



UNIVERSITY OF COSTA RICA

A Joint Project of the Central American Center on Population (CCP) and the Institute for Health Research (INISA)

CRELES

Costa Rican Longevity and Healthy Aging Study

ELDERLY QUESTIONNAIRE

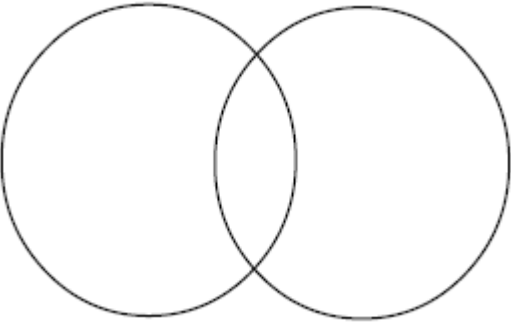
Round 1

The information provided is completely confidential and voluntary

Name of Senior:		Subject code: _ _ _ _ _	
Name of substitute (if applicable):		Canton and district: _ _ _ _ _	
Segment: _ _ _ _		Housing: _ _	
AM1	Interviewer	Giovanni	3
		Jorge	4
		Mabelyn	5
		Marcela	6
		Maritza	7
AM2	Result of Interview	Accepted	1 → ID1
		Rejected	2 → Finalize
AM3	Interviewer: Is the interviewee ...	Able to respond to the questionnaire	1
		Has serious communication problems (needs proxy).	2

IDENTITY SECTION : IDENTIFICATION		Initial Time: _ _ : _ _	
Before we begin, I would like to remind you again that this interview is completely voluntary and confidential. If there is any question that you do not want to answer, simply let me know and we'll continue to the next question.			
NO.	QUESTIONS	CATEGORIES AND CODES	
ID1	May I please see your identification card?	Card Number _ _ _ _ _ _ _ _ _ _ → ID3	
		Does not have one	888888888 → ID2
ID2	On what day, month and year were you born?	Day _ _	
		Month _ _	
		Year _ _ _ _	
ID3	How old are you?	Years _ _ _	
		DK/NR	999
ID4	What is the interviewee's sex?	Male	1
		Female	2
ID5	Just to confirm, your name is: _____	Yes	1
		No	2 → ID1
		(test and/or review the noted ID card number)	
		End time: _ _ : _ _	

SECTION B: COGNITIVE EVALUATION		Initial Time: <input type="text"/> : <input type="text"/> : <input type="text"/>										
<p>Next, I will conduct a series of exercises that serve to understand how your memory functions. I will ask you some questions and ask you to do a few things. Some things will be very easy, and other things will be more difficult. Perhaps you won't know the answer to all the questions. There is no problem with that. However, it is important that you do your best effort. Do you have any questions?</p>												
NO.	QUESTIONS	CATEGORIES AND CODES										
B1	<p>Please tell me today's date. (note 1 point for each correct response)</p>	Points										
		Day of the week <input type="checkbox"/>										
		Day of the month <input type="checkbox"/>										
		Month <input type="checkbox"/>										
		Year <input type="checkbox"/>										
Total <input type="checkbox"/>												
B2	<p>Now I am going to name 3 objects. After I name them I am going to ask you to repeat aloud the words that you can remember in whatever order.</p> <p>Please remember what the words are because I will ask you again later in the interview. Do you have any questions? (Remembered 1, Did not remember 0)</p>	Correct										
		Tree <input type="checkbox"/>										
		Table <input type="checkbox"/>										
		Dog <input type="checkbox"/>										
		Total <input type="checkbox"/>										
B3	<p>Now I will state some numbers and I want you to repeat them in reverse order.</p> <p>1 3 5 7 9</p> <p>Note: Write 1 if the order is correct (9 7 5 3 1) and 0 for any other response.</p>	Interviewee Response:										
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: center;">7</td> <td style="text-align: center;">5</td> <td style="text-align: center;">3</td> <td style="text-align: center;">1</td> </tr> </table> <p>(Correct response)</p>						9	7	5	3	1
9	7	5	3	1								
Correct response <input type="checkbox"/>												
B4	<p>I am going to give you a sheet of paper. Take the paper with your RIGHT HAND, fold it in HALF with BOTH HANDS and place it ON YOUR LAP (Correct action 1, incorrect 0)</p>	Correct										
		Takes paper with right hand <input type="checkbox"/>										
		Folds paper with both hands <input type="checkbox"/>										
		Places it on lap <input type="checkbox"/>										
Total <input type="checkbox"/>												
	<p>A moment ago I named three objects and you repeated the ones you remembered, Tell me which ones you remember now. (Remembered 1, Did not remember 0)</p>	Correct										
		Tree <input type="checkbox"/>										
		Table <input type="checkbox"/>										
		Dog <input type="checkbox"/>										
Total <input type="checkbox"/>												

SECTION B: COGNITIVE EVALUATION		Initial Time: <input type="text"/> : <input type="text"/> : <input type="text"/>
<p>Next, I will conduct a series of exercises that serve to understand how your memory functions. I will ask you some questions and ask you to do a few things. Some things will be very easy, and other things will be more difficult. Perhaps you won't know the answer to all the questions. There is no problem with that. However, it is important that you do your best effort. Do you have any questions?</p>		
NO.	QUESTIONS	CATEGORIES AND CODES
B6	<p>Please copy the drawing that I am handing to you. (The action is correct is the circles are not overlapping by more than half. Note one point if the drawing is correct).</p> 	<p>Correct <input type="text"/></p>
FIL TE R	<p>Add the correct responses to questions B1 to B6 (Maximum points 15)</p>	<p>Total <input type="text"/></p> <p>The Sum is 10 or more 1 → note end time and continue to Section AB</p> <p>The Sum is 9 or less 2 → B7</p>
B7	<p>Is there someone who normally resides in this home who might be able to help us answer some questions?</p>	<p>Yes 1 → Name of informant (substitute) _____ and go to B8</p> <p>No 2 → evaluate if you are able to continue with the interviewee</p>
<i>QUESTIONS for those who are eligible to answer the form by proxy (#) values in the database.</i>		
B8	<p>Is _____ able to manage her/his own money?</p>	<p>Is capable 0 (1)</p> <p>Has never done it, but is able 0 (2)</p> <p>With some difficulty but is able 1 (3)</p> <p>Has never done it, and would have difficulty doing it now 1 (4)</p> <p>Needs help 2 (5)</p>

SECTION B: COGNITIVE EVALUATION		Initial Time: ____:____:____	
Next, I will conduct a series of exercises that serve to understand how your memory functions. I will ask you some questions and ask you to do a few things. Some things will be very easy, and other things will be more difficult. Perhaps you won't know the answer to all the questions. There is no problem with that. However, it is important that you do your best effort. Do you have any questions?			
NO.	QUESTIONS	CATEGORIES AND CODES	
		Is not capable	2 (6)

B9	Is _____ able to do her/his own shopping (food, clothes)?	Is capable	0 (1)
		Has never done it, but is able	0 (2)
		With some difficulty but is able	1 (3)
		Has never done it, and would have difficulty doing it now	1 (4)
		Needs help	2 (5)
		Is not capable	2 (6)
B10	Is _____ able to heat water for coffee or tea and to turn off the stove?	Is capable	0 (1)
		Has never done it, but is able	0 (2)
		With some difficulty but is able	1 (3)
		Has never done it, and would have difficulty doing it now	1 (4)
		Needs help	2 (5)
		Is not capable	2 (6)
B11	Is _____ able to prepare her/his own meals?	Is capable	0 (1)
		Has never done it, but is able	0 (2)
		With some difficulty but is able	1 (3)
		Has never done it, and would have difficulty doing it now	1 (4)
		Needs help	2 (5)
		Is not capable	2 (6)
B12	Is _____ able to keep up with happenings and what is occurring in the neighborhood?	Is capable	0 (1)
		Has never done it, but is able	0 (2)
		With some difficulty but is able	1 (3)
		Has never done it, and would have difficulty doing it now	1 (4)
		Needs help	2 (5)
		Is not capable	2 (6)
B13	Is _____ able to pay attention, understand and discuss a radio or television program or an article in the newspaper?	Is capable	0 (1)
		Has never done it, but is able	0 (2)

SECTION B: COGNITIVE EVALUATION		Initial Time: <input type="text"/> : <input type="text"/> : <input type="text"/>
<p>Next, I will conduct a series of exercises that serve to understand how your memory functions. I will ask you some questions and ask you to do a few things. Some things will be very easy, and other things will be more difficult. Perhaps you won't know the answer to all the questions. There is no problem with that. However, it is important that you do your best effort. Do you have any questions?</p>		
NO.	QUESTIONS	CATEGORIES AND CODES
		With some difficulty but is able 1 (3) Has never done it, and would have difficulty doing it now 1 (4) Needs help 2 (5) Is not capable 2 (6)
B14	Is _____ able to remember commitments and family activities?	Is capable 0 (1) Has never done it, but is able 0 (2) With some difficulty but is able 1 (3) Has never done it, and would have difficulty doing it now 1 (4) Needs help 2 (5) Is not capable 2 (6)
B15	Is _____ able to manage or administer her/his own medications?	Is capable 0 (1) Has never done it, but is able 0 (2) With some difficulty but is able 1 (3) Has never done it, and would have difficulty doing it now 1 (4) Needs help 2 (5) Is not capable 2 (6)
B16	Is _____ able to walk around the neighborhood and find her/his way home?	Is capable 0 (1) Has never done it, but is able 0 (2) With some difficulty but is able 1 (3) Has never done it, and would have difficulty doing it now 1 (4) Needs help 2 (5) Is not capable 2 (6)
B17	Is _____ able to greet his friends adequately?	Is capable 0 (1) Has never done it, but is able 0 (2) With some difficulty but is able 1 (3) Has never done it, and would have difficulty doing it now 1 (4) Needs help 2 (5)

SECTION B: COGNITIVE EVALUATION		Initial Time: _ _ : _ _	
Next, I will conduct a series of exercises that serve to understand how your memory functions. I will ask you some questions and ask you to do a few things. Some things will be very easy, and other things will be more difficult. Perhaps you won't know the answer to all the questions. There is no problem with that. However, it is important that you do your best effort. Do you have any questions?			
NO.	QUESTIONS	CATEGORIES AND CODES	
		Is not capable	2 (6)
B18	Is _____ able to stay home alone without problems?	Is capable	0 (1)
		Has never done it, but is able	0 (2)
		With some difficulty but is able	1 (3)
		Has never done it, and would have difficulty doing it now	1 (4)
		Needs help	2 (5)
		Is not capable	2 (6)
B19	FILTER Add the points of questions B9 to B19 and note the total	TOTAL _ _	
		Total 6 or more 1 → Continue the interview with help of the substitute (review ID section and use the proxy form) Total 5 or less 2 → Continue with the interviewee, you can use the auxiliary informant	
<i>End section for those who are candidates for answering the questionnaire with proxy</i>			
End Time: _ _ : _ _			

SECTION AB: REGISTER OR HOUSEHOLD MEMBERS

START TIME: |_|_|:|_|_|

Now I am going to ask you about the people who live in this house.

AM4 How many people live in this home?

NUMBER

|_|_|

Please tell me the name of all the people who normally live in this home beginning with yourself (the selected) and then with your spouse. Please list first all the adults and then the children. Then ask, "Is there another person that lives here, even if she or he is not present at this moment?" (This includes the children that are in school or at work). If yes, complete the list. Then ask and write the answers.

							Only biological and step children	
AB1 Name	AB2 What is his or her family relation to you (interviewee) _____ 1. Interviewee 2. Spouse 3. Biological child 4. Step child 5. Son/Daughter In-Law 6. Grandchild 7. Sibling 8. Biological Parent 9. Step Parent 10. Mother In-Law 11. Other Relative 12. Domestic Employee 13. Other non-relative 99. DK/NR	AB3 Is _____ a male or female? 1 Male 2 Female	AB4 How old is _____? NOTE AGE		AB5 What is the marital status of _____? 1. Civil union 2. Married 3. Separated / divorced 4. Widow/er 5. Single 6. Other 9. DK/NR	AB6 Has your son/daughter _____ always lived with you? 1. Yes → AM5 2. No 9. DK/NR	AB7 Did _____ come to live with you or did you move to live here with _____? 1. ____ came 2. Interviewee moved 9. DK/NR	
L	NAME	RELATION	M	F	AGE	MAR. STAT.		
1		__1__	1	2	__ __ __	__ __	1 2 9	1 2 9
2			1	2	__ __ __	__ __	1 2 9	1 2 9
3			1	2	__ __ __	__ __	1 2 9	1 2 9
4			1	2	__ __ __	__ __	1 2 9	1 2 9
5			1	2	__ __ __	__ __	1 2 9	1 2 9
9			1	2	__ __ __	__ __	1 2 9	1 2 9
7			1	2	__ __ __	__ __	1 2 9	1 2 9
8			1	2	__ __ __	__ __	1 2 9	1 2 9
9			1	2	__ __ __	__ __	1 2 9	1 2 9
10			1	2	__ __ __	__ __	1 2 9	1 2 9
11			1	2	__ __ __	__ __	1 2 9	1 2 9
12			1	2	__ __ __	__ __	1 2 9	1 2 9

AM5	Of all the people who live here, who is the head (“boss” or “in charge”) of the home? Note Number of the person in the register.	Number	_
Now I will ask you about your children.			
AM6	Now I will ask you about your children. How many live-born children did you have?	None Number of children DK/NR	0→AM11 _ _ 99
AM7	In all, how many of your children are still alive?	Number of children alive DK/NR	_ _ 99
AM8	How many grandchildren do you have?	Number of grandchildren 98 or more grandchildren DK/NR	_ _ 98 99
AM9	How old were you when your first child was born?	Age Year DK/NR	_ _ _ _ _ _ 9999
AM10	How old were you when your last child was born?	Age Year DK/NR	_ _ _ _ _ _ 9999
		End Time: _ _ : _ _	

AM11 How many children and step children DO NOT live with you in this home? NUMBER |_|_| → Yes 0 go to A1

FOR THE INTERVIEWEE'S CHILDREN:
Please tell me the names of each of your children that do not normally live in this home (Include: your own children, stepchildren, adopted children and foster children)

AC1 Name	AC2 ¿Is _____ Male or Female?	AC3 Is _____ your own child or not your own?	AC4 How old is _____?	AC5 What is the marital status of _____?	AC6 WHERE DOES _____ LIVE?	AC7 How often do you see or visit with _____?		
	1. Male 2. Female	1. Own Child 2. Not own Child 9. NS/NR		1. Civil union 2. Married 3. Separated/ divorced 4. Widow/er 5. Single 6. Other 9. NS/NR	1. In the same neighborhood or community 2. Different neighborhood or community but same city 3. Other city in Costa Rica 4. Outside of Costa Rica 9. NS/NR	1. Daily 2. Weekly 3. Biweekly 4. Monthly 5. Other 6. Never 9. NS/NR		
L	NAME	M	F	RELATION	AGE	MARITAL STAT.	LIVES WITH	VISITS
1		1	2	—	— —	—	—	—
2		1	2	—	— —	—	—	—
3		1	2	—	— —	—	—	—
4		1	2	—	— —	—	—	—
5		1	2	—	— —	—	—	—
6		1	2	—	— —	—	—	—
7		1	2	—	— —	—	—	—
8		1	2	—	— —	—	—	—
9		1	2	—	— —	—	—	—
10		1	2	—	— —	—	—	—
11		1	2	—	— —	—	—	—
12		1	2	—	— —	—	—	—

SECTION A : PERSONAL INFORMATION OF INTERVIEWEE		Start Time: ____:____:____					
Now let's continue talking about you.							
NO.	QUESTIONS	CATEGORIES AND CODES					
EDUCATION							
A1	Are you able to read and write a message?	Yes	1				
		No	2				
		NS/NR	9				
A2	What was the last level and grade of your formal education that you completed?	A2a. Level		A2b. Years of study (grade)			
		0	None	0			
		1	Elementary	1	2	3	4
		2	Secondary, academic	1	2	3	4
		3	Secondary, technical	1	2	3	4
		4	Para-university	1	2	3+	
		5	Higher education	1	2	3	4
		9	NS/NR	9			
MARITAL HISTORY							
A3	What is your current marital status?	Civil union	1 → A4				
		Married	2 → A4				
		Widow/er from civil union	3 → A7				
		Widow/er from marriage	4 → A7				
		Divorced	5 → A7				
		Separated from civil union	6 → A7				
		Separated from marriage	7 → A7				
		Never married or in union	8 → A16				
		DK/NR	9 → A16				
A4	What was the primary work activity of your spouse in the last week?	Worked	1				
		Didn't work but has a job	2				
		Looking for work	3				
		Household chores	4				
		Is retired	5				
		Did not work	6				
		DK/NR	9				

SECTION A : PERSONAL INFORMATION OF INTERVIEWEE		Start Time: __ __ : __ __							
Now let's continue talking about you.									
NO.	QUESTIONS	CATEGORIES AND CODES							
A5	What is the occupation in which your spouse worked the majority of her/his life?	Homemaker	1						
		Agricultural worker	2						
		Independent farmer	3						
		Domestic worker	4						
		Specialized worker	5						
		Non-specialized worker	6						
		Vendor, trader	7						
		Other services	8						
		Professional, executive	9						
		Office employee	10						
		Other	11						
		DK/NR	99						
A6	Does your spouse have a serious health problem or any physical limitation?	Yes	1 → A8						
		No	2 → A8						
		DK/NR	9 → A8						
A7	In what year did your last civil union or marriage ended?	Year	__ __ __						
		Since	__ __ Years Ago						
		Age	__ __						
		DK/NR	9999						
<i>Now we are going to talk about your current or last partner (spouse or companion)</i>									
A8	In what year did you start living with you spouse?	Year	__ __ __						
		DK/NR	9999						
A9	What was the age difference between you and your spouse when you started to live together?	Years	__ __ → Yes is 0 go to A11						
		DK/NR	99						
A10	Who was older when you began to live together, you or your spouse?	You were older	1						
		Spouse older	2						
		DK/NR	9						
A11	What was the last level and grade of formal education that your spouse completed?	Level		Years of study (grade)					
		0 None	0						
		1 Elementary	1	2	3	4	5	6	9
		2 Secondary academic	1	2	3	4	5	9	
		3 Secondary, technical	1	2	3	4	5	6	9
		4 Para-university	1	2	3+	9			
		5 Higher education	1	2	3	4	5+	9	
9 DK/NR	9	9							

SECTION A : PERSONAL INFORMATION OF INTERVIEWEE		Start Time: _ _ : _ _	
Now let's continue talking about you.			
NO.	QUESTIONS	CATEGORIES AND CODES	
A12	What type of social insurance do you or your spouse have?	Salaried	1
		Family	2
		Own account or joint	3
		By state	4
		Other	5
		None	6
		Is pensioned	7
		DK/NR	9
A13	Does (or did) your spouse smoke?	Yes	1
		No	2
		DK/NR	9
A14	Were you in another civil union or marriage?	Yes	1 →A15
		No	2 →A16
		DK/NR	9 →A16
A15	What was the main reason that the marriage or union ended?	Mutual agreement	1
		Death of spouse	2
		Other	3
		DK/NR	9
MOTHER OF INTERVIEWEE			
A16	Is your biological mother still living?	Yes	1
		No	2
		DK/NR	9
A17	How old is your mother/ how old was she when she died?	Age	_ _ _
		DK/NR	999
A18	What is (was) the level of education of your mother?	None	1
		Elementary	2
		Secondary	3
		Higher Education	4
		DK/NR	9
EXPECTED LONGEVITY OF THE INTERVIEWEE			
A19	How certain are you that you will live to be...? 80 Years [If less than 69 years of age] 85 Years [If between 70 y 74 years of age] 90 Years [If between 75 y 79 years] 95 Years [If between 80 y 84 years]	Very certain	1
		Little certain	2
		Somewhat certain	3
		Not certain at all	4
		DK/NR	9

SECTION A : PERSONAL INFORMATION OF INTERVIEWEE		Start Time: _ _ : _ _
Now let's continue talking about you.		
NO.	QUESTIONS	CATEGORIES AND CODES
	100 Years [If between 85 y 90 years]	
RELIGION OF THE INTERVIEWEE		
A20	What is your religion?	Catholic 1 Protestant 2 Evangelical 3 Other Christian 4 Other non-Christian 5 None 6 DK/NR 9
A21	How often do you attend religious services?	Daily 1 Weekly 2 Biweekly 3 Monthly 4 Occasionally 5 Never 6 DK/NR 9
MIGRATION OF THE INTERVIEWEE		
A22a	In which canton were you born?	In this canton 1 Other canton 2 A22b.Which?: _____ Nicaragua 3 Other country 4 DK/NR 9
A23	How many years did you live in the place of your birth?	All his/her life 97→AM12 Years _ _ →A24 DK/NR 99→A24
A24a	Where did you live most of your life?	In Costa Rica, in this canton 1 Other canton of Costa Rica 2 A24b. Which?: _____ Other 3 Nicaragua 4 DK/NR 9
A25	How many years have you been living here?	Years _ _ DK/NR 99
A26a	Where were you living in 1984?	In Costa Rica, in this canton 1 Other canton of Costa Rica 2 A26b.Which?: _____ In another country 3 A26c.Which: _____

SECTION A : PERSONAL INFORMATION OF INTERVIEWEE		Start Time: _ _ : _ _	
Now let's continue talking about you.			
NO.	QUESTIONS	CATEGORIES AND CODES	
		DK/NR	9
A27a	Where were you living in 1973?	In Costa Rica, in this canton	1
		Other canton of Costa Rica	2 A27b. Which?: _____
		In another country	3 A27c. Which: _____
		DK/NR	9
		End Time: _ _ : _ _	

SECTION SP: INSURANCE AND PENSIONS		Start Time: __ : __ : __	
Now I want to ask you some questions about your insurance and pensions			
NO.	QUESTIONS	CATEGORIES AND CODES	
AM12	Do you receive a pension from social security or from the government?	Yes No NS/NR	1→ AM13 2→ AM14 9→ AM14
AM13	How many pensions do you receive?	Pensions	__

Now we are going to talk about each of those pensions, please begin with the first pension that was granted to you.

Pensions	SP1. What type of pension is (was) it?	SP2. How old were you when you were granted this pension?	SP3. What is the monthly amount of this pension (in thousand)	SP4. Then would you say that the amount of this pension is: (only for those responding DK/NR on the previous question)		
	1. Own: earned from salaried employment 2. Own: earned from voluntary contributions 3. Own: Granted by the state 4. Pensioned for disability 5. Inherited: from salaried employment 6. Inherited: from voluntary contributions 7. Inherited: Granted by the state 8. Inherited from someone who had a pension for disability 9. Other 99. DK/NR	DK/NR 99	__ __ __ thousand DK/NR 999	SP4. More than 100 thousand colones Yes 1→SP6 No 2→SP5 DK/NR 9→AM14	SP5. More than 80 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14	SP6. More than 200 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14
01	__ __	__ __	__ __ __ thousand DK/NR 999	SP4. More than 100 thousand colones Yes 1→SP6 No 2→SP5 DK/NR 9→AM14	SP5. More than 80 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14	SP6. More than 200 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14
02	__ __	__ __	__ __ __ thousand DK/NR 999	SP4. More than 100 thousand colones Yes 1→SP6 No 2→SP5 DK/NR 9→AM14	SP5. More than 80 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14	SP6. More than 200 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14
03	__ __	__ __	__ __ __ thousand DK/NR 999	SP4. More than 100 thousand colones Yes 1→SP6 No 2→SP5 DK/NR 9→AM14	SP5. More than 80 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14	SP6. More than 200 thousand colones Yes 1→AM14 No 2→AM14 DK/NR 9→AM14

SECTION SP: INSURANCE AND PENSIONS			
NO.	QUESTIONS	CATEGORIES AND CODES	
AM14	Do you currently have a pension from the private sector?	Yes No DK/NR	1→ AM15 2→ AM20 9→ AM20
AM15	At what age did you start to receive your pension?	Age DK/NR	__ __ 99
AM16	What is the total amount of this pension?	Amount DK/NR	__ __ __ thousand →SPS1 999 → AM17

SECTION SP: INSURANCE AND PENSIONS				
NO.	QUESTIONS	CATEGORIES AND CODES		
	Then would you say that the amount of this pension is:	AM17. More than 100 thousand colones Yes 1→AM19 No 2→AM18 DK/NR 9→AM20	AM18. More than 80 thousand colones Yes 1→AM20 No 2→AM20 DK/NR 9→AM20	AM19. More than 200 thousand colones Yes 1→AM20 No 2→AM20 DK/NR 9→AM20
FOR THOSE NOT PENSIONED				
AM20	Are you currently insured?	Yes No DK/NR	1→SPS1 2→AM21 9→AM21	
AM21	How many months/years have you been without insurance?	Months Years DK/NR	____ ____ 99	
AM22	Were you ever insured at one time?	Yes No DK/NR	1→SPS1 2→AM23 9→AM23	

Now we are going to talk about each of these insurance policies. We are interested in knowing the times you changed the terms of your insurance and if there were lapses of time of at least one year when you were insured. Please, let us begin at 1970. If she/he has a pension continue until the insurance just prior to pensioning.

Insurance	SPS1. What kind of insurance is it? 1. Salaried. 2. Own account or voluntary. 3. Granted by the state. 4. Relative of the salaried person. 5. Relative of holder of own account or voluntary account. 6. Relative of someone to whom the state granted it. 7. Relative of a pensioned person. 8. Other 9. DK/NR	SPS2. How old were you when you started this insurance? Or in what year was it granted to you? DK/NR 9999	SPS3. How old were you when you ended this insurance? Note: For current insurance, write code 97. DK/NR 99
01		Age Year	____ ____
02		Age Year	____ ____
03		Age Year	____ ____
04		Age Year	____ ____
05		Age Year	____ ____

SECTION SP: INSURANCE AND PENSIONS				
NO.	QUESTIONS	CATEGORIES AND CODES		
AM23	Do you have other private medical or hospitalization insurance?	Yes No DK/NR	1→AM24 2→AM29 9→AM29	
AM24	This insurance....	Is paid by you or a relative Is paid or is part of a pension from your current employment or previous employment	1	

SECTION SP: INSURANCE AND PENSIONS				
NO.	QUESTIONS	CATEGORIES AND CODES		
		2		
		DK/NR		9
AM25	What is the annual amount that is paid?	Amount	_ _ _ thousand → AM29	
		DK/NR	999 → AM26	
	Then would you say that the amount that is paid for this policy is	AM26. More than 100 thousand colones	AM27. More than 80 thousand colones	AM28. More than 200 thousand colones
		Yes 1 → AM28	Yes 1 → AM29	Yes 1
		No 2 → AM27	No 2 → AM29	No 2
		DK/NR 9 → AM29	DK/NR 9 → AM29	DK/NR 9

AM29	Now, if you would allow me, I will take a photograph of you. (Ask the interviewee to stand for a few moments)	Photo taken	1
		(Remember to write the code on the photo)	
		Photo NOT Taken	2
End Time: _ _ : _ _			

SECTION C: STATE OF HEALTH		Start Time: _ _ : _ _	
Now, I would like to ask you some questions about your health			
NO.	QUESTIONS	CATEGORIES AND CODES	
SELF EVALUATION			
C1	How would you say your health is now: Excellent, Very Good, Good, Fair, Poor	Excellent Very Good Good Fair Poor DK/NR	1 2 3 4 5 9
C2	How would you say your health is in comparison with other people of your age? Better, Equal, Worse?	Better Equal Worse DK/NR	1 2 3 9
C3	<p>SHOW CARD</p> <p>Now we are going to use a card from which you can choose a number from 1 to 7 to evaluate your state of health, wherein 7 signifies excellent health and 1 poor health.</p> <p>Please choose the number which best describes your state of health.</p>	Number DK/NR	_ 9
Now we are going to talk about health conditions observed by a physician.			
HYPERTENSION			
C4	Has a physician ever told you that you have high blood pressure (hypertension)?	Yes No DK NR	1 → C5 2 → C6 8 → C6 9 → C6
C5	How old were you when you were first told that you had high blood pressure?	C5a.Age C5b.Year DK/NR	_ _ _ _ _ _ _ 9999
C6	When was the last time that you checked your blood pressure?	Less than 6 Months From 6 to 11 Months From 1 to 2 Years More than 2 Years Never DK NR	1 2 3 4 5 8 9

SECTION C: STATE OF HEALTH		Start Time: _ _ : _ _	
Now, I would like to ask you some questions about your health			
NO.	QUESTIONS	CATEGORIES AND CODES	
CHOLESTEROL			
C7	Has a physician ever told you that you have high cholesterol?	Yes	1 → C8
		No	2 → C9
		DK	8 → C9
		NR	9 → C9
C8	How old were you when you were first told that you had high cholesterol?	Age	_ _ _
		Year	_ _ _ _
		DK/NR	9999
C9	When was the last time that you checked your cholesterol?	Less than 6 Months	1
		From 6 to 11 Months	2
		From 1 to 2 Years	3
		More than 2 Years	4
		Never	5
		DK NR	8 9
DIABETES			
C10	Has a physician ever told you that you have diabetes (high levels of sugar in the blood)?	Yes	1 → C11
		No	2 → C17
		DK	8 → C17
		NR	9 → C17
C11	How old were you when you were first told that you had diabetes?	Age	_ _ _
		Year	_ _ _ _
		DK/NR	9999
C12	Are you taking pills to control your diabetes?	Yes	1
		No	2
		DK/NR	9
C13	Are you using insulin injections to control your diabetes?	Yes	1
		No	2
		DK/NR	9

SECTION C: STATE OF HEALTH		Start Time: _ _ : _ _	
Now, I would like to ask you some questions about your health			
NO.	QUESTIONS	CATEGORIES AND CODES	
C14	How often do you measure your blood sugar levels yourself?	More than once a day	1
		Once a day	2
		Once per week	3
		Less than once per week	4
		Never	5
		Other	7
		DK	8
		NR	9
		C15	How often do you have medical check-ups for your diabetes?
Once every 6 months	2		
Once a year	3		
Less than once per year	4		
Does not have check-ups	5		
DK	8		
NR	9		
C16	Did this problem make you change your daily activities in your home or at work?	Very much	1 → C18
		Little	2 → C18
		None	3 → C18
		DK/NR	9 → C18
C17	When was the last time that a physician did a test to know if you had sugar in your blood?	Less than 6 Months	1
		From 6 to 11 Months	2
		From 1 to 2 Years	3
		More than 2 Years	4
		Never	5
		DK	8
		NR	9
CANCER			
C18	Has a physician ever told you that you have cancer or a malignant tumor, not including small skin tumors?	Yes	1 → C19
		No	2 → C22
		DK	8 → C22
		NR	9 → C22
C19	How old were you when you were first told that you had this disease?	Age	_ _ _
		Year	_ _ _ _
		DK/NR	9999

SECTION C: STATE OF HEALTH		Start Time: _ _ : _ _	
Now, I would like to ask you some questions about your health			
NO.	QUESTIONS	CATEGORIES AND CODES	
C20	In which organ or what part of the body did the cancer begin?	Stomach	1
		Other digestive	2
		Urinary system	3
		Leukemia	4
		Lung	5
		Other respiratory	6
		Prostate	7
		Uterine /cervical	8
		Mammary	9
		Other	10
		DK/NR	99
C21	Did this problem cause you to change your daily activities at home or at work?	Very much	1
		Little	2
		None	3
		DK/NR	9
ASTHMA OR CHRONIC BRONCHITIS AND OTHER PULMONARY DISEASES			
C22	Has a physician ever told you that you have a chronic respiratory or pulmonary disease, like emphysema, tuberculosis, asthma or chronic bronchitis?	Yes	1 → C23
		No	2 → C26
		DK	8 → C26
		NR	9 → C26
C23	How old were you when you were first told that you had this respiratory disease?	c23a. Age	_ _ _
		C23b. Year	_ _ _ _
		DK/NR	9999
C24	Are you receiving some kind of treatment for your respiratory illness(es)?	Yes	1
		No	2
		DK/NR	9
C25	Has this problem caused you to change your daily activities at home or at work?	Very much	1
		A little	2
		None	3
		DK/NR	9
HEART DISEASE			
C26	Has a physician even told you that you have had a heart attack?	Yes	1 → C27
		No	2 → C32
		DK/NR	9 → C32

SECTION C: STATE OF HEALTH		Start Time: __ _ _ : __ _ _		
Now, I would like to ask you some questions about your health				
NO.	QUESTIONS	CATEGORIES AND CODES		
<i>Now we are going to talk about the times that you had these strokes or attacks</i>				
C27	How many heart attacks have you had in all your life?	Infarcts __ _		
	Please tell me, at what age did you have these heart attacks? Please begin with the first one.	C28. First infarct __ _ DK/NR 999	C29. Second infarct __ _ DK/NR 999	C30. Third infarct __ _ DK/NR 999
C31	Have these heart problems caused you to make changes to your normal activities at home or work?	Very much 1 A little 2 None 3 NS/NR 9		
OTHER HEART DISEASES				
C32	Has a physician ever told you that you have a heart disease without having a heart attack?	Yes 1 → C33 No 2 → C35 DK 8 → C35 NR 9 → C35		
C33	How old were you when this heart problem was diagnosed?	Age __ _ _ Year __ _ _ _ DK/NR 9999		
C34	Has this disease caused you to change your normal activities at home or at work?	Very much 1 A little 2 None 3 DK/NR 9		
STROKE				
C35	Has a physician ever told you have had a stroke?	Yes 1 → C36 No 2 → C41 DK 8 → C41 NR 9 → C41		
<i>Now were going to talk about the times that you have had a stroke</i>				
C36	How many strokes have you had in your life?	strokes __ _		
	Please tell me how old you were when you had these strokes Start with the first one you had.	C37. First stroke __ _	C38. Second stroke __ _	C39. Third stroke __ _

SECTION C: STATE OF HEALTH		Start Time: _ _ : _ _	
Now, I would like to ask you some questions about your health			
NO.	QUESTIONS	CATEGORIES AND CODES	
	DK/NR 99		
C40	Have these strokes caused you to change your normal activities at home or at work?	Very much	1
		A little	2
		None	3
		DK/NR	9
ARTHRITIS			
C41	Has a physician ever told you that you have arthritis, rheumatism or arthrosis?	Yes	1 → C42
		No	2 → C44
		DK	8 → C44
		NR	9 → C44
C42	How old were you when you were diagnosed with arthritis or rheumatism for the first time?	Age	_ _ _
		Year	_ _ _ _
		DK/NR	9999
C43	Has this problem caused you to change your normal activities at home or at work?	Very much	1
		A Little	2
		None	3
		DK/NR	9
OSTEOPOROSIS			
C44	Has a physician ever told you that you have osteoporosis (bone fragility)?	Yes	1 → C45
		No	2 → C47
		DK	8 → C47
		NR	9 → C47
C45	How old were you when you were diagnosed with osteoporosis?	Age	_ _ _
		Year	_ _ _ _
		DK/NR	9999
C46	Has this problem caused you to change your daily activities at home or at work?	Very much	1
		A Little	2
		None	3

SECTION C: STATE OF HEALTH		Start Time: _ _ : _ _			
Now, I would like to ask you some questions about your health					
NO.	QUESTIONS	CATEGORIES AND CODES			
		NS/NR	9		
C47	Is there someone in your family who has or had hypertension?	Relative	Yes	No	DK/NR
		A parent	1	2	9
		A sibling	1	2	9
		A grandparent	1	2	9
C48	Is there someone in your family who has or had diabetes?	Relative	Yes	No	DK/NR
		A parent	1	2	9
		A sibling	1	2	9
		A grandparent	1	2	9
FALLS					
C49	Have you fallen in the last 2 years? (do not include falls due to inebriation)	Yes	1 → C50		
		No	2 → C51		
		DK	8 → C51		
		NR	9 → C51		
C50	How many times have you fallen in the last 12 months?	Number of times	_ _		
		DK/NR	99		
C51	Have you ever fractured a bone after the age of 60?	Yes	1 → C52		
		No	2 → C54		
		DK/NR	9 → C54		
C52	Have you ever had an operation or surgery due to that fracture, or due to your arthritis, rheumatism or artrosis?	Yes	1 → C53		
		No	2 → C54		
		DK/NR	9 → C54		

SECTION C: STATE OF HEALTH		Start Time: _ _ : _ _	
Now, I would like to ask you some questions about your health			
NO.	QUESTIONS	CATEGORIES AND CODES	
C53	What bone or joint was operated on?	Hip	1
		Knee	2
		Wrist	3
		Shoulder	4
		Forearm	5
		Ankle	6
		Femur	7
		Other _____	8
		DK/NR	9
SIGHT			
C54	Do you normally use glasses or contact lenses?	Yes, to see far	1 →C55
		Yes, to see near	2 →C56
		Yes, to see near and far	3 →C55
		Does not use	4 →C55
		Is blind	5 →C62
		DK/NR	9 →C57
C55	Using this card, choose a number from 1 to 7 to describe how your sight is for seeing FAR (with glasses) and to recognize a friend on the other side of the street. (1 is poor and 7 is excellent)	Number	_
		DK/NR	9
C56	Using this card, choose a number from 1 to 7 to describe how your sight is for seeing NEAR (with glasses) and to read the newspaper or to see photographs in a magazine. (1 is poor and 7 is excellent)	Number	_
		DK/NR	9
CATARACTS			
C57	Has a physician ever told you that you have cataracts?	Yes	1 →C58
		No	2 →C60
		DK	8 →C60
		NR	9 →C60
C58	Have you ever had an operation for your cataracts	Yes	1
		No	2

SECTION C: STATE OF HEALTH		Start Time: _ _ : _ _	
Now, I would like to ask you some questions about your health			
NO.	QUESTIONS	CATEGORIES AND CODES	
		NS/NR	9
C59	Has this problem caused you to change your daily activities at home or at work?	Very much	1
		A Little	2
		None	3
		DK/NR	9
GLAUCOMA			
C60	Has a physician ever treated you for glaucoma	Yes	1 →C61
		No	2 →C62
		DK	8 →C62
		NR	9 →C62
C61	Has this problem caused you to change your daily activities at home or at work?	Very much	1
		A Little	2
		None	3
		DK/NR	9
HEARING			
C62	Do you use some type of auditory apparatus (hearing aide) to hear well?	Yes	1
		No	2
		DK/NR	9
C63	Using this card, choose a number from 1 to 7 to describe how your hearing is in general (with hearing aid). (1 is poor and 7 is excellent)	Number	_
		DK/NR	9
C64	Interviewer only: Until now, was the interviewee able to hear well the things you said to him/her?	Yes, immediately	1
		Yes, after repeating	2
		Yes with difficulty	3
		No	4
		Interviewee Absent	5
DENTAL			
C65	Are you missing your natural teeth or molars?	Yes, some (up to 4)	1 →C66
		Yes, many (More than 4 and less than half)	2 →C66
		Yes, the majority (half or more)	3 →C66
		No	4 →C67

SECTION C: STATE OF HEALTH		Start Time: :	
Now, I would like to ask you some questions about your health			
NO.	QUESTIONS	CATEGORIES AND CODES	
		NS/NR	9 → C67
C66	Do you have bridges, or false teeth or dentures?	Yes	1
		No	2
		DK/NR	9
C67	In the last 12 months, how frequently have you had to eat less or change your food due to problems with your teeth, molars, bridges, or dentures?	Always	1
		Frequently	2
		Sometimes	3
		Rarely	4
		Never	5
		DK/NR	9
FILTER	If the interviewee's sex is:	Woman	2 → C68
		Man	1 → C78
WOMEN'S REPRODUCTIVE HEALTH			
C68	How old were you when you first had your menstruation?	Age	
		Year	
		DK/NR	9999
C69	How old were you when you had your last menstruation?	Age	
		Year	
		DK/NR	9999
C70	How many pregnancies in total did you have in your life?	Number of pregnancies	→ C72
		If responds 0.	
		DK/NR	99
C71	How old were you when you had your first pregnancy?	Age	
		Year	
		DK/NR	9999
C72	During any of your pregnancies were you told you had diabetes (high levels of blood sugar)?	Yes	1
		No	2
		DK	8

SECTION C: STATE OF HEALTH		Start Time: __ __ : __ __			
Now, I would like to ask you some questions about your health					
NO.	QUESTIONS	CATEGORIES AND CODES			
		NR	9		
C73	How many abortions did you have in your life?	Number	__ __		
		DK/NR	99		
C74	Have you used a contraceptive or have you been sterilized?	Yes	1 → C73		
		No	2 → C74		
		DK/NR	9 → C74		
C75	What kind of contraceptives have you used? (multiple)	Method	Yes	No	DK/NR
		Pills or capsules	1	2	9
		Injections	1	2	9
		Sterilization	1	2	9
		Others	1	2	9
C76	Have you had the operation called hysterectomy (surgery to remove the womb/uterus and/or ovaries)?	Yes, womb and ovaries	1		
		Yes, womb only	2		
		Yes, doesn't know which parts	3		
		No	4		
		DK/NR	9		
C77	Have you ever used women's hormones (estrogen) to treat menopause in the form of pills, patches or cream for three years or more?	Yes	1 → C81		
		No	2 → C81		
		DK/NR	9 → C81		
PROSTATE					
C78	Has a physician ever told you that you have an enlarged prostate?	Yes	1 → C79		
		No	2 → C80		
		DK/NR	9 → C80		
C79	Are you currently receiving treatment for your prostate?	Yes	1		
		No	2		
		Doesn't have prostate	3		
		DK/NR	9		
C80	Do you have a urinary stream that is weak or small?	Yes	1		
		No	2		

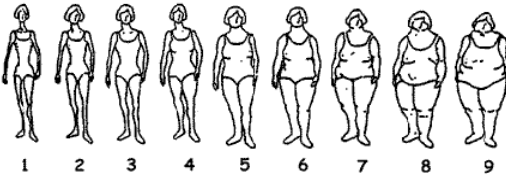
SECTION C: STATE OF HEALTH		Start Time: _ _ : _ _		
Now, I would like to ask you some questions about your health				
NO.	QUESTIONS	CATEGORIES AND CODES		
		DK/NR	9	
MENTAL HEALTH				
C81	Has a physician ever told you that you have a nervous or psychiatric problem such as depression?	Yes	1 → C82	
		No	2 → C84	
		DK/NR	9 → C84	
C82	How old were you when you were diagnosed with your nervous problem?	Age	_ _ _	
		Year	_ _ _ _	
		DK/NR	9999	
C83	Has this problem interfered with your daily activities at home or at work?	Very much	1	
		A Little	2	
		None	3	
		DK/NR	9	
SYMPTOMS				
During the last 12 months have you had any of the following problems or illnesses on a daily basis?				
		Yes	No	DK/NR
C84	Swelling of your feet or heels	1	2	9
C85	Dizziness or fainting	1	2	9
C86	Intense thirst	1	2	9
C87	Severe fatigue or serious exhaustion	1	2	9
C88	Panting	1	2	9
C89	Cough	1	2	9
C90	Production of phlegm	1	2	9
C91	Pain in lower limbs during or after walking	1	2	9
C92	Pain in the upper stomach area	1	2	9
C93	Involuntary loss of urine	1	2	9
C94	Involuntary loss of excrement	1	2	9
C95	Urination with great frequency	1	2	9
C96	Urination three or more times at night	1	2	9
C97	Tingling or burning when urinating	1	2	9
C98	Bleeding during urination	1	2	9
C99	Bleeding during defecation	1	2	9
C100	Problems of insomnia	1	2	9

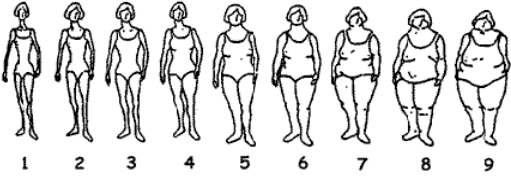
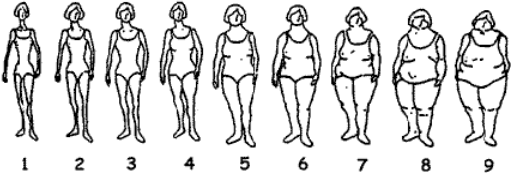
SECTION C: STATE OF HEALTH		Start Time: _ _ : _ _				
Now, I would like to ask you some questions about your health						
NO.	QUESTIONS	CATEGORIES AND CODES				
C101	Nausea	1	2	9		
C102	Vomiting frequently	1	2	9		
C103	Difficulty breathing while asleep	1	2	9		
SYMPTOMS OF DEPRESSION						
Now I would like to ask you some questions about the state of your mood in this last week.						
		Yes	No	DK/NR		
C104	Have you been satisfied with your life?	1	2	9		
C105	Did you put aside or lessen your activities or the things you like to do?	1	2	9		
C106	Did you feel that your life is empty?	1	2	9		
C107	Did you feel bored frequently?	1	2	9		
C108	Were you in a good mood for the majority of the time?	1	2	9		
C109	Were you worried or fearing that something bad would happen to you?	1	2	9		
C110	Did you feel happy most of the time?	1	2	9		
C111	Did you frequently feel abandoned or unappreciated?	1	2	9		
C112	Did you prefer to stay home instead of going out and doing things?	1	2	9		
C113	Did you feel that you had more memory problems than other people of your same age?	1	2	9		
C114	Did you feel that it is marvelous to be alive?	1	2	9		
C115	Did you feel useless or that you were worthless in your current situation?	1	2	9		
C116	Did you feel full of energy?	1	2	9		
C117	Did you find yourself without hope in facing your current situation?	1	2	9		
C118	Did you think that other people are in a better situation than you?	1	2	9		
Next, I am going to read some phrases. For each of the expressions, please tell me if you agree, agree somewhat, disagree somewhat or disagree.						
		Agree	Agree Somewhat	Disagree Somewhat	Disagree	DK/NR
C119	There is not much sense in planning for the future	1	2	4	3	9
C120	The very good things that happen to us are because of good luck	1	2	4	3	9
C121	One is responsible for one's own successes	1	2	4	3	9

SECTION C: STATE OF HEALTH					Start Time: _ _ : _ _				
Now, I would like to ask you some questions about your health									
NO.	QUESTIONS				CATEGORIES AND CODES				
C122	One can do nearly anything one sets one's mind to	1	2	4	3	9			
C123	The majority of problems are due to bad luck	1	2	4	3	9			
C124	One has little control over the bad things that happen	1	2	4	3	9			
C125	The tragedies that happen to us are a result of one's own mistakes	1	2	4	3	9			
C126	One is responsible for one's own shortcomings	1	2	4	3	9			
C127	In general, how do you feel about your life?	Very satisfied 1 Somewhat satisfied 2 Somewhat unsatisfied 3 Very unsatisfied 4 DK 8 NR 9							
PREVENTATIVE CARE									
C128	During the last 12 months, have you had a flu or cold vaccine injection?	Yes 1 No 2 DK0//NR 9							
When was the last time that you did one of the following tests?									
		Had tuberculosis	< 1 Year	1 to less than 3 Years	3 to less than 5 Years	5 Years or more	Never	DK	NR
C129	Sputum test for tuberculosis?	0	1	2	3	4	5	8	9
C130	Hearing exam?		1	2	3	4	5	8	9
C131	Vision exam?		1	2	3	4	5	8	9
C132	Have you been vaccinated for tetanus?		1	2	3	4	5	8	9
C133	Bone density measurement? Not including x-ray or ultrasound.		1	2	3	4	5	8	9
	FILTER If the interviewee's sex is:	Woman 2 → C134 Man 1 → C136							
C134	Mammography or x-ray of the breasts?	1	2	3	4	5	8	9	

SECTION C: STATE OF HEALTH				Start Time: _ _ : _ _				
Now, I would like to ask you some questions about your health								
NO.	QUESTIONS	CATEGORIES AND CODES						
C135	Have you done a test for urinary tract cancer or cervical cancer (Papanicolaou)? Go to C138	1	2	3	4	5	8	9
C136	Have you had a blood test for the prostate?	1	2	3	4	5	8	9
C137	Have you done a rectal exam for the prostate?	1	2	3	4	5	8	9
C138	TAKING BLOOD PRESSURE Now, if you will allow me I will check your blood pressure from your arm.	First reading _ _ _ / _ _ _ Unable to measure 999 / 999						
								End Time: _ _ : _ _

SECTION EV: LIFESTYLES		Start Time: _ _ : _ _	
NO.	QUESTIONS	CATEGORIES AND CODES	
ALCOHOLIC BEVERAGES			
EV1	Have you ever drank alcoholic drinks on a regular basis?	Drinks Occasionally	1 → EV3
		Drinks Daily	2 → EV3
		Drinks only on special occasions	3 → EV3
		Does not currently drink but drank in the past	4 → EV2
		Has never drunk	5 → EV8
		DK/NR	9 → EV8
EV2	How long ago did you stop drinking?	Months	_ _
		Years	_ _
		DK/NR	99
EV3	During the time that you drank the most, how many drinks or beers did you regularly drink?	Drinks	_ _
		DK/NR	99
EV4	(When you drank) Has it bothered you that someone would be critical of your drinking alcoholic beverages?	Yes	1
		No	2
		DK/NR	9
EV5	(When you drank) Have you ever felt bad or guilty for drinking alcoholic drinks?	Yes	1
		No	2
		DK/NR	9
EV6	(When you drank) Have you ever drunk an alcoholic drink when you got up in the morning or when you were hung over?	Yes	1
		No	2
		DK/NR	9
EV7	How old were you when you started to drink alcoholic drinks?	Age	_ _
		Year	_ _ _ _
		DK/NR	9999
TABACCO			
EV8	Have you smoked more than 100 cigarettes or cigars in your life?	Yes	1 → EV9
		No	2 → EV14
		DK/NR	9 → EV14
EV9	How old were you when you first started smoking?	Age	_ _
		Year	_ _ _ _
		DK/NR	9999
EV10	Do you smoke now?	Yes	1 → EV11
		No	2 → EV12

SECTION EV: LIFESTYLES		Start Time: _ _ : _ _	
NO.	QUESTIONS	CATEGORIES AND CODES	
		NS/NR	9 → EV12
EV11	How many cigarettes or pipes do you normally smoke every day? (pack of 20 cigarettes)	Cigarettes	_ _ → EV13
		Cigars	_ _ → EV13
		Pipes	_ _ → EV13
		DK/NR	99 → EV13
EV12	No longer smokes. How old were you when you stopped smoking?	Age	_ _
		Year	_ _ _
		DK/NR	9999
EV13	During the time that you smoked the most, how many cigarettes did you smoke per day?	Number cigarettes per day	_ _
		Packs per day	_ _
		98 or more cigarettes per day	98
		DK/NR	99
PHYSICAL ACTIVITY			
EV14	In the last 12 months, did you exercise regularly or do other physically rigorous activities like sports, jogging, dancing, or heavy work, three times a week?	Yes	1
		No	2
		DK/NR	9
WEIGHT AND HEIGHT			
EV15	What is your current weight?	Weight	_ _ _ kgs
		Weight	_ _ _ lbs
		DK/NR	999
EV16	From these images, how do you think you look currently? SHOW CARD "A" (SEX SPECIFIC)	Number	_
	 <p style="text-align: center;">1 2 3 4 5 6 7 8 9</p>	DK/NR	0
EV17	What is your current height?	Height	_ _ _ cm
		DK/NR	999
EV18	What was your weight at the age of 25?	Weight	_ _ _ kgs
		Weight	_ _ _ lbs
		DK/NR	999
EV19	From these images, how do you think you looked at that time? SHOW CARD "A"	Number	_
		DK/NR	0

SECTION EV: LIFESTYLES		Start Time: _ _ : _ _			
NO.	QUESTIONS	CATEGORIES AND CODES			
					
EV20	What was or what has been your maximum weight in your life? (If a woman, do not include pregnancies)	Weight	_ _	kg	
		Weight	_ _	lbs	
		DK/NR		999	
EV21	Using these images, what do you think you looked like at that time? SHOW CARD "A"				
		Number	_		
		DK/NR		0	
EV22	How old were you when you reached your highest weight?	Age	_		
		DK/NR		99	
EV23	In the last 6 months, have you lost more than 5 kilograms of weight unintentionally ?	Yes		1	
		No		2	
		DK/NR		9	
ACCIDENTS					
EV24	In the last 10 years, have you had injuries from a car accident or from being struck by a car?	Yes		1	
		No		2	
		DK/NR		9	
DIET					
In the last 10 years, we want to know if you have changed your consumption of some foods. For each of the following please indicate if you consume the same, less or more.					
		Same	More	Less	DK/NR
EV25	Sweets	1	2	3	9
EV26	Sugar	1	2	3	9
EV27	Dairy (milk, cream, cheese)	1	2	3	9
EV28	Red meat (beef, pork, meat pies)	1	2	3	9
EV29	Potatos, plantains, or fried yucca	1	2	3	9
EV30	Fried foods (French fries or other)	1	2	3	9

SECTION EV: LIFESTYLES		Start Time: _ _ : _ _	
NO.	QUESTIONS	CATEGORIES AND CODES	
EV31	Changed lard for cooking oil	Yes	1
		No	2
		DK/NR	9
		End Time: _ _ : _ _	

SECTION IN: CHILDHOOD CONDITIONS		Start Time: ____:____		
Now I'd like to ask you about your childhood				
NO.	QUESTIONS	CATEGORIES AND CODES		
IN1	During the first 15 years of your life, did your family have problems or economic hardships that did not allow you to eat regularly, dress adequately or get necessary medical care?	Yes	1	
		No	2	
		DK/NR	9	
IN2	How was your health for the majority of your childhood and adolescence?	Excellent	1	
		Very good	2	
		Good	3	
		Poor	4	
		DK/NR	9	
		YES	NO	DK/NR
IN3	Did you have tuberculosis when you were a child or adolescent?	1	2	9
IN4	Did you have rheumatic fever when you were a child or adolescent?	1	2	9
IN5	Did you have poliomyelitis when you were a child or adolescent?	1	2	9
IN6	Did you have malaria when you were a child or adolescent?	1	2	9
IN7	Did you have asthma or chronic bronchitis when you were a child or adolescent?	1	2	9
IN8	During the first 15 years of your life, did your home have a bathroom or latrine?	1	2	9
IN9	During the first 15 years of your life, did you wear shoes regularly?	1	2	9
IN10	During the first 15 years of your life, did your home have electricity?	1	2	9
IN11	During the first 15 years of your life, where did you sleep?	On the floor	1	
		On a bed alone	2	
		On a shared bed	3	
		Other	4	
		DK/NR	9	
IN12	During the first 15 years of your life, did you live with your biological father?	Yes	1	
		No	2	
		DK/NR	9	
End Time: ____:____				

SECTION D: FUNCTIONAL STATUS (Activities of Daily Living / Instrumental Activities of Daily Living)		Start Time: _ _ : _ _				
NO.	QUESTIONS	CATEGORIES AND CODES				
D1	Are you able to walk?	Yes 1 → D2		No 2 → D4		
		Yes	No	Not Able	Does not do it	DK/NR
D2	Is it difficult for you to walk a few blocks?	1	2	3	4	9
D3	Is it difficult for you to climb up a few stories by stairway without resting?	1	2	3	4	9
D4	Is it difficult for you to push or pull a large object such as a recliner chair?	1	2	3	4	9
D5	Please stand up and lift your arm(s) above your shoulder(s)	Lifted them completely		1		
		Lifted them partially		2		
		Not able to lift them		3		
		Did not attempt the test		4		
WALKING						
D6	Is it difficult for you to walk from one side of the room to the other?	Yes 1 → D7		No 2 → D8		
		DK/NR 9 → D8				
D7	Do you use an assistance apparatus or instrument such as a walking cane, wheelchair, walker, crutches, etc. to walk across the room?	Yes 1		No 2		
		DK/NR 9				
BATHING						
		Yes	No	DK/NR		
D8	Is it difficult for you to bathe yourself, including entering and exiting the bath tub?	1 → D9		2 → D11		9 → D11
D9	Have you used an apparatus or instrument (handrail or stool) to bathe?	1	2	9		
D10	Does someone help you bathe?	1	2	9		
EATING						
D11	Do you have difficulty in eating, including cutting your food, pouring drinks into glasses etc.?	1 → D12		2 → D13		9 → D13
D12	Does someone help you eat?	1	2	9		
GOING TO BED						
D13	Do you have difficulty getting in or out of bed?	1 → D14		2 → D16		9 → D16

SECTION D: FUNCTIONAL STATUS (Activities of Daily Living / Instrumental Activities of Daily Living)		Start Time: _ _ : _ _		
NO.	QUESTIONS	CATEGORIES AND CODES		
D14	Have you used an assistance apparatus or instrument to lie down or get up from the bed?	1	2	9
D15	Does someone help you to go to bed or get out of your bed?	1	2	9
USING THE TOILET				
D16	Do you have difficulty in using the bathroom, including sitting or getting up from the toilet?	1 → D17	2 → D19	9 → D19
D17	Have you used an assistance apparatus or instrument to use the toilet?	1	2	9
D18	Does someone help you to use the toilet?	1	2	9
CUTTING TOENAILS				
D19	Do you have difficulty cutting your toenails?	1 → D20	2 → D21	9 → D21
D20	Does someone help you cut your toenails?	1	2	9
INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)				
PREPARING FOOD				
D21	Do you have difficulty in preparing a hot meal?	Yes	1 → D22	
		No	2 → D23	
		DK/NR	9 → D23	
D22	Does someone help you to prepare a hot meal?	Yes	1	
		No	2	
		DK/NR	9	
MANAGING MONEY				
D23	Do you have difficulty managing your own money?	Yes	1 → D24	
		No	2 → D25	
		DK/NR	9 → D25	
D24	Does someone help you to manage your money?	Yes	1	
		No	2	
		DK/NR	9	
SHOPPING				
D25	Do you have difficulty in shopping (for example, food or clothes)?	Yes	1 → D26	
		No	2 → D27	
		DK/NR	9 → D27	
D26	Does someone help you to do the grocery shopping?	Yes	1	
		No	2	
		DK/NR	9	

SECTION D: FUNCTIONAL STATUS (Activities of Daily Living / Instrumental Activities of Daily Living)		Start Time: _ _ : _ _	
NO.	QUESTIONS	CATEGORIES AND CODES	
MEDICATIONS			
D27	Do you have difficulty taking your medications?	Yes No DK/NR	1 → D28 2 → D29 9 → D29
D28	Does someone help you to take you medications?	Yes No DK/NR	1 2 9
D29	Does the interviewee receive help with at least one of the above.mentioned activities?	Yes D1. How many people help? _ _ No go to Section E (Verify answer of “Yes” in:, (D10, D12, D15, D18, D20, D22, D24, D26, D28)	1 → D30 2 → Note End Time and
D30	Who is the person who mainly helps you?	Someone in the home that is not the spouse Children outside the home Other people Spouse DK/NR	1 2 3 4 9 → D41
D31	In the last month, about how many days did _____ help you?	Number of days Every day DK/NR	_ _ 30 99
D32	Is there another person who helps you?	Yes No DK/NR	1 → D33 2 → note end time and got to Sec E 9 → note end time go to Sec E
D33	In the last month, about how many days did she/he help you?	Number of days Every day DK/NR	_ _ 30 99
		End Time: _ _ : _ _	

SECTION E: MEDICATION		START TIME: __ : __	
Now I would like to ask you about your medication, remedies and other things that you are using or taking currently.		END TIME: __ : __	
AM30. Are you currently taking or using some medications and/or remedies?		Yes No DK/NR	1 → AM31 2 → AM33 9 → AM33
AM31 Could you please show me the medicine and/or remedies that you are taking by prescription? Note the number of medicines.		Number of medicines __	
E1 Name of each medicine	E2 Where did you get the medicine the last time you got it? 1. CCSS 2. Pharmacy 3. Other 9. DK/NR	E3 In the last month, did you stop taking, or took less of one of these medicines? 1. Yes→E4 2. No→AM32 9. DK/NR→AM32	E4 What was the reason you stopped taking them? 1. Because of high price 2. Because it was not available 3. I was not able to go buy it 4. Does not like to take medicine 5. It does not sit well/agree with her/him 6. Other_____ 9. DK/NR
MEDICINE	OBTAINED	TOOK MEDICINE	REASON
	—	—	—
	—	—	—
	—	—	—
	—	—	—
	—	—	—
	—	—	—
	—	—	—
	—	—	—
	—	—	—
	—	—	—
	—	—	—
	—	—	—
	—	—	—
AM32. (Interviewer: if you noted it above note Yes in this question) Do you take aspirin daily?		1 Yes 2 No 9 DK/NR	
AM33 Do you currently take natural remedies (herbs) or homeopathic products for your health care?		1 Yes 2 No 9 DK/NR	
AM34 How much was spent in total on these medicines and remedies in the last month?		0. None →Section F Cost __ thousand. →Section F 999. DK/NR→ AM35	
Then would you say that your costs on medicine and/or remedies are:		AM35 More than 70 thousand colones 1. Yes→ AM37 2. No→ AM36 9. DK/NR→ Section F	AM36 More than 30 thousand colones 1. Yes→ Section F 2. No→ Section F 9. DK/NR→ Section F
		AM37 More than 140 thousand colones 1. Yes 2. No 9. DK/NR	

SECTION F: USE AND ACCESSIBILITY OF SERVICES		Start Time: __ : __ : __		
Now I would like to ask you some questions about your use of health services, for example, clinics, EBASIS and hospitals.				
NO.	QUESTIONS	CATEGORIES AND CODES		
F1	In the last 12 months, has someone from the EBASIS health team visited you?	Yes	1	
		No	2	
		DK/NR	9	
HOSPITALIZATION				
F2	Have you been hospitalized? How many nights did you spend in the hospital in the last 12 months?	None	0 → F10	
		Number of nights	__ __ __ → F3	
		DK/NR	999 → F10	
F3	Where were you hospitalized last?	Hospital (CCSS)	1	
		Private Hospital	2	
		Clinic (CCSS)	3	
		Private Clinic	4	
		Other	9	
		DK/NR	99	
F4	What was the reason you were hospitalized?	Planned Surgery	1	
		Tests or exams	2 → F6	
		Emergency	3 → F6	
		Other	4 → F6	
		DK/NR	9 → F6	
F5	How many months did you have to wait for the surgery?	Months	__ __	
		DK/NR	99	
F6	In the last 12 months, how much was paid for these hospital stays?	Nothing	0 → F10	
		Total Expense	__ __ __ __ thousand → F10	
		DK/NR	9999 → F7	
	Then would you say that the expenses on hospitalization are:	F7. More than 200 thousand colones?	F8. More than 100 thousand colones?	F9. More than 800 thousand colones?
		Yes 1 → F9	Yes 1 → F10	Yes 1
		No 2 → F8	No 2 → F10	No 2
		DK/NR 9 → F10	DK/NR 9 → F10	DK/NR 9
DOCTOR'S APPOINTMENT				
F10	How many appointments or health care visits with a doctor did you have in the last 3 months?	None	0 → F15	
		Number	__ __ → F11	
		DK/NR	99 → F15	

Now I would like to ask you some questions about your use of health services, for example, clinics, EBAIS and hospitals.

NO.	QUESTIONS	CATEGORIES AND CODES
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F11	What is the total amount you have paid for health care visits in the last 3 months?	Nothing 0 → F15 Total Expense __ _ _ _ thousand → F15 DK/NR 999 → F12			
	Then would you say that these expenses on visits to the doctor are:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> F12. More than 50 thousand colones? Yes 1 → F14 No 2 → F13 DK/NR 9 → F15 </td> <td style="width: 33%;"> F13. More than 10 thousand colones? Yes 1 → F15 No 2 → F15 DK/NR 9 → F15 </td> <td style="width: 33%;"> F14. More than 400 thousand colones? Yes 1 No 2 DK/NR 9 </td> </tr> </table>	F12. More than 50 thousand colones? Yes 1 → F14 No 2 → F13 DK/NR 9 → F15	F13. More than 10 thousand colones? Yes 1 → F15 No 2 → F15 DK/NR 9 → F15	F14. More than 400 thousand colones? Yes 1 No 2 DK/NR 9
F12. More than 50 thousand colones? Yes 1 → F14 No 2 → F13 DK/NR 9 → F15	F13. More than 10 thousand colones? Yes 1 → F15 No 2 → F15 DK/NR 9 → F15	F14. More than 400 thousand colones? Yes 1 No 2 DK/NR 9			
F15	When was the most recent doctor's appointment?	Less than one month 1 From 1 to 3 months 2 From 4 to 6 months 3 From 7 to 11 months 4 From 1 year to less than 2 yrs 5 From 2 to 4 Years 6 5 or more years 7 DK/NR 9			
F16	Who attended to you in your last visit?	Doctor 1 Nurse 2 Pharmacist 3 Other professional 4 Other practitioner 5 DK/NR 9			
F17	Where did you receive this medical attention or consultation on this last health care visit?	Hospital (CCSS) 1 Private Hospital 2 Clinic (CCSS) 3 Private Clinic 4 EBAIS 5 Private clinic 6 Interviewee's home 7 → F20 At work 8 Other 9 DK/NR 99			
F18	How long does it take you to get from your home to the place of the office visit?	Hours __ _ Minutes __ _			

SECTION F: USE AND ACCESSIBILITY OF SERVICES		Start Time: __ _ _ : __ _ _		
Now I would like to ask you some questions about your use of health services, for example, clinics, EBASIS and hospitals.				
NO.	QUESTIONS	CATEGORIES AND CODES		
		DK/NR	99	
F19	After arriving at the location of your health care visit, how long did you have to wait until you were seen?	Hours	_ _	
		Minutes	_ _	
		DK/NR	99	
LABORATORY TESTS				
F20	During the your health care visits in the last 3 months, were you asked do an x-ray, labs or diagnostic exams?	Yes	1 → F21	
		No	2 → F25	
		DK/NR	9 → F25	
F21	How much did you pay in total for these exams, diagnoses or lab tests in the last month?	Nada	0 → F25	
		Total expense	_ _ _ _ thousand → F25	
		DK/NR	999 → F22	
	Then would you say that the cost of your laboratory tests are:	F22 More than 30 thousand colones?	F23 More than 10 thousand colones?	F24 More than 50 thousand colones?
		Yes 1 → F24	Yes 1 → F25	Yes 1
		No 2 → F23	No 2 → F25	No 2
		DK/NR 9 → F25	DK/NR 9 → F25	DK/NR 9
F25	What other health related expenses that have not been mentioned did you have in the last month?	None	0 → Note End Time and go to Section G	
		Total expense	_ _ _ _ thousand → Note End Time and go to Section G	
		DK/NR	999 → F26	
	Then would you say that your expenses on health related expenses that have not been mentioned are:	F26 More than 30 thousand colones?	F27 More than 10 thousand colones?	F28 More than 50 thousand colones?
		Yes 1 → F28	Yes 1 → end time and go to Sec. G	Yes 1
		No 2 → F27	No 2 → end time and go to Sec. G	No 2
		DK/NR 9 → end time and go to Sec G	DK/NR 9 → end time and go to Sec. G	DK/NR 9
				End Time: __ _ _ : __ _ _

SECTION G: FAMILY AND SOCIAL SUPPORT NETWORK		Start Time: ____:____:____		
Families and friends help each other in different ways. As part of this research we would like to know how people support each other, so now I will ask you about the support that you receive and give.				
NO.	QUESTIONS	CATEGORIES AND CODES		
G1	In the last 12 months, did you receive support in the form of money?	Yes No DK/NR	1→G2 2→G7 9→G7	
G2	How much money did you receive in the last 12 months?	Money 10 million or more DK/NR	_ _ _ _ thousand → G6 9998→ G6 9999 → G3	
	Then would you say that the amount of money you received was:	G3 More than 30 thousand colones? Yes 1→G5 No 2→ G4 DK/NR 9→ G6	G4 More than 10 thousand colones? Yes 1→ G6 No 2→ G6 DK/NR 9→G6	G5 More than 50 thousand colones? Yes 1 No 2 DK/NR 9
G6a	Who is the person who helps you primarily?	Someone in the home Child outside the home Others DK/NR	1 G6b. Who? 2 G6c. Who? 3 9	
G7	In the last 12 months, did you provide support in the form of money?	Yes No DK/NR	1→G8 2→G13 9→G13	
G8	How much money did you give in the last 12 months?	Money 10 million or more DK/NR	_ _ _ _ thousand → G12 9998→ G12 9999 → G9	
	Then would you say that the amount of money you provided was:	G9 More than 30 thousand colones? Yes 1→G11 No 2→G10 DK/NR 9→ G12	G10 More than 10 thousand colones? Yes 1→ G12 No 2→ G12 DK/NR 9→G12	G11 More than 50 thousand colones? Yes 1 No 2 DK/NR 9
G12a	Whom do you help the most?	Someone at home Child outside the home Others DK/NR	1 G12b. Who? 2 G12c. Who? 3 9	

SECTION G: FAMILY AND SOCIAL SUPPORT NETWORK		Start Time: _ _ : _ _			
Families and friends help each other in different ways. As part of this research we would like to know how people support each other, so now I will ask you about the support that you receive and give.					
NO.	QUESTIONS	CATEGORIES AND CODES			
	From which of the following institutions do you receive support or services?		Yes	No	DK/NR
		G13. Day Centers	1	2	9
		G14. Senior Clubs	1	2	9
		G15. Religious Groups	1	2	9
		G16. Programa Ciudadano de Oro (Golden Citizen Program)	1	2	9
		G17. AGECO	1	2	9
		G18. Other Institution	1	2	9
	On average over the last 12 months, how many hours per week have you been involved in the following activities? DK/NR 99	G19. Provide help to older adults	_ _ Yes is 0 no ask G27		
		G20. Church	_ _		
		G21. Childcare	_ _		
		G22. Civic activities	_ _		
		G23. Watch TV	_ _		
		G24. Sports (walk)	_ _		
		G25. Daily chores	_ _		
	G26. Recreational activities (handicrafts, arts etc)	_ _			
G27	Whom do you help the most?	Parents	1		
		In-Laws	2		
		Siblings	3		
		Siblings In-Law	4		
		Other relative	5		
		Other non relative	6		
		End Time: _ _ : _ _			

SECTION H: EMPLOYMENT AND INCOME		Start Time: _ _ : _ _	
Now we are going to talk about employment			
NO.	QUESTIONS	CATEGORIES AND CODES	
H1	Have you ever had a job for which you received payment in money or in kind?	Yes No DK/NR	1 →H3 2 →H2 9 →H2
H2	Have you ever helped in a family business or estate without receiving any payment?	Yes No DK/NR	1 →H3 2 →H19 9 →H19
H3	At what age did you begin your first job? DK/NR 99 or 9999	Age Year	_ _ _ _ _ _
H4	About how much time in total have you worked in all of your life in which you received payment in money or in kind?	Less than a year Years Never DK/NR	0 _ _ 98 99
H5	What did you do during most of last week?	Worked Worked helping with family business Did not work but had a job Looked for work Did household chores Did not work DK/NR	1 2 3 4 5 →H11 6 →H11 9

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SECTION H: EMPLOYMENT AND INCOME		Start Time: _ _ : _ _
Now we are going to talk about employment		
NO.	QUESTIONS	CATEGORIES AND CODES
H6	What is the name of the title, profession, or charge in which you do your primary job currently?	Professional, executive 1 Office worker 2 Vendor, trader 3 Independent farmer 4 Agricultural worker 5 Domestic worker 6 Other services 7 Specialized worker 10 Non-Specialized worker 11 Other 13 DK/NR 99
H7	What position do you hold in your job?	Boss or proprietor of a business (1 to 5 employees) 1 Boss or proprietor of a business (6 or more employees) 2 Independent worker 3 Salaried worker 4 Family worker without pay 5 Other _____ 6 DK/NR 9
H8	About how many hours do you work in a normal week?	Hours _ _ DK/NR 99
H9	At what age do you plan to retire with your pension?	Does not have a pension 1 Is already retired 2 Age _ _ DK/NR 99
H10	Is the job that you have now the same one that you had most of your life?	Yes 1 → H17 No 2 → H11 DK/NR 9 → H11

SECTION H: EMPLOYMENT AND INCOME		Start Time: _ _ : _ _
Now we are going to talk about employment		
NO.	QUESTIONS	CATEGORIES AND CODES
H11	What is the occupation in which you worked for most of your life?	Professional, executive 1 Office worker 2 Vendor, trader 3 Independent farmer 4 Agricultural worker 5 Domestic worker 6 Others services 7 Specialized worker 10 Non-Specialized worker 11 Other 13 DK/NR 99
H12a.	What position did you have in your job?	Boss or proprietor of a business (1 to 5 employees) 1 Boos or proprietor of a business (6 or more employees) 2 Independent worker 3 Salaried worker 4 Family worker without pay 5 Other: H12b. Which one?_____ 6 DK/NR 9
H13	About how much time in total have you dedicated (worked) to this principal occupation?	Years _ _ All her/his life 98 DK/NR 99
H14	How many hours per week did you work for most of the time that you work at your principal occupation?	Hours _ _ DK/NR 99
H15	At what age did you stop working at this occupation?	Age _ _ DK/NR 99

SECTION H: EMPLOYMENT AND INCOME	Start Time: _ _ : _ _
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Now we are going to talk about employment

NO.	QUESTIONS	CATEGORIES AND CODES
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H16	Why did you leave that job?	Health problems 1 Retired 2 Changed to a lighter job 3 For better income 4 Other 5 DK/NR 9
H17	Has a doctor or nurse ever told you that you have a health problem due to your occupation?	Yes 1 →H18 No 2 →H19 DK/NR 9 →H19
H18a	What kind of problem do you have?	Accident injury 1 Articular disease 2 Eye disease 3 Ear Disease 4 Circulatory System Disease 5 Respiratory System Disease 6 Osteomuscular System Disease 7 Genitourinary System Disease 8 Other: H18b. Which one? _____ 9 DK/NR 99
H19	How would you describe your current economic situation?	Excellent 1 Very good 2 Good 3 Average/Normal 4 Poor 5 DK/NR 9
H20	During the last year, what has been your total monthly income?	None 0 → FILTER

SECTION H: EMPLOYMENT AND INCOME	Start Time: _ _ : _ _
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Now we are going to talk about employment

NO.	QUESTIONS	CATEGORIES AND CODES
		Income _ _ _ _ thousand → FILTER DK/NR 999→H21

	Then would you say that your monthly income is:	H21 More than 170 thousand colones? Yes 1→H23 No 2→H22 DK/NR 9→FILTER	H22 More than 80 thousand colones? Yes 1→FILTER No 2→FILTER DK/NR 9→FILTER	H23 More than 250 thousand colones? Yes 1 No 2 DK/NR 9
FILTER	If interviewee is (see A3)	Married / Partnered 1→H24 Other marital status 2→H28		
H24	During the last 12 months, what has been the total monthly income of your spouse?	None 0 →H28 Income _ _ _ _ thousand →H28 DK/NR 999 →H25		
	Then would you say that the monthly income of your spouse is:	H25. More than 170 thousand colones? Yes 1→H27 No 2→H26 DK/NR 9→H28	H26. More than 80 thousand colones? Yes 1→H28 No 2→H28 DK/NR 9→H28	H27. More than 250 thousand colones? Yes 1 No 2 DK/NR 9
H28	Now, if you will allow me I would like again to take your blood pressure.	Second reading _ _ _ _ / _ _ _ _ Unable to be taken 999 / 999		
End Time: _ _ : _ _				

SECTION J: HOUSING CHARACTERISTICS		Start Time: _ _ : _ _		
Speaking about this home ...				
NO.	QUESTIONS	CATEGORIES AND CODES		
J1	What kind of housing is this?	Independent home	1	
		In building	2	
		Precarious/Informal housing	3	
		Other	4	
		Communal (in a seniors home)	5 →END HERE	
		DK/NR	9	
J2	Is this housing...?	Owned and fully paid for	1 →J3	
		Owned and paid in installments	2 →J3	
		Rented	3 →J11	
		Precarious/Informal housing	4 →J15	
		Borrowed	5 →J15	
		Other	6 →J15	
		DK/NR	9 →J15	
J3	What do you think is the value of your house?	Value	_ _ _ million colones →J7	
		Nothing	0 →J7	
		DK/NR	999→J4	
	So you think that the value of the house, without counting the land is:	J4. More than 10 million colones?	J5. More than 5 million colones?	J6. More than 20 million colones?
		Yes 1→J6	Yes 1→J7	Yes 1
		No 2→J5	No 2→J7	No 2
		DK/NR 9→J7	DK/NR 9→J7	DK/NR 9
J7	If you were to rent your house, how much would you expect to receive in rent?	Amount	_ _ _ thousand colones →J15	
		Nothing	0 →J15	
		DK/NR	999→J8	
	Then would you say that the rent for this house would be:	J8. More than 60 thousand colones?	J9. More than 40 thousand colones?	J10. More than 100 thousand colones?
		Yes 1→J10	Yes 1→J15	Yes 1→J15
		No 2→J9	No 2→J15	No 2→J15
		DK/NR 9→J15	DK/NR 9→J15	DK/NR 9→J15
J11	How much do you pay in rent for this house?	Amount	_ _ _ thousand colones →J15	
		DK/NR	999 →J2	

SECTION J: HOUSING CHARACTERISTICS	Start Time: _ _ : _ _
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Speaking about this home ...

NO.	QUESTIONS	CATEGORIES AND CODES		
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	Then how much would you say you pay in rent for this house?	J12. More than 60 thousand colones? Yes 1→J14 No 2→J13 DK/NR 9→J15	J13. More than 40 thousand colones? Yes 1→J15 No 2→J15 DK/NR 9→J15	J14. More than 100 thousand colones? Yes 1 No 2 DK/NR 9
J15	What is the primary building material of the floor of the home?	Terrazzo, mosaic, ceramic 1 Cement (finished or not) 2 Wood 3 Other 4 DK/NR 9		
J16	How many rooms used only for sleeping does this house have?	Number of rooms _ _ DK/NR 99		
J17	Do you sleep alone in your room?	Yes 1 No 2 DK/NR 9		
J18	Does this house have a room just for cooking?	Yes 1 No 2 DK/NR 9		
J19	What is the fuel most often used for cooking?	Electricity 1 Wood or charcoal 2 Gas 3 Other 4 None (doesn't cook) 5 DK/NR 9		
	Does this house have:	Yes	No	DK/NR
J20	Refrigerator	1	2	9
J21	Landline telephone	1	2	9
J22	Cellular telephone	1	2	9
J23	Washing machine	1	2	9
J24	Microwave	1	2	9
J25	Computer	1	2	9
J26	Potable water within the house	1	2	9

SECTION J: HOUSING CHARACTERISTICS		Start Time: _ _ : _ _				
Speaking about this home ...						
NO.	QUESTIONS	CATEGORIES AND CODES				
J27	Toilet within the house	1		2		9
		No	One	Two	Three or more	DK/NR
J28	Television	0	1	2	3	9
J29	Car	0	1	2	3	9
	Interviewer evaluate the state of:	Poor	Fair	Good	Not able to evaluate	
	J30. Exterior walls	1	2	3	9	
	J31. Roof	1	2	3	9	
	J32. Floor	1	2	3	9	
Only for those who use proxy						
J33	Who was the proxy?	Name: _____				
J34	What is the relation of the Proxy to the interviewee?	Spouse		1		
		Child		2		
		Grandchild		3		
		Sibling		4		
		Other relative		5		
		Other non relative		6		
		Domestic employee		7		
End Time: _ _ : _ _						