

Appendix 1. Questions asked to SLAN 2007 and NIHSWS 2005 participants to ascertain chronic conditions

	SLAN 2007	NIHSWS 2005
Heart Attack	Have you had any of the following in the last 12 months (Heart Attack)? (Y/N) AND If yes, was this condition diagnosed by a doctor? (Y/N)	Have you ever been told by a doctor that you had any of the conditions on this card (Heart Attack)? (Y/N) AND Have you had a heart attack during the past 12 months? (Y/N)
Angina	Have you had any of the following in the last 12 months (Angina)? (Y/N) AND If yes, was this condition diagnosed by a doctor? (Y/N)	Have you ever been told by a doctor that you had any of the conditions on this card (Angina)? (Y/N) AND Have you had a angina during the past 12 months? (Y/N)
Stroke	Have you had any of the following in the last 12 months (Stroke)? (Y/N) AND If yes, was this condition diagnosed by a doctor? (Y/N)	Have you ever been told by a doctor that you had any of the conditions on this card (Stroke)? (Y/N) AND Have you had a stroke during the past 12 months? (Y/N)
Asthma	Have you had any of the following in the last 12 months (Asthma)? (Y/N) AND If yes, was this condition diagnosed by a doctor? (Y/N)	Have you ever been told by a doctor that you had any of the conditions on this card (Asthma)? (Y/N) AND If yes, have you had an asthma attack during the past 12 months? (Y/N)
Chronic Obstructive Pulmonary Disease (COPD)	Have you had any of the following in the last 12 months (Chronic bronchitis, chronic obstructive lung (pulmonary) disease, emphysema)? (Y/N) AND If yes, was this condition diagnosed by a doctor? (Y/N)	Have you ever been told by a doctor that you had any of the conditions on this card (COPD or chronic obstructive pulmonary disease e.g. chronic bronchitis / emphysema or both disorders)? (Y/N)
Diabetes	Have you had any of the following in the last 12 months (Diabetes)? (Y/N) AND If yes, was this condition diagnosed by a doctor? (Y/N)	Have you ever been told by a doctor that you had any of the conditions on this card (Diabetes, during or not during pregnancy)? (Y/N)
Musculoskeletal Pain	Have you suffered from rheumatoid arthritis (inflammations of the joints) in the last 12 months (Y/N) OR Have you suffered from osteoarthritis (arthritis, joint degeneration) in the last 12 months (Y/N) OR Have you suffered from Lower back pain or other chronic back condition in the last 12 months? (Y/N)	Do you suffer from any recurrent or continuous pain, swelling or stiffness in any of your joints, your neck or your back? (Y/N)