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/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 TASTE 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
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”

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)
CSQ.170 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

CSQ.180 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

CSQ.190 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

CSQ.200 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 .....................
AUQ.136  {Have you/Has SP} ever had 3 or more ear infections? Please include ear infections {you/he/she} may have had when {you were/he was/she was} a child.

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

AUQ.138  {Have you/Has SP} ever had a tube placed in {your/his/her} ear to drain the fluid from {your/his/her} ear?

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

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 ............................................... ___