



Questionnaire

July 6, 2021

The Project “Aging in Puerto Rico: Longitudinal Follow-Up of the PREHCO Study” is sponsored by the National Institute of Aging (NIA) [PTE Federal Award 1R01AG064769-01]

Questionnaire Versions

Section	Interviewee	Proxy	Deceased	Institutionalized
A: Demographics and minimal	Complete	Complete	A1, A17intro a A27, A30, A30a A36intro, A36a a A36d	A1, A17intro a A27, A30, A30a A36intro, A36a a A36d
B: Living arrangements	Complete	Complete		
C: Proxy cognition	C3, C4	Complete		
D: Quality of life	Complete			
F: Cognition	Complete			
H: Religiosity	Complete			
I: Family network	Complete	Complete		
J: Social support	Complete			
K: Loneliness	Complete			
L: Chronic diseases	Complete	Except L1 a L5, L77, L97 a L100		
M: Access to healthcare	Complete			
N: Medications	Complete			
P: Emotional stability	Complete			
Q: Disability	Complete	Q1 a Q28		
R: Coping	Complete			
S: Perceived stress	Complete			
T: Health behaviors	Complete	T21, T25 a T28		
U: Migration	Complete			
V: Retirement and work	Complete	V1, V2		
W: Income and expenses	Complete	Complete		
X: Financial stressors	Complete			
Y: Anxiety	Complete			
Z: Depression	Complete			
AA: Neighborhood	Complete			
AB: Hurricane stressors	Complete			
AC: Earthquake and Covid-19 related stressors	Complete			
AE: Physical performance	Complete	Complete		
AF: Cortisol	Complete	Complete		
AH: Deceased			Complete	
AI: Institutionalized				Complete
AJ: Contacts	Complete	Complete		
AK: Interviewer's perception	Complete	Complete	Complete	Complete

GENERAL INSTRUCTIONS FOR THE INTERVIEWER



This symbol refers to the [Reference notebook](#). Follow the instructions to use the notebook properly for each question in which it appears.



This symbol indicates that you should use one of the interviewee reference cards when asking the questions on the scales. In the drawing, it will indicate which of the cards to use.



This symbol refers to the fact that the time for a response or exercise will be measured with the stopwatch.

P

Text in *italics and blue* indicates the wording of a question, or an answer choice, for the proxy.

EN

All instructions to the interviewer appear after the word INTERVIEWER in capital letters.

R

The answer options that appear in CAPITAL LETTER must be read so that the interviewee can choose between them.

SECTION A: DEMOGRAPHICS AND MINIMENTAL

A1intro. Thank you for participating in this study. Before continuing, please allow me to fill in some information.

A1. INTERVIEWER: IDENTIFY THE INTERVIEWEE'S STATUS.

- 1. He/She is alive and lives in a house, apartment, or independent senior housing
- 2. He/She is alive and lives institutionalized in PR >>> identify the proxy and continue on A17intro
- 3. He/She is alive and lives outside of Puerto Rico >>> go to A31intro
- 4. He/She has passed away >>> identify the proxy and continue on A17intro

A2. INTERVIEWER: Does the interviewee have any obvious physical, psychological or functional disability that prevents him/her from conducting the interview?

- 1. Yes
- 2. No >>> go to A4

A3. INTERVIEWER: Indicate what obvious physical, psychological or functional disability does the interviewee have that prevents him/her from conducting the interview?

- 1. He/She is deaf
- 2. He/She is mute or cannot speak
- 3. He/She is disoriented
- 4. Other. Specify (A3_ot): _____
- 5. Cannot express him/herself
- 6. He/She does not understand the instructions

INTERVIEWER: >>> go to A17intro to identify and qualify the proxy.

A4. INTERVIEWER: Does the interviewee have any physical disability preventing him/her from drawing or folding papers?

- 1. Yes >>> INTERVIEWER: do not ask the minimental questions that require drawing or folding the paper
- 2. No

INTERVIEWER: Make sure that the interviewee has available those devices, such as glasses or hearing aids that he/she may need to perform the exercises and answer the interview properly.

A5intro. Now I will make some general questions and ask you to do some exercises. These questions are in most studies of older adults and for that reason are asked to all the participants in this study.

A5. Could you tell me what day is today?

INTERVIEWER: This test is worth 3 points.

a. Year|_|_|_|_|_|

b. Month|_|_|

c. Day |_|_|

A6. Could you tell me what day of the week is today?

INTERVIEWER: This test is worth 1 point.

Day _____

-1. Does not know

-2. Does not answer

INTERVIEWER: If the interviewee has a physical disability preventing him/her from drawing (A4=1) >>> go to A10.

A7. Are you familiar with what a clock is?

1. Yes

2. No >>> go to A10.

A8. Draw a clock with all the numbers of the hours and the hands marking 10 past eleven.



INTERVIEWER: Give the interviewee the [Reference notebook](#), open on page 2, and a pencil to draw the clock.

INTERVIEWER: Mark if he/she draws any clock shape and the numbers run from right to left from 12 starting with 1 to 11 and if the hands are drawn correctly (the clock hands should point to 10 past 11, the hour hand should be shorter than the minute hand and should meet approximately in the center of the clock).

INTERVIEWER: This test is worth 1 point.

a. Did he/she draw a sphere or frame?

b. Did he/she write the numbers in sequence?

1. Yes

2. No

1. Yes

2. No

A9. Did he/she draw the hands of the clock indicating ten past eleven?

INTERVIEWER: This question is not included in the calculation of the score obtained in the minimal.

1. Correct

2. Incorrect

A10. I am going to mention three (3) words for you to repeat back to me. Listen to them carefully because I am going to ask you to repeat them again later.

INTERVIEWER: Read the three words (bell, telephone, clock). Repeat them only if the interviewee asks you to, but do not repeat them more than three times. Does not matter in which order he/she repeats the words. Write the answer and code like this: 1 - bell, 2 - telephone, 3 - clock, 4 - another word, -1 does not know, -2 does not answer.

INTERVIEWER: This test is worth 3 points.

- a. Word 1 _____
- b. Word 2 _____
- c. Word 3 _____

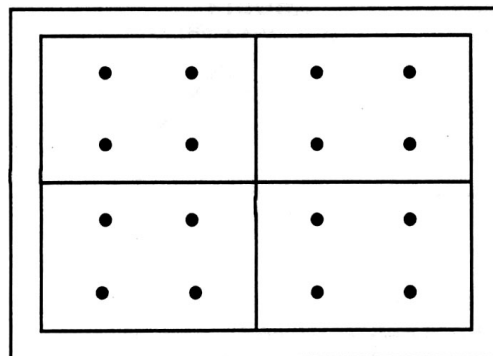
INTERVIEWER: If the interviewee has a physical disability preventing him/her from drawing (A4=1) >>> go to A14.

A11. I am going to show you a drawing. I need you to look at the drawing carefully so that later you can copy it from memory. I will allow you to look at it for 15 seconds.



INTERVIEWER: Show the interviewee the drawing of the squares in the [Reference notebook](#) page 3 for 15 seconds. Then fold the booklet so that he/she draws it on page 4 without seeing the original.

INTERVIEWER: Mark the parts that the interviewee was able to draw. This test is worth 4 points.



- a. Did he/she draw the external line?
 - 1. Yes
 - 2. No
- b. Did he/she draw the internal line?
 - 1. Yes
 - 2. No
- c. Did he/she draw the crossed line?
 - 1. Yes
 - 2. No

d. Did he/she draw four points in each quadrant approximating the figure?

1. Yes
2. No

A12. I am going to give you this paper. Take it, fold it in half and place it on your lap.

INTERVIEWER: Give the interviewee a pink colored sheet of paper. Indicate whether the interviewee complied with each instruction. It doesn't matter how it is folded; what matters is the sequence of instructions.

INTERVIEWER: This test is worth 3 points.

a. Did he/she take the paper?

1. Yes
2. No

b. Did he/she fold the paper in half?

1. Yes
2. No

c. Did he/she put the paper on his/her lap?

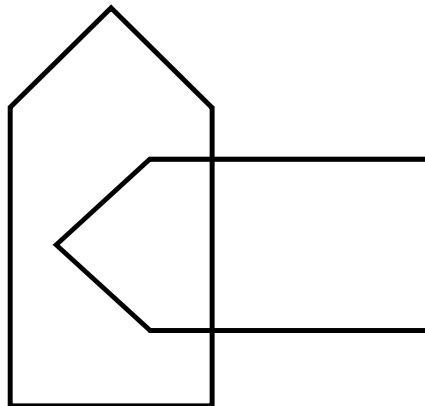
1. Yes
2. No

A13. I am going to show you a drawing so that you can copy it.



INTERVIEWER: Give the interviewee the [Reference notebook](#) open on page 5, and a pencil to copy the pentagons. The interviewee can take all the time that he/she needs. Indicate whether the drawing contains 2 pentagons and 18 angles.

INTERVIEWER: This test is worth 1 point.



a. Did he/she draw (18) angles?

1. Yes
2. No

b. Did he/she draw (2) pentagons?

1. Yes
2. No

A15intro. What do you understand by the expression: "Don't look a gift horse in the mouth"?

INTERVIEWER: The answer should be something along the lines of: if someone gives you a gift, don't look for defects or accept what people give you without looking for faults or defects in the gift. Write the answer in the space provided.

INTERVIEWER: This test is worth 1 point.

A15a. _____

A15b. Was the interviewee capable of abstraction?

1. Yes
2. No

A14. Please repeat the words that I mentioned to you at the beginning of this interview.

INTERVIEWER: Does not matter in which order he/she repeats the words. Write the answer and code like this: 1 - bell, 2 - telephone, 3 - clock, 4 - another word, -1 does not know, -2 does not answer.

INTERVIEWER: This test is worth 3 points.

a. Word 1 _____
b. Word 2 _____
c. Word 3 _____

INTERVIEWER: Calculate the score in the minimal by adding the points obtained in each question. If the interviewee has a physical disability (A4 = 1) add the points obtained in the questions he/she answered (up to a maximum of 11) and prorate the score using the formula $(X * 20/11)$ and rounding it off. If the score obtained is 11 points or more, you can continue with the interview >>> go to A36intro. If the score is less than 9 >>> go to A17intro and identify and qualify a proxy. If the score is 9 or 10, answer the following question.

A16. INTERVIEWER: Do you consider that the interviewee is qualified to answer the interview questions?

- 1. Yes >>> go to A36intro
- 2. No identify a proxy and >>> go to A17intro

A17intro.

This interview is a continuation of the study on older adults that the School of Public Health of the Medical Sciences Campus of the University of Puerto Rico has been carrying out in collaboration with the University of Wisconsin in Madison.

In this phase of the study, also funded by the United States National Institutes of Health, the Medical Sciences Campus works in collaboration with the University of Alabama at Birmingham.

[NAME] participated in this study in its early stages. This third phase of the study is of great importance and we would appreciate your collaboration by providing us with a brief information about [NAME].

Let me tell you that all the information obtained in this study is collected, stored and analyzed through strict confidentiality processes as established by the Human Rights Committee of the Medical Sciences Campus.

We will begin with some general questions about you to see if you qualify to provide us with information about [NAME].

A17. *Tell me your full name*

- a. Proxy first name
- b. Proxy middle name
- c. Proxy last name
- d. Proxy second last name

A18. *Have you known [NAME] for two years or more?*

- 1. Yes, two years or more
- 2. No, less than two years identify another proxy and >>> go to A17intro

A19. *How old are you?*

Age || (in years)

INTERVIEWER: If the person is under 18 years old, he/she does not qualify. Identify another proxy and >>> go back to A17intro.

INTERVIEWER: If the person is 60 years or older take the following test. If the person is under 60 years old >>> go to A26.

A20intro. *Now I need to ask you some questions that require memory and concentration.*

A20. *I am going to mention three (3) words. Please wait for the three words to be said to you and then repeat them. Remember them because in a few minutes I will ask you to repeat them again. Repeat these three words: bell, telephone, and clock.*

INTERVIEWER: You can repeat the words up to three times if necessary. Coding the result as needed.

1. Correct answer: the words were repeated once
2. Correct answer: the words were repeated twice
3. Correct answer: the words were repeated three times
4. Incorrect answer
5. He/She did not try / disability
6. He/She did not try / refuse

A21. *What year is this?*

1. Correct answer
2. Incorrect answer
3. He/She did not try / disability
4. He/She did not try / refuse

A22. *What month is this?*

1. Correct answer
2. Incorrect answer
3. He/She did not try / disability
4. He/She did not try / refuse

A23. *What day of the week is this?*

INTERVIEWER: If he/she says the date and not the day, repeat the question.

1. Correct answer
2. Incorrect answer
3. He/She did not try / disability
4. He/She did not try / refuse

A24intro. *Now I ask you, what were the three words that I asked you to remember?*

INTERVIEWER: If he/she answers that does not know, consider it as an incorrect answer. If the person corrects his/her answer, consider it correct.

A24a. Bell

1. Correct answer
2. Incorrect answer

A24b. Telephone

1. Correct answer
2. Incorrect answer

A24c. Clock

1. Correct answer
2. Incorrect answer

INTERVIEWER: If the score achieved is less than 4, thank the proxy candidate, identify another candidate, and >>> go back to question A17intro. If the score is 5 or higher >>> go to A26. If the score is 4, answer A25 and indicate if you consider that the proxy is capable of answering the interview.

A25. INTERVIEWER: Do you consider the proxy is qualified to answer the interview?

1. He/She is qualified
2. He/She is not qualified identify another proxy and >>> go to A17intro

A26. INTERVIEWER: Write down the sex of the proxy.

1. Male
2. Female

A27. *What is your relationship with [NAME]?*

1. Spouse or Partner
2. Son/Daughter
3. Father/Mother
4. Brother/Sister
5. Other relative
6. Other non-relative
7. Grandson/Granddaughter

A28. *Do you live in the same house as [NAME]?*

1. Yes
2. No

A29. *Are you the primary caregiver for [NAME]?*

1. Yes
2. No >>> go to A30

A29a. *How many hours per week on average do you care for [NAME]?*

1. Less than ten
2. Between 10 and nineteen
3. Between 20 and twenty-nine
4. Thirty or more

A29b. *How much tension or stress does being the main person responsible for [NAME] cause you? No tension, some tension, or a lot of tension?*

1. No tension
2. Some tension
3. A lot of tension
- 1. Does not know
- 2. Does not answer

A29c. *On average, how many days per week do you see [NAME]?*

1. Every day of the week
2. 4 or 5 times a week
3. 2 or 3 times a week
4. Once a week
5. Less than once a week

A30. *Could you give me your contact phone number?*

INTERVIEWER: It refers to the proxy's phone number.

1. Yes
2. No

A30a. Proxy's phone number

|_|_|_|-|_|_|_|-|_|_|_|_|

INTERVIEWER: Go to A36intro.

A31intro. INTERVIEWER: Ask the person who provided the information about the interviewee for he/she contact information or find someone who may have that information, even partially.

A31. What is the name of the interviewee?

a. Target first name	_____
b. Target middle name	_____
c. Target last name	_____
d. Target second last name	_____

A32. Could you give me the complete physical address where the interviewee lives now?

Physical address line 1	_____
Physical address line 2	_____
Physical address line 3	_____
m. Municipality / e. State	_____ e. __ __
c. Zip code	_____

A33. Could you give me the complete postal address of the interviewee?

Mailing address line 1	_____
Mailing address line 2	_____
Mailing address line 3	_____
m. Municipality / e. State	_____ e. __ __
c. Zip code	_____

A34. Do you have a contact telephone number for the interviewee?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

A35. Could you give me that phone number?

Phone Number	__ __ __ _ - __ __ __ _ - __ __ __ _
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A35a. INTERVIEWER: Write down any other information you have obtained that may help to locate the interviewee in the future if necessary.

End of interview

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You participated in this study in its early stages. This third phase of the study is of great importance, and we thank you for your collaboration by providing us with the information we will ask you for.

Let me tell you that all the information obtained in this study is collected, stored and analyzed through strict confidentiality processes as established by the Human Rights Committee of the Medical Sciences Campus.

A36intro. Now I would like to confirm a general information about you.

Now I would like to confirm a general information about [NAME].

A36. Tell me your full name.

Tell me what is [NAME]'s full name.

a. First name	_____
b. Middle name	_____
c. Last name	_____
d. Second last name	_____

A36c2. INTERVIEWER: If the participant is a woman and married, ask the following: Is this your maiden name? If not, ask Can you tell me your maiden name? and write it down. If the participant does not have a different maiden name, leave the question blank.

Maiden name	_____
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If this is a proxy interview of a deceased participant >>> go to AH1intro. If this is a proxy interview for an institutionalized participant >>> go to AI1intro.

A37. Could you tell me your full physical address?

Could you tell me the full physical address of [NAME]?

Physical address line 1	_____
Physical address line 2	_____
Physical address line 3	_____
m. Municipality / e. State	_____ e. __
c. Zip code	_____

A37a. Is the postal address the same as the physical one?

1. Yes >>> go to A39
2. No

A38. Could you tell me your full postal address?
Could you tell me the full postal address of [NAME]?

Mailing address line 1	
Mailing address line 2	
Mailing address line 3	
m. Municipality / e. State	e. <input type="text"/>
c. Zip code	

A39. Do you have a landline phone at home?
Does [NAME] have a landline phone in your home?

1. Yes. Number (A39a): --
2. No
- 1. Does not know
- 2. Does not answer

A40. Do you have a cell phone?
Does [NAME] have a cell phone?

1. Yes. Number: (A40a): --
2. No
- 1. Does not know
- 2. Does not answer

A41. Could you give me another contact telephone number?
Could you give me another contact number for [NAME]?

1. Yes. Number (A41a): --
2. No
- 1. Does not know
- 2. Does not answer

b. Another phone's person name _____

A42. INTERVIEWER: Write the sex of the interviewee.
INTERVIEWER: Remember that it refers to the sex of the interviewee, not the sex of the proxy.

1. Male
2. Female

A43. Are you currently single, married, in a union, divorced, widowed, or separated?
Is [NAME] currently single, married, in a union, divorced, widowed, or separated?

1. Single
2. Married
3. Consensual union
4. Divorced
5. Widowed
6. Separated

A44. How well do you speak English?
How well does [NAME] speak English?

1. VERY GOOD
2. GOOD
3. BAD
4. DOES NOT SPEAK ENGLISH
- 1. Does not know
- 2. Does not answer

A46. INTERVIEWER: Indicate the municipality of residence of the interviewee. Remember that it is the municipality of the permanent residence of the interviewee, not of the proxy.

INTERVIEWER: Select from the list of municipalities.

a. Residence municipality: _____

A47. Do you permanently live in this house (or apartment, etc.)?
Does [NAME] live permanently in this house (or apartment, etc.)?

1. Yes
2. No

A48. Is this the same house (or apartment) in which you were interviewed previously, between 2006 and 2007, about 14 or 15 years ago?
Is this the same house (or apartment) where [NAME] was interviewed previously, between 2006 and 2007, about 14 or 15 years ago?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

A49. INTERVIEWER: If is the permanent residence (A47 = 1), code what type of dwelling it is. If the dwelling is not the permanent residence (A47 = 2) ask, What type of dwelling is your permanent residence? or *What type of dwelling is [NAME] 's permanent residence?*
INTERVIEWER: If the participant lives in an independent living apartment, code 5 and indicate independent living apartment.

1. A single house, two floor house (two houses) or duplex houses
2. Condo or apartment building
3. Public housing
4. Apartment above a garage or in the back of a house
5. Other. Specify (A49_ot): _____
- 1. Does not know
- 2. Does not answer

A50. INTERVIEWER: Inquire which of the following options best describes the permanent residence of the interviewee.

1. OWN HOUSING
2. HOME OF A CHILD
3. SUBSTITUTE HOUSEHOLD (OF 6 RESIDENTS OR LESS)
4. INSTITUTION (OF 7 RESIDENTS OR MORE)
5. INDEPENDENT LIVING APARTMENTS
6. OTHER. SPECIFY (A50_ot): _____
7. HOUSING RENTED
8. PUBLIC HOUSING
9. OTHER'S PEOPLE HOUSE
- 1. Does not know
- 2. Does not answer

A51. INTERVIEWER: Refer to the permanent residence of the interviewee.
How long have you been living in your permanent residence?

How long has [NAME] been living in your permanent residence?

1. Less than a year
2. 1-2 years
3. 3-5 years
4. More than 5 years
- 1. Does not know
- 2. Does not answer

A52. INTERVIEWER: Is the participant totally blind or legally blind?
INTERVIEWER: Ask if needed.

1. Yes, totally blind
2. Yes, legally blind
3. No
- 1. Does not know
- 2. Does not answer

A53. INTERVIEWER: Is the participant bedridden?
INTERVIEWER: It means that the participant is permanently in bed.

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

A54. INTERVIEWER: Is the participant wheelchair bound?
INTERVIEWER: It means that the participant must move around using a wheelchair.

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the participant is bedridden (A53 = 1) or in a wheelchair (A54 = 1) >>> go to A58.

A55intro. Now I want to ask you a series of general questions about a certain type of equipment that you may be using. .

Now I want to ask you a series of general questions about a certain type of equipment [NAME] may be using.

A55. Do you need a walker to walk?

Does [NAME] need a walker to walk?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

A56. Do you need a cane to walk?

Does [NAME] need a cane to walk?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

A58. INTERVIEWER: Indicate "no" if the participant has drawn the minimal drawings or if it is obvious that he/she has no problems.

Are you having trouble holding a pencil?

Does [NAME] have trouble holding a pencil?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

SECTION B: LIVING ARRANGEMENTS

B1intro. I want to ask you a few questions about the people who live in this house.
I want to ask you a few questions about the people who live in this house.

B1. How many people, including you, live in this house?
How many people, including [NAME], live in this house?

Number of people (indicate "01" if the participant lives alone).

INTERVIEWER: If the participant answers the interview and lives alone >>> go to D1intro.
 If a proxy answers the interview and the participant lives alone >>> go to C1intro.

B2. I want to ask you some questions about the people you live with.
I want to ask you some questions about the people [NAME] lives with.

	Person 2	Person 3	Person 4	Person 5
B2a_p* Sex	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female
B2b_p* Age	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B2c_p* Relationship	1. Spouse/Partner 2. Son/Daughter 3. Father/Mother 4. Brother/Sister 5. Other relative 6. Other non- relative	1. Spouse/Partner 2. Son/Daughter 3. Father/Mother 4. Brother/Sister 5. Other relative 6. Other non- relative	1. Spouse/Partner 2. Son/Daughter 3. Father/Mother 4. Brother/Sister 5. Other relative 6. Other non- relative	1. Spouse/Partner 2. Son/Daughter 3. Father/Mother 4. Brother/Sister 5. Other relative 6. Other non- relative

	Person 6	Person 7	Person 8	Person 9
B2a_p* Sex	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female	1. Male 2. Female
B2b_p* Age	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B2c_p* Relationship	1. Spouse/Partner 2. Son/Daughter 3. Father/Mother 4. Brother/Sister 5. Other relative 6. Other non- relative	1. Spouse/Partner 2. Son/Daughter 3. Father/Mother 4. Brother/Sister 5. Other relative 6. Other non- relative	1. Spouse/Partner 2. Son/Daughter 3. Father/Mother 4. Brother/Sister 5. Other relative 6. Other non- relative	1. Spouse/Partner 2. Son/Daughter 3. Father/Mother 4. Brother/Sister 5. Other relative 6. Other non- relative

INTERVIEWER: If necessary, use an additional sheet to record the information.

* INTERVIEWER: If this is a proxy interview >>> go to C1. If this is not a proxy interview, >>> go to C3.

SECTION C: PROXY COGNITION

C1intro. I want to ask you some questions about your memory.
I want to ask you some questions about the memory of [NAME].

C1. *First, how would you rate [NAME]'s memory at the present time? Would you say it is ...?*

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
- 1. Does not know
- 2. Does not answer

C2. *Compared to two years ago, would you say that [NAME]'s memory is...?*

1. BETTER
2. MORE OR LESS THE SAME
3. WORSE
- 1. Does not know
- 2. Does not answer

C3. How would you evaluate your ability to make judgments and decisions? Would you say it is...?

How would you rate [NAME]'s ability to make judgments and decisions? Would you say it is...?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
- 1. Does not know
- 2. Does not answer

C4. How would you rate your ability to organize your daily activities? Would you say your ability is...?

How would you rate [NAME]'s ability to organize his daily activities? Would you say your ability is...?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If it is not a proxy interview, >>> go to D1intro.

C5. *Compared with two years ago, how is [NAME] at remembering things about family and friends, such as occupations, birthdays, and addresses?
(Had this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C8
- 3. GOTTEN WORSE >>> go to C7
- 1. Does not know >>> go to C8
- 2. Does not answer >>> go to C8

C6. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C8

C7. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C8. *Compared with two years ago, how is [NAME] at remembering things that have happened recently?
(Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C11
- 3. GOTTEN WORSE >>> go to C10
- 1. Does not know >>> go to C11
- 2. Does not answer >>> go to C11

C9. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C11

C10. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C11. *Compared to two years ago, how well does [NAME] recalling conversations a few days later? (Had this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C14
- 3. GOTTEN WORSE >>> go to C13
- 1. Does not know >>> go to C14
- 2. Does not answer >>> go to C14

C12. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C14

C13. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C14. *Compared to two years ago, how well does [NAME] remember his/her address and telephone number? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C17
- 3. GOTTEN WORSE >>> go to C16
- 1. Does not know >>> go to C17
- 2. Does not answer >>> go to C17

C15. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C17

C16. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C17. *Compared to two years ago, how well does [NAME] remember what day and month it is? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C20
- 3. GOTTEN WORSE >>> go to C19
- 1. Does not know >>> go to C20
- 2. Does not answer >>> go to C20

C18. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C20

C19. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C20. *Compared to two years ago, how well does [NAME] remember where things are kept? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C23
- 3. GOTTEN WORSE >>> go to C22
- 1. Does not know >>> go to C23
- 2. Does not answer >>> go to C23

C21. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C23

C22. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C23. *Compared to two years ago, how well does [NAME] remember where to find things which have been put in a different place than usual? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C26
- 3. GOTTEN WORSE >>> go to C25
- 1. Does not know >>> go to C26
- 2. Does not answer >>> go to C26

C24. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C26

C25. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C26. *Compared to two years ago, how well does [NAME] know how to work familiar machines around the house (such as appliances, microwaves, etc.)? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C29
- 3. HA EMPEORADO >>> go to C28
- 1. Does not know >>> go to C29
- 2. Does not answer >>> go to C29

C27. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C29

C28. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C29. *Compared to two years ago, how well does [NAME] learn to use a new gadget or machine around the house? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C32
- 3. GOTTEN WORSE >>> go to C31
- 1. Does not know >>> go to C32
- 2. Does not answer >>> go to C32

C30. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C32

C31. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C32. *Compared to two years ago, how well does [NAME] learn new things in general? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C35
- 3. GOTTEN WORSE >>> go to C34
- 1. Does not know >>> go to C35
- 2. Does not answer >>> go to C35

C33. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C35

C34. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C35. *Compared to two years ago, how well does [NAME] follow a story in a book or on television? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C38
- 3. GOTTEN WORSE >>> go to C37
- 1. Does not know >>> go to C38
- 2. Does not answer >>> go to C38

C36. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C38

C37. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C38. *Compared to two years ago, how well does [NAME] make decisions on everyday matters like what to eat or what to wear? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C41
- 3. GOTTEN WORSE >>> go to C40
- 1. Does not know >>> go to C41
- 2. Does not answer >>> go to C41

C39. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C41

C40. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C41. *Compared to two years ago, how well does [NAME] handle money for shopping? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C44
- 3. GOTTEN WORSE >>> go to C43
- 1. Does not know >>> go to C44
- 2. Does not answer >>> go to C44

C42. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C44

C43. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C44. *Compared to two years ago, how well does [NAME] handle financial affairs, such as his/her pension or dealing with the bank? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C47
- 3. GOTTEN WORSE >>> go to C46
- 4. Does not apply >>> go to C47
- 1. Does not know >>> go to C47
- 2. Does not answer >>> go to C47

C45. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C47

C46. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C47. *Compared to two years ago, how well does [NAME] know how to calculate things, like how much food to buy, or how long between visits from family or friends? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C50
- 3. GOTTEN WORSE >>> go to C49
- 1. Does not know >>> go to C50
- 2. Does not answer >>> go to C50

C48. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C50

C49. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C50. *Compared to two years ago, how well [NAME] can understand what's going on or to reason things through? (Has this improved, not much changed, or gotten worse?)*

- 1. IMPROVED
- 2. NOT MUCH CHANGED >>> go to C53
- 3. GOTTEN WORSE >>> go to C52
- 1. Does not know >>> go to C53
- 2. Does not answer >>> go to C53

C51. *Is it much improved or a bit improved?*

- 1. MUCH IMPROVED
- 2. A BIT IMPROVED
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to C53

C52. *Is it much worse or a bit worse?*

- 1. A BIT WORSE
- 2. MUCH WORSE
- 1. Does not know
- 2. Does not answer

C53. *Does he/she ever get disoriented or get lost in a familiar environment?*

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

C54. *Does he/she ever get lost and takes time to return or is unable to do it without help?*

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

C55. *Can [NAME] be left alone for an hour or so?*

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

C56. *Does [NAME] ever see or hear things that are not really there?*

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

C57. *During the last week, how often has [NAME] been angry or hostile? Was...?*

- 1. MOST OF THE TIME
- 2. A PART OF THE TIME
- 3. NEVER
- 1. Does not know
- 2. Does not answer

C58. *During the last week, how often has [NAME] had sleep problems: being slow to fall asleep or waking up frequently during the night?*

1. MOST OF THE TIME
2. A PART OF THE TIME
3. NEVER
- 1. Does not know
- 2. Does not answer

C59. *During the last week, how often has [NAME] done things that are dangerous to him/her or others?*

1. MOST OF THE TIME
2. A PART OF THE TIME
3. NEVER
- 1. Does not know
- 2. Does not answer

C60. *During the last week, how often has [NAME] not been still, or kept moving from one place to another?*

1. MOST OF THE TIME
2. A PART OF THE TIME
3. NEVER
- 1. Does not know
- 2. Does not answer

C61. *During the last week, how often has [NAME] mentioned that people are trying to hurt him/her?*

1. MOST OF THE TIME
2. A PART OF THE TIME
3. NEVER
- 1. Does not know
- 2. Does not answer

C62. *During the last week, how often has [NAME] drunk too much alcohol?*

1. MOST OF THE TIME
2. A PART OF THE TIME
3. NEVER
- 1. Does not know
- 2. Does not answer

C63. INTERVIEWER: HOW OFTEN DID THE SUBSTITUTE INFORMANT NEED HELP IN ANSWERING THIS SECTION?

1. NEVER
2. SOMETIMES
3. MOST OF THE TIME OR ALL OF THE TIME
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to I1intro.

SECTION D: QUALITY OF LIFE

D1intro. I am going to ask you a few questions about what you think about your health. Your answers will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure how to answer a question, please give the best answer you can.

D1. In general, would you say your health is:

- 1. EXCELLENT
- 2. VERY GOOD
- 3. GOOD
- 4. FAIR
- 5. POOR
- 1. Does not know
- 2. Does not answer

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

INTERVIEWER: If the interviewee is bedridden (a53 = 1), in a wheelchair (a54 = 1), needs a walker to walk (a55 = 1) or needs a cane to walk (a56 = 1) >>> go to D4.

	Yes, limited a lot	Yes, limited a little	No, not limited at all
D2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. Climbing several flights of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? If so, how often?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
D4. Accomplished less than you would like					
D5. Were limited in the kind of work or other activities					

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? If so, how often?

	No, none of the time	Yes, a little of the time	Yes, some of the time	Yes, most of the time	Yes, all of the time
D6. Accomplished less than you would like.					
D7. Didn't do work or other activities as carefully as usual.					

D8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

1. NOT AT ALL
2. A LITTLE BIT
3. MODERATELY
4. QUITE A BIT
5. EXTREMELY
- 1. Does not know
- 2. Does not answer

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

INTERVIEWER: Give **card number 1** to the interviewee and explain that he/she must choose his/her answer to each statement among those presented to him/her.

D9. During the past 4 weeks, how often did you feel calm and peaceful? (all of the time, most of the time, a good bit of the time, some of the time, a little of the time, none of the time)

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time
- 1. Does not know
- 2. Does not answer

D10. During the past 4 weeks, how often did you have a lot of energy? (all of the time, most of the time, a good bit of the time, some of the time, a little of the time, none of the time)

- 1. All of the time
- 2. Most of the time
- 3. A good bit of the time
- 4. Some of the time
- 5. A little of the time
- 6. None of the time
- 1. Does not know
- 2. Does not answer

D11. During the past 4 weeks, how often did you feel downhearted and blue? (all of the time, most of the time, a good bit of the time, some of the time, a little of the time, none of the time)

- 1. All of the time
- 2. Most of the time
- 3. A good bit of the time
- 4. Some of the time
- 5. A little of the time
- 6. None of the time
- 1. Does not know
- 2. Does not answer

D12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time
- 1. Does not know
- 2. Does not answer

Now, we'd like to ask you some questions about how your health may have changed.

	Much better	Slightly better	About the same	Slightly worse	Much worse
D13. Compared to one year ago, how would you rate your physical health in general now: much better, slightly better, about the same, slightly worse o much worse?					
D14. Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) now: much better, slightly better, about the same, slightly worse o much worse?					

SECTION F: COGNITION

F1intro. Part of this study is concerned with people's memory, and ability to think about things.

F1. First, how would you rate your memory at the present time? Would you say it is excellent, very good, good, fair or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

F2. Compared to two years ago, would you say your memory is better now, about the same, or worse now than it was then?

1. His/Her memory is better
2. His/Her memory is about the same
3. His/Her memory is worse

F3intro. I'll read a set of 10 words and ask you to recall as many as you can. We have purposely made the list long so that it will be difficult for anyone to recall all the words. Most people recall just a few. Please listen carefully as I read the set of words because I cannot repeat them. When I finish, I will ask you to recall aloud as many of the words as you can, in any order. Is this clear?



INTERVIEWER: Read the list of words at a slow and steady rate and say to the interviewee "Please tell me the words that you remember." On page 6 of the [Reference notebook](#), mark the words on the list that he/she mentions and write down the words that he/she mentions that are not on the list. Count the number of correct, incorrect and repeated words mentioned and write them down in F3a, F3b and F3c. Words in the plural are acceptable as correct. Stop the test after 2 minutes. If he/she indicates that he/she cannot remember any more words, you can stop the test before two minutes.

Word list: HOTEL, RIVER, TREE, SKIN, GOLD, MARKET, PAPER, CHILD, KING, BOOK.

F3. INTERVIEWER: Please indicate the number of words mentioned:

F3a. Please indicate the number of correct words mentioned

F3b. Please indicate the number of wrong words mentioned

F3c. Indicate the number of repeated words

F4. INTERVIEWER: Please indicate whether any of the following problems occurred in relation to word recall. Check all that apply.

1. Had difficulty hearing any of the words
2. Interruption occurred while you were reading list
3. Other problem (Please specify) (F4_ot): _____
4. No problems occurred

F5. For this next question, please try to count backward as quickly as you can from the number I will give you. I will tell you when to stop. Please start with: 20

INTERVIEWER: Stop when he/she reaches 10 if he/she started from 19 or when he/she reaches 11 if he/she started at 20. The interviewee can start over. If he/she does not know or does not answer, code incorrect answer.

You may stop now. Thank you.

1. Correct answer >>> go to F6
2. Incorrect answer

F5b. Let's try again. Remember, start with the number 20 and count backwards. I'll tell you when you can stop. Please start.

INTERVIEWER: Stop when he/she reaches 10 if he/she started from 19 or when he/she reaches 11 if he/she started at 20. The interviewee can start over. If he/she does not know or does not answer, code incorrect answer.

You may stop now. Thank you.

1. Correct answer
2. Incorrect answer

F6. Now let's try some subtraction of numbers. One hundred minus 7 equals what?

1. Correct answer
2. Incorrect answer
- 1. Does not know >>> go to F12

F7. And 7 from that? (correct answer F6 – 7)

INTERVIEWER: Do not mention the correct answer.

1. Correct answer
2. Incorrect answer
- 1. Does not know >>> go to F12

F8. And 7 from that? (correct answer F7 – 7)

INTERVIEWER: Do not mention the correct answer.

1. Correct answer
2. Incorrect answer
- 1. Does not know >>> go to F12

F9. And 7 from that? (correct answer F8 – 7)

INTERVIEWER: Do not mention the correct answer.

1. Correct answer
2. Incorrect answer
- 1. Does not know >>> go to F12

F10. And 7 from that? (correct answer F9 – 7)

INTERVIEWER: Do not mention the correct answer.

1. Correct answer
2. Incorrect answer
- 1. Does not know

F12. ¿ Who is the President of the United States right now?

INTERVIEWER: The answer must include the last name to be correct.

1. Correct answer, Biden
2. Incorrect answer. Please indicate the answer (F12_inc): _____
- 1. Does not know
- 2. Does not answer

F13. Who is the governor of Puerto Rico?

INTERVIEWER: The answer must include the last name to be correct.

1. Correct answer, Pierluisi
2. Incorrect answer. Please indicate the answer (F13_inc): _____
- 1. Does not know
- 2. Does not answer

F14. I'm going to read you a series of numbers. When finished, please repeat them in the same order that I said them.

INTERVIEWER: Read this sequence of numbers at a rate of one per second: 2 1 8 5 4.

1. Correct answer (2 1 8 5 4)
2. Incorrect answer

F15. Now I'm going to read you another series of numbers. When finished, please repeat them backwards.

INTERVIEWER: Read this sequence of numbers at a rate of one per second: 7 4 2.

1. Correct answer (2 4 7)
2. Incorrect answer

F19intro. A little while ago, I read you a list of words and you repeated the ones you could remember. Please tell me the words you remember.



INTERVIEWER: On page 7 of the [Reference notebook](#), mark the words on the list that he/she mentions and write down the words that he/she mentions that are not on the list. Count the number of correct, incorrect and repeated words mentioned and write them down in F19a, F19b y F19c. Words in the plural are acceptable as correct. Stop the test after 2 minutes. If he/she indicates that he/she cannot remember any more words, you can stop the test before two minutes.

Word list: HOTEL, RIVER, TREE, SKIN, GOLD, MARKET, PAPER, CHILD, KING, BOOK.

F19. INTERVIEWER: Please indicate the number of words mentioned:

F19a. Please indicate the number of correct words mentioned

F19b. Please indicate the number of wrong words mentioned

F19c. Indicate the number of repeated words

F20intro. We are interested in knowing how people's memory works. We find that even people with very good memories seem to forget some things from time to time. The following questions are a bit different, but are often asked in studies involving memory.

INTERVIEWER: Do not probe.

Now I'm going to ask you for the names of some people and things.

F20. What do people usually use to cut paper?

1. Correct answer, scissors
2. Wrong answer. Please indicate the answer (F20_inc): _____
- 1. Does not know
- 2. Does not answer

F21. What do you call the kind of prickly plant that grows in the desert?

INTERVIEWER: Consider "tuna" as a correct answer.

1. Correct answer, cactus
2. Wrong answer. Please indicate the answer (F21_inc): _____
- 1. Does not know
- 2. Does not answer



F25intro. I want you to think of all the animals you know, think of any animal that lives in the air, in the water, on the ground, in the forest, all kinds of animals. Now I want you to tell me all the animals you can. You have one minute to do this.



INTERVIEWER: Write down all the animal names on page 8 of the [Reference notebook](#), even if the person repeats them. If the person mentions a non-animal name, remind him/her that these are animal names and start over. Give a minute. If the subject stops early, tell him/her to continue. If he/she is silent for more than 15 seconds, repeat the basic instructions ("I want you to tell me all the animals you remember"). Do not give more than the time limit even if you have to repeat the instructions. Do not consider the names he/she mentions after the time is up. Ask: are you ready? and start the timer.

INTERVIEWER: Then review the names listed and determine how many are correct, how many are incorrect, and how many are repeated.

F25a. Please indicate the number of correct names mentioned |

F25b. Please indicate the number of incorrect names mentioned |

F25c. Indicate the number of repeating names |

SECTION H: RELIGIOSITY

H1intro. I want to ask you some questions about religion.

H1. Please tell me, what is your religion?

INTERVIEWER: Refer to the list of religions on page 9 of the [Reference notebook](#) if you have any doubts about how to code the answer.

1. Catholic
2. Protestant
3. Jehovah's Witnesses
4. Independent (of protestant religions)
5. Other: Specify (H1_ot): _____
6. Agnostic or atheist >>> go to I1intro
7. None >>> go to I1intro
- 1. Does not know
- 2. Does not answer

H2. Do you consider yourself very religious, somewhat religious or not religious at all?

1. Very religious
2. Somewhat religious
3. Not religious at all
- 1. Does not know
- 2. Does not answer

H3. Would you say that now you are a person more religious, equally religious or less religious than 10 years ago?

1. More religious
2. Equally religious
3. Less religious
- 1. Does not know
- 2. Does not answer

H4. Do you attend religious services?

1. Yes
2. No >>> go to H6
- 1. Does not know >>> go to H6
- 2. Does not answer >>> go to H6

H5. How often do you attend religious services?

1. Every day of the week
2. 2 or 3 times a week
3. Once a week
4. 2 or 3 times a month
5. Once a month or less
- 1. Does not know
- 2. Does not answer

H6. How helpful are your religious beliefs when facing health problems? Would you say very helpful, somewhat helpful, or not helpful at all?

1. Very helpful
2. Somewhat helpful
3. Not helpful at all
- 1. Does not know
- 2. Does not answer

H7. How helpful are your religious beliefs when facing other problems not related to your health? Would you say very helpful, somewhat helpful, or not helpful at all?

1. Very helpful
2. Somewhat helpful
3. Not helpful at all
- 1. Does not know
- 2. Does not answer

H8. How often do you participate in social activities organized by your church? Would you say frequently, sometimes or never?

1. Frequently
2. Sometimes
3. Never
- 1. Does not know
- 2. Does not answer

SECTION I: FAMILY NETWORK

I1intro. We have already asked you questions about the number of people living in your household and your basic information. Here we ask only about living children and siblings only.

We have already asked you questions about the number of people living in the household and about [NAME]'s basic information. Here we ask you only about [NAME]'s living children and siblings only.

- I1. How many alive sons do you have? Please include biological sons, adopted sons, foster sons, and stepsons.

How many alive sons does [NAME] have? Please include biological sons, adopted sons, foster sons, and stepsons.

INTERVIEWER: If the number of alive sons is zero >>> go to I4.

Alive sons

- 1. Does not know
- 2. Does not answer

- I2. How many of these alive sons live in Puerto Rico?

How many of these alive sons of [NAME] live in Puerto Rico?

Sons in Puerto Rico

- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the number of alive sons is equal to the number of sons living in Puerto Rico (I1 = I2) >>> go to I4.

- I3. How many of these alive sons live in the United States?

How many of these alive sons of [NAME] live in the United States?

Sons in the United States

- 1. Does not know
- 2. Does not answer

- I4. How many alive daughters do you have? Please include biological daughters, adopted daughters, foster daughters, and stepdaughters.

How many alive daughters does [NAME] have? Please include biological daughters, adopted daughters, foster daughters, and stepdaughters.

INTERVIEWER: If the number of daughters is zero >>> go to I19.

Alive daughters

- 1. Does not know
- 2. Does not answer

15. How many of these alive daughters live in Puerto Rico?
How many of these alive daughters of [NAME] live in Puerto Rico?

Daughters in Puerto Rico |__|__|

- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the number of alive daughters is equal to the number of sons living in Puerto Rico (I4 = I5) >>> go to I19.

16. How many of these alive daughters live in the United States?
How many of these alive daughters of [NAME] live in the United States?

Daughters in the United States |__|__|

- 1. Does not know
- 2. Does not answer

119. How many alive brothers do you have? Please include full-brothers, same mother and father brothers, as well as half-brothers, same father or same mother.
How many living brothers does [NAME] have? Please include full-brothers, same mother and father brothers, as well as half-brothers, same father or same mother .

INTERVIEWER: If the number of brothers is zero >>> go to I22.

Alive brothers |__|__|

- 1. Does not know
- 2. Does not answer

120. How many of these alive brothers live in Puerto Rico?
How many of these alive brothers of [NAME] live in Puerto Rico?

Alive brothers in Puerto Rico |__|__|

- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the number of brothers is equal to the number of brothers living in Puerto Rico (I19 = I20) >>> go to I22.

121. How many of these alive brothers live in the United States?
How many of these alive brothers of [NAME] live in the United States?

Alive brothers in the United States |__|__|

- 1. Does not know
- 2. Does not answer

I22. How many alive sisters do you have? Please include full-sisters, same mother and father sisters, as well as half-sisters, same father or same mother.

How many living sisters does [NAME] have? Please include full-sisters, same mother and father sisters, as well as half-sisters, same father or same mother.

INTERVIEWER: If the number of sisters is zero >>> go to J1intro.

INTERVIEWER: If this is a proxy interview >>> go to L1intro.

Alive sisters |||

-1. Does not know

-2. Does not answer

I23. How many of these alive sisters live in Puerto Rico?

How many of these alive sisters of [NAME] live in Puerto Rico?

Alive sisters in Puerto Rico |||

-1. Does not know

-2. Does not answer

INTERVIEWER: If the number of sisters is equal to the number of sisters living in Puerto Rico (I22 = I23) >>> go to J1intro.

INTERVIEWER: If this is a proxy interview >>> go to L1intro.

I24. How many of these alive sisters live in the United States?

How many of these alive sisters of [NAME] live in the United States?

Alive sisters in the United States |||

-1. Does not know

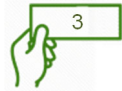
-2. Does not answer

INTERVIEWER: If this is a proxy interview >>> go to L1intro.

SECTION J: SOCIAL SUPPORT

J1intro. Considering your relatives and family members, that is, the people with whom you are related either by birth, marriage, adoption, etc.

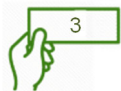
INTERVIEWER: Give **card number 3** to the interviewee and explain that he/she must choose his/her answer to each statement among those presented to him/her.



	NONE	ONE	TWO	THREE OR FOUR	FIVE THRU EIGHT	NINE OR MORE
J1. How many relatives do you see or hear from at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J2. How many relatives do you feel at ease with that you can talk about private matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J3. How many relatives do you feel close to such that you could call on them for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J4intro. Considering all of your friends including those who live in your neighborhood.

INTERVIEWER: Give **card number 3** to the interviewee and explain that he/she must choose his/her answer to each statement among those presented to him/her.



	NINGUNO	UNO	DOS	TRES O CUATRO	DE CINCO A OCHO	NUOVE O MÁS
J4. How many of your friends do you see or hear from at least once a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J5. How many friends do you feel at ease with that you can talk about private matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J6. How many friends do you feel close to such that you could call on them for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J22intro. Now I want to ask you some questions about the help you need, the help you receive, and the help you give. You can tell me if you need and if you receive help with any of the activities I will mention below.

J22. Do you need help with transportation, for example to go to medical appointments, to go shopping and to visit family and friends?

- 1. Yes
- 2. No >>> go to J24
- 1. Does not know >>> go to J24
- 2. Does not answer >>> go to J24

J23. Do you receive any help with transportation, for example to go to medical appointments, to go shopping and to visiting family and friends?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J24. Do you need help with household chores or gardening?

- 1. Yes
- 2. No >>> go to J26
- 1. Does not know >>> go to J26
- 2. Does not answer >>> go to J26

J25. Do you receive any help with household chores or gardening?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J26. Do you need any help with errands?

- 1. Yes
- 2. No >>> go to J28
- 1. Does not know >>> go to J28
- 2. Does not answer >>> go to J28

J27. Do you receive any help with errands?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J28. Do you need any help when you are sick?

- 1. Yes
- 2. No >>> go to J30
- 1. Does not know >>> go to J30
- 2. Does not answer >>> go to J30

J29. Do you receive any help when you are sick?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J30. Of all the people and institutions that help you when you need it, whether your husband/wife, your sons/daughters, brothers/sisters, other relatives, neighbors, friends, or other agencies, which would you say helps you the most?

INTERVIEWER: Indicate only one person, the one who helps him/her the most.

- 1. Husband/Wife
- 2. Son
- 22. Daughter
- 11. Grandson
- 12. Granddaughter
- 3. Father/Mother
- 4. Sibling
- 5. Another relative
- 6. Other not relative
- 7. Agency or institution. Specify (J30_agen): _____
- 8. A person he/she pays
- 9. Does not apply
- 10. No one helps me
- 1. Does not know
- 2. Does not answer

J31. Do you help other people with transportation, for example to go to doctors' appointments, to go shopping, and to go visiting relatives and friends?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J32. Do you help other people with household chores, or gardening?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J33. Do you help any other people by buying them things that they need or paying for some of their expenses, such as clothing, water, food, housing, energy bill, etc.?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J34. Do you help other people by buying them, medications, insurance, or health services?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J35. Do you help other people by running errands for them?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J36. Do you help other people by assisting them when they are sick?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the interviewee does not have any children alive >>> go to J39.

J37. Do you help your children by taking care of your grandchildren or great-grandchildren?

- 1. Yes
- 2. No
- 3. Does not apply, does not have grandchildren or great-grandchildren >>> go to J39
- 1. Does not know
- 2. Does not answer

J38. Do you help your children by transporting your grandchildren or great-grandchildren to and from school or to other activities?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J39. Do you help other people by visiting them, keeping them company or listening to their problems?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

J40. Of all the people and institutions that you help, which one do you help the most?
INTERVIEWER: Indicate only one person, the one he/she helps the most.

1. Husband/Wife
2. Son
22. Daughter
9. Grandson
10. Granddaughter
3. Father/Mother
4. Sibling
5. Another relative
6. Other not relative
7. Agency or institution. Specify (J40_agen): _____
8. Does not apply
- 1. Does not know
- 2. Does not answer

J41. In the last year, have you helped any of the following institutions or organizations as a volunteer or without pay?
INTERVIEWER: Mark all that apply.

1. He/she did not help
2. NURSING HOMES
3. CHILDREN'S HOME OR ADOPTIVE GRANDPARENT'S PROGRAMS
4. COLLEGE/UNIVERSITY
5. CHURCH OR TEMPLE
6. HOSPITAL
7. OTHER. SPECIFY (J41_ot): _____
8. DONATIONS TO INSTITUTIONS OR ASSOCIATIONS (RED CROSS, CREA, SER, CANCER RESEARCH)
- 1. Does not know
- 2. Does not answer

J42. Are you currently continuously caring for one or more family members who suffer from a chronic illness or condition?

INTERVIEWER: This would include for example, keeping an eye on him/her, dressing, or bathing them, arranging for their care, or providing transportation. If he/she indicated that he/she cares for more than one person, ask him/her to think about the person with whom he/she spends most of the time and make the following questions.

- 1. Yes
- 2. No >>> go to K1intro
- 1. Does not know >>> go to K1intro
- 2. Does not answer >>> go to K1intro

J43. Do you live with that family member you continuously care for?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

J44. What is your relationship with that person?

- 1. Husband/Wife
- 2. Children
- 3. Father/Mother
- 4. Sibling
- 5. Other relative
- 6. Other not relative
- 1. Does not know
- 2. Does not answer

J45. How many hours per week on average do you take care of that person?

- 1. Less than ten
- 2. Between 10 and nineteen
- 3. Between 20 and twenty-nine
- 4. Thirty or more
- 1. Does not know
- 2. Does not answer

J46. Does that person you care for have Alzheimer or another type of dementia?

- 1. Alzheimer
- 2. Another type of dementia
- 3. Has no dementia
- 1. Does not know
- 2. Does not answer

J47. How much tension or stress causes you being the main responsible for that person or those people? No tension, some tension or a lot of tension?

1. No tension
2. Some tension
3. A lot of tension
- 1. Does not know
- 2. Does not answer

SECTION K: LONELINESS

K1intro. The next questions are about how you feel about different aspects of your life.

K1. How much of the time do you feel you lack companionship?

1. OFTEN
2. SOME OF THE TIME
3. HARDLY EVER OR NEVER
- 1. Does not know
- 2. Does not answer

K2. How much of the time do you feel left out?

1. OFTEN
2. SOME OF THE TIME
3. HARDLY EVER OR NEVER
- 1. Does not know
- 2. Does not answer

K3. How much of the time do you feel isolated from others?

1. OFTEN
2. SOME OF THE TIME
3. HARDLY EVER OR NEVER
- 1. Does not know
- 2. Does not answer

SECTION L: CHRONIC DISEASES

L1intro. Now I would like to ask you some questions about your health.

Now I'm going to ask you some questions about [NAME's] health.

INTERVIEWER: If this is a proxy interview >>> go to L7

L1. Compared to other people of your age, would you say that your health is better, the same or worse?

1. BETTER
2. SAME
3. WORSE
- 1. Does not know
- 2. Does not answer

INTERVIEWER: Give **card number 5** to the interviewee and explain that he/she must choose his/her answer to each statement among those presented to him/her.

L2. In general, during the last 30 days, what degree of difficulty did you have concentrating or remembering things?

1. NONE
2. MILD
3. MODERATE
4. HIGH
5. EXTREME OR IMPOSSIBLE TO DO
- 1. Does not know
- 2. Does not answer

L3. In general, during the last 30 days, what degree of difficulty did you have learning new tasks (for example a new game, a recipe, etc.)?

1. NONE
2. MILD
3. MODERATE
4. HIGH
5. EXTREME OR IMPOSSIBLE TO DO
- 1. Does not know
- 2. Does not answer

L4. In general, during the last 30 days, in what degree did you feel sad, down or depressed?

1. NONE
2. MILD
3. MODERATE
4. HIGH
5. EXTREME OR IMPOSSIBLE TO DO
- 1. Does not know
- 2. Does not answer

L5. In general, during the last 30 days, in what degree were you worried or anxious?

- 1. NONE
- 2. MILD
- 3. MODERATE
- 4. HIGH
- 5. EXTREME OR IMPOSSIBLE TO DO
- 1. Does not know
- 2. Does not answer

L7. Did any doctor tell you that you have hypertension or high blood pressure?
Did any doctor tell [NAME] that he/she has hypertension or high blood pressure?

- 1. Yes
- 2. No >>> go to L12
- 1. Does not know >>> go to L12
- 2. Does not answer >>> go to L12

L9. Are you currently taking any medications to control your hypertension?
Is [NAME] currently taking any medications to control his/her hypertension?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

L12. Did any doctor tell you that you have diabetes, that is, high levels of blood sugar?
Did any doctor tell [NAME] that he/she has diabetes, that is, high levels of blood sugar?

- 1. Yes
- 2. No >>> go to L31
- 1. Does not know >>> go to L31
- 2. Does not answer >>> go to L31

L14. Are you currently taking any medications (by mouth, injected, etc.) to control your diabetes?
Is [NAME] currently taking any medications (by mouth, injected, etc.) to control your diabetes?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

- L20. Have you had any circulatory problems in your feet, arms or legs because of your diabetes?
Has [NAME] had any circulatory problems in his/her feet, arms or legs because of his/her diabetes?
1. Yes
 2. No
 - 1. Does not know
 - 2. Does not answer
- L21. Have you had any neuropathy or numbness in your limbs because of your diabetes?
Has [NAME] had any neuropathy or numbness in his/her limbs because of his/her diabetes?
1. Yes
 2. No
 - 1. Does not know
 - 2. Does not answer
- L22. In the last year, have you had any problems with ulcers in your feet because of your diabetes?
In the last year, has [NAME] had any problems with ulcers in his/her feet because of his/her diabetes?
1. Yes
 2. No
 - 1. Does not know
 - 2. Does not answer
- L23. Has any part of your body been amputated because of your diabetes?
Has any part of the body of [NAME] been amputated because of his/her diabetes?
1. Yes
 2. No
 - 1. Does not know
 - 2. Does not answer
- L24. Have you ever had any renal complications (in your kidneys) because of your diabetes?
Has [NAME] ever had any renal complications (in his/her kidneys) because of his/her diabetes?
1. Yes
 2. No
 - 1. Does not know
 - 2. Does not answer

L25. In the past 4 weeks, how many times have you had a low blood sugar (low glucose or hypoglycemic) reaction (symptoms might include sweating, weakness, anxiety, trembling, hunger or headache)?

In the past 4 weeks, how many times has [NAME] had a low blood sugar (low glucose or hypoglycemic) reaction (symptoms might include sweating, weakness, anxiety, trembling, hunger or headache)?

- 1. 8 or more times
- 2. 4 – 7 times
- 3. 1 – 3 times
- 4. 0 or none
- 1. Does not know
- 2. Does not answer

L26. In the past year, how many times have you had a severe low blood sugar reaction such as passing out or needing help to treat the reaction? ⁷

In the past year, how many times has [NAME] had a severe low blood sugar reaction such as passing out or needing help to treat the reaction?

- 1. 12 or more times
- 2. 7– 11 times
- 3. 4 – 6 times
- 4. 1 – 3 times
- 5. 0 or none
- 1. Does not know
- 2. Does not answer

L31. Did any doctor tell you if you currently have any type of cancer?

Did any doctor tell [NAME] that he/she currently has any type of cancer?

- 1. Yes
- 2. No >>> go to L37
- 1. Does not know >>> go to L37
- 2. Does not answer >>> go to L37

L33a. Please tell me what type or type(s) of cancer(s) you have currently.

Please tell me what type or type(s) of cancer(s) [NAME] has currently.

INTERVIEWER: Mark all that apply.

- | | |
|----------------------|-------------------------------------|
| 1. Prostate | 11. Liver |
| 2. Mama | 12. Kidney |
| 3. Colon and rectum | 13. Stomach |
| 4. Lung | 14. Pancreas |
| 5. Thyroid | 15. Skin |
| 6. Mouth and pharynx | 16. Ovary |
| 7. Uterus | 17. Brain tumor |
| 8. Lymphoma | 18. Other. Specify (L33a_ot): _____ |
| 9. Bladder | -1. Does not know |
| 10. Leukemia | -2. Does not answer |

L33b. Please tell me what treatment or treatments you receive for that cancer.
Please tell me what treatment or treatments [NAME] receives for that cancer.
INTERVIEWER: Mark all that apply. Indicate zero if you do not receive any.

- 0. None
- 1. Oral chemotherapy >>> go to L37
- 2. Injected chemotherapy >>> go to L37
- 3. Surgery >>> go to L37
- 4. Radiation >>> go to L37
- 5. Others >>> go to L37
- 1. Does not know >>> go to L37
- 2. Does not answer >>> go to L37

L36. What was the main reason you did NOT receive treatment?
What was the main reason [NAME] did NOT receive treatment?

- 1. I/He/She was in remission
- 2. The doctor did not tell me/him/her
- 3. Could not pay for treatment
- 4. I/He/She did not want to accept the treatment
- 5. Other. Specify (L36_ot): _____
- 1. Does not know
- 2. Does not answer

L37. Did any doctor ever tell you that you have a chronic lung disease such as bronchitis, tuberculosis, emphysema, or asthma?
Did any doctor ever tell [NAME] that he/she has a chronic lung disease such as bronchitis, tuberculosis, emphysema, or asthma?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

L41. Have you suffered any heart attack?
Has [NAME] suffered any heart attack?

- 1. Yes
- 2. No >>> go to L44
- 1. Does not know >>> go to L44
- 2. Does not answer >>> go to L44

L43. How old were you when you had the most recent heart attack?
How old was [NAME] when he/she had the most recent heart attack?

- Age |__|__|__|
- 1. Does not know
 - 2. Does not answer

- L44. Has a doctor ever told you that you have had congestive heart failure?
Has a doctor ever told [NAME] that he/she has had congestive heart failure?
1. Yes
 2. No
 - 1. Does not know
 - 2. Does not answer
- L52. Did any doctor tell you that you have had a mini-stroke, transient ischemic attack or TIA?
Did any doctor tell [NAME] that he/she has had a mini-stroke, transient ischemic attack or TIA?
1. Yes
 2. No >>> go to L54
 - 1. Does not know >>> go to L54
 - 2. Does not answer >>> go to L54
- L53. How old were you when you had the most recent mini-stroke, transient ischemic attack or TIA?
How old was [NAME] when he/she had the most recent mini-stroke, transient ischemic attack or TIA?
- Age |__|__|__|
- 1. Does not know
 - 2. Does not answer
- L54. Did any doctor tell you that you had a stroke?
Did any doctor tell [NAME] that he/she had a stroke?
1. Yes
 2. No >>> go to L57
 - 1. Does not know >>> go to L57
 - 2. Does not answer >>> go to L57
- L55. How old were you when you had the most recent stroke?
How old was [NAME] when he/she had the most recent stroke?
- Age |__|__|__|
- 1. Does not know
 - 2. Does not answer
- L56. Are you taking any medication to treat the stroke?
Is [NAME] taking any medication for his/her stroke?
1. Yes
 2. No
 - 1. Does not know
 - 2. Does not answer

- L57. Did any doctor tell you that you have Parkinson's?
Did any doctor tell [NAME] that he/she has Parkinson's?
- 1. Yes
 - 2. No >>> go to L61
 - 1. Does not know >>> go to L61
 - 2. Does not answer >>> go to L61
- L58. How old were you when you were diagnosed with Parkinson's?
How old was [NAME] when he/she was diagnosed with Parkinson's?
- Age ||
- 1. Does not know
 - 2. Does not answer
- L61. Did any doctor tell you that you have arthritis or rheumatism?
Did any doctor tell [NAME] that he/she has arthritis or rheumatism?
- 1. Yes
 - 2. No >>> go to L67
 - 1. Does not know >>> go to L67
 - 2. Does not answer >>> go to L67
- L64. In the last year, have you taken any medication for your arthritis or rheumatism?
In the last year, has [NAME] taken any medication for his/her arthritis or rheumatism?
- 1. Yes
 - 2. No
 - 1. Does not know
 - 2. Does not answer
- L67. How many times have you fallen in the last year?
How many times has [NAME] fallen in the last year?
- Times |
- >>> if it is zero go to L71
 - 1. Does not know
 - 2. Does not answer
- L68. Have you fractured a bone in any of those falls?
Has [NAME] fractured a bone in any of those falls?
- 1. Yes
 - 2. No >>> go to L71
 - 1. Does not know >>> go to L71
 - 2. Does not answer >>> go to L71

L69. What bones did you fractured in those falls?
What bones did [NAME] fractured in those falls?

INTERVIEWER: Mark all that apply.

1. Hip
2. Knee
3. Leg
4. Arm
5. Wrist
6. Other. Specify (L69_ot): _____
- 1. Does not know
- 2. Does not answer

L71. Did any doctor tell you that you have osteoporosis or weak bones?
Did any doctor tell [NAME] that he/she has osteoporosis or weak bones?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

L73. In the last year, have you had any urine or bladder control problems?
In the last year, has [NAME] had any urine or bladder control problems?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

L75. During the last year, have you defecated on yourself?
During the last year, has [NAME] defecated on him/herself?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

L76. Do you suffer from physical body pain?
Does [NAME] suffer from physical body pain?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If answered No or this is a proxy interview >>> go to L77a.

L77. In a scale from 1 to 10, where 1 is least painful, and 10 is most painful, what number would you assign to your pain?
INTERVIEWER: If you consider it necessary, give the card to the interviewee so that he/she can choose his/her answer on the scale.

Pain |__|__|

- 1. Does not know
- 2. Does not answer

L77a. Do you usually wear glasses, contact lenses or intraocular lenses?
Does [NAME] usually wear glasses, contact lenses or intraocular lenses?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the participant is blind (A52=1 or A52=2) >>> go to L86.

L78. How much difficulty have you reading the newspaper [with your glasses or your contact lenses, if you indicated that you were wearing them in L77a]? Would you say that...
How much difficulty has [NAME] reading the newspaper [with his/her glasses or contact lenses, if he/she indicated that he/she was wearing them in L77a]? Would you say that...

- 1. SOME DIFFICULTY
- 2. NO DIFFICULTY
- 3. I STOPPED READING [*HE/SHE STOPPED READING*] FOR OTHER REASONS OR I AM NOT INTERESTED [*HE/SHE IS NOT INTERESTED*] IN READING
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the participant answered that he/she normally wore glasses or lenses (L77a = 1) or that he/she did not wears glasses or lenses (L77a = 2), but he/she had no difficulty reading (L78 = 2) >>> go to L86.

L78a. Why you do not use glasses, contact lenses that help you see better?
Why [NAME] does not use glasses, contact lenses that help him/her see better?

- 1. I HAVEN'T BE [*HE/SHE HAS NOT BEEN*] EXAMINED
- 2. I DON'T HAVE [*HE/SHE HASN'T*] MONEY TO BUY THEM
- 3. THOSE I HAVE BOTHER ME OR I DON'T LIKE THEM [*THEY BOTHER HIM/HER OR HE/SHE DOESN'T LIKE THEM*]
- 4. THE ONES I HAVE DO NOT FIT ME [*THE ONES HE/SHE HAS DO NOT FIT HIM/HER*]
- 5. OTHER. SPECIFY (L78a_ot): _____
- 6. BECAUSE OF A HEALTH CONDITION
- 7. DOES NOT APPLY, I ONLY USE [*HE/SHE ONLY USES*] THEM TO READ OR DRIVE
- 1. Does not know
- 2. Does not answer

L86. Has a doctor ever diagnosed you with diabetic retinopathy?
Has a doctor ever diagnosed [NAME] with diabetic retinopathy?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

L87. Has a doctor told you that you have hearing problems?
Has a doctor told [NAME] that he/she has hearing problems?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

L88. Do you normally use earphones or hearing aids?
Does [NAME] normally use earphones or hearing aids?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

L89. How is your hearing [with earphones or hearing aids– if he/she indicated that he/she used them in L88]?
How is [NAME]'s hearing [with earphones or hearing aids– if he/she indicated that he/she used them in L88]?

- 1. EXCELLENT
- 2. VERY GOOD
- 3. GOOD
- 4. REGULAR
- 5. BAD
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the participant answered that he/she had no difficulty listening (L89 <> 4 and L89 <> 5) >>> go to L91.

L90. Why you do not use earphones or hearing aids?
Why [NAME] does not use earphones or hearing aids?

INTERVIEWER: Mark all that apply.

1. THEY BOTHER ME OR I DON'T LIKE THEM [*THEY BOTHER HIM/HER OR HE/SHE DOES NOT LIKE THEM*]
2. I DO NOT HAVE MONEY TO BUY THEM [*HE/SHE DOES NOT HAVE MONEY TO BUY THEM*]
3. I DO NOT HAVE A PRESCRIPTION [*HE/SHE DOES NOT HAVE A PRESCRIPTION*]
4. I HAVE NOT HAD THE OPPORTUNITY TO SEE THE DOCTOR [*HE/SHE HAS NOT HAD THE OPPORTUNITY TO SEE THE DOCTOR*]
5. THE ONES I HAVE DO NOT FIT [*THE ONES HE/SHE HAS DO NOT FIT*]
6. OTHER. SPECIFY (L90_ot): _____
7. I THINK THAT I DO NOT NEED THEM [*HE/SHE THINKS HE/SHE DOES NOT NEED THEM*]
8. THE DOCTOR HAS NOT RECOMMENDED IT TO ME [*THE DOCTOR HAS NOT RECOMMENDED IT TO HIM/HER*]
- 1. Does not know
- 2. Does not answer

L91. Now I would like to ask you some questions about your mouth and teeth. Please tell me, are you missing any teeth or molars?
Now I would like to ask you some questions about [NAME]'s mouth and teeth. Please tell me, is [NAME] missing any teeth or molars?

0. NO
1. YES, JUST A FEW (UP TO FOUR)
2. YES, MANY (MORE THAN FOUR, LESS THAN HALF)
3. YES, MOST OF THEM (HALF OR MORE)
4. HE/SHE IS MISSING ALL OF THEM
- 1. Does not know
- 2. Does not answer

L92. In the last year, have you had problems chewing your food?
In the last year, has [NAME] had problems chewing his/her food?

1. Yes
2. No >>> go to L96
- 1. Does not know >>> go to L96
- 2. Does not answer >>> go to L96

L93. Why are you having trouble chewing your food?
Why does [NAME] have trouble chewing his food?

INTERVIEWER: Mark all that apply.

1. I DO NOT HAVE [*HE/SHE DOES NOT HAS*] BRIDGES, TEETH OR POSTURE DENTURES
2. I DON'T WANT TO USE THEM BECAUSE I DON'T LIKE THEM [*DOESN'T WANT TO USE THEM BECAUSE HE/SHE DON'T LIKE THEM*]
3. I BOTHER ME OR I DON'T GET USED/ *THEY BOTHER OR DON'T GET USED*
4. THEY WERE BROKEN OR LOST
5. I CANNOT USE THEM DUE TO HEALTH CONDITION [*HE/SHE CANNOT USES THEM DUE TO HIS/HER HEALTH CONDITION*]
6. I DO NOT GO TO THE DENTIST BECAUSE I AM AFRAID [*I DO NOT GO TO THE DENTIST BECAUSE I AM AFRAID*]
7. OTHER. SPECIFY (L93_ot): _____
8. PAIN IN THE GUMS, TEETH, OR MOLARS
- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> if the participant is a woman go to the question L101.

L96. In the last year, have you had a rectal exam or a blood test to examine your prostate?
In the last year, has [NAME] had a rectal exam or a blood test to examine his prostate?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the interview is a proxy >>> go to question L101.

L97. Do you have to urinate frequently?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

L98. Do you feel that even though you feel you have to go, the stream of urine is weak or small?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

L99. Do you feel stinging or burning when you urinate?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

L100. Do you have to urinate three times or more during the night?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

L101. Did a doctor tell you that you have Alzheimer?

Did a doctor tell [NAME] that he/she has Alzheimer?

- 1. Yes
- 2. No >>> go to L103
- 1. Does not know >>> go to L103
- 2. Does not answer >>> go to L103

L102. How old were you when diagnosed with Alzheimer?

How old was [NAME] when he/she was diagnosed with Alzheimer?

- Age |__|__|__|
- 1. Does not know
 - 2. Does not answer

L103. Did a doctor tell you that you have another type of dementia?

Did a doctor tell [NAME] that he/she has another type of dementia?

- 1. Yes
- 2. No >>> go to L105
- 1. Does not know >>> go to L105
- 2. Does not answer >>> go to L105

L104. How old were you when diagnosed with another type of dementia?

How old was [NAME] when he/she was diagnosed with another type of dementia?

- Age |__|__|__|
- 1. Does not know
 - 2. Does not answer

L105. Did a doctor ever tell you suffered from depression?

Did a doctor ever tell [NAME] he/she suffered from depression?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

L106. How old were you when diagnosed with depression?
How old was [NAME] when he/she was diagnosed with depression?

Age |__|__|__|
-1. Does not know
-2. Does not answer

L107. Are you undergoing any psychiatric or psychological treatment for depression?
Is [NAME] undergoing any psychiatric or psychological treatment for depression?

1. Yes
2. No
-1. Does not know
-2. Does not answer

L108. In the last year, have you taken any prescribed medication to treat depression?
In the last year, has [NAME] taken any prescribed medication to treat depression?

1. Yes
2. No
-1. Does not know
-2. Does not answer

L113. Normally, how many hours do you watch TV each day?
Normally, how many hours does [NAME] watch TV each day?

Hours |__|__|
-1. Does not know
-2. Does not answer

SECTION M: ACCESS TO HEALTHCARE

M1intro. Now I will ask you about your health insurance and your recent utilization of health services.

M1. Do you have a health insurance plan?

- 1. Yes
- 2. No >>> go to M3
- 1. Does not know >>> go to M3
- 2. Does not answer >>> go to M3

M2. What type of health insurance plan do you have?
INTERVIEWER: Mark all that apply.

- 1. Government plan or "Mi salud" or "Vital"
- 2. Medicare part A
- 3. Medicare part B
- 4. Medicare part D
- 5. Medicare complementary plan
- 6. Advantage plan
- 7. A private individual health plan
- 8. A private plan from some organization
- 1. Does not know
- 2. Does not answer

M3. How many times in total were you hospitalized in the last twelve months?

Times |__|__| if he/she indicated none, code 0

- 1. Does not know
- 2. Does not answer

M6. How many times have you gone to the emergency room in the last twelve months?

Times |__|__| if he/she indicated none, code 0

- 1. Does not know
- 2. Does not answer

M9. How many times have you gone to the doctor's office in the last twelve months?

Times |__|__| if he/she indicated none, code 0

- 1. Does not know
- 2. Does not answer

M15. In the last twelve months, were you ever told you should get an x-ray or have laboratory tests done, not including tests for a hospitalization?

- 1. Yes
- 2. No >>> go to M20
- 1. Does not know >>> go to M20
- 2. Does not answer >>> go to M20

M16. Did you have those tests done?

- 1. Yes, he/she made all of them >>> go to M20
- 2. He/She made only some of them
- 3. He/She did not make any of them
- 1. Does not know
- 2. Does not answer

M17. Why did you not have all of those laboratory tests done?
INTERVIEWER: Mark all that apply.

- 1. LACK OF TRANSPORTATION
- 2. THEY'RE TOO TIME CONSUMING
- 3. COULD NOT PAY FOR THEM
- 4. DID NOT CONSIDER IT A SERIOUS PROBLEM
- 5. HEALTH PLAN DID NOT COVER IT
- 6. APPOINTMENT WAS SCHEDULED FOR LATER
(STILL WAITING TO HAVE THEM DONE)
- 7. OTHER. SPECIFY (M7_ot): _____
- 8. FEAR
- 9. DOES NOT WANT, DOES NOT LIKE OR NEGLIGENT
- 1. Does not know
- 2. Does not answer

M20. In the last year, have you received the influenza vaccine?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

M23. Thinking back to the last time you tried to get general doctor care, about how many days did you have to wait until the first available appointment?
INTERVIEWER: If necessary, tell the interviewee to say the number of days that he/she think is closer to what happened, even if he/she does not remember it exactly.

- Days |__|_|_| (code 0 for the same day, 1 for the next day, etc.)
- 1. Does not know
 - 2. Does not answer

M24. Thinking back to the last time you tried to get specialist care, about how many days did you have to wait until the first available appointment? ⁸

INTERVIEWER: If necessary, tell the interviewee to say the number of days that he/she think is closer to what happened, even if he/she does not remember it exactly.

Days |__|__|__| (code 0 for the same day, 1 for the next day, etc.)

- 1. Does not know
- 2. Does not answer

M25intro. Now I want to ask you about some problems that people may experience when they need to get health care.

M25. In the last twelve months, were you unable to get an appointment with a doctor or for a health care as soon as you thought one was needed?⁸

- 1. Yes
- 2. No >>> go to M27intro
- 1. Does not know >>> go to M27intro
- 2. Does not answer >>> go to M27intro

M26. With what type of doctor or service did this happen to you? With a general doctor care, with a specialty care with both types of doctors or with another type of health service?

INTERVIEWER: If necessary, indicate to the interviewee which general doctor care refers to a general doctor, a family doctor or an internist, and which specialist refers to doctors specialized in an area such as cardiologist, surgeon, etc. It can also refer to another type of health care. ⁸

- 1. General Doctor Care
- 2. Specialty Care
- 3. Both
- 4. Some Other Type of Care
- 1. Does not know
- 2. Does not answer

M27intro. INTERVIEWER: If he/she doesn't have a health insurance (M1=2) >>> go to M29.

M27. In the past twelve months, were you told at a doctor's office or clinic that they were not accepting patients with your type of health insurance? ⁸

- 1. Yes
- 2. No >>> go to M29
- 1. Does not know >>> go to M29
- 2. Does not answer >>> go to M29

M28. With what type of doctor or service did this happen to you? With a general doctor care, with a specialty care with both types of doctors or with another type of health service?
INTERVIEWER: If necessary, indicate to the interviewee which general doctor care refers to a general doctor, a family doctor or an internist, and which specialist refers to doctors specialized in an area such as cardiologist, surgeon, etc. It can also refer to another type of health care. ⁸

- 1. General Doctor Care
- 2. Specialty Care
- 3. Both
- 4. Some Other Type of Care
- 1. Does not know
- 2. Does not answer

M29. In the past twelve months, were you told at a doctor's office or clinic that they were not accepting new patients? ⁸

- 1. Yes
- 2. No >>> go to M31
- 1. Does not know >>> go to M31
- 2. Does not answer >>> go to M31

M30. With what type of doctor or service did this happen to you? With a general doctor care, with a specialty care with both types of doctors or with another type of health service?
INTERVIEWER: If necessary, indicate to the interviewee which general doctor care refers to a general doctor, a family doctor or an internist, and which specialist refers to doctors specialized in an area such as cardiologist, surgeon, etc. It can also refer to another type of health care. ⁸

- 1. General Doctor Care
- 2. Specialty Care
- 3. Both
- 4. Some Other Type of Care
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If he/she doesn't have a health insurance (M1=2) >>> go to N1intro.

M31. Would you say you are satisfied or dissatisfied with your health insurance coverage? ⁸

- 1. Satisfied
- 2. Dissatisfied
- 1. Does not know
- 2. Does not answer

M32. Would you say you are satisfied or dissatisfied with the network of providers (doctors and other health services) that your health insurance has? ⁸

- 1. Satisfied
- 2. Dissatisfied
- 1. Does not know
- 2. Does not answer

M35. In the last twelve months, did you need any medical or health services and were unable to get them?

- 1. Yes
- 2. No >>> go to N1intro
- 1. Does not know >>> go to N1intro
- 2. Does not answer >>> go to N1intro

M36. Why couldn't you get the health or medical service you needed?

- 1. Lack of transportation
- 2. They're too time consuming
- 3. Could not pay for them
- 4. Did not consider it a serious problem
- 5. Health plan did not cover it
- 6. Appointment was scheduled for later
- 8. Other. Specify (m36_ot): _____
- 9. He/she did not have referral from the doctor
- 10. He/she did not have authorization from the health insurance
- 11. Because of the pandemic
- 1. Does not know
- 2. Does not answer

SECCIÓN N: MEDICATIONS

N1intro. In this section I will ask you about the medicines you take.

N1. Could you tell me how many medications, PRESCRIBED BY A DOCTOR, have you been taking regularly in the last year?

INTERVIEWER: "Regularly" means that he/she took them for most of the year.

Prescribed medications

|_|_|

-1. Does not know

-2. Does not answer

N2. Could you tell me how many DOCTOR –RECOMMENDED BUT NON-PRESCRIBED medications have you been taking regularly in the last year?

INTERVIEWER: "Regularly" means that he/she took them for most of the year.

Recommended but non-prescribed medications

|_|_|

-1. Does not know

-2. Does not answer

N3. Could you tell me how many non-prescribed medications NOT RECOMMENDED BY A DOCTOR have you been taking regularly in the last year?

INTERVIEWER: "Regularly" means that he/she took them for most of the year.

Non-prescribed non-recommended medications

|_|_|

-1. Does not know

-2. Does not answer

N5. During the last year, have you stopped taking or have you taken less of any medication that was prescribed because you could not afford it?

1. Yes

2. No

-1. Does not know

-2. Does not answer

SECTION P: EMOTIONAL STABILITY

P1intro. I am going to say some statements and I need you to answer me one of the following options: a lot, some, a little or nothing.

	A lot	Some	A little	Nothing
P1. You see yourself as someone who easily changes your mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P2. You see yourself as someone who worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P3. You see yourself as nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P4. You see yourself as calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P5. Now please think about all aspects of your life. How satisfied are you with it? Are you completely satisfied, very satisfied, somewhat satisfied, or not at all satisfied?

1. Completely satisfied
2. Very satisfied
3. Somewhat satisfied
4. Not at all satisfied
- 1. Does not know
- 2. Does not answer

SECTION Q: DISABILITY

Q1intro. I am going to mention some activities of daily living. Please tell me if you have any difficulties in doing them due to a health problem. Do not consider temporary problems that you expect will last less than three months.

I am going to mention some activities of daily living. Please tell me if [NAME] has any difficulties in doing them due to a health problem. Do not consider temporary problems that are expected to last less than three months.

Q1. Because of a health problem, do you have any difficulty eating?
Because of a health problem, does [NAME] have any difficulty eating?

1. Yes
2. No
3. Cannot do it
4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q2. Because of a health problem, do you have any difficulty dressing and undressing by yourself?
Because of a health problem, does [NAME] have any difficulty dressing and undressing by him/herself?

1. Yes
2. No
3. Cannot do it
4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q3. Because of a health problem, do you have any difficulty using the toilet?
Because of a health problem, does [NAME] have any difficulty using the toilet?

1. Yes
2. No
3. Cannot do it
4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q4. Because of a health problem, do you have any difficulty walking from one side of a room to the other?

Because of a health problem, does [NAME] have any difficulty walking from one side of a room to the other?

- 1. Yes
- 2. No
- 3. Cannot do it
- 4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q5. Because of a health problem, do you have any difficulty getting up from or lying down in bed?

Because of a health problem, does [NAME] have any difficulty getting up from or lying down in bed?

- 1. Yes
- 2. No
- 3. Cannot do it
- 4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q6. Because of a health problem, do you have any difficulty taking a bath or showering?

Because of a health problem, does [NAME] have any difficulty taking a bath or showering?

- 1. Yes
- 2. No
- 3. Cannot do it
- 4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the interviewee indicated he/she had difficulty with any of the activities (Q1 to Q6) ask the following question.

Q7. Do you need help doing any of the activities I just mentioned?

Does [NAME] need help doing any of the activities I just mentioned?

- 1. Yes
- 2. No >>> go to Q14intro
- 1. Does not know >>> go to Q14intro
- 2. Does not answer >>> go to Q14intro

Q8. Do you receive any help to carry out any of these activities?
Does [NAME] receive any help to carry out any of these activities?

- 1. Yes
- 2. No >>> go to Q14intro
- 1. Does not know >>> go to Q14intro
- 2. Does not answer >>> go to Q14intro

Q9. Who is the person who helps you the most with all these activities that I just mentioned (eating, dressing, using the toilet, bathing, etc.)?
Who is the person who helps [NAME] the most with all these activities that I just mentioned (eating, dressing, using the toilet, bathing, etc.)?

INTERVIEWER: Indicate only one person, the one who helps him/her the most.

- 1. Spouse or Partner
- 2. Son
- 3. Daughter
- 4. Grandchild
- 5. Sibling
- 6. Another familiar
- 7. Friend or neighbor
- 8. A person him/her pay
- 1. Does not know
- 2. Does not answer

Q10. Does anyone else help you?
Does anyone else help [NAME]?

- 1. Yes
- 2. No >>> go to Q12
- 1. Does not know >>> go to Q12
- 2. Does not answer >>> go to Q12

Q11. Who helps you?
Who helps [NAME]?

- 1. Spouse or Partner
- 2. Son
- 3. Daughter
- 4. Grandchild
- 5. Sibling
- 6. Another familiar
- 7. Friend or neighbor
- 8. A person him/her pay
- 1. Does not know
- 2. Does not answer

Q12. Thinking about the help that you have mentioned, would you say that this help covers your needs...

Thinking about the help that you have mentioned, would you say that this help covers [NAME]'s needs...

1. ALWAYS
2. ALMOST ALWAYS
3. SOMETIMES
4. ALMOST NEVER
- 1. Does not know
- 2. Does not answer

Q14intro. Some people have difficulties carrying out certain activities that are important in daily life, due to a health problem. Please, tell me if you are currently having any difficulty carrying out any of the activities I will mention. Do not consider temporary problems that you expect will last less than three months.

Some people have difficulties carrying out certain activities, which are important in daily life, due to a health problem. Please, tell me if [NOMBRE] is currently having any difficulty carrying out any of the activities I will mention. Do not consider temporary problems that you expect to last less than three months.

Q14. Because of a health problem, do you have any difficulty using the telephone?

Because of a health problem, does [NAME] have any difficulty using the telephone?

1. Yes
2. No
3. Cannot do it
4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q15. Because of a health problem, do you have any difficulty going to places where a transportation mean is necessary?
Because of a health problem, does [NAME] have any difficulty going to places where a transportation mean is necessary?

1. Yes
2. No
3. Cannot do it
4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q16. Because of a health problem, do you have any difficulty buying food or clothes?
Because of a health problem, does [NAME] have any difficulty buying food or clothes?

1. Yes
2. No
3. Cannot do it
4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q17. Because of a health problem, do you have any difficulty preparing food for yourself?
Because of a health problem, does [NAME] have any difficulty preparing food for yourself?

1. Yes
2. No
3. Cannot do it
4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q18. Because of a health problem, do you have any difficulty doing the household chores?
Because of a health problem, does [NAME] have any difficulty doing the household chores?

1. Yes
2. No
3. Cannot do it
4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q19. Because of a health problem, do you have any difficulty taking your medication?
Because of a health problem, does [NAME] have any difficulty taking his/her medication?

- 1. Yes
- 2. No
- 3. Cannot do it
- 4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

Q20. Because of a health problem, do you have any difficulty managing your money by yourself?
Because of a health problem, does [NAME] have any difficulty managing your money on his/her money by him/herself?

- 1. Yes
- 2. No
- 3. Cannot do it
- 4. Does not do it / does not apply
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the interviewee indicated that he/she had difficulty with any of the activities (Q14 to Q20), ask the following question.

Q21. Do you need help doing any of the activities I just mentioned?
Does [NAME] need help doing any of the activities I just mentioned?

- 1. Yes
- 2. No >>> go to Q29
- 1. Does not know >>> go to Q29
- 2. Does not answer >>> go to Q29

Q22. Do you receive any help to carry out any of these activities?
Does [NAME] receive any help to carry out any of these activities?

- 1. Yes
- 2. No >>> go to Q28
- 1. Does not know >>> go to Q28
- 2. Does not answer >>> go to Q28

- Q23. Who is the person who helps you the most with all these activities that I just mentioned (using the telephone, transportation, prepare food, take medicine, etc.)?
Who is the person who helps [NAME] the most with all these activities that I just mentioned (using the telephone, transportation, prepare food, take medicine, etc.)?

INTERVIEWER: Indicate only one person, the one who helps him/her the most.

1. Spouse or Partner
2. Son
3. Daughter
4. Grandchild
5. Sibling
6. Another familiar
7. Friend or neighbor
8. A person him/her pay
- 1. Does not know
- 2. Does not answer

- Q24. Does anyone else help you?
Does anyone else help [NAME]?

1. Yes
2. No >>> go to Q26
- 1. Does not know >>> go to Q26
- 2. Does not answer >>> go to Q26

- Q25. Who helps you?
Who helps [NAME]?

1. Spouse or Partner
2. Son
3. Daughter
4. Grandchild
5. Sibling
6. Another familiar
7. Friend or neighbor
8. A person him/her pay
- 1. Does not know
- 2. Does not answer

- Q26. Thinking about the help that you have mentioned, would you say that this help covers your needs...
Thinking about the help that you have mentioned, would you say that this help covers [NAME]'s needs...

1. ALWAYS
2. ALMOST ALWAYS
3. SOMETIMES
4. ALMOST NEVER
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If Q8 <>1 and Q22 <>1 go to >>> Q29.

Q28. Of all the people who help you, who is the person who helps you the most?
Of all the people who helps [NAME], who is the person who helps [NAME] the most?

1. Spouse or Partner
2. Son
3. Daughter
4. Grandchild
5. Sibling
6. Another familiar
7. Friend or neighbor
8. A person him/her pay
- 1. Does not know
- 2. Does not answer

INTERVIEWER: if it is a proxy interview >>> go to question T21.

Q29. Suppose in the future you need help with these basic activities like eating or dressing, do you think help could be available for a period of a month or more?

1. Yes
2. No >>> go to Q31
- 1. Does not know >>> go to Q31
- 2. Does not answer >>> go to Q31

Q30. Who would help you more?

1. Spouse or Partner
2. Child
3. Grandchild
4. Another familiar
5. Friend
6. Neighbor
7. Community services (church groups, community center, etc.)
8. Pay for help at home
9. An institution such as a nursing home
10. The government through aids
- 1. Does not know
- 2. Does not answer

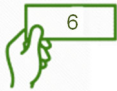
Q31. If in the future you could not take care of yourself, what would you do to solve that situation?

1. HIRE A PERSON TO TAKE CARE OF YOU AT HOME
2. MOVING TO AN INSTITUTION IN PUERTO RICO
3. MOVING WITH A SON/DAUGHTER IN PUERTO RICO
4. MOVING WITH ANOTHER FAMILY MEMBER OR FRIEND IN PUERTO RICO
5. MOVING TO THE UNITED STATES WITH A SON/DAUGHTER
6. MOVING TO THE UNITED STATES WITH ANOTHER FAMILY MEMBER OR FRIEND
7. OTHER. SPECIFY(Q31_ot): _____
8. STAY AT HOME AND HAVE A FAMILY MEMBER TAKE CARE OF HIM/HER
- 1. Does not know
- 2. Does not answer

SECTION R: COPING

R1intro. Next, I will read you a series of statements that describes your behavior and actions. Tell me how you understand that they describe your behavior using these categories: does not describe me at all, describes me a little, neither a little nor a lot, describes me a lot, or describes me very well.

INTERVIEWER: Give **card number 6** to the interviewee and explain that he/she must choose their response to each statement among those presented.



	Does not describe me at all	Describes me a little	Neither a little nor a lot	Describes me a lot	Describes me very well
R1. I look for creative ways to alter difficult situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R2. Regardless of what happens to me, I believe I can control my reaction to it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R3. I believe I can grow in positive ways by dealing with difficult situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R4. I actively look for ways to replace the losses I encounter in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: PERCEIVED STRESS

S1intro. The following questions are about your feelings, thoughts, and activities during the last month.

S1. In the last month, how often have you felt that you were unable to control the important things in your life?

1. NEVER
2. ALMOST NEVER
3. SOMETIMES
4. FAIRLY OFTEN
5. VERY OFTEN
- 1. Does not know
- 2. Does not answer

S2. In the last month, how often have you felt confident about your ability to handle your personal problems?

1. NEVER
2. ALMOST NEVER
3. SOMETIMES
4. FAIRLY OFTEN
5. VERY OFTEN
- 1. Does not know
- 2. Does not answer

S3. In the last month, how often have you felt that things were going your way?

1. NEVER
2. ALMOST NEVER
3. SOMETIMES
4. FAIRLY OFTEN
5. VERY OFTEN
- 1. Does not know
- 2. Does not answer

S4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

1. NEVER
2. ALMOST NEVER
3. SOMETIMES
4. FAIRLY OFTEN
5. VERY OFTEN
- 1. Does not know
- 2. Does not answer

SECTION T: HEALTH BEHAVIORS

T1intro. I am going to ask you some questions about some habits or customs related to health.

T1. Have you smoked one hundred cigarettes or more in your life?

- 1. Yes
- 2. No >>> go to T7
- 1. Does not know >>> go to T7
- 2. Does not answer >>> go to T7

T2. Do you currently smoke?

- 1. Yes >>> go to T7
- 2. No
- 1. Does not know
- 2. Does not answer

T5. How old were you when you quit smoking?

- Age
- 1. Does not know
 - 2. Does not answer

T7. In the last 3 months, how many days a week have you consumed alcoholic beverages (like for example beer, wine, rum or another drink that has alcohol)?

- 1. He/she did not consume any >>> go to T14
- 2. Less than one day a week
- 3. One day a week
- 4. Two or three days a week
- 5. Four to six days a week
- 6. Every day
- 1. Does not know
- 2. Does not answer

T8. In the last 3 months, on the days that you consumed alcoholic beverages, how many glasses of wine, rum or other cocktails did you consume on average each day?

- a. Glasses of wine
- b. Beers
- c. Rum
- d. Other cocktails
- 1. Does not know
- 2. Does not answer

T9. Have you ever felt you should cut down on your drinking?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

T10. Have people annoyed you by criticizing your drinking?¹³

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

T11. Have you ever felt bad or guilty about your drinking? ¹³

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

T12. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)? ¹³

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

T14. Have you walked half a kilometer or more in the last month?
(It would be a continuous walk for at least 10 or 15 minutes)

- 1. Yes
- 2. No >>> go to T17
- 1. Does not know >>> go to T17
- 2. Does not answer >>> go to T17

T15. In the last month, how many times have you walked half a kilometer or more?

- Walks | | |
- 1. Does not know
 - 2. Does not answer

T17. How often do you eat meat?

- 1. NEVER
- 2. SOME DAYS
- 3. MOST DAYS
- 4. EVERY DAY
- 1. Does not know
- 2. Does not answer

T18. How often do you eat fish?

1. NEVER
2. SOME DAYS
3. MOST DAYS
4. EVERY DAY
- 1. Does not know
- 2. Does not answer

T19. How many servings of fruits and vegetables have you eaten in the last 3 days?
INTERVIEWER: A fruit or a portion of salad or vegetables can be a serving.

- Servings
- 1. Does not know
 - 2. Does not answer

T20. During the last year, how often have you been hungry because you did not have enough food?

1. NEVER
2. SOME DAYS
3. MOST DAYS
4. EVERY DAY
- 1. Does not know
- 2. Does not answer

I would like to ask you some questions about how you sleep.

T21. During the last 2 weeks, on how many days have you had trouble sleeping or staying asleep, or slept too much?
During the last 2 weeks, on how many days has [NAME] had trouble sleeping or staying asleep, or slept too much?

- Days
- 1. Does not know
 - 2. Does not answer

T22. During the last 2 weeks, on how many days did you fall asleep unintentionally during the day?

- Days
- 1. Does not know
 - 2. Does not answer

T23. Have you ever been told that you snore very loudly?
INTERVIEWER: If he/she says that his/her spouse or someone told him/her that he/she snore, then the answer will be "Yes".

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

T24. Has anyone ever observed that you stopped breathing while you were sleeping?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

T25. Has any doctor told you that you have apnea?
Has any doctor told [NAME] that he/she has apnea?

- 1. Yes
- 2. No >>> go to T27
- 1. Does not know >>> go to T27
- 2. Does not answer >>> go to T27

T26. Do you use a sleep apnea machine?
Does [NAME] use a sleep apnea machine?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

T27. Do you use sleep medications?
Does [NAME] use sleep medications?

- 1. Yes
- 2. No
- 3. Sometimes
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If he/she answered that he/she does not take sleep medications (T27=2) >>> go to U1intro.

T28. Do those medications solve your sleeping problems?
Do those medications solve [NAME]'s sleeping problems?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

SECTION U: MIGRATION

U1intro. Now I would like to ask you if you have lived in the United States and if you travel to the United States frequently.

U1. In the last 15 years, did you live in the United States for three months or more?

- 1. Yes
- 2. No >>> go to U6
- 1. Does not know >>> go to U6
- 2. Does not answer >>> go to U6

U2. How long in total did you live in the United States in the last 15 years?
INTERVIEWER: If he/she lived less than one year, codes zero.

- Years |__|__|
- 1. Does not know
 - 2. Does not answer

U3. How old were you when you return from the United States to Puerto Rico the last time?

- Age |__|__|
- 1. Does not know
 - 2. Does not answer

U4. What is the main reason you moved to the United States last time?

- 1. HEALTH REASONS
- 2. ECONOMIC REASONS
- 3. PERSONAL OR FAMILY REASONS
- 4. WORK OR STUDY REASONS
- 5. ENVIRONMENTAL REASONS
- 6. OTHER: SPECIFY (U4_ot): _____
- 1. Does not know
- 2. Does not answer

U5. What is the main reason you returned to Puerto Rico last time?

- 1. HEALTH REASONS
- 2. ECONOMIC REASONS
- 3. PERSONAL OR FAMILY REASONS
- 4. WORK OR STUDY REASONS
- 5. ENVIRONMENTAL REASONS
- 6. OTHER: SPECIFY (U5_ot): _____
- 1. Does not know
- 2. Does not answer

U6. Do you currently spend three or more months per year outside of Puerto Rico, that is, do you come and go for spells of time?

- 1. Yes
- 2. No >>> go to V1intro
- 1. Does not know >>> go to V1intro
- 2. Does not answer >>> go to V1intro

U7. Where do you go most of the time?

- 1. United State. What state (U7e): _____
- 2. Other country. What country (U7_p): _____
- 1. Does not know
- 2. Does not answer

U8. What is the main reason for coming and going?

- 1. VISIT FAMILY OR FRIENDS
- 2. ECONOMIC REASONS
- 3. HEALTH REASONS
- 4. OTHER: SPECIFY (U8_ot): _____
- 1. Does not know
- 2. Does not answer

SECTION V: RETIREMENT AND WORK

V1intro. Now I want to ask you some questions about your current employment situation.
Now I want to ask you some questions about [NAME] current employment situation.

V1. Are you retired?
Is [NAME] retired?

- 1. Yes
- 2. No >>> go to V3
- 1. Does not know >>> go to V3
- 2. Does not answer >>> go to V3

V2. How old were you when you retired?
How old was [NAME] when he/she retired?

- Age
- 1. Does not know
 - 2. Does not answer

INTERVIEWER: If it is a proxy interview >>> go to W1intro.

V3. During the last week, have you worked at any point, whether full or part time, including work without pay, but not including household chores or volunteer work?

- 1. Yes
- 2. No >>> go to W1intro
- 1. Does not know >>> go to W1intro
- 2. Does not answer >>> go to W1intro

V4. What was the main reason you worked last week?

- 1. I am in need of an income
- 2. To help my family
- 3. Because of the benefits
- 4. In order to keep busy
- 5. In order to feel myself useful
- 6. Because I enjoy my job
- 7. Other. Specify (V4_ot): _____
- 1. Does not know
- 2. Does not answer

V5. Now I am going to refer to the work that you did last week. What was the name of the occupation or trade that you were involved in last week?

INTERVIEWER: Write down the name of the occupation and the activities that he/she performs.

V5a. Occupation Name: _____

V5b. Activities carried out: _____

V6. In your current job, you are...

1. An employee of a PRIVATE AGRICULTURAL organization, enterprise, or business
2. An employee of a PRIVATE NON-AGRICULTURAL organization, enterprise, or business
3. An employee of the municipal, state or federal GOVERNMENT
4. SELF-EMPLOYED in his/her own business, WITH EMPLOYEES
5. SELF-EMPLOYED in his/her own business, WITHOUT EMPLOYEES
6. A worker without pay in a family business or farm
- 1. Does not know
- 2. Does not answer

V7. How many hours a day do you regularly dedicate to this job or activity?

INTERVIEWER: Take note of the number of hours that the interviewee indicates in the appropriate space: per day, per week or per month.

V7a. Per day |_|_|

V7b. Per month |_|_|

V7c. Per week |_|_|

- 1. Does not know
- 2. Does not answer

V8. How many days per week do you work on a regular basis?

Days |_|_|

- 1. Does not know
- 2. Does not answer

W6. Do you receive any income from a retirement plan or pension?
Does [NAME] receive any income from a retirement plan or pension?

- 1. Yes
- 2. No >>> go to W9
- 1. Does not know >>> go to W9
- 2. Does not answer >>> go to W9

W7. How much do you receive from your retirement plan or pension?
How much does [NAME] receive from his/her retirement plan or pension?

- Income
- 1. Does not know >>> go to W9
 - 2. Does not answer >>> go to W9

W8. How often do you receive that income from the retirement plan or pension?
How often does [NAME] receive that income from the retirement plan or pension?

- 1. WEEKLY
- 2. BIWEEKLY
- 3. MONTHLY
- 4. LESS THAN ONCE PER MONTH
- 1. Does not know
- 2. Does not answer

W9. Do you receive any income from family members living in the US who help you?
Does [NAME] receive any income from family members living in the US who help him/her?

- 1. Yes
- 2. No >>> go to W12
- 1. Does not know >>> go to W12
- 2. Does not answer >>> go to W12

W10. How much do you receive from family members living in the US?
How much does [NAME] receive from family members living in the US?

- Income
- 1. Does not know >>> go to W12
 - 2. Does not answer >>> go to W12

W11. How often do you receive that income from family members living in the US?
How often does [NAME] receive that income from family members living in the US?

- 1. WEEKLY
- 2. BIWEEKLY
- 3. MONTHLY
- 4. LESS THAN ONCE PER MONTH
- 1. Does not know
- 2. Does not answer

W12. Do you receive any income from family members living in Puerto Rico?
Does [NAME] receive any income from family members living in Puerto Rico?

- 1. Yes
- 2. No >>> go to W15
- 1. Does not know >>> go to W15
- 2. Does not answer >>> go to W15

W13. How much do you receive from family members living in Puerto Rico?
How much does [NAME] receive from family members living in Puerto Rico?

- Income
- 1. Does not know >>> go to W15
 - 2. Does not answer >>> go to W15

W14. How often do you receive that income from family members living in Puerto Rico?
How often does [NAME] receive that income from family members living in Puerto Rico?

- 1. WEEKLY
- 2. BIWEEKLY
- 3. MONTHLY
- 4. LESS THAN ONCE PER MONTH
- 1. Does not know
- 2. Does not answer

W15. Do you receive any income from the Nutritional Assistance Program (NAP)?
Does [NAME] receive any income from the Nutritional Assistance Program (NAP)?

- 1. Yes
- 2. No >>> go to W17
- 1. Does not know >>> go to W17
- 2. Does not answer >>> go to W17

W16. How much do you receive from the Nutritional Assistance Program (NAP)?
How much does [NAME] receive from the Nutritional Assistance Program (NAP)?

- Income
- 1. Does not know
 - 2. Does not answer

W17. Do you receive any income for another concept?
Does [NAME] receive any income for another concept?

- 1. Yes
- 2. No >>> go to W20intro
- 1. Does not know >>> go to W20intro
- 2. Does not answer >>> go to W20intro

W23. Would you say that the household monthly income is more than \$2,000?
Would you say that the [NAME]'s household monthly income is more than \$2,000?

- 1. Yes >>> go to W27
- 2. No >>> go to W27
- 1. Does not know >>> go to W27
- 2. Does not answer >>> go to W27

W24. Would you say that the household monthly income is more than \$500?
Would you say that the [NAME]'s household monthly income is more than \$500?

- 1. Yes >>> go to W27
- 2. No >>> go to W27
- 1. Does not know >>> go to W27
- 2. Does not answer >>> go to W27

W25. Would you say that the household monthly income is more than \$250?
Would you say that the [NAME]'s household monthly income is more than \$250?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

W27. Who contributes the most to pay the household monthly expenses?
Who contributes the most to pay [NAME]'s household monthly expenses?

- 1. Interviewee
- 2. Spouse or partner
- 3. Child
- 4. Father/Mother
- 5. Sibling
- 6. Other relative
- 7. Other non-relative
- 1. Does not know
- 2. Does not answer

SECTION X: FINANCIAL STRESSORS

X1intro. Now I am going to ask you about the problems to pay the daily expenses, that some people have.

X1. How often do you (and your partner) have difficulty paying for daily necessities? Would you say frequently, sometimes or never?

1. Frequently
2. Sometimes
3. Never
- 1. Does not know
- 2. Does not answer

X2. How often do you (and your partner) have difficulty paying for health needs? Would you say often, sometimes, or never?

1. Frequently
2. Sometimes
3. Never
- 1. Does not know
- 2. Does not answer

SECTION Y: ANXIETY

Y1intro. I am going to read you a list of common symptoms of anxiety. Listen to each one carefully and tell me if it has not affected you at all, if it has affected you mildly, moderately or severely during the last week including today.

INTERVIEWER: Give **card number 7** to the interviewee and explains that he/she must choose their response to each statement among those presented.



	Not at all	Mildly	Moderately	Severely
Y1. Fear of worst happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y2. Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y3. Hands trembling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y4. Fear of dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y5. Faint / lightheaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION Z: DEPRESSION

Z1intro. Now think about the last two weeks and tell me if, for most of the time during the last two weeks...

Z1. Are you basically satisfied with your life?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z2. Have you dropped many of your activities and interests?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z3. Do you feel that your life is empty?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z4. Do you often get bored?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z5. Are you in good spirits most of the time?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z6. During the last two weeks, are you afraid that something bad is going to happen to you?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z7. Do you feel happy most of the time?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z8. Do you often feel helpless?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z9. Do you prefer to stay at home, rather than going out and doing new things?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z10. Do you feel you have more problems with memory than most?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z11. During the last two weeks, do you think it is wonderful to be alive now?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z12. Do you feel pretty worthless the way you are now?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z13. Do you feel full of energy?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z14. Do you feel that your situation is hopeless?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

Z15. Do you think that most people are better off than you are?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

SECTION AA: NEIGHBORHOOD

AA1intro. The following statements are about how you feel about your neighborhood, that is, the area within a mile of your home. I am going to make a series of statements, please answer me yes or no to each of them.

AA1. You really feel part of this neighborhood.

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AA2. There is a problem with vandalism and graffiti in this neighborhood.

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AA3. Most people in this neighborhood can be trusted.

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AA4. People feel safe walking alone in this neighborhood after dark.

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AA5. Most people in this neighborhood are friendly.

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AA6. This neighborhood is always kept very clean.

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AA7. If you were in trouble, are there people in this neighborhood who would help you?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AA8. Are there vacant or abandoned houses or stores in this neighborhood?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AA9. In this neighborhood, are there common areas where you can walk or play sports?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AA10. Are you happy with this neighborhood?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

SECTION AB: HURRICANE STRESSORS

AB1intro. Now I will ask you some questions about the situations that you went through during Hurricane Maria.

AB1. During Hurricane Maria, where were you?

1. In my home in Puerto Rico
2. In the home of a neighbor or relative in Puerto Rico
3. In a motel or hotel room where the risk was lower
4. In a shelter in Puerto Rico
5. Outside of Puerto Rico
- 1. Does not know
- 2. Does not answer

AB2. Thinking back to your feelings immediately after Hurricane Maria, which of the following best describes your overall feelings? Would you say you were?

1. Very frightened
2. Somewhat frightened
3. Not very frightened
4. Not at all frightened
- 1. Does not know
- 2. Does not answer

INTERVIEWER: If the interviewee was not in Puerto Rico during the passage of Hurricane Maria (AB1=5) >>> go to AB4.

AB3. Did you ever feel like your life was in danger during Hurricane Maria?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

AB4. Do you feel less safe now than you did before Hurricane Maria?

1. Yes. I feel less safe since Hurricane Maria
2. No. I feel as safe now as I did before Hurricane Maria
- 1. Does not know
- 2. Does not answer

AB9. How long were you without electrical service after Hurricane Maria?

Amount |__|__| >>> if the answer is 0 go to AB10

- 3. Does not apply, I was not in Puerto Rico or I left after the hurricane
- 1. Does not know
- 2. Does not answer

AB9u. INTERVIEWER: record the unit used.

- 1. Days
- 2. Weeks
- 3. Months

AB10. Did you have a working generator after Hurricane Maria?

- 1. Yes
- 2. No
- 3. Does not apply, I was not in Puerto Rico or I left after the hurricane
- 1. Does not know
- 2. Does not answer

AB12. How long were you without water after Hurricane Maria?

Amount |__|__| >>> if the answer is 0 go to AB13

- 3. Does not apply, I was not in Puerto Rico or I left after the hurricane
- 1. Does not know
- 2. Does not answer

AB12u. INTERVIEWER: record the unit used.

- 1. Days
- 2. Weeks
- 3. Months

AB13. How long were you without any means of communication after Hurricane Maria?

Amount |__|__| >>> if the answer is 0 go to AB13a

- 3. Does not apply, I was not in Puerto Rico or I left after the hurricane
- 1. Does not know
- 2. Does not answer

AB13u. INTERVIEWER: record the unit used.

- 1. Days
- 2. Weeks
- 3. Months

AB13a. Did you have any financial loss as a result of Hurricane Maria?

- 1. Yes
- 2. No >>> go to AB15
- 1. Does not know >>> go to AB15
- 2. Does not answer >>> go to AB15

AB14a. Did you loss you job or was your income reduced as a result of Hurricane Maria?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AB14b. Did you loss any appliances, furniture or personal items as a result of Hurricane Maria?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AB15. Was your home or property damaged during the hurricane?

- 1. Yes
- 2. No >>> go to AB23
- 1. Does not know >>> go to AB23
- 2. Does not answer >>> go to AB23

AB16. Did you apply for assistance?

- 1. Yes
- 2. No >>> go to AB23
- 1. Does not know >>> go to AB23
- 2. Does not answer >>> go to AB23

AB19. Have you received any assistance?

- 1. Yes
- 2. No >>> go to AB21
- 1. Does not know >>> go to AB21
- 2. Does not answer >>> go to AB21

AB20a. Have you received any help from FEMA?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AB20b. Have you received any help from HUD or the Puerto Rico Housing Department?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AB21. Did you have any difficulty applying for or receiving assistance?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AB23. Since the hurricane, are you concerned about any of these things? Please tell me if each of the things I will mention worries you or not.

	Yes	No
AB23a. Home repairs because of the hurricane damage	<input type="checkbox"/>	<input type="checkbox"/>
AB23c. Damage to neighborhood	<input type="checkbox"/>	<input type="checkbox"/>
AB23e. Having enough money to pay the bills	<input type="checkbox"/>	<input type="checkbox"/>
AB23f. Dealing with home insurance company	<input type="checkbox"/>	<input type="checkbox"/>
AB23g. Dealing with FEMA	<input type="checkbox"/>	<input type="checkbox"/>
AB23h. Problems with car or transportation	<input type="checkbox"/>	<input type="checkbox"/>
AB23i. Job loss or unemployment resulting from hurricanes	<input type="checkbox"/>	<input type="checkbox"/>
AB23j. Access to medical care	<input type="checkbox"/>	<input type="checkbox"/>
AB23l. Safety of my home against future hurricanes	<input type="checkbox"/>	<input type="checkbox"/>
AB23m. Family members who moved away from Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>
AB23n. Friends who moved away from Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>
AB23o. Loss of recreational activities	<input type="checkbox"/>	<input type="checkbox"/>

AB25. How is your physical health now compared with your physical health before Hurricane Maria?

- 1. Much worse
- 2. Worse
- 3. Unchanged
- 4. Better
- 5. Much better
- 1. Does not know
- 2. Does not answer

AB28. As a result of Hurricane Maria, did you have difficulty obtaining prescribed medications?

1. Yes. Specify (AB28_esp): _____
2. No.
- 1. Does not know
- 2. Does not answer

AB31. How is your emotional health or mood now compared with your emotional health or mood before Hurricane Maria?

1. Much worse
2. Worse
3. Unchanged
4. Better
5. Much better
- 1. Does not know
- 2. Does not answer

AB39. Before Hurricane Maria, had you ever been in a natural disaster (hurricane, flood, tornado, earthquake) that caused damage to you or your property?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

SECTION AC: EARTHQUAKE AND COVID-19 RELATED STRESSORS

AC1intro. Now I will ask you some questions about the situations that you might have experienced after the earthquakes that have been felt in Puerto Rico.

AC1. In the days following the earthquake did you have to spend the night somewhere other than in your home?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

AC2. Did you need food and water aid after the earthquake?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

AC3. Did you need clothes' aid after the earthquake?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

AC4. Did you need shelter after the earthquake?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

AC5. Did you suffer financial difficulties because of the earthquake?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

AC6. Did you need financial assistance from others because of hardships caused by the earthquake?

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

AC7. Was your home damaged because of the earthquake?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC8. Did you have to relocate because your house became structurally unsafe to live in?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC9. Did you lose belongings in the earthquake?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC10intro. Since the January 2020 earthquakes, have you worried about any of the following?
Please tell me if each of the things I will mention is a concern or not.

	Yes	No
AC11. My family's safety for future earthquakes	<input type="checkbox"/>	<input type="checkbox"/>
AC12. Family members who moved from Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>
AC13. Friends who moved from Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>
AC14. Loss of recreation activities	<input type="checkbox"/>	<input type="checkbox"/>

AC16intro. Now I would like to ask you a few questions about how the coronavirus or COVID-19 epidemic may have affected you.

AC16. Has a doctor told you that you have had coronavirus?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC17. Have you had a test to know if you have had coronavirus?

- 1. Yes
- 2. No >>> go to AC19
- 1. Does not know >>> go to AC19
- 2. Does not answer >>> go to AC19

AC18. Have any of those tests been positive?

- 1. Yes
- 2. No
- 3. He/She is waiting for the results
- 1. Does not know
- 2. Does not answer

AC19. Have you been hospitalized since mid-March 2020 due to coronavirus or another reason?

INTERVIEWER: Read the options.

- 1. YES, DUE TO CORONAVIRUS
- 2. YES, DUE TO ANOTHER REASON
- 3. NO
- 1. Does not know
- 2. Does not answer

AC21. Due to the coronavirus epidemic, have you had any difficulty getting medical appointments?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC22. Due to the coronavirus epidemic, have you had any difficulty buying your medications?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC28. To protect yourself from the coronavirus, do you regularly wear a mask?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC29. Due to the coronavirus epidemic, have you been concerned about the future more than usual?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC30. Due to the coronavirus epidemic, are you concerned if you would have enough money to take care of yourself in the future?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC31. Due to the coronavirus epidemic, are you anxious to leave the house to buy food, buy medicines or go to medical appointments?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC32. During the coronavirus epidemic, how often do you communicate with friends or family?

- 1. Daily
- 2. Two or three times a week
- 3. Once a week
- 4. Less than once a week
- 1. Does not know
- 2. Does not answer

AC34. Are you concerned that due to the coronavirus situation, if you needed medical care in the future, you would have a difficult time getting it?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AC35. How many members of your immediate family died from COVID-19?
INTERVIEWER: Enter zero if the is answer is none.

Number of dead family members |__|__|

- 1. Does not know
- 2. Does not answer

SECTION AE: PHYSICAL PERFORMANCE

AE1intro. DURING THE NEXT MINUTES WE WILL BE TAKING SOME MEASUREMENTS OF YOUR BODY AND WE WILL BE PERFORMING SOME SIMPLE EXERCISES. THESE MEASUREMENTS AND EXERCISES ARE AS FOLLOWS: MEASURE OF HEIGHT, WEIGHT, WAIST, HIP, ONE LEG STAND ABILITY, TIMED GET UP AND GO, AND MEASURE YOUR GRIP STRENGTH. IF THERE IS ANY MEASUREMENT OR EXERCISE THAT YOU CANNOT PERFORM, WE WRITE IT DOWN AND CONTINUE WITH THE NEXT ONE.

INTERVIEWER: Although a proxy is answering the interview, the interviewee can complete this section. If the interviewee cannot do the section because he/she is bedridden, in a wheelchair, needs a walker or a cane to walk, he/she refuses or you, as the interviewer, understand that should not complete it, code 1 in AE1 and answer AE2, otherwise code 2 and start the section.

INTERVIEWER: Make sure that the area where you are going to work is free of any obstacle that put at risk the interviewee's safety. Make sure you have all the necessary materials ready.

AE1. INTERVIEWER: Is there any reason for not completing the measurements section?

1. Yes
2. No >>> go to AE3intro

AE2. Which is the reason for not completing the measurements section?

1. The interviewee is bedridden
2. The interviewee is in a wheelchair
3. The interviewee needs a walker to walk
4. The interviewee needs a cane to walk
5. The interviewee did not feel safe
6. The interviewee refused to complete the section
8. Other. Specify (AE2_ot): _____

INTERVIEWER: >>> Go to AE22intro.

Height

AE3intro. We will begin with the measurement of your height. I will be using a stadiometer with a measuring tape attached to it that is used to obtain the exact measurement of your height.

INSTRUCTIONS FOR THE INTERVIEWER:

1. You'll need the stadiometer for this measurement.
2. For the measurement the person should be standing against the wall.
3. The person should take off his/her shoes, any thick socks and any hair combs he/she might wear.
4. As far as possible, the person should stand completely straight, shoulders relaxed, palms touching thighs at side, legs straight, knees together, feet touching floor, ankles together with heels brushing wall.
5. Be sure that there is a solid object nearby, such as a chair or a table, so that the interviewee can use it as support while you are taking the measurement.
6. Put the metal plate of the stadiometer at the top of the head of the interviewee in a 90-degree angle against the wall and place a mark with a tape over the plate. Ask the person to move so you can measure the distance between the floor and the lower part of the tape.
7. Place the metal plate on the floor, attach the end of the measuring tape to the plate and check that the tape is not twisted when measuring.
8. Say the measurement result out loud so it can be recorded and write down the results.
9. If the interviewee cannot remain standing or against the wall due to weakness or the use of a device, indicate that the measurement cannot be taken, the reason why and >>> go to the next measurement.

AE3. INTERVIEWER: Was the measurement of the height taken?

1. Yes >>> go to AE5
2. No

AE4. What was the reason for not measuring the height?

1. I considered it was not safe for the interviewee
2. The interviewee did not feel safe
3. The interviewee refused
4. Other reason. Specify (AE4_ot): _____

INTERVIEWER: >>> go to the weight measurement.

AE5. INTERVIEWER: Enter interviewee's height measurement in inches (round to the nearest half inch).

Inches
|_|_|_|_|. |_|_|

Weight

AE6intro. Now I will weight you. I will use a normal scale or balance.

INSTRUCTIONS FOR THE INTERVIEWER:

1. You'll need the scale to take this measurement.
2. The person should take off his/her shoes.
3. Ask the interviewee to step on the scale and not to leave any part of the foot out of the scale. Help him/her to step up to the scale if necessary.
4. Ask the person not to move or hold to any surface while you take the measurement.
5. The weighing should take place when the person is standing on the scale without leaning on anything.
6. Say the measurement result out loud so it can be recorded and write down the results.

AE6. INTERVIEWER: Was the weight measured?

1. Yes >>> go to AE8
2. No

AE7. What was the reason for not weighing the interviewee?

1. I considered it was not safe for the interviewee
2. The interviewee did not feel safe
3. The interviewee refused
4. Other reason. Specify (AE7_ot): _____

INTERVIEWER: >>> go to the waist measurement.

AE8. INTERVIEWER: Enter the interviewee's weight.

Pounds |__|__|.|__|

Waist

AE9intro. Now I am going to measure the circumference of your waist.

INSTRUCTIONS FOR THE INTERVIEWER:

1. Ask the interviewee to remain standing and make sure there is a solid object next to him/her that can be used as support while you are taking the measurement.
2. You'll need a measuring tape to take this measurement.
3. Make sure the interviewee is only wearing one layer of clothing.
4. Make sure the measuring tape is placed at the same height all around the waist of the interviewee.
5. Place the end of the tape at the waist level on the side of the interviewee and ask him/her to hold it.
6. Walk with the measuring tape around the interviewee and ask him/her to hold it on the other side.
7. When making the measurement check that the tape is not bended.
8. Say the measurement result out loud so it can be recorded and write down the results.
9. In cases of extreme obesity, where the belly button is below the pubic bone, measure the contour where the belly button should be for the women. For men take the measurement at the lowest place.

AE9. INTERVIEWER: Was the measurement of the waist taken?

1. Yes >>> go to AE11
2. No

AE10. What was the reason for not measuring the interviewee's waist?

1. I considered it was not safe for the interviewee
2. The interviewee did not feel safe
3. The interviewee refused
4. Other reason. Specify (AE10_ot): _____

INTERVIEWER: >>> go to hip measurement.

AE11. INTERVIEWER: Enter the respondent's waist measurement in inches (round to the nearest half inch).

Inches |__|__|.____|

Hip

AE12intro. The following measurement is like the last one, but instead of measuring the waist, I'll be measuring the hip circumference.

INSTRUCTIONS FOR THE INTERVIEWER:

1. You'll need the measuring tape to take this measurement.
2. Ask the interviewee to stand up straight.
3. Measure the hip at the point halfway between the iliac crest and the superior trochanter (where the hip hollow is).
4. Ask the interviewee to turn his/her leg outward and mentally mark the exact place where the measurement should be taken.
5. When making the measurement check that the measuring tape is not bended and do not put your finger under the tape since this may affect the measurement.
6. Say the measurement result out loud so it can be recorded and write down the results.

AE12. INTERVIEWER: Was the hip measurement taken?

1. Yes >>> go to AE14
2. No

AE13. What was the reason for not measuring the interviewee's hip?

1. I considered it was not safe for the interviewee
2. The interviewee did not feel safe
3. The interviewee refused
4. Other reason. Specify (AE13_ot): _____

INTERVIEWER: >>> go to the exercise of one leg stand .

AE14. INTERVIEWER: Enter interviewee's hip measurement in inches (round to the nearest half inch).

Inches |__|__|.|__|

One leg stand



AE15intro. Now we will make a simple exercise that involves standing on one leg. I'll show you how. First select the leg that will keep the balance and very gently lift the other leg off the floor and try to maintain that position for 10 seconds.

INSTRUCTIONS FOR THE INTERVIEWER:

1. You will need the stopwatch for this measurement.
2. Demonstrate how the exercise should be done.
3. Reset the stopwatch, stand next to and slightly behind the interviewee, and ask him/her to stand on the foot with which he/she feels most secure.
4. Start the stopwatch when the interviewee has raised his/her leg from the floor and count "1, 2, 3..." Say "stop" immediately after 10 and stop the stopwatch at that moment.
5. If the interviewee's foot touches the floor before 10 seconds, stop the watch and write down the time when his/her foot touched the floor.
6. Say the measurement result out loud so it can be recorded and write down the results.
7. If the person manages to maintain balance for 10 seconds, record 10 seconds on the time.
8. Enter which leg he/she kept his/her balance with.

AE15. INTERVIEWER: Was the one leg stand exercise completed?

1. Yes >>> go to AE17
2. No

AE16. What was the reason for not performing the one leg stand exercise?

1. I considered it was not safe for the interviewee
2. The interviewee did not feel safe
3. The interviewee refused
4. Other reason. Specify (AE16_ot): _____

INTERVIEWER: >>> go to the exercise of get up and go.

AE17. INTERVIEWER: Enter if the interviewee was able to stand on one leg for 10 seconds or more.

1. Yes
2. No

AE17a. Time he/she stood on one leg.

INTERVIEWER: If the person was able to maintain balance for 10 seconds, record 10 seconds in time. If the person's foot hits the ground within 10 seconds, stop the stopwatch and record the time.

Seconds |__|__|.____|

AE18. INTERVIEWER: Enter the leg he/she balanced on.

1. Right
2. Left

Grip strength

AE22intro. Now we will continue to the last exercise, where we will use a device called dynamometer to test the grip strength. If you have had surgery on that arm in the last three months or suffer from arthritis in the hand or wrist you should not do this exercise. Now, sitting in the chair, put your arm at your side, at a 90-degree angle, grab the dynamometer like this (show him/her how to do it) and tell me if I should adjust the device. When I say “squeeze”, do it as hard as possible. The two pieces will not move but I will read your grip strength. If you feel any pain or discomfort, let me know and we will stop. We will do this twice with each hand.

INSTRUCTIONS FOR THE INTERVIEWER:

1. Explain to the person that we will use a device called dynamometer to test his/her strength using his/her stronger hand. If the person has had an operation of the arm or suffers from arthritis in the hand or wrist, write it down and skip the exercise with that hand. If the problem is in both hands, do not perform the exercise and indicate the reason for each hand.
2. Demonstrate how to use the dynamometer by sitting on the chair, placing your arm at your side at a 90-degree angle, grasping the dynamometer and squeezing it.
3. If necessary, adjust the grip setting to the person's hand size so that the force is made with the middle of the fingers and note the grip setting.
4. Let him/her try the dynamometer but only once, since he/she will lose strength if done repeatedly.
5. Write down any observations that might interfere with the routine as described.
6. Say the measurement result out loud so it can be recorded and write down the results.
7. If the person has suffered no pain in the first measurement, continue to the second measurement.
8. Repeat the procedure with the other hand following the same instructions.

AE24. Measurement with the first hand. INTERVIEWER: Write down the graduation of the dynamometer to perform the exercise and the measurement of the device in each of the two measurements.

AE24a. Write down the hand:

1. Right hand
2. Left hand
3. Could not perform the exercise with that hand >>> go to AE24d

AE24j. Dynamometer adjustment (1 to 5)

AE24b. First measurement (in kilos)

AE24c. Second measurement (in kilos)

INTERVIEWER: If you were unable to take a second measurement, code -2 and >>> go to AE25.

AE24d. What was the reason for not measuring the grip strength with that hand?

1. I considered it was not safe for the interviewee
2. The interviewee did not feel safe
3. The interviewee refused
5. The interviewee suffers from arthritis
6. The interviewee had surgery on his/her arm
4. Other reason. Specify (AE24d_ot): _____

AE25. Measurement with the second hand. INTERVIEWER: Write down the graduation of the dynamometer to perform the exercise and the measurement of the device in each of the two measurements.

AE25a. Write down the hand:

1. Right hand
2. Left hand
3. Could not perform the exercise with that hand >>> go to AE25d

AE25j. Dynamometer adjustment |__| (1 to 5)

AE25b. First measurement (in kilos) |__|__|

AE25c. Second measurement (in kilos) |__|__|

INTERVIEWER: If you were unable to take a second measurement, code -2 and go to AF1intro.

AE25d. What was the reason for not measuring the grip strength with that hand?

1. I considered it was not safe for the interviewee
2. The interviewee did not feel safe
3. The interviewee refused
5. The interviewee suffers from arthritis
6. The interviewee had surgery on his/her arm
4. Other reason. Specify (AE25d_ot): _____

INTERVIEWER: >>> go to AF1intro.

SECTION AF: CORTISOL

AF1intro. We are finishing the interview. Now I need to take a sample of your hair. It is a small sample and does not cause pain, nor does it imply any risk. It is taken in the back of the head. I will also ask you some questions related to your hair.

We are finishing the interview. Now I need to take a sample of [NAME]'s hair. It is a small sample and does not cause pain, nor does it imply any risk. It is taken in the back of the head. I will also ask some questions related to [NAME]'s hair.

INSTRUCTIONS FOR THE INTERVIEWER:

1. The preferred site to take the sample is the posterior vertex, at the back of the head. If it is not possible to take the sample from that area, it should be taken from one of the lateral parts of the head. Body hair from other sites cannot be used.
2. To take the sample lift and clip the hair above the sample site. Pass the loop under the hair to be cut (approximately the thickness of half a pencil) and close it to hold the hair. Next, cut the hair as close to the scalp as possible.
3. Once the sample is obtained, place it on the foil and mark the root side by writing ROOT with the marker on the foil. Fold the foil, but do not fold the sample. If the sample protrudes from the paper, cut off the excess.
4. If the hair is short, less than an inch, place the foil under the sample area to collect the cut hair. Then fold the paper to secure the sample. In this case it is NOT necessary to mark where the root is located.
5. Once the foil is folded, secure it with a paper clip to prevent it from opening. The clip should be placed on the root side when the hair sample is long.
6. Write the identification number of the interviewee on the foil paper and keep it in the identified envelope provided.

AF1. INTERVIEWER: Was the hair sample taken?

1. Yes
2. No >>> go to AF1b

AF1a. INTERVIEWER: Indicate the area from which the sample was taken.

1. Posterior vertex (middle)
2. Left side
3. Right side

INTERVIEWER: >>> go to AF2.

AF1b. INTERVIEWER: Indicate the reason why the sample was not taken.

1. He/She has no hair or hair is very short
2. He/She is bedridden
3. Refused
4. Other. Specify (AF1b_ot): _____

INTERVIEWER: >>> go to AJ1intro.

AF2. INTERVIEWER: Please describe if there was any incident in taking the hair sample. If there was not incident, write "No".

AF3. How many times a week do you regularly wash your hair?
How many times a week does [NAME] regularly wash his/her hair?

Times
-1. Does not know
-2. Does not answer

AF4. Do you use hair conditioner?
Does [NAME] use hair conditioner?

1. Yes
2. No
-1. Does not know
-2. Does not answer

AF5. Do you dye your hair or bleach it?
Does [NAME] dye his/her hair or bleach it?

1. Yes
2. No
-1. Does not know
-2. Does not answer

AF6. Have you recently had a perm?
Has [NAME] recently had a perm?

1. Yes
2. No
-1. Does not know
-2. Does not answer

AF7. Do you use any chemical product to strengthen hair?
Does [NAME] use any chemical product to strengthen hair?

1. Yes
2. No
-1. Does not know
-2. Does not answer

AF8. Do you use any prescribed or non-prescribed medication for any scalp condition?
Does [NAME] use any prescription or non-prescription medication for any scalp condition?

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AF9. Have you used steroids?

Has [NAME] used steroids?

INTERVIEWER: If the interviewee is not sure, code Does not know.

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

SECTION AH: DECEASED

AH1intro. *I would like to ask you a few questions about [NAME]. It won't take long. If you don't know the information, just tell me I don't know or I don't remember. You can also tell me if you don't want to answer a question.*

AH1. *When did [NAME] die? What day? In what month? In what year?*

INTERVIEWER: Try to get the exact date, or at least the month and year of death.

a. Day |__|__| b. Month |__|__| c. Year |__|__|__|__|

AH2. *I am going to ask you about any changes in [NAME] that have occurred in recent years due to thinking or memory. I want you to tell me if there were any changes, if there weren't, or if you don't know.*

	Yes, there were any changes	No, there weren't any changes	Not available, don't know
AH2a. <i>He/She had judgment problems (such as trouble making decisions, poor financial decisions, thinking problems)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH2b. <i>He/She showed less interest in hobbies and activities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH2c. <i>He/She repeated the same thing over and over again (questions, stories or phrases)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH2d. <i>He/She had trouble learning to use a tool, device, or appliance (for example, a VCR, a computer, a microwave, a remote control)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH2e. <i>He/She couldn't remember what the correct month and year were</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH2f. <i>He/She had difficulty handling complicated financial matters (e.g., managing checkbook, paying income taxes, paying bills, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH2g. <i>He/She had trouble remembering appointments</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH2h. <i>He/She had problems with thinking and/or memory on a daily basis</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AH3. *In which country did [NAME] die?*

- 1. In Puerto Rico >>> go to AH5
- 2. In the United States
- 3. Somewhere else
- 1. Does not know >>> go to AH6
- 2. Does not answer >>> go to AH6

AH4. *For what reason did [NAME] die outside of Puerto Rico?*

- 1. He/She lived outside of Puerto Rico, had moved
- 2. He/She was receiving treatment outside of Puerto Rico
- 3. Other. Specify (AH4_ot): _____
- 1. Does not know
- 2. Does not answer

AH5. *Where did [NAME] die, at home or elsewhere?*

- 1. At home >>> go to AH8
- 2. In a hospital, even though he/she lived at home >>> go to AH8
- 3. In a hospital, although he/she lived in an institution
- 4. In an institution
- 5. Somewhere else (such as in an accident or suddenly) >>> go to AH8
- 1. Does not know
- 2. Does not answer

AH6. *In what type of institution did [NAME] live?*

- 1. Asylum or home
- 2. Residence for mental health patients
- 3. Other
- 1. Does not know
- 2. Does not answer

AH7. *How many years did [NAME] live in that institution?*

INTERVIEWER: Code zero if less than one year.

Years |__|__|

- 1. Does not know
- 2. Does not answer

AH8. *I am going to mention some health conditions and I need you to tell me for each one of them if any health professional had told [NAME] that he/she suffered from it or had suffered from it.*

	Yes	No	Does not know
AH8a. <i>Kidney or renal disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8b. <i>Stroke</i> INTERVIEWER: If it was a mini stroke, check the next option.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8c. <i>Mini stroke or TIA</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8d. <i>Diabetes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8e. <i>Cancer</i>			
AH8g. <i>Hypertension or high blood pressure</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8i. <i>Heart attack</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8j. <i>Congestive heart failure</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8k. <i>Alzheimer</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8l. <i>Other dementia</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8m. <i>COVID-19, coronavirus</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8n. <i>Other. Specify (AH8n_ot): _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8o. <i>Pulmonary disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AH8p. <i>Thyroid conditions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AH9. *What was the main cause of death for [NAME]?*
INTERVIEWER: Check only one main cause of death.

1. Cancer
2. Heart disease
3. Diabetes
4. Alzheimer
5. Stroke
6. Respiratory disease
7. Homicide
8. Nephritis, nephrotic syndrome, nephrosis
9. Septicemia
10. Pneumonia
11. COVID-19, coronavirus
12. Other cause of death. Specify (AH9_ot): _____
13. Natural causes
14. Accident
- 1. Does not know
- 2. Does not answer

AH10. *Has any close family member of [NAME] died of COVID-19?*

- 1. Yes
- 2. No
- 1. Does not know
- 2. Does not answer

AH11. *Could you give me your physical address, in case we need to contact you in the future?*

Physical address line 1	_____
Physical address line 2	_____
Physical address line 3	_____
m. Municipality / e. State	_____ _ _
c. Zip code	_____ _ _

- 1. Does not know
- 2. Does not answer

INTERVIEWER: >>> go to AJ1intro.

SECTION AI: INSTITUTIONALIZED

AI1intro. *I would like to ask you a few questions about [NAME]. It won't take long. If you don't know the information, just tell me I don't know or I don't remember. You can also tell me if you don't want to answer a question.*

AI1. *When did [NAME] move to an institution? What day? In what month? In what year?*

INTERVIEWER: Try to get the exact date, or at least the month and year of institutionalization.

a. Day |__|__|

b. Month |__|__|

c. Year |__|__|__|__|

AI2. *I am going to ask you about any changes in [NAME] that may have occurred in the last few years before going to live in an institution due to problems with thinking or memory. I want you to tell me if there were any changes, if there weren't, or if you don't know.*

	Yes, there were any changes	No, there were no changes	Not available, does not know
AI2a. <i>He/She had judgment problems (such as trouble making decisions, poor financial decisions, thinking problems)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI2b. <i>He/She showed less interest in hobbies and activities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI2c. <i>He/She repeated the same thing over and over again (questions, stories or phrases)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI2d. <i>He/She had trouble learning to use a tool, device, or appliance (for example, a VCR, a computer, a microwave, a remote control)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI2e. <i>He/She couldn't remember what the correct month and year were</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI2f. <i>He/She had difficulty handling complicated financial matters (e.g., managing the checkbook, paying income taxes, paying bills, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI2g. <i>He/She had trouble remembering appointments</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI2h. <i>He/she had problems with thinking and/or memory on a daily basis</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AI3. *Where is [NAME] institutionalized?*

1. In Puerto Rico
2. In the United States
3. Somewhere else
- 1. Does not know
- 2. Does not answer

AI4. *What are the main reasons why [NAME] is institutionalized?*

INTERVIEWER: Check up to three options.

1. Did not found a caregiver
2. Sleeping problems
3. Behavioral problems (aggressiveness, etc.)
4. Incontinence (urinate on him/herself)
5. Physical decline
6. Mental decline
7. He/She wanted to live in an institution
8. It was recommended by a doctor or another health professional
9. Loneliness, need of social support
10. Other. Specify (AI4_ot): _____
- 1. Does not know
- 2. Does not answer

AI5. *What type of institution is [NAME] in?*

1. Asylum or home
2. Residence for mental health patients
3. Other. Specify (AI5_ot): _____
- 1. Does not know
- 2. Does not answer

AI6. *Who pays the expenses of the institution where [NAME] lives?*

INTERVIEWER: Check all that apply.

1. The interviewee him/herself
2. Spouse or partner
3. Son/Daughter
4. Father/Mother
5. Brother/Sister
6. Another relative
7. Other not relative
8. Public funding (Department of the Family, Municipality, ASSMCA, ...)
- 1. Does not know
- 2. Does not answer

AI7. *I am going to mention a series of health conditions and I need you to tell me for each one of them if any health professional has told [NAME] that he/she suffers from it or had suffered from it.*

	Yes	No	Does not know
AI7a. <i>Kidney or renal disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI7b. <i>Stroke</i> INTERVIEWER: If it was a mini stroke, check the next option.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI7c. <i>Mini stroke or TIA</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI7d. <i>Diabetes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI7e. <i>Cancer</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI7g. <i>Hypertension or high blood pressure</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI7i. <i>Heart attack</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI7j. <i>Congestive heart failure</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI7k. <i>Alzheimer</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI7l. <i>Another dementia</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AI7m. <i>COVID-19, coronavirus</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AI9. *Has any health professional diagnosed [NAME] with any other illness?*

1. Yes. Specify (AI9_ot): _____
2. No
- 1. Does not know
- 2. Does not answer

AI10. *Has any close family member of [NAME] died of COVID-19?*

1. Yes
2. No
- 1. Does not know
- 2. Does not answer

AI11. *Could you give me your physical address, in case we need to contact you in the future?*

- Physical address line 1 | _____ |
- Physical address line 2 | _____ |
- Physical address line 3 | _____ |
- m. Municipality / e. State | _____ | | |
- c. Zip code | _____ |
- 1. Does not know
 - 2. Does not answer

INTERVIEWER: Go to AJ1intro.

SECTION AJ: CONTACTS

AJ1intro. Now I am going to ask you for the name and address of up to three people who do not live with you and who know how to contact you in the event that we need to contact you in the future. I would like to remind you that all the information that you provide is completely confidential. These people will be contacted only if we need to talk to you in the future.

Now I am going to ask you for the name and address of up to three people who do not live with [NAME] and who know how to contact him/her in the event that we need to contact [NAME] in the future. I want to remind you that the information you provide us is completely confidential. These people will be contacted only if we need to talk with [NAME] in the future.

INTERVIEWER: You must include a sibling, if he/she has one and he/she has contact with him/her.

You must include a sibling, if he/she has one and he/she has contact with him/her.

Contact 1

AJ1. What is the full name of this person?

What is the full name of this person?

- | | |
|---------------------|--|
| a. First name | |
| b. Middle name | |
| c. Last name | |
| d. Second last name | |

AJ2. What is this person's relationship to you?

What is this person's relationship to [NAME]?

1. Spouse or partner
2. Son/Daughter
3. Father/Mother
4. Brother/Sister
5. Other relative
6. Other not relative

AJ3. Could you give me the physical address of this person? if you know it.

Could you give me the physical address of this person? if you know it.

- | | |
|----------------------------|--|
| Physical address line 1 | |
| Physical address line 2 | |
| Physical address line 3 | |
| m. Municipality / e. State | |
| c. Zip code | |
| -1. Does not know | |
| -2. Does not answer | |

AJ4. What is this person's phone number?
What is this person's phone number?

Contact phone
-1. Does not know
-2. Does not answer

AJ5. Is there anyone else who doesn't live in this house or in this neighborhood who knows how to contact you in the future?
Is there anyone else who doesn't live in this house or in this neighborhood who knows how to contact [NAME] in the future?

1. Yes
2. No >>> go to AK1intro

Contact 2

AJ6. What is the full name of this person?
What is the full name of this person?

a. First name
b. Middle name
c. Last name
d. Second last name

AJ7. What is this person's relationship to you?
What is this person's relationship to [NAME]?

- 1. Spouse or partner
- 2. Son/Daughter
- 3. Father/Mother
- 4. Brother/Sister
- 5. Another relative
- 6. Other not relative

AJ8. Could you give me the physical address of this person? if you know it.
Could you give me the physical address of this person? if you know it.

Physical address line 1
Physical address line 2
Physical address line 3
m. Municipality / e. State
c. Zip code
-1. Does not know
-2. Does not answer

AJ9. What is this person's phone number?
What is this person's phone number?

Contact phone
-1. Does not know
-2. Does not answer

AJ10. Is there anyone else who doesn't live in this house or in this neighborhood who knows how to contact you in the future?
Is there anyone else who doesn't live in this house or in this neighborhood who knows how to contact [NAME] in the future?

1. Yes
2. No >>> go to AK1intro

Contact 3

AJ11. What is the full name of this person?
What is the full name of this person?

a. First name
b. Middle name
c. Last name
d. Second last name

AJ12. What is this person's relationship to you?
What is this person's relationship to [NAME]?

- 1. Spouse or partner
- 2. Son/Daughter
- 3. Father/Mother
- 4. Brother/Sister
- 5. Another relative
- 6. Other not relative

AJ13. Could you give me the physical address of this person? if you know it.
Could you give me the physical address of this person? if you know it.

Physical address line 1
Physical address line 2
Physical address line 3
m. Municipality / e. State
c. Zip code
-1. Does not know
-2. Does not answer

AJ14. What is this person's phone number?
What is this person's phone number?

Contact phone

|_|_|_|-|_|_|_|-|_|_|_|_|

- 1. Does not know
- 2. Does not answer

SECTION AK: INTERVIEWER'S PERCEPTION

AK1intro. That was my last question. Thank you very much for your collaboration by participating in this phase of the study. Let me remind you that all the information you gave me in this interview will be treated confidentially. Now, it will take a few seconds to complete a brief information required by the computer program to complete the interview.

AK4. INTERVIEWER: How much difficulty had the interviewee (or the proxy) to remember what was asked?

1. None
2. Somewhat
3. A lot

AK5. INTERVIEWER: Did the interviewee (or the proxy) understand the questions easily? Would you say that he/she understood the questions always, almost always, almost never or never?

1. Never
2. Almost Never
3. Almost Always
4. Always

End of questionnaire