

**National Population Health Survey
Content For Main Survey**

March 25, 1994

DRAFT

Table of Contents

Household Record Variables	3
Proxy Interview	6
Two-Week Disability	6
Health Care Utilization	6
Restriction of Activities	8
Chronic Conditions	10
Socio-demographic Characteristics	11
Country of Birth/Year of Immigration	11
Ethnicity	11
Language	12
Race	12
Education	12
Labour Force	14
Income	17
Administration	18
Non-proxy Interview	19
General Health	19
Height/Weight	19
Preventive Health Practices	19
Smoking	20
Alcohol	21
Physical Activities	23
Injuries	25
Stress	27
Ongoing Problems	27
Recent Life Events	29
Childhood and adult stressors("traumas")	30
Work Stress	31
Self-Esteem and Mastery	31
Sense of Coherence	32
Health Status	35
Vision	35
Hearing	36
Speech	37
Getting Around	37
Hands and Fingers	38
Feelings	39
Memory	39
Thinking	39
Pain and Discomfort	39
Drug Use	40
Mental Health	41
Social Support	46
Health Number	48
Agreement to Share	48
Notes:	50

Household Record Variables

(To be collected at initial contact from knowledgeable person)

- DEMO_INT The next few questions will provide important basic information on the people in your household.
- DEMO_Q1 What are the names of all persons now living or staying here who have no usual place of residence elsewhere?
(First and last names)
- DEMO_Q2 Are there any persons away from this household attending school, visiting, travelling or in hospital who usually live here?
- ___ Yes (go to DEMO-Q1)
___ No
- DEMO_Q3 Does anyone else live at this dwelling such as relatives, roomers, boarders or employees?
- ___ Yes (go to DEMO-Q1)
___ No
- DEMO_Q4 What is ... 's date of birth?
- DD/MM/YY (Age is calculated and confirmed with respondent.)
- DEMO_Q5 Enter or ask ... 's sex.
- ___ Male
___ Female
- DEMO_Q6 What is ... current marital status?
(Note: if age < 15, marital status is automatically = single)
- ___ Now married
___ Common-law
___ Living with a partner
___ Single (never married)
___ Widowed
___ Separated
___ Divorced
- DEMO_Q7 Enter ... 's family Id code.
- (A to Z)

Legal household check.

Reject household at this point if screening criteria are not met.

Selection criteria applied.

- DEMO_Q8 Relationships of everyone to everyone else;
- Birth Parent Common law partner

Step Parent	In-law
Foster Parent	Other Related
Birth Child	Unrelated
Step Child	Husband/Wife
Foster Child	Adopted Child
Sister/brother	Adoptive Parent
Grandparent	Same-sex Partner
Grandchild	

HHL_D_Q1 Now a few questions about your dwelling. Is this dwelling owned by a member of this household (even if being paid for)?

Yes
 No

HHL_D_Q3 How many bedrooms are there in this dwelling?
 (If no separate, enclosed bedroom enter "00".)

number of bedrooms (2 digits)

HHL_D_Q4 Is there a pet in this household?

Yes
 No (Go to HHL_D-Q6)

HHL_D_Q5 What kind of pet?
 (Do not read list. Mark all that apply)

Dog
 Cat
 Other (Go to HHL_D-Q6)

HHL_D_Q5a Does this pet or do any of these pets live mainly indoors?

Yes
 No

HHL_D_Q6 Record type of dwelling (by interviewer observation)

Single detached house
 Semi-detached or double (side-by-side)
 Garden house, town-house or row house
 Duplex (one above the other)
 Low-rise apartment (less than 5 stories)
 High-rise apartment (5 or more stories)
 Institution
 Hotel, rooming or lodging house, logging or construction camp, Hutterite Colony
 Mobile home
 Other (Specify _____)

HHLD_Q7 Information Source Indicator i.e. who is providing the information

HHLD_Q8 Record language of interview

English	Persian (Farsi)
French	Polish
Arabic	Portuguese
Chinese	Punjabi
Cree	Spanish
German	Tagalog (Filipino)
Greek	Ukrainian
Hungarian	Vietnamese
Italian	Other (Specify_____)
Korean	

Proxy Interview

(To be completed for all members of the household)

If collection period=6 or if age of selected person <12, the interviewer should ask for the child's main caregiver to respond on behalf of family members.

H05-P1 Who is providing the information for this person's form?

Two-Week Disability

TWOWK-INT The first few questions ask about ...(r/'s) health during the past 14 days.

TWOWK-Q1 It is important for you to refer to the 14-day period¹ from %2WKSAGO% to %YESTERDAY%. During that period, did ... stay in bed at all because of illness or injury including any nights spent as a patient in a hospital?

___ Yes
___ No (Go to TWOWK-Q3)

TWOWK-Q2 How many days did ... stay in bed for all or most of the day?

___ Days (Enter <0> if less than a day.)
(If = 14 days go to TWOWK-Q5)

TWOWK-Q3 (Not counting days spent in bed) During those 14 days, were there any days that ... cut down on things you/he/she normally do/does because of illness or injury?

___ Yes
___ No (Go to TWOWK-Q5)

TWOWK-Q4 How many days did ... cut down on things for all or most of the day?

___ Days
(Enter <0> if less than a day.)

TWOWK-Q5 Do(es) ... have a regular medical doctor?

___ Yes
___ No

Health Care Utilization

UTIL-CINT If age<12, go to next section.

UTIL-INT Now I'd like to ask about ...(r/'s) contacts with health professionals during the past 12 months².

UTIL-Q1 In the past 12 months, have/has ... been a patient overnight in a hospital, nursing home or convalescent home?

___ Yes
___ No (Go to UTIL-Q2)

UTIL-Q1a For how many nights in the past 12 months?

___ nights

UTIL-Q2 (Not counting when ... were/was an overnight patient) In the past 12 months, have/has ... seen or talked on the telephone with [fill category] about your/his/her physical, emotional or mental health:

Note: a) to e) have been reordered

- a) General practitioner or family physician
- b) Eye specialist (such as an ophthalmologist or optometrist)
- c) Other medical doctor (such as surgeon, allergist, gynaecologist, psychiatrist, etc.)
- d) A nurse for care or advice
- e) Dentist or orthodontist
- f) Chiropractor
- g) Physiotherapist
- h) Social worker or counsellor
- i) Psychologist
- j) Speech, audiology or occupational therapist

For each response >0 in a), c), or d), ask UTIL-Q3.

UTIL-Q3 Where did the most recent contact take place?
(Read list. Mark one only.)

- ___ Walk-in clinic
- ___ Outpatient clinic in hospital
- ___ Hospital emergency room
- ___ Health professional's office
- ___ Community health centre /CLSC
- ___ At home
- ___ Telephone consultation only
- ___ Other (Specify_____)

UTIL-Q4 People may also use alternative health care services. In the past 12 months, have/has ... seen or talked to an alternative health care provider such as an acupuncturist, naturopath, homeopath or massage therapist about your/his/her physical, emotional or mental health?

- ___ Yes
- ___ No (Go to UTIL-Q6)

UTIL-Q5 Who did ... see or talk to?
(Do not read list. Mark all that apply.)

- ___ Massage therapist
- ___ Acupuncturist
- ___ Homeopath or naturopath
- ___ Feldenkrais or Alexander teacher
- ___ Relaxation therapist
- ___ Biofeedback teacher
- ___ Rolfer
- ___ Herbalist
- ___ Reflexologist
- ___ Spiritual healer
- ___ Religious healer

- Self help group (such as AA, cancer therapy, etc.)
- Other (Specify _____)

UTIL-Q6 During the past 12 months, was there ever a time when you/he/she needed health care or advice but did not receive it?

- Yes
- No (Go to UTIL-C9)

UTIL-Q7 Thinking of the most recent time, why did ... not get care?

UTIL-Q8 Again, thinking of the most recent time, what was the type of care that was needed?
(Do not read list. Mark all that apply.)

- Treatment of a physical health problem
- Treatment of an emotional or mental health problem
- A regular check-up (or for regular pre-natal care)
- Care of an injury
- Any other reason (Specify _____)

UTIL-C9 IF age < 18 then go to next section.

UTIL-Q9 Home care services are *health care or homemaker* services received at home, with the cost being entirely or partially covered by government. ~~These services are usually provided by local community, private or volunteer agencies.~~ Examples of services are: nursing care; help with bathing; help around the home; physiotherapy; counselling; and meal delivery. Have/Has ... received any home care services in the past 12 months?

- Yes
- No (Go to next section)

UTIL-Q10 What type of services have/has ... received?

(Specify _____)

Restriction of Activities

RESTR-CINT If age < 12, go to next section.

RESTR-INT The next few questions deal with any health limitations which affect ... (r/s) daily activities. In these questions, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.

RESTR-Q1 Because of a long-term physical or mental condition or a health problem, are/is ... limited in the kind or amount of activity you/he/she can do:

- a) at home?
 - Yes
 - No

- b) at school?
 Yes
 No
 Not applicable
- c) at work?
 Yes
 No
 Not applicable
- d) in other activities such as transportation to or from work or leisure time activities?
 Yes
 No

RESTR-Q2 Do(es) ... have any long term disabilities or handicaps?

- Yes
 No

If any yes in RESTR-Q1 (a)-(d), ask RESTR-Q3.

If yes in RESTR-Q2 only, ask RESTR-Q4.

Otherwise go to RESTR-Q6.

RESTR-Q3 What is the main condition or health problem causing ... to be limited in your/his/her activities?

_____ (25 spaces) (Go to RESTR-Q5)

RESTR-Q4 What is the main condition or health problem causing ... to have a long term disability or handicap?

_____ (25 spaces)

RESTR-Q5 Which one of the following is the best description of the cause of this condition?

(Read list. Mark one only.)

- Injury - at home
 Injury - sports or recreation
 Injury - motor vehicle
 Injury - work-related
 Existed at birth
 Work environment
 Disease or illness
 Natural aging process
 Psychological or physical abuse
 Other (Specify _____)

RESTR-Q6 The next question asks about assistance, which may not apply to ... , but we need to ask the same question of everyone. Because of any condition or health problem, do(es) ... need the help of another person in:

(Read list. Mark all that apply.)

- Preparing meals?
 Shopping for groceries or other necessities?
 Doing normal everyday housework?
 Doing heavy household chores such as washing walls, yard work, etc.?

- Personal care such as washing, dressing or eating?
- Moving about inside the house?
- None of the above

Chronic Conditions

CHRON-CINT If age<12 go to next section.

CHRON-INT Now I'd like to ask about any chronic health conditions ... may have. Again, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.

CHRON-Q1 Do(es) ... have any of the following long-term conditions that have been diagnosed by a health professional:

(Read list. Mark all that apply.)

- (a) Food allergies?
- (b) Other allergies?
- (c) Asthma?(If YES ask CHRON-Q1cc1)
- (d) Arthritis or rheumatism?
- (e) Back problems excluding arthritis?
- (f) High blood pressure?
- (g) Migraine headaches?
- (h) Chronic bronchitis or emphysema?
- (i) Sinusitis?
- (j) Diabetes?
- (k) Epilepsy?
- (l) Heart disease?
- (m) Cancer? (If yes ask CHRON-Q1mm)
- (n) Stomach or intestinal ulcers?
- (o) Effects of stroke?
- (p) Urinary incontinence?
- (q) Acne requiring prescription medication? (Ask if age<30)

For persons aged < 18 years go to (u).

- (r) Alzheimer's disease or other dementia?
- (s) Cataracts?
- (t) Glaucoma?
- (u) Any other long term condition? (Specify _____)
- (v) None

CHRON-Q1mm What type(s) of cancer is this? For example, skin, lung or colon cancer.

CHRON-Q1cc1 Have/Has ... had an attack of asthma in the past 12 months?

- Yes
- No

CHRON-Q1cc2 Have/Has ... had wheezing or whistling in the chest at any time in the past 12 months?

- Yes
- No

Socio-demographic Characteristics

SOCIO-INT Now I'd like to ask some general questions about the characteristics of people in your household.

Country of Birth/Year of Immigration

SOCIO-Q1 In what country were/was ... born?
(Do not read list. Mark one only.)

- | | | | |
|--------------------------|-----------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Canada (Go to next section) | | |
| <input type="checkbox"/> | China | <input type="checkbox"/> | Jamaica |
| <input type="checkbox"/> | France | <input type="checkbox"/> | Netherlands |
| <input type="checkbox"/> | Germany | <input type="checkbox"/> | Philippines |
| <input type="checkbox"/> | Greece | <input type="checkbox"/> | Poland |
| <input type="checkbox"/> | Guyana | <input type="checkbox"/> | Portugal |
| <input type="checkbox"/> | Hong Kong | <input type="checkbox"/> | United Kingdom |
| <input type="checkbox"/> | Hungary | <input type="checkbox"/> | United States |
| <input type="checkbox"/> | India | <input type="checkbox"/> | Viet Nam |
| <input type="checkbox"/> | Italy | <input type="checkbox"/> | Other (Specify___) |

SOCIO-Q3 In what year did ... first immigrate to Canada?
___ Year (4 digits)
(Enter <1999> if Canadian citizen by birth.)

Ethnicity

SOCIO-Q4 To which ethnic or cultural group(s) did your/his/her ancestors belong? (For example: French, British, Chinese, etc.)
(Do not read list. Mark all that apply.)

- | | | | |
|--------------------------|---------------------|--------------------------|--|
| <input type="checkbox"/> | Canadian | <input type="checkbox"/> | Chinese |
| <input type="checkbox"/> | French | <input type="checkbox"/> | Jewish |
| <input type="checkbox"/> | English | <input type="checkbox"/> | Polish |
| <input type="checkbox"/> | German | <input type="checkbox"/> | Portuguese |
| <input type="checkbox"/> | Scottish | <input type="checkbox"/> | South Asian |
| <input type="checkbox"/> | Irish | <input type="checkbox"/> | Black |
| <input type="checkbox"/> | Italian | <input type="checkbox"/> | North American Indian |
| <input type="checkbox"/> | Ukrainian | <input type="checkbox"/> | Métis |
| <input type="checkbox"/> | Dutch (Netherlands) | <input type="checkbox"/> | Inuit/Eskimo |
| | | <input type="checkbox"/> | Other ethnic or cultural group(s) (Specify___) |

Note: former SOCIO-Q4 (registered Indian) question has been deleted.

Language

SOCIO-Q5 In which languages can ... conduct a conversation?
(Do not read list. Mark all that apply.)

- | | | | |
|--------------------------|---------|--------------------------|-----------------|
| <input type="checkbox"/> | English | <input type="checkbox"/> | Persian (Farsi) |
| <input type="checkbox"/> | French | <input type="checkbox"/> | Polish |
| <input type="checkbox"/> | Arabic | <input type="checkbox"/> | Portuguese |
| <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Punjabi |

- | | | | |
|--------------------------|-----------|--------------------------|----------------------|
| <input type="checkbox"/> | Cree | <input type="checkbox"/> | Spanish |
| <input type="checkbox"/> | German | <input type="checkbox"/> | Tagalog (Filipino) |
| <input type="checkbox"/> | Greek | <input type="checkbox"/> | Ukrainian |
| <input type="checkbox"/> | Hungarian | <input type="checkbox"/> | Vietnamese |
| <input type="checkbox"/> | Italian | <input type="checkbox"/> | Other (Specify_____) |
| <input type="checkbox"/> | Korean | | |

SOCIO-Q6 What is the language that ... first learned at home in childhood and can still understand? (If ...(r/) can no longer understand the first language learned, choose the second language learned.)
(Do not read list. Mark all that apply.)

- | | | | |
|--------------------------|-----------|--------------------------|----------------------|
| <input type="checkbox"/> | English | <input type="checkbox"/> | Persian (Farsi) |
| <input type="checkbox"/> | French | <input type="checkbox"/> | Polish |
| <input type="checkbox"/> | Arabic | <input type="checkbox"/> | Portuguese |
| <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Punjabi |
| <input type="checkbox"/> | Cree | <input type="checkbox"/> | Spanish |
| <input type="checkbox"/> | German | <input type="checkbox"/> | Tagalog (Filipino) |
| <input type="checkbox"/> | Greek | <input type="checkbox"/> | Ukrainian |
| <input type="checkbox"/> | Hungarian | <input type="checkbox"/> | Vietnamese |
| <input type="checkbox"/> | Italian | <input type="checkbox"/> | Other (Specify_____) |
| <input type="checkbox"/> | Korean | | |

Race

SOCIO-Q7 How would you best describe ...(r/s) race or colour?
(Do not read list. Mark all that apply.)

- White (e.g. British, French, European, Latin/South American of European background)
- Black
- Korean
- Filipino
- Japanese
- Chinese
- Native/Aboriginal Peoples of North America
(North American Indian, Métis, Inuit/Eskimo)
- (South Asian (e.g. Indian from India or Uganda, Pakistani, Punjabi, Tamil)
- South East Asian (e.g. Vietnamese, Thai, Laotian)
- West East Asian or North African (e.g. Armenian, Syrian, Moroccan)
- Other (Specify _____)

Education

EDUC-C1 If age<12, go to next section.

EDUC-Q1 Excluding kindergarten, how many years of elementary and high school have/has ... **successfully** completed?
(Do not read list. Mark one only.)

- | | | | |
|--------------------------|-----------------------------------|--------------------------|----------|
| <input type="checkbox"/> | No schooling (Go to next section) | | |
| <input type="checkbox"/> | One to five years | <input type="checkbox"/> | Ten |
| <input type="checkbox"/> | Six | <input type="checkbox"/> | Eleven |
| <input type="checkbox"/> | Seven | <input type="checkbox"/> | Twelve |
| <input type="checkbox"/> | Eight | <input type="checkbox"/> | Thirteen |

___ Nine

(If age < 15 then go to next section)

EDUC-Q2 Have/has ... graduated from high school?

___ Yes
___ No

EDUC-Q3 Have/has ... ever attended any other kind of school such as university, community college, business school, trade or vocational school, CEGEP or other post-secondary institution?

___ Yes
___ No (Go to next section)

EDUC-Q4 What is the highest level of education that ... have/has attained?

(Do not read list. Mark one only.)

Note: categories have been put in reverse order

- ___ Some trade, technical, vocational school or business college
- ___ Some community college, CEGEP or nursing school
- ___ Some university
- ___ Diploma or certificate from trade, technical or vocational school, or business college
- ___ Diploma or certificate from community college, CEGEP, or nursing school)
- ___ Bachelor's or undergraduate degree or teacher's college (e.g., B.A., B.Sc., LL.B.)
- ___ Master's (e.g. M.A., M. Sc., M.Ed.)
- ___ Degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- ___ Earned doctorate (e.g. Ph.D., D.Sc., D.Ed.)
- ___ Other (Specify_____)

EDUC-C5 If age >= 65, go to next section.

EDUC-Q5 Are/Is ... currently attending a school, college or university?

___ Yes
___ No (go to next section)

EDUC-Q6 Are/Is ... enrolled as a full-time or part-time student?

___ full-time
___ part-time

Labour Force

LFS-C1 If age<15 go to next section.

LFS-Q1 What do/does ... consider to be your/his/her current main activity? (For example, working for pay, caring for family.)

(Do not read list. Mark one only.)

- ___ Caring for family
- ___ Working for pay or profit
- ___ Caring for family and working for pay or profit

- Going to school
- Recovering from illness/on disability
- Looking for work
- Retired
- Other (Specify)

LFS-I2 The next section contains questions about jobs or employment which ... have/has had during the past 12 months². Please include such employment as part-time jobs, contract work, baby sitting and any other paid work.

LFS-C2 If LFS-Q1 = 2 or 3 ---> go to LFS-Q3.1

LFS-Q2 Have/has ... worked for pay or profit at any time in the past 12 months?

- Yes
- No (go to LFS-Q17B)

LFS-C2A If LFS-Q1=7 (retired) & LFS-Q2=2 (No) ---> go to next section.

Note: Questions LFS-Q3 to LFS-Q11 are done as a roster allowing up to 6 jobs to be entered.

LFS-Q3.n For whom/whom else have/has ... worked for pay or profit in the past 12 months?

_____ (50 chars)

LFS-Q4.n Did ... have that job 1 year ago, that is, on %12MOSAGO%?

- Yes (Go to LFS-Q6.n)
- No

LFS-Q5.n When did ... start working at this job or business?

DD/MM/YY

LFS-Q6.n Do/Does ... now have that job?

- Yes (Go to LFS-Q8.n)
- No

LFS-Q7.n When did ... stop working at this job or business?

DD/MM/YY

LFS-Q8.n About how many hours per week do/does/did ... usually work at this job?

[_] [_] HOURS

LFS-Q9.n Which of the following best describes the hours ... usually work/works/worked at this job?
(Read list. Mark one only.)

- Regular daytime schedule or shift
- Regular evening shift
- Regular night or graveyard shift
- Rotating shift (change from days to evenings to nights)
- Split shift
- On call
- Irregular schedule
- Other (Specify _____)

LFS-Q10.n Do/Does/Did ... usually work on weekends at this job?

- Yes
- No

LFS-Q11.n Did ... do any other work for pay or profit in the past 12 months?

- Yes
- No

LFS-C12 If LFS-Q11.1 = No go to LFS-Q13.

LFS-Q12 Which was the main job?
 (Answer will be chosen from roster of jobs.)
 (Definition of main job will be supplied in the interviewers manual.)

LFS-Q13 Thinking about this/the main job, what kind of business, service or industry is this? (For example, wheat farm, trapping, road maintenance, retail shoe store, secondary school.)

_____ (50 chars)

LFS-Q14 Again, thinking about this/the main job, what kind of work was/were ... doing? (For example, medical lab technician, accounting clerk, secondary school teacher, supervisor of data entry unit, food processing labourer.)

_____ (50 chars)

LFS-Q15 In this work, what were ... r/s most important duties or activities? (For example, analysis of blood samples, verifying invoices, teaching mathematics, organizing work schedules, cleaning vegetables.)

_____ (50 chars)

LFS-Q16 Did ... work mainly for others for wages or commission or in your/his/her own business, farm or practice?

(Do not read list. Mark one only.)

- For others for wages, salary or commission
- In own business, farm or professional practice
- Unpaid family worker

LFS-C17 Check the calendar for gaps > 6 days.
If # gaps = 0 ---> go to LFS-C18

LFS-C17A If any LFS-Q6 = 1 (currently employed) ---> go to LFS-Q17A
Otherwise ---> go to LFS-Q17B

LFS-Q17A What was the reason that ... were/was not working for pay or profit during the most recent period away from work in the past year?

(Do not read list. Mark one only.)

- Own illness or disability
- Pregnancy
- Caring for own children
- Caring for elder relative(s)
- Other personal or family responsibilities
- School or educational leave
- Labour dispute
- Temporary layoff due to seasonal conditions
- Temporary layoff - non-seasonal
- Permanent layoff
- Unpaid or partially paid vacation
- Other (Specify_____)
- No period not working for pay or profit in the past year

GO TO LFS-C18

LFS-Q17B What is the reason that ... are/is currently not working for pay or profit?

(Do not read list. Mark one only.)

- Own illness or disability
- Pregnancy
- Caring for own children
- Caring for elder relative(s)
- Other personal or family responsibilities
- School or educational leave
- Labour dispute
- Temporary layoff due to seasonal conditions
- Temporary layoff - non-seasonal
- Permanent layoff
- Unpaid or partially paid vacation

- Other (Specify _____)
- No period not working for pay or profit in the past year

LFS-C18 If LFS-Q1 =2 or 3 then %LFS-WORK% =1;
Otherwise %LFS-WORK% =0;

Income

(Ask from knowledgeable person only)

INCOM-Q1 Thinking about your total household income, from which of the following sources did your household receive any income in the past 12 months?
(Read list. Mark all that apply.)

- Wages and salaries
- Income from self-employment
- Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
- Unemployment insurance
- Worker's compensation
- Benefits from Canada or Quebec Pension Plan
- Retirement pensions, superannuation and annuities
- Old Age Security and Guaranteed Income Supplement
- Child Tax Benefit
- Provincial or municipal social assistance or welfare
- Child Support
- Alimony
- Other Income (eg. rental income, scholarships, other government income, etc.)
- None (Go to next section)

If more than one source of income is indicated ask INCOM-Q2.
Otherwise ask INCOM-Q3.

INCOM-Q2 What was the main source of income?
(Do not read list. Mark one only.)

- Wages and salaries
- Income from self-employment
- Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc.
- Unemployment insurance
- Worker's compensation
- Benefits from Canada or Quebec Pension Plan
- Retirement pensions, superannuation and annuities
- Old Age Security and Guaranteed Income Supplement
- Child Tax Benefit
- Provincial or Municipal Social Assistance or Welfare
- Child Support
- Alimony
- Other Income (eg. rental income, scholarships, other government income, etc.)

INCOM-Q3 What is your best estimate of the total income before taxes and deductions of all household members from all sources in the past 12 months? Was the total household income:

- Less than \$20,000?

- ___ Less than \$10,000?
- ___ Less than \$5,000? (go to next section)
- ___ \$5,000 and more? (go to next section)
- ___ \$10,000 and more?
- ___ Less than \$15,000? (go to next section)
- ___ \$15,000 and more? (go to next section)
- ___ \$20,000 and more?
- ___ Less than \$40,000?
- ___ Less than \$30,000? (go to next section)
- ___ \$30,000 and more? (go to next section)
- ___ \$40,000 and more?
- ___ Less than \$50,000 (go to next section)
- ___ \$50,000 to less than \$60,000? (go to next section)
- ___ \$60,000 to less than \$80,000? (go to next section)
- ___ \$80,000 and more? (go to next section)
- ___ No income

Administration

H05-P1 Was this interview conducted on the telephone or in person?

- ___ On telephone
- ___ In person
- ___ Both (Specify in comments)

H05-P2 Record language of interview

- | | |
|-----------|-----------------------|
| English | Persian (Farsi) |
| French | Polish |
| Arabic | Portuguese |
| Chinese | Punjabi |
| Cree | Spanish |
| German | Tagalog (Filipino) |
| Greek | Ukrainian |
| Hungarian | Vietnamese |
| Italian | Other (Specify _____) |
| Korean | |

Non-proxy Interview

(To be conducted for selected respondent only and age >= 12)
(Proxy for those unable to answer due to special circumstances)

H06-P1 Who is providing the information for this person's form?

H06-INT This part of the survey deals with various aspects of ... (r/'s) health. I'll be asking about such things as physical activity, social relationships, health status and stress. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being. I'll start with a few questions concerning ... (r/'s) health in general.

General Health

GENHLT-Q1 In general, would you say ... r/'s health is:
(Read list. Mark one only.)

- ___ Excellent?
- ___ Very good?
- ___ Good?
- ___ Fair?
- ___ Poor?

Check item: If sex = female & (age >= 15 & age <= 49) ask GENHLT-Q2. Otherwise go to next section.

GENHLT-Q2 It is important to know when analyzing health whether or not the person is pregnant. Are/Is ... pregnant?
___ Yes
___ No (Go to next section)

GENHLT-Q3 Are/Is you/she planning to use the services of a physician, midwife or both?
(Do not read list. Mark one only.)

- ___ Physician only
- ___ Midwife only
- ___ Both physician and midwife
- ___ Neither

Height/Weight

HTWT-Q1 How tall are/is ... without shoes on?
___ feet ___ inches OR ___ centimetres

HTWT-Q2 How much do/does you/he/she weigh?
___ pounds OR ___ kilograms

Preventive Health Practices

(Non-proxy only)

PHP-Q1 When did you last have your blood pressure checked by a health professional?
(Do not read list. Mark one only.)

- Less than 6 months ago
- 6 months to less than a year ago
- 1 year to less than 2 years ago
- 2 years to less than 5 years ago
- 5 years or more ago
- Never

Former questions PHP-Q2, PHP-Q3b and PHP-Q4b (In what month was that?) have been deleted.

PHP-C2 If sex = female and age \geq 35 then ask PHP-Q2.

If sex = female and age \geq 16 and age $<$ 35 then ask PHP-Q3.

If sex=male or females \leq 15 then go to next section.

PHP-Q2 Have you ever had a mammogram, that is, a breast X-ray?

- Yes
- No (go to PHP-Q3)

PHP-Q2a When was the last time?
(Do not read list. Mark one only.)

- Less than 6 months ago
- 6 months to less than one year ago
- 1 year to less than 2 years ago
- 2 years or more ago

PHP-Q2b Why did you have your last mammogram?
(Read list. Mark one only.)

- Breast problem
- Check-up, no particular problem
- Other (specify_____)

PHP-Q3 Have you ever had a PAP smear test?

- Yes
- No (Go to next section)

PHP-Q3a When was the last time?
(Do not read list. Mark one only.)

- Less than 6 months ago
- 6 months to less than one year ago
- 1 year to less than 3 years ago
- 3 years to less than 5 years ago
- 5 years or more ago

Smoking

SMOK-INT The next few questions are about smoking.

SMOK-Q1 Does anyone in this household smoke regularly inside the house?

Yes
 No

SMOK-Q2 At the present time do/does ... smoke cigarettes daily, occasionally or not at all?

Daily
 Occasionally (go to SMOK-Q5)
 Not at all (go to SMOK-Q4a)

SMOK-Q3 At what age did you/he/she begin to smoke cigarettes daily?

Age

SMOK-Q4 How many cigarettes do/does you/he/she smoke each day now?

Number of cigarettes

(Go to next section)

SMOK-Q4a Have/has you/he/she ever smoked cigarettes at all?

Yes
 No (Go to next section)

SMOK-Q5 Have/has you/he/she ever smoked cigarettes daily?

Yes
 No (Go to next section)

SMOK-Q6 At what age did you/he/she begin to smoke (cigarettes) daily?

Age

SMOK-Q7 How many cigarettes did you/he/she usually smoke each day?

Number of cigarettes

SMOK-Q8 At what age did you/he/she stop smoking (cigarettes) daily?

Age

Alcohol

ALCO-INT Now, some questions about ... (r/s) alcohol consumption. When we use the word drink it means:

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one straight or mixed drink with one and a half ounces of hard liquor.

ALCO-Q1 During the past 12 months², have/has ... had a drink of beer, wine, liquor or any other alcoholic beverage?

Yes

No (Go to ALCO-Q6)

ALCO-Q2 During the past 12 months, how often did you/he/she drink alcoholic beverages?
(Do not read list. Mark one only.)

- Every day
- 4-6 times a week
- 2-3 times a week
- Once a week
- 2-3 times a month
- Once a month
- Less than once a month

ALCO-Q3 How many times in the past 12 months have/has you/he/she had 5 or more drinks on one occasion?
 Number of times

If PROXY=yes then go to ALCO-Q5

ALCO-Q4 In the past 12 months, what is the highest number of drinks you had on one occasion?

Number of drinks

ALCO-Q5 Thinking back over the past week, that is, from %1WKAGO% to yesterday, did ... have a drink of beer, wine, liquor or any other alcoholic beverage?

- Yes
- No (Go to next section)

ALCO-Q5A Starting with yesterday, how many drinks did ... have on:

- Monday?
- Tuesday?
- Wednesday?
- Thursday?
- Friday?
- Saturday?
- Sunday?

(Go to next section)

ALCO-Q6 Did you/he/she ever regularly drink more than 12 drinks a week?

- Yes
- No (Go to next section)

ALCO-Q7 Why did you/he/she reduce or quit drinking altogether?
(Do not read list. Mark all that apply.)

- ___ Dieting
- ___ Athletic training
- ___ Pregnancy
- ___ Getting older
- ___ Drinking too much/drinking problem
- ___ Affected work, studies, employment opportunities
- ___ Interfered with family or home life
- ___ Affected physical health
- ___ Affected friendships or social relationships
- ___ Affected financial position
- ___ Affected outlook on life, happiness
- ___ Because of influence of family or friends
- ___ Other (specify _____)

Physical Activities

(Non-proxy only)

PHYS-INTa Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.

PHYS-Q1 Have you done any of the following in the past 3 months³?
(Read list. Mark all that apply.)

- | | |
|-----------------------------|--------------------------|
| ___ Walking for exercise | ___ Cross-country skiing |
| ___ Gardening, yard work | ___ Bowling |
| ___ Swimming | ___ Baseball/softball |
| ___ Bicycling | ___ Tennis |
| ___ Popular or social dance | ___ Weight-training |
| ___ Home exercises | ___ Fishing |
| ___ Ice hockey | ___ Volleyball |
| ___ Skating | ___ Yoga or tai-chi |
| ___ Downhill skiing | ___ Other (specify) |
| ___ Jogging/running | ___ Other (specify) |
| ___ Golfing | ___ Other (specify) |
| ___ Exercise class/aerobics | ___ None |

For each response ask PHYS-Q2 to PHYS-Q3.
If "none" go to PHYS-INTb.

PHYS-Q2 In the past 3 months, how many times did you participate in %ACTIVITY%?

___ Number of times

- PHYS-Q3 About how much time did you usually spend on each occasion?
(Do not read list. Mark one only.)
- ___ 1 to 15 minutes
___ 16 to 30 minutes
___ 31 to 60 minutes
___ More than one hour
- PHYS-INTb Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but **not** leisure time activity.
- PHYS-Q4a In a typical week in the past 3 months, how many hours did you usually spend walking to work or to school or while doing errands?
(Do not read list. Mark one only.)
- ___ None
___ Less than 1 hour
___ From 1 to 5 hours
___ From 6 to 10 hours
___ From 11 to 20 hours
___ More than 20 hours
- PHYS-Q4b In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?
(Do not read list. Mark one only.)
- ___ None
___ Less than 1 hour
___ From 1 to 5 hours
___ From 6 to 10 hours
___ From 11 to 20 hours
___ More than 20 hours
- PHYS-C1 If Bicycling was indicated as an activity in PHYS-Q1 or not a "none" in PHYS-Q4b, ask PHYS-Q5. Otherwise go to PHYS-Q6.
- PHYS-Q5 When riding a bicycle how often did you wear a helmet?
(Read list. Mark one only.)
- ___ Always
___ Most of the time
___ Rarely
___ Never
- PHYS-Q6 Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?
(Read list. Mark one only.)
- ___ Usually sit during day and do not walk about very much
___ Stand or walk about quite a lot during the day but do not have to carry or lift things very often
___ Usually lift or carry light loads, or have to climb stairs or hills often

___ Do heavy work or carry very heavy loads

Injuries

INJ-INT Now some questions about any injuries, which occurred in the past 12 months², that were serious enough to limit ... (r/s) normal activities. For example, a broken bone, a bad cut or burn, a sore back or sprained ankle, or a poisoning.

INJ-Q1 In the past 12 months, did ... have any injuries that were serious enough to limit your/his/her normal activities?

___ Yes
___ No (Go to next section)

INJ-Q2 How many times were/was you/he/she injured?
___ times

INJ-Q3 Thinking about the most serious injury, what type of injury did you/he/she have? For example, a broken bone or burn.

(Do not read list. Mark one only.)

___ Multiple injuries
___ Broken or fractured bones
___ Burn or scald
___ Dislocation
___ Sprain or strain
___ Cut or scrape
___ Bruise or abrasion
___ Concussion
___ Poisoning by substance or liquid
___ Internal injury
___ Other (specify _____)

INJ-Q4 What part of your/his/her body was injured?
(Do not read list. Mark one only.)

___ Multiple sites
___ Eyes
___ Head (excluding eyes)
___ Neck
___ Shoulder
___ Arms or hands
___ Hip
___ Legs or feet
___ Back or spine
___ Trunk (excluding back or spine) (including chest, internal organs, etc.)

INJ-Q5 Where did the injury happen?
(Do not read list. Mark one only.)

___ Home and surrounding area
___ Farm
___ Place for recreation or sport

- ___ (e.g. golf course, basketball court, playground (including school))
- ___ Street or highway
- ___ Building used by general public (e.g. hotel, shopping plaza, restaurant, office building, school)
- ___ Residential institution (e.g. hospital, jail, etc.)
- ___ Mine
- ___ Industrial place or premise (e.g. dockyard)
- ___ Other (specify _____)

INJ-Q6 What happened? For example, was the injury the result of a fall, motor vehicle accident, a physical assault etc.?

(Do not read list. Mark one only.)

- ___ Motor vehicle accident
- ___ Accidental fall
- ___ Fire, flames or resulting fumes
- ___ Accidentally struck by an object/person
- ___ Physical assault
- ___ Suicide attempt
- ___ Accidental injury caused by explosion
- ___ Accidental injury caused by natural/environmental factors (e.g. weather conditions, Poison ivy, animal bites, stings)
- ___ Accidental drowning or submersion
- ___ Accidental suffocation
- ___ Hot or corrosive liquids, foods or substances
- ___ Accident caused by machinery (e.g. farm machinery, forklift, woodworking machinery)
- ___ Accident caused by cutting and piercing instruments or objects (lawnmower, knife, stapler)
- ___ Accidental poisoning
- ___ Other (specify_____)

INJ-Q7 Was this a work-related injury?

- Yes
- No

INJ-Q8 We would like to know what precautions ... are/is taking, if any, to prevent this kind of injury from happening again. What precautions are/is you/he/she taking?

(Do not read list. Mark all that apply.)

- ___ Gave up the activity
- ___ Being more careful
- ___ Took safety training
- ___ Increased supervision of child
- ___ Using protective gear/safety equipment (e.g. bike helmet, car safety restraint, etc.)
- ___ Changing physical situation (e.g. removing rugs, storing medications out of reach, safety gates, etc.)
- ___ Other (specify)
- ___ No precautions

Stress

(Age >= 18 and non-proxy only)

Ongoing Problems

STRESS-INT The next portion of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.

CSTRESS-INT I'll start by describing situations that sometimes come up in people's lives. As there are no right or wrong answers, the idea is to choose the answer best suited to your personal situation. I'd like you to tell me if these things are true for you *at this time* by answering "true" if it applies to you now or "false" if it does not.

CSTRESS-Q1 You are trying to take on too many things at once.

True
 False

CSTRESS-Q2 There is too much pressure on you to be like other people.

True
 False

CSTRESS-Q3 Too much is expected of you by others.

True
 False

CSTRESS-Q4 You don't have enough money to buy the things you need.

True
 False

If marital status =married or living with a partner or common-law go to CSTRESS-Q5.

If marital status=single,widowed, separated or divorced go to CSTRESS-Q8.

Otherwise (i.e. marital status is unknown) go to CSTRESS-Q9.

CSTRESS-Q5 Your partner doesn't understand you.

True
 False

CSTRESS-Q6 Your partner doesn't show enough affection.

True
 False

CSTRESS-Q7 Your partner is not committed enough to your relationship.

True
 False

Go to CSTRESS-Q9

CSTRESS-Q8 You find it is very difficult to find someone compatible with you.

True
 False

CSTRESS-Q9 Do you have any children?

Yes
 No (Go to CSTRESS-Q12)

CSTRESS-Q10 Remember I want to know if you feel any of these statements are true for you at this time.
One of your children seems very unhappy.

True
 False

CSTRESS-Q11 A child's behaviour is a source of serious concern to you.

True
 False

CSTRESS-Q12 Your work around the home is not appreciated.

True
 False

CSTRESS-Q13 Your friends are a bad influence.

True
 False

CSTRESS-Q14 You would like to move but you cannot.

True
 False

CSTRESS-Q15 Your neighbourhood or community is too noisy or too polluted.

True
 False

CSTRESS-Q16 You have a parent, a child or partner who is in very bad health and may die.

True
 False

CSTRESS-Q17 Someone in your family has an alcohol or drug problem.

True
 False

CSTRESS-Q18 People are too critical of you or what you do.

True
 False

Recent Life Events

RECENT-INTa Now I'd like to ask you about some things that may have happened in the past 12 months². Some of these experiences happen to most people at one time or another, while some happen to only a few. First, I'd like to ask about yourself or anyone close to you (that is, your spouse or partner, children, relatives or close friends).

RECENT-Q1 In the past 12 months, was any one of you beaten up or physically attacked?

___ Yes
___ No

RECENT-INTb Now I'd like you to think just about your family, (that is, yourself and your spouse/partner or children, if any).

RECENT-Q2 In the past 12 months, did you or someone in your family, have an unwanted pregnancy?

___ Yes
___ No

RECENT-Q3 In the past 12 months, did you or someone in your family have an abortion or miscarriage?

___ Yes
___ No

RECENT-Q4 In the past 12 months, did you or someone in your family have a major financial crisis?

___ Yes
___ No

RECENT-Q5 In the past 12 months, did you or someone in your family fail school or a training program?

___ Yes
___ No

RECENT-INTc Now I'd like you to think just about yourself and your spouse or partner.

If marital status = married/living together/common-law include the phrase "or your partner" in the RECENT-Q6 and RECENT-Q7.

RECENT-Q6 In the past 12 months, did you (or your partner) experience a change of job for a worse one?

___ Yes
___ No

RECENT-Q7 In the past 12 months, were you (or your partner) demoted at work or did you/either of you take a cut in pay?

___ Yes
___ No

If marital status = married/living together/common-law ask RECENT-Q8.
Otherwise go to RECENT-Q9.

RECENT-Q8 In the past 12 months, did you have increased arguments with your partner?

___ Yes
___ No

RECENT-Q9 Now, just you personally, in the past 12 months, did you go on Welfare?

Yes
 No

IF CSTRESS-Q9 = yes (have children) ask RECENT-Q10.
Otherwise go to next section.

RECENT-Q10 In the past 12 months, did you have a child move back into the house?

Yes
 No

Childhood and adult stressors("traumas")

TRAUM-INTa The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house. Please tell me if any of these things have happened.

TRAUM-Q1 Did you spend 2 weeks or more in the hospital?

Yes
 No

TRAUM-Q2 Did your parents get a divorce?

Yes
 No

TRAUM-Q3 Did your father or mother not have a job for a long time when they wanted to be working?

Yes
 No

TRAUM-Q4 Did something happen that scared you so much you thought about it for years after?

Yes
 No

TRAUM-Q5 Were you sent away from home because you did something wrong?

Yes
 No

TRAUM-Q6 Did either of your parents drink or use drugs so often that it caused problems for the family?

Yes
 No

TRAUM-Q7 Were you ever physically abused by someone close to you?

Yes
 No

Work Stress

(Age >= 15 and non-proxy only)

Check item: ask only of those currently employed. If more than one job is held ask for the main job.

WSTRESS-Q1 Now I'm going to read you a series of statements that might describe your job situation. Please tell me if you **STRONGLY AGREE**, **AGREE**, **NEITHER AGREE NOR DISAGREE**, **DISAGREE**, or **STRONGLY DISAGREE** with each of the following:

- a) Your job requires that you learn new things
- b) Your job requires a high level of skill
- c) Your job allows you freedom to decide how you do your job
- d) Your job requires that you do things over and over
- e) Your job is very hectic
- f) You are free from conflicting demands that others make
- g) Your job security is good
- h) Your job requires a lot of physical effort
- i) You have a lot to say about what happens in your job
- j) You are exposed to hostility or conflict from the people you work with
- k) Your supervisor is helpful in getting the job done
- l) The people you work with are helpful in getting the job done

WSTRESS-Q2 How satisfied are you with your job?
(Read list. Mark one only.)

- ___ Very satisfied
- ___ Somewhat satisfied
- ___ Not too satisfied
- ___ Not at all satisfied

Self-Esteem and Mastery

(Age >= 12 and non-proxy only)

ESTMAST-INT Now, I am going to read you a series of statements that people might use to describe themselves. Please tell me if you **STRONGLY AGREE**, **AGREE**, **NEITHER AGREE NOR DISAGREE**, **DISAGREE** or **STRONGLY DISAGRE** with each of the following:

- ESTEEM-Q1
- a) You feel that you have a number of good qualities.
 - b) You feel that you're a person of worth at least equal to others.
 - c) You are able to do things as well as most other people.
 - d) You take a positive attitude toward yourself.
 - e) On the whole you are satisfied with yourself.
 - f) All in all, you're inclined to feel you're a failure.

- MAST-Q1
- a) You have little control over the things that happen to you.
 - b) There is really no way you can solve some of the problems you have.
 - c) There is little you can do to change many of the important things in your life.
 - d) You often feel helpless in dealing with problems of life.
 - e) Sometimes you feel that you are being pushed around in life.
 - f) What happens to you in the future mostly depends on you.
 - g) You can do just about anything you really set your mind to.

Sense of Coherence

(Age >= 18 and non-proxy only.)

SCOH-INT Next is a series of questions relating to various aspects of people's lives. For each question please

answer with a number between 1 and 7. Take your time to think about each question before answering.

SCOH-Q1 In this first question 1 means very seldom or never and 7 means very often. How often do you have the feeling that you don't really care about what goes on around you?

- 1 Very seldom or never
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 Very often

SCOH-Q2 In this question 1 that means it has never happened and 7 means it has always happened. How often in the past were you surprised by the behaviour of people whom you thought you knew well?

- 1 Never happened
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 Always happened

SCOH-Q3 In this question 1 means that it has never happened and 7 means it has always happened. How often have people you counted on disappointed you?

- 1 Never happened
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 Always happened

SCOH-Q4 In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling you're being treated unfairly?

- 1 Very often
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 Very seldom or never

SCOH-Q5 In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling you are in an unfamiliar situation and don't know what to do?

- 1 Very often
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 Very seldom or never

SCOH-Q6 In this question 1 means very often and 7 means very seldom or never. How often do you have very mixed-up feelings and ideas?

- 1 Very often
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 Very seldom or never

SCOH-Q7 In this question 1 means very often and 7 means very seldom or never. how often do you have feelings inside that you would rather not feel?

- 1 Very often
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 Very seldom or never

SCOH-Q8 In this question 1 means very seldom or never and 7 means very often. Many people -- even those with a strong character -- sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?

- 1 Very seldom or never
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 Very often

SCOH-Q9 In this question 1 means very often and 7 means very seldom or never. How often do you have the feeling that there's little meaning in the things you do in your daily life?

- 1 Very often
- 2
- 3
- 4
- 5
- 6
- 7 Very seldom or never

SCOH-Q10 In this question 1 means very often and 7 means very seldom or never. How often do you have feelings that you're not sure you can keep under control?

- 1 Very often
- 2
- 3
- 4
- 5
- 6
- 7 Very seldom or never

SCOH-Q11 In this question 1 means no clear goals or purpose and 7 means very clear goals and purpose. Until now your life has had no clear goals or purpose or has it had very clear goals and purpose?

- 1 No clear goals or no purpose at all
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 Very clear goals and purpose

SCOH-Q12 In this question 1 means you overestimate or underestimate importance and 7 means you see things in the right proportion. When something happens, you generally find that you overestimate or underestimate its importance or you see things in the right proportion?

- 1 Overestimate or underestimate its importance
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 See things in the right proportion

SCOH-Q13 In this question 1 means a source of great pleasure and satisfaction and 7 means a source of pain and boredom. Is doing the things you do every day a source of great pleasure and satisfaction or a source of pain and boredom?

- 1 A great deal of pleasure and satisfaction
- 2 ▲
- 3 |
- 4 |
- 5 |
- 6 ▼
- 7 A source of pain and boredom

Health Status

HSTAT-INT The next set of questions ask about ... (r/'s) day to day health. The questions are **not** about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to you/him/her, but it is important that we ask the same questions of everyone.

Vision

HSTAT-Q1 Are/Is ... *usually* able to see well enough to read ordinary newspaper *without* glasses or contact lenses?

- ___ Yes (Go to HSTAT-Q4)
- ___ No

HSTAT-Q2 Are/Is you/he/she *usually* able to see well enough to read ordinary newspaper *with* glasses or contact lenses?

Yes (Go to HSTAT-Q4)
 No

HSTAT-Q3 Are/Is you/he/she able to see at all?

Yes
 No (Go to HSTAT-Q6)

HSTAT-Q4 Are/Is you/he/she able to see well enough to recognize a friend on the other side of the street *without* glasses or contact lenses ?

Yes (Go to HSTAT-Q6)
 No

HSTAT-Q5 Are/Is you/he/she *usually* able to see well enough to recognize a friend on the other side of the street *with* glasses or contact lenses?

Yes
 No

Hearing

HSTAT-Q6 Are/Is ... *usually* able to hear what is said in a group conversation with at least three other people *without* a hearing aid?

Yes (Go to HSTAT-Q10)
 No

HSTAT-Q7 Are/Is you/he/she *usually* able to hear what is said in a group conversation with at least three other people *with* a hearing aid?

Yes (Go to HSTAT-Q8)
 No

HSTAT-Q7a Are/Is you/he/she able to hear at all?

Yes
 No (Go to HSTAT-Q10)

HSTAT-Q8 Are/Is you/he/she *usually* able to hear what is said in a conversation with one other person in a quiet room *without* a hearing aid ?

Yes (Go to HSTAT-Q10)
 No

HSTAT-Q9 Are/Is you/he/she *usually* able to hear what is said in a conversation with one other person in a quiet room *with* a hearing aid?

Yes

___ No

Speech

HSTAT-Q10 Are/Is ... *usually* able to be understood *completely* when speaking with strangers in your own language?

___ Yes (Go to HSTAT-Q14)
___ No

HSTAT-Q11 Are/Is you/he/she able to be understood *partially* when speaking with strangers?

___ Yes
___ No

HSTAT-Q12 Are/Is you/he/she able to be understood *completely* when speaking with those who know you/him/her well?

___ Yes (Go to HSTAT-Q14)
___ No

HSTAT-Q13 Are/Is you/he/she able to be understood *partially* when speaking with those who know you/him/her well?

___ Yes
___ No

Getting Around

HSTAT-Q14 Are/Is ... *usually* able to walk around the neighbourhood *without* difficulty and *without* mechanical support such as braces, a cane or crutches?

___ Yes (Go to HSTAT-Q21)
___ No

HSTAT-Q15 Are/Is you/he/she able to walk at all?

___ Yes
___ No (Go to HSTAT-Q18)

HSTAT-Q16 Do/Does you/he/she require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

___ Yes
___ No

HSTAT-Q17 Do/Does you/he/she require the help of another person to be able to walk?

___ Yes
___ No

HSTAT-Q18 Do/Does you/he/she require a wheelchair to get around?

- Yes
- No (Go to HSTAT-Q21)

HSTAT-Q19 How often do/does you/he/she use a wheelchair?
(Read list. Mark one only.)

- Always
- Often
- Sometimes
- Never

HSTAT-Q20 Do/Does you/he/she need the help of another person to get around in the wheelchair?

- Yes
- No

Hands and Fingers

HSTAT-Q21 Are/Is ... *usually* able to grasp and handle small objects such as a pencil and scissors?

- Yes (Go to HSTAT-Q25)
- No

HSTAT-Q22 Do/Does you/he/she require the help of another person because of limitations in the use of hands or fingers?

- Yes
- No (Go to HSTAT-Q24)

HSTAT-Q23 Do/Does you/he/she require the help of another person with:
(Read list. Mark one only.)

- Some tasks?
- Most tasks?
- Almost all tasks?
- All tasks?

HSTAT-Q24 Do/Does you/he/she require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

- Yes
- No

Feelings

HSTAT-Q25 Would you describe yourself/... as being *usually*:
(Read list. Mark one only.)

- Happy and interested in life?
- Somewhat happy?
- Somewhat unhappy?
- Unhappy with little interest in life?

___ So unhappy that life is not worthwhile?

Memory

HSTAT-Q26 How would you describe your/his/her *usual* ability to remember things? Are/Is you/he/she:
(Read list. Mark one only.)

- ___ Able to remember most things?
- ___ Somewhat forgetful?
- ___ Very forgetful?
- ___ Unable to remember anything at all?

Thinking

HSTAT-Q27 How would you describe your/his/her *usual* ability to think and solve day to day problems? Are/Is you/he/she:
(Read list. Mark one only.)

- ___ Able to think clearly and solve problems?
- ___ Having a little difficulty?
- ___ Having some difficulty?
- ___ Having a great deal of difficulty?
- ___ Unable to think or solve problems?

Pain and Discomfort

HSTAT-Q28 Are/Is ... *usually* free of pain or discomfort?

- ___ Yes (Go to next section)
- ___ No

HSTAT-Q29 How would you describe the *usual* intensity of your/his/her pain or discomfort?
(Read list. Mark one only.)

- ___ Mild
- ___ Moderate
- ___ Severe

HSTAT-Q30 How many activities does your/his/her pain or discomfort prevent?
(Read list. Mark one only.)

- ___ None
- ___ A few
- ___ Some
- ___ Most

Drug Use

DRUG-INT Now I'd like to ask a few questions about ... (r/'s) use of medications, both prescription and over-the-

counter as well as other health products.

DRUG-Q1 In the past month⁴, did ... take any of the following medications?
(Read list. Mark all that apply.)

- Pain relievers such as aspirin or tylenol (includes arthritis medicine and anti-inflammatories)
- Tranquilizers such as valium
- Diet pills
- Anti-depressants
- Codeine, Demerol or Morphine
- Allergy medicine such as "Sinutab"
- Asthma medications
- Cough or cold remedies
- Penicillin or other antibiotic
- Medicine for the heart
- Medicine for blood pressure
- Diuretics or water pills
- Steroids
- Insulin
- Pills to control diabetes
- Sleeping pills
- Stomach remedies
- Laxatives
- Hormones for menopause or aging symptoms (check item: sex=female, age >= 30)
- Birth control pills (check item: sex=female, age >= 12 & age <= 49)
- Any other medication (Specify _____)
- None of the above

DRUG-C1 If any drug(s) specified in DRUG-Q1 go to DRUG-Q2. Otherwise go to DRUG-Q4.

DRUG-Q2 Now, I am referring to yesterday and the day before yesterday. During those two days, how many different medications did you/he/she take?
 Number of different medications

If number=0 then go to DRUG-Q4
For each number >0 ask DRUG-Q3...up to a maximum of 12.

DRUG-Q3 What is the exact name of the medication that ... took? (Ask the person to look at the bottle, tube or box.)

DRUG-Q4 There are many other health products such as ointments, vitamins, herbs, minerals, teas or protein drinks which people use to prevent illness or to improve or maintain their health. Do/Does ... use any of these or other health products?
 Yes
 No (Go to next section)

DRUG-Q5 What is the exact name of the health product that ... use(s)? (Ask the person to look at the bottle, tube or box.) (up to 12 products)

Mental Health
(Non-proxy only)

Note: former questions MHLTH-Q1a to Q1i have been replaced by this 6-item scale.

MHLTH-INTa Now some questions about mental and emotional well-being. During the past month⁴, about how often did you feel:

MHLTH-Q1a ... so sad that nothing could cheer you up?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

MHLTH-Q1b ... nervous?

(Read list. Mark one only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

MHLTH-Q1c ... restless or fidgety?

(Read list. Mark one only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

MHLTH-Q1d ... hopeless?

(Read list. Mark one only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

MHLTH-Q1e ... worthless?

(Read list. Mark one only.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

MHLTH-Q1f During the past month, about how often did you feel that everything was an effort?

(Read list. Mark one only.)

- All of the time

- Most of the time
- Some of the time
- A little of the time
- None of the time

MHLTH-C1g IF MHLTH-Q1a to MHLTH-Q1f are all "none" go to MHLTH-Q1k.

MHLTH-Q1g We have just been talking about feelings and experiences that occurred to different degrees during the past month. Taking them altogether, did these feelings occur *more often* in the past month than is usual for you, *less often* than usual, or *about the same* as usual?

(Do not read list. Mark one only.)

- More often
- Less often (Go to MHLTH-Q1i)
- About the same (Go to MHLTH-Q1j)
- Never have had any (Go to MHLTH-Q1k)

MHLTH-Q1h Is that *a lot* more, *somewhat* or only *a little* more often than usual?

(Do not read list. Mark one only.)

- A lot more
- Somewhat more
- A little more

(Go to Q1j)

MHLTH-Q1i Is that *a lot* less, *somewhat* or only *a little* less often than usual?

(Do not read list. Mark one only.)

- A lot less
- Somewhat less
- A little less

MHLTH-Q1j How much do these experiences usually interfere with your life or activities?

(Read list. Mark one only.)

- A lot
- Some
- A little
- Not at all

MHLTH-Q1k In the past 12 months², have you seen or talked on the telephone to a health professional about your emotional or mental health?

- Yes
- No (Go to MHLTH-Q2.)

MHLTH-Q11 How many times (in the past 12 months)?
___ # of times

Note: former questions MHLTH-Q1m , MHLTH-Q1n and MHLTH-INTb were deleted.

MHLTH-Q2 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

___ Yes
___ No (Go to MHLTH-Q16.)

MHLTH-Q3 For the next few questions, please think of the 2-week period during the past 12 months when these feelings were worst. During that time how long did these feelings usually last?
(Read list. Mark one only.)

___ All day long
___ Most of the day
___ About half of the day (Go to MHLTH-Q16.)
___ Less than half the day (Go to MHLTH-Q16.)

MHLTH-Q4 How often did you feel this way during those 2 weeks?
(Read list. Mark one only.)

___ Every day
___ Almost every day
___ Less often (Go to MHLTH-Q16.)

MHLTH-Q5 During those 2 weeks did you lose interest in most things?

___ Yes (KEY PHRASE = LOSING INTEREST)
___ No

MHLTH-Q6 Did you feel tired out or low on energy all of the time?

___ Yes (KEY PHRASE = FEELING TIRED)
___ No

MHLTH-Q7 Did you gain weight, lose weight or stay about the same?
(Do not read list. Mark one only.)

___ Gained weight (KEY PHRASE = GAINING WEIGHT)
___ Lost weight (KEY PHRASE = LOSING WEIGHT)
___ Stayed about the same (Go to MHLTH-Q9.)
___ Was on a diet (Go to MHLTH-Q9.)

MHLTH-Q8 About how much did you (gain/lose)?

___ pounds or kilograms

MHLTH-Q9 Did you have more trouble falling asleep than you usually do?

___ Yes (KEY PHRASE = TROUBLE FALLING ASLEEP)

No (Go to MHLTH-Q11.)

MHLTH-Q10 How often did that happen?
(Read list. Mark one only.)

- Every night
- Nearly every night
- Less often

MHLTH-Q11 Did you have a lot more trouble concentrating than usual?

- Yes (KEY PHRASE = TROUBLE CONCENTRATING)
- No

MHLTH-Q12 At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

- Yes (KEY PHRASE = FEELING DOWN ON YOURSELF)
- No

MHLTH-Q13 Did you think a lot about death - either your own, someone else's, or death in general?

- Yes (KEY PHRASE = THOUGHTS ABOUT DEATH)
- No

MHLTH-C14 If any "yes" in Q5, Q6, Q9, Q11, Q12 or Q13, or Q7 is "gain" or "lose" then go to MHLTH-Q14. Otherwise go to next section.

MHLTH-Q14 Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue, or depressed and also had some other things like (KEY PHRASES). About how many weeks altogether did you feel this way during the past 12 months?

of weeks (IF >51 weeks then go to next section.)

MHLTH-Q15 Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> July |
| <input type="checkbox"/> February | <input type="checkbox"/> August |
| <input type="checkbox"/> March | <input type="checkbox"/> September |
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |

Go to next section.

MHLTH-Q16 During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- Yes
- No (Go to next section)

- MHLTH-Q17 For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?
(Read list. Mark one only.)
- All day long
 Most of the day
 About half of the day (Go to next section)
 Less than half the day (Go to next section)
- MHLTH-Q18 How often did you feel this way during those 2 weeks?
(Read list. Mark one only.)
- Every day
 Almost every day
 Less often (Go to next section)
- MHLTH-Q19 During those 2 weeks did you feel tired out or low on energy all the time?
- Yes (KEY PHRASE = FEELING TIRED)
 No
- MHLTH-Q20 Did you gain weight, lose weight, or stay about the same?
(Do not read list. Mark one only.)
- Gained weight (KEY PHRASE = GAINING WEIGHT)
 Lost weight (KEY PHRASE = LOSING WEIGHT)
 Stayed about the same (Go to MHLTH-Q22.)
 Was on a diet (Go to MHLTH-Q22.)
- MHLTH-Q21 About how much did you (gain/lose)?
- pounds or kilograms
- MHLTH-Q22 Did you have more trouble falling asleep than you usually do?
- Yes (KEY PHRASE = TROUBLE FALLING ASLEEP)
 No (Go to MHLTH-Q24)
- MHLTH-Q23 How often did that happen during those 2 weeks?
(Read list. Mark one only.)
- Every night
 Nearly every night
 Less often
- MHLTH-Q24 Did you have a lot more trouble concentrating than usual?
- Yes (KEY PHRASE = TROUBLE CONCENTRATING)
 No
- MHLTH-Q25 At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this

way?

Yes (KEY PHRASE = FEELING DOWN ON YOURSELF)
 No

MHLTH-Q26 Did you think a lot about death - either your own, someone else's, or death in general?

Yes (KEY PHRASE =THOUGHTS ABOUT DEATH)
 No

MHLTH-C27 If any "yes" in Q19, Q22, Q24, Q25 or Q26, or Q20 is "gain" or "lose" then go to MHLTH-Q27. Otherwise go to next section.

MHLTH-Q27 Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES). About how many weeks did you feel this way during the past 12 months?

of weeks (IF >51 weeks then go to next section.)

MHLTH-Q28 Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

<input type="checkbox"/> January	<input type="checkbox"/> July
<input type="checkbox"/> February	<input type="checkbox"/> August
<input type="checkbox"/> March	<input type="checkbox"/> September
<input type="checkbox"/> April	<input type="checkbox"/> October
<input type="checkbox"/> May	<input type="checkbox"/> November
<input type="checkbox"/> June	<input type="checkbox"/> December

Social Support

(Non-proxy only)

SOCSUP-INT Now, a few questions about your contact with different groups and support from family and friends.

SOCSUP-Q1 Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs?

Yes
 No (Go to SOCSUP-Q2a)

SOCSUP-Q2 How often did you participate in meetings or activities sponsored by these groups in the past 12 months? If you belong to many, just think of the ones in which you are most active.
(Read list. Mark one only.)

At least once a week
 At least once a month
 At least 3 or 4 times a year
 At least once a year
 Not at all

SOCSUP-Q2a Other than on special occasions (such as weddings, funerals or baptisms), how often did you attend religious services or religious meetings in the past 12 months?
(Read list. Mark one only.)

At least once a week

- ___ At least once a month
- ___ At least 3 or 4 times a year
- ___ At least once a year
- ___ Not at all

SOCSUP-Q3 Do you have someone you can confide in, or talk to about your private feelings or concerns?

- ___ Yes
- ___ No

SOCSUP-Q4 Do you have someone you can really count on to help you out in a crisis situation?

- ___ Yes
- ___ No

SOCSUP-Q5 Do you have someone you can really count on to give you advice when you are making important personal decisions?

- ___ Yes
- ___ No

SOCSUP-Q6 Do you have someone that makes you feel loved and cared for?

- ___ Yes
- ___ No

SOCSUP-Q7 The next few questions are about your contact in the past 12 months with persons *who do not live with you* either in person, by phone, or by mail. If you have more than one person in a category, for example, several sisters, think of the one with whom you have the most contact. How often did you have contact with [fill with categories below]?

- ___ Your parents or parents-in-law
- ___ Your grandparents
- ___ Your daughters or daughters-in-law
- ___ Your sons or sons-in-law
- ___ Your brothers or sisters
- ___ Other relatives (including in-laws)
- ___ Your close friends
- ___ Your neighbours

Choice of responses are: (Read list. Mark one only.)

- Don't have any
- Every day
- At least once a week
- 2 or 3 times a month
- Once a month
- A few times a year
- Once a year

Never

Health Number

H06-HLTH# We are seeking your permission to link information collected during this interview with provincial health information. This would include information on past and continuing use of services such as visits to hospitals, clinics, physician's offices or other services provided by the province. This information will be used for statistical purposes only. Do we have your permission?

- Yes
- No (Go to H06-SHARE)

H06-HLTH#1 Having a provincial health number will assist us in linking to this other information. What is ...r/s provincial health number?

Agreement to Share

H06-SHARE To avoid duplication Statistics Canada intends to share the information from this survey with provincial ministries of health, Health Canada, Human Resources Development Canada, and the Canadian Institute for Health Information. These organizations have undertaken to keep this information confidential and use it only for statistical purposes. Do you agree to share the information you have provided?

- Yes
- No

H06-TEL Was this interview conducted on the telephone or in person?

- On telephone
- In person
- Both (Specify reason)

H06-CTEXT Was the respondent alone when you asked this health questionnaire?

- Yes (Go to H06-P2)
- No

H06-CTEXT1 Do you think that the answers of the respondent were affected by someone else being there?

- Yes (Specify)
- No

H06-P2 Record language of interview

English	Persian (Farsi)
French	Polish
Arabic	Portuguese
Chinese	Punjabi
Cree	Spanish
German	Tagalog (Filipino)
Greek	Ukrainian
Hungarian	Vietnamese
Italian	Other (Specify_____)

Korean

Notes:

1. Past 2 weeks refers to the 2 weeks leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 2 weeks include August 27, 1993 to September 9, 1993.
2. Past 12 months refers to the 12 months leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 12 months include September 10, 1992 to September 9, 1993.
3. Past 3 months refers to the 3 months leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past 3 months include June 10, 1993 to September 9, 1993.
4. Past month refers to the month leading up to the day before the interview e.g. if the day of the interview is September 10, 1993 then the past month includes August 10, 1993 to September 9, 1993.