**Appendix B. Variable Description and Categories for the Studies CSHA,
CCHS-CLSA, and NuAge**

| **Candidate Variable** | **Variable Description** | **Categories** | **CSHA Variable Format** | **CCHS-CLSA Variable Format** | **NuAge Variable Format** |
| --- | --- | --- | --- | --- | --- |
| Age | Participant’s age at recruitment self-reported by the participant. |  | 1. BirthdayDay\_\_ Month\_\_ Year\_\_ | ANDB\_Q01 What is [respondent name]’s age?\_\_\_Age in years (MIN:0) (MAX:130)(DK, RF are not allowed) | When were you born?Date: year\_\_\_ month\_\_\_ day\_\_ |
| Sex | Gender of the participant. | MaleFemale | 2. SexMale\_ Female\_ | SEX\_Q01 Interviewer: Enter [respondent name]’s sex. If necessary, ask: (Is [respondent name] male or female?)1. Male2. Female(DK, RF are not allowed) | Socio-demographic dataResponse: Male\_\_ Female\_\_ |
| Highest Level of EducationHighest Level of Education(cont’d) | Highest level of education completed by the participant. | NonePrimaryHigh SchoolPost-SecondaryPrefer Not to AnswerDon’t Know | 5. How many years of education did you complete? EDUYEAR Years 88 DKSo that means that you (completed primary school, completed part of high school, all of high school some university)? (Select a suitable category)1 No formal schooling2 Some primary school3 Finished primary school4 Some secondary or high school5 Completed secondary or high school6 Some community or technical college,CEGEP, or nursing program7 Completed community college, technicalcollege, CEGEP, or nursing program8 Some University9 Bachelor's degree10 Master's degree11 PhD12 Other88 DK99 Didn't Ask EDULEVEL | ED\_Q01 What is the highest grade of elementary or high school [respondent name] everEDU\_1 completed?1 Grade 8 or lower (Québec: Secondary II or lower) (Go to EDU\_Q03)2 Grade 9 – 10 (Québec: Secondary III or IV, Newfoundlandand Labrador: 1st year of secondary) (Go to EDU\_Q03)3 Grade 11 – 13 (Québec: Secondary V, Newfoundland andLabrador: 2nd to 4th year of secondary)DK, RF (Go to EDU\_Q03)ED\_Q02 Did [respondent name] graduate from high school (secondary school)?EDU\_21 Yes2 NoDK, RFED\_Q03 Has [respondent name] received any other education that could be counted towardsEDU\_3 a degree, certificate or diploma from an educational institution?1 Yes2 No (Go to EDU\_END)DK, RF (Go to EDU\_END)ED\_Q04 What is the highest degree, certificate or diploma [respondent name] has obtained?EDU\_401 No post-secondary degree, certificate or diploma02 Trade certificate or diploma from a vocational school or apprenticeshiptraining03 Non-university certificate or diploma from a community college, CEGEP,school of nursing, etc.04 University certificate below bachelor’s level05 Bachelor’s degree06 University degree or certificate above bachelor’s degreeDK, RF | Impossible |
| Number of Years Education | Number of years of education  |  | 5. How many years of education did you complete? EDUYEAR Years 88 DK | Impossible | 35 SCOLART1 Nb années de scolarité T1How many years of education have you completed:\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| Household IncomeHousehold Income(cont’d) | Average current annual income, before taxes, of the participant’s entire household. |  | Partial | INC\_Q03AIN2\_03AWhat is your best estimate of the total household income received by all householdmembers, from all sources, before taxes and deductions, in the past 12 months?|\_|\_|\_|\_|\_|\_|\_| Income(MIN: 0) (MAX: 500,000)DK, RF (Go to INC\_D03B)INC\_Q03BIN2\_03BINTERVIEWER: Read categories to respondent.What is your best estimate of the total household income received by all householdmembers, from all sources, before taxes and deductions, in the past 12 months?Was it:1 … less than $50,000 (include income loss)?2 … $50,000 and more? (Go to INC\_Q03H)DK, RF (Go to INC\_C07)INC\_Q03CIN2\_03CINTERVIEWER: Read categories to respondent.Go to INC\_C04Please stop me when I have read the category which applies to ^YOUR1 household.1 Less than $5,0002 $5,000 or more but less than $10,0003 $10,000 or more but less than $15,0004 $15,000 or more but less than $20,0005 $20,000 or more but less than $30,0006 $30,000 or more but less than $40,0007 $40,000 or more but less than $50,000DK, RFINC\_Q03HIN2\_03HINTERVIEWER: Read categories to respondent.Please stop me when I have read the category which applies to ^YOUR1 household.1 $50,000 or more but less than $60,0002 $60,000 or more but less than $70,0003 $70,000 or more but less than $80,0004 $80,000 or more but less than $90,0005 $90,000 or more but less than $100,0006 $100,000 or more but less than $150,0007 $150,000 and overDK, RF | 41 REVACCT1 Accepte de donner revenu familial T1 0: non 1: oui42 REVFAMT1 Revenus familial sur échelle de 0 à 100 000$ T1  |
| Household Income Categorical | Average current annual income, before taxes, of the participant’s entire household based on CSHA categories.  | >$10k$10k to $14,999$15k to $19,999$20k to $24,999$25k to $29,999$30k to $34,999$35k to $39,999$40k to $44,999$45k to $49,999$50k to $59,999$60k to $69,999$70k and morePrefer not to answerDon’t know | Complete | Complete | Complete |
| Country of Birth | Country where the participant was born. |  | 24. Where were you born?Town Province (or country) | SDC\_Q1SDC\_1Go to SDC\_Q2In what country ^WERE ^YOU2 born?01 Canada (Go to SDC\_Q4)02 China03 FrancePlus a list of other countries. | 12 pays Pays de naissance T113 autpays Si né à l'extérieur du pays, nb années vécues à l'étranger T1 |
| Ever Smoked Cigarettes | Indicator of whether the participant has ever smoked cigarettes. | Never smoked cigarettesEver smoked cigarettesPrefer not to answerDon’t know | Has he/she ever smoked cigarettes regularly (nearly every day)?\_\_Yes for how many years?\_\_\_\_years SMOKE, SMOKEYROn average, how many per day?\_\_ SMOKEDAY\_\_Less than 1 pack\_\_One pack\_\_More than 1 pack\_\_No \_\_Don’t know Please go to the next question. | SMK\_Q201BSMK\_01B^HAVE\_C ^YOU1 ever smoked a whole cigarette?1 Yes (Go to SMK\_Q201C)2 No (Go to SMK\_Q202)DK (Go to SMK\_Q202)RFSMK\_Q201ASMK\_01AIn ^YOUR1 lifetime, ^HAVE ^YOU2 smoked a total of 100 or more cigarettes (about 4 packs)?1 Yes (Go to SMK\_Q201C)2 NoDK, RF | Impossible |
| Current Cigarette Smoker | Indicator of whether the participant currently smokes cigarettes. | Non-cigarette smokerCigarette smokerPrefer not to answerDon’t know | Impossible | SMK\_Q202SMK\_202Note: Daily smoker (current)At the present time, ^DOVERB ^YOU2 smoke cigarettes daily, occasionally or not atall?1 Daily2 Occasionally (Go to SMK\_Q205B)3 Not at all (Go to SMK\_C205D)DK, RF (Go to SMK\_END) | 44 FUMERT1Fumez-vous actuellement? T10: Non1: Oui, occasionnellement2: Oui, régulièrement3: Non mais j'ai déjà fumé45 NBFUMET1Nb/jour cigarettes ou tabac T1 |
| Current Quantity of Cigarettes Smoked  | Current average number of cigarettes smoked per week. |  | Impossible | SMK\_Q204SMK\_204How many cigarettes ^DOVERB ^YOU1 smoke each day now?|\_|\_| Cigarettes(MIN: 1) (MAX: 99Warning after 60)DK, RFGo to SMK\_ENDNote: Occasional smoker (current)SMK\_Q205BSMK\_05BOn the days that ^YOU2 ^DOVERB smoke, how many cigarettes ^DOVERB ^YOU1usually smoke?|\_|\_| CigarettesDK, RF(MIN: 1) (MAX: 99; warning after 60)SMK\_Q205CSMK\_05CIn the past month, on how many days ^HAVE ^YOU1 smoked 1 or more cigarettes?|\_|\_| Days(MIN: 0) (MAX: 30)DK, RFNote: Occasional smoker or non-smoker (current) | 44 FUMERT1Fumez-vous actuellement? T10: Non1: Oui, occasionnellement2: Oui, régulièrement3: Non mais j'ai déjà fumé45 NBFUMET1Nb/jour cigarettes ou tabac T1 |
| Ever Alcohol Consumption | Indicator of whether the participant has ever consumed alcohol. | Never consumed alcoholEver consumed alcoholPrefer not to answerDon’t know | 39. Has he/she ever been a regular beer drinker? (at least once a week)\_\_Yes for how many years? BEER, BEERYR\_\_No \_\_Don’t know, please go to the next question.40. Has he/she ever been a regular wine drinker? (at least once a week)\_\_Yes for how many years?\_\_\_years WINE, WINEYR\_\_No \_\_Don’t know Please go to the next question. | ALC\_Q01ALC\_1During the past 12 months, that is, from ^YEARAGO to yesterday, ^HAVE ^YOU2had a drink of beer, wine, liquor or any other alcoholic beverage?1 Yes2 No (Go to ALC\_Q05B)DK, RF (Go to ALC\_END)ALC\_Q05BALC\_5B^HAVE\_C ^YOU1 ever had a drink?1 Yes2 NoDK, RF | Impossible |
| Current Use AlcoholCurrent Use Alcohol(cont’d) | Indicator of whether the participant currently consumes alcohol | Does not consume alcoholConsumes alcoholPrefer not to answerDon’t know | Impossible | ALC\_Q01ALC\_1During the past 12 months, that is, from ^YEARAGO to yesterday, ^HAVE ^YOU2had a drink of beer, wine, liquor or any other alcoholic beverage?1 Yes2 No (Go to ALC\_Q05B)DK, RF (Go to ALC\_END) | When you had beer or ale(in the last month), how many cans or bottles did you usually have at one times?1 or lees23-3+Not answeredHave you had any wine in the past year?YesNoNot answeredHave you had any wine in the past month?YesNoNot answeredOver the past months hoe often have you had wine?01-2930-30+Not answeredWhen you had wine (in the last month), how many glasses did you usually have at one times?1 or lees23-3+Not answeredHave you had any liquor in the past month?YesNoNot answeredOver the past months hoe often have you had beer or ale?01-2930-30+Not answeredWhen you had beer or ale(in the last month), how many cans or bottles did you usually have at one times?1 or lees23-3+Not answered |
| Standing Height | The vertical measurement or distance from the foot to the head of the participant when he/she is standing. |  | From doctor 1: Height HEIGHT \_\_\_\_\_\_\_m, \_\_\_\_\_\_\_ft.Continuous 888 Don’t know999 Missing | HWT\_2How tall ^ARE ^YOU2 without shoes on?..4 4’0" to 4’11" / 48" to 59" (120.7 to 151.0 cm.) (Go to HWT\_N2D)5 5’0" to 5’11" (151.1 to 181.5 cm.) (Go to HWT\_N2E)6 6’0" to 6’11" (181.6 to 212.0 cm.) (Go to HWT\_N2F)7 7’0" and over (212.1 cm. and over) (Go to HWT\_Q3)HWT\_N2DHWT\_2DINTERVIEWER: Select the exact height.Go to HWT\_Q300 4’0" / 48" (120.7 to 123.1 cm.)01 4’1" / 49" (123.2 to 125.6 cm.)02 4’2" / 50" (125.7 to 128.2 cm.)03 4’3" / 51" (128.3 to 130.7 cm.)04 4’4" / 52" (130.8 to 133.3 cm.)05 4’5" / 53" (133.4 to 135.8 cm.)06 4’6" / 54" (135.9 to 138.3 cm.)07 4’7" / 55" (138.4 to 140.9 cm.)08 4’8" / 56" (141.0 to 143.4 cm.)09 4’9" / 57" (143.5 to 146.0 cm.)10 4’10" / 58" (146.1 to 148.5 cm.)11 4’11" / 59" (148.6 to 151.0 cm.)DK, RF | 469 TAIMEST1 Taille mesurée (m)  |
| Weight | Weight of the participant. |  | From doctor 1: Weight WEIGHT \_\_\_\_\_\_\_kg, \_\_\_\_\_\_\_lbs.Continuous 888 Don’t know999 Missing | HWT\_Q3HWT\_3How much ^DOVERB ^YOU1 weigh?INTERVIEWER Enter amount only.(MIN: 1) (MAX: 575)|\_|\_|\_| WeightDK, RF (Go to HWT\_END)HWT\_N4 INTERVIEWER Was that in pounds or kilograms?1 Pounds2 Kilograms(DK, RF are not allowed) | 470 POIMEMT1 poids mémoire (lbs) T1471 POIMEST1 poids mesuré (kg) T1 |
| Body Mass Index | Weight (in kg) divided by height (in m) squared.Body mass index = (Weight) / (Standing height \* 0.01)^2 |  | Complete | Complete | Complete |
| Hip Circumference | Measured distance around hips. |  | Impossible | Impossible | 481 CIRCHAT1 circonférence hanche (cm) T1 |
| Waist Circumference | Measured distance around waist. |  | Impossible | Impossible | 480 CIRCTAT1 circonférence taille (cm) T1 |
| Heart Rate at Rest | Number of heart beats per minute measured at rest. |  | Impossible | Impossible | 621 RYTHMET1 Rythme cardiaque T1 |
| Diastolic Blood Pressure at Rest | Diastolic blood pressure measured at rest. |  | DBPSUPIN Continuous777 Skipped888 Don’t know999 Missing6666 NA/Skipped | Impossible | 617 TAMINT1 Tension artérielle diastolique (assis) T1 |
| Systolic Blood Pressure at Rest | Systolic blood pressure measured at rest. |  | SBPSUPIN Continuous 777 Skipped888 Don’t know999 Missing6666 NA/Skipped | Impossible | 616 TAMAXT1 Tension artérielle systolique (assis) T1 |
| Occurrence of High Blood PressureOccurrence of High Blood Pressure(cont’d) | Occurrence of high blood pressure at any point during the life of the participant. | Never had high blood pressureEver had high blood pressurePrefer not to answerDon’t know | From Screen:Now I will read a list of health problems that people often have. For each problem that I read, please tell me if you have had it in the past year. If the problem began longer ago and symptoms lasted into the past year, check "yes". Do not read the examples in parentheses unless the respondent asks for clarification.)Yes Noa) High blood pressure (whether controlled 1 2 HBPby medication or not)From proxy 1:21a) Has he/she suffered from any of the following health problems?Health problem or condition No Don't know Yes How longHas he/she had this condition?High blood pressure PROXHBP HBPYR1 Yes2 No / chart slashed8 Don't know9 MissingFrom doctor1Rate as 1 = yes, describe and indicate duration2 = questionable3 = no4 = not relevant, describe why5 = subject does not know6 = subject could not answer9 = not asked28. Arterial hypertension (H) 1 2 3 4 5 6 9 ARTERIALFrom Nurse1:Variable: C295 Label: CAMDEX 295. High BP?Value labels0 No 1 Yes8 Don't know 9 Missing | We are interested in "long-term conditions" which are expected to last, or have already lasted, 6 months or more and that have been diagnosed by a health professional.CCC\_071(^DOVERB\_C ^YOU2 have:).. high blood pressure?1 Yes (Go to CCC\_Q073)2 NoDK, RFCCC\_Q072CCC\_072^HAVE\_C ^YOU2 ever been diagnosed with high blood pressure?1 Yes2 No (Go to CCC\_Q081)DK, RF (Go to CCC\_Q081)CCC\_Q073CCC\_073In the past month, ^HAVE ^YOU2 taken any medication for high blood pressure?1 Yes2 NoDK, RFCCC\_C073A If RESPGENDER = 2, go to CCC\_Q073A.Otherwise, go to CCC\_Q081.CCC\_Q073ACCC\_073A^WERE\_C ^YOU2 pregnant when ^YOU1 ^WERE diagnosed with high bloodpressure?1 Yes2 No (Go to CCC\_Q081)DK, RF (Go to CCC\_Q081)CCC\_Q073BCCC\_073BOther than when ^YOU1 ^WERE pregnant, was there any other time when ^YOU1^WERE diagnosed with high blood pressure?1 Yes2 NoDK, RF | 93 HTEPRET1Haute pression T1 "Do you have .. At the present time"0: non1: oui, n'empêche pas du tout2: oui, empêche un peu3: oui, empêche beaucoup |
| Current Treatment for High Blood PressureCurrent Treatment for High Blood Pressure(cont’d) | Indicator of whether the participant is currently treated for high blood pressure. | Not currently under treatment for high blood pressureCurrently under treatment for high blood pressurePrefer not to answerDon’t know | From Proxy:Please list all medication he/she is currently taking for any of the above conditions.Don't KnowName of the medicationHow long ..From DoctorAnt-hypertensive (Yes, No, can't tell, Missing) | CCC\_R001INTERVIEWER: Press <Enter> to continue.Now I’d like to ask about certain chronic health conditions which ^YOU2 may have.We are interested in "long-term conditions" which are expected to last, or have already lasted, 6 months or more and that have been diagnosed by a health professional.CCC\_071(^DOVERB\_C ^YOU2 have:).. high blood pressure?1 Yes (Go to CCC\_Q073)2 NoDK, RFCCC\_Q072CCC\_072^HAVE\_C ^YOU2 ever been diagnosed with high blood pressure?1 Yes2 No (Go to CCC\_Q081)DK, RF (Go to CCC\_Q081)CCC\_Q073CCC\_073In the past month, ^HAVE ^YOU2 taken any medication for high blood pressure?1 Yes2 NoDK, RFCCC\_C073A If RESPGENDER = 2, go to CCC\_Q073A.Otherwise, go to CCC\_Q081.CCC\_Q073ACCC\_073A^WERE\_C ^YOU2 pregnant when ^YOU1 ^WERE diagnosed with high bloodpressure?1 Yes2 No (Go to CCC\_Q081)DK, RF (Go to CCC\_Q081)CCC\_Q073BCCC\_073BOther than when ^YOU1 ^WERE pregnant, was there any other time when ^YOU1^WERE diagnosed with high blood pressure?1 Yes2 NoDK, RF | Impossible |
| Occurrence of Stroke | Occurrence of stroke at any point during the life of the participant. | Never had strokeEver had strokePrefer not to answerDon’t know | 1 Yes8 Don't know9 MissingFrom doctor1"Did the subject or does the subject have.."17. history of stroke (H) 1 2 3 4 5 6 9 HXSTROKEFrom proxy121a) Has he/she suffered from any of the following health problems?Health problem or condition No Don't know Yes How longHas he/she had this condition?Stroke PRSTROKE STRYR1 Yes2 No / chart slashed8 Don't know9 MissingFrom screen127. Now, I will read a list of health problems that people often have. For eachproblem that I read, please tell me if you have had it in the past year. You can justanswer Yes or No.(Note to Interviewer: if the problem began longer ago and symptoms lasted into thepast year, check "yes". Do not read the examples in parentheses unless the respondentasks for clarification.)c) Stroke, or effects of stroke 1 2 STROKE | CCC\_R001INTERVIEWER: Press <Enter> to continue.Now I’d like to ask about certain chronic health conditions which ^YOU2 may have.We are interested in "long-term conditions" which are expected to last, or have already lasted, 6 months or more and that have been diagnosed by a health professional.CCC\_Q151CCC\_151^DOVERB\_C ^YOU2 suffer from the effects of a stroke?1 Yes2 NoDK, RF | 103 ACVT1Thrombose, hémorragie cérébrale, avc T1"Do you have .. At the present time"0: non1: oui, n'empêche pas du tout2: oui, empêche un peu3: oui, empêche beaucoup |
| Occurrence of Diabetes | Occurrence of diabetes at any point during the life of the participant. | Never had diabetesEver had diabetesPrefer not to answerDon’t know | Variable: C297 Label: CAMDEX 297. Diabetic?0 No 1 Yes8 Don't know 9 MissingFrom doctor1Did the subject or does the subject have..36. History of diabetes mellitus 1 2 3 4 5 6 9From proxy121a) Has he/she suffered from any of the following health problems?Health problem or condition No Don't know Yes How longHas he/she had this condition?Diabetes PROXDIAB DIAYR1 Yes2 No / chart slashed8 Don't know9 MissingFrom screen127. Now, I will read a list of health problems that people often have. For each problem that I read, please tell me if you have had it in the past year. You can just answer Yes or No. n) Diabetes 1 2 DIABETES | CCC\_R001INTERVIEWER: Press <Enter> to continue.Now I’d like to ask about certain chronic health conditions which ^YOU2 may have.We are interested in "long-term conditions" which are expected to last, or have already lasted, 6 months or more and that have been diagnosed by a health professional.CCC\_Q101CCC\_101(^DOVERB\_C ^YOU2 have:).. diabetes?1 Yes2 NoDK, RF | 96 DIABETT1Diabète T1. "Do you have .. At the present time"0: non1: oui, n'empêche pas du tout2: oui, empêche un peu3: oui, empêche beaucoup |
| Occurrence of Myocardial Infarction | Occurrence of myocardial infarction at any point during the life of the participant | Never had myocardial infarctionEver had myocardial infarctionPrefer not to answerDon’t know | From nurse1:Variable: C296 Label: CAMDEX 296. Heart attack?Value labels0 No 1 One2 More than one 8 Don't Know9 Missing | CCC\_Q120CCC\_120^HAVE\_C ^YOU1 ever had a heart attack?1 Yes2 NoDK, RFCCC\_C121 If CCC\_Q119 = 1 or CCC\_Q120 = 1, go to CCC\_Q131.Otherwise, go to CCC\_Q121.CCC\_Q121CCC\_121INTERVIEWER Include congestive heart failure.At the time of data processing, if the respondent reported having either angina(CCC\_Q119 = 1) or a heart attack (CCC\_Q120 = 1), then the variable for heart diseasewill be set to "Yes" (CCC\_Q121 = 1). | 108 AUTRMAT1 Autres maladies T1 0: non 1: oui, n'empêche pas du tout 2: oui, empêche un peu 3: oui, empêche beaucoup109 TYPMALT1 Type maladie autre T1 |
| Family History of High Blood Pressure | Occurrence of high blood pressure amongst members of the biological family of the participant (mother, father, siblings and children). | No family history of high blood pressureFamily history of high blood pressurePrefer not to answerDon’t know | Impossible | Impossible | Impossible |
| Family History of Stroke | Occurrence of stroke amongst members of the biological family of the participant (mother, father, siblings and children). | No family history of strokeFamily history of strokePrefer not to answerDon’t know | Impossible | Impossible | Impossible |
| Family History of Diabetes | Occurrence of diabetes amongst members of the biological family of the participant (mother, father, siblings and children). | No family history of diabetesFamily history of diabetesPrefer not to answerDon’t know | Impossible | Impossible | Impossible |
| Family History of Myocardial Infarction | Occurrence of myocardial infarction amongst members of the biological family of the participant (mother, father, siblings and children). | No family history of myocardial infarctionFamily history of myocardial infarctionPrefer not to answerDon’t know | Impossible | Impossible | Impossible |
| Level of Physical Activity | Categorical indicator of the participant's level of physical activity. Based on IPAQ scoring protocol (https://sites.google.com/site/theipaq/scoring-protocol). | Low level of physical activityModerate level of physical activityHigh level of physical activityNot applicable | Impossible | SAPE (Physical Activity Scale for the Elderly) | SAPE (Physical Activity Scale for the Elderly) |
| Total physical activity | Quantitative indicator of global physical activity in metabolic equivalent (MET)-minutes per week. Based on IPAQ scoring protocol (https://sites.google.com/site/theipaq/scoring-protocol). |  | Impossible | SAPE (Physical Activity Scale for the Elderly) | SAPE (Physical Activity Scale for the Elderly) |
| Level of Physical Activity (CSHA-based - ordinal) | Categorical indicator of the participant's level of physical activity using CSHA categories (ordinal; 3 categories) | Never [0] Low level of physical activity [1] Moderate level of physical activity [2] High level of physical activity [3]Prefer not to answer [8] Don't know [9] | Complete | Complete | Complete |
| Level of Physical Activity (CSHA-based -binary) | Categorical indicator of the participant's level of physical activity using CSHA categories (binary) | Never [0]Low level of physical activity [1] Moderate or High level of physical activity [2]Prefer not to answer [8] Don't know [9] | Complete | Complete | Complete |

Abbreviations: CCHS = Canadian Community Health Survey; CLSA = Canadian Longitudinal Study on Aging; cm = centimeters; CSHA = Canadian Study of Health and Aging; DK = don’t know; ft. = feet; HBP = high blood pressure; IPAQ = International Physical Activity Questionnaire; kgs. = kilograms; lbs = pounds; m = meters; MAX = maximum; MET = metabolic equivalent; MIN = minimum; NA = not applicable; nb = number; NuAge = Quebec Longitudinal Study on Nutrition and Aging; RF = refused; SAPE = Physical Activity Scale for the Elderly