

Appendix 4: Cognitive Testing Interview Guide

What is cognitive testing? How is it useful?

The primary purpose of cognitive testing is to investigate how well questions perform when asked of survey respondents, that is, if respondents understand the question correctly and if they can provide accurate answers. Cognitive testing insures that a survey question successfully captures the scientific intent of the question and, at the same time, makes sense to respondents. Questions that are misunderstood by respondents or that are difficult to answer can be improved prior to fielding the survey, thereby increasing the overall quality of survey data. Additionally, once survey data has been collected, cognitive testing results can provide useful information for users by documenting potential sources of response error as well as providing a richer understanding of the type of data that has been collected.

In evaluating a question's performance, cognitive testing examines the question-response process (a process that can be conceptualized by four stages: comprehension, retrieval, judgment and response) and considers the degree of difficulty respondents experience as they formulate an accurate response to the question. In each of the four stages, various types of response errors can occur. The following chart outlines some of those problems:

Cognitive Model of Question-Response

	Cognitive Stage	Definition	Response Errors/Question Problems
Stage 1	Comprehension	Respondent interprets the question	Unknown terms, Ambiguous concepts, Long and overly complex
Stage 2	Retrieval	Respondent searches memory for relevant information	Recall difficulty
Stage 3	Judgment	Respondent evaluates and/or estimates response	Biased or sensitive, Estimation difficulty
Stage 4	Response	Respondent provides information in the format requested	Incomplete response options

Typically, cognitive testing is performed by conducting in-depth, semi-structured interviews with a small number of respondents similar to those targeted in the survey. The interviews are designed to elicit respondents' thought processes when answering the tested question, specifically, how they understood a question and how they arrived at their answer. Data from cognitive interviews are qualitative, and analysis of those interviews can indicate the sources of potential response error as well as various interpretations of the question. By conducting a comparative analysis of cognitive interviews, it is possible to identify patterns of error and patterns of interpretation across groups of people. This type of analysis is especially useful when examining the comparability of measures, for example, between countries or between social classes.

The differences between cognitive testing and field testing are important to understand. Unlike a field test, the primary objective of a cognitive test is not to produce statistical data that can be generalized to an entire population. Rather, the objective of cognitive testing is to provide an in-depth exploration of particular concepts, processes and patterns of interpretation. As a result, cognitive testing draws upon a much smaller, purposive sample. Finally, because the interview involves examining what a respondent is actually thinking or feeling when

answering a question, the cognitive interview can seem somewhat personal or even strange to respondents, and it is important to make this clear to respondents when they have volunteered for a cognitive interview.

Testing the Washington Group questions: What are the goals? What are the challenges?

The primary goal of cognitive testing is to

- Determine whether questions are being interpreted as intended. That is, if they are capturing aspects of the selected functional domains
- Determine whether questions are interpreted consistently across countries and among subpopulations

Challenges for conducting the cognitive test

- Interviewers may have little or no training
- Interviewers may have no understanding of cognitive methods
- Multiple languages
- Multiple cultures
- Variety of levels of country resources

Given the challenges, the cognitive testing protocol must:

- Be a more structured interview guide than traditional cognitive interviewing
- Provide very simple instructions
- Contain few skip patterns
- Rely on quantitative data and analysis

The final protocol, though unconventional because it is not qualitative, is based on the principles of traditional cognitive testing and is designed to collect information regarding the question response process, including patterns of interpretation, evaluation and decision-making patterns, as well as potential response error.

Instructions for conducting the Washington Group Cognitive Test

In comparison to the field test, few resources are required to conduct the cognitive test. The cognitive test can be conducted in the time of approximately one week and requires only a few interviewers. The following steps outline the procedures to conduct the cognitive test of the Washington Group questions:

1. Translating the Cognitive Test Questionnaire

It is important to modify the cognitive test questionnaire specifically for your country and the respondents that you will be interviewing. The cognitive test questionnaire was initially developed in English in the United States. A Spanish version of the questionnaire was also produced to test the protocol among Spanish-speaking respondents in the United States. It was then pilot tested in Mexico City. In the pilot test, however, the translated questionnaire did not perform in Mexico as it did in the United States. Even though both tests were performed in Spanish, cultural and linguistic differences in the two countries generated significant differences in the terms and meanings of the questions. Consequently, the Spanish questionnaire needed to be modified specifically for the country of Mexico.

To produce an appropriate translation of the cognitive test questionnaire for your country, have two or three bilingual speakers translate and review the questionnaire. In drafting a translation, refer to the Question Specifications that describe the purpose of each question. Reviewers should work independently, but then

meet to discuss their impressions and reconcile discrepancies. This small group approach produces a more accurate translation than the subjective opinion of a single translator or by conducting a forward/back translation.

In the end, the translated version of the questionnaire should be conceptually identical to the original version. That is, the ideas and meanings of the questions must be conveyed in the way that respondents will understand them as originally intended. The questionnaire should not simply be a word-for-word translation of the original protocol. If you have any questions regarding the meaning or intention in the original questionnaire, please contact the Washington Group secretariat. Additionally, be sure to document and report all changes that are made to the protocol in the translation process.

2. Selecting and Training Interviewers

The cognitive test questionnaire was developed to be easily administered. However, if it is possible to select interviewers who understand the purpose of the test and who have experience conducting survey interviews, the data collected will likely be of higher quality. The number of interviewers that are required will depend on the available resources and the number of interviews that you want to conduct. It is possible to conduct all of the interviews yourself. Or, you can use as many as 20 interviewers to conduct only four or five interviews each.

To train interviewers, read through the questionnaire and refer to the interviewer instructions that appear below. Be sure that interviewers understand the purpose of the interview as well as the various components of the interview guide. It is critical that interviewers understand that they are not to correct or help the respondent to answer questions, especially the core questions which are being tested. The interviewer must read the question exactly as it is written and then record the answer as it is reported by the respondent. If the respondent cannot answer the question, the interviewer should record “don’t know” and then continue on to the next question.

Interviewers should conduct a couple of practice interviews so that they become familiar with the questionnaire’s skip patterns and are able to accurately record the interviewer coding questions. It is also important to observe practice interviews to be sure that interviewers understand the purpose of the cognitive interview and are not “helping” or “assisting” respondents.

3. Recruiting Respondents

The sample selection for the cognitive test is “purposive.” That is, respondents are not selected through a random process, but rather are selected for specific characteristics such as their gender, race or type of disability. Before recruiting respondents, decide what respondent characteristics are necessary to have represented in the sample. At a minimum, the sample should be composed of respondents who possess limited physical abilities in each of the represented dimensions. This will ensure that each question can be tested for false negative responses. Additionally, to test for false positive responses, it is important to select some respondents who are not disabled and a few who have injuries or other types of temporary limitations. Depending on the demographic makeup of your country, you may also want to select respondents representing various ages, ethnicities, incomes and education levels.

Because the cognitive test sample is purposive and not random, respondents can be recruited by a variety of informal methods. Respondents can be found through personal contacts (e.g. through friends or relatives), through a community center or by placing an advertisement in a local paper. It will be important to track

the demographic characteristics of respondents as interviews are collected so that, by the time all interviews are collected, the characteristic requirements of the completed sample are met.

4. Debriefing Interviewers

If possible, discuss the interviews with the interviewers after they are completed. Did some questions in the protocol not work? If so, which questions? What seemed to be the problem with the question? Did any questions work particularly well? If so, which questions? Be sure to document and report interviewer perceptions at the end of the excel spread sheet. This information will provide valuable insight when performing analysis of the cognitive test data.

5. Entering Data, Checking Data, and Performing Analysis

We have included a spreadsheet to facilitate having the data recorded in a uniform way. The attached spreadsheet should also be sent to NCHS for the cross-country analysis and it can be used as well for your analysis of the data. Variables in the spreadsheet correspond to the variables that appear on the questionnaire by the question number.

Each line in the spreadsheet will represent one respondent's answers to all the questions. I identify the respondent in the first column of the spreadsheet. To record a respondent's answer to a specific question in the spreadsheet, enter the number in the parenthesis that appears next to the respondent's answer on the questionnaire. Open ended questions should be recorded verbatim into the spreadsheet in the language that was spoken by the respondent. The respondent's answer should then be recorded in their native language in one column and translated into English and recorded in the next column. A column has been provided for answers in both the native language and then the English translation. If the respondent responds in English, record the response once in the English column.

Once entered, check the data to ensure that there are no obvious errors. NCHS will identify patterns in the response process (specifically, interpretations and judgment) and response errors across countries and demographic variables.

Cognitive Test Questionnaire

The evaluation consists of the 6 core questions followed by probe questions designed to illustrate: 1) whether core questions were administered with relative ease; 2) how core questions were interpreted by respondents; 3) the factors considered by respondents when forming answers to core questions; and 4) the degree of consistency between core question responses and responses to a set of more detailed questions addressing respondent functioning in each of the domains covered by the 6 core questions. The protocol can be used to investigate these four dimensions for both self-reporting and proxy-reporting responses. The demographic and general health sections provide essential background information that will be used to understand whether the questions work consistently across all respondents, or if nationality, education, gender or socio-economic status impact the ways in which respondents interpret the question or other aspects of the question response process. Questions can be added to meet individual country needs and circumstances at the end of the questionnaire. However, the questions we are supplying should not be changed and all the questions should be asked. The interview will take approximately one hour, though the exact length will vary depending on the respondent and their particular disability.

Outline of the Cognitive Testing Protocol:

- I. Demographics
- II. Vision Question
 - a. Self-report
 - iii. Cognitive follow-up probes
 - iv. Functioning follow-up probes
 - b. Proxy-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Cognitive follow-up probes
 - iv. Functioning follow-up probes
- III. Hearing Question
 - a. Self-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Cognitive follow-up probes
 - iv. Functioning follow-up probes
 - b. Proxy-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Cognitive follow-up probes
 - iv. Functioning follow-up probes
- IV. Cognitive Functioning Question
 - a. Self-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Cognitive follow-up probes
 - iv. Functioning follow-up probes
 - b. Proxy-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Cognitive follow-up probes
 - iv. Functioning follow-up probes
- V. Walking Question
 - a. Self-Report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Cognitive follow-up probes
 - iv. Functioning follow-up probes
 - b. Proxy-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Cognitive follow-up probes
 - iv. Functioning follow-up probes
- VI. Self-Care Question
 - a. Self-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
- VII. Communication Question
 - a. Self-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Cognitive follow-up probes
 - iv. Functioning follow-up probes
 - b. Proxy-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Cognitive follow-up probes
 - iv. Functioning follow-up probes
- VIII. General Health Question
 - a. Self-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Health Status follow-up probes
 - b. Proxy-report
 - i. Interviewer coding
 - ii. Open-ended follow-up probe
 - iii. Health Status follow-up probes

Interviewer Instructions

This protocol should be administered like a traditional questionnaire: start at the beginning, go through each page to the end, and read each question along with the response options exactly as they appear. Check the box next to the response that is given by the respondent. The numbers appearing after each response are not meant to be read out loud to respondents. The numbers will be used after all of the interviews have been conducted to compile responses. Words appearing in italics, bold print or in shaded boxes are also not meant to be read out loud to the respondent. Instead, these are instructions to you-- the interviewer. In a few places, you will be instructed to skip some questions depending on the respondent's answer to a previous question. Additionally, in each section there are a few questions that are asked of you and not the respondent. You should take a few seconds to answer those questions as they appear in the questionnaire. They should not be read out loud to the respondent. To ensure a smooth interview, read through the questionnaire or (even better) conduct a practice interview with a friend or family member before conducting an interview with a "real" respondent. The questionnaire was designed to be easy to administer, so (with only a little preparation) you should find the interview process itself to be very simple and straight-forward.

The following outlines the various types of questions-- including interviewer instructions and tips for administering them-- that make up the cognitive testing protocol:

Core Questions: These are the 6 disability questions to be tested by this cognitive interview. All of the other questions in this questionnaire are designed to examine how well these core questions perform. Therefore, it is imperative that you ask the core question and the response categories exactly as they are written. You may repeat the question and/or the answer categories, but do not try to help or assist the respondent if they are experiencing difficulty. That is, **do not attempt to explain the question or help them figure out what their answer should be**. It is important to learn how respondents are interpreting the question, regardless of whether or not their interpretation is correct. Additionally, it is important to discover the degree of difficulty that they experience without the help of an interviewer. If the respondent is unable to answer the question, this is important information to know.

Interviewer Coding: These 3 questions appear in the shaded box immediately after the core question. They are to be answered by you, the interviewer, and are designed to capture basic information about the ease of administration for the core question, specifically, whether the question (or any part of the question) needed to be repeated, if the response categories worked appropriately, and if the respondent needed clarify their answer. To ensure accuracy, these questions must be answered immediately, when they appear in the questionnaire. Do not wait until the end of the interview.

For the first interviewer-coded question (*Did the respondent need you to repeat any part of the question?*), check the box marked "Yes" if the respondent asked you to repeat any part of the question—the question portion, the response options or the entire question. Also, check the box marked "Yes," if (when administering the question) you saw that the respondent did not hear or understand the question so repeated it for their benefit.

For the second interviewer-coded question (*Did the respondent have any difficulty using the response options?*), check the box marked "Yes" if the respondent did not answer using one of the provided response categories (for

example, if they made up their own category or used other words) or if they experienced any other kind of difficulty with the response options.

For the third interviewer-coded question (*Did the respondent ask for clarification or qualify their answer?*), check the box marked “Yes” if the respondent needed to provide additional information along with their answer or if they asked you to clarify some aspect of the question.

Open-ended Follow-up Probes: The open-ended probe question (*Why did you answer that way?*) appears directly after the interviewer-coding questions. This is the first question asked of the respondent after they have answered the core question and is designed to elicit what the respondent was thinking when answering the question. As much as possible, record exactly what the respondent states in the provided space. More than any other probe-question, this qualitative information will provide detailed insight into how the respondent interpreted the core question and how their response was formulated.

Cognitive Follow-up Probes: The cognitive probe-questions are designed to capture how the respondent came up with their answer, specifically, what the respondent considered when formulating a response. These questions are based on analysis of previous open-ended cognitive interviews and represent all of the various considerations used by respondents to construct answers to the core questions. The cognitive probe-questions are subjective; there is no right or wrong answer. Additionally, because they are subjective and based solely on the respondents perceptions, these probe-questions should be relatively easy for respondents to answer. However, if a respondent is unable to answer (for whatever reason), check box marked “*No Answer/Don’t Know*” which appears below the list of response options. This *No Answer* option (appearing in italics) is not to be read to the respondent and is only to be used in rare occasions-- if the respondent, in all sincerity, cannot answer the question.

Functioning Follow-up Probes: These functioning probe-questions appear at the end of each section. They are designed to provide an objective assessment of the respondent’s physical abilities—information that will help to assess the validity of the core question. However, in our testing of this questionnaire, we found these questions to be the most difficult questions in the questionnaire—especially for respondents who have little education or experience taking surveys. In asking these questions, you may find that these respondents misunderstand the intention of the question or are not able to apply the question to their personal circumstances. In this cases, please do your best to get the most accurate answer—by asking the question in different ways, explaining the purpose, or by observation.

Instructions to the respondent:

Thank you for agreeing to participate in this interview. The purpose of this project is to develop questions about people’s health and abilities to do certain activities that will eventually be asked of many people of all ages around the world. For this project, we need to find out if the questions make sense to everyone and if everyone understands the questions in the same way. Your interview will help us find out how the questions are working.

This interview will last about one hour and will primarily be about your abilities to do certain activities. Many of these questions will seem repetitive and even somewhat strange or personal. This is because we are testing the questions, and we need to understand what people are considering when they form an answer. Please do your best to answer the questions as you understand them.

Everything that you tell me is confidential and will be kept private. If you do not want to answer a question, please tell me and I will move to the next question. Before we begin, do you have any questions?

ID#	
LANGUAGE	
COUNTRY	
RECORD SEX AS OBSERVED	Female 1 Male 2
1. How old are you now?	_____ years
2. How many years in all did you spend <u>studying in school</u> , college or university?	_____ years
3. Which describes your <u>main work status</u> best? <i>(SELECT THE SINGLE BEST OPTION)</i>	Paid work 1 Self employed, such as own your business or farming 2 Non paid work, such as volunteer or charity 3 Student 4 Keeping house/Homemaker 5 Retired 6 Unemployed (health reasons) 7 Unemployed (other reasons) 8

	Other (<i>specify</i>)	9
4. Are you now married, widowed, divorced, separated, never married, or living with a partner?	Married	1
	Widowed	2
	Divorced	3
	Separated	4
	Never Married	5
	Living with partner	6
	Don't know/Refused	9
5. What is your household income? (See card)	J C M F S K P D H U N	
6. Including yourself, What are the names and ages of all of the people living in your home?		
Name:		

Interviewer: Select one of the household members (other than the respondent) to use for the proxy-reporting portions of the questionnaire. Name of Proxy Respondent: _____

VISION—SELF-REPORT

The next questions ask about difficulties you may have doing certain activities because of a **HEALTH PROBLEM**.

1. (VSVISION) Do you have difficulty seeing, even if wearing glasses?

- No, No difficulty (0)
- Yes, Some difficulty (1)
- Yes, A lot of difficulty (2)
- Can not do at all (3)

- No Answer/Don't Know (9)

Did the respondent....

- | | | | |
|--------------|---|----------------------------------|---------------------------------|
| 1. (VSREPE) | need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (VSOPT) | have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (VSCLARI) | ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (VSWHY) Why did you answer that way?

2. (VSGLASS) Do you wear glasses all of the time, only for certain activities, or none of the time?

- All of the time (2) Certain activities (1) None of the time (0)

- No Answer/Don't Know (9)

3 – 4 Only if Respondent Reported Any Difficulty Seeing:

3. (VSDIFF) [Without your glasses], how often do you have difficulty seeing well?

- Never (0)
- Somewhat often (1)
- Very often (2)

- No Answer/Don't Know (9)

Glasses wearers only:

3a. (VSDIFFG) With your glasses, how often do you have difficulty seeing well?

- Never (0)
- Somewhat often (1)
- Very often (2)

- No Answer/Don't Know* (9)

4. (VSEFF) [Without your glasses], when you are having difficulty, how much effort do you have to put into seeing?

- No effort (0)
- Some effort (1)
- A lot of effort (2)

- No Answer/Don't Know* (9)

Glasses wearers only:

4a. (VSEFFG) With your glasses, how much effort do you have to put into seeing?

- No effort (0)
- Some effort (1)
- A lot of effort (2)

- No Answer/Don't Know* (9)

ASK EVERYONE

5. (VSACT) Are there any activities that you cannot do because of a problem with your vision?

- No (1)
- Yes (2) (Go to VSACTOPEN)
- No Answer/Don't Know* (9)

5a. (VSACTOPEN) What activity are you thinking about?

6. (VSWORR) How concerned or worried are you about your vision?

- Not at all (0)
- Somewhat concerned (1)
- Very concerned (2)

- No Answer/Don't Know* (9)

7. (VSCOND) Have you ever been told by a health professional that you have an injury, disease or condition (such as cataracts or glaucoma) affecting your sight?

Yes (1) No (0)

No Answer/Don't Know (9)

8. (VSTEST) In the past 2 years, have you had your vision tested?

Yes (1) No (0)

No Answer/Don't Know (9)

9. [Without your glasses], Do you have difficulty...

a. (VSNEAR) Seeing the print in a map, newspaper or book?

- No difficulty (0)
- Some difficulty (1)
- A lot of difficulty (2)
- Can't do at all (3)

No Answer/Don't Know (9)

b. (VSFAR) Seeing and recognizing a person you know from 7 meters (20 feet) away?

- No difficulty (0)
- Some difficulty (1)
- A lot of difficulty (2)
- Can't do at all (3)

No Answer/Don't Know (9)

Glasses wearers only:

9a. [With your glasses], Do you have difficulty...

a. (VSNEARG) Seeing the print in a map, newspaper or book?

- No difficulty (0)
- Some difficulty (1)
- A lot of difficulty (2)
- Can't do at all (3)

No Answer/Don't Know (9)

b. (VSFARG)

Seeing and recognizing a person you know from 7 meters (20 feet) away?

No difficulty (0)

Some difficulty (1)

A lot of difficulty (2)

Can't do at all (3)

No Answer/Don't Know (9)

VISION—PROXY REPORT

1A. (VPVISION) Does [Name] have difficulty seeing even if wearing glasses?

- No, No difficulty (0)
- Yes, Some difficulty (1)
- Yes, A lot of difficulty (2)
- Can not do at all (3)

- No Answer/Don't Know (9)

Did the respondent....

- | | | |
|--|----------------------------------|---------------------------------|
| 1. (VPREPE) need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 4. (VPOPT) have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 5. (VPCLARI) ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (VPWHY) Why did you answer that way?

2. (VPGLASS) Does [Name] wear glasses all of the time, only for certain activities, or none of the time?

- All of the time (2) Certain activities (1) None of the time (0)

- No Answer/Don't Know (9)

3 – 4 Only if Respondent Reported Any Difficulty Seeing:

3. (VPDIFF) [Without his/her glasses], how often does [Name] have difficulty seeing well?

- Never (0)
- Somewhat often (1)
- Very often (2)

- No Answer/Don't Know (9)

Glasses wearers only:

- 3a. (VPDIFFG) With his/her glasses, how often does [Name] have difficulty seeing well?
- Never (0)
 - Somewhat often (1)
 - Very often (2)

 - No Answer/Don't Know* (9)

4. (VPEFF) [Without his/her glasses], when [Name] is having difficulty, how much effort does he/she have to put into seeing?
- No effort (0)
 - Some effort (1)
 - A lot of effort (2)

 - No Answer/Don't Know* (9)

Glasses wearers only:

- 4a. (VPEFFG) With his/her glasses, how much effort does [Name] have to put into seeing?
- No effort (0)
 - Some effort (1)
 - A lot of effort (2)

 - No Answer/Don't Know* (9)

ASK EVERYONE

5. (VPACT) Are there any activities that [Name] cannot do because of a problem with his/her vision?
- No (1)
 - Yes (2) (Go to VPACTOPEN)
 - No Answer/Don't Know* (9)

5a. (VPACTOPEN) What activity are you thinking about?

6. (VPWORR) How concerned or worried are you about [Name's] vision?
- Not at all (0)
 - Somewhat concerned (1)
 - Very concerned (2)

 - No Answer/Don't Know* (9)

7. (VPCOND) Has [Name] ever been told by a health professional that he/she has an injury, disease or condition (such as cataracts or glaucoma) affecting your sight?

Yes (1) No (0)

No Answer/Don't Know (9)

8. (VPTEST) In the past 2 years, has [Name] had his/her vision tested?

Yes (1) No (0)

No Answer/Don't Know (9)

9. [Without his/her glasses], Does [Name] have difficulty...

a. (VPNEAR) Seeing the print in a map, newspaper or book?

No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

No Answer/Don't Know (9)

b. (VPFAR) Seeing and recognizing a person you know from 7 meters (20 feet) away?

No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

No Answer/Don't Know (9)

Glasses wearers only:

9a. With your glasses], Does [Name] have difficulty...

a. (VPNEARG)

Seeing the print in a map, newspaper or book?

No difficulty (0)

Some difficulty (1)

A lot of difficulty (2)

Can't do at all (3)

No Answer/Don't Know (9)

b. (VPFARG)

Seeing and recognizing a person he/she knows from 7 meters (20 feet) away?

No difficulty (0)

Some difficulty (1)

A lot of difficulty (2)

Can't do at all (3)

No Answer/Don't Know (9)

HEARING—SELF-REPORT

2. (HSHEAR) **Do you have difficulty hearing, even if using a hearing aid?**

- No, No difficulty** (0)
- Yes, Some difficulty** (1)
- Yes, A lot of difficulty** (2)
- Can not do at all** (3)

- No Answer/Don't Know* (9)

Did the respondent....

- | | | | |
|--------------|---|----------------------------------|---------------------------------|
| 1. (HSREPE) | need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (HSOPT) | have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (HSCLARI) | ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (HSWHY) Why did you answer that way?

2. (HSAID) Do you wear a hearing aid all of the time, only for certain activities, or none of the time?

- All of the time (2)
- Certain activities (1)
- None of the time (0)

- No Answer/Don't Know* (9)

3 – 4 Only if Respondent Reported Any Difficulty Hearing:

3. (HSDIFF) [Without your hearing aid], how often do you have difficulty hearing well?

- Never (0)
- Somewhat often (1)
- Very often (2)

- No Answer/Don't Know* (9)

Hearing aid users only:

3a. (HSDIFFA) With your hearing aid, how often do you have difficulty hearing well?

- Never (0)
- Somewhat often (1)
- Very often (2)

- No Answer/Don't Know* (9)

4. (HSEFF) [Without your hearing aid], when you are having difficulty, how much effort do you have to put into hearing?

- No effort (0)
- Some effort (1)
- A lot of effort (2)

- No Answer/Don't Know* (9)

Hearing aid users only:

4a. (HSEFFA) With your hearing aid, how much effort do you have to put into hearing?

- No effort (0)
- Some effort (1)
- A lot of effort (2)

- No Answer/Don't Know* (9)

ASK EVERYONE

5. (HSACT) Are there any activities that you cannot do because of a problem with your hearing?

- No (1)
- Yes (2)
- No Answer/Don't Know* (9)

5a. (HSACTOPEN) What activity are you thinking about?

6. (HSWORR) How concerned or worried are you about your hearing?

- Not at all (0)
- Somewhat concerned (1)
- Very concerned (2)

- No Answer/Don't Know* (9)

7. (HSLOSS) Have you ever been told by a health professional that you have any hearing loss?
 Yes (1) No (2)

No Answer/Don't Know (9)

8. (HSTEST) In the past 2 years, have you had a test to see if you can hear well?
 Yes (1) No (2)

No Answer/Don't Know (9)

9. [Without your hearing aid,] Do you have difficulty hearing what is said in a conversation with one other person...

a. (HSCROWD) In a crowded room?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

No Answer/Don't Know (9)

b. (HSQUIET) In a quiet room?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

No Answer/Don't Know (9)

Hearing aid users only:

9a. When wearing your hearing aid, Do you have difficulty hearing what is said in a conversation with one other person...

a. (HSCROWDA) In a crowded room?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

No Answer/Don't Know (9)

- b. (HSQUIETA) In a quiet room?
- No difficulty (0)
 - Some difficulty (1)
 - A lot of difficulty (2)
 - Can't do at all (3)
- No Answer/Don't Know* (9)

10. (HSMISS) How often do you miss words in conversation or on the radio or television because you have difficulty hearing?
- Everyday (2) About once a week (1) Never (0)
- No Answer/Don't Know* (9)

11. (HSPROB) Do household or family members often tell you that you have a hearing problem?
- Yes (1) No (2)
- No Answer/Don't Know* (9)

HEARING—PROXY-REPORT

2a. (HPHEAR) Does [Name] have difficulty hearing, even if using a hearing aid?

- No, No difficulty (0)
- Yes, Some difficulty (1)
- Yes, A lot of difficulty (2)
- Can not do at all (3)

- No Answer/Don't Know (9)

Did the respondent....

- | | | | |
|--------------|---|----------------------------------|---------------------------------|
| 1. (HPREPE) | need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (HPOPT) | have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (HPCLARI) | ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (HPWHY) Why did you answer that way?

2. (HPAID) Does [Name] wear a hearing aid all of the time, only for certain activities, or none of the time?

- All of the time (2)
- Certain activities (1)
- None of the time (0)

- No Answer/Don't Know (9)

3 – 4 Only if Respondent Reported Any Difficulty Hearing:

3. (HPDIFF) [Without his/her hearing aid], how often does [Name] have difficulty hearing well?

- Never (0)
- Somewhat often (1)
- Very often (2)

- No Answer/Don't Know (9)

Hearing aid users only:

3a. (HPDIFFA) With his/her hearing aid, how often does [Name] have difficulty hearing well?

- Never (0)
- Somewhat often (1)
- Very often (2)

- No Answer/Don't Know* (9)

4. (HPEFF) [Without his/her hearing aid], when [Name] is having difficulty, how much effort does [Name] have to put into hearing?

- No effort (0)
- Some effort (1)
- A lot of effort (2)

- No Answer/Don't Know* (9)

Hearing aid users only:

4a. (HPEFFA) With his/her hearing aid, how much effort does [Name] have to put into hearing?

- No effort (0)
- Some effort (1)
- A lot of effort (2)

- No Answer/Don't Know* (9)

ASK EVERYONE

5. (HPACT) Are there any activities that [Name] cannot do because of a problem with his/her hearing?

- No (1)
- Yes (2)
- No Answer/Don't Know* (9)

5a. (HPACTOPEN) What activity are you thinking about?

6. (HPWORR) How concerned or worried are you about [Name's] hearing?

- Not at all (0)
- Somewhat concerned (1)
- Very concerned (2)

- No Answer/Don't Know* (9)

7. (HPLOSS) Has [Name] ever been told by a health professional that he/she has any hearing loss?
 Yes (1) No (2)

 No Answer/Don't Know (9)

8. (HPTEST) In the past 2 years, has [Name] had a test to see if he/she can hear well?
 Yes (1) No (2)

 No Answer/Don't Know (9)

9. [Without his/her hearing aid,...] Does [Name] have difficulty hearing what is said in a conversation with another person...

a. (HPCROWD) In a crowded room?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)

b. (HPQUIET) In a quiet room?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)

Hearing aid users only:

9a. When wearing his/her hearing aid, Does [Name] have difficulty hearing what is said in a conversation with another person...

a. (HPCROWDA) In a crowded room?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)

- b. (HPQUIETA) In a quiet room?
- No difficulty (0)
 - Some difficulty (1)
 - A lot of difficulty (2)
 - Can't do at all (3)
- No Answer/Don't Know* (9)

10. (HPMISS) How often does [Name] miss words in conversation or on the radio or television because he/she has difficulty hearing?
- Everyday (2) About once a week (1) Never (0)
- No Answer/Don't Know* (9)

11. (HPPROB) Do household or family members often tell [Name] that he/she has a hearing problem?
- Yes (1) No (2)
- No Answer/Don't Know* (9)

COGNITIVE—SELF-REPORT

3. (CSCOG) **Do you have difficulty remembering or concentrating?**

- No, No difficulty** (0)
- Yes, Some difficulty** (1)
- Yes, A lot of difficulty** (2)
- Can not do at all** (3)

- No Answer/Don't Know* (9)

Did the respondent....

- | | | | |
|--------------|---|----------------------------------|---------------------------------|
| 1. (CSREPE) | need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (CSOPT) | have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (CSCLARI) | ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (CSWHY) Why did you answer that way?

2 – 5 Only if Respondent reported any difficulty remembering or concentrating:

2. (CSREMCON) Do you have difficulty remembering, concentrating or both?
 Remembering (1) Concentrating (2) Both (3)

No Answer/Don't Know (9)

3. (CSDIFF) How often do you have difficulty remembering or concentrating well?

- Never (0)
- Somewhat often (1)
- Very often (2)

No Answer/Don't Know (9)

4. (CSEFF) When you are having difficulty, how much effort do you have to put into remembering or concentrating?
- No effort (0)
 - Some effort (1)
 - A lot of effort (2)

 - No Answer/Don't Know* (9)

5. (CSCAUSE) Do you believe that your memory or concentration difficulties are...
[MARK ALL THAT APPLY]
- because you have too many things to do? (1)
 - because you getting older? (2)
 - Or, because of something else? (3)

 - No Answer/Don't Know* (9)

ASK EVERYONE

6. (CSACT) Are there any activities that you cannot do because of a problem with your memory or concentration?
- No (1)
 - Yes (2)
 - No Answer/Don't Know* (9)

6a. (CSACTOPEN) What activity are you thinking about?

7. (CSWORR) How concerned or worried are you about your ability to remember or concentrate?
- Not at all (0)
 - Somewhat concerned (1)
 - Very concerned (2)

 - No Answer/Don't Know* (9)

8. Do you have difficulty...

- a. (CSNAMES) Remembering the names of people or places?
 Yes (1) No (2) *No Answer/Don't Know* (9)
- b. (CSAPPT) Remembering appointments?
 Yes (1) No (2) *No Answer/Don't Know* (9)
- c. (CSPLACES) Remembering how to get to familiar places?
 Yes (1) No (2) *No Answer/Don't Know* (9)
- d. (CSTASKS) Remembering important tasks, like taking medications or paying bills?
 Yes (1) No (2) *No Answer/Don't Know* (9)

9. (CSTEN) Do you have difficulty concentrating on doing something for ten minutes?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)

10. (CSNEW) Do you have difficulty learning a new task, for example, learning how to get to a new place?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)

11. (CSSOLUT) Do you have difficulty finding solutions to problems in day to day life?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)

COGNITIVE—PROXY-REPORT

3a. (CPCOG) Does [Name] have difficulty remembering or concentrating?

- No, No difficulty (0)
- Yes, Some difficulty (1)
- Yes, A lot of difficulty (2)
- Can not do at all (3)

- No Answer/Don't Know (9)

Did the respondent....

- | | | | |
|--------------|---|----------------------------------|---------------------------------|
| 1. (CPREPE) | need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (CPOPT) | have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (CPCLARI) | ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (CPWHY) Why did you answer that way?

2 – 5 Only if Respondent reported any difficulty remembering or concentrating:

2. (CPREMCON) Does [Name] have difficulty remembering, concentrating or both?
 Remembering (1) Concentrating (2) Both (3)

No Answer/Don't Know (9)

3. (CPDIFF) How often does [Name] have difficulty remembering or concentrating well?

- Never (0)
- Somewhat often (1)
- Very often (2)

No Answer/Don't Know (9)

4. (CPEFF) When [Name] is having difficulty, how much effort does [Name] have to put into remembering or concentrating?
- No effort (0)
 - Some effort (1)
 - A lot of effort (2)

 - No Answer/Don't Know* (9)

5. (CPCAUSE) Do you believe that [Name's] memory or concentration difficulties are...
[MARK ALL THAT APPLY]
- because [Name] has too many things to do? (1)
 - because [Name] is getting older? (2)
 - Or, because of something else? (3)

 - No Answer/Don't Know* (9)

ASK EVERYONE

6. (CPACT) Are there any activities that [Name] cannot do because of a problem with his/her memory or concentration?
- No (1)
 - Yes (2)
 - No Answer/Don't Know* (9)

6a. (CPACTOPEN) What activity are you thinking about?

7. (CPWORR) How concerned or worried are you about [Name's] ability to remember or concentrate?
- Not at all (0)
 - Somewhat concerned (1)
 - Very concerned (2)

 - No Answer/Don't Know* (9)

8. Does [Name] have difficulty...

- a. (CPNAMES) Remembering the names of people or places?
 Yes (1) No (2) *No Answer/Don't Know* (9)
- b. (CPAPPT) Remembering appointments?
 Yes (1) No (2) *No Answer/Don't Know* (9)
- c. (CPPLACES) Remembering how to get to familiar places?
 Yes (1) No (2) *No Answer/Don't Know* (9)
- d. (CPTASKS) Remembering important tasks, like taking medications or paying bills?
 Yes (1) No (2) *No Answer/Don't Know* (9)

9. (CPTEN) Does [Name] have difficulty concentrating on doing something for ten minutes?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)

10. (CPNEW) Does [Name] have difficulty learning a new task, for example, learning how to get to a new place?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)

11. (CPSOLUT) Does [Name] have difficulty finding solutions to problems in day to day life?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)

LOWER MOBILITY—SELF-REPORT

4. (MSWALK) Do you have difficulty walking or climbing steps?

- No, No difficulty (0)
- Yes, Some difficulty (1)
- Yes, A lot of difficulty (2)
- Can not do at all (3)

- No Answer/Don't Know (9)

Did the respondent....

- | | | | |
|--------------|---|----------------------------------|---------------------------------|
| 1. (MSREPE) | need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (MSOPT) | have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (MSCLARI) | ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (MSWHY) Why did you answer that way?

2. (MSAID) Do you use any kind of equipment, such as a wheelchair, walker or cane, to help you get around?
- No (0)
 - Yes (1) (Go to MSAIDTYPE)

 - No Answer/Don't Know (9)

2a. (MSAIDTYPE) What type of equipment do you use?

3 – 5 Only if Respondent Reported Any Difficulty Walking or Climbing Steps:

3. (MSWALKSTEP) Do you have difficulty walking, climbing steps or both?
- Walking (1) Climbing (2) Both (3)

 - No Answer/Don't Know (9)

4. (MSDIFF) Without your equipment, ...] How often do you have difficulty walking or climbing steps?
- Never (0)
 - Somewhat often (1)
 - Very often (2)

 - No Answer/Don't Know* (9)

Equipment users only:

- 4a. (MSDIFFA) When using your equipment, how often do you have difficulty walking or climbing steps?
- Never (0)
 - Somewhat often (1)
 - Very often (2)

 - No Answer/Don't Know* (9)

5. (MSEFF) When you are having difficulty [without using your equipment], how much effort do you have to put into walking or climbing steps?
- No effort (0)
 - Some effort (1)
 - A lot of effort (2)

 - No Answer/Don't Know* (9)

Equipment users only:

- 5a.(MSEFFA) When you are using your equipment, how much effort do you have to put into walking or climbing steps?
- No effort (0)
 - Some effort (1)
 - A lot of effort (2)

 - No Answer/Don't Know* (9)

ASK EVERYONE

6. (MSACT)

Are there any activities that you cannot do because of a problem with your legs?

No (1)

Yes (2)

No Answer/Don't Know (9)

6a. (MSACTOPEN)

What activity are you thinking about?

7. (MSWORR)

How concerned or worried are you about your ability to walk or climb steps?

Not at all (0)

Somewhat concerned (1)

Very concerned (2)

No Answer/Don't Know (9)

8. (MSINSIDE)

Do you have difficulty moving around inside your home?

Can't do at all (3)

A lot of difficulty (2)

Some difficulty (1)

No difficulty (0)

No Answer/Don't Know (9)

9. (MSOUTSIDE)

Do you have difficulty going outside of your home?

Can't do at all (3)

A lot of difficulty (2)

Some difficulty (1)

No difficulty (0)

No Answer/Don't Know (9)

10. (MSLONG)

Do you have difficulty walking a long distance such as a kilometer (or a mile)?

No difficulty (0)

Some difficulty (1)

A lot of difficulty (2)

Can't do at all (3)

No Answer/Don't Know (9)

11. By yourself and not using aids, do you have any difficulty...

a. (MSQUARTER) Walking for a quarter of a mile (about 2 or 3 blocks)?

Yes (1) No (2)

No Answer/Don't Know (9)

b. (MSSTEPS) Walking up ten steps without resting?

Yes (1) No (2)

No Answer/Don't Know (9)

c. (MSSTAND) Standing or being on your feet for about 2 hours?

Yes (1) No (2)

No Answer/Don't Know (9)

d. (MSSIT) Sitting for about 2 hours?

Yes (1) No (2)

No Answer/Don't Know (9)

e. (MSSTOOP) Stooping, crouching or kneeling?

Yes (1) No (2)

No Answer/Don't Know (9)

LOWER MOBILITY—PROXY-REPORT

4a. (MPWALK) Does [Name] have difficulty walking or climbing steps?

- No, No difficulty (0)
- Yes, Some difficulty (1)
- Yes, A lot of difficulty (2)
- Can not do at all (3)

- No Answer/Don't Know (9)

Did the respondent....

- | | | | |
|--------------|---|----------------------------------|---------------------------------|
| 1. (MPREPE) | need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (MPOPT) | have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (MPCLARI) | ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (MPAID) Why did you answer that way?

2. (MPAID) Does [Name] use any kind of equipment, such as a wheelchair, walker or cane, to help him/her get around?
- No (0)
 - Yes (1) (Go to MPAIDTYPE)

 - No Answer/Don't Know (9)

2a (MPAIDTYPE) What type of equipment do he/she use?

3 – 5 Only if Respondent Reported Any Difficulty Walking or Climbing Steps:

3. (MPWALKSTEP) Does [Name] have difficulty walking, climbing steps or both?
- Walking (1) Climbing (2) Both (3)

 - No Answer/Don't Know (9)

4. (MPDIFF) [Without his/her equipment,] How often does [Name] have difficulty walking or climbing steps?

Never (0)

Somewhat often (1)

Very often (2)

No Answer/Don't Know (9)

Equipment users only:

4a. (MPDIFFA) When using his/her equipment, how often does [Name] have difficulty walking or climbing steps?

Never (0)

Somewhat often (1)

Very often (2)

No Answer/Don't Know (9)

5. (MPEFF) When [Name] is having difficulty [without using his/her equipment], how much effort does [Name] have to put into walking or climbing steps?

No effort (0)

Some effort (1)

A lot of effort (2)

No Answer/Don't Know (9)

Equipment users only:

5a. (MPEFFA) When [Name] is using his/her equipment, how much effort does [Name] have to put into walking or climbing steps?

No effort (0)

Some effort (1)

A lot of effort (2)

No Answer/Don't Know (9)

ASK EVERYONE

6. (MPACT)

Are there any activities that [Name] cannot do because of a problem with his/her legs?

No (1)

Yes (2)

No Answer/Don't Know (9)

6a. (MPACTOPEN) What activity are you thinking about?

7. (MPWORR)

How concerned or worried are you about [Name's] ability to walk or climb steps?

Not at all (0)

Somewhat concerned (1)

Very concerned (2)

No Answer/Don't Know (9)

8. (MPINSIDE)

Does [Name] have difficulty moving around inside his/her home?

Can't do at all (3)

A lot of difficulty (2)

Some difficulty (1)

No difficulty (0)

No Answer/Don't Know (9)

9. (MPOUTSIDE)

Does [Name] have difficulty going outside of his/her home?

Can't do at all (3)

A lot of difficulty (2)

Some difficulty (1)

No difficulty (0)

No Answer/Don't Know (9)

10. (MPLONG)

Does [NAME] have difficulty walking a long distance such as a kilometer (or a mile)?

No difficulty (0)

Some difficulty (1)

A lot of difficulty (2)

Can't do at all (3)

No Answer/Don't Know (9)

11. By his/her self and not using aids, does [Name] have any difficulty...

a. (MPQUARTER) Walking for a quarter of a mile (about 2 or 3 blocks)?

Yes (1) No (2)

No Answer/Don't Know (9)

b. (MPSTEPS) Walking up ten steps without resting?

Yes (1) No (2)

No Answer/Don't Know (9)

c. (MPSTAND) Standing or being on your feet for about 2 hours?

Yes (1) No (2)

No Answer/Don't Know (9)

d. (MPSIT) Sitting for about 2 hours?

Yes (1) No (2)

No Answer/Don't Know (9)

e. (MPSTOOP) Stooping, crouching or kneeling?

Yes (1) No (2)

No Answer/Don't Know (9)

SELFCARE—SELF-REPORT

5. (SSSCARE) Do you have difficulty with self-care, such as washing all over or dressing?

- No, No difficulty (0)
- Yes, Some difficulty (1)
- Yes, A lot of difficulty (2)
- Can not do at all (3)

- No Answer/Don't Know (9)

Did the respondent....

- | | | |
|--|----------------------------------|---------------------------------|
| 1. (SSREPE) need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (SSOPT) have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (SSCLARI) ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (SSWHY) Why did you answer that way?

2 – 3 Only if Respondent Reported Any Difficulty with self-care:

2. (SSDIFF) How often do you have difficulty with self-care?
- Never (0)
 - Somewhat often (1)
 - Very often (2)

 - No Answer/Don't Know (9)
3. (SSEFF) When you are having difficulty, how much effort do you have to put into self-care?
- No effort (0)
 - Some effort (1)
 - A lot of effort (2)

 - No Answer/Don't Know (9)

ASK EVERYONE

4. (SSWORR) How concerned or worried are you about your ability to do self-care?
 Not at all (0)
 Somewhat concerned (1)
 Very concerned (2)

 No Answer/Don't Know (9)
5. By yourself and not using aids, do you have any difficulty...
- a. (SSHEAD) Reaching up over your head?
 Yes (1) No (2)

 No Answer/Don't Know (9)
- b. (SSHAND) Reaching out as if to shake someone's hand?
 Yes (1) No (2)

 No Answer/Don't Know (9)
- c. (SSFINGER) Using your fingers to button a shirt or dress?
 Yes (1) No (2)

 No Answer/Don't Know (9)
- d. (SSSOCK) Putting on socks or stockings?
 Yes (1) No (2)

 No Answer/Don't Know (9)
- e. (SSSHOE) Tying your shoelaces?
 Yes (1) No (2)

 No Answer/Don't Know (9)
- f. (SSHAIR) Combing your hair?
 Yes (1) No (2)

 No Answer/Don't Know (9)
- g. (SSFEED) Feeding yourself?
 Yes (1) No (2)

 No Answer/Don't Know (9)

6. (SSDAILY) Do you ever need someone to help you with everyday activities such as eating, showering, dressing or toileting?

Yes (1) No (2)

No Answer/Don't Know (9)

7. (SSOBJECTS) Do you have difficulty using your hands and fingers, such as picking up small objects or opening or closing containers?

No difficulty (0)

Some difficulty (1)

A lot of difficulty (2)

Can't do at all (3)

No Answer/Don't Know (9)

8. (SSTIRED) Do you ever feel too tired or sad to dress or bathe?

Yes (1) No (2)

No Answer/Don't Know (9)

SELFCARE—PROXY-REPORT

5a. (SPSCARE) Does [Name] have difficulty with self-care, such as washing all over or dressing?

- No, No difficulty (0)
- Yes, Some difficulty (1)
- Yes, A lot of difficulty (2)
- Can not do at all (3)

- No Answer/Don't Know (9)

Did the respondent....

- | | | | |
|--------------|---|----------------------------------|---------------------------------|
| 1. (SPREPE) | need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (SPOPT) | have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (SPCLARI) | ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (SPWHY) Why did you answer that way?

2 – 3 Only if Respondent Reported Any Difficulty with self-care:

2. (SPDIFF) How often does [Name] have difficulty with self-care?

- Never (0)
- Somewhat often (1)
- Very often (2)

- No Answer/Don't Know (9)

3. (SPEFF) When [Name] is having difficulty, how much effort does [Name] have to put into self-care?

- No effort (0)
- Some effort (1)
- A lot of effort (2)

- No Answer/Don't Know (9)

ASK EVERYONE

4. (SPWORR) How concerned or worried are you about [Name's] ability to do self-care?

- Not at all (0)
- Somewhat concerned (1)
- Very concerned (2)

- No Answer/Don't Know* (9)

5. By himself/herself and not using aids, does [Name] have any difficulty...

a. (SPHEAD) Reaching up over his/her head?
 Yes (1) No (2)

 No Answer/Don't Know (9)

b. (SPHAND) Reaching out as if to shake someone's hand?
 Yes (1) No (2)

 No Answer/Don't Know (9)

c. (SPFINGER) Using his/her fingers to button a shirt or dress?
 Yes (1) No (2)

 No Answer/Don't Know (9)

d. (SPSOCK) Putting on socks or stockings?
 Yes (1) No (2)

 No Answer/Don't Know (9)

e. (SPSHOE) Tying his/her shoelaces?
 Yes (1) No (2)

 No Answer/Don't Know (9)

f. (SPHAIR) Combing his/her hair?
 Yes (1) No (2)

 No Answer/Don't Know (9)

g. (SPFEED)

Feeding himself/herself?

Yes (1) No (2)

No Answer/Don't Know (9)

6. (SPDAILY)

Does [Name] ever need someone to help him/her with everyday activities such as eating, showering, dressing or toileting?

Yes (1) No (2)

No Answer/Don't Know (9)

7. (SPOBJECTS)

Does [Name] have difficulty using your hands and fingers, such as picking up small objects or opening or closing containers?

No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

No Answer/Don't Know (9)

8. (SPTIRED)

Does [Name] ever feel too tired or sad to dress or bathe?

Yes (1) No (2)

No Answer/Don't Know (9)

COMMUNICATION—SELF-REPORT

6. (TSCOMM) **Because of a physical, mental or health condition, do you have difficulty communicating, for example understanding or being understood by others?**

- No, No difficulty** (0)
- Yes, Some difficulty** (1)
- Yes, A lot of difficulty** (2)
- Can not do at all** (3)

- No Answer/Don't Know* (9)

Did the respondent....

- | | | | |
|--------------|---|----------------------------------|---------------------------------|
| 1. (TSREPE) | need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (TSOPT) | have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (TSCLARI) | ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (TSWHY) Why did you answer that way?

2 – 3 Only if Respondent Reported Any Difficulty with communication:

2. (TSDIFF) How often do you have difficulty understanding or being understood?
- Never (0)
 - Somewhat often (1)
 - Very often (2)

 - No Answer/Don't Know* (9)

3. (TSEFF) When you are having difficulty, how much effort do you have to put into understanding or being understood?
- No effort (0)
 - Some effort (1)
 - A lot of effort (2)

 - No Answer/Don't Know* (9)

ASK EVERYONE

4. (TSWORR) How concerned or worried are you about your ability to understand or be understood?
 Not at all (0)
 Somewhat concerned (1)
 Very concerned (2)

 No Answer/Don't Know (9)
5. (TSSAY) Do you have difficulty in generally understanding what people say?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)
6. (TSCONVO) Do you have difficulty in starting and maintaining a conversation?
 No difficulty (0)
 Some difficulty (1)
 A lot of difficulty (2)
 Can't do at all (3)

 No Answer/Don't Know (9)
7. (TSFRIEND) Do you have difficulty in making new friends?
 Yes (1) No (2)

 No Answer/Don't Know (9)
8. (TSSHY) Do you feel shy in group or social situations?
 Yes (1) No (2)

 No Answer/Don't Know (9)

COMMUNICATION—PROXY-REPORT

6a. (TPCOMM) **Because of a physical, mental or health condition, does [Name] have difficulty communicating, for example understanding or being understood by others?**

- No, No difficulty** (0)
- Yes, Some difficulty** (1)
- Yes, A lot of difficulty** (2)
- Can not do at all** (3)

- No Answer/Don't Know* (9)

Did the respondent....

- | | | |
|--|----------------------------------|---------------------------------|
| 1. (TPREPE) need you to <u>repeat</u> any part of the question? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 2. (TPOPT) have any difficulty using the <u>response options</u> ? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |
| 3. (TPCLARI) ask for <u>clarification</u> or qualify their answer? | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No (2) |

1. (TPWHY) Why did you answer that way?

2 – 3 Only if Respondent Reported Any Difficulty with communication:

2. (TPDIFF) How often does [Name] have difficulty understanding or being understood?

- Never (0)
- Somewhat often (1)
- Very often (2)

No Answer/Don't Know (9)

3. (TPEFF) When [Name] is having difficulty, how much effort does [Name] have to put into understanding or being understood?

- No effort (0)
- Some effort (1)
- A lot of effort (2)

No Answer/Don't Know (9)

ASK EVERYONE

4. (TPWORR) How concerned or worried are you about [Name's] ability to understand or be understood?

- Not at all (0)
- Somewhat concerned (1)
- Very concerned (2)

- No Answer/Don't Know* (9)

5. (TPSAY) Does [Name] have difficulty in generally understanding what people say?

- No difficulty (0)
- Some difficulty (1)
- A lot of difficulty (2)
- Can't do at all (3)

- No Answer/Don't Know* (9)

6. (TPCONVO) Does [Name] have difficulty in starting and maintaining a conversation?

- No difficulty (0)
- Some difficulty (1)
- A lot of difficulty (2)
- Can't do at all (3)

- No Answer/Don't Know* (9)

7. (TPFRIEND) Does [Name] have difficulty in making new friends?

- Yes (1) No (2)

- No Answer/Don't Know* (9)

8. (TPSHY) Does [Name] feel shy in group or social situations?

- Yes (1) No (2)
- No Answer/Don't Know* (9)

GENERAL HEALTH—SELF-REPORT

7. (GSHEALTH) Would you say your health in general is excellent, very good, good, fair, or poor?

Excellent (4) Very Good (3) Good (2) Fair (1) Poor (0)

No Answer/Don't Know (9)

Did the respondent....

1. (GSREPE) need you to repeat any part of the question? Yes (1) No (2)

2. (GSOPT) have any difficulty using the response options? Yes (1) No (2)

3. (GSCLARI) ask for clarification or qualify their answer? Yes (1) No (2)

1. (GSWHY) Why did you answer that way?

2. (GSWHYCODE) Was the respondent thinking about: (Mark all that apply)

Physical _____ (1)

Mental _____ (2)

Spiritual _____ (3)

1. (GSCOND) Do you have any of the following conditions?

Asthma/breathing problem (1)

Arthritis/rheumatism (2)

Back or neck problem (3)

Fracture, bone/joint injury (4)

Heart problem (5)

Stroke problem (6)

Hypertension/high blood pressure (7)

Diabetes (8)

Cancer (9)

Mental retardation (10)

Developmental problem (11)

Depression/anxiety/emotional problem (12)

Missing limbs, amputee (13)

Kidney, bladder or renal problem (14)

Neurological disorder, such as Multiple Sclerosis (MS) and Muscular Dystrophy (MD) (15)

No Answer/Don't Know (90)

GENERAL HEALTH—PROXY-REPORT

7a. (GPHEALTH) Would you say [Name's] health in general is excellent, very good, good, fair, or poor?

Excellent (4) Very Good (3) Good (2) Fair (1) Poor (0)

No Answer/Don't Know (9)

Did the respondent....

1. (GPPEPE) need you to repeat any part of the question? Yes (1) No (2)

2. (GPOPT) have any difficulty using the response options? Yes (1) No (2)

3. (GPCLARI) ask for clarification or qualify their answer? Yes (1) No (2)

1. (GPWHY) Why did you answer that way?

2. (GPWHYCODE) Was the respondent thinking about: (Mark all that apply)

Physical _____

Mental _____

Spiritual _____

3. (GPCOND) Does [Name] have any of the following conditions?

Asthma/breathing problem

Arthritis/rheumatism

Back or neck problem

Fracture, bone/joint injury

Heart problem

Stroke problem

Hypertension/high blood pressure

Diabetes

Cancer

Mental retardation

Developmental problem

Depression/anxiety/emotional problem

Missing limbs, amputee

Kidney, bladder or renal problem

Neurological disorder, such as Multiple Sclerosis (MS) and Muscular Dystrophy (MD)

No Answer/Don't Know (9)

INTERVIEWER DEBRIEFING

Interviewer Answer:

1. (IATMO) During the interview, was the atmosphere at the interview site:
 1. Extremely chaotic and noisy; disruptive to interview
 2. Some noise and interruptions, but interview went reasonably well
 3. Very quiet and calm; ideal for interview

2. (IWHERE) Where did the interview take place?
 1. Home
 2. Office
 3. Outside

3. (IHEAR) Where any other people in the same room or near enough to overhear the interview?
 1. Yes,
 - 3a. (IWHO) Who were the people? _____
 2. No

4. (IIMPAIR) Did the respondent have any of the following impairments making it difficult to respond?
 1. Mentally handicapped
 2. Hard of hearing/hearing impaired
 3. Poor eyesight/vision impaired
 4. Speech impediment
 5. Poor language abilities
 6. Under the influence of alcohol or drugs
 7. Some other impairment

5. (IVOCAB) How would you describe the respondent's vocabulary (the variety of words the respondent used to describe his/her thoughts)?
 1. Below average
 2. Average
 3. Above average

6. (IACT) In general, how did the respondent act toward you during the interview?
 1. Not at all attentive
 2. Somewhat attentive
 3. Very attentive

7. (IQUESTION) How much difficulty do you think the respondent had in understanding most of the questions?
 1. A lot of difficulty
 2. Some difficulty
 3. No difficulty

YOUR HOUSEHOLD INCOME¹

	Approximate WEEKLY	Approximate MONTHLY	Approximate ANNUAL
J	Less than €40	Less than €150	Less than €1800
R	€40 to under €70	€150 to under €300	€1800 to under €3600
C	€70 to under €120	€300 to under €500	€3600 to under €6000
M	€120 to under €230	€500 to under €1000	€6000 to under €12000
F	€230 to under €350	€1000 to under €1500	€12000 to under €18000
S	€350 to under €460	€1500 to under €2000	€18000 to under €24000
K	€460 to under €580	€2000 to under €2500	€24000 to under €30000
P	€580 to under €690	€2500 to under €3000	€30000 to under €36000
D	€690 to under €1150	€3000 to under €5000	€36000 to under €60000
H	€1150 to under €1730	€5000 to under €7500	€60000 to under €90000
U	€1730 to under €2310	€7500 to under €10000	€90000 to under €120000
N	€2310 or more	€10000 or more	€120000 or more

¹ Where necessary, insert corresponding amounts in national currency, rounding up or down as appropriate. In Euro, weekly figures were rounded to the nearest ten.