



UNIVERSITY OF COSTA RICA

A Joint Project of the Central American Population Center (CCP)
and the Institute for Health Research (INISA)

CRELES

COSTA RICAN LONGEVITY AND HEALTHY AGING STUDY

Elderly Questionnaire

Wave 3

The information provided is completely confidential and voluntary
This is a translation of the original questionnaire used in the field in Spanish Language. Researchers should use, as far as possible, original questionnaires in Spanish language to have the exact questioning used in the study.

Name of Senior:		Subject code: □□□□
Name of substitute (if applicable):		Canton & district: □□□□□
Segment: □□□□		Housing: □□□
		Begin Time: □□:□□
AM1	Researcher	Giovanni 3 Jorge 4 Marcela 6 Maritza 7 Randall 21 Jimmy 22
AM3	Interviewer: Is the Interviewee:	Able to respond to the questionnaire 1 Has serious communication problems (needs proxy) 2→IDN1

SECTION ID: IDENTIFICATION

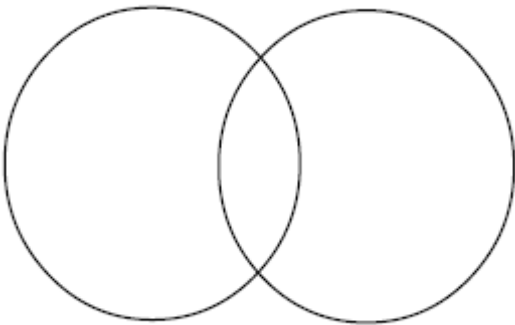
Dear Sir or Madam: two years ago you consented to participate in the study on healthy aging (CRELES); in accordance with the agreement in the consent form, we would like to repeat a series of questions and tests with the purpose of knowing how your health has changed.

Before beginning, I would like to remind you again that this interview is completely voluntary and confidential. If there is any question that you wish not to respond to, simply let me know and we will go on to the next question.

NO.	QUESTIONS	CATEGORIES AND CODES
IDN1	Interviewer: view photo taken in round 1. Is this the person interviewed in round 1?	Yes 1 No 2→ID5 (check) Does not have photo 3
ID5	Just to confirm, your name is: _____	Yes 1 No 2→ID1 (check and or review noted identification number)
ID1	Your identification card number is:	Yes 1→ ID2 No 2→ Ask for another form of identification → IDN2
ID1B	Your residency identification card or passport is: _____	Yes 1→ ID2 No 2 (check)
ID2	Your date of birth is:	Day □□ Month □□ Year □□□□
ID3 M	Just to confirm, you are ____ years of age: (Palm calculates and shows value)	Age □□□□

SECTION ID: IDENTIFICATION					
<p>Dear Sir or Madam: two years ago you consented to participate in the study on healthy aging (CRELES); in accordance with the agreement in the consent form, we would like to repeat a series of questions and tests with the purpose of knowing how your health has changed.</p> <p>Before beginning, I would like to remind you again that this interview is completely voluntary and confidential. If there is any question that you wish not to respond to, simply let me know and we will go on to the next question.</p>					
NO.	QUESTIONS	CATEGORIES AND CODES			
IDN3	The senior <u>lives</u> :	At home	1 → B1		
		Retirement Home	2 → IDN4		
		Other Group home: _____	3 → B1		
Questions that apply only to persons living in retirement homes.					
IDN4	What year did you enter for the last time into this home?	IDN4a. Year	□□□□		
		IDN4b. It's been	□□□ years		
		IDN4c. Age	□□		
		DK/NR	9999		
	<p>Even if you do not use these services, does this home offer the services of:</p> <p>(CHECK ALL THAT APPLY)</p>		Yes	No	DK/NR
		IDN5. Meals	1	2	9
		IDN6. Personal Care/Nursing	1	2	9
		IDN7. Shopping assistance	1	2	9
		IDN8. Recreation (tv, games)	1	2	9
		IDN9. Religious activities (mass, rosaries, group meetings)	1	2	9
IDN10	From the following list of people or entities, who pays the most for your stay in this institution?	<p>You or your spouse 1</p> <p>Other family members who live in the same home 2</p> <p>Family members who live outside of the home 3</p> <p>The State (Public retirement home) 4</p> <p>Private health insurance 5</p> <p>Idn10otro Other: _____ 6</p> <p>DK/NR 9</p>			

SECTION B: COGNITIVE EVALUATION												
<p>Next I am going to conduct a series of exercises that serve to understand how your memory functions. I am going to ask you some questions and ask you to do some things. Some things are easy and others are more difficult. Perhaps you won't know the answer to all the questions. There is no problem with that. However, it is important that you make the best effort that you are able to do. Do you have any questions?</p>												
NO	QUESTIONS	CATEGORIES AND CODES										
<u>Filter 1</u>	Needs proxy (See am3)	Yes 1→B7 No 2										
B1	Tell me today's date. (note 1 point for each correct response)	Points B1a. Day of the week <input type="text"/> B2b. Day of the month <input type="text"/> B1c. Month <input type="text"/> B1d. Year <input type="text"/> Total <input type="text"/>										
B2	Now I am going to name 3 objects. After I name them I am going to ask you to repeat aloud the words that you can remember in whatever order. Remember what they are because I will ask you to name them again later. Do you have any questions? (Remembered 1, Did not remember 0)	Correct B2a. Tree <input type="text"/> B2b. Table <input type="text"/> B2c. Dog <input type="text"/> Total <input type="text"/>										
B3	Now I will tell you some numbers and I want you to repeat them in reverse: 1 3 5 7 9 Note: Write 1 if the order is correct (9 7 5 3 1) and 0 for any other response.	Interviewee response: <table border="1" style="width: 100%; text-align: center;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>9</td> <td>7</td> <td>5</td> <td>3</td> <td>1</td> </tr> </table> (Correct response) Correct response <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9	7	5	3	1
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
9	7	5	3	1								
B4	I am going to give you a piece of paper. Take the paper with your right hand, fold it in half with both hands and place it on your lap. (Correct action 1, incorrect 0)	Correct B4a. Take the paper with your right hand <input type="text"/> B4b. Fold it in half with both hands <input type="text"/> B4c. Place it on your lap <input type="text"/> Total <input type="text"/>										
B5	A moment ago I named three objects and you repeated the ones you remembered, tell me which ones you remember now. (Remembered 1, did not remembered 0)	Correct B5a. Tree <input type="text"/> B5b. Table <input type="text"/> B5c. Dog <input type="text"/> Total <input type="text"/>										
B6	Please copy the drawing that I am providing you. The action is correct is the circles are not overlapping by more than half. Note one point if	Correct <input type="text"/> Disabled <input type="text"/>										

SECTION B: COGNITIVE EVALUATION		
<p>Next I am going to conduct a series of exercises that serve to understand how your memory functions. I am going to ask you some questions and ask you to do some things. Some things are easy and others are more difficult. Perhaps you won't know the answer to all the questions. There is no problem with that. However, it is important that you make the best effort that you are able to do. Do you have any questions?</p>		
NO	QUESTIONS	CATEGORIES AND CODES
<u>Filter 1</u>	Needs proxy (See am3)	Yes 1 → B7 No 2
	the drawing is correct 	
B4N	Interviewer; ¿Is the interviewee disabled?	Yes 1 No 2
<u>Filter 2</u>	Add the correct responses of questions B1 to B6 (Maximum points 15)	Total <input type="text"/> Total is 10 or more 1 → Section AB Total is 9 or less 2 → B7
B7	Can someone who usually resides in this home help us answer some questions?	Yes 1 → Name of informant (substitute) _____ and go to B8 No 2 → Evaluate if able to continue with interviewee
<i>Questions for those who are candidates for answering the questionnaire with proxy. (#) values in the database.</i>		
B8	Is ____ able to manage her/his own money?	Is able 0 (1) Never has done so but is able 0 (2) With some difficulty but is able 1 (3) Never has done it but would have difficulty today 1 (4) Needs help 2 (5) Is not able 2 (6)
B9	Is _____ able to do the shopping alone (food clothes)?	Is able 0 (1) Never has done so but is able 0 (2) With some difficulty but is able 1 (3) Never has done it but would have difficulty today 1 (4)

SECTION B: COGNITIVE EVALUATION			
Next I am going to conduct a series of exercises that serve to understand how your memory functions. I am going to ask you some questions and ask you to do some things. Some things are easy and others are more difficult. Perhaps you won't know the answer to all the questions. There is no problem with that. However, it is important that you make the best effort that you are able to do. Do you have any questions?			
NO	QUESTIONS		CATEGORIES AND CODES
<u>Filter 1</u>	Needs proxy (See am3)		Yes 1→B7 No 2
		Needs help	2 (5)
		Is not able	2 (6)
B1 0	Is _____ able to heat water for coffee or tea and to turn off the stove?	Is able	0 (1)
		Never has done so but is able	0 (2)
		With some difficulty but is able	1 (3)
		Never has done it but would have difficulty today	1 (4)
		Needs help	2 (5)
		Is not able	2 (6)
B1 1	Is _____ able to prepare meals?	Is able	0 (1)
		Never has done so but is able	0 (2)
		With some difficulty but is able	1 (3)
		Never has done it but would have difficulty today	1 (4)
		Needs help	2 (5)
		Is not able	2 (6)
B12	Is _____ able to keep up with happenings and what is occurring in the neighborhood?	Is able	0 (1)
		Never has done so but is able	0 (2)
		With some difficulty but is able	1 (3)
		Never has done it but would have difficulty today	1 (4)
		Needs help	2 (5)
		Is not able	2 (6)
B1 3	Is _____ able to pay attention, understand and discuss a radio or tv program or an article in the newspaper?	Is able	0 (1)
		Never has done so but is able	0 (2)
		With some difficulty but is able	1 (3)
		Never has done it but would have difficulty today	1 (4)
		Needs help	2 (5)
		Is not able	2 (6)
B14	Is _____ able to remember commitments and family happenings?	Is able	0 (1)
		Never has done so but is able	0 (2)
		With some difficulty but is able	1 (3)
		Never has done it but would have difficulty today	1 (4)

SECTION B: COGNITIVE EVALUATION			
Next I am going to conduct a series of exercises that serve to understand how your memory functions. I am going to ask you some questions and ask you to do some things. Some things are easy and others are more difficult. Perhaps you won't know the answer to all the questions. There is no problem with that. However, it is important that you make the best effort that you are able to do. Do you have any questions?			
NO	QUESTIONS	CATEGORIES AND CODES	
<u>Filter 1</u>	Needs proxy (See am3)	Yes	1→B7
		No	2
		Needs help	2 (5)
		Is not able	2 (6)
B15	Is _____ able to administer or manage her/his own medications?	Is able	0 (1)
		Never has done so but is able	0 (2)
		With some difficulty but is able	1 (3)
		Never has done it but would have difficulty today	1 (4)
		Needs help	2 (5)
		Is not able	2 (6)
B16	Is _____ able to walk around the neighborhood and find the way back home?	Is able	0 (1)
		Never has done so but is able	0 (2)
		With some difficulty but is able	1 (3)
		Never has done it but would have difficulty today	1 (4)
		Needs help	2 (5)
		Is not able	2 (6)
B17	Is _____ able to greet friend adequately?	Is able	0 (1)
		Never has done so but is able	0 (2)
		With some difficulty but is able	1 (3)
		Never has done it but would have difficulty today	1 (4)
		Needs help	2 (5)
		Is not able	2 (6)
B18	Is _____ able to stay at home alone without problems?	Is able	0 (1)
		Never has done so but is able	0 (2)
		With some difficulty but is able	1 (3)
		Never has done it but would have difficulty today	1 (4)
		Needs help	2 (5)
		Is not able	2 (6)
B19	FILTER Add all the points from B9 to B19 and note the total	TOTAL <input type="text"/> Total is 6 or more 1 → Continue the interview with the help of the substitute (review section ID and use the proxy form)	

SECTION B: COGNITIVE EVALUATION		
Next I am going to conduct a series of exercises that serve to understand how your memory functions. I am going to ask you some questions and ask you to do some things. Some things are easy and others are more difficult. Perhaps you won't know the answer to all the questions. There is no problem with that. However, it is important that you make the best effort that you are able to do. Do you have any questions?		
NO	QUESTIONS	CATEGORIES AND CODES
.		
<u>Filter 1</u>	Needs proxy (See am3)	Yes 1→B7 No 2
		Total is 5 or less 2 → Continue with the interviewee, you can use the auxiliary informant
<i>End section for those who are candidates for answering the questionnaire with proxy.</i>		

SECTION AB: RECORD OF MEMBERS OF THE HOUSEHOLD

Now I am going to ask you about the people who live in this home. DO NOT ASK SECTION AB IF THE PERSON LIVES IN A GROUP HOME.

AM4 How many people live in this home?

NUMBER | | |

Tell me the name of all the people who regularly live in this home beginning with yourself (interviewee) then your spouse. List the adults first and then the children. Then ask, Is there someone who lives here even though they are not present at this moment? (this includes the children who may be at school or at work)

AB1 Name	AB2 ¿What is the family relation of __ with you (interviewee)? 1. Interviewee 2. Spouse 3. Biological child 4. Step child 5. Son/daughter in-law 6. Grandchild 7. Sibling 8. Biological parent 9. Step parent 10. Father/mother in-law 11. Other relative 12. Domestic employee 13. Other non-relative 99. DK/NR	AB3 Is _____ male or female? 1 Male 2 Female	AB4 How old is _____ ? NOTE AGE		AB5 What is the marital status of _____ ? 1. Civil Union 2. Married 3. Separated / divorced 4. Widow/er 5. Single 6. Other 9. DK/NR	ABN1-ABN2 What was the highest level of formal education that _____ completed? Level: 0. None 1. Elementary 2. Secondary / technical 3. Higher education /college 9. DK/NR Only ask if AB2= 3 or 4		AB6 Has _____ always lived with you? 1. Yes→ AM5 2. No 9. DK/NR Only ask if AB2=3, 4, 6, 7, 8, 11	AB7 Did _____ come to live with you or did you move to live here with _____ ? 1. ____ came 2. Interviewee moved 9. DK/NR ASK IF AB6 APPLIED AND IF AB2=5, 9, 10, 13.	
L	NAME	RELATION	M	W	AGE	MARITAL	ABN1 LEVEL	ABN2 YEAR		
1		__1__	1	2	__ __ __	__ __ __	__	__	1 2 9	1 2 9
2			1	2	__ __ __	__ __ __	__	__	1 2 9	1 2 9
3			1	2	__ __ __	__ __ __	__	__	1 2 9	1 2 9
4			1	2	__ __ __	__ __ __	__	__	1 2 9	1 2 9
5			1	2	__ __ __	__ __ __	__	__	1 2 9	1 2 9
9			1	2	__ __ __	__ __ __	__	__	1 2 9	1 2 9
7			1	2	__ __ __	__ __ __	__	__	1 2 9	1 2 9
8			1	2	__ __ __	__ __ __	__	__	1 2 9	1 2 9

AMN5	Of all the people who live here, who is the head (“boss” or “in charge”) of the home?	Number	__
Now I will ask you about your children.			
AM7	In total, how many of your children are a live?	Number of living children	__
		DK/NR	99
AM8	How many grandchildren do you have?	Number of grandchildren	__
		98 o more grandchildren	98
		DK/NR	99
AMN1	Only for men 85 years old and younger. In the last 2 years, did you have a child?	Yes	1
		No	2
		DK/NR	9

SECTION AC: RECORD OF NON-RESIDENT CHILDREN															
AM11 How many children and stepchildren DO NOT live with you in this home? NUMBER __ __ →Yes 0 pass to A3															
FOR CHILDREN OF THE INTERVIEWEE (A): Tell me the names of each of the children that do not regularly live in this home (include: your own children, stepchildren, adopted children and foster children).															
AC1 Name		AC2 Is ____ a Male or a Female? 1. Man 2. Woman		AC3 Is ____ your own child or not your own? 1. Own child 2. Not own child 9. DK/NR		AC4 How old is ____?		AC5 What is the marital status of ____? 1. Civil union 2. Married 3. Separated / divorced 4. Widow/er 5. Single 6. Other 9. DK/NR		ACN1-ACN2 What was the highest level of formal education that ____ completed? Level: 0. None 1. Elementary 2. High School / technical 3. Higher education /college 9. DK/NR		AC6 Where does __ live? 1. In the same neighborhood or town 2. Different neighborhood or town but same city 3. Other city in Costa Rica 4. Outside of Costa Rica 9. DK/NR		AC7 How often to you see or visit with ____? 1. Daily 2. Weekly 3. Bimonthly 4. Monthly 5. Other 6. Never 9. DK/NR	
L	NAME	M	W	RELATION	AGE	MARITAL	ACN1 LEVEL	ACN2 YEARS	LIVES	VISITS					
1		1	2	___	___	___	___	___	___	___					
2		1	2	___	___	___	___	___	___	___					
3		1	2	___	___	___	___	___	___	___					
4		1	2	___	___	___	___	___	___	___					
5		1	2	___	___	___	___	___	___	___					
6		1	2	___	___	___	___	___	___	___					
7		1	2	___	___	___	___	___	___	___					
8		1	2	___	___	___	___	___	___	___					

SECTION A: PERSONAL INFORMATION OF THE PARTICIPANT			
Now we will continue to talk about you.			
NO.	QUESTIONS	CATEGORIES AND CODES	
Marital History			
A3	What is your current marital status?	Civil Union	1 → AN1
		Married	2 → AN1
		Widow(er) from civil union	3 → Filter 2a
		Widow(er) from marriage	4 → Filter 2a
		Divorced	5 → A16
		Separated from civil union	6 → A16
		Separated from marriage	7 → A16
		Never married or in union	8 → A16
		DK/NR	9 → A16
AN1	Do you live with the same partner/spouse that you lived with 2 years ago?	Yes	1 → A12
		No	2
		DK/NR	9 → A12
A4	What was the principal employment activity of your spouse during the last week?	Works/Worked	1
		Did not work but has a job	2
		Is looking for work	3
		Household chores	4
		Is retired	5
		Did not work	6
		DK/NR	9
A5	What was the occupation that your spouse worked in for the majority of her/his life?	Homemaker	1
		Agricultural worker (field hand)	2
		Independent farmer	3
		Domestic worker	4
		Specialized worker	5
		Non-specialized laborer	6
		Vendor, trader	7
		Other services	8
		Professional, executive	9
		Office employee	10
		Other	11
		DK/NR	99
A6	Does your spouse have a serious health problem or other physical limitation?	Yes	1
		No	2
		DK/NR	9
<i>Now let's talk about your current or last spouse (or partner)</i>			
A9	What was the age difference between you and your spouse when you started to live together?	Years	____ → If 0 go to A11
		DK/NR	99

SECTION A: PERSONAL INFORMATION OF THE PARTICIPANT																																																																																									
Now we will continue to talk about you.																																																																																									
NO.	QUESTIONS	CATEGORIES AND CODES																																																																																							
A10	Who was older when you began to live together, you or your spouse?	You were older 1 Spouse older 2 DK/NR 9																																																																																							
A11	What was the last level and grade of formal education that your spouse completed?	<table border="1"> <thead> <tr> <th colspan="2">Level</th> <th colspan="8">Years of study (Grade)</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>None</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>Elementary</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> <td></td> </tr> <tr> <td>2</td> <td>Secondary academic</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>9</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>Secondary technical</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> <td></td> </tr> <tr> <td>4</td> <td>Para-university</td> <td>1</td> <td>2</td> <td>3+</td> <td>9</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>Higher education</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>9</td> <td></td> <td></td> </tr> <tr> <td>9</td> <td>DK/NR</td> <td>9</td> <td>9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Level		Years of study (Grade)								0	None	0								1	Elementary	1	2	3	4	5	6	9		2	Secondary academic	1	2	3	4	5	9			3	Secondary technical	1	2	3	4	5	6	9		4	Para-university	1	2	3+	9					5	Higher education	1	2	3	4	5+	9			9	DK/NR	9	9						
Level		Years of study (Grade)																																																																																							
0	None	0																																																																																							
1	Elementary	1	2	3	4	5	6	9																																																																																	
2	Secondary academic	1	2	3	4	5	9																																																																																		
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5	Higher education	1	2	3	4	5+	9																																																																																		
9	DK/NR	9	9																																																																																						
A12	What kind of insurance does your spouse <u>have</u> ?	Salaried 1 Family 2 Own account or joint 3 By the state 4 Other 5 None 6 Is pensioned 7 DK/NR 9																																																																																							
A13	Does your spouse smoke?	Yes 1 No 2 DK/NR 9																																																																																							
Filter 2a	Is (NAME) a widow (er)?	Yes 1 → A13aN No 2 → A16																																																																																							
STATE OF WIDOWHOOD																																																																																									
A13aN	Was (NAME) widowed in the last 2 years?	Yes 1 No 2 → A16 DK/NR 9 → A16																																																																																							
A13bN	What date did your spouse pass away?	Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK/NR 9999 → A13cN																																																																																							
A13cN	How many months ago did your spouse pass away?	Less than one month 0 Months <input type="text"/> <input type="text"/> DK/NR 99																																																																																							
MOTHER OF INTERVIEWEE																																																																																									
A16	Is your biological mother living? (Ask only if in round 1 mother was living).	Yes 1 No 2 DK/NR 9																																																																																							

SECTION A: PERSONAL INFORMATION OF THE PARTICIPANT			
Now we will continue to talk about you.			
NO.	QUESTIONS	CATEGORIES AND CODES	
RELIGION OF INTERVIEWEE			
A20	What is your religion?	Catholic	1
		Protestant	2
		Evangelical	3
		Other Christian	4
		Other non-Christian	5
		None	6
		DK/NR	9
AN2	How frequently do you attend religious services or how frequently are religious services brought to your home?	Daily	1
		Weekly	2
		Bimonthly	3
		Monthly	4
		Occasionally	5
		Never	6
		DK/NR	9
MIGRATION OF THE INTERVIEWEE			
Filter 3	Interviewer, is this the same home where interviewee lived 2 years ago, that is, where the first interview was conducted?	Yes	1 →AM12
		No	2 →AN4
		DK/NR	9 →AM12
AN4	We noticed that you changed your residence since the last time we visited you. What was the most important reason that you came to live here?	To be near children	1
		To be near family or friends	2
		To be near health services	3
		Other health reasons	4
		For fear of crime	5
		Death of spouse	6
		Marital Separation	7
		Marital union	8
		Economic reasons	9
		Other: _____	10
		DK/NR	99

SECTION SP: INSURANCE & PENSIONS		
Now I want to ask you some questions about your insurance and pensions		
Number.	QUESTIONS	CATEGORIES AND CODES
AM12	Do you receive a pension from social security or from the government?	Yes 1→ AM13 No 2→ AM14 DK/NR 9→ AM14
AM13	How many pensions do you receive?	Pensions <input type="text"/>
AMN2	Of these pensions how many were granted in the last two years?	None 0→ AM14 Pensions <input type="text"/>

Now let's talk about each of those pensions that you were granted in the **last two years**, that is new pensions, please let's begin with the first one that was granted.

Pensions	SP1. What type of pension is (was) it?	SP3. What is the monthly total of this pension?	SP4. Then you would say that the total for this pension is: (only for those who responded DK/NR in the previous question)		
	1. Own: earned from salaried employment. 2. Own: earned from voluntary contributions 3. Own: Granted by the state. 4. Pensioned for disability. 5. Inherited: from salaried employment 6. Inherited : from voluntary contributions 7. Inherited: Granted by the state. 8. Inherited from someone who had a pension for disability. 9. Other 99. DK/NR				
<u>01</u>	<input type="text"/>	<input type="text"/> thousand DK/NR 999	SP4. More than 130 thousand colones Yes 1→SP6 No 2→SP5 DK/NR 9→AM14	SP5. More than 100 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14	SP6. More than 250 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14
<u>02</u>	<input type="text"/>	<input type="text"/> thousand DK/NR 999	SP4. More than 130 thousand colones Yes 1→SP6 No 2→SP5 DK/NR 9→AM14	SP5. More than 100 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14	SP6. More than 250 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14

SECTION SP: INSURANCE & PENSIONS				
NO.	QUESTIONS	CATEGORIES AND CODES		
AM14	Do you currently have a pension from the private sector?	Yes 1→AMN3 No 2→AM20 DK/NR 9→AM20		
AMN3	Did you start receiving this pension less than two years ago?	Yes 1→AM16 No 2→AM20 DK/NR 9→AM20		
AM16	What is the total of this pension?	Total <input type="text"/> thousand →SPS1 DK/NR 999 → AM17		
	Then you would say that the total of this pension is:	AM17. More than 130 thousand colones Yes 1→AM19 No 2→AM18 DK/NR 9→AM20	AM18. More than 100 thousand colones Yes 1→AM2 0 2→AM2 No 0	AM19. More than 250 thousand colones Yes 1→AM20 No 2→AM20 DK/NR 9→AM20

SECTION SP: INSURANCE & PENSIONS			
NO.	QUESTIONS	CATEGORIES AND CODES	
		DK/NR	9→AM2
		0	
Filter 3a	Have you been pensioned (retired) for more than two years?	Yes ((AM12=1 y AMN2=0) or (AM14=1 Y AMN3=2) 1→C1 Pensioned for less than 2 years ((AM12=1 y AMN2≠0)) 2→SPS1 Not pensioned 3→AM20	
FOR THOSE NOT PENSIONED			
AM20	Are you currently insured? (Apply if AM12=2 y AM14=2)	Yes 1→AMN4 No 2→AM21 DK/NR 9→AM21	
AM21	How many months/years have you been without insurance? (Apply if AM12=2 y AM14=2)	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> DK/NR 99	
AMN4	Did your insurance status change in the last 2 years? (Apply if AM12=2 y AM14=2)	Yes 1→SPS1 No 2→C1 DK/NR 9→C1	

Now we are going to talk about the insurance of the last two years . If you are pensioned, did you have insurance before you were pensioned?	
Insurance	SPS1 What kind of insurance was it? 1. Salaried. 2. Own account or voluntary. 3. Granted by the state. 4. Relative of the salaried person. 5. Relative of own account or voluntary account holder. 6. Relative of someone to whom the state granted it. 7. Relative of a pensioned person. 8. Other 9. DK/NR
<u>01</u>	<input type="text"/>
<u>02</u>	<input type="text"/>
<u>03</u>	<input type="text"/>

SECTION C: HEALTH STATUS

Now I would like to ask you some questions about your health.

NO.	QUESTIONS	CATEGORIES AND CODES	
SELF EVALUATION			
C1	How would you say your health is today; Excellent, Very good, Good, Fair, Poor	Excellent	1
		Very good	2
		Good	3
		Fair	4
		Poor	5
		DK/NR	9
C2	How would you say your health is in comparison with other people of your age: Better, Equal, Worse?	Better	1
		Equal	2
		Worse	3
		DK/NR	9

Now we are going to talk about your health conditions identified by a physician.

HYPERTENSION

Filter 4	C4M and C5M apply if in round 1 <u>DID NOT</u> have hypertension.		
C4M	During the last 2 years did a physician tell you that you have high blood pressure (hypertension)?	Yes	1 → C5M
		No	2 → C6M
		DK	8 → C6M
		NR	9 → C6M
C5M	How long ago did they tell you that you have high blood pressure?	Less than a year	1
		More than a year	2
		With the results of this study	3
		DK/NR	9
C6M	When was the last time that you measured your blood pressure?	Less than 6 Months	1
		From 6 to 11 Months	2
		From 1 to 2 Years	3
		Last visit	4
		Never (before the last visit)	5
		DK	8
		NR	9

CHOLESTEROL

Filter 5	C7M and C8M apply if in round 1 <u>DID NOT</u> have high cholesterol.		
C7M	During the last 2 years has a physician told you that you have high cholesterol?	Yes	1 → C8M
		No	2 → C9M
		DK	8 → C9M
		NR	9 → C9M
C8M	How long ago did they tell you that you have high cholesterol?	Less than a year	1

		More than a year	2
		With the results of this study	3
		DK/NR	9
C9M	When was the last time you had your cholesterol measured?	Less than 6 Months	1
		From 6 to 11 Months	2
		From 1 to 2 Years	3
		Last visit	4
		Never (before the last visit)	5
		DK	8
		NR	9
DIABETES			
Filter 6	C10M and C11M apply if in round 1 <u>DID NOT</u> have diabetes.		
C10M	During the last 2 years did a physician tell you that you have diabetes (high levels of sugar in the blood)?	Yes	1 → C11M
		No	2 → C17M
		DK	8 → C17M
		NR	9 → C17M
C11M	How long ago did they tell you that you have diabetes?	Less than a year	1
		More than a year	2
		With the results of this study	3
		DK/NR	9
Filter 7	Applies for all diabetics: diabetic in round 1 or C10M=1	Diabetic in round 1 or C10M=1	1
		Not diabetic round 1 and C10M>=2	2 → C17M
C12	Are you taking medication to control your diabetes?	Yes	1
		No	2
		DK/NR	9
C13	Are you using insulin injections to control your diabetes?	Yes	1
		No	2
		DK/NR	9
C14	How often do you measure yourself for blood sugar levels?	More than once a day	1
		Once a day	2
		Once per week	3
		Less than once per week	4
		Never (before the previous visit)	5
		Other	7
		DK	8
		NR	9
C15	How often do you have your diabetes under (medical) control?	Once every three months	1
		Once every six months	2
		Once per year	3
		Less than once per year	4

		Does not	5
		DK	8
		NR	9
C17M	When was the last time that a physician conducted a test to know if you had sugar in your blood?	Less than 6 Months	1
		From 6 to 11 Months	2
		From 1 to 2 Years	3
		Last visit	4
		Never (before the last visit)	5
		DK	8
		NR	9
CANCER			
C18M	In the last 2 years did a physician tell you that you have cancer or a malignant tumor, not including small skin tumors?	Yes	1 → C19M
		No	2 → C22M
		DK	8 → C22M
		NR	9 → C22M
C19M	How long ago did they tell you that you have this disease?	Less than one year	1
		More than one year	2
		DK/NR	9
C20	In which organ or in what part of your body did the cancer begin?	Stomache	1
		Other digestive	2
		Urinary system	3
		Leukemia	4
		Lung	5
		Other respiratory	6
		Prostate	7
		Uterus / cervix	8
		Mammary	9
		Other	10
		DK/NR	99
ASTHMA OR CHRONIC BRONCHITIS AND OTHER PULMONARY DISEASES			
Filter 8	C22M and C23M apply if in round 1 <u>DID NOT</u> have pulmonary disease.		
C22M	During that last 2 years did a physician tell you that you have respiratory disease or chronic pulmonary disease like emphysema, tuberculosis, asthma or chronic bronchitis?	Yes	1 → C23M
		No	2 → C26M
		DK	8 → C26M
		NR	9 → C26M
C23M	How long ago did they tell you that you have this respiratory disease?	Less than one year	1
		More than one year	2
		DK/NR	9
C24	Are you receiving some kind of treatment for your respiratory disease(s)?	Yes	1

	(applies for those who have respiratory disease) (option 3: If person affirms not having had the disease in round 1)	No 2 Has not had respiratory disease 3 DK/NR 9												
HEART DISEASE														
C26M	During the last 2 years has a physician told you that you have had a heart attack?	Yes 1 → C27M No 2 → C32M DK 8 → C32M NR 9 → C32M												
<u>Now we are going to talk about the times that you have had a heart attack.</u>														
C27M	How many heart attacks have you had in the last two years?	Attacks <input type="text"/> <input type="text"/> <input type="text"/>												
	How long ago did you have each of the attacks?	<table border="1"> <tr> <td>C28M. First attack</td> <td>C29M. Second attack</td> <td>C30M. Third attack</td> </tr> <tr> <td>Less than one year 1</td> <td>Less than one year 1</td> <td>Less than one year 1</td> </tr> <tr> <td>More than one year 2</td> <td>More than one year 2</td> <td>More than one year 2</td> </tr> <tr> <td>DK/NR 9</td> <td>DK/NR 9</td> <td>DK/NR 9</td> </tr> </table>	C28M. First attack	C29M. Second attack	C30M. Third attack	Less than one year 1	Less than one year 1	Less than one year 1	More than one year 2	More than one year 2	More than one year 2	DK/NR 9	DK/NR 9	DK/NR 9
C28M. First attack	C29M. Second attack	C30M. Third attack												
Less than one year 1	Less than one year 1	Less than one year 1												
More than one year 2	More than one year 2	More than one year 2												
DK/NR 9	DK/NR 9	DK/NR 9												
OTHER HEART DISEASES														
C32M	During the last 2 years did a physician tell you that you have a heart disease without having had a heart attack?	Yes 1 → C33M No 2 → C35M DK 8 → C35M NR 9 → C35M												
C33M	How long ago did they diagnose this heart problem?	Less than one year 1 More than one year 2 DK/NR 9												
STROKE														
C35M	In the last 2 years has a physician told you that you have had a stroke?	Yes 1 → C36M No 2 → C41M DK 8 → C41M NR 9 → C41M												
<u>Now we are going to talk about the times that you have had a stroke.</u>														
C36M	How many strokes have you had in the last 2 years?	Strokes <input type="text"/> <input type="text"/> <input type="text"/>												
	How long ago did you have each of those strokes?	<table border="1"> <tr> <td>C37M. First Stroke</td> <td>C38M. Second Stroke</td> <td>C39M. Third Stroke</td> </tr> <tr> <td>Less than one year 1</td> <td>Less than one year 1</td> <td>Less than one year 1</td> </tr> <tr> <td>More than one year 2</td> <td>More than one year 2</td> <td>More than one year 2</td> </tr> <tr> <td>DK/NR 9</td> <td>DK/NR 9</td> <td>DK/NR 9</td> </tr> </table>	C37M. First Stroke	C38M. Second Stroke	C39M. Third Stroke	Less than one year 1	Less than one year 1	Less than one year 1	More than one year 2	More than one year 2	More than one year 2	DK/NR 9	DK/NR 9	DK/NR 9
C37M. First Stroke	C38M. Second Stroke	C39M. Third Stroke												
Less than one year 1	Less than one year 1	Less than one year 1												
More than one year 2	More than one year 2	More than one year 2												
DK/NR 9	DK/NR 9	DK/NR 9												

ARTHRITIS			
C41M	In the last two years has a physician told you that you have had arthritis, rheumatism or arthrosis?	Yes	1 → C42M
		No	2 → C44M
		DK	8 → C44M
		NR	9 → C44M
C42M	How long ago did they tell you that you have arthritis, rheumatism or arthrosis?	Less than one year	1
		More than one year	2
		DK/NR	9
OSTEOPOROSIS			
C44M	In the last 2 years has a physician told you that you have osteoporosis (frail bones)?	Yes	1 → C45M
		No	2 → C49M
		DK	8 → C49M
		NR	9 → C49M
C45M	How long ago did they diagnose your osteoporosis?	Less than one year	1
		More than one year	2
		DK/NR	9
FALLS			
C49M	Have you fallen in the last two years? (Do not include falls due to inebriation)	Yes	1 → C50
		No	2 → C51M
		DK	8 → C51M
		NR	9 → C51M
C50	How many times have you fallen in the last 12 months?	Number of times	<input type="text"/> <input type="text"/> <input type="text"/>
		DK/NR	99
C51M	Have you fractured a bone in the last two years?	Yes	1 → C52
		No	2 → C54
		DK/NR	9 → C54
C52	Have you had an operation or surgery due to that fracture or your have arthritis, rheumatism or arthrosis?	Yes	1 → C53
		No	2 → C54
		DK/NR	9 → C54

C53	Which bone or joint was operated?	Hip	1
		Knee	2
		Wrists	3
		Shoulder	4
		Forearm	5
		Heel	6
		Femur	7
		Other _____	8
		DK/NR	9
EYESIGHT			
C54	Do you normally use glasses or contact lenses?	Yes, to see far	1 → C55
		Yes, to see near	2 → C56
		Yes, to see near and far	3 → C55
		Does not use	4 → C55
		Is blind	5 → C62
		DK/NR	9 → C57
C55	Using this card, choose a number from 1 to 7 to indicate how your vision is from seeing FAR (with glasses) and to recognize a friend on the other side of the street.	Number	<input type="text"/>
		DK/NR	9
C56	Using this card, choose a number from 1 to 7 to indicate how your vision is from seeing CLOSE (with glasses) and to read the newspaper or to see photographs in a magazine.	Number	<input type="text"/>
		DK/NR	9
C56aN	How do you think your vision is compared to two years ago?	Much better	1
		Better	2
		Same	3
		Worse	4
		Much worse	5

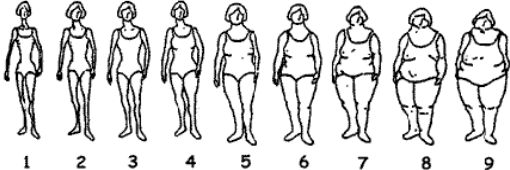
		DK/NR	9
CATARACTS			
C57M	In the last 2 years has a physician told you that you have cataracts?	Yes	1 → C58M
		No	2 → C62
		NS	8 → C62
		NR	9 → C62
C58M	In the last two years have you been operated for cataracts?	Yes	1
		No	2
		DK/NR	9
HEARING			
C62	Do you use any kind of auditory apparatus (hearing aid) to hear better?	Yes	1
		No	2
		DK/NR	9
C63	Using this card, choose a number from 1 to 7 to indicate how you would say your hearing is in general (with hearing aid).	Number	<input type="text"/>
		DK/NR	9
C64	Only interviewer: Up to now, has the interviewee been able to hear well the things you have said to him/her?	Yes, immediately	1
		Yes, after repeating	2
		Yes with difficulty	3
		No	4
		Interviewee absent	5
C65	Are you missing some of your natural teeth or molars?	No	0
		Yes, some (up to 4)	1
		Yes, many (more than 4 and less than half)	2
		Yes, most (half or more)	3
		No	4
		DK/NR	9
Filter 9	If the sex of the interviewee is	Female	2 → CN1
		Male	1 → C78M
PROSTATE			
C78M	In the last 2 years has a physician told you that you have an enlarged prostate? (Apply only for men that DID NOT have prostate problems in round 1.	Has been diagnosed	1 → C79
		Has been operated	2 → C79

		No	3 → C80
		DK/NR	9 → C80
C79	Are you receiving treatment for the prostate?	Yes	1
		No	2
		Does not have prostate	3
		DK/NR	9
C80	Do you have a urine stream that is weak or small? (Does not apply if the interview is done with proxy)	Yes	1
		No	2
		DK/NR	9
CN1	Have you contracted MALARIA?	Yes	1
		No	2 → C81M
		DK/NR	9 → C81M
	At which times in your life did you have malaria?		Yes No DK/NR
		CN2. Before 15 years of age	1 2 9
		CN3. Between 15-29 years	1 2 9
		CN4. Between 30-59 years	1 2 9
		CN5. After 60 years	1 2 9
MENTAL HEALTH			
Filter 10	C81M and C82M ask those who did not have nervous system problems in round 1.		
C81M	In the last 4 years, since the first time we visited you, has a physician told you that you have a nervous or psychiatric problems such as depression?	Yes	1 → C82M
		No	2 → CN6
		DK/NR	9 → CN6
C82M	How long ago did they diagnose your nervous problem?	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months DK/NR 99	
Symptoms of depression			
Now I would like to ask you some questions about the state of your mood in the last week. Does not apply for interviews with proxy.			
		Yes	No DK/NR
C104	Have you been satisfied with your life?	1	2 9
C105	Did you put aside or reduce your activities or the things that your are interested in doing?	1	2 9
C106	Have you felt your life is empty?	1	2 9
C107	Were your bored very often?	1	2 9
C108	Were you in a good mood for most of the time?	1	2 9

C109	Were you worried or fearing that something bad would happen?	1	2	9		
C110	Were you happy most of the time?	1	2	9		
C111	Did you often feel helpless or unwanted?	1	2	9		
C112	Did you prefer to stay home instead of going out to do things?	1	2	9		
C113	Did you feel that you had more problems with your memory than other people of your age?	1	2	9		
C114	Did you think that it marvelous to be alive?	1	2	9		
C115	Did you feel useless or worthless in your current state?	1	2	9		
C116	Did you feel full of energy?	1	2	9		
C117	Did you feel hopeless in the face of your current situation?	1	2	9		
C118	Did you think that other people are in a better situation than you?	1	2	9		
C127	In general, how do you feel about your life?	Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied NS NR	1 2 3 4 8 9			
PREVENTATIVE CARE						
C128	In the last 12 months did you receive a flu shot?	Yes No DK/NR	1 2 9			
In the last 2 years, did you have any of the following tests done?:						
		Had tuberculosis	Yes	No	NS	NR
C129M	Sputum test for tuberculosis?	0	1	2	8	9
C130M	Hearing exam?		1	2	8	9
C131M	Vision exam?		1	2	8	9
C132M	Tetanus vaccination?		1	2	8	9
C133M	Bone-density measurement? (Do not include xray nor heel ultrasound)		1	2	8	9
Filter 11	If interviewee's sex is	Female Male	2→ C134 1→ C136			
C134M	Mammogram or breast xray?		1	2	8	9
C135M	Did you have a cervical cancer exam (pap smear)? Go to C138		1	2	8	9
C136M	Have you had a blood test for the prostate?		1	2	8	9
C137M	Have you had a rectal exam of the prostate?		1	2	8	9
C138	TAKING BLOOD PRESSURE Now, if you will allow me I will check your blood pressure from your arm.	First measurement Not able to take	____/____ 999 / 999			
Time: ____:____						

SECTION EV: LIFESTYLES			
NO.	QUESTIONS	CATEGORIES AND CODES	
ALCOHOLIC DRINKS			
EV1M	Do you currently drink alcoholic drinks?	Occasionally	1
		Daily	2
		Special occasions only	3
		Does not currently drink	4
		Never has drunk	5
		DK/NR	9
TABACCO			
EV10	Do you currently smoke?	Yes	1 → EV11
		No	2 → EV14
		DK/NR	9 → EV14
EV11	How many cigarettes, cigars or pipes do you regularly smoke per day? (pack has 20 cigarettes)	Cigarette	<input type="text"/> <input type="text"/> <input type="text"/>
		Cigar	<input type="text"/> <input type="text"/> <input type="text"/>
		Pipes	<input type="text"/> <input type="text"/> <input type="text"/>
		DK/NR	99
PHYSICAL ACTIVITY			
EV14	In the last 12 months, did you exercise regularly or do other rigorous physical activities like sports, jogging, dancing, or heaving work, 3 times per week?	Yes	1
		No	2
		DK/NR	9
PHYSICAL ACTIVITY IPAQ			
Filter	Interviewer: Has the interviewee been immobilized the entire past 7 days (in wheelchair or bed)?	YES	1 (→ ev15)
		No	2
<p>READ:</p> <p>Now I will ask you about the time you spent being physically active in the last 7 days. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.</p> <p>Let's start with vigorous activities, referring to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.</p>			
EV14M1	During the last 7 days, on how many days did you do vigorous physical activities like lifting heavy objects, weeding, chopping wood, or running?	None	0→
		EV14M3	
		Days per week	<input type="text"/> <input type="text"/>
		DK	8→
		EV14M3	
		NR	9→ EV14M3

SECTION EV: LIFESTYLES		
NO.	QUESTIONS	CATEGORIES AND CODES
EV14M2	<p>How much time did you usually spend doing vigorous physical activities on one of those days?</p> <p>(Note for the interviewer: If the time report “varies”, report the daily average.)</p>	<p>Ev14M2a. Hours per day <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>Ev14M2b. Minutes per day <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>DK 98 NR 99</p>
<p>Now think about moderate activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.</p>		
EV14M3	<p>During the last 7 days, on how many days did you do moderate physical activities like carrying light loads or dancing? Do not include walking.</p>	<p>None 0→</p> <p>EV14M5</p> <p>Days per week <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>DK 8→ EV14M5 NR 9→ EV14M5</p>
EV14M4	<p>How much time did you usually spend doing moderate physical activities on one of those days?</p> <p>(Note for the interviewer: If the time report “varies”, report the daily average.)</p>	<p>Ev14M4a. Hours per day <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>Ev14M4b. Minutes per day <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>NS 98 NR 99</p>
<p>Now think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.</p>		
EV14M5	<p>During the last 7 days, on how many days did you walk for at least 10 minutes at a time?</p>	<p>None 0→ EV14M7</p> <p>Days per week <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>DK 8→ EV14M7 NR 9→ EV14M7</p>
EV14M6	<p>How much time did you usually spend walking on one of those days?</p> <p>(Note for the interviewer: If the time report “varies”, report the daily average.)</p>	<p>Ev14M6a. Hours per week <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>Ev14M6b. Minutes per day <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div></p> <p>NS 98 NR 99</p>

SECTION EV: LIFESTYLES		
NO.	QUESTIONS	CATEGORIES AND CODES
Now think about the time you spent sitting in the last 7 days. This includes at work and at home, studying, and leisure. You can include time you spend at a desk, visiting your friends, reading, or watching television.		
EV14M7	<p>During the last 7 days, how much time did you spend sitting in a week day?</p> <p>(Note for the interviewee: If the time report “varies”, report the daily average.)</p>	<p>Ev14M7a. Hours per day <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p> <p>Ev14M7b. Minutes per day <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p> <p>NS 98</p> <p>NR 99</p>
WEIGHT AND HEIGHT		
EV15	What is your current weight?	<p>Weight <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> kgs</p> <p>Weight <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> lbs</p> <p>DK/NR 999</p>
EV16	<p>Using these images, how do you think you currently look? SHOW CARD “A”</p> <div style="text-align: center;">  </div>	<p>Number <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p> <p>DK/NR 0</p>
EV17	What is your current height?	<p>Height <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> cm</p> <p>DK/NR 999</p>
EV23	In the last 6 months, have you lost more than 5 kilograms of weight unintentionally?	<p>Yes 1</p> <p>No 2</p> <p>DK/NR 9</p>

SECTION D: FUNCTIONAL STATUS (ADL / AIDL)						
NO.	QUESTIONS	CATEGORIES AND CODES				
D1	Are you able to walk?	Yes 1 → D2 No 2 → D4				
		Yes	No	Not able	Does not do it	DK/NR
D2	Do you have difficulty in walking a few blocks?	1	2	3	4	9
D3	Do you have difficulty in climbing stairs up a few floors without resting?	1	2	3	4	9
D4	Do you have difficulty in pushing or pulling a big object like a couch?	1	2	3	4	9
D5	Please lift and stretch your arms above your shoulders.	Lifted them totally 1 Lifted them partially 2 Is not able to lift them 3 Did not attempt the exercise 4				
WALKING						
D6	Do you have difficulty in walking across from one side of a room to another?	Yes 1 → D7 No 2 → D8 DK/NR 9 → D8				
D7	Do you use any kind of apparatus or instrument such as a cane wheelchair, walker, crutches, etc., to help you across a room?	Yes 1 No 2 DK/NR 9				
BATHING						
		Yes	No	DK/NR		
D8	Do you have difficulty in bathing, including entering and exiting the bathtub?	1 → D9		2 → D11		9 → D11
D9	Have you ever used an apparatus or instrument (railing or stool) to bathe?	1		2		9
D10	Does someone help you bathe?	1		2		9
EATING						
D11	Do you have difficulty in eating, including cutting food, filling glasses, etc.?	1 → D12		2 → D13		9 → D13
D12	Does someone help you to eat?	1		2		9
GOING TO BED						
D13	Do you have difficulty in getting into bed or getting out of bed?	1 → D14		2 → D16		9 → D16
D14	Have you ever used an apparatus or instrument to help you get into or get out of bed?	1		2		9
D15	Does someone help you get into bed or to get out of bed?	1		2		9
TOILET USE						
D16	Do you have difficulty in using the restroom, including sitting and getting up from the toilet?	1 → DN1		2 → D19		9 → D19

SECTION D: FUNCTIONAL STATUS (ADL / AIDL)				
NO.	QUESTIONS	CATEGORIES AND CODES		
DN1	Does (NAME) use protective undergarments (“diapers”)?	1	2	9
D17	Have you ever used an apparatus or instrument to help you use the restroom?	1	2	9
D18	Does someone help you use the restroom?	1	2	9
CUTTING TOE NAILS				
D19	Do you have difficulty in cutting your toenails?	1 → D20	2 → D21	9 → D21
D20	Does someone help you cut your toenails?	1	2	9
INSTRUMENTAL DAILY LIVING ACTIVITIES (AIVD)				
PREPARE FOOD				
D21	Do you have difficulty in preparing warm food?	Yes No DK/NR	1 → D22 2 → D23 9 → D23	
D22	Does someone help you prepare warm meals?	Yes No DK/NR	1 2 9	
MANAGE MONEY				
D23	Do you have difficulty in managing your own money?	Yes No DK/NR	1 → D24 2 → D25 9 → D25	
D24	Does someone help you manage your money?	Yes No DK/NR	1 2 9	
BUYING				
D25	Do you have difficulty in shopping (for example, groceries, clothes)?	Yes No DK/NR	1 → D26 2 → D27 9 → D27	
D26	Does someone help you do the grocery shopping?	Yes No DK/NR	1 2 9	
MEDICATIONS				
D27	Do you have difficulty in taking your medications?	Yes No DK/NR	1 → D28 2 → D29 9 → D29	
D28	Does someone help you take your medications?	Yes No DK/NR	1 2 9	
D29a	Does the interviewee receive help with at least one of the above-mentioned activities?	Yes D29b. How many people help? <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION D: FUNCTIONAL STATUS (ADL / AIDL)		
NO.	QUESTIONS	CATEGORIES AND CODES
		No 2 → note end time and go to Section E (Verify that answered “Yes” in:, (D10, D12, D15, D18, D20, D22, D24, D26, D28))
D30c	Who is the person who mainly helps you?	Someone in the home that is not the spouse 1 D30a. Who? _____ Children outside the home 2 D60b. Who? _____ Other people 3 Spouse 4 DK/NR 9→ AM30
D31	In the last month, about how many days did ____ help you?	Number of day <input type="text"/> <input type="text"/> <input type="text"/> Everyday 30 DK/NR 99
D32	Is there another person who also helped you?	Yes 1 → D33 No 2 → AM30 DK/NR 9 → AM30
D33	In the last month, about how many days did ____ help you?	Number of days <input type="text"/> <input type="text"/> <input type="text"/> Every day 30 DK/NR 99

SECTION E: MEDICATIONS				
Now I would like to ask you about your medications, remedies and other things that you are currently using or taking.				
NO.	QUESTIONS		CATEGORIES AND CODES	
AM30.	Are you currently taking or using any medications or remedies?		Yes No DK/NR	1 → AM31 2 → F1 9 → F1
AM31	Would you please show me your medications and/or remedies that you are taking by prescription? Note the number of medications and LIST ALL that the senior shows you.		Number of medications __ __	
E1	Register the name of each medication:		1. 2.	
AM32.	(Interviewer: if noted it above note yes in this question) Do you take an aspirin daily?		Yes No DK/NR	1 2 9
AM34	How much was spent in total on these medications and remedies in the last month?		Nothing 0 → section F Cost __ __ thousand → section F DK/NR 999 → AM35	
	Then would you say that your expenses for medications and/or remedies are:	AM35 More than 90 thousand colones 1. Yes → AM37 2. No → AM36 9. DK/NR → Secc F	AM36 More than 40 thousand colones 1. Yes → Sect F 2. No → Sect F 9. DK/NR → Secc F	AM37 More than 180 thousand colones 1. Yes 2. No 9. DK/NR

SECTION F: USE AND ACCESSIBILITY OF SERVICES

Now I would like to ask you some questions about your use of health services, for example, clinics, EBAIS health team, and hospitals.

NO.	QUESTIONS	CATEGORIES AND CODES		
F1	In the last 12 months, has someone from the EBAIS health team visited you?	Yes	1	
		No	2	
		DK/NR	9	
HOSPITALIZATION				
F2	Interviewer asks: Have you been hospitalized? And then ask: How many nights did you spend in the hospital in the last 12 months?	None	0 → F10	
		Number of nights	_ _ _ → F3	
		DK/NR	999 → F10	
F3	Where were you hospitalized last?	Hospital (CCSS)	1	
		Private Hospital	2	
		Clinic (CCSS)	3	
		Private Clinic	4	
		Other	9	
		DK/NR	99	
F4	What was the reason you were hospitalized?	Planned Surgery	1	
		Tests or exams	2 → F6	
		Emergency	3 → FN1	
		Other	4 → F6	
		DK/NR	9 → F6	
F5	How many months did you have to wait for the surgery?	Months	_ _	
		DK/NR	99	
FN1	What was the reason for your hospitalization?	Asthma	1	
		Pneumonia or other lung disease	2	
		Hypertension	3	
		Heart Attack	4	
		Bone fracture, fall, or auto accident	5	
		Diabetes	6	
		Cancer	7	
		Other: _____	8	
		DK/NR	9	
F6	In the last 12 months, how much did you pay for these hospitalizations?	Nothing	0 → F10	
		Total cost	_ _ _ _ thousand → F10	
		DK/NR	9999 → F7	
	Then would you say that your hospital fees are:	F7. More than 315,000 <i>colones</i> ?	F8. More than 165,000 <i>colones</i> ?	F9. More than 1,260,000 <i>colon</i> ?
		Yes 1 → F9	Yes 1 → F10	Yes 1
		No 2 → F8	No 2 → F10	No 2
		DK/NR 9 → F10	DK/NR 9 → F10	DK/NR 9
HEALTH CARE VISITS				
F10	How many health care visits have you had in the last 3 months?	None	0 → F15M	

SECTION F: USE AND ACCESSIBILITY OF SERVICES

Now I would like to ask you some questions about your use of health services, for example, clinics, EBAIS health team, and hospitals.

NO.	QUESTIONS	CATEGORIES AND CODES		
		Number <input type="text"/> <input type="text"/> → F11 DK/NR 99 → F15		
F11	What is the total amount you have paid for health care visits in the last 3 months?	Nothing 0 → F15M Total Paid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> miles → F15M DK/NR 999 → F12		
	Then would you say that your health care visit fees are:	F12. More than 80,000 <i>colones</i> ? Yes 1 → F14 No 2 → F13 DK/NR 9 → F15M	F13. More than 20,000 <i>colones</i> ? Yes 1 → F15M No 2 → F15M DK/NR 9 → F15M	F14. More than 630,000 <i>colones</i> ? Yes 1 No 2 DK/NR 9
F15M	How long ago was your last health care visit?	Less than one month ago 1 1 - 3 months ago 2 4 - 6 months ago 3 7 - 11 months ago 4 1 – 2 years ago 5 2 or more years ago 6 DK/NR 9		
FN2	What was the main reason for your health care visit?	Cold or flu 1 Other illness or disease or sudden pain 2 Routine medical exam 3 To see the results of medical exams 4 Other _____ 5 DK/NR 9		
F16	Who saw you the last time [on your last health care visit]?	Doctor 1 Nurse 2 Pharmacist 3 Other professional 4 Other medical examiner 5 DK/NR 9		
F17	Where did you receive this medical attention or consultation on this last health care visit?	Hospital (CCSS) 1 Private Hospital 2 Clinic (CCSS) 3 Private Clinic 4 EBAIS 5 Private Office 6 At the interviewee's home 7 → F20 At work 8 Other 9 DK/NR 99		

SECTION F: USE AND ACCESSIBILITY OF SERVICES

Now I would like to ask you some questions about your use of health services, for example, clinics, EBAIS health team, and hospitals.

NO.	QUESTIONS	CATEGORIES AND CODES		
F19	After arriving at the location of your health care visit, how long did you have to wait until you were seen?	Hours Minutes DK/NR	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>99</div> </div>	
LAB TESTS				
F20	During your health care visits in the last 3 months, were you asked for any xrays, lab or diagnostic exams? Apply only if F15M<=2	Yes No DK/NR	<div>1 → F21</div> <div>2 → Filter11a</div> <div>9 → Filter11a</div>	
F21	How much did you pay in total for these exams, diagnoses or lab tests in the last month?	Nothing Total cost DK/NR	<div>0 → Filter 11a</div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>miles→Filter11a</div> </div> <div>999 →F22</div>	
	Then would you say that the cost of your lab tests are:	F22 More than 50,000 <i>colones</i> ? Yes 1→ F24 No 2→F23 DK/NR 9→ F25	F23 More than 20,000 <i>colones</i> ? Yes 1→ Filter11a No 2→ Filter11a DK/NR 9→ Filter11a	F24 More than 75,000 <i>colones</i> ? Yes 1 No 2 DK/NR 9
Filter 11a	If IDN3=2, go to SD24b If IDN3=1 or 3, go to SD24a			
SD24a	During the last 12 months, did (NAME) spend at least one night in a retirement home, hostel, or other type of institution (other than a hospital or clinic)?	Yes No DK/NR	<div>1</div> <div>2→SD24</div> <div>9→SD24</div>	
SD24b	Over the last 12 months, how many nights did (NAME) spend in a retirement home, hostel, or other type of institution (other than a hospital or clinic)? (12 Months=365 Days)	Nights DK/NR	<div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>999→SD24c</div> </div>	
SD24c	What was the total amount they paid for the nights stayed in retirement homes, hostals, or other institutions of this type?	Nothing Cost DK/NR	<div>0→F25</div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>thousand→F25</div> </div> <div>9999→SD24d</div>	
	Then would you say that during the 12 months before their death, their expenses for retirement homes, hostals, or other institutions of this type were:	SD24d. More than 630,000 <i>colones</i> ? Yes 1→ SD24f No 2→SD24e DK/NR 9→SD24	SD24e. More than 315,000 <i>colones</i> ? Yes 1→ F25 No 2→F25 DK/NR 9→F25	SD24f. More than 2,525,000 <i>colones</i> ? Yes 1 No 2 DK/NR 9
F25	What other health-related expenses not mentioned yet did they have in the last month?	Nothing Total cost DK/NR	<div>0 → FN3</div> <div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>miles→ FN3</div> </div> <div>999 →F26</div>	
	Then would you say that their health-related expenses not previously mentioned were:	F26 More than 50,000 <i>colones</i> ? Yes 1→ F28 No 2→F27 DK/NR 9→ FN3	F27 More than 20,000 <i>colones</i> ? Yes 1→ FN3 No 2→ FN3 DK/NR 9→ FN3	F28 More than 75,000 <i>colones</i> ? Yes 1 No 2 DK/NR 9

SECTION F: USE AND ACCESSIBILITY OF SERVICES			
Now I would like to ask you some questions about your use of health services, for example, clinics, EBAIS health team, and hospitals.			
NO.	QUESTIONS	CATEGORIES AND CODES	
FN3	In the last 12 months, did anyone lend (NAME) any health care equipment, such as a wheelchair, orthopedic bed, oxygen?	Yes	1
		No	2
		DK/NR	9

SECTION G: FAMILIAL AND SOCIAL NETWORK SUPPORT				
Families and friends help each other in different ways. As part of this research we would like to know how people support each other, so now I will ask you about the support that you receive and give.				
NO.	QUESTIONS	CATEGORIES AND CODES		
G1M	During the last 12 months, did you receive money from anyone living in your home or anyone living outside of your home?	Yes only from someone living in my home 1→G2 Yes only from someone living outside my home 2→G2 Yes from both inside and outside my home 3→G2 No 4→ GN0a DK/NR 9→ GN0a		
G2	How much money have you received in the last 12 months?	Money <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand → G6M 10 million or more 9998→ G6M DK/NR 9999 → G3		
	Then would you say that the money you have received is:	G3 More than 50,000 <i>colones</i> ? Yes 1→G5 No 2→ G4 DK/NR 9→ G6	G4 More than 20,000 <i>colones</i> ? Yes 1→ G6 No 2→ G6 DK/NR 9→G6	G5 More than 75,000 <i>colones</i> ? Yes 1 No 2 DK/NR 9
G6Ma	Who supports you the most? (Ask exhaustively)	Someone living in my home 1 G6Mb. Who? _____ Children who do not live with me 2 G6Mc. Who? _____ Parents who do not live with me 3 Siblings who do not live with me 4 Neighbors 5 Son/Daughter-in-law, grandchildren who do not live with me 6 Equal support from all household members 7 Equal support from people not living with me 8 Equal support from people living with me and not living with me 9 Other 10 DK/NR 99		
GN0a	Do you receive aid or subsidies from IMAS or another organization? (Not including fixed pensions)	Yes 1 No 2→G16 DK/NR 9→G16		

SECTION G: FAMILIAL AND SOCIAL NETWORK SUPPORT				
Families and friends help each other in different ways. As part of this research we would like to know how people support each other, so now I will ask you about the support that you receive and give.				
NO.	QUESTIONS		CATEGORIES AND CODES	
GN0b	How much money have you received in the past 12 months?		Money <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousands → G16 10 million or more 9998→ G16 DK/NR 9999 → GN0C	
	Then would you say that the money you have received is:		GN0c More than 190,000 <i>colones</i> ? Yes 1→GN0e No 2→ GN0d DK/NR 9→ G16	GN0d More than 65,000 <i>colones</i> ? Yes 1→ G16 No 2→ G16 DK/NR 9→G16
			GN0e More than 380,000 <i>colones</i> ? Yes 1 No 2 DK/NR 9	
G16	Do you receive support from <i>Programa Ciudadano de Oro</i> [Golden Citizen Program]?		Yes 1 No 2 DK/NR 9	

SECTION G: FAMILIAL AND SOCIAL NETWORK SUPPORT						
Families and friends help each other in different ways. As part of this research we would like to know how people support each other, so now I will ask you about the support that you receive and give.						
NO.	QUESTIONS		CATEGORIES AND CODES			
Filter 11b	If (NAME) lives in a group home (IDN3>=2) →NO ask GN1 to GN5, GN7. Do not ask GN8 to GN12, GN14.					
	Can you tell me if you receive help with any the following things I'm going to mention?		Yes	No	NS/NR	
		GN1. You receive help with money (food)	1	2	9	
		GN2. You receive help with transportation (going to appointments, shopping, etc.)	1	2	9	
		GN3. You receive help with domestic chores (inside the house or patio)	1	2	9	
		GN4. You receive help with errands	1	2	9	
		GN5. Someone helps you when you are sick	1	2	9	
		GN6. Someone helps you by visiting you, keeping you company, or listening to problems	1	2	9	
		GN7. Other help: _____	1	2	9	
	Who helps you with: <u>(Ask and note who helps the most).</u> <u>Ask only if the previous questions are affirmative.</u> <u>(Check the time)</u>		Children at home	Children outside of your home	Others living in your home	Others outside of your home
		GN8. Daily (food)	1	2	3	4
		GN9. Transportation (going to appointments, shopping, etc.)	1	2	3	4
		GN10. Domestic chores (inside the home or the patio)	1	2	3	4
		GN11. Help with errands	1	2	3	4
		GN12. When you are sick	1	2	3	4
		GN13. Visiting you, keeping you company, or listening to problems	1	2	3	4
		GN14. Other help _____	1	2	3	4
Filter 12	Interview completed with proxy	Yes	1→ GN23			
		No	2			
G7	During the last 12 months, did you give money to anyone living in your home or anyone living outside of your home?	Yes only to someone living at home	1→G8			
		Yes only to someone living outside my home	2→G8			
		Yes to someone living with me and not living with me	3→G8			
		No	4→G19			
		DK/NR	9→G19			

SECTION G: FAMILIAL AND SOCIAL NETWORK SUPPORT						
Families and friends help each other in different ways. As part of this research we would like to know how people support each other, so now I will ask you about the support that you receive and give.						
NO.	QUESTIONS	CATEGORIES AND CODES				
G8	How much money did you provide in the last 12 months?	Money	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousands → G12 10 million or more 9998→ G12 DK/NR 9999 → G9			
	Then would you say that the money you gave away was:	G9 More than 50,000 colones? Yes 1→G11 No 2→G10 DK/NR 9→G12	G10 ¿More than 20,000 colones? Yes 1→ G12 No 2→ G12 DK/NR 9→G12	G11 More than 80,000 colones? Yes 1 No 2 DK/NR 9		
G12a	Who do you help the most?	G12b. Someone living with me 1 Who? G12c. Children not living with me 2 Who? Parents who do not live with me 3 Siblings who do not live with me 4 Neighbors 5 Son/Daughter-in-law, grandchildren who do not live with me 6 Other 7 DK/NR 9				
	On average, in the last 12 months, how many hours of the week did you dedicate to the following activities: DK/NR 99 (Does not apply to interviews with proxy)	G19. Helping seniors <input type="text"/> <input type="text"/> <input type="text"/> G20. Church <input type="text"/> <input type="text"/> <input type="text"/> G21. Caring for children <input type="text"/> <input type="text"/> <input type="text"/> G22. Civic activities <input type="text"/> <input type="text"/> <input type="text"/> G23. Watching TV <input type="text"/> <input type="text"/> <input type="text"/> G24. Sports (walking) <input type="text"/> <input type="text"/> <input type="text"/> G25. Daily tasks <input type="text"/> <input type="text"/> <input type="text"/> G26. Recreational activities (arts and handicrafts, etc.) <input type="text"/> <input type="text"/> <input type="text"/>				
Next I am going to read a series of situations from daily life that people do or can do to help each other. I'd like you to tell me if you get help in each of these situations. To answer, please use a scale of 1 to 5, where 1 means that you receive much less help than you would like, and where 5 means that you get as much help as you would like. If the interview is with proxy, do not ask these questions.						
		Never	Rarely	Sometimes	Frequently	DK/NR
GN15.	People invite you to go out and have fun with others	1	2	3	4	9
GN16.	You get love and affection	1	2	3	4	9
GN17.	You have the chance to talk to someone about your personal and family problems	1	2	3	4	9
GN18.	You have the chance to talk to someone about problems at work or at home	1	2	3	4	9
GN19.	You have the chance to talk to someone about financial problems	1	2	3	4	9
GN20.	There are people who worry about what happens to you	1	2	3	4	9

SECTION G: FAMILIAL AND SOCIAL NETWORK SUPPORT							
Families and friends help each other in different ways. As part of this research we would like to know how people support each other, so now I will ask you about the support that you receive and give.							
NO.	QUESTIONS		CATEGORIES AND CODES				
GN21.	You get useful advice when something important in your life happens		1	2	3	4	9
GN23.	In general, how many friends do you have? (Not including immediate family members)		<div>None</div> <div>1-2</div> <div>3-9</div> <div>10 or more</div> <div>DK/NR</div> <div>1 → GN28</div> <div>2</div> <div>3</div> <div>4</div> <div>9</div>				
GN24.	Do you have friends whom you see or communicate with on a daily basis?		<div>Yes</div> <div>No</div> <div>DK/NR</div> <div>1 → GN27</div> <div>2</div> <div>9</div>				
GN25.	Do you have friends whom you see or communicate with on a weekly basis?		<div>Yes</div> <div>No</div> <div>DK/NR</div> <div>1 → GN27</div> <div>2</div> <div>9</div>				
GN26.	Do you have friends whom you see or communicate with on a monthly basis?		<div>Yes</div> <div>No</div> <div>DK/NR</div> <div>1</div> <div>2</div> <div>9</div>				
GN27.	How often do you see or talk to your closest friend?		<div>Daily</div> <div>Weekly</div> <div>Monthly</div> <div>Less than once a month</div> <div>DK/NR</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>9</div>				
	Approximately how many times per month does (NAME) go to:		More than once a week	Once a week	1-3 times a month	Never or less than once a month	DK/NR
GN28. Market or neighborhood store to go shopping		1	2	3	4	9	
GN29. Plaza, park, or other place to walk around		1	2	3	4	9	
GN30. Senior day center or programs for seniors		1	2	3	4	9	
GN31. Courses/workshops/trainings		1	2	3	4	9	
GN32.	Now, speaking of the people from here, would you say that the people in your community are:		<div>Very reliable</div> <div>Somewhat reliable</div> <div>Reliable</div> <div>Unreliable</div> <div>DK/NR</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div>				

SECTION H: EMPLOYMENT AND INCOME			
Now we are going to talk about employment.			
NO.	QUESTIONS	CATEGORIES AND CODES	
H5	What did you do for most of last week?	Worked	1→H8
		Worked helping with family business	2→H8
		Did not work but had work	3→H8
		Looked for work	4→HN1
		Did household chores	5→HN1
		Did not work	6→HN1
		DK/NR	9→H19
HN1	When was the last time you worked?	Less than 2 years	1→H16
		More than 2 years	2→H19
		Never worked	3→H19
		DK/NR	9→H19
H16	Why did you leave that job?	Health problems	1→H19
		Received a pension	2→H19
		Changed to an easier job	3→H19
		For better income	4→H19
		Other	5→H19
		DK/NR	9→H19
H8	How many hours do you work in a regular week?	Hours	<input type="text"/> <input type="text"/> <input type="text"/>
		DK/NR	99
H19	How would you describe your current economic situation?	Excellent	1
		Very good	2
		Good	3
		Average/normal	4
		Poor	5
		DK/NR	9
HN2	In the last two years, have you always had enough money to buy the food that you need?	Yes	1→HN4
		No	2
		DK/NR	9

SECTION H: EMPLOYMENT AND INCOME					
Now we are going to talk about employment.					
NO.	QUESTIONS	CATEGORIES AND CODES			
HN3	At any time in the past two years, have you not eaten or eaten less than you wanted because there wasn't enough food in your home?	Yes	1		
		No	2		
		DK/NR	9		
	During the last 12 months, have you received a monthly income for:	HN4. Income from work (if this is own account, include here)	_ _ _ _		
	Note the monthly total in thousands for each income. Use "0" if none is received. Do not include sporadic income.	HN5. Pensions	_ _ _ _		
		HN6. Rents	_ _ _ _		
		HN7. Other	_ _ _ _		
HN8	From your income, how much to you provide for the household expenses? Do not ask if all the income is 0.	All	1		
		More than half	2		
		Half	3		
		Less than half	4		
		Almost none	5		
		None	6→Filter 13		
		DK/NR	9→Filter 13		
	Of the following expenses of the a home, to which do you provide a portion of your income? Do not ask if all the income is 0.		Yes	No	DK/NR
		HN9. Home (rent)	1	2	9
		HN10. Food (buys daily)	1	2	9
		HN11. Bills	1	2	9
		HN12. Other: _____	1	2	9
Filter 13	If interviewee is (see A3)	Married / partnered	1→HN13		
		Other conjugal state	2→H28		
	In the last 12 months, has YOUR SPOUSE received regular monthly income for:	HN13. Income from work (if it is own account include here)	_ _ _ _		
	Note the monthly total in thousands for each income.	HN14. Pensions	_ _ _ _		
	Use 0 if no income received.	HN15. Rents	_ _ _ _		
		HN16. Other	_ _ _ _		
HN17	From the income that your spouse receives, how much does your spouse provide for the household expenses? Do not ask if all the income is 0.	All	1		
		More than half	2		
		Half	3		
		Less than half	4		
		Almost none	5		
		None	6→H28		
		DK/NR	9→H28		
	Of the following household expenses, for which of these does your spouse provide a portion of the income? Do not ask if all the income is 0.		Yes	No	DK/NR
		HN18. Housing (rent)	1	2	9
		HN19. Food (buys daily)	1	2	9
		HN20. Pays bills	1	2	9

SECTION H: EMPLOYMENT AND INCOME					
Now we are going to talk about employment.					
NO.	QUESTIONS	CATEGORIES AND CODES			
		HN21. Other: _____	1	2	9
H28	Now, if you will allow me I will again take your blood pressure.	Second measurement Unable to take	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
			999 / 999		

SECTION J: HOUSING CHARACTERISTICS					
Speaking about this home...					
NO.	QUESTIONS	CATEGORIES AND CODES			
Filter 14	Interviewer: This is the same home where interviewee lived 2 years ago, that is, where the interview was conducted. Interviewer: Write “YES”, if senior lives in the SAME seniors home where she/he lived in round 1 If <u>CHANGED</u> retirement home or housing between the two round write NO.	Yes No Now lives in group home	1 → J20 2 → J1 3 → Filter 14a		
J1	What kind of housing is this?	Independent home In a building Precarious/Informal housing Other Group home (if in retirement home) DK/NR	1 2 3 4 5 → Filter 14a 9		
J2	Is this home....	Owned and fully paid for Owned and paid in installments Rented Precarious/Informal housing Borrowed Other DK/NR	1 → J3 2 → J3 3 → J11 4 → J15 5 → J15 6 → J15 9 → J15		
J3	What do you think is the value of your home?	Value Nothing DK/NR	<input type="text"/> millions of <i>colones</i> → J7 0 → J7 999 → J4		
	Then would you say that the value of the housing, without counting the land, is:	J4. More than 20 million <i>colones</i> ? Yes 1 → J6 No 2 → J5 DK/NR 9 → J7	J5. More than 10 million <i>colones</i> ? Yes 1 → J7 No 2 → J7 DK/NR 9 → J7	J6. More than 30 million <i>colones</i> ? Yes 1 No 2 DK/NR 9	
J7	If you were renting your home, what would be the total that you would expect to receive in rent?	Value Nothing DK/NR	<input type="text"/> thousands of <i>colones</i> → J15 0 → J15 999 → J8		

SECTION J: HOUSING CHARACTERISTICS

Speaking about this home...						
NO.	QUESTIONS	CATEGORIES AND CODES				
	Then would you say that the rent for this home would be:	J8. More than 80 thousand <i>colones</i> ? Yes 1→J10 No 2→J9 DK/NR 9→J15	J9. More than 50 thousand <i>colones</i> ? Yes 1→J15 No 2→J15 DK/NR 9→J15	J10. More than 130 thousand <i>colones</i> ? Yes 1→J15 No 2→J15 DK/NR 9→J15		
J11	How much do you pay in rent for this home?	Value <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand <i>colones</i> ?→J15 DK/NR 999 →J2				
	Then how much would you say you pay in rent for this home?:	J12. More than 100 thousand <i>colones</i> ? Yes 1→J14 No 2→J13 DK/NR 9→J15	J13. More than 65 thousand <i>colones</i> ? Yes 1→J15 No 2→J15 DK/NR 9→J15	J14. More than 165 thousand <i>colones</i> ? Yes 1 No 2 DK/NR 9		
J15	What is the primary building material of the floor of the home?	Tile, mosaic, ceramic 1 Cement (finished or not) 2 Wood 3 Other 4 DK/NR 9				
J16	How many rooms just for sleeping does this home have?	Number of rooms <input type="text"/> <input type="text"/> <input type="text"/> DK/NR 99				
J17	Do you sleep alone in your room?	Yes 1 No 2 DK/NR 9				
J18	Does this home have room just for cooking?	Yes 1 No 2 DK/NR 9				
J19	What is the primary fuel used for cooking?	Electricity 1 Wood or charcoal 2 Gas 3 Other 4 None (doesn't cook) 5 DK/NR 9				
	Does this home have:	Yes	No	DK/NR		
J20	Refrigerator	1	2	9		
J21	Landline telephone	1	2	9		
J22	Celular telephone	1	2	9		
J23	Washing machine	1	2	9		
J24	Microwave oven	1	2	9		
J25	Computer	1	2	9		
J26	Potable indoor water	1	2	9		
J27	Indoor restroom	1	2	9		
		No	One	Two	Three or more	DK/NR

SECTION J: HOUSING CHARACTERISTICS						
Speaking about this home...						
NO.	QUESTIONS	CATEGORIES AND CODES				
J28	Television	0	1	2	3	9
J29	Automobile	0	1	2	3	9
	Interviewer evaluate the state of:	Poor	Fair	Good	Not possible to evaluate	
	J30. Exterior walls	1	2	3	9	
	J31. Roof	1	2	3	9	
	J32. Floor	1	2	3	9	
JN1	Who is the owner of this home?	Interviewee or Spouse 1 Interviewee or Spouse and others 2 Child, child-in-law 3 Other 4 Rented 5 DK/NR 9				
Filter 14a	Needed proxy	Yes (AM3=2) → J33 No (AM3=1) → FIN				
Only for those using proxy						
J33	Who was the proxy?	Name: _____				
J34	What is the relation of the proxy to the Interviewee?	Spouse 1 Child 2 Grandchild 3 Sibling 4 Other relative 5 Other non relative 6 Domestic employee 7				
Time ended: __ _ : __ _						