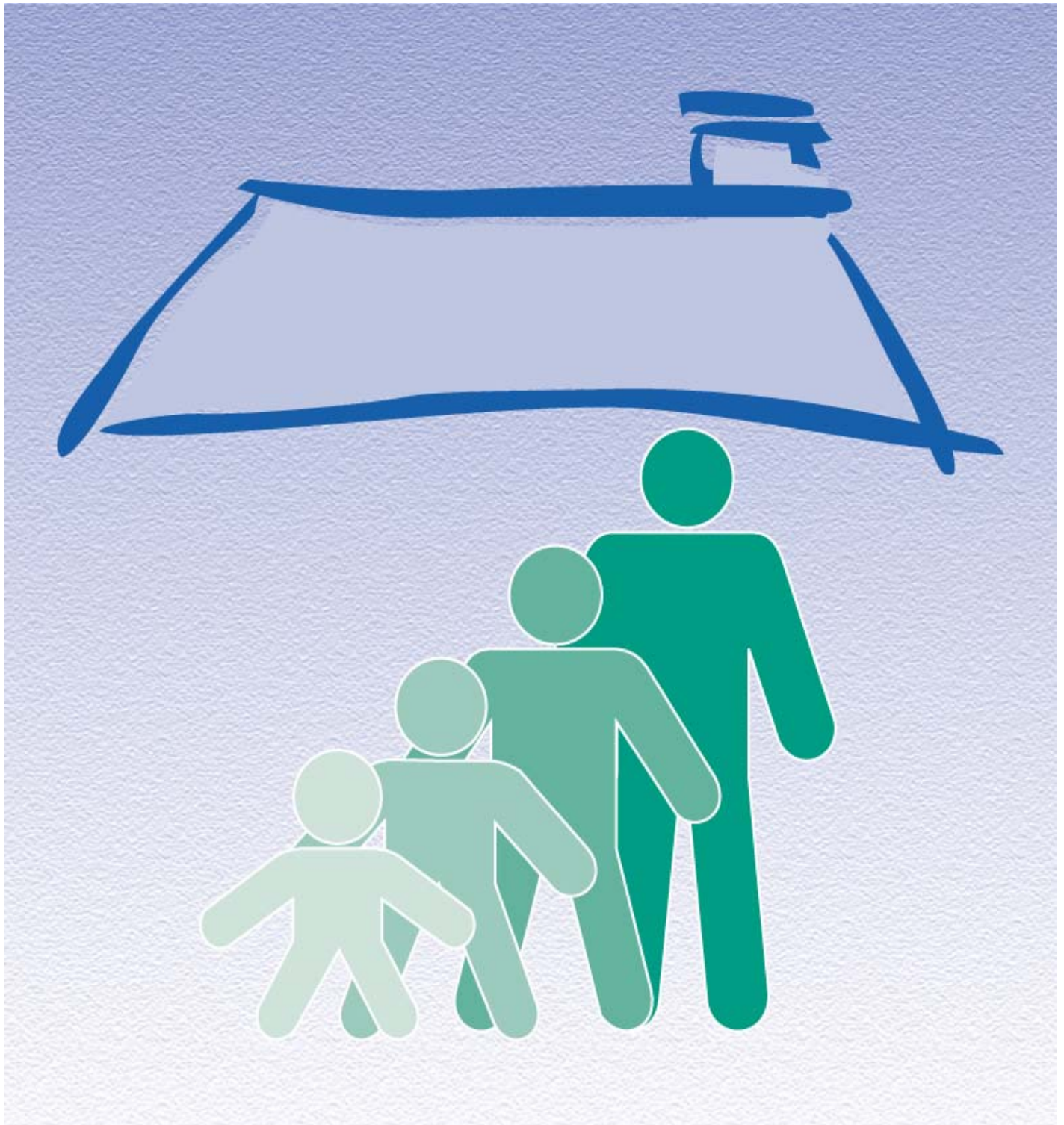


# Canadian Community Health Survey (CCHS) 2008 Questionnaire



Statistics  
Canada

Statistique  
Canada

Canada



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## Introduction

1. CCHS content is comprised of three components:
  - a. **Core content** is asked of all respondents and remains relatively stable over time;
  - b. **Theme content** is asked of all respondents and varies from year to year;
  - c. **Optional content** is chosen by health regions but is usually coordinated at the provincial level. An optional content selection process is carried out each year.
2. Question text in **bold** font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word "INTERVIEWER", and are not read aloud.
3. Question text in **bold** font enclosed by brackets ( ) is read to the respondent at the discretion of the interviewer.
4. The options "Don't Know" (DK) and "Refusal" (RF) are allowed on every question unless otherwise stated. However, the response categories are not read aloud.
5. External variable names are displayed in the questionnaire. Those names, highlighted in grey, are used in the microdata files.
6. Flow charts of the questions for all of the modules are available upon request ([cchs-escc@statcan.ca](mailto:cchs-escc@statcan.ca) or (613) 951-1746)

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## Contact component

Note: The following module only includes part of the questions asked during the CCHS interview. It includes what we believe may be of interest for data users.

### Contact

CN\_N01 INTERVIEWER: Record method of interview.

- 1 Telephone
- 2 Personal

(DK, R are not allowed)

CN\_N02 INTERVIEWER: Have you made contact?

- 1 Yes
- 2 No

(Go to CN\_END)

(DK, R are not allowed)

CN\_END

### Interviewer introduction

II\_R01 **Hello, I'm [calling] from Statistics Canada. My name is ...**

INTERVIEWER: Introduce yourself using both your given and last names.  
Press <Enter> to continue.

(DK, R are not allowed)

II\_END

### Language of preference

LP\_Q01 **Would you prefer to continue in English or in French?**

ADM\_LHH INTERVIEWER: Previous response was ["English" / "French" / "Other"].

- 1 English
- 2 French
- 3 Other

(Go to LP\_END)

(Go to LP\_END)

(DK, R are not allowed)

LP\_N02

INTERVIEWER: Select respondent's preferred non-official language.  
If necessary, ask: **(What language would you prefer?)**

03	Chinese	17	Cantonese
04	Italian	18	Hindi
05	Punjabi	19	Mandarin
06	Spanish	20	Persian (Farsi)
07	Portuguese	21	Russian
08	Polish	22	Ukrainian
09	German	23	Urdu
10	Vietnamese	24	Inuktitut
11	Arabic	25	Hungarian
12	Tagalog	26	Korean
13	Greek	27	Serbo-Croatian
14	Tamil	28	Gujarati
15	Cree	29	Dari
16	Afghan		
90	Other - Specify		

(DK, R are not allowed)

LP\_END

**Initial contact**

IC\_R01

**I'm calling regarding the Canadian Community Health Survey. All information collected in this survey will be kept strictly confidential.**

INTERVIEWER: Press <Enter> to continue.

(DK, R are not allowed)

IC\_END

## Household component

Note: The following module only includes part of the questions asked during the CCHS interview. It includes what we believe may be of interest for data users.

### Roster introduction

RS\_R01      **The next few questions ask for important basic information about the people in your household.**

INTERVIEWER: Press <Enter> to continue.

(DK, R are not allowed)

RS\_END

### Usual Roster

USU\_Q01      **What are the names of all persons who usually live here?**

USU\_END

### "Other" Roster 1

RS\_Q04      **Are there any other persons who usually live here but are now away at school, in hospital, or somewhere else?**

1      Yes

2      No

DK, R

(Go to OTH1\_END)

(Go to OTH1\_END)

OTH1\_Q01      **What are the names of the other people who live or stay here?**

(DK, R and null are not allowed)

OTH1\_END

### Age Without Date of Birth

ANDB\_Q01      **What is [respondent name]'s age?**

\_|\_|\_|      Age in years

(MIN: 0) (MAX: 130)

(DK, R are not allowed)

ANDB\_END

## **Sex**

SEX\_Q01 INTERVIEWER: Enter [respondent name]'s sex.  
DHH\_SEX If necessary, ask: **(Is [respondent name] male or female?)**

- 1 Male
- 2 Female

(DK, R are not allowed)

SEX\_END

## **Marital status**

MSNC\_Q01 **What is [respondent name]'s marital status? Is [he/she]:**  
INTERVIEWER: Read categories to respondent.

- 1 ... married?
- 2 ... living common-law?
- 3 ... widowed?
- 4 ... separated?
- 5 ... divorced?
- 6 ... single, never married?

MSNC\_END

## **Canadian Forces**

CAF\_Q01 **Is [respondent name] a full time member of the regular Canadian Armed Forces?**

- 1 Yes
- 2 No

(DK, R are not allowed)

CAF\_END

## **Relationship without confirmation**

RNC\_Q1 **What is the relationship of: [respondent name] [(Text sex, age)]**  
**to: [respondent name]? [(Text sex, age)]**

- 01 Husband/Wife
- 02 Common-law partner
- 03 Father/Mother (Go to RNC\_Q2A)
- 04 Son/Daughter (Go to RNC\_Q2B)
- 05 Brother/Sister (Go to RNC\_Q2C)
- 06 Foster father/mother
- 07 Foster son/daughter
- 08 Grandfather/mother
- 09 Grandson/daughter
- 10 In-law (Go to RNC\_Q2D)
- 11 Other related (Go to RNC\_Q2E)
- 12 Unrelated (Go to RNC\_Q2F)



## Age of respondent (ANC)

Core Content

ANC\_BEG

ANC\_C01A If (do ANC block = 1), go to ANC\_R01.  
Otherwise, go to ANC\_END.

ANC\_R01 **For some of the questions I'll be asking, I need to know ^YOUR2 exact date of birth.**  
INTERVIEWER: Press <Enter> to continue.

### Date Block

ANC\_Q01 INTERVIEWER: Enter the day.  
If necessary, ask **(What is the day?)**

|\_|\_|  
(MIN: 1) (MAX: 31)  
DK, R

ANC\_Q01 INTERVIEWER: Enter the month.  
If necessary, ask **(What is the month?)**

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		

ANC\_Q01 INTERVIEWER: Enter a four-digit year.  
If necessary, ask **(What is the year?)**

|\_|\_|\_|  
DK, R

ANC\_C02A If ANC\_Q01 (Year) = DK, R, go to ANC\_Q03.

ANC\_C02B Calculate age based on the entered date of birth.

ANC\_Q02 **So ^YOUR1 age is [calculated age].  
Is that correct?**

1	Yes	(Go to ANC_C03)
2	No, return and correct date of birth	(Go to ANC_Q01)
3	No, collect age	(Go to ANC_Q03)
	(DK, R are not allowed)	

ANC\_C03 If [calculated age] < 12 years, go to ANC\_R04.  
Otherwise go to ANC\_END.

ANC\_Q03 **What is ^YOUR1 age?**

|\_|\_| Age in years  
(MIN: 0) (MAX: 130)  
(DK, R are not allowed)

ANC\_C04 If age < 12 years, go to ANC\_R04.  
Otherwise, go to ANC\_END.

ANC\_R04

**Because ^YOU1 ^ARE less than 12 years old, ^YOU1 ^ARE not eligible to participate in the Canadian Community Health Survey.**

INTERVIEWER: Press <Enter> to continue.

NOTE: Auto code as 90 Unusual/Special circumstances and call the exit block.

ANC\_END

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## General health (GEN)

Core Content

GEN\_BEG

GEN\_C01 If (do GEN = 1), go to GEN\_R01.  
Otherwise, go to GEN\_END.

GEN\_R01 **This survey deals with various aspects of ^YOUR2 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.

GEN\_Q01 **To start, in general, would you say ^YOUR1 health is:**  
GEN\_01 INTERVIEWER: Read categories to respondent.

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

GEN\_Q02 **Compared to one year ago, how would you say ^YOUR1 health is now? Is it:**  
GEN\_02 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 as 1 year ago?
  - 4 ... somewhat worse now (than 1 year ago)?
  - 5 ... much worse now (than 1 year ago)?
- DK, R

GEN\_C02A If proxy interview, go to GEN\_C07.  
Otherwise, go to GEN\_Q02A.

GEN\_Q02A **How satisfied are you with your life in general?**  
GEN\_02A INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
  - 2 **Satisfied**
  - 3 **Neither satisfied nor dissatisfied**
  - 4 **Dissatisfied**
  - 5 **Very dissatisfied**
- DK, R

GEN\_Q02B **In general, would you say your mental health is:**  
GEN\_02B INTERVIEWER: Read categories to respondent.

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

GEN\_C07 If age < 15, go to GEN\_C08A.  
Otherwise, go to GEN\_Q07.

GEN\_Q07  
GEN\_07

**Thinking about the amount of stress in ^YOUR1 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?
- DK, R

GEN\_C08A If proxy interview, go to GEN\_END.  
Otherwise, go to GEN\_C08B.

GEN\_C08B If age < 15 or age > 75, go to GEN\_Q10.  
Otherwise, go to GEN\_Q08.

GEN\_Q08  
GEN\_08

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

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

GEN\_Q09  
GEN\_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?
- DK, R

GEN\_Q10  
GEN\_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?
- DK, R

GEN\_END

## Voluntary organizations - Participation (ORG)

Optional Content selected by  
health regions in: Nova Scotia,  
Northwest Territories

ORG\_BEG

ORG\_C1A If (do ORG block = 1), go to ORG\_C1B.  
ORGFOPT Otherwise, go to ORG\_END.

ORG\_C1B If proxy interview, go to ORG\_END.  
Otherwise, go to ORG\_Q1.

ORG\_Q1 **Are you a member of any voluntary organizations or associations such as school groups,  
ORG\_1 church social groups, community centres, ethnic associations or social, civic or fraternal clubs?**

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

ORG\_Q2 **How often did you participate in meetings or activities of these groups in the past 12  
ORG\_2 months? If you belong to many, just think of the ones in which you are most active.**  
INTERVIEWER: Read categories to respondent.

- 1 **At least once a week**
- 2 **At least once a month**
- 3 **At least 3 or 4 times a year**
- 4 **At least once a year**
- 5 **Not at all**  
DK, R

ORG\_END

## Sleep (SLP)

Optional Content selected by  
health regions in: Nova Scotia,  
Yukon

SLP\_BEG

SLP\_C1      If (do SLP = 2), go to SLP\_END.  
SLPFDO      Otherwise, go to SLP\_C2.

SLP\_C2      If proxy interview, go to SLP\_END.  
              Otherwise, go to SLP\_Q01.

SLP\_Q01      **Now a few questions about sleep.**  
SLP\_01

**How long do you usually spend sleeping each night?**

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
- DK  
R      (Go to SLP\_END)

SLP\_Q02      **How often do you have trouble going to sleep or staying asleep?**  
SLP\_02      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

SLP\_Q03      **How often do you find your sleep refreshing?**  
SLP\_03

- 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

SLP\_Q04  
SLP\_04

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

- 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

SLP\_END

## Changes made to improve health (CIH)

Theme Content

CIH\_BEG

CIH\_C1A  
CIHFOPT If (do CIH block = 1), go to CIH\_C1B.  
Otherwise, go to CIH\_END.

CIH\_C1B If proxy interview, go to CIH\_END.  
Otherwise, go to CIH\_Q1.

CIH\_Q1  
CIH\_1 **Next, some questions about changes made to improve health.**  
**In the past 12 months, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise)**

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

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

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

CIH\_Q3  
CIH\_3 **Do you think there is [anything else/anything] you should do to improve your physical health?**

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

Note: If CIH\_Q1 = 1, use "anything else" in CIH\_Q3. Otherwise, use "anything" in CIH\_Q3.

CIH\_Q4  
CIH\_4 **What is the most important thing?**

- 1 Start / Increase exercise, sports / physical activity
- 2 Lose weight
- 3 Change diet / improve eating habits
- 4 Quit smoking / reduce amount smoked
- 5 Drink less alcohol
- 6 Reduce stress level
- 7 Receive medical treatment
- 8 Take vitamins
- 9 Other
- DK, R

CIH\_Q5  
CIH\_5

**Is there anything stopping you from making this improvement?**

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

CIH\_Q6

**What is that?**

INTERVIEWER: Mark all that apply.

- |        |    |                                      |
|--------|----|--------------------------------------|
| CIH_6A | 1  | Lack of will power / self-discipline |
| CIH_6I | 2  | Family responsibilities              |
| CIH_6B | 3  | Work schedule                        |
| CIH_6J | 4  | Addiction to drugs / alcohol         |
| CIH_6K | 5  | Physical condition                   |
| CIH_6G | 6  | Disability / health problem          |
| CIH_6F | 7  | Too stressed                         |
| CIH_6E | 8  | Too costly / financial constraints   |
| CIH_6L | 9  | Not available - in area              |
| CIH_6M | 10 | Transportation problems              |
| CIH_6N | 11 | Weather problems                     |
| CIH_6H | 12 | Other<br>DK, R                       |

CIH\_Q7  
CIH\_7

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

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

CIH\_Q8

**What is that?**

INTERVIEWER : Mark all that apply.

- |        |   |   |
|--------|---|---|
| CIH_8A | 1 | Start / Increase exercise, sports / physical activity |
| CIH_8B | 2 | Lose weight   |
| CIH_8C | 3 | Change diet / improve eating habits                   |
| CIH_8J | 4 | Quit smoking / reduce amount smoked                   |
| CIH_8K | 5 | Drink less alcohol                                    |
| CIH_8G | 6 | Reduce stress level                                   |
| CIH_8L | 7 | Receive medical treatment                             |
| CIH_8H | 8 | Take vitamins   |
| CIH_8I | 9 | Other<br>DK, R  |

CIH\_END

## Oral health 1 (OH1)

Theme Content

OH1\_BEG

OH1\_C20A If (do OH1 block = 1), go to OH1\_C20B.  
Otherwise, go to OH1\_END.

OH1\_C20B If proxy interview, go to OH1\_END.  
Otherwise, go to OH1\_R20.

OH1\_R20 **Next, some questions about the health of your teeth and mouth.**  
INTERVIEWER: Press <Enter> to continue.

OH1\_Q20 **In general, would you say the health of your teeth and mouth is:**  
OH1\_20 INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... very good?
  - 3 ... good?
  - 4 ... fair?
  - 5 ... poor?
- DK, R (Go to OH1\_END)

OH1\_Q21A **Now a few questions about your ability to chew different foods, whether you eat them or**  
OH1\_21A **not. Can you:**  
... chew firm foods (e.g., meat)?

- 1 Yes
  - 2 No
- DK, R

OH1\_Q21B **(Can you:**  
OH1\_21B **... bite off and chew a piece of fresh apple?**

- 1 Yes
  - 2 No
- DK, R

OH1\_C21C If OH1\_Q21A =1 or OH1\_Q21B = 1, go to OH1\_Q22.  
Otherwise, go to OH1\_Q21C.

Note: OH1\_Q21C will be filled with "Yes" during head office processing

OH1\_Q21C **(Can you:**  
OH1\_21C **... chew boiled vegetables?**

- 1 Yes
  - 2 No
- DK, R

OH1\_Q22 **In the past month, how often have you had any pain or discomfort in your teeth or gums?**  
OH1\_22 INTERVIEWER: Read categories to respondent.

- 1 **Often**
  - 2 **Sometimes**
  - 3 **Rarely**
  - 4 **Never**
- DK, R

OH1\_END

## Health care system satisfaction (HCS)

Optional Content selected by  
health regions in: Ontario, Yukon  
and Northwest Territories

HCS\_BEG

HCS\_C1A  
HCSFOPT If (do HCS block = 1), go to HCS\_ C1B.  
Otherwise, go to HCS\_END.

HCS\_C1B If proxy interview or if age < 15, go to HCS\_END.  
Otherwise, go to HCS\_C1C.

HCS\_C1C If province = 10, [province] = [Newfoundland and Labrador]  
If province = 11, [province] = [Prince Edward Island]  
If province = 12, [province] = [Nova Scotia]  
If province = 13, [province] = [New Brunswick]  
If province = 24, [province] = [Quebec]  
If province = 35, [province] = [Ontario]  
If province = 46, [province] = [Manitoba]  
If province = 47, [province] = [Saskatchewan]  
If province = 48, [province] = [Alberta]  
If province = 59, [province] = [British Columbia]  
If province = 60, [province] = [Yukon]  
If province = 61, [province] = [the Northwest Territories]  
If province = 62, [province] = [Nunavut]

HCS\_Q1  
HCS\_1 **Now, a few questions about health care services in [province].**  
**Overall, how would you rate the availability of health care services in [province]?**  
**Would you say it is:**  
**INTERVIEWER:** Read categories to respondent.

- 1 ... **excellent?**
  - 2 ... **good?**
  - 3 ... **fair?**
  - 4 ... **poor?**
- DK, R (Go to HCS\_END)

HCS\_Q2  
HCS\_2 **Overall, how would you rate the quality of the health care services that are available in [province]?**  
**INTERVIEWER:** Read categories to respondent.

- 1 **Excellent**
  - 2 **Good**
  - 3 **Fair**
  - 4 **Poor**
- DK, R

HCS\_Q3  
HCS\_3 **Overall, how would you rate the availability of health care services in your community?**

- 1 Excellent
  - 2 Good
  - 3 Fair
  - 4 Poor
- DK, R

HCS\_Q4  
HCS\_4

**Overall, how would you rate the quality of the health care services that are available in your community?**

- 1      Excellent
- 2      Good
- 3      Fair
- 4      Poor
- DK, R

HCS\_END

FOR INFORMATION ONLY

## Height and weight - Self-reported (HWT)

Core Content

HWT\_BEG

HWT\_C1 If (do HWT block = 1), go to HWT\_C2.  
Otherwise, go to HWT\_END.

HWT\_C2 If (proxy interview = No and sex = female and (14 < age < 50)), go to HWT\_Q1.  
Otherwise, go to HWT\_Q2.

HWT\_Q1 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**  
MAM\_037

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

HWT\_Q2 **The next questions are about height and weight.**  
HWT\_2 **How tall ^ARE ^YOU2 without shoes on?**

- 0 Less than 1' / 12" (less than 29.2 cm.)
- 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.)
- 3 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.) (Go to HWT\_N2C)
- 4 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) (Go to HWT\_N2D)
- 5 5'0" to 5'11" (151.1 to 181.5 cm.) (Go to HWT\_N2E)
- 6 6'0" to 6'11" (181.6 to 212.0 cm.) (Go to HWT\_N2F)
- 7 7'0" and over (212.1 cm. and over) (Go to HWT\_Q3)
- DK, R (Go to HWT\_Q3)

HWT\_E2 **The selected height is too short for a [current age] year old respondent. Please return and correct.**

Trigger hard edit if (HWT\_Q2 < 3).

HWT\_N2A **INTERVIEWER: Select the exact height.**  
HWT\_2A

- 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.)
- DK, R

HWT\_N2B  
HWT\_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.)
- DK, R

HWT\_N2C  
HWT\_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.)
- DK, R

Go to HWT\_Q3

HWT\_N2D  
HWT\_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.)
- DK, R

Go to HWT\_Q3

HWT\_N2E  
HWT\_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.)
- DK, R

Go to HWT\_Q3

HWT\_N2F  
HWT\_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.)
- DK, R

HWT\_Q3  
HWT\_3

**How much ^DOVERB ^YOU2 weigh?**

INTERVIEWER: Enter amount only.

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

HWT\_N4  
HWT\_N4

INTERVIEWER: Was that in pounds or kilograms?

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

HWT\_E4

An unusual value has been entered. Please confirm.

Trigger soft edit if ((HWT\_Q3 > 300 and HWT\_N4 = 1) or (HWT\_Q3 > 136 and HWT\_N4 = 2)) or ((HWT\_Q3 < 60 and HWT\_N4 = 1) or (HWT\_Q3 < 27 and HWT\_N4 = 2)).

HWT\_C4

If proxy interview, go to HWT\_END.  
Otherwise, go to HWT\_Q4.

HWT\_Q4  
HWT\_4

**Do you consider yourself:**

INTERVIEWER: Read categories to respondent.

- 1 ... overweight?
  - 2 ... underweight?
  - 3 ... just about right?
- DK, R

HWT\_END

FOR INFORMATION ONLY

## Chronic conditions (CCC)

Core Content

CCC\_BEG

CCC\_C011 If (do CCC block = 1), go to CCC\_R011.  
Otherwise, go to CCC\_END.

CCC\_R011 **Now I'd like to ask about certain chronic health conditions which ^YOU2 may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**  
**INTERVIEWER:** Press <Enter> to continue.

CCC\_Q031 **^DOVERB\_C ^YOU2 have asthma?**  
CCC\_031

- 1 Yes
- 2 No (Go to CCC\_Q051)
- DK (Go to CCC\_Q051)
- R (Go to CCC\_END)

CCC\_Q035 **^HAVE\_C ^YOU1 had any asthma symptoms or asthma attacks in the past 12 months?**  
CCC\_035

- 1 Yes
- 2 No
- DK, R

CCC\_Q036 **In the past 12 months, ^HAVE ^YOU1 taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**  
CCC\_036

- 1 Yes
- 2 No
- DK, R

CCC\_Q051 **^DOVERB\_C ^YOU1 have arthritis, excluding fibromyalgia?**  
CCC\_051

- 1 Yes
- 2 No
- DK, R

CCC\_C052 If CCC\_Q051 = Yes, go to CCC\_Q061.  
Otherwise, go to CCC\_B052.

CCC\_B052 Call "Symptoms of arthritis – Screening question" Sub Block (CC2)

CCC\_Q061 **^DOVERB\_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?**  
CCC\_061

- 1 Yes
- 2 No
- DK, R

CCC\_Q071 Remember, we're interested in conditions diagnosed by a health professional.  
CCC\_071 ^DOVERB\_C ^YOU2 have high blood pressure?

- 1 Yes (Go to CCC\_Q073)
- 2 No  
DK  
R (Go to CCC\_Q081)

CCC\_Q072 ^HAVE\_C ^YOU1 ever been diagnosed with high blood pressure?  
CCC\_072

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

CCC\_Q073 In the past month, ^HAVE ^YOU1 taken any medicine for high blood pressure?  
CCC\_073

- 1 Yes
- 2 No  
DK, R

CCC\_C073A If sex = female and age > 15 and (CCC\_Q071 = 1 or [CCC\_Q072 = 1 and CCC\_Q073 = 1]), go to CCC\_Q073A.  
Otherwise, go to CCC\_Q081.

CCC\_Q073A ^WERE\_C ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with high blood pressure?  
CCC\_073A

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

CCC\_Q073B Other than during pregnancy, has a health professional ever told ^YOU2 that ^YOU1 ^HAVE high blood pressure?  
CCC\_073B

- 1 Yes
- 2 No  
DK, R

CCC\_Q081 Remember, we're interested in conditions diagnosed by a health professional.  
CCC\_081 ^DOVERB\_C ^YOU1 have migraine headaches?

- 1 Yes
- 2 No  
DK, R

CCC\_Q091A (^DOVERB\_C ^YOU2 have:)  
CCC\_91A ... chronic bronchitis?

- 1 Yes
- 2 No  
DK, R

Note: This question was added back during the July-August 2007 collection period.

CCC\_C091E If age < 30, go to CCC\_Q101.  
Otherwise, go to CCC\_Q091E.

CCC\_Q091E (^DOVERB\_C ^YOU1 have:)

CCC\_91E

... emphysema?

- 1 Yes
- 2 No  
DK, R

CCC\_Q091F (^DOVERB\_C ^YOU1 have:)

CCC\_91F

... chronic obstructive pulmonary disease (COPD)?

- 1 Yes
- 2 No  
DK, R

CCC\_Q101 (Remember, we're interested in conditions diagnosed by a health professional.)

CCC\_101

^DOVERB\_C ^YOU2 have diabetes?

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

CCC\_Q102 How old ^WERE ^YOU1 when this was first diagnosed?

CCC\_102

INTERVIEWER: Maximum is [current age].

[\_][\_][\_] Age in years

(MIN: 0) (MAX: current age)

DK, R

CCC\_C10A If age < 15 or sex = male or CCC\_Q102 < 15 or CCC\_Q102 > 49, go to CCC\_Q10C.  
Otherwise, go to CCC\_Q10A.

CCC\_Q10A (^WERE ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?)

CCC\_10A

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

CCC\_Q10B Other than during pregnancy, has a health professional ever told ^YOU2 that  
^YOU1 ^HAVE diabetes?

CCC\_10B

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

CCC\_Q10C  
CCC\_10C

**When ^YOU1 ^WERE first diagnosed with diabetes, how long was it before  
^YOU1 ^WERE 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 CCC\_Q106)  
DK, R

CCC\_Q105  
CCC\_105

**^DOVERB\_C ^YOU2 currently take insulin for ^YOUR1 diabetes?**

- 1 Yes
- 2 No  
DK, R

(If CCC\_Q10C = 6, CCC\_Q105 will be filled with "No" during processing)

CCC\_Q106  
CCC\_106

**In the past month, did ^YOU2 take pills to control ^YOUR1 blood sugar?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q121  
CCC\_121

**^DOVERB\_C ^YOU1 have heart disease?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q131  
CCC\_131

**(^DOVERB\_C ^YOU1 have:)**

**... cancer?**

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

CCC\_Q132  
CCC\_31A

**^HAVE ^YOU1 ever been diagnosed with cancer?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q141  
CCC\_141

**Remember, we're interested in conditions diagnosed by a health professional.**

**^DOVERB ^YOU1 have intestinal or stomach ulcers?**

- 1 Yes
- 2 No  
DK, R

CCC\_Q151    **^DOVERB ^YOU2 suffer from the effects of a stroke?**

CCC\_151

- 1        Yes
- 2        No
- DK, R

CCC\_Q161    **(^DOVERB ^YOU2 suffer:)**

CCC\_161

**... from urinary incontinence?**

- 1        Yes
- 2        No
- DK, R

CCC\_Q171    **^DOVERB\_C ^YOU1 suffer from a bowel disorder such as Crohn's Disease,**  
CCC\_171    **ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?**

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

CCC\_Q171A   **What kind of bowel disease ^DOVERB ^YOU1 have?**

CCC\_17A

- 1        Crohn's Disease
- 2        Ulcerative colitis
- 3        Irritable Bowel Syndrome
- 4        Bowel incontinence
- 5        Other
- DK, R

CCC\_C181    If age < 18, go to CCC\_Q280.  
              Otherwise, go to CCC\_Q181.

CCC\_Q181    **^DOVERB\_C ^YOU2 have:**

CCC\_181

**... Alzheimer's Disease or any other dementia?**

- 1        Yes
- 2        No
- DK, R

CCC\_Q280    **Remember, we're interested in conditions diagnosed by a health professional.**

CCC\_280

**^DOVERB\_C ^YOU2 have a mood disorder such as depression, bipolar disorder,**  
**mania or dysthymia?**

INTERVIEWER: Include manic depression.

- 1        Yes
- 2        No
- DK, R

CCC\_Q290    ^DOVERB\_C ^YOU2 have an anxiety disorder such as a phobia, obsessive-  
CCC\_290    compulsive disorder or a panic disorder?

- 1        Yes
- 2        No  
          DK, R

CCC\_END

**Symptoms of arthritis – Screening question Sub Block (CC2)**

CCC\_BEG

CC2\_Q01    During the past 12 months, ^HAVE ^YOU1 had pain or stiffness in ^YOUR1 joints,  
CCC\_053    not including ^YOUR1 back and neck?

- 1        Yes
- 2        No                    (Go to CC2\_END)  
          DK, R                (Go to CC2\_END)

CC2\_Q02    Would you say ^YOU1 had this pain or stiffness on most days for at least one  
CCC\_054    month?

- 1        Yes
- 2        No  
          DK, R

CC2\_END

## Diabetes care (DIA)

Optional Content selected by health regions in: Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, British Columbia, Yukon and Northwest Territories

DIA\_BEG

DIA\_C01A  
DIAFOPT If (do DIA block = 1), go to DIA\_C01B.  
Otherwise, go to DIA\_END.

DIA\_C01B If (CCC\_Q101 = 1), go to DIA\_C01C.  
Otherwise, go to DIA\_END.

DIA\_C01C If (CCC\_Q10A = 1), go to DIA\_END.  
Otherwise, go to DIA\_R01.

DIA\_R01 **It was reported earlier that ^YOU2 ^HAVE diabetes. The following questions are about diabetes care.**

INTERVIEWER: Press <Enter> to continue.

DIA\_Q01  
DIA\_01 **In the past 12 months, has a health care professional tested ^YOU2 for haemoglobin “A-one-C”? (An “A-one-C” haemoglobin test measures the average level of blood sugar over a 3-month period.)**

- 1 Yes
- 2 No (Go to DIA\_Q03)
- DK (Go to DIA\_Q03)
- R (Go to DIA\_END)

DIA\_Q02  
DIA\_02 **How many times? (In the past 12 months, has a health care professional tested ^YOU2 for haemoglobin “A-one-C”?)**

|\_| Times  
(MIN: 1) (MAX: 99)  
DK, R

DIA\_Q03  
DIA\_03 **In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?**

- 1 Yes
- 2 No (Go to DIA\_Q05)
- 3 No feet (Go to DIA\_Q05)
- DK, R (Go to DIA\_Q05)

DIA\_Q04  
DIA\_04 **How many times? (In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?)**

|\_| Times  
(MIN: 1) (MAX: 99)  
DK, R

DIA\_Q05  
DIA\_05 **In the past 12 months, has a health care professional tested ^YOUR1 urine for protein (i.e., Microalbumin)?**

- 1 Yes
- 2 No
- DK, R

DIA\_Q06  
DIA\_06

**^HAVE\_C ^YOU2 ever had an eye exam where the pupils of ^YOUR1 eyes were dilated?  
(This procedure would have made ^HIMHER temporarily sensitive to light.)**

- 1 Yes
- 2 No (Go to DIA\_R08)
- DK, R (Go to DIA\_R08)

DIA\_Q07  
DIA\_07

**When was the last time?**

INTERVIEWER: Read categories to respondent.

- 1 Less than one month ago
- 2 1 month to less than 1 year ago
- 3 1 year to less than 2 years ago
- 4 2 or more years ago
- DK, R

DIA\_R08

**Now some questions about diabetes care not provided by a health care professional.**

INTERVIEWER: Press <Enter> to continue.

DIA\_Q08  
DIA\_08

**How often ^DOVERB ^YOU2 usually have ^YOUR1 blood checked for glucose or sugar by  
^YOURSELF or by a family member or friend?**

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- 1 Per day
- 2 Per week (Go to DIA\_N08C)
- 3 Per month (Go to DIA\_N08D)
- 4 Per year (Go to DIA\_N08E)
- 5 Never (Go to DIA\_C09)
- DK, R (Go to DIA\_C09)

DIA\_N08B  
DIA\_N8B

INTERVIEWER: Enter number of times per day.

I \_ I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C09

DIA\_N08C  
DIA\_N8C

INTERVIEWER: Enter number of times per week.

I \_ I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C09

DIA\_N08D  
DIA\_N8D

INTERVIEWER: Enter number of times per month.

I \_ I Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C09

DIA\_N08E      INTERVIEWER: Enter number of times per year.

DIA\_N8E

   |\_|\_|   Times  
(MIN: 1) (MAX: 99)  
DK, R

DIA\_C09      If DIA\_Q03 = 3 (no feet), go to DIA\_C10.  
              Otherwise, go to DIA\_Q09.

DIA\_Q09      **How often ^DOVERB ^YOU2 usually have ^YOUR1 feet checked for any sores or irritations**  
DIA\_09      **by ^YOURSELF or by a family member or friend?**

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- |   |           |                  |
|---|-----------|------------------|
| 1 | Per day   |                  |
| 2 | Per week  | (Go to DIA_N09C) |
| 3 | Per month | (Go to DIA_N09D) |
| 4 | Per year  | (Go to DIA_N09E) |
| 5 | Never     | (Go to DIA_C10)  |
|   | DK, R     | (Go to DIA_C10)  |

DIA\_N09B      INTERVIEWER: Enter number of times per day.

DIA\_N9B

   |\_|\_|   Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C10

DIA\_N09C      INTERVIEWER: Enter number of times per week.

DIA\_N9C

   |\_|\_|   Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C10

DIA\_N09D      INTERVIEWER: Enter number of times per month.

DIA\_N9D

   |\_|\_|   Times  
(MIN: 1) (MAX: 99)  
DK, R

Go to DIA\_C10

DIA\_N09E      INTERVIEWER: Enter number of times per year.

DIA\_N9E

   |\_|\_|   Times  
(MIN: 1) (MAX: 99)  
DK, R

DIA\_C10      If age >= 35, go to DIA\_R10.  
              Otherwise, go to DIA\_END.

DIA\_R10      **Now a few questions about medication.**

INTERVIEWER: Press <Enter> to continue

DIA\_Q10  
DIA\_10

**In the past month, did ^YOU2 take aspirin or other ASA (acetylsalicylic acid) medication every day or every second day?**

- 1 Yes
- 2 No  
DK, R

DIA\_Q11  
DIA\_11

**In the past month, did ^YOU1 take prescription medications such as Lipitor or Zocor to control ^YOUR1 blood cholesterol levels?**

- 1 Yes
- 2 No  
DK, R

DIA\_END

FOR INFORMATION ONLY

## Health utility index (HUI)

Optional Content  
selected by health  
regions in: Quebec and  
Saskatchewan

HUI\_BEG

HUI\_N01      The Health Utility Index (HUI) is formed of 8 attributes. In CCHS, these attributes are found in two different modules. The module *Pain and discomfort* (HUP) is comprised of 3 questions related to the pain and discomfort attribute and is part of the core content which is asked to all survey respondents. The 7 other attributes are found in the module *Health Utility Index* (HUI) which is offered as optional content to health regions.

HUI\_C1      If (do HUI block =2), go to HUI\_END.  
HUI\_FDO      Otherwise, go to HUI\_R1.

HUI\_R1      **The next set of questions asks about [your/FNAME 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

HUI\_Q01      **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newspaper without**  
HUI\_01      **glasses or contact lenses?**

- 1      Yes      (Go to HUI\_Q04)
- 2      No  
      DK, R      (Go to HUI\_END)

HUI\_Q02      **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newspaper with**  
HUI\_02      **glasses or contact lenses?**

- 1      Yes      (Go to HUI\_Q04)
- 2      No  
      DK, R

HUI\_Q03      **[Are/Is] [you/he/she] able to see at all?**  
HUI\_03

- 1      Yes
- 2      No      (Go to HUI\_Q06)
- DK, R      (Go to HUI\_Q06)

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

- 1      Yes      (Go to HUI\_Q06)
- 2      No  
      DK, R      (Go to HUI\_Q06)

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

- 1      Yes
- 2      No  
      DK, R

## Hearing

HUI\_Q06  
HUI\_06

**[Are/Is] [you/FNAME] usually able to hear what is said in a group conversation with at least 3 other people without a hearing aid?**

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

HUI\_Q07  
HUI\_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 HUI\_Q08)
- 2 No  
DK, R

HUI\_Q07A  
HUI\_07A

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

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

HUI\_Q08  
HUI\_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 HUI\_Q10)
- 2 No  
DK  
R (Go to HUI\_Q10)

HUI\_Q09  
HUI\_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  
DK, R

## Speech

HUI\_Q10  
HUI\_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 HUI\_Q14)
- 2 No  
DK  
R (Go to HUI\_Q14)

HUI\_Q11  
HUI\_11

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

- 1 Yes
- 2 No  
DK, R

HUI\_Q12  
HUI\_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 HUI\_Q14)
- 2      No  
         DK  
         R                      (Go to HUI\_Q14)

HUI\_Q13  
HUI\_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  
         DK, R

#### Getting Around

HUI\_Q14  
HUI\_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 HUI\_Q21)
- 2      No  
         DK, R                      (Go to HUI\_Q21)

HUI\_Q15  
HUI\_15      **[Are/Is] [you/he/she] able to walk at all?**

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

HUI\_Q16  
HUI\_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  
         DK, R

HUI\_Q17  
HUI\_17      **[Do/Does] [you/he/she] require the help of another person to be able to walk?**

- 1      Yes
- 2      No  
         DK, R

HUI\_Q18  
HUI\_18      **[Do/Does] [you/he/she] require a wheelchair to get around?**

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

HUI\_Q19  
HUI\_19      **How often [do/does] [you/he/she] use a wheelchair?**  
**INTERVIEWER:** Read categories to respondent.

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

HUI\_Q20 [Do/Does] [you/he/she] need the help of another person to get around in the wheelchair?  
HUI\_20

- 1 Yes
- 2 No  
DK, R

Hands and Fingers

HUI\_Q21 [Are/Is] [you/FNAME] usually able to grasp and handle small objects such as a pencil or  
HUI\_21 scissors?

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

HUI\_Q22 [Do/Does] [you/he/she] require the help of another person because of limitations in the use  
HUI\_22 of hands or fingers?

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

HUI\_Q23 [Do/Does] [you/he/she] require the help of another person with:  
HUI\_23 INTERVIEWER: Read categories to respondent.

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

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

- 1 Yes
- 2 No  
DK, R

Feelings

HUI\_Q25 Would you describe [yourself/FNAME] as being usually:  
HUI\_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?  
DK, R

Memory

HUI\_Q26  
HUI\_26

**How would you describe [your/his/her] usual ability to remember things?**

INTERVIEWER: Read categories to respondent.

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

Thinking

HUI\_Q27  
HUI\_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  
DK, R

HUI\_END

## Pain and discomfort (HUP)

Core Content

HUP\_BEG

HUP\_C1 If (do HUP block =1), go to HUP\_C2.  
Otherwise, go to HUP\_END.

HUP\_C2 If (do HUI block =1), go to HUP\_Q28.  
Otherwise, go to HUP\_R1.

HUP\_R1 **The next set of questions asks about the level of pain or discomfort you usually experience. They are not about illnesses like colds that affect people for short periods of time.**

INTERVIEWER: Press <Enter> to continue.

HUP\_Q28 **^ARE\_C ^YOU2 usually free of pain or discomfort?**  
HUP\_01

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

HUP\_Q29 **How would you describe the usual intensity of ^YOUR1 pain or discomfort?**  
HUP\_02

INTERVIEWER: Read categories to respondent.

- 1 **Mild**
- 2 **Moderate**
- 3 **Severe**  
DK, R

HUP\_Q30 **How many activities does ^YOUR1 pain or discomfort prevent?**  
HUP\_03

INTERVIEWER: Read categories to respondent.

- 1 **None**
- 2 **A few**
- 3 **Some**
- 4 **Most**  
DK, R

HUP\_END

## Health care utilization (HCU)

Core Content

HCU\_BEG

HCU\_C01 If (do HCU block = 1), go to HCU\_R01.  
Otherwise, go to HCU\_END.

HCU\_R01 **Now I'd like to ask about ^YOUR2 contacts with various health professionals during the past 12 months, that is, from [date one year ago] to yesterday.**  
INTERVIEWER: Press <Enter> to continue.

HCU\_Q01AA **^DOVERB\_C ^YOU2 have a regular medical doctor?**

HCU\_1AA

- 1 Yes (Go to HCU\_Q01AC)
- 2 No  
DK, R (Go to HCU\_Q01BA)

HCU\_Q01AB **Why ^DOVERB ^YOU2 not have a regular medical doctor?**

INTERVIEWER: Mark all that apply.

HCU\_1BA

1 No medical doctors available in the area

HCU\_1BB

2 Medical doctors in the area are not taking new patients

HCU\_1BC

3 Have not tried to contact one

HCU\_1BD

4 Had a medical doctor who left or retired

HCU\_1BE

5 Other - Specify  
DK, R

HCU\_C01ABS If HCU\_Q01AB <> 5, go to HCU\_Q01A1.  
Otherwise, go to HCU\_Q01ABS.

HCU\_Q01ABS INTERVIEWER: Specify.

(80 spaces)

DK,R

HCU\_Q01A1

HCU\_1A1

**Is there a place that ^YOU2 usually [go/goes] to when ^YOU1 [are/is] sick or [need/needs] advice about ^YOUR1 health?**

- 1 Yes
- 2 No (Go to HCU\_Q01BA)  
DK, R (Go to HCU\_Q01BA)

Note: If proxy interview the use "goes", "is" and "needs".  
Otherwise, use "go", "are" and "need".

HCU\_Q01A2 **What kind of place is it?**

HCU\_1A2

INTERVIEWER: If the respondent indicates more than one usual place, then ask: What kind of place do you go to most often?

- 1 Doctor's office
- 2 Community health centre / CLSC
- 3 Walk-in clinic
- 4 Appointment clinic
- 5 Telephone health line (e.g., HealthLinks, Telehealth Ontario, Health-Line, TeleCare, Info-Santé)
- 6 Hospital emergency room
- 7 Hospital outpatient clinic
- 8 Other – Specify  
DK, R

HCU\_C01A2S If HCU\_Q01A2 <> 8, go to HCU\_Q01BA.  
Otherwise, go to HCU\_Q01A2S.

HCU\_Q01A2S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK,R

Go to HCU\_Q01BA

HCU\_Q01AC **^DOVERB\_C ^YOU2 and this doctor usually speak in English, in French, or in another language?**

HCU\_1AC

- |    |                 |    |                    |
|----|-----------------|----|--------------------|
| 1  | English         | 13 | Portuguese         |
| 2  | French          | 14 | Punjabi            |
| 3  | Arabic          | 15 | Spanish            |
| 4  | Chinese         | 16 | Tagalog (Filipino) |
| 5  | Cree            | 17 | Ukrainian          |
| 6  | German          | 18 | Vietnamese         |
| 7  | Greek           | 19 | Dutch              |
| 8  | Hungarian       | 20 | Hindi              |
| 9  | Italian         | 21 | Russian            |
| 10 | Korean          | 22 | Tamil              |
| 11 | Persian (Farsi) | 23 | Other - Specify    |
| 12 | Polish          |    | DK, R              |

HCU\_C01ACS If HCU\_Q01AC <> 23, go to HCU\_Q01BA.  
Otherwise, go to HCU\_Q01ACS.

HCU\_Q01ACS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK,R

HCU\_Q01BA **In the past 12 months, ^HAVE ^YOU2 been a patient overnight in a hospital, nursing home or convalescent home?**

HCU\_01

- 1 Yes
- 2 No (Go to HCU\_Q02A)  
DK (Go to HCU\_Q02A)  
R (Go to HCU\_END)

HCU\_Q01BB **For how many nights in the past 12 months?**

HCU\_01A

\_|\_|\_| Nights  
(MIN: 1) (MAX: 366; warning after 100)  
DK, R

Note: In processing, if a respondent answered HCU\_Q01BA = 2,  
the variable HCU\_Q01BB is given the value of "0".

HCU\_Q02A **[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to any of the following health professionals about ^YOUR1 physical, emotional or mental health:**

HCU\_02AA

**... a family doctor[, pediatrician] or general practitioner?**

(include pediatrician if age < 18)

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to HCU\_Q02B)
- DK, R (Go to HCU\_Q02B)

Note: If HCU\_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months".  
Otherwise, use "In the past 12 months".

HCU\_Q02A1 **How many times (in the past 12 months)?**

HCU\_02A

\_|\_|\_| Times  
(MIN: 1) (MAX: 366; warning after 12)  
DK, R

Note: In processing, if a respondent answered HCU\_Q02A = 2,  
the variable HCU\_Q02A1 is given the value of "0".

HCU\_Q02A2 **Where did the most recent contact take place?**

HCU\_03A

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
- DK, R

HCU\_C02A2S If HCU\_Q02A2 = 11, go to HCU\_Q02A2S.  
Otherwise, go to HCU\_Q02B.

HCU\_Q02A2S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

HCU\_Q02B  
HCU\_02BB

**([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:)**

**... an eye specialist, such as an ophthalmologist or optometrist (about ^YOUR1 physical, emotional or mental health)?**

INTERVIEWER: Include both face to face and telephone contacts.

- |   |       |                  |
|---|-------|------------------|
| 1 | Yes   |                  |
| 2 | No    | (Go to HCU_Q02C) |
|   | DK, R | (Go to HCU_Q02C) |

Note: If HCU\_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU\_Q02B1  
HCU\_02B

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

|\_|\_|\_| Times  
(MIN: 1) (MAX: 75; warning after 3)  
DK, R

Note: In processing, if a respondent answered HCU\_Q02B = 2, the variable HCU\_Q02B1 is given the value of "0".

HCU\_Q02C  
HCU\_02CC

**([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:)**

**... any other medical doctor or specialist such as a surgeon, allergist, orthopaedist, [gynaecologist/urologist] or psychiatrist (about ^YOUR1 physical, emotional or mental health)?**

INTERVIEWER: Include both face to face and telephone contacts.

- |   |       |                  |
|---|-------|------------------|
| 1 | Yes   |                  |
| 2 | No    | (Go to HCU_Q02D) |
|   | DK, R | (Go to HCU_Q02D) |

Note: If respondent is male, use urologist. Otherwise, use gynaecologist.  
If HCU\_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU\_Q02C1  
HCU\_02C

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

|\_|\_|\_| Times  
(MIN: 1) (MAX: 300; warning after 7)  
DK, R

Note: In processing, if a respondent answered HCU\_Q02C = 2, the variable HCU\_Q02C1 is given the value of "0".

HCU\_Q02C2 **Where did the most recent contact take place?**  
HCU\_03C 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  
DK, R

HCU\_C02C2S If HCU\_Q02C2 = 11, go to HCU\_Q02C2S.  
Otherwise, go to HCU\_Q02D.

HCU\_Q02C2S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HCU\_Q02D **[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:**  
HCU\_02DD

**... a nurse for care or advice about ^YOUR1 physical, emotional or mental health?**

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to HCU\_Q02E)  
DK, R (Go to HCU\_Q02E)

Note: If HCU\_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months".  
Otherwise, use "In the past 12 months".

HCU\_Q02D1 **How many times (in the past 12 months)?**  
HCU\_02D

\_|\_|\_| Times  
(MIN: 1) (MAX: 366; warning after 15)  
DK, R

Note: In processing, if a respondent answered HCU\_Q02D = 2,  
the variable HCU\_Q02D1 is given the value of "0".

HCU\_Q02D2 **Where did the most recent contact take place?**  
HCU\_03D 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  
DK, R

HCU\_C02D2S If HCU\_Q02D2 = 11, go to HCU\_Q02D2S.  
Otherwise, go to HCU\_Q02E.

HCU\_Q02D2S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HCU\_Q02E **([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:)**  
HCU\_02EE

**... a dentist, dental hygienist or orthodontist (about ^YOUR1 physical, emotional or mental health)?**

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to HCU\_Q02F)  
DK, R (Go to HCU\_Q02F)

Note: If HCU\_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU\_Q02E1 **How many times (in the past 12 months)?**  
HCU\_02E

[\_][\_] Times  
(MIN: 1) (MAX: 99; warning after 4)  
DK, R

Note: In processing, if a respondent answered HCU\_Q02E = 2,  
the variable HCU\_Q02E1 is given the value of "0".

HCU\_Q02F **([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:)**  
HCU\_02FF

**... a chiropractor (about ^YOUR1 physical, emotional or mental health)?**

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to HCU\_Q02G)  
DK, R (Go to HCU\_Q02G)

Note: If HCU\_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU\_Q02F1 **How many times (in the past 12 months)?**

HCU\_Q02F

[\_][\_][\_] Times  
(MIN: 1) (MAX: 366; warning after 20)  
DK, R

Note: In processing, if a respondent answered HCU\_Q02F = 2,  
the variable HCU\_Q02F1 is given the value of "0".

HCU\_Q02G **[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:**

HCU\_Q02GG

**... a physiotherapist about ^YOUR1 physical, emotional or mental health?**

INTERVIEWER: Include both face to face and telephone contacts.

- |   |       |                   |
|---|-------|-------------------|
| 1 | Yes   |                   |
| 2 | No    | (Go to HCU_Q02GA) |
|   | DK, R | (Go to HCU_Q02GA) |

Note: If HCU\_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU\_Q02G1 **How many times (in the past 12 months)?**

HCU\_Q02G

[\_][\_][\_] Times  
(MIN: 1) (MAX: 366; warning after 30)  
DK, R

Note: In processing, if a respondent answered HCU\_Q02G = 2,  
the variable HCU\_Q02G1 is given the value of "0".

HCU\_Q02GA **[(Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:)**

HCU\_Q02II

**... a psychologist (about ^YOUR1 physical, emotional or mental health)?**

INTERVIEWER: Include both face to face and telephone contacts.

- |   |       |                   |
|---|-------|-------------------|
| 1 | Yes   |                   |
| 2 | No    | (Go to HCU_Q02GB) |
|   | DK, R | (Go to HCU_Q02GB) |

Note: If HCU\_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU\_Q02GA1 **How many times (in the past 12 months)?**

HCU\_Q02I

[\_][\_][\_] Times  
(MIN: 1) (MAX: 366; warning after 25)  
DK, R

Note: In processing, if a respondent answered HCU\_Q02GA = 2,  
the variable HCU\_Q02GA1 is given the value of "0".

HCU\_Q02GB ([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the  
HCU\_02HH past 12 months], ^HAVE ^YOU2 seen, or talked to:)

... a social worker or counsellor (about ^YOUR1 physical, emotional or mental health)?

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to HCU\_Q02J)
- DK, R (Go to HCU\_Q02J)

Note: If HCU\_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU\_Q02GB1 **How many times (in the past 12 months)?**  
HCU\_02H

|\_|\_|\_| Times  
(MIN: 1) (MAX: 366; warning after 20)  
DK, R

Note: In processing, if a respondent answered HCU\_Q02GB = 2,  
the variable HCU\_Q02GB1 is given the value of "0".

HCU\_Q02J [Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past  
HCU\_02JJ 12 months], ^HAVE ^YOU2 seen, or talked to:

... a speech, audiology or occupational therapist about ^YOUR1 physical, emotional or  
mental health?

INTERVIEWER: Include both face to face and telephone contacts.

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

Note: If HCU\_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU\_Q02J1 **How many times (in the past 12 months)?**  
HCU\_02J

|\_|\_|\_| Times  
(MIN: 1) (MAX: 200; warning after 12)  
DK, R

Note: In processing, if a respondent answered HCU\_Q02J = 2,  
the variable HCU\_Q02J1 is given the value of "0".

HCU\_END

## Home care services (HMC)

Optional Content selected by  
health regions in: Ontario and  
New Brunswick

HMC\_BEG

HMC\_C09A If (do HMC block = 1), go to HMC\_C09B.  
Otherwise, go to HMC\_END.

HMC\_C09B If age < 18, go to HMC\_END.  
Otherwise, go to HMC\_R09.

HMC\_R09 **Now some questions on home care services. These are health care, home maker or other support services received at home. People may receive home care due to a health problem or condition that affects their daily activities. Examples include: nursing care, personal care or help with bathing, housework, meal preparation, meal delivery and respite care.**

INTERVIEWER: Press <Enter> to continue.

HMC\_Q09 **^HAVE\_C ^YOU2 received any home care services in the past 12 months,**  
HMC\_09 **with the cost being entirely or partially covered by government?**

- |   |     |                 |
|---|-----|-----------------|
| 1 | Yes |                 |
| 2 | No  | (Go to HMC_Q11) |
|   | DK  | (Go to HMC_Q11) |
|   | R   | (Go to HMC_END) |

HMC\_Q10 **What type of services ^HAVE ^YOU1 received?**

INTERVIEWER: Read categories to respondent. Mark all that apply.  
Cost must be entirely or partially covered by government.

- |         |   |   |
|---------|---|---|
| HMC_10A | 1 | Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)                             |
| HMC_10B | 2 | Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling) |
| HMC_10I | 3 | Medical equipment or supplies   |
| HMC_10C | 4 | Personal care (e.g., bathing, foot care)  |
| HMC_10D | 5 | Housework (e.g., cleaning, laundry)   |
| HMC_10E | 6 | Meal preparation or delivery  |
| HMC_10F | 7 | Shopping  |
| HMC_10G | 8 | Respite care (i.e., caregiver relief)   |
| HMC_10H | 9 | Other - Specify<br>DK, R  |

HMC\_C10S If HMC\_Q10 = 9, go to HMC\_Q10S.  
Otherwise, go to HMC\_Q11.

HMC\_Q10S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

HMC\_Q11 **^HAVE ^YOU2 received any [other] home care services in the past 12 months, with the cost not covered by government (for example: care provided by a private agency or by a spouse or friends)?**  
HMC\_11 **INTERVIEWER:** Include only health care, homemaker or other support services (e.g., housework) that are provided because of a respondent's health problem or condition.

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

Note: If HMC\_Q09 = 1, use "any other home care services" in HMC\_Q11.  
Otherwise, use "any home care services" in HMC\_Q11.

HMC\_Q12 **Who provided these [other] home care services?**  
**INTERVIEWER:** Read categories to respondent. Mark all that apply.

- HMC\_12A 1 **Nurse from a private agency**
- HMC\_12B 2 **Homemaker or other support services from a private agency**
- HMC\_12G 3 **Physiotherapist or other therapist from a private agency**
- HMC\_12C 4 **Neighbour or friend**
- HMC\_12D 5 **Family member or spouse**
- HMC\_12E 6 **Volunteer**
- HMC\_12F 7 **Other - Specify**  
DK, R

HMC\_C12S If HMC\_Q12 = 7, go to HMC\_Q12S.  
Otherwise, go to HMC\_C13.

HMC\_Q12S **INTERVIEWER:** Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

Note: If HMC\_Q09 = 1, use "any other home care services" in HMC\_Q12.  
Otherwise, use "any home care services" in HMC\_Q12.

HMC\_C13 For each person identified in HMC\_Q12, ask HMC\_Q13n up to 7 times, n = where A, B, C, D, E, F, G.

HMC\_Q13n **What type of services ^HAVE ^YOU1 received from [person identified in HMC\_Q12]?**  
**INTERVIEWER:** Read categories to respondent. Mark all that apply.

- HMC\_3nA 1 **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**
- HMC\_3nB 2 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**
- HMC\_3nI 3 **Medical equipment or supplies**
- HMC\_3nC 4 **Personal care (e.g., bathing, foot care)**
- HMC\_3nD 5 **Housework (e.g., cleaning, laundry)**
- HMC\_3nE 6 **Meal preparation or delivery**
- HMC\_3nF 7 **Shopping**
- HMC\_3nG 8 **Respite care (i.e., caregiver relief)**
- HMC\_3nH 9 **Other - Specify**  
DK, R

HMC\_C13nS If HMC\_Q13n = 9, go to HMC\_Q13nS.  
Otherwise, go to HMC\_Q14.

HMC\_Q13nS INTERVIEWER: Specify.

(80 spaces)

DK, R

HMC\_Q14 **During the past 12 months, was there ever a time when ^YOU2 felt that ^YOU1 needed home care services but ^YOU1 didn't receive them?**

1 Yes

2 No (Go to HMC\_END)

DK, R (Go to HMC\_END)

HMC\_Q15 **Thinking of the most recent time, why didn't ^YOU1 get these services?**  
INTERVIEWER: Mark all that apply.

- |         |    |   |
|---------|----|---|
| HMC_15A | 1  | Not available - in the area                                 |
| HMC_15B | 2  | Not available - at time required (e.g., inconvenient hours) |
| HMC_15C | 3  | Waiting time too long                                       |
| HMC_15D | 4  | Felt would be inadequate                                    |
| HMC_15E | 5  | Cost  |
| HMC_15F | 6  | Too busy  |
| HMC_15G | 7  | Didn't get around to it / didn't bother                     |
| HMC_15H | 8  | Didn't know where to go / call                              |
| HMC_15I | 9  | Language problems   |
| HMC_15J | 10 | Personal or family responsibilities                         |
| HMC_15K | 11 | Decided not to seek services                                |
| HMC_15L | 12 | Doctor - did not think it was necessary                     |
| HMC_15N | 13 | Did not qualify / not eligible for homecare                 |
| HMC_15O | 14 | Still waiting for homecare                                  |
| HMC_15M | 15 | Other - Specify   |
|         |    | DK, R   |

HMC\_C15S If HMC\_Q15 = 15, go to HMC\_Q15S.  
Otherwise, go to HMC\_Q16.

HMC\_Q15S INTERVIEWER: Specify.

(80 spaces)

DK, R

HMC\_Q16 **Again, thinking of the most recent time, what type of home care was needed?**  
INTERVIEWER: Mark all that apply.

- |         |   |   |
|---------|---|---|
| HMC_16A | 1 | Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)                             |
| HMC_16B | 2 | Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling) |
| HMC_16I | 3 | Medical equipment or supplies   |
| HMC_16C | 4 | Personal care (e.g., bathing, foot care)  |
| HMC_16D | 5 | Housework (e.g., cleaning, laundry)   |
| HMC_16E | 6 | Meal preparation or delivery  |
| HMC_16F | 7 | Shopping  |
| HMC_16G | 8 | Respite care (i.e., caregiver relief)   |
| HMC_16H | 9 | Other - Specify   |
|         |   | DK, R   |

HMC\_C16S If HMC\_Q16 = 9, go to HMC\_Q16S.  
Otherwise, go to HMC\_Q17.

HMC\_Q16S     INTERVIEWER: Specify.

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

DK, R

HMC\_Q17     **Where did ^YOU2 try to get this home care service?**  
INTERVIEWER: Mark all that apply.

- |         |   |                                      |
|---------|---|--------------------------------------|
| HMC_17A | 1 | A government sponsored program       |
| HMC_17B | 2 | A private agency                     |
| HMC_17C | 3 | A family member, friend or neighbour |
| HMC_17D | 4 | A volunteer organization             |
| HMC_17E | 5 | Other                                |
|         |   | DK, R                                |

HMC\_END

FOR INFORMATION ONLY

## Patient satisfaction – Health care services (PAS)

Optional content  
selected by: Yukon,  
Northwest Territories

PAS\_BEG

Note: This module was only collected as part of the subsample.

PAS\_C11A If (do PAS block = 1), go to PAS\_C11B.  
Otherwise, go to PAS\_END.

PAS\_C11B If proxy interview or if age < 15, go to PAS\_END.  
Otherwise, go to PAS\_R1.

PAS\_R1 **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.

PAS\_C11D If HCU\_Q01BA = 1 or at least one of HCU\_Q02A to HCU\_Q02J = 1, go to PAS\_Q12. Otherwise, go to PAS\_Q11.

Note: In processing, if a respondent answered HCU\_Q01BA = 1 or at least one of HCU\_Q02A to HCU\_Q02J = 1, set PAS\_Q11 = 1.

PAS\_Q11 **In the past 12 months, have you received any health care services?**

PAS\_11

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

PAS\_Q12 **Overall, how would you rate the quality of the health care you received?**

PAS\_12

**Would you say it was:**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... good?
- 3 ... fair?
- 4 ... poor?
- DK, R

PAS\_Q13 **Overall, how satisfied were you with the way health care services were provided?**

PAS\_13

**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

PAS\_Q21A **In the past 12 months, have you received any health care services at a hospital, for any**  
PAS\_21A **diagnostic or day surgery service, overnight stay, or as an emergency room patient?**

- 1 Yes
- 2 No (Go to PAS\_Q31A)
- DK, R (Go to PAS\_Q31A)

PAS\_Q21B  
PAS\_21B

**Thinking of your most recent hospital visit, were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... admitted overnight or longer (an inpatient)?
  - 2 ... a patient at a diagnostic or day surgery clinic (an outpatient)?
  - 3 ... an emergency room patient?
- DK, R (Go to PAS\_Q31A)

PAS\_Q22  
PAS\_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

PAS\_Q23  
PAS\_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

PAS\_Q31A  
PAS\_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 PAS\_END)
- DK, R (Go to PAS\_END)

PAS\_Q31B  
PAS\_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 PAS\_END)

PAS\_Q32  
PAS\_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

PAS\_Q33

PAS\_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

PAS\_END

## Patient satisfaction – Community-based care (PSC)

Optional Content selected  
by health regions in:  
Newfoundland and  
Labrador, New Brunswick,  
Saskatchewan, Yukon,  
and Northwest Territories

PSC\_BEG

PSC\_C11A If (do PSC block = 1), go to PSC\_C11B.  
Otherwise, go to PSC\_END.

PSC\_C11B If proxy interview or if age < 15, go to PSC\_END.  
Otherwise, go to PSC\_C11C.

PSC\_C11C If PAS\_Q11 <> 1 and HCU\_Q01BA <> 1 and all of (HCU\_Q02A to HCU\_Q02J) <> 1 go to  
PSC\_END.  
Otherwise, go to PSC\_R1.

PSC\_R1 **The next questions are about community-based health care which 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.

PSC\_Q41 **In the past 12 months, have you received any community-based care?**

PSC\_1

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

PSC\_Q42 **Overall, how would you rate the quality of the community-based care you received?**

PSC\_2

**Would you say it was:**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
- 2 ... good?
- 3 ... fair?
- 4 ... poor?
- DK, R

PSC\_Q43 **Overall, how satisfied were you with the way community-based care was provided?**

PSC\_3

**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

PSC\_END

## Restriction of activities (RAC)

Core Content

RAC\_BEG

RAC\_C1      If (do RAC block = 1), go to RAC\_R1.  
Otherwise, go to RAC\_END.

RAC\_R1      **The next few questions deal with any current limitations in ^YOUR2 daily activities caused by a long-term health condition or problem. In these questions, a “long-term condition” refers to a condition that is expected to last or has already lasted 6 months or more.**  
INTERVIEWER: Press <Enter> to continue.

RAC\_Q1      **^DOVERB ^YOU1 have any difficulty hearing, seeing, communicating, walking, climbing**  
**RAC\_1 stairs, bending, learning or doing any similar activities?**  
INTERVIEWER: Read categories to respondent.

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

RAC\_Q2A      **Does a long-term physical condition or mental condition or health problem, reduce the**  
**RAC\_2A amount or the kind of activity ^YOU1 can do:**

**... at home?**  
INTERVIEWER: Read categories to respondent.

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

RAC\_Q2B\_1      **(Does a long-term physical condition or mental condition or health problem, reduce the**  
**RAC\_2B1 amount or the kind of activity ^YOU1 can do:)**

**... at school?**

- 1      Sometimes
- 2      Often
- 3      Never
- 4      Does not attend school
- DK
- R            (Go to RAC\_END)

RAC\_Q2B\_2      **(Does a long-term physical condition or mental condition or health problem, reduce the**  
**RAC\_2B2 amount or the kind of activity ^YOU1 can do:)**

**... at work?**

- 1      Sometimes
- 2      Often
- 3      Never
- 4      Does not work at a job
- DK
- R            (Go to RAC\_END)

RAC\_Q2C  
RAC\_2C

(Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:)

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

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

RAC\_C5 If respondent has difficulty or is limited in activities (RAC\_Q1 = 1 or 2) or (RAC\_Q2A-C = 1 or 2), go to RAC\_C5A.  
Otherwise, go to RAC\_Q6A.

RAC\_C5A If (RAC\_Q2A to RAC\_Q2C = 3 or 4) and RAC\_Q1 < 3 go to RAC\_R5.  
Otherwise, go to RAC\_Q5.

RAC\_R5 **You reported that ^YOU2 ^HAVE difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities.**

RAC\_Q5 **Which one of the following is the best description of the cause of this condition?**  
RAC\_5 **INTERVIEWER:** Read categories to respondent.

- 1 **Accident at home**
- 2 **Motor vehicle accident**
- 3 **Accident at work**
- 4 **Other type of accident**
- 5 **Existed from birth or genetic**
- 6 **Work conditions**
- 7 **Disease or illness**
- 8 **Ageing**
- 9 **Emotional or mental health problem or condition**
- 10 **Use of alcohol or drugs**
- 11 **Other - Specify**
- DK, R

RAC\_C5S If RAC\_Q5 = 11, go to RAC\_Q5S.  
Otherwise, go to RAC\_Q6A.

RAC\_Q5S **INTERVIEWER:** Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

RAC\_Q6A **The next few questions may not apply to ^YOU2, but we need to ask the same questions of**  
RAC\_6A **everyone.**

**Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:**

... with preparing meals?

- 1 Yes
- 2 No
- DK, R

RAC\_Q6B\_1 (Because of any physical condition or mental condition or health problem, ^DOVERB  
RAC\_6B1 ^YOU1 need the help of another person:)

... with getting to appointments and running errands such as shopping for groceries?

- 1 Yes
- 2 No  
DK, R

RAC\_Q6C (Because of any physical condition or mental condition or health problem, ^DOVERB  
RAC\_6C ^YOU1 need the help of another person:)

... with doing everyday housework?

- 1 Yes
- 2 No  
DK, R

RAC\_Q6E (Because of any physical condition or mental condition or health problem, ^DOVERB  
RAC\_6E ^YOU1 need the help of another person:)

... with personal care such as washing, dressing, eating or taking medication?

- 1 Yes
- 2 No  
DK, R

RAC\_Q6F (Because of any physical condition or mental condition or health problem, ^DOVERB  
RAC\_6F ^YOU1 need the help of another person:)

... with moving about inside the house?

- 1 Yes
- 2 No  
DK, R

RAC\_Q6G (Because of any physical condition or mental condition or health problem, ^DOVERB  
RAC\_6G ^YOU1 need the help of another person:)

... with looking after ^YOUR1 personal finances such as making bank transactions or paying bills?

- 1 Yes
- 2 No  
DK, R

RAC\_END

## Flu shots (FLU)

Core Content

FLU\_BEG

FLU\_C1  
FLUFDO If (do FLU block = 1), then go to FLU\_C160.  
Otherwise, go to FLU\_END.

FLU\_C160 If proxy interview, go to FLU\_END.  
Otherwise, go to FLU\_Q160.

FLU\_Q160  
FLU\_160 **Now a few questions about your use of various health care services.**

**Have you ever had a flu shot?**

- |   |       |                  |
|---|-------|------------------|
| 1 | Yes   |                  |
| 2 | No    | (Go to FLU_Q166) |
|   | DK, R | (Go to FLU_END)  |

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

- |   |                                 |                 |
|---|---------------------------------|-----------------|
| 1 | Less than 1 year ago            |                 |
| 2 | 1 year to less than 2 years ago |                 |
| 3 | 2 years ago or more             |                 |
|   | DK, R                           | (Go to FLU_END) |

FLU\_C164 If FLU\_Q162 = 2 OR 3, go to FLU\_Q166.  
Otherwise, go to FLU\_Q164.

FLU\_Q164  
FLU\_164 **In which month did you have your last flu shot?**

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

FLU\_C165 If FLU\_Q164 = [current month], go to FLU\_Q165.  
Otherwise, go to FLU\_END.

FLU\_Q165  
FLU\_165 **Was that this year or last year?**

- |   |           |
|---|-----------|
| 1 | This year |
| 2 | Last year |
|   | DK, R     |

Go to FLU\_END.

FLU\_Q166

**What are the reasons that you have not had a flu shot in the past year?**

INTERVIEWER: Mark all that apply.

- |         |    |  |
|---------|----|--|
| FLU_66A | 1  | Have not gotten around to it                             |
| FLU_66B | 2  | Respondent - did not think it was necessary              |
| FLU_66C | 3  | Doctor - did not think it was necessary                  |
| FLU_66D | 4  | Personal or family responsibilities                      |
| FLU_66E | 5  | Not available - at time required                         |
| FLU_66F | 6  | Not available - at all in the area                       |
| FLU_66G | 7  | Waiting time was too long                                |
| FLU_66H | 8  | Transportation - problems                                |
| FLU_66I | 9  | Language - problem                                       |
| FLU_66J | 10 | Cost   |
| FLU_66K | 11 | Did not know where to go / uninformed                    |
| FLU_66L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| FLU_66M | 13 | Bad reaction to previous shot                            |
| FLU_66O | 14 | Unable to leave the house because of a health problem    |
| FLU_66N | 15 | Other - Specify  |
|         |    | DK, R  |

FLU\_C166S If FLU\_Q166 = 15, go to FLU\_Q166S.  
Otherwise, go to FLU\_END.

FLU\_Q166S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

FLU\_END

## Blood test (BLT)

Theme Content

BLT\_BEG

BLT\_C01A If (do BLT block = 1), go to BLT\_C01B.  
Otherwise, go to BLT\_END.

BLT\_C01B If proxy interview, go to BLT\_END.  
Otherwise, go to BLT\_C01C.

BLT\_C01C If age < 35, go to BLT\_END.  
Otherwise, go to BLT\_Q01.

BLT\_Q01 **In the past 12 months, did a health professional order a blood test for you?**

BLT\_01

- 1 Yes
- 2 No (Go to BLT\_END)
- DK, RF (Go to BLT\_END)

BLT\_Q02

BLT\_02

**Why was your most recent blood test ordered?**

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

- 1 **For assessment as part of a general physical check-up**
- 2 **To monitor an existing health condition**
- 3 **To check for a new specific disease or health condition**
- 4 **As the result of an emergency (for example, heart attack, food poisoning, car accident)**
- 5 Other - specify

BLT\_C02A If BLT\_Q02 = 5, go to BLT\_S02.  
Otherwise, go to BLT\_C02B.

BLT\_S02 INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, RF

BLT\_C02B If BLT\_Q02 = 2 or 3, go to BLT\_Q03.  
Otherwise, go to BLT\_END.

BLT\_Q03

BLT\_03

**For which health conditions was your last blood test ordered?**

INTERVIEWER: Mark all that apply.

- 1 High cholesterol or other heart-related conditions
- 2 Diabetes
- 3 Thyroid
- 4 Prostate
- 5 Infectious disease
- 6 Liver function
- 7 Hormone-related
- 8 Other – specify
- DK, RF

BLT\_C03 If BLT\_Q03 = 8, go to BLT\_S03.  
Otherwise, go to BLT\_END.

BLT\_S03

INTERVIEWER: Specify.

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

DK, RF

BLT\_END

FOR INFORMATION ONLY

## Blood pressure check (BPC)

Optional Content selected by  
health regions in: Alberta and  
Northwest Territories

BPC\_BEG

BPC\_C01 If (do BPC block = 2) or proxy interview, go to BPC\_END.  
BPCFOPT Otherwise, go to BPC\_Q010.

BPC\_Q010 **(Now blood pressure)**  
BPC\_010 **Have you ever had your blood pressure taken?**  
1 Yes  
2 No (Go to BPC\_C016)  
DK, RF (Go to BPC\_END)

BPC\_Q012 **When was the last time?**  
BPC\_012  
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  
DK, RF (Go to BPC\_END)

BPC\_C012A If BPC\_Q012 < 4, go to BPC\_C012B.  
Otherwise, go to BPC\_C016.

BPC\_C012B If sex = female and (14 < age < 56 ), go to BPC\_Q013.  
Otherwise, go to BPC\_END.

BPC\_Q013 **Were you pregnant the last time your blood pressure was taken?**  
BPC\_013  
1 Yes  
2 No  
NSP, RF  
Go to BPC\_END

BPC\_C016 If age < 25, go to BPC\_END.  
Otherwise, go to BPC\_Q016.

BPC\_Q016 **What are the reasons that you have not had your blood pressure taken in the past 2 years?**

INTERVIEWER: Mark all that apply.

BPC\_16A 1 Have not gotten around to it  
BPC\_16B 2 Respondent - did not think it was necessary  
BPC\_16C 3 Doctor - did not think it was necessary  
BPC\_16D 4 Personal or family responsibilities  
BPC\_16E 5 Not available - at time required  
BPC\_16F 6 Not available - at all in the area  
BPC\_16G 7 Waiting time was too long  
BPC\_16H 8 Transportation - problems  
BPC\_16I 9 Language - problem  
BPC\_16J 10 Cost  
BPC\_16K 11 Did not know where to go / uninformed  
BPC\_16L 12 Fear (e.g., painful, embarrassing, find something wrong)  
BPC\_16N 13 Unable to leave the house because of a health problem  
BPC\_16M 14 Other  
DK, RF

BPC\_END

## PAP smear test (PAP)

Theme Content

PAP\_BEG

PAP\_C1 If (do PAP block = 1), go to PAP\_C020.  
Otherwise, go to PAP\_END.

PAP\_C020 If proxy interview or male or age < 18, go to PAP\_END.  
Otherwise, go to PAP\_Q020.

PAP\_Q020 **(Now PAP tests)**  
PAP\_020 **Have you ever had a PAP smear test?**

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

PAP\_Q022 **When was the last time?**  
PAP\_022

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

PAP\_Q026 **What are the reasons that you have not had a PAP smear test in the past 3 years?**  
INTERVIEWER: Mark all that apply.

- PAP\_26A 1 Have not gotten around to it
- PAP\_26B 2 Respondent - did not think it was necessary
- PAP\_26C 3 Doctor - did not think it was necessary
- PAP\_26D 4 Personal or family responsibilities
- PAP\_26E 5 Not available - at time required
- PAP\_26F 6 Not available - at all in the area
- PAP\_26G 7 Waiting time was too long
- PAP\_26H 8 Transportation - problems
- PAP\_26I 9 Language - problem
- PAP\_26J 10 Cost
- PAP\_26K 11 Did not know where to go / uninformed
- PAP\_26L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PAP\_26M 13 Have had a hysterectomy
- PAP\_26N 14 Hate / dislike having one done
- PAP\_26P 15 Unable to leave the house because of a health problem
- PAP\_26O 16 Other
- DK, R

PAP\_END

## Mammography (MAM)

Theme Content

MAM\_BEG

MAM\_C1 If (do MAM block = 1), go to MAM\_C030.  
Otherwise, go to MAM\_END.

MAM\_C030 If proxy interview or male, go to MAM\_END.  
Otherwise, go to MAM\_C030A.

MAM\_C030A If (female and age < 35), go to MAM\_C038.  
Otherwise, go to MAM\_Q030.

MAM\_Q030 **(Now Mammography)**  
MAM\_030 **Have you ever had a mammogram, that is, a breast x-ray?**

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

MAM\_Q031 **Why did you have it?**  
INTERVIEWER: Mark all that apply.  
If respondent says "doctor recommended it", probe for reason.

- |         |   |  |
|---------|---|--|
| MAM_31A | 1 | Family history of breast cancer              |
| MAM_31B | 2 | Part of regular check-up / routine screening |
| MAM_31C | 3 | Age  |
| MAM_31D | 4 | Previously detected lump                     |
| MAM_31E | 5 | Follow-up of breast cancer treatment         |
| MAM_31F | 6 | On hormone replacement therapy               |
| MAM_31G | 7 | Breast problem                               |
| MAM_31H | 8 | Other<br>DK, R                               |

MAM\_Q032 **When was the last time?**  
MAM\_032

1	Less than 6 months ago	(Go to MAM_C038)
2	6 months to less than 1 year ago	(Go to MAM_C038)
3	1 year to less than 2 years ago	(Go to MAM_C038)
4	2 years to less than 5 years ago	
5	5 or more years ago	
	DK, R	(Go to MAM_C038)

MAM\_C036 If age < 50 or age > 69, go to MAM\_C038.  
Otherwise, go to MAM\_Q036.

MAM\_Q036 **What are the reasons you have not had one in the past 2 years?**

INTERVIEWER: Mark all that apply.

- |         |    |  |
|---------|----|--|
| MAM_36A | 1  | Have not gotten around to it                             |
| MAM_36B | 2  | Respondent - did not think it was necessary              |
| MAM_36C | 3  | Doctor - did not think it was necessary                  |
| MAM_36D | 4  | Personal or family responsibilities                      |
| MAM_36E | 5  | Not available - at time required                         |
| MAM_36F | 6  | Not available - at all in the area                       |
| MAM_36G | 7  | Waiting time was too long                                |
| MAM_36H | 8  | Transportation - problems                                |
| MAM_36I | 9  | Language - problem                                       |
| MAM_36J | 10 | Cost   |
| MAM_36K | 11 | Did not know where to go / uninformed                    |
| MAM_36L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| MAM_36N | 13 | Unable to leave the house because of a health problem    |
| MAM_36O | 14 | Breasts removed / Mastectomy                             |
| MAM_36M | 15 | Other - Specify  |
|         |    | DK, R  |

MAM\_C036S If MAM\_Q036 = 15, go to MAM\_Q036S.  
Otherwise, go to MAM\_C038.

MAM\_Q036S INTERVIEWER: Specify.

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

DK, R

MAM\_C038 If age < 18, go to MAM\_END.  
Otherwise, go to MAM\_C038A.

MAM\_C038A If PAP\_Q026 = 13 or if HWT\_Q1 = 1, go to MAM\_END.  
Otherwise, go to MAM\_Q038.

MAM\_Q038 **Have you had a hysterectomy? (in other words, has your uterus been removed)?**

MAM\_038

- |   |       |
|---|-------|
| 1 | Yes   |
| 2 | No    |
|   | DK, R |

Note: In processing, if a respondent answered HWT\_Q1 = 1,  
the variable MAM\_Q038 is given the value of 2.  
If a respondent answered PAP\_Q026 = 13,  
the variable MAM\_Q038 is given the value of 1.

MAM\_END

## Breast examinations (BRX)

Optional Content selected by health  
regions in:  
New Brunswick, and Northwest  
Territories

BRX\_BEG

BRX\_C1  
BRXFOPT If (do BRX block = 1), go to BRX\_C110.  
Otherwise, go to BRX\_END.

BRX\_C110 If proxy interview or sex = male or age < 18, go to BRX\_END.  
Otherwise, go to BRX\_Q110.

BRX\_Q110  
BRX\_110 **(Now breast examinations)**  
**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 BRX\_Q116)
- DK, R (Go to BRX\_END)

BRX\_Q112  
BRX\_112 **When was the last time?**

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

BRX\_Q116 **What are the reasons that you have not had a breast exam in the past 2 years?**  
INTERVIEWER: Mark all that apply.

- |         |    |  |
|---------|----|--|
| BRX_16A | 1  | Have not gotten around to it                             |
| BRX_16B | 2  | Respondent - did not think it was necessary              |
| BRX_16C | 3  | Doctor - did not think it was necessary                  |
| BRX_16D | 4  | Personal or family responsibilities                      |
| BRX_16E | 5  | Not available - at time required                         |
| BRX_16F | 6  | Not available - at all in the area                       |
| BRX_16G | 7  | Waiting time was too long                                |
| BRX_16H | 8  | Transportation - problems                                |
| BRX_16I | 9  | Language - problem                                       |
| BRX_16J | 10 | Cost   |
| BRX_16K | 11 | Did not know where to go / uninformed                    |
| BRX_16L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| BRX_16N | 13 | Unable to leave the house because of a health problem    |
| BRX_16O | 14 | Breasts removed / mastectomy                             |
| BRX_16M | 15 | Other  |
|         |    | DK, R  |

BRX\_END

## Breast self-examinations (BSX)

Optional Content selected by health regions in: Newfoundland and Labrador, and New Brunswick

BSX\_BEG

BSX\_C120A If (do BSX block = 1), go to BSX\_C120B.  
BSXFOPT Otherwise, go to BSX\_END.

BSX\_C120B If proxy interview, go to BSX\_END.  
Otherwise, go to BSX\_C120C.

BSX\_C120C If male or age < 18, go to BSX\_END.  
Otherwise, go to BSX\_Q120.

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

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

BSX\_Q121 **How often?**  
BSX\_121

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

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

- BSX\_22A 1 Doctor
- BSX\_22B 2 Nurse
- BSX\_22C 3 Book / magazine / pamphlet
- BSX\_22D 4 TV / video / film
- BSX\_22H 5 Family member (e.g., mother, sister, cousin)
- BSX\_22G 6 Other - Specify
- DK, R

BSX\_C122S If BSX\_Q122 = 6, go to BSX\_Q122S.  
Otherwise, go to BSX\_END.

BSX\_Q122S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

BSX\_END

## Spirometry (SPI)

Theme content

SPI\_BEG

SPI\_C01A      If (do SPI block = 1), go to SPI\_C01B.  
Otherwise, go to SPI\_END.

SPI\_C01B      If proxy interview, go to SPI\_END.  
Otherwise, go to SPI\_Q01.

SPI\_Q01      **Spirometry is a common lung function test that consists of blowing into a**  
SPI\_01      **small tube attached to a machine.**

**Have you ever had this test?**

- 1      Yes
- 2      No                      (Go to SPI\_END)  
      DK, RF                (Go to SPI\_END)

SPI\_Q02      **When was the last time?**  
SPI\_02

- 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  
      DK, RF

SPI\_END

## Physical check-up (PCU)

Theme Content

- PCU\_C01A If (do PCU block = 1), go to PCU\_C01B.  
Otherwise, go to PCU\_END.
- PCU\_C01B If proxy interview, go to PCU\_END.  
Otherwise, go to PCU\_R01.
- PCU\_R01 **Next I would like to ask you some questions related to general physical check-ups. Please do not include check-ups you may have had during a visit for a specific health problem ^pregnancy.**  
INTERVIEWER: Press <Enter> to continue.
- PCU\_D01 If sex = female and age is between (15 and 55), then ^pregnancy = "**or during a pregnancy**".  
Otherwise, ^pregnancy = empty.
- PCU\_Q150 **Have you ever had a general physical check-up?**  
PCU\_150 1 Yes  
2 No (Go to PCU\_Q154)  
DK, RF (Go to PCU\_END)
- PCU\_Q152 **How often do you usually have a general physical check-up?**  
PCU\_153 1 More than once a year  
2 Once a year  
3 Once every 2 years  
4 Once every 3 years  
5 Less than once every 3 years  
6 No regular pattern  
DK, RF
- PCU\_Q153 **When was the last time?**  
PCU\_152 1 Less than 1 year ago  
2 1 year to less than 2 years ago  
3 2 years to less than 3 years ago  
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, RF
- PCU\_C153 If PCU\_Q153 < 4, go to PCU\_Q155.  
Otherwise, go to PCU\_Q154.

PCU\_Q154 **What are the reasons that you have not had a general physical check-up in the past 3 years?**

INTERVIEWER: Mark all that apply.

- PCU\_56A 1 Have not gotten around to it
- PCU\_56B 2 Respondent - did not think it was necessary
- PCU\_56C 3 Doctor - did not think it was necessary
- PCU\_56D 4 Personal or family responsibilities
- PCU\_56E 5 Not available - at time required
- PCU\_56F 6 Not available - at all in the area
- PCU\_56G 7 Waiting time was too long
- PCU\_56H 8 Transportation - problems
- PCU\_56I 9 Language - problem
- PCU\_56J 10 Cost
- PCU\_56K 11 Did not know where to go / uninformed
- PCU\_56L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PCU\_56M 13 Unable to leave the house because of a health problem
- PCU\_56N 14 Other - Specify

DK, RF

PCU\_C154 If PCU\_Q154 = 14, go to PCU\_S154.  
Otherwise, go to PCU\_END.

PCU\_S154 INTERVIEWER: Specify.

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

DK, RF

Go to PCU\_END

PCU\_Q155 **During your last general physical check-up, did a health professional weigh you?**  
PCU\_155

- 1 Yes
  - 2 No
- DK, RF

PCU\_Q156 **(During your last general physical check-up,)**  
PCU\_156

**...did a health professional measure your height?**

- 1 Yes
  - 2 No
- DK, RF

PCU\_Q157 **During your last general physical check-up, did a health professional check your blood pressure?**  
PCU\_157

- 1 Yes
  - 2 No
- DK, RF

PCU\_Q158

(During your last general physical check-up,)

PCU\_158

...did a health professional discuss with you any risks that your weight might pose to your health?

- 1 Yes
- 2 No
- DK, RF

PCU\_END

## Prostate cancer screening (PSA)

Optional Content selected by health regions in: Newfoundland and Labrador, Prince Edward Island, Nova Scotia, Ontario and Northwest Territories

PSA\_BEG

PSA\_C1  
PSAFOPT If (do PSA block = 1), go to PSA\_C170.  
Otherwise, go to PSA\_END.

PSA\_C170 If proxy interview, go to PSA\_END.  
Otherwise, go to PSA\_C170A.

PSA\_C170A If female or age < 35, go to PSA\_END.  
Otherwise, go to PSA\_Q170.

PSA\_Q170  
PSA\_170 **(Now Prostate tests)**  
**Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?**

- |   |     |                  |
|---|-----|------------------|
| 1 | Yes |                  |
| 2 | No  | (Go to PSA_Q174) |
|   | DK  | (Go to PSA_Q174) |
|   | R   | (Go to PSA_END)  |

PSA\_Q172  
PSA\_172 **When was the last time?**

- |   |                                  |
|---|----------------------------------|
| 1 | Less than 1 year ago             |
| 2 | 1 year to less than 2 years ago  |
| 3 | 2 years to less than 3 years ago |
| 4 | 3 years to less than 5 years ago |
| 5 | 5 or more years ago              |
|   | DK, R                            |

PSA\_Q173 **Why did you have it?**  
INTERVIEWER: Mark all that apply.

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

- |         |   |  |
|---------|---|--|
| PSA_73A | 1 | Family history of prostate cancer            |
| PSA_73B | 2 | Part of regular check-up / routine screening |
| PSA_73C | 3 | Age  |
| PSA_73G | 4 | Race   |
| PSA_73D | 5 | Follow-up of problem                         |
| PSA_73E | 6 | Follow-up of prostate cancer treatment       |
| PSA_73F | 7 | Other - Specify                              |
|         |   | DK, R  |

PSA\_C173S If PSA\_Q173 = 7, go to PSA\_Q173S.  
Otherwise, go to PSA\_Q174.

PSA\_Q173S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

PSA\_Q174  
PSA\_174

**A Digital Rectal Exam is an exam in which a gloved finger is inserted into the rectum in order to feel the prostate gland.  
Have you ever had this exam?**

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

PSA\_Q175  
PSA\_175

**When was the last time?**

- 1 Less than 1 year ago
- 2 1 year to less than 2 years ago
- 3 2 years to less than 3 years ago
- 4 3 years to less than 5 years ago
- 5 5 or more years ago  
DK, R

PSA\_END

## Colorectal cancer screening (CCS)

Theme Content

CCS\_BEG

CCS\_C180A If (do CCS block = 1), go to CCS\_C180B  
CCSF0PT Otherwise, go to CCS\_END.

CCS\_C180B If proxy interview or age < 35, go to CCS\_END.  
Otherwise, go to CCS\_Q180.

CCS\_Q180 **Now a few questions about various colorectal exams.**

CCS\_180

**An FOBT is a test to check for blood in your stool, where you have a bowel movement and use a stick to smear a small sample on a special card.**

**Have you ever had this test?**

- 1 Yes
- 2 No (Go to CCS\_Q184)
- DK (Go to CCS\_Q184)
- R (Go to CCS\_END)

CCS\_Q182  
CCS\_182

**When was the last time?**

- 1 Less than 1 year ago
- 2 1 year to less than 2 years ago
- 3 2 years to less than 3 years ago
- 4 3 years to less than 5 years ago
- 5 5 years to less than 10 years ago
- 6 10 or more years ago
- DK, R

CCS\_Q183

**Why did you have it?**

INTERVIEWER: Mark all that apply.

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

- CCS\_83A 1 Family history of colorectal cancer
- CCS\_83B 2 Part of regular check-up / routine screening
- CCS\_83C 3 Age
- CCS\_83G 4 Race
- CCS\_83D 5 Follow-up of problem
- CCS\_83E 6 Follow-up of colorectal cancer treatment
- CCS\_83F 7 Other - Specify
- DK, R

CCS\_C183S If CCS\_Q183 = 7, go to CCS\_S183.  
Otherwise, go to CCS\_Q184.

CCS\_Q183S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCS\_Q184     **A colonoscopy or sigmoidoscopy is when a tube is inserted into the rectum to view the**  
CCS\_184     **bowel for early signs of cancer and other health problems.**  
                 **Have you ever had either of these exams?**

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

CCS\_Q185     **When was the last time?**  
CCS\_185

- 1        Less than 1 year ago
- 2        1 year to less than 2 years ago
- 3        2 years to less than 3 years ago
- 4        3 years to less than 5 years ago
- 5        5 years to less than 10 years ago
- 6        10 or more years ago
- DK, R

CCS\_Q186     **Why did you have it?**

INTERVIEWER: Mark all that apply.

If respondent says "Doctor recommended it" or "I requested it", probe for reason.

- CCS\_86A     1        Family history of colorectal cancer
- CCS\_86B     2        Part of regular check-up / routine screening
- CCS\_86C     3        Age
- CCS\_86G     4        Race
- CCS\_86D     5        Follow-up of problem
- CCS\_86E     6        Follow-up of colorectal cancer treatment
- CCS\_86F     7        Other - Specify
- DK, R

CCS\_C186     If CCS\_Q186 = 7, go to CCS\_S186.  
                 Otherwise, go to CCS\_C187.

CCS\_S186     INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CCS\_C187     If CCS\_Q180 = 1 (had a FOBT), go to CCS\_Q187.  
                 Otherwise, go to CCS\_END.

CCS\_Q187     **Was the colonoscopy or sigmoidoscopy a follow-up of the results of an FOBT?**  
CCS\_187

- 1        Yes
- 2        No
- DK, R

CCS\_END

## Eye examinations (EYX)

Optional Content selected by  
health regions in: Ontario

EYX\_BEG

EYX\_C140A If (EYX block = 2) or proxy interview, go to EYX\_END.  
EYXFOPT Otherwise, go to EYX\_C140B.

EYX\_C140B If HCU\_Q02B = 2, DK or R (not seen or talked to an eye specialist) or EMPTY (Module not asked), go to EYX\_Q142.  
Otherwise, go to EYX\_Q140.

EYX\_Q140 **(Now eye examinations)**  
EYX\_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 EYX\_END)
- 2 No  
DK, R (Go to EYX\_END)

EYX\_Q142 **(Now eye examinations)**  
EYX\_142 **When did you last have an eye examination?**

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

Note: In processing, if a respondent answered EYX\_Q140 = 1, the variable EYX\_Q142 is given the value of 1.

EYX\_Q146 **What are the reasons that you have not had an eye examination in the past 2 years?**  
INTERVIEWER: Mark all that apply.

- EYX\_46A 1 Have not gotten around to it
- EYX\_46B 2 Respondent - did not think it was necessary
- EYX\_46C 3 Doctor - did not think it was necessary
- EYX\_46D 4 Personal or family responsibilities
- EYX\_46E 5 Not available - at time required
- EYX\_46F 6 Not available - at all in the area
- EYX\_46G 7 Waiting time was too long
- EYX\_46H 8 Transportation - problems
- EYX\_46I 9 Language - problem
- EYX\_46J 10 Cost
- EYX\_46K 11 Did not know where to go / uninformed
- EYX\_46L 12 Fear (e.g., painful, embarrassing, find something wrong)
- EYX\_46N 13 Unable to leave the house because of a health problem
- EYX\_46M 14 Other  
DK, R

EYX\_END

## Dental visits (DEN)

Optional Content selected by  
health regions in: Newfoundland  
and Labrador, Ontario, Alberta and  
Northwest Territories

DEN\_BEG

DEN\_C130A If (do DEN block = 1), go to DEN\_C130B.  
DENFOPT Otherwise, go to DEN\_END.

DEN\_C130B If proxy interview, go to DEN\_END.  
Otherwise, go to DEN\_C130C.

DEN\_C130C If HCU\_Q02E = 2, DK or R, go to DEN\_Q132.  
Otherwise, go to DEN\_Q130.

DEN\_Q130 **(Now dental visits)**  
DEN\_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 DEN\_END)
- 2 No  
DK, R (Go to DEN\_END)

DEN\_Q132 **(Now dental visits)**  
DEN\_132 **When was the last time that you went to a dentist?**

- 1 Less than 1 year ago
- 2 1 year to less than 2 years ago (Go to DEN\_END)
- 3 2 years to less than 3 years ago (Go to DEN\_END)
- 4 3 years to less than 4 years ago (Go to DEN\_Q136)
- 5 4 years to less than 5 years ago (Go to DEN\_Q136)
- 6 5 or more years ago (Go to DEN\_Q136)
- 7 Never (Go to DEN\_Q136)  
DK, R (Go to DEN\_END)

Note: In processing, if a respondent answered DEN\_Q130 = 1, the variable DEN\_Q132 is given the value of 1.

DEN\_E132 Inconsistent answers have been entered. The respondent went to a dentist less than 1 year ago but previously reported that he/she had not “seen” or “talked” to a dentist in the past 12 months. Please confirm.

Trigger soft edit if DEN\_Q132 = 1 and HCU\_Q02E = 2.

DEN\_C133 If DEN\_Q132 = 1, go to DEN\_END.

DEN\_Q136

**What are the reasons that you have not been to a dentist in the past 3 years?**

INTERVIEWER: Mark all that apply.

- |         |    |  |
|---------|----|--|
| DEN_36A | 1  | Have not gotten around to it                             |
| DEN_36B | 2  | Respondent - did not think it was necessary              |
| DEN_36C | 3  | Dentist - did not think it was necessary                 |
| DEN_36D | 4  | Personal or family responsibilities                      |
| DEN_36E | 5  | Not available - at time required                         |
| DEN_36F | 6  | Not available - at all in the area                       |
| DEN_36G | 7  | Waiting time was too long                                |
| DEN_36H | 8  | Transportation - problems                                |
| DEN_36I | 9  | Language - problem                                       |
| DEN_36J | 10 | Cost   |
| DEN_36K | 11 | Did not know where to go / uninformed                    |
| DEN_36L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| DEN_36M | 13 | Wears dentures   |
| DEN_36O | 14 | Unable to leave the house because of a health problem    |
| DEN_36N | 15 | Other  |
|         |    | DK, R  |

DEN\_END

## Oral health 2 (OH2)

Optional Content selected by health regions in: Newfoundland and Labrador

OH2\_BEG

OH2\_C10A  
OH2FOPT If (do OH2 block = 1), go to OH2\_C10B.  
Otherwise, go to OH2\_END.

OH2\_C10B If proxy interview, go to OH2\_END.  
Otherwise, go to OH2\_C10C.

OH2\_C10C If DEN\_Q132 = 7 (never goes to dentist), go to OH2\_Q11.  
Otherwise, go to OH2\_Q10.

OH2\_Q10  
OH2\_10 **Do you usually visit the dentist:**  
**INTERVIEWER:** Read categories to respondent.

- 1 ... more than once a year for check-ups?
  - 2 ... about once a year for check-ups?
  - 3 ... less than once a year for check-ups?
  - 4 ... only for emergency care?
- DK, R (Go to OH2\_END)

OH2\_Q11  
OH2\_11 **Do you have insurance that covers all or part of your dental expenses?**

- 1 Yes
  - 2 No (Go to OH2\_C12)
- DK, R (Go to OH2\_C12)

OH2\_Q11A **Is it:**  
**INTERVIEWER:** Read categories to respondent. Mark all that apply.

- OH2\_11A 1 ... a government-sponsored plan?
- OH2\_11B 2 ... an employer-sponsored plan?
- OH2\_11C 3 ... a private plan?
- DK, R

OH2\_C12 If DEN\_Q130 = 1 or DEN\_Q132 = 1 (went to the dentist in the past year), go to OH2\_Q12.  
Otherwise, go to OH2\_Q20.

OH2\_Q12  
OH2\_12 **In the past 12 months, have you had any teeth removed by a dentist?**

- 1 Yes
  - 2 No (Go to OH2\_Q20)
- DK, R (Go to OH2\_Q20)

OH2\_Q13  
OH2\_13 **(In the past 12 months,) were any teeth removed because of decay or gum disease?**

- 1 Yes
  - 2 No
- DK, R

OH2\_Q20  
OH2\_20 **Do you have one or more of your own teeth?**

- 1 Yes
  - 2 No
- DK, R

OH2\_C21 If DEN\_Q136 = 13, go to OH2\_Q22.  
Otherwise, go to OH2\_Q21.

OH2\_Q21 **Do you wear dentures or false teeth?**

OH2\_21

- 1 Yes
- 2 No
- DK, R

Note: In processing, if a respondent answered DEN\_Q136 = 13, the variable OH2\_Q21 is given the value of 1.

OH2\_R22 **Now we have some additional questions about oral health, that is the health of your teeth and mouth.**

INTERVIEWER: Press <Enter> to continue.

OH2\_Q22 **Because of the condition of your [teeth, mouth or dentures/teeth or mouth], do you have difficulty pronouncing any words or speaking clearly?**

OH2\_22

- 1 Yes
- 2 No
- DK, R

Note: If OH2\_Q21= 1 or DEN\_Q136 = 13, use "teeth, mouth or dentures".  
Otherwise, use "teeth or mouth".

OH2\_Q23 **In the past 12 months, how often have you avoided:**

OH2\_23

**... conversation or contact with other people, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?**

INTERVIEWER: Read categories to respondent.

- 1 **Often**
- 2 **Sometimes**
- 3 **Rarely**
- 4 **Never**
- DK, R

Note: If OH2\_Q21= 1 or DEN\_Q136 = 13, use "teeth, mouth or dentures".  
Otherwise, use "teeth or mouth".

OH2\_Q24 **(In the past 12 months, how often have you avoided:)**

OH2\_24

**... laughing or smiling, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

Note: If OH2\_Q21= 1 or DEN\_Q136 = 13, use "teeth, mouth or dentures".  
Otherwise, use "teeth or mouth".

OH2\_R25 **Now some questions about the health of your teeth and mouth during the past month.**

INTERVIEWER: Press <Enter> to continue.

OH2\_Q25A  
OH2\_25A

**In the past month, have you had:**

**... a toothache?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25B  
OH2\_25B

**In the past month, were your teeth:**

**... sensitive to hot or cold food or drinks?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25C  
OH2\_25C

**In the past month, have you had:**

**... pain in or around the jaw joints?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25D  
OH2\_25D

**(In the past month, have you had:)**

**... other pain in the mouth or face?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25E  
OH2\_25E

**(In the past month, have you had:)**

**... bleeding gums?**

- 1 Yes
- 2 No  
DK, R

OH2\_Q25F  
OH2\_25F

**(In the past month, have you had:)**

**... dry mouth?**

INTERVIEWER: Do not include thirst caused by exercise.

- 1 Yes
- 2 No  
DK, R

OH2\_Q25G  
OH2\_25G

**(In the past month, have you had:)**

**... bad breath?**

- 1 Yes
- 2 No  
DK, R

OH2\_C30

If OH2\_Q20 = 1, go to OH2\_Q30.  
Otherwise, go to OH2\_END.

OH2\_Q30

OH2\_30

**How often do you brush your teeth?**

- 1 More than twice a day
  - 2 Twice a day
  - 3 Once a day
  - 4 Less than once a day but more than once a week
  - 5 Once a week
  - 6 Less than once a week
- DK, R

OH2\_END

FOR INFORMATION ONLY

## Food choices (FDC)

Optional Content selected by health regions in:  
Prince Edward Island, Manitoba, Alberta, British  
Columbia and Northwest Territories

FDC\_BEG

FDC\_C1A  
FDCFOPT If (do FDC block = 1), go to FDC\_C1B.  
Otherwise, go to FDC\_END.

FDC\_C1B If proxy interview, go to FDC\_END.  
Otherwise, go to FDC\_R1.

FDC\_R1 **Now, some questions about the foods you eat.**  
INTERVIEWER: Press <Enter> to continue.

FDC\_Q1A  
FDC\_1A **Do you choose certain foods or avoid others:**  
**... because you are concerned about your body weight?**  
  
1 Yes (or sometimes)  
2 No  
DK, R (Go to FDC\_END)

FDC\_Q1B  
FDC\_1B **(Do you choose certain foods or avoid others:)**  
**... because you are concerned about heart disease?**  
  
1 Yes (or sometimes)  
2 No  
DK, R

FDC\_Q1C  
FDC\_1C **(Do you choose certain foods or avoid others:)**  
**... because you are concerned about cancer?**  
  
1 Yes (or sometimes)  
2 No  
DK, R

FDC\_Q1D  
FDC\_1D **(Do you choose certain foods or avoid others:)**  
**... because you are concerned about osteoporosis (brittle bones)?**  
  
1 Yes (or sometimes)  
2 No  
DK, R

FDC\_Q2A  
FDC\_2A **Do you choose certain foods because of:**  
**... the lower fat content?**  
  
1 Yes (or sometimes)  
2 No  
DK, R

FDC\_Q2B  
FDC\_2B

**(Do you choose certain foods because of:)**

**... the fibre content?**

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q2C  
FDC\_2C

**(Do you choose certain foods because of:)**

**... the calcium content?**

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q3A  
FDC\_3A

**Do you avoid certain foods because of:**

**... the fat content?**

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q3B  
FDC\_3B

**(Do you avoid certain foods because of:)**

**... the type of fat they contain?**

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q3C  
FDC\_3C

**(Do you avoid certain foods because of:)**

**... the salt content?**

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q3D  
FDC\_3D

**(Do you avoid certain foods because of:)**

**... the cholesterol content?**

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_Q3E  
FDC\_3E

**(Do you avoid certain foods because of:)**

**... the calorie content?**

- 1 Yes (or sometimes)
- 2 No  
DK, R

FDC\_END

## Dietary supplement use – Vitamins and minerals (DSU)

DSU\_BEG

DSU\_C1A  
DSUFDO

If (do DSU block = 1), go to DSU\_C1B.  
Otherwise, go to DSU\_END.

Optional Content selected by health regions in:  
Yukon and Northwest Territories

DSU\_C1B

If proxy interview, go to DSU\_END.  
Otherwise, go to DSU\_Q1A.

DSU\_Q1A  
DSU\_1A

**Now, some questions about the use of nutritional supplements.**

**In the past 4 weeks, did you take any vitamin or mineral supplements?**

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

DSU\_Q1B  
DSU\_1B

**Did you take them at least once a week?**

- 1 Yes
- 2 No (Go to DSU\_Q1D)  
DK, R (Go to DSU\_END)

DSU\_Q1C  
DSU\_1C

**Last week, on how many days did you take them?**

|\_| Days  
(MIN: 1) (MAX: 7)  
DK, R

Go to DSU\_END.

DSU\_Q1D  
DSU\_1D

**In the past 4 weeks, on how many days did you take them?**

|\_| Days  
(MIN: 1) (MAX: 21)  
DK, R

DSU\_END

## Fruit and vegetable consumption (FVC)

Core Content

FVC\_BEG

FVC\_C1A  
FVCFDO If (do FVC block = 2) or proxy interview, go to FVC\_END.  
Otherwise, go to FVC\_R1.

FVC\_R1 **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.

FVC\_Q1A  
FVC\_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: Select the reporting period here and enter the number in the next screen.

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Per day   |                 |
| 2 | Per week  | (Go to FVC_N1C) |
| 3 | Per month | (Go to FVC_N1D) |
| 4 | Per year  | (Go to FVC_N1E) |
| 5 | Never     | (Go to FVC_Q2A) |
|   | DK, R     | (Go to FVC_END) |

FVC\_N1B  
FVC\_1B INTERVIEWER: Enter number of times per day.

I \_ \_ I Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q2A

FVC\_N1C  
FVC\_1C INTERVIEWER: Enter number of times per week.

I \_ \_ I Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q2A

FVC\_N1D  
FVC\_1D INTERVIEWER: Enter number of times per month.

I \_ \_ \_ I Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q2A

FVC\_N1E  
FVC\_1E INTERVIEWER: Enter number of times per year.

I \_ \_ \_ I Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q2A  
FVC\_2A

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

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Per day   |                 |
| 2 | Per week  | (Go to FVC_N2C) |
| 3 | Per month | (Go to FVC_N2D) |
| 4 | Per year  | (Go to FVC_N2E) |
| 5 | Never     | (Go to FVC_Q3A) |
|   | DK, R     | (Go to FVC_Q3A) |

FVC\_N2B  
FVC\_2B

INTERVIEWER: Enter number of times per day.

I \_ \_ I Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q3A

FVC\_N2C  
FVC\_2C

INTERVIEWER: Enter number of times per week.

I \_ \_ I Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q3A

FVC\_N2D  
FVC\_2D

INTERVIEWER: Enter number of times per month.

I \_ \_ I Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q3A

FVC\_N2E  
FVC\_2E

INTERVIEWER: Enter number of times per year.

I \_ \_ I Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q3A  
FVC\_3A

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

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Per day   |                 |
| 2 | Per week  | (Go to FVC_N3C) |
| 3 | Per month | (Go to FVC_N3D) |
| 4 | Per year  | (Go to FVC_N3E) |
| 5 | Never     | (Go to FVC_Q4A) |
|   | DK, R     | (Go to FVC_Q4A) |

FVC\_N3B  
FVC\_3B

INTERVIEWER: Enter number of times per day.

I \_ \_ I Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q4A

FVC\_N3C  
FVC\_3C

INTERVIEWER: Enter number of times per week.

\_|\_|\_ Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q4A

FVC\_N3D  
FVC\_3D

INTERVIEWER: Enter number of times per month.

\_|\_|\_| Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q4A

FVC\_N3E  
FVC\_3E

INTERVIEWER: Enter number of times per year.

\_|\_|\_| Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q4A  
FVC\_4A

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

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Per day   |                 |
| 2 | Per week  | (Go to FVC_N4C) |
| 3 | Per month | (Go to FVC_N4D) |
| 4 | Per year  | (Go to FVC_N4E) |
| 5 | Never     | (Go to FVC_Q5A) |
|   | DK, R     | (Go to FVC_Q5A) |

FVC\_N4B  
FVC\_4B

INTERVIEWER: Enter number of times per day.

\_|\_|\_ Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q5A

FVC\_N4C  
FVC\_4C

INTERVIEWER: Enter number of times per week.

\_|\_|\_ Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q5A

FVC\_N4D  
FVC\_4D

INTERVIEWER: Enter number of times per month.

\_|\_|\_| Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q5A

FVC\_N4E INTERVIEWER: Enter number of times per year.

FVC\_4E

\_\_\_\_ Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q5A **How often do you (usually) eat carrots?**

FVC\_5A

INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Per day   |                 |
| 2 | Per week  | (Go to FVC_N5C) |
| 3 | Per month | (Go to FVC_N5D) |
| 4 | Per year  | (Go to FVC_N5E) |
| 5 | Never     | (Go to FVC_Q6A) |
|   | DK, R     | (Go to FVC_Q6A) |

FVC\_N5B INTERVIEWER: Enter number of times per day.

FVC\_5B

\_\_\_\_ Times  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_Q6A

FVC\_N5C INTERVIEWER: Enter number of times per week.

FVC\_5C

\_\_\_\_ Times  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_Q6A

FVC\_N5D INTERVIEWER: Enter number of times per month

FVC\_5D

\_\_\_\_ Times  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_Q6A

FVC\_N5E INTERVIEWER: Enter number of times per year.

FVC\_5E

\_\_\_\_ Times  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_Q6A **Not counting carrots, potatoes, or salad, how many servings of other vegetables do you**

FVC\_6A

usually eat?  
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

- |   |           |                 |
|---|-----------|-----------------|
| 1 | Per day   |                 |
| 2 | Per week  | (Go to FVC_N6C) |
| 3 | Per month | (Go to FVC_N6D) |
| 4 | Per year  | (Go to FVC_N6E) |
| 5 | Never     | (Go to FVC_END) |
|   | DK, R     | (Go to FVC_END) |

FVC\_N6B  
FVC\_6B

INTERVIEWER: Enter number of servings per day.

I \_ \_ I    Servings  
(MIN: 1) (MAX: 20)  
DK, R

Go to FVC\_END

FVC\_N6C  
FVC\_6C

INTERVIEWER: Enter number of servings per week.

I \_ \_ I    Servings  
(MIN: 1) (MAX: 90)  
DK, R

Go to FVC\_END

FVC\_N6D  
FVC\_6D

INTERVIEWER: Enter number of servings per month.

I \_ \_ \_ I    Servings  
(MIN: 1) (MAX: 200)  
DK, R

Go to FVC\_END

FVC\_N6E  
FVC\_6E

INTERVIEWER: Enter number of servings per year.

I \_ \_ \_ I    Servings  
(MIN: 1) (MAX: 500)  
DK, R

FVC\_END

## Physical activities (PAC)

Core Content

PAC\_BEG

PAC\_C1 If (do PAC block = 1), go to PAC\_C2.  
Otherwise, go to PAC\_END.

PAC\_C2 If proxy interview, go to PAC\_END.

PAC\_R1 **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.

PAC\_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.

PAC_1A	1	Walking for exercise	PAC_1M	13	Downhill skiing or snowboarding
PAC_1B	2	Gardening or yard work	PAC_1N	14	Bowling
PAC_1C	3	Swimming	PAC_1O	15	Baseball or softball
PAC_1D	4	Bicycling	PAC_1P	16	Tennis
PAC_1E	5	Popular or social dance	PAC_1Q	17	Weight-training
PAC_1F	6	Home exercises	PAC_1R	18	Fishing
PAC_1G	7	Ice hockey	PAC_1S	19	Volleyball
PAC_1H	8	Ice skating	PAC_1T	20	Basketball
PAC_1I	9	In-line skating or rollerblading	PAC_1Z	21	Soccer
PAC_1J	10	Jogging or running	PAC_1U	22	Any other
PAC_1K	11	Golfing	PAC_1V	23	No physical activity
PAC_1L	12	Exercise class or aerobics			

DK, R (Go to PAC\_END)

PAC\_E1 If "No physical activity" is chosen in PAC\_Q1 with any other response, show pop-up edit as follows.

**You cannot select "No physical activity" and another category.  
Please return and correct.**

PAC\_C1V If PAC\_Q1=23 only, go to PAC\_R7.

PAC\_C1VS If PAC\_Q1 = 22, go to PAC\_Q1VS.  
Otherwise, go to PAC\_Q2n.

PAC\_Q1VS **What was this activity?**  
INTERVIEWER: Enter one activity only.

(80 spaces)

DK, R (Go to PAC\_C2)

PAC\_Q1X **In the past 3 months, did you do any other physical activity for leisure?**

PAC\_1W

- 1 Yes
- 2 No (Go to PAC\_Q2n)
- DK, R (Go to PAC\_Q2n)

PAC\_Q1XS **What was this activity?**

INTERVIEWER: Enter one activity only.

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

DK, R (Go to PAC\_Q2n)

PAC\_Q1Y **In the past 3 months, did you do any other physical activity for leisure?**

PAC\_1X

- 1 Yes
- 2 No (Go to PAC\_Q2n)
- DK, R (Go to PAC\_Q2n)

PAC\_Q1YS **What was this activity?**

INTERVIEWER: Enter one activity only.

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

DK, R (Go to PAC\_Q2n)

PAC\_C2 If PAC\_Q1 = 22 only and PAC\_Q1VS = DK, R go to PAC\_R7.  
Otherwise, go to PAC\_Q2n.

**For each activity identified in PAC\_Q1, ask PAC\_Q2n and PAC\_Q3n.**

PAC\_Q2n **In the past 3 months, how many times did you [participate in identified activity]?**

PAC\_2N

\_|\_|\_| 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)

PAC\_Q3n **About how much time did you spend on each occasion?**

PAC\_3N

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

PAC\_R7 **The last questions were about leisure time activities. Next, some questions about walking and bicycling that you do only as a way of getting to and from work or school.**

INTERVIEWER: Press <Enter> to continue.

PAC\_Q7  
PAC\_7

[Other than the ( X ) times you already reported walking for exercise was there any other time / Was there any time] in the past 3 months when you walked to and from work or school?

- |   |                               |                 |
|---|-------------------------------|-----------------|
| 1 | Yes                           |                 |
| 2 | No                            | (Go to PAC_Q8)  |
| 3 | Does not work or go to school | (Go to PAC_END) |
|   | DK, R                         | (Go to PAC_Q8)  |

Note: (If PAC\_Q2n > 0, where n = 1, X=PAC\_Q2n, and use "Other than the (X) times you already reported walking for exercise was there any other time"). Otherwise use "Was there any time".

PAC\_Q7A  
PAC\_7A

**How many times?**

|\_|\_|\_| Times  
(MIN: 1) (MAX: 270)

DK, R (Go to PAC\_Q8)

PAC\_Q7B  
PAC\_7B

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

INTERVIEWER: Include both walking to and from work and school, if both apply.

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

PAC\_Q8  
PAC\_8

[Other than the ( X ) times you already reported bicycling was there any other time / Was there any other time] in the past 3 months when you bicycled to and from work or school?

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

Note1: (If PAC\_Q2n > 0, where n = 4, X=PAC\_Q2n, and use "Other than the (X) times you already reported bicycling was there any other time"). Otherwise use "Was there any time".

Note2: (If PAC\_Q7 = 3, PAC\_Q8 will be filled with "Does not work or go to school" in processing)

PAC\_Q8A  
PAC\_8A

**How many times?**

|\_|\_|\_| Times  
(MIN: 1) (MAX: 200)

DK, R (Go to PAC\_END)

PAC\_Q8B  
PAC\_8B

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

INTERVIEWER: Include both bicycling to and from work and school, if both apply.

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

PAC\_END

## Sedentary activities (SAC)

Theme Content

SAC\_BEG

SAC\_C1A      If (do SAC block = 1), go to SAC\_C1B.  
SACFOPT      Otherwise, go to SAC\_END.

SAC\_C1B      If proxy interview, go to SAC\_END.  
Otherwise, go to SAC\_R1.

SAC\_R1      **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.

SAC\_Q1      **In a typical week in the past 3 months, how much time did you usually spend:**  
SAC\_1      **... on a computer, including playing computer games and using the Internet?**  
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 SAC\_END)

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

SAC\_Q2      **(In a typical week, in the past 3 months, how much time did you usually spend:)**  
SAC\_2      **... playing video games, such as XBOX, Nintendo and Playstation?**

- 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

SAC\_Q3  
SAC\_3

(In a typical week in the past 3 months, how much time did you usually spend:)

... watching television or videos?

- 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

SAC\_Q4  
SAC\_4

(In a typical week, in the past 3 months, 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
- DK, R

SAC\_END

## Use of protective equipment (UPE)

Optional Content selected by health  
regions in: Nova Scotia,  
Saskatchewan and Alberta

UPE\_BEG

UPE\_C1A  
UPEFDO If (do UPE block = 1), go to UPE\_C1B.  
Otherwise, go to UPE\_END.

UPE\_C1B If proxy interview, go to UPE\_END.  
Otherwise, go to UPE\_C1C.

UPE\_C1C If PAC\_Q1 = 4 (bicycling for leisure) or PAC\_Q1 = 9 (in-line skating or rollerblading) or PAC\_Q1 = 13 (downhill skiing or snowboarding), or (PAC\_Q8 = 1 (bicycling to work or school)), go to UPE\_R1.  
Otherwise, go to UPE\_C3A.

UPE\_R1 **Now a few questions about precautions you take while participating in physical activities.**  
INTERVIEWER: Press <Enter> to continue.

UPE\_C1D If PAC\_Q1 = 4 (bicycling for leisure) or (PAC\_Q8 = 1 (bicycling to work or school)), go to UPE\_Q1.  
Otherwise, go to UPE\_C2A.

UPE\_Q1  
UPE\_01 **When riding a bicycle, how often do you wear a helmet?**  
INTERVIEWER: Read categories to respondent.

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, R

UPE\_C2A If PAC\_Q1 = 9 (in-line skating or rollerblading), go to UPE\_Q2A.  
Otherwise, go to UPE\_C3A.

UPE\_Q2A  
UPE\_02A **When in-line skating or rollerblading, how often do you wear a helmet?**

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, R

UPE\_Q2B  
UPE\_02B **How often do you wear wrist guards or wrist protectors?**

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, R

UPE\_Q2C  
UPE\_02C **How often do you wear elbow pads?**

- 1 Always
  - 2 Most of the time
  - 3 Rarely
  - 4 Never
- DK, R

UPE\_C3A If PAC\_Q1 = 13 (downhill skiing or snowboarding), go to UPE\_Q3A.  
Otherwise, go to UPE\_Q3B.

UPE\_Q3A  
UPE\_03A

**Earlier, you mentioned going downhill skiing or snowboarding in the past 3 months. Was that:**

INTERVIEWER: Read categories to respondent.

- |   |                           |                 |
|---|---------------------------|-----------------|
| 1 | ... downhill skiing only? | (Go to UPE_Q4A) |
| 2 | ... snowboarding only?    | (Go to UPE_C5A) |
| 3 | ... both ?                | (Go to UPE_Q4A) |
|   | DK, R                     | (Go to UPE_C6)  |

UPE\_Q3B  
UPE\_03B

**In the past 12 months, did you do any downhill skiing or snowboarding?**

INTERVIEWER: Read categories to respondent.

- |   |                      |                 |
|---|----------------------|-----------------|
| 1 | Downhill skiing only | (Go to UPE_Q4A) |
| 2 | Snowboarding only    | (Go to UPE_C5A) |
| 3 | Both                 | (Go to UPE_Q4A) |
| 4 | Neither              | (Go to UPE_C6)  |
|   | DK, R                | (Go to UPE_C6)  |

UPE\_Q4A  
UPE\_04A

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

INTERVIEWER: Read categories to respondent.

- |   |                  |
|---|------------------|
| 1 | Always           |
| 2 | Most of the time |
| 3 | Rarely           |
| 4 | Never            |
|   | DK, R            |

UPE\_C5A

If UPE\_Q3A = 2 or 3 (snowboarding or both) or UPE\_Q3B = 2 or 3, go to UPE\_Q5A.  
Otherwise, go to UPE\_C6.

UPE\_Q5A  
UPE\_05A

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

INTERVIEWER: Read categories to respondents.

- |   |                  |
|---|------------------|
| 1 | Always           |
| 2 | Most of the time |
| 3 | Rarely           |
| 4 | Never            |
|   | DK, R            |

UPE\_Q5B  
UPE\_05B

**How often do you wear wrist guards or wrist protectors?**

- |   |                  |
|---|------------------|
| 1 | Always           |
| 2 | Most of the time |
| 3 | Rarely           |
| 4 | Never            |
|   | DK, R            |

UPE\_C6

If age  $\geq 12$  or  $\leq 19$ , go to UPE\_Q6.  
Otherwise, go to UPE\_END.

UPE\_Q6  
UPE\_06

**In the past 12 months, have you done any skateboarding?**

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

UPE\_Q6A  
UPE\_06A

**How often do you wear a helmet?**

INTERVIEWER: Read categories to respondent.

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

UPE\_Q6B  
UPE\_06B

**How often do you wear wrist guards or wrist protectors?**

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- DK, R

UPE\_Q6C  
UPE\_06C

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

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- DK, R

UPE\_END

## Sun safety behaviours (SSB)

Optional Content selected by health regions in: Prince Edward Island

SSB\_BEG

SSB\_C1  
SSBFOPT If (do SSB block = 1), go to SSB\_C2.  
Otherwise, go to SSB\_END.

SSB\_C2 If proxy interview, go to SSB\_END.  
Otherwise, go to SSB\_R01.

SSB\_R01 **The next few questions are about exposure to the sun and sunburns. Sunburn is defined as any reddening or discomfort of the skin, that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.**  
INTERVIEWER: Press <Enter> to continue.

SSB\_Q01  
SSB\_01 **In the past 12 months, has any part of your body been sunburnt?**

- 1 Yes
- 2 No (Go to SSB\_R06)
- DK, R (Go to SSB\_END)

SSB\_Q02  
SSB\_02 **Did any of your sunburns involve blistering?**

- 1 Yes
- 2 No
- DK, R

SSB\_Q03  
SSB\_03 **Did any of your sunburns involve pain or discomfort that lasted for more than 1 day?**

- 1 Yes
- 2 No
- DK, R

SSB\_R06 **For the next questions, think about a typical weekend, or day off from work or school in the summer months.**  
INTERVIEWER: Press <Enter> to continue.

SSB\_Q06  
SSB\_06 **About how much time each day do you spend in the sun between 11 am and 4 pm?**

- 1 None (Go to SSB\_Q13)
- 2 Less than 30 minutes (Go to SSB\_Q13)
- 3 30 to 59 minutes
- 4 1 hour to less than 2 hours
- 5 2 hours to less than 3 hours
- 6 3 hours to less than 4 hours
- 7 4 hours to less than 5 hours
- 8 5 hours
- DK, R (Go to SSB\_Q13)

SSB\_Q07  
SSB\_07

**In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:**

**... seek shade?**

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Often**
- 3 **Sometimes**
- 4 **Rarely**
- 5 **Never**
- DK, R

SSB\_Q08  
SSB\_08

**(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)**

**... wear a hat that shades your face, ears and neck?**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK, R

SSB\_Q09A  
SSB\_09A

**(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)**

**... wear long pants or a long skirt to protect your skin from the sun?**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- DK, R

SSB\_Q09B  
SSB\_09B

**(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)**

**... use sunscreen on your face?**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB\_Q11)
- 5 Never (Go to SSB\_Q11)
- DK, R (Go to SSB\_Q11)

SSB\_Q10  
SSB\_10

**What Sun Protection factor (SPF) do you usually use?**

- 1 Less than 15
- 2 15 to 25
- 3 More than 25
- DK, R

SSB\_Q11  
SSB\_11

**In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:**

**... use sunscreen on your body?**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely (Go to SSB\_Q13)
- 5 Never (Go to SSB\_Q13)
- DK, R (Go to SSB\_Q13)

SSB\_Q12  
SSB\_12

**What Sun Protection factor (SPF) do you usually use?**

- 1 Less than 15
- 2 15 to 25
- 3 More than 25
- DK, R

SSB\_Q13  
SSB\_13

**Do you have skin cancer?**

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

SSB\_E13

Inconsistent answers have been entered. The respondent reported having skin cancer but previously reported that he/she did not have cancer. Please confirm.

Trigger soft edit if SSB\_Q13 = 1 and CCC\_Q131 = 2.

SSB\_C14

If SSB\_Q13 = 1, go to SSB\_Q15.  
Otherwise, go to SSB\_Q14.

SSB\_Q14  
SSB\_14

**Have you ever been diagnosed with skin cancer?**

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

SSB\_E14

Inconsistent answers have been entered. The respondent reported having (ever) been diagnosed with skin cancer but previously reported that he/she had not ever been diagnosed cancer. Please confirm.

Trigger soft edit if SSB\_Q14 = 1 and CCC\_Q132 = 2.

SSB\_Q15  
SSB\_15

**What type of skin cancer [do/did] you have?**

- 1 Melanoma
- 2 Non-melanoma
- DK, R

Note:

If SSB\_Q13 = Yes, then use "do".  
Otherwise, use "did".

SSB\_END

## Injuries (INJ) (REP)

Optional Content selected by health  
regions in:  
Nova Scotia and British Columbia

INJ\_BEG

INJ\_C1 If (do INJ block = 1), go to REP\_R1.  
INJFDO Otherwise, go to INJ\_END.

### Repetitive strain

REP\_R1 **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 tendonitis.)**  
INTERVIEWER: Press <Enter> to continue.

REP\_Q1 **In the past 12 months, that is, from [date one year ago] to yesterday, did ^YOU2 have any**  
REP\_1 **injuries due to repetitive strain which were serious enough to limit YOUR1 normal activities?**

- 1 Yes
- 2 No (Go to INJ\_R1)
- DK, R (Go to INJ\_R1)

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

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

REP\_Q4 **What type of activity ^WERE ^YOU1 doing when ^YOU1 got this repetitive strain?**  
INTERVIEWER: Mark all that apply.

- REP\_4A 1 Sports or physical exercise (include school activities)
- REP\_4B 2 Leisure or hobby (include volunteering)
- REP\_4C 3 Working at a job or business (exclude travel to or from work)
- REP\_4G 4 Travel to or from work
- REP\_4D 5 Household chores, other unpaid work or education
- REP\_4E 6 Sleeping, eating, personal care
- REP\_4F 7 Other - Specify
- DK, R

REP\_C4S If REP\_Q4 = 7, go to REP\_Q4S.  
Otherwise, go to INJ\_R1.

REP\_Q4S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

Number of injuries and details of most serious injury

Note: If REP\_Q1 = 1, use "other injuries" in INJ\_R1.  
Otherwise, use "injuries" in INJ\_R1.

INJ\_R1 **Now some questions about [other] injuries which occurred in the past 12 months, and were serious enough to limit ^YOUR2 normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.**  
**INTERVIEWER:** Press <Enter> to continue.

INJ\_Q01 **[Not counting repetitive strain injuries, in the past 12 months, / In the past 12 months,] that is, from [date one year ago] to yesterday, ^WERE ^YOU1 injured?**  
INJ\_01

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

Note: If REP\_Q1 = 1, use "Not counting repetitive strain injuries, in the past 12 months," in INJ\_Q01.  
Otherwise, use "In the past 12 months," in INJ\_Q01.

INJ\_Q02 **How many times ^WERE ^YOU1 injured?**  
INJ\_02

|\_| Times  
(MIN: 1) (MAX: 30; warning after 6)  
DK, R (Go to INJ\_END)

INJ\_Q03 **[Thinking about the most serious injury, in which month / In which month] did it happen?**  
INJ\_03

- |   |          |    |           |
|---|----------|----|-----------|
| 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 INJ\_Q05)

Note: If INJ\_Q02 = 1 (one injury), use "In which month" in INJ\_Q03.  
Otherwise, use "Thinking about the most serious injury, in which month" in INJ\_Q03.

INJ\_C04 If INJ\_Q03 = C\_MONTH, go to INJ\_Q04.  
Otherwise, go to INJ\_Q05.

NJ\_Q04 **Was that this year or last year?**  
INJ\_04

- 1 This year
- 2 Last year
- DK, R

INJ\_Q05  
INJ\_05

**What type of injury did YOU1 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 or human bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to INJ\_Q08)
- 9 Poisoning (Go to INJ\_Q08)
- 10 Injury to internal organs (Go to INJ\_Q07)
- 11 Other - Specify  
DK, R

INJ\_C05S If INJ\_Q05 = 11, go to INJ\_Q05S.  
Otherwise, go to INJ\_Q06.

INJ\_Q05S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q06  
INJ\_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
- 8 Hand
- 9 Hip
- 10 Thigh
- 11 Knee, lower leg
- 12 Ankle, foot
- 13 Upper back or upper spine (excluding neck)
- 14 Lower back or lower spine
- 15 Chest (excluding back and spine)
- 16 Abdomen or pelvis (excluding back and spine)  
DK, R

Go to INJ\_Q08

INJ\_Q07  
INJ\_07

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

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

INJ\_C07S If INJ\_Q07 = 3, go to INJ\_Q07S.  
Otherwise, go to INJ\_Q08.

INJ\_Q07S      INTERVIEWER: Specify.

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

DK, R

INJ\_Q08

INJ\_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      Sports or athletics area of school, college, university
  - 5      Other sports or athletics area (exclude school sports areas)
  - 6      Other institution (e.g., church, hospital, theatre, civic building)
  - 7      Street, highway, sidewalk
  - 8      Commercial area (e.g., store, restaurant, office building, transport terminal)
  - 9      Industrial or construction area
  - 10     Farm (exclude farmhouse and its surrounding area)
  - 11     Countryside, forest, lake, ocean, mountains, prairie, etc.
  - 12     Other - Specify
- DK, R

INJ\_C08S      If INJ\_Q08 = 12, go to INJ\_Q08S.  
Otherwise, go to INJ\_Q09.

INJ\_Q08S      INTERVIEWER: Specify.

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

DK, R

INJ\_Q09

INJ\_09

**What type of activity ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?**

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

INJ\_C09S      If INJ\_Q09 = 7, go to INJ\_Q09S.  
Otherwise, go to INJ\_Q10.

INJ\_Q09S      INTERVIEWER: Specify.

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

DK, R

INJ\_Q10

INJ\_10

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

INTERVIEWER: Select "No" for transportation accidents.

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

INJ\_Q11

INJ\_11

**How did ^YOU1 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  
DK, R

INJ\_C11S

If INJ\_Q11 = 7, go to INJ\_Q11S.  
Otherwise, go to INJ\_Q13.

INJ\_Q11S

INTERVIEWER: Specify.

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

DK, R

Go to INJ\_Q13

INJ\_Q12

INJ\_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  
DK, R

INJ\_C12S

If INJ\_Q12 = 10, go to INJ\_Q12S.  
Otherwise, go to INJ\_Q13.

INJ\_Q12S

INTERVIEWER: Specify.

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

DK, R

INJ\_Q13

INJ\_13

**Did ^YOU2 receive any medical attention for the injury from a health professional in the 48 hours following the injury?**

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

INJ\_Q14

**Where did ^YOU1 receive treatment?**

INTERVIEWER: Mark all that apply.

- |         |    |   |
|---------|----|---|
| INJ_14A | 1  | Doctor's office                                       |
| INJ_14B | 2  | Hospital emergency room                               |
| INJ_14C | 3  | Hospital outpatient clinic (e.g. day surgery, cancer) |
| INJ_14D | 4  | Walk-in clinic  |
| INJ_14E | 5  | Appointment clinic                                    |
| INJ_14F | 6  | Community health centre / CLSC                        |
| INJ_14G | 7  | At work   |
| INJ_14H | 8  | At school   |
| INJ_14I | 9  | At home   |
| INJ_14J | 10 | Telephone consultation only                           |
| INJ_14K | 11 | Other - Specify<br>DK, R                              |

INJ\_C14S      If INJ\_Q14 = 11, go to INJ\_Q14S.  
Otherwise, go to INJ\_Q15.

INJ\_Q14S      INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

INJ\_Q15  
INJ\_15

**^WERE\_C ^YOU1 admitted to a hospital overnight?**

- |   |       |
|---|-------|
| 1 | Yes   |
| 2 | No    |
|   | DK, R |

INJ\_E15      If INJ\_Q15 = 1 and HCU\_Q01BA = 2 (No), show pop-up message as follows:

Inconsistent answers have been entered. Please confirm.

INJ\_Q16  
INJ\_16

**Did ^YOU2 have any other injuries in the past 12 months that were treated by a health professional, but did not limit ^YOUR1 normal activities?**

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

INJ\_Q17  
INJ\_17

**How many injuries?**

[\_] Injuries  
(MIN: 1) (MAX: 30; warning after 6)  
DK, R

INJ\_END

## Satisfaction with life (SWL)

Optional Content selected by health regions in: Quebec, Alberta and Nunavut

SWL\_C1  
SWLFDO If (do SWL block = 2), go to SWL\_END.  
Otherwise, go to SWL\_C2.

SWL\_C2 If proxy interview, go to SWL\_END.  
Otherwise, go to SWL\_R1.

SWL\_R1 **Now I'd like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied.**  
**INTERVIEWER:** Press <Enter> to continue.

SWL\_Q02  
SWL\_02 **How satisfied are you with your job or main activity?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK  
R (Go to SWL\_END)

SWL\_Q03  
SWL\_03 **How satisfied are you with your leisure activities?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q04  
SWL\_04 **(How satisfied are you) with your financial situation?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q05  
SWL\_05 **How satisfied are you with yourself?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q06  
SWL\_06 **How satisfied are you with the way your body looks?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q07  
SWL\_07

**How satisfied are you with your relationships with other family members?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q08  
SWL\_08

**(How satisfied are you) with your relationships with friends?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q09  
SWL\_09

**(How satisfied are you) with your housing?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_Q10  
SWL\_10

**(How satisfied are you) with your neighbourhood?**

- 1 Very satisfied
  - 2 Satisfied
  - 3 Neither satisfied nor dissatisfied
  - 4 Dissatisfied
  - 5 Very dissatisfied
- DK, R

SWL\_END

## Stress - Sources (STS)

Optional Content selected by health regions in: Yukon and Nunavut

STS\_BEG

STS\_C1  
STS\_FDO If (do STS block = 1), go to STS\_C2.  
Otherwise, go to STS\_END.

STS\_C2 If proxy interview, go to STS\_END.  
Otherwise, go to STS\_R1.

STS\_R1 **Now a few questions about the stress in your life.**  
INTERVIEWER: Press <Enter> to continue.

STS\_Q1  
STS\_1 **In general, how would you rate your ability to handle unexpected and difficult problems, for example, a family or personal crisis? Would you say your ability is:**  
INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
  - 2 ... very good?
  - 3 ... good?
  - 4 ... fair?
  - 5 ... poor?
- DK, R (Go to STS\_END)

STS\_Q2  
STS\_2 **In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities? Would you say your ability is:**  
INTERVIEWER: Read categories to respondent.

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

STS\_Q3  
STS\_3 **Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?**  
INTERVIEWER: Do not probe.

- 1 Time pressures / not enough time
  - 2 Own physical health problem or condition
  - 3 Own emotional or mental health problem or condition
  - 4 Financial situation (e.g., not enough money, debt)
  - 5 Own work situation (e.g., hours of work, working conditions)
  - 6 School
  - 7 Employment status (e.g., unemployment)
  - 8 Caring for - own children
  - 9 Caring for - others
  - 10 Other personal or family responsibilities
  - 11 Personal relationships
  - 12 Discrimination
  - 13 Personal and family's safety
  - 14 Health of family members
  - 15 Other - Specify
  - 16 Nothing (Go to STS\_END)
- DK, R (Go to STS\_END)

STS\_C3S If STS\_Q3 = 15, go to STS\_Q3S.  
Otherwise, go to STS\_END.

STS\_Q3S

INTERVIEWER: Specify.

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

DK, R

STS\_END

FOR INFORMATION ONLY

## Stress – Coping with stress (STC)

Optional Content selected by  
health regions in: Yukon and  
Nunavut

STC\_BEG

STC\_C1  
STCFOPT If (do STC block = 1), go to STC\_C2.  
Otherwise, go to STR\_END.

STC\_C2 If proxy interview, go to STC\_END.  
Otherwise, go to STC\_R1.

STC\_R1 **Now a few questions about coping with stress.**  
INTERVIEWER: Press <Enter> to continue.

STC\_Q1\_1  
STC\_61 **People have different ways of dealing with stress. Thinking about the ways you deal with stress, please tell me how often you do each of the following.**

**How often do you try to solve the problem?**  
INTERVIEWER: Read categories to respondent.

- 1 **Often**
  - 2 **Sometimes**
  - 3 **Rarely**
  - 4 **Never**
- DK, R (Go to STC\_END)

STC\_Q1\_2  
STC\_62 **To deal with stress, how often do you talk to others?**

- 1 Often
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
- DK, R

STC\_Q1\_3  
STC\_63 **(When dealing with stress,) how often do you avoid being with people?**

- 1 Often
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
- DK, R

STC\_Q1\_4  
STC\_64 **How often do you sleep more than usual to deal with stress?**

- 1 Often
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
- DK, R

STC\_Q1\_5A  
STC\_65A **When dealing with stress, how often do you try to feel better by eating more, or less, than usual?**

- 1 Often
  - 2 Sometimes
  - 3 Rarely
  - 4 Never
- DK, R

STC\_Q1\_5B (When dealing with stress,) how often do you try to feel better by smoking more cigarettes  
STC\_65B than usual?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Do not smoke  
DK, R

STC\_Q1\_5C When dealing with stress, how often do you try to feel better by drinking alcohol?  
STC\_65C

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STC\_Q1\_5D (When dealing with stress,) how often do you try to feel better by using drugs or  
STC\_65D medication?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STC\_Q1\_6 How often do you jog or do other exercise to deal with stress?  
STC\_66

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STC\_Q1\_7 How often do you pray or seek spiritual help to deal with stress?  
STC\_67

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STC\_Q1\_8 (To deal with stress,) how often do you try to relax by doing something enjoyable?  
STC\_68

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STC\_Q1\_9 (To deal with stress,) how often do you try to look on the bright side of things?  
STC\_69

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never  
DK, R

STC\_Q1\_10    **How often do you blame yourself?**  
STC\_610

- 1        Often
- 2        Sometimes
- 3        Rarely
- 4        Never
- DK, R

STC\_Q1\_11    **To deal with stress, how often do you wish the situation would go away or somehow be finished?**  
STC\_611

- 1        Often
- 2        Sometimes
- 3        Rarely
- 4        Never
- DK, R

STC\_END

FOR INFORMATION ONLY

## Stress - Recent life events (RLE)

Optional Content selected by  
health regions in: Yukon

RLE\_BEG

RLE\_C100  
RLEFDO If (do RLE block = 1), go to RLE\_C200.  
Otherwise, go to RLE\_END.

RLE\_C200 If proxy interview or age < 18, go to RLE\_END.  
Otherwise, go to RLE\_C201.

RLE\_C201 If (do OGP block = 1), go to RLE\_R2.  
Otherwise, go to RLE\_R1.

RLE\_R1 **The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.**  
INTERVIEWER: Press <Enter> to continue.

RLE\_R2 **I'd like to ask you about some things that may have happened in the past 12 months, that is, from [date one year ago] to yesterday. Some of these experiences happen to most people at one time or another, while some happen to only a few. First, I'd like to ask about yourself or anyone close to you (that is, your spouse or partner, children, relatives or close friends).**  
INTERVIEWER: Press <Enter> to continue.

RLE\_Q201  
RLE\_201 **In the past 12 months, was any one of you beaten up or physically attacked?**

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

RLE\_Q202  
RLE\_202 **Now I'd like you to think just about your family, that is, yourself and your spouse/partner or children, if any.**

**In the past 12 months, did [someone/you or someone] in your family, have an unwanted pregnancy?**

- 1 Yes
- 2 No
- DK, R

Note: If sex = female, use "you or someone" in RLE\_Q202.  
Otherwise, use "someone" in RLE\_Q202.

RLE\_Q203  
RLE\_203 **(In the past 12 months,) did [someone/you or someone] in your family have an abortion or miscarriage?**

- 1 Yes
- 2 No
- DK, R

Note: If sex = female, use "you or someone" in RLE\_Q203.  
Otherwise, use "someone" in RLE\_Q203.

RLE\_Q204 (In the past 12 months,) did you or someone in your family have a major financial crisis?  
RLE\_204

- 1 Yes
- 2 No
- DK, R

RLE\_Q205 (In the past 12 months,) did you or someone in your family fail school or a training  
RLE\_205 program?

- 1 Yes
- 2 No
- DK, R

RLE\_Q206 Now I'd like you to think just about [yourself / yourself and your spouse or partner].  
RLE\_206

In the past 12 months, did you [you / you or your partner] experience a change of job for a worse one?

- 1 Yes
- 2 No
- DK, R

Note: If marital status = married or living common-law, include the phrase "yourself and your spouse or partner" and "you or your partner" in RLE\_Q206.  
Otherwise, use "yourself" and "you" in RLE\_Q206.

RLE\_Q207 (In the past 12 months,) were [you / you or your partner] demoted at work or did [you /  
RLE\_207 either of you] take a cut in pay?

- 1 Yes
- 2 No
- DK, R

Note: If marital status = married or living common-law, include the phrase "yourself or your partner" and "either of you" in RLE\_Q207.  
Otherwise, use "yourself" and "you" in RLE\_Q207.

RLE\_C208 If marital status = married or living common-law, ask RLE\_Q208. Otherwise, go to RLE\_Q209.

RLE\_Q208 (In the past 12 months,) did you have increased arguments with your partner?  
RLE\_208

- 1 Yes
- 2 No
- DK, R

RLE\_Q209 [Now, just you personally, in / In] the past 12 months, did you go on welfare?  
RLE\_209

- 1 Yes
- 2 No
- DK, R

Note: If marital status = married or living common-law, include the phrase "Now, just you personally, in" in RLE\_Q209.  
Otherwise, use "In" in RLE\_Q209.

RLE\_C210 If OGP\_Q109 = 1 (has children), go to RLE\_Q211.  
Otherwise, go to RLE\_C210A.

RLE\_C210A If (do OGP block) = 2, go to RLE\_Q210.  
Otherwise, go to RLE\_END.

RLE\_Q210  
RLE\_210

**Do you have any children?**

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

RLE\_Q211  
RLE\_211

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

- 1 Yes
- 2 No  
DK, R

RLE\_END

## Stress - Childhood and adult stressors (CST)

Optional Content selected  
by health regions in:  
Northwest Territories

CST\_BEG

CST\_C1  
CSTFOPT If (do CST block = 1) go to CST\_C2.  
Otherwise, go to CST\_END.

CST\_C2 If proxy interview or age < 18, go to CST\_END.  
Otherwise, go to CST\_R1.

CST\_R1 **The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house.**

**Please tell me if any of these things have happened to you.**

INTERVIEWER: Press <Enter> to continue.

CST\_Q1  
CST\_1 **Did you spend 2 weeks or more in the hospital?**

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

CST\_Q2  
CST\_2 **Did your parents get a divorce?**

- 1 Yes
- 2 No
- DK, R

CST\_Q3  
CST\_3 **Did your father or mother not have a job for a long time when they wanted to be working?**

- 1 Yes
- 2 No
- DK, R

CST\_Q4  
CST\_4 **Did something happen that scared you so much you thought about it for years after?**

- 1 Yes
- 2 No
- DK, R

CST\_Q5  
CST\_5 **Were you sent away from home because you did something wrong?**

- 1 Yes
- 2 No
- DK, R

CST\_Q6  
CST\_6 **Did either of your parents drink or use drugs so often that it caused problems for the family?**

- 1 Yes
- 2 No
- DK, R

CST\_Q7

CST\_7

**Were you ever physically abused by someone close to you?**

- 1 Yes
- 2 No  
DK, R

CST\_END

FOR INFORMATION ONLY

## Stress - Work stress (WST)

Optional Content selected by  
health regions in: Alberta

WST\_BEG

WST\_C1      If (do WST block) = 1, go to WST\_C2.  
WSTFOPT      Otherwise, go to WST\_END.

WST\_C2      If proxy interview, go to WST\_END.  
Otherwise, go to WST\_C3.

WST\_C3      If age < 15 or > 75, or GEN\_Q08 = 2, go to WST\_END.  
Otherwise, go to WST\_R4.

WST\_R4      **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.

WST\_Q401      **Your job required that you learn new things.**  
WST\_401

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

WST\_Q402      **Your job required a high level of skill.**  
WST\_402

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

WST\_Q403      **Your job allowed you freedom to decide how you did your job.**  
WST\_403

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

WST\_Q404      **Your job required that you do things over and over.**  
WST\_404

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

WST\_Q405  
WST\_405

**Your job was very hectic.**

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

WST\_Q406  
WST\_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
- DK, R

WST\_Q407  
WST\_407

**Your job security was good.**

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

WST\_Q408  
WST\_408

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

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

WST\_Q409  
WST\_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
- DK, R

WST\_Q410  
WST\_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
- DK, R

WST\_Q411  
WST\_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
- DK, R

WST\_Q412  
WST\_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
- DK, R

WST\_Q412A  
WST\_12A

**You had the materials and equipment you needed to do your job.**

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

WST\_Q413  
WST\_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**
- DK, R

WST\_END

## Self-esteem (SFE)

Optional Content selected by  
health regions in: Nunavut, and  
Northwest Territories

SFE\_BEG

SFE\_C500A If (do SFE block = 1), go to SFE\_C500B.  
SFEFOPT Otherwise, go to SFE\_END.

SFE\_C500B If proxy interview, go to SFE\_END.  
Otherwise, go to SFE\_R5.

SFE\_R5 **Now 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.

SFE\_Q501 **You feel that you have a number of good qualities.**

SFE\_501

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

SFE\_Q502 **You feel that you're a person of worth at least equal to others.**

SFE\_502

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

SFE\_Q503 **You are able to do things as well as most other people.**

SFE\_503

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

SFE\_Q504 **You take a positive attitude toward yourself.**

SFE\_504

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

SFE\_Q505  
SFE\_505

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

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

SFE\_Q506  
SFE\_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
- DK, R

SFE\_END

## Mastery (MAS)

Optional Content selected by  
health regions in: Manitoba

MAS\_BEG

MAS\_C600A If (do MAS block = 1), go to MAS\_C600B.  
MASFDO Otherwise, go to MAS\_END.

MAS\_C600B If proxy interview, go to MAS\_END.  
Otherwise, go to MAS\_C600C.

MAS\_C600C If (do SFE block = 1), go to MAS\_Q601.  
Otherwise, go to MAS\_R6.

MAS\_R6 **Now 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.

MAS\_Q601 **You have little control over the things that happen to you.**  
MAS\_601

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

MAS\_Q602 **There is really no way you can solve some of the problems you have.**  
MAS\_602

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

MAS\_Q603 **There is little you can do to change many of the important things in your life.**  
MAS\_603

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

MAS\_Q604 **You often feel helpless in dealing with problems of life.**  
MAS\_604

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

MAS\_Q605  
MAS\_605

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

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

MAS\_Q606  
MAS\_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
- DK, R

MAS\_Q607  
MAS\_607

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

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

MAS\_END

## Smoking (SMK)

Core Content

SMK\_BEG

SMK\_C1 If (do SMK block = 2), go to SMK\_END.  
SMK\_FDO Otherwise, go to SMK\_R1.

SMK\_R1 **The next questions are about smoking.**  
INTERVIEWER: Press <Enter> to continue.

SMK\_Q201A **In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more cigarettes**  
SMK\_01A **(about 4 packs)?**

- 1 Yes (Go to SMK\_Q201C)
- 2 No
- DK, R

SMK\_Q201B **[Have/Has] [you/he/she] ever smoked a whole cigarette?**  
SMK\_01B

- 1 Yes (Go to SMK\_Q201C)
- 2 No (Go to SMK\_Q202)
- DK (Go to SMK\_Q202)
- R

SMK\_C201C If SMK\_Q201A = R and SMK\_Q201B = R, go to SMK\_END.  
Otherwise, go to SMK\_Q202.

SMK\_Q201C **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**  
SMK\_01C INTERVIEWER: Minimum is 5; maximum is [current age].

\_|\_|\_| Age in years  
(MIN: 5) (MAX: current age)  
DK, R (Go to SMK\_Q202)

SMK\_E201C If SMK\_Q201C >= 5 and SMK\_Q201C <= current age, go to SMK\_Q202.  
Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first smoked a whole cigarette is invalid. Please return and correct.**

SMK\_Q202 **At the present time, [do/does] [you/FNAME] smoke cigarettes daily, occasionally or not at**  
SMK\_202 **all?**

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

Daily smoker (current)

SMK\_Q203 **At what age did [you/he/she] begin to smoke cigarettes daily?**  
SMK\_203 INTERVIEWER: Minimum is 5; maximum is [current age].

\_|\_|\_| Age in years  
(MIN: 5) (MAX: current age)  
DK, R (Go to SMK\_Q204)

SMK\_E203 If SMK\_Q203 >= 5 and SMK\_Q203 <= current age, go to SMK\_Q204.  
Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first began to smoke cigarettes daily is invalid.  
Please return and correct.**

SMK\_Q204 **How many cigarettes [do/does] [you/he/she] smoke each day now?**  
SMK\_204

|\_| Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R

Go to SMK\_END

Occasional smoker (current)

SMK\_Q205B **On the days that [you/FNAME] [do/does] smoke, how many cigarettes [do/does]**  
SMK\_05B **[you/he/she] usually smoke?**

|\_| Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R

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

|\_| Days  
(MIN: 0) (MAX: 30)  
DK, R

SMK\_C205D If SMK\_Q201A <> 1 (has not smoked 100 or more cigarettes lifetime),  
go to SMK\_END.  
Otherwise, go to SMK\_Q205D.

Occasional smoker or non-smoker (current)

SMK\_Q205D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**  
SMK\_05D

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

SMK\_C206A If SMK\_Q202 = 2 (current occasional smoker), go to SMK\_END.

Non-smoker (current)

SMK\_Q206A **When did [you/he/she] stop smoking? Was it:**  
SMK\_06A **INTERVIEWER: Read categories to respondent.**

- 1 ... less than one year ago?  
2 ... 1 year to less than 2 years ago? (Go to SMK\_END)  
3 ... 2 years to less than 3 years ago? (Go to SMK\_END)  
4 ... 3 or more years ago? (Go to SMK\_Q206C)  
DK, R (Go to SMK\_END)

SMK\_Q206B **In what month did [you/he/she] stop?**

SMK\_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  |
| DK, R |          |    |           |

Go to SMK\_END

SMK\_Q206C **How many years ago was it?**

SMK\_06C

INTERVIEWER: Minimum is 3; maximum is [current age - 5].

|\_|\_|\_| Years

(MIN: 3) (MAX: current age-5)

DK, R (Go to SMK\_END)

SMK\_E206C If SMK\_Q206C >= 3 and SMK\_Q206C <= current age-5, go to SMK\_END.  
Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent stopped smoking is invalid.  
Please return and correct.**

Occasional smoker or non-smoker (current) – Daily smoker (previously)

SMK\_Q207 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**

SMK\_207

INTERVIEWER: Minimum is 5; maximum is [current age].

|\_|\_|\_| Age in years

(MIN: 5) (MAX: current age)

DK, R (Go to SMK\_Q208)

SMK\_E207 If SMK\_Q207 >= 5 and SMK\_Q207 <= current age, go to SMK\_Q208.  
Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first began to smoke cigarettes daily  
is invalid.  
Please return and correct.**

SMK\_Q208 **How many cigarettes did [you/he/she] usually smoke each day?**

SMK\_208

|\_|\_| Cigarettes

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

DK, R

SMK\_Q209A **When did [you/he/she] stop smoking daily? Was it:**

SMK\_09A

INTERVIEWER: Read categories to respondent.

- |       |                                       |                   |
|-------|---------------------------------------|-------------------|
| 1     | ... less than one year ago?           |                   |
| 2     | ... 1 year to less than 2 years ago?  | (Go to SMK_C210)  |
| 3     | ... 2 years to less than 3 years ago? | (Go to SMK_C210)  |
| 4     | ... 3 or more years ago?              | (Go to SMK_Q209C) |
| DK, R |                                       | (Go to SMK_END)   |

SMK\_Q209B **In what month did [you/he/she] stop?**

SMK\_09B

- |   |          |    |           |
|---|----------|----|-----------|
| 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 SMK\_C210

SMK\_Q209C **How many years ago was it?**

SMK\_09C

INTERVIEWER: Minimum is 3; maximum is [current age-5].

[\_][\_] Years

(MIN: 3) (MAX: current age-5)

DK, R (Go to SMK\_C210)

SMK\_E209C If SMK\_Q209C  $\geq 3$  and SMK\_Q209C  $\leq$  current age-5, go to SMK\_E209D.  
Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.**

SMK\_E209D If SMK\_Q207  $\leq$  (current age - SMK\_Q209C), go to SMK\_C210.  
Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.**

SMK\_C210 If SMK\_Q202 = 2 (current occasional smoker), go to SMK\_END.

Non-smoker (current)

SMK\_Q210 **Was that when [you/he/she] completely quit smoking?**

SMK\_10

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

SMK\_Q210A **When did [you/he/she] stop smoking completely? Was it:**

SMK\_10A

INTERVIEWER: Read categories to respondent.

- |   |                                       |                   |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago?           |                   |
| 2 | ... 1 year to less than 2 years ago?  | (Go to SMK_END)   |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_END)   |
| 4 | ... 3 or more years ago?              | (Go to SMK_Q210C) |
|   | DK, R                                 | (Go to SMK_END)   |

SMK\_Q210B **In what month did [you/he/she] stop?**

SMK\_10B

- |   |          |    |           |
|---|----------|----|-----------|
| 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 SMK\_END

SMK\_Q210C **How many years ago was it?**  
SMK\_10C INTERVIEWER: Minimum is 3; maximum is [current age-5].

|\_|\_|\_| Years  
(MIN: 3) (MAX: current age-5)  
DK, R (Go to SMK\_END)

SMK\_E210C If SMK\_Q210C  $\geq$  3 and SMK\_Q210C  $\leq$  current age-5, go to SMK\_END.  
Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent completely stopped smoking is invalid. Please return and correct.**

SMK\_END

## Smoking – Stages of change (SCH)

Optional Content selected by  
health regions in: Ontario

SCH\_BEG

SCH\_C1  
SCHFDO If (do SCH block = 2), go to SCH\_END.  
Otherwise, go to SCH\_C2.

SCH\_C2 If SMK\_Q202 = 1 or 2 (current daily or occasional smokers), go to SCH\_C3.  
Otherwise, go to SCH\_END.

SCH\_C3 If proxy interview, go to SCH\_END.  
Otherwise, go to SCH\_Q1 SCH\_1.

SCH\_Q1  
SCH\_1 **Are you seriously considering quitting smoking within the next 6 months?**

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

SCH\_Q2  
SCH\_2 **Are you seriously considering quitting within the next 30 days?**

- 1 Yes
- 2 No  
DK, R

SCH\_Q3  
SCH\_3 **In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**

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

SCH\_Q4  
SCH\_4 **How many times? (in the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit)**

|\_| Times  
(MIN: 1) (MAX: 95; warning after 48)  
DK, R

SCH\_END

## Smoking - Nicotine dependence (NDE)

Optional Content selected by health regions in:  
Alberta, Northwest Territories and Nunavut

NDE\_BEG

NDE\_C1  
NDEFDO If (do NDE block = 2), go to NDE\_END.  
Otherwise, go to NDE\_C2.

NDE\_C2 If SMK\_Q202 = 1 (current daily smokers), go to NDE\_C3.  
Otherwise, go to NDE\_END.

NDE\_C3 If proxy interview, go to NDE\_END.  
Otherwise, go to NDE\_Q1.

NDE\_Q1  
NDE\_1 **How soon after you wake up do you smoke your first cigarette?**

- 1 Within 5 minutes
  - 2 6 - 30 minutes after waking
  - 3 31 - 60 minutes after waking
  - 4 More than 60 minutes after waking
- DK, R (Go to NDE\_END)

NDE\_Q2  
NDE\_2 **Do you find it difficult to refrain from smoking in places where it is forbidden?**

- 1 Yes
  - 2 No
- DK, R

NDE\_Q3  
NDE\_3 **Which cigarette would you most hate to give up?**  
INTERVIEWER: Read categories to respondent.

- 1 **The first one of the day**
  - 2 **Another one**
- DK, R

NDE\_Q4  
NDE\_4 **Do you smoke more frequently during the first hours after waking, compared with the rest of the day?**

- 1 Yes
  - 2 No
- DK, R

NDE\_Q5  
NDE\_5 **Do you smoke even if you are so ill that you are in bed most of the day?**

- 1 Yes
  - 2 No
- DK, R

NDE\_END

## Smoking cessation methods (SCA)

Optional Content selected by  
health regions in: Ontario

SCA\_BEG

SCA\_C1  
SCAFOPT If (do SCA block = 1), go to SCA\_C10A.  
Otherwise, go to SCA\_END.

SCA\_C10A If proxy interview, go to SCA\_END.  
Otherwise, go to SCA\_C10B.

SCA\_C10B If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA\_C50.  
Otherwise, go to SCA\_C10C.

SCA\_C10C If SMK\_Q206A = 1 or SMK\_Q209A = 1 (former smoker who quit less than 1 year ago), go to  
SCA\_Q10.  
Otherwise, go to SCA\_END.

SCA\_Q10  
SCA\_10 **In the past 12 months, did you try a nicotine patch to quit smoking?**

- 1 Yes
- 2 No (Go to SCA\_Q11)
- DK, R (Go to SCA\_END)

SCA\_Q10A  
SCA\_10A **How useful was that in helping you quit?**

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

SCA\_Q11  
SCA\_11 **Did you try Nicorettes or other nicotine gum or candy to quit smoking? (In the past 12 months)**

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

SCA\_Q11A  
SCA\_11A **How useful was that in helping you quit?**

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

SCA\_Q12  
SCA\_12 **In the past 12 months, did you try medication such as Zyban, Prolev or Wellbutrin to quit smoking?**

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

SCA\_Q12A **How useful was that in helping you quit?**

SCA\_12A

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

Go to SCA\_END

SCA\_C50 If (do SCH block = 2), go to SCA\_Q50.  
Otherwise, go to SCA\_C50A.

SCA\_C50A If SCH\_Q3 = 1, go to SCA\_Q60.  
Otherwise, go to SCA\_END.

SCA\_Q50 **In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**

SCA\_50

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

Note: In processing, if a respondent answered SCH\_Q3 = 1, the variable SCA\_Q50 is given the value of 1.

SCA\_Q60 **In the past 12 months, did you try any of the following to quit smoking:**

SCA\_60

**... a nicotine patch?**

- 1 Yes
- 2 No
- DK, R

SCA\_Q61 **(In the past 12 months, did you try any of the following to quit smoking:)**

SCA\_61

**... Nicorettes or other nicotine gum or candy?**

- 1 Yes
- 2 No
- DK, R

SCA\_Q62 **(In the past 12 months, did you try any of the following to quit smoking:)**

SCA\_62

**... medication such as Zyban, Prolev or Wellbutrin?**

- 1 Yes
- 2 No
- DK, R

SCA\_END

## Smoking – Physician counselling (SPC)

Optional Content selected by  
health regions in: Alberta

SPC\_BEG

SPC\_C1  
SPCFOPT If (do SPC block = 1), go to SPC\_C2.  
Otherwise, go to SPC\_END.

SPC\_C2 If proxy interview, go to SPC\_END.  
Otherwise, go to SPC\_C3.

SPC\_C3 If SMK\_Q202 = 1 or 2 or SMK\_Q206A = 1 or SMK\_Q209A = 1, go to SPC\_C4.  
Otherwise, go to SPC\_END.

SPC\_C4 If (do HCU block = 1) and (HCU\_Q01AA = 1) (i.e. has a regular medical doctor), go to SPC\_Q10.  
Otherwise, go to SPC\_C20A.

SPC\_Q10  
SPC\_10 **Earlier, you mentioned having a regular medical doctor. In the past 12 months, did you go see this doctor?**

- 1 Yes
- 2 No (Go to SPC\_C20A)
- DK, R (Go to SPC\_C20A)

SPC\_Q11  
SPC\_11 **Does your doctor know that you [smoke/smoked] cigarettes?**

- 1 Yes
- 2 No (Go to SPC\_C20A)
- DK, R (Go to SPC\_C20A)

Note: If SMK\_Q202 = 1 or 2, use "smoke". If SMK\_Q206A = 1 or SMK\_Q209A = 1, use "smoked".

SPC\_Q12  
SPC\_12 **In the past 12 months, did your doctor advise you to quit smoking?**

- 1 Yes
- 2 No (Go to SPC\_C20A)
- DK, R (Go to SPC\_C20A)

SPC\_Q13  
SPC\_13 **(In the past 12 months,) did your doctor give you any specific help or information to quit smoking?**

- 1 Yes
- 2 No (Go to SPC\_C20A)
- DK, R (Go to SPC\_C20A)

SPC\_Q14 **What type of help did the doctor give?**  
INTERVIEWER: Mark all that apply.

- SPC\_14A 1 Referral to a one-on-one cessation program
- SPC\_14B 2 Referral to a group cessation program
- SPC\_14C 3 Recommended use of nicotine patch or nicotine gum
- SPC\_14D 4 Recommended Zyban or other medication
- SPC\_14E 5 Provided self-help information (e.g., pamphlet, referral to website)
- SPC\_14F 6 Own doctor offered counselling
- SPC\_14G 7 Other
- DK, R

SPC\_C20A If (do DEN block = 1) and (DEN\_Q130 = 1 or DEN\_Q132 = 1) (visited dentist in past 12 months), go to SPC\_Q21.

SPC\_C20B If (do DEN block = 1) and (DEN\_Q130 = 2, DK or R) (did not visit dentist in past 12 months), go to SPC\_END.  
Otherwise, go to SPC\_C20C.

SPC\_C20C If (do HCU block = 1) and (HCU\_Q02E = 1) (saw or talked to dentist in past 12 months), go to SPC\_Q20.  
Otherwise, go to SPC\_END.

SPC\_Q20  
SPC\_20 **Earlier, you mentioned having “seen or talked to” a dentist in the past 12 months. Did you actually go to the dentist?**  
INTERVIEWER: Include both face to face and telephone contacts.

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

SPC\_Q21  
SPC\_21 **Does your dentist or dental hygienist know that you [smoke/smoked] cigarettes?**

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

Note: If SMK\_Q202 = 1 or 2, use “smoke”. If SMK\_Q206A = 1 or SMK\_Q209A = 1, use “smoked”.

SPC\_Q22  
SPC\_22 **In the past 12 months, did the dentist or hygienist advise you to quit smoking?**

1 Yes  
2 No  
DK, R

SPC\_END

## Smoking - Youth smoking (YSM)

Optional Content selected by health  
regions in: British Columbia

YSM\_BEG

YSM\_C1  
YSM\_FDO If (do YSM block = 2), go to YSM\_END.  
Otherwise, go to YSM\_C1A.

YSM\_C1A If proxy interview or age greater than 19, go to YSM\_END.  
Otherwise, go to YSM\_C1B.

YSM\_C1B If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to YSM\_Q1.  
Otherwise, go to YSM\_END.

YSM\_Q1 **Where do you usually get your cigarettes?**

YSM\_1

- 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
- DK, R (Go to YSM\_END)

YSM\_C2 If YSM\_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM\_Q3.  
Otherwise, go to YSM\_Q2.

YSM\_Q2 **In the past 12 months, have you bought cigarettes for yourself or for someone else?**

YSM\_2

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

YSM\_Q3 **In the past 12 months, have you been asked your age when buying cigarettes in a store?**

YSM\_3

- 1 Yes
  - 2 No
- DK, R

YSM\_Q4 **In the past 12 months, has anyone in a store refused to sell you cigarettes?**

YSM\_4

- 1 Yes
  - 2 No
- DK, R

YSM\_Q5 **In the past 12 months, have you asked a stranger to buy you cigarettes?**

YSM\_5

- 1 Yes
  - 2 No
- DK, R

YSM\_END

## Exposure to second-hand smoke (ETS)

Core Content

ETS\_BEG

ETS\_C1  
ETS\_FDO If (do ETS block = 2), go to ETS\_END.  
Otherwise, go to ETS\_R1.

ETS\_R1 **The next questions are about exposure to second-hand smoke.**  
INTERVIEWER: Press <Enter> to continue.

ETS\_C10 If the number of household members = 1 and (SMK\_Q202 = 1 or 2), go to ETS\_Q30.  
Otherwise, go to ETS\_Q10.

ETS\_Q10  
ETS\_10 **Including both household members and regular visitors, does anyone smoke inside your home, every day or almost every day?**  
INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
- 2 No (Go to ETS\_C20)
- DK, R (Go to ETS\_END)

ETS\_Q11  
ETS\_11 **How many people smoke inside your home every day or almost every day?**  
INTERVIEWER: Include household members and regular visitors.

I\_\_I Number of people  
(MIN:1) (MAX:15)  
DK, R

ETS\_C20 If SMK\_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS\_Q30.  
Otherwise, go to ETS\_Q20.

ETS\_Q20  
ETS\_20 **In the past month, [were/was] [you/FNAME] exposed to second-hand smoke, every day or almost every day, in a car or other private vehicle?**

- 1 Yes
- 2 No
- DK, R

ETS\_Q20B  
ETS\_20B **(In the past month,) [were/was] [you/he/she] exposed to second-hand smoke, every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?**

- 1 Yes
- 2 No
- DK, R

ETS\_Q30  
ETS\_5 **Are there any restrictions against smoking cigarettes in your home?**

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

ETS\_Q31

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

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

ETS\_6A

1

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

ETS\_6B

2

**Smoking is allowed in certain rooms only**

ETS\_6C

3

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

ETS\_6D

4

**Other restriction**

DK, R

ETS\_END

FOR INFORMATION ONLY

## Smoking - Other tobacco products (TAL)

Optional Content selected by health  
regions in:  
Ontario, and Alberta

TAL\_BEG

TAL\_C1      If (do TAL block = 1), go to TAL\_Q1.  
Otherwise, go to TAL\_END.

TAL\_Q1      **Now I'd like to ask about [your/his/her] use of tobacco other than cigarettes.**

TAL\_1

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

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

TAL\_Q2

TAL\_2

**(In the past month,) [have/has] [you/he/she] smoked a pipe?**

- 1      Yes
- 2      No  
         DK, R

TAL\_Q3

TAL\_3

**(In the past month,) [have/has] [you/he/she] used snuff?**

- 1      Yes
- 2      No  
         DK, R

TAL\_Q4

TAL\_4

**(In the past month,) [have/has] [you/he/she] used chewing tobacco?**

- 1      Yes
- 2      No  
         DK, R

TAL\_END

## Alcohol use (ALC)

Core Content

ALC\_BEG

ALC\_C1A      If (do ALC block = 1), go to ALC\_R1.  
Otherwise, go to ALC\_END.

ALC\_R1      **Now, some questions about ^YOUR2 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.

ALC\_Q1      **During the past 12 months, that is, from [date one year ago] to yesterday,**  
ALC\_1      **^HAVE ^YOU2 had a drink of beer, wine, liquor or any other alcoholic beverage?**

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

ALC\_Q2      **During the past 12 months, how often did ^YOU1 drink alcoholic beverages?**  
ALC\_2

- 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
- DK, R

ALC\_Q3      **How often in the past 12 months ^HAVE ^YOU1 had 5 or more drinks on one occasion?**  
ALC\_3

- 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
- DK, R

ALC\_END

## Alcohol use during the past week (ALW)

Optional Content selected by health regions in:  
Newfoundland and Labrador, Nova Scotia,  
Ontario, British Columbia and Nunavut

ALW\_BEG

ALW\_C1      If (do ALW block = 1), go to ALW\_C2.  
Otherwise, go to ALW\_END.

ALW\_C2      If ALC\_Q1 = No, DK or R, go to ALW\_END.  
Otherwise, go to ALW\_Q5.

ALW\_Q5      **Thinking back over the past week, that is, from [date last week] to yesterday, did ^YOU2**  
ALW\_1      **have a drink of beer, wine, liquor or any other alcoholic beverage?**

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

ALW\_D5A      Yesterday = WEEKDAY(TODAY - 1)  
IF Yesterday = 1 THEN

DayE[1] = 'Sunday'  
DayE[2] = 'Saturday'  
DayE[3] = 'Friday'  
DayE[4] = 'Thursday'  
DayE[5] = 'Wednesday'  
DayE[6] = 'Tuesday'  
DayE[7] = 'Monday'

ELSEIF Yesterday = 2 THEN

DayE[1] = 'Monday'  
DayE[2] = 'Sunday'  
DayE[3] = 'Saturday'  
DayE[4] = 'Friday'  
DayE[5] = 'Thursday'  
DayE[6] = 'Wednesday'  
DayE[7] = 'Tuesday'

ELSEIF Yesterday = 3 THEN

DayE[1] = 'Tuesday'  
DayE[2] = 'Monday'  
DayE[3] = 'Sunday'  
DayE[4] = 'Saturday'  
DayE[5] = 'Friday'  
DayE[6] = 'Thursday'  
DayE[7] = 'Wednesday'

ELSEIF Yesterday = 4 THEN

DayE[1] = 'Wednesday'  
DayE[2] = 'Tuesday'  
DayE[3] = 'Monday'  
DayE[4] = 'Sunday'  
DayE[5] = 'Saturday'  
DayE[6] = 'Friday'  
DayE[7] = 'Thursday'

ELSEIF Yesterday = 5 THEN  
 DayE[1] = 'Thursday'  
 DayE[2] = 'Wednesday'  
 DayE[3] = 'Tuesday'  
 DayE[4] = 'Monday'  
 DayE[5] = 'Sunday'  
 DayE[6] = 'Saturday'  
 DayE[7] = 'Friday'

ELSEIF Yesterday = 6 THEN  
 DayE[1] = 'Friday'  
 DayE[2] = 'Thursday'  
 DayE[3] = 'Wednesday'  
 DayE[4] = 'Tuesday'  
 DayE[5] = 'Monday'  
 DayE[6] = 'Sunday'  
 DayE[7] = 'Saturday'

ELSEIF Yesterday = 7 THEN  
 DayE[1] = 'Saturday'  
 DayE[2] = 'Friday'  
 DayE[3] = 'Thursday'  
 DayE[4] = 'Wednesday'  
 DayE[5] = 'Tuesday'  
 DayE[6] = 'Monday'  
 DayE[7] = 'Sunday'

ENDIF

ALW\_Q5A1  
 ALW\_2A1

**Starting with yesterday, that is ^DayE[1], how many drinks did ^YOU2 have?**

I\_I\_I Number of drinks  
 (MIN: 0 MAX: 99)  
 DK  
 R (Go to ALW\_END)

ALW\_E5A1A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[1].**

Trigger hard edit if ALC\_Q3 = 1 and ALW\_Q5A1 => 5.

ALW\_E5A1B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW\_Q5A1 > 12.

ALW\_Q5A2  
 ALW\_2A2

**(How many drinks did ^YOU1 have:)  
 ... on ^DayE[2]?**

I\_I\_I Number of drinks  
 (MIN: 0 MAX: 99)  
 DK, R

ALW\_E5A2A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[2].**

Trigger hard edit if ALC\_Q3 = 1 and ALW\_Q5A2 => 5.

ALW\_E5A2B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW\_Q5A2 > 12.

ALW\_Q5A3 (How many drinks did ^YOU1 have:)  
ALW\_2A3 ... on ^DayE[3]?

I \_ I Number of drinks  
(MIN: 0 MAX: 99)  
DK, R

ALW\_E5A3A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[3].**

Trigger hard edit if ALC\_Q3 = 1 and ALW\_Q5A3 => 5.

ALW\_E5A3B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW\_Q5A3 > 12.

ALW\_Q5A4 (How many drinks did ^YOU1 have:)  
ALW\_2A4 ... on ^DayE[4]?

I \_ I Number of drinks  
(MIN: 0 MAX: 99)  
DK, R

ALW\_E5A4A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[4].**

Trigger hard edit if ALC\_Q3 = 1 and ALW\_Q5A4 => 5.

ALW\_E5A4B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW\_Q5A4 > 12.

ALW\_Q5A5 (How many drinks did ^YOU1 have:)  
ALW\_2A5 ... on ^DayE[5]?

I \_ I Number of drinks  
(MIN: 0 MAX: 99)  
DK, R

ALW\_E5A5A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[5].**

Trigger hard edit if ALC\_Q3 = 1 and ALW\_Q5A5 => 5.

ALW\_E5A5B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW\_Q5A5 > 12.

ALW\_Q5A6 (How many drinks did ^YOU1 have:)  
ALW\_2A6 ... on ^DayE[6]?

I \_ I Number of drinks  
(MIN: 0 MAX: 99)  
DK, R

ALW\_E5A6A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[6].**

Trigger hard edit if ALC\_Q3 = 1 and ALW\_Q5A6 => 5.

ALW\_E5A6B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW\_Q5A6 > 12.

ALW\_Q5A7 (How many drinks did ^YOU1 have:)  
ALW\_2A7 ... on ^DayE[7]?

I\_I\_I Number of drinks  
(MIN: 0 MAX: 99)  
DK, R

ALW\_E5A7A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[7].**

Trigger hard edit if ALC\_Q3 = 1 and ALW\_Q5A7 => 5.

ALW\_E5A7B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW\_Q5A7 > 12.

ALW\_E5A1 **Inconsistent answers have been entered. The respondent had a drink in the past week but has not had any drinks in the last seven days.**

Trigger hard edit if ALW\_Q5A1 to ALW\_Q5A7 all = 0.

ALW\_END

## Alcohol use – Former drinkers (ALN)

Optional Content selected by health regions in: Newfoundland and Labrador and British Columbia

ALN\_BEG

ALN\_C1 If (do ALN block = 1), go to ALN\_C2.  
Otherwise, go to ALN\_END.

ALN\_C2 If ALC\_Q1 = Yes, DK or R, go to ALN\_END.  
Otherwise, go to ALN\_Q5B.

ALN\_Q5B **^HAVE\_C ^YOU2 ever had a drink?**

ALN\_1

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

ALN\_Q6 **Did ^YOU1 ever regularly drink more than 12 drinks a week?**

ALN\_2

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

ALN\_Q7 **Why did ^YOU1 reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

- |        |    |  |
|--------|----|--|
| ALN_3A | 1  | Dieting  |
| ALN_3B | 2  | Athletic training                                  |
| ALN_3C | 3  | Pregnancy  |
| ALN_3D | 4  | Getting older                                      |
| ALN_3E | 5  | Drinking too much / drinking problem               |
| ALN_3F | 6  | Affected - work, studies, employment opportunities |
| ALN_3G | 7  | Interfered with family or home life                |
| ALN_3H | 8  | Affected - physical health                         |
| ALN_3I | 9  | Affected - friendships or social relationships     |
| ALN_3J | 10 | Affected - financial position                      |
| ALN_3K | 11 | Affected - outlook on life, happiness              |
| ALN_3L | 12 | Influence of family or friends                     |
| ALN_3N | 13 | Life change  |
| ALN_3M | 14 | Other - Specify                                    |
|        |    | DK, R  |

ALN\_C7S If ALN\_Q7 = 14, go to ANC\_Q7S.  
Otherwise, go to ALN\_END.

ALN\_Q7S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ALN\_END

## Driving and safety (DRV)

Optional Content selected by health regions in: Manitoba, Saskatchewan, Alberta, and Northwest Territories

DRV\_BEG

DRV\_C01A  
DRV\_FDO If (do DRV block = 2), go to DRV\_END.  
Otherwise, go to DRV\_C01B.

DRV\_C01B If proxy interview, go to DRV\_END.  
Otherwise, go to DRV\_R1.

DRV\_R1 **The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.**  
INTERVIEWER: Press <Enter> to continue.

DRV\_Q01A  
DRV\_01A **In the past 12 months, have you driven a motor vehicle?**  
INTERVIEWER: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

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

DRV\_Q01B  
DRV\_01B **In the past 12 months, have you driven a motorcycle?**

- 1 Yes
- 2 No
- DK, R

DRV\_C02 If DRV\_Q01A = 2 and DRV\_Q01B = 2 or DK or R, go to DRV\_R2.  
Otherwise, go to DRV\_C02A.

DRV\_C02A If DRV\_Q01A = 1, go to DRV\_Q02.  
Otherwise, go to DRV\_Q04.

DRV\_Q02  
DRV\_02 **How often do you fasten your seat belt when you drive a motor vehicle?**  
INTERVIEWER: Read categories to respondent.

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

DRV\_Q03  
DRV\_03 **Counting hands-free use, how often do you use a cell phone while you are driving a motor vehicle?**

INTERVIEWER: Read categories to respondent.  
INTERVIEWER: If respondent does not use a cell phone, select «Never».

- 1 **Often**
- 2 **Sometimes**
- 3 **Rarely**
- 4 **Never**
- DK, R

DRV\_Q04  
DRV\_04

**How often do you drive when you are feeling tired?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- DK, R

DRV\_Q05  
DRV\_05

**Compared to other drivers, would you say you usually drive:**

INTERVIEWER: Read categories to respondent.

- 1 ... much faster?
- 2 ... a little faster?
- 3 ... about the same speed?
- 4 ... a little slower?
- 5 ... much slower?
- DK, R

DRV\_Q06  
DRV\_06

**(Compared to other drivers,) would you say you usually drive:**

INTERVIEWER: Read categories to respondent.

- 1 ... much more aggressively?
- 2 ... a little more aggressively?
- 3 ... about the same?
- 4 ... a little less aggressively?
- 5 ... much less aggressively?
- DK, R

DRV\_C07

If ALC\_Q1 = 1 (drank alcohol in past 12 months) and (DRV\_Q01A = 1 (drove a motor vehicle) or DRV\_Q01B = 1 (Drove a motorcycle)), go to DRV\_Q07.  
Otherwise, go to DRV\_R2.

DRV\_Q07  
DRV\_07

**In the past 12 months, have you driven a motor vehicle after having 2 or more drinks in the hour before you drove?**

INTERVIEWER: Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.

- 1 Yes
- 2 No (Go to DRV\_R2)
- DK, R (Go to DRV\_R2)

DRV\_Q07A  
DRV\_07A

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

|\_|\_| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_R2

**Now some questions about being a passenger in a motor vehicle.**

INTERVIEWER: Press <Enter> to continue.

DRV\_Q08A  
DRV\_08A

**When you are a front seat passenger, how often do you fasten your seat belt?**

**INTERVIEWER:** Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- 5 Do not ride in front seat  
DK, R

DRV\_Q08B  
DRV\_08B

**When you are a back seat passenger, how often do you fasten your seat belt?**

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not ride in back seat  
DK, R

DRV\_Q09  
DRV\_09

**When you are a passenger in a taxi, how often do you fasten your seat belt?**

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not take taxis  
DK, R

DRV\_Q10  
DRV\_10

**In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?**

- 1 Yes
- 2 No (Go to DRV\_Q11A)  
DK, R (Go to DRV\_Q11A)

DRV\_Q10A  
DRV\_10A

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

|\_|\_| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_Q11A  
DRV\_11A

**In the past 12 months, have you been the driver of, or a passenger in, a snowmobile, motor boat or seadoo?**

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

DRV\_Q11B  
DRV\_11B

**In the past 12 months, have you been the driver of, or a passenger in, an ATV (all terrain vehicle)?**

- 1 Yes
- 2 No (Go to DRV\_C13)  
DK, R (Go to DRV\_END)

DRV\_Q12  
DRV\_12

**How often do you wear a helmet when on an ATV?**

INTERVIEWER: Read categories to respondent.

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

DRV\_C13

If DRV\_Q11A = 2 (not driven/passenger - snowmobile, motor boat or seadoo) and DRV\_Q11B = 2 (not driven/passenger - ATV), go to DRV\_END.  
Otherwise, go to DRV\_C13A.

Note:

If DRV\_Q11A = 1 and DRV\_Q11B = 1, use "a snowmobile, motor boat, seadoo or ATV" in DRV\_Q13 and DRV\_Q14.  
If DRV\_Q11A = 1 and DRV\_Q11B = 2, use "a snowmobile, motor boat or seadoo" in DRV\_Q13 and DRV\_Q14.  
If DRV\_Q11A = 2 and DRV\_Q11B = 1, use "an ATV" in DRV\_Q13 and DRV\_Q14.

DRV\_Q13  
DRV\_13

**In the past 12 months, have you been a passenger on [a snowmobile, motor boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] with a driver who had 2 or more drinks in the hour before driving?**

- 1 Yes
- 2 No (Go to DRV\_C14)
- DK, R (Go to DRV\_C14)

DRV\_Q13A  
DRV\_13A

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

|\_|\_| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_C14

If ALC\_Q1 = 1 (drank alcohol in the past 12 months), go to DRV\_Q14.  
Otherwise, go to DRV\_END.

DRV\_Q14  
DRV\_14

**In the past 12 months, have you driven [a snowmobile, motor boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] after having 2 or more drinks in the hour before you drove?**

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

DRV\_Q14A  
DRV\_14A

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

|\_|\_| Times  
(MIN: 1) (MAX: 95; warning after 20)  
DK, R

DRV\_END

## Alcohol use - Dependence (ALD)

Optional Content selected by health regions in:  
Saskatchewan and British Columbia, and  
Nunavut

ALD\_BEG

ALD\_C01A  
ALDFDO

If (do ALD block = 2) or proxy interview, go to ALD\_END.  
Otherwise, go to ALD\_C01B.

ALD\_C01B

If ALC\_Q3 > 2 (has had at least 5 drinks at least once a month), go to ALD\_R1.  
Otherwise, go to ALD\_END.

ALD\_R1

**The next questions are about how drinking can affect 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.

ALD\_Q01  
ALD\_01

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

- 1 Yes
- 2 No (Go to ALD\_Q03)
- DK, R (Go to ALD\_END)

ALD\_Q02  
ALD\_02

**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?
- DK, R

ALD\_Q03  
ALD\_03

**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.)**

- 1 Yes
- 2 No
- DK, R

ALD\_Q04  
ALD\_04

**(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?**

- 1 Yes
- 2 No
- DK, R

ALD\_Q05  
ALD\_05

**(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?**

- 1 Yes
- 2 No
- DK, R

ALD\_Q06  
ALD\_06

**(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
- DK, R

ALD\_Q07  
ALD\_07

**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 ALD\_Q09)
- DK, R (Go to ALD\_Q09)

ALD\_Q08  
ALD\_08

**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?
- DK, R

ALD\_Q09  
ALD\_09

**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
- DK, R

ALD\_R10

**People who cut down their alcohol use or stop drinking altogether may not feel well if they have been drinking steadily for some time. These feelings are more intense and can last longer than the usual hangover.**

INTERVIEWER: Press <Enter> to continue.

ALD\_Q10  
ALD\_10

**In the past 12 months, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?**

- 1 Yes
- 2 No
- DK, R

ALD\_Q11  
ALD\_11

**(In the past 12 months,) did you ever have a period when you drank alcohol even though you promised yourself you wouldn't, or when you drank a lot more than you intended?**

- 1 Yes
- 2 No
- DK, R

ALD\_Q12  
ALD\_12

**(In the past 12 months,) did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else?**

- 1 Yes
- 2 No
- DK, R

ALD\_Q13  
ALD\_13

**(In the past 12 months,) did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?**

- 1 Yes
- 2 No
- DK, R

ALD\_Q14  
ALD\_14

(In the past 12 months,) did you ever continue to drink alcohol when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your alcohol use?

- 1 Yes
- 2 No
- DK, R

ALD\_C15

If count of "Yes" responses (1) in (ALD\_Q01, ALD\_Q03, ALD\_Q04, ALD\_Q05, ALD\_Q06, ALD\_Q07, ALD\_Q09, ALD\_Q10, ALD\_Q11, ALD\_Q12, ALD\_Q13, and ALD\_Q14) = 0, go to ALD\_END.

ALD\_R15

Please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".

INTERVIEWER: Press <Enter> to continue.

ALD\_Q15A  
ALD\_15A

In the past 12 months, how much did your alcohol use interfere with:

... your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 10)  
DK, R

ALD\_Q15B\_1  
ALD\_5B1

(How much did it interfere with:)

... your ability to attend school?

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 11)  
DK, R

ALD\_Q15B\_2 (How much did it interfere with:)

ALD\_5B2

... your ability to work at a job?

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 V  
10 Very severe interference

||| Number  
(MIN: 0) (MAX: 11)  
DK, R

ALD\_Q15C

ALD\_15C

(In the past 12 months,) how much did your alcohol use interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means "no interference" and 10 means "very severe interference".)

0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 V  
10 Very severe interference

||| Number  
(MIN: 0) (MAX: 10)  
DK, R

ALD\_Q15D

ALD\_15D

How much did it interfere with your social life?

0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 V  
10 Very severe interference

||| Number  
(MIN: 0) (MAX: 10)  
DK, R

ALD\_END

## Maternal experiences - Breastfeeding (MEX)

Core Content

MEX\_BEG

MEX\_C01A If (do MEX block = 1), go to MEX\_C01B.  
Otherwise, go to MEX\_END.

MEX\_C01B If proxy interview or sex = male or age < 15 or > 55, go to MEX\_END.  
Otherwise, go to MEX\_Q01.

MEX\_Q01  
MEX\_01 **The next questions are for recent mothers.**  
**Have you given birth in the past 5 years?**  
INTERVIEWER: Do not include stillbirths.

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

MEX\_Q01A  
MEX\_01A **In what year?**  
INTERVIEWER: Enter year of birth of last baby.  
Minimum is [current year - 5]; maximum is [current year].

\_\_\_\_ Year  
(MIN: current year - 5)(MAX: current year)  
DK, R

MEX\_Q02  
MEX\_02 **Did you take a vitamin supplement containing folic acid before your (last) pregnancy, that is, before you found out that you were pregnant?**

- 1 Yes
- 2 No
- DK, R

MEX\_Q03  
MEX\_03 **(For your last baby,) did you breastfeed or try to breastfeed your baby, even if only for a short time?**

- 1 Yes (Go to MEX\_Q05)
- 2 No
- DK, R (Go to MEX\_END)

MEX\_Q04  
MEX\_04 **What is the main reason that you did not breastfeed?**

- 1 Bottle feeding easier
- 2 Formula as good as breast milk
- 3 Breastfeeding is unappealing / disgusting
- 4 Father / partner didn't want me to
- 5 Returned to work / school early
- 6 C-Section
- 7 Medical condition - mother
- 8 Medical condition - baby
- 9 Premature birth
- 10 Multiple births (e.g. twins)
- 11 Wanted to drink alcohol
- 12 Wanted to smoke
- 13 Other - Specify
- DK, R

MEX\_C04S If MEX\_Q04 = 13, go to MEX\_Q04S.  
Otherwise, go to MEX\_END.

MEX\_Q04S

INTERVIEWER: Specify.

(80 spaces)

DK, R

Go to MEX\_END

MEX\_Q05

MEX\_05

**Are you still breastfeeding?**

- 1 Yes (Go to MEX\_Q07)
- 2 No  
DK, R (Go to MEX\_END)

MEX\_Q06

MEX\_06

**How long did you breastfeed (your last baby)?**

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year  
DK, R (Go to MEX\_END)

MEX\_Q07

MEX\_07

**How old was your (last) baby when you first added any other liquids (e.g. milk, formula, water, teas, herbal mixtures) or solid foods to the baby's feeds?**

INTERVIEWER: If exact age not known, obtain best estimate.

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
- 13 Have not added liquids or solids (Go to MEX\_Q09)  
DK, R (Go to MEX\_END)

MEX\_E07

An unusual length of time has passed between when the baby stopped breastfeeding and when other liquid or solid foods were first added to the feeds.

Interviewer: Please confirm. If answers are valid, ask for the reason explaining the gap and enter it as a remark.

Trigger soft edit: IF MEX\_07 < 13 AND ORD(MEX\_Q07) – ORD (MEX\_Q06) > 1

Note :

In other words, if MEX\_Q07 < 13 AND category number in MEX\_Q07 minus category number in MEX\_Q06 is greater than 1.

MEX\_Q08  
MEX\_08

**What is the main reason that you first added other liquids or solid foods?**

- 1 Not enough breast milk
- 2 Baby was ready for solid foods
- 3 Inconvenience / fatigue due to breastfeeding
- 4 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 5 Medical condition - mother
- 6 Medical condition - baby
- 7 Advice of doctor / health professional
- 8 Returned to work / school
- 9 Advice of partner / family / friends
- 10 Formula equally healthy for baby
- 11 Wanted to drink alcohol
- 12 Wanted to smoke
- 13 Other - Specify  
DK, R

MEX\_C08S If MEX\_Q08 = 13, go to MEX\_Q08S.  
Otherwise, go to MEX\_C09.

MEX\_Q08S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

MEX\_C09 If MEX\_Q07 = 1 (baby less than 1 week), go to MEX\_C10.  
Otherwise, go to MEX\_Q09.

MEX\_Q09  
MEX\_09

**During the time when your (last) baby was only fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?**

- 1 Yes
- 2 No
- DK, R

MEX\_C10 If MEX\_Q05 = 1 (still breastfeeding), go to MEX\_END.  
Otherwise, go to MEX\_Q10.

MEX\_Q10  
MEX\_10

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

- 1 Not enough breast milk
- 2 Baby was ready for solid foods
- 3 Inconvenience / fatigue due to breastfeeding
- 4 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 5 Medical condition - mother
- 6 Medical condition - baby
- 7 Planned to stop at this time
- 8 Child weaned him / herself (e.g., baby biting, refusing breast)
- 9 Advice of doctor / health professional
- 10 Returned to work / school
- 11 Advice of partner / family / friends
- 12 Formula equally healthy for baby
- 13 Wanted to drink alcohol
- 14 Wanted to smoke
- 15 Other - Specify  
DK, R

MEX\_C10S      If MEX\_Q10 = 15, go to MEX\_Q10S.  
Otherwise, go to MEX\_END.

MEX\_Q10S      INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

MEX\_END

FOR INFORMATION ONLY

## Maternal experiences – Alcohol use during pregnancy (MXA)

MXA\_BEG

Optional Content selected by health regions in: Ontario, British Columbia and Northwest Territories

MXA\_C01A If (do MXA block = 1), go to MXA\_C01B.  
Otherwise, go to MXA\_END.

MXA\_C01B If proxy interview or sex = male or age < 15 or > 55 or MEX\_Q01 = 2, DK or R, go to MXA\_END.  
Otherwise, go to MXA\_C30.

MXA\_C30 If ALC\_Q1 = 2, DK or R, and ALN\_Q5B = 2, DK or R, (didn't drink in past 12 months or never drank), go to MXA\_END.  
Otherwise, go to MXA\_Q30.

MXA\_Q30  
MXA\_01

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

- 1 Yes
- 2 No (Go to MXA\_C32)  
DK, R (Go to MXA\_END)

MXA\_Q31  
MXA\_02

### 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  
DK, R

MXA\_C32 If MEX\_Q03 = 2 (did not breastfeed last baby), go to MXA\_END.  
Otherwise, go to MXA\_Q32.

MXA\_Q32  
MXA\_03

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

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

MXA\_Q33  
MXA\_04

### 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  
DK, R

MXA\_END

## Maternal experiences – Smoking during pregnancy (MXS)

MXS\_BEG

Optional Content selected by health regions in:  
Ontario, British Columbia, Northwest Territories  
and Nunavut

MXS\_C01A If (do MXS block = 1), go to MXS\_C01B.  
Otherwise, go to MXS\_END.

MXS\_C01B If proxy interview or sex = male or age < 15 or > 55 or MEX\_Q01 = 2, DK or R, go to  
MXS\_END.  
Otherwise, go to MXS\_C20.

MXS\_C20 If SMK\_Q202 = (1 or 2) or SMK\_Q201A = 1 or SMK\_Q201B = 1, go to MXS\_Q20.  
Otherwise, go to MXS\_END.

MXS\_Q20 **During your last pregnancy, did you smoke daily, occasionally or not at all?**

MXS\_01

- |   |              |                 |
|---|--------------|-----------------|
| 1 | Daily        |                 |
| 2 | Occasionally | (Go to MXS_Q22) |
| 3 | Not at all   | (Go to MXS_C23) |
|   | DK, R        | (Go to MXS_Q26) |

### Daily Smokers only

MXS\_Q21 **How many cigarettes did you usually smoke each day?**

MXS\_02

I \_ I \_ Number of cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R

Go to MXS\_C23

### Occasional Smokers only

MXS\_Q22 **On the days that you smoked, how many cigarettes did you usually smoke?**

MXS\_03

I \_ I \_ Number of cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R

MXS\_C23 If MEX\_Q03 = 1 (breastfed last baby), go to MXS\_Q23.  
Otherwise, go to MXS\_Q26.

MXS\_Q23 **When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?**

MXS\_04

- |   |              |                 |
|---|--------------|-----------------|
| 1 | Daily        |                 |
| 2 | Occasionally | (Go to MXS_Q25) |
| 3 | Not at all   | (Go to MXS_Q26) |
|   | DK, R        | (Go to MXS_Q26) |

### Daily smokers only

MXS\_Q24 **How many cigarettes did you usually smoke each day?**

MXS\_05

I \_ I \_ Number of cigarettes  
(MIN: 1) (MAX: 99; warning after 60)  
DK, R  
Go to MXS\_Q26

Occasional smokers only

MXS\_Q25  
MXS\_06

**On the days that you smoked, how many cigarettes did you usually smoke?**

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

MXS\_Q26  
MXS\_07

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

- 1 Yes
- 2 No
- DK, R

MXS\_END

FOR INFORMATION ONLY

## Illicit drugs use (IDG)

Optional Content selected by health regions  
in: Nova Scotia and British Columbia

DRG\_BEG

DRG\_C1  
IDGFOPT If (do DRG block = 1), go to DRG\_C2.  
Otherwise, go to DRG\_END.

DRG\_C2 If proxy interview, go to DRG\_END.  
Otherwise, go to DRG\_R1.

DRG\_R1 **I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.**  
INTERVIEWER: Press <Enter> to continue.

DRG\_Q01  
IDG\_01 **Have you ever used or tried marijuana, cannabis or hashish?**  
INTERVIEWER: Read categories to respondent.

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q04)  
DK, R (Go to DRG\_END)

DRG\_Q02  
IDG\_02 **Have you used it in the past 12 months?**

- 1 Yes
- 2 No (Go to DRG\_Q04)  
DK, R (Go to DRG\_Q04)

DRG\_C03 If DRG\_Q01 = 1, go to DRG\_Q04.

DRG\_Q03  
IDG\_03 **How often (did you use marijuana, cannabis or hashish in the past 12 months)?**  
INTERVIEWER: Read categories to respondent.

- 1 Less than once a month
- 2 1 to 3 times a month
- 3 Once a week
- 4 More than once a week
- 5 Every day  
DK, R

DRG\_Q04  
IDG\_04 **Have you ever used or tried cocaine or crack?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q07)  
DK, R (Go to DRG\_Q07)

DRG\_Q05  
IDG\_05 **Have you used it in the past 12 months?**

- 1 Yes
- 2 No (Go to DRG\_Q07)  
DK, R (Go to DRG\_Q07)

DRG\_C06 If DRG\_Q04 = 1, go to DRG\_Q07.

DRG\_Q06  
IDG\_06

**How often (did you use cocaine or crack in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**  
DK, R

DRG\_Q07  
IDG\_07

**Have you ever used or tried speed (amphetamines)?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q10)  
DK, R (Go to DRG\_Q10)

DRG\_Q08  
IDG\_08

**Have you used it in the past 12 months?**

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

DRG\_C09

If DRG\_Q07 = 1, go to DRG\_Q10.

DRG\_Q09  
IDG\_09

**How often (did you use speed (amphetamines) in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**  
DK, R

DRG\_Q10  
IDG\_10

**Have you ever used or tried ecstasy (MDMA) or other similar drugs?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q13)  
DK, R (Go to DRG\_Q13)

DRG\_Q11  
IDG\_11

**Have you used it in the past 12 months?**

- 1 Yes
- 2 No (Go to DRG\_Q13)  
DK, R (Go to DRG\_Q13)

DRG\_C12

If DRG\_Q10 = 1, go to DRG\_Q13.

DRG\_Q12  
IDG\_12

**How often (did you use ecstasy or other similar drugs in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**  
DK, R

DRG\_Q13  
IDG\_13

**Have you ever used or tried hallucinogens, PCP or LSD (acid)?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q16)  
DK, R (Go to DRG\_Q16)

DRG\_Q14  
IDG\_14

**Have you used it in the past 12 months?**

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

DRG\_C15

If DRG\_Q13 = 1, go to DRG\_Q16.

DRG\_Q15  
IDG\_15

**How often (did you use hallucinogens, PCP or LSD in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**  
DK, R

DRG\_Q16  
IDG\_16

**Did you ever sniff glue, gasoline or other solvents?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q19)  
DK, R (Go to DRG\_Q19)

DRG\_Q17  
IDG\_17

**Did you sniff some in the past 12 months?**

- 1 Yes
- 2 No (Go to DRG\_Q19)  
DK, R (Go to DRG\_Q19)

DRG\_C18

If DRG\_Q16 = 1, go to DRG\_Q19.

DRG\_Q18  
IDG\_18

**How often (did you sniff glue, gasoline or other solvents in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**  
DK, R

DRG\_Q19  
IDG\_19

**Have you ever used or tried heroin?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_Q22)  
DK, R (Go to DRG\_Q22)

DRG\_Q20  
IDG\_20

**Have you used it in the past 12 months?**

- 1 Yes
- 2 No (Go to DRG\_Q22)
- DK, R (Go to DRG\_Q22)

DRG\_C21 If DRG\_Q19 = 1, go to DRG\_Q22.

DRG\_Q21  
IDG\_21

**How often (did you use heroin in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
- DK, R

DRG\_Q22  
IDG\_22

**Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?**

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG\_C25A\_1)
- DK, R (Go to DRG\_C25A\_1)

DRG\_Q23  
IDG\_23

**Have you used it in the past 12 months?**

- 1 Yes
- 2 No (Go to DRG\_C25A1)
- DK, R (Go to DRG\_C25A1)

DRG\_C24 If DRG\_Q22 = 1, go to DRG\_C25A1.

DRG\_Q24  
IDG\_24

**How often (did you use steroids in the past 12 months)?**

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
- DK, R

DRG\_C25A\_1 DRG\_C25A1 = Count of instances where DRG\_Q01, DRG\_Q04, DRG\_Q07, DRG\_Q10, DRG\_Q13, DRG\_Q16 and DRG\_Q19 = 3, DK or R.

If DRG\_C25A1 = 7, go to DRG\_END.

DRG\_C25A\_2 DRG\_C25A2 = Count of instances where DRG\_Q03, DRG\_Q06, DRG\_Q09, DRG\_Q12, DRG\_Q15, DRG\_Q18 and DRG\_Q21 >= 2.

If DRG\_C25A\_2 >= 1, go to DRG\_Q25A.  
Otherwise, go to DRG\_END.

- DRG\_Q25A  
IDG\_25A
- During the past 12 months, did you ever need to use more drugs than usual in order to get high, or did you ever find that you could no longer get high on the amount you usually took?**
- 1 Yes  
2 No  
DK, R
- DRG\_R25B
- People who cut down their substance use or stop using drugs altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover.**  
INTERVIEWER: Press <Enter> to continue.
- DRG\_Q25B  
IDG\_25B
- During the past 12 months, did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?**
- 1 Yes  
2 No  
DK, R
- DRG\_Q25C  
IDG\_25C
- (During the past 12 months,) did you ever have times when you used drugs to keep from having such symptoms?**
- 1 Yes  
2 No  
DK, R
- DRG\_Q25D  
IDG\_25D
- (During the past 12 months,) did you ever have times when you used drugs even though you promised yourself you wouldn't, or times when you used a lot more drugs than you intended?**
- 1 Yes  
2 No  
DK, R
- DRG\_Q25E  
IDG\_25E
- (During the past 12 months,) were there ever times when you used drugs more frequently, or for more days in a row than you intended?**
- 1 Yes  
2 No  
DK, R
- DRG\_Q25F  
IDG\_25F
- (During the past 12 months,) did you ever have periods of several days or more when you spent so much time using drugs or recovering from the effects of using drugs that you had little time for anything else?**
- 1 Yes  
2 No  
DK, R
- DRG\_Q25G  
IDG\_25G
- (During the past 12 months,) did you ever have periods of a month or longer when you gave up or greatly reduced important activities because of your use of drugs?**
- 1 Yes  
2 No  
DK, R

DRG\_Q25H  
IDG\_25H

(During the past 12 months,) did you ever continue to use drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?

- 1 Yes
- 2 No
- DK, R

DRG\_R26

Please tell me what number best describes how much your use of drugs interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".

INTERVIEWER: Press <Enter> to continue.

DRG\_Q26A  
IDG\_26A

How much did your use of drugs interfere with:

... your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 10)  
DK, R

DRG\_Q26B\_1  
IDG\_6B1

(How much did your use interfere with:)

... your ability to attend school?

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 11)  
DK, R

DRG\_Q26B\_2 (How much did your use interfere with:)

IDG\_6B2

... your ability to work at a regular job?

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 V  
10 Very severe interference

||| Number  
(MIN: 0) (MAX: 11)  
DK, R

DRG\_Q26C

IDG\_26C

(During the past 12 months,) how much did your use of drugs interfere with your ability to form and maintain close relationships with other people? Remember that 0 means "no interference" and 10 means "very severe interference".

0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 V  
10 Very severe interference

||| Number  
(MIN: 0) (MAX: 10)  
DK, R

DRG\_Q26D

IDG\_26D

How much did your use of drugs interfere with your social life?

0 No interference  
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  
7 |  
8 |  
9 V  
10 Very severe interference

||| Number  
(MIN: 0) (MAX: 10)  
DK, R

DRG\_END

## Problem gambling (CPG)

Optional Content selected by health regions in: Quebec, Ontario, Saskatchewan and Nunavut

CPG\_BEG

CPG\_C01 If (do CPG block = 2), go to CPG\_END.  
CPGFDO Otherwise, go to CPG\_C02.

CPG\_C02 If proxy interview, go to CPG\_END.  
Otherwise, go to CPG\_R01.

CPG\_R01 **The next questions are about gambling activities and experiences.**

**People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo or playing card games with their family or friends.**

**Some of these questions may not apply to you; however, they need to be asked of all respondents.**

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

CPG\_Q01A **In the past 12 months, how often have you bet or spent money on instant win/scratch**  
CPG\_01A **tickets or daily lottery tickets (Keno, Pick 3, Encore, Banco, Extra)?**

**INTERVIEWER:** Read categories to respondent.

Exclude all other kinds of lottery tickets such as 6/49, Super 7, sports lotteries and fund raising tickets.

- 1 **Daily**
- 2 **Between 2 to 6 times a week**
- 3 **About once a week**
- 4 **Between 2 to 3 times a month**
- 5 **About once a month**
- 6 **Between 6 to 11 times a year**
- 7 **Between 1 to 5 times a year**
- 8 **Never**  
**DK, R**

CPG\_C01A If CPG\_Q01A = R, go to CPG\_END  
Otherwise, go to CPG\_Q01B.

CPG\_Q01B **(In the past 12 months,) how often have you bet or spent money on lottery tickets such as**  
CPG\_01B **6/49 and Super 7, raffles or fund-raising tickets?**

- 1 **Daily**
- 2 **Between 2 to 6 times a week**
- 3 **About once a week**
- 4 **Between 2 to 3 times a month**
- 5 **About once a month**
- 6 **Between 6 to 11 times a year**
- 7 **Between 1 to 5 times a year**
- 8 **Never**  
**DK, R**

Note: CPG\_C01B = Count instances where CPG\_Q01B to CPG\_Q01M = 7, 8, DK or R.

CPG\_Q01C  
CPG\_01C

**(In the past 12 months,) how often have you bet or spent money on Bingo?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01D  
CPG\_01D

**(In the past 12 months,) how often have you bet or spent money playing cards or board games with family or friends?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01E  
CPG\_01E

**(In the past 12 months,) how often have you bet or spent money on video lottery terminals (VLTs) outside of casinos?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01F  
CPG\_01F

**(In the past 12 months,) how often have you bet or spent money on coin slots or VLTs at a casino?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never  
DK, R

CPG\_Q01G  
CPG\_01G

**(In the past 12 months,) how often have you bet or spent money on casino games other than coin slots or VLTs (for example, poker, roulette, blackjack, Keno)?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG\_Q01H  
CPG\_01H

**(In the past 12 months,) how often have you bet or spent money on Internet or arcade gambling?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG\_Q01I  
CPG\_01I

**In the past 12 months, how often have you bet or spent money on live horse racing at the track or off track?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG\_Q01J  
CPG\_01J

**(In the past 12 months,) how often have you bet or spent money on sports such as sports lotteries (Sport Select, Pro-Line, Mise-au-jeu, Total), sports pool or sporting events?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG\_Q01K  
CPG\_01K

**(In the past 12 months,) how often have you bet or spent money on speculative investments such as stocks, options or commodities?**

INTERVIEWER: Speculative investments refers to buying high-risk stocks, but does not include low-risk bonds, RRSPs and/or mutual funds.

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG\_Q01L  
CPG\_01L

**In the past 12 months, how often have you bet or spent money on games of skill such as pool, golf, bowling or darts?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG\_Q01M  
CPG\_01M

**(In the past 12 months,) how often have you bet or spent money on any other forms of gambling such as dog races, gambling at casino nights/country fairs, bet on sports with a bookie or gambling pools at work?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG\_C01N

If CPG\_C01B = 12 and CPG\_Q01A = 7, 8 or DK, go to CPG\_END.  
Otherwise, go to CPG\_Q01N.

CPG\_Q01N  
CPG\_01N

**In the past 12 months, how much money, not including winnings, did you spend on all of your gambling activities?**

INTERVIEWER: Read categories to respondent.

- 1 **Between 1 dollar and 50 dollars**
- 2 **Between 51 dollars and 100 dollars**
- 3 **Between 101 dollars and 250 dollars**
- 4 **Between 251 dollars and 500 dollars**
- 5 **Between 501 dollars and 1000 dollars**
- 6 **More than 1000 dollars**
- DK, R

CPG\_R02

**The next questions are about gambling attitudes and experiences. Again, all the questions will refer to the past 12 months.**

INTERVIEWER: Press <Enter> to continue.

CPG\_Q02  
CPG\_02

**In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?**

INTERVIEWER: Read categories to respondent.

- 1      **Never**
- 2      **Sometimes**
- 3      **Most of the time**
- 4      **Almost always**
- 5      I am not a gambler      (Go to CPG\_END)
- DK
- R      (Go to CPG\_END)

CPG\_Q03  
CPG\_03

**(In the past 12 months,) how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?**

- 1      Never
- 2      Sometimes
- 3      Most of the time
- 4      Almost always
- DK, R

CPG\_Q04  
CPG\_04

**(In the past 12 months,) when you gambled, how often did you go back another day to try to win back the money you lost?**

- 1      Never
- 2      Sometimes
- 3      Most of the time
- 4      Almost always
- DK, R

CPG\_Q05  
CPG\_05

**In the past 12 months, how often have you borrowed money or sold anything to get money to gamble?**

- 1      Never
- 2      Sometimes
- 3      Most of the time
- 4      Almost always
- DK, R

CPG\_Q06  
CPG\_06

**(In the past 12 months,) how often have you felt that you might have a problem with gambling?**

- 1      Never
- 2      Sometimes
- 3      Most of the time
- 4      Almost always
- DK, R

CPG\_Q07  
CPG\_07

**(In the past 12 months,) how often has gambling caused you any health problems, including stress or anxiety?**

- 1      Never
- 2      Sometimes
- 3      Most of the time
- 4      Almost always
- DK, R

CPG\_Q08  
CPG\_08

**(In the past 12 months,) how often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q09  
CPG\_09

**(In the past 12 months,) how often has your gambling caused financial problems for you or your family?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q10  
CPG\_10

**In the past 12 months, how often have you felt guilty about the way you gamble or what happens when you gamble?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q11  
CPG\_11

**(In the past 12 months,) how often have you lied to family members or others to hide your gambling?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q12  
CPG\_12

**(In the past 12 months,) how often have you wanted to stop betting money or gambling, but didn't think you could?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q13  
CPG\_13

**In the past 12 months, how often have you bet more than you could really afford to lose?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q14  
CPG\_14

**(In the past 12 months,) have you tried to quit or cut down on your gambling but were unable to do it?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q15  
CPG\_15

(In the past 12 months,) have you gambled as a way of forgetting problems or to feel better when you were depressed?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG\_Q16  
CPG\_16

(In the past 12 months,) has your gambling caused any problems with your relationship with any of your family members or friends?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

Note: For CPG\_Q03 through CPG\_Q10 and CPG\_Q13, recode 1=0, 2=1, 3=2 and 4=3 into CPG\_C17A through CPG\_C17I.  
CPG\_C17J = Sum CPG\_C17A through CPG\_C17I.

CPG\_C17 If CPG\_C17J <= 2, go to CPG\_END.  
Otherwise, go to CPG\_Q17.

CPG\_Q17  
CPG\_17

Has anyone in your family ever had a gambling problem?

- 1 Yes
- 2 No
- DK, R

CPG\_Q18  
CPG\_18

In the past 12 months, have you used alcohol or drugs while gambling?

- 1 Yes
- 2 No
- DK, R

CPG\_R19

Please tell me what number best describes how much your gambling activities interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".

INTERVIEWER: Press <Enter> to continue.

CPG\_Q19A  
CPG\_19A

During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

- 0 No interference
- 1 |
- 2 |
- 3 |
- 4 |
- 5 |
- 6 |
- 7 |
- 8 |
- 9 V
- 10 Very severe interference

|\_| Number  
(MIN: 0) (MAX: 10)  
DK, R

CPG\_Q19B\_1 **How much did these activities interfere with your ability to attend school?**

CPG\_9B1 **INTERVIEWER:** If necessary, enter "11" to indicate "Not applicable".

0      **No interference**  
1      |  
2      |  
3      |  
4      |  
5      |  
6      |  
7      |  
8      |  
9      **V**  
10     **Very severe interference**

|\_| |    Number  
(MIN: 0) (MAX: 11)  
DK, R

CPG\_Q19B\_2 **How much did they interfere with your ability to work at a job?**

CPG\_9B2 **INTERVIEWER:** If necessary, enter "11" to indicate "Not applicable".

0      **No interference**  
1      |  
2      |  
3      |  
4      |  
5      |  
6      |  
7      |  
8      |  
9      **V**  
10     **Very severe interference**

|\_| |    Number  
(MIN: 0) (MAX: 11)  
DK, R

CPG\_Q19C **(During the past 12 months,) how much did your gambling activities interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means "no interference" and 10 means "very severe interference".)**

CPG\_19C

0      **No interference**  
1      |  
2      |  
3      |  
4      |  
5      |  
6      |  
7      |  
8      |  
9      **V**  
10     **Very severe interference**

|\_| |    Number  
(MIN: 0) (MAX: 10)  
DK, R

CPG\_Q19D

CPG\_19D

How much did they interfere with your social life?

0      No interference  
1      |  
2      |  
3      |  
4      |  
5      |  
6      |  
7      |  
8      |  
9      V  
10     Very severe interference

[\_][\_]    Number  
(MIN: 0) (MAX: 10)  
DK, R

CPG\_END

FOR INFORMATION ONLY

## Sexual behaviours (SXB)

Optional Content selected by health regions in:  
Prince Edward Island, Nova Scotia, New Brunswick,  
Ontario, Saskatchewan, Northwest Territories and  
Nunavut

SXB\_BEG

SXB\_C01A If (do SXB block = 1), go to SXB\_C01B.  
Otherwise, go to SXB\_END.

SXB\_C01B If proxy interview or age < 15 or > 49, go to SXB\_END.  
Otherwise, go to SXB\_R01.

SXB\_R01 **I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.**  
INTERVIEWER: Press <Enter> to continue.

SXB\_Q01 **Have you ever had sexual intercourse?**

SXB\_1

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

SXB\_Q02 **How old were you the first time?**

SXB\_2 INTERVIEWER: Maximum is [current age].

[\_][\_] Age in years  
(MIN: 1; warning below 12) (MAX: current age)  
DK, R (Go to SXB\_END)

SXB\_E02 **The entered age at which the respondent first had sexual intercourse is invalid. Please return and correct.**

Trigger hard edit if SXB\_Q02 < 1 or SXB\_Q02 > [current age].

SXB\_Q03 **In the past 12 months, have you had sexual intercourse?**

SXB\_3

- 1 Yes
- 2 No (Go to SXB\_Q07)  
DK, R (Go to SXB\_END)

SXB\_Q04 **With how many different partners?**

SXB\_4

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

SXB\_Q07 **Have you ever been diagnosed with a sexually transmitted disease?**

SXB\_07

- 1 Yes
- 2 No  
DK, R

- SXB\_C08A If SXB\_Q03 = 1 (had intercourse in last 12 months), go to SXB\_C08C.  
Otherwise, go to SXB\_END.
- SXB\_C08C If marital status = 1 (married) or 2 (common-law) and SXB\_Q04 = 1 (one partner), go to SXB\_C09B.  
Otherwise, go to SXB\_Q08.
- SXB\_Q08  
SXB\_7A **Did you use a condom the last time you had sexual intercourse?**
- 1 Yes
  - 2 No
  - DK, R
- SXB\_C09B If age > 24, go to SXB\_END.  
Otherwise, go to SXB\_R9A.
- SXB\_R9A **Now a few questions about birth control.**  
INTERVIEWER: Press <Enter> to continue.
- SXB\_C09C If sex = female, go to SXB\_C09D.  
Otherwise, go to SXB\_R10.
- SXB\_C09D If HWT\_Q1 = 1 (currently pregnant), go to SXB\_Q11.  
Otherwise, go to SXB\_R9B.
- SXB\_R9B **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**  
INTERVIEWER: Press <Enter> to continue.
- SXB\_Q09  
SXB\_09 **It is important to me to avoid getting pregnant right now.**
- 1 Strongly agree (Go to SXB\_Q11)
  - 2 Agree (Go to SXB\_Q11)
  - 3 Neither agree nor disagree (Go to SXB\_Q11)
  - 4 Disagree (Go to SXB\_Q11)
  - 5 Strongly disagree (Go to SXB\_Q11)
  - DK (Go to SXB\_Q11)
  - R (Go to SXB\_END)
- SXB\_R10 **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**  
INTERVIEWER: Press <Enter> to continue.
- SXB\_Q10  
SXB\_10 **It is important to me to avoid getting my partner pregnant right now.**
- 1 Strongly agree
  - 2 Agree
  - 3 Neither agree nor disagree
  - 4 Disagree
  - 5 Strongly disagree
  - 6 Doesn't have a partner right now
  - 7 Partner already pregnant
  - DK
  - R (Go to SXB\_END)
- SXB\_Q11  
SXB\_11 **In the past 12 months, did you and your partner usually use birth control?**
- 1 Yes (Go to SXB\_Q12)
  - 2 No (Go to SXB\_END)
  - DK, R (Go to SXB\_END)

SXB\_Q12 **What kind of birth control did you and your partner usually use?**

INTERVIEWER: Mark all that apply.

- |         |   |                                      |
|---------|---|--------------------------------------|
| SXB_12A | 1 | Condom (male or female condom)       |
| SXB_12B | 2 | Birth control pill                   |
| SXB_12C | 3 | Diaphragm                            |
| SXB_12D | 4 | Spermicide (e.g., foam, jelly, film) |
| SXB_12F | 5 | Birth control injection (Deprovera)  |
| SXB_12E | 6 | Other - Specify                      |
|         |   | DK, R (Go to SXB_END)                |

SXB\_C12S If SXB\_Q12 = 6, go to SXB\_Q12S.  
Otherwise, go to SXB\_C13.

SXB\_Q12S INTERVIEWER: Specify.

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

DK, R

SXB\_C13 If HWT\_Q1 = 1 (currently pregnant) or SXB\_Q10 = 7 (Partner already pregnant), go to SXB\_END.  
Otherwise, go to SXB\_Q13.

SXB\_Q13 **What kind of birth control did you and your partner use the last time you had sex?**

INTERVIEWER: Mark all that apply.

- |         |   |                                      |
|---------|---|--------------------------------------|
| SXB_13A | 1 | Condom (male or female condom)       |
| SXB_13B | 2 | Birth control pill                   |
| SXB_13C | 3 | Diaphragm                            |
| SXB_13D | 4 | Spermicide (e.g., foam, jelly, film) |
| SXB_13F | 5 | Birth control injection (Deprovera)  |
| SXB_13G | 6 | Nothing                              |
| SXB_13E | 7 | Other - Specify                      |
|         |   | DK, R (Go to SXB_END)                |

SXB\_C13S If SXB\_Q13 = 7, go to SXB\_Q13S.  
Otherwise, go to SXB\_END.

SXB\_Q13S INTERVIEWER: Specify.

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

DK, R

SXB\_END

## Psychological well-being (PWB)

PWB\_BEG

Optional Content selected  
by health regions in: New  
Brunswick

PWB\_C1 If (do PWB block = 2), go to PWB\_END.  
Otherwise, go to PWB\_C2.

PWB\_C2 If proxy interview, go to PWB\_END.  
Otherwise, go to PWB\_R1.

PWB\_R1 **Now I'm going to read you a series of statements that people might use to describe themselves. Please tell me if you had these feelings almost always, frequently, half the time, rarely or never.**  
INTERVIEWER: Press <Enter> to continue.

PWB\_Q01 **During the past month, you felt self-confident.**  
PWB\_01 INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
  - 2 **Frequently**
  - 3 **Half the time**
  - 4 **Rarely**
  - 5 **Never**
- DK, R

PWB\_Q02 **During the past month, you felt satisfied with what you were able to accomplish, you felt proud of yourself.**  
PWB\_02 INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
  - 2 **Frequently**
  - 3 **Half the time**
  - 4 **Rarely**
  - 5 **Never**
- DK, R

PWB\_Q03 **(During the past month,) you were a "go-getter ", you took on lots of projects.**  
PWB\_03

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_C04 If (PWB\_Q01 = DK or R and PWB\_Q02 = DK or R and PWB\_Q03 = DK or R), go to PWB\_END.  
Otherwise, go to PWB\_Q04.

PWB\_Q04 **(During the past month,) you felt emotionally balanced.**  
PWB\_04

- 1 Almost always
  - 2 Frequently
  - 3 Half the time
  - 4 Rarely
  - 5 Never
- DK, R

PWB\_Q05  
PWB\_05

**(During the past month,) you felt loved and appreciated.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q06  
PWB\_06

**(During the past month,) you had goals and ambitions.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q07  
PWB\_07

**(During the past month,) you felt like having fun, participating in sports and all your favourite activities and hobbies.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q08  
PWB\_08

**During the past month, you felt useful.**

**INTERVIEWER:** Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

PWB\_Q09  
PWB\_09

**(During the past month,) you smiled easily.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q10  
PWB\_10

**(During the past month,) you were true to yourself, being natural at all times.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q11  
PWB\_11

**(During the past month,) you did a good job of listening to your friends.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q12  
PWB\_12

**(During the past month,) you were curious and interested in all sorts of things.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q13  
PWB\_13

**(During the past month,) you were able to clearly sort things out when faced with complicated situations.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q14  
PWB\_14

**(During the past month,) you found life exciting and you wanted to enjoy every moment of it.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q15  
PWB\_15

**(During the past month,) your life was well-balanced between your family, personal and professional activities.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q16  
PWB\_16

**During the past month, you were quite calm and level-headed.**

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

PWB\_Q17  
PWB\_17

**(During the past month,) you were able to easily find answers to your problems.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q18  
PWB\_18

**(During the past month,) you got along well with everyone around you.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q19  
PWB\_19

**(During the past month,) you lived at a normal pace, not doing anything excessively.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q20  
PWB\_20

**(During the past month,) you had the impression of really enjoying life.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q21  
PWB\_21

**(During the past month,) you had a good sense of humour, easily making your friends laugh.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q22  
PWB\_22

**(During the past month,) you felt good, at peace with yourself.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q23

PWB\_23

**(During the past month,) you felt healthy and in good shape.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q24

PWB\_24

**(During the past month,) you were able to face difficult situations in a positive way.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_Q25

PWB\_25

**(During the past month,) your morale was good.**

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB\_END

## Social support - Availability (SSA)

Optional Content selected by health regions in:  
Nova Scotia, Quebec, British Columbia, Yukon  
and Nunavut.

SSA\_BEG

SSA\_C1  
SSAFOPT If (do SSA block = 1), go to SSA\_C2.  
Otherwise, go to SSA\_END.

SSA\_C2 If proxy interview, go to SSA\_END.  
Otherwise, go to SSA\_R1.

SSA\_R1 **Next are some questions about the support that is available to you.**  
INTERVIEWER: Press <Enter> to continue.

SSA\_Q01  
SSA\_01 **Starting with a question on friendship, 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 SSA\_END)

SSA\_R2 **People sometimes look to others for companionship, assistance or other types of support.**  
INTERVIEWER: Press <Enter> to continue.

SSA\_Q02  
SSA\_02 **How often is each of the following kinds of support available to you if you need it:**

**... 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 SSA\_END)

Note: If SSA\_Q02 = 2, 3, 4 or 5 then KEY\_PHRASES21A = "to help you if you were confined to bed".

SSA\_Q03  
SSA\_03 **(How often is each of the following kinds of support available to you if you need it:)**

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

- 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

Note: If SSA\_Q03 = 2, 3, 4 or 5 then KEY\_PHRASES24A = "to listen to you".

SSA\_Q04  
SSA\_04

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

... someone to give you advice about a crisis?

- 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

Note: If SSA\_Q04 = 2, 3, 4 or 5 then KEY\_PHRASES24A = "to give you advice".

SSA\_Q05  
SSA\_05

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

... someone to take you to the doctor if you needed it?

- 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

Note: If SSA\_Q05 = 2, 3, 4 or 5 then KEY\_PHRASES21A = "to take you to the doctor".

SSA\_Q06  
SSA\_06

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

... someone who shows you love and affection?

- 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

Note: If SSA\_Q06 = 2, 3, 4 or 5 then KEY\_PHRASES22A = "to show you affection".

SSA\_Q07  
SSA\_07

Again, how often is each of the following kinds of support available to you if you need it:)

... someone to have a good time with?

- 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

Note: If SSA\_Q07 = 2, 3, 4 or 5 then KEY\_PHRASES23A = "to have a good time with".

SSA\_Q08  
SSA\_08

(How often is each of the following kinds of support available to you if you need it?)

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

- 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

Note: If SSA\_Q08 = 2, 3, 4 or 5 then KEY\_PHRASES24A = "to give you information".

SSA\_Q09  
SSA\_09

(How often is each of the following kinds of support available to you if you need it?)

... someone to confide in or talk to about yourself or your problems?

- 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

Note: If SSA\_Q09 = 2, 3, 4 or 5 then KEY\_PHRASES24A = "to confide in".

SSA\_Q10  
SSA\_10

(How often is each of the following kinds of support available to you if you need it?)

... someone who hugs you?

- 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

Note: If SSA\_Q10 = 2, 3, 4 or 5 then KEY\_PHRASES22A = "to hug you".

SSA\_Q11  
SSA\_11

(How often is each of the following kinds of support available to you if you need it?)

... someone to get together with for relaxation?

- 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

Note: If SSA\_Q11 = 2, 3, 4 or 5 then KEY\_PHRASE23A = "to relax with".

SSA\_Q12  
SSA\_12

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

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

- 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

Note: If SSA\_Q12 = 2, 3, 4 or 5 then KEY\_PHRASES21A = "to prepare your meals".

SSA\_Q13  
SSA\_13

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

... someone whose advice you really want?

- 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

Note: If SSA\_Q13 = 2, 3, 4 or 5 then KEY\_PHRASES24A = "to advise you".

SSA\_Q14  
SSA\_14

Again, 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?

- 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

Note: If SSA\_Q14 = 2, 3, 4 or 5 then KEY\_PHRASES23A = "to do things with".

SSA\_Q15  
SSA\_15

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

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

- 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

Note: If SSA\_Q15 = 2, 3, 4 or 5 then KEY\_PHRASES21A = "to help with daily chores".

SSA\_Q16  
SSA\_16

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

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

- 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

Note: If SSA\_Q16 = 2, 3, 4 or 5 then KEY\_PHRASES24A = "to share your worries and fears with".

SSA\_Q17  
SSA\_17

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

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

- 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

Note: If SSA\_Q17 = 2, 3, 4 or 5 then KEY\_PHRASES24A = "to turn to for suggestions".

SSA\_Q18  
SSA\_18

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

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

- 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

Note: If SSA\_Q18 = 2, 3, 4 or 5 then KEY\_PHRASES23A = "to do something enjoyable with".

SSA\_Q19  
SSA\_19

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

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

- 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

Note: If SSA\_Q19 = 2, 3, 4 or 5 then KEY\_PHRASES24A = "to understand your problems".

SSA\_Q20  
SSA\_20

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

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

- 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

Note: If SSA\_Q20 = 2, 3, 4 or 5 then KEY\_PHRASES22A = "to love you and make you feel wanted".

SSA\_END

FOR INFORMATION ONLY

## Social support - Utilization (SSU)

Optional Content selected by health regions  
in: British Columbia, Yukon and Nunavut

SSU\_BEG

SSU\_C1 If (do SSU block = 1), go to SSU\_C2.  
Otherwise, go to SSU\_END.

SSU\_C2 If proxy interview, go to SSU\_END.  
Otherwise, go to SSU\_C3.

SSU\_C3 If any responses of 2, 3, 4 or 5 in SSA\_Q02 to SSA\_Q20, go to SSU\_R1. Otherwise, go to SSU\_END.

SSU\_R1 **You have just mentioned that if you needed support, someone would be available for you. The next questions are about the support or help you actually received in the past 12 months.**  
INTERVIEWER: Press <Enter> to continue.

SSU\_C21 If any responses of 2, 3, 4 or 5 in SSA\_Q02 or SSA\_Q05 or SSA\_Q12 or SSA\_Q15, then SSU\_C21 = 1 (Yes) and go to SSU\_Q21A.  
Otherwise, SSU\_C21=2 (No) and go to SSU\_C22.

Note: If SSA\_Q02 = 2, 3, 4, 5 use **"to help you if you were confined to bed"** in SSU\_Q21A.  
If SSA\_Q05 = 2, 3, 4, 5 use **"to take you to the doctor"** in SSU\_Q21A.  
If SSA\_Q12 = 2, 3, 4, 5 use **"to prepare your meals"** in SSU\_Q21A.  
If SSA\_Q15 = 2, 3, 4, 5 use **"to help with daily chores"** in SSU\_Q21A.

SSU\_Q21A **In the past 12 months, did you receive the following support:**  
SSU\_21A **... someone ^KEY\_PHRASES21A?**

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

Note: (^KEY\_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA\_Q02, SSA\_Q05, SSA\_Q12, SSA\_Q15; If SSA\_Q02 = 2, 3, 4 or 5 show ^PHRASE from SSA\_C02 always in the 1<sup>st</sup> place; If 1 PHRASE, show 1<sup>st</sup> ^PHRASE in lowercase: ^PHRASE1; If 2 PHRASES, show 1<sup>st</sup> two ^PHRASES in lowercase: ^PHRASE1 and ^PHRASE2; If 3 or more PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and ^PHRASE3).

SSU\_Q21B **When you needed it, how often did you receive this kind of support (in the past 12 months)?**  
SSU\_21B INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

SSU\_C22 If any responses of 2, 3, 4 or 5 in SSA\_Q06 or SSA\_Q10 or SSA\_Q20 then SSU\_C22= 1 (Yes) and go to SSU\_Q22A.  
Otherwise, SSU\_C22=2 (No) and go to SSU\_C23.

Note: If SSA\_Q06 = 2, 3, 4, 5 use **"to show you affection"** in SSU\_Q22A.  
If SSA\_Q10 = 2, 3, 4, 5 use **"to hug you"** in SSU\_Q22A.  
If SSA\_Q20 = 2, 3, 4, 5 use **"to love you and make you feel wanted"** in SSU\_Q22A.

SSU\_Q22A (In the past 12 months, did you receive the following support:)  
SSU\_22A ... someone ^KEY\_PHRASES22A?

- 1 Yes
- 2 No (Go to SSU\_C23)
- DK, R (Go to SSU\_C23)

Note: (^KEY\_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA\_Q06, SSA\_Q10, SSA\_Q20; If 1 PHRASE, show 1<sup>st</sup> ^PHRASE in lowercase: ^PHRASE1; If 2 PHRASES, show 1<sup>st</sup> two ^PHRASES in lowercase: ^PHRASE1 and ^PHRASE2; If 3 PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and ^PHRASE3).

SSU\_Q22B **When you needed it, how often did you receive this kind of support (in the past 12 months)?**  
SSU\_22B

INTERVIEWER: Read categories to respondent.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

SSU\_C23 If any responses of 2, 3, 4 or 5 in SSA\_Q07 or SSA\_Q11 or SSA\_Q14 or SSA\_Q18, then SSU\_C23 =1 (Yes) and go to SSU\_Q23A.  
Otherwise, SSU\_C23=2 (No) and go to SSU\_C24.

Note: If SSA\_Q07 = 2, 3, 4, 5 use "to have a good time with" in SSU\_Q23A.  
If SSA\_Q11 = 2, 3, 4, 5 use "to relax with" in SSU\_Q23A.  
If SSA\_Q14 = 2, 3, 4, 5 use "to do things with" in SSU\_Q23A.  
If SSA\_Q18 = 2, 3, 4, 5 use "to do something enjoyable with" in SSU\_Q23A.

SSU\_Q23A (In the past 12 months, did you receive the following support:)  
SSU\_23A ... someone ^KEY\_PHRASES23A?

- 1 Yes
- 2 No (Go to SSU\_C24)
- DK, R (Go to SSU\_C24)

Note: (^KEY\_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA\_Q07, SSA\_Q11, SSA\_Q14, SSA\_Q18; If 1 PHRASE, show 1<sup>st</sup> ^PHRASE in lowercase: ^PHRASE1; If 2 PHRASES, show 1<sup>st</sup> two ^PHRASES in lowercase: ^PHRASE1 and ^PHRASE2; If 3 or more PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and ^PHRASE3).

SSU\_Q23B **When you needed it, how often did you receive this kind of support (in the past 12 months)?**  
SSU\_23B

INTERVIEWER: Read categories to respondent.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

SSU\_C24 If any responses of 2, 3, 4 or 5 in SSA\_Q03 or SSA\_Q04 or SSA\_Q08 or SSA\_Q09, SSA\_Q13, SSA\_Q16, SSA\_Q17 or SSA\_Q19, then SSU\_C24 =1 (Yes) and go to SSU\_Q24A.  
Otherwise, SSU\_C24=2 (No) and go to SSU\_END.

Note:

- If SSA\_Q03 = 2, 3, 4, 5 use **"to listen to you"** in SSU\_Q24A.
- If SSA\_Q04 = 2, 3, 4, 5 use **"to give you advice"** in SSU\_Q24A.
- If SSA\_Q08 = 2, 3, 4, 5 use **"to give you information"** in SSU\_Q24A.
- If SSA\_Q09 = 2, 3, 4, 5 use **"to confide in"** in SSU\_Q24A.
- If SSA\_Q13 = 2, 3, 4, 5 use **"to advise you"** in SSU\_Q24A.
- If SSA\_Q16 = 2, 3, 4, 5 use **"to share your worries and fears with"** in SSU\_Q24A.
- If SSA\_Q17 = 2, 3, 4, 5 use **"to turn to for suggestions"** in SSU\_Q24A.
- If SSA\_Q19 = 2, 3, 4, 5 use **"to understand your problems"** in SSU\_Q24A.

SSU\_Q24A (In the past 12 months, did you receive the following support:)  
 SSU\_24A ... someone ^KEY\_PHRASES24A?

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

Note:

(^KEY\_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA\_Q03, SSA\_Q04, SSA\_Q08, SSA\_Q09, SSA\_Q13, SSA\_Q16, SSA\_Q17 or SSA\_Q19; If SSA\_Q04 and SSA\_Q13 = 2, 3, 4 or 5 use only ^KEY\_PHRASE SSA\_C04; If 1 PHRASE, show 1<sup>st</sup> ^PHRASE in lowercase: ^PHRASE1; If 2 PHRASES, show 1<sup>st</sup> two ^PHRASES in lowercase: ^PHRASE1 and ^PHRASE2; If 3 or more PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and ^PHRASE3).

SSU\_Q24B When you needed it, how often did you receive this kind of support (in the past 12 months)?  
 SSU\_24B

INTERVIEWER: Read categories to respondent.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never  
 DK, R

SSU\_END

## Spiritual values (SPR)

Optional Content selected by health regions in:  
Saskatchewan and Nunavut

SPR\_BEG

SPR\_C1  
SPV\_FDO If (do SPR block = 1), go to SPR\_C2.  
Otherwise, go to SPR\_END.

SPR\_C2 If proxy interview, go to SPR\_END.  
Otherwise, go to SPR\_R1.

SPR\_R1 **I now have a few questions about spiritual values in your life.**  
INTERVIEWER: Press <Enter> to continue.

SPR\_Q1  
SPV\_1 **Do spiritual values play an important role in your life?**

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

SPR\_Q2  
SPV\_2 **To what extent do your spiritual values:**

**... help you to find meaning in your life?**  
INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **Some**
- 3 **A little**
- 4 **Not at all**
- DK, R

SPR\_Q3  
SPV\_3 **(To what extent do your spiritual values:)**

**... give you the strength to face everyday difficulties?**

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- DK, R

SPR\_Q4  
SPV\_4 **(To what extent do your spiritual values:)**

**... help you to understand the difficulties of life?**

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- DK, R

SPR\_Q5  
SPV\_5

**What, if any, is your religion?**

- 1 No religion (Agnostic, Atheist) (Go to SPR\_END)
- 2 Roman Catholic
- 3 Ukrainian Catholic
- 4 United Church
- 5 Anglican (Church of England, Episcopalian)
- 6 Presbyterian
- 7 Lutheran
- 8 Baptist
- 9 Pentecostal
- 10 Eastern Orthodox
- 11 Jewish
- 12 Islam (Muslim)
- 13 Hindu
- 14 Buddhist
- 15 Sikh
- 16 Jehovah's Witness
- 17 Other - Specify  
DK, R (Go to SPR\_END)

SPR\_C5 If SPR\_Q5 = 17, go to SPR\_Q5S.  
Otherwise, go to SPR\_Q6.

SPR\_Q5S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

SPR\_Q6  
SPV\_6

**Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?**  
INTERVIEWER: Read categories to respondent.

Do not include special events such as weddings, funerals, baptisms, bar mitzvahs, etc.

- 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

SPR\_Q7  
SPV\_7

**In general, would you say that you are:**  
INTERVIEWER: Read categories to respondent.

- 1 **... very religious?**
- 2 **... religious?**
- 3 **... not very religious?**
- 4 **... not religious at all?**  
DK, R

SPR\_END

## Consultations about mental health (CMH)

CMH\_BEG

CMH\_Q01A If (CMH block = 1), go to CMH\_Q01B.  
CMHFDO Otherwise, go to CMH\_END.

CMH\_Q01B If proxy interview, go to CMH\_END.  
Otherwise, go to CMH\_R01K.

CMH\_R01K **Now some questions about mental and emotional well-being.**  
INTERVIEWER: Press <Enter> to continue.

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

INTERVIEWER: Include both face to face and telephone contacts.

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

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

CMH\_01L    Times

(MIN: 1) (MAX: 366; warning after 25)  
DK, R

CMH\_Q01M **Whom did you see or talk to?**

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

- 1 **Family doctor or general practitioner**
- 2 **Psychiatrist**
- 3 **Psychologist**
- 4 **Nurse**
- 5 **Social worker or counsellor**
- 6 Other – Specify
- DK, R

CMH\_Q01MS If CMH\_Q01M = 6, go to CMH\_Q01MS.  
Otherwise, go to CMH\_E01M[1].

CMH\_Q01MS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

CMH\_E01M[1] If CMH\_Q01M = 1 (saw a family medical doctor) and HCU\_Q02A = 2, display edit message as follows :

Inconsistent answers have been entered. The respondent has seen or talked with a family doctor or general practitioner in the past 12 months but previously reported that he/she did not. Please confirm.

CMH\_E01M[2] If CMH\_Q01M = 2 (saw a psychiatrist) and HCU\_Q02C = 2, display edit message.

Inconsistent answers have been entered. The respondent has seen or talked with a psychiatrist in the past 12 months but previously reported that he/she did not. Please confirm.

Optional Content selected by health regions in: Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Alberta, Northwest Territories and Nunavut

CMH\_E01M[3] If CMH\_Q01M = 3 (saw a psychologist) and HCU\_Q02GA = 2, display edit message.

Inconsistent answers have been entered. The respondent has seen or talked with a psychologist in the past 12 months but previously reported that he/she did not. Please confirm.

CMH\_E01M[4] If CMH\_Q01M = 4 (saw a nurse) and HCU\_Q02D = 2, display edit message.

Inconsistent answers have been entered. The respondent has seen or talked with a nurse in the past 12 months but previously reported that he/she did not. Please confirm.

CMH\_E01M[5] If CMH\_Q01M = 5 (saw a social worker or counsellor) and HCU\_Q02GB = 2, display edit message.

Inconsistent answers have been entered. The respondent has seen or talked with a social worker or counsellor in the past 12 months but previously reported that he/she did not. Please confirm.

CMH\_END

## Distress (DIS)

Optional Content selected by health regions in: Nova Scotia and Quebec

DIS\_BEG

DIS\_C1 If (do DIS block = 1), go to DIS\_C2.  
DISFOPT Otherwise, go to DIS\_END.

DIS\_C2 If proxy interview, go to DIS\_END.  
Otherwise, go to DIS\_R01.

DIS\_R01 **The following questions deal with feelings you may have had during the past month.**  
INTERVIEWER: Press <Enter> to continue.

DIS\_Q01A **During the past month, that is, from [date one month ago] to yesterday, about how often**  
DIS\_10A **did you feel:**

**... tired out for no good reason?**

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 DIS\_END)

DIS\_Q01B **During the past month, that is, from [date one month ago] to yesterday, about how often**  
DIS\_10B **did you feel:**

**... nervous?**

- 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 (Go to DIS\_Q01D)  
DK, R (Go to DIS\_Q01D)

DIS\_Q01C **(During the past month, that is, from [date one month ago] to yesterday, about how often**  
DIS\_10C **did you feel:)**

**... so nervous that nothing could calm you down?**

- 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

Note: In processing, if a respondent answered DIS\_Q01B = 5 (none of the time), the variable DIS\_Q01C will be given the value of 5 (none of the time).

DIS\_Q01D  
DIS\_10D

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

... hopeless?

- 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

DIS\_Q01E  
DIS\_10E

During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:

... restless or fidgety?

- 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 DIS\_Q01G)

(Go to DIS\_Q01G)

DIS\_Q01F  
DIS\_10F

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

... so restless you could not sit still?

- 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

Note:

In processing, if a respondent answered DIS\_Q01E = 5 (none of the time), the variable DIS\_Q01F will be given the value of 5 (none of the time).

DIS\_Q01G  
DIS\_10G

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

...sad or depressed?

- 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 DIS\_Q01I)

(Go to DIS\_Q01I)

DIS\_Q01H  
DIS\_10H

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

...so depressed that nothing could cheer you up?

- 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

Note:

In processing, if a respondent answered DIS\_Q01G = 5 (none of the time), the variable DIS\_Q01H will be given the value of 5 (none of the time).

DIS\_Q01I  
DIS\_10I

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

...that everything was an effort?

- 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

DIS\_Q01J  
DIS\_10J

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

...worthless?

- 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

DIS\_C01K

If DIS\_Q01B to DIS\_Q01J are DK or R, go to DIS\_END.

DIS\_Q01K  
DIS\_10K

**We just talked about feelings 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 DIS\_Q01M)
  - 3 About the same (Go to DIS\_Q01N)
  - 4 Never have had any (Go to DIS\_END)
- DK, R (Go to DIS\_END)

DIS\_Q01L  
DIS\_10L

**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 DIS\_Q01N

DIS\_Q01M  
DIS\_10M

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

DIS\_Q01N  
DIS\_10N

During the past month, how much did these feelings usually interfere with your life or activities?

INTERVIEWER: Read categories to respondent.

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- DK, R

DIS\_END

## Depression (DEP)

Optional Content selected by health regions in:  
Nova Scotia, New Brunswick, Quebec, Alberta,  
Yukon and Nunavut

DEP\_BEG

DEP\_C01  
DPSFOPT If (do DEP block = 1), go to DEP\_C02.  
Otherwise, go to DEP\_END.

DEP\_C02 If proxy interview, go to DEP\_END.  
Otherwise, go to DEP\_Q02.

DEP\_Q02  
DPS\_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 DEP\_Q16)
- DK, R (Go to DEP\_END)

DEP\_Q03  
DPS\_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, 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 DEP\_Q16)
- 4 ... less than half of a day? (Go to DEP\_Q16)
- DK, R (Go to DEP\_END)

DEP\_Q04  
DPS\_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 DEP\_Q16)
- DK, R (Go to DEP\_END)

DEP\_Q05  
DPS\_05 **During those 2 weeks did you lose interest in most things?**

- 1 Yes (KEY PHRASE = Losing interest)
- 2 No (Go to DEP\_END)
- DK, R

DEP\_Q06  
DPS\_06 **Did you feel tired out or low on energy all of the time?**

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No (Go to DEP\_END)
- DK, R

DEP\_Q07  
DPS\_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 DEP\_Q09)
- 4 Was on a diet (Go to DEP\_Q09)
- DK, R (Go to DEP\_END)

DEP\_Q08A **About how much did you [gain/lose]?**

DPS\_08A INTERVIEWER: Enter amount only.

|\_| Weight  
(MIN: 1) (MAX: 99)  
DK, R (Go to DEP\_Q09)

Note: If DEP\_Q07 = 1, use "gain".  
Otherwise, use "lose"

DEP\_N08A INTERVIEWER: Was that in pounds or in kilograms?

DPS\_08B

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

DEP\_E08A An unusual value has been entered. Please confirm.

Trigger soft edit if (DEP\_Q08A > 20 and DEP\_N08A = 1 or DEP\_Q08A > 9 and DEP\_N08A = 2).

DEP\_Q09

DPS\_09

**Did you have more trouble falling asleep than you usually do?**

1 Yes (KEY PHRASE = Trouble falling asleep)  
2 No (Go to DEP\_Q11)  
DK, R (Go to DEP\_END)

DEP\_Q10

DPS\_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 DEP\_END)

DEP\_Q11

DPS\_11

**Did you have a lot more trouble concentrating than usual?**

1 Yes (KEY PHRASE = Trouble concentrating)  
2 No  
DK, R (Go to DEP\_END)

DEP\_Q12

DPS\_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 DEP\_END)

DEP\_Q13

DPS\_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 DEP\_END)

DEP\_C14

If "Yes" in DEP\_Q05, DEP\_Q06, DEP\_Q09, DEP\_Q11, DEP\_Q12 or DEP\_Q13, or DEP\_Q07 is "gain" or "lose", go to DEP\_R14.  
Otherwise, go to DEP\_END.

DEP\_R14

**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.

DEP\_Q14  
DPS\_14

**About how many weeks altogether did you feel this way during the past 12 months?**

[\_][\_] Weeks  
(MIN: 2 MAX: 53)  
DK, R (Go to DEP\_END)

DEP\_C15

If DEP\_Q14 > 51 weeks, go to DEP\_END.

DEP\_Q15  
DPS\_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  |
|   | DK, R    |    |           |

Go to DEP\_END

DEP\_Q16  
DPS\_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 DEP\_END)  
DK, R (Go to DEP\_END)

DEP\_Q17  
DPS\_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 DEP\_END)  
4 **Less than half of a day** (Go to DEP\_END)  
DK, R (Go to DEP\_END)

DEP\_Q18  
DPS\_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 DEP\_END)  
DK, R (Go to DEP\_END)

DEP\_Q19  
DPS\_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 DEP\_END)

DEP\_Q20  
DPS\_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 DEP\_Q22)  
4 Was on a diet (Go to DEP\_Q22)  
DK, R (Go to DEP\_END)

DEP\_Q21A **About how much did you [gain/lose]?**

DPS\_21A INTERVIEWER: Enter amount only.

|\_|\_| Weight  
(MIN: 1) (MAX: 99)  
DK, R (Go to DEP\_Q22)

Note: If DEP\_Q20 = 1, use "gain".  
Otherwise, use "lose".

DEP\_N21A INTERVIEWER: Was that in pounds or in kilograms?

DPS\_21B

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

DEP\_E21A An unusual value has been entered. Please confirm.

Trigger soft edit if (DEP\_Q21A > 20 and DEP\_N21A = 1 or DEP\_Q21A > 9 and DEP\_N21A = 2).

DEP\_Q22 **Did you have more trouble falling asleep than you usually do?**

DPS\_22

1 Yes (KEY PHRASE = Trouble falling asleep)  
2 No (Go to DEP\_Q24)  
DK, R (Go to DEP\_END)

DEP\_Q23 **How often did that happen?**

DPS\_23

INTERVIEWER: Read categories to respondent.

1 **Every night**  
2 **Nearly every night**  
3 **Less often**  
DK, R (Go to DEP\_END)

DEP\_Q24 **Did you have a lot more trouble concentrating than usual?**

DPS\_24

1 Yes (KEY PHRASE = Trouble concentrating)  
2 No  
DK, R (Go to DEP\_END)

DEP\_Q25 **At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?**

DPS\_25

1 Yes (KEY PHRASE = Feeling down on yourself)  
2 No  
DK, R (Go to DEP\_END)

DEP\_Q26 **Did you think a lot about death - either your own, someone else's, or death in general?**

DPS\_26

1 Yes (KEY PHRASE = Thoughts about death)  
2 No  
DK, R (Go to DEP\_END)

DEP\_C27 If any "Yes" in DEP\_Q19, DEP\_Q22, DEP\_Q24, DEP\_Q25 or DEP\_Q26, or DEP\_Q20 is "gain" or "lose", go to DEP\_R27.  
Otherwise, go to DEP\_END.

DEP\_R27 **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.

DEP\_Q27  
DPS\_27

**About how many weeks did you feel this way during the past 12 months?**

|\_|\_| Weeks  
(MIN: 2 MAX: 53)  
DK, R (Go to DEP\_END)

DEP\_C28

If DEP\_Q27 > 51, go to DEP\_END.  
Otherwise, go to DEP\_Q28.

DEP\_Q28  
DPS\_28

**Think about the last time you had 2 weeks in a row when you felt this way.  
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  |
|   | DK, R    |    |           |

DEP\_END

## Suicidal thoughts and attempts (SUI)

Optional Content selected by health regions in: Ontario, Alberta, British Columbia and Northwest Territories, and Nunavut

SUI\_BEG

SUI\_C1A  
SUIFDO If (do SUI block = 2), go to SUI\_END.  
Otherwise, go to SUI\_C1B.

SUI\_C1B If proxy interview or if age < 15, go to SUI\_END.  
Otherwise, go to SUI\_R1.

SUI\_R1 **The following questions relate to the sensitive issue of suicide.**  
INTERVIEWER: Press <Enter> to continue.

SUI\_Q1  
SUI\_1 **Have you ever seriously considered committing suicide or taking your own life?**

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

SUI\_Q2  
SUI\_2 **Has this happened in the past 12 months?**

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

SUI\_Q3  
SUI\_3 **Have you ever attempted to commit suicide or tried taking your own life?**

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

SUI\_Q4  
SUI\_4 **Did this happen in the past 12 months?**

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

SUI\_Q5  
SUI\_5 **Did you see or talk to a health professional following your attempt to commit suicide?**  
INTERVIEWER: Include both face to face and telephone contacts.

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

SUI\_Q6 **Whom did you see or talk to?**  
INTERVIEWER: Read categories to respondent. Mark all that apply.

- |        |   |   |
|--------|---|---|
| SUI_6A | 1 | <b>Family doctor or general practitioner</b>                              |
| SUI_6B | 2 | <b>Psychiatrist</b>   |
| SUI_6C | 3 | <b>Psychologist</b>   |
| SUI_6D | 4 | <b>Nurse</b>  |
| SUI_6E | 5 | <b>Social worker or counsellor</b>  |
| SUI_6G | 6 | <b>Religious or spiritual advisor such as a priest, chaplain or rabbi</b> |
| SUI_6H | 7 | <b>Teacher or guidance counsellor</b>                                     |
| SUI_6F | 8 | <b>Other</b>  |
|        |   | DK, R   |

SUI\_END

## Health status (SF-36) (SFR)

Optional Content selected by health regions in:  
Newfoundland and Labrador, Prince Edward Island  
and Manitoba

SFR\_BEG

SFR\_C03  
SFRFOPT If (do SFR block = 1), go to SFR\_R03A.  
Otherwise, go to SFR\_END.

SFR\_R03A **Although some of the following questions may seem repetitive, the next section deals with another way of measuring health status.**  
INTERVIEWER: Press <Enter> to continue.

SFR\_R03B **The questions are about how ^YOU2 [feel/feels] and how well ^YOU1 ^ARE able to do ^YOUR1 usual activities.**  
INTERVIEWER: Press <Enter> to continue.

Note: If interview is non-proxy, use "feel".  
Otherwise, use "feels".

SFR\_Q03  
SFR\_03 **I'll start with a few questions concerning activities ^YOU2 might do during a typical day. Does ^YOUR1 health limit ^HIMHER in any of the following activities:**

**... in vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports?**

INTERVIEWER: Read categories to respondent.

- 1 **Limited a lot**
- 2 **Limited a little**
- 3 **Not at all limited**
- DK, R (Go to SFR\_END)

SFR\_Q04  
SFR\_04 **(Does ^YOUR1 health limit ^HIMHER:)**

**... in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?**

INTERVIEWER: Read categories to respondent.

- 1 **Limited a lot**
- 2 **Limited a little**
- 3 **Not at all limited**
- DK, R

SFR\_Q05  
SFR\_05 **(Does ^YOUR1 health limit ^HIMHER:)**

**... in lifting or carrying groceries?**

- 1 **Limited a lot**
- 2 **Limited a little**
- 3 **Not at all limited**
- DK, R

SFR\_Q06  
SFR\_06 **(Does ^YOUR1 health limit ^HIMHER:)**

**... in climbing several flights of stairs?**

- 1 **Limited a lot**
- 2 **Limited a little**
- 3 **Not at all limited**
- DK, R

SFR\_Q07  
SFR\_07

(Does ^YOUR1 health limit ^HIMHER:)

... in climbing one flight of stairs?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, R

SFR\_Q08  
SFR\_08

(Does ^YOUR1 health limit ^HIMHER:)

... in bending, kneeling, or stooping?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, R

SFR\_Q09  
SFR\_09

(Does ^YOUR1 health limit ^HIMHER:)

... in walking more than one kilometre?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, R

SFR\_Q10  
SFR\_10

(Does ^YOUR1 health limit ^HIMHER:)

... in walking several blocks?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, R

SFR\_Q11  
SFR\_11

(Does ^YOUR1 health limit ^HIMHER:)

... in walking one block?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, R

SFR\_Q12  
SFR\_12

(Does ^YOUR1 health limit ^HIMHER:)

... in bathing and dressing ^YOURSELF?

- 1 Limited a lot
  - 2 Limited a little
  - 3 Not at all limited
- DK, R

SFR\_Q13  
SFR\_13

Now a few questions about problems with ^YOUR2 work or with other regular daily activities. Because of ^YOUR1 physical health, during the past 4 weeks, did ^YOU2:

... cut down on the amount of time ^YOU1 spent on work or other activities?

- 1 Yes
- 2 No  
DK, R

SFR\_Q14  
SFR\_14

Because of ^YOUR1 physical health, during the past 4 weeks, did ^YOU2:

... accomplish less than ^YOU1 would like?

- 1 Yes
- 2 No  
DK, R

SFR\_Q15  
SFR\_15

(Because of ^YOUR1 physical health, during the past 4 weeks,) ^WERE ^YOU2:

... limited in the kind of work or other activities?

- 1 Yes
- 2 No  
DK, R

SFR\_Q16  
SFR\_16

(Because of ^YOUR1 physical health, during the past 4 weeks,) did ^YOU2:

... have difficulty performing the work or other activities (for example, it took extra effort)?

- 1 Yes
- 2 No  
DK, R

SFR\_Q17  
SFR\_17

Next a few questions about problems with ^YOUR2 work or with other regular daily activities due to emotional problems (such as feeling depressed or anxious). Because of emotional problems, during the past 4 weeks, did ^YOU2:

... cut down on the amount of time ^YOU1 spent on work or other activities?

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

SFR\_Q18  
SFR\_18

Because of emotional problems, during the past 4 weeks, did ^YOU2:

... accomplish less than ^YOU1 would like?

- 1 Yes
- 2 No  
DK, R

SFR\_Q19  
SFR\_19

(Because of emotional problems, during the past 4 weeks,) did ^YOU2:

... not do work or other activities as carefully as usual?

- 1 Yes
- 2 No  
DK, R

SFR\_Q20  
SFR\_20

**During the past 4 weeks, how much has ^YOUR1 physical health or emotional problems interfered with ^YOUR1 normal social activities with family, friends, neighbours, or groups?**

INTERVIEWER: Read categories to respondent.

- 1      **Not at all**
- 2      **A little bit**
- 3      **Moderately**
- 4      **Quite a bit**
- 5      **Extremely**
- DK, R**

SFR\_Q21  
SFR\_21

**During the past 4 weeks, how much bodily pain ^HAVE ^YOU1 had?**

INTERVIEWER: Read categories to respondent

- 1      **None**
- 2      **Very mild**
- 3      **Mild**
- 4      **Moderate**
- 5      **Severe**
- 6      **Very severe**
- DK, R**

SFR\_Q22  
SFR\_22

**During the past 4 weeks, how much did pain interfere with ^YOUR1 normal work (including work both outside the home and housework)?**

INTERVIEWER: Read categories to respondent.

- 1      **Not at all**
- 2      **A little bit**
- 3      **Moderately**
- 4      **Quite a bit**
- 5      **Extremely**
- DK, R**

SFR\_R23

**The next questions are about how ^YOU2 felt and how things have been with ^HIMHER during the past 4 weeks. For each question, please indicate the answer that comes closest to the way ^YOU2 ^HAVE been feeling.**

INTERVIEWER: Press <Enter> to continue.

SFR\_Q23  
SFR\_23

**During the past 4 weeks, how much of the time:**

**... did ^YOU2 feel full of pep?**

INTERVIEWER: Read categories to respondent.

- 1      **All of the time**
- 2      **Most of the time**
- 3      **A good bit of the time**
- 4      **Some of the time**
- 5      **A little of the time**
- 6      **None of the time**
- DK, R**

SFR\_Q24  
SFR\_24

(During the past 4 weeks, how much of the time:)

... ^HAVE ^YOU2 been a very nervous person?

INTERVIEWER: Read categories to respondent.

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q25  
SFR\_25

(During the past 4 weeks, how much of the time:)

... ^HAVE ^YOU1 felt so down in the dumps that nothing could cheer ^HIMHER up?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q26  
SFR\_26

(During the past 4 weeks, how much of the time:)

... ^HAVE ^YOU1 felt calm and peaceful?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q27  
SFR\_27

(During the past 4 weeks, how much of the time:)

... did ^YOU1 have a lot of energy?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q28  
SFR\_28

During the past 4 weeks, how much of the time:

... ^HAVE ^YOU1 felt downhearted and blue?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q29  
SFR\_29

(During the past 4 weeks, how much of the time:)

... did ^YOU1 feel worn out?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q30  
SFR\_30

(During the past 4 weeks, how much of the time:)

... ^HAVE ^YOU1 been a happy person?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q31  
SFR\_31

(During the past 4 weeks, how much of the time:)

... did ^YOU1 feel tired?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q32  
SFR\_32

During the past 4 weeks, how much of the time has ^YOUR1 health limited ^YOUR1 social activities (such as visiting with friends or close relatives)?

- 1 All of the time
  - 2 Most of the time
  - 3 A good bit of the time
  - 4 Some of the time
  - 5 A little of the time
  - 6 None of the time
- DK, R

SFR\_Q33  
SFR\_33

Now please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.

[I/FNAME] [seem/seems] to get sick a little easier than other people.

INTERVIEWER: Read categories to respondent.

- 1 **Definitely true**
  - 2 **Mostly true**
  - 3 **Not sure**
  - 4 **Mostly false**
  - 5 **Definitely false**
- DK, R

Note: If interview non-proxy, use "I" and "seem".  
Otherwise, use ^FNAME and "seems".

SFR\_Q34  
SFR\_34 **(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)**

**[I/FNAME] [am/is] as healthy as anybody [I/he/she] [know/knows].**

**INTERVIEWER:** Read categories to respondent.

- 1 **Definitely true**
- 2 **Mostly true**
- 3 **Not sure**
- 4 **Mostly false**
- 5 **Definitely false**
- DK, R

Note: If interview non-proxy, use "I", "am", "I" and "know".  
If interview proxy and sex = male, use ^FNAME, "is", "he" and "knows".  
Otherwise, use ^FNAME, "is", "she" and "knows".

SFR\_Q35  
SFR\_35 **(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)**

**[I/FNAME] [expect/expects] [my/his/her] health to get worse.**

- 1 Definitely true
- 2 Mostly true
- 3 Not sure
- 4 Mostly false
- 5 Definitely false
- DK, R

Note: If interview non-proxy, use "I", "expect", and "my".  
If proxy interview and sex = male, use ^FNAME, "expects" and "his".  
Otherwise, use ^FNAME, "expects" and "her".

SFR\_Q36  
SFR\_36 **(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)**

**[My/FNAME's] health is excellent.**

- 1 Definitely true
- 2 Mostly true
- 3 Not sure
- 4 Mostly false
- 5 Definitely false
- DK, R

Note: If interview non-proxy, use "My". Otherwise, use ^FNAME's.

SFR\_END

## Access to health care services (ACC)

Optional content selected by  
health regions in: New  
Brunswick

ACC\_BEG

ACC\_C1      If (do ACC block = 1), go to ACC\_C2.  
ACCFOPT      Otherwise, go to ACC\_END.

ACC\_C2      If proxy interview or if age < 15, go to ACC\_END.  
Otherwise, go to ACC\_R10.

ACC\_R10      **The next questions are about the use of various health care services.**

**I will start by asking about your experiences getting health care from a medical specialist such as a cardiologist, allergist, gynaecologist or psychiatrist (excluding an optometrist).**  
INTERVIEWER: Press <Enter> to continue.

ACC\_Q10      **In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a**  
ACC\_10      **consultation?**

- 1      Yes
- 2      No      (Go to ACC\_R20)
- DK, R      (Go to ACC\_R20)

ACC\_Q11      **In the past 12 months, did you ever experience any difficulties getting the specialist care**  
ACC\_11      **you needed for a diagnosis or consultation?**

- 1      Yes
- 2      No      (Go to ACC\_R20)
- DK, R      (Go to ACC\_R20)

ACC\_Q12      **What type of difficulties did you experience?**  
INTERVIEWER: Mark all that apply.

- ACC\_12A      1      Difficulty getting a referral
- ACC\_12B      2      Difficulty getting an appointment
- ACC\_12C      3      No specialists in the area
- ACC\_12D      4      Waited too long - between booking appointment and visit
- ACC\_12E      5      Waited too long - to see the doctor (i.e. in-office waiting)
- ACC\_12F      6      Transportation - problems
- ACC\_12G      7      Language - problem
- ACC\_12H      8      Cost
- ACC\_12I      9      Personal or family responsibilities
- ACC\_12J      10      General deterioration of health
- ACC\_12K      11      Appointment cancelled or deferred by specialist
- ACC\_12L      12      Still waiting for visit
- ACC\_12M      13      Unable to leave the house because of a health problem
- ACC\_12N      14      Other - Specify
- DK, R

ACC\_C12S      If ACC\_Q12 = 14, go to ACC\_Q12S.  
Otherwise, go to ACC\_R20.

ACC\_Q12S      INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

ACC\_R20      **The following questions are about any surgery not provided in an emergency that you may have required, such as cardiac surgery, joint surgery, caesarean sections and cataract surgery, excluding laser eye surgery.**

INTERVIEWER: Press <Enter> to continue.

ACC\_Q20  
ACC\_20      **In the past 12 months, did you require any non-emergency surgery?**

- 1      Yes
- 2      No      (Go to ACC\_R30)
- DK, R    (Go to ACC\_R30)

ACC\_Q21  
ACC\_21      **In the past 12 months, did you ever experience any difficulties getting the surgery you needed?**

- 1      Yes
- 2      No      (Go to ACC\_R30)
- DK, R    (Go to ACC\_R30)

ACC\_Q22      **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC\_22A      1      Difficulty getting an appointment with a surgeon
- ACC\_22B      2      Difficulty getting a diagnosis
- ACC\_22C      3      Waited too long - for a diagnostic test
- ACC\_22D      4      Waited too long - for a hospital bed to become available
- ACC\_22E      5      Waited too long - for surgery
- ACC\_22F      6      Service not available - in the area
- ACC\_22G      7      Transportation - problems
- ACC\_22H      8      Language - problem
- ACC\_22I      9      Cost
- ACC\_22J      10     Personal or family responsibilities
- ACC\_22K      11     General deterioration of health
- ACC\_22L      12     Appointment cancelled or deferred by surgeon or hospital
- ACC\_22M      13     Still waiting for surgery
- ACC\_22N      14     Unable to leave the house because of a health problem
- ACC\_22O      15     Other - Specify
- DK, R

ACC\_C22S      If ACC\_Q22 = 15, go to ACC\_Q22S.  
                  Otherwise, go to ACC\_R30.

ACC\_Q22S      INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_R30      **Now some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.**

INTERVIEWER: Press <Enter> to continue.

ACC\_Q30  
ACC\_30      **In the past 12 months, did you require one of these tests?**

- 1      Yes
- 2      No      (Go to ACC\_R40)
- DK, R    (Go to ACC\_R40)

ACC\_Q31  
ACC\_31

**In the past 12 months, did you ever experience any difficulties getting the tests you needed?**

- 1 Yes
- 2 No (Go to ACC\_R40)
- DK, R (Go to ACC\_R40)

ACC\_Q32

**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC\_32A 1 Difficulty getting a referral
  - ACC\_32B 2 Difficulty getting an appointment
  - ACC\_32C 3 Waited too long - to get an appointment
  - ACC\_32D 4 Waited too long - to get test (i.e. in-office waiting)
  - ACC\_32E 5 Service not available - at time required
  - ACC\_32F 6 Service not available - in the area
  - ACC\_32G 7 Transportation - problems
  - ACC\_32H 8 Language - problem
  - ACC\_32I 9 Cost
  - ACC\_32J 10 General deterioration of health
  - ACC\_32K 11 Did not know where to go (i.e. information problems)
  - ACC\_32L 12 Still waiting for test
  - ACC\_32M 13 Unable to leave the house because of a health problem
  - ACC\_32N 14 Other - Specify
- DK, R

ACC\_C32S If ACC\_Q32 = 14, go to ACC\_Q32S.  
Otherwise, go to ACC\_R40.

ACC\_Q32S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_R40

**Now I'd like you to think about yourself and family members living in your dwelling.**  
**The next questions are about your experiences getting health information or advice when you needed them for yourself or a family member living in your dwelling.**

INTERVIEWER: Press <Enter> to continue.

ACC\_Q40  
ACC\_40

**In the past 12 months, have you required health information or advice for yourself or a family member?**

- 1 Yes
- 2 No (Go to ACC\_R50)
- DK, R (Go to ACC\_R50)

ACC\_Q40A

**Who did you contact when you needed health information or advice for yourself or a family member?**

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

- ACC\_40A 1 **Doctor's office**
- ACC\_40B 2 **Community health centre / CLSC**
- ACC\_40C 3 **Walk-in clinic**
- ACC\_40D 4 **Telephone health line (e.g., HealthLinks, Telehealth Ontario, HealthLink, Health-Line, TeleCare, Info-Santé)**
- ACC\_40E 5 **Hospital emergency room**
- ACC\_40F 6 **Other hospital service**
- ACC\_40G 7 **Other - Specify**

ACC\_C40AS If ACC\_Q40A = 7, go to ACC\_Q40AS.  
Otherwise, go to ACC\_Q41.

ACC\_Q40AS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q41 **In the past 12 months, did you ever experience any difficulties getting the health  
ACC\_41 information or advice you needed for yourself or a family member?**

- 1 Yes
- 2 No (Go to ACC\_R50)
- DK, R (Go to ACC\_R50)

ACC\_Q42 **Did you experience difficulties during “regular” office hours (that is, 9:00 am to 5:00 pm,  
ACC\_42 Monday to Friday)?**

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems)  
and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC\_Q44)
- 3 Not required at this time (Go to ACC\_Q44)
- DK, R (Go to ACC\_Q44)

ACC\_Q43 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC\_43A 1 Difficulty contacting a physician or nurse
- ACC\_43B 2 Did not have a phone number
- ACC\_43C 3 Could not get through (i.e. no answer)
- ACC\_43D 4 Waited too long to speak to someone
- ACC\_43E 5 Did not get adequate info or advice
- ACC\_43F 6 Language - problem
- ACC\_43G 7 Did not know where to go / call / uninformed
- ACC\_43H 8 Unable to leave the house because of a health problem
- ACC\_43I 9 Other - Specify
- DK, R

ACC\_C43S If ACC\_Q43 = 9, go to ACC\_Q43S.  
Otherwise, go to ACC\_Q44.

ACC\_Q43S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q44 **Did you experience difficulties getting health information or advice during evenings and  
ACC\_44 weekends (that is, 5:00 to 9:00 pm Monday to Friday, or 9:00 am to 5:00 pm, Saturdays and  
Sundays)?**

INTERVIEWER: It is important to make a distinction between “No” (Did  
not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC\_Q46)
- 3 Not required at this time (Go to ACC\_Q46)
- DK, R (Go to ACC\_Q46)

ACC\_Q45 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- |         |   |   |
|---------|---|---|
| ACC_45A | 1 | Difficulty contacting a physician or nurse            |
| ACC_45B | 2 | Did not have a phone number                           |
| ACC_45C | 3 | Could not get through (i.e. no answer)                |
| ACC_45D | 4 | Waited too long to speak to someone                   |
| ACC_45E | 5 | Did not get adequate info or advice                   |
| ACC_45F | 6 | Language - problem                                    |
| ACC_45G | 7 | Did not know where to go / call / uninformed          |
| ACC_45H | 8 | Unable to leave the house because of a health problem |
| ACC_45I | 9 | Other - Specify                                       |
|         |   | DK, R   |

ACC\_C45S If ACC\_Q45 = 9, go to ACC\_Q45S.  
Otherwise, go to ACC\_Q46.

ACC\_Q45S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q46 **Did you experience difficulties getting health information or advice during the middle of the night?**

ACC\_46

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- |   |                           |                 |
|---|---------------------------|-----------------|
| 1 | Yes                       |                 |
| 2 | No                        | (Go to ACC_R50) |
| 3 | Not required at this time | (Go to ACC_R50) |
|   | DK, R                     | (Go to ACC_R50) |

ACC\_Q47 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- |         |   |   |
|---------|---|---|
| ACC_47A | 1 | Difficulty contacting a physician or nurse            |
| ACC_47B | 2 | Did not have a phone number                           |
| ACC_47C | 3 | Could not get through (i.e. no answer)                |
| ACC_47D | 4 | Waited too long to speak to someone                   |
| ACC_47E | 5 | Did not get adequate info or advice                   |
| ACC_47F | 6 | Language - problem                                    |
| ACC_47G | 7 | Did not know where to go / call / uninformed          |
| ACC_47H | 8 | Unable to leave the house because of a health problem |
| ACC_47I | 9 | Other - Specify                                       |
|         |   | DK, R   |

ACC\_C47S If ACC\_Q47 = 9, go to ACC\_Q47S.  
Otherwise, go to ACC\_R50.

ACC\_Q47S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_R50 **Now some questions about your experiences when you needed health care services for routine or on-going care such as a medical exam or follow-up for yourself or a family member living in your dwelling.**

INTERVIEWER: Press <Enter> to continue.

ACC\_Q50A  
ACC\_50A

**Do you have a regular family doctor?**

- 1 Yes
- 2 No  
DK, R

ACC\_Q50  
ACC\_50

**In the past 12 months, did you require any routine or on-going care for yourself or a family member?**

- 1 Yes
- 2 No (Go to ACC\_R60)  
DK, R (Go to ACC\_R60)

ACC\_Q51  
ACC\_51

**In the past 12 months, did you ever experience any difficulties getting the routine or on-going care you or a family member needed?**

- 1 Yes
- 2 No (Go to ACC\_R60)  
DK, R (Go to ACC\_R60)

ACC\_Q52  
ACC\_52

**Did you experience difficulties getting such care during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC\_Q54)
- 3 Not required at this time (Go to ACC\_Q54)  
DK, R (Go to ACC\_Q54)

ACC\_Q53

**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

ACC\_53A  
ACC\_53B  
ACC\_53C  
ACC\_53D  
ACC\_53E  
ACC\_53F  
ACC\_53G  
ACC\_53H  
ACC\_53I  
ACC\_53J  
ACC\_53K  
ACC\_53L  
ACC\_53M

- 1 Difficulty contacting a physician
- 2 Difficulty getting an appointment
- 3 Do not have personal / family physician
- 4 Waited too long - to get an appointment
- 5 Waited too long - to see the doctor (i.e. in-office waiting)
- 6 Service not available - at time required
- 7 Service not available - in the area
- 8 Transportation - problems
- 9 Language - problem
- 10 Cost
- 11 Did not know where to go (i.e. information problems)
- 12 Unable to leave the house because of a health problem
- 13 Other - Specify  
DK, R

ACC\_C53S

If ACC\_Q53 = 13, go to ACC\_Q53S.  
Otherwise, go to ACC\_Q54.

ACC\_Q53S

INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q54  
ACC\_54

**Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?**  
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC\_R60)
- 3 Not required at this time (Go to ACC\_R60)  
DK, R (Go to ACC\_R60)

ACC\_Q55

**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

ACC\_55A  
ACC\_55B  
ACC\_55C  
ACC\_55D  
ACC\_55E  
ACC\_55F  
ACC\_55G  
ACC\_55H  
ACC\_55I  
ACC\_55J  
ACC\_55K  
ACC\_55L  
ACC\_55M

- 1 Difficulty contacting a physician
- 2 Difficulty getting an appointment
- 3 Do not have personal / family physician
- 4 Waited too long - to get an appointment
- 5 Waited too long - to see the doctor (i.e. in-office waiting)
- 6 Service not available - at time required
- 7 Service not available - in the area
- 8 Transportation - problems
- 9 Language - problem
- 10 Cost
- 11 Did not know where to go (i.e. information problems)
- 12 Unable to leave the house because of a health problem
- 13 Other - Specify  
DK, R

ACC\_C55S

If ACC\_Q55 = 13, go to ACC\_Q55S.  
Otherwise, go to ACC\_R60.

ACC\_Q55S

INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_R60

**The next questions are about situations when you or a family member have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.**

INTERVIEWER: Press <Enter> to continue.

ACC\_Q60  
ACC\_60

**In the past 12 months, have you or a family member required immediate health care services for a minor health problem?**

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

ACC\_Q61  
ACC\_61

**In the past 12 months, did you ever experience any difficulties getting the immediate care needed for a minor health problem for yourself or a family member?**

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

ACC\_Q62  
ACC\_62

**Did you experience difficulties getting such care during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC\_Q64)
- 3 Not required at this time (Go to ACC\_Q64)  
DK, R (Go to ACC\_Q64)

ACC\_Q63

**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC\_63A 1 Difficulty contacting a physician
- ACC\_63B 2 Difficulty getting an appointment
- ACC\_63C 3 Do not have personal / family physician
- ACC\_63D 4 Waited too long - to get an appointment
- ACC\_63E 5 Waited too long - to see the doctor (i.e. in-office waiting)
- ACC\_63F 6 Service not available - at time required
- ACC\_63G 7 Service not available - in the area
- ACC\_63H 8 Transportation - problems
- ACC\_63I 9 Language - problem
- ACC\_63J 10 Cost
- ACC\_63K 11 Did not know where to go (i.e. information problems)
- ACC\_63L 12 Unable to leave the house because of a health problem
- ACC\_63M 13 Other - Specify  
DK, R

ACC\_C63S If ACC\_Q63 = 13, go to ACC\_Q63S.  
Otherwise, go to ACC\_Q64.

ACC\_Q63S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q64  
ACC\_64

**Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?**

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC\_Q66)
- 3 Not required at this time (Go to ACC\_Q66)  
DK, R (Go to ACC\_Q66)

ACC\_Q65

**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- |         |    |  |
|---------|----|--|
| ACC_65A | 1  | Difficulty contacting a physician                            |
| ACC_65B | 2  | Difficulty getting an appointment                            |
| ACC_65C | 3  | Do not have personal / family physician                      |
| ACC_65D | 4  | Waited too long - to get an appointment                      |
| ACC_65E | 5  | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACC_65F | 6  | Service not available - at time required                     |
| ACC_65G | 7  | Service not available - in the area                          |
| ACC_65H | 8  | Transportation - problems                                    |
| ACC_65I | 9  | Language - problem   |
| ACC_65J | 10 | Cost   |
| ACC_65K | 11 | Did not know where to go (i.e. information problems)         |
| ACC_65L | 12 | Unable to leave the house because of a health problem        |
| ACC_65M | 13 | Other - Specify<br>DK, R                                     |

ACC\_C65S If ACC\_Q65 = 13, go to ACC\_Q65S.  
Otherwise, go to ACC\_Q66.

ACC\_Q65S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

ACC\_Q66

**Did you experience difficulties getting such care during the middle of the night?**

ACC\_66

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- |   |   |
|---|---|
| 1 | Yes                                       |
| 2 | No (Go to ACC_END)                        |
| 3 | Not required at this time (Go to ACC_END) |
|   | DK, R (Go to ACC_END)                     |

ACC\_Q67

**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- |         |    |  |
|---------|----|--|
| ACC_67A | 1  | Difficulty contacting a physician                            |
| ACC_67B | 2  | Difficulty getting an appointment                            |
| ACC_67C | 3  | Do not have personal / family physician                      |
| ACC_67D | 4  | Waited too long - to get an appointment                      |
| ACC_67E | 5  | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACC_67F | 6  | Service not available - at time required                     |
| ACC_67G | 7  | Service not available - in the area                          |
| ACC_67H | 8  | Transportation - problems                                    |
| ACC_67I | 9  | Language - problem   |
| ACC_67J | 10 | Cost   |
| ACC_67K | 11 | Did not know where to go (i.e. information problems)         |
| ACC_67L | 12 | Unable to leave the house because of a health problem        |
| ACC_67M | 13 | Other - Specify<br>DK, R                                     |

ACC\_C67S If ACC\_Q67 = 13, go to ACC\_Q67S.  
Otherwise, go to ACC\_END.

ACC\_Q67S    INTERVIEWER: Specify.

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

DK, R

ACC\_END

FOR INFORMATION ONLY

**Height and weight – Measured (MHW)**

MHW\_BEG

MHW\_C01A If (do MHW block =1), go to MHW\_C01B.  
Otherwise, go to MHW\_END.

MHW\_C01B If (proxymode =2), go to MHW\_C01C.  
Otherwise, go to MHW\_END.

MHW\_C01C If area frame, go to MHW\_N1A.  
Otherwise, go to MHW\_END.

MHW\_N1A INTERVIEWER: Are there any reasons that make it impossible to measure the respondent's  
MHWZ\_N1 weight?

- 1 Yes
- 2 No (Go to MHW\_R2)  
DK, R not allowed

MHW\_N1B INTERVIEWER: Select reasons why it is impossible to measure the respondent's weight. Mark all that apply.

- |          |   |   |                 |
|----------|---|---|-----------------|
| MHWZ_N1A | 1 | Unable to stand unassisted  | (go to MHW_END) |
| MHWZ_N1B | 2 | In a wheel chair  | (go to MHW_END) |
| MHWZ_N1C | 3 | Bedridden   | (go to MHW_END) |
| MHWZ_N1D | 4 | Interview setting (e.g., interview outdoors or in a public place) |                 |
| MHWZ_N1E | 5 | Safety concerns   |                 |
| MHWZ_N1F | 6 | Has already refused to be measured                                |                 |
| MHWZ_N1G | 7 | Other – Specify   |                 |
|          |   | DK, R not allowed   |                 |

MHW\_C1C If (MHW\_N1B = 7), go to MHW\_S1B.  
Otherwise, go to MHW\_N5A.

MHW\_S1B INTERVIEWER: Specify.

---

(80 spaces)  
DK, R not allowed.

Go to MHW\_N5A.

MHW\_R2 **A person's size is important in understanding health. Because of this, I would like to measure your height and weight. The measurements taken will not require any touching.**  
INTERVIEWER: Press <Enter> to continue.

MHW\_Q2A **Do I have your permission to measure your weight?**  
MHWZ\_2

- 1 Yes
- 2 No (Go to MHW\_N5A)  
DK, R not allowed

MHW\_N2A INTERVIEWER: Record the serial number found on the scale to be used.

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

MHW\_E2A "The serial number entered was not found in the list of valid serial numbers.  
Interviewer: Please confirm serial number."

Trigger soft edit: MHW\_N2A not found in list of valid serial numbers.

MHW\_N2B INTERVIEWER: Record weight to the nearest 0.01 kg. If the scale does not work, or if for some  
MHWZ\_N2 other reason you cannot weigh the respondent, enter DK.

|\_|\_|\_|\_|\_| kilograms

(MIN: 1.00; warning under 27 kg.) (MAX: 261.00; warning above 136 kg)

DK (Go to MHW\_N4)

R not allowed

MHW\_N3A INTERVIEWER: Were there any articles of clothing or physical characteristics which affected the  
MHWZ\_N3 accuracy of this measurement?

1 Yes

2 No (Go to MHW\_N5A)

DK, R not allowed

MHW\_N3B INTERVIEWER: Select reasons affecting accuracy. Mark all that apply.

MHWZ\_N3A 1 Shoes or boots

MHWZ\_N3B 2 Heavy sweater or jacket

MHWZ\_N3C 3 Jewellery

MHWZ\_N3D 4 Other - Specify

DK, R not allowed

MHW\_C3B If (MHW\_N3B = 4), go to MHW\_S3B.  
Otherwise, go to MHW\_N5A.

MHW\_S3B INTERVIEWER: Specify.

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

DK, R not allowed

Go to MHW\_N5A.

MHW\_N4 INTERVIEWER: Select the reason for not weighing the respondent.

MHWZ\_N4

1 Scale not functioning properly (go to MHW\_N5A)

2 Other - Specify

DK, R not allowed

MHW\_S4 INTERVIEWER: Specify.

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

DK, R not allowed

MHW_N5A MHWZ_N5	<p><u>INTERVIEWER</u>: Are there any reasons that make it impossible to measure the respondent's height?</p> <p>1 Yes</p> <p>2 No (Go to MHW_C6) DK, R not allowed</p>
MHW_N5B	<p><u>INTERVIEWER</u>: Select reasons why it is impossible to measure the respondent's height. Mark all that apply.</p>
MHWZ_N5A MHWZ_N5B	<p>1 Too tall</p> <p>2 Interview setting (e.g., interview outdoors or in a public place)</p>
MHWZ_N5C MHWZ_N5D MHWZ_N5E	<p>3 Safety concerns</p> <p>4 Has already refused to be measured</p> <p>5 Other – Specify DK, R not allowed</p>
MHW_C5B	<p>If (MHW_N5B = 5), go to MHW_S5B. Otherwise, go to MHW_END.</p>
MHW_S5B	<p><u>INTERVIEWER</u>: Specify.</p> <p>_____</p> <p>(80 spaces) DK, R not allowed.</p> <p>Go to MHW_END</p>
MHW_C6	<p>If MHW_N1A=2, go to MHW_Q6A Otherwise, go to MHW_R6.</p>
MHW_R6	<p><b>A person's size is important in understanding health. Because of this, I would like to measure your height. The measurement will not require any touching.</b> <u>INTERVIEWER</u>: Press &lt;Enter&gt; to continue.</p>
MHW_Q6A MHWZ_6	<p><b>Do I have your permission to measure your height?</b></p> <p>1 Yes</p> <p>2 No (Go to MHW_END) DK, R not allowed</p>
MHW_N6B MHWZ_N6	<p><u>INTERVIEWER</u>: Enter height to nearest 0.5 cm.</p> <p> _ _ . _ </p> <p>(MIN: 90.0 cm) (MAX: 250.0 cm) DK, R (Go to MHW_END)</p>
MHW_N7A MHWZ_N7	<p><u>INTERVIEWER</u>: Were there any articles of clothing or physical characteristics which affected the accuracy of this measurement?</p> <p>1 Yes</p> <p>2 No (Go to MHW_END) DK, R not allowed</p>

MHW\_N7B      INTERVIEWER: Select reasons affecting accuracy. Mark all that apply.

MHWZ_N7A	1	Shoes or boots
MHWZ_N7B	2	Hairstyle
MHWZ_N7C	3	Hat
MHWZ_N7D	4	Other - Specify

DK, R not allowed

MHW\_C7B      If (MHW\_N7B = 4), go to MHW\_S7B.  
Otherwise, go to MHW\_END.

MHW\_S7B      INTERVIEWER: Specify.

---

(80 spaces)  
DK, R not allowed

MHW\_C7C      Go to MHW\_END.

MHW\_END

## Insurance coverage (INS)

Optional Content selected by health regions in: New Brunswick and Ontario.

INS\_BEG

INS\_C1A If (do INS block = 1), go to INS\_R1.  
Otherwise, go to INS\_END.

INS\_R1 **Now, turning to [your/FNAME's] insurance coverage. Please include any private, government or employer-paid plans.**

INTERVIEWER: Press <Enter> to continue.

INS\_Q1 **[Do/Does] [you/FNAME] have insurance that covers all or part of the cost of [your/his/her] prescription medications?**

INS\_1

- 1 Yes
- 2 No (Go to INS\_C2)
- DK (Go to INS\_C2)
- R (Go to INS\_END)

INS\_Q1A

**Is it:**

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

INS\_1A 1 ... a government-sponsored plan?

INS\_1B 2 ... an employer-sponsored plan?

INS\_1C 3 ... a private plan?

DK, R

INS\_C2

If (do OH2 block = 1) and not a proxy interview, go to INS\_Q3.  
Otherwise, go to INS\_Q2.

INS\_Q2 **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**

INS\_2

**... [your/his/her] dental expenses?**

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

INS\_Q2A

**Is it:**

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

INS\_2A 1 ... a government-sponsored plan?

INS\_2B 2 ... an employer-sponsored plan?

INS\_2C 3 ... a private plan?

DK, R

INS\_Q3

INS\_3

**([Do/Does] [you/FNAME] have insurance that covers all or part of:)**

**... the costs of eye glasses or contact lenses?**

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

INS\_Q3A

**Is it:**

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

INS\_3A

1 ... a government-sponsored plan?

INS\_3B

2 ... an employer-sponsored plan?

INS\_3C

3 ... a private plan?

DK, R

INS\_Q4

**([Do/Does] [you/FNAME] have insurance that covers all or part of:)**

INS\_4

**... hospital charges for a private or semi-private room?**

1 Yes

2 No (Go to INS\_END)

DK, R (Go to INS\_END)

INS\_Q4A

**Is it:**

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

INS\_4A

1 ... a government-sponsored plan?

INS\_4B

2 ... an employer-sponsored plan?

INS\_4C

3 ... a private plan?

DK, R

INS\_END

## Socio-demographic characteristics (SDC)

Core Content

SDC\_BEG

SDC\_C1 If (do SDC block = 1), go to SDC\_R1.  
Otherwise, go to SDC\_END.

SDC\_R1 **Now some general background questions which will help us compare the health of people in Canada.**

INTERVIEWER: Press <Enter> to continue.

SDC\_Q1 **In what country ^WERE ^YOU1 born?**

SDC\_1

- |    |           |                |    |                       |
|----|-----------|----------------|----|-----------------------|
| 1  | Canada    | (Go to SDC_Q4) | 11 | Jamaica               |
| 2  | China     |                | 12 | Netherlands / Holland |
| 3  | France    |                | 13 | Philippines           |
| 4  | Germany   |                | 14 | Poland                |
| 5  | Greece    |                | 15 | Portugal              |
| 6  | Guyana    |                | 16 | United Kingdom        |
| 7  | Hong Kong |                | 17 | United States         |
| 8  | Hungary   |                | 18 | Viet Nam              |
| 9  | India     |                | 19 | Sri Lanka             |
| 10 | Italy     |                | 20 | Other - Specify       |
|    | DK, R     | (Go to SDC_Q4) |    |                       |

SDC\_C1S If SDC\_Q1 = 20, go to SDC\_Q1S.  
Otherwise, go to SDC\_Q2.

SDC\_Q1S INTERVIEWER: Specify.

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

DK, R

SDC\_Q2 **^WERE\_C ^YOU1 born a Canadian citizen?**

SDC\_2

- |   |       |                |
|---|-------|----------------|
| 1 | Yes   | (Go to SDC_Q4) |
| 2 | No    |                |
|   | DK, R | (Go to SDC_Q4) |

SDC\_Q3 **In what year did ^YOU1 first come to Canada to live?**

SDC\_3

INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

\_\_\_\_ Year

(MIN: year of birth) (MAX: current year)

DK, R

SDC\_E3 **Year must be between ^Info.YearofBirth and ^Info.CurrentYear.**

Trigger hard edit if SDC\_Q3 < [year of birth] or SDC\_Q3 > [current year].

SDC\_Q4

**To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese, East Indian)**

INTERVIEWER: Mark all that apply. If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian.

If the respondent answers "Eskimo", enter "20".

SDC_4A	1	Canadian	SDC_4L	12	Polish
SDC_4B	2	French	SDC_4M	13	Portuguese
SDC_4C	3	English	SDC_4N	14	South Asian (e.g. East Indian, Pakistani, Sri Lankan)
SDC_4D	4	German			
SDC_4E	5	Scottish	SDC_4T	15	Norwegian
SDC_4F	6	Irish	SDC_4U	16	Welsh
SDC_4G	7	Italian	SDC_4V	17	Swedish
SDC_4H	8	Ukrainian	SDC_4P	18	North American Indian
SDC_4I	9	Dutch (Netherlands)	SDC_4Q	19	Métis
SDC_4J	10	Chinese	SDC_4R	20	Inuit
SDC_4K	11	Jewish	SDC_4S	21	Other – Specify
		DK, R			

SDC\_C4S If SDC\_Q4 = 21, go to SDC\_Q4S.  
Otherwise, go to SDC\_Q4\_1.

SDC\_Q4S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

SDC\_Q4\_1 **^ARE\_C ^YOU1 an Aboriginal person, that is, North American Indian, Métis or Inuit?**

SDC\_41

- 1 Yes
- 2 No (Go to SDC\_Q4\_3)
- DK, R (Go to SDC\_Q5)

SDC\_Q4\_2

**^ARE\_C ^YOU1:**

INTERVIEWER: Read categories to respondent. Mark all that apply.  
If respondent answers "Eskimo", enter "3".

- SDC\_42A 1 ... **North American Indian?**
- SDC\_42B 2 ... **Métis?**
- SDC\_42C 3 ... **Inuit?**
- DK, R

Go to SDC\_Q5

SDC\_Q4\_3 **People living in Canada come from many different cultural and racial backgrounds.**

**^ARE\_C ^YOU1:**

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

- |         |    |   |
|---------|----|---|
| SDC_43A | 1  | ... White?  |
| SDC_43B | 2  | ... Chinese?  |
| SDC_43C | 3  | ... South Asian (e.g., East Indian, Pakistani, Sri Lankan)?             |
| SDC_43D | 4  | ... Black?  |
| SDC_43E | 5  | ... Filipino?   |
| SDC_43F | 6  | ... Latin American?   |
| SDC_43G | 7  | ... Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)? |
| SDC_43H | 8  | ... Arab?   |
| SDC_43I | 9  | ... West Asian (e.g., Afghan, Iranian)?                                 |
| SDC_43J | 10 | ... Japanese?   |
| SDC_43K | 11 | ... Korean?   |
| SDC_43M | 12 | Other - Specify<br>DK, R  |

SDC\_C4\_3S If SDC\_Q4\_3 = 12, go to SDC\_Q4\_3S.  
Otherwise, go to SDC\_Q5.

SDC\_Q4\_3S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

SDC\_Q5 **In what languages can ^YOU1 conduct a conversation?**

INTERVIEWER: Mark all that apply.

- |        |    |                 |        |    |                    |
|--------|----|-----------------|--------|----|--------------------|
| SDC_5A | 1  | English         | SDC_5M | 13 | Portuguese         |
| SDC_5B | 2  | French          | SDC_5N | 14 | Punjabi            |
| SDC_5C | 3  | Arabic          | SDC_5O | 15 | Spanish            |
| SDC_5D | 4  | Chinese         | SDC_5P | 16 | Tagalog (Filipino) |
| SDC_5E | 5  | Cree            | SDC_5Q | 17 | Ukrainian          |
| SDC_5F | 6  | German          | SDC_5R | 18 | Vietnamese         |
| SDC_5G | 7  | Greek           | SDC_5T | 19 | Dutch              |
| SDC_5H | 8  | Hungarian       | SDC_5U | 20 | Hindi              |
| SDC_5I | 9  | Italian         | SDC_5V | 21 | Russian            |
| SDC_5J | 10 | Korean          | SDC_5W | 22 | Tamil              |
| SDC_5K | 11 | Persian (Farsi) | SDC_5S | 23 | Other – Specify    |
| SDC_5L | 12 | Polish          |        |    | DK, R              |

SDC\_C5S If SDC\_Q5 = 23, go to SDC\_Q5S.  
Otherwise, go to SDC\_Q5A.

SDC\_Q5S INTERVIEWER: Specify.

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

DK, R

SDC\_Q5A **What language ^DOVERB ^YOU1 speak most often at home?**

INTERVIEWER: Mark all that apply.

SDC_5AA	1	English	SDC_5AM	13	Portuguese
SDC_5AB	2	French	SDC_5AN	14	Punjabi
SDC_5AC	3	Arabic	SDC_5AO	15	Spanish
SDC_5AD	4	Chinese	SDC_5AP	16	Tagalog (Filipino)
SDC_5AE	5	Cree	SDC_5AQ	17	Ukrainian
SDC_5AF	6	German	SDC_5AR	18	Vietnamese
SDC_5AG	7	Greek	SDC_5AS	19	Dutch
SDC_5AH	8	Hungarian	SDC_5AT	20	Hindi
SDC_5AI	9	Italian	SDC_5AU	21	Russian
SDC_5AJ	10	Korean	SDC_5AV	22	Tamil
SDC_5AK	11	Persian (Farsi)	SDC_5AW	23	Other – Specify
SDC_5AL	12	Polish			DK, R

SDC\_C5AS If SDC\_Q5A = 23, go to SDC\_Q5AS.  
Otherwise, go to SDC\_Q6.

SDC\_Q5AS INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

SDC\_Q6 **What is the language that ^YOU2 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.

SDC_6A	1	English	SDC_6M	13	Portuguese
SDC_6B	2	French	SDC_6N	14	Punjabi
SDC_6C	3	Arabic	SDC_6O	15	Spanish
SDC_6D	4	Chinese	SDC_6P	16	Tagalog (Filipino)
SDC_6E	5	Cree	SDC_6Q	17	Ukrainian
SDC_6F	6	German	SDC_6R	18	Vietnamese
SDC_6G	7	Greek	SDC_6T	19	Dutch
SDC_6H	8	Hungarian	SDC_6U	20	Hindi
SDC_6I	9	Italian	SDC_6V	21	Russian
SDC_6J	10	Korean	SDC_6W	22	Tamil
SDC_6K	11	Persian (Farsi)	SDC_6S	23	Other - Specify
SDC_6L	12	Polish			DK, R

SDC\_C6S If SDC\_Q6 = 23, go to SDC\_Q6S.  
Otherwise, go to SDC\_C7A.

SDC\_Q6S INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)  
DK, R

SDC\_C7A If proxy interview or age < 18 or age > 59, go to SDC\_END.  
Otherwise, go to SDC\_R7A.

SDC\_R7A **Now one additional background question which will help us compare the health of people in Canada.**

SDC\_Q7A  
SDC\_7AA

**Do you consider yourself to be:**

INTERVIEWER: Read categories to respondent.

- 1 ... heterosexual? (sexual relations with people of the opposite sex)
  - 2 ... homosexual, that is lesbian or gay? (sexual relations with people of your own sex)
  - 3 ... bisexual? (sexual relations with people of both sexes)
- DK, R

SDC\_END

FOR INFORMATION ONLY

## Education (EDU)

Core content

EDU\_BEG

EDU\_C01A If (do EDU block = 1), go to EDU\_C01B.  
Otherwise, go to EDU\_END.

EDU\_C01B If age of selected respondent < 14, go to EDU\_C07A.  
Otherwise, go to EDU\_B01.

EDU\_B01 Call Education Sub Block 1 (EDU1)

EDU\_C07A If there is at least one household member who is  $\geq 14$  years of age other than the selected respondent, go to EDU\_R07A.  
Otherwise, go to EDU\_END.

EDU\_R07A **Now I'd like you to think about the rest of your household.**  
INTERVIEWER: Press <Enter> to continue.

EDU\_B02 Call Education Sub Block 2 (EDU2)

Note: Ask this block for each household member aged 14 and older other than selected respondent.  
Maximum of 19 times.

If it is a proxy interview then begin with person providing information about selected respondent.

Otherwise, begin with first person rostered. Continue with household members in the order in which they were rostered.

If calling the block for the person providing the information about selected respondent, set proxyMode = NonProxy.  
Otherwise, set proxymode = Proxy.

EDU\_END

### Education Sub Block 1 (EDU1)

EDU1\_BEG

EDU\_R01 **Next, education.**  
INTERVIEWER: Press <Enter> to continue.

EDU\_Q01 **What is the highest grade of elementary or high school ^YOU2 ^HAVE ever completed?**

EDU\_1

- |   |  |                 |
|---|--|-----------------|
| 1 | Grade 8 or lower<br>(Québec: Secondary II or lower)  | (Go to EDU_Q03) |
| 2 | Grade 9 – 10<br>(Québec: Secondary III or IV, Newfoundland and Labrador: 1 <sup>st</sup> year of secondary)                      | (Go to EDU_Q03) |
| 3 | Grade 11 – 13<br>(Québec: Secondary V, Newfoundland and Labrador: 2 <sup>nd</sup> to 4 <sup>th</sup> year of secondary)<br>DK, R | (Go to EDU_Q03) |

EDU\_Q02 **Did ^YOU1 graduate from high school (secondary school)?**

EDU\_2

- |   |             |
|---|-------------|
| 1 | Yes         |
| 2 | No<br>DK, R |

EDU\_Q03  
EDU\_3      **^HAVE\_C ^YOU1 received any other education that could be counted towards a degree, certificate or diploma from an educational institution?**

- 1      Yes
- 2      No                      (Go to EDU\_Q05)
- DK, R                (Go to EDU\_Q05)

EDU\_Q04  
EDU\_4      **What is the highest degree, certificate or diploma ^YOU1 ^HAVE obtained?**

- 1      No post-secondary degree, certificate or diploma
- 2      Trade 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 degree or certificate above bachelor's degree
- DK, R

EDU\_Q05  
SDC\_8      **^ARE\_C ^YOU1 currently attending a school, college or university?**

- 1      Yes
- 2      No                      (Go to EDU1\_END)
- DK, R                (Go to EDU1\_END)

EDU\_Q06  
SDC\_9      **^ARE\_C ^YOU1 enrolled as a full-time student or a part-time student?**

- 1      Full-time
- 2      Part-time
- DK, R

EDU1\_END

**Education Sub Block 2 (EDU2)**

EDU2\_BEG

EDU\_D07      If proxymode = NonProxy then ^YOU7 = "you" and ^YOU8="you" and ^HAVE9\_C="Have" and ^HAVE10="have".

Otherwise ^YOU7 = ^FNAME and ^YOU8=he/she and ^HAVE9\_C="Has" and ^HAVE10="has".

EDU\_Q07  
EDU\_01      **What is the highest grade of elementary or high school ^YOU7 ever completed?**

- 1      Grade 8 or lower (Québec: Secondary II or lower)                      (Go to EDU\_Q09)
- 2      Grade 9 – 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1<sup>st</sup> year of secondary)                      (Go to EDU\_Q09)
- 3      Grade 11 – 13 (Québec: Secondary V, Newfoundland and Labrador: 2<sup>nd</sup> to 4<sup>th</sup> year of secondary)                      (Go to EDU\_Q09)
- DK, R

EDU\_Q08  
EDU\_02      **Did ^YOU8 graduate from high school (secondary school)?**

- 1      Yes
- 2      No
- DK, R

EDU\_Q09  
EDU\_03

**^HAVE9\_C ^YOU8 received any other education that could be counted towards a degree, certificate or diploma from an educational institution?**

- 1 Yes
- 2 No (Go to EDU2\_END)  
DK, R (Go to EDU2\_END)

EDU\_Q10  
EDU\_04

**What is the highest degree, certificate or diploma ^YOU8 ^HAVE10 obtained?**

- 01 No post-secondary degree, certificate or diploma
- 02 Trade certificate or diploma from a vocational school or apprenticeship training
- 03 Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- 04 University certificate below bachelor's level
- 05 Bachelor's degree
- 06 University degree or certificate above bachelor's degree  
DK, R

EDU2\_END

## Labour force (LBS)

Core Content

LABOUR FORCE (SectLabel)

LF2\_BEG

LF2\_C1A      If (do LF2 block = 1), go to LF2\_ C1B.  
Otherwise, go to LF2\_ END.

LF2\_C1B      If (do LBF block = 1), go to LF2\_ END.  
Otherwise, go to LF2\_ C1C.

LF2\_C1C      If age < 15 or age > 75, go to LF2\_ END.  
Otherwise, go to LF2\_ R1.

LF2\_R1      **The next questions concern ^YOUR2 activities in the last 7 days. By the last 7 days, I mean beginning [date one week ago], and ending [date yesterday].**  
INTERVIEWER: Press <Enter> to continue.

LF2\_Q1  
LBS\_01      **Last week, did ^YOU2 work at a job or a business? 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
- 2      No
- 3      Permanently unable to work      (Go to LF2\_ END)  
DK, R      (Go to LF2\_ END)

LF2\_E1      A response inconsistent with a response to a previous question has been entered.  
Please confirm.

Trigger soft edit if GEN\_Q08 = 2 (did not work at any time in past 12 months) and LF2\_Q1 = 1.

LF2\_C2      If LF2\_Q1 = 1, go to LF2\_ Q3.  
Otherwise, go to LF2\_ Q2.

LF2\_Q2  
LBS\_02      **Last week, did ^YOU2 have a job or business from which ^YOU1 ^WERE absent?**

- 1      Yes
- 2      No      (Go to LF2\_ Q4)  
DK, R      (Go to LF2\_ END)

LF2\_Q3  
LBS\_03      **Did ^YOU1 have more than one job or business last week?**

- 1      Yes
- 2      No  
DK, R  
Go to LF2\_ R5

LF2\_Q4  
LBS\_11      **In the past 4 weeks, did ^YOU2 do anything to find work?**

- 1      Yes
- 2      No  
DK, R  
Go to LF2\_ END

LF2\_R5

**The next questions are about ^YOUR1 current job or business.**

INTERVIEWER: If person currently holds more than one job, report on the job for which the number of hours worked per week is the greatest.

Press <Enter> to continue.

LF2\_Q31

LBS\_31

**^ARE\_C ^YOU1 an employee or self-employed?**

- |   |  |                 |
|---|--|-----------------|
| 1 | Employee                                 | (Go to LF2_Q33) |
| 2 | Self-employed                            |                 |
| 3 | Working in a family business without pay | (Go to LF2_Q33) |
|   | DK, R                                    | (Go to LF2_Q33) |

LF2\_Q32

**What is the name of ^YOUR1 business?**

\_\_\_\_\_  
(50 spaces)

DK,R

Go to LF2\_Q34

LF2\_Q33

**For whom ^DOVERB ^YOU1 currently work? (For example: name of business, government department or agency, or person)**

\_\_\_\_\_  
(50 spaces)

DK,R

LF2\_Q34

**What kind of business, industry or service is this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)**

\_\_\_\_\_  
(50 spaces)

DK,R

LF2\_Q35

**What kind of work ^ARE ^YOU1 doing? (For example: babysitting in own home, factory worker, forestry technician)**

\_\_\_\_\_  
(50 spaces)

DK,R

Note: Use trigram search, source file is PrepSOC.tdf

LF2\_D35

SIC\_CODE (4 bytes)

Note: Store SOC Code associated with LF2\_Q35

LF2\_C35

If LF2\_D35 = 1 OR LF2\_D35 = 2 (OtherSpec), go to LF2\_S35.  
Otherwise, go to LF2\_Q36.

LF2\_S35

INTERVIEWER: Specify.

\_\_\_\_\_  
(50 spaces)

DK,R

LF2\_Q36

**What are ^YOUR1 most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)**

\_\_\_\_\_  
(50 spaces)  
DK, R

LF2\_Q5  
LBS\_42

**About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 job or business? If ^YOU2 usually [work/works] extra hours, paid or unpaid, please include these hours.**

\_|\_|\_| Hours  
(MIN: 1) (MAX: 168; warning after 84)  
DK, R

Note:

If LF2\_Q1 = 1 or LF2\_Q2 = 1 and non-proxy interview, use "work".  
Otherwise, use "works".

LF2\_Q6  
ETS\_7

**At ^YOUR1 place of work, what are the restrictions on smoking?**  
INTERVIEWER: Read categories to respondent.

- 1 Restricted completely
  - 2 Allowed in designated areas
  - 3 Restricted only in certain places
  - 4 Not restricted at all
- DK, R

Note:

The data from this variable can be found under the Exposure to Second Hand Smoke (ETS) in the data dictionary.

LF2\_C7

If LF2\_Q3=1, go to LF2\_Q7.  
Otherwise, go to LF2\_END.

LF2\_Q7  
LBS\_53

**You indicated that ^YOU2 ^HAVE more than one job.**

**About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 other job(s)? If ^YOU2 usually [work/works] extra hours, paid or unpaid, please include these hours.**

INTERVIEWER: Minimum is 1; maximum is [168 – LF2\_Q5].

\_|\_|\_| Hours  
(MIN: 1) (MAX: 168 – LF2\_Q5; warning after 30)  
DK, R

Note:

If non-proxy interview and (LF2\_Q1 = 1 or LF2\_Q2 = 1), use "work".  
Otherwise, use "works".

If LF2\_Q5 = 168, then maximum = 1.  
If LF2\_Q5 = DK or R, then maximum = 168.

LF2\_END

## Physical activities – Facilities at work (PAF)

Theme Content

PAF\_BEG

PAF\_C1A If (do PAF block = 1), go to PAF\_C1B.  
Otherwise, go to PAF\_END.

PAF\_C1B If proxy interview, go to PAF\_END.  
Otherwise, go to PAF\_C1C.

PAF\_C1C If age < 15 or age > 75 or if LF2\_Q1 <> 1 or if LBF\_Q1 <> 1, go to PAF\_END.  
Otherwise, go to PAF\_Q01.

PAF\_Q01 **Do you usually work most of the time at home?**

PAF\_01

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

PAF\_R01 **Now I would like to ask some questions about physical activity facilities at or near your place of work.**

INTERVIEWER: Press <Enter> to continue.

PAF\_Q02 **At or near your place of work, do you have access to:**

PAF\_02

**...a pleasant place to walk, jog, bicycle or rollerblade?**

- 1 Yes
- 2 No
- 3 Not applicable
- DK, R (Go to PAF\_END)

PAF\_Q03 **(At or near your place of work, do you have access to:)**

PAF\_03

**...playing fields or open spaces for ball games or other sports?**

- 1 Yes
- 2 No
- DK, R

PAF\_Q04 **(At or near your place of work, do you have access to:)**

PAF\_04

**...a gym or physical fitness facilities?**

- 1 Yes
- 2 No
- DK, R

PAF\_Q05 **(At or near your place of work, do you have access to:)**

PAF\_05

**...organized fitness classes?**

- 1 Yes
- 2 No
- DK, R

PAF\_C06 If PAF\_Q01 = 1, go to PAF\_END.  
Else go to PAF\_Q06.

PAF\_Q06  
PAF\_06

**(At or near your place of work, do you have access to:)**

**...any organized recreational sport teams?**

- 1 Yes
- 2 No  
DK, R

PAF\_Q07  
PAF\_07

**At or near your place of work, do you have access to:**

**...showers and/or change rooms?**

- 1 Yes
- 2 No  
DK, R

PAF\_Q08  
PAF\_08

**(At or near your place of work, do you have access to:)**

**...programs to improve health, physical fitness or nutrition?**

- 1 Yes
- 2 No  
DK, R

PAF\_END

## Dwelling characteristics (DWL)

DWL\_BEG

Core Content

DWL\_C01 If (do block DWL = 1), go to DWL\_R01.  
Otherwise, go to DWL\_END.

DWL\_R01 **Now a few questions about your dwelling.**  
INTERVIEWER: Press <Enter> to continue.

DWL\_C01B If area frame, go to DWL\_Q02.  
Otherwise, go to DWL\_Q01.

DWL\_Q01 **What type of dwelling do you live in? Is it a:**  
DHHDDWE INTERVIEWER: Read categories to respondent.

- 01 ... single detached?
- 02 ... double?
- 03 ... row or terrace?
- 04 ... duplex?
- 05 ... low-rise apartment of fewer than 5 stories or a flat?
- 06 ... high-rise apartment of 5 stories or more?
- 07 ... institution?
- 08 ... hotel; rooming/lodging house; camp?
- 09 ... mobile home?
- 10 ... other – Specify  
DK, R

DWL\_C01S If DWL = 10, go to DWL\_Q01S.  
Otherwise, go to DWL\_Q02.

DWL\_Q01S INTERVIEWER: Specify.

---

(80 spaces)  
DK, R

DWL\_Q02 **How many bedrooms are there in this dwelling?**  
DHH\_BED INTERVIEWER: Enter "0" if no separate, enclosed bedroom.

|\_| Number of bedrooms  
(MIN: 0) (MAX: 20)  
DK, R

DWL\_E02 An unusual number has been entered. Please confirm.

Trigger soft edit if (DWL\_Q02 > 10).

DWL\_Q03 **Is this dwelling owned by a member of this household?**  
DHH\_OWN

- 1 Yes
- 2 No
- DK, R

DWL\_END

## Home safety (HMS)

Optional Content selected by health regions in: Northwest Territories

HMS\_BEG

HMS\_C1A  
HMSFDO If (do HMS block = 2), go to HMS\_END.  
Otherwise, go to HMS\_C1B.

HMS\_C1B If proxy interview, go to HMS\_END.  
Otherwise, go to HMS\_R1.

HMS\_R1 **Now, a few questions about things some people do to make their homes safe.**  
INTERVIEWER: Press <Enter> to continue.

HMS\_Q1 **Is there at least 1 working smoke detector installed in your home?**

HMS\_1

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

HMS\_Q2 **Are there smoke detectors installed on every level of your home, including the basement?**

HMS\_2

- 1 Yes
- 2 No  
DK, R

HMS\_Q3 **Are the smoke detectors tested each month?**

HMS\_3

- 1 Yes
- 2 No  
DK, R

HMS\_Q4 **How often are the batteries changed in your smoke detectors?**

HMS\_4

INTERVIEWER: Read categories to respondent.

- 1 **At least every 6 months**
- 2 **At least every year**
- 3 **As needed when the low battery warning chirps**
- 4 **Never**
- 5 Not applicable (Hard wired)  
DK, R

HMS\_Q5 **Is there an escape plan for getting out of your home in case of a fire?**

HMS\_5

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

HMS\_C6 If household size > 1, go to HMS\_Q6.  
Otherwise, go to HMS\_END.

HMS\_Q6 **Have the members of your household ever discussed this plan?**

HMS\_6

- 1 Yes
- 2 No  
DK, R

HMS\_END

## Income (INC)

Core Content

INC\_BEG

INC\_C1 If (do INC block = 1), go to INC\_R1.  
Otherwise, go to INC\_END.

INC\_R1 **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.

INC\_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.

- |        |    |   |
|--------|----|---|
| INC_1A | 1  | <b>Wages and salaries</b>                                   |
| INC_1B | 2  | <b>Income from self-employment</b>                          |
| INC_1C | 3  | <b>Dividends and interest (e.g., on bonds, savings)</b>     |
| INC_1D | 4  | <b>Employment insurance</b>                                 |
| INC_1E | 5  | <b>Worker's compensation</b>                                |
| INC_1F | 6  | <b>Benefits from Canada or Quebec Pension Plan</b>          |
| INC_1G | 7  | <b>Retirement pensions, superannuation and annuities</b>    |
| INC_1H | 8  | <b>Old Age Security and Guaranteed Income Supplement</b>    |
| INC_1I | 9  | <b>Child Tax Benefit</b>                                    |
| INC_1J | 10 | <b>Provincial or municipal social assistance or welfare</b> |
| INC_1K | 11 | <b>Child support</b>  |
| INC_1L | 12 | <b>Alimony</b>  |
| INC_1M | 13 | <b>Other (e.g., rental income, scholarships)</b>            |
| INC_1N | 14 | None  |
- DK, R (Go to INC\_END)

INC\_E1 **You cannot select "None" and another category. Please return and correct.**

Trigger hard edit if INC\_Q1 = 14 and any other response selected in INC\_Q1.

INC\_E2 Inconsistent answers have been entered. Please confirm.

Trigger soft edit if (INC\_Q1 <> 1 or 2) and (LBF\_Q01 = 1 or LBF\_Q02 = 1 or LBF\_Q21 = 1) or (LF2\_Q1 = 1 or LF2\_Q2 = 1).

INC\_C2 If more than one source of income is indicated, go to INC\_Q2.  
Otherwise, go to INC\_Q3.

Note: In processing, if the respondent reported only one source of income in INC\_Q1, the variable INC\_Q2 is given its value.

INC\_Q2  
INC\_2

**What was the main source of income?**

- 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)
- DK, R

INC\_E3

**The main source of income is not selected as one of the sources of income for all household members. Please return and correct.**

Trigger hard edit if the response in INC\_Q2 was not selected in INC\_Q1.

INC\_Q3  
INC\_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 INC\_C4)  
(MIN: 0) (MAX: 500,000; warning after 150,000)  
0 (Go to INC\_END)  
DK, R (Go to INC\_Q3A)

Note:

In processing, responses reported in INC\_Q3 are also being recoded into the cascade categories of INC\_Q3A to INC\_Q3G.

INC\_Q3A  
INC\_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 INC\_Q3E)
  - 3 No income (Go to INC\_END)
- DK, R (Go to INC\_END)

INC\_Q3B  
INC\_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 INC\_Q3D)
- DK, R (Go to INC\_C4)

INC\_Q3C  
INC\_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
- DK, R

Go to INC\_C4

INC\_Q3D  
INC\_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  
DK, R

Go to INC\_C4

INC\_Q3E  
INC\_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 INC\_Q3G)  
DK, R (Go to INC\_C4)

INC\_Q3F  
INC\_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  
DK, R

Go to INC\_C4

INC\_Q3G  
INC\_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 to less than \$100,000?
- 5 ... \$100,000 or more?  
DK, R

INC\_C4

If age >= 15, go to INC\_Q4.  
Otherwise, go to INC\_END.

INC\_Q4  
INC\_4

**What is your best estimate of ^YOUR2 total personal income, before taxes and other deductions, from all sources in the past 12 months?**

|\_|\_|\_|\_|\_| Income (Go to INC\_END)  
(MIN: 0) (MAX: 500,000; warning after 150,000)  
0 (Go to INC\_END)  
DK, R (Go to INC\_Q4A)

Note:

In processing, responses reported in INC\_Q4 are also coded into the cascade categories of INC\_Q4A to INC\_Q4G.

INC\_Q4A  
INC\_4A

**Can you estimate in which of the following groups ^YOUR2 personal income falls? Was ^YOUR1 total personal income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to INC\_Q4E)
- 3 No income (Go to INC\_END)  
DK, R (Go to INC\_END)

INC\_Q4B  
INC\_4B

**Was ^YOUR1 total personal income less than \$10,000 or \$10,000 or more?**

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to INC\_Q4D)  
DK, R (Go to INC\_END)

INC\_Q4C  
INC\_4C

**Was ^YOUR1 total personal income less than \$5,000 or \$5,000 or more?**

- 1 Less than \$5,000
- 2 \$5,000 or more  
DK, R

Go to INC\_END

INC\_Q4D  
INC\_4D

**Was ^YOUR1 total personal income less than \$15,000 or \$15,000 or more?**

- 1 Less than \$15,000
- 2 \$15,000 or more  
DK, R

Go to INC\_END

INC\_Q4E  
INC\_4E

**Was ^YOUR1 total personal income less than \$40,000 or \$40,000 or more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to INC\_Q4G)  
DK, R (Go to INC\_END)

INC\_Q4F  
INC\_4F

**Was ^YOUR1 total personal income less than \$30,000 or \$30,000 or more?**

- 1 Less than \$30,000
- 2 \$30,000 or more  
DK, R

Go to INC\_END

INC\_Q4G  
INC\_4G

**Was ^YOUR1 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 to less than \$100,000?
- 5 ... \$100,000 or more?  
DK, R

INC\_END

## Food security (FSC)

## Theme Content

FSC\_BEG

FSC_C01	If (do FSC block = 1), then go to FSC_D010.
FSCFOPT	Otherwise, go to FSC_END.

```
FSC_D010
If HhldSize = 1, then
    ^YouAndOthers = "you"
    ^YouAndOthers_C = "You"
Else
    ^YouAndOthers = "you and other household members"
    ^YouAndOthers_C = "You and other household members"
Endif

If (OlderKids + YoungKids = 1), then
    ^ChildFName = ChildFName
    ^ChildWas = ChildFName + "was"
    ^AnyChild = ChildFName
    ^AnyChilds = ChildFName + " 's"
    ^WasAnyChild = "was" + ChildFName
Else
    ^ChildFName = "the children"
    ^ChildWas = "The children were"
    ^AnyChild = "any of the children"
    ^AnyChilds = "any of the children's"
    ^WasAnyChild = "were any of the children"
End if

If (Adults + YoungAdults) = 1, then
    ^YouOtherAdults = "you"
    ^YouOtherAdults_C = "You"
Else
    ^YouOtherAdults = "you or other adults in your household"
    ^YouOtherAdults_C = "You or other adults in your household"
Endif
```

FSC\_R010      **The following questions are about the food situation for your household in the past 12 months.**  
INTERVIEWER: Press <Enter> to continue.

FSC\_Q010 Which of the following statements best describes the food eaten in your household in the  
FSC\_010 past 12 months, that is, since [current month] of last year?  
INTERVIEWER: Read categories to respondent.

- 1 ^YouAndOthers\_C always had enough of the kinds of food you wanted to eat.  
2 ^YouAndOthers\_C had enough to eat, but not always the kinds of food you wanted.  
3 Sometimes ^YouAndOthers did not have enough to eat.  
4 Often ^YouAndOthers didn't have enough to eat.  
DK, R (Go to FSC\_END)

FSC\_R020      **Now I'm going to read you several statements that may be used to describe the food situation for a household. Please tell me if the statement was often true, sometimes true, or never true for ^YouAndOthers in the past 12 months.**  
INTERVIEWER: Press <Enter> to continue.

- FSC\_Q020  
FSC\_020      **The first statement is: ...^YouAndOthers\_C worried that food would run out before you got money to buy more. Was that often true, sometimes true, or never true in the past 12 months?**
- 1      Often true
  - 2      Sometimes true
  - 3      Never true
- DK, R
- FSC\_Q030  
FSC\_030      **The food that ^YouAndOthers bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true in the past 12 months?**
- 1      Often true
  - 2      Sometimes true
  - 3      Never true
- DK, R
- FSC\_Q040  
FSC\_040      **^YouAndOthers\_C couldn't afford to eat balanced meals. In the past 12 months was that often true, sometimes true, or never true?**
- 1      Often true
  - 2      Sometimes true
  - 3      Never true
- DK, R
- FSC\_C050      If (OlderKids + YoungKids > 0), go to FSC\_R050.  
Otherwise, go to FSC\_C070.
- FSC\_R050      **Now I'm going to read a few statements that may describe the food situation for households with children.**  
**INTERVIEWER:** Press <Enter> to continue.
- FSC\_Q050  
FSC\_050      **^YouOtherAdults\_C relied on only a few kinds of low-cost food to feed ^ChildFName because you were running out of money to buy food. Was that often true, sometimes true, or never true in the past 12 months?**
- 1      Often true
  - 2      Sometimes true
  - 3      Never true
- DK, R
- FSC\_Q060  
FSC\_060      **^YouOtherAdults\_C couldn't feed ^ChildFName a balanced meal, because you couldn't afford it. Was that often true, sometimes true, or never true in the past 12 months?**
- 1      Often true
  - 2      Sometimes true
  - 3      Never true
- DK, R
- FSC\_C070      If ((([FSC\_Q020 or FSC\_Q030 or FSC\_Q040 or FSC\_Q050 or FSC\_Q060 <= 2) or (FSC\_Q010 = 3 or 4)] and ([OlderKids + YoungKids] > 0)), go to FSC\_Q070. Else if ((([FSC\_Q020 or FSC\_Q030 or FSC\_Q040 or FSC\_Q050 or FSC\_Q060] <= 2) or (FSC\_Q010 = 3 or 4)), go to FSC\_R080. Otherwise, go to FSC\_END.

- FSC\_Q070  
FSC\_070      **^ChildWas not eating enough because ^YouOtherAdults just couldn't afford enough food. Was that often, sometimes, or never true in the past 12 months?**
- 1      Often true
  - 2      Sometimes true
  - 3      Never true
  - DK, R
- FSC\_R080      **The following few questions are about the food situation in the past 12 months for you or any other adults in your household.**  
**INTERVIEWER:** Press <Enter> to continue.
- FSC\_Q080  
FSC\_080      **In the past 12 months, since last [current month] did ^YouOtherAdults ever cut the size of your meals or skip meals because there wasn't enough money for food?**
- 1      Yes
  - 2      No                      (Go to FSC\_Q090)
  - DK, R                (Go to FSC\_Q090)
- FSC\_Q081  
FSC\_081      **How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?**
- 1      Almost every month
  - 2      Some months but not every month
  - 3      Only 1 or 2 months
  - DK, R
- FSC\_Q090  
FSC\_090      **In the past 12 months, did you (personally) ever eat less than you felt you should because there wasn't enough money to buy food?**
- 1      Yes
  - 2      No
  - DK, R
- FSC\_Q100  
FSC\_100      **In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?**
- 1      Yes
  - 2      No
  - DK, R
- FSC\_Q110  
FSC\_110      **In the past 12 months, did you (personally) lose weight because you didn't have enough money for food?**
- 1      Yes
  - 2      No
  - DK, R
- FSC\_C120      If (FSC\_Q070 = 1 or 2) or (FSC\_Q080 or FSC\_Q090 or FSC\_Q100 or FSC\_Q110 = 1), go to FSC\_Q120.  
Otherwise, go to FSC\_END.

FSC\_Q120  
FSC\_120

**In the past 12 months, did ^YouOtherAdults ever not eat for a whole day because there wasn't enough money for food?**

1 Yes  
2 No (Go to FSC\_C130)  
DK, R (Go to FSC\_C130)

FSC\_Q121  
FSC\_121

**How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?**

1 Almost every month  
2 Some months but not every month  
3 Only 1 or 2 months  
DK, R

FSC\_C130

If (OlderKids + YoungKids <> 0) go to FSC\_R130.  
Otherwise, go to FSC\_END.

FSC\_R130

**Now, a few questions on the food experiences for children in your household.**  
INTERVIEWER: Press <Enter> to continue.

FSC\_Q130  
FSC\_130

**In the past 12 months, did ^YouOtherAdults ever cut the size of ^AnyChilds meals because there wasn't enough money for food?**

1 Yes  
2 No  
DK, R

FSC\_Q140  
FSC\_140

**In the past 12 months, did ^AnyChild ever skip meals because there wasn't enough money for food?**

1 Yes  
2 No (Go to FSC\_Q150)  
DK, R (Go to FSC\_Q150)

FSC\_Q141  
FSC\_141

**How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?**

1 Almost every month  
2 Some months but not every month  
3 Only 1 or 2 months  
DK, R

FSC\_Q150  
FSC\_150

**In the past 12 months, ^WasAnyChild ever hungry but you just couldn't afford more food?**

1 Yes  
2 No  
DK, R

FSC\_Q160  
FSC\_160

**In the past 12 months, did ^AnyChild ever not eat for a whole day because there wasn't enough money for food?**

1 Yes  
2 No  
DK, R

FSC\_END

## Administration information (ADM)

Core Content

ADM\_BEG

ADM\_C01 If (do ADM block = 1), go to ADM\_R01.  
Otherwise, go to ADM\_END.

### Health Number

ADM\_R01 **[Statistics Canada, your [provincial/territorial] ministry of health and the « Institut de la Statistique du Québec »/Statistics Canada and your [provincial/territorial] ministry of health] would like your permission to link information collected during this interview. This includes linking your survey information to ^YOUR2 past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.**  
INTERVIEWER: Press <Enter> to continue.

Note: If province = 24, use "Statistics Canada, your [provincial/territorial] ministry of health and « Institut de la Statistique du Québec »". Otherwise, use "Statistics Canada and your [provincial/territorial] ministry of health".

Note: If province = 60, 61 or 62, use "territorial". Otherwise, use "provincial".

ADM\_Q01B **This linked information will be kept confidential and used only for statistical purposes. Do we have your permission?**

- 1 Yes
- 2 No (Go to ADM\_C04A)
- DK, R (Go to ADM\_C04A)

ADM\_C3A If province = 10, [province] = [Newfoundland and Labrador]  
If province = 11, [province] = [Prince Edward Island]  
If province = 12, [province] = [Nova Scotia]  
If province = 13, [province] = [New Brunswick]  
If province = 24, [province] = [Quebec]  
If province = 35, [province] = [Ontario]  
If province = 46, [province] = [Manitoba]  
If province = 47, [province] = [Saskatchewan]  
If province = 48, [province] = [Alberta]  
If province = 59, [province] = [British Columbia]  
If province = 60, [province] = [Yukon]  
If province = 61, [province] = [Northwest Territories]  
If province = 62, [province] = [Nunavut]

ADM\_Q03A **Having a provincial or territorial health number will assist us in linking to this other information.**

**^DOVERB\_C ^YOU2 have a(n) [province] health number?**

- 1 Yes (Go to HN)
- 2 No
- DK, R (Go to ADM\_C04A)

ADM\_Q03B **For which province or territory is ^YOUR1 health number?**

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 88 Does not have a Canadian health number (Go to ADM\_C04A)  
DK, R (Go to ADM\_C04A)

HN **What is ^YOUR1 health number?**

INTERVIEWER: Enter a health number for [province]. Do not insert blanks, hyphens or commas between the numbers.

\_\_\_\_\_  
(8 - 12 spaces)

DK, R

ADM\_C04A If province = 24 (Quebec), go to ADM\_R04AC.

ADM\_C04B If province = 60, 61 or 62 (Yukon, NWT or Nunavut), go to ADM\_R04AB.  
Otherwise, go to ADM\_R04AA.

Data Sharing – All Provinces (excluding Quebec and the territories)

ADM\_R04AA **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.**

**Provincial ministries of health may make this information available to local health authorities, but names, addresses, telephone numbers and health numbers will not be provided.**

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada.

“Provincial ministries of health” includes the territorial ministries of health.

Press <Enter> to continue.

Go to ADM\_Q04B

Data Sharing – NWT, Yukon, Nunavut

ADM\_R04AB **Statistics Canada would like your permission to share the information collected in this survey with Health Canada, the Public Health Agency of Canada and provincial and territorial ministries of health.**

**Provincial ministries of health may make this information available to local health authorities, but names, addresses, telephone numbers and health numbers will not be provided.**

**INTERVIEWER:** The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.  
Press <Enter> to continue.

Go to ADM\_Q04B

Data Sharing – Quebec

ADM\_R04AC **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « Institut de la Statistique du Québec », Health Canada and the Public Health Agency of Canada.**

**The « Institut de la Statistique du Québec » and provincial ministries of health may make this information available to local health authorities, but names, addresses, telephone numbers and health numbers will not be provided.**

**INTERVIEWER:** The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.  
Press <Enter> to continue.

ADM\_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
- DK, R

Frame Evaluation

FRE\_C1 If RDD or FREFLAG = 1 (i.e. the frame evaluation questions have been done for the household), go to ADM\_C09.

FRE\_R1 **And finally, a few questions to evaluate the way households were selected for this survey.**

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

FRE\_Q1 **How many different telephone numbers are there for your household, not counting cellular phone numbers and phone numbers used strictly for business purposes?**

- 1 1
- 2 2
- 3 3 or more
- 4 None (Go to FRE\_Q4)
- DK, R (Go to ADM\_C09)

FRE\_Q2 **What is [your/your main] phone number, including the area code?**

INTERVIEWER: Do not include cellular or business phone numbers.

Telephone number: [telnum].

Note: If FRE\_Q1 = 1, use "your".  
Otherwise, use "your main".

Code INTERVIEWER: Enter the area code.

Tel INTERVIEWER: Enter the telephone number.

DK (Go to ADM\_C09)

R (Go to FRE\_Q2A)

Go to FRE\_C3

FRE\_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.**

I \_ \_ \_ \_ \_ I \_ \_ \_ \_ \_

DK, R (Go to ADM\_C09)

FRE\_C3 If FRE\_Q1 = 1 (1 phone), go to ADM\_C09.

FRE\_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.

Note: If FRE\_Q1 = 2, use "your other phone number".  
Otherwise, use "another of your phone numbers".

CODE2 INTERVIEWER: Enter the area code.

TEL2 INTERVIEWER: Enter the telephone number.

DK (Go to ADM\_C09)

R (Go to FRE\_Q3A)

Go to ADM\_C09

FRE\_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.)**

I \_ \_ \_ \_ \_ I \_ \_ \_ \_ \_

DK, R

Go to ADM\_C09

Note: If FRE\_Q1 = 2, use "your other phone number" in FRE\_Q3.  
Otherwise, use "another of your phone numbers" in FRE\_Q3.

FRE\_Q4 **^DOVERB\_C ^YOU2 have a working cellular phone that can place and receive calls?**

1 Yes

2 No

DK, R

Administration (Part 1)

ADM\_C09      If RDD, go to ADM\_N10.

ADM\_N09      INTERVIEWER: Was this interview conducted on the telephone or in person?

ADM\_N09

- 1      On telephone
- 2      In person
- 3      Both
- DK, R

ADM\_N10      INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

ADM\_N10

- 1      Yes      (Go to ADM\_N12)
- 2      No
- DK, R      (Go to ADM\_N12)

ADM\_N11      INTERVIEWER: Do you think that the answers of the respondent were affected by someone else being there?

ADM\_N11

- 1      Yes
- 2      No
- DK, R

ADM\_N12      INTERVIEWER: Record language of interview

ADM\_N12

- |    |                   |    |                 |
|----|-------------------|----|-----------------|
| 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(Filipino) | 90 | Other – Specify |
| 13 | Greek             |    | DK, R           |

ADM\_C12S      If ADM\_N12 = 90, go to ADM\_N12S.  
Otherwise, go to ADM\_END.

ADM\_N12S      INTERVIEWER: Specify

\_\_\_\_\_  
(80 spaces)  
DK, R

ADM\_END

## Exit

The following module only includes part of the questions asked during the CCHS interview. It includes what we believe may be of interest for data users.

### Possible future contact

PFC\_R01      **As part of this study, we may need to get in touch in the future.**

INTERVIEWER: Press <Enter> to continue.

(DK, R are not allowed)

PFC\_END

### Administration – Fictitious Name (ADF)

ADF\_N05      INTERVIEWER: Is this a fictitious name for the respondent?

1      Yes

2      No

(go to CON1\_RINT)

DK, R

(go to CON1\_RINT)

ADF\_N06      INTERVIEWER: Remind respondent about the importance of getting correct names.  
Do you want to make corrections to:

1      ... first name only?

2      ... last name only?

(go to ADF\_N08)

3      ... both names?

4      ... no corrections?

(go to CON1\_RINT)

DK, R

(go to CON1\_RINT)

ADF\_N07      INTERVIEWER: Enter the first name only.

\_\_\_\_\_  
(25 spaces)

DK, R

ADF\_C08      If ADF\_N06 = 3, go to ADF\_N08.  
Otherwise, go to CON1\_RINT.

ADF\_N08      INTERVIEWER: Enter the last name only.

\_\_\_\_\_  
(25 spaces)

DK, R

ADF\_END

## **Exit Introduction**

EI\_R01      **Before we finish, I would like to ask you a few other questions.**

INTERVIEWER: Press <Enter> to continue.

(DK, R are not allowed)

EI\_END

## **Permission to Share** *(if partial interview)*

### Data Sharing – All Provinces (excluding Quebec and the territories)

PS\_R01      **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.**

**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.

Go to PS\_Q01

### Data Sharing – NWT, Yukon, Nunavut

PS\_R01      **Statistics Canada would like your permission to share the information collected in this survey with Health Canada, the Public Health Agency of Canada and provincial and territorial ministries of health.**

INTERVIEWER: Press <Enter> to continue.

Go to PS\_Q01

### Data Sharing – Quebec

PS\_R01      **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « Institut de la Statistique du Québec », Health Canada and the Public Health Agency of Canada.  
The « 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.

PS\_Q01      **All information will be kept confidential and used only for statistical purposes.**

**Do you agree to share the information provided?**

- 1      Yes
- 2      No
- DK, R

PS\_END

**Thank you 1**

TY1\_Q01

**Thank you for your time.**

INTERVIEWER: Press <Enter> to continue.

(DK, R are not allowed)

TY1\_END

FOR INFORMATION ONLY

FOR INFORMATION ONLY

FOR INFORMATION ONLY

Appendix 1 – Canadian community health survey content (2008)

FOR INFORMATION ONLY

## Appendix 1 – Canadian community health survey content (2008)

<p style="text-align: center;"><b>Core Modules (all health regions)</b></p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> <li>• Age of respondent</li> <li>• Alcohol use</li> <li>• Chronic conditions</li> <li>• Exposure to second-hand smoke</li> <li>• Fruit and vegetable consumption</li> <li>• Flu shots</li> <li>• General health</li> </ul> <ul style="list-style-type: none"> <li>• Health care utilization</li> <li>• Pain and discomfort</li> <li>• Height and weight – Self -reported</li> <li>• Maternal experiences - Breastfeeding</li> <li>• Physical activities</li> <li>• Restriction of activities</li> <li>• Smoking</li> </ul> <ul style="list-style-type: none"> <li><i>Administration and Socio-demographics</i></li> <li>• Administration information</li> <li>• Dwelling characteristics</li> <li>• Education</li> <li>• Income</li> <li>• Labour force</li> <li>• Socio-demographic characteristics</li> </ul> </div>		
<p style="text-align: center;"><b>Theme Modules (all health regions)</b></p> <p style="text-align: center;"><i>2007-2008 Theme: Healthy Living</i></p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> <li>• Changes made to improve health</li> <li>• Food security</li> <li>• Oral health 1</li> </ul> <ul style="list-style-type: none"> <li>• Physical activities – Facilities at work</li> <li>• Sedentary activities</li> </ul> </div>		
<p style="text-align: center;"><i>2007 Theme: Health Services Access<sup>i</sup></i></p> <ul style="list-style-type: none"> <li>• Access to health care services</li> <li>• Patient satisfaction – Health care services</li> <li>• Wait times</li> </ul>	<p style="text-align: center;"><i>2008 Themes</i></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1) Height and weight - Measured<sup>i</sup></p> <p>2) Chronic conditions screening</p> </div> <ul style="list-style-type: none"> <li>• Blood test</li> <li>• Colorectal cancer screening</li> <li>• Mammography</li> <li>• Pap smear test</li> <li>• Physical check-up</li> <li>• Spirometry</li> </ul> </div>	

### ***Optional Modules (selected health regions)***

- Access to health care services <sup>ii</sup>
- Alcohol use - Dependence
- Alcohol use – Former drinkers
- Alcohol use during the past week
- Blood pressure check
- Breast examinations
- Breast self examinations
- Stress - Childhood and adult stressors
- Consultations about mental health
- Dental visits
- Depression
- Diabetes care
- Dietary supplement use – Vitamins and minerals
- Distress
- Driving and safety
- Eye examinations
- Food choices
- Health care system satisfaction
- Health status (SF-36)
- Health utility index
- Home care services
- Home safety
- Illicit drugs use
- Injuries
- Insurance coverage
- Mastery
- Maternal experiences – Alcohol use during pregnancy
- Maternal experiences – Smoking during pregnancy
- Smoking - Nicotine dependence
- Oral health 2
- Patient satisfaction – Health care services <sup>ii</sup>
- Patient satisfaction – Community-based care
- Problem gambling
- Prostate cancer screening
- Psychological well-being
- Stress - Recent life events
- Satisfaction with life
- Self-esteem
- Sexual behaviours
- Sleep
- Smoking cessation methods
- Smoking - Physician counselling
- Smoking - Stages of change
- Social support - Availability
- Social support – Utilization
- Spiritual values
- Stress – Coping with stress
- Stress – Sources
- Suicidal thoughts and attempts
- Sun safety behaviours
- Smoking - Other tobacco products
- Use of protective equipment
- Voluntary organizations - Participation
- Stress - Work stress
- Smoking - Youth smoking

i Asked of a sub-sample of respondents. These theme modules were not asked of respondents in the territories.

ii These 2007 theme modules were also selected by some regions as optional content.

Appendix 2 – Optional content selection by health regions (grouped by province) (2008)



## Appendix 2 – Optional content selection by health regions (grouped by province) (2008)

Optional Modules	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Access to health care services				•									
Alcohol use - Dependence								•		•			•
Alcohol use – Former drinkers	•									•			
Alcohol use during the past week	•		•			•				•			•
Blood pressure check									•			•	
Breast examinations				•								•	
Breast self examinations	•			•									
Stress - Childhood and adult stressors												•	
Consultations about mental health	•	•	•	•		•			•			•	•
Dental visits	•					•			•			•	
Depression			•	•	•				•		•		•
Diabetes care	•	•	•	•		•				•	•	•	
Dietary supplement use – Vitamins and minerals											•	•	
Distress			•		•								
Driving and safety							•	•	•			•	
Eye examinations						•							
Food choices		•					•		•	•		•	
Health care system satisfaction						•					•	•	
Health utility index					•			•					
Home care services				•		•							
Home safety												•	
Illicit drugs use			•							•			
Injuries			•							•			
Insurance coverage				•		•							
Mastery							•						
Maternal experiences – Alcohol use during pregnancy						•				•		•	

## Appendix 2 – Optional content selection by health regions (grouped by province) (2008) (Cont'd)

Optional Modules	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Maternal experiences - Smoking during pregnancy						•				•		•	•
Smoking - Nicotine dependence									•			•	•
Oral health 2	•												
Patient satisfaction – Health care services											•	•	
Patient satisfaction – Community-based care	•			•				•			•	•	
Problem gambling					•	•		•					•
Prostate cancer screening	•	•	•			•						•	
Psychological well-being				•									
Stress - Recent life events											•		
Satisfaction with life					•				•				•
Self-esteem												•	•
Sexual behaviours		•	•	•		•		•				•	•
Health status (SF-36)	•	•					•						
Sleep			•								•		
Smoking - Physician counselling									•				
Smoking - Stages of change						•							
Smoking cessation methods						•							
Social support - Availability			•		•					•	•		•
Social support - Utilization										•	•		•
Spiritual values								•					•
Stress – Coping with stress											•		•
Stress - Sources											•		•
Suicidal thoughts and attempts						•			•	•		•	•
Sun safety behaviours		•											
Smoking - Other tobacco products						•			•				
Use of protective equipment			•					•	•				
Voluntary organizations - Participation			•									•	
Stress - Work stress									•				
Smoking - Youth smoking										•			

FOR INFORMATION ONLY

### Appendix 3 – Changes to module names between cycle 3.1 and cycle 4.1

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### Appendix 3 – Changes to module names between cycle 3.1 and cycle 4.1

As of Cycle 4.1, important changes were made to the CCHS design specifically related to questionnaire content, collection and dissemination activities. In this context, some CCHS module names have been revised. The following table provides a list of modifications that were made to module names. The acronyms for all of these modules remain unchanged.

Cycle 3.1	Cycle 4.1
Administration (ADM)	Administration information (ADM)
Age of selected respondent (ANC)	Age of respondent (ANC)
Alcohol dependence (ALD)	Alcohol use – Dependence (ALD)
Alcohol use (ALC)	Alcohol use – Former drinkers (ALN)
	Alcohol use during the past week (ALW)
Childhood and adult stressors (CST)	Stress - Childhood and adult stressors (CST)
Contacts with mental health professionals (CMH)	Consultations about mental health (CMH)
Dietary supplement use (DSU)	Dietary supplement use - Vitamins and minerals (DSU)
Health utility index (HUI)	Health utility index (HUI)
	Pain and discomfort (HUP)
Height and weight (HWT)	Height and weight – Self-reported (HWT)
Illicit drugs (DRG)	Illicit drugs use (DRG)
Labour force - common portion (LF2)	Labour force (LF2)
Maternal experiences (MEX)	Maternal experiences – Breastfeeding (MEX)
	Maternal experiences - Alcohol use during pregnancy (MXA)
	Maternal experiences - Smoking during pregnancy (MXS)
Nicotine dependence (NDE)	Smoking - Nicotine dependence (NDE)
Patient satisfaction (PAS)	Patient satisfaction - Health care services (PAS)
	Patient satisfaction - Community-based care (PSC)
Physical activity (PAC)	Physical activities (PAC)
	Physical activities - Facilities at work (PAF)

Problem gambling index (CPG)	Problem gambling (CPG)
Psychological well-being manifestation scale (PWB)	Psychological well-being (PWB)
Recent life events (RLE)	Stress - Recent life events (RLE)
Smoking Cessation Aids (SCA)	Smoking cessation methods (SCA)
Stress – coping (STC)	Stress - Coping with stress (STC)
Tobacco alternatives (TAL)	Smoking - Other tobacco products (TAL)
Voluntary organizations (ORG)	Voluntary organizations – Participation (ORG)
Work stress (WST)	Stress - Work stress (WST)
Youth smoking (YSM)	Smoking - Youth smoking (YSM)