

**Canadian Community Health Survey (CCHS)**

**Questionnaire for Cycle 1.1**

**September, 2000 - November, 2001**

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## **HOUSEHOLD RECORD VARIABLES**

### **Household Composition**

(To be collected at initial contact from a knowledgeable household member)

Type of contact

- 1 Telephone
- 2 Personal

Language preference

- 1 English
- 2 French
- 3 Either

The following information is collected for each household member:

Membership status  
First name  
Last name

Date of birth (8 characters)

Day of birth (2 digits)

Month of birth (2 digits)

Year of birth (4 digits)

Age (age is calculated and confirmed with the respondent)

Sex

- 1 Male
- 2 Female

Marital Status

- 1 Married
- 2 Living common-law
- 3 Widowed
- 4 Separated
- 5 Divorced
- 6 Single, never married

## Relationships of everyone to everyone else

Husband / Wife	Foster Parent
Common-law partner	Foster Child
Same-sex partner	Grandparent
Father / Mother	Grandchild
Birth	In-laws
Step	Other related
Adoptive	Unrelated
Child	Sister / Brother
Birth	Full
Step	Half
Adopted	Step
	Adopted
	Foster

## Family ID code

A to Z (Assigned by the computer)

## Educational attainment

### Highest grade of elementary or high school completed

- 1 Grade 8 or lower (Quebec: Secondary II or lower)
- 2 Grade 9 – 10 (Quebec: Secondary III or IV; Newfoundland: 1<sup>st</sup> year of secondary)
- 3 Grade 11 – 13 (Quebec: Secondary V; Newfoundland: 2<sup>nd</sup> to 4<sup>th</sup> year of secondary)

### Highest degree, certificate or diploma

- 1 No postsecondary degree, certificate or diploma
- 2 Trades certificate or diploma from a vocational school or apprenticeship training
- 3 Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- 4 University certificate below bachelor's level
- 5 Bachelor's degree
- 6 University certificate or diploma above bachelor's degree

*Legal household check*

**Housing**

The following information is collected once in each household:

Type of dwelling

- 1 Single detached house
- 2 Semi-detached or double (side-by-side)
- 3 Garden house, town-house or row house
- 4 Duplex (one above the other)
- 5 Low-rise apartment (less than 5 stories)
- 6 High-rise apartment (5 or more stories)
- 7 Institution
- 8 Collective dwelling (such as a hotel/motel, rooming or boarding house, hutterite colony)
- 9 Mobile home
- 10 Other - Specify

**Is this dwelling owned by a member of this household?**

- 1 Yes
- 2 No

**Is there a mortgage on this dwelling?**

- 1 Yes
- 2 No

**How many bedrooms are there in this dwelling?**

INTERVIEWER: Enter '0' if no separate, enclosed bedroom.

[\_|\_] Bedrooms  
(MIN: 0) (MAX: 30)

*Selection criteria applied.*

Information source (i.e. the household member providing the information for the previous questions)

INTERVIEWER: Enter language of interview

1	English	14	Tamil
2	French	15	Cree
3	Chinese	16	Afghan
4	Italian	17	Cantonese
5	Punjabi	18	Hindi
6	Spanish	19	Mandarin
7	Portuguese	20	Persian
8	Polish	21	Russian
9	German	22	Ukrainian
10	Vietnamese	23	Urdu
11	Arabic	24	Inuktitut
12	Tagalog	90	Other – Specify
13	Greek		

## **GENERAL HEALTH**

GH\_BEG

GH\_QINT      **This part of the survey deals with various aspects of %your/FNAME's% health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**  
INTERVIEWER: Press <Enter> to continue.

GH\_Q01      **I'll start with a few questions concerning %your/FNAME's% health in general.**  
**GENA\_01**      **In general, would you say %your/his/her% health is:**

INTERVIEWER: Read categories to respondent.

- 1      ... excellent?
- 2      ... very good?
- 3      ... good?
- 4      ... fair?
- 5      ... poor?

GH\_Q02      **Compared to one year ago, how would you say %your/his/her% health is**  
**GENA\_02**      **now? Is it:**

INTERVIEWER: Read categories to respondent.

- 1      ... much better now than 1 year ago?
- 2      ... somewhat better now than 1 year ago?
- 3      ... about the same?
- 4      ... somewhat worse now than 1 year ago?
- 5      ... much worse now than 1 year ago?

GH\_C03      If proxy interview, go to GH\_C07.

GH\_Q03      **How long do you usually spend sleeping each night?**

**GENA\_03**      INTERVIEWER: Do not include time spent resting.

- 1      Under 2 hours
- 2      2 hours to less than 3 hours
- 3      3 hours to less than 4 hours
- 4      4 hours to less than 5 hours
- 5      5 hours to less than 6 hours
- 6      6 hours to less than 7 hours
- 7      7 hours to less than 8 hours
- 8      8 hours to less than 9 hours
- 9      9 hours to less than 10 hours
- 10     10 hours to less than 11 hours
- 11     11 hours to less than 12 hours
- 12     12 hours or more

GH\_Q04      **How often do you have trouble going to sleep or staying asleep?**

**GENA\_04**      INTERVIEWER: Read categories to respondent.

- 1      **Most of the time**
- 2      **Sometimes**
- 3      **Never**

**GH\_Q05**  
**GENA\_05**

**How often do you find your sleep refreshing?**

- 1 Most of the time
- 2 Sometimes
- 3 Never

**GH\_Q06**  
**GENA\_06**

**How often do you find it difficult to stay awake when you want to?**

- 1 Most of the time
- 2 Sometimes
- 3 Never

**GH\_C07**

If age < 18, go to GH\_C08.

**GH\_Q07**  
**GENA\_07**

**Thinking about the amount of stress in %your/his/her% life, would you say that most days are:**

INTERVIEWER: Read categories to respondent.

- 1 ... not at all stressful?
- 2 ... not very stressful?
- 3 ... a bit stressful?
- 4 ... quite a bit stressful?
- 5 ... extremely stressful?

**GH\_C08**

If proxy interview, go to GH\_END.

**GH\_C08A**

If age < 15 or age > 75, go to GH\_Q10.

**GH\_Q08**  
**GENA\_08**

**Have you worked at a job or business at any time in the past 12 months?**

- 1 Yes
- 2 No (Go to GH\_Q10)
- DK, R (Go to GH\_Q10)

**GH\_Q09**  
**GENA\_09**

**The next question is about your main job or business in the past 12 months. Would you say that most days at work were:**

INTERVIEWER: Read categories to respondent.

- 1 ... not at all stressful?
- 2 ... not very stressful?
- 3 ... a bit stressful?
- 4 ... quite a bit stressful?
- 5 ... extremely stressful?

**GH\_Q10**  
**GENA\_10**

**How would you describe your sense of belonging to your local community? Would you say it is:**

INTERVIEWER: Read categories to respondent.

- 1 ... very strong?
- 2 ... somewhat strong?
- 3 ... somewhat weak?
- 4 ... very weak?

**GH\_END**

Go to next module



## **CHANGES MADE TO IMPROVE HEALTH**

CI\_BEG Selection of the module is indicated using a Health Region number or province code.

CI\_C1 If proxy interview, go to CI\_END.

CI\_Q1  
CIHA\_1 **In the past 12 months, that is, from %12MOSAGO% to yesterday, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise)**

- 1 Yes
- 2 No (Go to CI\_Q3)
- DK, R (Go to CI\_END)

CI\_Q2  
CIHA\_2 **What is the single most important change you have made?**

- 1 Increased exercise, sports or physical activity
- 2 Lost weight
- 3 Changed diet or eating habits
- 4 Quit smoking / reduced amount smoked
- 5 Drank less alcohol
- 6 Received medical treatment
- 7 Took vitamins
- 8 Other - Specify

CI\_Q3  
CIHA\_3 **Do you think there is %anything/anything else% you should do to improve your physical health?**

- 1 Yes
- 2 No (Go to CI\_END)
- DK, R (Go to CI\_END)

CI\_Q4  
CIHA\_4 **What is the most important thing?**

- 1 Increase exercise
- 2 Lose weight
- 3 Improve eating habits
- 4 Quit smoking
- 5 Take vitamins
- 6 Other - Specify

CI\_Q5  
CIHA\_5 **Is there anything stopping you from making this improvement?**

- 1 Yes
- 2 No (Go to CI\_Q7)
- DK, R (Go to CI\_Q7)

CI\_Q6

**What is that?**

INTERVIEWER: Mark all that apply.

- |         |   |  |
|---------|---|--|
| CIHA_6A | 1 | Lack of - will power / self-discipline |
| CIHA_6B | 2 | Lack of - time                         |
| CIHA_6C | 3 | Too tired                              |
| CIHA_6D | 4 | Too difficult                          |
| CIHA_6E | 5 | Too costly                             |
| CIHA_6F | 6 | Too stressed                           |
| CIHA_6G | 7 | Disability / health problem            |
| CIHA_6H | 8 | Other - Specify                        |

CI\_Q7

**Is there anything you intend to do to improve your physical health in the next year?**

CIHA\_7

- |   |                      |
|---|----------------------|
| 1 | Yes                  |
| 2 | No (Go to CI_END)    |
|   | DK, R (Go to CI_END) |

CI\_Q8

**What is that?**

INTERVIEWER: Mark all that apply.

- |         |   |                           |
|---------|---|---------------------------|
| CIHA_8A | 1 | Start / increase exercise |
| CIHA_8B | 2 | Lose weight               |
| CIHA_8C | 3 | Improve eating habits     |
| CIHA_8D | 4 | Quit smoking              |
| CIHA_8E | 5 | Reduce amount smoked      |
| CIHA_8F | 6 | Learn to manage stress    |
| CIHA_8G | 7 | Reduce stress level       |
| CIHA_8H | 8 | Take vitamins             |
| CIHA_8I | 9 | Other - Specify           |

CI\_END

Go to next module

## **HEIGHT / WEIGHT**

HW\_BEG

HW\_Q2  
HWTA\_2

**How tall %are/is% %you/FNAME% without shoes on?**

- |   |   |                |
|---|---|----------------|
| 0 | Less than 1' / 12" (less than 29.2 cm.)         | (Go to HW_Q3)  |
| 1 | 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)   |                |
| 2 | 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.)   | (Go to HW_Q2B) |
| 3 | 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)  | (Go to HW_Q2C) |
| 4 | 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) | (Go to HW_Q2D) |
| 5 | 5'0" to 5'11" (151.1 to 181.5 cm.)              | (Go to HW_Q2E) |
| 6 | 6'0" to 6'11" (181.6 to 212.0 cm.)              | (Go to HW_Q2F) |
| 7 | 7'0" and over (212.1 cm. and over)              | (Go to HW_Q3)  |
|   | DK, R   | (Go to HW_Q3)  |

HW\_Q2A  
HWTA\_2A

**INTERVIEWER:** Select the exact height.

- |    |                                |
|----|--------------------------------|
| 0  | 1'0" / 12" (29.2 to 31.7 cm.)  |
| 1  | 1'1" / 13" (31.8 to 34.2 cm.)  |
| 2  | 1'2" / 14" (34.3 to 36.7 cm.)  |
| 3  | 1'3" / 15" (36.8 to 39.3 cm.)  |
| 4  | 1'4" / 16" (39.4 to 41.8 cm.)  |
| 5  | 1'5" / 17" (41.9 to 44.4 cm.)  |
| 6  | 1'6" / 18" (44.5 to 46.9 cm.)  |
| 7  | 1'7" / 19" (47.0 to 49.4 cm.)  |
| 8  | 1'8" / 20" (49.5 to 52.0 cm.)  |
| 9  | 1'9" / 21" (52.1 to 54.5 cm.)  |
| 10 | 1'10" / 22" (54.6 to 57.1 cm.) |
| 11 | 1'11" / 23" (57.2 to 59.6 cm.) |

Go to HW\_Q3

HW\_Q2B  
HWTA\_2B

**INTERVIEWER:** Select the exact height.

- |    |                                |
|----|--------------------------------|
| 0  | 2'0" / 24" (59.7 to 62.1 cm.)  |
| 1  | 2'1" / 25" (62.2 to 64.7 cm.)  |
| 2  | 2'2" / 26" (64.8 to 67.2 cm.)  |
| 3  | 2'3" / 27" (67.3 to 69.8 cm.)  |
| 4  | 2'4" / 28" (69.9 to 72.3 cm.)  |
| 5  | 2'5" / 29" (72.4 to 74.8 cm.)  |
| 6  | 2'6" / 30" (74.9 to 77.4 cm.)  |
| 7  | 2'7" / 31" (77.5 to 79.9 cm.)  |
| 8  | 2'8" / 32" (80.0 to 82.5 cm.)  |
| 9  | 2'9" / 33" (82.6 to 85.0 cm.)  |
| 10 | 2'10" / 34" (85.1 to 87.5 cm.) |
| 11 | 2'11" / 35" (87.6 to 90.1 cm.) |

Go to HW\_Q3

HW\_Q2C  
HWTA\_2C

INTERVIEWER: Select the exact height.

- 0 3'0" / 36" (90.2 to 92.6 cm.)
- 1 3'1" / 37" (92.7 to 95.2 cm.)
- 2 3'2" / 38" (95.3 to 97.7 cm.)
- 3 3'3" / 39" (97.8 to 100.2 cm.)
- 4 3'4" / 40" (100.3 to 102.8 cm.)
- 5 3'5" / 41" (102.9 to 105.3 cm.)
- 6 3'6" / 42" (105.4 to 107.9 cm.)
- 7 3'7" / 43" (108.0 to 110.4 cm.)
- 8 3'8" / 44" (110.5 to 112.9 cm.)
- 9 3'9" / 45" (113.0 to 115.5 cm.)
- 10 3'10" / 46" (115.6 to 118.0 cm.)
- 11 3'11" / 47" (118.1 to 120.6 cm.)

Go to HW\_Q3

HW\_Q2D  
HWTA\_2D

INTERVIEWER: Select the exact height.

- 0 4'0" / 48" (120.7 to 123.1 cm.)
- 1 4'1" / 49" (123.2 to 125.6 cm.)
- 2 4'2" / 50" (125.7 to 128.2 cm.)
- 3 4'3" / 51" (128.3 to 130.7 cm.)
- 4 4'4" / 52" (130.8 to 133.3 cm.)
- 5 4'5" / 53" (133.4 to 135.8 cm.)
- 6 4'6" / 54" (135.9 to 138.3 cm.)
- 7 4'7" / 55" (138.4 to 140.9 cm.)
- 8 4'8" / 56" (141.0 to 143.4 cm.)
- 9 4'9" / 57" (143.5 to 146.0 cm.)
- 10 4'10" / 58" (146.1 to 148.5 cm.)
- 11 4'11" / 59" (148.6 to 151.0 cm.)

Go to HW\_Q3

HW\_Q2E  
HWTA\_2E

INTERVIEWER: Select the exact height.

- 0 5'0" (151.1 to 153.6 cm.)
- 1 5'1" (153.7 to 156.1 cm.)
- 2 5'2" (156.2 to 158.7 cm.)
- 3 5'3" (158.8 to 161.2 cm.)
- 4 5'4" (161.3 to 163.7 cm.)
- 5 5'5" (163.8 to 166.3 cm.)
- 6 5'6" (166.4 to 168.8 cm.)
- 7 5'7" (168.9 to 171.4 cm.)
- 8 5'8" (171.5 to 173.9 cm.)
- 9 5'9" (174.0 to 176.4 cm.)
- 10 5'10" (176.5 to 179.0 cm.)
- 11 5'11" (179.1 to 181.5 cm.)

Go to HW\_Q3

HW\_Q2F  
HWTA\_2F

INTERVIEWER: Select the exact height.

- 0 6'0" (181.6 to 184.1 cm.)
- 1 6'1" (184.2 to 186.6 cm.)
- 2 6'2" (186.7 to 189.1 cm.)
- 3 6'3" (189.2 to 191.7 cm.)
- 4 6'4" (191.8 to 194.2 cm.)
- 5 6'5" (194.3 to 196.8 cm.)
- 6 6'6" (196.9 to 199.3 cm.)
- 7 6'7" (199.4 to 201.8 cm.)
- 8 6'8" (201.9 to 204.4 cm.)
- 9 6'9" (204.5 to 206.9 cm.)
- 10 6'10" (207.0 to 209.5 cm.)
- 11 6'11" (209.6 to 212.0 cm.)

HW\_Q3  
HWTA\_3

**How much %do/does% %you/FNAME% weigh?**

INTERVIEWER: Enter amount only.

||| Weight  
(MIN: 1) (MAX: 575)  
DK, R (Go to HW\_END)

HW\_N4  
HWTA\_N4

INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
  - 2 Kilograms
- (DK, R are not allowed)

HW\_C4

If proxy interview, go to HW\_END.

HW\_Q4  
HWTA\_4

**Do you consider yourself:**

INTERVIEWER: Read categories to respondent.

- 1 ... **overweight?**
- 2 ... **underweight?**
- 3 ... **just about right?**

HW\_END

Go to next module

## **TWO-WEEK DISABILITY**

TW\_BEG

TW\_QINT      **The next few questions ask about %your/FNAME's% health during the past 14 days. It is important for you to refer to the 14-day period from %date two weeks ago% to %date yesterday%.**  
**INTERVIEWER:** Press <Enter> to continue.

TW\_Q1      **During that period, did %you/FNAME% stay in bed at all because of illness**  
TWDA\_1      **or injury, including any nights spent as a patient in a hospital?**

- 1      Yes
- 2      No                      (Go to TW\_Q3)
- DK, R                      (Go to TW\_Q5)

TW\_Q2      **How many days did %you/FNAME% stay in bed for all or most of the day?**  
TWDA\_2      **INTERVIEWER:** Enter 0 if less than a day.

[\_][\_]      Days  
(MIN: 0) (MAX: 14)  
         If 14 days, go to TW\_Q5  
         DK, R                      (Go to TW\_Q5)

TW\_Q3      **(Not counting days spent in bed) During those 14 days, were there any days**  
TWDA\_3      **that %you/FNAME% cut down on things %you/he/she% normally %do/does% because of illness or injury?**

- 1      Yes
- 2      No                      (Go to TW\_Q5)
- DK, R                      (Go to TW\_Q5)

TW\_Q4      **How many days did %you/FNAME% cut down on things for all or most of**  
TWDA\_4      **the day?**

**INTERVIEWER:** Enter 0 if less than a day. Maximum is %14 - TW\_Q2%.

[\_][\_]      Days  
(MIN: 0) (MAX: 14 - days in TW\_Q2)

TW\_Q5      **%Do/Does% %you/FNAME% have a regular medical doctor?**  
TWDA\_5

- 1      Yes
- 2      No

TW\_END      Go to next module

## **HEALTH CARE UTILIZATION**

HC\_BEG

HC\_QINT1 **Now I'd like to ask about %your/FNAME's% contacts with health professionals during the past 12 months, that is, from %date one year ago% to yesterday.**  
**INTERVIEWER:** Press <Enter> to continue.

HC\_Q01 **In the past 12 months, %have/has% %you/FNAME% been a patient overnight**  
**HCUA\_01 in a hospital, nursing home or convalescent home?**

- 1 Yes
- 2 No (Go to HC\_Q02)
- DK (Go to HC\_Q02)
- R (Go to HC\_END)

HC\_Q01A **For how many nights in the past 12 months?**  
**HCUA\_01A**

\_\_\_\_ Nights  
 (MIN: 1) (MAX: 366; warning after 100)

HC\_Q02 **(Not counting when %you/FNAME% %were/was% an overnight patient) In the past 12 months, how many times %have/has% %you/FNAME% seen, or talked on the telephone, about %your/his/her% physical, emotional or mental health with:**

		MIN	MAX	Warning After
<b>HCUA_02A</b>	a) ... a family doctor or general practitioner? (include pediatrician if age < 18)	0	366	12
<b>HCUA_02B</b>	b) ... an eye specialist (such as an ophthalmologist or optometrist)?	0	75	3
<b>HCUA_02C</b>	c) ... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?	0	300	7
<b>HCUA_02D</b>	d) ... a nurse for care or advice?	0	366	15
<b>HCUA_02E</b>	e) ... a dentist or orthodontist?	0	99	4
<b>HCUA_02F</b>	f) ... a chiropractor?	0	366	20
<b>HCUA_02G</b>	g) ... a physiotherapist?	0	366	30
<b>HCUA_02H</b>	h) ... a social worker or counsellor?	0	366	20
<b>HCUA_02I</b>	i) ... a psychologist?	0	366	25
<b>HCUA_02J</b>	j) ... a speech, audiology or occupational therapist?	0	200	12

For each response > 0 in a), c), or d), ask HC\_Q03.

HC\_Q03  
HCUA\_03A  
HCUA\_03C  
HCUA\_03D

**Where did the most recent contact take place?**

INTERVIEWER: If respondent says "hospital", probe for details.

- 1 Doctor's office
- 2 Hospital emergency room
- 3 Hospital outpatient clinic (e.g. day surgery, cancer)
- 4 Walk-in clinic
- 5 Appointment clinic
- 6 Community health centre / CLSC
- 7 At work
- 8 At school
- 9 At home
- 10 Telephone consultation only
- 11 Other - Specify

HC\_Q04A  
HCUA\_04A

**In the past 12 months, %have/has% %you/he/she% attended a meeting of a self-help group such as AA or a cancer support group?**

- 1 Yes
- 2 No

HC\_Q04  
HCUA\_04

**People may also use alternative or complementary medicine. In the past 12 months, %have/has% %you/FNAME% seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about %your/his/her% physical, emotional or mental health?**

- 1 Yes
- 2 No (Go to HC\_C06)  
DK, R (Go to HC\_C06)

HC\_Q05

**Who did %you/FNAME% see or talk to?**

INTERVIEWER: Mark all that apply.

HCUA\_05A  
HCUA\_05B  
HCUA\_05C  
HCUA\_05D  
HCUA\_05E  
HCUA\_05F  
HCUA\_05G  
HCUA\_05H  
HCUA\_05I  
HCUA\_05J  
HCUA\_05K  
HCUA\_05L

- 1 Massage therapist
- 2 Acupuncturist
- 3 Homeopath or naturopath
- 4 Feldenkrais or Alexander teacher
- 5 Relaxation therapist
- 6 Biofeedback teacher
- 7 Rolfer
- 8 Herbalist
- 9 Reflexologist
- 10 Spiritual healer
- 11 Religious healer
- 12 Other - Specify

HC\_C06

If age < 18 or (if age >= 18 and non-proxy interview), ask the respondent's opinion of whether health care was needed. Otherwise, ask for the respondent's opinion of what FNAME's opinion was regarding the need for health care.



HC\_Q06  
HCUA\_06

**During the past 12 months, was there ever a time when %you/FNAME% felt that %you/he/she% needed health care but %you/he/she% didn't receive it?**

- 1 Yes
- 2 No (Go to HC\_END)
- DK, R (Go to HC\_END)

HC\_Q07

**Thinking of the most recent time, why didn't %you/he/she% get care?**

INTERVIEWER: Mark all that apply.

HCUA\_07A  
HCUA\_07B

- 1 Not available - in the area
- 2 Not available - at time required (e.g. doctor on holidays, inconvenient hours)

HCUA\_07C  
HCUA\_07D

- 3 Waiting time too long
- 4 Felt would be inadequate

HCUA\_07E

- 5 Cost

HCUA\_07F

- 6 Too busy

HCUA\_07G

- 7 Didn't get around to it / didn't bother

HCUA\_07H

- 8 Didn't know where to go

HCUA\_07I

- 9 Transportation problems

HCUA\_07J

- 10 Language problems

HCUA\_07K

- 11 Personal or family responsibilities

HCUA\_07L

- 12 Dislikes doctors / afraid

HCUA\_07M

- 13 Decided not to seek care

HCUA\_07N

- 14 Other - Specify

HC\_Q08

**Again, thinking of the most recent time, what was the type of care that was needed?**

INTERVIEWER: Mark all that apply.

HCUA\_08A

- 1 Treatment of a physical health problem

HCUA\_08B

- 2 Treatment of an emotional or mental health problem

HCUA\_08C

- 3 A regular check-up (including regular pre-natal care)

HCUA\_08D

- 4 Care of an injury

HCUA\_08E

- 5 Other - Specify

HC\_END

Go to next module

## **HOME CARE**

- HM\_BEG Selection of the module is indicated using a Health Region number or province code.
- HM\_C09 If age < 18, go to HM\_END.
- HM\_QINT2 **Home care services are health care or homemaker services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care, help with bathing or housework, respite care and meal delivery.**  
**INTERVIEWER:** Press <Enter> to continue.
- HM\_Q09 **%Have/Has% %you/FNAME% received any home care in the past 12 months?**  
HMCA\_09
- 1 Yes  
2 No (Go to HM\_END)  
DK, R (Go to HM\_END)
- HM\_Q10 **What types of services %have/has% %you/he/she% received?**  
**INTERVIEWER:** Read categories to respondent. Mark all that apply.  
Cost must be entirely or partially covered by government.
- HMCA\_10A 1 **Nursing care (e.g., dressing changes, VON)**  
HMCA\_10B 2 **Other health care services (e.g., physiotherapy, nutrition counselling)**
- HMCA\_10C 3 **Personal care (e.g., bathing, foot care)**  
HMCA\_10D 4 **Housework (e.g., cleaning, laundry)**  
HMCA\_10E 5 **Meal preparation or delivery**  
HMCA\_10F 6 **Shopping**  
HMCA\_10G 7 **Respite care (i.e., caregiver relief program)**  
HMCA\_10H 8 **Other – Specify**
- HM\_END Go to next module

## **RESTRICTION OF ACTIVITIES**

RA\_BEG

RA\_QINT

**The next few questions deal with any health limitations which affect %your/FNAME's% daily activities. In these questions, 'long-term conditions' refer to conditions that have lasted or are expected to last 6 months or more.**  
**INTERVIEWER:** Press <Enter> to continue.

RA\_Q1  
RACA\_1

**%Do/Does% %you/FNAME% have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**  
**INTERVIEWER:** Read categories to respondent.

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**
- R (Go to RA\_END)

RA\_Q2A  
RACA\_2A

**Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity %you/he/she% can do: ... at home?**  
**INTERVIEWER:** Read categories to respondent.

- 1 **Sometimes**
- 2 **Often**
- 3 **Never**
- R (Go to RA\_END)

RA\_Q2B  
RACA\_2B

**... at work or at school?**

- 1 Sometimes
- 2 Often
- 3 Never
- 4 Not applicable
- R (Go to RA\_END)

RA\_Q2C  
RACA\_2C

**... in other activities, for example, transportation or leisure?**

- 1 Sometimes
- 2 Often
- 3 Never
- R (Go to RA\_END)

RA\_C5

If has difficulty or is limited in activities (i.e. RA\_Q1 = 1 or 2 or RA\_Q2(A)-(C) = 1 or 2), ask RA\_Q5. Otherwise, go to RA\_Q6A.

RA\_Q5  
RACA\_5

**Which one of the following is the best description of the cause of this condition?**

INTERVIEWER: Read categories to respondent.

- 1 Injury - at home
- 2 Injury - sports or recreation
- 3 Injury - motor vehicle
- 4 Injury - work-related
- 5 Existed at birth
- 6 Work environment
- 7 Disease or illness
- 8 Natural aging process
- 9 Psychological or physical abuse
- 10 Other - Specify

RA\_Q6A  
RACA\_6A

**The next few questions may not apply to %you/FNAME%, but we need to ask the same questions of everyone. Because of any condition or health problem, %do/does% %you/he/she% need the help of another person: ... in preparing meals?**

- 1 Yes
- 2 No

RA\_Q6B  
RACA\_6B

**... in shopping for groceries or other necessities?**

- 1 Yes
- 2 No

RA\_Q6C  
RACA\_6C

**... in doing normal everyday housework?**

- 1 Yes
- 2 No

RA\_Q6D  
RACA\_6D

**... in doing heavy household chores such as washing walls or yard work?**

- 1 Yes
- 2 No

RA\_Q6E  
RACA\_6E

**... in personal care such as washing, dressing or eating?**

- 1 Yes
- 2 No

RA\_Q6F  
RACA\_6F

**... in moving about inside the house?**

- 1 Yes
- 2 No

RA\_END

Go to next module

## **CHRONIC CONDITIONS**

CC\_BEG

CC\_QINT

**Now I'd like to ask about certain chronic health conditions which %you/FNAME% may have. We are interested in 'long-term conditions' that have lasted or are expected to last 6 months or more and that have been diagnosed by a health professional.**

**INTERVIEWER:** Press <Enter> to continue.

CC\_Q011  
CCCA\_011

**%Do/Does% %you/FNAME% have food allergies?**

- 1 Yes
- 2 No (Go to CC\_Q021)
- DK (Go to CC\_Q021)
- R (Go to CC\_END)

CC\_Q012  
CCCA\_012

**How old %were/was% %you/he/she% when this was first diagnosed?**

**INTERVIEWER:** Maximum is %current age%.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q021  
CCCA\_021

**%Do/Does% %you/FNAME% have any other allergies?**

- 1 Yes
- 2 No (Go to CC\_Q031)
- DK, R (Go to CC\_Q031)

CC\_Q022  
CCCA\_022

**How old %were/was% %you/he/she% when this was first diagnosed?**

**INTERVIEWER:** If more than one other allergy, ask about the first one mentioned. Maximum is %current age%.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q031  
CCCA\_031

**%Do/Does% %you/FNAME% have asthma?**

- 1 Yes
- 2 No (Go to CC\_Q041)
- DK, R (Go to CC\_Q041)

CC\_Q032  
CCCA\_032

**How old %were/was% %you/he/she% when this was first diagnosed?**

**INTERVIEWER:** Maximum is %current age%.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q035  
CCCA\_035

**%Have/Has% %you/FNAME% had any asthma symptoms or asthma attacks in the past 12 months?**

- 1 Yes
- 2 No

CC\_Q036  
CCCA\_036

**In the past 12 months, %have/has% %you/he/she% taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**

- 1 Yes
- 2 No

CC\_Q041  
CCCA\_041

**Remember, we're interested in conditions diagnosed by a health professional. %Do/Does% %you/FNAME% have fibromyalgia?**

- 1 Yes
- 2 No (Go to CC\_Q051)
- DK, R (Go to CC\_Q051)

CC\_Q042  
CCCA\_042

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q051  
CCCA\_051

**%Do/Does% %you/FNAME% have arthritis or rheumatism, excluding fibromyalgia?**

- 1 Yes
- 2 No (Go to CC\_Q061)
- DK, R (Go to CC\_Q061)

CC\_Q052  
CCCA\_052

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q05A  
CCCA\_05A

**What kind of arthritis %do/does% %you/he/she% have?**

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Other - Specify

CC\_Q061  
CCCA\_061

**(Remember, we're interested in conditions diagnosed by a health professional.) %Do/Does% %you/FNAME% have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
- 2 No (Go to CC\_Q071)
- DK, R (Go to CC\_Q071)

CC\_Q062  
CCCA\_062

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q071  
CCCA\_071

**%Do/Does% %you/FNAME% have high blood pressure?**

- 1 Yes
- 2 No (Go to CC\_Q081)
- DK, R (Go to CC\_Q081)

CC\_Q072  
CCCA\_072

**How old %were/was% %you/he/she% when this was first diagnosed?**

INTERVIEWER: Maximum is %current age%.

||| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q081  
CCCA\_081

**Remember, we're interested in conditions diagnosed by a health professional. %Do/Does% %you/FNAME% have migraine headaches?**

- 1 Yes
- 2 No (Go to CC\_Q091A)
- DK, R (Go to CC\_Q091A)

CC\_Q082  
CCCA\_082

**How old %were/was% %you/he/she% when this was first diagnosed?**

INTERVIEWER: Maximum is %current age%.

||| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q091A  
CCCA\_91A

**(Remember, we're interested in conditions diagnosed by a health professional.) %Do/Does% %you/FNAME% have chronic bronchitis?**

- 1 Yes
- 2 No (Go to CC\_C091B)
- DK, R (Go to CC\_C091B)

CC\_Q092A  
CCCA\_92A

**How old %were/was% %you/he/she% when this was first diagnosed?**

INTERVIEWER: Maximum is %current age%.

||| Age in years  
(MIN: 0) (MAX: current age)

CC\_C091B If age < 30, go to CC\_Q101.

CC\_Q091B  
CCCA\_91B

**%Do/Does% %you/FNAME% have emphysema or chronic obstructive pulmonary disease (COPD)?**

- 1 Yes
- 2 No (Go to CC\_Q101)
- DK, R (Go to CC\_Q101)

CC\_Q092B  
CCCA\_92B

**How old %were/was% %you/he/she% when this was first diagnosed?**

INTERVIEWER: Maximum is %current age%.

||| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q101  
CCCA\_101

**%Do/Does% %you/FNAME% have diabetes?**

- 1 Yes
- 2 No (Go to CC\_Q111)  
DK, R (Go to CC\_Q111)

CC\_Q102  
CCCA\_102

**How old %were/was% %you/he/she% when this was first diagnosed?**

INTERVIEWER: Maximum is %current age%.

||| Age in years  
(MIN: 0) (MAX: current age)

CC\_C10A

If age < 15 or sex = male or CC\_Q102 < 15, go to CC\_Q10C.

CC\_Q10A  
CCCA\_10A

**%Were/Was% %you/she% pregnant when %you/she% %were/was% first diagnosed with diabetes?**

- 1 Yes
- 2 No (Go to CC\_Q10C)  
DK, R (Go to CC\_Q10C)

CC\_Q10B  
CCCA\_10B

**Other than during pregnancy, has a health professional ever told %you/her% that %you/she% %have/has% diabetes?**

- 1 Yes
- 2 No (Go to CC\_Q111)  
DK, R (Go to CC\_Q111)

CC\_Q10C  
CCCA\_10C

**When %you/he/she% %were/was% first diagnosed with diabetes, how long was it before %you/he/she% %were/was% started on insulin?**

- 1 Less than 1 month
- 2 1 month to less than 2 months
- 3 2 months to less than 6 months
- 4 6 months to less than 1 year
- 5 1 year or more
- 6 Never (Go to CC\_Q111)

CC\_Q105  
CCCA\_105

**%Do/Does% %you/FNAME% currently take insulin for %your/his/her% diabetes?**

- 1 Yes
- 2 No  
(If CC\_Q10C = 6, CC\_Q105 will be filled with "No" during processing)

CC\_Q111  
CCCA\_111

**%Do/Does% %you/FNAME% have epilepsy?**

- 1 Yes
- 2 No (Go to CC\_Q121)  
DK, R (Go to CC\_Q121)



CC\_Q112  
CCCA\_112

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_Q121  
CCCA\_121

**%Do/Does% %you/FNAME% have heart disease?**

- 1 Yes
- 2 No (Go to CC\_Q131)
- DK, R (Go to CC\_Q131)

CC\_Q122  
CCCA\_122

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_Q12A  
CCCA\_12A

**%Have/Has% %you/he/she% ever had a heart attack (damage to the heart muscle)?**

- 1 Yes
- 2 No

CC\_Q12J  
CCCA\_12J

**%Do/Does% %you/he/she% currently have angina (chest pain, chest tightness)?**

- 1 Yes
- 2 No

CC\_Q12K  
CCCA\_12K

**%Do/Does% %you/he/she% currently have congestive heart failure (inadequate heart beat, fluid build-up in the lungs or legs)?**

- 1 Yes
- 2 No

CC\_Q131  
CCCA\_131

**%Do/Does% %you/FNAME% have cancer?**

- 1 Yes
- 2 No (Go to CC\_Q141)
- DK, R (Go to CC\_Q141)

CC\_Q132  
CCCA\_132

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_C133

If sex = male, go to CC\_Q133B.

CC\_Q133A **What type of cancer %do/does% %you/she% have?**  
INTERVIEWER: Mark all that apply.

- CCCA\_13AA 1 Breast cancer
- CCCA\_13AC 2 Colorectal cancer
- CCCA\_13AD 3 Skin cancer – Melanoma
- CCCA\_13AE 4 Skin cancer - Non-melanoma
- CCCA\_13AF 5 Other

Go to CC\_Q141

CC\_Q133B **What type of cancer %do/does% %you/he% have?**  
INTERVIEWER: Mark all that apply.

- CCCA\_13B 1 Prostate cancer
- CCCA\_13C 2 Colorectal cancer
- CCCA\_13D 3 Skin cancer - Melanoma
- CCCA\_13E 4 Skin cancer - Non-melanoma
- CCCA\_13F 5 Other

CC\_Q141 **(Remember, we're interested in conditions diagnosed by a health professional.) %Do/Does% %you/FNAME% have stomach or intestinal ulcers?**  
CCCA\_141

- 1 Yes
- 2 No (Go to CC\_Q151)  
DK, R (Go to CC\_Q151)

CC\_Q142 **How old %were/was% %you/he/she% when this was first diagnosed?**  
CCCA\_142 INTERVIEWER: Maximum is %current age%.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q151 **%Do/Does% %you/FNAME% suffer from the effects of a stroke?**  
CCCA\_151

- 1 Yes
- 2 No (Go to CC\_Q161)  
DK, R (Go to CC\_Q161)

CC\_Q152 **How old %were/was% %you/he/she% when this was first diagnosed?**  
CCCA\_152 INTERVIEWER: Maximum is %current age%.

\_|\_|\_| Age in years  
(MIN: 0) (MAX: current age)

CC\_Q161 **%Do/Does% %you/FNAME% suffer from urinary incontinence?**  
CCCA\_161

- 1 Yes
- 2 No (Go to CC\_Q171)  
DK, R (Go to CC\_Q171)

CC\_Q162  
CCCA\_162

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_Q171  
CCCA\_171

**%Do/Does% %you/FNAME% have a bowel disorder such as Crohn's Disease or colitis?**

- 1 Yes
- 2 No (Go to CC\_C181)  
DK, R (Go to CC\_C181)

CC\_Q172  
CCCA\_172

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_C181

If age < 18, go to CC\_C191.

CC\_Q181  
CCCA\_181

**(Remember, we're interested in conditions diagnosed by a health professional.) %Do/Does% %you/FNAME% have Alzheimer's Disease or any other dementia?**

- 1 Yes
- 2 No (Go to CC\_C191)  
DK, R (Go to CC\_C191)

CC\_Q182  
CCCA\_182

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_C191

If age < 18, go to CC\_C201.

CC\_Q191  
CCCA\_191

**%Do/Does% %you/FNAME% have cataracts?**

- 1 Yes
- 2 No (Go to CC\_C201)  
DK, R (Go to CC\_C201)

CC\_Q192  
CCCA\_192

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_C201

If age < 18, go to CC\_Q211.

CC\_Q201  
CCCA\_201

**%Do/Does% %you/FNAME% have glaucoma?**

- 1 Yes
- 2 No (Go to CC\_Q211)  
DK, R (Go to CC\_Q211)

CC\_Q202  
CCCA\_202

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_Q211  
CCCA\_211

**%Do/Does% %you/FNAME% have a thyroid condition?**

- 1 Yes
- 2 No (Go to CC\_C231)
- DK, R (Go to CC\_C231)

CC\_Q212  
CCCA\_212

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_C231

If age < 18, go to CC\_C241.

CC\_Q231  
CCCA\_231

**%Do/Does% %you/FNAME% have Parkinson's disease?**

- 1 Yes
- 2 No (Go to CC\_C241)
- DK, R (Go to CC\_C241)

CC\_Q232  
CCCA\_232

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_C241

If age < 18, go to CC\_C251.

CC\_Q241  
CCCA\_241

**%Do/Does% %you/FNAME% have multiple sclerosis?**

- 1 Yes
- 2 No (Go to CC\_Q251)
- DK, R (Go to CC\_Q251)

CC\_Q242  
CCCA\_242

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_Q251  
CCCA\_251

**Remember, we're interested in conditions diagnosed by a health professional. %Do/Does% %you/FNAME% have chronic fatigue syndrome?**

- 1 Yes
- 2 No (Go to CC\_Q261)
- DK, R (Go to CC\_Q261)

CC\_Q252  
CCCA\_252

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_Q261  
CCCA\_261

**%Do/Does% %you/FNAME% suffer from multiple chemical sensitivities?**

- 1 Yes
- 2 No (Go to CC\_Q221)
- DK, R (Go to CC\_Q221)

CC\_Q262  
CCCA\_262

**How old %were/was% %you/he/she% when this was first diagnosed?**  
INTERVIEWER: Maximum is %current age%.

\_\_\_\_ Age in years  
(MIN: 0) (MAX: current age)

CC\_Q221  
CCCA\_221

**%Do/Does% %you/FNAME% have any other long-term condition that has been diagnosed by a health professional?**

- 1 Yes
- 2 No (Go to CC\_END)
- DK, R (Go to CC\_END)

CC\_Q221S  
CCCAF221

INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)

CC\_END

Go to next module

## **DRUG USE**

DG\_BEG Selection of the module is indicated using a Health Region number or province code.

DG\_QINT **Now I'd like to ask a few questions about %your/FNAME's% use of medications, both prescription and over-the-counter.**  
INTERVIEWER: Press <Enter> to continue.

DG\_Q1A **In the past month, that is, from %date one month ago% to yesterday, did**  
**DRGA\_1A %you/FNAME% take:**  
**... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?**

- 1 Yes
- 2 No
- R (Go to DG\_END)

DG\_Q1B **... tranquilizers such as Valium?**  
**DRGA\_1B**

- 1 Yes
- 2 No

DG\_Q1C **... diet pills such Redux, Ponderal or Fastin?**  
**DRGA\_1C**

- 1 Yes
- 2 No

DG\_Q1D **... anti-depressants such as Prozac, Paxil or Effexor?**  
**DRGA\_1D**

- 1 Yes
- 2 No

DG\_Q1E **... codeine, Demerol or morphine?**  
**DRGA\_1E**

- 1 Yes
- 2 No

DG\_Q1F **... allergy medicine such as Seldane or Chlor-Tripolon?**  
**DRGA\_1F**

- 1 Yes
- 2 No

DG\_Q1G **... asthma medications such as inhalers or nebulizers?**  
**DRGA\_1G**

- 1 Yes
- 2 No

DG\_Q1H **... cough or cold remedies?**  
**DRGA\_1H**

- 1 Yes
- 2 No

DG\_Q1I **... penicillin or other antibiotics?**  
**DRGA\_1I**

- 1 Yes
- 2 No

DG\_Q1J  
DRGA\_1J

... medicine for the heart?

- 1 Yes
- 2 No

DG\_Q1K  
DRGA\_1K

... medicine for blood pressure?

- 1 Yes
- 2 No

DG\_Q1L  
DRGA\_1L

In the past month, that is, from %date one month ago% to yesterday, did %you/FNAME% take:  
... diuretics or water pills?

- 1 Yes
- 2 No

DG\_Q1M  
DRGA\_1M

... steroids?

- 1 Yes
- 2 No

DG\_Q1N  
DRGA\_1N

... insulin?

- 1 Yes
- 2 No

DG\_Q1O  
DRGA\_1O

... pills to control diabetes?

- 1 Yes
- 2 No

DG\_Q1P  
DRGA\_1P

... sleeping pills?

- 1 Yes
- 2 No

DG\_Q1Q  
DRGA\_1Q

... stomach remedies?

- 1 Yes
- 2 No

DG\_Q1R  
DRGA\_1R

... laxatives?

- 1 Yes
- 2 No

DG\_C1S

If female & age <= 49, go to DG\_Q1S. Otherwise, go to DG\_C1T.

DG\_Q1S  
DRGA\_1S

... birth control pills?

- 1 Yes
- 2 No

DG\_C1T

If female & age >= 30, go to DG\_Q1T. Otherwise, go to DG\_Q1U.

DG\_Q1T  
DRGA\_1T

... hormones for menopause or aging symptoms?

- 1 Yes
- 2 No (Go to DG\_Q1U)
- DK, R (Go to DG\_Q1U)

DG\_Q1T1  
DRGA\_1T1

**What type of hormones %are/is% %you/she% taking?**

INTERVIEWER: Read categories to respondent.

- 1 **Estrogen only**
- 2 **Progesterone only**
- 3 **Both**
- 4 **Neither**

DG\_Q1T2  
DRGA\_1T2

**When did %you/she% start this hormone therapy?**

INTERVIEWER: Enter the year (minimum is %year of birth + 30%; maximum is %current year%).

\_|\_|\_|\_| Year  
(MIN: year of birth + 30) (MAX: current year)

DG\_Q1U  
DRGA\_1U

**In the past month, that is, from %date one month ago% to yesterday, did %you/FNAME% take:**

... thyroid medication such as Synthroid or Levothyroxine?

- 1 Yes
- 2 No

DG\_Q1V  
DRGA\_1V

... any other medication?

- 1 Yes - Specify
- 2 No

DG\_END

Go to next module



## **BLOOD PRESSURE CHECK**

BP\_BEG

BP\_C010 If proxy interview, go to BP\_END.

BP\_Q010 **Now a few questions about your use of various health care services. Have**  
BPCA\_010 **you ever had your blood pressure taken?**

- 1 Yes
- 2 No (Go to BP\_C016)
- DK, R (Go to BP\_END)

BP\_Q012 **When was the last time?**

BPCA\_012 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to BP\_END)
- 2 **6 months to less than 1 year ago** (Go to BP\_END)
- 3 **1 year to less than 2 years ago** (Go to BP\_END)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R (Go to BP\_END)

BP\_C016 If age < 25, go to BP\_END.

BP\_Q016 **Why have you not had your blood pressure taken in the past 2 years?**

INTERVIEWER: Mark all that apply.

- |          |    |   |
|----------|----|---|
| BPCA_16A | 1  | Have not gotten around to it                            |
| BPCA_16B | 2  | Respondent - did not think it was necessary             |
| BPCA_16C | 3  | Doctor - did not think it was necessary                 |
| BPCA_16D | 4  | Personal or family responsibilities                     |
| BPCA_16E | 5  | Not available - at time required                        |
| BPCA_16F | 6  | Not available - at all in the area                      |
| BPCA_16G | 7  | Waiting time was too long                               |
| BPCA_16H | 8  | Transportation - problems                               |
| BPCA_16I | 9  | Language - problem                                      |
| BPCA_16J | 10 | Cost  |
| BPCA_16K | 11 | Did not know where to go / uninformed                   |
| BPCA_16L | 12 | Fear (e.g. painful, embarrassing, find something wrong) |
| BPCA_16M | 13 | Other – Specify   |

BP\_END Go to next module

## **PAP SMEAR TEST**

PT\_BEG

PT\_C020 If proxy interview or male or age < 18, go to PT\_END.

PT\_Q020

**(Now PAP tests)**

**PAPA\_020**

**Have you ever had a PAP smear test?**

- 1 Yes
- 2 No (Go to PT\_Q026)
- DK, R (Go to PT\_END)

PT\_Q022

**When was the last time?**

**PAPA\_022**

INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to PT\_END)
- 2 **6 months to less than 1 year ago** (Go to PT\_END)
- 3 **1 year to less than 3 years ago** (Go to PT\_END)
- 4 **3 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R (Go to PT\_END)

PT\_Q026

**Why have you not had a PAP smear test in the past 3 years?**

INTERVIEWER: Mark all that apply.

**PAPA\_26A**

1 Have not gotten around to it

**PAPA\_26B**

2 Respondent - did not think it was necessary

**PAPA\_26C**

3 Doctor - did not think it was necessary

**PAPA\_26D**

4 Personal or family responsibilities

**PAPA\_26E**

5 Not available - at time required

**PAPA\_26F**

6 Not available - at all in the area

**PAPA\_26G**

7 Waiting time was too long

**PAPA\_26H**

8 Transportation - problems

**PAPA\_26I**

9 Language - problem

**PAPA\_26J**

10 Cost

**PAPA\_26K**

11 Did not know where to go / uninformed

**PAPA\_26L**

12 Fear (e.g. painful, embarrassing, find something wrong)

**PAPA\_26M**

13 Have had hysterectomy

**PAPA\_26N**

14 Hate / dislike having one done

**PAPA\_26O**

15 Other – Specify

PT\_END

Go to next module

## **MAMMOGRAPHY**

MA\_BEG

MA\_C030 If proxy interview or male, go to MA\_END.

MA\_C030A If (female and age < 35), go to MA\_C037.

MA\_Q030

**(Now mammography)**

**MAMA\_30**

**Have you ever had a mammogram, that is, a breast x-ray?**

- 1 Yes
- 2 No (Go to MA\_C036)
- DK, R (Go to MA\_END)

MA\_Q031

**Why did you have it?**

INTERVIEWER: Mark all that apply.

If respondent says "doctor recommended it", probe for reason.

**MAMA\_31A**

1 Family history of breast cancer

**MAMA\_31B**

2 Part of regular check-up / routine screening

**MAMA\_31C**

3 Age

**MAMA\_31D**

4 Previously detected lump

**MAMA\_31E**

5 Follow-up of breast cancer treatment

**MAMA\_31F**

6 On hormone replacement therapy

**MAMA\_31G**

7 Breast problem

**MAMA\_31H**

8 Other - Specify

MA\_Q032

**When was the last time?**

**MAMA\_32**

INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to MA\_C037)
- 2 **6 months to less than 1 year ago** (Go to MA\_C037)
- 3 **1 year to less than 2 years ago** (Go to MA\_C037)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R (Go to MA\_C037)

MA\_C036

If age < 50 or age > 69, go to MA\_C037.

MA\_Q036

**Why have you not had one in the past 2 years?**

INTERVIEWER: Mark all that apply.

**MAMA\_36A**

1 Have not gotten around to it

**MAMA\_36B**

2 Respondent - did not think it was necessary

**MAMA\_36C**

3 Doctor - did not think it was necessary

**MAMA\_36D**

4 Personal or family responsibilities

**MAMA\_36E**

5 Not available - at time required

**MAMA\_36F**

6 Not available - at all in the area

**MAMA\_36G**

7 Waiting time was too long

**MAMA\_36H**

8 Transportation - problems

**MAMA\_36I**

9 Language - problem

**MAMA\_36J**

10 Cost

**MAMA\_36K**

11 Did not know where to go / uninformed

**MAMA\_36L**

12 Fear (e.g. painful, embarrassing, find something wrong)

**MAMA\_36M**

13 Other - Specify

MA\_C037 If (age < 15 or age > 49), go to MA\_C038.

MA\_Q037 **It is important to know when analyzing health whether or not the person is**  
MAMA\_37 **pregnant. Are you pregnant?**

- 1 Yes (Go to MA\_END) (MA\_Q038 will be filled with "No" during processing)
- 2 No

MA\_C038 If age < 18, go to MA\_END.

MA\_Q038 **Have you had a hysterectomy? (uterus removed)**  
MAMA\_38

- 1 Yes
- 2 No

MA\_END Go to next module

## **BREAST EXAMINATIONS**

BX\_BEG Selection of the module is indicated using a Health Region number or province code.

BX\_C110 If proxy interview or male or age < 18, go to BX\_END.

BX\_Q110 **(Now breast examinations)**  
BRXA\_110 **Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?**

- 1 Yes
- 2 No (Go to BX\_Q116)
- DK, R (Go to BX\_END)

BX\_Q112 **When was the last time?**  
BRXA\_112 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to BX\_END)
- 2 **6 months to less than 1 year ago** (Go to BX\_END)
- 3 **1 year to less than 2 years ago** (Go to BX\_END)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R (Go to BX\_END)

BX\_Q116 **Why have you not had a breast exam in the past 2 years?**  
INTERVIEWER: Mark all that apply.

- BRXA\_16A 1 Have not gotten around to it
- BRXA\_16B 2 Respondent - did not think it was necessary
- BRXA\_16C 3 Doctor - did not think it was necessary
- BRXA\_16D 4 Personal or family responsibilities
- BRXA\_16E 5 Not available - at time required
- BRXA\_16F 6 Not available - at all in the area
- BRXA\_16G 7 Waiting time was too long
- BRXA\_16H 8 Transportation - problems
- BRXA\_16I 9 Language - problem
- BRXA\_16J 10 Cost
- BRXA\_16K 11 Did not know where to go / uninformed
- BRXA\_16L 12 Fear (e.g. painful, embarrassing, find something wrong)
- BRXA\_16M 13 Other – Specify

BX\_END Go to next module

## **BREAST SELF EXAMINATIONS**

BS\_BEG Selection of the module is indicated using a Health Region number or province code.

BS\_C120 If proxy interview or male or age < 18, go to BS\_END.

BS\_Q120 **(Now breast self examinations)**  
BSXA\_120 **Have you ever examined your breasts for lumps (tumours, cysts)?**

- 1 Yes
- 2 No (Go to BS\_END)
- DK, R (Go to BS\_END)

BS\_Q121 **How often?**  
BSXA\_121 INTERVIEWER: Read categories to respondent.

- 1 **At least once a month**
- 2 **Once every 2 to 3 months**
- 3 **Less often than every 2 to 3 months**

BS\_Q122 **How did you learn to do this?**  
INTERVIEWER: Mark all that apply.

- |          |   |                            |
|----------|---|----------------------------|
| BSXA_22A | 1 | Doctor                     |
| BSXA_22B | 2 | Nurse                      |
| BSXA_22C | 3 | Book / magazine / pamphlet |
| BSXA_22D | 4 | TV / video / film          |
| BSXA_22E | 5 | Mother                     |
| BSXA_22F | 6 | Sister                     |
| BSXA_22G | 7 | Other - Specify            |

BS\_END Go to next module

## **DENTAL VISITS**

DV\_BEG Selection of the module is indicated using a Health Region number or province code.

DV\_C130 If proxy interview, go to DV\_END.

DV\_C130A If HC\_Q02E = 0 (Has not seen or talked to a dentist in past 12 months), go to DV\_Q132.

DV\_Q130

**DENA\_130**

**(Now dental visits)**

**It was reported earlier that you have “seen” or “talked to” a dentist in the past 12 months. Did you actually visit one?**

- 1 Yes (Go to DV\_END) (DV\_Q132=1 will be filled during processing)
- 2 No
- DK, R (Go to DV\_END)

DV\_Q132

**DENA\_132**

**When was the last time that you went to a dentist?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago** (Go to DV\_END)
- 2 **1 year to less than 2 years ago** (Go to DV\_END)
- 3 **2 years to less than 3 years ago** (Go to DV\_END)
- 4 **3 years to less than 4 years ago**
- 5 **4 years to less than 5 years ago**
- 6 **5 or more years ago**
- 7 Never
- DK, R (Go to DV\_END)

DV\_Q136

**Why haven't you been to a dentist in the past 3 years?**

INTERVIEWER: Mark all that apply.

**DENA\_36A**

**DENA\_36B**

**DENA\_36C**

**DENA\_36D**

**DENA\_36E**

**DENA\_36F**

**DENA\_36G**

**DENA\_36H**

**DENA\_36I**

**DENA\_36J**

**DENA\_36K**

**DENA\_36L**

**DENA\_36M**

**DENA\_36N**

- 1 Have not gotten around to it
- 2 Respondent - did not think it was necessary
- 3 Dentist - did not think it was necessary
- 4 Personal or family responsibilities
- 5 Not available - at time required
- 6 Not available - at all in the area
- 7 Waiting time was too long
- 8 Transportation - problems
- 9 Language - problem
- 10 Cost
- 11 Did not know where to go / uninformed
- 12 Fear (painful, embarrassing, find something wrong, etc.)
- 13 Wears dentures
- 14 Other – Specify

DV\_END

Go to next module

## **EYE EXAMINATIONS**

- EX\_BEG Selection of the module is indicated using a Health Region number or province code.
- EX\_C140 If proxy interview, go to EX\_END.
- EX\_C140A If HC\_Q02B = 0 (Has not seen or talked to an eye doctor in past 12 months), go to EX\_Q142.
- EX\_Q140 **(Now eye examinations)**  
EYXA\_140 **It was reported earlier that you have “seen” or “talked to” an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?**
- 1 Yes (Go to EX\_END) (EX\_Q142=1 will be filled during processing)  
2 No  
DK, R (Go to EX\_END)
- EX\_Q142 **When did you last have an eye examination?**  
EYXA\_142 **INTERVIEWER:** Read categories to respondent.
- 1 **Less than 1 year ago** (Go to EX\_END)  
2 **1 year to less than 2 years ago** (Go to EX\_END)  
3 **2 years to less than 3 years ago**  
4 **3 or more years ago**  
5 Never  
DK, R (Go to EX\_END)
- EX\_Q146 **Why have you not had an eye examination in the past 2 years?**  
**INTERVIEWER:** Mark all that apply.
- EYXA\_46A 1 Have not gotten around to it  
EYXA\_46B 2 Respondent - did not think it was necessary  
EYXA\_46C 3 Doctor - did not think it was necessary  
EYXA\_46D 4 Personal or family responsibilities  
EYXA\_46E 5 Not available - at time required  
EYXA\_46F 6 Not available - at all in the area  
EYXA\_46G 7 Waiting time was too long  
EYXA\_46H 8 Transportation - problems  
EYXA\_46I 9 Language - problem  
EYXA\_46J 10 Cost  
EYXA\_46K 11 Did not know where to go / uninformed  
EYXA\_46L 12 Fear (e.g. painful, embarrassing, find something wrong)  
EYXA\_46M 13 Other – Specify
- EX\_END Go to next module



## **PHYSICAL CHECK-UP**

PC\_BEG Selection of the module is indicated using a Health Region number or province code.

PC\_C150 If proxy interview, go to PC\_END.

PC\_Q150 **(Now physical check-ups)**  
PCUA\_150 **Have you ever had a physical check-up without having a specific health problem?**

- 1 Yes (Go to PC\_Q152)
- 2 No  
DK, R (Go to PC\_END)

PC\_Q151 **Have you ever had one during a visit for a health problem?**  
PCUA\_151

- 1 Yes
- 2 No (Go to PC\_Q156)  
DK, R (Go to PC\_END)

PC\_Q152 **When was the last time?**  
PCUA\_152 INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago** (Go to PC\_END)
- 2 **1 year to less than 2 years ago** (Go to PC\_END)
- 3 **2 years to less than 3 years ago** (Go to PC\_END)
- 4 **3 years to less than 4 years ago**
- 5 **4 years to less than 5 years ago**
- 6 **5 or more years ago**  
DK, R (Go to PC\_END)

PC\_Q156 **Why have you not had a check-up in the past 3 years?**  
INTERVIEWER: Mark all that apply.

- PCUA\_56A 1 Have not gotten around to it
- PCUA\_56B 2 Respondent - did not think it was necessary
- PCUA\_56C 3 Doctor - did not think it was necessary
- PCUA\_56D 4 Personal or family responsibilities
- PCUA\_56E 5 Not available - at time required
- PCUA\_56F 6 Not available - at all in the area
- PCUA\_56G 7 Waiting time was too long
- PCUA\_56H 8 Transportation - problems
- PCUA\_56I 9 Language - problem
- PCUA\_56J 10 Cost
- PCUA\_56K 11 Did not know where to go / uninformed
- PCUA\_56L 12 Fear (e.g. painful, embarrassing, find something wrong)
- PCUA\_56M 13 Other - Specify

PC\_END Go to next module

## **FLU SHOTS**

FS\_BEG For Quarters 1, 2 and 3 sample, selection of the module is indicated using a Health Region number or province code.  
For Quarter 4 sample, the module was common content.

FS\_C160 If proxy interview, go to FS\_END.

FS\_Q160 **(Now flu shots)**  
FLUA\_160 **Have you ever had a flu shot?**

- 1 Yes
- 2 No (Go to FS\_C166)
- DK, R (Go to FS\_END)

FS\_Q162 **When did you have your last flu shot?**  
FLUA\_162 INTERVIEWER: Read categories to respondent.

- 1 **Less than 1 year ago** (Go to FS\_END)
- 2 **1 year to less than 2 years ago**
- 3 **2 years ago or more**
- DK, R (Go to FS\_END)

FS\_C166 If age < 65, go to FS\_END.

FS\_Q166 **Why have you not had a flu shot in the past year?**  
INTERVIEWER: Mark all that apply.

- |          |    |  |
|----------|----|--|
| FLUA_66A | 1  | Have not gotten around to it                             |
| FLUA_66B | 2  | Respondent - did not think it was necessary              |
| FLUA_66C | 3  | Doctor - did not think it was necessary                  |
| FLUA_66D | 4  | Personal or family responsibilities                      |
| FLUA_66E | 5  | Not available - at time required                         |
| FLUA_66F | 6  | Not available - at all in the area                       |
| FLUA_66G | 7  | Waiting time was too long                                |
| FLUA_66H | 8  | Transportation - problems                                |
| FLUA_66I | 9  | Language - problem                                       |
| FLUA_66J | 10 | Cost   |
| FLUA_66K | 11 | Did not know where to go / uninformed                    |
| FLUA_66L | 12 | Fear (painful, embarrassing, find something wrong, etc.) |
| FLUA_66M | 13 | Bad reaction to previous shot                            |
| FLUA_66N | 14 | Other – Specify  |

FS\_END Go to next module

## **PSA TEST**

PS\_BEG

PS\_C170 If proxy interview, go to PS\_END.

PS\_C170A If female or age < 40, go to PS\_END.

PS\_Q170

PSAA\_170

**(Now PSA tests)**

**Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?**

- 1 Yes
- 2 No (Go to PS\_END)
- DK, R (Go to PS\_END)

PS\_Q172

PSAA\_172

**When was the last time?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago**
- 2 **6 months to less than 1 year ago**
- 3 **1 year to less than 2 years ago**
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**

PS\_Q173

**Why did you have it?**

INTERVIEWER: Mark all that apply.

If respondent says 'Doctor recommended it', probe for reason.

PSAA\_73A

PSAA\_73B

PSAA\_73C

PSAA\_73D

PSAA\_73E

PSAA\_73F

- 1 Family history of prostate cancer
- 2 Part of regular check-up / routine screening
- 3 Age
- 4 Follow-up of previous problem
- 5 Follow-up of prostate cancer treatment
- 6 Other - Specify

PS\_END

Go to next module

## **FRUIT AND VEGETABLE CONSUMPTION**

FV\_BEG

FV\_C1            If proxy interview, go to FV\_END.

FV\_QINT            **The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home.**

INTERVIEWER: Press <Enter> to continue.

FV\_Q1A

**FVCA\_1A**

**How often do you usually drink fruit juices such as orange, grapefruit or tomato? (for example, once a day, three times a week, twice a month)**

INTERVIEWER: Enter the reporting unit here and enter the number in the next screen.

- |   |           |                |
|---|-----------|----------------|
| 1 | Per day   |                |
| 2 | Per week  | (Go to FV_Q1C) |
| 3 | Per month | (Go to FV_Q1D) |
| 4 | Per year  | (Go to FV_Q1E) |
| 5 | Never     | (Go to FV_Q2A) |
|   | DK, R     | (Go to FV_END) |

FV\_Q1B

**FVCA\_1B**

INTERVIEWER: Enter number of times per day.

I\_\_I    Times

(MIN: 1) (MAX: 20)

Go to FV\_Q2A

FV\_Q1C

**FVCA\_1C**

INTERVIEWER: Enter number of times per week.

I\_\_I    Times

(MIN: 1) (MAX: 90)

Go to FV\_Q2A

FV\_Q1D

**FVCA\_1D**

INTERVIEWER: Enter number of times per month.

I\_\_\_I    Times

(MIN: 1) (MAX: 200)

Go to FV\_Q2A

FV\_Q1E

**FVCA\_1E**

INTERVIEWER: Enter number of times per year.

I\_\_\_I    Times

(MIN: 1) (MAX: 500)

FV\_Q2A  
FVCA\_2A

**Not counting juice, how often do you usually eat fruit?**

INTERVIEWER: Enter the reporting unit here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FV\_Q2C)
- 3 Per month (Go to FV\_Q2D)
- 4 Per year (Go to FV\_Q2E)
- 5 Never (Go to FV\_Q3A)

FV\_Q2B  
FVCA\_2B

INTERVIEWER: Enter number of times per day.

|\_|\_ Times

(MIN: 1) (MAX: 20)

Go to FV\_Q3A

FV\_Q2C  
FVCA\_2C

INTERVIEWER: Enter number of times per week.

|\_|\_ Times

(MIN: 1) (MAX: 90)

Go to FV\_Q3A

FV\_Q2D  
FVCA\_2D

INTERVIEWER: Enter number of times per month.

|\_|\_|\_ Times

(MIN: 1) (MAX: 200)

Go to FV\_Q3A

FV\_Q2E  
FVCA\_2E

INTERVIEWER: Enter number of times per year.

|\_|\_|\_ Times

(MIN: 1) (MAX: 500)

FV\_Q3A  
FVCA\_3A

**How often do you (usually) eat green salad?**

INTERVIEWER: Enter the reporting unit here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FV\_Q3C)
- 3 Per month (Go to FV\_Q3D)
- 4 Per year (Go to FV\_Q3E)
- 5 Never (Go to FV\_Q4A)

FV\_Q3B  
FVCA\_3B

INTERVIEWER: Enter number of times per day.

|\_|\_ Times

(MIN: 1) (MAX: 20)

Go to FV\_Q4A

FV\_Q3C  
FVCA\_3C

INTERVIEWER: Enter number of times per week.

I \_ I Times

(MIN: 1) (MAX: 90)

Go to FV\_Q4A

FV\_Q3D  
FVCA\_3D

INTERVIEWER: Enter number of times per month.

I \_ \_ I Times

(MIN: 1) (MAX: 200)

Go to FV\_Q4A

FV\_Q3E  
FVCA\_3E

INTERVIEWER: Enter number of times per year.

I \_ \_ I Times

(MIN: 1) (MAX: 500)

FV\_Q4A  
FVCA\_4A

**How often do you usually eat potatoes, not including french fries, fried potatoes, or potato chips?**

INTERVIEWER: Enter the reporting unit here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FV\_Q4C)
- 3 Per month (Go to FV\_Q4D)
- 4 Per year (Go to FV\_Q4E)
- 5 Never (Go to FV\_Q5A)

FV\_Q4B  
FVCA\_4B

INTERVIEWER: Enter number of times per day.

I \_ I Times

(MIN: 1) (MAX: 20)

Go to FV\_Q5A

FV\_Q4C  
FVCA\_4C

INTERVIEWER: Enter number of times per week.

I \_ I Times

(MIN: 1) (MAX: 90)

Go to FV\_Q5A

FV\_Q4D  
FVCA\_4D

INTERVIEWER: Enter number of times per month.

I \_ \_ I Times

(MIN: 1) (MAX: 200)

Go to FV\_Q5A

FV\_Q4E  
FVCA\_4E

INTERVIEWER: Enter number of times per year.

I \_ \_ \_ Times

(MIN: 1) (MAX: 500)

FV\_Q5A  
FVCA\_5A

**How often do you (usually) eat carrots?**

INTERVIEWER: Enter the reporting unit here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to FV\_Q5C)
- 3 Per month (Go to FV\_Q5D)
- 4 Per year (Go to FV\_Q5E)
- 5 Never (Go to FV\_Q6A)

FV\_Q5B  
FVCA\_5B

INTERVIEWER: Enter number of times per day.

I \_ \_ Times

(MIN: 1) (MAX: 20)

Go to FV\_Q6A

FV\_Q5C  
FVCA\_5C

INTERVIEWER: Enter number of times per week.

I \_ \_ Times

(MIN: 1) (MAX: 90)

Go to FV\_Q6A

FV\_Q5D  
FVCA\_5D

INTERVIEWER: Enter number of times per month

I \_ \_ \_ Times

(MIN: 1) (MAX: 200)

Go to FV\_Q6A

FV\_Q5E  
FVCA\_5E

INTERVIEWER: Enter number of times per year.

I \_ \_ \_ Times

(MIN: 1) (MAX: 500)

FV\_Q6A  
FVCA\_6A

**Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?**

INTERVIEWER: Enter the reporting unit here and enter the number of servings in the next screen.

- 1 Per day
- 2 Per week (Go to FV\_Q6C)
- 3 Per month (Go to FV\_Q6D)
- 4 Per year (Go to FV\_Q6E)
- 5 Never (Go to FV\_END)

FV\_Q6B  
FVCA\_6B

INTERVIEWER: Enter number of servings per day.

|\_|\_| Servings

(MIN: 1) (MAX: 20)

Go to FV\_END

FV\_Q6C  
FVCA\_6C

INTERVIEWER: Enter number of servings per week.

|\_|\_| Servings

(MIN: 1) (MAX: 90)

Go to FV\_END

FV\_Q6D  
FVCA\_6D

INTERVIEWER: Enter number of servings per month.

|\_|\_|\_| Servings

(MIN: 1) (MAX: 200)

Go to FV\_END

FV\_Q6E  
FVCA\_6E

INTERVIEWER: Enter number of servings per year.

|\_|\_|\_| Servings

(MIN: 1) (MAX: 500)

FV\_END

Go to next module



## **PHYSICAL ACTIVITIES**

PA\_BEG If proxy interview, go to PA\_END.

PA\_QINT1 **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.**  
INTERVIEWER: Press <Enter> to continue.

PA\_Q1 **Have you done any of the following in the past 3 months, that is, from %date three months ago% to yesterday?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

PACA_1A	1	Walking for exercise	PACA_1M	13	Downhill skiing or snowboarding
PACA_1B	2	Gardening or yard work	PACA_1N	14	Bowling
PACA_1C	3	Swimming	PACA_1O	15	Baseball or softball
PACA_1D	4	Bicycling	PACA_1P	16	Tennis
PACA_1E	5	Popular or social dance	PACA_1Q	17	Weight-training
PACA_1F	6	Home exercises	PACA_1R	18	Fishing
PACA_1G	7	Ice hockey	PACA_1S	19	Volleyball
PACA_1H	8	Ice skating	PACA_1T	20	Basketball
PACA_1I	9	In-line skating or rollerblading	PACA_1U	21	Any other
PACA_1J	10	Jogging or running	PACA_1V	22	No physical activity (Go to PA_QINT2)
PACA_1K	11	Golfing			
PACA_1L	12	Exercise class or aerobics			

DK, R (Go to PA\_END)

If "Any other" is chosen as a response, go to PA\_Q1US. Otherwise, go to PA\_Q1W.

PA\_Q1US **What was this activity?**  
PACAF1U INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

PA\_Q1W **In the past 3 months, did you do any other activity for leisure?**  
PACA\_1W

- 1 Yes
- 2 No (Go to PA\_Q2)
- DK, R (Go to PA\_Q2)

PA\_Q1WS **What was this activity?**  
PACAF1W INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

PA\_Q1X **In the past 3 months, did you do any other activity for leisure?**  
PACA\_1X

- 1 Yes
- 2 No (Go to PA\_Q2)
- DK, R (Go to PA\_Q2)

PA\_Q1XS  
PACAF1X

**What was this activity?**

INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

For each activity identified in PA\_Q1, ask PA\_Q2 and PA\_Q3

PA\_Q2  
PACA\_2n

**In the past 3 months, how many times did you participate in %identified activity%?**

\_|\_|\_|

Times

(MIN: 1) (MAX: 99 for each activity except the following:

Walking: MAX = 270

Bicycling: MAX = 200

Other activities: MAX = 200)

DK, R (Go to next activity)

PA\_Q3  
PACA\_3n

**About how much time did you spend on each occasion?**

- 1 1 to 15 minutes
- 2 16 to 30 minutes
- 3 31 to 60 minutes
- 4 More than one hour

PA\_QINT2

**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.**

INTERVIEWER: Press <Enter> to continue.

PA\_Q4A  
PACA\_4A

**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?**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 5 hours
- 4 From 6 to 10 hours
- 5 From 11 to 20 hours
- 6 More than 20 hours

PA\_Q4B  
PACA\_4B

**In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 5 hours
- 4 From 6 to 10 hours
- 5 From 11 to 20 hours
- 6 More than 20 hours

PA\_Q6  
PACA\_6

**Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?**

INTERVIEWER: Read categories to respondent.

- 1 **Usually sit during the day and don't walk around very much**
- 2 **Stand or walk quite a lot during the day but don't have to carry or lift things very often**
- 3 **Usually lift or carry light loads, or have to climb stairs or hills often**
- 4 **Do heavy work or carry very heavy loads**

PA\_END

Go to next module

## **SEDENTARY ACTIVITIES**

SA\_BEG Selection of the module is indicated using a Health Region number or province code.

SA\_CINT If proxy interview, go to SA\_END.

SA\_QINT **Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.**  
**INTERVIEWER:** Press <Enter> to continue.

SA\_Q1 **In a typical week in the past 3 months, how much time did you usually spend on a computer, including playing computer games and using the Internet or World Wide Web?**

**SACA\_1**

**INTERVIEWER:** Do not include time spent at work or at school.

- 1 None
  - 2 Less than 1 hour
  - 3 From 1 to 2 hours
  - 4 From 3 to 5 hours
  - 5 From 6 to 10 hours
  - 6 From 11 to 14 hours
  - 7 From 15 to 20 hours
  - 8 More than 20 hours
- DK, R (Go to SA\_END)

SA\_C2 If age > 19, go to SA\_Q3.

SA\_Q2 **In a typical week, how much time did you usually spend playing video games, such as SEGA, Nintendo and Playstation?**

**SACA\_2**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours

SA\_Q3 **In a typical week in the past 3 months, how much time did you usually spend watching television or videos?**

**SACA\_3**

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours

SA\_Q4  
SACA\_4

**In a typical week, how much time did you usually spend reading, not counting at work or at school?**

INTERVIEWER: Include books, magazines, newspapers, homework.

- 1 None
- 2 Less than 1 hour
- 3 From 1 to 2 hours
- 4 From 3 to 5 hours
- 5 From 6 to 10 hours
- 6 From 11 to 14 hours
- 7 From 15 to 20 hours
- 8 More than 20 hours

SA\_END      Go to next module

## **USE OF PROTECTIVE EQUIPMENT**

- PG\_BEG Selection of the module is indicated using a Health Region number or province code.
- PG\_C1 If proxy interview, go to PG\_END.
- PG\_CINT If bicycling was indicated as an activity in PA\_Q1 or > "None" in PA\_Q4B, or if in-line skating or rollerblading was indicated as an activity in PA\_Q1, or if downhill skiing was indicated as an activity in PA\_Q1, go to PG\_QINT. Otherwise, go to PG\_END.
- PG\_QINT **Now a few questions about precautions you take while participating in physical activities.**  
INTERVIEWER: Press <Enter> to continue.
- PG\_C101 If bicycling was indicated as an activity in PA\_Q1 or > "None" in PA\_Q4B, ask PG\_Q101. Otherwise, go to PG\_C102.
- PG\_Q101 **When riding a bicycle how often do you wear a helmet?**  
UPEA\_101 INTERVIEWER: Read categories to respondent.
- 1 **Always**
  - 2 **Most of the time**
  - 3 **Rarely**
  - 4 **Never**
- PG\_C102 If in-line skating or rollerblading was indicated as an activity in PA\_Q1, ask PG\_Q102A. Otherwise, go to PG\_C103.
- PG\_Q102A **When in-line skating or rollerblading, how often do you wear a helmet?**  
UPEA\_02A INTERVIEWER: Read categories to respondent.
- 1 **Always**
  - 2 **Most of the time**
  - 3 **Rarely**
  - 4 **Never**
- PG\_Q102B **How often do you wear wrist guards or wrist protectors?**  
UPEA\_02B INTERVIEWER: Read categories to respondent.
- 1 **Always**
  - 2 **Most of the time**
  - 3 **Rarely**
  - 4 **Never**
- PG\_Q102C **How often do you wear elbow pads?**  
UPEA\_02C INTERVIEWER: Read categories to respondent.
- 1 **Always**
  - 2 **Most of the time**
  - 3 **Rarely**
  - 4 **Never**

PG\_Q102D  
UPEA\_02D

**How often do you wear knee pads?**

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**

PG\_C103

If downhill skiing or snowboarding was indicated as an activity in PA\_Q1, ask PG\_Q103. Otherwise, go to PG\_END.

PG\_Q103  
UPEA\_103

**When downhill skiing or snowboarding, how often do you wear a helmet?**

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**

PG\_END

Go to next module

## **INJURIES**

IJ\_BEG

### Repetitive strain

RP\_QINT      **This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendinitis.)**  
INTERVIEWER: Press <Enter> to continue.

RP\_Q1  
REPA\_1      **In the past 12 months, that is, from %date one year ago% to yesterday, did %you/FNAME% have any injuries due to repetitive strain which were serious enough to limit %your/his/her% normal activities?**

- 1      Yes
- 2      No                              (Go to IJ\_QINT)
- DK, R                            (Go to IJ\_QINT)

RP\_Q3  
REPA\_3      **Thinking about the most serious repetitive strain, what part of the body was affected?**

- 1      Head
- 2      Neck
- 3      Shoulder, upper arm
- 4      Elbow, lower arm
- 5      Wrist, hand
- 6      Hip
- 7      Thigh
- 8      Knee, lower leg
- 9      Ankle, foot
- 10     Upper back or upper spine
- 11     Lower back or lower spine
- 12     Chest (excluding back and spine)
- 13     Abdomen or pelvis (excluding back and spine)

RP\_Q4      **What type of activity were %you/he/she% doing when %you/he/she% got this repetitive strain?**

INTERVIEWER: Mark all that apply.

- REPA\_4A      1      Sports or physical exercise (include school activities)
- REPA\_4B      2      Leisure or hobby (include volunteering)
- REPA\_4C      3      Working at a job or business (include travel to or from work)
- REPA\_4D      4      Household chores, other unpaid work or education
- REPA\_4E      5      Sleeping, eating, personal care
- REPA\_4F      6      Other - Specify

### Number of injuries and details of most serious injury

IJ\_QINT      **Now some questions about %other% injuries which occurred in the past 12 months, and were serious enough to limit %your/FNAME's% normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.**

INTERVIEWER: Press <Enter> to continue.

IJ\_C01      If RP\_Q1 <> 1, use second part of phrase only in IJ\_Q01.



IJ\_Q01  
INJA\_01

**(Not counting repetitive strain injuries,) In the past 12 months, that is, from %date one year ago% to yesterday, %were/was% %you/FNAME% injured?**

- 1 Yes
- 2 No (Go to IJ\_Q16)  
DK, R (Go to IJ\_END)

IJ\_Q02  
INJA\_02

**How many times %were/was% %you/he/she% injured?**

- [\_][\_] Times  
(MIN: 1) (MAX: 30; warning after 6)  
DK, R (Go to IJ\_END)

IJ\_C03

If number of injuries = 1, use second part of phrase only in IJ\_Q03.

IJ\_Q03  
INJA\_03

**(Thinking about the most serious injury,) In which month did it happen?**

- |   |          |    |           |
|---|----------|----|-----------|
| 1 | January  | 7  | July      |
| 2 | February | 8  | August    |
| 3 | March    | 9  | September |
| 4 | April    | 10 | October   |
| 5 | May      | 11 | November  |
| 6 | June     | 12 | December  |
- DK, R (Go to IJ\_Q05)

IJ\_C04

If IJ\_Q03 = current month, go to IJ\_Q04. Otherwise, go to IJ\_Q05.

IJ\_Q04  
INJA\_04

**Was that this year or last year?**

- 1 This year
- 2 Last year

IJ\_Q05  
INJA\_05

**What type of injury did %you/he/she% have? For example, a broken bone or burn.**

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to IJ\_Q08)
- 9 Poisoning (Go to IJ\_Q08)
- 10 Injury to internal organs (Go to IJ\_Q07)
- 11 Other - Specify

IJ\_Q06  
INJA\_06

**What part of the body was injured?**

- 1 Multiple sites
- 2 Eyes
- 3 Head (excluding eyes)
- 4 Neck
- 5 Shoulder, upper arm
- 6 Elbow, lower arm
- 7 Wrist, hand

- 8 Hip
- 9 Thigh
- 10 Knee, lower leg
- 11 Ankle, foot
- 12 Upper back or upper spine
- 13 Lower back or lower spine
- 14 Chest (excluding back and spine)
- 15 Abdomen or pelvis (excluding back and spine)

Go to IJ\_Q08

IJ\_Q07  
INJA\_07

**What part of the body was injured?**

- 1 Chest (within rib cage)
- 2 Abdomen or pelvis (below ribs)
- 3 Other - Specify

IJ\_Q08  
INJA\_08

**Where did the injury happen?**

INTERVIEWER: If respondent says 'At work', probe for type of workplace.

- 1 In a home or its surrounding area
- 2 Residential institution
- 3 School, college, university (exclude sports areas)
- 4 Other institution (e.g., church, hospital, theatre, civic building)
- 5 Sports or athletics area (include school sports areas)
- 6 Street, highway, sidewalk
- 7 Commercial area (e.g., store, restaurant, office building, transport terminal)
- 8 Industrial or construction area
- 9 Farm (exclude farmhouse and its surrounding area)
- 10 Other - Specify

IJ\_Q09  
INJA\_09

**What type of activity %were/was% %you/he/she% doing when %you/he/she% %were/was% injured?**

- 1 Sports or physical exercise (include school activities)
- 2 Leisure or hobby (include volunteering)
- 3 Working at a job or business (include travel to or from work)
- 4 Household chores, other unpaid work or education
- 5 Sleeping, eating, personal care
- 6 Other - Specify

IJ\_Q10  
INJA\_10

**Was the injury the result of a fall?**

INTERVIEWER: Select 'No' for transportation accidents.

- 1 Yes
- 2 No (Go to IJ\_Q12)
- DK, R (Go to IJ\_Q12)

IJ\_Q11  
INJA\_11

**How did %you/he/she% fall?**

- 1 While skating, skiing, snowboarding, in-line skating or skateboarding
- 2 Going up or down stairs / steps (icy or not)
- 3 Slip, trip or stumble on ice or snow
- 4 Slip, trip or stumble on any other surface
- 5 From furniture (e.g., bed, chair)
- 6 From elevated position (e.g., ladder, tree)
- 7 Other - Specify

Go to IJ\_Q13

IJ\_Q12  
INJA\_12

**What caused the injury?**

- 1 Transportation accident
- 2 Accidentally bumped, pushed, bitten, etc. by person or animal
- 3 Accidentally struck or crushed by object(s)
- 4 Accidental contact with sharp object, tool or machine
- 5 Smoke, fire, flames
- 6 Accidental contact with hot object, liquid or gas
- 7 Extreme weather or natural disaster
- 8 Overexertion or strenuous movement
- 9 Physical assault
- 10 Other - Specify

IJ\_Q13  
INJA\_13

**Did %you/FNAME% receive medical attention for this injury within 48 hours from a health professional?**

- 1 Yes
- 2 No (Go to IJ\_Q16)
- DK, R (Go to IJ\_Q16)

IJ\_Q14

**Where did %you/he/she% receive treatment?**

INTERVIEWER: Mark all that apply.

INJA\_14A  
INJA\_14B  
INJA\_14C  
INJA\_14D  
INJA\_14E  
INJA\_14F  
INJA\_14G  
INJA\_14H  
INJA\_14I  
INJA\_14J  
INJA\_14K

- 1 Doctor's office
- 2 Hospital emergency room
- 3 Hospital outpatient clinic (e.g. day surgery, cancer)
- 4 Walk-in clinic
- 5 Appointment clinic
- 6 Community health centre / CLSC
- 7 At work
- 8 At school
- 9 At home
- 10 Telephone consultation only
- 11 Other - Specify

IJ\_Q15  
INJA\_15

**%Were/Was% %you/he/she% admitted to a hospital overnight?**

- 1 Yes
- 2 No

IJ\_Q16  
INJA\_16

**Did %you/FNAME% have any other injuries in the past 12 months that were treated by a health professional, but did not limit %your/his/her% normal activities?**

- 1 Yes
- 2 No (Go to IJ\_END)  
DK, R (Go to IJ\_END)

IJ\_Q17  
INJA\_17

**How many injuries?**

||| Injuries  
(MIN: 1) (MAX: 30; warning after 6)

IJ\_END

Go to next module

## **HEALTH UTILITY INDEX (HUI)**

UI\_BEG

UI\_QINT1      **The next set of questions asks about %your/FNAME'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/FNAME%, but it is important that we ask the same questions of everyone.**  
**INTERVIEWER:** Press <Enter> to continue.

### Vision

UI\_Q01      **%Are/Is% %you/he/she% usually able to see well enough to read ordinary  
HUIA\_01      newsprint without glasses or contact lenses?**

- 1      Yes                    (Go to UI\_Q4)
- 2      No  
         DK, R                (Go to UI\_END)

UI\_Q02      **%Are/Is% %you/he/she% usually able to see well enough to read ordinary  
HUIA\_02      newsprint with glasses or contact lenses?**

- 1      Yes                    (Go to UI\_Q4)
- 2      No

UI\_Q03      **%Are/Is% %you/he/she% able to see at all?  
HUIA\_03**

- 1      Yes
- 2      No                    (Go to UI\_Q6)  
         DK, R                (Go to UI\_Q6)

UI\_Q04      **%Are/Is% %you/he/she% able to see well enough to recognize a friend on the  
HUIA\_04      other side of the street without glasses or contact lenses?**

- 1      Yes                    (Go to UI\_Q6)
- 2      No                    (Go to UI\_Q6)  
         DK, R

UI\_Q05      **%Are/Is% %you/he/she% usually able to see well enough to recognize a  
HUIA\_05      friend on the other side of the street with glasses or contact lenses?**

- 1      Yes
- 2      No

### Hearing

UI\_Q06      **%Are/Is% %you/FNAME% usually able to hear what is said in a group  
HUIA\_06      conversation with at least 3 other people without a hearing aid?**

- 1      Yes                    (Go to UI\_Q10)
- 2      No                    (Go to UI\_Q10)  
         DK, R

UI\_Q07  
HUIA\_07

**%Are/Is% %you/he/she% usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?**

- 1 Yes (Go to UI\_Q8)
- 2 No

UI\_Q07A  
HUIA\_07A

**%Are/Is% %you/he/she% able to hear at all?**

- 1 Yes
- 2 No (Go to UI\_Q10)
- DK, R (Go to UI\_Q10)

UI\_Q08  
HUIA\_08

**%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 ?**

- 1 Yes (Go to UI\_Q10)
- 2 No (Go to UI\_Q10)
- R (Go to UI\_Q10)

UI\_Q09  
HUIA\_09

**%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?**

- 1 Yes
- 2 No

### Speech

UI\_Q10  
HUIA\_10

**%Are/Is% %you/FNAME% usually able to be understood completely when speaking with strangers in %your/his/her% own language?**

- 1 Yes (Go to UI\_Q14)
- 2 No (Go to UI\_Q14)
- R (Go to UI\_Q14)

UI\_Q11  
HUIA\_11

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

- 1 Yes
- 2 No

UI\_Q12  
HUIA\_12

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

- 1 Yes (Go to UI\_Q14)
- 2 No (Go to UI\_Q14)
- R (Go to UI\_Q14)

UI\_Q13  
HUIA\_13

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

- 1 Yes
- 2 No

## Getting Around

UI\_Q14  
HUIA\_14      **%Are/Is% %you/FNAME% usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

- 1      Yes                    (Go to UI\_Q21)
- 2      No                        (Go to UI\_Q21)
- DK, R                (Go to UI\_Q21)

UI\_Q15  
HUIA\_15      **%Are/Is% %you/he/she% able to walk at all?**

- 1      Yes
- 2      No                        (Go to UI\_Q18)
- DK, R                (Go to UI\_Q18)

UI\_Q16  
HUIA\_16      **%Do/Does% %you/he/she% require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?**

- 1      Yes
- 2      No

UI\_Q17  
HUIA\_17      **%Do/Does% %you/he/she% require the help of another person to be able to walk?**

- 1      Yes
- 2      No

UI\_Q18  
HUIA\_18      **%Do/Does% %you/he/she% require a wheelchair to get around?**

- 1      Yes
- 2      No                        (Go to UI\_Q21)
- DK, R                (Go to UI\_Q21)

UI\_Q19  
HUIA\_19      **How often %do/does% %you/he/she% use a wheelchair?**  
INTERVIEWER: Read categories to respondent.

- 1      **Always**
- 2      **Often**
- 3      **Sometimes**
- 4      **Never**

UI\_Q20  
HUIA\_20      **%Do/Does% %you/he/she% need the help of another person to get around in the wheelchair?**

- 1      Yes
- 2      No

## Hands and Fingers

UI\_Q21            **%Are/Is% %you/FNAME% usually able to grasp and handle small objects  
HUIA\_21            such as a pencil or scissors?**

- 1        Yes                    (Go to UI\_Q25)
- 2        No  
          DK, R                    (Go to UI\_Q25)

UI\_Q22            **%Do/Does% %you/he/she% require the help of another person because of  
HUIA\_22            limitations in the use of hands or fingers?**

- 1        Yes
- 2        No                            (Go to UI\_Q24)
- DK, R                        (Go to UI\_Q24)

UI\_Q23            **%Do/Does% %you/he/she% require the help of another person with:  
HUIA\_23            INTERVIEWER: Read categories to respondent.**

- 1        ... some tasks?
- 2        ... most tasks?
- 3        ... almost all tasks?
- 4        ... all tasks?

UI\_Q24            **%Do/Does% %you/he/she% require special equipment, for example, devices  
HUIA\_24            to assist in dressing, because of limitations in the use of hands or fingers?**

- 1        Yes
- 2        No

## Feelings

UI\_Q25            **Would you describe %yourself/FNAME% as being usually:  
HUIA\_25            INTERVIEWER: Read categories to respondent.**

- 1        ... happy and interested in life?
- 2        ... somewhat happy?
- 3        ... somewhat unhappy?
- 4        ... unhappy with little interest in life?
- 5        ... so unhappy that life is not worthwhile?

## Memory

UI\_Q26            **How would you describe %your/his/her% usual ability to remember things?  
HUIA\_26            INTERVIEWER: Read categories to respondent.**

- 1        **Able to remember most things**
- 2        **Somewhat forgetful**
- 3        **Very forgetful**
- 4        Unable to remember anything at all



Thinking

UI\_Q27  
HUIA\_27

**How would you describe %your/his/her% usual ability to think and solve day-to-day problems?**

INTERVIEWER: Read categories to respondent.

- 1 **Able to think clearly and solve problems**
- 2 **Having a little difficulty**
- 3 **Having some difficulty**
- 4 **Having a great deal of difficulty**
- 5 **Unable to think or solve problems**

Pain and Discomfort

UI\_Q28  
HUIA\_28

**%Are/Is% %you/FNAME% usually free of pain or discomfort?**

- 1 Yes (Go to UI\_END)
- 2 No  
DK, R (Go to UI\_END)

UI\_Q29  
HUIA\_29

**How would you describe the usual intensity of %your/his/her% pain or discomfort?**

INTERVIEWER: Read categories to respondent.

- 1 **Mild**
- 2 **Moderate**
- 3 **Severe**

UI\_Q30  
HUIA\_30

**How many activities does %your/his/her% pain or discomfort prevent?**

INTERVIEWER: Read categories to respondent.

- 1 **None**
- 2 **A few**
- 3 **Some**
- 4 **Most**

UI\_END

Go to next module

## **WORK STRESS**

- WS\_BEG Selection of the module is indicated using a Health Region number or province code.
- WS\_C400 If proxy interview, or if age < 15 or age > 75, or if GH\_Q08 < > 1 (didn't work in past 12 months), go to WS\_END.
- WS\_QINT4 **The next few questions are about your main job or business in the past 12 months. 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.**  
**INTERVIEWER:** Press <Enter> to continue.
- WS\_Q401 **Your job required that you learn new things.**  
**WSTA\_401**
- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- R (Go to WS\_END)
- WS\_Q402 **Your job required a high level of skill.**  
**WSTA\_402**
- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- WS\_Q403 **Your job allowed you freedom to decide how you did your job.**  
**WSTA\_403**
- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- WS\_Q404 **Your job required that you do things over and over.**  
**WSTA\_404**
- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- WS\_Q405 **Your job was very hectic.**  
**WSTA\_405**
- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree

WS\_Q406  
WSTA\_406

**You were free from conflicting demands that others made.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

WS\_Q407  
WSTA\_407

**Your job security was good.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

WS\_Q408  
WSTA\_408

**Your job required a lot of physical effort.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

WS\_Q409  
WSTA\_409

**You had a lot to say about what happened in your job.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

WS\_Q410  
WSTA\_410

**You were exposed to hostility or conflict from the people you worked with.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

WS\_Q411  
WSTA\_411

**Your supervisor was helpful in getting the job done.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

WS\_Q412  
WSTA\_412

**The people you worked with were helpful in getting the job done.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

WS\_Q413  
WSTA\_413

**How satisfied were you with your job?**  
INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
- 2 **Somewhat satisfied**
- 3 **Not too satisfied**
- 4 **Not at all satisfied**

WS\_END      Go to next module

## **SELF-ESTEEM**

SE\_BEG Selection of the module is indicated using a Health Region number or province code.

SE\_C500 If proxy interview, go to SE\_END.

SE\_QINT5 **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 disagree.**

INTERVIEWER: Press <Enter> to continue.

SE\_Q501  
**SFEA\_501**

**You feel that you have a number of good qualities.**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- R (Go to SE\_END)

SE\_Q502  
**SFEA\_502**

**You feel that you're a person of worth at least equal to others.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

SE\_Q503  
**SFEA\_503**

**You are able to do things as well as most other people.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

SE\_Q504  
**SFEA\_504**

**You take a positive attitude toward yourself.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

SE\_Q505  
**SFEA\_505**

**On the whole you are satisfied with yourself.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

SE\_Q506  
SFEA\_506

**All in all, you're inclined to feel you're a failure.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

SE\_END      Go to next module

## **MASTERY**

MS\_BEG Selection of the module is indicated using a Health Region number or province code.

MS\_C600 If proxy interview, go to MS\_END.

MS\_C600A If self-esteem module selected, go to MS\_Q601.

MS\_QINT6 **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 disagree.**  
INTERVIEWER: Press <Enter> to continue.

MS\_Q601 **You have little control over the things that happen to you.**

**MASA\_601**

- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
- R (Go to MS\_END)

MS\_Q602 **There is really no way you can solve some of the problems you have.**

**MASA\_602**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

MS\_Q603 **There is little you can do to change many of the important things in your life.**

**MASA\_603**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

MS\_Q604 **You often feel helpless in dealing with problems of life.**

**MASA\_604**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

MS\_Q605 **Sometimes you feel that you are being pushed around in life.**

**MASA\_605**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

MS\_Q606  
MASA\_606

**What happens to you in the future mostly depends on you.**

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

MS\_Q607  
MASA\_607

**You can do just about anything you really set your mind to.**

- 1 Strongly agree
- 2 Agree
- 2 Neither agree nor disagree
- 3 Disagree
- 4 Strongly disagree

MS\_END

Go to next module



## **SMOKING**

SM\_BEG

SM\_Q200  
SMKA\_200

**The next questions are about smoking.**  
**Does anyone in this household smoke regularly inside the house?**

- 1 Yes
- 2 No

SM\_Q201A  
SMKA\_01A

**In %your/his/her% lifetime, %have/has% %you/FNAME% smoked a total of 100 or more cigarettes (about 4 packs)?**

- 1 Yes (Go to SM\_Q201C)
- 2 No

SM\_Q201B  
SMKA\_01B

**%Have/Has% %you/he/she% ever smoked a whole cigarette?**

- 1 Yes
- 2 No (Go to SM\_Q202)
- DK, R (Go to SM\_Q202)

SM\_Q201C  
SMKA\_01C

**At what age did %you/he/she% smoke %your/his/her% first whole cigarette?**

\_\_\_\_ Age in years

(MIN: 5) (MAX: current age)

SM\_Q202  
SMKA\_202

**At the present time, %do/does% %you/FNAME% smoke cigarettes daily, occasionally or not at all?**

- 1 Daily
- 2 Occasionally (Go to SM\_Q205B)
- 3 Not at all (Go to SM\_C205D)
- DK, R (Go to SM\_END)

SM\_Q203  
SMKA\_203

**At what age did %you/he/she% begin to smoke cigarettes daily?**

\_\_\_\_ Age in years

(MIN: 5) (MAX: current age)

SM\_Q204  
SMKA\_204

**How many cigarettes %do/does% %you/he/she% smoke each day now?**

\_\_\_\_ Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)

Go to SM\_C300

SM\_Q205B  
SMKA\_05B

**On the days that %you/FNAME% %do/does% smoke, about how many cigarettes %do/does% %you/he/she% usually have?**

\_\_\_\_ Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)

SM\_Q205C **In the past month, on how many days %have/has% %you/he/she% smoked 1 or more cigarettes?**  
SMKA\_05C

||| Days  
(MIN: 0) (MAX: 30)

SM\_C205D If have not smoked 100 or more cigarettes lifetime (i.e. SM\_Q201A <> 1), go to SM\_C300.

SM\_Q205D **%Have/Has% %you/FNAME% ever smoked cigarettes daily?**  
SMKA\_05D

- 1 Yes (Go to SM\_Q207)
- 2 No  
DK, R (Go to SM\_END)

SM\_C206A If SM\_Q202 = 2 (current occasional smoker), go to SM\_C300.

SM\_Q206A **When did %you/he/she% stop smoking? Was it:**  
SMKA\_06A INTERVIEWER: Read categories to respondent.

- 1 ... Less than one year ago?
- 2 ... 1 to 2 years ago? (Go to SM\_C300)
- 3 ... 3 to 5 years ago? (Go to SM\_C300)
- 4 ... More than 5 years ago? (Go to SM\_C300)  
DK, R (Go to SM\_C300)

SM\_Q206B **In what month did %you/he/she% stop?**  
SMKA\_06B

- |   |          |    |           |
|---|----------|----|-----------|
| 1 | January  | 7  | July      |
| 2 | February | 8  | August    |
| 3 | March    | 9  | September |
| 4 | April    | 10 | October   |
| 5 | May      | 11 | November  |
| 6 | June     | 12 | December  |

Go to SM\_C300

SM\_Q207 **At what age did %you/he/she% begin to smoke (cigarettes) daily?**  
SMKA\_207

|||| Age in years  
(MIN: 5) (MAX: current age)

SM\_Q208 **How many cigarettes did %you/he/she% usually smoke each day?**  
SMKA\_208

||| Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)

SM\_Q209A **When did %you/he/she% stop smoking daily? Was it:**  
SMKA\_09A INTERVIEWER: Read categories to respondent.

- 1 ... Less than one year ago?
- 2 ... 1 to 2 years ago? (Go to SM\_C300)
- 3 ... 3 to 5 years ago? (Go to SM\_C300)
- 4 ... More than 5 years ago? (Go to SM\_C300)  
DK, R (Go to SM\_C300)

SM\_Q209B  
SMKA\_09B

**In what month did %you/he/she% stop?**

- |   |          |    |           |
|---|----------|----|-----------|
| 1 | January  | 7  | July      |
| 2 | February | 8  | August    |
| 3 | March    | 9  | September |
| 4 | April    | 10 | October   |
| 5 | May      | 11 | November  |
| 6 | June     | 12 | December  |

SM\_C300

If SM\_Q202 = 1 or 2 (current daily or occasional smokers), ask SM\_Q300.  
Otherwise, go to SM\_END.

SM\_Q300  
SMKA\_300

**Where %do/does% %you/FNAME% usually get %your/his/her% cigarettes?**

- 1 Buy from - Vending machine
- 2 Buy from - Small grocery / corner store
- 3 Buy from - Supermarket
- 4 Buy from - Drug store
- 5 Buy from - Gas station
- 6 Buy from - Other store
- 7 Buy from - Friend or someone else
- 8 Given them by - Brother or sister
- 9 Given them by - Mother or father
- 10 Given them by - Friend or someone else
- 11 Take them from – Mother, father or sibling
- 12 Other

SM\_END

Go to next module

## **SMOKING CESSATION AIDS**

SQ\_BEG Selection of the module is indicated using a Health Region number or province code.

SQ\_C1 If proxy interview, go to SQ\_END.

SQ\_C2 If SM\_Q202 = 1 or 2 (current daily or occasional smoker), go to SQ\_Q5.  
If SM\_Q206A = 1 or SM\_Q209A = 1 (former smoker who quit less than 1 year ago), ask SQ\_Q1. Otherwise, go to SQ\_END.

**SQ\_Q1** **Did you try a nicotine patch to stop smoking?**

**SCAA\_1**

- 1 Yes
- 2 No (Go to SQ\_Q3)  
DK, R (Go to SQ\_END)

**SQ\_Q2** **How useful was the nicotine patch in helping you quit?**

**SCAA\_2**

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all

**SQ\_Q3** **Did you try Nicorettes or other nicotine gum or candy to stop smoking?**

**SCAA\_3**

- 1 Yes
- 2 No (Go to SQ\_END)  
DK, R (Go to SQ\_END)

**SQ\_Q4** **How useful were the Nicorettes or other nicotine gum or candy in helping you quit?**

**SCAA\_4**

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all

Go to SQ\_END

**SQ\_Q5** **Have you tried quitting smoking in the past 12 months?**

**SCAA\_5**

- 1 Yes
- 2 No (Go to SQ\_END)  
DK, R (Go to SQ\_END)

**SQ\_Q6** **Did you try a nicotine patch to stop smoking?**

**SCAA\_6**

- 1 Yes
- 2 No

**SQ\_Q7** **Did you try Nicorettes or other nicotine gum or candy to stop smoking?**

**SCAA\_7**

- 1 Yes
- 2 No

SQ\_END Go to next module

## **EXPOSURE TO SECOND HAND SMOKE**

ET\_BEG

ET\_C1            If SM\_Q202 = 1 or 2 (current daily or occasional smoker) or if SM\_Q202 = DK or R, go to ET\_END.

**ET\_Q1**            **In the past month, %were/was% %you/he/she% exposed to second-hand**  
**ETSA\_1**            **smoke on most days?**

- 1        Yes
- 2        No            (Go to ET\_Q3)
- DK, R        (Go to ET\_END)

**ET\_Q2A**            **In the past month, %were/was% %you/he/she% exposed to second-hand**  
**ETSA\_2A**            **smoke:**  
**... at home?**

- 1        Yes
- 2        No

**ET\_Q2B**            **... in a car or other private vehicle?**  
**ETSA\_2B**

- 1        Yes
- 2        No

**ET\_Q2C**            **... in public places (bars, restaurants, shopping malls, arenas, bingo halls,**  
**ETSA\_2C**            **bowling alleys)?**

- 1        Yes
- 2        No

**ET\_Q2D**            **... when visiting friends or relatives?**  
**ETSA\_2D**

- 1        Yes
- 2        No

**ET\_Q3**            **%Are/Is% %you/he/she% bothered by smoke from cigarettes?**  
**ETSA\_3**

- 1        Yes
- 2        No

**ET\_Q4**            **Does smoke from cigarettes cause %you/him/her% any physical irritation**  
**ETSA\_4**            **(for example, to %your/his/her% eyes, %your/his/her% breathing,**  
**%your/his/her% throat)?**

- 1        Yes
- 2        No

**ET\_Q5**            **Are there any restrictions against smoking cigarettes in your home?**  
**ETSA\_5**

- 1        Yes
- 2        No            (Go to ET\_END)
- DK, R        (Go to ET\_END)

ET\_Q6

**How is smoking restricted in your home?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

ETSA\_6A

1 **Smokers are asked to refrain from smoking in the house**

ETSA\_6B

2 **Smoking is allowed in certain rooms only**

ETSA\_6C

3 **Smoking is restricted in the presence of young children**

ETSA\_6D

4 **Other restriction**

ET\_END

Go to next module

## **TOBACCO ALTERNATIVES**

TA\_BEG

TA\_Q1  
**TALA\_1**      **Now I'd like to ask about %your/his/her% use of tobacco other than cigarettes.**

**In the past month, %have/has% %you/he/she% smoked cigars?**

- 1      Yes
- 2      No  
         DK, R              (Go to TA\_END)

TA\_Q2  
**TALA\_2**      **In the past month, %have/has% %you/he/she% smoked a pipe?**

- 1      Yes
- 2      No

TA\_Q3  
**TALA\_3**      **In the past month, %have/has% %you/he/she% used snuff?**

- 1      Yes
- 2      No

TA\_Q4  
**TALA\_4**      **In the past month, %have/has% %you/he/she% used chewing tobacco?**

- 1      Yes
- 2      No

TA\_END      Go to next module

## **ALCOHOL**

AL\_BEG

AL\_QINT

**Now, some questions about %your/FNAME'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 drink or cocktail with 1 and a 1/2 ounces of liquor.

**INTERVIEWER:** Press <Enter> to continue.

AL\_Q1

**ALCA\_1**

**During the past 12 months, that is, from %date one year ago% to yesterday, %have/has% %you/FNAME% had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to AL\_Q5B)
- DK, R (Go to AL\_END)

AL\_Q2

**ALCA\_2**

**During the past 12 months, how often did %you/he/she% drink alcoholic beverages?**

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day

AL\_Q3

**ALCA\_3**

**How often in the past 12 months %have/has% %you/he/she% had 5 or more drinks on one occasion?**

- 1 Never
- 2 Less than once a month
- 3 Once a month
- 4 2 to 3 times a month
- 5 Once a week
- 6 More than once a week

AL\_Q5

**ALCA\_5**

**Thinking back over the past week, that is, from %date last week% to yesterday, did %you/FNAME% have a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to AL\_C8)
- DK, R (Go to AL\_C8)



AL\_Q5A

**Starting with yesterday, that is %day name%, how many drinks did %you/FNAME% have:**

(If R on first day, go to AL\_C8)

(MIN: 0 MAX: 99 for each day; warning after 12 for each day)

ALCA\_5A1  
ALCA\_5A2  
ALCA\_5A3  
ALCA\_5A4  
ALCA\_5A5  
ALCA\_5A6  
ALCA\_5A7

- 1 **Sunday?**
- 2 **Monday?**
- 3 **Tuesday?**
- 4 **Wednesday?**
- 5 **Thursday?**
- 6 **Friday?**
- 7 **Saturday?**

Go to AL\_C8

AL\_Q5B  
ALCA\_5B

**%Have/Has% %you/he/she% ever had a drink?**

- 1 Yes
- 2 No (Go to AL\_END)  
DK, R (Go to AL\_END)

AL\_Q6  
ALCA\_6

**Did %you/he/she% ever regularly drink more than 12 drinks a week?**

- 1 Yes
- 2 No (Go to AL\_C8)  
DK, R (Go to AL\_C8)

AL\_Q7

**Why did %you/he/she% reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

ALCA\_7A  
ALCA\_7B  
ALCA\_7C  
ALCA\_7D  
ALCA\_7E  
ALCA\_7F  
ALCA\_7G  
ALCA\_7H  
ALCA\_7I  
ALCA\_7J  
ALCA\_7K  
ALCA\_7L  
ALCA\_7M

- 1 Dieting
- 2 Athletic training
- 3 Pregnancy
- 4 Getting older
- 5 Drinking too much / drinking problem
- 6 Affected - work, studies, employment opportunities
- 7 Interfered with family or home life
- 8 Affected - physical health
- 9 Affected - friendships or social relationships
- 10 Affected - financial position
- 11 Affected - outlook on life, happiness
- 12 Influence of family or friends
- 13 Other - Specify

AL\_C8

If age > 19, go to AL\_END.

AL\_Q8  
ALCA\_8

**Not counting small sips, how old %were/was% %you/he/she% when %you/he/she% started drinking alcoholic beverages?**

INTERVIEWER: Drinking does not include having a few sips of wine for religious purposes.

[\_][\_] Age in years  
(MIN: 5) (MAX: current age)

AL\_END

Go to next module

## **DRIVING UNDER INFLUENCE**

- DU\_BEG      Selection of the module is indicated using a Health Region number or province code.
- DU\_C1      If proxy interview, go to DU\_END.
- DU\_Q1  
DUIA\_1      **The next questions are about drinking and driving. In the past 12 months, have you been a passenger with a driver who had too much to drink?**
- 1      Yes  
2      No  
         DK, R    (Go to DU\_END)
- DU\_C2      If age < 16, go to DU\_END.
- DU\_Q2  
DUIA\_2      **Do you have a valid driver's license for a motor vehicle? (Include cars, vans, trucks, motorcycles.)**
- 1      Yes  
2      No      (Go to DU\_END)  
         DK, R    (Go to DU\_END)
- DU\_Q3  
DUIA\_3      **In the past 12 months, how many times did you drive when you perhaps had too much to drink?**
- \_I\_I    Times    (MIN: 0) (MAX: 99; warning after 20)
- R      (Go to DU\_END)
- DU\_Q4  
DUIA\_4      **Do you ever go out with friends or family to a place where you will be consuming alcohol?**
- 1      Yes  
2      No      (Go to DU\_END)  
         DK, R    (Go to DU\_END)
- DU\_Q5  
DUIA\_5      **When people go out, one person can agree ahead of time to be the designated driver and not to drink any alcohol in order to drive the group home safely. When you go out with your friends, do you arrange to have a designated driver?**
- 1      Yes  
2      No      (Go to DU\_END)  
         DK, R    (Go to DU\_END)
- DU\_Q6  
DUIA\_6      **How often do you make this arrangement?**  
         INTERVIEWER: Read categories to respondent.
- 1      **Always**  
2      **Most of the time**  
3      **Sometimes**  
4      **Rarely or never**
- DU\_END      Go to next module

## **ALCOHOL DEPENDENCE / ABUSE**

AD\_BEG

AD\_C1            If proxy interview, go to AD\_END.

AD\_C1A           If AL\_Q3 > 2 (has at least 5 drinks at least once a month), go to AD\_QINT.  
Otherwise, go to AD\_END.

AD\_QINT           **The next questions are about how drinking affects people in their activities.  
We will be referring to the past 12 months, that is, from %date one year ago%  
to yesterday.**  
INTERVIEWER: Press <Enter> to continue.

AD\_Q1            **In the past 12 months, have you ever been drunk or hung-over while at work  
or school or while taking care of children?**

**ALDA\_1**

- 1            Yes
- 2            No                    (Go to AD\_Q3)
- DK, R                (Go to AD\_END)

AD\_Q2            **How many times? Was it:**

**ALDA\_2**

INTERVIEWER: Read categories to respondent.

- 1            ... **Once or twice?**
- 2            ... **3 to 5 times?**
- 3            ... **6 to 10 times?**
- 4            ... **11 to 20 times?**
- 5            ... **More than 20 times?**

AD\_Q3            **In the past 12 months, were you ever in a situation while drunk or hung-over  
which increased your chances of getting hurt? (For example, driving a boat,  
using guns, crossing against traffic, or during sports)**

**ALDA\_3**

- 1            Yes
- 2            No

AD\_Q4            **In the past 12 months, have you had any emotional or psychological  
problems because of alcohol use, such as feeling uninterested in things,  
depressed or suspicious of people?**

**ALDA\_4**

- 1            Yes
- 2            No

AD\_Q5            **In the past 12 months, have you had such a strong desire or urge to drink  
alcohol that you could not resist it or could not think of anything else?**

**ALDA\_5**

- 1            Yes
- 2            No

AD\_Q6  
ALDA\_6

**In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?**

- 1 Yes
- 2 No

AD\_Q7  
ALDA\_7

**In the past 12 months, did you ever drink much more or for a longer period of time than you intended?**

- 1 Yes
- 2 No (Go to AD\_Q9)
- DK, R (Go to AD\_Q9)

AD\_Q8  
ALDA\_8

**How many times? Was it:**

INTERVIEWER: Read categories to respondent.

- 1 ... **Once or twice?**
- 2 ... **3 to 5 times?**
- 3 ... **6 to 10 times?**
- 4 ... **11 to 20 times?**
- 5 ... **More than 20 times?**

AD\_Q9  
ALDA\_9

**In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?**

- 1 Yes
- 2 No

AD\_END

Go to next module

## **BREASTFEEDING**

BF\_BEG

BF\_C01 If proxy interview or sex = male or age < 15 or age > 55, go to BF\_END.

BF\_Q01 **Now a few questions for recent mothers.**  
BRFA\_01 **Have you given birth in the past 5 years?**  
INTERVIEWER: Do not include stillbirths.

- 1 Yes
- 2 No (Go to BF\_END)  
DK, R (Go to BF\_END)

BF\_Q01A **In what year?**  
BRFA\_01A INTERVIEWER: Enter year of birth of last baby.

\_\_\_\_ Year

(MIN: Current year - 5) (MAX: Current year)

BF\_Q01B **Did you take a vitamin supplement containing folic acid before your (last) pregnancy, that is, before you found out that you were pregnant?**  
BRFA\_01B

- 1 Yes
- 2 No

BF\_Q02 **(For your last baby), did you breastfeed or try to breastfeed your child, even if only for a short time?**  
BRFA\_02

- 1 Yes
- 2 No (Go to BF\_C10)  
DK, R (Go to BF\_C10)

BF\_Q03 **Are you still breast-feeding?**  
BRFA\_03

- 1 Yes (Go to BF\_C10)
- 2 No  
DK, R (Go to BF\_C10)

BF\_Q04 **How long did you breastfeed (your last child)?**  
BRFA\_04

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 to less than 12 weeks
- 6 3 to 6 months
- 7 7 to 9 months
- 8 10 to 12 months
- 9 More than 1 year  
DK, R (Go to BF\_C10)

BF\_Q05  
BRFA\_05

**What is the main reason that you stopped?**

- 1 Not enough milk
- 2 Inconvenience / fatigue
- 3 Difficulty with BF techniques
- 4 Sore nipples / engorged breasts / mastitis
- 5 Illness
- 6 Planned to stop at this time
- 7 Child weaned him / herself
- 8 Advice of doctor
- 9 Returned to work / school
- 10 Advice of partner
- 11 Formula feeding preferable
- 12 Wanted to drink alcohol
- 13 Other - Specify

BF\_C10

If a current or former smoker (SM\_Q202 = 1 or SM\_Q202 = 2 or SM\_Q201A = 1 or SM\_Q201B = 1), go to BF\_Q10. Otherwise, go to BF\_Q14.

BF\_Q10  
BRFA\_10

**Did you smoke during your last pregnancy?**

- 1 Yes
- 2 No (Go to BF\_C12)  
DK, R (Go to BF\_Q14)

BF\_Q11  
BRFA\_11

**How many cigarettes did you usually smoke each day?**

||| Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)

BF\_C12

If BF\_Q02 <> 1 (Didn't breastfeed last baby), go to BF\_Q14.

BF\_Q12  
BRFA\_12

**Did you smoke when you were breast-feeding (your last baby)?**

- 1 Yes
- 2 No (Go to BF\_Q14)  
DK, R (Go to BF\_Q14)

BF\_Q13  
BRFA\_13

**How many cigarettes did you usually smoke each day?**

||| Number of cigarettes (MIN: 1) (MAX: 99; warning after 60)

BF\_Q14  
BRFA\_14

**Did anyone regularly smoke in your presence during or after the pregnancy (about 6 months after)?**

- 1 Yes
- 2 No

BF\_C20

If ever drank (AL\_Q1 = 1 or AL\_Q5B = 1), go to BF\_Q20. Otherwise, go to BF\_END.

BF\_Q20  
BRFA\_20

**Did you drink any alcohol during your last pregnancy?**

- 1 Yes
- 2 No (Go to BF\_C22)  
DK, R (Go to BF\_END)

BF\_Q21  
BRFA\_21

**How often did you drink?**

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day

BF\_C22

If BF\_Q02 <> 1 (did not breastfeed last baby), go to BF\_END

BF\_Q22  
BRFA\_22

**Did you drink any alcohol while you were breastfeeding (your last baby)?**

- 1 Yes
- 2 No (Go to BF\_END)  
DK, R (Go to BF\_END)

BF\_Q23  
BRFA\_23

**How often did you drink?**

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day

BF\_END

Go to next module

## **SEXUAL BEHAVIOURS**

SB\_BEG Selection of the module is indicated using a Health Region number or province code.

SB\_CINT If proxy interview or age < 15 or age > 59, go to SB\_END.

SB\_QINT **I would like to ask you a few personal questions about sexual behavior because of its importance to personal health. You can be assured that anything you tell me will remain confidential.**

SB\_Q1 **Have you ever had sexual intercourse?**

**SXBA\_1**

- 1 Yes
- 2 No (Go to SB\_END)  
DK, R (Go to SB\_END)

SB\_Q2 **How old were you when you first had sexual intercourse?**

**SXBA\_2**

INTERVIEWER: Maximum is %current age%.

\_|\_| Age in years

(MIN: 10; warning before 12) (MAX: current age)

SB\_Q3 **In the past 12 months, have you had sexual intercourse?**

**SXBA\_3**

- 1 Yes
- 2 No (Go to SB\_END)  
DK, R (Go to SB\_END)

SB\_Q4 **With how many different partners?**

**SXBA\_4**

- 1 1 partner
- 2 2 partners (Go to SB\_Q6)
- 3 3 partners (Go to SB\_Q6)
- 4 4 or more partners (Go to SB\_Q6)  
DK, R (Go to SB\_END)

SB\_C5 If married, common-law or living with a partner, go to SB\_END.

SB\_Q5 **Did this relationship last 12 months or longer?**

**SXBA\_5**

- 1 Yes (Go to SB\_END)
- 2 No (Go to SB\_Q7)  
DK, R (Go to SB\_END)

SB\_Q6 **Did any of these relationships last less than 12 months?**

**SXBA\_6**

- 1 Yes
- 2 No (Go to SB\_END)  
DK, R (Go to SB\_END)



SB\_Q7  
SXBA\_7

**For %that/those% %relationship/relationships% that lasted less than a year,  
how often did you use a condom in the past 12 months?**

INTERVIEWER: Read categories to respondent.

- 1 **Always** (Go to SB\_END)
- 2 **Usually**
- 3 **Occasionally**
- 4 **Never** (Go to SB\_END)  
DK, R (Go to SB\_END)

SB\_Q7A  
SXBA\_7A

**Did you use a condom the last time?**

- 1 Yes
- 2 No

SB\_END

Go to next module

## **SOCIAL SUPPORT (Medical Outcomes Study questions)**

SS\_BEG Selection of the module is indicated using a Health Region number or province code.

SS\_C01 If proxy interview, go to SS\_END.

SS\_Q01 **Next are some questions about the support that is available to you.**  
SSMA\_01 **About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?**

[ ] Close friends (MIN: 0) (MAX: 99; warning after 20)

DK, R (Go to SS\_END)

SS\_QINT2 **People sometimes look to others for companionship, assistance, or other types of support.**

INTERVIEWER: Press <ENTER> to continue.

SS\_Q02 **How often is each of the following kinds of support available to you if you need it:**

SSMA\_02

**... someone to help you if you were confined to bed?**

INTERVIEWER: Read categories to respondent.

- 1 None of the time
  - 2 A little of the time
  - 3 Some of the time
  - 4 Most of the time
  - 5 All of the time
- DK, R (Go to SS\_END)

SS\_Q03 **... someone you can count on to listen to you when you need to talk?**

SSMA\_03

INTERVIEWER: Read categories to respondent.

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q04 **... someone to give you advice about a crisis?**

SSMA\_04

INTERVIEWER: Read categories to respondent.

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q05  
SSMA\_05

**... someone to take you to the doctor if you needed it?**  
INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q06  
SSMA\_06

**... someone who shows you love and affection?**  
INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q07  
SSMA\_07

**How often is each of the following kinds of support available to you if you need it:**

**... someone to have a good time with?**  
INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q08  
SSMA\_08

**... someone to give you information in order to help you understand a situation?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q09  
SSMA\_09

**... someone to confide in or talk to about yourself or your problems?**  
INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q10  
SSMA\_10

**... someone who hugs you?**  
INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q11  
SSMA\_11

**... someone to get together with for relaxation?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**
- 6

SS\_Q12  
SSMA\_12

**... someone to prepare your meals if you were unable to do it yourself?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q13  
SSMA\_13

**... someone whose advice you really want?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q14  
SSMA\_14

**How often is each of the following kinds of support available to you if you need it:**

**... someone to do things with to help you get your mind off things?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q15  
SSMA\_15

**... someone to help with daily chores if you were sick?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q16  
SSMA\_16

**... someone to share your most private worries and fears with?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q17  
SSMA\_17

**... someone to turn to for suggestions about how to deal with a personal problem?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q18  
SSMA\_18

**... someone to do something enjoyable with?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q19  
SSMA\_19

**... someone who understands your problems?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q20  
SSMA\_20

**... someone to love you and make you feel wanted?**

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_END

Go to next module

## **SPIRITUALITY**

SY\_BEG            Selection of the module is indicated using a Health Region number or province code.

SY\_C1            If proxy interview, go to SY\_END.

SY\_QINT          **Now a few questions about spirituality in your life.**  
INTERVIEWER: Press <Enter> to continue.

SY\_Q1  
SPRA\_1          **In the past 12 months, how often did you attend religious services or religious meetings, not counting special occasions (such as weddings, funerals or baptisms)?**  
INTERVIEWER: Read categories to respondent.

- 1            **Once a week or more**
- 2            **Once a month**
- 3            **3 or 4 times a year**
- 4            **Once a year**
- 5            **Not at all**  
DK, R    (Go to SY\_END)

SY\_Q2  
SPRA\_2          **Do spiritual values or your faith play an important role in your life?**

- 1            Yes
- 2            No  
DK, R    (Go to SY\_END)

SY\_Q3  
SPRA\_3          **How religious or spiritual do you consider yourself to be?**  
INTERVIEWER: Read categories to respondent.

- 1            **Very**
- 2            **Moderately**
- 3            **Not very**
- 4            **Not at all**

SY\_END          Go to next module

## **CONTACTS WITH MENTAL HEALTH PROFESSIONALS**

CM\_BEG

CM\_C01 If proxy interview, go to CM\_END.

CM\_QINT **Now some questions about mental and emotional well-being.**  
INTERVIEWER: Press <Enter> to continue.

CM\_Q01K **In the past 12 months, that is, from %date one year ago% to yesterday,**  
**CMHA\_01K** **have you seen, or talked on the telephone, to a health professional about**  
**your emotional or mental health?**

- 1 Yes
- 2 No (Go to CM\_END)
- DK, R (Go to CM\_END)

CM\_Q01L **How many times (in the past 12 months)?**

**CMHA\_01L**

\_|\_|\_| Times

(MIN: 1) (MAX: 366; warning after 25)

CM\_Q01M **Whom did you see or talk to?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- CMHA\_1MA** 1 **Family doctor or general practitioner**
- CMHA\_1MB** 2 **Psychiatrist**
- CMHA\_1MC** 3 **Psychologist**
- CMHA\_1MD** 4 **Nurse**
- CMHA\_1ME** 5 **Social worker or counsellor**
- CMHA\_1MF** 6 **Other - Specify**

CM\_END Go to next module

## **MOOD (Bradburn Affect Balance Scale)**

MD\_BEG Selection of the module is indicated using a Health Region number or province code.

MD\_C01 If proxy interview, go to MD\_END.

MD\_QINT **The next set of questions describes some of the ways people feel at different times. Please tell me if you have the feeling often, sometimes or never.**  
INTERVIEWER: Press <Enter> to continue.

MD\_Q1 **During the past few weeks, how often have you felt:**  
**MDBA\_01** **... on top of the world?**  
INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Never**  
DK, R (Go to MD\_END)

MD\_Q2 **... very lonely or remote from other people?**  
**MDBA\_02** INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Never**

MD\_Q3 **... particularly excited or interested in something?**  
**MDBA\_03**

- 1 Often
- 2 Sometimes
- 3 Never

MD\_Q4 **... depressed or very unhappy?**  
**MDBA\_04**

- 1 Often
- 2 Sometimes
- 3 Never

MD\_Q5 **During the past few weeks, how often have you felt:**  
**MDBA\_05** **... pleased about having accomplished something?**

- 1 Often
- 2 Sometimes
- 3 Never

MD\_Q6 **... bored?**  
**MDBA\_06**

- 1 Often
- 2 Sometimes
- 3 Never



MD\_Q7  
MDBA\_07

**... proud because someone complimented you on something you had done?**

- 1 Often
- 2 Sometimes
- 3 Never

MD\_Q8  
MDBA\_08

**... so restless you couldn't sit long in a chair?**

- 1 Often
- 2 Sometimes
- 3 Never

MD\_Q9  
MDBA\_09

**... that things were going your way?**

- 1 Often
- 2 Sometimes
- 3 Never

MD\_Q10  
MDBA\_10

**During the past few weeks, how often have you felt:  
... upset because someone criticized you?**

- 1 Often
- 2 Sometimes
- 3 Never

MD\_Q11  
MDBA\_11

**Taking things all together, how would you say things are these days?  
Would you say you're:**

INTERVIEWER: Read categories to respondent.

- 1 ... very happy?
- 2 ... pretty happy?
- 3 ... not too happy?

MD\_END

Go to next module

## **DISTRESS**

DI\_BEG Selection of the module is indicated using a Health Region number or province code.

DI\_C01 If proxy interview, go to DI\_END.

DI\_Q01A **During the past month, that is, from %date one month ago% to yesterday, about how often did you feel ... so sad that nothing could cheer you up?**  
DISA\_01A INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to DI\_END)

DI\_Q01B **... nervous?**  
DISA\_01B INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to DI\_END)

DI\_Q01C **... restless or fidgety?**  
DISA\_01C INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to DI\_END)

DI\_Q01D **... hopeless?**  
DISA\_01D INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to DI\_END)

DI\_Q01E  
DISA\_01E

... **worthless?**

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
- 2 **Most of the time**
- 3 **Some of the time**
- 4 **A little of the time**
- 5 **None of the time**  
DK, R (Go to DI\_END)

DI\_Q01F  
DISA\_01F

... **that everything was an effort?**

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
- 2 **Most of the time**
- 3 **Some of the time**
- 4 **A little of the time**
- 5 **None of the time**  
DK, R (Go to DI\_END)

DI\_C01G

If DI\_Q01A to DI\_Q01F are all "None of the time", go to DI\_END.

DI\_Q01G  
DISA\_01G

**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?**

- 1 More often
- 2 Less often (Go to DI\_Q01I)
- 3 About the same (Go to DI\_Q01J)
- 4 Never have had any (Go to DI\_END)  
DK, R (Go to DI\_END)

DI\_Q01H  
DISA\_01H

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

- 1 A lot
- 2 Somewhat
- 3 A little  
DK, R (Go to DI\_END)

Go to DI\_Q01J

DI\_Q01I  
DISA\_01I

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

- 1 A lot
- 2 Somewhat
- 3 A little  
DK, R (Go to DI\_END)

DI\_Q01J  
DISA\_01J

**How much do these experiences usually interfere with your life or activities?**

INTERVIEWER: Read categories to respondent.

- 1      **A lot**
- 2      **Some**
- 3      **A little**
- 4      **Not at all**

DI\_END      Go to next module

## **DEPRESSION**

DP\_BEG Selection of the module is indicated using a Health Region number or province code.

DP\_C01 If proxy interview, go to DP\_END.

**DP\_Q02**  
**DPSA\_02** **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?**

- 1 Yes
- 2 No (Go to DP\_Q16)
- DK, R (Go to DP\_END)

**DP\_Q03**  
**DPSA\_03** **For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst. During that time, how long did these feelings usually last?**

INTERVIEWER: Read categories to respondent.

- 1 **All day long**
- 2 **Most of the day**
- 3 **About half of the day** (Go to DP\_Q16)
- 4 **Less than half of a day** (Go to DP\_Q16)
- DK, R (Go to DP\_END)

**DP\_Q04**  
**DPSA\_04** **How often did you feel this way during those 2 weeks?**

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to DP\_Q16)
- DK, R (Go to DP\_END)

**DP\_Q05**  
**DPSA\_05** **During those 2 weeks did you lose interest in most things?**

- 1 Yes (KEY PHRASE = Losing interest)
- 2 No (Go to DP\_END)
- DK, R (Go to DP\_END)

**DP\_Q06**  
**DPSA\_06** **Did you feel tired out or low on energy all of the time?**

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No (Go to DP\_END)
- DK, R (Go to DP\_END)

**DP\_Q07**  
**DPSA\_07** **Did you gain weight, lose weight or stay about the same?**

- 1 Gained weight (KEY PHRASE = Gaining weight)
- 2 Lost weight (KEY PHRASE = Losing weight)
- 3 Stayed about the same (Go to DP\_Q09)
- 4 Was on a diet (Go to DP\_Q09)
- DK, R (Go to DP\_END)

DP\_Q08A  
DPSA\_08A

**About how much did you %gain/lose%?**

INTERVIEWER: Enter amount only.

[\_][\_] Weight  
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)  
DK, R (Go to DP\_Q09)

DP\_Q08B  
DPSA\_08B

INTERVIEWER: Was that in pounds or in kilograms?

- 1 Pounds
- 2 Kilograms  
(DK, R are not allowed)

DP\_Q09  
DPSA\_09

**Did you have more trouble falling asleep than you usually do?**

- 1 Yes (KEY PHRASE = Trouble falling asleep)
- 2 No (Go to DP\_Q11)  
DK, R (Go to DP\_END)

DP\_Q10  
DPSA\_10

**How often did that happen?**

INTERVIEWER: Read categories to respondent.

- 1 **Every night**
- 2 **Nearly every night**
- 3 **Less often**  
DK, R (Go to DP\_END)

DP\_Q11  
DPSA\_11

**Did you have a lot more trouble concentrating than usual?**

- 1 Yes (KEY PHRASE = Trouble concentrating)
- 2 No  
DK, R (Go to DP\_END)

DP\_Q12  
DPSA\_12

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

- 1 Yes (KEY PHRASE = Feeling down on yourself)
- 2 No  
DK, R (Go to DP\_END)

DP\_Q13  
DPSA\_13

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

- 1 Yes (KEY PHRASE =Thoughts about death)
- 2 No  
DK, R (Go to DP\_END)

DP\_C14

If "Yes" in DP\_Q5, DP\_Q6, DP\_Q9, DP\_Q11, DP\_Q12 or DP\_Q13, or DP\_Q7 is "gain" or "lose", go to DP\_Q14C. Otherwise, go to DP\_END.

DP\_Q14C

**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).**

INTERVIEWER: Press <Enter> to continue.

DP\_Q14  
DPSA\_14

**About how many weeks altogether did you feel this way during the past 12 months?**

||| Weeks  
(MIN: 2 MAX: 53)  
(If > 51 weeks, go to DP\_END)  
DK, R (Go to DP\_END)

DP\_Q15  
DPSA\_15

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

1	January	7	July
2	February	8	August
3	March	9	September
4	April	10	October
5	May	11	November
6	June	12	December

Go to DP\_END

DP\_Q16  
DPSA\_16

**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?**

1 Yes  
2 No (Go to DP\_END)  
DK, R (Go to DP\_END)

DP\_Q17  
DPSA\_17

**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?**

INTERVIEWER: Read categories to respondent.

1 **All day long**  
2 **Most of the day**  
3 **About half of the day** (Go to DP\_END)  
4 **Less than half of a day** (Go to DP\_END)  
DK, R (Go to DP\_END)

DP\_Q18  
DPSA\_18

**How often did you feel this way during those 2 weeks?**

INTERVIEWER: Read categories to respondent.

1 **Every day**  
2 **Almost every day**  
3 **Less often** (Go to DP\_END)  
DK, R (Go to DP\_END)

DP\_Q19  
DPSA\_19

**During those 2 weeks did you feel tired out or low on energy all the time?**

1 Yes (KEY PHRASE = Feeling tired)  
2 No  
DK, R (Go to DP\_END)

DP\_Q20  
DPSA\_20

**Did you gain weight, lose weight, or stay about the same?**

- 1 Gained weight (KEY PHRASE = Gaining weight)
  - 2 Lost weight (KEY PHRASE = Losing weight)
  - 3 Stayed about the same (Go to DP\_Q22)
  - 4 Was on a diet (Go to DP\_Q22)
- DK, R (Go to DP\_END)

DP\_Q21A  
DPSA\_21A

**About how much did you %gain/lose%?**

INTERVIEWER: Enter amount only.

[\_][\_] Weight  
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)  
DK, R (Go to DP\_Q22)

DP\_Q21B  
DPSA\_21B

INTERVIEWER: Was that in pounds or in kilograms?

- 1 Pounds
  - 2 Kilograms
- (DK, R are not allowed)

DP\_Q22  
DPSA\_22

**Did you have more trouble falling asleep than you usually do?**

- 1 Yes (KEY PHRASE = Trouble falling asleep)
  - 2 No (Go to DP\_Q24)
- DK, R (Go to DP\_END)

DP\_Q23  
DPSA\_23

**How often did that happen?**

INTERVIEWER: Read categories to respondent.

- 1 **Every night**
  - 2 **Nearly every night**
  - 3 **Less often**
- DK, R (Go to DP\_END)

DP\_Q24  
DPSA\_24

**Did you have a lot more trouble concentrating than usual?**

- 1 Yes (KEY PHRASE = Trouble concentrating)
  - 2 No
- DK, R (Go to DP\_END)

DP\_Q25  
DPSA\_25

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

- 1 Yes (KEY PHRASE = Feeling down on yourself)
  - 2 No
- DK, R (Go to DP\_END)

DP\_Q26  
DPSA\_26

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

- 1 Yes (KEY PHRASE = Thoughts about death)
  - 2 No
- DK, R (Go to DP\_END)



DP\_C27 If any "Yes" in DP\_Q19, DP\_Q22, DP\_Q24, DP\_Q25 or DP\_Q26, or DP\_Q20 is "gain" or "lose", go to DP\_Q27C. Otherwise, go to DP\_END.

DP\_Q27C **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).**  
INTERVIEWER: Press <Enter> to continue.

DP\_Q27 **About how many weeks did you feel this way during the past 12 months?**  
DPSA\_27

\_|\_| Weeks  
(MIN: 2 MAX: 53)  
(If > 51 weeks, go to DP\_END)  
DK, R (Go to DP\_END)

DP\_Q28 **Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?**  
DPSA\_28

1	January	7	July
2	February	8	August
3	March	9	September
4	April	10	October
5	May	11	November
6	June	12	December

DP\_END Go to next module

## **SUICIDAL THOUGHTS AND ATTEMPTS**

- SU\_BEG Selection of the module is indicated using a Health Region number or province code.
- SU\_C1 If proxy interview or if age < 15, go to SU\_END.
- SU\_QINT **The following questions relate to the sensitive issue of suicide.**  
INTERVIEWER: Press <Enter> to continue.
- SU\_Q1 **Have you ever seriously considered committing suicide or taking your own life?**  
SUIA\_1
- 1 Yes  
2 No (Go to SU\_END)  
DK, R (Go to SU\_END)
- SU\_Q2 **Has this happened in the past 12 months?**  
SUIA\_2
- 1 Yes  
2 No (Go to SU\_END)  
DK, R (Go to SU\_END)
- SU\_Q3 **Have you ever attempted to commit suicide or tried taking your own life?**  
SUIA\_3
- 1 Yes  
2 No (Go to SU\_END)  
DK, R (Go to SU\_END)
- SU\_Q4 **Did this happen in the past 12 months?**  
SUIA\_4
- 1 Yes  
2 No (Go to SU\_END)  
DK, R (Go to SU\_END)
- SU\_Q5 **Did you see, or talk on the telephone, to a health professional following your attempt to commit suicide?**  
SUIA\_5
- 1 Yes  
2 No (Go to SU\_END)  
DK, R (Go to SU\_END)
- SU\_Q6 **Whom did you see or talk to?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.
- SUIA\_6A 1 **Family doctor or general practitioner**  
SUIA\_6B 2 **Psychiatrist**  
SUIA\_6C 3 **Psychologist**  
SUIA\_6D 4 **Nurse**  
SUIA\_6E 5 **Social worker or counsellor**  
SUIA\_6F 6 **Other - Specify**
- SU\_END Go to next module

**SOCIO-DEMOGRAPHIC CHARACTERISTICS**

SD\_BEG

SD\_QINT **Now some general background questions which will help us compare the health of people in Canada.**  
INTERVIEWER: Press <Enter> to continue.

SD\_Q1 **In what country %were/was% %you/FNAME% born?**  
 SDCA\_1

- |    |           |               |                       |  |
|----|-----------|---------------|-----------------------|--|
| 1  | Canada    | (Go to SD_Q4) |                       |  |
| 2  | China     | 11            | Jamaica               |  |
| 3  | France    | 12            | Netherlands / Holland |  |
| 4  | Germany   | 13            | Philippines           |  |
| 5  | Greece    | 14            | Poland                |  |
| 6  | Guyana    | 15            | Portugal              |  |
| 7  | Hong Kong | 16            | United Kingdom        |  |
| 8  | Hungary   | 17            | United States         |  |
| 9  | India     | 18            | Viet Nam              |  |
| 10 | Italy     | 19            | Other - Specify       |  |
|    | DK, R     | (Go to SD_Q4) |                       |  |

SD\_Q2 **%Were/Was% %you/he/she% born a Canadian citizen?**  
 SDCA\_2

- |   |       |               |
|---|-------|---------------|
| 1 | Yes   | (Go to SD_Q4) |
| 2 | No    |               |
|   | DK, R | (Go to SD_Q4) |

SD\_Q3 **In what year did %you/FNAME% first come to Canada to live?**  
 SDCA\_3 INTERVIEWER: Minimum is %year of birth%; maximum is %current year%.

\_|\_|\_|\_| Year  
 (MIN: year of birth) (MAX: current year)

SD\_Q4 **To which ethnic or cultural group(s) did %your/FNAME's% ancestors belong? (For example: French, Scottish, Chinese)**

INTERVIEWER: Mark all that apply.  
 If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian.

- |         |    |                     |         |    |  |
|---------|----|---------------------|---------|----|--|
| SDCA_4A | 1  | Canadian            | SDCA_4L | 12 | Polish   |
| SDCA_4B | 2  | French              | SDCA_4M | 13 | Portuguese   |
| SDCA_4C | 3  | English             | SDCA_4N | 14 | South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan) |
| SDCA_4D | 4  | German              |         |    |  |
| SDCA_4E | 5  | Scottish            |         |    |  |
| SDCA_4F | 6  | Irish               | SDCA_4O | 15 | Black  |
| SDCA_4G | 7  | Italian             | SDCA_4P | 16 | North American Indian  |
| SDCA_4H | 8  | Ukrainian           | SDCA_4Q | 17 | Métis  |
| SDCA_4I | 9  | Dutch (Netherlands) | SDCA_4R | 18 | Inuit / Eskimo   |
| SDCA_4J | 10 | Chinese             | SDCA_4S | 19 | Other - Specify  |
| SDCA_4K | 11 | Jewish              |         |    |  |

SD\_Q5

**In what languages can %you/he/she% conduct a conversation?**

INTERVIEWER: Mark all that apply.

SDCA_5A	1	English	SDCA_5K	11	Persian (Farsi)
SDCA_5B	2	French	SDCA_5L	12	Polish
SDCA_5C	3	Arabic	SDCA_5M	13	Portuguese
SDCA_5D	4	Chinese	SDCA_5N	14	Punjabi
SDCA_5E	5	Cree	SDCA_5O	15	Spanish
SDCA_5F	6	German	SDCA_5P	16	Tagalog (Filipino)
SDCA_5G	7	Greek	SDCA_5Q	17	Ukrainian
SDCA_5H	8	Hungarian	SDCA_5R	18	Vietnamese
SDCA_5I	9	Italian	SDCA_5S	19	Other - Specify
SDCA_5J	10	Korean			

SD\_Q6

**What is the language that %you/FNAME% first learned at home in childhood and can still understand?**

INTERVIEWER: Mark all that apply.

If person can no longer understand the first language learned, mark the second.

SDCA_6A	1	English	SDCA_6K	11	Persian (Farsi)
SDCA_6B	2	French	SDCA_6L	12	Polish
SDCA_6C	3	Arabic	SDCA_6M	13	Portuguese
SDCA_6D	4	Chinese	SDCA_6N	14	Punjabi
SDCA_6E	5	Cree	SDCA_6O	15	Spanish
SDCA_6F	6	German	SDCA_6P	16	Tagalog (Filipino)
SDCA_6G	7	Greek	SDCA_6Q	17	Ukrainian
SDCA_6H	8	Hungarian	SDCA_6R	18	Vietnamese
SDCA_6I	9	Italian	SDCA_6S	19	Other - Specify
SDCA_6J	10	Korean			

SD\_Q7

**People living in Canada come from many different cultural and racial backgrounds. Are %you/he/she%:**

INTERVIEWER: Read categories to respondent. Mark all that apply.

SDCA_7A	1	...White?
SDCA_7B	2	...Chinese?
SDCA_7C	3	...South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)?
SDCA_7D	4	...Black?
SDCA_7E	5	...Filipino?
SDCA_7F	6	...Latin American?
SDCA_7G	7	...Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, etc.)?
SDCA_7H	8	...Arab?
SDCA_7I	9	...West Asian (e.g., Afghan, Iranian, etc.)?
SDCA_7J	10	...Japanese?
SDCA_7K	11	...Korean?
SDCA_7L	12	...Aboriginal Peoples of North America (North American Indian, Métis, Inuit / Eskimo)?
SDCA_7M	13	Other – Specify

SD\_Q8  
SDCA\_8

**%Are/Is% %you/FNAME% currently attending a school, college or university?**

- 1 Yes
- 2 No (Go to SD\_END)  
DK, R (Go to SD\_END)

SD\_Q9  
SDCA\_9

**%Are/Is% %you/he/she% enrolled as a full-time student or a part-time student?**

- 1 Full-time
- 2 Part-time

SD\_END

Go to next module

## LABOUR FORCE

LF\_BEG

LF\_C01 If age < 15 or if age > 75, go to LF\_END.

LF\_QINT1 **The next few questions concern %your/FNAME's% activities in the last 7 days. By the last 7 days, I mean beginning %date one week ago%, and ending %date yesterday%.**  
**INTERVIEWER:** Press <Enter> to continue.

### Job Attachment

LF\_Q01 **Last week, did %you/FNAME% work at a job or a business? Please include**  
LBFA\_01 **part-time jobs, seasonal work, contract work, self-employment, baby-sitting**  
**and any other paid work, regardless of the number of hours worked.**

- 1 Yes (Go to LF\_Q03)
- 2 No
- 3 Permanently unable to work (Go to LF\_QINT2)  
DK, R (Go to LF\_END)

LF\_Q02 **Last week, did %you/FNAME% have a job or business from which**  
LBFA\_02 **%you/he/she% %were/was% absent?**

- 1 Yes
- 2 No (Go to LF\_Q11)  
DK, R (Go to LF\_END)

LF\_Q03 **Did %you/he/she% have more than one job or business last week?**  
LBFA\_03

- 1 Yes
- 2 No

Go to LF\_C31

### Job Search – Last 4 Weeks

LF\_Q11 **In the past 4 weeks, did %you/FNAME% do anything to find work?**  
LBFA\_11

- 1 Yes (Go to LF\_QINT2)
- 2 No  
DK, R (Go to LF\_QINT2)

LF\_Q13  
LBFA\_13

**What is the main reason that %you/FNAME% %are/is% not currently working at a job or business?**

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 School or educational leave
- 8 Retired
- 9 Believes no work available (in area or suited to skills)
- 10 Other - Specify

Past Job Attachment

LF\_QINT2

**Now some questions about jobs or employment which %you/FNAME% %have/has% had during the past 12 months, that is, from %date one year ago% to yesterday.**

INTERVIEWER: Press <Enter> to continue.

LF\_Q21  
LBFA\_21

**Did %you/he/she% work at a job or a business at any time in the past 12 months? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**

- 1 Yes (Go to LF\_Q23)
- 2 No

LF\_C22

If LF\_Q11 = 1, go to LF\_Q71. Otherwise, go to LF\_Q22.

LF\_Q22  
LBFA\_22

**During the past 12 months, did %you/he/she% do anything to find work?**

- 1 Yes (Go to LF\_Q71)
- 2 No (Go to LF\_END)
- DK, R (Go to LF\_END)

LF\_Q23  
LBFA\_23

**During that 12 months, did %you/he/she% work at more than one job or business at the same time?**

- 1 Yes
- 2 No

Occupation, Smoking Restrictions at Work

LF\_C31

If LF\_Q01 = 1 or LF\_Q02 = 1, then the following questions will be asked about the current job. Otherwise, they will be asked about the most recent job.

LF\_QINT3

**The next questions are about %your/FNAME's% %current/most recent% job or business.**

(If person currently holds more than one job or if the last time he/she worked it was at more than one job: INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.)

INTERVIEWER: Press <Enter> to continue.

LF\_Q31 **%Are/Is/Were/Was% %you/he/she% an employee or self-employed?**  
LBFA\_31

- 1 Employee
- 2 Self-employed
- 3 Working in a family business without pay

LF\_Q31A **Which of the following best describes %your/his/her% occupation?**  
LBFA\_31A INTERVIEWER: Read categories to respondent.

- 1 **Management**
- 2 **Professional (including accountants)**
- 3 **Technologist, Technician or Technical occupation**
- 4 **Administrative, Financial or Clerical**
- 5 **Sales or Service**
- 6 **Trades, Transport or Equipment operator**
- 7 **Occupation in Farming, Forestry, Fishing or Mining**
- 8 **Occupation in Processing, Manufacturing or Utilities**
- 9 Other - Specify

LF\_Q35 **At %your/his/her% place of work, what %are/were% the restrictions on smoking?**  
LBFA\_35

INTERVIEWER: Read categories to respondent.

- 1 **Restricted completely**
- 2 **Allowed in designated areas**
- 3 **Restricted only in certain places**
- 4 **Not restricted at all**

#### Absence / Hours

LF\_C41 If LF\_Q02 = 1, go to LF\_Q41. Otherwise, go to LF\_Q42.

LF\_Q41 **What was the main reason %you/FNAME% %were/was% absent from work last week?**  
LBFA\_41

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Maternity leave (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions (Employees only)
- 9 Seasonal layoff (Employees only)
- 10 Casual job, no work available (Employees only)
- 11 Work schedule (e.g. shift work, etc.) (Employees only)
- 12 Self-employed, no work available (Self-employed only)
- 13 Seasonal business (Excluding employees)
- 14 School or educational leave
- 15 Other - Specify



LF\_Q42  
LBFA\_42

**About how many hours a week %do/does/did% %you/FNAME% usually work at %your/his/her% %job/business%? If %you/he/she% usually %work/works/worked% extra hours, paid or unpaid, please include these hours.**

||| Hours  
(MIN: 1) (MAX: 168; warning after 84)

LF\_C43

If (LF\_Q01=1 or LF\_Q02=1) and LF\_Q31=1, go to LF\_Q43. Otherwise, go to LF\_Q44.

LF\_Q43  
LBFA\_43

**Given the choice, would %you/he/she% prefer to work:**  
INTERVIEWER: Read categories to respondent.

- 1 ... fewer hours for less pay at this job?
- 2 ... more hours for more pay (at this job)?
- 3 ... the same hours for the same pay?

LF\_Q44  
LBFA\_44

**Which of the following best describes the hours %you/he/she% usually %work/works/worked% at %your/his/her% %job/business%?**  
INTERVIEWER: Read categories to respondent.

- 1 **Regular daytime schedule or shift** (Go to LF\_Q46)
- 2 **Regular evening shift**
- 3 **Regular night shift**
- 4 **Rotating shift** (change from days to evenings to nights)
- 5 **Split shift**
- 6 **On call**
- 7 **Irregular schedule**
- 8 **Other - Specify**  
DK, R (Go to LF\_Q46)

LF\_Q45  
LBFA\_45

**What is the main reason that %you/he/she% %work/works/worked% this schedule?**

- 1 Requirement of job / no choice
- 2 Going to school
- 3 Caring for - own children
- 4 Caring for - other relatives
- 5 To earn more money
- 6 Likes to work this schedule
- 7 Other - Specify

LF\_Q46  
LBFA\_46

**%Do/Does/Did% %you/he/she% usually work on weekends at this %job/business%?**

- 1 Yes
- 2 No

Other Job

LF\_C51 If LF\_Q03=1 or LF\_Q23=1, go to LF\_Q51. Otherwise, go to LF\_Q61.

LF\_Q51 **You indicated that %you/FNAME% %have/has/had% more than one job. For**  
LBFA\_51 **how many weeks in a row %have/has/did% %you/he/she% %worked/work%**  
**at more than one job %(%in the past 12 months%)%?**

INTERVIEWER: Obtain best estimate.

[\_ \_] Weeks  
(MIN: 1) (MAX: 52)

LF\_Q52 **What is the main reason that %you/he/she% %work/works/worked% at**  
LBFA\_52 **more than one job?**

- 1 To meet regular household expenses
- 2 To pay off debts
- 3 To buy something special
- 4 To save for the future
- 5 To gain experience
- 6 To build up a business
- 7 Enjoys the work of the second job
- 8 Other - Specify

LF\_Q53 **About how many hours a week %do/does/did% %you/he/she% usually work**  
LBFA\_53 **at %your/his/her% other job(s)? If %you/he/she% usually**  
**%work/works/worked% extra hours, paid or unpaid, please include these**  
**hours.**

[\_ \_ \_] Hours  
(MIN: 1) (MAX: 168 – LF\_Q42; warning after 30)

LF\_Q54 **%Do/Does/Did% %you/he/she% usually work on weekends at**  
LBFA\_54 **%your/his/her% other job(s)?**

- 1 Yes
- 2 No

Weeks Worked

LF\_Q61 **During the past 52 weeks, how many weeks did %you/FNAME% do any**  
LBFA\_61 **work at a job or a business? (Include paid vacation leave, paid maternity**  
**leave, and paid sick leave.)**

[\_ \_] Weeks  
(MIN: 1) (MAX: 52)

Looking For Work

LF\_C71 IF LF\_Q61 = 52, go to LF\_END.

LF\_Q71  
LBFA\_71

If LF\_Q61 was answered, use the second wording. Otherwise, use the first wording.

**During the past 52 weeks, how many weeks %were/was% %you/he/she% looking for work?**

**That leaves %52 - LF\_Q61% week%s%. During %those/that% %52 - LF\_Q61% week%s%, how many weeks %were/was% %you/he/she% looking for work?**

[\_|\_] Weeks  
(MIN: 0) (MAX: 52 - LF\_Q61)

LF\_C72

If either LF\_Q61 or LF\_Q71 are non-response, go to LF\_END.  
If the total number of weeks reported in LF\_Q61 and LF\_Q71 = 52, go to LF\_END.  
If LF\_Q61 and LF\_Q71 were answered, %WEEKS% = [52 - (LF\_Q61 + LF\_Q71)].  
If LF\_Q61 was not answered, %WEEKS% = (52 - LF\_Q71).

LF\_Q72  
LBFA\_72

**That leaves %WEEKS% week%s% during which %you/he/she% %were/was% neither working nor looking for work? Is that correct?**

- 1 Yes (Go to LF\_C73)
- 2 No  
DK, R (Go to LF\_C73)

LF\_E72

**You have indicated that %you/he/she% worked for %LF\_Q61% week%s% and that %you/he/she% %were/was% looking for work for %LF\_Q71% week%s%, leaving %WEEKS% week%s% during which %you/he/she% %were/was% neither working nor looking for work. The total number of weeks must add to 52. Please return and correct.**

LF\_C73

If (LF\_Q01 = 1 or LF\_Q02 = 1 or LF\_Q11 = 1 or LF\_Q12 = 1), go to LF\_Q73.  
Otherwise, go to LF\_END.

LF\_Q73  
LBFA\_73

**What is the main reason that %you/he/she% %were/was% not looking for work?**

INTERVIEWER: If more than one reason, choose the one that explains the most number of weeks.

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions
- 9 Seasonal layoff
- 10 Casual job, no work available
- 11 Work schedule (e.g., shift work, etc.)
- 12 School or educational leave
- 13 Retired
- 14 Believes no work available (in area or suited to skills)
- 15 Other - Specify

LF\_C74 If LF\_Q71 > 1 and LF\_Q71 < 52, go to LF\_Q74. Otherwise, go to LF\_END.

LF\_Q74 **Were those %LF\_Q71% weeks when %you/he/she% %were/was% without**  
LBFA\_74 **work but looking for work:**

INTERVIEWER: Read categories to respondent.

- 1 ... all in one period?
- 2 ... in 2 separate periods?
- 3 ... in 3 or more periods?

LF\_END Go to next module

## **INCOME**

IN\_BEG

IN\_C1 If INFLAG = 1 (i.e. one Health Form has already been done for the household), go to IN\_C4.

IN\_QINT **Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.**

INTERVIEWER: Press <Enter> to continue.

IN\_Q1 **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**

INTERVIEWER: Read categories to respondent. Mark all that apply.

- |         |    |   |
|---------|----|---|
| INCA_1A | 1  | <b>Wages and salaries</b>                                   |
| INCA_1B | 2  | <b>Income from self-employment</b>                          |
| INCA_1C | 3  | <b>Dividends and interest (e.g. on bonds, savings)</b>      |
| INCA_1D | 4  | <b>Employment insurance</b>                                 |
| INCA_1E | 5  | <b>Worker's compensation</b>                                |
| INCA_1F | 6  | <b>Benefits from Canada or Quebec Pension Plan</b>          |
| INCA_1G | 7  | <b>Retirement pensions, superannuation and annuities</b>    |
| INCA_1H | 8  | <b>Old Age Security and Guaranteed Income Supplement</b>    |
| INCA_1I | 9  | <b>Child Tax Benefit</b>                                    |
| INCA_1J | 10 | <b>Provincial or municipal social assistance or welfare</b> |
| INCA_1K | 11 | <b>Child support</b>  |
| INCA_1L | 12 | <b>Alimony</b>  |
| INCA_1M | 13 | <b>Other (e.g. rental income, scholarships)</b>             |
| INCA_1N | 14 | None (Go to IN_Q3)<br>DK, R (Go to IN_END)                  |

IN\_C2 If more than one source of income is indicated, ask IN\_Q2. Otherwise, ask IN\_Q3. (IN\_Q2 will be filled with IN\_Q1 during processing.)

IN\_Q2 **What was the main source of income?**

INCA\_2

- |    |  |
|----|--|
| 1  | Wages and salaries                                   |
| 2  | Income from self-employment                          |
| 3  | Dividends and interest (e.g. on bonds, savings)      |
| 4  | Employment insurance                                 |
| 5  | Worker's compensation                                |
| 6  | Benefits from Canada or Quebec Pension               |
| 7  | Retirement pensions, superannuation and annuities    |
| 8  | Old Age Security and Guaranteed Income Supplement    |
| 9  | Child Tax Benefit                                    |
| 10 | Provincial or municipal social assistance or welfare |
| 11 | Child support  |
| 12 | Alimony  |
| 13 | Other (e.g. rental income, scholarships)             |
| 14 | None (category created during processing)            |

IN\_Q3  
INCA\_3

**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?**

\_\_\_\_ Income (Go to IN\_C4)  
(MIN: 0) (MAX: 500,000; warning after 150,000)  
0 (Go to IN\_END)  
DK, R (Go to IN\_Q3A)

IN\_Q3A  
INCA\_3A

**Can you estimate in which of the following groups your household income falls? Was the total household income less than \$20,000 or \$20,000 or more?**

1 Less than \$20,000  
2 \$20,000 or more (Go to IN\_Q3E)  
3 No income (Go to IN\_END)  
DK, R (Go to IN\_END)

IN\_Q3B  
INCA\_3B

**Was the total household income from all sources less than \$10,000 or \$10,000 or more?**

1 Less than \$10,000  
2 \$10,000 or more (Go to IN\_Q3D)  
DK, R (Go to IN\_C4)

IN\_Q3C  
INCA\_3C

**Was the total household income from all sources less than \$5,000 or \$5,000 or more?**

1 Less than \$5,000  
2 \$5,000 or more

Go to IN\_C4

IN\_Q3D  
INCA\_3D

**Was the total household income from all sources less than \$15,000 or \$15,000 or more?**

1 Less than \$15,000  
2 \$15,000 or more

Go to IN\_C4

IN\_Q3E  
INCA\_3E

**Was the total household income from all sources less than \$40,000 or \$40,000 or more?**

1 Less than \$40,000  
2 \$40,000 or more (Go to IN\_Q3G)  
DK, R (Go to IN\_C4)

IN\_Q3F  
INCA\_3F

**Was the total household income from all sources less than \$30,000 or \$30,000 or more?**

1 Less than \$30,000  
2 \$30,000 or more

Go to IN\_C4

IN\_Q3G  
INCA\_3G

**Was the total household income from all sources:**  
INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?

IN\_C4

If age >= 15, ask IN\_Q4. Otherwise, go to IN\_END.

IN\_Q4  
INCA\_4

**What is your best estimate of %your/FNAME's% total personal income, before taxes and deductions, from all sources in the past 12 months?**

||| Income (Go to IN\_END)  
(MIN: 0) (MAX: 500,000; warning after 150,000)  
0 (Go to IN\_END)  
DK, R (Go to IN\_Q4A)

IN\_Q4A  
INCA\_4A

**Can you estimate in which of the following groups %your/FNAME's% personal income falls? Was %your/his/her% total personal income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to IN\_Q4E)
- 3 No income (Go to IN\_END)  
DK, R (Go to IN\_END)

IN\_Q4B  
INCA\_4B

**Was %your/his/her% total personal income less than \$10,000 or \$10,000 or more?**

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to IN\_Q4D)  
DK, R (Go to IN\_END)

IN\_Q4C  
INCA\_4C

**Was %your/his/her% total personal income less than \$5,000 or \$5,000 or more?**

- 1 Less than \$5,000
- 2 \$5,000 or more

Go to IN\_END

IN\_Q4D  
INCA\_4D

**Was %your/his/her% total personal income less than \$15,000 or \$15,000 or more?**

- 1 Less than \$15,000
- 2 \$15,000 or more

Go to IN\_END

IN\_Q4E  
INCA\_4E

**Was %your/his/her% total personal income less than \$40,000 or \$40,000 or more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to IN\_Q4G)  
DK, R (Go to IN\_END)

IN\_Q4F  
INCA\_4F

**Was %your/his/her% total personal income less than \$30,000 or \$30,000 or more?**

- 1 Less than \$30,000
- 2 \$30,000 or more

Go to IN\_END

IN\_Q4G  
INCA\_4G

**Was %your/his/her% total personal income:**  
INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?

IN\_END

Go to next module



## **FOOD INSECURITY**

FI\_BEG

FI\_C1            If FIFLAG = 1 (i.e. the Food Insecurity module has already been done for the household), go to FI\_END.

FI\_Q1            **In the past 12 months, how often did you or anyone else in your household:  
FINA\_1            ... worry that there would not be enough to eat because of a lack of money?**  
INTERVIEWER: Read categories to respondent.

- 1            **Often**
- 2            **Sometimes**
- 3            **Never**
- DK, R    (Go to FI\_END)

FI\_Q2            **... not have enough food to eat because of a lack of money?**  
FINA\_2

- 1            Often
- 2            Sometimes
- 3            Never
- DK, R

FI\_Q3            **... not eat the quality or variety of foods that you wanted to eat because of a  
FINA\_3            lack of money?**

- 1            Often
- 2            Sometimes
- 3            Never
- DK,R

FI\_END            Go to next module

## **PATIENT SATISFACTION**

ST\_BEG For Quarters 1, 2, and 3 sample, the module was not included.  
For Quarter 4 sample, the module was included as common content.

ST\_C10 If proxy interview, or if age < 15, go to ST\_END.

ST\_QINT1 **Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.**

INTERVIEWER: Press <Enter> to continue.

ST\_Q11 **In the past 12 months, have you received any health care services?**

**SATA\_11**

- 1 Yes
- 2 No (Go to ST\_END)
- DK, R (Go to ST\_END)

ST\_Q12 **Overall, how would you rate the quality of health care you received? Would you say it was:**

**SATA\_12**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... good?
- 3 ... fair?
- 4 ... poor?
- DK, R

ST\_Q13 **Overall, how satisfied were you with the way health care services were provided? Were you:**

**SATA\_13**

INTERVIEWER: Read categories to respondent.

- 1 ...very satisfied?
- 2 ...somewhat satisfied?
- 3 ...neither satisfied nor dissatisfied?
- 4 ...somewhat dissatisfied?
- 5 ...very dissatisfied?
- DK, R

ST\_Q21A **In the past 12 months, have you received any health care services at a hospital, either as an inpatient, an outpatient or an emergency room patient?**

**SATA\_21A**

- 1 Yes
- 2 No (Go to ST\_31A)
- DK, R (Go to ST\_31A)

ST\_Q21B  
SATA\_21B

**Thinking of your most recent hospital visit, were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... an inpatient?
  - 2 ... an outpatient?
  - 3 ... an emergency room patient?
- DK, R (Go to ST\_31A)

ST\_Q22  
SATA\_22

**(Thinking of this most recent hospital visit:)**

**... how would you rate the quality of the care you received? Would you say it was:**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... good?
  - 3 ... fair?
  - 4 ... poor?
- DK, R

ST\_Q23  
SATA\_23

**(Thinking of this most recent hospital visit:)**

**... how satisfied were you with the way hospital services were provided? Were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
  - 2 ... somewhat satisfied?
  - 3 ... neither satisfied nor dissatisfied?
  - 4 ... somewhat dissatisfied?
  - 5 ... very dissatisfied?
- DK, R

ST\_Q31A  
SATA\_31A

**In the past 12 months, not counting hospital visits, have you received any health care services from a family doctor or other physician?**

- 1 Yes
  - 2 No (Go to ST\_QINT2)
- DK, R (Go to ST\_QINT2)

ST\_Q31B  
SATA\_31B

**Thinking of the most recent time, was care provided by:**

INTERVIEWER: Read categories to respondent.

- 1 ... a family doctor (general practitioner)?
  - 2 ... a medical specialist?
- DK, R (Go to ST\_QINT2)

ST\_Q32  
SATA\_32

**(Thinking of this most recent care from a physician:)**

**... how would you rate the quality of the care you received? Would you say it was:**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... good?
  - 3 ... fair?
  - 4 ... poor?
- DK, R

ST\_Q33  
SATA\_33

**(Thinking of this most recent care from a physician:)**

**... how satisfied were you with the way physician care was provided? Were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
  - 2 ... somewhat satisfied?
  - 3 ... neither satisfied nor dissatisfied?
  - 4 ... somewhat dissatisfied?
  - 5 ... very dissatisfied?
- DK, R

ST\_QINT2

**Community-based health care includes any health care received outside of a hospital or doctor's office.**

**Examples are: home nursing care, home-based counselling or therapy, personal care and community walk-in clinics.**

INTERVIEWER: Press <Enter> to continue.

ST\_Q41  
SATA\_41

**In the past 12 months, have you received any community-based care?**

- 1 Yes
  - 2 No (Go to ST\_END)
- DK, R (Go to ST\_END)

ST\_Q42  
SATA\_42

**Overall, how would you rate the quality of the community-based care you received? Would you say it was:**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... good?
  - 3 ... fair?
  - 4 ... poor?
- DK, R

ST\_Q43  
SATA\_43

**Overall, how satisfied were you with the way community-based care was provided? Were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... **very satisfied?**
  - 2 ... **somewhat satisfied?**
  - 3 ... **neither satisfied nor dissatisfied?**
  - 4 ... **somewhat dissatisfied?**
  - 5 ... **very dissatisfied?**
- DK, R

ST\_END

Go to next module

## **ADMINISTRATION**

AM\_BEG

Health Number

AM\_Q01A **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, doctor's offices or other services provided by the province.**  
INTERVIEWER: Press <Enter> to continue.

AM\_Q01B **This information will be used for statistical purposes only. Do we have your permission?**  
**ADMA\_01**

- 1 Yes
- 2 No (Go to AM\_Q04A)
- DK, R (Go to AM\_Q04A)

AM\_Q03A **%Do/Does% %you/she/he% have a(n) %province% health number?**  
**ADMA\_3A**

- 1 Yes (Go to AM\_HN)
- 2 No
- DK, R (Go to AM\_Q04A)

AM\_Q03B **For which province is %your/FNAME's% health number?**  
**ADMA\_3B**

- |    |                      |    |   |
|----|----------------------|----|---|
| 10 | Newfoundland         | 47 | Saskatchewan                                |
| 11 | Prince Edward Island | 48 | Alberta                                     |
| 12 | Nova Scotia          | 59 | British Columbia                            |
| 13 | New Brunswick        | 60 | Yukon                                       |
| 24 | Quebec               | 61 | Northwest Territories                       |
| 35 | Ontario              | 62 | Nunavut                                     |
| 46 | Manitoba             | 88 | No provincial health number (Go to AM_Q04A) |
- DK, R (Go to AM\_Q04A)

AM\_HN **What is %your/FNAME's% provincial health number?**  
IINTERVIEWER: Enter a health number for %province%. Do not insert blanks, hyphens or commas between the numbers.

---

(8 – 12 spaces)

Data Sharing – All Provinces (excluding Québec and the territories)

AM\_Q04A **Statistics Canada would like to share the information collected in this survey with Health Canada and provincial and territorial ministries of health. Your provincial ministry of health may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.**  
INTERVIEWER: Press <Enter> to continue.

AM\_Q04B **All information will be kept confidential and used only for statistical purposes.**

**Do you agree to share the information provided?**

- 1 Yes
- 2 No

Data Sharing – NWT, Yukon, Nunavut

AM\_Q04A **Statistics Canada would like to share the information collected in this survey with Health Canada and provincial and territorial ministries of health.**  
INTERVIEWER: Press <Enter> to continue.

AM\_Q04B **All information will be kept confidential and used only for statistical purposes.**

**Do you agree to share the information provided?**

- 1 Yes
- 2 No

Data Sharing – Québec

AM\_Q04A **Statistics Canada would like to share the information collected in this survey with provincial and territorial ministries of health, the «l'Institut de la Statistique du Québec» and Health Canada. The «l'Institut de la Statistique du Québec» may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.**  
INTERVIEWER: Press <Enter> to continue.

AM\_Q04B **All information will be kept confidential and used only for statistical purposes.**

**Do you agree to share the information provided?**

- 1 Yes
- 2 No

Frame Evaluation

FE\_C1 If RDD or if FEFLAG = 1 (i.e. the frame evaluation questions have been done for the household), go to AM\_N05.

FE\_QINT **And finally, a few questions to evaluate the way households were selected for this survey.**  
INTERVIEWER: Press <Enter> to continue.

FE\_Q1 **How many different telephone numbers are there for your household, not counting cellular phone numbers and phone numbers used strictly for business purposes?**  
ADMA\_FE1

- 1 1
- 2 2
- 3 3 or more
- 4 None (Go to AM\_N05)  
DK, R (Go to AM\_N05)

FE\_Q2 **What is %your/your main% phone number, including the area code?**  
INTERVIEWER: Do not include cellular or business phone numbers.  
Telephone number: %telnum%.

ADMA\_F2C CODE1 INTERVIEWER: Enter the area code.  
ADMA\_F2T TEL1 INTERVIEWER: Enter the telephone number.

Go to FE\_C3

DK (Go to AM\_N05)

FE\_Q2A **Could you tell me the area code and the first 5 digits of your phone number? Even that will help evaluate the way households were selected.**  
ADMA\_F2A

|\_|\_|\_|\_|\_|\_|\_|

DK, R (Go to AM\_N05)

FE\_C3 If FE\_Q1 = 1 (1 phone), go to AM\_N05.

FE\_Q3 **What is %your other phone number/another of your phone numbers%, including the area code?**

INTERVIEWER: Do not include cellular or business phone numbers.  
Telephone number: %telnum%.

ADMA\_F3C CODE2 INTERVIEWER: Enter the area code.  
ADMA\_F3T TEL2 INTERVIEWER: Enter the telephone number.

(Go to AM\_N05)

DK (Go to AM\_N05)

FE\_Q3A **Could you tell me the area code and the first 5 digits of %your other phone number/another of your phone numbers%? (Even that will help evaluate the way households were selected.)**  
ADMA\_F3A

|\_|\_|\_|\_|\_|\_|\_|



Administration

AM\_N05  
ADMA\_N05

INTERVIEWER: Is this a fictitious name for the respondent?

- 1 Yes
- 2 No (Go to AM\_C09)
- DK, R (Go to AM\_C09)

AM\_N06  
ADMA\_N06

INTERVIEWER: Remind respondent of the importance of getting correct names.  
Do you want to make corrections to:

- 1 ... first name only?
- 2 ... last name only? (Go to AM\_N08)
- 3 ... both names?
- 4 ... no corrections? (Go to AM\_C09)
- DK, R (Go to AM\_C09)

AM\_N07  
ADMA\_N07

INTERVIEWER: Enter the first name only.

\_\_\_\_\_  
(25 spaces)

AM\_C08

If AM\_N06 <> "both names", go to AM\_C09.

AM\_N08  
ADMA\_N08

INTERVIEWER: Enter the last name only.

\_\_\_\_\_  
(25 spaces)

AM\_C09

If RDD, go to AM\_N10.

AM\_N09  
ADMA\_N09

INTERVIEWER: Was this interview conducted on the telephone or in person?

- 1 On telephone
- 2 In person
- 3 Both

AM\_N10  
ADMA\_N10

INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

- 1 Yes (Go to AM\_N12)
- 2 No
- DK, R (Go to AM\_N12)

AM\_N11  
ADMA\_N11

INTERVIEWER: Do you think that the answers of the respondent were affected by someone else being there?

- 1 Yes
- 2 No

AM\_N12  
ADMA\_N12

INTERVIEWER: Enter language of interview

1	English	14	Tamil
2	French	15	Cree
3	Chinese	16	Afghan
4	Italian	17	Cantonese
5	Punjabi	18	Hindi
6	Spanish	19	Mandarin
7	Portuguese	20	Persian
8	Polish	21	Russian
9	German	22	Ukrainian
10	Vietnamese	23	Urdu
11	Arabic	24	Inuktitut
12	Tagalog	90	Other – Specify
13	Greek		

AM\_END