**Table A1. Mobility and Travel behaviour used from the CLSA Follow-up 2 survey.**

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| **Variable** | **Module** | **Survey Question** | **Response categories** |
| **Requires assistance to walk (from a person or a mobility aid)** | **Basic Activities of Daily Living (ADL)** | Can you walk without help? | Yes, no |
| **Requires assistance to get to places out of walking distance** | **Instrumental Activities of Daily Living (IAL)** | Can you get to places out of walking distance without help (i.e., you drive your own car, or travel alone on buses, or taxis)? | Yes, no |
| **Requires assistance for shopping needs** | **Instrumental Activities of Daily Living (IAL)** | Can you go shopping for groceries or clothes without help (taking care of all shopping needs yourself)? | Yes, no |
| **Modes used in the past month** | **Transportation, Mobility, Migration (TRA)** | In the past month, which of the following forms of transportation have you used? (select all that apply) | Drive a motor vehicle,  Passenger in a motor vehicle, Taxi, Public transit such as bus, rapid transit, subway/metro or train, Accessible transit, Cycling, Walking, Wheelchair or motorized cart/scooter |
| **Modes used in the past month; Number of modes used in the past month** | **Transportation, Mobility, Migration (TRA)** | In the past month, which of the following forms of transportation have you used? (select all that apply) | Drive a motor vehicle, Passenger in a motor vehicle, Taxi, Public transit such as bus, rapid transit, subway/metro or train, Accessible transit, Cycling, Walking, Wheelchair or motorized cart/scooter |
| **Typical destinations in a week;**  **Number of different destination types in a typical week** | **Transportation, Mobility, Migration (TRA)** | What kind of trip(s) do you typically make in a week, whether by car, public transit, walking or other means? (select all that apply) | Commute to/from work, Banking and other business appointments, Medical appointments, Grocery shopping, Recreational/leisure shopping, restaurants, Recreational/leisure trips to park, other outdoor spaces, Church/worship service, Visiting friends and family, Social activities (seniors recreational centres) |
| **Have a valid drivers’ license** | **Transportation, Mobility, Migration (TRA)** | Which of the following describes your driving status? (Include cars, vans, trucks and motorcycles.) | Never had a driver’s license, Had a driver’s license at one point in your life, but currently do not have it, Have a driver’s license without restrictions, Have a driver’s license with restrictions on time of driving, distance from home, type of road, or number of passengers |
| **Frequency of driving** | **Transportation, Mobility, Migration (TRA)** | How frequently do you drive? | Daily, 4 to 6 times a week, 2 to 3 times a week, once a week, less than once a week, but more than once a month, less than once a month, not at all |
| **Have spoken with a medical professional about driving safety** | **Transportation, Mobility, Migration (TRA)** | Have you ever spoken to your family doctor, optometrist or any other doctor, nurse or pharmacist about your driving safety? | Yes, no |
| **Try to avoid these driving situations** | **Transportation, Mobility, Migration (TRA)** | If possible, do you try to avoid any of these driving situations: | Response categories listed in Table 5. |
| **Reasons for giving up driving** | **Transportation, Mobility, Migration (TRA)** | What factors or events led you to stop driving? | Response categories listed in Table 6. |