



**UNIVERSITY OF COSTA RICA**

**Central American Population Center (CCP)**

# **CRELES Retirement Cohort (1945-1955)**

Costa Rican Longevity and Healthy Aging Study

**SPOUSE QUESTIONNAIRE**

**WAVE 1 (2010)**

THIS INFORMATION IS COMPLETELY CONFIDENTIAL AND IS PROVIDED VOLUNTARILY.

Subject code:       _ _ _ _		Start Time:  _ _ : _ _	
County and district		_ _ _ _ _	
Segment		_ _ _	
Housing		_ _	
AM1	Interviewer	Giovanni	3
		Marcela	6
		Maritza	7
		Randall	21
		Jimmy	22
		Katthya	23
		Carlos	40
AM2	Result of Interview	Accepted	1
		Rejected	2→ Finalize
		Pending	3
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
AM3	The spouse (this person):	Can answer questionnaire	1→ AM6
		Has serious communication problems (needs proxy)	2
AMP6	Who is the proxy?	Spouse	1
		Son/Daughter	2
		Other	9

IDENTITY SECTION: IDENTIFICATION		
Before we begin, I would like to remind you again that this interview is completely voluntary and confidential. If there is any question that you do not want to answer, simply let me know and we'll continue to the next question.		
NO.	QUESTIONS	CATEGORIES AND CODES
ID1	May I please see your identification card?	Card Number    _ _ _ _ _ _ _ _ _ → ID3 Does not have one       888888888 → IDN2
IDN2	Your residency identification card or passport is: _____	residency identification card Number  _ _ _ _ _ _ _ _ _ → ID2 Does not have one       888888888 → IDN2
ID2	On what day, month and year were you born?	ID2a. Day        _ _  ID2b. Month      _ _  ID2c. Year        _ _ _ _
ID3	To be sure, you have _____ years? PDA computes age	Years        _ _ _  DK/NR       99
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                       0→C138 Number of children        _ _  DK/NR                     99→C138
AM7	In all, how many of your children are still alive?	Number of children alive    _ _  DK/NR                     99

C138	Blood Pressure Check	First reading        _ _ _  /  _ _ _	
	Now, if you will allow me I will check your blood pressure from your arm.		C138a   C138b
		Unable to measure   999 / 999	

SECTION C: STATE OF HEALTH			
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 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
		NR	9
C7	Has a physician ever told you that you have high cholesterol?	Si	1
		No	2
		DK	8
		NR	9
C9	When was the last time that you checked your cholesterol?	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
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
C127	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		
NO.	QUESTIONS	CATEGORIES AND CODES
PHYSICAL ACTIVITY IPAQ		
EV14	During the <b>last 7 days</b> , on how many days did you do <b>vigorous</b> physical activities like heavy lifting, running, etc?	Yes 1
		No 2
		DK/NR 9

SECTION D: FUNCTIONAL STATE							
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				
		Yes	No	Not Able	Does not	DK/NR	
D2	Is it difficult for you to walk a few blocks?	1	2	3	4	9	
D3	Is it difficult for you to climb up a few stories by stairway without resting?	1	2	3	4	9	
D4	Is it difficult for you to push or pull a large object such as a recliner chair?	1	2	3	4	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				
<b>Filtro 1. If D1a=2 &amp; D5=1, SKIP TO D19</b>							
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 assistant 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							
		Yes	No	DK/NR			
D8	Is it difficult for you to bathe yourself, including entering and exiting the bath tub?	1 → D9	2 → D11	9 → D11			
D9	Have you used an apparatus or instrument (handrail or stool) to bathe?	1	2	9			
D10	Does someone help you bathe?	1	2	9			
EATING							
D11	Do you have difficulty in eating, including cutting your food, pouring drinks into glasses etc.?	1 → D12	2 → D13	9 → D13			
D12	Does someone help you eat?	1	2	9			
GOING TO BED							
D13	Do you have difficulty in lying down on your bed or rising from the bed?	1 → D14	2 → D16	9 → D16			
D14	Have you used an assistance apparatus or	1	2	9			

SECTION D: FUNCTIONAL STATE				
NO.	QUESTIONS	CATEGORIES AND CODES		
	instrument to lie down or get up from the bed?			
D15	Does someone help you to go to bed or get out of your bed?	1	2	9
USING THE TOILET				
D16	Do you have difficulty in using the bathroom, including sitting or getting up from the toilet?	1→ D17	2→ GP7	9→ GP7
D17	Have you used an assistance apparatus or instrument to use the toilet?	1	2	9
D18	Does someone help you to use the toilet?	1	2	9

SECCION G: SUPPORT NETWORK – HELP PROVIDED		Hora al iniciar:  _ _ : _ _	
Families and friends support each other in different ways. As part of this research, we need to know how they do it, which is why now I am going to ask you about the support you receive or give.			
NO.	QUESTIONS	CATEGORIES AND CODES	
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?  Exclude any help with housing activities, transportation and running errands	Yes  No  DK/NR	1 →GP9  2→GP63a  9→GP63a
GP9a	Whom do you primarily help with these tasks?  (Ask exhaustively)	Spouse Sons in the house Daughters in the house Sons outside the house Daughters outside the house Children in the house equally Children outside the house equally All children equally Father Mother Father In-Law Mother In-Law Other	1 2 3 4 5 6 7 8 9 10 11 12 88

SECCION G: SUPPORT NETWORK – HELP PROVIDED		Hora al iniciar:  _ _ : _ _	
Families and friends support each other in different ways. As part of this research, we need to know how they do it, which is why now I am going to ask you about the support you receive or give.			
NO.	QUESTIONS	CATEGORIES AND CODES	
		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 9	
GP11	During the past week, on average, who many hours a day were you helping or supervising this person (persons) with these tasks?	Hours per day  _ _  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 DK/NR 99	
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 Rarely 2 Sometimes 3 Quite often 4 Nearly always 5 DK/NR 9	
<p>In today's society, some people feel <b>stressed</b> or anxious, but others do not. I will mention a few problems. For each, please tell me if it <b>currently</b> makes you feel stressed or anxious.</p> <p>[IF “YES” IN GP63, CONTINUE ASKING GP64]</p>			
GP63a	Does your health make you feel stressed or anxious?	No 0→ GP63b Yes 1→ GP64a	
GP64a	How long have you felt this stress or anxiety?	Over a year 1 One year or less 2	
GP63b	Does your financial situation make you feel stressed or anxious?	No 0→ GP63c Yes 1→ GP64b	
GP64b	How long have you felt this stress or anxiety?	Over a year 1 One year or less 2	
GP63c	Does your job make you feel stressed or anxious?	Not applicable 9→ GP63d No 0→ GP63d Yes 1→ GP64c	
GP64c	¿ How long have you felt this stress or anxiety?	Over a year 1 One year or less 2	
GP63d	Does your relationship with family members make you feel stressed or anxious?	Not applicable 9→ GP63e No 0→ GP63e Yes 1→ GP64d	
GP64d	How long have you felt this stress or anxiety?	Over a year 1 One year or less 2	
GP63e	Does your parent's or other family members health make you feel stressed or anxious?	Not applicable 9→ H1 No 0→ H1 Yes 1→ GP64e	
GP64e	How long have you felt this stress or anxiety?	Over a year 1 One year or less 2	



H28	Now, if you will allow me I would like to take your blood pressure once again.	Second reading    _ _ _  /  _ _ _  H28a                      H28b Unable to be taken        999 / 999
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SECTION K: ANTHROPOMETRY		Start Time:  _ _ : _ _
<b>Now we are moving to a more dynamic portion of the interview. The following section is very important and during the next minutes we will be conducting some exercises and taking some measurements.</b>		
Number	QUESTIONS	CATEGORIES AND CODES
K2	Is the interviewee able to stand?	Yes                      1 → K3 No                        2 → K5 Refuses anthropometry 3 → End of interview
K3	Weight (in pounds)	Weight                       _ _ _  Refused                    996 Attempted but unable    997 Was not attempted       998
K4	Height	Height                      _ _ _ cm Refused                    996 Attempted but unable    997 Was not attempted       998
KN17	Researcher: Observe whether this person has any visible curvature in his/her back (hunchback)	Yes                        1 No                          2
K5	Height of the knee	Height                      _ _ _ cm Refused                    996 Attempted but unable    997 Not attempted            998
K8	Circumference of the calf	Circumference             _ _  cm Unable to stand            995 Refused                    996 Attempted but unable    997 Not attempted            998
K6	Circumference of the waist	Circumference             _ _ _ cm Refused                    996 Attempted but unable    997 Not attempted            998
K7	Circumference of the hip	Circumference             _ _ _  cm Refused                    996 Attempted but unable    997 Not attempted            998
K9	Circumference of the arm	Circumference             _ _  cm Refused                    996 Attempted but unable    997 Not attempted            998
K10	Tricipital fold	Fold width                 _ _ _  mm. Refused                    996 Attempted but unable    997 Not attempted            998
K11	Subscapular fold	Fold width                 _ _ _  mm. Refused                    996 Attempted but unable    997 Not attempted            998

<b>SECTION K: ANTHROPOMETRY</b>		<b>Start Time:</b> <input type="text"/> : <input type="text"/> : <input type="text"/>
Now we are moving to a more dynamic portion of the interview. The following section is very important and during the next minutes we will be conducting some exercises and taking some measurements.		
Number	QUESTIONS	CATEGORIES AND CODES
<b>K12</b>	Have you had an operation on your arms or your hands in the last 3 months?	Yes 1 → L1 No 2 DK/NR 9
	<p><i>Have the interviewee sit for at least 3 minutes before first measurement ,on the dominant arm, then wait another 3 minutes before the second measurement on the same arm..</i></p> <p>Strength of the hand (Dynamometer) (Kgs)</p> <p><b>K15. Note the hand that was used:</b></p> <p><b>Right 1</b> <b>Left 2</b></p>	<p>K13. First time: _____ kgs</p> <p>Tried, but unable 95 Not attempted for safety 97 → L1 Interviewee disabled 96 → L1 Refused to do it 98 → L1</p> <p>Completed test: <input type="text"/> whole Completed test: <input type="text"/> decimal</p> <p><b>K14. Second time:</b></p> <p>Tried, but unable 95 Not attempted because of safety 97 → L1 Interviewee disabled 96 → L1 Refused to do it 98 → L1</p> <p>Completed test: <input type="text"/> whole Completed test: <input type="text"/> decimal</p>
End time: <input type="text"/> : <input type="text"/> : <input type="text"/>		

<b>SECCION L: FLEXIBILITY AND MOBILITY</b>		<b>Start time:</b> <input type="text"/> : <input type="text"/> : <input type="text"/>
In order to continue, I need to do a few 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 don't think you can do it, I ask you to please tell me and we can move on to another test.		
NO.	QUESTIONS	CATEGORIES AND CODES
<b>L1</b>	Do you have any problems that would impair you from doing a mobility and flexibility test?	Yes 1 → End interview No 2 → L3
<b>L3a</b>	<p>Keeping your arms crossed on your chest, get up as quickly as you can five times without stopping.</p> <p><b>Tell the interviewee when to begin. If not able to do it in 30 seconds, do not allow him/her to continue and note the number of attempts.</b></p>	<p>Complete 1 → L3b Tried, but unable 95 → L3e Not attempted for safety 96 → L4 Refused to do it 98 → L4</p> <p>L3b. Number of attempts <input type="text"/> L3c. Duration of exercise <input type="text"/> seconds L3d. Duration of exercise <input type="text"/> hundredths L3e. Height of the chair <input type="text"/> centimeters</p>
<b>L4</b>	Have you had a cataracts operation or an procedure on the retinas in the last six weeks?	Yes 1 → L6 No 2 DK/NR 9
<b>L5</b>	<p>Bending over and picking up a pencil.</p> <p>From a standing position, please bend over and pick up this pencil then straighten yourself.</p> <p><b>Interviewer: Put the pencil on the floor in from of the interviewee and</b></p>	<p>Tried, but unable 95 Not attempted for safety 96 Refused to do it 98</p> <p>Duration of exercise <input type="text"/> seconds Duration of exercise <input type="text"/> hundredths</p>

<b>SECCION L: FLEXIBILITY AND MOBILITY</b>		<b>Start time:</b> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
<b>In order to continue, I need to do a few 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 don't think you can do it, I ask you to please tell me and we can move on to another test.</b>		
<b>NO.</b>	<b>QUESTIONS</b>	<b>CATEGORIES AND CODES</b>
	<b>inform her/him when to begin. If the interviewee is not able to do it in less that 30 seconds, do not allow to continue.</b>	
<b>L6</b>	Standing up and walking. From a sitting position on a chair, please stand and walk to the location I indicate to you. <b>Interviewer: The distance to walk is 3 meters.</b>	Tried, but unable                      95 Not attempted for safety              96 Refused to do it                          98 Duration of exercise <input type="text"/> <input type="text"/> seconds

We have finished the interview! Thank you very much for your cooperation.	
INTERVIEWER: NOTE IF THE INTERVIEW WAS DONE CONTINUOUSLY OR IF IT SUFFERED INTERRUPTIONS (3 MINUTES OR MORE)	Continouly                      1 With interruptions            2
<b>PDA registers end time:</b> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	