



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 (Short form)

WAVE 1 (2012)

THIS INFORMATION IS COMPLETELY CONFIDENTIAL AND IS PROVIDED VOLUNTARILY.

Subject code: _ _ _ _		Start Time: _ _ : _ _ Subject code: _ _ _ _	
County and district _ _ _ _ _			
Segment: _ _ _			
House: _ _			
AM1	Interviewer	Giovanni	3
		Maritza	7
		Randall	21
		Jimmy	22
Superv	Supervisor	José Solano	1
QA1.	Interviewer: Have you contacted (Name), a relative, or another informant?	Yes , (Name)	1
		Yes, relative	2
		Yes, another informant	3
		No	4 → Attempts
QA2	Result of Interview with contact/informant	Accepted	1
		Rejected	2 → End
		Planning another visit later	3 → Attempts
		In hospital without possibility for an interview	4 → AMP8 (Proxy)
		Address change	5 → Attempts
Attempts	Finish the current interview, and try again later.		

SECTION ID: IDENTIFICATION

Before starting, I want to remind you that this interview is completely voluntary and confidential. If you have any question that you do not want to answer, you can just tell me and we move to the next question.

NO.	QUESTION	CATEGORIES AND CODES		
AMP5	Is the selected person (name) currently in?	Yes	1	
		No	2	→ AMP8
AM3	[Interviewer: The selected person]	Is able to answer	1	→ AM6
		Has serious problems of communication	2	
AMP8	Is there any person that knows (name) in depth and that can help us answer the questionnaire [Proxy]?	Yes	1	→ AMP6
		No	2	→ Visit again
AMP6	Who is the proxy?	Spouse	1	
		Son/Daughter	2	
		Other	3	
AMP8Q	Reason for needing a proxy	Mental disability	1	
		Person is absent because of health reasons	2	
		Person is absent because of work	3	
		Other	4	
AMP1	Name of Interviewee	AMP1a. Name _____		
		AMP1b. First Family Name _____		
		AMP1c. Second Family Name _____		
AMP2	What is the interviewee's sex?	Male	1	
		Female	2	
A3	What is (name's) current marital status?	Civil union/Common Law (in union)	1	
		Married	2	
		Widow/er from civil union	3	
		Widow/er from marriage	4	
		Divorced	5	

		Separated from civil union	6	
		Separated from marriage	7	
		Never married or in union	8	
		DK/NR	9	
ID1	May I please see your identification card?	Id number _ _ _ _ _ _ _ _ _ Does not have one	1 888888888	→ ID2 → IDN2
IDN2	Your residency identification card or passport is: _____	Residency identification card Number _ _ _ _ _ _ _ _ _ Does not have one	1 888888888	→ →
ID2	On what day, month and year were you born?	ID2a. Day _ _ ID2b. Month _ _ ID2c. Year _ _ _ _		
ID3	To be sure, your age is _____ years? PDA computes age	Years _ _ DK/NR	99	
AMP3	Please tell me your spouse's name	AMP3a. Name _____ AMP3b. First Family Name _____ AMP3c. Second Family Name _____		
AM6	Now I will ask you about your children. How many children did (subject's name) have, INCLUDING BIOLOGICAL, STEP-CHILDREN, ADOPTED CHILDREN, AND FOSTER CHILDREN?	None Number of children _ _ DK/NR	0 99	
AM7	In all, how many of your children are still alive?	Number of children alive _ _ DK/NR		99
AM7B	(If married or in union) [IF A3=1 or A3=2]: Other than these children, has your spouse had additional children that you have not mentioned yet? How many?	Number of additional spouse's children alive None DK/NR	_ _ 0 99	→ AM7C → AM7C

AM7Ba	And how many of them are still alive	Spouse's live children <input type="text"/> <input type="text"/> <input type="text"/>						
		DK/NR 99						
AM7C	SUM OF TOTAL NUMBER OF CHILDREN OF EACH ONE	<input type="text"/> <input type="text"/> <input type="text"/>						
		DK/NR 99						
AM8	(If AM7C=0 99 → AM4) In all, how many of these children live in this home?	Children living in household <input type="text"/> <input type="text"/> <input type="text"/>						
		None 0						
		DK/NR 99						
AM4	How many people live in this home?	Number of persons <input type="text"/> <input type="text"/> <input type="text"/>						
A2	What was the last level and grade of your formal education that you completed?	A2a <i>Level</i>	A2b <i>Years of schooling</i>					
		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 Para-university	1	2	3+			
		5 Higher education	1	2	3	4	5+	
		9 DK/NR	9					
[Interviewer: Ask only if married or in union, A3=1 or 2. If there is no spouse, → AM12.]								
A11	What was the last level and grade of formal education that your spouse completed?	A11a <i>Level</i>	A11b <i>Years of schooling (grade)</i>					
		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 Para-university	1	2	3+			
		5 Higher education	1	2	3	4	5+	
		9 DK/NR	9					
ID3C	How old is your current spouse?	Years <input type="text"/> <input type="text"/> <input type="text"/>						

		DK/NR
A4	What was the primary work activity of your spouse in the last week?	<div>Worked 1</div> <div>Worked in helping in a family business 2</div> <div>Did not work but had a job 3</div> <div>Looked for work 4</div> <div>Did household chores 5</div> <div>Did not work 6</div> <div>DK/NR 9</div>
A5	[Interviewer: Ask only if married or in union, A3=1 or 2] What is the occupation in which your (last) spouse worked for the majority of his/her life?	<div>Has never worked 0</div> <div>Professional, executive 1</div> <div>Office worker 2</div> <div>Vendor, retailer 3</div> <div>Independent farmer 4</div> <div>Agricultural worker 5</div> <div>Domestic worker 6</div> <div>Others services 7</div> <div>Specialized worker 10</div> <div>Non-Specialized worker 11</div> <div>Other 13</div> <div>DK/NR 99</div>
A6	Does your spouse have any serious health problem or physical limitation?	<div>Yes 1</div> <div>No 2</div> <div>DK/NR 9</div>
EV10C	Does your spouse currently smoke?	<div>Yes 1</div> <div>No 2</div>

		DK/NR	9
AM12	Do you receive a pension from social security or from the government?	Yes	1
		No	2
		DK/NR	9
SP17	Do you expect to receive any (other) future pensions? (Add “other” only if AM12=1)	Yes	1
		No	2
		DK/NR	9
AM20	Are you currently insured by CCSS?	Yes	1
		No	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 REPORT			
C1	How would you say your health is now: Excellent, Very Good, Good, Fair, Poor	Excellent	1
		Very Good	2
		Good	3
		Fair	4
		Poor	5
		DK/NR	9
C4	Has a physician ever told you that you have high blood pressure (hypertension)?	Yes	1
		No	2
		DK	8
		NR	9
C6	When was the last time that you checked your blood pressure?	Less than 6 months	1
		From 6 to 11 months	2
		From 1 to 2 years	3
		More than 2 years	4
		Never	5
		DK	8
C6a	Are you currently taking medication to control your hypertension?	NR	9
		Yes	1
		No	2
		DK	8
C7	Has a physician ever told you that you have high cholesterol?	NR	9
		Yes	1
		No	2
		DK	8
C9	When was the last time that you checked your cholesterol?	NR	9
		Never	5
		More than 2 years	4
		From 1 to 2 years	3
		From 6 to 11 months	2
		Less than 6 months	1
C9a	Are you currently taking medication to control your cholesterol?	DK	8
		NR	9
		No	2
		Yes	1

C10	Has a physician ever told you that you have diabetes (high levels of sugar in the blood)?	Yes	1
		No	2
		DK	8
		NR	9
C17	When was the last time that a physician did a test to know if you had sugar in your blood?	Less than 6 months	1
		From 6 to 11 months	2
		From 1 to 2 years	3
		More than 2 years	4
		Never	5
		DK	8
		NR	9
C18	Has a physician ever told you that you have cancer or a malignant tumor, not including small skin tumors?	Yes	1
		No	2
		DK	8
		NR	9
C81	Has a physician ever told you that you have nervous or psychiatric problem such as depression?	Yes	1
		No	2
		DK/NR	9
C127	[Only if AM3=1: Interview without proxy] In general, how do you feel about your life?	Very satisfied	1
		Somewhat satisfied	2
		Somewhat unsatisfied	3
		Very unsatisfied	4
		DK	8
		NR	9
C128	In the last 12 months did you receive a flu shot?	Yes	1
		No	2
		DK/NR	9

SECTION EV: LIFESTYLES				
Starting time: _ _ : _ _				
NO.		CATEGORIES AND CODES		
TOBACCO				
EV8	Have you smoked more than 100 cigarettes or cigars in your life?	Yes	1	
		No	2 →	EV14
		DK/NR	9 →	EV14
EV10	Do you smoke now?	Yes	1 →	EV14
		No	2 →	EV12
		DK/NR	9 →	EV12
EV12	How old were you when you stopped smoking.	EV12a	Age _ _	
		EV12b	Year _ _ _ _	
		DK/NR	9999 <input type="checkbox"/>	
PHYSICAL ACTIVITY				
EV14	In the last 12 months, did you exercise regularly or do other physical rigorous activities like 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	
EV17	What is your current height?	Height _____cm		

SECTION D: FUNCTIONAL STATUS (ADL / IADL)					
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	Is it difficult for you to walk a few blocks?	Yes	1		
		No	2		
		Not able	3		
		Does not	4		
		DK/NR	9		
D3	Is it difficult for you to climb up a few stories by stairway without resting?	Yes	1		
		No	2		
		Not able	3		
		Does not	4		
		DK/NR	9		
D4	Is it difficult for you to push or pull a large object such as a recliner chair?	Yes	1		
		No	2		
		Not able	3		
		Does not	4		
		DK/NR	9		
D5	Please stand up and lift your arm(s) above your shoulder(s)	Lifted them completely	1		
		Lifted them partially	2		
		Not able to lift them	3		
		Did not attempt the test	4		
Filter 13	If D1a=2 & D5=1	Yes	1	→	D19
		No	2		
WALKING					
D6	Is it difficult for you to walk from one side of the room to the other?	Yes	1	→	D7
		No	2	→	D8
		DK/NR	9	→	D8
D7	Do you use an assistance apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?	Yes	1		
		No	2		
		DK/NR	9		
BATHING					
D8	Is it difficult for you to bathe yourself, including entering and exiting the bath tub?	Yes	1	→	D9
		No	2	→	D11
		DK/NR	9	→	D11
D9	Have you used an apparatus or instrument (handrail or stool) to bathe?	Yes	1		
		No	2		
		DK/NR	9		
D10	Does someone help you bathe?	Yes	1		
		No	2		

		DK/NR	9	
EATING				
D11	Do you have difficulty in eating, including cutting your food, pouring drinks into glasses etc.?	Yes	1 →	D12
		No	2 →	D13
		DK/NR	9 →	D13
D12	Does someone help you eat?	Yes	1	
		No	2	
		DK/NR	9	
GOING TO BED				
D13	Do you have difficulty in lying down on your bed or rising from the bed?	Yes	1 →	D14
		No	2 →	D16
		DK/NR	9 →	D16
D14	Have you used an assistance apparatus or instrument to lie down or get up from the bed?	Yes	1	
		No	2	
		DK/NR	9	
D15	Does someone help you to go to bed or get out of your bed?	Yes	1	
		No	2	
		DK/NR	9	
USING THE TOILET				
D16	Do you have difficulty in using the bathroom, including sitting or getting up from the toilet?	Yes	1 →	D17
		No	2 →	D19
		DK/NR	9 →	D19
D17	Have you used an assistance apparatus or instrument to use the toilet?	Yes	1	
		No	2	
		DK/NR	9	
D18	Does someone help you to use the toilet?	Yes	1	
		No	2	
		DK/NR	9	
CUTTING TOENAILS				
D19	Do you have difficulty cutting your toenails?	Yes	1 →	D20
		No	2 →	F2
		DK/NR	9 →	F2
D20	Does someone help you cut your toenails?	Yes	1	
		No	2	
		DK/NR	9	
F2	Were you hospitalized in the last 12 months? For how many nights?	None	0	
		Number of nights _ _ _		
		All year long	365	
		DK/NR	999	

SECTION G: FAMILY AND SOCIAL SUPPORT NETWORK

Families and friends help each other in different ways. As part of this research we would like to know how people support each other, so now I will ask you about the support that you receive and give.

NO.	QUESTIONS	CATEGORIES AND CODES		
H19	How would you rate your current economic situation?	Excellent	1	
		Very Good	2	
		Good	3	
		Fair	4	
		Poor	5	
		DK/NR	9	
GP1	Do you receive unpaid help with household chores or caregiving (totaling at least three hours in an average week)?	Yes	1	→ GP3a
		No	2	→ GP7
		DK/NR	9	→ GP7
GP3a	Who is the person who helps you primarily?	Spouse	1	
		Sons in the house	2	
		Daughters in the house	3	
		Sons living in another house	4	
		Daughters living in another house	5	
		Children in the house equally	6	
		Children outside the house equally	7	
		All children equally	8	
		Father	9	
		Mother	10	
		Father-in-law	11	
		Mother-in-law	12	
		Other relative	13	
		Other	88	
		DK/NR	99	
TIME HELP PROVIDED				
The next questions deal with activities that you may do to help a relative or friend because that person is physically, psychologically, or mentally unable to do those activities on their own. [DON'T ASK IF PROXY, SKIP TO SECTION ABOUT JOBS AND INCOME]				
GP7	Do you (or your spouse) currently provide assistance to a relative or friend with any of the following personal tasks because they cannot do them by themselves: bathing, eating, dressing, walking across a room, etc?	Yes	1	→ GP9a
		No	2	→ GP15
		DK/NR	9	→ GP15
GP9a	Whom do you primarily help with these tasks? (Ask exhaustively)	Spouse	1	
		Sons in the house	2	
		Daughters in the house	3	
		Sons living in another house	4	
		Daughters living in another house	5	
		Children in the house equally	6	
		Children outside the house equally	7	
		All children equally	8	
		Father	9	
		Mother	10	

		Father-in-law	11	
		Mother-in-law	12	
		Other relative	13	
		Other	88	
		DK/NR	99	
GP10	During the past month, on average, who many days per week did you help this person (persons) with these tasks?	Days		
		DK/NR	99	
GP11	During the past week, on average, who many hours a day were you helping or supervising this person (persons) with these tasks?	Hours		
		DK/NR	99	
GP12	How many years have you been helping or supervising this person (these persons) with any of these activities?	Less than a year	1	
		1 to 5 years	2	
		More than 5 years	3	
GP14	How often do you feel stressed between caring for this person (these persons) and trying to meet other responsibilities? Would you say...	Never	1	
		Sometimes	2	
		Quite often	3	
		Nearly always	4	
		DK/NR	9	
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	
		No	2	→ GP43
		DK/NR	9	→ GP43
Filter: Only if AM7>0 and AM7< 99 (If there are children)				
GP26	Do your children contribute to this monetary support?	Yes	1	
		No	2	
		DK/NR	9	
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	
		No	2	→ GP63a
		DK/NR	9	→ GP63a
GP43Na	Do your parents or parents-in-law receive this monetary support?	Yes	1	
		No, but they are alive	2	
		No, they are dead	9	
Filter: Only if AM7>0 and AM7< 99 (If there are children)				
GP43Nb	Do your children receive this monetary support?	Yes	1	
		No	2	
		DK/NR	9	
SOCIAL RELATIONSHIPS				
In today's society, some people feel stressed or anxious, but others do not. I will mention a few problems. For each, please tell me if it 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	
		Less than a year	2	
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	
		Less than a year	2	

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		
		Less than a year	2		
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	→	H28
		No	0	→	H28
		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"/>	
H28	BLOOD PRESSURE MEASUREMENT. Now, if you allow me, I am going to measure your blood pressure in your arm	Only one measurement H28a Systolic H28b. Diastolic It was not possible to measure it	 999	 <input type="text"/> <input type="text"/> 	

SECTION H: WORK AND INCOME

NO.	QUESTIONS	CATEGORIES AND CODES
H5	Did you work last week?	Worked 1
		Worked in helping in a family business 2
		Did not work but had a job 3
		Looked for work 4 → H11
		Did household chores 5 → H11
		Did not work 6 → H11
		DK/NR 9 → H11
H8	About how many hours do you work in a normal week?	Hours per week __ __ DK/NR 99
H9	At what age do you plan to retire with your pension?	Age __ __
		Will not have a pension 1 → H9bP
		Is already retired 2 → H9bP
		Never 98 → H9bP
		DK/NR 99
H9aP	Do you plan to keep working after you start your pension?	Yes 1
		No 2 → H10
		DK/NR 9 → H10
H9bP	Until what age do you plan to continue working?	Age __ __
		Until disabled 2
		Until death 3
		DK/NR 99
H10	Is the job that you have now the same one that you had most of your life?	Yes 1
		No 2
		DK/NR 9
H11	What is the occupation in which you worked for most of your life?	Has never worked 0
		Professional, executive 1
		Office worker 2
		Vendor, retailer 3
		Independent farmer 4
		Agricultural worker 5
		Domestic worker 6
		Others services 7
		Specialized worker 10
		Non-Specialized worker 11
		Other 13
		DK/NR 99
H15	At what age did you stop working at this occupation?	Age __ __
		DK/NR 99
H16	Why did you stop working at this job?	Health problems 1
		Retired 2
		Changed to a lighter job 3
		For better income 4
		Other 5
		DK/NR 99

SECTION J: HOUSING CHARACTERISTICS

Speaking about this home...

NO.	QUESTIONS	CATEGORIES AND CODES		
J1	What kind of housing is this?	Independent home	1	
		In a building	2	
		Shack	3	
		Other	4	
		Communal (in a seniors home)	5	→ K2
		DK/NR	9	
J2	Is this house...?	Owned and fully paid for	1	
		Owned and paid in installments	2	
		Rented	3	→ J11
		Precarious/Informal housing	4	
		Borrowed	5	
		Other	6	
		DK/NR	9	
J7	If this house were to be rented out to someone else, how much would the monthly rent be?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand colones		→ J18
		Nothing	0	→ J18
		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	→ J18
J9	Then would you say that the rent for this house would be: More than 65 thousand colones?	Yes	1	→ J18
		No	2	→ J18
		DK/NR	9	→ J18
J10	Then would you say that the rent for this house would be: More than 175 thousand colones?	Yes	1	→ J18
		No	2	→ J18
		DK/NR	9	→ J18
J11	How much do you pay in rent for this house?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand colones		→ J18
		Nothing	0	→ J18
		DK/NR	99999	→ J12
J12	Then would you say that the rent for this house would be: More than 100 thousand colones?	Yes	1	→ J14
		No	2	→ J13
		DK/NR	9	→ J18
J13	Then would you say that the rent for this house would be: More than 65 thousand colones?	Yes	1	→ J18
		No	2	→ J18
		DK/NR	9	→ J18
J14	Then would you say that the rent for this house would be: More than 175 thousand colones?	Yes	1	
		No	2	
		DK/NR	9	
J18	Does this house have a room only for cooking?	Yes	1	
		No	2	
		DK/NR	9	

Does this house have...?				
J20	Refrigerator or freezer	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J21	Land line telephone	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J22	Cellular telephone	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J23	Washing machine	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J24	Microwave	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J25	Computer	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J26	Potable water within the house	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J27	Toilet within the house	- Yes	1	-
		- No	2	-
		- DK/NR	9	
J28	How many television sets do you have in this house?	None	0	
		One	1	
		Two	2	
		Three or more	3	
		DK/NR	9	
Interviewer evaluate the state of:				
J30	Exterior walls	Poor	1	
		Fair	2	
		Good	3	
		Not able to evaluate	9	
J31	Roof	Poor	1	
		Fair	2	
		Good	3	
		Not able to evaluate	9	
J32	Floor	Poor	1	
		Fair	2	
		Good	3	
		Not able to evaluate	9	

SECCION K: ANTHROPOMETRY

Starting time: ____:____:____

Now, we are going to move to a more dynamic part of the interview. The section is very important and during several minutes we are going to perform some exercises and we are going to do some measurements.

NO.	QUESTIONS	CATEGORIES AND CODES		
K2	Is the interviewee able to stand?	Yes	1	→K3a
		No	2	→K5
		Rejected anthropometry section →End of the interview		
K3a	Weight (in Lbs)	Pounds_____		
		Refused	996	
		Attempted but unable	997	
		Not attempted	998	
K5	Knee height	Height cm		
		Person could not stand	995	
		Refused	996	
		Attempted but unable	997	
		Not attempted	998	
K6a	Waist circumference	Circumference _____cm		
		Refused	996	
		Attempted but unable	997	
		Not attempted	998	
K12	Have you had surgery in any of your arms during the last three months?	Yes	1	→End
		No	2	
		DK/NR	9	
Sit respondent for at least 3 minutes before the first measurement with the dominant arm. It IS NOT necessary for the second measurement.				
K13	Hand strength (Dynamometer) First time	Strength_____kgs		
		Tried but unable	95	
		Disabled	97	→End
		Not attempted for safety	96	→End
		Refused to do it	98	→End
K14	Hand strength (Dynamometer) Second time	Strength_____kgs		
		Tried but unable	95	
		Disabled	97	→End
		Not attempted for safety	96	→End
		Refused to do it	98	→End
K15	Note the hand used for the Dynamometer	Right arm	1	
		Left arm	2	
Finish time: _ _ : _ _				

Finish time: ____:____:____