<u>Minor injuries</u>	-8. Don't know or couldn't remember story
CG166	<u>Everyone well</u>	-9. Refuse

**Delayed Constructional Praxis**

CG170. (extended). [if CG000=1] A while ago I showed you some drawings on separate pieces of paper. You looked at each drawing and then drew it on the same sheet of paper. I would like for you to draw them on this sheet, this time from memory.

[IWER: Give R sheet of paper to draw shapes. Allow R up to 8 minutes to draw all 4 shapes. If respondent cannot remember any of the shapes, code 0.]

- 0. Doesn't remember
- 1. Continue

CG171a. [IWER: did R draw a circle? Looking for (1) circular shape, (2) closed circle (within 1/8")]

- 0. Respondent did not draw a circle
- 1. Respondent drew a circle
- 6. Couldn't do task due to vision problem
- 7. Couldn't do task due to other physical impairment
- 8. Don't know
- 9. Refuse

CG171b. [IWER: number of correct attributes for circle]

\_\_\_\_\_

CG172a. [IWER: did R draw a diamond? Looking for (1) 4 sides of the diamond, (2) closed all 4 angles of the diamond (within 1/8"), (3) all sides are approximately equal in length]

- 0. Respondent did not draw a diamond
- 1. Respondent drew a diamond
- 6. Couldn't do task due to vision problem
- 7. Couldn't do task due to other physical impairment
- 8. Don't know
- 9. Refuse

CG172b. [IWER: number of correct attributes for diamond]

\_\_\_\_\_

CG173a. [IWER: did R draw rectangles? Looking for (1) both rectangles are 4-sided, (2) overlaps resembled original rectangles]

- 0. Respondent did not draw overlapping rectangles

- 1. Respondent drew overlapping rectangles
- 6. Couldn't do task due to vision problem
- 7. Couldn't do task due to other physical impairment
- 8. Don't know
- 9. Refuse

CG173b. [IWER: number of correct attributes for rectangles]

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CG174a. [IWER: did R draw a cube? Looking for (1) 3-dimensional cube, (2) frontal face correctly oriented (either left or right), (3) internal lines are correct, (4) opposite sides are parallel (within 10 degrees)]

- 0. Respondent did not draw a cube
- 1. Respondent drew a cube
- 6. Couldn't do task due to vision problem
- 7. Couldn't do task due to other physical impairment
- 8. Don't know
- 9. Refuse

CG174b. [IWER: number of correct attributes for cube]

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CG151. [Interviewer answers] Were there any factors that may have impaired the respondent's performance on the tests?

- 0. No
- 1. Yes

CG152. [Interviewer answers] What factors may have impaired the respondent's performance? [Select all that apply.]

- a. Blind or poor eyesight
- b. Deaf or hard of hearing
- c. Too tired
- d. Has an illness or physical impairment that affects ability to perform the test
- e. Impaired concentration
- f. Nervous or anxious
- g. Other mental impairment
- h. Interruption or distraction – e.g. phone call or visitor
- i. Noisy environment
- j. Problems with the laptop
- k. Had difficulty understanding [language]
- l. Respondent refused/didn't want to take part
- m. Distress/upset, e.g. from bereavement
- n. Memory problems
- o. Under the influence of alcohol
- p. Other (Specify) \_\_\_\_\_ (CG302\_other)

CG153. [Interviewer answers] Who was present during this section? [Select all that apply.]

- a. Respondent alone
- b. Partner present
- c. Child(ren) present
- d. Other(s) present

## PROXY COGNITION

[not to be answered if Cognition section was completed]

### Memory Rating

PC001. [if CG000=2] Part of this study is concerned with peoples' memory, and ability to think about things. First, how would you rate [R's FIRST NAME]'s memory at the present time? Would you say it is excellent, very good, good, fair or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
- 8. Don't know
- 9. Refuse

PC002. [if CG000=2] Compared to two years ago, would you say [R's FIRST NAME]'s memory is better now, about the same, or worse now than it was then?

1. Better
2. Same
3. Worse
- 8. Don't know
- 9. Refuse

### Jorm IQCODE

PC101-PC116 (PROMPT). [if CG000=2] Now we want you to remember what [R's FIRST NAME] was like [two/ten] years ago and to compare it with what [he/she] is like now. I will read situations where [R's FIRST NAME] has to use [his/her] memory or intelligence and we would like you to indicate whether this has improved, stayed the same, or gotten worse in that situation over the past [two/ten] years. Note the importance of comparing [his/her] present performance with [two/ten] years ago. So if two years ago [R's FIRST NAME] always forgot where [he/she] had left things, and [he/she] still does, then this would be considered "not much change".

*[alternate: ask changes in two years or since the last interview]*

	Compared with [two/ten] years ago, how is [R's FIRST NAME] at ..... Has this been much improved, a bit improved, not much changed, a bit worse, or much worse? <i>[alternate: Compared with two years ago, how is [R's FIRST NAME] at ..... Has this been much improved, a bit improved, not much changed, a bit worse, or much worse?]</i>	1. Much improved 2. A bit improved 3. Not much changed 4. A bit worse 5. Much worse 6. Does not apply; R doesn't do activity -8. Don't know -9. Refuse
PC101	Remembering things about family and friends, such as occupations, birthdays, and addresses?	
PC102	Remembering things that have happened recently?	
PC103	Recalling conversations a few days later?	
PC104	Remembering [his/her] address and telephone number?	
PC105	Remembering what day and month it is?	
PC106	Remembering where things are usually kept?	
PC107	Remembering where to find things which have been put in a different place than usual?	
PC108	Knowing how to work familiar machines around the house?	
PC109	Learning to use a new gadget or machine around the house?	
PC110	Learning new things in general?	
PC111	Following a story in a book or on TV?	

PC112	Making decisions on everyday matters?	
PC113	Handling money for shopping?	
PC114	Handling financial matters, that is, [his/her] pension or dealing with the bank?	
PC115	Handling other everyday arithmetic problems, such as, knowing how much food to buy, knowing how long between visits from family or friends?	
PC116	Using [his/her] intelligence to understand what's going on and to reason things through?	

**Abilities and Behaviors**

*PC200 (extended). [if CG000=2] How would you rate R's FIRST NAME ability to organize [his/her] daily activities? Would you say [his/her] abilities are excellent, very good, good, fair or poor? [HRS, MHAS]*

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 8. Don't know
- 9. Refuse

PC201. [if CG000=2] Now, thinking about some current behaviors, does [he/she] ever get lost in a familiar environment?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

PC202. [if CG000=2] Does [he/she] ever wander off and not return by [himself/herself]?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

PC203. [if CG000=2] Can [he/she] be left alone for an hour or so?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

PC204. [if CG000=2] Does [he/she] ever see or hear things that are not really there?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

	<i>During the past week, how often has R's FIRST NAME .... Has it been most of the time, some of the time, or never?</i>	<ul style="list-style-type: none"> <li>1. Most of the time</li> <li>2. Some of the time</li> <li>3. Never</li> <li>-8. Don't know</li> <li>-9. Refuse</li> </ul>
<i>PC205 (extended)</i>	<i>had difficulties falling asleep or waking frequently during the night? [HRS, MHAS, LASI]</i>	
<i>PC206 (extended)</i>	<i>paced around or made unexplained rocking movements while sitting? Has it been most of the time, some of the time, or never? [HRS, MHAS]</i>	
<i>PC207 (extended)</i>	<i>NAME done things that are dangerous to [himself/herself] or others? [HRS, MHAS]</i>	

PC208 (extended)	<i>mentioned that people are plotting against them or trying to harm [him/her]? [HRS, MHAS]</i>	
PC209 (extended)	<i>become angry or hostile? [HRS, MHAS]</i>	
PC210 (extended)	<i>drunk too much alcohol? Has it been most of the time, some of the time, or never? [HRS, MHAS]</i>	

PC211. [Interviewer answers] Enter household PN of proxy.

\_\_\_\_\_

## MENTAL HEALTH

MH000. Code 1 if R can respond themselves, code 2 if relies on proxy

### CES-D – Binary [HRS, MHAS, ELSA, SHARE\*]

	[if MH000=1] Much of the time during the past week, ... Would you say yes or no?	0. No 1. Yes -8. Don't know -9. Refuse
MH001	you felt depressed	
MH002	you felt that everything you did was an effort	
MH003	your sleep was restless	
MH004	you were happy	
MH005	you felt lonely	
MH006	you could not get going	
MH007	you enjoyed life	
MH008	you felt sad	

### CES-D – Likert (alternate 1) [KloSA, JSTAR, TILDA, CHARLS, LASI]

	[if MH000=1] During the past week, how much of the time ...	
MH001	did you feel depressed?	1. Rarely or none of the time (less than 1 day) 2. Some or a little of the time (1-2 days) 3. Occasionally or a moderate amount of time (3-4 days) 4. Most or all of the time (5-7 days) -8. Don't know -9. Refuse
MH002	did you feel that everything you did was an effort?	
MH003	was your sleep restless?	
MH004	were you happy?	
MH005	did you feel lonely?	
MH006	could you not get going?	
MH007	did you have trouble keeping your mind on what you were doing?	
MH008	time were you bothered by things that usually do not bother you?	
MH009	did you feel fearful?	
MH010	did you feel hopeful about the future?	
MH011 (extended)	did you enjoy life?	
MH012 (extended)	did you feel sad?	

### EURO-D (alternate 2) [SHARE]

MH001-MH016. [if MH000=1]

MH001. In the last month, have you been sad or depressed?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

MH002. What are your hopes for the future?

- 0. No hopes mentioned
- 1. Any hopes mentioned
- 8. Don't know
- 9. Refuse

MH003. In the last month, have you felt that you would rather be dead?

- 0. No mention of suicidal feelings or wishing to be dead
- 1. Any mention of suicidal feelings or wishing to be dead

- 8. Don't know
- 9. Refuse

MH004. *Do you tend to blame yourself or feel guilty about anything? Excessive guilt is guilt that is clearly out of proportion to the circumstances. The fault will often have been very minor, if there was one at all. Justifiable or appropriate guilt is not excessive guilt.*

- 0. *No obvious excessive guilt or self-blame*
- 1. *Obvious excessive guilt or self-blame*
- 2. *Mentions guilt or self-blame, but it is unclear if these constitute obvious excessive guilt or self-blame*
- 8. *Don't know*
- 9. *Refuse*

MH005. *[if MH004=2] So, for what do you blame yourself?*

- 0. *Example(s) given do not constitute obvious excessive guilt or self-blame, or it remains unclear if these constitute obvious or excessive guilt or self-blame*
- 1. *Example(s) given constitute obvious excessive guilt or self-blame*
- 8. *Don't know*
- 9. *Refuse*

MH006. *Have you had trouble sleeping recently?*

- 0. *No trouble sleeping*
- 1. *Trouble with sleep or recent change in pattern*
- 8. *Don't know*
- 9. *Refuse*

MH007. *In the last month, what is your interest in things?*

- 0. *No mention of loss of interest*
- 1. *Less interested than usual mentioned*
- 2. *Non-specific or uncodeable response*
- 8. *Don't know*
- 9. *Refuse*

MH008. *[if MH007=2] So, do you keep up your interests?*

- 0. *No*
- 1. *Yes*
- 8. *Don't know*
- 9. *Refuse*

MH009. *Have you been irritable recently?*

- 0. *No*
- 1. *Yes*
- 8. *Don't know*
- 9. *Refuse*

MH010. *What has your appetite been like in the last month?*

- 0. *No diminution in desire for food*
- 1. *Diminution in desire for food*
- 2. *Non-specific or uncodeable response*
- 8. *Don't know*
- 9. *Refuse*

MH011. *[if MH010=2] So, have you been eating more or less than usual?*

- 1. Less
- 2. Neither more nor less
- 3. More
- 8. Don't know
- 9. Refuse

*MH012. In the last month, have you had too little energy to do the things you wanted to do?*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*MH013. How is your concentration? For example, can you concentrate on a television program, film, or radio program?*

- 0. No difficulty in concentrating on entertainment
- 1. Difficulty in concentrating on entertainment
- 8. Don't know
- 9. Refuse

*MH014. Can you concentrate on something you read?*

- 0. No difficulty in concentrating on reading
- 1. Difficulty in concentrating on reading
- 8. Don't know
- 9. Refuse

*MH015. What have you enjoyed doing recently?*

- 0. Fails to mention any enjoyable activity
- 1. Mentions any enjoyment from activity
- 8. Don't know
- 9. Refuse

*MH016. In the last month, have you cried at all?*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse



## HEALTH BEHAVIORS

### Preventive Health

HB001. In the last year, have you had a flu vaccine?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HB002. In the last 2 years, have you had a blood test for cholesterol?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HB003. Have you received a pneumococcal vaccination?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HB004. Have you had colonoscopy, sigmoidoscopy or other screening for colon cancer? [Select all that apply.] [Hard check: if response is "None", freeze all other option categories.]

- a. Colonoscopy
- b. Sigmoidoscopy
- c. Blood in stool test
- d. None
- 8. Don't know
- 9. Refuse

HB005. [if CS003=2] In the last 2 years, have you had a mammogram or breast x-ray (to look for cancer)?

- 0. No
- 1. Yes
- 2. Does not have/missing organs
- 8. Don't know
- 9. Refuse

HB006. [if CS003=2] In the last 2 years, have you had a pap smear (to check for uterine cancer)?

- 0. No
- 1. Yes
- 2. Does not have/missing organs
- 8. Don't know
- 9. Refuse

HB007. [if CS003=1] In the last 2 years, have you had an examination of your prostate and/or a blood test to screen for cancer? [Select all that apply.] [Hard check: if response is "Neither", freeze all other option categories.]

- a. Prostate/rectal exam
- b. PSA Blood test
- c. Neither
- 8. Don't know
- 9. Refuse

## Smoking

HB101. Have you ever smoked cigarettes, cigars, pipes, or used smokeless tobacco? (Defined as more than 100 cigarettes or 5 packs in your lifetime.)

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HB102. [if HB101=1] Do you smoke at the present time or currently use smokeless tobacco?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HB103. [if HB101=1] What type of tobacco product do you use? [Select all that apply.]

- a. Cigarettes
- b. Pipe
- c. Cigars or cigarillos
- d. E-cigarettes
- e. Smokeless tobacco
- 8. Don't know
- 9. Refuse

HB104. [if HB102=1] About how many cigarettes or how much tobacco do you usually smoke or consume per day (on average)? [Do not enter value if not used]

- a. \_\_\_\_\_ cigarettes/day (includes bidis) (range: 1+)
- b. \_\_\_\_\_ packs/day (range: 1+)
- c. \_\_\_\_\_ pipes (range: 1+)
- d. \_\_\_\_\_ cigars (includes cheroot) (range: 1+)
- e. \_\_\_\_\_ e-cigarettes (range: 1+)
- 8. Don't know
- 9. Refuse

HB105. [if HB101=1] About how old were you when you first started smoking or using smokeless tobacco? [Only select one option.]

- a. Age: \_\_\_\_\_ (range: 0-CS006)
- b. Year: \_\_\_\_\_ (range: DM001b-II003c)
- c. \_\_\_\_\_ years ago (range: 0-CS006)
- 8. Don't know
- 9. Refuse

HB106. [if HB101=1 & HB102=0] How old were you when you quit smoking or consuming smokeless tobacco? [Only select one option.]

- a. Age: \_\_\_\_\_ (range: 0-CS006)
- b. Year: \_\_\_\_\_ (range: DM001b-II003c)
- c. \_\_\_\_\_ years ago (range: 0-CS006)
- 8. Don't know
- 9. Refuse

HB107. [if HB001 = 1] (extended) When you were smoking the most, about how many cigarettes or packs did you usually smoke in a day? [HRS\*, MHAS, CRELES\*, KLoSA] [Only select one option.]

a. Cigarettes: \_\_\_\_\_ (range: 1+)

b. Packs: \_\_\_\_\_ (range: 1+)

-8. Don't know

-9. Refuse

### Drinking

HB201. Have you ever drunk any alcoholic beverages such as beer, wine, or liquor or do you currently drink them?

1. Have never drunk alcohol

2. Not now but in the past

3. Currently drink

-8. Don't know

-9. Refuse

HB202. [if HB201=3] During the last 3 months, how many days a week did you have any alcohol to drink?

\_\_\_\_\_ [range: 0-7, code 0 if none or less than once per week], -8. Don't know, -9. Refuse

HB203. [if HB201=3] In the last three months, about how many drinks (on average) did you have on the days you drink (i.e. bottle/can/glass)?

\_\_\_\_\_ [range: 0-96, code 96 if drink all the time], -8. Don't know, -9. Refuse

HB204. [if HB201=3] In the last three months, on how many days have you had four or more drinks on one occasion?

\_\_\_\_\_ [range: 0-92], -8. Don't know, -9. Refuse

HB205. [if HB201=2,3] Have you ever felt that you should cut down on drinking?

0. No

1. Yes

-8. Don't know

-9. Refuse

HB206. [if HB201=2,3] Have people ever annoyed you by criticizing your drinking?

0. No

1. Yes

-8. Don't know

-9. Refuse

HB207. [if HB201=2,3] Have you ever felt bad or guilty about drinking?

0. No

1. Yes

-8. Don't know

-9. Refuse

HB208. [if HB201=2,3] Have you ever taken a drink first thing in the morning to calm your nerves or get rid of a hangover?

0. No

1. Yes

-8. Don't know

-9. Refuse

**Physical Activity**

HB301. How often do you take part in activities that are vigorous/vigorous physical activity, such as sports, jogging, heavy housework, or a job that involves physical labor?

- 1. 3 or more times a week
- 2. 1-2 times a week
- 3. 1-3 times a month
- 4. Hardly ever or never/none
- 8. Don't know
- 9. Refuse

HB302. How often do you take part in activities that require a moderate level of energy, such as gardening, walking at a moderate pace, bicycling at a regular pace, carrying light loads, dancing, or floor or stretching exercises?

- 1. 3 or more times a week
- 2. 1-2 times a week
- 3. 1-3 times a month
- 4. Hardly ever or never/none
- 8. Don't know
- 9. Refuse

HB303. How often do you take part in light physical activity, such as walking?

- 1. 3 or more times a week
- 2. 1-2 times a week
- 3. 1-3 times a month
- 4. Hardly ever or never/none
- 8. Don't know
- 9. Refuse

## HEALTH CARE UTILIZATION AND INSURANCE

### Insurance Policies

*[Begin insurance policy loop]*

*Each question in the insurance loop is denoted by a unique insurance identifier, I, and insurance policies will be provided a unique policy id to enable linkages and preloading at future interviews. Surveys may choose to cap the number of insurance policies a user can report or limit the types of insurance policies mentioned in HU001\_I.*

*Insurance policy type*

HU001\_I.

(First time in insurance loop) The next series of questions are about your insurance policies that help pay for your expenses in the event you need medical care, long-term care, have a sickness or an accident, or become disabled, or provide a benefit to your family in the event you die. Select one of the following types of insurance policies that you have. If you have multiple insurance policies, we will ask about those in turn.

(After first loop) Do you have another insurance policy from one of the following types? You may mention the same one again if you have multiple insurance policies for that type (e.g., if you have a primary and supplementary health insurance).

[Note: Surveys may choose to include the specific names of insurance policies that are commonly held, like government-provided social security programs]

[DEF: long-term care includes paid home care, assisted living, adult daycare, respite care, hospice care, or stays in nursing homes or residential care facilities]

1. Health insurance (may include dental and vision)
2. Life insurance
3. Long-term care insurance
4. Sickness, accident, or disability insurance
- 7. I am not covered by any of these insurance types
- 8. Don't know
- 9. Refuse

*HU002\_I. (extended) [if HU001\_I=1,2,3,4] What is the name of this insurance plan?*

*[Note: this question is meant to facilitate a respondent's recollection in subsequent surveys and is typically not distributed]*

\_\_\_\_\_ *[free text], -8. Don't know, -9. Refuse*

HU003\_I. [if HU001\_I=1,2,3,4] Is this insurance policy provided by:

[Interviewer note: we want to identify who manages the policy. Some insurance types are required by governments but provided through private insurance companies. In these cases, the insurance policy is provided by a private company]

1. the government
2. a private company
3. an employee group (e.g., union, occupational fund)
4. other group
- 8. Don't know
- 9. Refuse

*HU004\_I (alternate). [if HU001\_I=1,2,3,4] How do you have access to this insurance policy? [Select all that apply.]*

- a. Through the government*
- b. Through your current or former employer*
- c. Through your spouse's current or former employer*

- d. *Through your business (if self-employed)*
- e. *Purchased outside of an employer or the government*
- 8. *Don't know*
- 9. *Refuse*

*Health Insurance*

HU010\_I. [if HU001\_I=1] What services are covered by this health insurance policy?

- 1. Hospital care
- 2. General practitioner/primary care physician
- 3. Specialist care (e.g., orthopedist, cardiology, etc.)
- 4. Mental healthcare
- 5. Prescription medication
- 6. Dental care (e.g., routine care exams)
- 7. Vision care (e.g., routine vision exams)
- 8. Don't know
- 9. Refuse

HU011\_I (extended). [if HU001\_I=1] Does this insurance policy complement or supplement costs that are not otherwise covered by another policy?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*Life Insurance*

HU020\_I. [if HU001\_I=2] Which type of life insurance policy is this?

- a. Whole life insurance: A type of policy that builds up a cash value that you can borrow against, or that you would receive if the policy were to be cancelled
- b. Term life insurance: A type of policy that provides coverage for a fixed period of time and pays a predetermined amount only if the policyholder dies within this period
- 8. Don't know
- 9. Refuse

HU021\_I (extended). [if HU001\_I=2] Who are the beneficiaries of this policy? [Select all that apply.]

- a. Spouse
- b. Children
- c. Children-in-law
- d. Grandchildren
- e. Other relative
- f. Friend or non-relative
- g. Charity
- 8. Don't know
- 9. Refuse

HU022\_I (extended). [if HU001\_I=2] What is the face value of policy, that is, the amount of money the beneficiary would get if you were to die?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*Long-term care insurance*

HU030\_I (extended). [if HU001\_I=3] What services does your long-term care insurance cover? [Select all that apply.]

- a. In-home medical care (e.g., care provided by a trained medical professional, such as nurse, physician assistant, nurse's aides, physical or occupational therapists, chemotherapists, respiratory oxygen therapists, or hospice caregivers)
- b. In-home personal care (e.g., bathing, dressing, toileting, standing)
- c. In-home help with domestic tasks (e.g., cooking, cleaning)
- d. Adult daycare
- e. Respite care
- f. Hospice care
- g. Nursing homes (a nurse is present 24-hours per day)
- h. Other residential care (including assisted living)
- i. Other non-residential care
- 8. Don't know
- 9. Refuse

HU031\_I (extended). [if HU001\_I=3] What is the maximum annual benefit paid by your long-term care insurance? \_\_\_\_\_ [range: 1-TBD], -6. There is no maximum, -8. Don't know, -9. Refuse

HU031a\_I (extended). [if HU031\_I = -8, -9] Then would you say that the maximum annual benefit amount paid by your long-term care insurance would be less than \_\_\_\_\_, more than \_\_\_\_\_, or what?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 6. There is no maximum
- 8. Don't know
- 9. Refuse

**Sickness, accident, or disability insurance**

HU040\_I (extended). [if HU001\_I=4] What events or episodes does your insurance cover? [Select all that apply.]

- a. Accidents, illnesses, and injuries, regardless of impact on your ability to work
- b. Temporary inability to work
- c. Permanent inability to work
- d. Temporary inability to care for myself
- e. Permanent inability to care for myself
- 8. Don't know
- 9. Refuse

HU041\_I (extended). [if HU001\_I=4] What benefits are provided by this policy? [Select all that apply.]

- a. One-time payment
- b. Regular payment for a set period (e.g., a monthly payment for 3 months after the disabling event)
- c. Regular payment for an indefinite period (e.g., a monthly payment for as long as you have the disablement)
- 8. Don't know
- 9. Refuse

**Insurance cost and coverage requirement**

HU050\_I (extended). [if HU001\_I=1,2,3,4] What is the premium you pay for this policy? [Only select one option.] [Note: Do not include employer or government's contribution to premium, only what the individual pays]

- a. Per month: \_\_\_\_\_ [range: 1-TBD]
- b. Per quarter: \_\_\_\_\_ [range: 1-TBD]
- c. Per year: \_\_\_\_\_ [range: 1-TBD]

- 8. Don't know
- 9. Refuse

HU050a\_I (extended). [if HU050\_I = -8, -9] Then would you say that the amount of money that you paid for your insurance premium was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

HU051\_I (extended). [if HU001\_I=1,2,3,4] Are you required to have an insurance policy like this one by a government law or regulation or is it required/provided by your employer?

[Note: if an employer and the government require this policy, mark b. Yes, because the government requires me to hold this policy]

- 1. No, this insurance is voluntary
- 2. Yes, because the government requires me to hold a policy of this type
- 3. Yes, because my employer requires me to hold a policy of this type (not a government requirement) or provides it to me as part of my employment
- 8. Don't know
- 9. Refuse

#### Questions for people with no health insurance

HU090. [if (HU001\_I= -7 & I=1) or (HU001\_I is never equal 1 for all I)] What is your main reason for not having health insurance?

- 1. I am not aware about health insurance
- 2. I cannot afford it
- 3. I do not need it
- 4. I do not know where to purchase it
- 5. I tried to get health insurance but was denied it/ Self decided not to purchase it
- 6. I/My family decided not to purchase it
- 7. Other, please specify \_\_\_\_\_
- 8. Don't know
- 9. Refuse

[End insurance policy loop]

[Sum number of insurances in insurance loop – Inum]

#### Health Care Utilization

##### Hospitalization

HU101. In the last year, have you been a patient in a hospital overnight?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

HU102. [if HU101=1] How many different times have you been a patient in a hospital overnight in the last year?  
 \_\_\_\_\_ [range: 1-365], -8. Don't know, -9. Refuse



HU103. [if HU101=1] In total, how many nights have you spent as a patient in a hospital in the last year?  
\_\_\_\_\_ [range: 1-365], -8. Don't know, -9. Refuse

HU104. [if HU101=1] In total, how much did you pay for your overnight hospital stay(s) in the last year, after any health insurance reimbursement?  
\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*HU104a (extended). [if HU104 = -8, -9] Then would you say that the amount of money that you paid for your overnight hospital stay(s) was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?*

1. *Less than \_\_\_\_\_*
2. *About \_\_\_\_\_*
3. *More than \_\_\_\_\_*
- 8. *Don't know*
- 9. *Refuse*

*Outpatient care*

HU111. In the last year, have you seen or talked to a medical doctor about your health? Please exclude hospital stays and dentist visits, but include emergency room or outpatient clinic visits.

0. No
1. Yes
- 8. Don't know
- 9. Refuse

HU112. [if HU111=1] How many times have you seen or talked to a medical doctor about your health in the last year?  
\_\_\_\_\_ [range: 0-365], -8. Don't know, -9. Refuse

HU113. During this outpatient visits, have you had any blood or urine tests, X-ray, ECG, MRI, or other tests?  
0. No  
1. Yes  
-8. Don't know  
-9. Refuse

HU114. [if HU111=1] In total, how much did you pay for your doctor visit(s) in the last year, after any health insurance reimbursement?  
\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*HU114a (extended). [if HU113 = -8, -9] Then would you say that the amount of money that you paid for your doctor visits was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?*

1. *Less than \_\_\_\_\_*
2. *About \_\_\_\_\_*
3. *More than \_\_\_\_\_*
- 8. *Don't know*
- 9. *Refuse*

HU115. Not counting overnight hospital stays, in the last year, have you had outpatient surgery?  
0. No  
1. Yes  
-8. Don't know  
-9. Refuse

HU115. [if HU114=1] In total, how much did you pay for your outpatient surgery in the last year, after any health insurance reimbursement?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*HU115a (extended). [if HU115 = -8, -9] Then would you say that the amount of money that you paid for your outpatient surgery was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?*

1. Less than \_\_\_\_\_
  2. About \_\_\_\_\_
  3. More than \_\_\_\_\_
- 8. Don't know  
-9. Refuse

#### Medication

HU121. Do you regularly take prescription medications?

0. No
  1. Yes
- 8. Don't know  
-9. Refuse

HU122. [if HU121=1] In total, how much did you pay for your prescription medication in the last month or year, after any health insurance reimbursement? [Only select one option.]

- a. Per month: \_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse
- b. Per year: \_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*HU122a (extended). [if HU122 = -8, -9] Then would you say that the amount of money that you paid for your prescription medication was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?*

1. Less than \_\_\_\_\_
  2. About \_\_\_\_\_
  3. More than \_\_\_\_\_
- 8. Don't know  
-9. Refuse

#### Dental care

HU131. In the last year, have you seen a dentist for dental care, including dentures?

0. No
  1. Yes
- 8. Don't know  
-9. Refuse

HU132. [if HU131=1] How many times have you seen a dentist in the last year?

\_\_\_\_\_ [range: 1-365], -8. Don't know, -9. Refuse

HU133. [if HU131=1] In total, how much did you pay for your dental care in the last year, after any health insurance reimbursement?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*HU133a (extended). [if HU133 = -8, -9] Then would you say that the amount of money that you paid for your dental care was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?*

1. Less than \_\_\_\_\_
2. About \_\_\_\_\_
3. More than \_\_\_\_\_

-8. Don't know

-9. Refuse

### Long-Term Care Utilization

HU140. In the last year, have you received care services that were not provided by family or friends?

[DEF: care services include paid care at your home for medical or personal needs, assisted living, adult daycare, respite care, hospice care, or stays in nursing homes or residential care facilities]

0. No

1. Yes

-8. Don't know

-9. Refuse

### Overall long-term care use and costs in last year

HU141. [if HU140=1] What care services did you receive in the last year? [Select all that apply.]

a. Overnight stay in a nursing home (a nurse is present 24-hours per day) [if yes, HU141a=1; otherwise =0]

b. Overnight stay in a facility that was not a nursing home, but provided support for medical or personal care needs (including assisted living; but does not include facilities that are for "independent living") [if yes, HU141b=1; otherwise =0]

c. In-home medical care (e.g., care provided by a trained medical professional, such as nurse, physician assistant, nurse's aides, physical or occupational therapists, chemotherapists, respiratory oxygen therapists, or hospice caregivers) [if yes, HU141c=1; otherwise =0]

d. In-home personal care (e.g., bathing, dressing, toileting, standing) [if yes, HU141d=1; otherwise =0]

e. In-home help with domestic tasks (e.g., cooking, cleaning) [if yes, HU141e=1; otherwise =0]

f. Adult daycare [if yes, HU141f=1; otherwise =0]

g. Respite care [if yes, HU141g=1; otherwise =0]

h. Hospice care [if yes, HU141h=1; otherwise =0]

i. Other non-residential care [if yes, HU141i=1; otherwise =0]

-8. Don't know

-9. Refuse

HU142. [if HU140=1] How were the costs for that care paid? [Select all that apply.]

[Note: Ideally, this would link to insurance policies listed earlier]

a. I paid

b. Health insurance

c. Long-term care insurance

d. Disability insurance

e. Life insurance

f. Other insurance

g. Family or friends

h. Another source paid

i. I was unable to pay the full amount and have a debt for this care

-8. Don't know

-9. Refuse

HU143 (extended). [if HU142=a] How much did you pay per month while receiving this care?

\_\_\_\_\_ [range: 1-TBD], -8. Don't know, -9. Refuse

HU143a (extended). [if HU143 = -8, -9] Then would you say that the monthly amount that you paid for your long-term care while receiving care was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

HU144 (extended). [if HU142= g, h] How much did friends, family, or the other sources pay per month for your care?  
 \_\_\_\_\_ [range: 1-TBD], -8. Don't know, -9. Refuse

HU144a (extended). [if HU144 = -8, -9] Then would you say that the amount of money that your friends, family, or the other sources paid for your long-term care was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

*Expectations about coverage of future long-term care costs*

HU150. [if HU140=0] If you required care services in the future that could not be provided by family or friends, how would the costs for your care be paid? [Select all that apply.]

- a. I would pay
- b. Health insurance
- c. Long-term care insurance
- d. Disability insurance
- e. Life insurance
- f. Other insurance
- g. Friends or family
- h. Another source would pay
- i. I expect that I would be unable to ensure my care was fully paid at the time of service and I would have to incur a debt for my care
- 8. Don't know
- 9. Refuse

*Residential long-term care usage*

HU160. (extended) [if HU141=a,b] How many different times have you been a patient in a nursing home or residential care facility overnight in the last year?  
 \_\_\_\_\_ [range: 1-365], -8. Don't know, -9. Refuse

HU161. [if HU141=a,b] In total, how many weeks have you spent as a patient in a nursing home or resident care facility in the last year? [Only select one option.]

- a. Days: \_\_\_\_\_ [range: 1-365]
- b. Weeks: \_\_\_\_\_ [range: 1-52]
- c. Months: \_\_\_\_\_ [range: 1-12]
- 8. Don't know
- 9. Refuse

HU162. [if HU141=a,b] In total, how much did you pay for your overnight nursing home or residential care facility stay(s) in the last year, after any insurance reimbursement?  
 \_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

HU162a (extended). [if HU162 = -8, -9] Then would you say that the amount of money that you paid for your overnight nursing home or residential care facility stay(s) was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?

1. Less than \_\_\_\_\_
  2. About \_\_\_\_\_
  3. More than \_\_\_\_\_
- 8. Don't know  
-9. Refuse

**In-home medical care usage**

HU170 (extended). [if HU141=c] How many weeks have you received some form of in-home medical care in the last year?

\_\_\_\_\_ [range: 1-TBD], -7. The entire time, -8. Don't know, -9. Refuse

HU171. [if HU141=c,d,e] In total, how much did you pay for your in-home medical care in the last year, after any insurance reimbursement?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

HU171a (extended). [if HU171 = -8, -9] Then would you say that the amount of money that you paid for your in-home medical care was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?

1. Less than \_\_\_\_\_
  2. About \_\_\_\_\_
  3. More than \_\_\_\_\_
- 8. Don't know  
-9. Refuse

**In-home personal care usage**

HU180 (extended). [if HU141=d,e] How many weeks have you received some form of in-home care in the last year?

\_\_\_\_\_ [range in weeks: 1-TBD], -7. The entire time, -8. Don't know, -9. Refuse

HU181 (extended). [if HU141=d,e] In total, how much did you pay for your in-home personal care or help with domestic tasks in the last year, after any insurance reimbursement?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

HU181a (extended). [if HU181 = -8, -9] Then would you say that the amount of money that you paid for your in-home personal care or help with domestic tasks in the last year was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?

1. Less than \_\_\_\_\_
  2. About \_\_\_\_\_
  3. More than \_\_\_\_\_
- 8. Don't know  
-9. Refuse

## **FAMILY AND SOCIAL NETWORKS**

### **Children and Grandchildren**

FS001. How many children do you have that are living? Please include biological children, adoptive children, step-children, and foster children.

\_\_\_\_\_ [range: 0-50], -8. Don't know, -9. Refuse

FS002. [code 0 if FS001=# of children in HH, code 1 if FS001># of children in HH]

FS003-FS012. [if FS002=1] Now we'll talk about the children who live outside of your household. Let's start with your oldest child who does not live with you.

PN	FS003	FS004	FS005	FS006	FS007	FS008	FS009	FS010	FS011	FS012
	What's is your [next] child's name?	Is [name] a man or woman?	What is [name]'s relationship to [selected R]?	What is [name]'s relationship to [selected R's spouse/partner]?	How old is [he/she]?	[if FS007>5] What is the highest level of education [name] has completed?	Where does [name] live?	[if FS007>17] What is [name's] marital status?	[if FS007>17] Does [name] have any children?	[if FS007>17] What is [name]'s currently employment status?
	_____ -8. Don't know -9. Refuse	1. Man 2. Woman 3. Transgender [voluntary] -8. Don't know -9. Refuse	1. Biological child 2. Adopted child 3. Step-child 4. Foster child -8. Don't know -9. Refuse		_____ -8. Don't know -9. Refuse	0. None 1. Less than primary school 2. Primary school 3. Middle school 4. Technical or commercial school 5. High school 6. 2-year college degree 7. 4-year college degree 8. Masters degree 9. Professional degree -8. Don't know -9. Refuse	1. Same building 2. Same neighborhood 3. Different neighborhood in same city 4. Another city 5. Another country -8. Don't know -9. Refuse	1. Never married 2. Married 3. Partnered/live-in relationship 4. Separated 5. Divorced 6. Widowed -8. Don't know -9. Refuse	0. No 1. Yes -8. Don't know -9. Refuse	1. Working full-time 2. Working part-time 3. Looking for a job or unemployed 4. Is a student 5. Is dedicated to household chores 6. Doesn't work -8. Don't know -9. Refuse
101										
102										
...										
[n]										

FS013. [if FS002=1] How often do you see the children who do not live with you in person?

- 1. Daily or almost daily
- 2. Several times a week
- 3. Once a week
- 4. Every two weeks
- 5. Once a month
- 6. Less than once a month
- 7. Almost never or never
- 8. Don't know
- 9. Refuse

FS014. [if FS002=1] How often do you contact the children who do not live with you by phone, mail, e-mail, or social media?

- 1. Daily or almost daily
- 2. Several times a week
- 3. Once a week
- 4. Every two weeks
- 5. Once a month
- 6. Less than once a month
- 7. Almost never or never
- 8. Don't know
- 9. Refuse

FS015. [if any CS009\_[n]=1 or FS011\_[n]=1] How many living grandchildren do you have in total?

\_\_\_\_\_ [range: 1-100, code 100 if greater than 100], -8. Don't know, -9. Refuse

*FS016 (extended). [if FS015>0] Do you have any living great grandchildren?*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*FS017 (extended). [if FS016=1] How many living great grandchildren do you have in total?*

\_\_\_\_\_ [range: 1-100, code 100 if greater than 100], -8. Don't know, -9. Refuse

FS018. Have you had any children who have passed away?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*FS019-FS021. [if FS018=1]*

	<i>FS019 (extended). Was this child male or female?</i> 1. Male 2. Female 3. Transgender[voluntary] -8. Don't know -9. Refuse	<i>FS020 (extended). How old was [he/she] when [he/she] passed away?</i> _____ -8. Don't know -9. Refuse	<i>FS021 (extended). When did it happen? [Only select one option.]</i> a. Year: _____ b. Respondent's age: _____ -8. Don't know -9. Refuse
1			
2			
...			
n			



Parents

	a. Father	b. Mother
FS101. Is your [father/mother] alive? 0. No 1. Yes 2. Never had a father [voluntary] -8. Don't know -9. Refuse		
FS102. [if FS101=0] How old was your [father/mother] when [he/she] passed away? _____ [range: 10-120], -8. Don't know, -9. Refuse		
FS103. [if FS101=1] How old is your [father/mother] now? _____ [range: 10-120], -8. Don't know, -9. Refuse		
FS104. [if FS101<>2] What is the highest level of education your [father/mother] completed? 0. None 1. Less than primary school 2. Primary school 3. Middle school 4. Technical or commercial school 5. High school 6. 2-year college degree 7. 4-year college degree 8. Masters degree 9. Professional degree -8. Don't know -9. Refuse		
<i>FS105 (extended). [if FS101=1] What is your [father/mother]'s current marital status?</i> 1. Single 2. Married/partnered to R's mother 3. Married/partnered to someone else 4. Separated 5. Divorced 6. Widowed -8. Don't know -9. Refuse		
FS106. [if FS101=1] Who does your [father/mother] live with? 1. Lives with R 2. Lives with other children 3. Lives alone 4. Lives with spouse/partner on [his/their] own 5. Lives in retirement home/care facility 6. Lives with other relatives or other people -8. Don't know -9. Refuse		
FS107. [if FS106<>1] How often do you see your [father/mother] in person? 1. Daily or almost daily 2. Several times a week 3. Once a week 4. Every two weeks 5. Once a month 6. Less than once a month 7. Almost never or never -8. Don't know -9. Refuse		
FS108. [if FS106<>1] How often do you contact your [father/mother] by phone, mail, e-mail, or social media? 1. Daily or almost daily 2. Several times a week 3. Once a week 4. Every two weeks		

5. Once a month 6. Less than once a month 7. Almost never or never -8. Don't know -9. Refuse		
FS109. [if FS101=1] Because of a health problem, does your [father/mother] need any help with basic personal needs like dressing, eating or bathing? 0. No 1. Yes -8. Don't know -9. Refuse		

**Siblings**

FS201. Do you have any living siblings? Please include biological siblings, adoptive siblings, step-siblings, or foster siblings.

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

FS202. [if FS201=1] What is your birth order?  
\_\_\_\_\_ [range: 0-30], -8. Don't know, -9. Refuse

FS203. [if FS201=1 & FS202<>1] How many living older and younger brothers and sisters do you have?  
a. Older brother: \_\_\_\_\_ [range: 0-30], b. Younger brother: \_\_\_\_\_ [range: 0-30],  
c. Older sister: \_\_\_\_\_ [range: 0-30], d. Younger sister: \_\_\_\_\_ [range: 0-30],  
-8. Don't know, -9. Refuse

*FS203-FS210 (extended, alternate). [if FS201=1] Now we'll talk about your siblings. Please include those who are living and those who have passed away in order from oldest to youngest.*

PN	FS203	FS204	FS205	FS206	FS207	FS208	FS209 [if FS204=1]	FS210 [if FS204=1]
	<i>What is your [next] sibling's name?  _____  -8. Don't know  -9. Refuse</i>	<i>Is [name] still alive?  0. No  1. Yes  -8. Don't know  -9. Refuse</i>	<i>[Is/was] [name] a man or woman?  1. Man  2. Woman  3. Transgender [voluntary]  -8. Don't know  -9. Refuse</i>	<i>What [is/was] [name]'s relationship to you?  1. Biological sibling  2. Adoptive sibling  3. Step-sibling  4. Foster sibling  -8. Don't know  -9. Refuse</i>	<i>[How old is [he/she]/How old was [he/she] when [he/she] died?  _____  -8. Don't know  -9. Refuse</i>	<i>What is the highest level of education [name] has completed?  0. None  1. Less than primary school  2. Primary school  3. Middle school  4. Technical or commercial school  5. High school  6. 2-year college degree  7. 4-year college degree  8. Masters degree  9. Professional degree  -8. Don't know  -9. Refuse</i>	<i>What is [name's] marital status?  1. Never married  2. Married  3. Partnered/live-in relationship  4. Separated  5. Divorced  6. Widowed  -8. Don't know  -9. Refuse</i>	<i>What is [name]'s currently employment status?  1. Working full-time  2. Working part-time  3. Looking for a job or unemployed  4. Is a student  5. Is dedicated to household chores  6. Doesn't work  -8. Don't know  -9. Refuse</i>
201								
202								
...								
n								

## Relatives

FS300. [Checkpoint: code as 1 if CS004=9-17 or FS015>0 or FS016=1 or FS101a=1 or FS101b=1 or FS201=1; code as 0 otherwise.]

FS301. [if FS300=0] Do you have any relatives, other than a spouse or children?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

FS302. [if FS300=1 or FS301=1] How often do you see your siblings or other relatives in person?

- 1. Daily or almost daily
- 2. Several times a week
- 3. Once a week
- 4. Every two weeks
- 5. Once a month
- 6. Less than once a month
- 7. Almost never or never
- 8. Don't know
- 9. Refuse

FS303. [if FS300=1 or FS301=1] How often do you contact your relatives by phone, mail, e-mail, or social media?

- 1. Daily or almost daily
- 2. Several times a week
- 3. Once a week
- 4. Every two weeks
- 5. Once a month
- 6. Less than once a month
- 7. Almost never or never
- 8. Don't know
- 9. Refuse

## Friends

FS401. Do you have any friends?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

FS402. [if FS401=1] How often do you see your friends in person?

- 1. Daily or almost daily
- 2. Several times a week
- 3. Once a week
- 4. Every two weeks
- 5. Once a month
- 6. Less than once a month
- 7. Almost never or never
- 8. Don't know
- 9. Refuse

FS403. [if FS401=1] How often do you contact your friends by phone, mail, e-mail, or social media?

1. Daily or almost daily
2. Several times a week
3. Once a week
4. Every two weeks
5. Once a month
6. Less than once a month
7. Almost never or never
- 8. Don't know
- 9. Refuse

#### **Help Provided to Sick or Disabled**

FS501. Some people have extra responsibilities because they look after someone who has long-term physical or mental ill health or disability, or problems related to old age. Is there anyone living with you or not living with you who is sick, disabled or frail whom you look after or give special help to, other than in a professional capacity (for example, a sick, disabled, or elderly family member or friend)?

0. No
1. Yes
- 8. Don't know
- 9. Refuse

FS502. [if FS501=1] How often do you provide this kind of help and support?

1. Daily or almost daily
2. Several (2-4) times a week
3. Once a week
4. Several (2-4) times a month
5. Once a month
6. Less than once a month
- 8. Don't know
- 9. Refuse

FS503. [if FS501=1] On average, how many hours per week do you provide this kind of help and support?

\_\_\_\_\_ [range: 1-168, code 1 if less than 1 hour], -8. Don't know, -9. Refuse

FS504. [if FS501=1] How many people do you provide this kind of help and support to?

\_\_\_\_\_ [range: 1-30], -8. Don't know, -9. Refuse

FS505. [if FS501=1] Who do you provide care to in this capacity? [Select all that apply.]

- a. Spouse/partner
- b. Child
- c. Grandchild
- d. Parent
- e. Parent-in-law
- f. Other relative
- g. Friend or neighbor
- h. Other (specify) \_\_\_\_\_ (FS505h\_other)

FS506. [if FS501=1] Are you the primary caregiver for [this person/these people] or do other people help to care for them?

1. I am the primary caregiver (for all)
2. Other people help (for all)
3. I am the primary caregiver for some and other people help
- 8. Don't know
- 9. Refuse

FS507. [if FS501=1] How old (is this person/are these people) who you provide this type of help to? [Select all that apply.]

- a. Aged 0-15 years (child)
- b. Aged 16-64 years (adult)
- c. Aged 65 and over (older adult)
- 8. Don't know
- 9. Refuse

FS508. [if FS507b=1 or FS507c=1] [Does this person/Do any of these people] need this help because they have dementia?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

### **Childcare**

FS511. [if FS015>0] In the last year, have you spent at least 1 hour a week taking care of or looking after grandchildren or great-grandchildren in the absence of their parents?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*FS512 (extended). [if FS511=1] Do the grandchildren or great-grandchildren you take care of live within or outside of your household?*

- 1. In my household*
- 2. Outside of my household*
- 3. Both inside and outside of my household*
- 8. Don't know*
- 9. Refuse*

*FS513 (extended). [if FS511=1] How many hours per week do you spend on average taking care of your grandchildren or great-grandchildren?*

*\_\_\_\_\_ [range: 1-168, code 1 if less than 1 hour], -8. Don't know, -9. Refuse*

### **Help Provided to Others**

FS521-FS527. Now I would like to ask about other help, excluding the care we already talked about (care for sick or disabled and childcare), that you provided to people who may or may not live with you over the past year.

FS521. In the last year, excluding the care we already talked about care for sick or disabled and childcare, have you spent at least 1 hour a week helping your family or friends with things like: [Select all that apply.]

- a. Help with personal care, such as dressing, eating, getting into and out of bed, using the toilet
- b. Practical household help, e.g. with home repairs, gardening, transportation, shopping, household chores
- c. Help with paperwork, such as filling out forms, settling financial or legal matters
- 8. Don't know
- 9. Refuse

FS522. [if FS521=a] Who do you provide help with personal care to? [Select all that apply.]

- a. Spouse
- b. Child
- c. Grandchild
- d. Parent
- e. Parent-in-law
- f. Other relative
- g. Friend or neighbor

h. Other (specify) \_\_\_\_\_ (FS522g\_other)

FS523. [if FS521=b] Who do you provide practical household help to? [Select all that apply.]

- a. Spouse
- b. Child
- c. Grandchild
- d. Parent
- e. Parent-in-law
- f. Other relative
- g. Friend or neighbor
- h. Other (specify) \_\_\_\_\_ (FS523g\_other)

FS524. [if FS521=c] Who do you provide help with paperwork to? [Select all that apply.]

- a. Spouse
- b. Child
- c. Grandchild
- d. Parent
- e. Parent-in-law
- f. Other relative
- g. Friend or neighbor
- h. Other (specify) \_\_\_\_\_ (FS524g\_other)

*FS525 (extended). [if FS521=a,b,c] [Does the person/Do the people] you help live within or outside of your household?*

- 1. In my household*
- 2. Outside of my household*
- 3. Both inside and outside of my household*
- 8. Don't know*
- 9. Refuse*

*FS526 (extended). [if FS521=a] How many hours per week do you spend on average helping them with personal care?*

\_\_\_\_\_ [range: 1-168, code 1 if less than 1 hour], -8. Don't know, -9. Refuse

*FS527 (extended). [if FS521=b,c] How many hours per week do you spend on average helping them with practical household help or paperwork?*

\_\_\_\_\_ [range: 1-168, code 1 if less than 1 hour], -8. Don't know, -9. Refuse

### **Financial Transfers**

INTRO. The next questions ask about financial support received and/or given to family members and friends. By financial support, we mean giving money, helping to pay bills, or covering specific types of costs such as those for medical care or insurance, schooling, down payment, or rent. Inheritance and costs shared for housing and food are excluded. All family members include living biological, adopted, and step-family.

This information is important to understand how family members help each other. The answers you give will be kept confidential and will be used only for research purposes.

### ***Financial Transfers Received***

FS601. Not counting any shared housing or shared food, in the last 12 months, have you received financial help or support totaling over [nominal amount] from your family or friends?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

FS602. [if FS601=1] From whom did you receive this financial help? Only include living family members (biological, adopted, and step-family) and friends or neighbors. [Select all that apply.]

- a. Spouse/partner
- b. Child(ren), child(ren)-in-law, grandchild(ren)
- c. Parents, parents-in-law
- d. Other family members (not listed)
- e. Non-relatives such as friends, neighbors, or colleagues
- 8. Don't know
- 9. Refuse

FS603. [if FS601=1] In the last 12 months, about how much in TOTAL did you receive from your family or friends?  
\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*FS603 (alternate, extended). [if FS602=a] In the last 12 months, about how much in TOTAL did you receive from your spouse/partner?*

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*FS604 (alternate, extended). [if FS602=b] In the last 12 months, about how much in TOTAL did you receive from your living children, children-in-law, and/or grandchildren?*

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*FS605 (alternate, extended). [if FS602=c] In the last 12 months, about how much in TOTAL did you receive from your living parents and/or parents-in-law?*

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*FS606 (alternate, extended). [if FS602=d,e] In the last 12 months, about how much in TOTAL did you receive from other living family members, excluding children, children-in-law, grandchildren, parents, and parents-in-law or friends?*

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

### **Financial Transfers Given**

FS611. Not counting any shared housing or shared food, in the last 12 months, have you given financial help or support totaling over [nominal amount] to your family or friends?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

FS612. [if FS611=1] To whom did you give financial help? Only include living family members (biological, adopted, and step-family) and friends or neighbors. [Select all that apply.]

- a. Spouse/partner
- b. Child(ren), child(ren)-in-law, grandchild(ren)
- c. Parents, parents-in-law
- d. Other family members (not listed)
- e. Non-relatives such as friends, neighbors, or colleagues
- 8. Don't know
- 9. Refuse

FS613. [if FS611=1] In the last 12 months, about how much in TOTAL did you give to your family or friends?  
\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*FS613 (alternate, extended). [if FS612=a] In the last 12 months, about how much in TOTAL did you give to your spouse/partner?*

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

FS614 (alternate, extended). [if FS612=b] In the last 12 months, about how much in TOTAL did you give to your living children, children-in-law, or grandchildren?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

FS615 (alternate, extended). [if FS612=c] In the last 12 months, about how much in TOTAL did you give to your living parents or parents-in-law?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

FS616 (alternate, extended). [if FS612=d,e] In the last 12 months, about how much in TOTAL did you give to other living family members, excluding children, children-in-law, grandchildren, parents, or parents-in-law, or friends?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

### Social and Religious Activities

FS701-FS713. How often in the last year, if at all, do you participate in the following groups or activities?

FS701	Done voluntary or charity work	1. Daily or almost daily 2. Several times a week 3. Once a week 4. Every two weeks 5. Once a month 6. Less than once a month 7. Almost never or never -8. Don't know -9. Refuse
FS702	Attended an educational or training course	
FS703	Gone to a sport, social, or other kind of club	
FS704	Taken part in a political or community-related organization	
FS705	Gone to a senior citizen's center	
FS706	Attended religious services	
FS707	Taken part in a religious or church group	
FS708	Read books, magazines, or newspapers	
FS709	Watch television	
FS710	Did word or number games such as crossword puzzles, Sudoku, or jigsaw puzzles	
FS711	Played cards or games such as chess	
FS712	Do home or car maintenance or gardening	
FS713	Use a computer for e-mail, internet or other tasks	



## EMPLOYMENT AND RETIREMENT

### Current Employment

EM001. Now I'm going to ask you some questions about your current employment situation. Which of these describe your current situation? Please select all situations that apply to you. [Select all that apply.]

- a. Employed working for wages or a salary
- b. Working for yourself or your family as part of a non-agricultural business
- c. Working for yourself or your family doing agricultural work
- d. Temporarily not working because on vacation or on sick or other leave
- e. Unemployed
- f. Retired
- g. Permanently sick or disabled
- h. Looking after home or family
- i. In education or training
- j. Other (Specify) \_\_\_\_\_ (EM001\_other)
- 8. Don't know
- 9. Refuse

EM002. [if EM001<a, b, c, d] Are you, nevertheless, doing any work for pay at the present time?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

EM003. [if EM002=1] For this work, do you work for someone else or work for yourself?

- 1. Work for someone else
- 2. Work for yourself or your family
- 8. Don't know
- 9. Refuse

EM004. [if EM003=2] Is this work agricultural or non-agricultural?

- 1. Agricultural
- 2. Non-agricultural
- 8. Don't know
- 9. Refuse

*EM005 (extended). [if EM001=d] How long ago did you start your temporary leave from working? [Only select one option.]*

- a. Days: \_\_\_\_\_ [range: 0-30]*
- b. Weeks: \_\_\_\_\_ [range: 0-52]*
- c. Months: \_\_\_\_\_ [range: 0-36]*
- 8. Don't know*
- 9. Refuse*

*EM006 (extended). [if EM001=d] When do you plan to return to working? [Only select one option.]*

- a. Days: \_\_\_\_\_ [range: 0-30]*
- b. Weeks: \_\_\_\_\_ [range: 0-52]*
- c. Months: \_\_\_\_\_ [range: 0-36]*
- 8. Don't know*
- 9. Refuse*

EM007. [if EM001=d] When you return to working what work do you expect to be doing?

- 1. Employed working for wages or a salary
- 2. Working for yourself or your family as part of a non-agricultural business

- 3. Working for yourself or your family doing agricultural work
- 8. Don't know
- 9. Refuse

EM008. [if EM001<> a, b, c, d & EM002<>1] Have you ever done any paid work?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*[Begin job loop]*

*Each question in the job loop is denoted by a unique job, J. Surveys may choose to cap the number of jobs a user can report or impose a threshold (e.g., jobs where you usually work more than 5 hours per week).*

*Job type*

EM101\_J. [if EM001=a,b,c or EM003=1,2 or EM007=1,2,3]

(First time in job loop) We are now going to ask you about your jobs. What is your main job? Your main job is defined as the paid job at which you work the longest hours.

*(extended) (After first loop) Tell me about your Jth (e.g., second, third, etc.) job where you work the next most hours. What best describes this job type?*

- 1. Employed working for wages or a salary
- 2. Working for yourself or your family as part of a non-agricultural business
- 3. Working for yourself or your family doing agricultural work
- 8. Don't know
- 9. Refuse

EM102\_J. [if EM101\_J=1,2,3] When did you start this job? [Only select one option.]

- a. Year: \_\_\_\_\_ [range: DM001b-II003c]
- b. Age: \_\_\_\_\_ [range: 0-CS006]
- c. Years ago: \_\_\_\_\_ [range: 0-CS006]
- 8. Don't know
- 9. Refuse

EM103\_J. [if EM101\_J=1,2] Which of these best describes your job?

- 1. Legislator, senior official, or manager
- 2. Professional
- 3. Technician or association professional
- 4. Clerk
- 5. Service worker or shop, market or sales worker
- 6. Skilled agricultural or fishery worker
- 7. Craft or related trades worker
- 8. Plant or machine operator or assembler
- 9. Elementary occupation
- 10. Armed forces
- 8. Don't know
- 9. Refuse

EM104\_J. [if EM101\_J=1,2] What kind of business, industry or services do you work in?

- 1. Agriculture, hunting, forestry, fishing
- 2. Mining and quarrying
- 3. Manufacturing
- 4. Electricity, gas and water supply

5. Construction
6. Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
7. Hotels and restaurants
8. Transport, storage and communication
9. Financial intermediation
10. Real estate, renting and business activities
11. Public administration and defense; compulsory social security
12. Education
13. Health and social work
14. Other community, social and personal service activities
- 8. Don't know
- 9. Refuse

EM105\_J. [if EM101\_J=3] What type of agricultural work do you do? [Select all that apply.]

- a. Agriculture
- b. Forestry
- c. Animal husbandry
- d. Fishery
- e. Other (Specify) \_\_\_\_\_ (EM105\_J\_other)
- 8. Don't know
- 9. Refuse

EM106\_J. [if EM101\_J=3] What role do you have in this work?

1. Management
2. Machine operation
3. Purchasing and sales
4. Manual labor
5. Other (Specify) \_\_\_\_\_ (EM106\_J\_other)

*Firm and workplace characteristics*

EM110\_J. [if EM101\_J=1] Are you employed by the government at the federal, state, or local level? This includes teachers and other service workers who are on the payrolls of local government, school districts, and other agencies of state and local government.

0. No
1. Yes
- 8. Don't know
- 9. Refuse

*EM110\_J (alternate). [if EM101\_J=1] Are you employed in the public sector?*

0. No
1. Yes
- 8. Don't know
- 9. Refuse

*EM111\_J (extended). [if EM110\_J =1] Would that be the federal, state, or local government?*

1. Federal
2. State
3. Local
- 8. Don't now
- 9. Refuse

*EM112\_J (extended). [if EM101\_J=1] Are you a member of a union or covered by an employee-association contract?*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

EM113\_J. [if EM101\_J=1,2,3]

[if EM101\_J=1] About how many people, including yourself, are employed by the organization you work for?

[if EM101\_J=2] How many employees, if any, do you or your family have for this business?

[if EM101\_J=3] How many people do you employ, if any, in this agricultural work?

- 0. None
- 1. 1 to 5
- 2. 6 to 15
- 3. 16 to 24
- 4. 25 to 199
- 5. 200 to 499
- 6. 500 or more
- 8. Don't know
- 9. Refuse

EM114\_J. [if EM101\_J=1,2,3]

[if EM101\_J=1,2] About how many people, including yourself, work at the location where you work, or is there only one location?

[if EM101\_J=3] About how many people, including yourself, are working alongside you in this agricultural work?

- 0. None
- 1. 1 to 5
- 2. 6 to 15
- 3. 16 to 24
- 4. 25 to 199
- 5. 200 to 499
- 6. 500 or more
- 7. Only one location
- 8. Don't know
- 9. Refuse

#### *Job responsibilities*

EM120\_J. [if EM101\_J=1,2,3] In your job, do you have any responsibility for supervising the work of other employees?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*EM121\_J (extended). [if EM120\_J=1] About how many people are you responsible for in this job?*

- 1. 1 to 5
- 2. 6 to 15
- 3. 16 to 24
- 4. 25 to 199
- 5. 200 to 499
- 6. 500 or more
- 8. Don't know
- 9. Refuse

*Job hours and leaves*

EM131\_J.

[if EM101\_J=1] How many hours a week do you usually work, excluding meal breaks but including any paid overtime (if applicable)?

[if EM101\_J=2,3] How many hours a week do you usually work, excluding meal breaks but including any paid overtime, time spent doing accounting work, VAT reporting, and other business related administration (if applicable)?

\_\_\_\_\_ [range: 0-168], -8. Don't know, -9. Refuse

EM132\_J. [if EM101\_J=1,2,3] Do you work the same number of hours nearly every week, or do the hours you work vary a lot from week to week?

1. Same each week
2. Vary a lot
- 8. Don't know
- 9. Refuse

*EM133\_J (extended). [if EM101\_J=1,2,3] Including any paid vacation or paid leave, for how many weeks did you work in the last 12 months in this job?*

\_\_\_\_\_ [range: 1-52], -8. Don't know, -9. Refuse

*EM134\_J (extended). [if EM101\_J=1,2,3] How much paid vacation are you allowed to take each year? [Only select one option.]*

- a. Hours: \_\_\_\_\_ [range: 0-40]
- b. Days: \_\_\_\_\_ [range: 0-40]
- c. Weeks: \_\_\_\_\_ [range: 0-52],
- 8. Don't know
- 9. Refuse

*EM135\_J (extended). [if EM101\_J=1,2,3] How many days of paid sick leave at full pay do you earn each year?*

\_\_\_\_\_ [range: 0-365], -7. No set number, -8. Don't know, -9. Refuse

*Job pay*

EM140\_J. [if EM101\_J=1,2,3] How often do you get paid?

1. Every week
2. Every two weeks
3. Every calendar month/4 weeks
4. Every three month/13 weeks
5. Every six months/26 weeks
6. Other frequency
- 8. Don't know
- 9. Refuse

EM141\_J. [if EM101\_J=1,2,3]

[if EM101\_J=1] What was your take-home pay last time, that is after any deductions were made for tax, insurance, pensions, etc.?

[if EM101\_J=2,3] What was your take-home pay last time, that is after any deductions were made for expenses, tax, insurance, etc.?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

EM142\_J. [if EM141=-8,-9] Then would you say that your pay was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?

1. Less than \_\_\_\_\_
2. About \_\_\_\_\_
3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

EM150a-f. [if EM101\_J=1,2,3 AND J=1] Thinking about your job, how often are these statements true?

EM150a_J	My job requires lots of physical effort.	1. All or almost all of the time 2. Most of the time 3. Some of the time 4. None or almost none of the time -8. Don't know -9. Refuse
EM150b_J	My job requires lifting heavy loads.	
EM150c_J	My job requires stooping, kneeling, or crouching.	
EM150d_J	My job requires good eyesight.	
EM150e_J	My job requires intense concentration or attention.	
EM150f_J	My job requires skill in dealing with other people.	
EM150g_J	My job requires me to work with computers. [HRS, MARS]	

EM151a-d. [if EM101\_J=1 AND J=1] Thinking about your job, how much do you agree with the following statements?

EM151a_J	My employer would let older workers move to a less demanding job with less pay if they wanted to.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree -8. Don't know -9. Refuse
EM151b_J	My co-workers make older workers feel that they ought to retire before age 65.	
EM151c_J	In decisions about promotion, seniority is important at my company.	
EM151d_J	In decisions about promotion, my employer gives younger people preference over older people.	

*Job satisfaction and stress*

EM160a-f\_J. [if EM101\_J=1,2,3 AND J=1] Please say how much you agree or disagree with each of the following statements.

EM160a_J	All things considered, I am satisfied with my job.	1. Strongly disagree 2. Disagree 3. Agree 4. Strongly agree -8. Don't know -9. Refuse
EM160b_J	My job is physically demanding.	
EM160c_J	My salary is adequate.	
EM160d_J	My job security is poor.	
EM160e_J	I am under constant time pressure due to a heavy workload.	
EM160f_J	I have the opportunity to develop new skills.	

*Job continuity and retirement expectations*

EM170\_J [if EM101\_J=1,2,3] What best describes this job:

- 1. Permanent
- 2. Term contract
- 3. Temporary without a specified contract period
- 8. Don't know
- 9. Refuse

EM171\_J [if EM170\_J=2] How long is your term? [Only select one option.]

- a. Weeks: \_\_\_\_\_ [range: 1-52]
- b. Months: \_\_\_\_\_ [range: 1-24]
- c. Years: \_\_\_\_\_ [range: 1-TBD]
- 8. Don't know
- 9. Refuse

EM172\_J [if EM170\_J=2,3] How long do you anticipate working in this job?

- a. Weeks: \_\_\_\_\_ [range: 1-52]
- b. Months: \_\_\_\_\_ [range: 1-24]
- c. Years: \_\_\_\_\_ [range: 1-TBD]
- d. Until Age: \_\_\_\_\_ [range: CS006-120]
- 6. Until I retire or stop working altogether
- 7. I don't anticipate stopping work at this job
- 8. Don't know
- 9. Refuse

EM173\_J. [if EM170\_J=1 OR EM172\_J= -6] When do you plan to retire from this job? [Only select one option.]

- a. Age: \_\_\_\_\_ [range: CS006-120]
- b. Year: \_\_\_\_\_ [range: I1003c-2060]
- 7. Never
- 8. Don't know
- 9. Refuse

EM174\_J. [if EM101\_J=1,2,3 AND J=1] What is the usual retirement age or compulsory retirement age for people who work with you or have the same kind of job? [Only select one option.]

- a. Usual age: \_\_\_\_\_ [range: 40-120]
- b. Compulsory age: \_\_\_\_\_ [range: 40-120]
- c. Years of service: \_\_\_\_\_ [range: 10-50]
- 7. No usual years of service
- 8. Don't know
- 9. Refuse

[End job loop]

[Sum number of jobs in job loop – Jnum]

### Job Search

EM180. [if EM001=a,b,c OR EM003=1,2 OR EM007=1,2,3] Sometimes people look for a different job even when they are currently working. Are you currently looking for another job?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*EM181 (extended). [if EM180=1] Are you looking for jobs only in the area where you live, or are you considering jobs that would require you to move?*

- 1. Jobs in this area
- 2. Jobs requiring a move
- 3. Both/either one
- 8. Don't know
- 9. Refuse

*EM182 (extended). [if EM180=1] Are you looking for part-time or full-time work?*

- 1. Part-time
- 2. Full-time
- 3. Either kind
- 8. Don't know
- 9. Refuse

*EM183 (extended). [if EM180=1] Are you looking for the same kind of work you're doing now, or something different?*

- 1. Same
- 2. Different
- 3. Either/both
- 8. Don't know
- 9. Refuse

### Overall Retirement Expectations

EM190. [if EM001=a,b,c OR EM003=1,2 OR EM007=1,2,3] Some people want to stop paid work entirely when they retire, while others would like to continue doing some paid work. Do you want to do paid work after you retire?

- 0. No
- 1. Yes
- 8. Don't know

-9. Refuse

EM191. [if EM001=a,b,c OR EM003=1,2 OR EM007=1,2,3] When do you plan to retire from all forms of paid employment?  
[Only select one option.]

- a. Age: \_\_\_\_\_ [range: CS006-120]
- b. Year: \_\_\_\_\_ [range: I1003c-2060]

-7. Never  
-8. Don't know  
-9. Refuse

### Last Job Worked

EM201. [if EM001=e,f,g,h,i,j & EM009=1] Now we would like to ask about the last job you worked.  
What year and month did you start working at this last job?

- a. Year: \_\_\_\_\_ [range: DM001b-I1003c]
- b. Month: \_\_\_\_\_ [range: 1-12]

-8. Don't know  
-9. Refuse

EM202. [if EM001=e,f,g,h,i,j & EM009=1] What year and month did you stop working at this last job? [Only select one option.]

- a. Year: \_\_\_\_\_ [range: DM001b-I1003c]
- b. Month: \_\_\_\_\_ [range: 1-12]

-8. Don't know  
-9. Refuse

EM203. [if EM001=e,f,g,h,i,j & EM009=1] How would you describe the last job you had?

- 1. Employed working for wages or a salary
- 2. Working for yourself or your family as part of a non-agricultural business
- 3. Working for yourself or your family doing agricultural work
- 4. Other (Specify) \_\_\_\_\_ (EM203\_other)

-8. Don't know  
-9. Refuse

EM204. [if EM203=1,2] Which of these best describes your previous job?

- 1. Legislator, senior official, or manager
- 2. Professional
- 3. Technician or association professional
- 4. Clerk
- 5. Service worker or shop, market or sales worker
- 6. Skilled agricultural or fishery worker
- 7. Craft or related trades worker
- 8. Plant or machine operator or assembler
- 9. Elementary occupation
- 10. Armed forces

-8. Don't know  
-9. Refuse

EM205. [if EM203=1,2] What kind of business, industry or services did you work in?

- 1. Agriculture, hunting, forestry, fishing
- 2. Mining and quarrying
- 3. Manufacturing
- 4. Electricity, gas and water supply
- 5. Construction



6. Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
7. Hotels and restaurants
8. Transport, storage and communication
9. Financial intermediation
10. Real estate, renting and business activities
11. Public administration and defense; compulsory social security
12. Education
13. Health and social work
14. Other community, social and personal service activities
- 8. Don't know
- 9. Refuse

EM206. [if EM001=e,f,g,h,i,j & EM009=1] How many hours a week did you work on average, excluding meal breaks but including any paid overtime?

\_\_\_\_\_ [range: 0-168], -8. Don't know, -9. Refuse

EM207. [if EM001=e,f,g,h,i,j & EM009=1] Did you work the same number of hours nearly every week, or did the hours you worked vary a lot from week to week?

1. Same each week
2. Vary a lot
- 8. Don't know
- 9. Refuse

*EM208 (extended). [if EM001=e,f,g,h,i,j & EM009=1] Including any paid vacation or paid leave, for how many weeks did you work in a year on average in this job?*

\_\_\_\_\_ [range: 1-52], -8. Don't know, -9. Refuse

EM209. [if EM001=e,f,g,h,i,j & EM009=1] What was your average monthly take-home pay for this job before you stopped working, that is after any deductions were made for tax, insurance, pensions, etc.?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

EM210. [if EM209=-8,-9] Then would you say that your pay was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?

1. Less than \_\_\_\_\_
2. About \_\_\_\_\_
3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

EM211. What was the most important reason why you left your last job?

1. Retired
2. Fired
3. Laid off
4. Quit
5. New job
6. Personal health reason
7. Family reason
8. Other (Specify) \_\_\_\_\_ (EM211\_other)
- 8. Don't know
- 9. Refuse

### **Unemployed**

EM301. [if EM001=e] Have you been doing anything to find work in the last 4 weeks?

0. No
1. Yes
- 8. Don't know

-9. Refuse

*EM302 (extended). [if EM301=1] Are you looking for part-time or full-time work? [HRS]*

- 1. Part-time
- 2. Full-time
- 3. Either kind
- 8. Don't know
- 9. Refuse

*EM303 (extended). [if EM301=1] Are you looking for the same kind of work you did before, or something different? [HRS]*

- 1. Same
- 2. Different
- 3. Either/both
- 8. Don't know
- 9. Refuse

**Retired**

EM401. [if EM001<>f] Do you consider yourself retired?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

EM402. [if EM001=f or EM401=1] Did you officially retire from any employer? (for example, to access a pension benefit) [Interviewer note: This question is meant to capture whether a respondent's retirement was recorded in some official way. For some employers or public systems, this is required to access benefits. If the respondent reports that they just stopped working, answer no.]

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

EM403. [if EM001=f or EM401=1] When did you start to consider yourself to have retired? [Only select one option.]

- a. Age: \_\_\_\_\_ [range: 1-CS006]
- b. Year: \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refused

EM404. [if EM402=1] Did you take early retirement, that is, did you retire before the normal retirement age?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

EM405. [if EM001=f or EM401=1] For the job you retired from, what is the usual retirement age or compulsory retirement age for people doing the same kind of job? [Only select one option.]

- a. Usual age: \_\_\_\_\_ [range: 40-120]
- b. Compulsory age: \_\_\_\_\_ [range: 40-120]
- c. Years of service: \_\_\_\_\_ [range: 10-50]
- 7. No usual years of service
- 8. Don't know
- 9. Refuse

EM406. [if EM001=f or EM401=1] What was your main reason for retiring?

- 1. Met requirements for retirement

2. Avoid looking for another job or couldn't find another job
3. Personal health reason
4. Family reasons
5. Other (Specify) \_\_\_\_\_ (EM406\_other)
- 8. Don't know
- 9. Refuse

EM407. [if EM001=f or EM401=1] All in all, would you say that your retirement has turned out to be very satisfying, moderately satisfying, or not at all satisfying?

1. Very satisfying
2. Moderately satisfying
3. Not at all satisfying
- 8. Don't know
- 9. Refuse

EM408. [if EM001=f or EM401=1] Thinking about your retirement years compared to the years just before you retired, would you say the retirement years have been better, about the same, or not as good?

1. Better
2. About the same
3. Not as good
- 7. Retired less than 1 year ago
- 8. Don't know
- 9. Refuse

## PENSIONS

Please see notes in [Appendix](#).

### Plan Identification

PE001. Retirement accounts and pensions from work are important for studying retirement planning and income. Some plans are provided by the government, others are provided by employers, and some are established by individuals themselves.

For this reason, we would like to ask some questions about retirement accounts and pensions you may currently have.

Do you have any pensions, retirement plans, or other accounts that currently or will provide you income in old age?

(Interviewer: this may include pensions from previous jobs; only include savings accounts specifically intended for retirement)

[Note: *In countries with a compulsory public pension system, question PE001 should effectively be yes unless they have never been employed.*]

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

[Begin pension list loop]

PE002 entry point. [if PE001==1] We will now create a list of your retirement benefit plans and accounts intended to support you [and your spouse] in retirement, including public and private benefit systems and savings and investment accounts (we will refer to these all as retirement benefit plans for simplicity).

[Loop over plans, denote each plan with unique number indicated by variable X]

PE002\_X. What is the name of this retirement benefit plan?

*\*This question will not be distributed, but allows subsequent interviewers to remind a respondent about plan X. Assign a unique identifier (a "plan id") to each plan. This unique identifier will be used in subsequent interview waves and in this interview wave to associate this retirement plan with income sources or jobs.*

PE002a\_X. Is [Plan X name] a retirement benefit plan provided by the government, current or past employers, a special group operating independent of the government or an employer (e.g., occupational fund, union), a private account that you setup, or something else?

- 1. Public plan (government plan)
- 2. Private – employer plan
- 3. Private – non-employer plan (e.g., plan operated by occupational fund or a union)
- 4. Individual plan
- 5. Other
- 8. Don't know
- 9. Refuse

PE002b\_X. What best describes how the benefit from this retirement benefit plan will be determined? [Code as

PE002b1\_X==1 if answer 1 is true, ==0 if answer 1 is no; PE002b2\_X==1 if answer 2 is true; etc.]

- 1. It has a component that will pay a regular benefit based on my or my spouse's history of contributions to the plan (e.g., work, earnings), but this component has no balance.
- 2. It has a component with a balance (like a savings or investment account) and the benefit I will receive will be based on that balance.
- 3. It has a regular benefit, but it is not based on my or my spouse's history of contributions.
- 4. None of the above
- 8. Don't know
- 9. Refuse

*PE002c\_X (extended). [if PE002a\_X=2,3] Is the plan associated with a particular job?*

Select job ID from the employment module: \_\_\_\_\_

PE002d\_X. [Is/Was] participation in this plan voluntary?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

**DB Plan or Other Noncontributory Plan**

PE010\_X. [if PE002b1\_X=1 or PE002b3\_X=1] Are you currently receiving benefits from the component of this plan that pays a regular benefit?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*Contributions*

PE010a\_X. [if PE002b1\_X=1] Are you still contributing to this plan?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

PE010b\_X. [if PE010a\_X=1] How much do you contribute on average per month? [Only select one option.]

- a. Percentage of current salary: \_\_\_\_\_ [range: 0-100]
- b. Value: \_\_\_\_\_ [range: 0-TBD]
- 8. Don't know
- 9. Refuse

PE010c\_X. [if PE002b1\_X=1] When did you start contributing to this plan?

- a. Month: \_\_\_\_\_ [range: 1-12]
- b. Year: \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

PE010d\_X. [if PE010a\_X=0] When did you stop contributing to this plan?

- a. Month: \_\_\_\_\_ [range: 1-12]
- b. Year: \_\_\_\_\_ [range: DM001b-II003c]
- 7. I never contributed to this plan
- 8. Don't know
- 9. Refuse

PE010e\_X. [if PE002b1\_X=1 or PE002b3\_X=1] Does your current or past employer or an occupational pension fund currently contribute to this plan?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

PE010f\_X. [if PE010e\_X=1] How much do they contribute on average per month? [Only select one option.]

- a. Percentage of current salary: \_\_\_\_\_ [range: 0-100]
- b. Value: \_\_\_\_\_ [range: 0-TBD]

- 8. Don't know
- 9. Refuse

PE010g\_X. [if PE002b1\_X=1 or PE002b3\_X=1] When did your employer/occupational pension fund start contributing to this plan?

- a. Month: \_\_\_\_\_ [range: 1-12]
- b. Year: \_\_\_\_\_ [range: DM001b-II003c]
- 7. My employer/occupational pension fund never contributed to this plan
- 8. Don't know
- 9. Refuse

PE010h\_X. [if PE010e\_X=0] When did your employer/occupational pension fund stop contributing to this plan?

- a. Month: \_\_\_\_\_ [range: 1-12]
- b. Year: \_\_\_\_\_ [range: DM001b-II003c]
- 7. My employer/occupational pension fund never contributed to this plan
- 8. Don't know
- 9. Refuse

*PE010i\_X (extended). [Checkpoint: if PE010a\_X=0 & PE010e\_X=0] Just to confirm, no one is contributing to this plan – is this a dormant plan?*

- 0. No (Interviewer: this should only be no if another person other than the employer or respondent are contributing to the account)*
- 1. Yes*
- 8. Don't know*
- 9. Refuse*

*Eligibility*

PE011\_X. [if PE010\_X=1] When did you start receiving benefits from this retirement plan? [Only select one option.]

- a. Year: \_\_\_\_\_ (PE011\_Xayr)
- Month: \_\_\_\_\_ (PE011\_Xam)
- b. Age: \_\_\_\_\_ (year and months)
- 8. Don't know
- 9. Refuse

PE012\_X. [if PE010\_X=0, -8, -9] When are you first eligible to start receiving benefits from this retirement plan? [Only select one option.]

- a. Year: \_\_\_\_\_ (PE012\_Xayr)
- Month: \_\_\_\_\_ (PE012\_Xam)
- b. Age: \_\_\_\_\_ (year and months)
- 7. When my spouse retires
- 8. Don't know
- 9. Refuse

PE012a\_X. [if PE010\_X=0, -8, -9] When do you expect to start receiving benefits from this retirement plan? [Only select one option.]

- a. Year: \_\_\_\_\_ (PE012a\_Xayr)
- Month: \_\_\_\_\_ (PE012a\_Xam)
- b. Age: \_\_\_\_\_ (year and months)
- 7. When my spouse retires
- 8. Don't know
- 9. Refuse

PE012b\_X. [if PE012\_X=-7 or PE012a\_X=-7] When do you expect your spouse to retire? [Only select one option.] [Note to interviewer: Make sure answers are consistent – if a respondent states they must wait for their spouse to retire, then their start date should be on or after when they expect their spouse to retire.]

- a. Year: \_\_\_\_\_ (PE012b\_Xayr)
- Month: \_\_\_\_\_ (PE012b\_Xam)
- b. Age: \_\_\_\_\_ (year and months)
- 7. When my spouse retires
- 8. Don't know
- 9. Refuse

### Benefits

PE015\_X. [if PE002b1\_X=1 or PE002b3\_X=1] Are the benefits you receive or will receive from this plan based on your own history (work, contribution, or earnings), your spouse's history, or both?

- 1. Own
- 2. Spouse
- 3. Own and spouse
- 4. Neither
- 8. Don't know
- 9. Refuse

PE016\_X. [if PE010\_X=1] [Before or after] any tax deductions, how much do you receive each month from this pension (in today's prices)?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

PE016a\_X. [If PE016\_X = -8, -9] Then would you say that the amount you receive each month is less than \_\_\_\_\_, more than \_\_\_\_\_, or what?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

PE017\_X. [if PE010\_X=0, -8, -9] When you start to receive benefits, before any tax deductions, how much do you expect to receive each month from this pension (in today's prices)?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*PE017a\_X (extended). [if PE017\_X=-8,-9] Then would you say that your pay was less than \_\_\_\_\_, more than \_\_\_\_\_, or what?*

- 1. Less than \_\_\_\_\_*
- 2. About \_\_\_\_\_*
- 3. More than \_\_\_\_\_*
- 8. Don't know*
- 9. Refuse*

PE018\_X. [if PE010\_X=0, -8, -9] Separate from your expected regular monthly benefit, do you expect to receive a one-time or limited duration benefit (e.g., lump-sum)?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

PE018a\_X. [if PE018\_X=1] How many times do you expect to receive this benefit?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

PE018b\_X. [if PE018\_X=1] When you start to receive benefits, before any tax deductions, how much do you expect to receive as a lump sum from this pension (in today's prices)?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

PE019\_X. [if PE002b1\_X=1 | PE002b3\_X=1] Separate from your current or regular monthly benefit, can your spouse/partner expect to receive a benefit from this retirement plan?

0. Never

1. Only when I die (survivor benefit)

2. While I am alive and after I die (dependent spouse and survivor benefit)

-8. Don't know

-9. Refuse

PE019a\_X. [if PE019\_X=1,2]. About what percentage of your current benefit would your spouse/partner receive per month if you died? [Only select one option.]

a. Percentage of current/expected benefit: \_\_\_\_\_ [range: 0-100]

b. Value: \_\_\_\_\_ [range: 0-TBD]

-8. Don't know

-9. Refuse

PE019b\_X. [if PE019\_X=1,2] How long can your spouse/partner expect to receive this benefit after you died?

\_\_\_\_\_ (in months) [range: 0-TBD], -7. For the remainder of the spouse/partner's life, -8. Don't know, -9. Refuse

#### **DC plan**

PE020\_X. [if PE002b2\_X=1] Are you currently receiving income from the component of this plan that has a balance?

0. No

1. Yes

-8. Don't know

-9. Refuse

#### *Contributions*

PE020a\_X. [if PE002b2\_X=1] Are you currently contributing to this plan?

0. No

1. Yes

-8. Don't know

-9. Refuse

PE020b\_X. [if PE020a\_X=1] How much do you contribute on average per month? [Only select one option.]

a. Percentage of current salary: \_\_\_\_\_ [range: 0-100]

b. Value: \_\_\_\_\_ [range: 0-TBD]

-8. Don't know

-9. Refuse

PE020c\_X. [if PE020a\_X=1] When did you start contributing to this plan?

a. Month: \_\_\_\_\_ [range: 1-12]

b. Year: \_\_\_\_\_ [range: DM001b-II003c]

-8. Don't know

-9. Refuse

PE020d\_X. [if PE020a\_X=0] When did you stop contributing to this plan?

a. Month: \_\_\_\_\_ [range: 1-12]

b. Year: \_\_\_\_\_ [range: DM001b-II003c]

-7. I never contributed to this plan



- 8. Don't know
- 9. Refuse

PE020e\_X. [if PE002b2\_X=1] Does your employer currently contribute to this plan?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

PE020f\_X. [if PE020e\_X=1] How much does your employer contribute on average per month?

- a. Percentage of current salary: \_\_\_\_\_ [range: 0-100]
- b. Value: \_\_\_\_\_ [range: 0-TBD]
- 8. Don't know
- 9. Refuse

PE020g\_X. [if PE020e\_X=1] When did your employer start contributing to this plan?

- a. Month: \_\_\_\_\_ [range: 1-12]
- b. Year: \_\_\_\_\_ [range: DM001b-II003c]
- 8. Don't know
- 9. Refuse

PE020h\_X. [if PE020e\_X=0] When did you employer stop contributing to this plan?

- a. Month: \_\_\_\_\_ [range: 1-12]
- b. Year: \_\_\_\_\_ [range: DM001b-II003c]
- 7. My employer never contributed to this plan
- 8. Don't know
- 9. Refuse

PE020i\_X. [Checkpoint: if PE020a\_X=0 & PE020e\_X=0] Just to confirm, no one is contributing to this plan - this is a dormant plan?

- 0. No (Interviewer: this should only be no if another person other than the employer or respondent are contributing to the account)
- 1. Yes
- 8. Don't know
- 9. Refuse

*Eligibility*

PE021\_X. [if PE020\_X=1] When did you start receiving benefits from this retirement plan? [Only select one option.]

- a. Year: \_\_\_\_\_ (PE021\_Xayr)  
Month: \_\_\_\_\_ (PE021\_Xam)
- b. Age: \_\_\_\_\_ (year and months)
- 8. Don't know
- 9. Refuse

PE022\_X. [if PE020\_X=0] When are you first eligible to start receiving benefits from this retirement plan? [Only select one option.]

- a. Year: \_\_\_\_\_ (PE022\_Xayr)  
Month: \_\_\_\_\_ (PE022\_Xam)
- b. Age: \_\_\_\_\_ (year and months)
- 8. Don't know
- 9. Refuse

PE022a\_X. [if PE020\_X=0] When do you expect to start receiving benefits from this retirement plan? [Only select one option.]

- a. Year: \_\_\_\_\_ (PE022a\_Xayr)  
Month: \_\_\_\_\_ (PE022a\_Xam)
- b. Spouse Age: \_\_\_\_\_ (year and months)
- 7. When my spouse retires
- 8. Don't know
- 9. Refuse

PE022b\_X. [if PE022a\_X= -7] When do you expect your spouse to retire? [Only select one option.]

- a. Year: \_\_\_\_\_ (PE022b\_Xayr)  
Month: \_\_\_\_\_ (PE022b\_Xam)
- b. Spouse Age: \_\_\_\_\_ (year and months)
- 8. Don't know
- 9. Refuse

*Benefits*

PE025\_X. [if PE002b2\_X=1] What is the present value of this pension plan?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

PE026\_X. [if PE020\_X=1] [Before/after] any tax deductions, how much do you receive each month from this retirement plan (in today's prices)?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

PE026a\_X. [If PE026\_X = -8, -9] Then would you say that the amount you receive each month is less than \_\_\_\_, more than \_\_\_\_, or what?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

PE026b\_X. [if PE020\_X=1] Is the amount you receive be fixed or can it change?

- 1. Fixed amount that does not increase
- 2. Fixed amount that may increase over time at a rate determined by the plan (e.g., due to changes in cost of living)
- 3. Varies over time based on economic conditions and the account balance (e.g., variable annuity)
- 4. The amount you receive is at your discretion.
- 5. The amount is determined by another approach.
- 8. Don't know
- 9. Refuse

PE026c\_X.

[if PE020\_X=1] Separately from the monthly income you receive, [before/after] any tax deductions, how much have you withdrawn from this account over the last year?

[if PE020\_X=0] [Before/after] any tax deductions, how much have you withdrawn from this account over the last year?

\_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

PE026d\_X. [If PE026c\_X = -8, -9] Then would you say that the amount you have withdrawn over the past year is less than \_\_\_\_, more than \_\_\_\_, or what?

- 1. Less than \_\_\_\_\_

- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

PE027\_X. [if PE020\_X=0] When you start to receive benefits, [before/after] any tax deductions, how much do you expect to receive each month from this retirement plan (in today's prices)?  
 \_\_\_\_\_ [range: 0-TBD], -8. Don't know, -9. Refuse

*PE027a\_X (extended). [if PE027\_X=-8,-9] Then would you say that your pay was less than \_\_\_\_, more than \_\_\_\_, or what?*

- 1. Less than \_\_\_\_\_*
- 2. About \_\_\_\_\_*
- 3. More than \_\_\_\_\_*
- 8. Don't know*
- 9. Refuse*

PE027b\_X. [if PE020\_X=0] Who will determine the amount you receive?

- 1. I will determine the amount
- 2. The retirement plan, employer, or occupational pension fund
- 3. Someone else
- 8. Don't know
- 9. Refuse

PE027c\_X. [if PE027b\_X=2] What factors will determine the benefit amount? [Select all that apply.]

- 1. Account balance
- 2. My age
- 3. Whether a survivor benefit is included (e.g., for those married/partnered, whether their spouse/partner will be entitled to a continuation of the benefit)
- 4. My sex
- 8. Don't know
- 9. Refuse

PE027d\_X. [if PE027b\_X=2] Will the amount you receive be fixed or can it change?

- 1. Fixed amount that does not increase
- 2. Fixed amount that may increase over time at a rate determined by the plan (e.g., due to changes in cost of living)
- 3. Varies over time based on economic conditions and the account balance (e.g., variable annuity)
- 8. Don't know
- 9. Refuse

PE029\_X. [if PE002b2\_X=1] Separate from any current or potential regular monthly benefit, can your spouse/partner expect to receive a benefit from this retirement plan after you die?

- 0. No
- 1. Yes, they will only receive the balance
- 2. Yes, they will only receive the monthly benefit (in whole or in part)
- 3. Yes, they will be entitled to the balance and will receive the monthly benefit (in whole or in part)
- 8. Don't know
- 9. Refuse

PE029a\_X. [if PE029\_X=2,3] About what percentage of your benefit would your spouse/partner receive per month if you died? [Only select one option.]

- a. Percentage of your own current/expected benefit: \_\_\_\_\_ [range: 0-100]
- b. Value: \_\_\_\_\_ [range: 0-TBD]

-8. Don't know

-9. Refuse

PE029b\_X. [if PE029\_X=2,3] How long can your spouse/partner expect to receive this benefit after you died?

\_\_\_\_\_ (in months) [range: 0-TBD], -7. For the remainder of the spouse/partner's life, -8. Don't know, -9. Refuse

PE029c\_X. [if PE029\_X=1,3]. After you and your spouse die, would your children be eligible to receive the balance of the retirement plan or the monthly benefit?

0. No

1. Yes, without conditions.

2. Yes, but only if they are under a certain age.

-8. Don't know

-9. Refuse

*[End pension list loop]*

## WEALTH

Definition of economic unit can be either couple or household. The most relevant economic unit might be context dependent. All questions in Wealth Module should be asked to the financial respondent about economic unit's wealth. Adjust don't know and refuse coding values as needed to account for negative amounts.

### Primary Residence and Real Estate

WE003-WE003 a-i. We would like to ask a few questions about some real estate assets [you and your spouse OR your household] own, excluding any farm or business assets.

	Ownership	Market value of property		Mortgage or loan			Rental income		
	a. Do [you and your spouse OR your household] own?	b. [if WE001a-WE006a=1] What is the present market value of that property that [you and your spouse OR your household] own?	c. [if WE001b-WE006b=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?	d. [if WE001a-WE006a=1] Is there any outstanding mortgage or loan on this property?	e. [if WE001d-WE006d=1] What is the remaining balance of outstanding loan?	f. [if WE001e-WE006e=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?	g. [if WE001a-WE006a=1] Do you receive any rental income from this property?	h. [if WE001g-WE006g=1] What was the total rental income received in the past calendar year [before/after] tax?	i. [if WE001h-WE006h=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?
	0.No 1.Yes -8.Don't know -9.Refuse	Amount: _____ -8.Don't know -9.Refuse	1.Less than 2.About equal to 3.More than	0.No 1.Yes -8.Don't know -9.Refuse	Amount: _____ -8.Don't know -9.Refuse	1.Less than 2.About equal to 3.More than	0.No 1.Yes -8.Don't know -9.Refuse	Amount: _____ -8.Don't know -9.Refuse	1.Less than 2.About equal to 3.More than
WE001. Primary residence									
WE002. Any other residential or commercial properties [loop for each real estate]									
WE003. Any lands [loop for each land]									

### Business assets

WE004a. Do [you and your spouse OR your household] own any business, including agricultural and non-agricultural businesses?

0. No

- 1. Yes
- 8. Don't know
- 9. Refuse

WE004b. [if WE004a=1] What would be the present value of your business? If you were to sell all of the business and pay off any associated business debt, how much would you expect to receive? Please exclude the value of any real estate or lands associated with your business which you already reported.

Net value of the business: \_\_\_\_\_, -8. Don't know, -9. Refuse

WE004c. [if WE004b=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

**Other non-financial assets**

WE005-WE007. We would like to ask few questions about some other assets [you and your spouse OR your household] own. Please exclude any farm or business assets we already talked about.

	Ownership	Market value of asset		Loans			Rental income		
	a. Do [you and your spouse OR your household] own?	b. [if WE005a-WE007a=1] What is the total present market value of these assets that [you and your spouse OR your household] own?	c. [if WE005b-WE007b=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?	d. [if WE005a-WE007a=1] Is there any outstanding loan on these assets?	e.[if WE005d-WE007d=1] What is the remaining balance across all of outstanding loans?	f. [if WE005e-WE007e=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?	g. [if WE005a-WE007a=1] Do you receive any rental income from these assets?	h.[if WE005g-WE007g=1] What was the total rental income received in the past calendar year [before/after] tax?	i.[if WE005h-WE007h=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?
	0.No 1.Yes -8.Don't know -9.Refuse	Amount:_____ -8.Don't know -9.Refuse	1.Less than 2.About equal to 3.More than	0.No 1.Yes -8.Don't know -9.Refuse	Amount:_____ -8.Don't know -9.Refuse	1.Less than 2.About equal to 3.More than	0.No 1.Yes -8.Don't know -9.Refuse	Amount:_____ -8.Don't know -9.Refuse	1.Less than 2.About equal to 3.More than
WE005. Any livestock, but exclude any livestock associated with your farm or business									

WE006. Any vehicle, any cars, truck, motorcycles, mopeds, boats but exclude any vehicles associated with agricultural or non-agricultural businesses.									
WE007. Any equipment, such as tractors, ploughing implements, carts, threshers, trolleys, fodder cutting machines, generators, water pumps, tools, trees or other equipment, but exclude any equipment associated with farm or business									

*WE008 (extended). The following questions pertain to household durables and valuables. Please do not include any business properties or assets. Do [you and your spouse OR your household] have any?*

*a. Refrigerator*

*b. Washing machine*

*c. Computer/laptop*

*d. Stereo System*

*e. Camera, camcorder*

*f. Fan*

*g. Cooler*

*h. Air conditioner*

*i. Mobile phone*

*j. Musical instruments*

*k. Jewelry, precious metals (gold, silver) and ornaments*

*l. Antiques, valuable paintings, etc*

*m. Furniture*

*n. Televisions*

*o. Sewing machines*

*p. Radios/transistors*

*q. Water Purifiers*

*r. None of these*

*-8. Don't know*

*-9. Refuse*

*WE009 (extended). [if WE008<>r,-8,-9] Can you say what these assets are currently worth altogether? In other words, if you were to sell them all today and pay off any associated debts, how much do you think you would receive?*

*\_\_\_\_\_ , -8. Don't know, -9. Refuse*

## Financial Assets

WE011-WE016. Now, I would like to ask you a few questions about the financial assets owned by [you and your spouse OR your household members]. What types of financial assets does your household have? Please ensure that for each account you only report it once across these different categories.

	Ownership	Balance		Interest/dividend income		
	a. Do [you and your spouse OR your household members] own?	b. [if WE011a-WE016a=1] What is your best estimate of the total value of these financial assets?	c. [if WE011b-WE016b=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?	d. [if WE011a-WE016a=1] Did you receive any interest or dividend income?	e. [if WE011d-WE016d=1] What was interest or dividend income in the past calendar year [after or before] tax and other deduction?	f. [if WE011e-WE016e=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?
	0.No 1.Yes -8.Don't know -9.Refuse	Amount: _____ -8.Don't know -9.Refuse	1.Less than 2.About equal to 3.More than	0.No 1.Yes -8.Don't know -9.Refuse	Amount: _____ -8.Don't know -9.Refuse	1.Less than 2.About equal to 3.More than
WE011. Any retirement accounts (often tax-advantaged accounts specifically designed to provide income in old age)						
WE012. Bank accounts						
WE013. Stocks, mutual funds, or shares in company						
WE014. Bonds						
WE015. Personal loans to family or friends						
WE016. [name popular financial products]						

## Debts

WE021. Do [you and your spouse OR your household] have any loans or debts other than the ones we already talked about? This could include credit card balances, educational debt, medical debt, personal loans from family or friends, loans from banks and other institutions, such as private or public banks, microfinance organizations, NGOs, government, credit unions or cooperatives, employer, or local money lender.

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

WE022-WE026. [if WE021=1] We would like to collect additional information specific to the type of debt.

	Ownership	Balance



	a. Do [you and your spouse OR your household members] have any?	b. [if WE0015a-WE0018a=1] How much do [you and your spouse OR your household] currently owe?	c. [if WE009b-WE0012b=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?
	0.No 1.Yes -8.Don't know -9.Refuse	Amount: _____ -8.Don't know -9.Refuse	1.Less than 2.About equal to 3.More than
WE022. Credit card balances			
WE023. Educational debts			
WE024. Medical debts			
WE025. Personal loans from family or friends			
WE026. Any other debts			

### Housing Characteristics

WE101. Now, we would like to ask questions more specific to your home. How many rooms do you have for your household members' personal use? Please include all kinds of rooms, such as bedrooms, living rooms, dining rooms, etc., but not counting kitchens, balconies, bathrooms, hallways, unfinished basements, or any rooms that you let or sublet.

\_\_\_\_\_ [range: 1-30], -8. Don't know, -9. Refuse

WE102. [if WE101>1] Out of these rooms, how many are bedrooms (a room where someone sleeps)?

\_\_\_\_\_ [range: 1-30], -8. Don't know, -9. Refuse

*WE103 (extended). Do you have your own kitchen (a room that is only used for cooking)?*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*W104 (extended). Is the house or the building the home is in... [HRS, MHAS, CHARLS]*

- 1. One story
- 2. Two stories
- 3. More than two stories
- 8. Don't know
- 9. Refuse

*WE105 (extended). [if WE104=2,3] Do you need to leave the main level of your home to sleep or use the bathroom?*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*WE106 (extended). Do you sublet or rent out parts of this accommodation?*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

WE107. Sometimes, buildings have special features to help older persons or someone with a disability get around. Does your home have features like a ramp, railings, widened doors, or other modifications?

- 0. No

- 1. Yes
- 8. Don't know
- 9. Refuse

*WE108 (extended). [if W107=1] Have you ever modified your house/apartment to add any of these features or made larger modifications like remodeling for this purpose? [HRS, MHAS, JSTAR, TILDA, ELSI]*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

### **Toilet Facilities**

*WE111 (extended). Does this home have a flushable toilet? By flushable toilet, we are referring to a flush or pour flush toilet that flushes to a piped sewer system, septic tank, or pit latrine; a ventilated improved pit latrine; a pit latrine with a slab; or a composting toilet. Interviewer Instructions: Do not include pit latrines without a slab or platform; hanging latrines; and bucket latrines.*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*WE112 (extended). [if WE111=0] Does this home have other toilet facilities, including a pit latrine, hanging latrine, or bucket latrine? [LASI]*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*WE113 (extended). [if WE111=1 or WE112=1] Do you share this toilet facility with other households? [MHAS, LASI]*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

### **Water Supply**

*WE121 (extended). Does this home have piped running water?*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*WE121 (extended, alternate). Does this home have a potable water source that is safe to drink? This includes piped water; public taps or standpipes; tube wells or boreholes; protected dug wells; protected springs; or rainwater collection.*

*Interviewer Instruction: Do not include unprotected dug well; unprotected spring; cart with small tank/drum; surface water; and bottled water. [CRELES, LASI]*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*WE122 (extended, alternate). [if WE121=1] Where is the water source located? [LASI]*

- 1. In own dwelling
- 2. In own yard/plot
- 3. Elsewhere outside of dwelling
- 8. Don't know
- 9. Refuse

## Electricity

*WE131 (extended). Does this home have electricity?*

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*WE132 (extended). [if WE031=1] How many hours a day do you get electricity? [LASI]  
\_\_\_\_\_ [range: 0-24, enter 0 if less than 1 hour], -8. Don't know, -9. Refuse*

*WE133 (extended). Does your home have a telephone connection, including landline and/or cellular phone?*

- 1. Landline only
- 2. Cellular phone only
- 3. Both landline and cellular phone
- 8. Don't know
- 9. Refuse

**WE134. Does your home have broad-band internet connection?**

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

## Cooking and Indoor Pollution

**WE141. What is the main fuel that is used for cooking? Is it...**

- 1. Electric
- 2. Biogas
- 3. Natural gas
- 4. Liquefied petroleum gas (LPG)
- 5. Alcohol (ethanol)
- 6. Coal or kerosene
- 7. Crop residue or wood burning
- 8. Does not cook at home
- 9. Other
- 8. Don't know
- 9. Refuse

*WE142 (extended). Is the cooking usually done in the house, in a separate building, or outdoors?*

- 1. In the house
- 2. In a separate building
- 3. Outdoors
- 4. Other
- 8. Don't know
- 9. Refuse

*WE143 (extended). [if WE142=1,2] Is the cooking mainly done under a traditional chimney, electric chimney, exhaust fan, or near a window or door?*

- 1. Traditional chimney*
- 2. Electric chimney*
- 3. Exhaust fan*
- 4. Near window/door*
- 5. None*
- 8. Don't know*
- 9. Refuse*

WE144. Does your household use any fuel other than this main cooking fuel for heating or any other purpose?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

WE145. [if WE144=1] What is the main source of fuel used for that?

- 1. Electric
- 2. Biogas
- 3. Natural gas
- 4. Liquefied petroleum gas (LPG)
- 5. Alcohol (ethanol)
- 6. Coal or kerosene
- 7. Crop residue or wood burning
- 8. Does not cook at home
- 9. Other
- 8. Don't know
- 9. Refuse

WE146. Does any usual member of your household smoke inside the home?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

## INCOME

IN001\_intro. We would like to ask you [financial respondent] some questions about the income of [you and your spouse OR your household] during the past calendar year.

Note. A financial respondent will answer the income of the respondent and economic unit [either couple or household]

### Business Income

IN002. First, do you or your [spouse/partner OR household members] own any businesses or engage in self-employment, either independently or jointly? Business includes farms, fishery, forestry or other agricultural work as well as non-agricultural work.

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refused

[Begin business list loop]

IN003\_B. [if IN002 = 1] We will now talk about each of the businesses [you and/or your spouse OR household members] own.

What is the name of this business? (Alternatively: How do you refer to this business?)

[Note: this question is meant facilitate recollection in subsequent interviews. It is typically not distributed]

\_\_\_\_\_ [Free text], -8. Don't know, -9. Refused

IN004\_B. [if IN002 = 1] Who owns this business? Please identify across [your or your spouse OR all household members] who is are the owners or co-owners of this business. Please select all owners and co-owners from this list.

- 1. Respondent
- 2. R's spouse
- [continued list of all other household members if study is using household as economic unit]
- 8. Don't know
- 9. Refuse

IN005\_B. What would be your best estimate of the revenue from this business's activities in the past calendar year?

Amount: \_\_\_\_\_, -8. Don't know, -9. Refuse

IN006\_B. [if IN005\_B=-8,-9] Does it amount to less than, more than, or about equal to [threshold value]?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

IN007\_B. What is your best estimate of the total costs of running this business's activities in the past calendar year? Please include equipment and property rentals, raw materials, transportation, marketing, wages, taxes, utility fees, professional taxes, and other fees and expenses.

Amount: \_\_\_\_\_, -8. Don't know, -9. Refuse

IN008\_B. [if IN007\_B=-8 or -9] Does it amount to less than, more than, or about equal to [threshold value]?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

IN009\_B. So, the total revenue from this business is about [=IN005\_B + IN007\_B]. Is that about right?

[Interviewer note: Revenue = Profit + Costs]

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refused

IN010\_B. [if IN009\_B != 1] What would be your best estimate of the revenue from this business activity?

Amount: \_\_\_\_\_, -8. Don't know, -9. Refuse

IN011\_B. [if IN010\_B=-8 or -9] Does it amount to less than, more than, or about equal to [threshold value]?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

*[End business list loop]*

*The business loop continues as long as the respondent identifies additional businesses.*

### **Wages and Salaries**

IN101. Now, I would like to ask you about wages and salaries from employment or odd jobs. Did you or your [spouse OR household members] receive any wages or salaries from employment or odd jobs in the past calendar year? Please include all wages, including full-time, part-time, side-jobs, odd jobs, or other wages or salaries but exclude any wages related to businesses or self-employment already asked about. Please also include bonuses, commission, and any overtime pay. Please select all people from this list who were earned income in the past calendar year.

- 0. No one received wages or salaries
  - 1. Respondent received wages or salaries
  - 2. R's Spouse received wages or salaries
- [continued list of all other household members if study is using household as economic unit] received wages or salaries

*[Begin wage earner loop if any person was selected in IN101]*

*Earning household members are uniquely identified in a list of individuals W.*

We will now ask some questions about each person you selected.

IN102\_W. [if IN101 included W] What would be your best estimate of this person's total income from wages or salaries from employment or odd jobs in the past calendar year [before/after] taxes and deductions (including wages from all jobs and including overtime, bonuses, tips, and commissions)?

Amount: \_\_\_\_\_, -8. Don't know, -9. Refuse

IN103\_W. [Ask if IN102\_W=-8,-9] Does it amount to less than, more than, or about equal to [threshold value]?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

*[End wage earner loop]*

*The wage earner loop continues through all household members in W.*

### **Pension Income**

IN201. Did you or [your spouse OR household members] receive any income from a pension, retirement account, or other accounts/plans intended to provide income in old age in the past calendar year? This can include public, occupational, and private accounts/plans either with or without an associated balance. Please select all people from this list who received pension income.

- 0. No one received pension income
  - 1. Respondent received pension income
  - 2. R's Spouse received pension income
- [continued list of all other household members if study is using household as economic unit] received pension income

*[Begin pension loop if any person was selected in IN103]*

*Household members receiving pension income are uniquely identified in a list of individuals P.*

We will now ask some questions about each person receiving pension income you selected.

IN202\_P. [if IN201 included P] What would be your best estimate of this person's total income from pensions in the past calendar year [before/after] taxes and deductions?

Amount: \_\_\_\_\_, -8. Don't know, -9. Refuse

IN203\_P. [Ask if IN202\_P = -8 or -9] Does it amount to less than, more than, or about equal to [threshold value]?

*[End pension loop]*

*The pension loop continues through all household members in P.*

### **Public Transfers**

IN301. Please consider the following list of public transfer and support programs. Apart from any pension or retirement programs you just supported, please select from this list all programs that you or your [spouse OR household members] received any income from in the past calendar year.

- 0. None of these programs
- [enumerated list of all country-specific public transfer programs]

*[Begin public transfer loop if any transfer program was selected in IN401]*

*Transfer programs are uniquely identified in a list of programs T.*

We will now ask some questions about each public transfer program you selected.

IN302\_T [if IN301 includes T] Who received income from this program? Please select all people across [your or your spouse OR all household members] who received income from this program.

- 0. The benefit is received by everyone (select everyone in the [economic unit])
  - 1. Respondent
  - 2. R's spouse
- [continued list of all other household members if study is using household as economic unit]
- 8. Don't know
  - 9. Refused

IN303\_T. [if IN301 includes T ] What was the total amount of income received from this program in the past calendar year [before/after] taxes and deductions from that program? You can provide the average monthly amount or the yearly amount. [Only select one option.]

- a. Per month: \_\_\_\_\_
- b. Per year: \_\_\_\_\_
- 8. Don't know
- 9. Refuse

IN304\_T. [if IN403\_T=-8,-9] Does it amount to less than, more than, or about equal to [threshold value]?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

*[End Public transfer loop]*

*The public transfers loop continues through all selected transfer programs T.*

### **Private Transfers**

IN301. Did you or your [spouse or household] receive any financial gifts or support from family or friends totaling over [nominal amount]? Please include all remittance you or your [spouse or household] received from family and friends. Please exclude any shared housing or shared food.

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refused

IN302. [if IN301 = 1] What would be your best estimate of the total financial gifts/supports received in the past calendar year?

Amount: \_\_\_\_\_, -8. Don't know, -9. Refuse

IN303. [Ask if IN302=-8,-9] Does it amount to less than, more than, or about equal to [threshold value]?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

### **Other income**

IN501. Did you or your [spouse OR household] receive money from any other sources (which is not previously mentioned) in the past calendar year? This could include lottery winnings, medical claim, life insurance payments, legal awards, alimony, inheritance, dowry, and private scholarships, etc.

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refused

IN502. [if IN501 = 1] What would be your best estimate of the income from any other sources not previously mentioned in the past calendar year [before/after] taxes and deductions?



Amount: \_\_\_\_\_, -8. Don't know, -9. Refuse

IN503. [Ask if IN502=-8 or -9] Does it amount to less than, more than, or about equal to [threshold value]?

1. Less than \_\_\_\_\_
  2. About \_\_\_\_\_
  3. More than \_\_\_\_\_
- 8. Don't know  
-9. Refuse

## CONSUMPTION

### Food Consumption

CO001. We like to ask you few questions about [you and your spouse/partner OR your household]’s food consumption for the past [7 days/month]. Please tell us about your household’s food consumption in the past [7 days/1 month], including not only market-purchased food, but also home-produced food and in-kind transfers.

Amount: \_\_\_\_\_, -8. Don’t know, -9. Refuse

CO002. [if CO001=-8 or -9] Does it amount to less than, more than, or about equal to [threshold value chosen]?

1. Less than \_\_\_\_\_
  2. About \_\_\_\_\_
  3. More than \_\_\_\_\_
- 8. Don’t know  
-9. Refuse

CO003. About how much did your [economic unit] spend on eating/dining out in the past [7 days /1 month]?

Amount: \_\_\_\_\_, -8. Don’t know, -9. Refuse

CO004. [if CO003=-8 or -9] Does it amount to less than, more than, or about equal to [threshold value chosen]?

1. Less than \_\_\_\_\_
  2. About \_\_\_\_\_
  3. More than \_\_\_\_\_
- 8. Don’t know  
-9. Refuse

### Healthcare Expenditures

CO005—CO009. Next, think about [economic unit] expenditure on health care expenditures in the past 12 months. Please do not include any expense which is reimbursed. [If couple/household did not spend any money, enter ‘0’].

	How much did your [economic unit] spend on:	Amount	Expenditure period
		_____ -8. Don’t know -9. Refuse	1.Per Month on average 2.Total for the past 12 months
CO005	Health insurance premium		
CO006	Hospital visits and/or stay		
CO007	Nursing home stay		
CO008	Doctor’s fees for non-institutional outpatient visits, including both primary and specialist care		
CO009	Outpatient surgery		
CO010	Medication		
CO011	Dental care		
CO012	Any other medical expenses (e.g., ambulance, medical equipment, in-home medical care, etc.)		

CO013. [if CO005-CO012=-8,-9] What would be the total healthcare expenses in past 12 month?

Amount: \_\_\_\_\_, -8. Don’t know, -9. Refuse

CO014. [if CO013=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

**Recurring Monthly Expenditures**

CO101 – CO108. Now please think about your [economic unit]'s expenditure in the past 30 days. In the past 30 days, approximately how much did [you and your spouse OR your household] spend on regularly recurring non-food expenditures? [If couple/household did not spend any money, enter '0'].

	<b><u>In the past 30 days</u></b> , how much did [you and your spouse OR your household] spend on:	Amount _____ -8. Don't know -9. Refuse
CO101	Communication fees including postage, internet, telephone, mobile phone, courier and other services	
CO102	Utilities such as gas (LPG, CNG), coal, kerosene, petrol, diesel, water, electricity, waste disposal	
CO103	House rent or home mortgage	
CO104	Transportation	
CO105	Personal care, household help, and other maintenance (e.g., cleaners, gardeners)	
CO106	Loan payments	
CO107	Tobacco or other smoking products	
CO108	Entertainment (e.g., club fees, movies)	

CO109. [if CO101-CO108=-8,-9] What would be the total regularly recurring non-food expenditures in the past 30 days?  
Amount: \_\_\_\_\_, -8. Don't know, -9. Refuse

CO110. [if CO119=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?

- 1. Less than \_\_\_\_\_
- 2. About \_\_\_\_\_
- 3. More than \_\_\_\_\_
- 8. Don't know
- 9. Refuse

**Other Expenditures**

CO201–CO209. In the past 12 months how much did your [economic unit] spend on the following items? [If the couple/household did not spend any money, enter '0']

	<b><u>In the past 12 months</u></b> , how much did [you and/or your spouse OR your household] spend on:	Amount _____ -8. Don't know -9. Refuse
CO201	Clothing and apparel, including outerwear, footwear, and accessories	

CO202	Education and training, including tuition and other fees, training fees, books, and other related expenses	
CO203	Durables goods, including personal goods, household appliances, furniture, etc. but excluding automobiles	
CO204	Insurance payments, excluding already reported healthcare insurance premiums	
CO205	Expenses related to religion or community groups	
CO206	Vacation, hobbies, jewelry, or other luxury items	
CO207	Home improvements, car repair, etc.	
CO208	Any other expenses	

CO209. [if CO201-CO208=-8,-9] What would be the total expenses of these occasional spending in past 12 month?  
Amount: \_\_\_\_\_, -8. Don't know, -9. Refuse

CO210. [Ask if CO209=-8,-9] Does it amount to less than, more than, or about equal to [threshold value chosen]?  
1. Less than \_\_\_\_\_  
2. About \_\_\_\_\_  
3. More than \_\_\_\_\_  
-8. Don't know  
-9. Refuse

## CHILDHOOD AND LIFETIME EVENTS

### Childhood Housing & Finances

CL001. How many rooms did your household occupy in your residence when you were age 10? Please include bedrooms and exclude bathrooms, kitchens and hallways.

\_\_\_\_\_ [range: 1-30], -8. Don't know, -9. Refuse

CL002. Including yourself, how many people lived in your household when you were age 10?

\_\_\_\_\_ [range: 1-30], -8. Don't know, -9. Refuse

CL003. Did this residence have any of these features when you were age 10? [Select all that apply.] [Hard check: if response is "None", freeze all other option categories.]

- a. Fixed bath
- b. Cold running water supply
- c. Hot running water supply
- d. Inside toilet
- e. Central heating
- f. Electricity
- g. None
- 8. Don't know
- 9. Refuse

CL004. About how many books were there in the place you lived in when you were age 10? Do not count magazines, newspapers, or your school books.

- 1. None or very few (0-10 books)
- 2. Enough to fill one shelf (11-25 books)
- 3. Enough to fill one bookcase (26-100 books)
- 4. Enough to fill two bookcases (101-200 books)
- 5. Enough to fill two/three or more bookcases (more than 200 books)
- 8. Don't know
- 9. Refuse

CL005. Were you living in a rural area (most of the time) when you were age 10? [HRS\*, TILDA, ELSI]

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*CL006 (extended). Before you were age 10, did you regularly wear shoes? [MHAS\*, CRELES\*]*

- 0. No*
- 1. Yes*
- 8. Don't know*
- 9. Refuse*

CL007. Did you live in any of the following places when you were growing up, from birth to age 16? [Select all that apply.] [Hard check: if response is "None", freeze all other option categories.]

- a. Children's home
- b. Orphanage
- c. Foster home
- d. Boarding school
- e. Armed forces
- f. Mental hospital

- g. Other hospital
- h. Prisoner of war camp
- i. Prison
- j. None
- 8. Don't know
- 9. Refuse

CL008. Now think about your family when you were growing up, from birth to age 16. Would you say your family during that time was pretty well off financially, about average, or poor?

- 1. Pretty well off financially
- 2. About average
- 3. Poor
- 8. Don't know
- 9. Refuse

CL009. Before you were age 16, did your family ever experience severe financial hardship?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

**Childhood Health**

CL101-CL102. For the next questions, please consider the time while you were growing up, from birth to age 16.

CL101. Would you say that your health during that time was excellent, very good, good, fair, or poor? [HRS, ELSA, SHARE]

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 8. Don't know
- 9. Refuse

*CL101 (alternate). Would you say that your health during that time was very good, good, fair, poor, or very poor? [LASI]*

- 1. Excellent*
- 2. Very good*
- 3. Good*
- 4. Fair*
- 5. Poor*
- 8. Don't know*
- 9. Refuse*

CL102. Did you miss a month or more of school because of a health problem?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

CL103-CL120. Before you were age 16, did you have any of these illnesses or health conditions?

CL103	Infectious disease (e.g. tuberculosis, rubella, mumps, chickenpox, diphtheria, rheumatic fever, polio, typhoid fever, malaria)	0. No 1. Yes
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CL104	Broken bones, fractures	-8. Don't know -9. Refuse
CL105	Asthma	
CL106	Allergies (other than asthma)	
CL107	Respiratory problems other than asthma	
CL108	Heart trouble	
CL109	Childhood diabetes or high blood sugar	
CL110	Leukemia or lymphoma	
CL111	Cancer or malignant tumor (excluding minor skin cancers)	
CL112	Meningitis/encephalitis	
CL113	Severe headaches or migraines	
CL114	Epilepsy, fits or seizures	
CL115	Emotional, nervous, or psychiatric problem	
CL116	Appendicitis	
CL117	Severe diarrhea	
CL118	Chronic ear problems	
CL119	Speech impairment	
CL120	Difficulty seeing even with glasses	

**Home Environment**

CL201. What was your father's occupation when you were age 16?

1. Management
  2. Business and financial operations
  3. Computer and mathematical
  4. Architecture and Engineering
  5. Life, Physical, and Social Science
  6. Community and Social service
  7. Legal
  8. Education, Training and Library
  9. Arts, Design, Entertainment, Sports, and Media
  10. Healthcare Practitioners and Technical
  11. Healthcare Support
  12. Protective Service
  13. Food Preparation and Serving Related
  14. Building and Grounds Cleaning and Maintenance Occupations
  15. Personal Care and Service
  16. Sales and Related
  17. Office and Administrative Support
  18. Farming/Agricultural, Fishing, and Forestry
  19. Construction and Extraction
  20. Installation, Maintenance, and Repair
  21. Production
  22. Transportation and Material Moving
  23. Military Specific
  24. Other
  25. Casual jobs
- 5. Father wasn't working  
-6. Father was disabled  
-7. Never lived with father or father was not alive

- 8. Don't know
- 9. Refuse

CL202. What was your mother's occupation when you were age 16?

1. Management
  2. Business and financial operations
  3. Computer and mathematical
  4. Architecture and Engineering
  5. Life, Physical, and Social Science
  6. Community and Social service
  7. Legal
  8. Education, Training and Library
  9. Arts, Design, Entertainment, Sports, and Media
  10. Healthcare Practitioners and Technical
  11. Healthcare Support
  12. Protective Service
  13. Food Preparation and Serving Related
  14. Building and Grounds Cleaning and Maintenance Occupations
  15. Personal Care and Service
  16. Sales and Related
  17. Office and Administrative Support
  18. Farming/Agricultural, Fishing, and Forestry
  19. Construction and Extraction
  20. Installation, Maintenance, and Repair
  21. Production
  22. Transportation and Material Moving
  23. Military Specific
  24. Other
  25. Casual jobs
- 5. Mother wasn't working
  - 6. Mother was disabled
  - 7. Never lived with mother or mother was not alive
  - 8. Don't know
  - 9. Refuse

CL203. Now thinking about your childhood growing up, before you were 16 years old, did either of your parents drink or use drugs so often that it caused problems in the family?

0. No
  1. Yes
- 8. Don't know
  - 9. Refuse

CL204. Before you were 16 years old, were you ever physically abused by either of your parents?

0. No
  1. Yes
- 8. Don't know
  - 9. Refuse

CL205. Did your biological or adoptive parents separate or divorce before you were age 16? [HRS, ELSA]

0. No
1. Yes



- 8. Don't know
- 9. Refuse

CL206. Were you ever separated from your mother for 6 months or longer before you were age 16? [HRS, ELSA]

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

CL207. Were you ever separated from your father for 6 months or longer before you were age 16? [HRS]

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*CL211-CL214 (extended). The next statements are about people's relationships with their parents early in life (before age 18). Please provide answers for you personally.*

	<i>How much do you agree or disagree with this statement:</i>	<ul style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Neither agree nor disagree</li> <li>4. Agree</li> <li>5. Strongly agree</li> <li>6. Does not apply</li> <li>-8. Don't know</li> <li>-9. Refuse</li> </ul>
CL211	<i>I had a good relationship with my mother before age 18.</i>	
CL212	<i>I had a good relationship with my father before age 18.</i>	
		<ul style="list-style-type: none"> <li>1. Not at all</li> <li>2. A little</li> <li>3. Some</li> <li>4. A lot</li> <li>5. Does not apply</li> <li>-8. Don't know</li> <li>-9. Refuse</li> </ul>
CL213	<i>How much time and attention did your mother give you when you needed it?</i>	
CL214	<i>How much effort did your mother put into watching over you and making sure you had a good upbringing?</i>	

**Lifetime Stressors**

CL301-CL307. For each of the following events, please indicate whether the event occurred at any point in your life.

CL301	Have you ever been in a major fire, flood, earthquake, or other natural disaster?	<ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>-8. Don't know</li> <li>-9. Refuse</li> </ul>
CL302	Have you ever fired a weapon in combat or been fired upon in combat?	
CL303	Were you the victim of a serious physical attack or assault?	
CL304	Did you ever have a life-threatening illness or accident?	
CL305	Did your spouse or a child of yours ever have a life-threatening illness or accident?	
CL306	Has your spouse, partner, or child ever been addicted to drugs or alcohol?	
CL307	Have you ever experienced severe financial hardship?	

## PSYCHOSOCIAL AND STRESS

(alternate) This module can be separated from the main interview and provided as a self-completion questionnaire to the respondent if illiteracy is not a concern.

PS000. Code as 1 if R can respond themselves, code as 2 if a proxy is required

### Life Satisfaction

PS001-PS005. [if PS000=1] The following questions are about life satisfaction. I am going to read a list of statements. In a scale from strongly disagree to strongly agree, please say how much you agree or disagree with the following statements.

PS001	In most ways my life is close to ideal.	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Slightly disagree</li> <li>4. Neither agree nor disagree</li> <li>5. Slightly agree</li> <li>6. Agree</li> <li>7. Strongly agree</li> <li>-8. Don't know</li> <li>-9. Refused</li> </ol>
PS002	The conditions of my life are excellent.	
PS003	I am satisfied with my life.	
PS004	So far, I have gotten the important things I want in life.	
PS005	If I could live my life again, I would change almost nothing.	

### Domain Satisfaction

PS011-PS017 (extended). [if PS000=1] Please think about your life and situation right now. How satisfied are you with...

PS011	Your life-as-a-whole?	<ol style="list-style-type: none"> <li>1. Completely Satisfied</li> <li>2. Very Satisfied</li> <li>3. Somewhat satisfied</li> <li>4. Not very satisfied</li> <li>5. Not at all satisfied</li> <li>-8. Don't know</li> <li>-9. Refused</li> </ol>
PS012	The condition of the place where you live (house or apartment)? [HRS]	
PS013	City or town you live in?	
PS014	Your daily life and leisure activities?	
PS015	Your family life?	
PS016	Your present financial situation?	
PS017	Your health?	

### Social Support

PS101-PS107. [if PS000=1 & DM006=1,2] We would now like to ask you some questions about your partner or spouse. Please mark the answer which best shows how you feel about each statement.

PS101	How much does your spouse really understand the way you feel about things?	<ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. A little</li> <li>3. Some</li> <li>4. A lot</li> <li>-8. Don't know</li> <li>-9. Refused</li> </ol>
PS102	How much can you rely on your spouse if you have a serious problem?	
PS103	How much can you open up to your spouse if you need to talk about your worries?	
PS104	How much does your spouse make too many demands on you?	
PS105	How much does your spouse criticize you?	
PS106	How much does your spouse let you down when you are counting on them?	
PS107	How much does your spouse get on your nerves?	

PS111-PS117. [if PS000=1 & FS001>0] We would now like to ask you some questions about your living children. Please mark the answer which best shows how you feel about each statement.

PS111	How much do they really understand the way you feel about things?	<ol style="list-style-type: none"> <li>1. Not at all</li> <li>2. A little</li> <li>3. Some</li> <li>4. A lot</li> </ol>
PS112	How much can you rely on them if you have a serious problem?	
PS113	How much can you open up to them if you need to talk about your worries?	
PS114	How much do they make too many demands on you?	

PS115	How much do they criticize you?	-8. Don't know -9. Refused
PS116	How much do they let you down when you are counting on them?	
PS117	How much do they get on your nerves?	

PS121-PS127. [if PS000=1 & (FS300=1 or FS301=1)] We would now like to ask you some questions about these family members. Please mark the answer which best shows how you feel about each statement.

PS121	How much do they really understand the way you feel about things?	1. Not at all 2. A little 3. Some 4. A lot -8. Don't know -9. Refused
PS122	How much can you rely on them if you have a serious problem?	
PS123	How much can you open up to them if you need to talk about your worries?	
PS124	How much do they make too many demands on you?	
PS125	How much do they criticize you?	
PS126	How much do they let you down when you are counting on them?	
PS127	How much do they get on your nerves?	

PS131-PS137. [if PS000=1 & FS401=1] We would now like to ask you some questions about your friends. Please mark the answer which best shows how you feel about each statement.

PS131	How much do they really understand the way you feel about things?	1. Not at all 2. A little 3. Some 4. A lot -8. Don't know -9. Refused
PS132	How much can you rely on them if you have a serious problem?	
PS133	How much can you open up to them if you need to talk about your worries?	
PS134	How much do they make too many demands on you?	
PS135	How much do they criticize you?	
PS136	How much do they let you down when you are counting on them?	
PS137	How much do they get on your nerves?	

### Loneliness

PS201-PS205. [if PS000=1] The next questions are about how you feel about different aspects of your life. For each one, please say how often you feel that way.

PS201	How often do you feel you lack companionship?	1. Hardly ever or never 2. Some of the time 3. Often -8. Don't know -9. Refused
PS202	How often do you feel left out?	
PS203	How often do you feel isolated from others?	
PS204 (extended)	<i>How often do you feel in tune with the people around you?</i>	

### Neighborhood

PS301-PS310. [if PS000=1] How do you feel about your local area, that is everywhere within a 20 minute walk or about a kilometer of your home? Please tick one box on each line. The closer your tick is to a statement the more strongly you agree with it.

	Positive Statement	Negative Statement	
PS301	I really feel part of this area	I feel that I don't belong in this area	1. Closest to positive statement 2. 3. 4. 5. 6. 7. Closest to negative statement -8. Don't know
PS302	There is no problem with vandalism and graffiti in this area	Vandalism and graffiti are a big problem in this area	
PS303	Most people in this area can be trusted	Most people in this area can't be trusted	
PS304	People feel safe walking alone in this area after dark	People would be afraid to walk alone after dark in this area	
PS305	Most people in this area are friendly	Most people in this area are unfriendly	
PS306	This area is kept very clean	This area is always full of litter and rubbish	
PS307	If you were in trouble, there are lots of people in this area who would help you	If you were in trouble, there is nobody in this area who would help you	

PS308 (extended)	<i>I have never felt lonely living in this area</i>	<i>I often feel lonely living in this area</i>	-9. Refuse
PS309 (extended)	<i>People in this area will always treat you fairly</i>	<i>People in this area will take advantage of you</i>	
PS310 (extended)	<i>There are no vacant houses or storefronts in this area</i>	<i>There are many vacant or deserted houses or storefronts in this area</i>	

### Psychological Well-Being (CASP)

PS401-PS419. [if PS000=1] Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you feel this way.

PS401	My age prevents me from doing the things I would like to.	0. Never 1. Rarely 2. Sometimes 3. Often -8. Don't know -9. Refuse
PS402	I feel that what happens to me is out of my control.	
PS403 (extended)	<i>I feel free to plan for the future.</i>	
PS404	I feel left out of things.	
PS405	I can do the things that I want to do.	
PS406	Family responsibilities prevent me from doing what I want to do.	
PS407 (extended)	<i>I feel that I can do as I please. [HRS, JSTAR] (alternate) I feel that I can please myself in what I can do. [ELSA, TILDA]</i>	
PS408 (extended)	<i>My health stops me from doing things I want to do.</i>	
PS409	Shortage of money stops me from doing the things I want to do.	
PS410	I look forward to each day.	
PS411	I feel that my life has meaning.	
PS412 (extended)	<i>I enjoy the things that I do.</i>	
PS413 (extended)	<i>I enjoy being in the company of others.</i>	
PS414	On balance, I look back on my life with a sense of happiness.	
PS415	I feel full of energy these days.	
PS416 (extended)	<i>I choose to do things that I have never done before.</i>	
PS417 (extended)	<i>I feel satisfied with the way my life has turned out.</i>	
PS418	I feel that life is full of opportunities.	
PS419	I feel that the future looks good for me.	

### Discrimination

PS501-PS506. [if PS000=1] In your day-to-day life, how often have any of the following things happened to you?

PS501. You are treated with less courtesy or respect than other people.	1. Never 2. Less than once a year 3. A few times a year 4. A few times a month 5. At least once a week 6. Almost every day -8. Don't know -9. Refuse
PS502. You receive poorer service than other people at restaurants or stores.	
PS503. People act as if they think you are not smart.	
PS504. People act as if they are afraid of you.	
PS505. You are threatened or harassed.	
PS506. You receive poorer service or treatment than other people from doctors or hospitals.	

PS507. [if any of PS501-PS506>1] What do you think were the reasons why these experiences happened to you? [Select all that apply.]

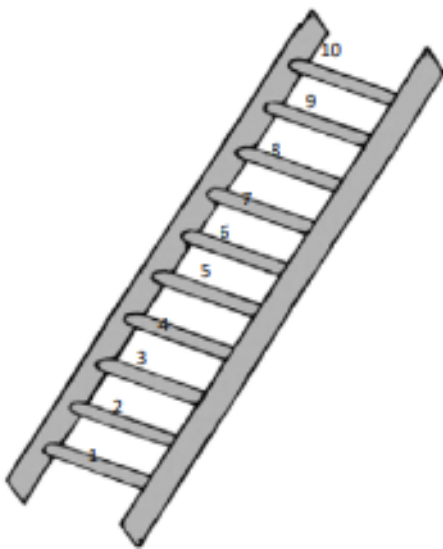
- a. Your ancestry or national origin
- b. Your age
- c. Your gender
- d. Your sexual orientation
- e. Your race

- f. Your religion
- g. Your weight
- h. A physical disability
- i. An aspect of your physical appearance
- j. Your financial status
- k. Other (Specify) \_\_\_\_\_ (PS507\_other)
- 8. Don't know
- 9. Refuse

**Place in Society (Cantril)**

PS601. [if PS000=1] Think of this ladder as representing where people stand in our society. At the top of the ladder are the people who are the best off - those who have the most money, most education, and best jobs. At the bottom are the people who are the worst off - who have the least money, least education, and the worst jobs or no jobs. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

Please mark an X on the rung on the ladder where you would place yourself.



\_\_\_\_\_, -8. Don't know, -9. Refused

*PS602 (extended). Has your position on the ladder changed within the last two years?*

- 1. Yes, I have moved up*
- 2. Yes, I have moved down*
- 3. No, my position has not changed*
- 8. Don't know*
- 9. Refused*

## EXPECTATIONS

EP000. Code as 1 if R can respond themselves, code as 2 if a proxy is required

### Survival & Health

EP001. What is the percent chance that you will live to be X or more? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)]

R's age (CS006)	[X]
65 or under	75
66-69	80
70-74	85
75-79	90
80-84	95
85-99	100
100-104	105
105-109	110
110-119	120

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP002 (extended). [if CS006<66] What are the chances that you will live to be 85 or more? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, ELSA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP003 (extended). [if CS006<76 & 50<=EP001<=100] Assuming that you are still living at 75, what are the chances that your health will allow you to live independently, that is, to live at home without help and to manage your own affairs? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, TILDA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP004 (extended). [if CS006<76 and 50<=EP001<=100] Assuming that you are still living at 75, what are the chances that you will be free of serious problems in thinking, reasoning or remembering things that would interfere with your ability to manage your own affairs? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, TILDA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

EP005. [if CS006<66] What is the percent chance that you will ever have to move to a nursing home? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, ELSA]

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP005 (extended, alternate). [if CS006<66] What is the percent chance that you move to a nursing home in the next five years? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, TILDA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

### Inheritance

EP011. What are the chances that you (or your [husband/wife/partner]) will receive any inheritance during the next 10 years? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, ELSA, SHARE]

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

EP012. [if EP011>0 or EP011=-8,-9] What are the chances that you will receive an inheritance totaling X [value in local currency] or more during the next 10 years? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [ELSA, SHARE]

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP013 (extended). Including property and other valuables that you [and your husband / wife / partner] might own, what are the chances that you [and your husband / wife / partner] will leave an inheritance totaling X [value in local currency] or more? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, ELSA, SHARE, TILDA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP014 (extended). [if EP013>0] What are the chances that you [and your husband / wife / partner] will leave an inheritance totaling X [value in local currency larger than value in EP013] or more?*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP015 (extended). [if EP013=0,-8,-9] What are the chances that you [and your husband / wife / partner] will leave any inheritance? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

### **Retirement & Job Loss**

*EP021. [if CS006<63] Thinking about work in general and not just your present job, what do you think the chances are that you will be working full-time after you reach age [age of early retirement]? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, TILDA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP022. [if CS006<full retirement age] Thinking about paid work in general and not just your present job, what are the chances that you will be working after you reach age [age of full retirement]? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, ELSA, TILDA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP023. [if EM001=e,f,g,h,i,j] What are the chances that you will be working for pay at some time in the future? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, KLoSA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP024. [if EM001=a or EM004=a or EM008=1] What are the chances that you will lose your job during the next year? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, TILDA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP025 (extended). [if EM001=a or EM004=a or EM008=1] What do you think are the chances that you could find an equally good job in the same line of work within the next few months? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, TILDA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

### **Financial Situation**

*EP031 (extended). What are the chances that five years from now your standard of living will be better than today? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

*EP032 (extended). What are the chances that the country's economy will experience a major depression/recession during the next 10 years or so? [Range: 0-100 (Absolutely No Chance to Absolutely Certain)] [HRS, KLoSA]*

\_\_\_\_\_ [range: 0-100], -8. Don't know, -9. Refused

## END OF LIFE PLANNING

### Wills and Trusts

EL101. Next we have some questions about wills and trusts. Do you currently have a will that is written and witnessed or notarized?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

EL102. Have you put any of your assets into a trust?

- 0. No
- 1. Yes
- 2. I don't have any assets [Voluntary]
- 8. Don't know
- 9. Refuse

EL103. [if EL101=1 or EL102=1] Who is mentioned in the (will/trust) and would receive your assets in case of death? [Select all that apply.]

- a. Spouse
- b. Children
- c. Children-in-law
- d. Grandchildren
- e. Other relative
- f. Friend or non-relative
- g. Charity
- 8. Don't know
- 9. Refuse

### End of Life Wishes

EL200. Code as 1 if R can respond themselves, code as 2 if a proxy is required

EL201-EL210. [if EL200=1] Now we would like to ask you some questions about healthcare decisions that might need to be made for you in the future, if you are unable to make them yourself.

EL201. People sometimes make plans about the types of care or medical treatment they would want or not want, if they were to become seriously ill. Have you ever discussed with anyone the care or medical treatment you would want to receive if you were to become seriously ill in the future?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

EL202. Have you made any legal arrangements for a specific person or persons to make decisions about your care or medical treatment if you cannot make those decisions yourself? This is sometimes called a "durable power of attorney for health care".

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse



EL203. [if EL202=1] Who has that authority, (that is, what is their relationship to you)? [Select all that apply.]

- a. Spouse or partner
- b. Child, child-in-law, or grandchild
- c. Relative
- d. Friend
- e. Physician or healthcare professional
- f. Minister, rabbi, priest or religious advisor
- g. Attorney
- h. Social worker
- i. Other
- 8. Don't know
- 9. Refuse

EL204. Have you provided written instructions about the care or medical treatment that you want to receive if you cannot make those decisions yourself? This is sometimes called a "living will".

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

EL205. ([if EL204=1] Do these instructions express a desire/ [if EL204<>1] Should it be necessary when you're close to death, would you like) to receive all care possible under any circumstances to prolong life?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

*EL206 (extended). ([if EL204=1] Do these instructions express a desire/ [if EL204<>1] Should it be necessary when you're close to death, would you like) to limit the care or medical treatment that you receive in certain situations?*

- 0. No*
- 1. Yes*
- 8. Don't know*
- 9. Refuse*

*EL207 (extended). ([if EL204=1] Do these instructions express a desire/ [if EL204<>1] Should it be necessary when you're close to death, would you like) to have any treatment withheld?*

- 0. No*
- 1. Yes*
- 8. Don't know*
- 9. Refuse*

*EL208 (extended). ([if EL204=1] Do these instructions express a desire/ [if EL204<>1] Should it be necessary when you're close to death, would you like) to keep you comfortable and pain free but to forego extensive measures to prolong life?*

- 0. No*
- 1. Yes*
- 8. Don't know*
- 9. Refuse*

*EL209 (extended). If you were in a situation of serious illness in the last days of your life and circumstances allowed you to choose, where would you prefer to pass away?*

- 1. In your own home*
- 2. In the home of a relative or friend*

3. *In a palliative care unit or hospice – places with specialized care and beds for dying patients*
4. *In a hospital – but not in a palliative care unit*
5. *In a nursing home or other care home*
6. *Somewhere else*
7. *No preference*
- 8. *Don't know*
- 9. *Refuse*

*EL210 (extended). When you are close to the end of your life, which factors would be most important in determining where you receive care and eventually pass away? Choose the 3 most important factors.*

- a. Managing symptoms, including pain and difficulty breathing*
- b. Feeling comfortable in your surroundings*
- c. Your ability to cope with the illness and to avoid fear and distress*
- d. Ability to spend time with family and friends*
- e. Availability of family and friends to provide care*
- f. Not wanting to burden family and friends*
- g. Availability of healthcare professionals*
- h. Travel time to a medical facility*
- i. Financial concerns*
- j. Other concerns*

## PHYSICAL ASSESSMENT

PA000. Code as 1 if R can respond themselves, code as 2 if a proxy is required

### Blood Pressure

Equipment Needed: Omron HEM-7200 Monitor, Batteries, Stopwatch

PA001-PA021. Now, I'd like to measure your blood pressure using this monitor and cuff which I will secure around your left arm. I would like to take three blood pressure measures. I will ask you to relax and remain seated and quiet during the measurements. First, I will place the cuff on your left arm. Once the cuff is placed appropriately on your arm and we are ready to begin, I'll ask you to lay your arm on a flat surface palm facing up so that the center of your upper arm is at the same height as your heart. I will then press the "START" button. The cuff will inflate and deflate automatically. After we have completed all three measures, I will give you your results.

PA001. Do you have a rash, a cast, edema (swelling) in the arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact?

- 0. No
- 1. Yes

PA002. [if PA001=1] Do you have a rash, a cast, edema (swelling) in the arm, open sores or wounds, or a significant bruise where the blood pressure cuff will be in contact if we used your right arm?

- 0. No
- 1. Yes

PA003. [if PA001=0 or PA002=0] Do you understand the directions for this measurement, feel it would be safe for you to complete it, and agree to participate?

- 0. No
- 1. Yes

[Interviewer conducts the blood pressure measurements if PA003=1. Enter -6 if equipment failed, -7 if R tried but was unable to do it, -9 if R chose not to do it.]

Measurement	Time	Systolic	Diastolic	Pulse
1	(PA004)	(PA005) mmHg	(PA006) mmHg	(PA007) per minute
2	(PA008)	(PA009) mmHg	(PA010) mmHg	(PA011) per minute
3	(PA012)	(PA013) mmHg	(PA014) mmHg	(PA015) per minute

PA016. [checkpoint: code as 0 if missing value for PA005 & PA006 & PA007 & PA009 & PA010 & PA011 & PA013 & PA014 & PA015; code as 1 if values for (PA005 & PA006 & PA007) or (PA009 & PA010 & PA011) or (PA013 & PA014 & PA015)]

PA017. [if PA016=1] Did you smoke, exercise, consume alcohol or food within the 30 minutes prior to completing the blood pressure test?

- 0. No
- 1. Yes
- 8. Don't know
- 9. Refuse

PA018. [Interviewer answers if PA016=1] How compliant was R during this measurement?

- 1. R was fully compliant
- 2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts

3. R was not fully compliant, but no obvious reason for this

*PA019 (extended). [Interviewer answers if PA016=1] Which arm was used to conduct the measurements?*

1. *Left arm*
2. *Right arm*

PA020. [Interviewer answers if PA016=1] What was R's position for this test?

1. Standing
2. Sitting
3. Lying down

PA021. [Interviewer answers if (PA001=1 & PA002=1) or PA016=0] Why didn't R complete the blood pressure measurement?  
[Select all that apply.]

- a. R felt it would not be safe
- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R had a rash, a cast, edema, etc. on arm; other health reason
- g. Problem with equipment or supplies
- h. Other (Specify) \_\_\_\_\_ (PA021\_other)

### **Grip Strength**

Equipment Needed: Dynamometer

PA101-PA113. Now I would like to assess the strength of your hand in a gripping action. I will ask you to squeeze this handle as hard as you can, just for a couple of seconds and then let go. I will alternately take two measurements from your left and right hands.

PA101. Before we begin, I'd like to make sure it is safe for you to do this measurement. Have you had surgery or experienced any swelling, inflammation, severe pain, or injury in one or both hands within the last 6 months?

0. No
1. Yes

PA102. [if PA101=1] In which hand (had surgery or experienced any swelling, inflammation, severe pain, or injury in the last 6 months)?

1. Both hands
2. Left hand only
3. Right hand only

PA103. [if PA101=0 or PA102=2,3] Do you understand the directions for this, feel it would be safe for you to complete it, and agree to participate?

1. No
2. Yes

PA104. [if PA103=1] Which is your dominant hand?

1. Right hand
2. Left hand
3. Both hands equally dominant

[Interviewer conducts the hand strength measurements in left hand if PA101=0 or PA102=3, in right hand if PA101=0 or PA102=2. Enter -6 if equipment failed, -7 if R tried but was unable to do it, -9 if R chose not to do it.]

Measurement	Left Hand [range: 1-100]	Right Hand [range: 1-100]
1	(PA105) kg	(PA106) kg
2	(PA107) kg	(PA108) kg

PA109. [checkpoint: code as 0 if missing value for PA105 and PA106 and PA107 and PA108; code as 1 if value for PA105 or PA106 or PA107 or PA108]

PA110. [Interviewer answers if PA109=1] How much effort did R give to this test?

1. R gave full effort
2. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
3. R did not appear to give full effort, but no obvious reason for this

PA111. [Interviewer answers if PA109=1] What was R's position for this test?

1. Standing
2. Sitting
3. Lying down

PA112. [Interviewer answers if PA109=1] Did the R rest their arm on a support while performing the test?

0. No
1. Yes

PA113. [Interviewer answers if PA102=1 or PA103=0 or PA109=0] Why didn't R complete the hand strength test? [Select all that apply.]

- a. R felt it would not be safe
- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R could not participate due to surgery, swelling, etc.; other health reason
- g. No suitable space
- h. Problem with equipment or supplies
- i. Other (Specify) \_\_\_\_\_(PA113\_other)

## Balance Tests

### Semi-tandem

Equipment Needed: Stopwatch, Show Card

PA201. Before we begin the next measurement, do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing up from a chair and balancing?

0. No
1. Yes

PA202. [Interviewer answers if PA201=1] (After discussing whether R should attempt the measurement) Would R like to proceed with this balance measurement?

0. No
1. Yes

PA203-PA207. For the first one, I want you to try to stand with the side of the heel of one foot touching the big toe of the other foot for about 10 seconds. You may put either foot in front, whichever is more comfortable for you.

PA203. [if PA201=0 or PA202=1] Do you understand the directions for this measurement, feel it would be safe for you to complete it, and agree to participate?

- 0. No
- 1. Yes

PA204. [Interviewer answers if PA203=1] Enter amount of time R held stand in seconds with two decimal places.

\_\_\_\_\_ [range: 0.00-10.00], -6. equipment failed, -7. R tried but was unable to do it, -9. R chose not to do it

PA205. [checkpoint: code as 0 if missing value for PA204; code as 1 if less than 10 seconds for PA204; code as 2 if 10 seconds or greater for PA204]

PA206. [Interviewer answers if PA205=1,2] Did R use any compensatory movements of his/her trunk, arms or legs to steady him/herself during semi-tandem stand?

- 0. No
- 1. Yes

PA207. [Interviewer answers if PA202=0 or PA203=0 or PA205=0] Why didn't R complete semi-tandem stand? [Select all that apply.]

- a. R felt it would not be safe
- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R had surgery, injury or other health condition that prevented R from standing
- g. No suitable space
- h. Problem with equipment or supplies
- i. Other (Specify) \_\_\_\_\_ (PA207\_other)

### Full-Tandem

Equipment Needed: Stopwatch, Show Card

PA211-PA216. [if PA205=2] Now I want you to try to stand with the heel of one foot in front of and touching the toes of the other foot for about [30 (if age $\geq$ 70)/ 60 (if age $<$ 70)] seconds. You may put either foot in front, whichever is more comfortable for you. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop.

PA211. Do you understand the directions for this measurement, feel it would be safe for you to complete it, and agree to participate?

- 0. No
- 1. Yes

PA212. [Interviewer answers if PA211=1] Enter amount of time R held stand in seconds with two decimal places.

\_\_\_\_\_ [range: 0.00-60.00], -6. equipment failed, -7. R tried but was unable to do it, -9. R chose not to do it

PA213. [checkpoint: code as 0 if missing value for PA212; code as 1 if less than 30/60 seconds for PA212; code as 2 if 30/60 seconds or greater for PA212]



PA214. [Interviewer answers if PA213=1,2] Did R use any compensatory movements of his/her trunk, arms or legs to steady him/herself during the full-tandem stand?

- 0. No
- 1. Yes

PA215. [Interviewer answers if PA213=1,2] How compliant was R during the balance measurements?

- 1. R was fully compliant
- 2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3. R did not appear to be fully compliant, but no obvious reason for this

PA216. [Interviewer answers if PA211=0 or PA213=0] Why didn't R complete full-tandem measurement? [Select all that apply.]

- a. R felt it would not be safe
- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R had surgery, injury or other health condition that prevented R from standing
- g. No suitable space
- h. Problem with equipment or supplies
- i. Other (Specify) \_\_\_\_\_ (PA216\_other)

### Side-by-Side

Equipment Needed: Stopwatch, Show Card

PA221-PA226. [if PA205=0,1] Now I will show you the next movement. I want you to try to stand with your feet together, side-by-side for about 10 seconds. You may use your arms, bend your knees, or move your body to maintain your balance, but try not to move your feet. Try to hold this position until I tell you to stop.

PA221. Do you understand the directions for this measurement, feel it would be safe for you to complete it, and agree to participate?

- 0. No
- 1. Yes

PA222. [Interviewer answers if PA221=1] Enter amount of time R held stand in seconds with two decimal places.

\_\_\_\_\_ [range: 0.00-10.00], -6. equipment failed, -7. R tried but was unable to do it, -9. R chose not to do it

PA223. [checkpoint: code as 0 if missing value for PA222; code as 1 if less than 10 seconds for PA222; code as 2 if 10 seconds or greater for PA222]

PA224. [Interviewer answers if PA223=1,2] Did R use any compensatory movements of his/her trunk, arms or legs to steady him/herself during semi-tandem stand?

- 0. No
- 1. Yes

PA225. [Interviewer answers if PA223=1,2] How compliant was R during the balance measurements?

- 1. R was fully compliant
- 2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3. R did not appear to be fully compliant, but no obvious reason for this

PA226. [Interviewer answers if PA221=0 or PA223=0] Why didn't R complete Side-by-Side stand? [Select all that apply.]

- a. R felt it would not be safe

- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R had surgery, injury or other health condition that prevented R from standing
- g. No suitable space
- h. Problem with equipment or supplies
- i. Other (Specify) \_\_\_\_\_ (PA226\_other)

PA230. [Interviewer answers if PA205=1,2 or PA213=1,2 or PA223=1,2] Record the type of floor surface that the balance measures were conducted on:

- 1. Linoleum/tile/wood
- 2. Low-pile carpet
- 3. Thick-pile carpet
- 4. Concrete
- 5. Mud/clay
- 6. Other (Specify) \_\_\_\_\_ (PA230\_other)

### Walking Speed

Equipment Needed: Tape measure, Stopwatch, Masking Tape

PA301-PA309. Next, I would like to assess whether you can walk a very short distance comfortably (using a walking stick or other aid if necessary). I am going to time you as you walk the course. I will be asking you to walk the course two times. I'll walk alongside you the whole time during the measurement.

PA301. Do you have any problems from recent surgery, injury, or other health conditions that might prevent you from walking?

- 0. No
- 1. Yes

PA302. [if PA301=0] Do you understand the directions for this measurement, feel it would be safe for you to complete it, and agree to participate?

- 0. No
- 1. Yes

[Set up the course (2.5 meters).] This is our walking course. You will start by lining your feet up at the starting point.

[Interviewer conducts walking speed measurements if PA302=1. Enter -6 if equipment failed, -7 if R tried but was unable to do it, -9 if R chose not to do it.]

Measurement	Walking Time [range: 0.0-60.0]
1	(PA303) seconds
2	(PA304) seconds

PA305. [checkpoint: code as 0 if missing value for PA303 and PA304; code as 1 if value for PA303 or PA304]

PA306. [Interviewer answers if PA305=1] How compliant was R during this measurement?

- 1. R was fully compliant
- 2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3. R did not appear to be fully compliant, but no obvious reason for this

PA307. [Interviewer answers if PA305=1] Record type of floor surface:



1. Linoleum/tile/wood
2. Low-pile carpet
3. Thick-pile carpet
4. Concrete
5. Mud/clay
6. Other (Specify) \_\_\_\_\_ (PA307\_other)

PA308. [Interviewer answers if PA305=1] Record type of aid used:

1. None
2. Walking stick or cane
3. Elbow crutches
4. Walking frame
5. Other (Specify) \_\_\_\_\_ (PA308\_other)

PA309. [Interviewer answers if PA301=1 or PA302=0 or PA305=0] Why didn't R complete the Walking Speed measurement? [Select all that apply.]

- a. R felt it would not be safe
- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R had surgery, injury, or other health condition that prevented R from walking
- g. No suitable space
- h. Problem with equipment or supplies
- i. Other (Specify) \_\_\_\_\_ (PA309\_other)

**Body Measurements**  
**Standing Height**

Equipment Needed: Stadiometer *(Alternate: tape measure, Rafter's square, adhesive note, and pencil)*

PA401-PA407. Next, I will measure your height using this stadiometer. Please stand erect on the floorboard of the stadiometer with your back to the vertical backboard of the stadiometer. Your weight should be evenly distributed on both feet. The heels of the feet are placed together with both heels touching the base of the vertical board. Place the feet pointed slightly outward at a 60°. Your head should be maintained in horizontal position.

*[Alternate: Next, I will measure your height. Please stand erect on the floor with your back against the wall. Your weight should be evenly distributed on both feet. The heels of the feet are placed together with both heels touching the base of the wall. Place the feet pointed slightly outward at a 60°. Your head should be maintained in horizontal position.]*

PA401. Do you understand the directions for this measurement, feel it would be safe for you to complete it, and agree to participate?

0. No
1. Yes

[Interviewer records height measurement if PA401=1. Enter -6 if equipment failed, -7 if R tried but was unable to do it, -9 if R chose not to do it.]

Measurement	Height [range: 100-250]
1	(PA402) cm

PA403. [checkpoint: code as 0 if missing value for PA402; code as 1 if value for PA402]

PA404. [Interviewer answers if PA403=1] How compliant was R during this measurement?

- 1. R was fully compliant
- 2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3. R did not appear to be fully compliant, but no obvious reason for this

PA405. [Interviewer answers if PA403=1] Was R wearing shoes during the measurement?

- 0. No
- 1. Yes

PA406 (extended). [Interviewer answers if PA403=1] Record type of floor surface:

- 1. Linoleum/tile/wood
- 2. Low-pile carpet
- 3. Thick-pile carpet
- 4. Concrete
- 5. Mud/clay
- 6. Other (Specify) \_\_\_\_\_ (PA406\_other)

PA407. [Interviewer answers if PA401=0 or PA403=0] Why didn't R complete the height measurement? [Select all that apply.]

- a. R felt it would not be safe
- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R had humpback, cannot stand, etc. other health reasons
- g. Problem with equipment or supplies
- h. Other (Specify) \_\_\_\_\_ (PA407\_other)

**Weight**

Equipment Needed: Scale

PA411-PA417. Now, I'd like to measure your weight. To measure your weight, I will ask you to stand on this scale, with your shoes off, while I read the display.

PA411. Do you understand the directions for this measurement, feel it would be safe for you to complete it, and agree to participate?

- 0. No
- 1. Yes

[Interviewer records weight measurement if PA411=1. Enter -6 if equipment failed, -7 if R tried but was unable to do it, -9 if R chose not to do it.]

Measurement	Weight Measurement [range: 10-200]
1	(PA412) kg

PA413. [checkpoint: code as 0 if missing value for PA412; code as 1 if value for PA412]

PA414. [Interviewer answers if PA413=1] How compliant was R during this measurement?

- 1. R was fully compliant
- 2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3. R did not appear to be fully compliant, but no obvious reason for this

PA415. [Interviewer answers if PA413=1] Was R wearing shoes during the measurement?

- 0. No
- 1. Yes

PA416 (extended). [Interviewer answers if PA413=1] Record type of floor surface.

- 1. Linoleum/tile/wood
- 2. Low-pile carpet
- 3. Thick-pile carpet
- 4. Concrete
- 5. Mud/clay
- 6. Other (Specify) \_\_\_\_\_ (PA416\_other)

PA417. [Interviewer answers if PA411=0 or PA413=0] Why weren't you able to measure R's weight? [Select all that apply.]

- a. R felt it would not be safe
- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R is not able to stand or balance on scale; other health reason
- g. Problem with equipment or supplies
- h. Other (Specify) \_\_\_\_\_ (PA417\_other)

**Waist Circumference**

Equipment Needed: Soft Tape Measure

PA421-PA426. Now I'm going to perform a simple measurement of your waist circumference. For this measurement it is important for you to be standing. I will ask you to identify where on your body your navel (belly button) is located. I will then place this soft measuring tape around your waist, over your clothing, holding it securely at the level of your navel. Once the tape measure is placed appropriately around your waist then we are ready to begin. I will ask you to take a normal breath and exhale, holding your breath at the end of the exhale. I will then record the measurement.

PA421. Do you understand the directions for this measurement, feel it would be safe for you to complete it, and agree to participate?

- 0. No
- 1. Yes

[Interviewer records waist measurement if PA421=1. Enter -6 if equipment failed, -7 if R tried but was unable to do it, -9 if R chose not to do it.]

Measurement	Waist Measurement [range: 10-300]
1	(PA422) cm

PA423. [checkpoint: code as 0 if missing value for PA422; code as 1 if value for PA422]

PA424. [Interviewer answers if PA423=1] How compliant was R during this measurement?

- 1. R was fully compliant
- 2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
- 3. R did not appear to be fully compliant, but no obvious reason for this

PA425. [Interviewer answers if PA423=1] Was the R wearing bulky clothing during this measurement?

- 0. No

1. Yes

PA426. [Interviewer answers if PA421=0 or PA423=0] Why weren't you able to measure R's waist? [Select all that apply.]

- a. R felt it would not be safe
- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R is not able to stand; other health reason
- g. Problem with equipment or supplies
- h. Other (Specify) \_\_\_\_\_ (PA426\_other)

### Hip Circumference

Equipment Needed: Soft Tape Measure

PA431-PA436. Next, I am going to ask you to perform a simple measurement of your hip circumference. For this measurement it is important for you to be standing. I will ask you to identify where the maximum circumference of your hip. I will then ask you to place this soft measuring tape around your hip, over your clothing, holding it securely. Once the tape measure is placed appropriately around your hip and parallel to floor then we are ready to begin. I will ask you to take a normal breath and exhale, holding your breath at the end of the exhale. I will then record the measurement.

PA431. Do you understand the directions for this measurement, feel it would be safe for you to complete it, and agree to participate?

0. No
1. Yes

[Interviewer records hip measurement if PA431=1. Enter -6 if equipment failed, -7 if R tried but was unable to do it, -9 if R chose not to do it.]

Measurement	Hip Measurement [range: 10-300]
1	(PA432) cm

PA433. [checkpoint: code as 0 if missing value for PA432; code as 1 if value for PA432]

PA434. [Interviewer answers if PA433=1] How compliant was R during this measurement?

1. R was fully compliant
2. R was prevented from fully complying due to illness, pain, or other symptoms or discomforts
3. R did not appear to be fully compliant, but no obvious reason for this

PA435. [Interviewer answers if PA433=1] Was the R wearing bulky clothing during this measurement?

0. No
1. Yes

PA436. [Interviewer answers if PA431=0 or PA433=0] Why weren't you able to measure R's hip? [Select all that apply.]

- a. R felt it would not be safe
- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R is not able to stand; other health reason

- g. Problem with equipment or supplies
- h. Other (Specify) \_\_\_\_\_ (PA436\_other)

### Repeated Chair Stands

*(extended) Equipment Needed: Chair, Stopwatch, Tape measure*

PA501. *[Interviewer checks availability of a suitable chair]*

- 0. No suitable chair available
- 1. Suitable chair available

PA502-PA503. *[if PA501=1] Now I will show you the next movement. I want you to try to stand up from a firm straight-backed chair, like a dining chair. First, fold your arms across your chest and sit so that your feet are on the floor, then stand up keeping your arms folded across your chest.*

PA502. *Do you understand the directions for this measurement, feel it would be safe for you to complete it, and agree to participate?*

- 0. No
- 1. Yes

PA503. *[Interviewer records results of single chair stand if PA502=1]*

- 1. R stood without using arms
- 2. R used arms to stand
- 3. Test not completed

PA504-PA510. *[if PA502=1] Now I would like you to repeat the procedure but this time I want you to stand up straight as quickly as you can [5 (if age $\geq$ 70)/ 10 (if age $<$ 70)] times, without stopping in between and without using your arms to push off. After standing up each time, sit down and then stand up again. Keep your arms folded across your chest. I'll be timing you with a stopwatch.*

PA504. *[Interviewer records time (to two decimal places) to complete 5/10 stands or until R stops.]*

\_\_\_\_\_ *[range: 0.00-200.00], -6. Equipment failed, -7. R tried but was unable to do it, -9. R chose not to do it*

PA505. *[Interviewer records the number of stands R completed. Enter -9 if R chose not to do it, -7 if R tried but was unable to do it, -6 if equipment failed.]*

\_\_\_\_\_ *[range: 0-10], -6. Equipment failed, -7. R tried but was unable to do it, -9. R chose not to do it*

PA506. *[checkpoint: code as 0 if PA505 is missing or 0; code as 1 if PA505 $>$ 0]*

PA507. *[Interviewer answer if PA506=1] Did R use his/her trunk arms during repeated chair stands?*

- 0. No
- 1. Yes

PA508. *[Interviewer answers if PA506=1] How much effort did R give to this test?*

- 1. R gave full effort
- 2. R was prevented from giving full effort by illness, pain, or other symptoms or discomforts
- 3. R did not appear to give full effort, but no obvious reason for this

PA509. *[Interviewer records the chair height from floor to seat in centimeters if PA506=1]*

\_\_\_\_\_ *[range: 35-50]*

PA510. [Interviewer answers if PA502=0 or PA506=0] Why didn't R complete the chair stand? [Select all that apply.]

- a. R felt it would not be safe
- b. IWER felt it would not be safe
- c. R refused or was not willing to complete the test
- d. R tried but was unable to complete test
- e. R did not understand the instructions
- f. R had surgery, injury or other health condition that prevented R from standing
- g. No suitable chair
- h. Problem with equipment or supplies
- i. Other (Specify) \_\_\_\_\_ (PA510\_other)

## Interviewer Observations

### Respondent Observations

IO001. Did someone help the respondent answer questions. If so, please enter PN of proxy.  
\_\_\_\_\_, -1. Proxy not used, -7.Proxy not in household

IO002. [if IO001=-7] What is the relationship of the respondent to the proxy?

1. Spouse
2. Live-in partner
3. Child
4. Child-in-law
5. Grandchild
6. Parent
7. Parent-in-law
8. Grandparent
9. Brother or sister
10. Brother-in-law or sister-in-law
11. Uncle or aunt
12. Niece or nephew
13. Other relative
14. Friend
15. Neighbor
16. Other \_\_\_\_\_ (IO002\_other)

IO003. [if IO001>0] How many of the questions did the respondent answer in comparison to the number the proxy answered?

1. Respondent answered the majority of questions and proxy answered some questions
2. Respondent and proxy each answered about half of the questions
3. Respondent answered some questions and the proxy answered the majority of questions
4. Proxy answered all questions

IO004. Did the respondent/proxy have problems or express annoyance or frustration with any sections (or parts of sections) during the interview?

0. No
1. Yes

IO005. [if IO004=1] Which sections did the respondent/proxy have problems with or express annoyance or frustration?  
[Select all that apply.]

- a. Coverscreen
- b. Demographics
- c. Health
- d. Functional Limitations
- e. Cognition
- f. Proxy Cognition
- g. Mental Health
- h. Health Behaviors
- i. Health Care Utilization and Insurance
- j. Family and Social Networks
- k. Employment and Retirement
- l. Pensions

- m. Wealth
- n. Income
- o. Consumption
- p. Childhood and Lifetime Events
- q. Psychosocial and Stress
- r. Expectations
- s. End of Life Planning
- t. Physical Assessment

IO006. During the interview, how often did the respondent/proxy ask how much longer the interview would last?

- 1. Never
- 2. Seldom
- 3. Often

IO007. How attentive was the respondent/proxy to the questions during the interview?

- 1. Not at all attentive
- 2. Somewhat attentive
- 3. Very attentive

IO008. How was the respondent's/proxy's understanding of the questions?

- 1. Excellent
- 2. Good
- 3. Fair
- 4. Poor

IO009. How was the respondent's/proxy's cooperation during the interview?

- 1. Excellent
- 2. Good
- 3. Fair
- 4. Poor

IO010. How much did the respondent/proxy seem to enjoy the interview?

- 1. A great deal
- 2. Quite a bit
- 3. Some
- 4. A little
- 5. Not at all

IO011. How much difficulty did the respondent/proxy have remembering things that you asked them about?

- 1. No difficulty
- 2. A little difficulty
- 3. Some difficulty
- 4. A lot of difficulty
- 5. Could not do at all

IO012. How much difficulty did the respondent/proxy have hearing you when you talked to them?

- 1. No difficulty
- 2. A little difficulty
- 3. Some difficulty
- 4. A lot of difficulty
- 5. Could not do at all

IO013. At the end of the interview, did the respondent/proxy seem to be:



1. Very tired
2. A little tired
3. Not tired at all

IO014. Overall, what is your opinion of the quality of this interview? Was it of:

1. High quality
2. Adequate quality
3. Questionable quality

IO015. [if IO014=3] The interview was of questionable quality because the respondent/proxy was:

- a. Bored, disinterested
- b. Embarrassed
- c. Hostile or suspicious
- d. Not serious
- e. Not truthful
- f. Distracted/could not concentrate
- g. Not able to remember dates
- h. None of the above – interview quality was ok

IO016. Was anyone else present during any portion of the interview?

0. No
1. Yes

IO017. Who was present? [Select all that apply.]

- a. Parent(s)
- b. Spouse/partner
- c. Child/children under age 6
- d. Person(s) age 6-17
- e. Other adult(s)

**Housing Observations**

II101. How would you describe the area this home is in?

1. A big city
2. The suburbs or outskirts of a big city
3. A large town
4. A small town
5. A rural area or village

II102. What type of building is this home?

1. Farm or ranch
2. Detached house
3. Attached house or duplex
4. Apartment or condominium
5. Senior housing
6. Other

*II103 (extended). Is the house made up of permanent material, temporary material, or a mixture of both. Permanent materials can include brick, concrete, or steel. Temporary materials can include grass, tent, etc. Code 0 for permanent material, code 1 for temporary material.*

*\*Adjust examples of materials as appropriate*

	<ol style="list-style-type: none"> <li>0. Permanent</li> <li>1. Temporary</li> </ol>
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<i>a. Walls</i>	
<i>b. Roof</i>	
<i>c. Floor</i>	

II104. How many steps have to be climbed (up or down) to get to the main entrance of the house/apartment?

1. Up to 5 steps
2. 6 to 15 steps
3. 16 to 25 steps
4. More than 25 steps

II105. Does the house or the building the home is in have an elevator?

0. No
1. Yes

## APPENDIX

### Cognition

We have chosen to depart somewhat from the most commonly asked core cognitive items in order to remove items with low variability and to take advantage of better performing core or HCAP cognitive items.

Other relatively common core cognitive items we have chosen not to include in the questionnaire: object or person naming (HRS, ELSA, SHARE, KLoSA, TILDA, CHARLS, LASI, MARS), backward count (HRS, MHAS, ELSA, SHARE, LASI, MARS), place orientation (KLoSA, JSTAR, TILDA, CHARLS, LASI), computation (HRS, ELSA, SHARE, JSTAR, TILDA), prospective memory (ELSA, TILDA, ELSI), and clock drawing (SHARE, LASI).

The included cognitive test items have been placed in this order by a neuropsychologist. If you decide to adjust the tests or order of items, it may be beneficial to contact a neuropsychologist to ensure proper placement of your included test items.

#### Recommendations and Considerations:

- Conduct pre-tests for all cognitive tests, even if they are not being translated.
- Consider issues related to language/dialect and develop plans to address potential concerns. Examples of considerations include ensuring that words used for word recall have similar frequency and number of syllables. When specific dialects used by respondents are not familiar to interviewers, use of pre-recorded instructions may be an option.
- Use audio recordings of cognitive interviews to improve scoring accuracy and to allow for changes to scoring if needed.
- Have an option for a proxy cognition exam (recommendation: Jorm IQCODE; already included in Proxy Cognition section of questionnaire).
- Consider the effect of mode of administration: if you plan to use a mode that differs from in-person (e.g., telephone or web administration) make sure to conduct either a calibration study or use randomization to allow for the calculation of mode effects.
- Versions of cognitive tests designed to accommodate illiteracy and innumeracy in lower- and middle-income countries should be administered in high-income contexts to improve comparability.
- Missing data codes should be thoroughly documented, and responses of “don’t know” should always be distinguished from “refusal”.
- If time permits, adding delayed recalls of logical memory and constructional praxis is advisable. If there is only time to add one of these recalls, constructional praxis is suggested so that there is both a verbal (word list learning) and non-verbal delayed recall task, offering the opportunity to identify a unilateral memory impairment. Logical memory recall may be “easier” for largely illiterate populations, as recall of a narrative is easier than recall of unrelated words (word list learning).
- The Mini Mental State Examination is a published test and Psychological Assessment Resources (PAR) holds the copyright. Date orientation and sentence writing are often standard in neurological assessments, while drawing intersecting pentagons and the three-step command are not. Without adjustment, it may be necessary to purchase the MMSE test.

### Pensions

General notes: This module identifies all current and dormant retirement plans (known as a pension grid) and associates them with an employer, occupational, or other fund (if applicable). For all plans, a respondent identifies whether they are currently receiving benefits and the amount if receiving benefits. Ideally this module is conducted before the income and asset sections to avoid duplication of income sources and assets, but after the employment and job history section so that employers (employer grid) and job (job grid) can be associated with the retirement plan and some questions (e.g., start/stop of contributions) can be inherited from the employment section.

The use of a pension grid, where each retirement plan is assigned a unique sub-respondent ID and associated with a name and some details, facilitates cross-interview consistency by ensuring returning respondents can recall and separately identify retirement plans. As written, this module does not currently include follow-up questions.

The use of a pension grid recognizes the complexity of retirement plans: an employer can be associated with many plans or no plan; a retirement plan may be associated with no employer, a separate entity, or multiple employers. The pension grid may also capture forms of social assistance or dependent benefits (e.g., spouse/survivor benefits) when beneficiaries have already started to receive benefits (e.g., SSI in the US). In this case, these should be captured and deduplicated with the income section (another reason for the pension grid to come before the income section.)

Other notes: I recommend adding a question at the end of this section that loops over current employers and asks if there are any retirement plans associated with these employers, what type they are, and why the respondent does not participate in that retirement plan. These plans could be added to the pension grid as a dormant plan.

**Unfolding Bracket Questions**

The accurate measurement of financial variables is essential for economic studies, but the measurement of income, wealth, consumption, and other financial variables through a survey is inherently difficult. Compared to other survey topics, respondents may be more reluctant to answer questions about wealth, income, and consumption. Even with assurances of confidentiality, privacy concerns often persist. Additionally, values of assets and liabilities may be difficult for respondents to report accurately—for instance, they might not know the current market value of some of their assets. These factors lead to a higher likelihood of refusal to provide direct answers to financial questions.

Without adjustments for missing data, many statistical methods will exclude these observations from the analysis, potentially resulting in a significant loss of information. This not only increases standard errors and imprecision but also introduces bias, as financial values are often missing non-randomly. The problem is exacerbated for economic data, where users frequently work with aggregated measures that combine multiple individual survey measures. Missing data from any one component of these measures can prevent the construction of an aggregated value, leading to substantial levels of missingness across aggregated data—often much higher than for individual measures.

Unfolding bracket questions provide a crucial tool for addressing this issue by guiding respondents who cannot provide a direct answer to financial questions. These bracket questions allow studies and data users to make reasonable assumptions and impute values for those who did not provide them, resulting in more accurate, less biased estimates, and more precise standard errors.

Incorporating unfolding brackets into a survey is a straightforward process, as they follow a consistent pattern. When a respondent cannot provide a direct financial value, the survey triggers a sequence of unfolding bracket questions. These questions ask whether the respondent’s value is more than, less than, or approximately equal to a given number. The value for the first bracket question can be chosen randomly across respondents to reduce any potential anchoring effect. The second and third bracket values are determined based on the respondent’s prior answers in the sequence.

We recommend using specific percentiles—namely, the 7th, 25th, 50th, 75th, and 93rd percentiles—to establish bracket values. We recommend these specific percentiles as thresholds because they will help minimize the mean squared error of imputed values under the assumption of a lognormal distribution, ensuring more accurate estimates across the full range of values. These percentiles can be derived either from survey pre-testing data or from other datasets that measure similar financial variables for comparable populations. For the first question in the unfolding sequence, the bracket value is selected randomly from the 25th, 50th, or 75th percentiles. The values for the subsequent two bracket questions follow a standard skip pattern (see table) based on the respondent’s previous answers.

Threshold for the 1 <sup>st</sup> questions	Response to the 1 <sup>st</sup> question	Threshold for the 2 <sup>nd</sup> question	Response to the 2 <sup>nd</sup> question	Threshold for the 3 <sup>rd</sup> question	Response to the 3 <sup>rd</sup> question	Range identified
<b>25<sup>th</sup> percentile</b>	More than	75 <sup>th</sup> percentile	More than	93rd percentile	More than	93 <sup>rd</sup> percentile+
					Equal to	93 <sup>rd</sup> percentile
					Less than	75 <sup>th</sup> – 93 <sup>rd</sup> percentile

			Equal to	[End]		75 <sup>th</sup> percentile	
			Less than	50 <sup>th</sup> percentile	More than	50 <sup>th</sup> – 75 <sup>th</sup> percentile	
					Equal to	50 <sup>th</sup> percentile	
	Less than			25 <sup>th</sup> – 50 <sup>th</sup> percentile			
	Equal to	[End]			25 <sup>th</sup> percentile		
	Less than	7 <sup>th</sup> percentile	More than	[End]		7 <sup>th</sup> – 25 <sup>th</sup> percentile	
Equal to			[End]		7 <sup>th</sup> percentile		
Less than			[End]		0 – 7 <sup>th</sup> percentile		
50 <sup>th</sup> percentile	More than	75 <sup>th</sup> percentile	More than	93 <sup>rd</sup> percentile	More than	93 <sup>rd</sup> percentile+	
					Equal to	93 <sup>rd</sup> percentile	
					Less than	75 <sup>th</sup> – 93 <sup>rd</sup> percentile	
			Equal to	[End]		75 <sup>th</sup> percentile	
	Less than	25 <sup>th</sup> percentile	More than	[End]		25 <sup>th</sup> – 50 <sup>th</sup> percentile	
					Equal to	[End]	
			Less than	7 <sup>th</sup> percentile	More than		7 <sup>th</sup> – 25 <sup>th</sup> percentile
					Equal to		7 <sup>th</sup> percentile
			Less than	[End]	Less than		0 – 7 <sup>th</sup> percentile
75 <sup>th</sup> percentile	More than	93 <sup>rd</sup> percentile	More than	[End]		93 <sup>rd</sup> percentile+	
			Equal to	[End]		93 <sup>rd</sup> percentile	
			Less than	[End]		75 <sup>th</sup> – 93 <sup>rd</sup> percentile	
	Equal to	[End]			75 <sup>th</sup> percentile		
	Less than	25 <sup>th</sup> percentile	more than	50 <sup>th</sup> percentile	More than	50 <sup>th</sup> – 75 <sup>th</sup> percentile	
					Equal to	50 <sup>th</sup> percentile	
					Less than	25 <sup>th</sup> – 50 <sup>th</sup> percentile	
			Equal to	[End]		25 <sup>th</sup> percentile	
			Less than	7 <sup>th</sup> percentile	More than		7 <sup>th</sup> – 25 <sup>th</sup> percentile
					Equal to		7 <sup>th</sup> percentile
Less than	[End]	Less than		0 – 7 <sup>th</sup> percentile			

As the unfolding bracket sequence progresses, respondents may provide enough information by the first or second question to terminate the sequence early. Once the unfolding bracket sequence has completed, a range is identified within which the respondent's value lies. The possible outcomes include: five approximate values (e.g., the 50th percentile), five closed ranges (e.g., between the 7th and 25th percentiles), and one open range (e.g., greater than the 93rd percentile). However, it is important to allow respondents to opt out of answering any of the three bracket questions by choosing “don't know” or “refuse to answer,” just as they could for the initial financial value question.

### Stress and Emotional Well-Being

The NIA Stress Measurement Network and Emotional Well-Being Network recommend the following measures for potential inclusion in new and existing studies. [High priority Stress & Well Being Measures.docx](#)

Stress Measures:

#### 1. Perceived Stress

1	In the last month, how often have you felt that you were unable to control the important things in your life?	0. Never 1. Almost never 2. Sometimes 3. Fairly often 4. Very often
2	In the last month, how often have you felt confident about your ability to handle your personal problems?	
3	In the last month, how often have you felt that things were going your way?	
4	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	

#### 2. Early Life Adversity

	Prior to your 18 <sup>th</sup> birthday...	0. No 1. Yes
--	--	-----------------

1	Did a parent or other adult in the household often or very often ... Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?	
2	Did a parent or other adult in the household often or very often ... Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?	
3	Did an adult or person at least 5 years older than you ever ... Touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral or anal intercourse with you?	
4	Did you often or very often feel that ... No one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?	
5	Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	
6	Was a biological parent ever lost to you through divorce, abandonment, or other reason?	
7	Was your mother or stepmother: often or very often pushed, grabbed, slapped, or had something thrown at her? Or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeated hit over at least a few minutes or threatened with a gun or knife?	
8	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	
9	Was a household member depressed or mentally ill? Or did a household member attempt suicide?	
10	Did a household member go to prison?	

### 3. Loneliness

- Already included as suggested in [PS201-PS203](#). This questionnaire includes 1-2 additional loneliness questions common across studies.

### 4. Everyday Discrimination

- Experience of discrimination already included as suggested in [PS501-PS505](#). This questionnaire includes 1 additional discrimination question.
- Reasons for discrimination already included in PS507. Rather than collecting main reason for discrimination, this questionnaire collects all reasons for discrimination. A recommended option not currently included is "height", and the questionnaire currently includes "financial status" which could be replaced by "education level or income level". Other possible categories to consider are: "physical disability" (already included), "skin color", "your tribe", and "other".

## Emotional Well-Being Measures:

### 1. Hope/Optimism

	Please indicate the extent to which you agree or disagree with the following statements:	1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree
1	In uncertain times, I usually expect the best	
2	It's easy for me to relax	
3	If something can go wrong for me it will	
4	Overall, I expect more good things to happen to me than bad	
5	I'm always optimistic about my future	
6	I enjoy my friends a lot	
7	It's important for me to keep busy	
8	I hardly ever expect things to go my way	
9	I don't get upset too easily	
10	I rarely count on good things happening to me	

#### *2-item alternate version*

		1. Strongly disagree 2. Disagree 3. Somewhat disagree
1	<i>If something can go wrong for me, it will</i>	
2	<i>Overall, I expect more good things to happen to me than bad</i>	

		<i>4. Neither agree nor disagree</i> <i>5. Somewhat agree</i> <i>6. Agree</i> <i>7. Strongly agree</i>
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2. Flourishing (Evaluative Well-Being)

	Please indicate your agreement with each item:	1. Strongly disagree
1	I lead a purposeful and meaningful life	2. Disagree
2	My social relationships are supportive and rewarding	3. Slightly disagree
3	I am engaged and interested in my daily activities	4. Neither agree nor disagree
4	I actively contribute to the happiness and well-being of others	5. Slightly agree
5	I am competent and capable in the activities that are important to me	6. Agree
6	I am a good person and live a good life	7. Strongly agree
7	I am optimistic about my future	
8	People respect me	

3. Social Well-Being

	Thinking about your experience generally, indicate how strongly you agree or disagree with each of the following statements.	1. Strongly disagree
1	I felt that I didn't belong to anything I'd call a community	2. Disagree
2	I felt that I had something valuable to give the world	3. Slightly disagree
3	I felt close to other people in my community	4. Neither agree nor disagree
4	I could not make sense of what's going on in the world	5. Slightly agree
5	My community was a source of comfort	6. Agree
6	I believe that people are kind	7. Strongly agree

4. Gratitude

2-item alternate version is italicized in blue

	Indicate how much you agree with each statement.	1. Strongly disagree
<i>1</i>	<i>I have so much in life to be thankful for</i>	2. Disagree
2	If I had to list everything that I felt grateful for, it would be a very long list	3. Slightly disagree
3	When I look at the world, I don't see much to be grateful for	4. Neutral
<i>4</i>	<i>I am grateful to a wide variety of people</i>	5. Slightly agree
5	As I get older, I find myself more able to appreciate the people, events, and situations that have been part of my life history	6. Agree
6	Long amounts of time can go by before I feel grateful to something or someone	7. Strongly agree

**Positive Affect Schedule (PANAS-X)**

PANAS-X questions are not commonly asked throughout HRS-INS. Positive affect questions, provided below, are asked slightly more frequently than negative affect questions.

	During the past 30 days, to what degree did you feel...	
PS501	determined?	1. Not at all
PS502	enthusiastic?	2. A little
PS503	active?	3. Moderately
PS504	proud?	4. Quite a bit
PS505	interested?	5. Very much
PS506	happy?	-8. Don't know
PS507	attentive?	-9. Refuse
PS508	content?	
PS509	inspired?	
PS510	hopeful?	
PS511	alert?	

PS512	calm?	
PS513	excited?	

### Vignettes

Vignettes have been included in HRS, ELSA, SHARE, CHARLS, and LASI, assessing multiple domains of health. The most commonly included vignette questions are presented below. Respondents are first asked to self-rate different aspects of their health generally using a scale of 1.None, 2.Mild, 3.Moderate, 4.Severe, 5.Extreme, then using the same scale used in the self-rating vignette questions are asked about hypothetical person. When asking vignette questions, we suggest using common female names when asking questions to female respondent and common male names when asking questions to male respondents.

Sleep Domain: asked “Overall in the last month, how much difficulty did [Name] have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?”. All studies include the sleep domain questions.

1. [Name] takes about two hours to fall asleep every night. [He/she] wakes up once or twice a night feeling panicked and takes more than an hour to fall asleep again. [HRS, ELSA, SHARE, CHARLS, LASI]
2. [Name] wakes up almost once every hour during the night. When [he/she] wakes up in the night, it takes around 15 minutes for [him/her] to go back to sleep. In the morning [he/she] does not feel well-rested. [HRS, ELSA, SHARE, CHARLS, LASI]
3. [Name] falls asleep easily at night, but two nights a week [he/she] wakes up in the middle of the night and cannot go back to sleep for the rest of the night. [HRS, ELSA, SHARE, CHARLS, LASI]

Pain Domain: asked either “Overall in the last month, how much bodily aches or pains did [Name] have?” or “How much is [Name] limited in the kind or amount of work [he/she] could do?”

1. [Name] has a headache once a month that is relieved after taking a pill. During the headache [he/she] can carry on with [his/her] day-to-day affairs. [ELSA, SHARE, CHARLS, LASI]
2. [Name] has pain that radiates down [his/her] right arm and wrist during [his/her] day at work. This is slightly relieved in the evenings when [he/she] is no longer working on [his/her] computer. [ELSA, SHARE, CHARLS, LASI]
3. [Name] has pain in [his/her] knees, elbows, wrists, and fingers, and the pain is present almost all the time. Although medication helps, [he/she] feels uncomfortable when moving around and holding and lifting things. [ELSA, SHARE, CHARLS, LASI]
4. [Name] suffers from back pain that causes stiffness in [his/her] back especially at work but is relieved with low doses of medication. [He/She] does not have any pains other than this generalized discomfort. [HRS, ELSA, SHARE]
5. [Name] has pain in [his/her] back and legs, and the pain is present almost all the time. It gets worse while [he/she] is working. Although medication helps, [he/she] feels uncomfortable when moving around, holding and lifting things at work. [HRS, ELSA, SHARE]
6. [Name] has almost constant pain in [his/her] back and this sometimes prevents [him/her] from doing [his/her] work. [HRS, ELSA, SHARE]

Mobility Domain: asked either “Overall in the last month, how much of a problem did [Name] have with moving around?” or “How much is [Name] limited in the kind or amount of work [he/she] could do?”

1. [Name] is able to walk distances of up to 200 meters without any problems but feels tired after walking one kilometer or climbing more than one flight of stairs. [He/She] has no problems with day-to-day activities, such as carrying food from the market. [ELSA, SHARE, CHARLS]
2. [Name] does not exercise. [He/She] cannot climb stairs or do other physical activities because [he/she] is obese. [He/She] is able to carry the groceries and do some light household work. [ELSA, SHARE, CHARLS]
3. [Name] has a lot of swelling in [his/her] legs due to [his/her] health condition. [He/She] has to make an effort to walk around [his/her] home as [his/her] legs feel heavy. [ELSA, SHARE, CHARLS]



4. [Name] has had heart problems in the past and [he/she] has been told to watch [his/her] cholesterol level. Sometimes if [he/she] feels stressed at work [he/she] feels pain in her chest and occasionally in [his/her] arms. [HRS, ELSA, SHARE]
5. [Name] has been diagnosed with high blood pressure. [His/Her] blood pressure goes up quickly if [he/she] feels under stress. [Name] does not exercise much and is overweight. [HRS, ELSA, SHARE]
6. [Name] has undergone triple bypass heart surgery. [He/She] is a heavy smoker and still experiences severe chest pain sometimes. [HRS, ELSA, SHARE]

Cognition Domain: asked "Overall in the last month, how much difficulty did [Name] have with concentrating or remembering things?"

1. [Name] can concentrate while watching TV, reading a magazine, or playing a game of cards or chess. Once a week [he/she] forgets where [his/her] keys or glasses are, but finds them within five minutes. [ELSA, SHARE, CHARLS]
2. [Name] is keen to learn new recipes but finds that [he/she] often makes mistakes and has to reread a recipe several times before [he/she] is able to make a new dish properly. [ELSA, SHARE, CHARLS]
3. [Name] cannot concentrate for more than 15 minutes and has difficulty paying attention to what is being said to [him/her]. Whenever [he/she] starts a task, [he/she] never manages to finish it and often forgets what [he/she] was doing. [He/She] is able to learn the names of people [he/she] meets. [ELSA, SHARE, CHARLS]

Breathing Domain: asked "In the last month, how much of a problem did [Name] have with shortness of breath?"

1. [Name] has no problems with walking slowly. [He/she] gets out of breath easily when climbing uphill for 20 meters or a flight of stairs. [ELSA, SHARE, CHARLS]
2. [Name] suffers from respiratory infections about once every year. [He/She] is short of breath 3 or 4 times a week and had to be admitted to the hospital twice in the past month with a bad cough that required treatment with antibiotics. [ELSA, SHARE, CHARLS]
3. [Name] has been a heavy smoker for 30 years and wakes up with a cough every morning. [He/She] gets short of breath even while resting and does not leave the house anymore. [He/She] often needs to be put on oxygen. [ELSA, SHARE, CHARLS]

Affect Domain: asked either "Overall in the last month, how much of a problem did [Name] have with feeling sad, low or depressed?" or "How much is [Name] limited in the kind or amount of work [he/she] could do?"

1. [Name] enjoys [his/her] work and social activities and is generally satisfied with [his/her] life. [He/She] gets depressed every 3 weeks for a day or two and loses interest in what [he/she] usually enjoys but is able to carry on with [his/her] day-to-day activities. [HRS, ELSA, SHARE, CHARLS]
2. [Name] feels nervous and anxious. [He/She] worries and thinks negatively about the future, but feels better in the company of people or when doing something that really interests [him/her]. When [he/she] is alone [he/she] tends to feel useless and empty. [ELSA, SHARE, CHARLS]
3. [Name] feels depressed most of the time. [He/She] weeps frequently and feels hopeless about the future. [He/She] feels that [he/she] has become a burden on others and that [he/she] would be better dead. [HRS, ELSA, SHARE, CHARLS]
4. [Name] has mood swings on the job. When [he/she] gets depressed, everything [he/she] does at work is an effort for [him/her] and [he/she] no longer enjoys [his/her] usual activities at work. These mood swings are not predictable and occur two or three times during a month. [HRS, ELSA, SHARE]
5. [Name] feels worried all the time. [He/She] gets depressed once a week at work for a couple of days in a row, thinking about what could go wrong and that her boss will disapprove of [his/her] condition. But [he/she] is able to come out of this mood if [he/she] concentrates on something else. [HRS, ELSA, SHARE]