



C.14 In which organs or parts of your body have you had cancer(s)?

ORGAN/BODY PART	RF	DK
	88	99
	88	99
	88	99
	88	99

C.20 Are you currently taking medication or using another treatment for you respiratory illness?

- YES ..... 1  
 NO ..... 2
- RF ..... 8  
 DK ..... 9

C.21 Does this condition limit your daily activities such as household chores or your job?

- YES ..... 1  
 NO ..... 2
- RF ..... 8  
 DK ..... 9

C.15 In the last two years, have you consulted a doctor or a medical personnel about your cancer?

- YES ..... 1  
 NO ..... 2
- RF ..... 8  
 DK ..... 9

C.16 In the last two years, what type of treatments have you received for your cancer?

**MARK ALL THAT APPLY**

- Chemotherapy/ Medication ..... 1  
 Surgery or Biopsy ..... 2  
 Radiation or X-Ray ..... 3  
 Medication or Treatment for Symptoms (Pain, Nausea, Rash) ..... 4  
 NONE ..... 5
- OTHER \_\_\_\_\_ 7  
 SPECIFY \_\_\_\_\_
- RF ..... 8  
 DK ..... 9

C.17 Are you currently receiving treatment for your cancer?

- YES ..... 1  
 NO ..... 2
- RF ..... 8  
 DK ..... 9

C.18 About in what year or at what age was your (most recent) cancer diagnosed?

YEAR ..... | | | | |

OR

AGE ..... | | | | |

- RF ..... 8888  
 DK ..... 9999

**HEART PROBLEMS**

C.22 Has a doctor or medical personnel ever told you that you have had a heart attack?

- YES ..... 1 → Pass to C.23  
 NO ..... 2
- RF ..... 8 → Go to C.27  
 DK ..... 9

C.23 About in what year or at what age did you have your (most recent) heart attack?

YEAR ..... | | | | |

OR

AGE ..... | | | | |

- RF ..... 8888  
 DK ..... 9999

C.24 Are you currently taking medication for your heart condition?

- YES ..... 1  
 NO ..... 2
- RF ..... 8  
 DK ..... 9

C.25 Do you carry any medicine with you for chest pain?

- YES ..... 1  
 NO ..... 2
- RF ..... 8  
 DK ..... 9

**RESPIRATORY PROBLEMS**

C.19 Has a doctor or medical personnel ever told you that you have a respiratory illness, such as asthma, or emphysema?

- YES ..... 1 → Pass to C.20  
 NO ..... 2
- RF ..... 8 → Go to C.22  
 DK ..... 9

C.26 Does this heart problem limit your daily activities such as household chores or your job?

- YES ..... 1  
 NO ..... 2
- RF ..... 8  
 DK ..... 9

**STROKE**

C.27 Has a doctor or medical personnel ever told you that you have had a stroke?

[VOL] POSSIBLE STROKE OR TIA (TRANSIENT ISCHEMIC ATTACK)

YES ..... 1 → Pass to C.28  
 NO ..... 2  
 RF ..... 8 → Go to C.34  
 DK ..... 9

C.28 In the last two years, have you consulted a doctor or medical personnel for this or any other stroke?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

C.29 Because of your stroke do you have...?

	YES	NO	RF	DK
...any weakness in your arms or legs or has your capacity to move them or use them been diminished?	1	2	8	9
...difficulty in speaking or eating?	1	2	8	9
...difficulty with your vision?	1	2	8	9
...difficulty thinking or saying what you want?	1	2	8	9

C.30 Are you currently taking any medications because of your stroke or for complications due to the stroke?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

C.31 Are you doing physical therapy or rehabilitation because of the stroke or the complications that resulted from the stroke?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

C.32 About in what year or at what age did you have your (most recent) stroke?

YEAR ..... | | | | |  
 OR  
 AGE ..... | | | | |  
 RF ..... 8888  
 DK ..... 9999

C.33 Has this stroke limited your daily activities such as household chores or your job?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

**ARTHRITIS**

C.34 Has a doctor or medical personnel ever told you that you have arthritis or rheumatism?

YES ..... 1 → Pass to C.35  
 NO ..... 2  
 RF ..... 8 → Go to C.39  
 DK ..... 9

C.35 In the last two years, have you consulted a doctor specifically for your arthritis or rheumatism?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

C.36 Do you feel pain, stiffness, or swelling in your joints?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

C.37 Are you taking medication or are you receiving other treatment for your arthritis or rheumatism?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

C.38 Are your daily activities such as household chores or your job limited because of your arthritis?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

**OTHER CONDITIONS**

C.39 In the last 2 years, has a doctor or medical personnel told you that you have...

	YES	NO	RF	DK
Liver or kidney infection?	1	2	8	9
Tuberculosis?	1	2	8	9
Pneumonia?	1	2	8	9

**FALL**

C.40 Have you fallen down in the last two years?

- YES ..... 1 → Pass to C.41  
 NO ..... 2  
 RF ..... 8 → Go to C.43  
 DK ..... 9

C.41 Approximately how many times has this happened?

NUMBEROFTIMES ..... [ ][ ]

- RF ..... 88  
 DK ..... 99

C.42 Have you hurt yourself in these falls badly enough to need medical treatment?

- YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

C.43 Since your fiftieth birthday, have you fractured any bone including your hip?

- YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

**SIGHT**

C.44 Do you usually wear glasses?

- YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

C.45 How is your vision (using glasses)? Is it...

- Excellent ..... 1  
 Very Good ..... 2  
 Good ..... 3  
 Fair ..... 4  
 Poor ..... 5  
 [Vo] LEGALLY BLIND ..... 6  
 RF ..... 8  
 DK ..... 9

**HEARING**

C.46 Do you usually use a hearing aid or auditory device?

- YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

C.47 How is your hearing/auditory range (using hearing aid or auditory device)?

- Excellent ..... 1  
 Very Good ..... 2  
 Good ..... 3  
 Fair ..... 4  
 Poor ..... 5  
 [Vo] LEGALLY DEAF ..... 6  
 RF ..... 8  
 DK ..... 9

**PAIN**

C.48 Do you often suffer from pain?

- YES ..... 1 → Pass to C.49  
 NO ..... 2  
 RF ..... 8 → Go to C.51  
 DK ..... 9

C.49 How is the pain the majority of the time?

- Mild ..... 1  
 Moderate ..... 2  
 Severe ..... 3  
 RF ..... 8  
 DK ..... 9

C.50 Does this pain limit your usual activities such as household chores or your job?

- YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

**PREVENTIVE EXAMS**

C.51 In the last two years, have you had any of the following medical exams or procedures?

	YES	NO	RF	DK
C.51a A vaccination against tetanus	1	2	8	9
C.51b A blood test for cholesterol	1	2	8	9
C.51c A test for tuberculosis	1	2	8	9
C.51d A test for diabetes	1	2	8	9
C.51e A test for hypertension or high blood pressure?	1	2	8	9

**IF RESPONDENT IS...**

**MALE** ..... 1 → Go to C.51i

**FEMALE** ..... 2 → Pass to C.51f

	YES	NO	DOES NOT HAVE	RF	DK
C.51f Do you examine your breasts every month to detect lumps?	1	2	3	8	9
C.51g Have you had a mammogram or an x-ray of your breasts in order to detect cancer?	1	2	3	8	9
C.51h Have you had a pap smear?	1	2	3	8	9





**C.53 On average during the last two years, have you exercised or done hard physical work three or more times a week?**

**INCLUDES VARIOUS ACTIVITIES SUCH AS SPORTS, HEAVY HOUSEHOLD CHORES, OR OTHER PHYSICAL WORK**

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9




**SMOKING**

**C.54 Have you ever smoked cigarettes?**

**INCLUDE MORE THAN 100 CIGARETTES OR 5 PACKS IN YOUR LIFETIME. DO NOT INCLUDE PIPES OR CIGARS.**

YES ..... 1 → Pass to C.55  
 NO ..... 2  
 RF ..... 8 → Go to C.60  
 DK ..... 9

**C.55 Do you smoke cigarettes now?**

YES ..... 1 → Pass to C.56  
 NO ..... 2  
 RF ..... 8 → Go to C.57  
 DK ..... 9

**C.56 About how many cigarettes or packs do you usually smoke in a day?**

**PROBE A RANGE**

CIGARETTES/DAY ..... |\_\_\_\_\_|  
 OR  
 PACKS/DAY ..... |\_\_\_\_\_|

87 OR MORE CIGARETTES ..... 87  
 RF ..... 88  
 DK ..... 99




**C.57 About how old were you when you started smoking?**

AGE ..... |\_\_\_\_\_|  
 OR  
 YEAR STARTED SMOKING ..... |\_\_\_\_\_|  
 OR  
 STARTED SMOKING ...YEARS AGO ..... |\_\_\_\_\_|  
 RF ..... 88  
 DK ..... 99




**IF RESPONDENT CURRENTLY SMOKES (C.55 = 1) GO TO C.60**

**C.58 When you were smoking the most, about how many cigarettes or packs did you usually smoke in a day?**

**ASK FOR AN AVERAGE**

CIGARETTES/DAY ..... |\_\_\_\_\_|  
 OR  
 PACKS/DAY ..... |\_\_\_\_\_|

87 OR MORE CIGARETTES ..... 87  
 RF ..... 88  
 DK ..... 99




**IF RESPONDENT IS FEMALE, PASS TO C.52**

**C.51i In the last 2 years, have you had an exam or blood test to screen for prostate cancer?**

YES ..... 1  
 NO ..... 2  
 ALREADY HAD OPERATION ..... 3  
 RF ..... 8  
 DK ..... 9




**DEPRESSION**

**C.52 These questions refer to how you have felt during the past week. For each question please tell me if the majority of the time:**

	YES	NO	RF	DK
You felt depressed	1	2	8	9
You felt that everything you did was an effort	1	2	8	9
You felt your sleep was restless	1	2	8	9
You felt happy	1	2	8	9
You felt lonely	1	2	8	9
You felt that you enjoyed life	1	2	8	9
You felt sad	1	2	8	9
You felt tired	1	2	8	9
You felt you had a lot of energy	1	2	8	9

C.59 About how many years ago did you stop smoking?

**MARK THE RESPONSE GIVEN**

↓

...YEARS AGO ..... | | | | |

OR

YEAR STOPPED SMOKING ..... | | | | |

OR

AGE WHEN STOPPED SMOKING ..... | | | | |

RF ..... 88

DK ..... 99

| | |

C.65 (When you were drinking), have you ever felt that you should (have) cut down on the quantity of drinks you have (had)?

↓

YES ..... 1

NO ..... 2

RF ..... 8

DK ..... 9

|

**ALCOHOL**

C.60 Do you ever drink any alcoholic beverages such as beer, wine, liquor, or pulque?

YES ..... 1 → Pass to C.61

NO ..... 2 → Go to C.64

[VOL] NEVER HAVE USED ALCOHOL ..... 3 → Go to C.69

RF ..... 8

DK ..... 9 ] → Go to C.64

|

C.66 (When you were drinking), have (did) people ever annoyed you by criticizing your drinking?

↓

YES ..... 1

NO ..... 2

RF ..... 8

DK ..... 9

|

C.61 In the last three months, about how many days a week have you had any alcohol to drink?

**NONE, OR LESS THAN ONE PER WEEK MARK "0" AND GO TO C.69**

NUMBER OF DAYS ..... | | |

RF ..... 8

DK ..... 9

|

C.67 Have you ever felt bad or guilty about drinking?

↓

YES ..... 1

NO ..... 2

RF ..... 8

DK ..... 9

|

C.62 On the days you drank alcoholic beverages in the last three months, about how many drinks did you have per day?

↓

NUMBER OF DRINKS ..... | | | | |

RF ..... 88

DK ..... 99

| | |

C.68 Have you ever had an alcoholic drink when you woke up in the morning in order to calm your nerves or to get rid of a "hangover"?

↓

YES ..... 1

NO ..... 2

RF ..... 8

DK ..... 9

|

**WEIGHT AND HEIGHT**

C.63 In the last three months, on how many days have you had four or more drinks on one occasion?

↓

NUMBER OF DAYS ..... | | | | |

NONE ..... 00

87 OR MORE DAYS ..... 87

RF ..... 88

DK ..... 99

| | |

C.69 Compared to two years ago, do you weigh...

↓

5 more kilos ..... 1

5 less kilos ..... 2

About the same ..... 3

RF ..... 8

DK ..... 9

|

**IF RESPONDENT CURRENTLY DRINKS ALCOHOL (C.60 = 1), GO TO C.65**

C.64 Have you ever had an alcoholic drink in your life?

YES ..... 1 → Pass to C.65

NO ..... 2

RF ..... 8 → Go to C.69

DK ..... 9

|

C.70 In the last two years, have you changed your diet or your exercise habits in order to gain or lose weight?

↓

YES ..... 1

NO ..... 2

RF ..... 8

DK ..... 9

|

C.71 About how much do you weigh now?

↓

**KILOS** ..... | | | | |

RF ..... 888

DK ..... 999

| | | | |

C.72 About how tall are you without shoes?

METERS AND CENTIMETERS ..... | | | | | | | | | |

RF ..... 8.88  
DK ..... 9.99

C.74 Are you missing any limb or part of your legs or arms due to an accident or illness?

YES ..... 1  
NO ..... 2

RF ..... 8  
DK ..... 9

**SYMPTOMS**

C.73 During the last two years have you frequently had any of the following problems or inconveniences?

	YES	NO	RF	DK
C.73a Frequent swelling in your feet or ankles	1	2	8	9
C.73b Difficulty breathing while lying down	1	2	8	9
C.73c Fainting spells or vertigo	1	2	8	9
C.73d Intense thirst	1	2	8	9
C.73e Severe fatigue or exhaustion	1	2	8	9
C.73f Wheezing or cough, or bringing up phlegm	1	2	8	9
C.73g Pain in lower limbs while (or after) walking	1	2	8	9
C.73h Stomach pain, indigestion, diarrhea	1	2	8	9
C.73i Involuntary loss of urine	1	2	8	9
C.73j Pain or burning when urinating	1	2	8	9
C.73k Bleeding when urinating or defecating	1	2	8	9

C.75 In the last 12 months, because of an illness or injury, about how many days did you have to stay in bed more than half a day?

INCLUDE DAYS WHEN YOU WERE IN HOSPITAL

NUMBER OF DAYS ..... | | | | | | | | | |

RF ..... 888  
DK ..... 999

C.76 Has a doctor or medical personnel ever told you that you have any health problem because of your work activities?

INCLUDE WORK ACCIDENTS

YES ..... 1  
NO ..... 2

RF ..... 8  
DK ..... 9

C.77 INTERVIEWER:  
WITH WHAT FREQUENCY DID THE RESPONDENT NEED HELP TO ANSWER SECTION C. HEALTH?

NEVER ..... 1  
A FEW TIMES ..... 2  
MOST OF THE TIME ..... 3

FINISH TIME: | | | | : | | | |

**PASS TO SECTION D**

**HEALTH SERVICES**

	<p><b>D.1 Do you have the right to medical attention in...?</b></p> <p><b>(MARK ALL THAT APPLY)</b></p> <p>YES ..... 1 → Pass to D.2          NO ..... 2          RF ..... 8 → Go to D.3          DK ..... 9</p>	<p><b>D.2 Do you have the right to these medical services because you are...?</b></p> <p>A worker ..... 1          Affiliated on your own ..... 2          Retired ..... 3          Spouse of insured ..... 4          Mother or father of insured ..... 5          Other ..... 7          RF ..... 8          DK ..... 9</p>
Social Security (IMSS)	<input type="checkbox"/>	<input type="checkbox"/>
ISSSTE	<input type="checkbox"/>	<input type="checkbox"/>
Pemex, Defensa o Marina	<input type="checkbox"/>	<input type="checkbox"/>
Private medical insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**IF MARKED NO=2 IN ALL OPTIONS OF D.1, ASK TO VERIFY:**

**D.3 Then, you do not have the right to medical services in any institution?**

YES, HE/SHE HAS ..... 1 → CORRECT ABOVE AND PASS TO D.4  
 NO, HE/SHE DOESN'T HAVE ..... 2  
 RF ..... 8 → Pass to D.4  
 DK ..... 9

**D.4 Including all of your hospital stays of the past year, about how many nights did you stay in a hospital overnight?**

NUMBER OF NIGHTS .....

↓  
Pass to D.5

NONE ..... 000  
 RF ..... 888 → Go to D.8  
 DK ..... 999

**D.6 Altogether, about how much did you pay for these hospitalizations?**

AMOUNT .....

IF RESP SPECIFIES AN AMOUNT, GO TO D.8

NOTHING ..... 000000 → Go to D.8

RF ..... 888888 → Pass to D.7  
 DK ..... 999999

**D.5 Where did you receive the service(s)?**

READ ALL OPTIONS AND CIRCLE ALL THAT APPLY

IMSS ..... 1

ISSSTE ..... 2

Department of Health ..... 3

IMSS Solidaridad ..... 4

Private clinic or hospital ..... 5

Red Cross, Green Cross ..... 6

OTHER ..... 7

RF ..... 8

DK ..... 9

**D.7 Would you say that it was ...**

**D.7a ...more than \$4,000 pesos?**

YES ..... 1 → Go to D.7c  
 No ..... 2 → Pass to D.7b  
 DK ..... 9 → Go to D.8

**D.7b ...more than \$2,000 pesos?**

YES ..... 1  
 No ..... 2 → Go to D.8  
 DK ..... 9

**D.7c ...more than \$16,000 pesos?**

YES ..... 1  
 No ..... 2  
 DK ..... 9

**UTILIZATION OF SERVICES**

	FOLK HEALER	HOMEOPATH	DENTIST	OUTPATIENT PROCEDURES	MEDICAL VISITS
↓	↓	↓	↓	↓	↓
<p><b>D. 8 In the last year, about how many times...</b></p> <p>NONE ..... 000 → Go to the following column, or to D.11</p> <p>RF ..... 888 ] → Pass to D.9</p> <p>DK ..... 999 ]</p>	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
<p><b>D.9 Altogether, about how much did you pay for these consultations, or did you pay in-kind?</b></p> <p><b>IF RESP SPECIFIES AN AMOUNT, GO TO THE FOLLOWING COLUMN, OR TO D.11</b></p> <p>NOTHING ..... 000000 → Go to the following column, or to D.11</p> <p>PAID IN-KIND ..... 777777 ]</p> <p>RF ..... 888888 ] → Pass to D.10</p> <p>DK ..... 999999 ]</p>	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	_ _ _ _ _
<p><b>D.10 Would you say that it was ...</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>D.10a more than \$1,000 pesos?</b></p> <p>YES ..... 1 → Go to D.10c</p> <p>No ..... 2 → Pass to D.10b</p> <p>DK ..... 9 → Go to the following column, or to D.11</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>D.10b more than \$200 pesos?</b></p> <p>YES ..... 1 ] → Go to the following column, or to D.11</p> <p>No ..... 2 ]</p> <p>DK ..... 9 ]</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>D.10c more than \$8,000 pesos?</b></p> <p>YES ..... 1 ] → Go to the following column, or to D.11</p> <p>No ..... 2 ]</p> <p>DK ..... 9 ]</p> </div>	_	_	_	_	_

D.11 In the last year, have you consulted a pharmacist about your health?

YES ..... 1  
NO ..... 2

RF ..... 8  
DK ..... 9

---

D.12 In the last year, have you not taken medications because of excessive cost?

YES ..... 1  
NO ..... 2

RF ..... 8  
DK ..... 9

D.16 Why didn't you go to the doctor?

Because you...	YES	NO	RF	DK
D.16a Thought that he/she would not help you get better	1	2	8	9
D.16b Thought that it would take you too long to get there	1	2	8	9
D.16c Did not have the money	1	2	8	9
D.16d Did not want to bother anyone to bring you	1	2	8	9
D.16e Were afraid of what the doctor might find	1	2	8	9

**MEDICAL EXPENSES**

D.13 In the last year, who paid most of the out-of-pocket medical costs?

SON/DAUGHTER ..... 01  
SON/DAUGHTER-IN-LAW ..... 02 → Pass to D.14  
GRANDCHILD ..... 03  
FATHER/MOTHER ..... 04  
OTHER RELATIVE ..... 05  
OTHER PERSON ..... 06  
RESPONDENT AND/OR SPOUSE ..... 07 → Go to D.15  
DID NOT HAVE EXPENSES ..... 08

RF ..... 88  
DK ..... 99

**SERVICES SELECTION CRITERIA: TYPE OF PROBLEM**

D.17 To whom or where would you go if you had a minor health problem (such as a cold)?

(CIRCLE ALL OPTIONS THAT APPLY)

IMSS ..... 01  
ISSSTE ..... 02  
Other public service ..... 03  
Private Service ..... 04  
Pharmacy ..... 05  
Chiropractor ..... 06  
Homeopath ..... 07  
Folk healer/Bonesetter/Herbalist ..... 08  
NO ONE ..... 09  
[VOL] SELF-MEDICATION ..... 10

RF ..... 88  
DK ..... 99

D.14 Which child paid most?

[IF IT IS SON/DAUGHTER-IN-LAW, NOTE THE REGISTRATION NUMBER OF THE CHILD HE/SHE IS RELATED TO]

NAME REGISTRATION NUMBER

ALL ..... 781  
RF ..... 888  
DK ..... 999

D.18 To whom or where would you go if you had a serious health problem (such as heart attack)?

(CIRCLE ALL OPTIONS THAT APPLY)

IMSS ..... 01  
ISSSTE ..... 02  
Other public service ..... 03  
Private Service ..... 04  
Pharmacy ..... 05  
Chiropractor ..... 06  
Homeopath ..... 07  
Folk healer/Bonesetter/Herbalist ..... 08  
NO ONE ..... 09

RF ..... 88  
DK ..... 99

**BELIEFS**

D.15 In the last five years, was there at least one instance when you had a serious health problem but you did not go to the doctor?

YES ..... 1 → Pass to D.16  
NO ..... 2

RF ..... 8 → Go to D.17  
DK ..... 9

D.19 I'm going to read what people say sometimes about their lives. For each statement, please tell me if you: Agree, Somewhat Agree, Somewhat Disagree, or Disagree:

	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	RF	DK
D.19a There's no sense in planning a lot for the future	1	2	3	4	8	9
D.19b The really good things that happen to you are mostly luck	1	2	3	4	8	9
D.19c One is responsible for his/her own successes	1	2	3	4	8	9
D.19d One can do just about anything he/she put his/her mind to	1	2	3	4	8	9
D.19e Most of one's problems are due to bad luck	1	2	3	4	8	9
D.19f One has little control on the bad things that happen to him/her	1	2	3	4	8	9
D.19g One's misfortunes are the result of his/her own mistakes	1	2	3	4	8	9
D.19h One is responsible for his/her own failures	1	2	3	4	8	9


D.20 Do you think that a person your age can improve his/her health through regular exercise, balanced diet, or by stopping smoking?

- YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

D.22 Would you say that you have much more say in decision making than your spouse, somewhat more, or only a little bit more?

- MUCH MORE ..... 1  
 SOMEWHAT MORE ..... 2  
 RF ..... 8  
 DK ..... 9

→ Go to D.24

FAMILY DECISIONS

IF RESPONDENT IS NOT MARRIED OR IN A UNION, GO TO D.24

D.21 When it comes to making important family decisions, who has the most say in decision making – you or your spouse?

- RESPONDENT ..... 1 → Pass to D.22  
 ABOUT THE SAME ..... 2 → Go to D.24  
 SPOUSE ..... 3 → Go to D.23  
 RF ..... 8  
 DK ..... 9 → Go to D.24

D.23 Would you say that he/she has much more say in decision making than you, somewhat more, or only a little bit more?

- MUCHMORE ..... 1  
 SOMEWHAT MORE ..... 2  
 RF ..... 8  
 DK ..... 9

D.24 INTERVIEWER:  
 WITH WHAT FREQUENCY DID THE RESPONDENT NEED HELP TO ANSWER SECTION D. HEALTH SERVICES?

- NEVER ..... 1  
 A FEW TIMES ..... 2  
 MOST OF THE TIME ..... 3

FINISH TIME: \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_

PASS TO SECTION E

**E.1 INTERVIEWER:**  
INDICATE THE LANGUAGE OF THE INTERVIEW

SPANISH ..... 1 → Pass to READ INSTRUCTIONS

OTHER ..... 2 → Go to Section F  
SPECIFY



**READ INSTRUCTIONS:**

Next, we will present you with a series of exercises to see how your memory works. I am going to ask you some questions and ask you that you do some tasks. You will find that some of the tasks are easy and others are more difficult. It may be that you do not know the answers to all of the questions. There is no problem with this. No one can correctly answer all of the questions the first time. But it is important to make your best effort. If you are not sure of an answer, you can guess, or give me the best answer that you can think of. Do you have any questions?

**IF RESPONDENT IS NOT USING GLASSES, PASS TO E.3**

**E.2 Do your glasses help you to see things close-up?**

YES ..... 1 → Go to E.5

NO ..... 2 → Pass to E.3



**E.3 Do you normally use (other) glasses to see things close-up?**

YES ..... 1 → Can you please put on your (these) glasses → Go to E.5

NO ..... 2 → Pass to E.4



**E.4 Do you have problems seeing things close-up without using glasses, for example to see objects on a page?**

YES ..... 1 → I need for you to look at this page. Let's see if these glasses help you.  
(GIVE THE RESPONDENT THE MAGNIFYING LENSES) → Go to E.5

NO ..... 2 → Go to E.5



**E.5 READ INSTRUCTIONS:**

Next, I will present you with a sentence to practice your reading abilities. Please read the text in a loud voice.

Take this medicine once a day after dinner



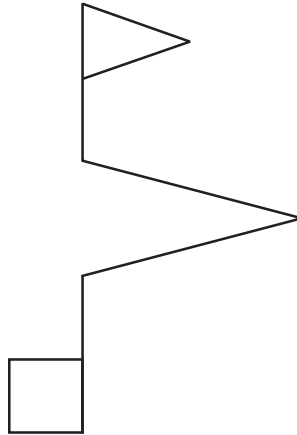
E.8 FIGURE-1

PRESENT THIS PAGE TO THE RESPONDENT WITH IT ORIENTED VERTICALLY, AND READ INSTRUCTIONS:

Draw this figure in the space below. Try to draw your figure exactly how appears on my page. I am going to time you. I will indicate when you can start and when to stop.

ALLOW ONLY ONE AND A HALF MINUTES (90 SECONDS) TO DRAW THE FIGURE.

E.8 FIGURE-1



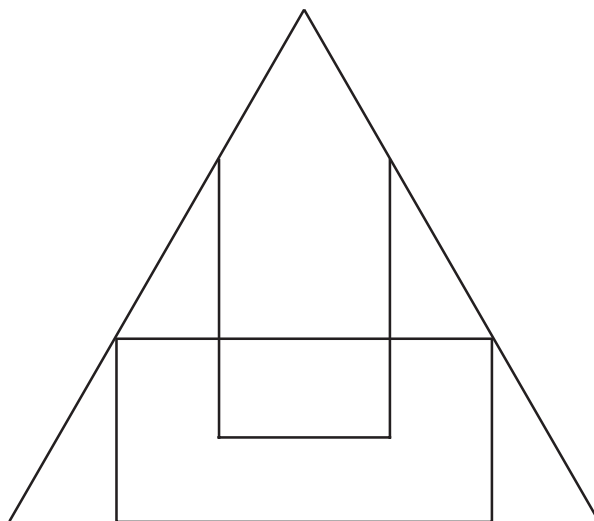
E.9 FIGURE-2

PRESENT THIS FIGURE (TRIANGLE) AND REPEAT THE INSTRUCTIONS:

Draw this figure in the space provided. Try to draw your figure so that it appears exactly like mine.

ALLOW ONLY ONE AND A HALF MINUTES (90 SECONDS) TO DRAW THE FIGURE.

E.9 FIGURE-2



**E.10 VERBAL IMMEDIATE RECALL - Example 1**

I'm going to read you a list of words. Listen carefully. When I finish reading them, you should repeat all the words that you can. It does not matter the order in which you repeat them.

IN CASE OF INTERVIEW WITH A COUPLE, ASK THE MONTH OF BIRTH OF EACH PERSON. USE LIST A FOR THE PERSON BORN IN THE EARLIER MONTH OF THE CALENDAR YEAR AND LIST B FOR THE LATTER ONE.

IN CASE OF SINGLE INTERVIEW IN THE HOUSEHOLD: USE LIST A IF TODAY IS MONDAY, WEDNESDAY OR FRIDAY  
USE LIST B IF IT IS ANY OTHER DAY

INDICATE WHICH LIST YOU USED

LIST A ..... 1  
LIST B ..... 2  
REFUSED ..... 8

_
---

READ THE LIST OF WORDS CLEARLY, ONE EVERY TWO SECONDS. DO NOT REPEAT WORDS AFTER READING THE LIST.

CIRCLE THE WORDS MENTIONED BY THE RESPONDENT IN EXERCISE # 1.

AFTER THE RESPONDENT FINISHES ANSWERING, WAIT 15 SECONDS AND PRESENT EXERCISE # 2.

**E.11 VERBAL SKILLS - Exercise 2 and 3:**

"I am going to read the same list one more time. Again, when I stop, tell me all the words that you can remember, including those that you said before."

FOLLOW THE SAME PROCEDURE AS IN EXERCISE # 1.

**LIST A CIRCLE THE WORDS REMEMBERED**

EXERCISE 1		EXERCISE 2		EXERCISE 3	
Cat	_	Pear	_	Mouse	_
Arm	_	Skirt	_	Lime	_
Pear	_	Chair	_	Arm	_
Lime	_	Cat	_	House	_
Chair	_	Mouse	_	Cat	_
House	_	Arm	_	Skirt	_
Mouse	_	House	_	Pear	_
Skirt	_	Lime	_	Chair	_
TOTAL NUMBER OF CORRECT WORDS	_	TOTAL NUMBER OF CORRECT WORDS	_	TOTAL NUMBER OF CORRECT WORDS	_

**LIST B CIRCLE THE WORDS REMEMBERED**

EXERCISE 1		EXERCISE 2		EXERCISE 3	
Dog	_	Bed	_	Table	_
Hand	_	Cow	_	Strawberry	_
Bed	_	Boot	_	Hand	_
Strawberry	_	Dog	_	Lemon	_
Boot	_	Table	_	Dog	_
Lemon	_	Hand	_	Cow	_
Table	_	Lemon	_	Bed	_
Cow	_	Strawberry	_	Boot	_
TOTAL NUMBER OF CORRECT WORDS	_	TOTAL NUMBER OF CORRECT WORDS	_	TOTAL NUMBER OF CORRECT WORDS	_

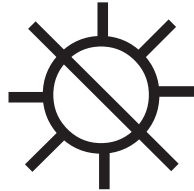


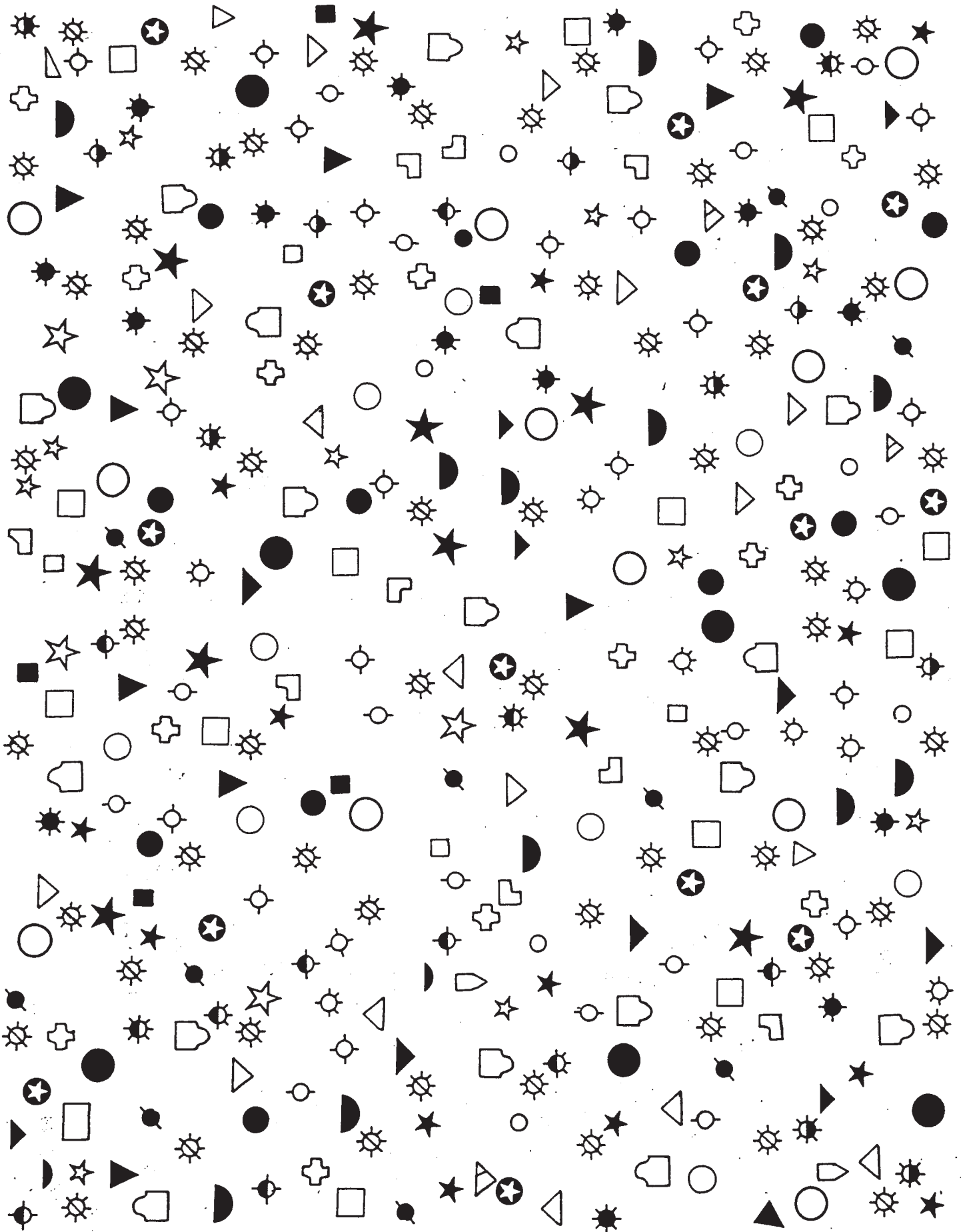
**E.12 VISUAL SCANNING:**

**PRESENT THE TEST PAGE TO THE RESPONDENT SO THAT IT IS ORIENTED HORIZONTALLY IN SUCH A WAY THAT THE TEST PAGE HAS A SMALL DOT AT THE TOP OF THE PAGE. SHOW THIS SHEET WITH THE FIGURE ON IT, AND INSTRUCT THE RESPONDENT:**

**On the following page, please look for those figures that appear exactly the same as this one I am now showing you. Find as many figures as you can, and put a circle around each figure like I am doing. (WITH A PENCIL, CIRCLE AN EXAMPLE IN THE MIDDLE OF THE PAGE). Circle only the figures that are exactly like this one. Work as quickly as you can, until I tell you to stop”**

**BEGIN TO COUNT THE TIME WHEN THE RESPONDENT CIRCLES THE FIRST OBJECT, AND FINISH 60 SECONDS FROM THAT POINT.**





**E.13 VISUAL FIGURE RECALL**

**PRESENT THE RESPONDENT WITH THE BLANK SHEET SO THAT IT IS ORIENTED VERTICALLY, AND INSTRUCT:**

Please recall the figures you drew before. Draw them again on this piece of paper.

**SUGGEST TO THE RESPONDENT THAT S/HE CAN GUESS OR GIVE PARTIAL ANSWERS IF S/HE APPEARS TO BE INSECURE. IF THE RESPONDENT PRODUCES A DESIGN OF THE VISUAL SCANNING TEST, TELL THE RESPONDENT:**

Please draw the other figures that you drew before.

**PERMIT ONLY THREE MINUTES TO DRAW THE TWO FIGURES.**

## E.13 VISUAL FIGURE RECALL

**E.14 VERBAL DELAYED MEMORY RECALL**

Recall the long list of words that I read before? Please tell me all of the words of the list that you can remember, in whatever order you wish.

MARK THOSE WORDS WHICH THE RESPONDENT MENTIONS.

**LIST A CIRCLE THE WORDS REMEMBERED**

Cat	_
Arm	_
Pear	_
Lime	_
Chair	_
House	_
Mouse	_
Skirt	_
TOTAL NUMBER OF CORRECT WORDS	_

**LIST B CIRCLE THE WORDS REMEMBERED**

Dog	_
Hand	_
Bed	_
Strawberry	_
Boot	_
Lemon	_
Table	_
Cow	_
TOTAL NUMBER OF CORRECT WORDS	_

AFTER THE RESPONDENT HAS STOPPED ANSWERING, WAIT 15 SECONDS, THEN STOP

FINISH TIME: |\_|:|\_|:|\_|

**PASS TO SECTION F**

SUMMARY OF COGNITIVE TEST		
INTERVIEWER: DO NOT FILL (TO BE FILLED OUT BY CODER)		SCORE
E.8 AND E.9	COPYING OF FIGURES	_
E.12	VISUAL SCANNING	_
E.13	FIGURE RECALL	_

**DIFFICULTY WITH ACTIVITIES**

Please tell me if you have any difficulty in doing each of the daily activities that I am going to read. Don't include difficulties that you believe will last less than three months.

	YES	NO	CAN'T DO	DOESN'T DO	RF	DK	
H.1 Because of a health problem, do you have difficulty with walking several blocks?	1 GOTO H.3	2	6 GOTO H.3	7 GOTO H.3	8 GOTO H.3	9 GOTO H.3	<input type="checkbox"/>
H.2 Because of a health problem, do you have difficulty with running or jogging one kilometer?	1 GOTO H.4	2 GOTO H.4	6 GOTO H.4	7 GOTO H.4	8 GOTO H.4	9 GOTO H.4	<input type="checkbox"/>
H.3 Because of a health problem, do you have difficulty with walking one block?	1	2	6	7	8	9	<input type="checkbox"/>
H.4 Because of a health problem, do you have difficulty with sitting for about 2 hours?	1	2	6	7	8	9	<input type="checkbox"/>
H.5 Because of a health problem, do you have difficulty with getting up from a chair after sitting for long periods?	1	2	6	7	8	9	<input type="checkbox"/>
H.6 Because of a health problem, do you have difficulty with climbing several flights of stairs without resting?	1	2 GOTO H.8	6	7	8	9	<input type="checkbox"/>
H.7 Because of a health problem, do you have difficulty with climbing one flight of stairs without resting?	1	2	6	7	8	9	<input type="checkbox"/>
H.8 Because of a health problem, do you have difficulty with stooping, kneeling, or crouching?	1	2	6	7	8	9	<input type="checkbox"/>
H.9 Because of a health problem, do you have difficulty with reaching or extending your arms above shoulder level?	1	2	6	7	8	9	<input type="checkbox"/>
H.10 Because of a health problem, do you have difficulty with pulling or pushing large objects like a living-room chair?	1	2	6	7	8	9	<input type="checkbox"/>
H.11 Because of a health problem, do you have difficulty with lifting or carrying objects weighing over 5 kg, like a heavy bag of groceries?	1	2	6	7	8	9	<input type="checkbox"/>
H.12 Because of a health problem, do you have difficulty with picking up a 1 peso coin from the table?	1	2	6	7	8	9	<input type="checkbox"/>
H.13 Because of a health problem, do you have difficulty with dressing including putting on shoes and socks?	1 PASS TO H.14	2 GO TO FILTER IN THE NEXT PAGE	6 PASS TO H.14	7 PASS TO H.14	8 GO TO H.15	9 GO TO H.15	<input type="checkbox"/>

H.14 Does anyone ever help you get dressed?

YES ..... 1  
 NO ..... 2  
 RF ..... 8  
 DK ..... 9

**ACTIVITIES OF DAILY LIVING**

**FILTER: INTERVIEWER : LOOK AT THE COLUMN "NO" ON THE PREVIOUS PAGE, AND IF THE RESPONSE TO H.1 THROUGH H.13 WAS ALWAYS "NO=2" (EXCLUDING SHADED AREAS (H.2 AND H.6)), GO TO H.26**

	WALK	BATH	EAT	BED	TOILET
<p>Please tell me if you have any difficulty with each of the activities I mention. If you do not do any of the following activities, simply tell me. Do not include difficulties that you believe will last less than three months.</p> <p style="text-align: center;">↓</p>	<p>H.15 ...with walking across a room?</p> <p style="text-align: center;">↓</p>	<p>H.16 ...with bathing or showering?</p> <p style="text-align: center;">↓</p>	<p>H.17 ...with eating, such as cutting your food?</p> <p style="text-align: center;">↓</p>	<p>H.18 ...with getting into or out of bed?</p> <p style="text-align: center;">↓</p>	<p>H.19 ...with using the toilet, including getting on and off the toilet or squatting?</p> <p style="text-align: center;">↓</p>
<p>A. Because of a health problem, do you have any difficulty...</p> <p>↓</p> <p>YES ..... 1 NO ..... 2 CAN'T DO ..... 6 DOESN'T DO ..... 7</p> <p>RF ..... 8 DK ..... 9</p>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<p>B. Do you ever use equipment or devices such as a cane, walker or wheelchair...</p> <p>↓</p> <p>YES ..... 1 NO ..... 2</p> <p>RF ..... 8 DK ..... 9</p>	<input type="checkbox"/>	X	X	<input type="checkbox"/>	X
<p>IF RESPONDENT DOESN'T HAVE DIFFICULTY (A.=2) WITH THE ACTIVITY, GO TO NEXT COLUMN</p> <p>IF RESPONDENT IS <u>NOT</u> MARRIED/IN A UNION, GO TO D.</p> <p>C. Does your spouse help you...?</p> <p>↓</p> <p>YES ..... 1 NO ..... 2</p> <p>RF ..... 8 DK ..... 9</p>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<p>D. Does anyone (else) ever help you...?</p> <p>YES ..... 1 NO ..... 2</p> <p>RF ..... 8 DK ..... 9</p> <p style="margin-left: 200px;">} → Go to next column or pass to H.20</p>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**H.20 INTERVIEWER: MARK IF IN QUESTION D. THE RESPONDENT RECEIVES HELP (YES=1) WITH AT LEAST ONE ACTIVITY IN H.15 A H.19**

YES, AT LEAST ONE ..... 1 → Pass to H.21

NO, NONE ..... 2 → Go to H.26

HELP WITH ACTIVITIES OF DAILY LIVING

H.21 Please tell me who helps you with these activities? We will begin with a list of your children, son/daughter-in-laws, grandchildren and other people.

H.21	H.22	H.23	H.24	H.25
<b>NAME</b>  ↓	<b>RELATION</b> CHILD ..... 1 CHILD-IN-LAW ..... 2 GRANDCHILD ..... 3 PARENT ..... 4 OTHER RELATIVE ..... 5 OTHER PERSON ..... 6 PAID PERSON ..... 7  RF ..... 8 DK ..... 9  →	<b>IF THE PERSON IS INCLUDED IN ANY ROSTER, NOTE THE ROSTER REGISTRATION NUMBER.</b>  <b>[IF CHILD-IN-LAW/ GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD HE/SHE IS RELATED TO]</b>  <b>[IF PERSON IS NOT IN ANY ROSTER NOTE 666]</b>  →	<b>During the past month, about how many days did (NAME) help you?</b>  EVERY DAY ..... 30  →	<b>On those days that (NAME) helps you, about how many hours does he/she help you?</b>  LESS THAN 1 HOUR ..... 01
NAME	RELATIONSHIP	REGISTRATION NUMBER	DAYS	HOURS
	□	□□□□□	□□□	□□□
	□	□□□□□	□□□	□□□
	□	□□□□□	□□□	□□□
	□	□□□□□	□□□	□□□
	□	□□□□□	□□□	□□□
	□	□□□□□	□□□	□□□
	□	□□□□□	□□□	□□□
	□	□□□□□	□□□	□□□
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	□	□□□□□	□□□	□□□
	□	□□□□□	□□□	□□□
	□	□□□□□	□□□	□□□

**INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

	MEAL	SHOPPING	MEDICINES	MONEY
<p>Now I am going to mention other activities. Please tell me if you have any difficulty with the activities that I mention to you. If you do not do any of the following activities, simply tell me. Do not include difficulties that you believe will last less than three months.</p> <p style="text-align: center;">↓</p>	<p>H.26 ...with preparing a hot meal?</p> <p style="text-align: center;">↓</p>	<p>H.27 ...with shopping for groceries?</p> <p style="text-align: center;">↓</p>	<p>H.28 ...with taking medications (if you take any or needed to do so)?</p> <p style="text-align: center;">↓</p>	<p>H.29 ...managing your money?</p> <p style="text-align: center;">↓</p>
<p>A. Because of a health problem, do you have any difficulty...</p> <p>YES ..... 1 → Pass to B.</p> <p>NO ..... 2 → Go to next column or to H.30</p> <p>CAN'T DO ..... 6 DOESN'T DO ..... 7 } → Pass to B.</p> <p>RF ..... 8 DK ..... 9 } → Go to next column or to H.30</p>	□	□	□	□
<p>B. Is this because of a health problem?</p> <p>↓</p> <p>YES ..... 1 NO ..... 2</p> <p>RF ..... 8 DK ..... 9</p>	□	□	□	□
<p>IF RESPONDENT DOESN'T HAVE DIFFICULTY (A.=2) WITH THE ACTIVITY, GO TO NEXT COLUMN</p> <p>IF RESPONDENT IS <u>NOT</u> MARRIED/IN A UNION, GO TO D.</p> <p>C. Does your spouse help you...?</p> <p>↓</p> <p>YES ..... 1 NO ..... 2</p> <p>RF ..... 8 DK ..... 9</p>	□	□	□	□
<p>D. Does anyone (else) ever help you...?</p> <p>YES ..... 1 NO ..... 2 } → Go to next column or to H.30</p> <p>RF ..... 8 DK ..... 9</p>	□	□	□	□

**H.30 INTERVIEWER:**  
**MARK IF IN QUESTION D. THE RESPONDENT RECEIVES HELP (YES=1) WITH AT LEAST ONE ACTIVITY IN H.26 A H.29**

YES, AT LEAST ONE ..... 1 → Pass to H.31

NO, NONE ..... 2 → Go to H.36

□

**HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

H.31 Please tell me who helps you with these activities? We will begin with a list of your children, son/daughter-in-laws, grandchildren and other people.

H.31	H.32	H.33	H.34	H.35
<p><b>NAME</b></p> <p>↓</p>	<p><b>RELATION</b></p> <p>CHILD ..... 1                      CHILD-IN-LAW ..... 2                      GRANDCHILD ..... 3                      PARENT ..... 4                      OTHER RELATIVE ..... 5                      OTHER PERSON ..... 6                      PAID PERSON ..... 7</p> <p>RF ..... 8                      DK ..... 9</p> <p>→</p>	<p><b>IF THE PERSON IS INCLUDED IN ANY ROSTER, NOTE THE ROSTER REGISTRATION NUMBER.</b></p> <p><b>[IF CHILD-IN-LAW/ GRANDCHILD, NOTE THE REGISTRATION NUMBER OF THE CHILD HE/SHE IS RELATED TO]</b></p> <p><b>[IF PERSON IS NOT IN ANY ROSTER NOTE 666]</b></p> <p>→</p>	<p><b>During the past month, about how many days did (NAME) help you?</b></p> <p>EVERY DAY ..... 30</p> <p>→</p>	<p><b>On those days that (NAME) helps you, about how many hours does he/she help you?</b></p> <p>LESS THAN 1 HOUR ..... 01</p>
NAME	RELATIONSHIP	REGISTRATION NUMBER	DAYS	HOURS
	□□□	□□□□□	□□□	□□□
	□□□	□□□□□	□□□	□□□
	□□□	□□□□□	□□□	□□□
	□□□	□□□□□	□□□	□□□
	□□□	□□□□□	□□□	□□□
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	□□□	□□□□□	□□□	□□□

H.36 **INTERVIEWER:**  
**WITH WHAT FREQUENCY DID THE RESPONDENT NEED HELP TO ANSWER SECTION H. FUNCTIONALITY AND HELP?**

- NEVER ..... 1
- A FEW TIMES ..... 2
- MOST OF THE TIME ..... 3

□

FINISH TIME: □:□:□

**PASS TO SECTION I**

<p><b>L.1 INTERVIEWER: INDICATE WHETHER RESPONDENT HAS BEEN SELECTED FOR THE ANTHROPOMETRIC MEASUREMENTS</b></p> <p>YES ..... 1 → <b>GOTO L.3</b></p> <p>NO ..... 2 → <b>PASSTO L.2</b></p>	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
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<p><b>L.2 INTERVIEWER: INDICATE WHETHER THE INTERVIEW IS WITH A COUPLE</b></p> <p>SI ..... 1 → <b>PASSTO SECOND INTERVIEW</b></p> <p>NO ..... 2 → <b>GOTO INFORMATION FOR FUTURE CONTACT (LAST PAGE OF THE INSTRUMENT)</b></p>	<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/>
--	--

We would like to better understand certain aspects related to the health and physical status of persons your age. For this reason we are going to take some measurements including your weight. If you have any questions now or later, please don't hesitate to ask

<p><b>L.3 Now I'm going to weigh you</b></p> <p>Weight .....  _ _ _  kg <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>↓</p> <p>Tried, but couldn't do it ..... <b>995</b></p> <p>Did not try ..... <b>996</b></p> <p>Can't stand up ..... <b>997</b></p> <p>Refused ..... <b>999</b></p>	<p><b>L.6 Hip circumference</b></p> <p>Hip circumference .....  _ _ _  cm <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>↓</p> <p>Tried, but couldn't do it ..... <b>995</b></p> <p>Did not try ..... <b>996</b></p> <p>Can't stand up ..... <b>997</b></p> <p>Refused ..... <b>999</b></p>
<p><b>L.4 Height</b></p> <p>Height .....  _ _ _  cm <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>↓</p> <p>Tried, but couldn't do it ..... <b>995</b></p> <p>Did not try ..... <b>996</b></p> <p>Can't stand up ..... <b>997</b></p> <p>Refused ..... <b>999</b></p>	<p><b>L.7 Calf circumference</b></p> <p>Calf .....  _ _ _  cm <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>↓</p> <p>Tried, but couldn't do it ..... <b>995</b></p> <p>Did not try ..... <b>996</b></p> <p>Can't stand up ..... <b>997</b></p> <p>Refused ..... <b>999</b></p>
<p><b>L.5 Waist circumference</b></p> <p>Waist .....  _ _ _  cm <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>↓</p> <p>Tried, but couldn't do it ..... <b>995</b></p> <p>Did not try ..... <b>996</b></p> <p>Can't stand up ..... <b>997</b></p> <p>Refused ..... <b>999</b></p>	<p><b>L.8 Measurement of knee height from the ground</b></p> <p>Knee height .....  _ _ _  cm <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>↓</p> <p>Tried, but couldn't do it ..... <b>995</b></p> <p>Did not try ..... <b>996</b></p> <p>Can't stand up ..... <b>997</b></p> <p>Refused ..... <b>999</b></p>

L.9 To finish, I need for you to do an exercise to measure mobility. I'm going to show you how to do the following exercise. I would like you to try to do it. If you think that you cannot do it or that it is too dangerous, please tell me so.

While standing up, please try to balance on one foot without holding onto or grabbing anything. You can start with either foot; then we'll try with the other one.

I'm going to time it, so I'll tell you when to start and when to finish (TEN SECONDS). We can stop whenever you feel you are going to lose your balance.

Let's start with the foot on which you feel safest.

**Right foot**

- Missing or injured extremity ..... 94
- Tried, but couldn't do it ..... 95
- Did not try for safety reason ..... 96
- Can't stand up ..... 97
- Refused ..... 99

Did the test in:

Seconds ..... |\_\_|\_\_|

**Left foot**

- Missing or hurting extremity ..... 94
- Tried, but couldn't do it ..... 95
- Did not try for safety reason ..... 96
- Can't stand up ..... 97
- Refused ..... 99

Did the test in:

Seconds ..... |\_\_|\_\_|



|\_\_|\_\_|

|\_\_|\_\_|

**L.10 INTERVIEWER: INDICATE WHETHER THE INTERVIEW IS WITH A COUPLE**

YES ..... 1 → **PASS TO SECOND INTERVIEW**

NO ..... 2 → **GO TO INFORMATION FOR FUTURE CONTACT (LAST PAGE OF THE INSTRUMENT)**

|\_\_|

FINISH TIME: |\_\_|:|\_\_|:|\_\_|