

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/has 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

BOX 2

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"

BOX 3

CHECK ITEM CSQ.150:

CHECK ITEM: IF CSQ.010 = 1 OR CSQ.020 = 2 or CSQ.030 = 1 OR CSQ.040 = 1 OR IF 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)

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..... ____

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 ____