**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. Birthday  Day\_\_ 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. | Male  Female | 2. Sex  Male\_ Female\_ | SEX\_Q01 Interviewer: Enter [respondent name]’s sex. If necessary, ask: (Is [respondent name] male or female?)  1. Male  2. Female  (DK, RF are not allowed) | Socio-demographic data  Response: Male\_\_ Female\_\_ |
| Highest Level of Education  Highest Level of Education  (cont’d) | Highest level of education completed by the participant. | None  Primary  High School  Post-Secondary  Prefer Not to Answer  Don’t Know | 5. How many years of education did you complete? EDUYEAR Years 88 DK  So 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 schooling  2 Some primary school  3 Finished primary school  4 Some secondary or high school  5 Completed secondary or high school  6 Some community or technical college,  CEGEP, or nursing program  7 Completed community college, technical  college, CEGEP, or nursing program  8 Some University  9 Bachelor's degree  10 Master's degree  11 PhD  12 Other  88 DK  99 Didn't Ask EDULEVEL | ED\_Q01 What is the highest grade of elementary or high school [respondent name] ever  EDU\_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, Newfoundland  and Labrador: 1st year of secondary) (Go to EDU\_Q03)  3 Grade 11 – 13 (Québec: Secondary V, Newfoundland and  Labrador: 2nd to 4th year of secondary)  DK, RF (Go to EDU\_Q03)  ED\_Q02 Did [respondent name] graduate from high school (secondary school)?  EDU\_2  1 Yes  2 No  DK, RF  ED\_Q03 Has [respondent name] received any other education that could be counted towards  EDU\_3 a degree, certificate or diploma from an educational institution?  1 Yes  2 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\_4  01 No post-secondary degree, certificate or diploma  02 Trade certificate or diploma from a vocational school or apprenticeship  training  03 Non-university certificate or diploma from a community college, CEGEP,  school of nursing, etc.  04 University certificate below bachelor’s level  05 Bachelor’s degree  06 University degree or certificate above bachelor’s degree  DK, 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 T1  How many years of education have you completed:\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| Household Income  Household Income  (cont’d) | Average current annual income, before taxes, of the participant’s entire household. |  | Partial | INC\_Q03A  IN2\_03A  What is your best estimate of the total household income received by all household  members, 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\_Q03B  IN2\_03B  INTERVIEWER: Read categories to respondent.  What is your best estimate of the total household income received by all household  members, 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\_Q03C  IN2\_03C  INTERVIEWER: Read categories to respondent.  Go to INC\_C04  Please stop me when I have read the category which applies to ^YOUR1 household.  1 Less than $5,000  2 $5,000 or more but less than $10,000  3 $10,000 or more but less than $15,000  4 $15,000 or more but less than $20,000  5 $20,000 or more but less than $30,000  6 $30,000 or more but less than $40,000  7 $40,000 or more but less than $50,000  DK, RF  INC\_Q03H  IN2\_03H  INTERVIEWER: 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 $60,000  2 $60,000 or more but less than $70,000  3 $70,000 or more but less than $80,000  4 $80,000 or more but less than $90,000  5 $90,000 or more but less than $100,000  6 $100,000 or more but less than $150,000  7 $150,000 and over  DK, RF | 41 REVACCT1 Accepte de donner revenu familial T1 0: non  1: oui  42 REVFAMT1 Revenus familial sur échelle de 0 à 100 000$ 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 more  Prefer not to answer  Don’t know | Complete | Complete | Complete |
| Country of Birth | Country where the participant was born. |  | 24. Where were you born?  Town Province (or country) | SDC\_Q1  SDC\_1  Go to SDC\_Q2  In what country ^WERE ^YOU2 born?  01 Canada (Go to SDC\_Q4)  02 China  03 France  Plus a list of other countries. | 12 pays Pays de naissance T1  13 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 cigarettes  Ever smoked cigarettes  Prefer not to answer  Don’t know | Has he/she ever smoked cigarettes regularly (nearly every day)?  \_\_Yes for how many years?\_\_\_\_years SMOKE, SMOKEYR  On 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\_Q201B  SMK\_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)  RF  SMK\_Q201A  SMK\_01A  In ^YOUR1 lifetime, ^HAVE ^YOU2 smoked a total of 100 or more cigarettes (about 4 packs)?  1 Yes (Go to SMK\_Q201C)  2 No  DK, RF | Impossible |
| Current Cigarette Smoker | Indicator of whether the participant currently smokes cigarettes. | Non-cigarette smoker  Cigarette smoker  Prefer not to answer  Don’t know | Impossible | SMK\_Q202  SMK\_202  Note: Daily smoker (current)  At the present time, ^DOVERB ^YOU2 smoke cigarettes daily, occasionally or not at  all?  1 Daily  2 Occasionally (Go to SMK\_Q205B)  3 Not at all (Go to SMK\_C205D)  DK, RF (Go to SMK\_END) | 44 FUMERT1  Fumez-vous actuellement? T1  0: Non  1: Oui, occasionnellement  2: Oui, régulièrement  3: Non mais j'ai déjà fumé  45 NBFUMET1  Nb/jour cigarettes ou tabac T1 |
| Current Quantity of Cigarettes Smoked | Current average number of cigarettes smoked per week. |  | Impossible | SMK\_Q204  SMK\_204  How many cigarettes ^DOVERB ^YOU1 smoke each day now?  |\_|\_| Cigarettes  (MIN: 1) (MAX: 99Warning after 60)  DK, RF  Go to SMK\_END  Note: Occasional smoker (current)  SMK\_Q205B  SMK\_05B  On the days that ^YOU2 ^DOVERB smoke, how many cigarettes ^DOVERB ^YOU1  usually smoke?  |\_|\_| Cigarettes  DK, RF  (MIN: 1) (MAX: 99; warning after 60)  SMK\_Q205C  SMK\_05C  In the past month, on how many days ^HAVE ^YOU1 smoked 1 or more cigarettes?  |\_|\_| Days  (MIN: 0) (MAX: 30)  DK, RF  Note: Occasional smoker or non-smoker (current) | 44 FUMERT1  Fumez-vous actuellement? T1  0: Non  1: Oui, occasionnellement  2: Oui, régulièrement  3: Non mais j'ai déjà fumé  45 NBFUMET1  Nb/jour cigarettes ou tabac T1 |
| Ever Alcohol Consumption | Indicator of whether the participant has ever consumed alcohol. | Never consumed alcohol  Ever consumed alcohol  Prefer not to answer  Don’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\_Q01  ALC\_1  During the past 12 months, that is, from ^YEARAGO to yesterday, ^HAVE ^YOU2  had a drink of beer, wine, liquor or any other alcoholic beverage?  1 Yes  2 No (Go to ALC\_Q05B)  DK, RF (Go to ALC\_END)  ALC\_Q05B  ALC\_5B  ^HAVE\_C ^YOU1 ever had a drink?  1 Yes  2 No  DK, RF | Impossible |
| Current Use Alcohol  Current Use Alcohol  (cont’d) | Indicator of whether the participant currently consumes alcohol | Does not consume alcohol  Consumes alcohol  Prefer not to answer  Don’t know | Impossible | ALC\_Q01  ALC\_1  During the past 12 months, that is, from ^YEARAGO to yesterday, ^HAVE ^YOU2  had a drink of beer, wine, liquor or any other alcoholic beverage?  1 Yes  2 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 lees  2  3-3+  Not answered  Have you had any wine in the  past year?  Yes  No  Not answered  Have you had any wine in the  past month?  Yes  No  Not answered  Over the past months hoe often have you had wine?  01-29  30-30+  Not answered  When you had wine (in the last month), how many glasses did you usually have at one times?  1 or lees  2  3-3+  Not answered  Have you had any liquor in the  past month?  Yes  No  Not answered  Over the past months hoe often have you had beer or ale?  01-29  30-30+  Not answered  When you had beer or ale(in the last month), how many cans or bottles did you usually have at one times?  1 or lees  2  3-3+  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 know  999 Missing | HWT\_2  How 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\_N2D  HWT\_2D  INTERVIEWER: Select the exact height.  Go to HWT\_Q3  00 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 know  999 Missing | HWT\_Q3  HWT\_3  How much ^DOVERB ^YOU1 weigh?  INTERVIEWER Enter amount only.  (MIN: 1) (MAX: 575)  |\_|\_|\_| Weight  DK, RF (Go to HWT\_END)  HWT\_N4  INTERVIEWER Was that in pounds or kilograms?  1 Pounds  2 Kilograms  (DK, RF are not allowed) | 470 POIMEMT1 poids mémoire (lbs) T1  471 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  Continuous  777 Skipped  888 Don’t know  999 Missing  6666 NA/Skipped | Impossible | 617 TAMINT1 Tension artérielle diastolique (assis) T1 |
| Systolic Blood Pressure at Rest | Systolic blood pressure measured at rest. |  | SBPSUPIN  Continuous  777 Skipped  888 Don’t know  999 Missing  6666 NA/Skipped | Impossible | 616 TAMAXT1 Tension artérielle systolique (assis) T1 |
| Occurrence of High Blood Pressure  Occurrence of High Blood Pressure  (cont’d) | Occurrence of high blood pressure at any point during the life of the participant. | Never had high blood pressure  Ever had high blood pressure  Prefer not to answer  Don’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 No  a) High blood pressure (whether controlled 1 2 HBP  by 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 long  Has he/she had this condition?  High blood pressure PROXHBP HBPYR  1 Yes  2 No / chart slashed  8 Don't know  9 Missing  From doctor1  Rate as 1 = yes, describe and indicate duration  2 = questionable  3 = no  4 = not relevant, describe why  5 = subject does not know  6 = subject could not answer  9 = not asked  28. Arterial hypertension (H) 1 2 3 4 5 6 9 ARTERIAL  From Nurse1:  Variable: C295 Label: CAMDEX 295. High BP?  Value labels  0 No  1 Yes  8 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 No  DK, RF  CCC\_Q072  CCC\_072  ^HAVE\_C ^YOU2 ever been diagnosed with high blood pressure?  1 Yes  2 No (Go to CCC\_Q081)  DK, RF (Go to CCC\_Q081)  CCC\_Q073  CCC\_073  In the past month, ^HAVE ^YOU2 taken any medication for high blood pressure?  1 Yes  2 No  DK, RF  CCC\_C073A If RESPGENDER = 2, go to CCC\_Q073A.  Otherwise, go to CCC\_Q081.  CCC\_Q073A  CCC\_073A  ^WERE\_C ^YOU2 pregnant when ^YOU1 ^WERE diagnosed with high blood  pressure?  1 Yes  2 No (Go to CCC\_Q081)  DK, RF (Go to CCC\_Q081)  CCC\_Q073B  CCC\_073B  Other than when ^YOU1 ^WERE pregnant, was there any other time when ^YOU1  ^WERE diagnosed with high blood pressure?  1 Yes  2 No  DK, RF | 93 HTEPRET1  Haute pression T1  "Do you have .. At the present time"  0: non  1: oui, n'empêche pas du tout  2: oui, empêche un peu  3: oui, empêche beaucoup |
| Current Treatment for High Blood Pressure  Current 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 pressure  Currently under treatment for high blood pressure  Prefer not to answer  Don’t know | From Proxy:  Please list all medication he/she is currently taking for any of the above conditions.  Don't Know  Name of the medication  How long ..  From Doctor  Ant-hypertensive (Yes, No, can't tell, Missing) | CCC\_R001  INTERVIEWER: 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 No  DK, RF  CCC\_Q072  CCC\_072  ^HAVE\_C ^YOU2 ever been diagnosed with high blood pressure?  1 Yes  2 No (Go to CCC\_Q081)  DK, RF (Go to CCC\_Q081)  CCC\_Q073  CCC\_073  In the past month, ^HAVE ^YOU2 taken any medication for high blood pressure?  1 Yes  2 No  DK, RF  CCC\_C073A If RESPGENDER = 2, go to CCC\_Q073A.  Otherwise, go to CCC\_Q081.  CCC\_Q073A  CCC\_073A  ^WERE\_C ^YOU2 pregnant when ^YOU1 ^WERE diagnosed with high blood  pressure?  1 Yes  2 No (Go to CCC\_Q081)  DK, RF (Go to CCC\_Q081)  CCC\_Q073B  CCC\_073B  Other than when ^YOU1 ^WERE pregnant, was there any other time when ^YOU1  ^WERE diagnosed with high blood pressure?  1 Yes  2 No  DK, RF | Impossible |
| Occurrence of Stroke | Occurrence of stroke at any point during the life of the participant. | Never had stroke  Ever had stroke  Prefer not to answer  Don’t know | 1 Yes  8 Don't know  9 Missing  From doctor1  "Did the subject or does the subject have.."  17. history of stroke (H) 1 2 3 4 5 6 9 HXSTROKE  From proxy1  21a) Has he/she suffered from any of the following health problems?  Health problem or condition No Don't know Yes How long  Has he/she had this condition?  Stroke PRSTROKE STRYR  1 Yes  2 No / chart slashed  8 Don't know  9 Missing  From screen1  27. 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.  (Note to Interviewer: 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.)  c) Stroke, or effects of stroke 1 2 STROKE | CCC\_R001  INTERVIEWER: 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\_Q151  CCC\_151  ^DOVERB\_C ^YOU2 suffer from the effects of a stroke?  1 Yes  2 No  DK, RF | 103 ACVT1  Thrombose, hémorragie cérébrale, avc T1  "Do you have .. At the present time"  0: non  1: oui, n'empêche pas du tout  2: oui, empêche un peu  3: oui, empêche beaucoup |
| Occurrence of Diabetes | Occurrence of diabetes at any point during the life of the participant. | Never had diabetes  Ever had diabetes  Prefer not to answer  Don’t know | Variable: C297 Label: CAMDEX 297. Diabetic?  0 No  1 Yes  8 Don't know  9 Missing  From doctor1  Did the subject or does the subject have..  36. History of diabetes mellitus 1 2 3 4 5 6 9  From proxy1  21a) Has he/she suffered from any of the following health problems?  Health problem or condition No Don't know Yes How long  Has he/she had this condition?  Diabetes PROXDIAB DIAYR  1 Yes  2 No / chart slashed  8 Don't know  9 Missing  From screen1  27. 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\_R001  INTERVIEWER: 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\_Q101  CCC\_101  (^DOVERB\_C ^YOU2 have:)  .. diabetes?  1 Yes  2 No  DK, RF | 96 DIABETT1  Diabète T1. "Do you have .. At the present time"  0: non  1: oui, n'empêche pas du tout  2: oui, empêche un peu  3: oui, empêche beaucoup |
| Occurrence of Myocardial Infarction | Occurrence of myocardial infarction at any point during the life of the participant | Never had myocardial infarction  Ever had myocardial infarction  Prefer not to answer  Don’t know | From nurse1:  Variable: C296 Label: CAMDEX 296. Heart attack?  Value labels  0 No  1 One  2 More than one  8 Don't Know  9 Missing | CCC\_Q120  CCC\_120  ^HAVE\_C ^YOU1 ever had a heart attack?  1 Yes  2 No  DK, RF  CCC\_C121 If CCC\_Q119 = 1 or CCC\_Q120 = 1, go to CCC\_Q131.  Otherwise, go to CCC\_Q121.  CCC\_Q121  CCC\_121  INTERVIEWER 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 disease  will 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 beaucoup  109 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 pressure  Family history of high blood pressure  Prefer not to answer  Don’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 stroke  Family history of stroke  Prefer not to answer  Don’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 diabetes  Family history of diabetes  Prefer not to answer  Don’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 infarction  Family history of myocardial infarction  Prefer not to answer  Don’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 activity  Moderate level of physical activity  High level of physical activity  Not 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