



UNIVERSITY OF COSTA RICA

Central American Population Center (CCP)

CRELES Retirement Cohort (1945-1955)

Costa Rican Longevity and Healthy Aging Study

MAIN QUESTIONNAIRE FOR TARGET RESPONDENTS

WAVE 2 (2012)

THIS INFORMATION IS COMPLETELY CONFIDENTIAL AND IS PROVIDED VOLUNTARILY.

Subject code _ _ _ _ _ _ _ _ _ _		Start time		_ _ : _ _	
County and district _ _ _ _ _ _ _					
Segment: _ _ _ _					
Housing: _ _ _					
AM1	Interviewer	Giovanni	3		
		Maritza	7		
		Randall	21		
		Jimmy	22		
Superv	Supervisor	José Solano	1		
AMP1	Name of the interviewee (extracted automatically, from the first round)	AMP1a. NAME _____ AMP1b. First Surname _____ AMP1c. Second Surname _____			
VisitResult	Result of interview	Interviewee is not located	2		
		Interviewee rejected the interview	12		
		Revisit	13		
		Requires a proxy but is absent	14		
		Interviewee changed address	15		
		Completed interview	70		
QA1.	Interviewer: Did you contact (NAME), a family member, or another informant?	Yes , (NAME)	1	→QA2	
		Yes, family member	2	→QA2	
		Yes, another informant	3	→QA2	
		No	4	→Attempts	
QA2	Result of the interview with contact	Accepted	1		
		Declined	2	→Finalize	
		For revisit	3	→ Attempts	
		Hospital without possibility of an interview	4	→ Proxy	
		Change of address	5	→ Attempts	
Attempts	End interview and try again later.				

SECTION ID: IDENTIFICATION

Dear Sir/Madam: Two years ago you agreed to participate in the Costa Rican Longevity and Healthy Aging Study (CRELES), according to what was agreed in the informed 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 are any questions that you would not like to respond to, simply let me know and we will go on to the next question.

NO.	QUESTIONS	CATEGORIES AND CODES		
AMP5	Is the interviewee (NAME) here right now?	Yes	1	
		No	2	→ AMP8
AM3	[Interviewer: The interviewee]	Is able to answer the questionnaire	1	→ ID5
		Serious communication problems	2	→ AMP8
AMP8	Is there someone who knows (NAME) very well and can help us respond to the questionnaire [Proxy]?	Yes	1	→ ID5
		No	2	→ End. Find out when the proxy will return: REVISIT
AMP1	<i>Automatically extracted from first round (NAME of the subject)</i>	<i>AMP1a. NAME _____</i> <i>AMP1b. First Surname _____</i> <i>AMP1c. Second Surname _____</i>		
ID5	To be sure, your name is: (See AMP1)_____	Yes	1	→ Filter 1
		No	2	→ Correct in AMP1a
Filter 1	Did interviewee have identification in Round 1?	Yes	1	→ ID1
		No	2	→ IDN2
ID1	Your identification card is:	Yes	1	→ IDN3
		No	2	→ ID1Q
ID1Q	[Interviewer : review person's identification] Could you please tell me your identification number. Correct...	Identification_____		→ IDN3
IDN2	Your resident's identification or Passport is:____	Yes	1	→ IDN3
		No	2	→ IDN2Q
IDN2Q	[Interviewer: review person's identification] Could you please tell me your resident's identification number? Correct	Identification or other_____		→ IDN3
ID2	<i>Your birthday is ...(Extracted from wave 1)</i>	<i>ID2a. Day _ _ </i> <i>ID2b. Month _ _ </i> <i>ID2c. Year _ _ _ _ </i>		
ID2Q	To corroborate, your birthday is (ID2)	Yes	1	→ IDN3
		No	2	→ Correct in ID2
AMP2	<i>The informant is (Automatically extracted from first round).</i>	<i>Man</i> <i>Woman</i>		

<i>ID3M</i>	<i>(PDA does calculation and shows value for age)</i>	<i>Years /__/__/__/</i>		
IDN3	The interviewee <u>lives</u> in:	Convalescent home	1	→A3Q
		Senior home	2	→A3Q
		Hospital	3	→End
		Other collective (jail)	4	→End

A3	Information from round 1: Marital status in round 1. Extracted from round 1.	Civil union 1 Married 2 Widow(er) of a civil union 3 Widow(er) of a marriage 4 Divorced 5 Separated from a civil union 6 Separated from a marriage 7 Never married or in a union 8 DK/NR 9
A3Q	What is the current marital status of (NAME)?	Civil union 1 → Filter 3 Married 2 → Filter 3 Widow(er) of a civil union 3 → Filter 2 Widow(er) of a marriage 4 → Filter 2 Divorced 5 → AM6 Separated from a civil union 6 → AM6 Separated from a marriage 7 → AM6 Never married or in a union 8 → AM6 DK/NR 9 → AM6
Filter 2	Yes A3=1 or 2	Yes 1 → A13bN No 2 → AM6
A13bN	On what date did your spouse pass away?	a13bna. Month _ _ → AM6 a13bnb. Year _ _ _ _ → AM6
Filter 3	Yes A3=1 or 2	Yes 1 → A4Q No 2 → AMP3Q
AMP3	(Show name on the screen so that it is visible above for the question A4Q) Name of the spouse of (interviewee). (Extract database from round 1).	AMP3a. Name _____ AMP3b. First Surname _____ AMP3c. Second Surname _____
A4Q	Two years ago you told us that your partner's name was (what is indicated in AMP3): Is this person your current spouse?	Yes 1 → AM6 No 2 → AMP3Q
AMP3Q	Name of the current spouse in round 2 (Yes A4Q=1, PDA puts names of AMP3 in AMP3Q, Yes A4Q=2, Interviewer has to complete names)	AMP3aQ. Name _____ AMP3bQ. First Surname _____ AMP3cQ. Second Surname _____
AM6	Now I am going to ask you about your (Informant's name) relatives. How many children did (Informant Name) have, including non-biological children, fostered children, adopted children and deceased?	None 0 Number of children _ _ DK/NR 99

AM7B	(If married) [Yes A3Q=1 or A3Q=2]: Besides these children, how many other children did her/his spouse have, including non-biological children, foster children, adopted children and deceased children that were not counted?	None 0 Spouse's additional children __ __ DK/NR 99
AM7C	[Si A3Q=!1,2 & AM6=0,99) → AM4] In total, how many of his/her own and his/her spouse's children are still living?	Total living children __ __ DK/NR 99
AMP9	[Si (AM6=0,99 & AM7B=0,99) → AM4] In the last 2 years, has one of his/her children or his/her spouse's children passed away?	Yes 1 No 2 → AM4
AMP10	How many children passed away in the last two years?	Deceased children in the last two years __ __ DK/NR 99
AMP11	Of all the children his/hers as well as his/her spouse's, who are living, how many DO NOT live with you at home?	Number __ __ DK/NR 99
AM4	In total how many people live in this home?	__ __

SECTION AB:REGISTER OF HOUSEHOLD MEMBERS

List all the members of the home in order, starting with yourself (Informant) and then your spouse. List the adults first and then the children. Then ask is there another person who lives here, even if the person is not present at this moment? (Example: they are in school or at work)

AB1	AB2	AB3	AB4	AB5	ABN1-ABN2		AB6	ABH7
NAME	What is the familiar relationship of ____ to you (interviewee)?	Is male or female?	What is his/her age? (ab1)?	What is his/her marital status (ab1)?	[Only for children AB2=3 or 4] What was the last level and grade of formal education that he/she passed? (ab1)?		[Ask only if AB2=3, 4, 6, 7, 8, 9, 10, 11] (ab1) Has he/she always lived with you?	[Only if AB2=3 or 4] Regarding your grandchildren how many children does (ab1) have? (Include children within and outside the marriage)
	Respondent 1	Male 1		Civil union 1	0 None	0	Yes 1	None 0
	Spouse 2	Female 2		Married 2	1 Elementary	1	No 2	Children __ __
	Child biological 3			Separated/divorced 3	2 Secondary-academic	2	DK/NR 9	DK/NR 99
	Child not biological 4			Widow 4	3 Secondary-technical	3		
	Son/daughter in-law 5			Single 5	4. Parauniversity	4		
	Grandchild 6			Other 6	5. Higher education	6+		
	Sibling 7			DK/NR 9	9. DK/NR	9		
	Parent biological 8							
	Step Parent 9							
	Father/Mother in-law 10							
	Other relative 11							
	Domestic employee 12							
	Other non relative 13							
	DK/NR 99							
L NAME	Relation	H	M	age	Marital Status	abn1 LEVEL	abn2 YEAR	Grandchildren
1	__1__	1	2	__ __	__ __	__	__	1 2 9
2		1	2	__ __	__ __	__	__	1 2 9
3		1	2	__	__ __	__	__	1 2 9
4		1	2	__	__ __	__	__	1 2 9

SECTION AC: REGISTER OF LIVING CHILDREN (ONLY FOR CHILDREN OUTSIDE THE HOME)

Start time: ____|____|____

Go To AD1 if AM7C= 0

Now we are going to talk about the children who live outside the home.

List the children of the Subject and Spouse that do not live in this home, in age order from eldest to youngest.

AC1	AC2	AC3	AC4	AC5	ACN1-ACN2		AC6	AC7	ACH7		
NAME	Is (ac1) male or female?	Is (ac1) your biological child, the biological child of your spouse or neither?	What is her/his age (ac1)?	What is (ac1)'s marital status?	What was the last level and grade of formal education that (ac1) completed?		Where does (ac1) live?	How often so you see or visit (ac1)?	Regarding your grandchildren, how many children do (ac1) have?		
					Level	Grade					
	Male 1	Informant and Spouse 1		Civil union 1	0 None	0	In the same neighborhood or town 1	Daily 1	None 0		
	Female 2	Only of the Informant 2		Married 2	1 Elementary	1	Different neighborhood same city 2	Weekly 2	Children ____		
		Only of the Spouse 3		Separated/divorced 3	2 Secondary-academic	2	Other city in Costa Rica 3	Bimonthly 3	DK/NR 99		
		Informant and (ex) spouse 5									
		Only of the ex(spouse) 6									
		None of the above 4		Widow 4	3 Secondary-technical	3	Outside Costa Rica 4	Monthly 4			
		DK/NR 9	DK/NR 99	Single 5	4. Parauniversity	4	DK/NR 9	Other 5			
				Other 6	5. Higher education	6+		Never 6			
				DK/NR 9	9. DK/NR	9		DK/NR 9			
L	NAME	H	M	Relation	Age	Marital Status	acn1	acn2	Vive	Visits	Grandchildren
1		1	2	—	— —	—			—	— —	—
2		1	2	—	— —	—			—	— —	—
3		1	2	—	— —	—			—	— —	—
4		1	2	—	— —	—			—	— —	—
5		1	2	—	— —	—			—	— —	—
6		1	2	—	— —	—			—	— —	—
7		1	2	—	— —	—			—	— —	—

SECTION AD: REGISTER OF DECEASED CHILDREN IN THE LAST TWO YEARS									
Start time: ____:____:____									
[If AMP9=2, go to AE1NP] according to your previous answers, you or your spouse had XX [AMP10] children, that passed away during the last 2 years. Could you name them?									
For deceased children of the interviewee but only those DECEASED IN THE LAST TWO YEARS. Please tell me the names of each of your children that were born alive and later died.									
Ad1		AD2		AD3		AD4		AD5	
NAME		Was (ad1) male or female?		Was (ad1) your biological child, or only your spouse's biological child or neither?		In what year and month was (ad1) born?		What age was (ad1) when she/he died? (Note completed years of age)	
		Male 1 Female 2		Informant and Spouse 1 Only of the Informant 2 Only of the Spouse 3 Is not biological of either 4 DK/NR 9		Year: _____ Month: _____			
L	NAME			Relation		Year	Month	Age of the Deceased	
1		H	M	_____				_____	
2		1	2	_____				_____	
3		1	2	_____				_____	
4		1	2	_____				_____	
5		1	2	_____				_____	
6		1	2	_____				_____	
7		1	2	_____				_____	
8		1	2	_____				_____	

SECTION AE: Register of the parents (ASK ABOUT ALL PARENTS)
Start time: |__|_|:|__|_|

If Parents Grandparents R1=0 y A3Q=3,4,5,6,7,8,o 9 go to A4

If A4Q=2, Add 2, more lines.

If AE2=2 in round 1, don't list.

Now, I am going to ask you about your parents and your in-laws that you mentioned two years ago.

AE1NP	AEN1	AEN2	AE2	AE3	AE4	AE6	AE7	AE8	AE9
You said (NAME obtained from R1 data) is your ...	(Take from database from round 1)	[ONLY INTERVIEWER] Try to remember if you mentioned this person in the home	Is _____ still living?	What year did she/he die?	What was his/her age when she died?	What is _____'s current age?	Where does _____ currently live?	How often do you or your spouse see or visit _____?	With whom does _____ live?
	Relation								(Multiple answer)
	Biological Mother 1	Yes 1 →Next person	Yes 1 →AE6	2009 1	→Next person		In the same neighborhood or town 1	Daily 1	
	Biological Father 2	No 2 →AE2	No 2 →AE2	2010 2	DK/NR 9999	DK/NR 9999	Different neighborhood same city 2	Weekly 2	Only 1
	Step Mother 3		DK/NR 9	2011 3			Other city in Costa Rica 3	Bimonthly 3	With Spouse 2
	Step Father 4			2012 4			Outside of Costa Rica 4	Monthly 4	With the Children 3
	Mother in-law 5			Year _____			DK/NR 9	Other 5	Grandchildren 4
	Father in-law 6			DK/NR 9999				Never 6	Others 5
	New mother in-law 7							DK/NR 9	DK/NR 9
	New father in-law 8						Other city in Costa Rica		
	DK/NR 9						Outside Costa Rica		
L NAME	Relation	Mentioned in the home	Alive	Year	Age	Current Age	Housing	Visits	With whom he lives
1		1 2		___	___ ___			___	___
2		1 2		___	___ ___	___	___	___	___
3		1 2		___	___ ___	___	___	___	___

4		1 2		==	== ==	==		==		==		==
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SECTION A: PERSONAL INFORMATION OF THE INTERVIEWEE							
Now we will keep talking about your spouse							
NO.	QUESTIONS	CATEGORIES AND CODES					
		EDUCATION					
[Interviewer : Ask only when he/she is married or in a union] Filter 3: IF A3Q=1 or 2		Yes	1	<input type="checkbox"/>			
		No	2	→A17P			
A4	What was the primary work activity of your spouse during the last week?	Worked	1				
		Helped in relative's business	2				
		Did not work but had a job	3				
		Looked for work	4				
		Only household chores	5				
		Did not work	6				
		DK/NR	9				
A5	If A4Q=1, <input type="checkbox"/> A6 [Interviewer: Ask only when he/she is married or in a union, A3=1 or 2] What is the occupation in which your (last) spouse worked the majority of her/his life?	Has never worked	0				
		Professional, executive	1				
		Office worker	2				
		Vendor, merchant	3				
		Independent farmer	4				
		Farmworker	5				
		Domestic worker	6				
		Other services	7				
		Specialized worker	10				
		Non-specialized worker	11				
		Other	13				
		DK/NR	99				
A6	Does your spouse have a serious health problem or physical limitation?	Yes	1				
		No	2				
		DK/NR	9				
Now we are going to talk about your current spouse (husband or partner)							
Filter 4	If A4Q=1	Yes	1	→A12			
		No	2	→A11			
A11	What was the last level and grade that your spouse completed?	A11a Level	A11b Years of study				
		0 None	0				
		1 Elementary	1	2	3	4	5 6
		2 Secondary- academic	1	2	3	4	5
		3 Secondary- technical	1	2	3	4	5 6
		4 Parauniversity	1	2	3+		
		5 Higher education	1	2	3	4	5+
		9 DK/NR	9				
A12	What type of social security does your spouse have?	Salaried	1				
		Relative	2				
		Private of by agreement	3				
		By the state	4				
		Other	5				
		None	6				
		Is (was) pensioned	7				
		DK/NR	9				
A13	Does your spouse smoke?	Yes	1				
		No	2				
		DK/NR	9				
DISSOLUTION OF UNIONS							
Filter 5	If (A3=1 or 2 y A3Q=3-7) or A4Q=2	Yes	1	<input type="checkbox"/>			
		No	2	→A17P			

A15Q	Regarding your former spouse (state NAME from first round), what was the main reason that this union ended? PDA: Fill like death of the spouse if Filter 2=1	Divorce or separation 1 Death of the spouse 2 →A17P Other 3 DK/NR 9
A7Q1	In what month and year did you stop living with this partner? (Only allow values of 2009, 2010, 2011, 2012)	A7aQ. Year <input type="text"/> A7bQ. Month <input type="text"/> DK/NR 99
A7Q2	In what province and city does this ex-partner live?	A7Q2a. Province <input type="text"/> A7Q2b. City <input type="text"/> A7Q2c. Other country <input type="text"/> DK/NR 9999
With whom does this ex-partner live?		
A7Q3a	Alone?	Yes 1 →A7Q4 No 2 DK/NR 9
A7Q3b	With a new partner?	Yes 1 No 2 DK/NR 9
A7Q3c	With his/her own children?	Yes 1 No 2 DK/NR 9
A7Q4	During the period right BEFORE the divorce or separation did you feel stressed or anxious?	Yes 1 No 2 DK/NR 9
A7Q5	During the period AFTER the divorce or separation did you feel stressed or anxious?	Yes 1 No 2 DK/NR 9
HÁBITS OF THE INFORMANT		
A17P	How often do you use electronic email?	Every day 1 At least once per day 2 Less than once per week 3 Never 4 DK/NR 9
A18P	How often do you read the newspaper?	Every day 1 At least once per day 2 Less than once per week 3 Never 4 DK/NR 9
Filter 6	Interviewer, is this the same home where he/she lived 2 years ago, that is to say, where the interview took place?	Yes 1 →AN6 No 2 DK/NR 9 →AN6

AN4	We noticed that you changed your residence since the previous time we visited you. What is the most important reasons for which you came to live here?	To be close to or with children 1 To be close to or with relatives or friends 2 To be close to health services 3 Other health reasons 4 For fear of crime 5 Death of the partner 6 Marital separation 7 Marital union 8 Economic reasons 9 Others 10 DK/NR 99
AN5	Please tell me what are the province, city and district of the place in which you currently live?	AN5a. Province AN5b. City AN5c. District
AN6	Do you consider yourself...? [Clarification for the Interviewer: Ask the question, Do not infer from appearances.]	Black or of African descent 1 Mulatto 2 Chinese 3 Indigenous 4 White or Mestizo 5 Other 6 None 7

SECTION SP: INSURANCE AND PENSIONS

Now I want to ask some questions about your insurance and pensions.

NO.	QUESTIONS	CATEGORIES AND CODES	
AM12	Do you receive a pension from social security or from the government?	Yes No DK/NR	1 → AM13 2 → AM14 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 Pensions DK/NR	0 → AM14 <input type="text"/> 9 → AM14
SP1	[INTERVIEWER: IF AM13 GREATER A 1, ASK ABOUT THE MOST RECENT PENSIONS] Regarding the most recent pensions, what kind of pension is it?	Private: from the completion of payment for being a salaried worker. Private: from the completion of voluntary payments. Private: Granted by the state (non contributive regiment) Pensioned for disability. Inherited: from the completion of the payments for being a salaried worker. Inherited: from the completion of voluntary payments. Inherited: Granted by the state. Inherited: from someone who had a disability pension. Other DK/NR	1 2 3 4 5 6 7 8 9 99
SP2Q	In what month and year did you begin receiving this pension?	Month Year DK/NR	<input type="text"/> <input type="text"/> 99
AM14	Do you currently receive a pension from the private sector?	Yes No DK/NR	1 2 → SP8 9 → SP8
SP3Q	In what month and year did you begin receiving this pension?	Month Year DK/NR	<input type="text"/> <input type="text"/> 99
SP8	Do you receive a pension for the schedule of obligatory complementary pensions?	Yes No DK/NR	1 2 9
SP17	Do you expect to receive another (Other) pension in the future? (Add "Other" only if AM12=1 or AM14 = 1)	Yes No DK/NR	1 2 9

Filter 7	Only those who are pensioned If AM12=1	Yes	1	→SP8Q
		No	2	→AM20
SP8Q	When you became pensioned, did you receive legal benefits (vacation, bonuses and severance)?	Yes	1	→ SP8Q
		No	2	→ AM23
		DK/NR	9	→ AM23
SP8Q	When you received them, what did you do with the bulk of the benefits?	Did you save them or invest them in bank funds	1	→ AM23
		Did you invest them in properties (purchase of a lot or housing, fixing the house, etc.?)	2	→ AM23
		Pay debts	3	→ AM23
		Purchased a home	4	→ AM23
		Helped a relative with money	5	→ AM23
		Other	6	→ AM23
		DK/NR	9	→ AM23
AM20	Are you currently insured by Social Security (CCSS)?	Yes	1	
		No	2	→ AM23
		DK/NR	9	→ AM23
SPS1	What kind of insurance is it?	Salaried worker.	1	
		Private account or voluntary.	2	
		Granted by the State.	3	
		Relative of a salaried worker.	4	
		Relative of a holder of a private account or voluntary account.	5	
		Relative of someone who was granted insurance by the State.	6	
		Relative of a pensioned worker.	7	
		Other	8	
		DK/NR	99	
AM23	Do you have a/another private medical insurance or for hospitalization?	Yes	1	→ AM24
		No	2	→ C1
		DK/NR	9	→ C1
AM24	This insurance is ...	Paid by you or a relative	1	
		Is paid for or is part of the pension of your current employment or previous employment	2	
		DK/NR	9	

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 Very good Good Fair Poor DK/NR	1 2 3 4 5 9
C2	How would you say your health is in comparison with others people of your age: Better, the same, Worse?	Better The same Worse DK/NR	1 2 3 9
CQ	Comparing your health with the last time we spoke two years ago, would you say your health is now...	Better More or less the same Worse DK/NR	1 2 3 9
Now we are going to talk about health Conditions detected by a doctor.			
HYPERTENSION			
C4M	During the last 2 years has a doctor told you that you have had had high blood pressure (hypertension)?	Yes No DK NR	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
C6a	Are you currently taking any medication to control hypertension?	Yes No DK NR	1 → C6b 2 → C6M 8 → C6M 9 → C6M
C6b	(If C6a=1) When was the last time that your doctor changed the medication or the dose?	Less than 6 Months From 6 to 11months From 1 to 2 years More than 2 years Never DK NR	1 2 3 4 5 8 9
C6M	How long ago did you last measure your pressure?	Less than 6 Months From 6 to 11Months From 1 to 2 years More than 2 years Never DK NR	1 2 3 4 5 8 9
CHOLESTEROL			
C7M	During the last 2 years did a doctor un tell you that you had high cholesterol?	Yes No DK NR	1 2 8 9

C9a	Are you currently taking a medication for the control of your cholesterol?	Yes	1	→ C6b
		No	2	→ C6
		DK	8	→ C6
		NR	9	→ C6
C9b	(If C6a=1) When was the last time that your doctor changed the medication or dose?	Less than 6 Months	1	
		From 6 to 11Months	2	
		From 1 to 2 years	3	
		More than 2 years	4	
		Never	5	
		DK	8	
		NR	9	
C9M	When was the last time you measured your cholesterol?	Less than 6 Months	1	
		From 6 to 11Months	2	
		From 1 to 2 years	3	
		The previous visit of the field team	4	
		Never	5	
		DK	8	
		NR	9	
Now we are going to talk about DIABETES				
C10M	During the last 2 year did a doctor tell you that you had diabetes (high levels of sugar in the blood)?	Yes	1	
		No	2	
		DK	8	
		NR	9	
Filter 8	Applies for all diabetics: If diabetic in round 1 or C10M=1	Yes	1	→ C12
		No	2	→ C17
C12	Are you taking pills or do you inject insulin to control your diabetes?	Yes	1	
		No	2	→ C14
		DK/NR	9	→ C14
C13a	(If C12=1) When was the last time your doctor changed the dose of your medication in your pills or insulin?	Less than 6 Months	1	
		From 6 to 11Months	2	
		From 1 to 2 years	3	
		More than 2 years	4	
		Never	5	
		DK	8	
		NR	9	

C14	How often do you measure your own blood sugar level?	More than once a day	1		
		Once a day	2		
		Once per week	3		
		Less than once a week	4		
		Never	5		
		Other	7		
		DK	8		
		NR	9		
C15	How often do you see a doctor about your diabetes?	Once every 3 months	1		
		Once every 6 months	2		
		Once a year	3		
		Less than once per year	4		
		Does not have control	5		
		DK	8		
		NR	9		
C17	When was the last time that a doctor did a test to see if you had sugar in the blood?	Less than 6 Months	1		
		From 6 to 11Months	2		
		From 1 to 2 years	3		
		The previous visit of the field team	4		
		Never	5		
		DK	8		
		NR	9		
CANCER					
C18M	During the last 2 years has a doctor told you that you have had cancer or a malignant tumor, excluding small tumors on the skin?	Yes	1		
		No	2		→ C22M
		DK	8		→ C22M
		NR	9		→ C22M

C20	On what organ or part of the body did the cancer begin?	Stomach	1	
		Other digestive	2	
		Urinary system	3	
		Bloom/Leukemia	4	
		Lung	5	
		Other respiratory	6	
		Prostate	7	
		Uterus/cervix	8	
		Breast	9	
		Other	10	
		DK/NR	99	
ASTHMA OR CHRONIC BRONCHITIS AND OTHER PULMONARY DISEASE				
C22M	During the last 2 years has a doctor told you that you have had a chronic respiratory or pulmonary disease such as emphysema, tuberculosis, asthma or chronic bronchitis?	Yes	1	
		No	2	→ C26M
		DK	8	→ C26M
		NR	9	→ C26M
C24	Are you receiving a treatment for the respiratory disease(s)?	Yes	1	
		No	2	
		DK/NR	9	
HEART DISEASE				
C26M	During the last 2 years has a doctor told you that you have had had an infarct or heart attack?	Yes	1	→ C27M
		No	2	→ C32M
		DK	8	→ C32M
		NR	9	→ C32M
Now we are going to talk about the time that you have had infarcts or attacks				
C27M	How many infarcts or attacks have you had in the last 2 years?	Infarcts	_ _	
OTHER HEART DISEASE				
C32M	During the last 2 years has a doctor told you that have a heart disease without having had a heart attack?	Yes	1	<input type="checkbox"/>
		No	2	<input type="checkbox"/>
		DK	8	<input type="checkbox"/>
		NR	9	<input type="checkbox"/>
STROKE				
C35M	During the last 2 years has a doctor told you that you have had a stroke?	Yes	1	→ C36M
		No	2	→ C41M
		DK	8	→ C41M
		NR	9	→ C41M
Now we are going to talk about the times that you have had these strokes.				
C36M	How many how many strokes have you had in the last 2 years?	Strokes	_ _	
ARTHRITIS				
C41M	During the last 2 years has a doctor told you that you have arthritis, rheumatism or arthrosis?	Yes	1	→ CP43
		No	2	→ C44M
		DK	8	→ C44M
		NR	9	→ C44M
CP43	Has this problem caused you to change your daily activities at home or at work?	Yes	1	<input type="checkbox"/>
		No	2	<input type="checkbox"/>
		DK	8	<input type="checkbox"/>
		NR	9	<input type="checkbox"/>
OSTEOPOROSIS				

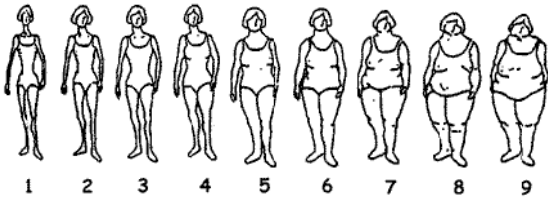
C44M	During the last 2 years has a doctor told you that you have osteoporosis (bone fragility)?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK	8	<input type="checkbox"/>	
		NR	9	<input type="checkbox"/>	
<i>EYESIGHT</i>					
C54Q	Do you normally use eyeglasses or contact lenses?	Yes	1	<input type="checkbox"/>	
		No	2	→	C56AN
		Is blind	3	→	C56AN
C55Q	How is your eyesight with glasses? Is it...?	Excellent	1		
		Very good	2		
		Good	3		
		Fair	4		
		Poor	5		
		DK/NR	9		
C56AN	How do you think your eyesight is compared to how it was 2 years ago?	Much Better	1		
		Better	2		
		The same	3		
		Worse	4		
		Much Worse	5		
		DK/NR	9		
C57M	During the last 2 years has a doctor told you that you have cataracts?	Yes	1		
		No	2	→	C64
		DK/NR	9	→	C64
C58M	During the last 2 years, have you had your cataracts operated?	Yes	1		
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
C64	Only Interviewer: Up to now, was the interviewee able to hear well what you said?	Yes, immediately	1		
		Yes, after repeating	2		
		Yes with difficulty	3		
		No	4		
		Interviewee absent	5		
<i>DENTAL</i>					
C65	Are you missing any of your natural teeth or molars?	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 10	If the sex of the interviewee	Man	1	→	C78M
		Woman	2	→	C81M
<i>PROSTATE</i>					
C78M	During the last 2 years has a doctor told you that you have enlarged prostate? (Applies only for men who did not have prostate problems in round 1).	Has been diagnosed	1		
		Has been operated	2		
		No	3		
		DK/NR	9		
<i>MENTAL HEALTH</i>					

C81	During the last 2 years has a doctor told you that you have a nervous or psychiatric problem like depression?	Yes	1	
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
C81Qa	During the last 2 years, have you take medication for have a nervous problem or psychiatric problem?	Yes	1	
		No	2	→ C83Q
		DK/NR	9	→ C83Q
C81Qb	This/these medication(s) was/were prescribed by ...? (If there is more than one source of the medications, choose the higher level provider, i.e. the lowest code)	Psychiatrist	1	
		Internist doctor, geriatric doctor or other specialist	2	
		General doctor	3	
		Pharmacist	4	
		Other	5	
		DK/NR	9	
C81Qc	Are you currently taking this medication?	Yes	1	
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
C83Q	During the last 2 years, have you had a nervous or psychiatric problem that has interfered with your daily activities at home or at work?	A lot	1	
		A little	2	
		None	3	
		DK/NR	9	
C100	During the last 12 months, have you had problems with insomnia?	Yes	1	
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
C103a	How many hours do you normally sleep at night?	<input type="text"/> <input type="text"/> <input type="text"/> hours		
		DK/NR	9	
SYMPTOMS OF DEPRESSION				
Now I would like to ask you a few questions about the state of your attitude in the last week.				
		Yes	No	DK/NR
C104	Have you been satisfied with your life?	1	2	9
C105	Did you drop or reduce the activities or the things that you are interested in doing?	1	2	9
C106	Did you feel that your life was empty?	1	2	9
C107	Did you often feel bored?	1	2	9
C108	Were you in a good mood most of the time?	1	2	9
C109	Were you worried about or fearful that something bad was going to happen to you?	1	2	9
C110	Did you feel happy most of the time?	1	2	9
C111	Did you often feel helpless or powerless?	1	2	9
C112	Did you prefer to stay home instead of going out and doing things?	1	2	9
C113	Did you feel that you had more memory problems than other people of your age?	1	2	9
C114	Did you think it was marvelous to be alive?	1	2	9
C115	Did you feel useless or that you are worthless in your current state?	1	2	9
C116	Did you feel full of energy?	1	2	9
C117	Did you feel hopeless in light of your current situation?	1	2	9
C118	Did you think that people are in a situation that is better than yours?	1	2	9

C127	In general how do you feel about your life?	Very satisfied	1	
		Somewhat satisfied	2	
		Somewhat dissatisfied	3	
		Very dissatisfied	4	
		DK	8	
		NR	9	
PREVENTIVE CARE				
C128	In the last 12 months did you receive a flu shot?	Yes	1	
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
In the last 2 years, have you done any of the following tests?				
C130M	Hearing exam?	Yes	1	
		No	2	
		DK/NR	9	
C131M	Eyesight exam?	Yes	1	
		No	2	
		DK/NR	9	
Filter 11	If sex of the interviewee is	Male	1	→ C136M
		Female	2	→ C134M
C134M	Mammography or x-rays of the breasts?	Yes	1	
		No	2	
		DK/NR	9	
C135M	Did you have a cancer test of the uterine collar or cervix (pap)?	Yes	1	→ C138
		No	2	→ C138
		DK/NR	9	→ C138
C136M	Have you had the blood test done for prostate?	Yes	1	
		No	2	
		DK/NR	9	
C137M	Have you had the rectal test done for prostate?	Yes	1	
		No	2	
		DK/NR	9	
C1Q	Do you often suffer from any type of physical pain?	Yes	1	
		No	2	→ C138
		DK/NR	9	<input type="checkbox"/>
C2Q	What is the physical pain like most of the time?	Light	1	
		Moderate	2	
		Severe	3	
		DK/NR	9	
C3Q	Does this pain limit your normal activities such as house chores or work?	Yes	1	
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
C138	Pressure Measurement Now if you will allow me, I would like to measure your blood pressure on your arm.	First measure		
		C138a. Systolic		<input type="text"/>
		C138b. Diastolic		<input type="text"/>
		Unable to take	999	

SECTION EV: LIFESTYLES

Start time: ____:____:____

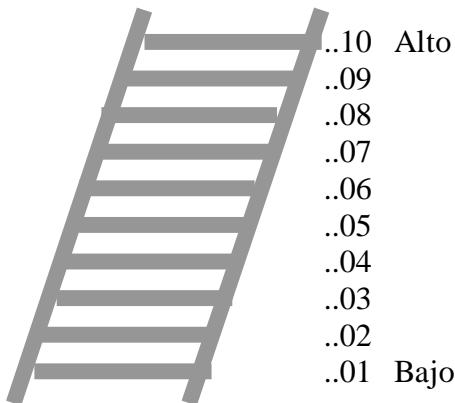
NO.		CATEGORIES AND CODES
ALCOHOLIC DRINKS		
EV1M	Currently, do you drink alcoholic beverages?	Occasionally 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Only on special occasions 3 <input type="checkbox"/> Does not currently drink 4 <input type="checkbox"/> Never drank 5 <input type="checkbox"/> DK/NR 9 <input type="checkbox"/>
TOBACCO		
EV10	Do you currently smoke?	Yes 1 → EV11 No 2 → EV14 DK/NR 9 → EV14
EV11	How many cigarettes, cigars, or pipes do you normally smoke per day? (Package has 20 cigarettes)	Ev11a. Cigarettes ____ <input type="checkbox"/> Ev11b. Cigars ____ <input type="checkbox"/> Ev11c. Pipes ____ <input type="checkbox"/> DK/NR 99 <input type="checkbox"/>
PHYSICAL ACTIVITY		
EV14	In the last 12 months did you normal do exercise or rigorous physical activities such as sports, jogging, dancing, or heavy work, three times per week?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> DK/NR 9 <input type="checkbox"/>
WEIGHT AND HEIGHT		
EV15	What is your current weight?	Ev15a. Weight ____ kgs Ev15b. Weight ____ lbs. DK/NR 999 <input type="checkbox"/>
EV16	According to these images, what do you think you look like currently? SHOW CARD A 	Number ____ <input type="checkbox"/> DK/NR 99 <input type="checkbox"/>
EV23	In the last 6 months, have you lost more than 5 kilograms of weight without trying to lose weight?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> DK/NR 9 <input type="checkbox"/>

PHYSICAL ACTIVITY IPAQ				
Filter 11	Interviewer: The person has been immobile ALL of the last y days (in a wheelchair or bedridden).	Yes	1 →	EV24P
		No	2 □	
<p align="center">READ:</p> <p align="center">Now I will ask you about the time that you were physically active in the last 7 days. Please recall all types of activities, including work, house chores, garden work, yard work and recreation.</p> <p align="center">Let us begin with vigorous activities, that is to say those activities that make you breathe much more heavily than normal. Think about only the activities that you did for at least 10 minutes continuously.</p>				
EV14M1	During the last 7 days, how many days did you do vigorous activities, such as lifting heavy things, cut wood, or run?	None	0 →	EV14M3
		Days per week	□ □	
		DK	8 →	EV14M3
		NR	9 →	EV14M3
EV14M2	On the days that you do these vigorous physical activities, for how long do you normally do them? (Note for the interviewer: If “varies” obtain an average time per day).	Ev14M2a. Hours per day	□ □ □ □	
		Ev14M2b. Minutes per day	□ □ □ □	
		DK	98 □	
		NR	99 □	
<p align="center">READ:</p> <p align="center">Now think about the moderate physical activities that you do, that make you breathe more strongly than normal. Think only in activities that you did for at least 10 minutes continuously.</p>				
EV14M3	During the last 7 Days , how many days did you do moderate physical activities like carry light things or dance? Do not include walking.	None	0 →	EV14M5
		Days per week	□ □	
		DK	8 →	EV14M5
		NR	9 →	EV14M5
EV14M4	On the days that you do moderate physical activities, for how long do you usually do them? (Note for the interviewer: If “varies” obtain an average time per day).	Ev14M4a. Hours per day	□ □ □ □	
		Ev14M4b. Minutes per day	□ □ □ □	
		DK	98 □	
		NR	99 □	
<p align="center">READ:</p> <p align="center">Now think about the time that you spent walking in the last 7 days. This includes going and returning from work or other places, or walking for pleasure or to do exercise.</p>				
EV14M5	During the last 7 Days , how many days did you walk for at least 10 minutes continuously?	None	0 →	EV14M7
		Days per week	□ □	
		DK	8 →	EV14M7
		NR	9 →	EV14M7
EV14M6	Usually how long do you walk for on one of those days? (Note for the interviewer: If “varies” obtain an average time per day).	Ev14M6a. Hours per day	□ □ □ □	
		Ev14M6b. Minutes per day	□ □ □ □	
		DK	98 □	
		NR	99 □	
<p align="center">READ:</p> <p align="center">Now think about the time you spent sitting in the last 7 days. Include the time at work, at home studying and resting. It can include time spent sitting at a desk, visiting with friends, reading or watching television.</p>				

DLe1a	Percentage of portion?	1-29%	1	
		30-69%	2	
		70-99%	3	
		100-299%	4	
		300-499%	5	
		500-999%	6	
		1000 or more	7	
DLe1b	Frequency (Coca Cola or Pepsi)	1-3 Month	1	
		1 per week	2	
		2-4 per week	3	
		5-6 per week	4	
		1 al Day	5	
		2-3 al Day	6	
		4-5 Day	7	
		6+ al Day	8	
		DK/NR	9	
DLe3	During the last 12 Months, how often did you consume ON AVERAGE a glass of natural drink (lemonade, blackberry, pineapple, etc.)? [One glass =8oz]	Never or < once a Month	1 →	DLe3
		Same portion	2 →	DLe3b
		Other option	3 →	DLe3a
		DK/NR	9 →	DLe3
DLe3a	Percentage of portion	1-29%	1	
		30-69%	2	
		70-99%	3	
		100-299%	4	
		300-499%	5	
		500-999%	6	
		1000 or more	7	
DLe3b	Frequency (natural drink)	1-3 Month	1	
		1 per week	2	
		2-4 per week	3	
		5-6 per week	4	
		1 al Day	5	
		2-3 al Day	6	
		4-5 Day	7	
		6+ al Day	8	
		DK/NR	9	
DLe3	During the last 12 months, how often did you consume ON AVERAGE pastries (sweet bread, cakes, <i>enchiladas</i>) (1 unit)?	Never or < once a Month	1 →	EV7P
		Same portion	2 →	DLe3b
		Other option	3 →	DLe3a
		DK/NR	9 →	EV7P
DLe3a	Percentage of portion	1-29%	1	
		30-69%	2	
		70-99%	3	
		100-299%	4	
		300-499%	5	
		500-999%	6	
		1000 or more	7	

DLf3b	Frequency (Pastries)	1-3 Month	1
		1 per week	2
		2-4 per week	3
		5-6 per week	4
		1 per Day	5
		2-3 per Day	6
		4-5 Day	7
		6+ al Day	8
		DK/NR	9
In a week, on average, how many lunches and dinners...			
EV7P	Are bought instead of prepared at home?	Number	
		DK/NR	99
EV8P	... Include fried food (like fired chicken, French fries, tacos, hamburgers, fried fish)?	Number	
		DK/NR	99
EV9P	... Include red meat?	Number	
		DK/NR	99
EV10P	... Include half a cup of vegetables?	Number	
		DK/NR	99

SECTION SES: PERCEIVED SOCIO-ECONOMIC STATUS

Start time: _ _ : _ _			
No.	QUESTIONS	Categories and Codes	
Think of this ladder as representing where people stand in their communities . At the top of the ladder are the people who have the highest standing in their community, those who have the most money, the most education and the most respected jobs.			
			
SES1	Where would you put yourself on this ladder? Please point it out to me.	Number	_ _
		DK/NR	99
Now think of this ladder as representing where people stand in Costa Rica.			
SES2	If you consider your current situation and compare it with all other people in Costa Rica, where would you place yourself on this ladder?	Number	_ _
		DK/NR	99
Filter 12	If informant has children, AM7C>0	Yes	1 → H19
		No	2
SES4	When your children reach your current age, where will they be placed on the ladder? (If the interviewee says that it varies depending on the child, ask about the child with the best situation).	Number	_ _
		DK/NR	99
H19	How would you describe your current economic situation?	Excellent	1
		Very good	2
		Good	3
		Fair	4
		Poor	5
		DK/NR	9
HN2	In the last 2 years, did you always have enough money to buy the food that you needed?	Yes	1
		No	2
		DK/NR	9

SECTION D: FUNCTIONAL STATE (ADL / AIDL)				
NO.	QUESTIONS	CATEGORIES AND CODES		
D1	Are you able to walk?	Yes	1 →	D1a
		No	2 →	D4
D1a	Is it difficult for you to walk 20 blocks?	Yes	1 →	D2
		No	2 →	D4
D2	Do you have difficulty walking a few blocks?	Yes	1 <input type="checkbox"/>	
		No	2	
		Is not able	3	
		Does not do it	4	
		DK/NR	9	
D3	Do you have difficulty climbing up stairs for a few floors without resting?	Yes	1 <input type="checkbox"/>	
		No	2	
		Is not able	3	
		Does not do it	4	
		DK/NR	9	
D4	Do you have difficulty pushing or pulling a large object like a couch?	Yes	1 <input type="checkbox"/>	
		No	2	
		Is not able	3	
		Does not do it	4	
		DK/NR	9	
D5	Please raise and stretch your arms above your shoulders.	Raised them completely	1	
		Raised them partially	2	
		Is not able to raise them	3	
		Did not accept the test	4	
Filter 13	If D1a=2 y D5=1	Yes	1 →	D19
		No	2	
WALKING				
D6	Do you have difficulty moving across a room walking?	Yes	1 →	D7
		No	2 →	D8
		DK/NR	9 →	D8
D7	Do you use any apparatus or instrument like a cane, wheel chair, walker, crutches, etc. for support to cross a room?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
		DK/NR	9 <input type="checkbox"/>	
BATHING				
D8	Do you have difficulty bathing yourself, including entering and exiting the tub?	Yes	1 →	D9
		No	2 →	D11
		DK/NR	9 →	D11
D9	Have you ever used an apparatus or instrument (railing or stool) to bathe?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
		DK/NR	9 <input type="checkbox"/>	
D10	Does someone help you bathe?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
		DK/NR	9 <input type="checkbox"/>	
EATING				
D11	Do you have any difficulty eating, including cutting food, filling glasses, etc.?	Yes	1 →	D12
		No	2 →	D13
		DK/NR	9 →	D13

D12	Does someone help you eat?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
GOING TO BED					
D13	Do you have difficulty going to bed or getting out of the bed?	Yes	1	→	D14
		No	2	→	D16
		DK/NR	9	→	D16
D14	Have you ever used an apparatus or instrument for support to go to bed or get out of bed?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
D15	Does someone help you go to bed or get out of bed?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
USING THE TOILET					
D16	Do you have difficulty using the toilet, including sitting and raising yourself from the toilet seat?	Yes	1	→	D17
		No	2	→	D19
		DK/NR	9	→	D19
D17	Have you ever used an apparatus or instrument for support to use the toilet?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
D18	Does someone help you use the toilet?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
CLIPPING YOUR TOENAILS					
D19	Do you have difficulty clipping your toenails?	Yes	1	→	D20
		No	2	→	D21
		DK/NR	9	→	D21
D20	Does someone help you clip your toenails?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
INSTRUMENTAL ACTIVITIES OF DAILY LIFE (AIDL)					
PREPARING FOOD					
D21	Do you have difficulty preparing hot meals?	Yes	1	→	D22
		No	2	→	D23
		DK/NR	9	→	D23
D22	Does someone help you prepare hot meals?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
MANAGING MONEY					
D23	Do you have difficulty managing your own money?	Yes	1	→	D24
		No	2	→	D25
		DK/NR	9	→	D25
D24	Does someone help you manage your money?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
BUYING					
D25	Do you have difficulty shopping (for example, food or clothes)?	Yes	1	→	D26
		No	2	→	D27
		DK/NR	9	→	D27
D26	Does someone help you shop for food?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
MEDICATIONS					

D27	Do you have difficulty taking your medications?	Yes	1 →	D28
		No	2 →	B1a
		DK/NR	9 →	B1a
D28	Does someone help you take your medications?	Yes	1 <input type="checkbox"/>	
		No	2 <input type="checkbox"/>	
		DK/NR	9 <input type="checkbox"/>	

SECTION B: COGNITIVE EVALUATION

Next I am going to do a series of exercises that will serve to see how your memory functions. I am going to ask you some questions and ask you to do a few things. Some things are very easy, and others are more difficult. Perhaps you will not be able to answer all of the questions. That is not a problem. But it is important that you make the best effort that you can. Do you have any questions?

[If using a proxy, the informant should respond not the proxy.]

NO	QUESTIONS	CATEGORIES AND CODES	
Tell me today's day and date.			
B1a.	Day of the week	Correct	1
		Incorrect	0
B1b.	Day of the month	Correct	1
		Incorrect	0
B1c.	Month	Correct	1
		Incorrect	0
B1d.	Year	Correct	1
		Incorrect	0
Now I am going to name 3 objects. After I say them I will ask you to repeat out loud the words that you are able to remember in any order. Remember these words because I am going to ask you to repeat them again later. Do you have any questions?			
B2a.	Tree	Correct	1
		Incorrect	0
B2b.	Table	Correct	1
		Incorrect	0
B2c.	Dog	Correct	1
		Incorrect	0
B3	Now I am going to say some numbers to you and I want you to repeat them in reverse: 1 3 5 7 9 Note: Write 1 if the order was correct (9 7 5 3 1) and 0 for any other response.	Response of the interviewee: _ _ _ _	
BP4a	Now let's try subtracting some numbers: 100 minus 7 equals how much? [If the interviewee ADDS 7 INSTEAD OF subtracting, you can repeat the question]	Number	_ _
		Declines to answer	8
		DK/NR	9
BP4b	And this number minus 7? [INTERVIEWER; THIS IS THE SECOND SUBTRACTION]	Number	_ _
		Declines to answer	8
		DK/NR	9
B4N	Interviewer; Is the interviewee disabled?	Yes	1àB5
		No	1→B5a 2
I am going to give you a paper. Take the paper with the RIGHT HAND, fold in HALF with BOTH HANDS and place it ON YOUR LAP.			
B4a.	Take the paper with your right hand	Correct	1
		Incorrect	0
B4b.	Fold in half with both hands	Correct	1
		Incorrect	0
B4c.	Place on your lap	Correct	1
		Incorrect	0
A moment ago I mentioned three object and you repeated the ones you recalled; tell me which of these you remember now.			
B5a.	Tree	Correct	1
		Incorrect	0
B5b.	Table	Correct	1

		Incorrect	0
B5c.	Dog	Correct	1
		Incorrect	0

SECTION E: MEDICINES				
Now I would like to ask you about your medications, remedies and other things that you are using or taking currently.				
NO.	QUESTIONS	CATEGORIES AND CODES		
AM30	Are you currently taking or using any medications and/or remedies prescribed by a doctor?	Yes	1	→ AM31
		No	2	→ AM32
		DK/NR	9	→ AM32
AM31	Could you show me the medications (medicines), and/or the remedies that you are taking under prescription?	Number of medications _ _		
E1 Note the number of medications and LIST ALL those that the senior shows you.		E2 From where did you obtain the medicine the last time that you acquired it?		
Name of each medicine		CCSS	1	
		Pharmacy	2	
		Other	3	
		DK/NR	9	
1				
2				
3				
4				
AM32	(Interviewer : If you already noted it above, write yes in this question) Do you take an aspirin daily?	Yes	1	
		No	2	
		DK/NR	9	
AM34	How much was spent in total on these medications and remedies in the last month?	None	0	→ Section F
		Expense	_ _ _ thousand.	→ Section F
		DK/NR	999	→ AM35
Then would you say that your expenses on medications and/or remedies are:				
AM35	More than 120 thousand colones	Yes	1	→ AM37
		No	2	→ AM46
		DK/NR	9	→ Section F
AM36	More than 50 thousand colones	Yes	1	→ Section F
		No	2	→ Section F
		DK/NR	9	→ Section F
AM37	More than 230 thousand colones	Yes	1	<input type="checkbox"/>
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>

SECTION F: USE AND ACCESSIBILITY OF SERVICES				
Now I want to ask you some questions about the use that you have made of health services, for example clinics, EBAIS and hospitals.				
NO.	QUESTIONS	CATEGORIES AND CODES		
F1	In the last 12 months has someone from the EBAIS visited you?	Yes	1	<input type="checkbox"/>
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
HOSPITALIZATION				
F2	In the last 12 months were you hospitalized? For how many nights?	None	0	→ F10
		Number of nights _ _ _		→ F3
		Total in the year	365	→ F3
		DK/NR	999	→ F10
F3	Were you admitted the last time?	Hospital (CCSS)	1	<input type="checkbox"/>
		Private hospital	2	<input type="checkbox"/>
		Clinic (CCSS)	3	<input type="checkbox"/>
		Private clinic	4	<input type="checkbox"/>
		Other	9	<input type="checkbox"/>
		DK/NR	99	<input type="checkbox"/>
F4	What was the reason for the hospitalization?	Planned surgery	1	<input type="checkbox"/>
		Tests or exams	2	→ F6
		Emergency	3	→ F6
		Other	4	→ F6
		DK/NR	9	→ F6
F5	¿How many were you waiting for the surgery?	Months _ _		<input type="checkbox"/>
		DK/NR	99	<input type="checkbox"/>
F6	In the last 12 months how much was paid for these hospitalizations?	None	0	→ F10
		Total expense _ _ _ _ thousand		→ F10
		DK/NR	9999	→ F7
F7.	Then would you say your expenses in these hospitalizations are more than 340 thousand colones?	Yes	1	→ F9
		No	2	→ F8
		DK/NR	9	→ F10
F8.	Then would you say your expenses in these hospitalizations are more than 170 thousand colones?	Yes	1	→ F10
		No	2	→ F10
		DK/NR	9	→ F10
F9.	Then would you say your expenses in these hospitalizations are more than 1million 300 thousand colones?	Yes	1	<input type="checkbox"/>
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
CONSULTATIONS				
F10	How many consultations did you have in the last 3 months?	Number _ _		→ F11
		None	0	→ F15M
		DK/NR	99	→ F15M
F11	How much was paid in total for the consultations in the last 3 months?	Total expense _ _ _ _ thousand		→ F15M
		None	0	→ F15M
		DK/NR	999	→ F12
F12	Then would you say your expenses for consultations are more than 85 thousand colones?	Yes	1	→ F14
		No	2	→ F13
		DK/NR	9	→ F15M
F13	Then would you say your expenses for consultations are more than 20 thousand colones?	Yes	1	→ F15M
		No	2	→ F15M
		DK/NR	9	→ F15M
F14	Then would you say your expenses for consultations are more than 650 thousand colones?	Yes	1	<input type="checkbox"/>
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
F15M	When was the most recent consultation?	Less than 1 month	1	<input type="checkbox"/>
		From 1 to 3 months	2	<input type="checkbox"/>
		From 4 to 6 months	3	<input type="checkbox"/>
		From 7 to 11 months	4	<input type="checkbox"/>
		From 1 to less than 2 years	5	<input type="checkbox"/>
		From 2 to more years	6	<input type="checkbox"/>
		Never been to medical consultation	8	
		DK/NR	9	→ F20

FN2	What was the main reason for which you went to a consultation?	Cold or flu	1	<input type="checkbox"/>
		Other illness or sudden pain	2	<input type="checkbox"/>
		Routine medical visit	3	<input type="checkbox"/>
		See medical exam results	4	<input type="checkbox"/>
		Other_____	5	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
F16Q	Who saw you the last time?	Specialist	0	<input type="checkbox"/>
		General doctor	1	<input type="checkbox"/>
		Nurse	2	<input type="checkbox"/>
		Pharmacist	3	<input type="checkbox"/>
		Other professional	4	<input type="checkbox"/>
		Other empirical	5	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
F17	Where did you get this medical attention or consultation the last time?	Hospital (CCSS)	1	<input type="checkbox"/>
		Private hospital	2	<input type="checkbox"/>
		Clinic (CCSS)	3	<input type="checkbox"/>
		Private clinic	4	<input type="checkbox"/>
		EBAIS	5	<input type="checkbox"/>
		Private practice	6	<input type="checkbox"/>
		Interviewee's home	7	→ F20
		At work	8	<input type="checkbox"/>
		Other	9	<input type="checkbox"/>
		DK/NR	99	<input type="checkbox"/>
F18	How long does it take you to go from your home to the place of the medical visit or consultation>	F18a.	Hours	_
		F18b.	Minutes	_
		DK/NR	99	<input type="checkbox"/>
F19	After arriving at the location for the consultation, how long did you have to wait to be seen?	F19a.	Hours	_
		F19b.	Minutes	_
		DK/NR	99	<input type="checkbox"/>
LABORATORY TESTS				
Filter 14	If F15=1 or 2	Yes	1	→ F20
		No	2	→ Section G
F20	During the consultations in the last 3 months, were you ask to do some x-rays, lab tests or diagnostics?	Yes	1	→ F21
		No	2	→ F25
		DK/NR	9	→ F25
F21	How much was paid in total for these tests, diagnostics or exams in the laboratory in the last 3 months?	Total expense _ _ _ thousand		→ F25
		None	0	→ F25
		DK/NR	9999	→ F22
F22	Then would you say your expenses for lab tests are more than 50 thousand colones?	Yes	1	→ F24
		No	2	→ F23
		DK/NR	9	→ F25
F23	Then would you say your expenses for lab tests are more than 20 thousand colones?	Yes	1	→ F25
		No	2	→ F25
		DK/NR	9	→ F25
F24	Then would you say your expenses for lab tests are more than 100 thousand colones?	Yes	1	<input type="checkbox"/>
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
F25	What other expenses for health that were not mentioned did you have in the last 3 months?	Total expense _ _ _ thousand		→ Section G
		None	0	→ Section G
		DK/NR	9999	→ F26
F26	Then would you say your expenses for health that were not mentioned are more than 50 thousand colones?	Yes	1	→ F28
		No	2	→ F27
		DK/NR	9	→ Section G
F27	Then would you say your expenses for health that were not mentioned are more than 20 thousand colones?	Yes	1	→ Section G
		No	2	→ Section G
		DK/NR	9	→ Section G
F28	Then would you say your expenses for health that were not mentioned are more than 100 thousand colones?	Yes	1	<input type="checkbox"/>
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>

SECTION G: FAMILY AND SOCIAL SUPPORT NETWORK				
Families and friends help each other in different ways, as part of this research, it is important to know how they do it. To that end, I am going to ask you about the support that you receive or provide.				
NO.	QUESTIONS	CATEGORIES AND CODES		
GP1	Do you receive any UNPAID help with house chores or care (totaling at least 3 hours ON AVERAGE per week)?	Yes	1	→ GP2
		No	2	→ GP7
		DK/NR	9	→ GP7
GP2	How many hours of UNPAID work do you receive per week on house chores and care?	Hours __ __		<input type="checkbox"/>
		DK/NR	99	<input type="checkbox"/>
GP3aQ	Who helps you mainly?	Spouse	1	<input type="checkbox"/>
		Male children in the house	2	→ GP3b
		Female children in the house	3	→ GP3b
		Male children outside the house	4	→ GP3c
		Female children outside the house	5	<input type="checkbox"/> GP3c
		Children in the home all equally	6	<input type="checkbox"/>
		Children outside the home all equally	7	<input type="checkbox"/>
		All children equally	8	<input type="checkbox"/>
		Father	9	<input type="checkbox"/>
		Mother	10	<input type="checkbox"/>
		Father in-law	11	<input type="checkbox"/>
		Mother in-law	12	<input type="checkbox"/>
		Other relative	13	<input type="checkbox"/>
		Other	88	<input type="checkbox"/>
DK/NR	99	<input type="checkbox"/>		
GP3b	Number from line Female children in the house Who? _____	Line number home register __ __		→ GP7
GP3b	Number from line Female children outside the house Who? _____	Line number home register outside the home __ __		<input type="checkbox"/>
TIME ON HELP PROVIDED				
The next questions deal with the activities that you can do to help a relative or friend because this person is physically or psychologically or mentally disabled in doing certain activities on his or her own. [DO NOT ASK IF USING PROXY, GO TO SECTION EMPLOYMENT AND INCOME]				
GP7	Did you help a relative with basic activities like getting dressed, eating, or bathing due to a health problem? Exclude help with household activities, errands and transport.	Yes	1	→ GP9aQ
		No	2	→ Filter 14
		DK/NR	9	→ G21

GP9aQ	Whom did you mainly help with these chores? (Ask exhaustively)	Spouse	1	<input type="checkbox"/>	
		Male children in the house	2	→	GP9b
		Female children in the house	3	→	GP9b
		Male children outside the house	4	→	GP9c
		Female children outside the house	5	→	GP9c
		Children in the home all equally	6	<input type="checkbox"/>	
		Children outside the home all equally	7	<input type="checkbox"/>	
		All children equally	8	<input type="checkbox"/>	
		Father	9	<input type="checkbox"/>	
		Mother	10	<input type="checkbox"/>	
		Father in-law	11	<input type="checkbox"/>	
		Mother in-law	12	<input type="checkbox"/>	
		Other relative	13	<input type="checkbox"/>	
		Other	88	<input type="checkbox"/>	
DK/NR	99	<input type="checkbox"/>			
GP9b	Number from line Female children in the house Who? _____	Line number home register _ _		<input type="checkbox"/>	
GP9c	Number from line Female children outside the house Who? _____	Line number home register outside the home _ _		<input type="checkbox"/>	
GP10	During the last month, on average, how many days per week did you help this person with these chores?	Days	_ _	<input type="checkbox"/>	
		DK/NR	99	<input type="checkbox"/>	
GP11	Durante the last month on average how many hours per day did you help or supervise this person with these chores?	Hours	_ _	<input type="checkbox"/>	
		DK/NR	99	<input type="checkbox"/>	
GP12Q	How much time, in years and months, have you been helping or supervising this person with any of these chores?	Years	_ _	<input type="checkbox"/>	
		Months	_ _	<input type="checkbox"/>	
		DK/NR	99	<input type="checkbox"/>	
GP14	How frequently do you feel stressed due to having to take care of this person and take care of your other responsibilities? Would you say ...	Never	1	<input type="checkbox"/>	
		Sometimes	2	<input type="checkbox"/>	
		A lot often	3	<input type="checkbox"/>	
		Almost always	4	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
Filter 15	If GP7=1 in round 1 and GP7=2 in round 2	Yes	1	→	GP14Qa
		No	2	→	G21
GP14Qa	Two years ago you told us that you had been helping a relative with basic activities. How many months ago did you stop helping this relative?	Months	_ _	<input type="checkbox"/>	
		DK/NR	99	<input type="checkbox"/>	
GP14Qb	In total, for how long did you help this relative?	Hours	_ _	<input type="checkbox"/>	
		DK/NR	99	<input type="checkbox"/>	
GP14Qc	What is the main reason that you no longer help him or her?	Recuperated	1	<input type="checkbox"/>	
		Another person is helping	2	<input type="checkbox"/>	
		Is in an asylum or other institution (senior home)	3	<input type="checkbox"/>	
		Died	4	<input type="checkbox"/>	
		Other	5	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	

On average in the last 12 months, how many hours per week have you dedicated to the following activities?				
G21.	Childcare (Look out: we had eliminated this I don't know why) (work?)	___		<input type="checkbox"/>
G23.	Watch TV	___		<input type="checkbox"/>
G25.	Daily house chores	___		<input type="checkbox"/>
G26.	Recreational activities (crafts, arts, etc.)	___		<input type="checkbox"/>
Next I will read you a series of situations that are found in daily life that other people do or can do to help us. I would like you to tell me if you rely on help in each of these situations. [If interview is with Proxy do not ask.]				
GN15.	You are invited to have fun and go out with other people	Never	1	<input type="checkbox"/>
		Rarely	2	<input type="checkbox"/>
		Sometimes	3	<input type="checkbox"/>
		Frequently	4	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
GN16.	You receive love and affection	Never	1	<input type="checkbox"/>
		Rarely	2	<input type="checkbox"/>
		Sometimes	3	<input type="checkbox"/>
		Frequently	4	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
GN17.	You have the opportunity to speak with someone about your personal and family problems	Never	1	<input type="checkbox"/>
		Rarely	2	<input type="checkbox"/>
		Sometimes	3	<input type="checkbox"/>
		Frequently	4	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
GN18.	You have the opportunity to speak to someone about your work problems or problems at home	Never	1	<input type="checkbox"/>
		Rarely	2	<input type="checkbox"/>
		Sometimes	3	<input type="checkbox"/>
		Frequently	4	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
GN19.	You have the opportunity to speak to someone about your economic problems	Never	1	<input type="checkbox"/>
		Rarely	2	<input type="checkbox"/>
		Sometimes	3	<input type="checkbox"/>
		Frequently	4	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
GN20.	You rely on people who worry about what happened to you	Never	1	<input type="checkbox"/>
		Rarely	2	<input type="checkbox"/>
		Sometimes	3	<input type="checkbox"/>
		Frequently	4	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
GN21.	You get useful advice when something important happens in your life	Never	1	<input type="checkbox"/>
		Rarely	2	<input type="checkbox"/>
		Sometimes	3	<input type="checkbox"/>
		Frequently	4	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>

GN22	You get help when you are in bed ill	Never	1	<input type="checkbox"/>	
		Rarely	2	<input type="checkbox"/>	
		Sometimes	3	<input type="checkbox"/>	
		Frequently	4	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
GN23.	In general, how many friends do you have (Do not include close relatives)	None	1	→	GN32
		1-2	2	<input type="checkbox"/>	
		3-9	3	<input type="checkbox"/>	
		10 or more	4	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
GN24.	Do you have friends that you see or with whom you communicate daily?	Yes	1	→	GN27
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
GN25.	Do you have friends that you see or with whom you communicate weekly?	Yes	1	→	GN27
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
GN26.	Do you have friends that you see or with whom you communicate monthly?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
GN27.	How often do you see or speak to your closest friend?	Daily	1	<input type="checkbox"/>	
		Weekly	2	<input type="checkbox"/>	
		Monthly	3	<input type="checkbox"/>	
		Less than once a month	4	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
GN32.	Now, speaking about the people from here, would you say that the people in your community are..?	Very dependable	1	<input type="checkbox"/>	
		Somewhat dependable	2	<input type="checkbox"/>	
		Little dependable	3	<input type="checkbox"/>	
		Not dependable	4	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
GN33	How much do you interact with your neighbors	A lot	1	<input type="checkbox"/>	
		A little	2	<input type="checkbox"/>	
		None	3	<input type="checkbox"/>	
SOCIAL RELATIONSHIPS					
In society today, some people feel stressed or anxious while others do not. I am going to mentions some problems. For each one, please tell me if this currently makes you feel stressed or anxious.					
GP63a	Your health: Does this make you feel stressed or anxious?	No	0	→	GP63b
		Yes	1	→	GP64a
GP64a	How long have you felt this stress or anxiety?	More than a year	1	<input type="checkbox"/>	
		Less than a year	2	<input type="checkbox"/>	
GP63b	Your financial situation: Does this make you feel stressed or anxious?	No	0	→	GP63c
		Yes	1	→	GP64b
GP64b	How long have you felt this stress or anxiety?	More than a year	1	<input type="checkbox"/>	
		Less than a year	2	<input type="checkbox"/>	
GP63c	Work problems: Do these make you feel stressed or anxious?	Not applicable (does not work)	9	→	GP63d
		No	0	→	GP63d
		Yes	1	→	GP64c

GP64c	How long have you felt this stress or anxiety?	More than a year	1	<input type="checkbox"/>	
		Less than a year	2	<input type="checkbox"/>	
GP63d	Family relations: Do these make you feel stressed or anxious?	Not applicable (no family)	9	→	GP63e
		No	0	→	GP63e
		Yes	1	→	GP64d
GP64d	How long have you felt this stress or anxiety?	More than a year	1	<input type="checkbox"/>	
		Less than a year	2	<input type="checkbox"/>	
GP63e	Health of your parents or of other relatives: Does this make you feel stressed or anxious?	Not applicable (no family)	9	→	H5
		No	0	→	H5
		Yes	1	→	GP64e
GP64e	How long have you felt this stress or anxiety?	More than a year	1	<input type="checkbox"/>	
		Less than a year	2	<input type="checkbox"/>	

SECTION H: EMPLOYMENT AND INCOME				
NO.	QUESTIONS	CATEGORIES AND CODES		
H5	Did you work last week?	Worked	1	→ H5Q
		Helped in relative's business	2	→ H5Q
		Did not work but had a job	3	→ H5Q
		Looked for work	4	→ HN1
		Did household chores	5	→ HN1
		Did not work	6	→ HN1
		DK/NR	9	→ HN1
HN1	Since when have you not worked?	Less than 2 Years	0	→ H6Q
		More than 2 Years	1	→ Filter 18
		Has never worked	2	→ Filter 18
		DK/NR	9	→ Filter 18
H5Q	Is this the same job you had two years ago?	Yes	1	→ Filter 16
		No	2	□
		DK/NR	9	→ Filter 16
H6Q	In what year and month did you leave your last job?	Month	□□	□
		Year	□□	□
			□□	□
		DK/NR	99999999	□
H16Q	Which of the next factors played a par in your decision to leave your last job (Can mark more than one answer)			
H16Qa	Was let go	Yes	1	□
		No	2	□
		DK/NR	9	□
H16Qb	To have more free time	Yes	1	□
		No	2	□
		DK/NR	9	□
H16Qc	Own health problems	Yes	1	□
		No	2	□
		DK/NR	9	□
H16Qd	To care for relative or other person	Yes	1	□
		No	2	□
		DK/NR	9	□
H16Qe	Completed quotas and decided to retire	Yes	1	□
		No	2	□
		DK/NR	9	□
H16Qf	Changed to a lighter job	Yes	1	□
		No	2	□
		DK/NR	9	□
H16Qg	For better income	Yes	1	□
		No	2	□
		DK/NR	9	□

H17Q	Do you wish you were still working in your previous job?	Yes	1	<input type="checkbox"/>	
		No	2	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
H18Q	As a result of leaving your job would you say your health is now...?	Better	1	<input type="checkbox"/>	
		More or less the same	2	<input type="checkbox"/>	
		Or worse	3	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
Filter 16	Informant works: H5=1,2, or 3	Yes		→	H6
		No		→	Filter 18
H6	What is the name of the position, profession, post or charge that you have in your main work currently?	Has never worked	0	<input type="checkbox"/>	
		Professional, executive	1	<input type="checkbox"/>	
		Office worker	2	<input type="checkbox"/>	
		Vendor, merchant	3	<input type="checkbox"/>	
		Independent farmer	4	<input type="checkbox"/>	
		Farmworker	5	<input type="checkbox"/>	
		Domestic worker	6	<input type="checkbox"/>	
		Other services	7	<input type="checkbox"/>	
		Specialized worker	10	<input type="checkbox"/>	
		Non-specialized worker	11	<input type="checkbox"/>	
		Other	13	<input type="checkbox"/>	
		DK/NR	99	<input type="checkbox"/>	
H6bP	Where is your place of employment located?	<i>Inside the home of the patron or own account</i>	1	<input type="checkbox"/>	
		<i>In a shop or local next to the home of the patron or own account</i>	2	<input type="checkbox"/>	
		<i>Independent locale, home or shop</i>	3	<input type="checkbox"/>	
		<i>Delivery</i>	4	<input type="checkbox"/>	
		<i>Public thoroughway on a fixed stand</i>	5	<input type="checkbox"/>	
		<i>Public thoroughway not on a fixed stand</i>	6	<input type="checkbox"/>	
		Other	7	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
H7a	What position do you hold in your job?	Boss or owner of a business (1 to 5 employees)	1	<input type="checkbox"/>	
		Boss or owner of a business (6 or more employees)	2	<input type="checkbox"/>	
		Independent worker	3	<input type="checkbox"/>	
		Salaried worker	4	<input type="checkbox"/>	
		<i>Relative worker without pay</i>	5	<input type="checkbox"/>	
		Other 6	6	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>	
H8	How many hours do you work in a normal week?	Hours per week <input type="text"/>		<input type="checkbox"/>	
		DK/NR	99	<input type="checkbox"/>	
H8aP	About how many days of vacation are you entitled to per year? (If confused, asked for last year)	Days <input type="text"/>		<input type="checkbox"/>	
		DK/NR	99	<input type="checkbox"/>	

H8bP	How long does it usually take you to go to and return from work (If works at home, note 0)	H8b1. Hours <input type="text"/>	<input type="checkbox"/>	
		H8b2. Minutes <input type="text"/>	<input type="checkbox"/>	
		Varies according to independent work	98	<input type="checkbox"/>
		DK/NR	99	<input type="checkbox"/>
Using a scale from 1 to 10, indicate the degree to which you agree with the following statements				
H8cP	[If AM3=2→H8fP]Considering all things, I am satisfied with my job	Number <input type="text"/>	<input type="checkbox"/>	
		DK/NR	99	<input type="checkbox"/>
H8dP	My salary or income is just	Number on scale <input type="text"/>	<input type="checkbox"/>	
		DK/NR	99	<input type="checkbox"/>
H8fP	In the last 5 years how many months in total have you been unemployed and looking for work?	Months <input type="text"/>	<input type="checkbox"/>	
		DK/NR	9	<input type="checkbox"/>
H9	At what age do you plan to retire with your pension?	Age <input type="text"/>	<input type="checkbox"/>	
		Will not have a pension	1	→ H9bP
		Is already pensioned	2	→ H9bP
		Never	98	→ H9bP
		DK/NR	99	<input type="checkbox"/>
H9aP	Do you plan to keep working after you start your pension?	Yes	1	<input type="checkbox"/>
		No	2	→ Filter 17
		DK/NR	9	→ Filter 17
H9bP	Until what age do you plan to continue working?	Age <input type="text"/>	<input type="checkbox"/>	
		Until disabled	2	<input type="checkbox"/>
		Until death	3	<input type="checkbox"/>
		DK/NR	99	<input type="checkbox"/>
Filter 17	Informant Works and is salaried or is an independent worker: H7a=3 or 4	Yes		→ HN4
		No		→ Filter 18
HN4	What is the normal monthly income that you receive for salary, wages, commissions, tips or independent work?	None	0	→ Filter 18
		<input type="text"/> thousands		→ Filter 18
		10 million or more	9998	→ Filter 18
		DK/NR	9999	<input type="checkbox"/>
HN4a	Would you say it is more than 500 thousand colones?	Yes	1	→ HN4c
		No	2	→ HN4b
		DK/NR	9	→ Filter 18
HN4b	Would you say it is more than 200 thousand colones?	Yes	1	→ Filter 18
		No	2	→ Filter 18
		DK/NR	9	→ Filter 18
HN4c	Would you say it is more than 1 million colones?	Yes	1	<input type="checkbox"/>
		No	2	<input type="checkbox"/>
		DK/NR	9	<input type="checkbox"/>
Filter 18	Only those who receive income or pension If AM12=1 or AM14=1	Yes	1	→ HN5
		No	2	→ Filter 19

H28	PRESSURE MEASUREMENT Now if you will let me I am going to take your blood pressure on your arm	Second measurement	
		H28a. Systolic	_ _ _
		H28b. Diastolic	_ _ _
		Was not able to take	999

SECTION K: EXPECTATIONS / ECONOMIC ATTITUDES			
No.	QUESTIONS	CATEGORIES AND CODES	
In the next questions we are going to again use the ladder with values from 1 to 10, where 1 signifies not probable and 10 signifies completely probable. For example if today you bought a lottery ticket (a small piece of the lottery), you would choose 1 if you were absolutely sure that you would not win the lottery, and you would choose 10 if you were absolutely sure that you would win the lottery. Do you understand?			
In this ladder from 1 to 10, please indicate the following:			
Filter 20	Only for those that work If H5=1, 2, or 3	Yes → 1 No → 2	KE1 KE3
KE1	(Only for H5=1, 2 or 3) How probable is it that you would lose your job in the next year?	Number NR	<input type="text"/> 99
KE3	How probable is it that you would live in the same home as your children or other relatives, away from your spouse during old age?	Number NR	<input type="text"/> 99
KE4	How probable is it that your pension will be paid at the level it was promised?	Number NR	<input type="text"/> 99
KE5	How probable is it that you will live to 80 years of age?	Number NR	<input type="text"/> 99
KE6	How probable is it that you would have an important and unexpected drop in your income in the next 5 years?	Number NR	<input type="text"/> 99
KE7	How probable is it that you in your old age suffer from a disease that would force you to have medical expenses that are more than one million colones?	Number NR	<input type="text"/> 99
KE8	How probable is it that Social Security (CCSS) or the government would pay your large health care expenses during old age?	Number NR	<input type="text"/> 99
KE9	If you were to win the lottery and you were offered a prize whether 10 million colones today or X amount in a year, which would you choose?	10 million colones X DK NR	1 2 8 9
K10	If on the other hand, you were offered a prize of whether 10 million in one year or X amount in 2 years, which would you choose?	10 million colones X DK NR	1 2 8 9

SECTION J: HOUSEHOLD CHARACTERISTICS				
Speaking about this home...				
NO.	QUESTIONS	CATEGORIES AND CODES		
J1	What kind of housing is this? Look out: Are we interested in collective homes or not?	Private home	1	
		In a building	2	
		Shack	3	
		Other	4	
		Communal (in a seniors home)	5	→ Section AF
		DK/NR	9	
J2	Is this housing....?	Owned and fully paid for	1	→ J3
		Owned and paid in installments	2	
		Rented	3	→ J11
		Precarious/Informal housing	4	→ J7
		Borrowed	5	→ J7
		Other	6	→ J7
		DK/NR	9	→ J7
DEBTS				
JN6	About how much money in total do you still need to pay for your house?	_____ million colones		
		Less than one million	0	
		DK/NR	99999	
J3	About how much do you think your home is worth?	_____ million colones		→ J7
		None	0	→ J7
		DK/NR	99999	→ J4
J4.	Then would you say that the value of your house is more than 20 million colones?	Yes	1	→ J6
		No	2	→ J5
		DK/NR	9	→ J7
J5	Then would you say that the value of your house is more than 8 million colones?	Yes	1	→ J7
		No	2	→ J7
		DK/NR	9	→ J7
J6	Then would you say that the value of your house is more than 35 million colones?	Yes	1	
		No	2	
		DK/NR	9	
J7	If this house were to be rented to another person, what would be the monthly rent?	_____ million col		→ J15
		None	0	→ J15
		DK/NR	99999	→ J8
J8	Then would you say that the rent for this house would be: More than 100 thousand colones?	Yes	1	→ J10
		No	2	→ J9
		DK/NR	9	→ J15
J9	Then would you say that the rent for this house would be: More than 65 thousand colones?	Yes	1	→ J15
		No	2	→ J15
		DK/NR	9	→ J15

J10	Then would you say that the rent for this house would be: More than 175 thousand colones?	Yes	1	→ J15
		No	2	→ J15
		DK/NR	9	→ J15
J11	How much do you pay in rent for this house?	[_][_][_][__] million col		→ J15
		None	0	→ J15
		DK/NR	99999	→ J12
J12	Then would you say that the rent you pay for this house is: More than 100 thousand colones?	Yes	1	→ J14
		No	2	→ J13
		DK/NR	9	→ J15
J13	Then would you say that the rent you pay for this house is: More than 65 thousand colones?	Yes	1	→ J15
		No	2	→ J15
		DK/NR	9	→ J15
J14	Then would you say that the rent you pay for this house is: More than 175 thousand colones?	Yes	1	→ J15
		No	2	→ J15
		DK/NR	9	→ J15
J15	What is the predominant type of material on the floor of this home?	Terrazzo, mosaic, ceramic	1	
		Cement (<i>lujado</i> or not)	2	
		Wood	3	
		Other	4	
		DK/NR	9	
J16	How many rooms that are only for sleeping do you have in this home?	Number of rooms [_][_]		
		DK/NR	99	
J18	Does this home have a room only for cooking?	Yes	1	
		No	2	
		DK/NR	9	
J19	What is the main fuel used for cooking?	Electricity	1	
		Wood or charcoal	2	
		Gas	3	
		Other	4	
		None (does not cook)	5	
		DK/NR	9	
<u>Does this home have:</u>				
J20	Refrigerator or freezer	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J21	Landline phone	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J22	Cellular phone	- Yes	1	-
		- No	2	-
		- DK/NR	9	

J23	Washing machine	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J24	Microwaves	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J25	Computer	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J26	Potable water inside the home	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J27	Toilet inside the home	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J28	How many television sets do you have in the home?	None	0	
		One	1	
		Two	2	
		Three or more	3	
		DK/NR	9	
J29	How many vehicles do you have in the home?	None	0	→ J30
		One	1	
		Two	2	
		Three or more	3	
		DK/NR	9	
JN7	Do you still owe on these vehicles?	Yes	1	→ JN8
		No	2	→ JN12
		DK/NR	9	→ JN12
JN8	About how much money do you still have to pay for all these cars?	_____ million col		→ JN12
		Less than un million	0	→ JN12
		DK/NR	9999	→ JN9
JN9	Then would you say that you still have to pay: More than 5 million colones?	Yes	1	→ JN11
		No	2	→ JN10
		DK/NR	9	→ JN12
JN10	Then would you say that you still have to pay: More than 500 thousand colones?	Yes	1	→ JN12
		No	2	→ JN12
		DK/NR	9	→ JN12
JN11	Then would you say that you still have to pay: More than 10 million colones?	Yes	1	
		No	2	
		DK/NR	9	

SECTION AF: FINANCIAL HELP				
Families and friends help each other in different ways. As part of this research it is important to know how they do it, which is why I am now going to ask you about the financial support that you receive or give.				
NO.	QUESTIONS	CATEGORIES AND CODES		
GP15	In the last 12 months, did you or your spouse receive economic support from children, parents, in-laws, or other relatives of at least 50,000 colones? Include cash monetary support and support for household expenses such as rent, food, bills, medical expenditures, clothes, etc.?	Yes	1	→ GP16
		No	2	→ GP32Q
		DK/NR	9	→ GP32Q
Filter 21	Only if there are living parents If AE2=1 and AEN1<=4	Yes	1	→ GP16
		No	2	→ Filter 22
GP16	Do your parents contribute to this economic help?	Yes	1	
		No	2	→ Filter 21
		DK/NR	9	→ Filter 22
GP17	How much money did your parents give you in the last 12 months?	_____ thousand		→ GP21
		10 million or +	9998	→ GP21
		DK/NR	9999	
GP18	Then would you say that the amount of money that you received was: more than 250 thousand colones?	Yes	1	→ GP20
		No	2	→ GP19
		DK/NR	9	→ GP21
GP19	Then would you say that the amount of money that you received was: more than 100 thousand colones?	Yes	1	→ GP21
		No	2	→ GP21
		DK/NR	9	→ GP21
GP20	Then would you say that the amount of money that you received was: more than 500 thousand colones?	Yes	1	
		No	2	
		DK/NR	9	
Filter 22	Only if there are parents-in-law that are living If AE2=1 and AEN1=5, 6, 7, o 8	Yes	1	→ GP21
		No	2	→ Filter 23
GP21	Do your parents-in-law contribute to this economic help?	Yes	1	
		No	2	→ GP26
		DK/NR	9	→ GP26
GP22	What is the value of the help that your parents-in-law gave you in the last 12 months?	_____ thousand		→ GP26
		10 million o +	9998	→ GP26
		DK/NR	9999	→ GP23
GP23	Then would you say that the amount of money that you received was: more than 250 thousand colones?	Yes	1	→ GP25
		No	2	→ GP24
		DK/NR	9	→ GP26
GP24	Then would you say that the amount of money that you received was: more than 100 thousand colones?	Yes	1	→ GP26
		No	2	→ GP26
		DK/NR	9	→ GP26
GP25	Then would you say that the amount of money that you received was: more than 500 thousand colones?	Yes	1	
		No	2	
		DK/NR	9	
Filter 23	Only if there are children still living If AM7C>0 and AM7C!=99	Yes	1	→ GP26
		No	2	→ GP32Q

GP26	Do your children contribute to this economic help?	Yes	1	
		No	2	→ GP32Q
		DK/NR	9	→ GP32Q
GP27	How much money did your CHILDREN give you in the last 12 months?	_____ thousand		→ GP31a
		10 million or +	9998	→ GP31a
		DK/NR	9999	→ GP28
GP28	Then would you say that the amount of money that you received was: more than 250 thousand colones?	Yes	1	→ GP30
		No	2	→ GP29
		DK/NR	9	→ GP31
GP29	Then would you say that the amount of money that you received was: more than 100 thousand colones?	Yes	1	→ GP31a
		No	2	→ GP31a
		DK/NR	9	→ GP31a
GP30	Then would you say that the amount of money that you received was: more than 500 thousand colones?	Yes	1	
		No	2	
		DK/NR	9	
GP31a	Which of your children helps you the most?	Male children in the house	1	→ GP31b
		Female children in the house	2	→ GP31b
		Males children outside of the house	3	→ GP31c
		Female children outside the house	4	→ GP31c
		Children in the home all equally	5	→ GP32Q
		Children outside the home all equally	6	→ GP32Q
		All equally	7	→ GP32Q
		Other	8	→ GP32Q
		DK/NR	9	→ GP32Q
GP31b	Who? _____			
GP31c	Who? _____			
GP32Q	Do you receive any <i>alimony</i> ?	Yes	1	
		No	2	→ GP40
		DK/NR	9	→ GP40
GP33Q	What is the monthly total for the alimony?	_____ thousand		→ GP40
		10 million or +	9998	→ GP40
		DK/NR	9999	→ GP34Q
GP34Q	Then would you say that the amount of money that you received was: more than 250 thousand colones?	Yes	1	→ GP36Q
		No	2	→ GP35Q
		DK/NR	9	→ GP40
GP35Q	Then would you say that the amount of money that you received was: more than 100 thousand colones?	Yes	1	→ GP40
		No	2	→ GP40
		DK/NR	9	→ GP40
GP36Q	Then would you say that the amount of money that you received was: more than 500 thousand colones?	Yes	1	
		No	2	
		DK/NR	9	

GP40	Do you expect to receive in the future an inheritance of more than 1 million colones?	Yes	1		
		No	2	→	GP43
		DK/NR	9	→	GP43
GP41	Whom do you expect will leave you the inheritance?	Parents	1		
		Parents in-law	2		
		Both	3		
		Others	4		
		DK/NR	9		
HELP GIVEN TO: Parents, Parents in-law, and Children					
Filter 24	Only if there are Children, Parents in-law, or Parents still living If (AM7C>0 and AM7C!=99), or (AE2=1 y AEN1<=9)	Yes	1	→	GP43
		No	2	→	Section I
[Interviewer: include case payments, bill payments for other people, buying clothes, school supplies, medical costs. Do not include the rent, utilities, food, etc. of the family members that live with the interviewee]					
GP43	In the last 12 months, have you or your spouse provided monetary support to your parents, parents-in-law or children of more than 50,000 colones?	Yes	1		Filter 25
		No	2		→Section I
		DK/NR	9		→Section I
Filter 25	Only if parents are alive Yes (AE2=1 y AEN1<=4)	Yes	1	→	GP44
		No	2	→	Filter 26
GP44	How much money did you give your parents in the last 12 months?	_____ thousand			→ Filter 26
		None	0		→ Filter 26
		10 million or +	9998		→ Filter 26
		DK/NR	9999		→ GP45
GP45	Then would you say that the amount of money that you gave was: more than 250 thousand colones?	Yes	1		→ GP47
		No	2		→ GP46
		DK/NR	9		→ Filter 26
GP46	Then would you say that the amount of money that you <i>received</i> was: more than 100 thousand colones?	Yes	1		→ Filter 26
		No	2		→ Filter 26
		DK/NR	9		→ Filter 26
GP47	Then would you say that the amount of money that you <i>received</i> was: more than 500 thousand colones?	Yes	1		
		No	2		
		DK/NR	9		
Filter 26	Only if parents-in-law are alive If (AE2=1 and AEN1=5, 6, 7, o 8)	Yes	1	→	GP49
		No	2	→	Filter 27
GP49	How much money did you give your parents-in-law in the last 12 months?	_____ thousand			→ Filter 27
		None	0		→ Filter 27
		10 million or +	9998		→ Filter 27
		DK/NR	9999		→ GP50
GP50	Then would you say that the amount of money that you gave was: more than 250 thousand colones?	Yes	1		→ GP52
		No	2		→ GP51
		DK/NR	9		→ Filter 27
GP51	Then would you say that the amount of money that you <i>received</i> was: more than 100 thousand colones?	Yes	1		→ Filter 27
		No	2		→ Filter 27
		DK/NR	9		→ Filter 27

GP52	Then would you say that the amount of money that you <i>received</i> was: more than 500 thousand colones?	Yes	1		
		No	2		
		DK/NR	9		
Filter 27	Only if children are alive Yes (AM7C>0 y AM7C!=99	Yes	1	→	GP54
		No	2	→	Section I
GP54	How much money did you give your children in the last 12 months	□□□□□ thousand		→	GP58a
		None	0	→	GP58a
		10 million o +	9998	→	Section I
		DK/NR	9999	→	GP55
GP55	Then would you say that the amount of money that you gave was: more than 250 thousand colones?	Yes	1	→	GP57
		No	2	→	GP56
		DK/NR	9	→	GP58
GP56	Then would you say that the amount of money that you <i>received</i> was: more than 100 thousand colones?	Yes	1	→	GP58a
		No	2	→	GP58a
		DK/NR	9	→	GP58a
GP57	Then would you say that the amount of money that you <i>received</i> was: more than 500 thousand colones?	Yes	1		
		No	2		
		DK/NR	9		
GP58a	Which child do you help the most with money?	Male children in the house	1	→	GP58b
		Female children in the house	2	→	GP58b
		Male children outside the house	3	→	GP58c
		Female children outside the house	4	→	GP58c
		Children in the home all equally	5	→	Section I
		Children outside the home all equally	6	→	Section I
		All equally	7	→	Section I
		Other	8	→	Section I
		DK/NR	9	→	Section I
GP58b	Who? _____				
GP58c	Who? _____				

SECTION I: INCOME FROM OWN BUSINESS

NO.	QUESTIONS	CATEGORIES AND CODES		
Filter 28	Only if she/he had a business in R1 I1 (R1) =1	Yes	1	→I0N
		No	2	→I1N
		DK/NR	9	→I1N
I0N	In the last interview two years ago, you told us that you or your spouse were owners of a business or estate that generated income. Do you still have that business or estate?	Yes	1	→I3
		No	2	→I1N
		DK/NR	9	→I1N
I1N	During the last two years, did you or your spouse start a business or estate that generates income?	Yes	1	→I2
		No	2	→I23
		DK/NR	9	→I23
I2	Who is the owner of the business and/or estate?	Interviewee	1	
		Spouse	2	
		Both	3	
		DK/NR	9	
I3	Is the business totally paid for or does it have debts?	Pending debts	1	→I4
		Totally paid	2	→I10
		DK/NR	9	→I10
I4	About how much money do you still have to pay?	□□□□□□ thousand		→I8
		DK/NR	99999	→I5
I5	Then would you say that it is more than 5 million colones?	Yes	1	→ I7
		No	2	→ I6
		DK/NR	9	→ I8
I6	Then would you say that it is more than 1 million colones?	Yes	1	→ I8
		No	2	→ I8
		DK/NR	9	→ I8
I7	Then would you say that it is more than 10 million colones?	Yes	1	
		No	2	
		DK/NR	9	
I8	To whom do you owe this money?	Relatives and/or friends only	1	→ I10
		Bank(s) only	2	→ I10
		Other	3	→ I10
		Relative and or friends and bank(s)	4	
		DK/NR	9	→ I10
I9	To whom do you owe the majority?	Relatives and/or friends only	1	
		Banks	2	
		The same to both	3	
		DK/NR	9	

I10	If you had to sell your business, how much do you think you or your spouse would receive for it?	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>million colones</div> </div> <div> <div>None</div> <div>0</div> <div>→ I14</div> </div> <div> <div>DK/NR</div> <div>99999</div> <div>→ I11</div> </div> </div>
I11	Then would you say that it is more than 10 million colones?	<div> <div>Yes</div> <div>1</div> <div>→ I13</div> </div> <div> <div>No</div> <div>2</div> <div>→ I12</div> </div> <div> <div>DK/NR</div> <div>9</div> <div>→ I14</div> </div>
I12	Then would you say that it is more than 5 million colones?	<div> <div>Yes</div> <div>1</div> <div>→ I14</div> </div> <div> <div>No</div> <div>2</div> <div>→ I14</div> </div> <div> <div>DK/NR</div> <div>9</div> <div>→ I14</div> </div>
I13	Then would you say that it is more than 20 million colones?	<div> <div>Yes</div> <div>1</div> </div> <div> <div>No</div> <div>2</div> </div> <div> <div>DK/NR</div> <div>9</div> </div>
I14	In the last year did this business generate income for you (and/or your spouse)?	<div> <div>Yes</div> <div>1</div> <div>→ I15</div> </div> <div> <div>No</div> <div>2</div> <div>→ I19</div> </div> <div> <div>DK/NR</div> <div>9</div> <div>→ I19</div> </div>
I15	About how much income did this business generate in a normal month? (Consider the income before deducting the costs)	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>thousand colones</div> </div> <div> <div>DK/NR</div> <div>99999</div> <div>→ I16</div> </div> </div>
I16	Then would you say the monthly income is more than 5 million colones?	<div> <div>Yes</div> <div>1</div> <div>→ I18</div> </div> <div> <div>No</div> <div>2</div> <div>→ I17</div> </div> <div> <div>DK/NR</div> <div>9</div> <div>→ I19</div> </div>
I17	Then would you say the monthly income is more than 500 thousand colones?	<div> <div>Yes</div> <div>1</div> <div>→ I19</div> </div> <div> <div>No</div> <div>2</div> <div>→ I19</div> </div> <div> <div>DK/NR</div> <div>9</div> <div>→ I19</div> </div>
I18	Then would you say the monthly income is more than 20 million colones?	<div> <div>Yes</div> <div>1</div> </div> <div> <div>No</div> <div>2</div> </div> <div> <div>DK/NR</div> <div>9</div> </div>
I19	About how much did you spend on this business in a normal month?	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>thousand colones</div> </div> <div> <div>DK/NR</div> <div>99999</div> <div>→ I20</div> </div> </div>
I20	Then would you say the expense is more than 5 million colones?	<div> <div>Yes</div> <div>1</div> <div>→ I22</div> </div> <div> <div>No</div> <div>2</div> <div>→ I21</div> </div> <div> <div>DK/NR</div> <div>9</div> <div>→ I23</div> </div>
I21	Then would you say the expense is more than 500 thousand colones?	<div> <div>Yes</div> <div>1</div> <div>→ I23</div> </div> <div> <div>No</div> <div>2</div> <div>→ I23</div> </div> <div> <div>DK/NR</div> <div>9</div> <div>→ I23</div> </div>
I22	Then would you say the expense is more than 20 million colones?	<div> <div>Yes</div> <div>1</div> </div> <div> <div>No</div> <div>2</div> </div> <div> <div>DK/NR</div> <div>9</div> </div>
I23	Do you or your spouse have any checking, savings, certificate of deposit accounts or investments?	<div> <div>Yes</div> <div>1</div> <div>→ I25</div> </div> <div> <div>No</div> <div>2</div> <div>→ JN18</div> </div> <div> <div>DK/NR</div> <div>9</div> <div>→ JN18</div> </div>
I25	Adding all of these accounts, what is the approximate total sum?	<div> <div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div>million colones</div> </div> <div> <div>Less than one million</div> <div>1</div> <div>→ JN18</div> </div> <div> <div>DK/NR</div> <div>999</div> <div>→ I26</div> </div> </div>

I26	Then would you say that it is more than 5 million colones?	Yes No DK/NR	1 2 9	→ I28 → I27 → JN18
I27	Then would you say that it is more than 1 million colones?	Yes No DK/NR	1 2 9	→ JN18 → JN18 → JN18
I28	Then would you say that it is more than 10 million colones?	Yes No DK/NR	1 2 9	
JN18	Without including the property that generate income, are you (or your spouse) owner of another land, home or condominium, including time shares?	Yes No DK/NR	1 2 9	 → I45 → I45
JN19	[If AM3==2→I45]If you were to sell it, about how much money would you have left? (If he/she would owe something subtract the debts from this sum)	[[[[]]]] million colones Less than one million DK/NR	 1 99999	 → I45 → I45 → JN20
JN20	Then you think that the value of the property without including the land is: more than 10 million colones?	Yes No DK/NR	1 2 9	→ JN22 → JN21 → I45
JN21	Then you think that the value of the property without including the land is: more than 5 million colones?	Yes No DK/NR	1 2 9	→ I45 → I45 → I45
JN22	Then you think that the value of the property without including the land is: more than 20 million colones?	Yes No DK/NR	1 2 9	
I45	Do you or your spouse have houses, apartments, rooms, lands or other assets to rent out?	Yes No DK/NR	1 2 9	→ I46 → Anthropometry → Anthropometry
I46	Who is the owner of these properties?	Interviewee Spouse Both 3 DK/NR	1 2 3 9	
I47	[If AM3=2→I51]If today you were to sell these properties, how much would you (or your spouse) receive for them after paying off any mortgage? ?	[[[[]]]] million colones None DK/NR	 0 99999	 → I51 → I51 → I48
I48	Then would you say that it is more than 5 million colones?	Yes No DK/NR	1 2 9	→ I50 → I49 → I51
I49	Then would you say that it is more than 1 million colones?	Yes No DK/NR	1 2 9	→ I51 → I51 → I51
I50	Then would you say that it is more than 10 million colones?	Yes No DK/NR	1 2 9	

I51	During the last year, did these properties generate income (for you or your spouse)?	Yes	1	→ I52
		No	2	→ Anthropometry
		DK/NR	9	→ Anthropometry
I52	About how much per month, free of charges?	<div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> million colones		→ Anthropometry
		DK/NR	99999	→ I53
I53	Then would you say that it is more than 5 million colones?	Yes	1	→ I55
		No	2	→ I54
		DK/NR	9	→ Anthropometry
I54	Then would you say that it is more than 1 million colones?	Yes	1	→ Anthropometry
		No	2	→ Anthropometry
		DK/NR	9	→ Anthropometry
I55	Then would you say that it is more than 10 million colones?	Yes	1	
		No	2	
		DK/NR	9	
PDA registers end time: <div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>				

SECTION K: ANTHROPOMETRY

Start time: |_|_|:|_|_|

Now we are going to move to a more dynamic part of the interview. The next section is very important and during the next minutes we will be doing some exercises and we will take some measurements.

NO.	QUESTIONS	CATEGORIES AND CODES		
K2	Is the interviewee able to stand?	Yes	1	→K3a
		No	2	→K8a
		Declined the anthropometry		→End interview
K3a	Weight (in Lbs.)	Lbs. _____		
		Refused	996	
		Attempted but unable	997	
		Not attempted	998	
K8a	Circumference of the calf	Circumference _____ cm		
		Is not able to stand	995	
		Refused	996	
		Attempted but unable	997	
		Not attempted	998	
K6a	Circumference of the waist	Circumference _____ cm		
		Refused	996	
		Attempted but unable	997	
		Not attempted	998	
K7a	Circumference of the hip	Circumference _____ cm		
		Refused	996	
		Attempted but unable	997	
		Not attempted	998	
K9a	Circumference of the arm	Refused	996	
		Attempted but unable	997	
		Not attempted	998	
K10	Triceps skinfold	Fold _____ mm		
		Refused	996	
		Attempted but unable	997	
		Not attempted	998	
K11	Subscapular skinfold	Fold _____ mm		
		Refused	996	
		Attempted but unable	997	
		Not attempted	998	
K12	Have you had any operations in the arms or in the hands in the last three months?	Yes	1	→L1
		No	2	
		DK/NR	9	

Feel the interviewee for at least 3 minutes before the first measurement, on the dominant arm, then wait another three minutes before the second measurement on the same arm.			
K13	Hand strength (Dynamometer) First time	Strength ____kgs Tried but was not able 95 Interviewee disabled 97 →L1 Not attempted for safety 96 →L1 Refused to do it 98 →L1	
K14	Hand strength (Dynamometer) Second time	Strength ____kgs Tried but unable 95 Interviewee disabled 97 →L1 Not attempted for safety 96 →L1 Refused to do it 98 →L1	
K15	Note the hand used for the Dynamometer	Right 1 1 <input type="checkbox"/> Left 2 2 <input type="checkbox"/>	
End time: ____:____:____			

SECTION L: FLEXIBILITY AND MOBILITY

Start time: ____:____:____

To continue, I need to do some tests to measure your mobility and flexibility. I will show you how to do the exercise, if you think it is dangerous for you or you are not able to do it, I beg you to let me know and we will move on to another test.

NO.	QUESTIONS	CATEGORIES AND CODES	
L1	Do you have any problems that would impede you from doing a mobility and flexibility test?	Yes	1 →End
		No	2 →L3a
L3a	Keeping your arms crossed on your chest, please stand up as quickly as you can, five times without pausing. (Advise interviewee when to start.) If is not able to do it in less than 30 seconds, do not allow to continue and not the number of attempts).	Completed	1 →L3b
		Tried, was not able	95 →L3e
		Not attempted for safety	96 →L4
		Declined	98 →L4
L3b	Duration of the test (Seconds)	____ Seconds	<input type="checkbox"/>
L3c	Duration of the test (one hundredth)	____ one hundredth	<input type="checkbox"/>
L3d	Chair height	____ centimeters	<input type="checkbox"/>
L3e	Number de Attempts	Attempts_____	
Filter 29	Only if person can see : If Filter 9=1	Yes	1 →L6a
		No	2 →L4
L4	Have you had an operation on your cataracts or an intervention on the retina in the last six weeks?	Yes	1 →L6a
		No	2
		DK/NR	9
L5a	Bend over and pick up a pencil. While standing, please bend over, pick up this pencil and straighten up. (Interviewer: Put the pencil on the floor in front of the interviewee and advise him/her when to begin. If the interviewee is not able to do it in less than 30 seconds, do not allow to go on).	____ Seconds	
		Tried, not able	95
		Not attempted for safety	96
		Declined	98
L6 a	Stand up and walk. While sitting on a chair, please stand up and walk to the place that I indicated. (Interviewer: the distance to walk is 3 meters)	____ Seconds	
		Tried, not able	95
		Not attempted for safety	96
		Declined	98

We have finished the interview! Thank you for your cooperation

PDA registers end time: ____:____:____