



Questionnaire W4

March 6, 2023

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 mental	Complete	Complete	A1, A17intro to A27, A30, A30a, A36intro, A36a to A36d	A1, A17intro to A27, A30, A30a A36intro, A36a to 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 L77, L97 to L100		
M: Access to healthcare	Complete			
Q: Disability	Complete	Q1 to Q28		
S: Perceived stress	Complete			
T: Health behaviors	Complete	T27, T28		
W: Income and expenses	Complete	Complete		
Y: Anxiety	Complete			
Z: Depression	Complete			
AC: COVID-19	Complete			
AD: Vaccines	Complete	AD1, AD2, AD4		
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.



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.

INTERVIEWER: If the interviewee is alive and lives outside of Puerto Rico, write down the available information and end the interview

- 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
- 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 respondent repeats a correct word, code it as -1 'Doesn't know'.

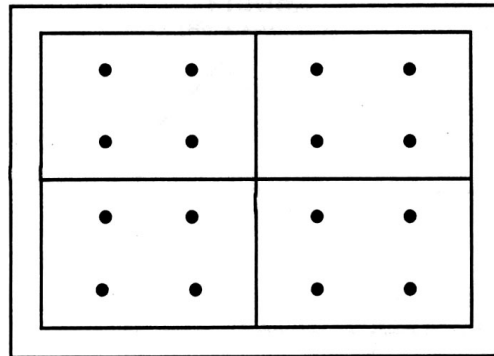
INTERVIEWER: If the interviewee has a physical disability preventing him/her from drawing (A4=1) >>> go to A14.

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?

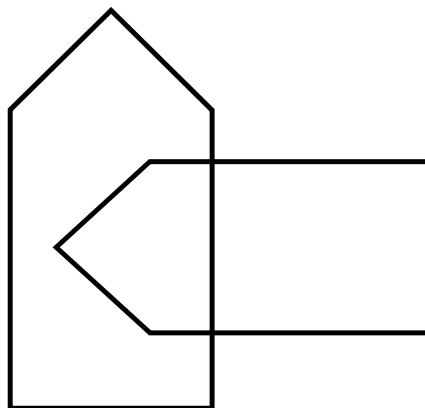
1. Yes
2. No

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: If the respondent repeats a correct word, code it as -1 'Doesn't know'.

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. Specify (A16_ot): _____

INTERVIEWER: If you do not believe that the interviewee is qualified to answer the interview questions, 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 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. Specify (A25_ot): _____

INTERVIEWER: 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 causes you being the main responsible for [NAME]? 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.

This interview is a continuation of the study about 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 Alabama at Birmingham.

You [NAME] recently participated in this study. This new phase of the study is of great importance and we thank you for your collaboration in providing us with the information that 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.

INTERVIEWER: Write the information and correct it if necessary.

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

A36. Your full name is ...
The full name of [NAME] is ...

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 |_____|

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. I want to verify your full physical address.
I want to verify the full physical address of [NAME]
INTERVIEWER: Write the information and correct if necessary.

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. I want to verify your postal address.
I want to verify the postal address of [NAME]
 INTERVIEWER: Write the information and correct if necessary.

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

A39. Your home landline phone number is...
The home landline phone number of [NAME] is ...
 INTERVIEWER: Write the information and correct if necessary.

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

A40. Your cell phone is ...
The cell phone of [NAME] is ...
 INTERVIEWER: Write the information and correct if necessary.

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

A41. I am going to read you another contact telephone number that we have in your information. Can we still use this phone number or would you prefer to change it?
I am going to read you another contact telephone number that we have in the information of [NAME]. Can we still use this phone number or would you prefer to change it?
 INTERVIEWER: Write the information and correct if necessary.

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

INTERVIEWER: Write the information and correct if necessary.
 b. Another phone's person name _____

A42. INTERVIEWER: Confirm 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. Currently you are...

Currently [NAME] is ...

INTERVIEWER: Write the information and correct if necessary.

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

A46. INTERVIEWER: Confirm 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

A48b. Is this the same house (or apartment) in which you were interviewed previously [fecha_ent_w3]?

Is this the same house (or apartment) where [NAME] was interviewed previously [fecha_ent_w3]?

1. Yes >>> go to A52
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

INTERVIEWER: If the participant was totally blind or legally blind at the previous interview >>> go to A53.

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

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 C3. 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? Has this ...?*

- 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 ...?*

- 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? Has this ...?*

- 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 ...?*

- 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 ...?*

- 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 ...?*

- 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 ...?*

- 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 ...?*

- 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 ...?*

- 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...?*

- 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 ...?*

- 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 ...?*

- 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...?*

- 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 ...?*

- 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 ...?*

- 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 ...?*

- 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 next questions ask about activities or things that you might do on a normal day. We want to know if your health limits you from doing those activities or things. If so, how much: a lot, a little, or not at all.

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), code Yes, limited a lot, in D2 and D3.

	Yes, it limits me a lot	Yes, it limits me a little	No, it not limits me 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 floors up the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.



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: never, very rarely, sometimes, almost always, or always?

	No, never	Yes, very rarely	Yes, sometimes	Yes, almost always	Yes, always
D4. You did less than you would like to do					
D5. You have had limitations regarding the type 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: never, very rarely, sometimes, almost always, or always?

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.

	No, never	Yes, very rarely	Yes, sometimes	Yes, almost always	Yes, always
D6. You did less than you would like to do					
D7. You have had limitations regarding the type of work or other activities					

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. During the past 4 weeks, how often: 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?



INTERVIEWER: Give **card number 1A** 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. 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



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

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 or 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 or 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?

INTERVIEWER: If the interviewee indicates that he/she doesn't know, code incorrect answer up to F10.

1. Correct answer
2. Incorrect answer

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

INTERVIEWER: Do not mention the correct answer. If the interviewee indicates that he/she doesn't know, code incorrect answer up to F10.

1. Correct answer
2. Incorrect answer

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

INTERVIEWER: Do not mention the correct answer. If the interviewee indicates that he/she doesn't know, code incorrect answer up to F10.

1. Correct answer
2. Incorrect answer

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

INTERVIEWER: Do not mention the correct answer. If the interviewee indicates that he/she doesn't know, code incorrect answer up to F10.

1. Correct answer
2. Incorrect answer

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

INTERVIEWER: Do not mention the correct answer. If the interviewee indicates that he/she doesn't know, code incorrect answer .

1. Correct answer
2. Incorrect answer

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.

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

H9. Due to the COVID pandemic, would you say your attendance at religious services or church social activities has been affected?

1. Yes, to both
2. Yes, to religious services
3. Yes, to social activities
4. No
- 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 about [NAME]'s living children and siblings only.

INTERVIEWER: If the participant had no living children at the previous interview >>> go to I4.

- 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

INTERVIEWER: If the participant had no living daughters at the previous interview >>> go to I19.

- 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 daughters 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

INTERVIEWER: If the participant had no living siblings at the previous interview >>> go to I22.

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

INTERVIEWER: If the participant had no living sisters at the previous interview >>> go to L1intro.

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

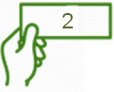
-2. Does not answer

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.

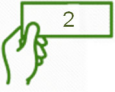
INTERVIEWER: Give **card number 2** to the interviewee and explain that he/she must choose his/her answer to each statement among those presented to him/her .



	NONE	ONE	TWO	THREE OR FOUR	FIVE THRU EIGH	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 2** 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 EIGH	NINE OR MORE
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

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.

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?

INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L9.

- 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?

INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L14.

- 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?

INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L41.

- | | |
|---------------------|--|
| 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?
INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L43.

- 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?
INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L52.

- 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?
INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L53.

- 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?
INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L55.

- 1. Yes
- 2. No >>> go to L61
- 1. Does not know >>> go to L61
- 2. Does not know >>> go to L61

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

L61. Did any doctor tell you that you have arthritis or rheumatism?
Did any doctor tell [NAME] that he/she has arthritis or rheumatism?
INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L67.

- 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): _____
- 7. Clavicle
- 8. Ribs
- 9. Coccyx
- 10. Foot
- 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?
INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L73.

- 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 this is a proxy interview >>> go to L78.

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

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

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

INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L89.

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

L89. How is your hearing [with your hearing aids, if you use them]?
How is [NAME] [hearing] with his/her hearing aids, if he/she uses them?

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

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

INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to L103.

- 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?

INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to M1intro.

- 1. Yes
- 2. No >>> go to M1intro
- 1. Does not know >>> go to M1intro
- 2. Does not answer >>> go to M1intro

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

SECTION M: ACCESS TO HEALTHCARE

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

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

M23. Thinking back to the last time you tried to make an appointment with a general doctor, family doctor, or internist. 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

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 M35
- 1. Does not know >>> go to M35
- 2. Does not answer >>> go to M35

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.

1. General Doctor Care
2. Specialty Care
3. Both
4. Some Other Type of Care
- 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 Q1intro
- 1. Does not know >>> go to Q1intro
- 2. Does not answer >>> go to Q1intro

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

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 S1intro or T1intro if he/she is a proxy
- 1. Does not know >>> go to S1intro or T1intro if he/she is a proxy
- 2. Does not answer >>> go to S1intro or T1intro if he/she is a proxy

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

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 T1intro.

SECTION 5: PERCEIVED STRESS

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

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.



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.

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 W1intro.

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 W: INCOME AND EXPENSES

W1intro. Now I am going to ask you some questions about your personal income. That income must be what you receive before deductions. When answering, do not consider the income of other people living in the household.

Now I am going to ask you some questions about [NAME] personal income. That income must be what [NAME] receives before deductions. When answering, do not consider the income of other people living in the household.

W4. Do you receive any income from the Social Security?
Does [NAME] receive any income from the Social Security?

- 1. Yes
- 2. No >>> go to W15
- 1. Does not know >>> go to W15
- 2. Does not answer >>> go to W15

W5. How much do you receive monthly from the Social Security?
How much does [NAME] receive monthly from the Social Security?

- Income
- 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 W20intro
- 1. Does not know >>> go to W20intro
- 2. Does not answer >>> go to W20intro

W16. How much do you receive monthly 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

W20intro. Now I am going to ask you some questions about the household income. When answering you must consider the income of all the persons who live in the house and it must be the income before any deductions.

Now I am going to ask you some questions about the total income of the household where [NAME] lives. When answering you must consider the income of all the people who live in [NAME]'s household and that income must be what they receive before deductions.

W20. How much is the household monthly income?
How much is the [NAME]'s household monthly income?

Monthly household income |__|__|__|__|__| >>> if greater than zero
go to W27

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

W21. Would you say that the household monthly income is more than \$1,000?
Would you say that the [NAME]'s household monthly income is more than \$1,000?

- 1. Yes
- 2. No >>> go to W24
- 1. Does not know >>> go to W27
- 2. Does not answer >>> go to W27

W22. Would you say that the household monthly income is more than \$1,500?
Would you say that the [NAME]'s household monthly income is more than \$1,500?

- 1. Yes
- 2. No >>> go to W27
- 1. Does not know >>> go to W27
- 2. Does not answer >>> go to W27

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
- 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 answer
- 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 4** 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 AC: COVID-19

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?

INTERVIEWER: If he/she indicated Yes in the previous interview >>> go to AC19a.

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 AD1intro
- 1. Does not know >>> go to AD1intro
- 2. Does not answer >>> go to AD1intro

AC18. Have any of those tests' results been positive?

1. Yes
2. No >>> go to AD1intro
3. He/She is waiting for the results >>> go to AD1intro
- 1. Does not know >>> go to AD1intro
- 2. Does not answer >>> go to AD1intro

AC19a. Have you ever been hospitalized due to coronavirus?

INTERVIEWER: Ask only if AC16=1.

1. Yes
2. No >>> go to AC38
- 1. Does not know >>> go to AC38
- 2. Does not answer >>> go to AC38

AC36. How many days were you hospitalized because of the coronavirus?

Days

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

AC37. Were you treated with oxygen or put on a ventilator machine when you were hospitalized?

1. Yes, with oxygen
2. Yes, they put me on a ventilator machine
3. Both oxygen and ventilator machine
4. Neither
- 1. Does not know
- 2. Does not answer

AC38. Have you experienced any prolonged effects of COVID on your physical or mental health?

INTERVIEWER: Ask only if AC16=1.

- 1. Yes
- 2. No >>> go to AD1intro
- 1. Does not know >>> go to AD1intro
- 2. Does not answer >>> go to AD1intro

AC39. Are those effects physical, mental, or both?

- 1. Physical effects
- 2. Mental effects
- 3. Both types of effects
- 1. Does not know
- 2. Does not answer

SECTION AD: VACCINES

ADintro. I am going to ask you a series of questions about some vaccines.

AD1. Have you received any dose of the COVID-19 vaccine?

Has [NAME] received any dose of the COVID-19 vaccine?

- 1. Yes
- 2. No >>> go to AD3
- 1. Does not know >>> go to AD3
- 2. Does not answer >>> go to AD3

AD2. How many doses of the COVID-19 vaccine did you receive?

How many doses of the COVID-19 vaccine did [NAME] receive?

Number of doses received

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

INTERVIEWER: >>> Go to AD4.

AD3. Why have you not received any dose of the COVID-19 vaccine?

INTERVIEWER: Mark all that apply.

- 1. Mistrust / fear
- 2. Because of the side effects it can cause
- 3. He/She does not believe in COVID-19
- 4. He/She does not believe that the vaccine is effective
- 5. Due to a medical condition (allergies or other)
- 6. Because of my beliefs
- 1. Does not know
- 2. Does not answer

AD4. Have you received the flu vaccine in the last year?

Has [NAME] received the flu vaccine in the last year?

- 1. Yes
- 2. No
- 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: 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.

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 AE6intro

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

AE5. Note: This measure of the respondent's height was taken in the previous interview, in the third wave.

Inches |__|__|.____|

Weight

AE6intro. Now I will weigh you. I will use a normal scale or balance.

INSTRUCTIONS FOR THE INTERVIEWER:

1. You will 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 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 bend.
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 bend 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 do 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

Get up and go



AE19intro. Now we will perform a test known as "get up and go". This test consists of getting up from a chair without using your arms for support and walking a short distance. Now I'll show you how.

INSTRUCTIONS FOR THE INTERVIEWER:

1. You need a sturdy chair, a stopwatch and a stadiometer for this measurement.
2. Measure 3 meters (9 feet 9 inches) from the chair to the wall using the stadiometer. Put a mark on the floor using the tape.
3. Demonstrate how to do the exercise, emphasizing that the exercise is not a speed test, is not required to do it as quickly as possible, but at the normal pace for the interviewee.
4. Reset the stopwatch to 0. Stand on the right and slightly behind the interviewee in a manner that he/she feels secure.
5. When the person is sitting properly, say "ready, stand up" and start the stopwatch. Walk next to the person with the stopwatch in hand until he/she returns to the chair.
6. Stop the timer when the person sits completely on the chair or if the person stops halfway before sitting on the chair.
7. Write down any observations that might interfere with the routine as described.
8. Say the measurement result out loud so it can be recorded and write down the results.

AE19. INTERVIEWER: Was the get up and go exercise complete?

1. Yes >>> go to AE21
2. No

AE20. What was the reason for not performing the get up and go 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 (AE20_ot): _____

INTERVIEWER: >>> go to the exercise of measuring the grip strength.

AE21. INTERVIEWER: Enter the time spent to complete the exercise.

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

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 assess 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 hand with which the exercise was performed, if he/she was able to perform it, and if he/she was, the graduation of the dynamometer and the measurement. Do this for each of the two measurements with that hand.

AE24a. Write down the hand.

1. Right hand
2. Left hand

AE24ab. Was he/she able to perform the exercise with that hand?

1. Yes
2. No >>> go to AE24ad

AE24j. Dynamometer adjustment (1 to 5)

	First measurement	Second measurement
Measurement in kilos	AE24b <input type="text"/> <input type="text"/>	AE24c <input type="text"/> <input type="text"/> INTERVIEWER: Enter -99 if I he/she can't do the second measurement

INTERVIEWER: 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): _____
7. Other physical limitation

AE25. Measurement with the second hand. INTERVIEWER: Write down the hand with which the exercise was performed, if he/she was able to perform it, and if he/she was, the graduation of the dynamometer and the measurement. Do this for each of the two measurements with that hand.

AE25a. Write down the hand.

3. Right hand
4. Left hand

AE25ab. Was he/she able to perform the exercise with that hand?

3. Yes
4. No >>> go to AE25ad

AE25j. Dynamometer adjustment (1 to 5)

	First measurement	Second measurement
Measurement in kilos	AE25b <input type="text"/> <input type="text"/>	AE25c <input type="text"/> <input type="text"/> INTERVIEWER: Enter -99 if I he/she can't do the second measurement

INTERVIEWER: 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): _____
7. Other physical limitation

SECTION AF: CORTISOL

* * * INTERVIEWER: If the hair sample was not taken in the previous interview go to J1intro * * *

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.

INSTRUCCIONES 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 prescribed or non-prescribed 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

INTERVIEWER: Go to AJ1intro.

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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 o 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 remind you of the information that you gave us in the previous interview about people close to you who could help us find you if necessary. Please, if any of the information is incorrect or if you want to add or change someone, tell me and we will do it.

Now I am going to remind you of the information that you gave us in the previous interview about people close to [NAME] who could help us find [NAME] if necessary. Please, if any of the information is incorrect or if you want to add or change someone, tell me and we will do it.

INTERVIEWER: Modify the information following the instructions of the interviewee.

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. Other 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. Other 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

AK6. INTERVIEWER: Please write any comments you consider relevant about this interview.

End of the questionnaire