

### 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:   _ :
	and district		
Segmen	nt		
Housing			
		Giovanni	3
		Marcela	6
		Maritza	7
AM1	Interviewer	Randall	21
		Jimmy	22
		Katthya	23
		Carlos	40
		Accepted	1
AM2	Result of Interview	Rejected	2→ Finalize
		Pending	3
		AMP1a. Name	
AMP1	Name of Interviewee	AMP1b. First Family Na	ame
		AMP1c. Second Family	Name
		Male	1
AMP2	What is the interviewee's sex?	Female	2
		Can answer questionnaire	1→ AM6
AM3	The spouse (this person):	Has serious communication	on problems
		(needs proxy)	2
		Spouse	1
AMP6	Who is the proxy?	Son/Daughter	2
		Other	9

IDENT	DENTITY SECTION: IDENTIFICATION						
confide	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 88888888 $\rightarrow$ IDN2					
IDN2	Your residency identification card or passport is:	residency identification card Number $ \underline{  }\underline{  }\underline{  }\underline{  }\underline{  }\underline{  } \rightarrow ID2$ Does not have one 88888888 $\rightarrow$ IDN2					
ID2	On what day, month and year were you born?	ID2a. Day   _					

Years

None

DK/NR

Number of children

Number of children alive

DK/NR

99

0**→**C138

99**→**C138

99

To be sure, you have \_\_\_\_\_ years?

Now I will ask you about your

How many children did (subject's

BIOLOGICAL, STEP-CHILDREN, ADOPTED CHILDREN, AND FOSTER CHILDREN?

In all, how many of your children are

name) have, INCLUDING

PDA computes age

children.

still alive?

ID3

AM6

AM7

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

DK/NR

	would like to ask you some questions about your health	~ · · - ·	
NO.	QUESTIONS	CATEGORIES	AND CODES
	SELF EVALUATION		
		Excellent	1
		Very Good	2
C1	How would you say your health is now: Excellent,	Good	3
CI	Very Good, Good, Fair, Poor	Fair	4
		Poor	5
		DK/NR	9
		Yes	1
	Has a physician ever told you that you have high	No	2
C4	blood pressure (hypertension)?	DK	8
		NR	9
		Less than 6 Months	1
		From 6 to 11 Months	2
	When was the last time that you checked your blood pressure?	From 1 to 2 Years	3
C6		More than 2 Years	4
		Never	5
		DK	8
		NR	9
		Si	1
	Has a physician ager told you that you have high	No	2
C7	Has a physician ever told you that you have high cholesterol?	DK	8
		NR	9
		Less than 6 Months	1
		From 6 to 11 Months	2
		From 1 to 2 Years	3
C9	When was the last time that you checked your cholesterol?	More than 2 Years	4
		Never	5
		DK	8
		NR	9
		Yes	1
		No	2
C10	Has a physician ever told you that you have diabetes (high levels of sugar in the blood)?	DK	8
	(mgn levels of sugar in the blood).	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

		1	
		From 6 to 11 Months	2
		From 1 to 2 Years	3
		More than 2 Years	4
		Never	5
		DK	8
		NR	9
		Yes	1
	Has a physician ever told you that you have cancer or a malignant tumor, not including small skin tumors?	No	2
C18		DK	8
		NR	9
		Very satisfied	1
	In general, how do you feel about your life?  S V	Somewhat satisfied	2
C127		Somewhat unsatisfied	3
		Very unsatisfied	4
		DK	8
		NR	9
		Yes	1
C128	In the last 12 months did you receive a flu shot?	No	2
C126	,	DK/NR	9

SECTION	V EV: LIFESTYLES	
NO.	QUESTIONS	CATEGORIES AND CODES
	PHYSICAL ACTIVITY	IPAQ
	During the lost 7 down on how many down did	Yes 1
EV14	During the <b>last 7 days</b> , on how many days did you do <b>vigorous</b> physical activities like heavy	No 2
	lifting, running, etc?	DK/NR 9

NO.   QUESTIONS   Yes   1 → D1a	SECTIO	ON D: FUNCTIONAL STATE						
D1 Are you able to walk? No 2 → D4  D1a Is it difficult for you to walk 20 blocks? Yes $1 \rightarrow D2$ No $2 \rightarrow D4$ The point of the room to the other?  D2 Is it difficult for you to limb up a few stories by stairway without resting?  D3 Is it difficult for you to push or pull a large object such as a recliner chair?  D4 Is it difficult for you to push or pull a large object such as a recliner chair?  D5 Please stand up and lift your arm(s) above your shoulder(s)  D6 Is it difficult for you to walk from one side of the room to the other?  D7 WALKING  D8 D you use an assistant apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  D8 Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9 Have you used an apparatus or instrument (handrail or stool) to bathe?  D10 Does someone help you bathe?  D11 D0 you have difficulty in eating, including cutting your food, pouring drinks into glasses  1 → D12 2 → D13 9 → D13	NO.	QUESTIONS		CAT			ES	
D1a Is it difficult for you to walk 20 blocks?  Pes No Not Able Does Able Distributed Filtro 1. If D1a=2 & D5=1, SKIP TO D19  D2 Is it difficult for you to walk a few blocks?  D3 Is it difficult for you to push or pull a large object such as a recliner chair?  D4 Is it difficult for you to push or pull a large object such as a recliner chair?  D5 Please stand up and lift your arm(s) above your shoulder(s)  D6 Is it difficult for you to walk from one side of the room to the other?  D6 Is it difficult for you to walk from one side of the room to the other?  D6 Is it difficult for you to walk from one side of the room to the other?  D7 D8 Please stand up and lift your arm(s) above your shoulder(s)  D8 Is it difficult for you to walk from one side of the room to the other?  D8 Please stand up and lift your arm(s) above your shoulder(s)  P7 No 2 DB  D8 DK/NR 9 DB  D9 DB  D0 you use an assistant apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  BATHING  D8 Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9 Have you used an apparatus or instrument (handrail or stool) to bathe?  D8 D9			Yes	1 → D1a				
D1a       Is it difficult for you to walk 20 blocks?       No $2 \Rightarrow D4$ 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       1       1       2       3       4       9         WALKING         WALKING         WALKING         Yes       1 → D7         No       2 → D8         DK/NR       9 → D8         DK/NR       9 → D8         BATHING         BATHING         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       9       D11         D10       Does someone help you bathe? </td <td>D1</td> <td>Are you able to walk?</td> <td>No</td> <td colspan="3">2 → D4</td> <td></td>	D1	Are you able to walk?	No	2 → D4				
No			Yes		1	1 → D2		
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 statirway without resting?  D4 Is it difficult for you to push or pull a large object such as a recliner chair?  D5 Please stand up and lift your arm(s) above your shoulder(s)  D6 Please stand up and lift your arm(s) above your shoulder(s)  D7 WALKING  D8 Is it difficult for you to walk from one side of the room to the other?  D8 DO you use an assistant apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  D8 Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9 Have you used an apparatus or instrument (handrail or stool) to bathe?  D9 Do you have difficulty in eating, including cutting your food, pouring drinks into glasses  D8 Is it difficult; in eating, including cutting your food, pouring drinks into glasses  1 2 3 4 9  2 3 4 9  2 3 4 9  2 3 4 9  2 3 4 9  2 3 4 9  2 3 4 9  2 3 4 9  2 3 4 9  2 3 4 9  2 3 4 9  2 3 4 9  2 4 1  2 5 1 D7  Not able to lift them partially 2 2  Not able to lift them completely 1 1  Lifted them partially 2 2  Not able to lift them 2 3  A 4 9 9  BALKING  Not able to lift them 2 3  A 1 2 9  BALKING  No 2 2 DBA  No 2	D1a	Is it difficult for you to walk 20 blocks?	No		2	2 → D4		
D3 Is it difficult for you to climb up a few stories by stairway without resting?  D4 Is it difficult for you to push or pull a large object such as a recliner chair?  D5 Please stand up and lift your arm(s) above your shoulder(s)  D6 Please stand up and lift your arm(s) above your shoulder(s)  D7 WALKING  D8 Is it difficult for you to walk from one side of the room to the other?  D8 Do you use an assistant apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  BATHING  D8 Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9 Have you used an apparatus or instrument (handrail or stool) to bathe?  D8 D9 Oyou have difficulty in eating, including cutting your food, pouring drinks into glasses  EATING  D8 D9 Oyou have difficulty in eating, including cutting your food, pouring drinks into glasses  1 2 3 4 9  Lifted them completely  Lifted the			Yes	No			DK/NR	
by stairway without resting?    D4	D2	Is it difficult for you to walk a few blocks?	1	2	3	4	9	
object such as a recliner chair?  Displayed Stand up and lift your arm(s) above your shoulder(s)  Please stand up and lift your arm(s) above your shoulder(s)  Please stand up and lift your arm(s) above your shoulder(s)  Eiltro 1. If D1a=2 & D5=1, SKIP TO D19  WALKING  WALKING  Is it difficult for you to walk from one side of the room to the other?  Do you use an assistant apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  BATHING  Bathing  Yes 1 $\rightarrow$ D7  No 2 $\rightarrow$ D8  DK/NR 9 $\rightarrow$ D8  Eatificult for you to bathe yourself, including entering and exiting the bath tub?  Played Yes No DK/NR  Bathing  Do you used an apparatus or instrument (handrail or stool) to bathe?  Do you bathe?  Do you have difficulty in eating, including cutting your food, pouring drinks into glasses  1 $\rightarrow$ D12  2 $\rightarrow$ D13  9 $\rightarrow$ D13	D3		1	2	3	4	9	
Please stand up and lift your arm(s) above your shoulder(s)  Please stand up and lift your arm(s) above your shoulder(s)  Please stand up and lift your arm(s) above your shoulder(s)  Please stand up and lift your arm(s) above your shoulder(s)  Please stand up and lift your arm(s) above your shoulder(s)  Please stand up and lift your arm(s) above your shoulder(s)  Please stand up and lift your arm(s) above you able to lift them  3 Did not attempt the test  4  Pres  1 $\rightarrow$ D7  No  2 $\rightarrow$ D8  DK/NR  9 $\rightarrow$ D8  DK/NR  Pres  1  No  2  DK/NR  Pres  No  DK/NR  DK/N	D4		1	2	3	4	9	
Please stand up and lift your arm(s) above your shoulder(s)  Not able to lift them 3 Did not attempt the test 4  Filtro 1. If D1a=2 & D5=1, SKIP TO D19  WALKING  D6  Is it difficult for you to walk from one side of the room to the other?  D7  D8  D9  D9  D9  D9  D9  D9  SATHING  WALKING  Yes  1  No 2  D8  DK/NR  Pes  1  No 2  DK/NR  Pes  No DK/NR  D8  Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9  Have you used an apparatus or instrument (handrail or stool) to bathe?  D10  Does someone help you bathe?  D11  D9  D0  D0  D0  D0  D0  D0  D0  D0  D0			Lifted t	hem com	pletely	1		
your shoulder(s)  Not able to lift them Did not attempt the test  Filtro 1. If D1a=2 & D5=1, SKIP TO D19  WALKING  Is it difficult for you to walk from one side of the room to the other?  Do you use an assistant apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  BATHING  D8  Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9  Have you used an apparatus or instrument (handrail or stool) to bathe?  D10  D0 you have difficulty in eating, including cutting your food, pouring drinks into glasses $1 \rightarrow D12$ $2 \rightarrow D13$ $3 \rightarrow 4$ A  Did not attempt the test  4  A  A  A  A  Bid not attempt the test  4  A  A  A  Bid not attempt the test  4  A  A  Bid not attempt the test  4  A  Bid not attempt the test  A  Bid		Please stand up and lift your arm(s) above	Lifted t	hem part	ially	2		
Filtro 1. If D1a=2 & D5=1, SKIP TO D19  WALKING  D6 Is it difficult for you to walk from one side of the room to the other?  D7 D0 you use an assistant apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  BATHING  D8 Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9 Have you used an apparatus or instrument (handrail or stool) to bathe?  D10 Does someone help you bathe?  D11 D0 you have difficulty in eating, including cutting your food, pouring drinks into glasses	D5		Not ab	le to lift th	hem	3		
WALKING    Yes   1 → D7   No   2 → D8   DK/NR   9 → D8			Did no	t attempt	the test	4		
D6 Is it difficult for you to walk from one side of the room to the other?  D0 you use an assistant apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  BATHING  B8ATHING  Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9 Have you used an apparatus or instrument (handrail or stool) to bathe?  D10 Does someone help you bathe?  D11 D9 you have difficulty in eating, including cutting your food, pouring drinks into glasses  Yes  No  2 DK/NR  9  DK/NR  9  DK/NR  9  DATHING  Yes  No  DK/NR  1 $\Rightarrow$ D9  2 $\Rightarrow$ D11  9 $\Rightarrow$ D11  2 9  EATING	Filtro 1.	If D1a=2 & D5=1, SKIP TO D19						
D6       Is it difficult for you to walk from one side of the room to the other?       No $2 \rightarrow D8$ 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         DK/NR       9         BATHING         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       1 → D12       2 → D13       9 → D13		WALKII	NG					
the room to the other?  DK/NR  Do you use an assistant apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  BATHING  BATHING  Yes  No  DK/NR  9 $\rightarrow$ D8  BATHING  BATHING  Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9  Have you used an apparatus or instrument (handrail or stool) to bathe?  D10  Does someone help you bathe?  D11  Do you have difficulty in eating, including cutting your food, pouring drinks into glasses $1 \rightarrow D12$ $2 \rightarrow D13$ $2 \rightarrow D13$			Yes 1 → D7					
Do you use an assistant apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  BATHING  BATHING  Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9 Have you used an apparatus or instrument (handrail or stool) to bathe?  D10 Does someone help you bathe?  D11 Do you have difficulty in eating, including cutting your food, pouring drinks into glasses	D6		No 2 → D8					
D7 by our use an assistant apparatus of instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?  BATHING  BATHING  Yes No DK/NR  D8 Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9 Have you used an apparatus or instrument (handrail or stool) to bathe?  D10 Does someone help you bathe?  EATING  Do you have difficulty in eating, including cutting your food, pouring drinks into glasses $1 \rightarrow D12$ $2 \rightarrow D13$ $2 \rightarrow D13$		the room to the other?		DK/NR $9 \rightarrow D8$				
D7       instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?       No       2         BATHING         BATHING         BATHING         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       1 → D12       2 → D13       9 → D13		Do you use an assistant apparatus or	Yes	Yes 1				
wheelchair, walker, crutches, etc. to walk across the room?  BATHING  BATHING  Yes No DK/NR  D8 Is it difficult for you to bathe yourself, including entering and exiting the bath tub?  D9 Have you used an apparatus or instrument (handrail or stool) to bathe?  D10 Does someone help you bathe?  EATING  D11 D0 you have difficulty in eating, including cutting your food, pouring drinks into glasses $DK/NR$ $1 \rightarrow D9$ $2 \rightarrow D11$ $2 \rightarrow D11$ $2 \rightarrow D13$ $3 \rightarrow D13$	D7		No	2				
BATHINGD8Is it difficult for you to bathe yourself, including entering and exiting the bath tub? $1 \rightarrow D9$ $2 \rightarrow D11$ $9 \rightarrow D11$ D9Have you used an apparatus or instrument (handrail or stool) to bathe? $1$ $2$ $9$ D10Does someone help you bathe? $1$ $2$ $9$ EATINGD11Do you have difficulty in eating, including cutting your food, pouring drinks into glasses $1 \rightarrow D12$ $2 \rightarrow D13$ $9 \rightarrow D13$			DK/NF	DK/NR 9				
D8       Is it difficult for you to bathe yourself, including entering and exiting the bath tub? $1 \rightarrow D9$ $2 \rightarrow D11$ $9 \rightarrow D11$ 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 $1 \rightarrow D12$ $2 \rightarrow D13$ $9 \rightarrow D13$			NG					
including entering and exiting the bath tub?  D9 Have you used an apparatus or instrument (handrail or stool) to bathe?  D10 Does someone help you bathe?  EATING  Do you have difficulty in eating, including cutting your food, pouring drinks into glasses  1 →D12 2 →D13			Ye	s	No		DK/NR	
(handrail or stool) to bathe?  Differential	D8		1 →1	D9	2 <b>→</b> D11	9	) <b>→</b> D11	
EATING  Do you have difficulty in eating, including cutting your food, pouring drinks into glasses $1 \rightarrow D12$ $2 \rightarrow D13$ $9 \rightarrow D13$	D9		1		2		9	
Do you have difficulty in eating, including cutting your food, pouring drinks into glasses $1 \rightarrow D12$ $2 \rightarrow D13$ $9 \rightarrow D13$	D10	Does someone help you bathe?	1		2		9	
D11 cutting your food, pouring drinks into glasses $1 \rightarrow D12$ $2 \rightarrow D13$ $9 \rightarrow D13$	EATING							
	D11	cutting your food, pouring drinks into glasses	1 →□	012	2 → D13	9	→ D13	
D12 Does someone help you eat? 1 2 9	D12	Does someone help you eat?	1		2		9	
GOING TO BED		GOING TO	BED			<u>'</u>		
D13 Do you have difficulty in lying down on your bed or rising from the bed? $1 \rightarrow D14$ $2 \rightarrow D16$ $9 \rightarrow D16$	D13		1 → I	D14	2 → D16	Ģ	→D16	
D14 Have you used an assistance apparatus or 1 2 9	D14	Have you used an assistance apparatus or	1		2		9	

SECTIO	ON 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 T	TOILET		
D16	Do you have difficulty in using the bathroom, including sitting or getting up from the toilet?	1 <b>→</b> D17	2 <b>→</b> GP7	9 <b>→</b> 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

SEC	CION G: SUPPORT NETWORK – H PROVIDED	ELP	Hora al ini	ciar:   _ :			
	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 CO	ODES			
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	Yes No DK/NR	1 →GP9 2→GP63a 9→GP63a				
	errands						
		Spouse		1			
		Sons in the	e house	2			
		Daughters in the house		3			
		Sons outsi	de the house	4			
		Daughters	outside the house	5			
	Whom do you mimorily halo with	Children is	n the house equally	6			
GP9a	Whom do you primarily help with these tasks?	Children o	utside the house equally	7			
		All childre	en equally	8			
	(Ask exhaustively)	Father		9			
	3/	Mother		10			
		Father In-	Law	11			
		Mother In	-Law	12			
		Other		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 to 5 years More than 5 years DK/NR	1 2 3 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 Rarely Sometimes Quite often Nearly always DK/NR	1 2 3 4 5 9	

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.

#### [IF "YES" IN GP63, CONTINUE ASKING GP64]

GP63a	Does your health make you feel	No	0 <b>→</b> GP63b
GI 03a	stressed or anxious?	Yes	1 <b>→</b> GP64a
GP64a	How long have you felt this stress or	Over a year	1
GI 04a	anxiety?	One year or less	2
GP63b	Does your financial situation make	No	0 <b>→</b> GP63c
GI 030	you feel stressed or anxious?	Yes	1 <b>→</b> GP64b
GP64b	How long have you felt this stress or	Over a year	1
GI 040	anxiety?	One year or less	2
	Does your job make you feel stressed	Not applicable	9 <b>→</b> GP63d
GP63c	or anxious?	No	0 <b>→</b> GP63d
	or anxious?		1 <b>→</b> GP64c
GP64c	¿ How long have you felt this stress or	Over a year	1
GF04C	anxiety?	One year or less	2
	Does your relationship with family	Not applicable	9 <b>→</b> GP63e
GP63d	members make you feel stressed or	No	0 <b>→</b> GP63e
	anxious?	Yes	1 <b>→</b> GP64d
GP64d	How long have you felt this stress or	Over a year	1
GI 04u	anxiety?	One year or less	2
	Does your parent's or other family	Not applicable	9 <b>→</b> H1
GP63e	members health make you feel	No	0 <b>→</b> H1
	stressed or anxious?	Yes	1 <b>→</b> GP64e
GP64e	How long have you felt this stress or	Over a year	1
GF04e	anxiety?	One year or less	2

	Now, if you will allow me I would like to take	Second reading	_	_  /
H28	your blood pressure once again.	I	H28a	H28b
П20		Unable to be taken	1	999 / 999

SECTION K: ANTHROPOMETRY Start Time:  _ : _				
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				
measuren				
Number	QUESTIONS	CATEGORIES AND CO	DES	
		Yes	1 → K3	
K2	Is the interviewee able to stand?	No	$2 \rightarrow K5$	
18.2	is the interviewee able to stand:	Refuses anthropometry	$3 \rightarrow \text{End of}$	
		interview		
		Weight		
К3	Weight (in pounds)	Refused	996	
KS	weight (in pounds)	Attempted but unable	997	
		Was not attempted	998	
		Height	cm	
K4	Height	Refused	996	
17.4	Tieight	Attempted but unable	997	
		Was not attempted	998	
	Researcher: Observe whether this	Yes	1	
KN17	person has any visible curvature in	No No	2	
	his/her back (hunchback)		2	
		Height	cm	
K5	Height of the knee	Refused	996	
KS	Treight of the knee	Attempted but unable	997	
		Not attempted	998	
		Circumference	cm	
		Unable to stand	995	
K8	Circumference of the calf	Refused	996	
		Attempted but unable	997	
		Not attempted	998	
		Circumference	cm	
K6	Circumference of the waist	Refused	996	
KO	Chedimerence of the walst	Attempted but unable	997	
		Not attempted	998	
	Circumference of the hip	Circumference	cm	
K7		Refused	996	
117	and an and any	Attempted but unable	997	
		Not attempted	998	
		Circumference	_ cm	
К9	Circumference of the arm	Refused	996	
		Attempted but unable	997	
		Not attempted	998	
		Fold width	mm.	
K10	Tricipital fold	Refused	996	
		Attempted but unable	997	
		Not attempted	998	
		Fold width	mm.	
K11	Subescapular fold	Refused	996	
		Attempted but unable	997	
	<b>i</b>	Not attempted	998	

SECTIO	N K: ANTHROPOMETRY	Start Time:   _ :		
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		
	Have you had an operation on your	Yes	1 <b>→</b> L1	
K12	arms or your hands in the last 3	No	2	
	months?	DK/NR	9	
-				
		K13. First time:		
	Have the interviewee sit for at least	kgs		
	3 minutes before first measurement	Tried, but unable	95	
	on the dominant arm, then wait	Not attempted for safety	97 <b>→</b> L1	
	another 3 minutes before the second	Interviewee disabled	96 <b>→</b> L1	
	measurement on the same arm	Refused to do it	98 <b>→</b> L1	
		Completed test:   _	_  whole	
		Completed test:    d	lecimal	
	Strength of the hand (Dynamometer)			
	(Kgs)	K14. Second time:		
		Tried, but unable	95	
	K15. Note the hand that was used:	Not attempted because of safety		
		Interviewee disabled	96 <b>→</b> L1	
	Right 1	Refused to do it	98 <b>→</b> L1	
	Left 2			
		Completed test:   _	_  whole	
		Completed test:    c	decimal	
End time:   :				

SECC	SECCION L: FLEXIBILITY AND MOBILITY  Start time:   : _					
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 CO	DES			
L1	Do you have any problems that would impair you from doing a mobility and flexibility test?	Yes No	$\begin{array}{c} 1 \rightarrow \text{End interview} \\ 2 \rightarrow \text{L3} \end{array}$			
L3a	Keeping your arms crossed on your chest, get up as quickly as you can five times without stopping.  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.	Complete Tried, but unable Not attempted for safety Refused to do it L3b. Number of attempts L3c. Duration of exercise L3d. Duration of exercise L3e. Height of the chair	_  seconds			
L4	Have you had a cataracts operation or an procedure on the retinas in the last six weeks?	Yes No DK/NR	1→L6 2 9			
L5	Bending over and picking up a pencil.  From a standing position, please bend over and pick up this pencil then straighten yourself.  Interviewer: Put the pencil on the floor in from of the interviewee and	Tried, but unable Not attempted for safety Refused to do it Duration of exercise Duration of exercise	95 96 98     seconds     hundredths			

SECC	ION  L: FLEXIBILITY AND MOBILI	TY Start time:	_ _ :	
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			
	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.			
	Standing up and walking. From a			
L6	sitting position on a chair, please	Tried, but unable	95	
	stand and walk to the location I	Not attempted for safety	96	
	indicate to you.	Refused to do it	98	
	Interviewer: The distance to walk	Duration of exercise	seconds	
	is 3 meters.			

We have finished the interview! Thank you very much for your cooperation.		
INTERVIEWER: NOTE IF THE INTERVIEW WAS DONE CONTINOUSLY OR IF IT SUFFERED INTERRUPTIONS (3 MINUTES OR MORE)	Continouly 1 With interruptions 2	
PDA registe	ers end time:   _ :	