



UNIVERSITY OF COSTA RICA

Central American Population Center (CCP)

CRELES Retirement Cohort (1945-1955)

Costa Rican Longevity and Healthy Aging Study

SPOUSE QUESTIONNAIRE

WAVE 2 (2012)

THIS INFORMATION IS COMPLETELY CONFIDENTIAL AND IS PROVIDED VOLUNTARILY.

Please allow me to make sure that you are [NAME OF THE SPOUSE], spouse of [NAME OF THE SUBJECT]

IF IT IS NOT THE CORRECT PERSON, VOID THIS QUESTIONNAIRE

		PDA registers start time: _ _ _ : _ _
Canton and district:		_ _ _ _ _ _
Segment:		_ _ _ _
House:		_ _
<p>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.</p> <p>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.</p>		
AM1	Interviewer:	Giovanni 3 Maritza 7 Randall 21 Jimmy 22
IDPN2	Interviewer: NAME of the interviewee in round 1	IDP2aN. NAME _____ IDP2bN. First surname _____ IDP3cN. Second surname _____
QA1.	Interviewer: Did you contact (NAME), a family member or another informant?	Yes, (NAME) 1→QA2 Yes, a family member 2→QA2 Yes, another informant 3→QA2 No 4→Attempts
QA2	Result of the interview with the contact	Accepted 1 Declined 2→Finalize For revisit 3→Attempts Hospital without possibility of an interview 4→AMP8 (PROXY) Change of Address 5→Attempts
Attempts	End interview and try again later.	
AMP5	Is the spouse present?	Yes 1 No 2 → AMP8

AM3	The spouse...	Is able to answer the questionnaire 1→ID1 Serious communication problems 2→AMP6
AMP8	Is there someone who knows (NAME) very well and can help us respond to the questionnaire [Proxy]?	Yes 1 No 2 → Revisit
AMP6	Who is the proxy?	Main interviewee Child Other
IDENTIFICATION		
IDP1	Interviewer: Determine if spouse is a new spouse or if he/she is the person interviewed as spouse in the first round	Same spouse as first round 1 New spouse 2→AMP1
IDP2	Information of AMP1 from first round:	IDP2a. NAME _____ IDP2b. First Surname _____ IDP2c. Second surname _____
ID5	To be sure, your name is: (See IDP2)_____	Yes 1→ AMP2 No 2→AMP1 (inquire and/or review number on the noted identification)
AMP1	Interviewer: If the person is a new spouse (IDP1=2) then ask: Please tell me your name and surnames.	AMP1a. NAME _____ AMP1b. First surname _____ AMP1c. Second surname _____
AMP2	The person's sex is	Male 1 Female 2

SECTION ID: IDENTIFICATION		
Before we continue, I would like to again remind you that this interview is completely voluntary and confidential. If there are any questions that you would rather not respond to, simply let me know and we will go on to the next question.		
NO.	QUESTIONS	CATEGORIES AND CODES
Filter	Yes IDP1=1 → ID1 Yes IDP1=2 → IDP3	
IDP3	PDA presents the identification number registered in ID1 in the first round: And ask: To verify, your identification number is: (ID1 of the first round)	Yes 1→ ID2 Does not have 2→ IDP3
IDP3	Would you please show me your identification card?	Identification number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → ID2 Does not have 8888888888→ IDP4
IDP4	PDA presents the passport number or the resident identification number registered in IDN2 in the first round: And ask: To verify, your resident identification is: (IDN2 of the first round)	Yes 1→ ID2 No 2→ IDN2
IDN2	Your resident identification or passport number is:	Resident identification number <input type="text"/> 1 Does not have
ID2	Your date of birth is:	ID2a. Day <input type="text"/> <input type="text"/> ID2b. Month <input type="text"/> <input type="text"/> ID2c. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ID3	To be sure, you are ____ years of age: PDA calculates age	Years <input type="text"/> <input type="text"/> DK/NR 99

C138	BLOOD PRESSURE READING Now if you would allow me I will measure your blood pressure on your arm	First measure <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C138a C138b Unable to be taken 999 / 999
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SECTION C: STATE OF HEALTH		
Now I would like to ask you some question about your health		
NO.	QUESTIONS	CATEGORIES AND CODES
SELF-EVALUATION		
C1	How would you say your health is today: Excellent, Very Good, Good, Fair, Poor?	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 DK/NR 9
Filter 4	C4M and C5M apply if in round 1 person does NOT have hypertension	
C4M	During the last two years did a doctor tell you that you have high blood pressure (hypertension)?	Yes 1 No 2 DK 8 NR 9
C6	When was the last time that you measured your blood pressure?	Less than 6 months 1 From 6 to 11 months 2 From 1 to 2 years 3 More than 2 years 4 Never 5 DK 8 NR 9
Filter 5	C7M and C8M apply if in round 1 she/he did NOT have high cholesterol.	
C7M	In the last two years did a doctor tell you that you have had high cholesterol?	Yes 1 No 2 DK 8 NR 9
C9	When was the last time you measured your cholesterol?	Less than 6 months 1 From 6 to 11 months 2 From 1 to 2 years 3 The previous visit of the field team 4 Never 5 DK 8 NR 9
Filter 6	C10M and C11M apply if in round 1 she/he did NOT have diabetes.	
C10M		Yes 1→ C18M No 2

	In the last two years did a doctor tell you that you have had diabetes (high levels of sugar in the blood)?	DK 8 NR 9
C17	When was the last time that a doctor administered a blood test to see if you had sugar in your blood?	Less than 6 months 1 From 6 to 11 months 2 From 1 to 2 years 3 The previous visit of the field team 4 Never 5 DK 8 NR 9
C18M	In the last two years did a doctor tell you that you have cancer or a malignant tumor, excluding small tumors on the skin?	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 dissatisfied 3 Very dissatisfied 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		Start time: _ _ : _ _	
NO.	QUESTIONS	CATEGORIES AND CODES	
PHYSICAL ACTIVITY			
EV14	In the last 12 months, did you regularly do exercise or rigorous physical activities such as sports, jogging, dancing or heavy work, three times per week?	Yes	1
		No	2
		DK/NR	9

SECTION D: PHYSICAL 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			
		Yes	No	Not able	Doesn't do it	DK/NR
D2	Do you have difficulty walking a few blocks?	1	2	3	4	9
D3	Do you have difficulty climbing stairs for few floors without resting?	1	2	3	4	9
D4	Do you have difficulty pushing or pulling a large object such as a small couch?	1	2	3	4	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
		Declined to perform the test				4
Filter 1. If D1a=2 & D5=1, GO TO GP7						
WALKING						
D6	Do you have difficulty walking across a room from one side to the other	Yes	1 → D7			
		No	2 → D8			
		DK/NR	9 → D8			
D7	Do you use an apparatus or instrument such as a cane, wheelchair, walker, crutches, etc., for help in moving across a room?	Yes	1			
		No	2			
		DK/NR	9			
BATHING						
		Yes	No	DK/NR		
D8	Do you have difficulty bathing, including entering and exiting the tub?	1 → D9	2 → D11	9 → D11		
D9	Have you ever used an apparatus or instrument (railing or a stool) to bathe?	1	2	9		
D10	Does someone help you bathe?	1	2	9		
EATING						
D11	Do you have difficulty eating, including cutting food, filling cups etc.?	1 → D12	2 → D13	9 → D13		
D12	Does someone help you eat?	1	2	9		
GOING TO BED						
D13	Do you have difficulty getting into bed or getting out of bed?	1 → D14	2 → D16	9 → D16		
D14	Have you ever used an apparatus or instrument for support for getting into bed or	1	2	9		

SECTION D: PHYSICAL STATE (ADL / AIDL)				
NO.	QUESTIONS	CATEGORIES AND CODES		
	getting out of bed?			
D15	Does someone help you in getting into bed or getting out of bed?	1	2	9
TOILET USE				
D16	Do you have difficulty using the toilet, including sitting on or raising yourself from the toilet seat?	1→ D17	2→ GP7	9→ GP7
D17	Have you ever used an apparatus or instrument for support for support in using the toilet?	1	2	9
D18	Does someone help you use the toilet?	1	2	9

SECTION G: SUPPORT NETWORK – HELP PROVIDED		Start time: _ _ : _ _
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	Did you (or your spouse) help a relative with basic activities such as getting dressed, eating, or bathing, due to a health problem? Exclude help related to home activities, errands and transportation.	Yes 1 →GP9 No 2→GP63a DK/NR 9→GP63a
GP9	Whom did you primarily help with these tasks? (Ask exhaustively)	Spouse 1 Sons in the house 2 Daughters in the house 3 Sons outside the house 4 Daughters outside the 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 88 DK/NR 99
GP10	In the last month, on average how many days per week did you help this	Days _ _

SECTION G: SUPPORT NETWORK – HELP PROVIDED		Start time: _ _ : _ _	
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	
	person(s) with these tasks?	DK/NR	9
GP11	In the last week, on average, how many hours per day did you help or supervise this person(s) with the chores?	Hours _ _ DK/NR	99
GP12	For how many years have you been helping or supervising this person(s) with any of these chores?	Less than one year 1 to 5 years More than 5 years DK/NR	1 2 3 99
GP14	How often do you feel stressed for having to take care of this person and complete your other responsibilities? Would you say...?	Never Sometimes Often a lot Almost always DK/NR	1 2 3 4 9
In today's society, some people feel stressed or anxious while others don't. I am going to mention a few problems. For each one, please tell me if this currently makes you feel stressed or anxious. [IF RESPONDS YES IN GP63, ASK GP64]			
	GP63. Does this make you feel stressed or anxious?	GP64. Since when have you felt stressed or anxious?	
Problem	0. No	1. Yes	1. Less than 1 year 2. More than 1 year
a. Your health	0 → (Next GP63...)	1	—
b. Your financial situation	0 → (Next GP63...)	1	—
c. Work problems <input type="checkbox"/> 8. Does not Apply → (Next GP63)	0 → (Next GP63...)	1	—
d. Family relations <input type="checkbox"/> 8. Does not Apply → (Next GP63)	0 → (Next GP63...)	1	—
e. The health of your parents or members of the family <input type="checkbox"/> 8. Does not Apply → (Next GP63)	0 → (Next GP63...)	1	—

H28	BLOOD PRESSURE MEASUREMENT 2 Now if you allow me to, I will again measure your blood pressure on your arm.	Second measurement <input type="text"/> / <input type="text"/> H28a H28b Unable to measure 999 / 999
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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	Can the interviewee stand?	Yes 1 <input type="checkbox"/> K3a No 2 <input type="checkbox"/> K8a Declined the anthropometry <input type="checkbox"/> End interview
K3a	Weight (in Lbs)	Lbs _____ Declined 996 Tried but unable 997 Not attempted 998
K8a	Circumference of the calf	Circumference _____ cm Is not able to stand 995 Declined 996 Tried but unable 997 Not attempted 998
K6a	Circumference of the waist	Circumference _____ cm Declined 996 Tried but unable 997 Not attempted 998
K7a	Circumference of the hip	Circumference _____ cm Declined 996 Tried but unable 997 Not attempted 998
K9a	Circumference of the arm	Declined 996 Tried but unable 997 Not attempted 998
K10	Triceps skinfold	Fold _____ mm Declined 996 Tried but unable 997 Not attempted 998
K11	Subscapular skinfold	Fold _____ mm Declined 996 Tried 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 <input type="checkbox"/> 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 is disables	97 <input type="checkbox"/> L1
		Not attempted for safety	96 <input type="checkbox"/> L1
		Declined	98 <input type="checkbox"/> L1
K14	Hand strength (Dynamometer) Second time	Strength _____ kgs	
		Tried but unable	95
		Interviewee disabled	97 <input type="checkbox"/> L1
		Not attempted for safety	96 <input type="checkbox"/> L1
		Declined	98 <input type="checkbox"/> 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 <input type="checkbox"/> End No 2 <input type="checkbox"/> 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 <input type="checkbox"/> L3b Tried, was not able 95 <input type="checkbox"/> L3e Not attempted for safety 96 <input type="checkbox"/> L4 Declined 98 <input type="checkbox"/> 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 <input type="checkbox"/> L6a

		No	2	<input type="checkbox"/> L4
L4	Have you had an operation on your cataracts or an intervention on the retina in the last six weeks?	Yes	1	<input type="checkbox"/> 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: _ _ : _ _				
We have finished the interview! Thank you very much for your cooperation.				
INTERVIEWER: INDICATE IF THE INTERVIEW TOOK PLACE IN A CONTINUOUS MANNER OR IF IT ENDURED INTERRUPTIONS (3 OR MORE MINUTES)			Continuous	1
			With interruptions	2
PDA registers end time: _ _ : _ _				