CHEMICAL SENSES – TASTE & SMELL – (CSQ)
Target Group: SPs 40+

CSQ.010 The next questions are about (your/SP’s) sense of smell. During the past 12 months, (have you/has he/she) had a problem with (your/his/her) ability to smell, such as not being able to smell things or things not smelling the way they are supposed to?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON’T KNOW .................................................. 9

CSQ.020 How would (you/SP) rate (your/his/her) ability to smell now as compared to when (you were/he was/she was) 25 years old? Is it better, worse or is there no change?

BETTER NOW ............................................... 1
WORSE NOW ............................................... 2
NO CHANGE .................................................. 3
REFUSED ..................................................... 7
DON’T KNOW .................................................. 9

CSQ.030 Do some smells bother (you/SP) although they do not bother other people?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON’T KNOW .................................................. 9

CSQ.040 {Do you/Does SP} sometimes smell an unpleasant, bad or burning odor when nothing is there?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON’T KNOW .................................................. 9

BOX 1

CHECK ITEM CSQ.050:
IF CSQ.010 = 1 OR CSQ.020 = 2 OR CSQ.040 = 1 then CONTINUE.
OTHERWISE, GO TO CSQ.080.
CSQ.060 How long ago {did you/did SP} first notice a problem with, or a change in, {your/his/her} ability to smell?

INTERVIEWER INSTRUCTION: READ CATEGORIES IF NECESSARY

   LESS THAN 3 MONTHS AGO .........................  1
   3 TO 12 MONTHS (1 YEAR) AGO ................  2
   1 TO 4 YEARS AGO .................................  3
   5 TO 9 YEARS AGO .................................  4
   TEN OR MORE YEARS AGO ......................  5
   REFUSED ...............................................  7
   DON’T KNOW .........................................  9

CAPI INSTRUCTION:
DISPLAY REASON GOT TO THIS QUESTION ABOVE QUESTION TEXT FOR INTERVIEWER REFERENCE.
IF CSQ.020 = 2 DISPLAY “SMELL WORSE THAN WHEN 25”
IF CSQ.040 = 1 DISPLAY “SMELL ODOR WHEN NOT THERE”

CSQ.070 Is the problem with {your/SP’s} ability to smell always there or does it come and go?

INTERVIEWER INSTRUCTION: PLEASE INCLUDE TEMPORARY PROBLEMS WITH THE SPs SENSE OF SMELL DUE TO ALLERGIES BUT DO NOT INCLUDE ANY PROBLEMS WITH SMELL DUE TO A HEAD COLD.

   IT IS ALWAYS THERE ............................................  1
   IT COMES AND GOES ...........................................  2
   I HAVE A PROBLEM ONLY WITH A COLD ...................  3
   REFUSED ....................................................................  7
   DON’T KNOW ......................................................  9

CAPI INSTRUCTION:
DISPLAY REASON GOT TO THIS QUESTION ABOVE QUESTION TEXT FOR INTERVIEWER REFERENCE.
IF CSQ.020 = 2 DISPLAY “SMELL WORSE THAN WHEN 25”
IF CSQ.040 = 1 DISPLAY “SMELL ODOR WHEN NOT THERE”

CSQ.080 The next questions are about {your/SP’s} sense of taste. During the past 12 months, {have you/has he/has she} had a problem with {your/his/her} ability to taste sweet, sour, salty or bitter foods and drinks?

   YES ..............................................................  1
   NO ...............................................................  2
   REFUSED .........................................................  7
   DON’T KNOW ...................................................  9
CSQ.090 I am going to read you a list of tastes in everyday foods. How (is your/is SP’s) ability to taste each one of these now compared to when (you were/he was/she was) 25 years old? Would you say it is better, worse, or is there no change?

INTERVIEWER INSTRUCTION: PLEASE DO NOT INCLUDE TEMPORARY PROBLEMS WITH THE SPs SENSE OF SMELL DUE TO A HEAD COLD.

HAND CARD CSQ1
RESPONSES: BETTER = 1, WORSE = 2, NO CHANGE = 3, REFUSED = 7, DON'T KNOW = 9

a. salt in foods like potato chips or pretzels ......................................... ___
b. sourness in foods like lemons or vinegar......................................... ___
c. sweetness in foods like peaches or ice cream................................. ___
d. bitterness in drinks like unsweetened black coffee........................___

REFUSED ........................................................................................  7
DON'T KNOW ..................................................................................  9

CSQ.100 Is (your/SP’s) ability to taste food flavors such as chocolate, vanilla or strawberry as good as when (you were/he was/she was) 25 years old?

YES ...............................................................  1
NO .................................................................  2
REFUSED .....................................................  7
DON'T KNOW ...............................................  9

CSQ.110 During the past 12 months (have you/has SP) had a taste or other sensation in (your/his/her) mouth that does not go away?

YES ...............................................................  1
NO .................................................................  2 (BOX 2)
REFUSED .....................................................  7 (BOX 2)
DON'T KNOW ...............................................  9 (BOX 2)

CSQ.120 Please describe the taste or other sensation in (your/SP’s) mouth that does not go away. Would (you/he/she) say it is …

HAND CARD CSQ2
CODE ALL THAT APPLY.

sweet .............................................................  1
sour ...............................................................  2
salty ...............................................................  3
bitter ..............................................................  4
metallic ..........................................................  5
burning or tingling ..........................................  6
bad or foul......................................................  7
or something else .........................................  8
REFUSED .....................................................  77
DON'T KNOW ...............................................  99
CHECK ITEM CSQ.130:
CHECK ITEM: IF CSQ.080 = 1 OR ANY CSQ.090a-d = 2 OR CSQ.100 = 2 OR CSQ.110 = 1, THEN CONTINUE.
OTHERWISE, GO TO BOX 3.

CSQ.140 How long ago {did you/did SP} first notice a problem with, or a change in, {your/his/her} ability to taste?

INTERVIEWER INSTRUCTION: THE ABILITY TO TASTE IS THE ABILITY TO TASTE SWEET, SOUR, SALTY OR BITTER FOODS OR DRINKS.
READ CATEGORIES IF NECESSARY.

LESS THAN 3 MONTHS AGO ......................  1
3 TO 12 MONTHS (1 YEAR) AGO .............  2
1 TO 4 YEARS AGO ................................  3
5 TO 9 YEARS AGO ..................................  4
TEN OR MORE YEARS AGO .....................  5
REFUSED ..................................................  7
DON’T KNOW ..............................................  9

CAPI INSTRUCTION:
DISPLAY REASON GOT TO THIS QUESTION ABOVE QUESTION TEXT FOR INTERVIEWER REFERENCE.
IF CSQ.090A-D = 2 DISPLAY “TASTE OF EVERYDAY FOOD IS WORSE THAN WHEN 25”
IF CSQ.100 = 2 DISPLAY “CHOCOLATE, VANILLA, STRAWBERRY NOT TASTE AS GOOD AS WHEN 25”
IF CSQ.110 = 1 DISPLAY “TASTE OR SENSATION IN MOUTH THAT DOESN’T GO AWAY”

CHECK ITEM CSQ.150:
CHECK ITEM: IF CSQ.010 = 1 OR CSQ.020 = 2 or CSQ.030 = 1 OR CSQ.040 = 1 OR CSQ.080 = 1 OR ANY CSQ.090a-d = 2 OR CSQ.100 = 2 OR CSQ.110 = 1, THEN CONTINUE.
OTHERWISE, GO TO CSQ.200.

CSQ.160 {Have you/Has SP} ever discussed any problem with, or change in {your/his/her} ability to taste or smell with a health care provider?

INTERVIEWER INSTRUCTION: INCLUDE DOCTORS, DENTISTS, DIETITIANS AND NUTRITIONISTS AS HEALTH CARE PROVIDERS.

YES ......................................................  1
NO ...........................................................  2 (CSQ.180)
REFUSED ..................................................  7 (CSQ.180)
DON’T KNOW ..............................................  9 (CSQ.180)
When was the last time (you/SP) discussed any problem with (your/his/her) ability to taste or smell with a health care provider?

INTERVIEWER INSTRUCTION: READ CATEGORIES IF NECESSARY.
INCLUDE DOCTORS, DENTISTS, DIETITIANS AND NUTRITIONISTS AS HEALTH CARE PROVIDERS.

IN THE PAST 12 MONTHS ......................... 1
1 TO 4 YEARS AGO ................................. 2
5 TO 9 YEARS AGO ............................... 3
TEN OR MORE YEARS AGO ....................... 4
REFUSED ............................................. 7
DON'T KNOW .......................................... 9

The next question refers to treatments (you/SP) may have tried to improve (your/his/her) ability to taste or smell. Please make sure to include any treatments that (your/his/her) health care provider recommended. Also include any other treatments (you/he/she) may have read about and tried.

During the past 12 months, (have you/has SP) tried any treatments to improve (your/his/her) ability to taste or smell?

YES ......................................................... 1
NO ......................................................... 2
REFUSED .................................................. 7
DON'T KNOW .......................................... 9

During the past 12 months, (have you/has SP) experienced a problem with (your/his/her) general health, work or (your/his/her) enjoyment of life because of a problem with (your/his/her) ability to taste or smell?

INTERVIEWER INSTRUCTION: INCLUDE PROBLEMS WITH DIET AND WEIGHT AS HEALTH PROBLEMS.

YES ......................................................... 1
NO ......................................................... 2
REFUSED .................................................. 7
DON'T KNOW .......................................... 9

During the past 12 months, (have you/has SP) had any of the following ...

HAND CARD CSQ3
CODE ALL THAT APPLY.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

CSQ.200 a head cold or flu for longer than a month .................
CSQ.202 persistent dry mouth (not enough saliva) .................
CSQ.204 frequent nasal congestion from allergies ...............
CSQ.210  Have you/Has SP ever had any of the following?

HAND CARD CSQ4
CODE ALL THAT APPLY.

RESPONSES:  YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

- CSQ.210  wisdom teeth removed ......................................................... ___
- CSQ.220  tonsils removed .................................................................... ___
- CSQ.240  loss of consciousness because of a head injury................... ___
- CSQ.250  broken nose or other serious injury to face or skull .............. ___
- CSQ.260  two or more sinus infections................................................___