

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: 1st year of secondary)
- 3 Grade 11 – 13 (Quebec: Secondary V; Newfoundland: 2nd to 4th 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
TWDA_1 **During that period, did %you/FNAME% stay in bed at all because of illness 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
TWDA_2 **How many days did %you/FNAME% stay in bed for all or most of the day?**
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
TWDA_3 **(Not counting days spent in bed) During those 14 days, were there any days 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
TWDA_4 **How many days did %you/FNAME% cut down on things for all or most of 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
TWDA_5 **%Do/Does% %you/FNAME% have a regular medical doctor?**

- 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
HCUA_02A	a) ... a family doctor or general practitioner? (include pediatrician if age < 18)	0	366	12
HCUA_02B	b) ... an eye specialist (such as an ophthalmologist or optometrist)?	0	75	3
HCUA_02C	c) ... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?	0	300	7
HCUA_02D	d) ... a nurse for care or advice?	0	366	15
HCUA_02E	e) ... a dentist or orthodontist?	0	99	4
HCUA_02F	f) ... a chiropractor?	0	366	20
HCUA_02G	g) ... a physiotherapist?	0	366	30
HCUA_02H	h) ... a social worker or counsellor?	0	366	20
HCUA_02I	i) ... a psychologist?	0	366	25
HCUA_02J	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 **How old %were/was% %you/he/she% when this was first diagnosed?**
CCCA_162 INTERVIEWER: Maximum is %current age%.

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

CC_Q171 **%Do/Does% %you/FNAME% have a bowel disorder such as Crohn's**
CCCA_171 **Disease or colitis?**

- 1 Yes
- 2 No (Go to CC_C181)
- DK, R (Go to CC_C181)

CC_Q172 **How old %were/was% %you/he/she% when this was first diagnosed?**
CCCA_172 INTERVIEWER: Maximum is %current age%.

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

CC_C181 If age < 18, go to CC_C191.

CC_Q181 **(Remember, we're interested in conditions diagnosed by a health**
CCCA_181 **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 **How old %were/was% %you/he/she% when this was first diagnosed?**
CCCA_182 INTERVIEWER: Maximum is %current age%.

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

CC_C191 If age < 18, go to CC_C201.

CC_Q191 **%Do/Does% %you/FNAME% have cataracts?**
CCCA_191

- 1 Yes
- 2 No (Go to CC_C201)
- DK, R (Go to CC_C201)

CC_Q192 **How old %were/was% %you/he/she% when this was first diagnosed?**
CCCA_192 INTERVIEWER: Maximum is %current age%.

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

CC_C201 If age < 18, go to CC_Q211.

CC_Q201 **%Do/Does% %you/FNAME% have glaucoma?**
CCCA_201

- 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

(Now dental visits)

DENA_130

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

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

DENA_132

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

1 Have not gotten around to it

DENA_36B

2 Respondent - did not think it was necessary

DENA_36C

3 Dentist - did not think it was necessary

DENA_36D

4 Personal or family responsibilities

DENA_36E

5 Not available - at time required

DENA_36F

6 Not available - at all in the area

DENA_36G

7 Waiting time was too long

DENA_36H

8 Transportation - problems

DENA_36I

9 Language - problem

DENA_36J

10 Cost

DENA_36K

11 Did not know where to go / uninformed

DENA_36L

12 Fear (painful, embarrassing, find something wrong, etc.)

DENA_36M

13 Wears dentures

DENA_36N

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

(Now PSA tests)

PSAA_170

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

When was the last time?

PSAA_172

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

1 Family history of prostate cancer

PSAA_73B

2 Part of regular check-up / routine screening

PSAA_73C

3 Age

PSAA_73D

4 Follow-up of previous problem

PSAA_73E

5 Follow-up of prostate cancer treatment

PSAA_73F

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.

I _ I _ I Times

(MIN: 1) (MAX: 20)

Go to FV_Q3A

FV_Q2C
FVCA_2C

INTERVIEWER: Enter number of times per week.

I _ I _ I Times

(MIN: 1) (MAX: 90)

Go to FV_Q3A

FV_Q2D
FVCA_2D

INTERVIEWER: Enter number of times per month.

I _ I _ I _ I Times

(MIN: 1) (MAX: 200)

Go to FV_Q3A

FV_Q2E
FVCA_2E

INTERVIEWER: Enter number of times per year.

I _ I _ I _ I 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.

I _ I _ I 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
SCAA_1 **Did you try a nicotine patch to stop smoking?**

- 1 Yes
- 2 No (Go to SQ_Q3)
DK, R (Go to SQ_END)

SQ_Q2
SCAA_2 **How useful was the nicotine patch in helping you quit?**

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

SQ_Q3
SCAA_3 **Did you try Nicorettes or other nicotine gum or candy to stop smoking?**

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

SQ_Q4
SCAA_4 **How useful were the Nicorettes or other nicotine gum or candy in helping you quit?**

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

Go to SQ_END

SQ_Q5
SCAA_5 **Have you tried quitting smoking in the past 12 months?**

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

SQ_Q6
SCAA_6 **Did you try a nicotine patch to stop smoking?**

- 1 Yes
- 2 No

SQ_Q7
SCAA_7 **Did you try Nicorettes or other nicotine gum or candy to stop smoking?**

- 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:**
... 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?**
INTERVIEWER: Read categories to respondent.

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

MD_Q3 **... particularly excited or interested in something?**

- 1 Often
- 2 Sometimes
- 3 Never

MD_Q4 **... depressed or very unhappy?**

- 1 Often
- 2 Sometimes
- 3 Never

MD_Q5 **During the past few weeks, how often have you felt:**
... pleased about having accomplished something?

- 1 Often
- 2 Sometimes
- 3 Never

MD_Q6 **... bored?**

- 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

SDCA_1

In what country %were/was% %you/FNAME% born?

- | | | | |
|----|-----------|---------------|-----------------------|
| 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

SDCA_2

%Were/Was% %you/he/she% born a Canadian citizen?

- | | | |
|---|-------|---------------|
| 1 | Yes | (Go to SD_Q4) |
| 2 | No | |
| | DK, R | (Go to SD_Q4) |

SD_Q3

SDCA_3

In what year did %you/FNAME% first come to Canada to live?

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

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 | Wages and salaries |
| INCA_1B | 2 | Income from self-employment |
| INCA_1C | 3 | Dividends and interest (e.g. on bonds, savings) |
| INCA_1D | 4 | Employment insurance |
| INCA_1E | 5 | Worker's compensation |
| INCA_1F | 6 | Benefits from Canada or Quebec Pension Plan |
| INCA_1G | 7 | Retirement pensions, superannuation and annuities |
| INCA_1H | 8 | Old Age Security and Guaranteed Income Supplement |
| INCA_1I | 9 | Child Tax Benefit |
| INCA_1J | 10 | Provincial or municipal social assistance or welfare |
| INCA_1K | 11 | Child support |
| INCA_1L | 12 | Alimony |
| INCA_1M | 13 | Other (e.g. rental income, scholarships) |
| INCA_1N | 14 | None (Go to IN_Q3)
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