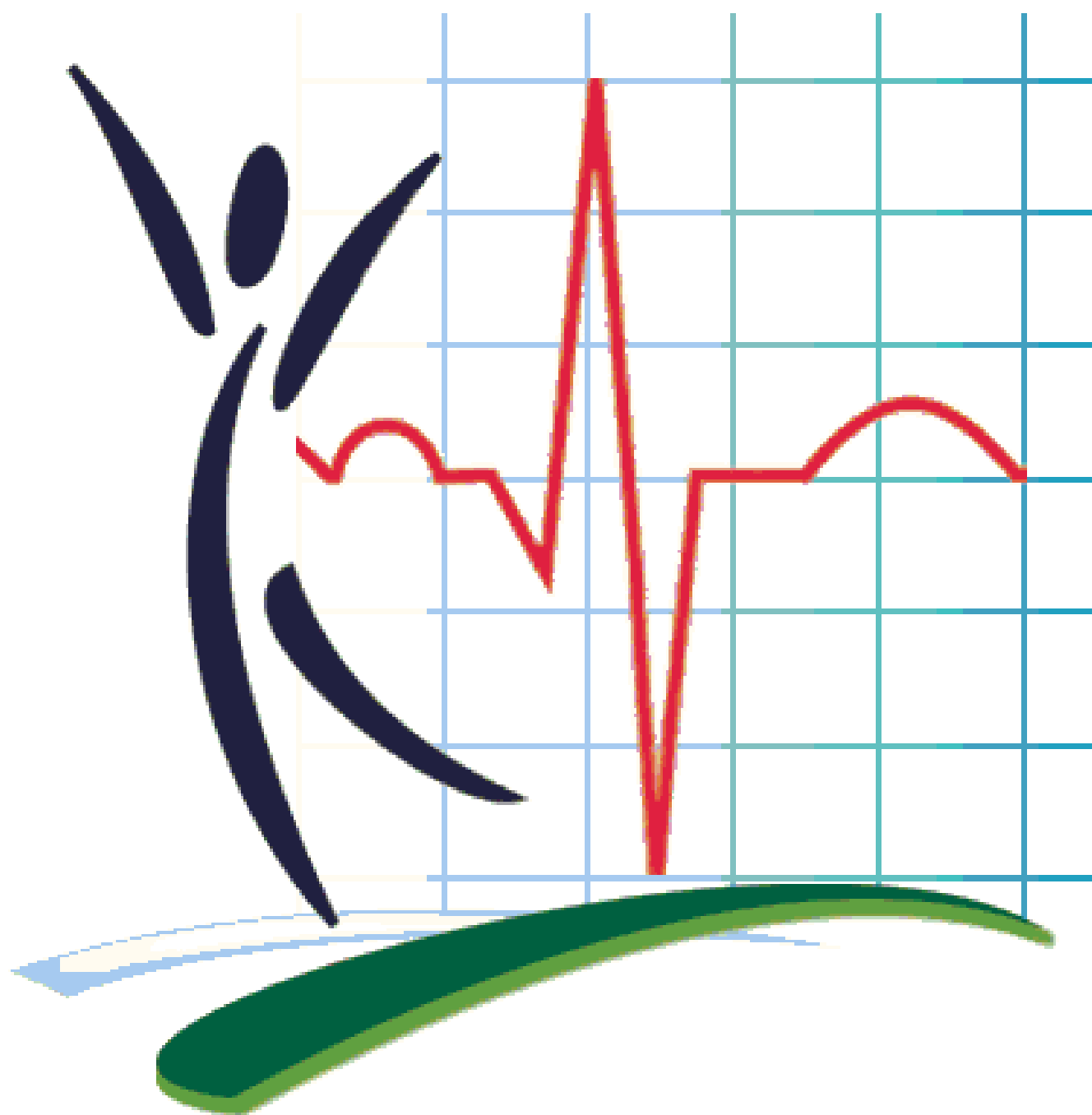


Canadian Community Health Survey (CCHS)

Annual Component - 2012 Questionnaire



Statistics
Canada

Statistique
Canada

Canada

Introduction

1. CCHS content is comprised of three components:
 - a. **Core content** is asked of all respondents, annual core content remains relatively stable over time while other common modules are asked for one or two years and alternate from year to year;
 - b. **Optional content** is chosen by health regions and is usually coordinated at the provincial level.
 - c. **Rapid Response** modules are cost-recovery projects asked of all respondents living in the ten provinces usually for one collection period (2 months).
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.

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)

CN_BEG

CN_N01 INTERVIEWER: Record method of interview.

- 1 Telephone
- 2 Personal

(DK, RF are not allowed)

CN_N02 INTERVIEWER: Have you made contact?

- 1 Yes
- 2 No (Go to CN_END)

(DK, RF are not allowed)

CN_END

Interviewer introduction (II)

II_BEG

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.

II_END

Language of Preference (LP)

LP_BEG

LP_Q01 **Would you prefer that I speak in English or in French?**

ADM_LHH

- 1 English (Go to IC_R01)
- 2 French (Go to IC_R01)
- 3 Other

(DK, RF are not allowed)

LP_N02 INTERVIEWER : Select respondent's preferred non-official language.
If necessary, ask: **(What language would you prefer?)**

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

(DK, RF are not allowed)

LP_END

Initial contact (IC)

IC_BEG

IC_R01 **I'm calling regarding the Canadian Community Health Survey. This survey asks Canadians from all provinces and territories about their health, the factors that affect their health and their use of health care services. One of the main goals of the survey is to gather information to help improve health programs and services provided in your region. All information collected in this survey will be kept strictly confidential.**

INTERVIEWER: Press <Enter> to continue.

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)

RS_BEG

RS_R01 **The next few questions will provide important basic information on the people in your household.**

INTERVIEWER: Press <Enter> to continue.

RS_END

Usual Roster (USU)

USU_BEG

USU_Q01 **What are the names of all persons who usually live here?**

(DK, RF and null are not allowed)

USU_END

Other Roster 1 (OTH1)

OTH1_BEG

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 (Go to ANDB_Q01)

(DK, RF and null are not allowed)

RS_E1 INTERVIEWER: Press <Enter> to return to roster and enter at least one name.

Note: Trigger hard edit if RS_Q04 = 1.

OTH1_END

Age Without Date of Birth (ANDB)

ANDB_BEG

ANDB_Q01 **What is [respondent name]'s age?**

[_|_|_|] Age in years
(MIN: 0) (MAX: 130)
(DK, RF are not allowed)

ANDB_END

Sex (SEX)

SEX_BEG

SEX_Q01 INTERVIEWER: Enter [respondent name]'s sex.
DHH_SEX If necessary, ask: **(Is [respondent name] male or female?)**

- 1 Male
- 2 Female

(DK, RF are not allowed)

SEX_END

Marital Status (MSNC)

MSNC_BEG

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)

CAF_BEG

CAF_Q01 **Is [respondent name] a full time member of the regular Canadian Armed Forces?**

- 1 Yes
- 2 No

(DK, RF are not allowed)

CAF_END

Relationship Without Confirmation (RNC)

RNC_BEG

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)

RNC_Q2A **What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]****Is that a(n):**

- 1 ... birth father/mother?
- 2 ... step father/mother?
- 3 ... adoptive father/mother?

RNC_Q2B **What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]****Is that a(n):**

- 1 ... birth son/daughter?
- 2 ... step son/daughter?
- 3 ... adopted son/daughter?

RNC_Q2C **What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]**

Is that a(n):

- 1 ... full brother/sister?
- 2 ... half brother/sister?
- 3 ... step brother/sister?
- 4 ... adopted brother/sister?
- 5 ... foster brother/sister?

RNC_Q2D **What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]**

Is that a(n):

- 1 ... father/mother-in-law?
- 2 ... son/daughter-in-law?
- 3 ... brother/sister-in-law?
- 4 ... other in-law?

RNC_Q2E **What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]**

Is that a(n):

- 1 ... uncle/aunt?
- 2 ... cousin?
- 3 ... nephew/niece?
- 4 ... other relative?

RNC_Q2F **What is the relationship of: [respondent name] [(Text sex, age)]
to: [respondent name]? [(Text sex, age)]**

Is that a(n):

- 1 ... boyfriend/girlfriend?
- 2 ... room-mate?
- 3 ... other?

RNC_END

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Proxy interview (GR)

Core content

GR_BEG

Content block

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOGR: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

GR_N01A

INTERVIEWER: Who is providing the information for this person's component?

01 MEMBER1
02 MEMBER2
03 MEMBER3
04 MEMBER4
05 MEMBER5
06 MEMBER6
07 MEMBER7
08 MEMBER8
09 MEMBER9
10 MEMBER10
11 MEMBER11
12 MEMBER12
13 MEMBER13
14 MEMBER14
15 MEMBER15
16 MEMBER16
17 MEMBER17
18 MEMBER18
19 MEMBER19
20 MEMBER20
(DK, RF not allowed)

GR_C01

If selected respondent, go to GR_END.

Otherwise, go to GR_N01B.

GR_N01B

INTERVIEWER: Do you want to complete this component by proxy?

1 Yes (Go to GR_N02)
2 No
(DK, RF not allowed)

Go to GR_E01B

Processing:

This is the variable that's used to create the Proxy variable (PROXMODE).

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GR_E01B

You may not proceed with the rest of this questionnaire. Please press <F10> to exit, or return and update GR_N01A or GR_N01B.

Rule :

Trigger hard edit if GR_N01B = 2 and not Selected Respondent.

GR_N02

INTERVIEWER: Record the reason why this component is being completed by proxy. Proxy interviews are to occur only if the mental or physical health of the selected member makes it impossible to complete the interview during the collection period. If the reason for the proxy interview is neither of these choices, please press <F10> to exit the application and assign an appropriate outcome code.

- 1 Physical health condition
 - 2 Mental health condition
- (DK, RF not allowed)

GR_N03

INTERVIEWER: Enter the condition.

(80 spaces)

(DK, RF not allowed)

GR_END

Canadian Community Health Survey - Annual Component (CCHS) 2012 / Main / Content

Age of respondent (ANC)

Core content

ANC_BEG	Core content
ANC_C01A	If (DOANC block = 1), go to ANC_D01. Otherwise, go to ANC_END.
ANC_D01	Not Applicable
ANC_R01	For some of the questions I'll be asking, I need to know ^YOUR2 exact date of birth. <u>INTERVIEWER</u> : Press <1> to continue.
ANC_N01A	<u>INTERVIEWER</u> : Enter the day.If necessary, ask (What is the day?) _ _ (MIN: 1) (MAX: 31) DK, RF Processing: <i>ANC_N01A is known as DHH_DOB</i>
ANC_N01B	<u>INTERVIEWER</u> : Enter the month.If necessary, ask (What is the month?) 01 January 02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October 11 November 12 December DK, RF Processing: <i>ANC_N01B is known as DHH_MOB</i>
ANC_E1	An impossible day/month combination has been entered. Please return and correct.
Rule :	<i>Trigger hard edit if a month is selected that is invalid in combination with the previously entered numeric day.</i>

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ANC_N01C	<p><u>INTERVIEWER</u>: Enter a four-digit year. If necessary, ask (What is the year?)</p> <p> _ _ _ (MIN: 0) (MAX: 0)</p> <p>DK, RF</p>
Processing:	<i>ANC_N01C is known as DHH_YOB</i>
ANC_C02	If ANC_N01C (Year) = DK, RF, go to ANC_Q03. Otherwise, go to ANC_D02.
ANC_E2	An impossible day/month/year combination has been entered. Please return and correct.
Rule :	<i>Trigger hard edit if a year is entered that is invalid in combination with the previously entered month and day.</i>
ANC_D02	
Programmer:	<i>Program : Calculate age based on the entered date of birth.</i>
ANC_Q02	<p>So ^YOUR1 age is [calculated age]. Is that correct?</p> <p>1 Yes (Go to ANC_C03) 2 No, return and correct date of birth 3 No, collect age (Go to ANC_Q03) (DK, RF not allowed)</p>
ANC_E02	Return to ANC_N01A and correct the date of birth.
Rule :	<i>Trigger hard edit if ANC_Q02 = 2.</i>
ANC_C03	If [calculated age] < 12 years, go to ANC_R04. Otherwise, go to ANC_END.
ANC_Q03	<p>What is ^YOUR1 age?</p> <p> _ _ _ Age in years (MIN: 0) (MAX: 130)</p> <p>(DK, RF not allowed)</p>
Processing:	<i>ANC_Q03 is known as DHH_AGE</i>
ANC_C04	If age < 12 years, go to ANC_R04. Otherwise, go to ANC_END.
ANC_D04	Not Applicable

**Canadian Community Health Survey - Annual Component (CCHS)
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ANC_R04

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

INTERVIEWER: Press <1> to continue.

ANC_END

Canadian Community Health Survey - Annual Component (CCHS) 2012 / Main / Content

General health (GEN)

Core content

GEN_BEG

Core content

AGE - Age of respondent

PROXMODE: proxy identifier, from the GR block.

DOGEN: do block flag, from the sample file.

GEN_C01

If (DOGEN block = 1), go to GEN_R01.

Otherwise, go to GEN_END.

GEN_D01

Not Applicable

GEN_R01

This survey deals with various aspects of ^YOUR2 health. The following questions ask about 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 <1> to continue.

GEN_Q01

GEN_01

In general, would you say ^YOUR1 health is... ?

INTERVIEWER: Read categories to respondent.

- 1 **Excellent**
- 2 **Very good**
- 3 **Good**
- 4 **Fair**
- 5 **Poor**

DK, RF

Help text:

Tag: Perceived health

Perceived health is an indicator of overall health status. It can reflect aspects of health not captured in other measures, such as: incipient disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function. Perceived health refers to the perception of a person's health in general, either by the person himself or herself, or, in the case of proxy response, by the person responding. Health means not only the absence of disease or injury but also physical, mental and social well being.

GEN_Q02A

GEN_02

Compared to one year ago, how would you say ^YOUR1 health is now? Is it...?

INTERVIEWER: Read categories to respondent.

- 1 **Much better now than 1 year ago**
- 2 **Somewhat better now (than 1 year ago)**
- 3 **About the same as 1 year ago**
- 4 **Somewhat worse now (than 1 year ago)**
- 5 **Much worse now (than 1 year ago)**

DK, RF

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GEN_C02B

If proxy interview, go to GEN_Q07.
Otherwise, go to GEN_Q02B.

GEN_Q02B
GEN_02A2

Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how ^DOVERB ^YOU1 feel about ^YOUR1 life as a whole right now?

00 Very dissatisfied
01 |
02 |
03 |
04 |
05 |
06 |
07 |
08 |
09 V
10 Very satisfied
DK, RF

GEN_Q02C
GEN_02B

In general, would you say your mental health is...?

INTERVIEWER: Read categories to respondent.

1 **Excellent**
2 **Very good**
3 **Good**
4 **Fair**
5 **Poor**
DK, RF

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, RF

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, RF (Go to GEN_Q10)

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GEN_R09

The next question is about your main job or business in the past 12 months.

INTERVIEWER: Press <1> to continue.

GEN_Q09

GEN_09

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, RF

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, RF

GEN_END

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Voluntary organizations - Participation (ORG)

Optional content

Prince Edward Island, Northwest Territories, Quebec

ORG_BEG

Optional Content (See Appendix 2)

ORG_C1A

If (DOORG block = 1), go to ORG_C1B.
Otherwise, go to ORG_END.

ORG_C1B

If proxy interview, go to ORG_END.
Otherwise, go to ORG_Q1.

ORG_Q1

ORG_1

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

1 Yes

2 No

(Go to ORG_END)

DK, RF

(Go to ORG_END)

ORG_Q2

ORG_2

How often did you participate in meetings or activities of these groups in the past 12 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, RF

ORG_END

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Sleep (SLP)

Optional content

Nova Scotia, Quebec, Manitoba, Alberta, Yukon

SLP_BEG

External variables required:

PROXMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOSLP: do block flag, from the sample file.
Optional Content

PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

Screen display:
Display on header bar PE_Q01 and PE_Q02 separated by a space

SLP_C01A

If (DOSLP block = 2), go to SLP_END.
Otherwise, go to SLP_C01B.

SLP_C01B

If proxy interview, go to SLP_END.
Otherwise, go to SLP_Q01.

SLP_Q01

SLP_01

Now a few questions about sleep.
How long do you usually spend sleeping each night?

INTERVIEWER: Do not include time spent resting.

- 01 Under 2 hours
- 02 2 hours to less than 3 hours
- 03 3 hours to less than 4 hours
- 04 4 hours to less than 5 hours
- 05 5 hours to less than 6 hours
- 06 6 hours to less than 7 hours
- 07 7 hours to less than 8 hours
- 08 8 hours to less than 9 hours
- 09 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

RF (Go to SLP_END)

SLP_Q02

SLP_02

How often do you have trouble going to sleep or staying asleep?

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, RF

**Canadian Community Health Survey - Annual Component (CCHS)
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SLP_Q03

SLP_03

How often do you find your sleep refreshing?

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, RF

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, RF

SLP_END

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Changes made to improve health (CIH)

Optional content Yukon, Newfoundland and Labrador, Quebec, Manitoba, Alberta,
Northwest Territories, Nova Scotia, Prince Edward Island

CIH_BEG Optional Content (See Appendix 2)

CIH_C1A If (DOCIH 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, RF (Go to CIH_END)

CIH_Q2
CIH_2 **What is the single most important change you have made?**

01 Increased exercise, sports /
 physical activity
02 Lost weight
03 Changed diet / improved
 eating habits
04 Quit smoking / reduced
 amount smoked
05 Drank less alcohol
06 Reduced stress level
07 Received medical
 treatment
08 Took vitamins
09 Other
DK, RF

CIH_D3 If CIH_Q1 = 1, DT_ANYTHING = "anything else".
Otherwise, DT_ANYTHING = "anything".

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, RF (Go to CIH_END)

**Canadian Community Health Survey - Annual Component (CCHS)
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CIH_Q4
CIH_4

What is the most important thing?

- 01 Start / Increase exercise, sports / physical activity
- 02 Lose weight
- 03 Change diet / improve eating habits
- 04 Quit smoking / reduce amount smoked
- 05 Drink less alcohol
- 06 Reduce stress level
- 07 Receive medical treatment
- 08 Take vitamins
- 09 Other
- DK, RF

CIH_Q5
CIH_5

Is there anything stopping you from making this improvement?

- 1 Yes
- 2 No (Go to CIH_Q7)
- DK, RF (Go to CIH_Q7)

CIH_Q6

What is that?

INTERVIEWER: Mark all that apply.

CIH_6A

- 01 Lack of will power / self-discipline
- 02 Family responsibilities
- 03 Work schedule
- 04 Addiction to drugs / alcohol
- 05 Physical condition
- 06 Disability / health problem
- 07 Too stressed
- 08 Too costly / financial constraints

CIH_6I

- 09 Not available - in area

CIH_6B

- 10 Transportation problems

CIH_6J

- 11 Weather problems

CIH_6K

- 12 Other

CIH_6G

DK, RF

CIH_6F

CIH_6L

CIH_6M

CIH_6N

CIH_6H

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, RF (Go to CIH_END)

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CIH_Q8

What is that?

INTERVIEWER: Mark all that apply.

CIH_8A

01 Start / Increase exercise,
sports / physical activity

CIH_8B

02 Lose weight

CIH_8C

03 Change diet / improve
eating habits

CIH_8J

04 Quit smoking / reduce
amount smoked

CIH_8K

05 Drink less alcohol

CIH_8G

06 Reduce stress level

CIH_8L

07 Receive medical treatment

CIH_8H

08 Take vitamins

CIH_8I

09 Other

DK, RF

CIH_END

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Oral health 1 (OH1)

Optional content

Manitoba

OH1_BEG

OH1_C20A

If (DOOH1 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 <1> to continue.

OH1_Q20

OH1_20

In general, would you say the health of your teeth and mouth is:

INTERVIEWER: Read categories to respondent.

- 1 **Excellent**
- 2 **Very good**
- 3 **Good**
- 4 **Fair**
- 5 **Poor**

DK, RF

OH1_Q21A

OH1_21A

Now a few questions about your ability to chew different foods, whether you eat them or not. Can you:

chew firm foods (e.g., meat)?

- 1 Yes
- 2 No

DK, RF

OH1_Q21B

OH1_21B

(Can you:)

bite off and chew a piece of fresh apple?

- 1 Yes
- 2 No

DK, RF

OH1_C21C

If OH1_Q21A = 1 or OH1_Q21B = 1, go to OH1_Q22.
Otherwise, go to OH1_Q21C.

Processing:

OH1_Q21C will be filled with "Yes" during head office processing.

OH1_Q21C

OH1_21C

(Can you:)

chew boiled vegetables?

- 1 Yes
- 2 No

DK, RF

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OH1_Q22

OH1_22

In the past month, how often have you had any pain or discomfort in your teeth or gums?

INTERVIEWER: Read categories to respondent.

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

DK, RF

OH1_END

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Health care system satisfaction (HCS)

Optional content

Yukon, Nunavut

HCS_BEG

Optional Content (See Appendix 2)

HCS_C1A

If (DOHCS 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_D1.

HCS_D1

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

HCS_Q1

HCS_1

**Now, a few questions about health care services in ^DT_ProvinceE.
Overall, how would you rate the availability of health care services in
^DT_ProvinceE?
Would you say it is:**

INTERVIEWER: Read categories to respondent.

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

HCS_D2

Not Applicable

HCS_Q2

HCS_2

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

INTERVIEWER: Read categories to respondent.

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

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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, RF

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, RF

HCS_END

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Height and weight - Self-reported (HWT)

Core content

HWT_BEG	Core content
HWT_C1	If (DOHWT 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 MAM_037	It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant? 1 Yes (Go to HWT_END) 2 No DK, RF
HWT_Q2 HWT_2	The next questions are about height and weight. 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, RF (Go to HWT_Q3)
HWT_E2	The selected height is too short for a ^CURRENTAGE year old respondent. Please return and correct.
Rule :	Trigger hard edit if (HWT_Q2 < 3).

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HWT_N2A

HWT_2A

INTERVIEWER: Select the exact height.

- 00 1'0" / 12" (29.2 to 31.7 cm.)
- 01 1'1" / 13" (31.8 to 34.2 cm.)
- 02 1'2" / 14" (34.3 to 36.7 cm.)
- 03 1'3" / 15" (36.8 to 39.3 cm.)
- 04 1'4" / 16" (39.4 to 41.8 cm.)
- 05 1'5" / 17" (41.9 to 44.4 cm.)
- 06 1'6" / 18" (44.5 to 46.9 cm.)
- 07 1'7" / 19" (47.0 to 49.4 cm.)
- 08 1'8" / 20" (49.5 to 52.0 cm.)
- 09 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, RF

HWT_N2B

HWT_2B

INTERVIEWER: Select the exact height.

- 00 2'0" / 24" (59.7 to 62.1 cm.)
- 01 2'1" / 25" (62.2 to 64.7 cm.)
- 02 2'2" / 26" (64.8 to 67.2 cm.)
- 03 2'3" / 27" (67.3 to 69.8 cm.)
- 04 2'4" / 28" (69.9 to 72.3 cm.)
- 05 2'5" / 29" (72.4 to 74.8 cm.)
- 06 2'6" / 30" (74.9 to 77.4 cm.)
- 07 2'7" / 31" (77.5 to 79.9 cm.)
- 08 2'8" / 32" (80.0 to 82.5 cm.)
- 09 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, RF

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HWT_N2C
HWT_2C

INTERVIEWER: Select the exact height.

- 00 3'0" / 36" (90.2 to 92.6 cm.)
- 01 3'1" / 37" (92.7 to 95.2 cm.)
- 02 3'2" / 38" (95.3 to 97.7 cm.)
- 03 3'3" / 39" (97.8 to 100.2 cm.)
- 04 3'4" / 40" (100.3 to 102.8
cm.)
- 05 3'5" / 41" (102.9 to 105.3
cm.)
- 06 3'6" / 42" (105.4 to 107.9
cm.)
- 07 3'7" / 43" (108.0 to 110.4
cm.)
- 08 3'8" / 44" (110.5 to 112.9
cm.)
- 09 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, RF

Go to HWT_Q3

HWT_N2D
HWT_2D

INTERVIEWER: Select the exact height.

- 00 4'0" / 48" (120.7 to 123.1
cm.)
- 01 4'1" / 49" (123.2 to 125.6
cm.)
- 02 4'2" / 50" (125.7 to 128.2
cm.)
- 03 4'3" / 51" (128.3 to 130.7
cm.)
- 04 4'4" / 52" (130.8 to 133.3
cm.)
- 05 4'5" / 53" (133.4 to 135.8
cm.)
- 06 4'6" / 54" (135.9 to 138.3
cm.)
- 07 4'7" / 55" (138.4 to 140.9
cm.)
- 08 4'8" / 56" (141.0 to 143.4
cm.)
- 09 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, RF

Go to HWT_Q3

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HWT_N2E
HWT_2E

INTERVIEWER: Select the exact height.

- 00 5'0" (151.1 to 153.6 cm.)
- 01 5'1" (153.7 to 156.1 cm.)
- 02 5'2" (156.2 to 158.7 cm.)
- 03 5'3" (158.8 to 161.2 cm.)
- 04 5'4" (161.3 to 163.7 cm.)
- 05 5'5" (163.8 to 166.3 cm.)
- 06 5'6" (166.4 to 168.8 cm.)
- 07 5'7" (168.9 to 171.4 cm.)
- 08 5'8" (171.5 to 173.9 cm.)
- 09 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, RF

Go to HWT_Q3

HWT_N2F
HWT_2F

INTERVIEWER: Select the exact height.

- 00 6'0" (181.6 to 184.1 cm.)
- 01 6'1" (184.2 to 186.6 cm.)
- 02 6'2" (186.7 to 189.1 cm.)
- 03 6'3" (189.2 to 191.7 cm.)
- 04 6'4" (191.8 to 194.2 cm.)
- 05 6'5" (194.3 to 196.8 cm.)
- 06 6'6" (196.9 to 199.3 cm.)
- 07 6'7" (199.4 to 201.8 cm.)
- 08 6'8" (201.9 to 204.4 cm.)
- 09 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, RF

HWT_Q3
HWT_3

How much ^DOVERB ^YOU2 weigh?

INTERVIEWER: Enter amount only.

|_|_|_| Weight
(MIN: 1)
(MAX: 575)

DK, RF

(Go to HWT_END)

HWT_N4
HWT_N4

INTERVIEWER: Was that in pounds or kilograms?

- 1 Pounds
 - 2 Kilograms
- (DK, RF not allowed)

HWT_E4

An unusual value has been entered. Please confirm.

Rule :

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)).

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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, RF

HWT_END

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CCC_Q091 CCC_091	<p>^DOVERB_C ^YOU2 have chronic bronchitis, emphysema or chronic obstructive pulmonary disease or COPD?</p> <p>1 Yes 2 No DK, RF</p>
CCC_Q101 CCC_101	<p>(Remember, we're interested in conditions diagnosed by a health professional and that are expected to last or have already lasted 6 months or more.)</p> <p>^DOVERB_C ^YOU2 have diabetes?</p> <p><u>INTERVIEWER</u>: Exclude respondents who have been told they have prediabetes. Only respondents with type 1, type 2 or gestational diabetes should answer yes to this question.</p> <p>1 Yes 2 No (Go to CCC_Q121) DK, RF (Go to CCC_Q121)</p>
CCC_Q102 CCC_102	<p>How old ^WERE ^YOU1 when this was first diagnosed?</p> <p><u>INTERVIEWER</u>: Maximum is ^CURRENTAGE.</p> <p> _ _ _ Age in years (MIN: 1) (MAX: 121)</p> <p>DK, RF</p>
CCC_E102	<p>An impossible value has been entered. Please return and correct.</p>
Rule :	<p>Trigger hard edit if CCC_Q102 > 121</p>
CCC_C10A	<p>If age < 15 or sex = male or CCC_Q102 < 15 or CCC_Q102 > 49, go to CCC_Q10C. Otherwise, go to CCC_Q10A.</p>
CCC_Q10A CCC_10A	<p>^WERE ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?</p> <p>1 Yes 2 No (Go to CCC_Q10C) DK, RF (Go to CCC_Q10C)</p>
CCC_Q10B CCC_10B	<p>Other than during pregnancy, has a health professional ever told ^YOU2 that ^YOU1 ^HAVE diabetes?</p> <p>1 Yes 2 No (Go to CCC_Q121) DK, RF (Go to CCC_Q121)</p>

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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, RF

CCC_Q105
CCC_105

^DOVERB_C ^YOU2 currently take insulin for ^YOUR1 diabetes?

- 1 Yes
 - 2 No
- DK, RF

Processing:

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, RF

CCC_Q121
CCC_121

^DOVERB_C ^YOU1 have heart disease?

- 1 Yes
 - 2 No
- DK, RF

CCC_Q131
CCC_131

(^DOVERB_C ^YOU1 have:)

cancer?

- 1 Yes (Go to CCC_Q141)
 - 2 No
- DK (Go to CCC_Q141)
- RF (Go to CCC_Q141)

CCC_Q132
CCC_31A

^HAVE_C ^YOU1 ever been diagnosed with cancer?

- 1 Yes
 - 2 No
- DK, RF

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CCC_Q141 CCC_141	<p>Remember, we're interested in conditions diagnosed by a health professional and that are expected to last or have already lasted 6 months or more.</p> <p>^DOVERB_C ^YOU1 have intestinal or stomach ulcers?</p> <p>1 Yes 2 No DK, RF</p>
CCC_Q151 CCC_151	<p>^DOVERB_C ^YOU2 suffer from the effects of a stroke?</p> <p>1 Yes 2 No DK, RF</p>
CCC_C161	<p>If age < 25, go to CCC_Q171. Otherwise, go to CCC_Q161.</p>
CCC_Q161 CCC_161	<p>(^DOVERB_C ^YOU2 have:)</p> <p>urinary incontinence?</p> <p>1 Yes 2 No DK, RF</p>
CCC_Q171 CCC_171	<p>^DOVERB_C ^YOU2 have a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?</p> <p>1 Yes 2 No DK, RF</p> <p>(Go to CCC_C181) (Go to CCC_C181)</p>
CCC_Q172 CCC_17A	<p>What kind of bowel disease ^DOVERB ^YOU1 have?</p> <p>1 Crohn's Disease 2 Ulcerative colitis 3 Irritable Bowel Syndrome 4 Bowel incontinence 5 Other DK, RF</p>
CCC_C181	<p>If age < 35, go to CCC_Q280. Otherwise, go to CCC_Q181.</p>
CCC_Q181 CCC_181	<p>^DOVERB_C ^YOU2 have:</p> <p>Alzheimer's Disease or any other dementia?</p> <p>1 Yes 2 No DK, RF</p>

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CCC_Q280
CCC_280

Remember, we're interested in conditions diagnosed by a health professional and that are expected to last or have already lasted 6 months or more.

^DOVERB_C ^YOU2 have a mood disorder such as depression, bipolar disorder, mania or dysthymia?

INTERVIEWER: Include manic depression.

1 Yes
2 No
DK, RF

CCC_Q290
CCC_290

^DOVERB_C ^YOU2 have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

1 Yes
2 No
DK, RF

CCC_END

Diabetes care (DIA)

Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario

Optional Content (See Appendix 2)

If (DODIA block = 1), go to DIA_C01B.
Otherwise, go to DIA_END.

If (CCC_Q101 = 1), go to DIA_C01C.
Otherwise, go to DIA_END.

If (CCC_Q10A = 1), go to DIA_END.
Otherwise, go to DIA_R01.

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

INTERVIEWER: Press <1> to continue.

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)
RF		(Go to DIA_END)

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, RF

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, RF		(Go to DIA_Q05)

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, RF

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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, RF

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, RF (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, RF

DIA_R08

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

INTERVIEWER: Press <1> 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, RF (Go to DIA_C09)

DIA_N08B
DIA_N8B

INTERVIEWER: Enter number of times per day.

|_|_| Times
(MIN: 1)
(MAX: 99)

DK, RF

Go to DIA_C09

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DIA_N08C
DIA_N8C

INTERVIEWER: Enter number of times per week.

|_|_| Times
(MIN: 1)
(MAX: 99)

DK, RF

Go to DIA_C09

DIA_N08D
DIA_N8D

INTERVIEWER: Enter number of times per month.

|_|_| Times
(MIN: 1)
(MAX: 99)

DK, RF

Go to DIA_C09

DIA_N08E
DIA_N8E

INTERVIEWER: Enter number of times per year.

|_|_| Times
(MIN: 1)
(MAX: 99)

DK, RF

DIA_C09

If DIA_Q03 = 3 (no feet), go to DIA_C10.
Otherwise, go to DIA_Q09.

DIA_Q09
DIA_09

How often ^DOVERB ^YOU2 usually have ^YOUR1 feet checked for any sores or irritations 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, RF | (Go to DIA_C10) |

DIA_N09B
DIA_N9B

INTERVIEWER: Enter number of times per day.

|_|_| Times
(MIN: 1)
(MAX: 99)

DK, RF

Go to DIA_C10

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DIA_N09C
DIA_N9C

INTERVIEWER: Enter number of times per week.

|_|_| Times
(MIN: 1)
(MAX: 99)

DK, RF

Go to DIA_C10

DIA_N09D
DIA_N9D

INTERVIEWER: Enter number of times per month.

|_|_| Times
(MIN: 1)
(MAX: 99)

DK, RF

Go to DIA_C10

DIA_N09E
DIA_N9E

INTERVIEWER: Enter number of times per year.

|_|_| Times
(MIN: 1)
(MAX: 99)

DK, RF

DIA_C10

If age >= 35, go to DIA_R10.
Otherwise, go to DIA_END.

DIA_R10

Now a few questions about medication.

INTERVIEWER: Press <1> 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, RF

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, RF

DIA_END

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Medication use (MED)

Optional content

Quebec

MED_BEG

Optional Content

External variable required:

SEX
DoMED
DoHRT

MED_C1A

If (DOMED block = 1)
, go to MED_R1.
Otherwise, go to MED_END.

MED_R1

**Now, I'd like to ask a few questions about ^YOUR2 use of medications,
both prescription and over-the-counter.**

INTERVIEWER: Press <1> to continue.

MED_D1A

DV_ONEMONTHAGO = CURRENTMONTH - 1

MED_Q1A
MED_1A

**In the past month, that is, from ^ONEMONTHAGO to yesterday, did
^YOU2 take:**

**pain relievers such as aspirin or Tylenol (including arthritis medicine
and anti-inflammatories)?**

1 Yes
2 No
DK
RF (Go to MED_END)

MED_Q1B
MED_1B

**In the past month, that is, from ^ONEMONTHAGO to yesterday, did
^YOU2 take:**

tranquilizers such as Valium or Ativan?

1 Yes
2 No
DK, RF

MED_Q1C
MED_1C

**(In the past month, that is, from ^ONEMONTHAGO to yesterday, did
^YOU2 take:)**

diet pills such as Dexatrim, Ponderal or Fastin?

1 Yes
2 No
DK, RF

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MED_Q1D
MED_1D

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did ^YOU2 take:)

anti-depressants such as Prozac, Paxil or Effexor?

1 Yes
2 No
DK, RF

MED_Q1E
MED_1E

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did ^YOU2 take:)

codeine, Demerol or morphine?

1 Yes
2 No
DK, RF

MED_Q1F
MED_1F

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did ^YOU2 take:)

allergy medicine such as Reactine or Allegra?

1 Yes
2 No
DK, RF

MED_Q1G
MED_1G

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did ^YOU2 take:)

asthma medications such as inhalers or nebulizers?

1 Yes
2 No
DK, RF

MED_E1G

Inconsistent answers have been entered. The respondent has taken medicine for asthma in the past month but previously reported that he/she did not. Please confirm.

Rule :

Trigger soft edit if MED_Q1G = 1 and CCC_Q036 = 2.

MED_Q1H
MED_1H

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did ^YOU2 take:)

cough or cold remedies?

1 Yes
2 No
DK, RF

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MED_Q1I
MED_1I

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did
^YOU2 take:)

penicillin or other antibiotics?

1 Yes
2 No
DK, RF

MED_Q1J
MED_1J

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did
^YOU2 take:)

medicine for the heart?

1 Yes
2 No
DK, RF

MED_Q1L
MED_1L

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did
^YOU2 take:)

diuretics or water pills?

1 Yes
2 No
DK, RF

MED_Q1M
MED_1M

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did
^YOU2 take:)

steroids?

1 Yes
2 No
DK, RF

MED_Q1P
MED_1P

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did
^YOU2 take:)

sleeping pills such as Imovane, Nytol or Starnoc?

1 Yes
2 No
DK, RF

MED_Q1Q
MED_1Q

(In the past month, that is, from ^ONEMONTHAGO to yesterday, did
^YOU2 take:)

stomach remedies?

1 Yes
2 No
DK, RF

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MED_Q1R MED_1R	<p>(In the past month, that is, from ^ONEMONTHAGO to yesterday, did ^YOU2 take:)</p> <p>laxatives?</p> <p>1 Yes 2 No DK, RF</p>
MED_C1S	<p>If sex = female and age <= 49, go to MED_Q1S. Otherwise, go to MED_C1TA.</p>
MED_Q1S MED_1S	<p>(In the past month, that is, from ^ONEMONTHAGO to yesterday, did ^YOU2 take:)</p> <p>birth control pills or other kind of prescribed birth control method?</p> <p>1 Yes 2 No DK, RF</p>
MED_C1TA	<p>If (DOHRT block = 1), go to MED_Q1U. Otherwise, go to MED_C1TB.</p>
MED_C1TB	<p>If sex is female and age >= 30, go to MED_Q1T_1. Otherwise, go to MED_Q1U.</p>
MED_Q1T_1 MED_1T	<p>(In the past month, that is, from ^ONEMONTHAGO to yesterday, did ^YOU2 take:)</p> <p>hormones for menopause or ageing symptoms?</p> <p>1 Yes 2 No DK, RF</p> <p>(Go to MED_Q1U) (Go to MED_Q1U)</p>
MED_Q1T_2 MED_1T1	<p>What type of hormones ^ARE ^YOU1 taking?</p> <p><u>INTERVIEWER:</u> Read categories to respondent.</p> <p>1 Estrogen only 2 Progesterone only 3 Both 4 Neither DK, RF</p>
MED_D1T_3	<p>DV_MINYEAR = ^YEAROFBIRTH + 30</p>

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Health utilities index (HUI)

Optional content

Manitoba

HUI_BEG

Optional content

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). In 2009-2010, this module is also asked to all respondents as part of the theme content.

HUI_C01

If DOHUI = 2, go to HUI_END.
Otherwise, go to HUI_R01.

HUI_R01

The next set of questions asks about ^YOUR2 day-to-day health.

You may feel that some of these questions do not apply to ^YOU2, but it is important that we ask the same questions of everyone.

INTERVIEWER: Press <1> to continue.

HUI_Q01

HUI_01

^ARE_C ^YOU1 usually able to see well enough to read ordinary newspaper without glasses or contact lenses?

- 1 Yes (Go to HUI_Q04)
2 No
DK, RF (Go to HUI_END)

HUI_Q02

HUI_02

^ARE_C ^YOU1 usually able to see well enough to read ordinary newspaper with glasses or contact lenses?

- 1 Yes (Go to HUI_Q04)
2 No
DK, RF

HUI_Q03

HUI_03

^ARE_C ^YOU1 able to see at all?

- 1 Yes
2 No (Go to HUI_Q06)
DK, RF (Go to HUI_Q06)

HUI_Q04

HUI_04

^ARE_C ^YOU1 able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

- 1 Yes (Go to HUI_Q06)
2 No
DK, RF (Go to HUI_Q06)

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HUI_Q05
HUI_05

^ARE_C ^YOU1 usually able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?

1 Yes
2 No
DK, RF

HUI_Q06
HUI_06

^ARE_C ^YOU2 usually able to hear what is said in a group conversation with at least three other people without a hearing aid?

1 Yes (Go to HUI_Q10)
2 No (Go to HUI_Q10)
DK, RF

HUI_Q07A
HUI_07

^ARE_C ^YOU1 usually able to hear what is said in a group conversation with at least three other people with a hearing aid?

1 Yes (Go to HUI_Q08)
2 No
DK, RF

HUI_Q07B
HUI_07A

^ARE_C ^YOU1 able to hear at all?

1 Yes
2 No (Go to HUI_Q10)
DK, RF (Go to HUI_Q10)

HUI_Q08
HUI_08

^ARE_C ^YOU1 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
RF (Go to HUI_Q10)

HUI_Q09
HUI_09

^ARE_C ^YOU1 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, RF

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HUI_Q16
HUI_16

^DOVERB_C ^YOU1 require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

1 Yes
2 No
DK, RF

HUI_Q17
HUI_17

^DOVERB_C ^YOU1 require the help of another person to be able to walk?

1 Yes
2 No
DK, RF

HUI_Q18
HUI_18

^DOVERB_C ^YOU1 require a wheelchair to get around?

1 Yes
2 No (Go to HUI_Q21)
DK, RF (Go to HUI_Q21)

HUI_Q19
HUI_19

How often ^DOVERB ^YOU1 use a wheelchair?

INTERVIEWER: Read categories to respondent.

1 **Always**
2 **Often**
3 **Sometimes**
4 **Never**
DK, RF

HUI_Q20
HUI_20

^DOVERB_C ^YOU1 need the help of another person to get around in the wheelchair?

1 Yes
2 No
DK, RF

HUI_Q21
HUI_21

^ARE_C ^YOU2 usually able to grasp and handle small objects such as a pencil or scissors?

1 Yes (Go to HUI_D25)
2 No (Go to HUI_D25)
DK, RF

HUI_Q22
HUI_22

^DOVERB_C ^YOU1 require the help of another person because of limitations in the use of ^YOUR1 hands or fingers?

1 Yes
2 No (Go to HUI_Q24)
DK, RF (Go to HUI_Q24)

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HUI_Q23
HUI_23

^DOVERB_C ^YOU1 require the help of another person with...?

INTERVIEWER: Read categories to respondent.

- 1 **Some tasks**
- 2 **Most tasks**
- 3 **Almost all tasks**
- 4 **All tasks**

DK, RF

HUI_Q24
HUI_24

^DOVERB_C ^YOU1 require special equipment, for example, devices to assist in dressing, because of limitations in the use of ^YOUR1 hands or fingers?

- 1 Yes
- 2 No

DK, RF

HUI_D25

If proxy interview, DT_YSELF = "^FNAME".
Otherwise, , DT_YSELF = "yourself".

HUI_Q25
HUI_25

Would you describe [^FNAME/yourself] as being usually...?

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, RF

HUI_Q26
HUI_26

How would you describe ^YOUR1 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, RF

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HUI_Q27
HUI_27

How would you describe ^YOUR1 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, RF

HUI_END

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Health care utilization (HCU)

Core content

HCU_BEG

Core content

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOHCU: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

HCU_C01

If (DOHCU block = 1), go to HCU_D01.

Otherwise, go to HCU_END.

HCU_D01

Not Applicable

HCU_Q01AA

HCU_1AA

^DOVERB_C ^YOU2 have a regular medical doctor?

1 Yes

(Go to HCU_D01AC)

2 No

DK, RF

(Go to HCU_END)

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

(Go to HCU_S01AB)

DK, RF

Go to HCU_D01A1

HCU_S01AB

(Why ^DOVERB ^YOU2 not have a regular medical doctor?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

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HCU_Q01AC
HCU_1AC

**^DOVERB_C ^YOU2 and this doctor usually speak in English, in French,
or in another language?**

- 01 English
- 02 French
- 03 Arabic
- 04 Chinese
- 05 Cree
- 06 German
- 07 Greek
- 08 Hungarian
- 09 Italian
- 10 Korean
- 11 Persian (Farsi)
- 12 Polish
- 13 Portuguese
- 14 Punjabi
- 15 Spanish
- 16 Tagalog (Filipino)
- 17 Ukrainian
- 18 Vietnamese
- 19 Dutch
- 20 Hindi
- 21 Russian
- 22 Tamil
- 23 Other - Specify (Go to HCU_S01AC)
- DK, RF

Go to HCU_END

HCU_S01AC

**(^DOVERB_C ^YOU2 and this doctor usually speak in English, in French,
or in another language?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HCU_END

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CHP_D03A	<p>If CHP_Q01 = 1, DT_COUNT = "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise,, DT_COUNT = "In the past 12 months".</p>
CHP_D03B	<p>If age < 18, DT_PED = "pediatrician". Otherwise, DT_PED = "null".</p>
CHP_Q03 CHP_03	<p>[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:</p> <p>a family doctor, [pediatrician/null] or general practitioner?</p> <p><u>INTERVIEWER:</u> Include both face to face and telephone contacts.</p> <p>1 Yes 2 No (Go to CHP_Q06) DK, RF (Go to CHP_Q06)</p>
CHP_Q04 CHP_04	<p>How many times (in the past 12 months)?</p> <p> _ _ _ Times (MIN: 1) (MAX: 366)</p> <p>DK, RF</p>
Processing:	<p><i>In processing, if a respondent answered CHP_Q03 = 2, the variable CHP_Q04 is given the value of "0".</i></p>
CHP_E04	<p>An unusual value has been entered. Please confirm.</p>
Rule :	<p><i>Trigger soft edit if CHP_Q04 > 12</i></p>
CHP_Q05 CHP_05	<p>Where did the most recent contact take place?</p> <p><u>INTERVIEWER:</u> If respondent says "hospital", probe for details.</p> <p>01 Doctor's office 02 Hospital emergency room 03 Hospital outpatient clinic (e.g. day surgery, cancer) 04 Walk-in clinic 05 Appointment clinic 06 Community health centre / CLSC 07 At work 08 At school 09 At home 10 Telephone consultation only 11 Other - Specify (Go to CHP_S05) DK, RF</p> <p>Go to CHP_Q06</p>

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CHP_Q09
CHP_09

How many times (in the past 12 months)?

|_|_|_| Times
(MIN: 1)
(MAX: 300)

DK, RF

Processing:

In processing, if a respondent answered CHP_Q08 = 2, the variable CHP_Q09 is given the value of "0".

CHP_E09

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if CHP_Q09 > 7

CHP_Q10
CHP_10

Where did the most recent contact take place?

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

- 01 Doctor's office
 - 02 Hospital emergency room
 - 03 Hospital outpatient clinic
(e.g. day surgery, cancer)
 - 04 Walk-in clinic
 - 05 Appointment clinic
 - 06 Community health centre /
CLSC
 - 07 At work
 - 08 At school
 - 09 At home
 - 10 Telephone consultation only
 - 11 Other - Specify (Go to CHP_S10)
- DK, RF

Go to CHP_Q11

CHP_S10

(Where did the most recent contact take place?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

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CHP_Q11
CHP_11

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

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 CHP_Q14)
- DK, RF (Go to CHP_Q14)

CHP_Q12
CHP_12

How many times (in the past 12 months)?

|_|_|_| Times
(MIN: 1)
(MAX: 366)

DK, RF

Processing:

In processing, if a respondent answered CHP_Q11 = 2, the variable CHP_Q12 is given the value of "0".

CHP_E12

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if CHP_Q012 > 15

CHP_Q13
CHP_13

Where did the most recent contact take place?

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

- 01 Doctor's office
- 02 Hospital emergency room
- 03 Hospital outpatient clinic
(e.g. day surgery, cancer)
- 04 Walk-in clinic
- 05 Appointment clinic
- 06 Community health centre /
CLSC
- 07 At work
- 08 At school
- 09 At home
- 10 Telephone consultation only
- 11 Other - Specify (Go to CHP_S13)
- DK, RF

Go to CHP_Q14

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CHP_S13

(Where did the most recent contact take place?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

CHP_Q14
CHP_14

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

**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

DK, RF

(Go to CHP_END)

(Go to CHP_END)

CHP_Q15
CHP_15

How many times (in the past 12 months)?

|_|_| Times

(MIN: 1)

(MAX: 99)

DK, RF

Processing:

If a respondent answered CHP_Q14 = 2, the variable CHP_Q15 is given the value of "0".

CHP_E15

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if CHP_Q15 > 4

CHP_END

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Unmet health care needs (UCN)

Optional content Nova Scotia, Ontario, British Columbia, Northwest Territories, Nunavut

UCN_BEG

Thematic content

External variables required:

PROXMODE: proxy identifier, from the GR block.

AGE: Respondent's age

DOUCN: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

UCN_C010

If DOUCN = 1, go to UCN_D010.

Otherwise, go to UCN_END.

UCN_D010

If PROXMODE = 2, DT_PHRASE_E = "During the past 12 months, was there ever a time when you felt that you needed health care but you didn't receive it?".

Otherwise, PROXMODE = 1 (Proxy) AND AGE < 18, DT_PHRASE_E = "During the past 12 months, was there ever a time when you felt that ^YOU2 needed health care but ^YOU1 didn't receive it?".

Otherwise, PROXMODE = 1 (Proxy) AND AGE >= 18, DT_PHRASE_E = "During the past 12 months, was there ever a time when ^YOU2 felt that ^YOU1 needed health care but ^YOU1 didn't receive it?".

UCN_Q010

UCN_010

^PHRASE_E

1 Yes

2 No

(Go to UCN_END)

DK, RF

(Go to UCN_END)

UCN_Q020

Thinking of the most recent time, why didn't ^YOU1 get care?

INTERVIEWER: Mark all that apply.

UCN_020A

UCN_020B

01 Not available - in the area

02 Not available - at time

required (e.g. doctor on holidays, inconvenient hours)

UCN_020C

03 Waiting time too long

UCN_020D

04 Felt would be inadequate

UCN_020E

05 Cost

UCN_020F

06 Too busy

UCN_020G

07 Didn't get around to it / didn't bother

UCN_020H

08 Decided not to seek care

UCN_020I

09 Doctor - didn't think it was necessary

UCN_020J

10 Other - Specify

(Go to UCN_S020)

DK, RF

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UCN_S020	(Thinking of the most recent time, why didn't ^YOU1 get care?) <u>INTERVIEWER:</u> Specify. <hr/> (80 spaces) DK, RF
UCN_Q030	Again, thinking of the most recent time, what was the type of care that was needed? <u>INTERVIEWER:</u> Mark all that apply.
UCN_030A	1 Treatment of - a physical health problem
UCN_030B	2 Treatment of - an emotional or mental health problem
UCN_030C	3 A regular check-up (including regular pre-natal care)
UCN_030D	4 Care of an injury
UCN_030E	5 Other - Specify (Go to UCN_S030) DK, RF
UCN_S030	(Again, thinking of the most recent time, what was the type of care that was needed?) <u>INTERVIEWER:</u> Specify. <hr/> (80 spaces) DK, RF
UCN_Q040	Where did ^YOU1 try to get the service ^YOU1 ^WERE seeking? <u>INTERVIEWER:</u> Mark all that apply.
UCN_040A	1 Doctor's office
UCN_040B	2 Community health centre / CLSC
UCN_040C	3 Walk-in clinic
UCN_040D	4 Appointment clinic
UCN_040E	5 Hospital - emergency room
UCN_040F	6 Hospital - outpatient clinic
UCN_040G	7 Other - Specify (Go to UCN_S040) DK, RF

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UCN_S040

(Where did ^YOU1 try to get the service ^YOU1 ^WERE seeking?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

UCN_END

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Home care services (HMC)

Optional content

Ontario, Newfoundland and Labrador, New Brunswick, Alberta

HMC_BEG

Optional Content (See Appendix 2)

HMC_C09A

If (DOHMC 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 <1> to continue.

HMC_Q09

HMC_09

^HAVE_C ^YOU2 received any home care services in the past 12 months, with the cost being entirely or partially covered by government?

- | | | |
|----|-----|-----------------|
| 1 | Yes | |
| 2 | No | (Go to HMC_D11) |
| DK | | (Go to HMC_D11) |
| RF | | (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

01 **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**

HMC_10B

02 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**

HMC_10I

03 **Medical equipment or supplies**

HMC_10C

04 **Personal care (e.g., bathing, foot care)**

HMC_10D

05 **Housework (e.g., cleaning, laundry)**

HMC_10E

06 **Meal preparation or delivery**

HMC_10F

07 **Shopping**

HMC_10G

08 **Respite care (i.e., caregiver relief)**

HMC_10H

09 Other - Specify (Go to HMC_S10)
DK, RF

Go to HMC_D11

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HMC_Q13

What type of home care services ^HAVE ^YOU1 received?

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

HMC_13A

01 **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**

HMC_13B

02 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**

HMC_13C

03 **Medical equipment or supplies**

HMC_13D

04 **Personal care (e.g., bathing, foot care)**

HMC_13E

05 **Housework (e.g., cleaning, laundry)**

HMC_13F

06 **Meal preparation or delivery**

HMC_13G

07 **Shopping**

HMC_13H

08 **Respite care (i.e., caregiver relief)**

HMC_13I

09 Other - Specify (Go to HMC_S13)
DK, RF

Go to HMC_Q14

HMC_S13

(What type of home care services ^HAVE ^YOU1 received?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HMC_Q14

HMC_14

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

DK, RF

(Go to HMC_END)

(Go to HMC_END)

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HMC_Q15

Thinking of the most recent time, why didn't ^YOU1 get these services?

INTERVIEWER: Mark all that apply.

HMC_15A
HMC_15B

01 Not available - in the area
02 Not available - at time
required (e.g., inconvenient
hours)

HMC_15C
HMC_15D
HMC_15E
HMC_15F
HMC_15G

03 Waiting time too long
04 Felt would be inadequate
05 Cost
06 Too busy
07 Didn't get around to it /
didn't bother

HMC_15H

08 Didn't know where to go /
call

HMC_15I
HMC_15J

09 Language problems
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 home care

HMC_15O
HMC_15M

14 Still waiting for home care
15 Other - Specify (Go to HMC_S15)

DK, RF

Go to HMC_Q16

HMC_S15

**(Thinking of the most recent time, why didn't ^YOU1 get these
services?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

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HMC_Q16	Again, thinking of the most recent time, what type of home care was needed?	
	<u>INTERVIEWER:</u> Mark all that apply.	
HMC_16A	01	Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)
HMC_16B	02	Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)
HMC_16I	03	Medical equipment or supplies
HMC_16C	04	Personal care (e.g., bathing, foot care)
HMC_16D	05	Housework (e.g., cleaning, laundry)
HMC_16E	06	Meal preparation or delivery
HMC_16F	07	Shopping
HMC_16G	08	Respite care (i.e., caregiver relief)
HMC_16H	09	Other - Specify (Go to HMC_S16)
	DK, RF	
	Go to HMC_Q17	
HMC_S16	(Again, thinking of the most recent time, what type of home care was needed?)	
	<u>INTERVIEWER:</u> Specify.	
	(80 spaces)	
	DK, RF	
HMC_Q17	Where did ^YOU2 try to get this home care service?	
	<u>INTERVIEWER:</u> 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, RF	
HMC_END		

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Patient satisfaction - Health care services (PAS)

Optional content

Prince Edward Island, Yukon

PAS_BEG

External variables required:

CHP_Q01 to CHP_Q14

CP2_Q16 to CP2_Q24

PROXMODE: proxy identifier, from the GR block.

DOPAS: do block flag, from the sample file.

AGE: Age of respondent

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

PAS_C11A

If (DOPAS 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_R11.

PAS_R11

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 <1> to continue.

PAS_C11C

If CHP_Q01 = 1 or CHP_Q03 = 1 or CHP_Q06 = 1 or CHP_Q08 = 1 or
CHP_Q11 = 1 or CHP_Q14 = 1 or CP2_Q16 = 1 or CP2_Q18 = 1 or
CP2_Q20 = 1 or CP2_Q22 = 1 or CP2_Q24 = 1, go to PAS_Q12.

Otherwise, go to PAS_Q11.

PAS_Q11

PAS_11

In the past 12 months, have you received any health care services?

1 Yes

2 No

DK, RF

(Go to PAS_END)

(Go to PAS_END)

Processing:

In processing, if a respondent answered CHP_Q01 = 1 or CHP_Q03 = 1 or CHP_Q06 = 1 or CHP_Q08 = 1 or CHP_Q11 = 1 or CHP_Q14 = 1 or CP2_Q16 = 1 or CP2_Q18 = 1 or CP2_Q20 = 1 or CP2_Q22 = 1 or CP2_Q24 = 1, set PAS_Q11 = 1.

PAS_Q12

PAS_12

Overall, how would you rate the quality of the health care you received?

Would you say it was...?

INTERVIEWER: Read categories to respondent.

1 **Excellent**

2 **Good**

3 **Fair**

4 **Poor**

DK, RF

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PAS_Q13
PAS_13

Overall, how satisfied were you with the way health care 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, RF

PAS_Q21A
PAS_21A

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

- 1 Yes
 - 2 No (Go to PAS_Q31A)
- DK, RF (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, RF (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, RF

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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, RF

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, RF

(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, RF

(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, RF

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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, RF

PAS_END

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PSC_Q43
PSC_3

**Overall, how satisfied were you with the way community-based care
was provided?
Were you...?**

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
- 2 **Somewhat satisfied**
- 3 **Neither satisfied nor
dissatisfied**
- 4 **Somewhat dissatisfied**
- 5 **Very dissatisfied**

DK, RF

PSC_END

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Restriction of activities (RAC)

Core content

RAC_BEG

Core content

RAC_C1

If (DORAC 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 <1> to continue.

RAC_Q1

RAC_1

^DOVERB ^YOU1 have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

INTERVIEWER: Read categories to respondent.

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

DK

RF

(Go to RAC_END)

RAC_Q2A

RAC_2A

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

...at home?

INTERVIEWER: Read categories to respondent.

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

DK

RF

(Go to RAC_END)

RAC_Q2B_1

RAC_2B1

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

...at school?

- 1 Sometimes
- 2 Often
- 3 Never
- 4 Does not attend school

DK

RF

(Go to RAC_END)

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RAC_Q2B_2
RAC_2B2

(Does a long-term physical condition or mental condition or health problem, reduce the 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

RF

(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

RF

(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_END.

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.

INTERVIEWER: Press <1> to continue.

RAC_Q5
RAC_5

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

INTERVIEWER: Read categories to respondent.

- 01 **Accident at home**
 - 02 **Motor vehicle accident**
 - 03 **Accident at work**
 - 04 **Other type of accident**
 - 05 **Existed from birth or genetic**
 - 06 **Work conditions**
 - 07 **Disease or illness**
 - 08 **Ageing**
 - 09 **Emotional or mental health problem or condition**
 - 10 **Use of alcohol or drugs**
 - 11 Other - Specify (Go to RAC_S5)
- DK, RF

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RAC_S5

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

INTERVIEWER: Specify.

(80 spaces)

DK, RF

RAC_END

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Activities of Daily Living (ADL)

Optional content

Newfoundland and Labrador, Ontario

ADL_BEG

Theme content

ADL_C01

If DOADL block = 1, go to ADL_R01.
Otherwise, go to ADL_END.

ADL_R01

The next few questions are about common daily activities. These questions may not apply to ^YOU2, but we need to ask the same questions of everyone.

INTERVIEWER: Press <1> to continue.

ADL_Q01

ADL_01

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, RF

ADL_Q02

ADL_02

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

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

1 Yes
2 No
DK, RF

ADL_Q03

ADL_03

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

...with doing everyday housework?

1 Yes
2 No
DK, RF

ADL_Q04

ADL_04

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

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

1 Yes
2 No
DK, RF

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ADL_Q05
ADL_05

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

...with moving about inside the house?

1 Yes
2 No
DK, RF

ADL_Q06
ADL_06

Because of any physical condition or mental condition or health problem, ^DOVERB ^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, RF

ADL_END

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Flu shots (FLU)

Core content

FLU_BEG

Core content

FLU_C160A

If (DOFLU block = 1), go to FLU_C160B.
Otherwise, go to FLU_END.

FLU_C160B

If proxy interview, go to FLU_END.
Otherwise, go to FLU_R160.

FLU_R160

Now a few questions about your use of various health care services.

INTERVIEWER: Press <1> to continue.

FLU_Q160

FLU_160

Have you ever had a seasonal flu shot?

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

FLU_Q162

FLU_162

When did you have your last seasonal 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, RF (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 seasonal flu shot?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- DK, RF

FLU_C165

If FLU_Q164 = ^CURRENTMONTH, go to FLU_Q165.
Otherwise, go to FLU_END.

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FLU_Q165
FLU_165

Was that this year or last year?

- 1 This year
- 2 Last year
- DK, RF

Go to FLU_END

FLU_Q166

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

INTERVIEWER: Mark all that apply.

FLU_66A

- 01 Have not gotten around to it

FLU_66B

- 02 Respondent - did not think it was necessary

FLU_66C

- 03 Doctor - did not think it was necessary

FLU_66D

- 04 Personal or family responsibilities

FLU_66E

- 05 Not available - at time required

FLU_66F

- 06 Not available - at all in the area

FLU_66G

- 07 Waiting time was too long

FLU_66H

- 08 Transportation - problems

FLU_66I

- 09 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 (Go to FLU_S166)
- DK, RF

Go to FLU_END

FLU_S166

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

INTERVIEWER: Specify.

(80 spaces)

DK, RF

FLU_END

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Blood test (BLT)

Theme content

BLT_BEG

BLT_C01A

If (DOBLT 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

BLT_01

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

- | | | |
|---|--------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to BLT_END) |
| | DK, RF | (Go to BLT_END) |

BLT_Q02

Why was your most recent blood test ordered?

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

BLT_02A

- 1 **For assessment as part of a
general physical check-up**
- 2 **To monitor an existing health
condition**

BLT_02B

- 3 **To check for a new specific
disease or health condition**

BLT_02C

- 4 **As the result of an
emergency (for example,
heart attack, food
poisoning, car accident)**

BLT_02D

BLT_02E

- 5 Other - Specify (Go to BLT_S02)
- DK, RF

Go to BLT_C02B

BLT_S02

(Why was your most recent blood test ordered?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

BLT_C02B

If BLT_Q02 = 2 or 3, go to BLT_Q03.
Otherwise, go to BLT_END.

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BLT_Q03

For which health conditions was your last blood test ordered?

INTERVIEWER: Mark all that apply.

BLT_03A

01 High cholesterol or other
heart-related conditions

BLT_03B

02 Diabetes

BLT_03C

03 Thyroid

BLT_03D

04 Prostate

BLT_03E

05 Infectious disease

BLT_03F

06 Liver function

BLT_03G

07 Hormone-related

BLT_03H

08 Other - Specify (Go to BLT_S03)

DK, RF

Go to BLT_END

BLT_S03

(For which health conditions was your last blood test ordered?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

BLT_END

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Blood pressure check (BPC)

Optional content

Newfoundland and Labrador, Manitoba, Alberta, Prince Edward Island, Northwest Territories

BPC_BEG

Optional Content (See Appendix 2)

BPC_C01

If (DOBPC block = 2) or proxy interview, go to BPC_END.
Otherwise, go to BPC_Q010.

BPC_Q010

BPC_010

(Now blood pressure)

Have you ever had your blood pressure taken?

1 Yes

2 No

DK, RF

(Go to BPC_C016)

(Go to BPC_END)

BPC_Q012

BPC_012

When was the last time?

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

BPC_013

Were you pregnant the last time your blood pressure was taken?

1 Yes

2 No

DK, RF

Go to BPC_END

BPC_C016

If age < 25, go to BPC_END.
Otherwise, go to BPC_Q016.

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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

01 Have not gotten around to it

BPC_16B

02 Respondent - did not think it was necessary

BPC_16C

03 Doctor - did not think it was necessary

BPC_16D

04 Personal or family responsibilities

BPC_16E

05 Not available - at time required

BPC_16F

06 Not available - at all in the area

BPC_16G

07 Waiting time was too long

BPC_16H

08 Transportation - problems

BPC_16I

09 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

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PAP smear test (PAP)

Theme content

PAP_BEG	Optional Content (See Appendix 2)	
PAP_C1	If (DOPAP 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 PAP_020	(Now PAP tests) Have you ever had a PAP smear test? 1 Yes 2 No DK, RF	
		(Go to PAP_Q026) (Go to PAP_END)
PAP_Q022 PAP_022	When was the last time? 1 Less than 6 months ago 2 6 months to less than 1 year ago 3 1 year to less than 3 years ago 4 3 years to less than 5 years ago 5 5 or more years ago DK, RF	
		(Go to PAP_END) (Go to PAP_END) (Go to PAP_END) (Go to PAP_END) (Go to PAP_END)

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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

01 Have not gotten around to it

PAP_26B

02 Respondent - did not think it was necessary

PAP_26C

03 Doctor - did not think it was necessary

PAP_26D

04 Personal or family responsibilities

PAP_26E

05 Not available - at time required

PAP_26F

06 Not available - at all in the area

PAP_26G

07 Waiting time was too long

PAP_26H

08 Transportation - problems

PAP_26I

09 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, RF

Processing:

*if HWT_Q1 = 1 (pregnant), and PAP_Q20 not in (7,8) and PAP_Q022 not in (1,2,3,7,8)
then PAP_Q026M=2 (Have had a hysterectomy)*

PAP_END

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Mammography (MAM)

Theme content

MAM_BEG	Optional Content (See Appendix 2) PROXMODE: proxy identifier, from the GR block. FNAME: first name of respondent from household block. DOMAM: do block flag, from the sample file. PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space
MAM_C30A	If (DOMAM block = 1), go to MAM_C30B. Otherwise, go to MAM_END.
MAM_C30B	If proxy interview or male, go to MAM_END. Otherwise, go to MAM_C30C.
MAM_C30C	If female and age < 35, go to MAM_C38A. Otherwise, go to MAM_Q30.
MAM_Q30 MAM_030	(Now Mammography) Have you ever had a mammogram, that is, a breast x-ray? 1 Yes 2 No (Go to MAM_C36) DK, RF (Go to MAM_END)
MAM_Q31	Why did you have it? <u>INTERVIEWER</u> : Mark all that apply. If respondent says "doctor recommended it", probe for reason.
MAM_31A	01 Family history of breast cancer
MAM_31B	02 Part of regular check-up / routine screening
MAM_31C	03 Age
MAM_31D	04 Previously detected lump
MAM_31E	05 Follow-up of breast cancer treatment
MAM_31F	06 On hormone replacement therapy
MAM_31G	07 Breast problem
MAM_31H	08 Other DK, RF

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MAM_Q32
MAM_032

When was the last time?

- | | | |
|---|----------------------------------|------------------|
| 1 | less than 6 months ago | (Go to MAM_C38A) |
| 2 | 6 months to less than 1 year ago | (Go to MAM_C38A) |
| 3 | 1 year to less than 2 years ago | (Go to MAM_C38A) |
| 4 | 2 years to less than 5 years ago | |
| 5 | 5 or more years ago | |
| | DK, RF | (Go to MAM_C38A) |

MAM_C36

If age < 50 or age > 69, go to MAM_C38A.
Otherwise, go to MAM_Q36.

MAM_Q36

What are the reasons you have not had one in the past 2 years?

INTERVIEWER: Mark all that apply.

MAM_36A

01 Have not gotten around to it

MAM_36B

02 Respondent - did not think it was necessary

MAM_36C

03 Doctor - did not think it was necessary

MAM_36D

04 Personal or family responsibilities

MAM_36E

05 Not available - at time required

MAM_36F

06 Not available - at all in the area

MAM_36G

07 Waiting time was too long

MAM_36H

08 Transportation - problems

MAM_36I

09 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 (Go to MAM_S36)

DK, RF

Go to MAM_C38A

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MAM_S36	<p>(What are the reasons you have not had one in the past 2 years?)</p> <p><u>INTERVIEWER:</u> Specify.</p> <hr/> <p>(80 spaces)</p> <p>DK, RF</p>
MAM_C38A	<p>If age < 18, go to MAM_END. Otherwise, go to MAM_C38B.</p>
MAM_C38B	<p>If PAP_Q026 = 13 or if HWT_Q1 = 1, go to MAM_END. Otherwise, go to MAM_Q38.</p>
MAM_Q38 MAM_Q38	<p>Have you had a hysterectomy (in other words, has your uterus been removed)?</p> <p>1 Yes 2 No DK, RF</p>
Processing:	<p><i>In processing, if a respondent answered HWT_Q1 = 1, the variable MAM_Q38 is given the value of 2. If a respondent answered PAP_Q026 = 13 and MAM_Q30 NE (DK, RF), the variable MAM_Q38 is given the value of 1.</i></p>
MAM_END	

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Breast examinations (BRX)

Optional content

Prince Edward Island, Saskatchewan, Nunavut

BRX_BEG

Optional Content (See Appendix 2)

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOBRX: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

BRX_C110A

If (DOBRX block = 1), go to BRX_C110B.

Otherwise, go to BRX_END.

BRX_C110B

If proxy interview or sex = male or age < 18, go to BRX_END.

Otherwise, go to BRX_C110C.

BRX_C110C

If (DOMAM=1)

, go to BRX_Q110.

Otherwise, go to BRX_R110.

BRX_R110

The following questions are about breast examinations.

INTERVIEWER: Press <1> to continue.

BRX_Q110

BRX_110

Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?

1 Yes

2 No

(Go to BRX_Q116)

DK, RF

(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, RF

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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

01 Have not gotten around to it

BRX_16B

02 Respondent - did not think it was necessary

BRX_16C

03 Doctor - did not think it was necessary

BRX_16D

04 Personal or family responsibilities

BRX_16E

05 Not available - at time required

BRX_16F

06 Not available - at all in the area

BRX_16G

07 Waiting time was too long

BRX_16H

08 Transportation - problems

BRX_16I

09 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, RF

BRX_END

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Breast self-examinations (BSX)

Optional content

Northwest Territories, Nunavut

BSX_BEG

Optional Content (See Appendix 2)

BSX_C120A

If (DOBSX block = 1), go to BSX_C120B.
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

BSX_120

(Now breast self examinations)

Have you ever examined your breasts for lumps (tumours, cysts)?

1 Yes

2 No

(Go to BSX_END)

DK, RF

(Go to BSX_END)

BSX_Q121

BSX_121

How often?

1 At least once a month

2 Once every 2 to 3 months

3 Less often than every 2 to 3 months

DK, RF

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

(Go to BSX_S122)

DK, RF

Go to BSX_END

BSX_S122

(How did you learn to do this?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

BSX_END

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Spirometry (SPI)

Theme content

SPI_BEG

SPI_C01A

If (DOSPI 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

SPI_01

Spirometry is a common lung function test that consists of blowing into a 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

SPI_02

When was the last time?

- | | |
|---|----------------------------------|
| 1 | Less than 6 months ago |
| 2 | 6 months to less than 1 year ago |
| 3 | 1 year to less than 3 years ago |
| 4 | 3 years to less than 5 years ago |
| 5 | 5 or more years ago |
| | DK, RF |

SPI_END

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Hormone replacement therapy (HRT)

Optional content

Prince Edward Island

HRT_BEG

HRT_C01A

If (DOHRT block = 1), go to HRT_C01B.
Otherwise, go to HRT_END.

HRT_C01B

If proxy interview, go to HRT_END.
Otherwise, go to HRT_C01C.

HRT_C01C

If (female and age > 30), go to HRT_R01.
Otherwise, go to HRT_END.

HRT_R01

Now some additional questions on women's health and the use of hormone medication.

INTERVIEWER: Press <1> to continue.

HRT_Q01

HRT_01

In the past 12 months, have you experienced any symptoms of menopause or ageing. These symptoms may include hot flashes, night sweats, or an irregularity or the stopping of your periods?

1 Yes

2 No

DK

RF

(Go to HRT_END)

HRT_Q02

HRT_02

In the past 12 months, did you take any form of Hormone Replacement Therapy for menopause symptoms or for conditions due to ageing?

1 Yes

2 No

DK, RF

(Go to HRT_Q07)

(Go to HRT_END)

HRT_Q03

HRT_03

Are you currently taking hormones?

1 Yes

2 No

DK, RF

HRT_D04

If HRT_Q03 = 1, DT_DODID = "do".
Otherwise, DT_DODID = "did".

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HRT_Q04

What type of hormones [do/did] you take?

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

HRT_Q04A

1 **Estrogen only (e.g.,
Premarin, Estrace, Vivelle)**

HRT_Q04B

2 **Progestin or progesterone
only (e.g., Provera,
Prometrium)**

HRT_Q04C

3 **Both estrogen and progestin
(e.g., Premplus, FemHRT,
Estalis)**

HRT_Q04D

4 Other - Specify (Go to HRT_S04)
DK, RF

Go to HRT_D05

HRT_S04

(What type of hormones [do/did] you take?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HRT_D05

DV_MINYEAR = YEAROFBIRTH + 30

HRT_Q05

When did you start this hormone therapy?

HRT_Q05

INTERVIEWER: Enter the year (minimum is ^MINYEAR; maximum is ^CURRENTYEAR).

|_| Year
(MIN: 0)
(MAX: 0)

DK, RF

HRT_E05

**Year must be between ^MINYEAR and ^CURRENTYEAR. Please return
and correct.**

Rule :

Trigger hard edit if HRT_Q05 < ^MINYEAR or HRT_Q05 > ^CURRENTYEAR.

HRT_D06

If HRT_Q03 = 1, DT_TAKE = "take".
Otherwise, DT_TAKE = "took".

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HRT_Q06

What are the reasons that you [take/took] these hormones?

INTERVIEWER: Mark all that apply.

HRT_06A

1 To treat - Menopausal symptoms (e.g., hot flashes, night sweats)

HRT_06B

2 To treat - Gynecological problems (e.g., irregular bleeding)

HRT_06C

3 To treat or prevent - Osteoporosis

HRT_06D

4 To prevent - Heart disease

HRT_06E

5 To treat - Reproductive problems

HRT_06F

6 To help with - Fatigue, mood or memory loss

HRT_06G

7 Other - Specify (Go to HRT_S06)

DK, RF

Go to HRT_C07

HRT_S06

(What are the reasons that you [take/took] these hormones?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HRT_C07

If HRT_Q03 = 1, go to HRT_C10.
Otherwise, go to HRT_Q09.

HRT_Q07

HRT_07

Have you ever taken any form of Hormone Replacement Therapy for menopause symptoms or for conditions due to ageing?

1 Yes

2 No

DK, RF

(Go to HRT_C10)

(Go to HRT_C10)

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HRT_Q08

What are the reasons that you took these hormones?

INTERVIEWER: Mark all that apply.

HRT_08A

1 To treat - Menopausal symptoms (e.g., hot flashes, night sweats)

HRT_08B

2 To treat - Gynecological problems (e.g., irregular bleeding)

HRT_08C

3 To treat or prevent - Osteoporosis

HRT_08D

4 To prevent - Heart disease

HRT_08E

5 To treat - Reproductive problems

HRT_08F

6 To help with - Fatigue, mood or memory loss

HRT_08G

7 Other - Specify (Go to HRT_S08)
DK, RF

Go to HRT_Q09

HRT_S08

(What are the reasons that you took these hormones?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HRT_Q09

What are the reasons that you stopped taking hormones?

INTERVIEWER: Mark all that apply.

HRT_09A

1 Worried / read about possible health risks

HRT_09B

2 Doctor recommended

HRT_09C

3 Menopausal symptoms improved

HRT_09D

4 Learned about alternative health products

HRT_09E

5 Diagnosed with health problem / condition

HRT_09F

6 Adverse reaction to medication

HRT_09G

7 Other - Specify (Go to HRT_S09)
DK, RF

Go to HRT_C10

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HRT_Q13

What did you do?

INTERVIEWER: Mark all that apply.

HRT_13A

1 Ate more foods rich in soy,
flax or calcium

HRT_13B

2 Ate more legumes (i.e.,
beans, peas)

HRT_13C

3 Avoided certain foods or
activities (e.g., spicy foods,
alcohol, hot tubs)

HRT_13D

4 Increased exercise

HRT_13E

5 Did relaxation exercises
(e.g., yoga, Tai Chi)

HRT_13F

6 Received massage therapy
treatments

HRT_13G

7 Other - Specify (Go to HRT_S13)
DK, RF

Go to HRT_END

HRT_S13

(What did you do?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HRT_END

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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_154A

01 Have not gotten around to it

PCU_154B

02 Respondent - did not think it was necessary

PCU_154C

03 Doctor - did not think it was necessary

PCU_154D

04 Personal or family responsibilities

PCU_154E

05 Not available - at time required

PCU_154F

06 Not available - at all in the area

PCU_154G

07 Waiting time was too long

PCU_154H

08 Transportation - problems

PCU_154I

09 Language - problem

PCU_154J

10 Cost

PCU_154K

11 Did not know where to go / uninformed

PCU_154L

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

PCU_154M

13 Unable to leave the house because of a health problem

PCU_154N

14 Other - Specify (Go to PCU_S154)
DK, RF

Go to PCU_END

PCU_S154

(What are the reasons that you have not had a general physical check-up in the past 3 years?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to PCU_END

PCU_Q155

PCU_155

During your last general physical check-up, did a health professional weigh you?

1 Yes

2 No

DK, RF

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PCU_Q156
PCU_156

(During your last general physical check-up,)

...did a health professional measure your height?

1 Yes
2 No
DK, RF

PCU_Q157
PCU_157

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

1 Yes
2 No
DK, RF

PCU_Q158
PCU_158

(During your last general physical check-up,)

**...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

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Prostate cancer screening (PSA)

Optional content

Nova Scotia, Northwest Territories, Ontario

PSA_BEG

Optional Content (See Appendix 2)

PSA_C1

If (DOPSA 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

DK

RF

(Go to PSA_Q174)

(Go to PSA_Q174)

(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, RF

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

(Go to PSA_S173)

DK, RF

Go to PSA_Q174

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PSA_S173

(Why did you have it?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

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, RF

(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, RF

PSA_END

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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 (Go to CCS_S183)
DK, RF

Go to CCS_Q184

CCS_S183

(Why did you have it?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

CCS_Q184

CCS_184

A colonoscopy or sigmoidoscopy is when a tube is inserted into the rectum to view the 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, RF (Go to CCS_END)

CCS_Q185

CCS_185

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, RF

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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 (Go to CCS_S186)
DK, RF

Go to CCS_C187

CCS_S186

(Why did you have it?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

CCS_C187

If CCS_Q180 = 1 (had a FOBT), go to CCS_Q187.
Otherwise, go to CCS_END.

CCS_Q187

CCS_187

Was the colonoscopy or sigmoidoscopy a follow-up of the results of an FOBT?

1 Yes

2 No

DK, RF

CCS_END

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Dental visits (DEN)

Optional content Newfoundland and Labrador, Manitoba, Alberta, Northwest Territories

DEN_BEG Optional Content (See Appendix 2)

DEN_C130A If (DODEN block = 1), go to DEN_C130B.
Otherwise, go to DEN_END.

DEN_C130B If proxy interview, go to DEN_END.
Otherwise, go to DEN_C130C.

DEN_C130C If CHP_Q14 = 1, go to DEN_Q130.
Otherwise, go to DEN_Q132.

DEN_Q130

DEN_130

(Now dental visits)

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

1 Yes (Go to DEN_END)

2 No

DK, RF (Go to DEN_END)

DEN_Q132

DEN_132

(Now dental visits)

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, RF (Go to DEN_END)

Processing: *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.

Rule : *Trigger soft edit if DEN_Q132 = 1 and CHP_Q14 = 2.*

DEN_C133 If DEN_Q132 = 1, go to DEN_END.
Otherwise, go to DEN_Q136.

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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

01 Have not gotten around to it

DEN_36B

02 Respondent - did not think it was necessary

DEN_36C

03 Doctor - did not think it was necessary

DEN_36D

04 Personal or family responsibilities

DEN_36E

05 Not available - at time required

DEN_36F

06 Not available - at all in the area

DEN_36G

07 Waiting time was too long

DEN_36H

08 Transportation - problems

DEN_36I

09 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, RF

DEN_END

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Oral health 2 (OH2)

Optional content

Manitoba

OH2_BEG

Optional Content (See Appendix 2)

OH2_C10A

If (DOOH2 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, RF (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, RF (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, RF

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, RF (Go to OH2_Q20)

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OH2_Q13 OH2_13	<p>(In the past 12 months,) were any teeth removed because of decay or gum disease?</p> <p>1 Yes 2 No DK, RF</p>
OH2_Q20 OH2_20	<p>Do you have one or more of your own teeth?</p> <p>1 Yes 2 No DK, RF</p>
OH2_C21	<p>If DEN_Q136 = 13, go to OH2_D22. Otherwise, go to OH2_Q21.</p>
OH2_Q21 OH2_21	<p>Do you wear dentures or false teeth?</p> <p>1 Yes 2 No DK, RF</p>
Processing:	<p><i>In processing, if a respondent answered DEN_Q136 = 13 and OH2_Q10 Not in (DK, RF), the variable OH2_Q21 is given the value of 1.</i></p>
OH2_R22	<p>Now we have some additional questions about oral health, that is the health of your teeth and mouth.</p> <p><u>INTERVIEWER</u>: Press <1> to continue.</p>
OH2_D22	<p>If OH2_Q21 = 1 or DEN_Q136 = 13, DT_TEETH = "teeth, mouth or dentures". Otherwise, DT_TEETH = "teeth or mouth".</p>
OH2_Q22 OH2_22	<p>Because of the condition of your [teeth, mouth or dentures/teeth or mouth], do you have difficulty pronouncing any words or speaking clearly?</p> <p>1 Yes 2 No DK, RF</p>
OH2_Q23 OH2_23	<p>In the past 12 months, how often have you avoided:</p> <p>...conversation or contact with other people, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?</p> <p><u>INTERVIEWER</u>: Read categories to respondent.</p> <p>1 Often 2 Sometimes 3 Rarely 4 Never DK, RF</p>

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OH2_Q24
OH2_24

(In the past 12 months, how often have you avoided:)

...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, RF

OH2_D25

If OH2_Q20=2, DT_MOUTH = "mouth".
Otherwise, DT_MOUTH = "teeth and mouth".

OH2_R25

Now some questions about the health of your [mouth/teeth and mouth] during the past month.

INTERVIEWER: Press <1> to continue.

OH2_C25

If OH2_Q20=2, go to OH2_Q25C.
Otherwise, go to OH2_Q25A.

OH2_Q25A
OH2_25A

In the past month, have you had:

...a toothache?

- 1 Yes
- 2 No

DK, RF

OH2_Q25B
OH2_25B

In the past month, were your teeth:

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

- 1 Yes
- 2 No

DK, RF

OH2_Q25C
OH2_25C

In the past month, have you had:

...pain in or around the jaw joints?

- 1 Yes
- 2 No

DK, RF

OH2_Q25D
OH2_25D

(In the past month, have you had:)

...other pain in the mouth or face?

- 1 Yes
- 2 No

DK, RF

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OH2_Q25E
OH2_25E

(In the past month, have you had:)

...bleeding gums?

- 1 Yes
- 2 No
- DK, RF

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, RF

OH2_Q25G
OH2_25G

(In the past month, have you had:)

...bad breath?

- 1 Yes
- 2 No
- DK, RF

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, RF

OH2_END

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Food choices (FDC)

Optional content

Nova Scotia, Northwest Territories, Prince Edward Island,
Saskatchewan, Alberta, British Columbia

FDC_BEG

Optional Content (See Appendix 2)

FDC_C1A

If (DOFDC 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 <1> 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, RF (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, RF

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, RF

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, RF

FDC_Q2A
FDC_2A

Do you choose certain foods because of:

the lower fat content?

1 Yes (or sometimes)
2 No
DK, RF

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FDC_Q2B
FDC_2B

(Do you choose certain foods because of:)

...the fibre content?

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

FDC_Q2C
FDC_2C

(Do you choose certain foods because of:)

...the calcium content?

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

FDC_Q3A
FDC_3A

Do you avoid certain foods because of:

...the fat content?

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

FDC_Q3B
FDC_3B

(Do you avoid certain foods because of:)

...the type of fat they contain?

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

FDC_Q3C
FDC_3C

(Do you avoid certain foods because of:)

...the salt content?

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

FDC_Q3D
FDC_3D

(Do you avoid certain foods because of:)

...the cholesterol content?

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

FDC_Q3E
FDC_3E

(Do you avoid certain foods because of:)

...the calorie content?

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

FDC_END

Dietary supplement use - Vitamins and minerals (DSU)

Yukon, Nunavut

Optional Content (See Appendix 2)

If (DODSU block = 1), go to DSU_C1B.
Otherwise, go to DSU_END.

If proxy interview, go to DSU_END.
Otherwise, go to DSU_Q1A.

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, RF                                (Go to DSU_END)

```

Did you take them at least once a week?

1	Yes	
2	No	(Go to DSU_Q1D)
DK, RF		(Go to DSU_END)

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

|_| Days
(MIN: 1)
(MAX: 7)

DK, RF

Go to DSU END

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

|_ |_ | Days
 (MIN: 1)
 (MAX: 21)

DK, RF

DSU_END

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Fruit and vegetable consumption (FVC)

Core content

FVC_BEG

Core content

FVC_C1A

If (DOFVC 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 <1> 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, RF | | (Go to FVC_END) |

FVC_N1B

FVC_1B

INTERVIEWER: Enter number of times per day.

|_|_| Times
(MIN: 1)
(MAX: 20)

DK, RF

Go to FVC_Q2A

FVC_N1C

FVC_1C

INTERVIEWER: Enter number of times per week.

|_|_| Times
(MIN: 1)
(MAX: 90)

DK, RF

Go to FVC_Q2A

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FVC_N1D
FVC_1D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to FVC_Q2A

FVC_N1E
FVC_1E

INTERVIEWER: Enter number of times per year.

|_|_| Times
(MIN: 1)
(MAX: 500)

DK, RF

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, RF | | (Go to FVC_Q3A) |

FVC_N2B
FVC_2B

INTERVIEWER: Enter number of times per day.

|_|_| Times
(MIN: 1)
(MAX: 20)

DK, RF

Go to FVC_Q3A

FVC_N2C
FVC_2C

INTERVIEWER: Enter number of times per week.

|_|_| Times
(MIN: 1)
(MAX: 90)

DK, RF

Go to FVC_Q3A

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FVC_N2D
FVC_2D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to FVC_Q3A

FVC_N2E
FVC_2E

INTERVIEWER: Enter number of times per year.

|_|_| Times
(MIN: 1)
(MAX: 500)

DK, RF

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, RF | | (Go to FVC_Q4A) |

FVC_N3B
FVC_3B

INTERVIEWER: Enter number of times per day.

|_|_| Times
(MIN: 1)
(MAX: 20)

DK, RF

Go to FVC_Q4A

FVC_N3C
FVC_3C

INTERVIEWER: Enter number of times per week.

|_|_| Times
(MIN: 1)
(MAX: 90)

DK, RF

Go to FVC_Q4A

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FVC_N3D
FVC_3D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to FVC_Q4A

FVC_N3E
FVC_3E

INTERVIEWER: Enter number of times per year.

|_|_|_| Times
(MIN: 1)
(MAX: 500)

DK, RF

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, RF | | (Go to FVC_Q5A) |

FVC_N4B
FVC_4B

INTERVIEWER: Enter number of times per day.

|_|_|_| Times
(MIN: 1)
(MAX: 20)

DK, RF

Go to FVC_Q5A

FVC_N4C
FVC_4C

INTERVIEWER: Enter number of times per week.

|_|_|_| Times
(MIN: 1)
(MAX: 90)

DK, RF

Go to FVC_Q5A

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FVC_N4D
FVC_4D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to FVC_Q5A

FVC_N4E
FVC_4E

INTERVIEWER: Enter number of times per year.

|_|_| Times
(MIN: 1)
(MAX: 500)

DK, RF

FVC_Q5A
FVC_5A

How often do you (usually) eat carrots?

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, RF | | (Go to FVC_Q6A) |

FVC_N5B
FVC_5B

INTERVIEWER: Enter number of times per day.

|_|_| Times
(MIN: 1)
(MAX: 20)

DK, RF

Go to FVC_Q6A

FVC_N5C
FVC_5C

INTERVIEWER: Enter number of times per week.

|_|_| Times
(MIN: 1)
(MAX: 90)

DK, RF

Go to FVC_Q6A

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FVC_N5D
FVC_5D

INTERVIEWER: Enter number of times per month.

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

DK, RF

Go to FVC_Q6A

FVC_N5E
FVC_5E

INTERVIEWER: Enter number of times per year.

|_|_|_| Times
(MIN: 1)
(MAX: 500)

DK, RF

FVC_Q6A
FVC_6A

Not counting carrots, potatoes, or salad, how many servings of other vegetables do you 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, RF | | (Go to FVC_END) |

FVC_N6B
FVC_6B

INTERVIEWER: Enter number of servings per day.

|_|_| Servings
(MIN: 1)
(MAX: 20)

DK, RF

Go to FVC_END

FVC_N6C
FVC_6C

INTERVIEWER: Enter number of servings per week.

|_|_| Servings
(MIN: 1)
(MAX: 90)

DK, RF

Go to FVC_END

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FVC_N6D

FVC_6D

INTERVIEWER: Enter number of servings per month.

|_|_|_| Servings

(MIN: 1)

(MAX: 200)

DK, RF

Go to FVC_END

FVC_N6E

FVC_6E

INTERVIEWER: Enter number of servings per year.

|_|_|_| Servings

(MIN: 1)

(MAX: 500)

DK, RF

FVC_END

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Physical activities (PAC)

Core content

PAC_BEG	Core content
PAC_C1A	If (DOPAC block = 1), go to PAC_C1B. Otherwise, go to PAC_END.
PAC_C1B	If proxy interview, go to PAC_END. Otherwise, go to PAC_R1.
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. <u>INTERVIEWER:</u> Press <1> to continue.
PAC_D1	DV_DATETHREEMONTHSAGO = CURRENTMONTH - 3
PAC_Q1	Have you done any of the following in the past 3 months, that is, from ^DATETHREEMONTHSAGO to yesterday? <u>INTERVIEWER:</u> Read categories to respondent. Mark all that apply.
PAC_1A	01 Walking for exercise
PAC_1B	02 Gardening or yard work
PAC_1C	03 Swimming
PAC_1D	04 Bicycling
PAC_1E	05 Popular or social dance
PAC_1F	06 Home exercises
PAC_1G	07 Ice hockey
PAC_1H	08 Ice skating
PAC_1I	09 In-line skating or rollerblading
PAC_1J	10 Jogging or running
PAC_1K	11 Golfing
PAC_1L	12 Exercise class or aerobics
PAC_1M	13 Downhill skiing or snowboarding
PAC_1N	14 Bowling
PAC_1O	15 Baseball or softball
PAC_1P	16 Tennis
PAC_1Q	17 Weight-training
PAC_1R	18 Fishing
PAC_1S	19 Volleyball
PAC_1T	20 Basketball
PAC_1Z	21 Soccer
PAC_1U	22 Any other
PAC_1V	23 No physical activity DK, RF
PAC_E1	You cannot select "No physical activity" and another category. Please return and correct.

Rule :

Trigger hard edit if "No physical activity" is chosen in PAC_Q1 with any other response.

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PAC_C1VA If PAC_Q1 = 23 only, go to PAC_R7.
Otherwise, go to PAC_C1VB.

PAC_C1VB If PAC_Q1 = 22, go to PAC_S1V.
Otherwise, go to PAC_Q2.

PAC_S1V **(What was this activity?)**

INTERVIEWER: Enter one activity only.

(80 spaces)

(DK, RF not allowed)

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_Q2)
DK, RF (Go to PAC_Q2)

PAC_S1X **(What was this activity?)**

INTERVIEWER: Enter one activity only.

(80 spaces)

DK, RF (Go to PAC_Q2)

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_Q2)
DK, RF (Go to PAC_Q2)

PAC_S1Y **(What was this activity?)**

INTERVIEWER: Enter one activity only.

(80 spaces)

DK, RF (Go to PAC_Q2)

Programmer: *For each activity identified in PAC_Q1, ask PAC_Q2 and PAC_Q3n.
When PAC_S1X or PAC_S1Y = DK, RF, their respective PAC_Q2 and PAC_Q3 will not
be asked.*

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PAC_D2N	<p>If PAC_Q1 = 01, DT_ACTIVITY = "Walking for exercise". If PAC_Q1 = 02, DT_ACTIVITY = "Gardening or yard work". If PAC_Q1 = 03, DT_ACTIVITY = "Swimming". If PAC_Q1 = 04, DT_ACTIVITY = "Bicycling". If PAC_Q1 = 05, DT_ACTIVITY = "Popular or social dance". If PAC_Q1 = 06, DT_ACTIVITY = "Home exercises". If PAC_Q1 = 07, DT_ACTIVITY = "Ice hockey". If PAC_Q1 = 08, DT_ACTIVITY = "Ice skating". If PAC_Q1 = 09, DT_ACTIVITY = "In-line skating or rollerblading". If PAC_Q1 = 10, DT_ACTIVITY = "Jogging or running". If PAC_Q1 = 11, DT_ACTIVITY = "Golfing". If PAC_Q1 = 12, DT_ACTIVITY = "Exercise class or aerobics". If PAC_Q1 = 13, DT_ACTIVITY = "Downhill skiing or snowboarding". If PAC_Q1 = 14, DT_ACTIVITY = "Bowling". If PAC_Q1 = 15, DT_ACTIVITY = "Baseball or softball". If PAC_Q1 = 16, DT_ACTIVITY = "Tennis". If PAC_Q1 = 17, DT_ACTIVITY = "Weight-training". If PAC_Q1 = 18, DT_ACTIVITY = "Fishing". If PAC_Q1 = 19, DT_ACTIVITY = "Volleyball". If PAC_Q1 = 20, DT_ACTIVITY = "Basketball". If PAC_Q1 = 21, DT_ACTIVITY = "Soccer". If PAC_Q1 = 22, DT_ACTIVITY = "Any other".</p>
PAC_Q2	<p>In the past 3 months, how many times did you participate in [Walking for exercise/Gardening or yard work/Swimming/Bicycling/Popular or social dance/Home exercises/Ice hockey/Ice skating/In-line skating or rollerblading/Jogging or running/Golfing/Exercise class or aerobics/Downhill skiing or snowboarding/Bowling/Baseball or softball/Tennis/Weight-training/Fishing/Volleyball/Basketball/Soccer/Any other]?</p> <p> _ _ _ Times (MIN: 1) (MAX: 300)</p> <p>DK, RF</p> <p>Help text: <i>If the response is DK, RF, go to next activity.</i></p> <p>Processing: <i>PAC_Q2 is asked many times, depending on the categories selected in PAC_Q1.</i></p> <p>Programmer: <i>This question is a follow up for PAQ_Q1. Therefore, it is linked to multiple external variables.</i></p> <p>PAC_E2N An unusual value has been entered. Please confirm. Rule : <i>Trigger soft edit if (PAC_Q1 = 02, or 03, or 05, or 06 or 07, or 08, or 09, or 10, or 11, or 12, or 13, or 14, or 15, or 16, or 17, or 18, or 19, or 20, or 21) and PAC_Q2 > 99.</i></p> <p>PAC_E2A An unusual value has been entered. Please confirm. Rule : <i>Trigger soft edit if PAC_Q1= 01 (walking) and PAC_Q2 > 270</i></p> <p>PAC_E2D An unusual value has been entered. Please confirm. Rule : <i>Trigger soft edit if PAC_Q1= 04 (bicycling) and PAC_Q2 > 200</i></p>

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PAC_E2Y	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if PAC_Q1= 22 (other) and PAC_Q2 > 200
PAC_Q3	About how much time did you spend on each occasion? 1 1 to 15 minutes 2 16 to 30 minutes 3 31 to 60 minutes 4 More than one hour DK, RF
Processing:	PAC_Q3 is asked many times, depending on the categories selected in PAC_Q1.
Programmer:	This question is a follow up for PAQ_Q1. Therefore, it is linked to multiple external variables.
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. <u>INTERVIEWER:</u> Press <1> to continue.
PAC_D7A	If PAC_Q2n > 0, where n = 1, X = PAC_Q2n, DT_TIMEWE = "Other than the (X) times you already reported walking for exercise was there any other time". Otherwise, DT_TIMEWE = "Was there any time".
PAC_Q7A 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_D8A) 3 Does not work or go to school (Go to PAC_END) DK, RF (Go to PAC_D8A)
PAC_Q7B PAC_7A	How many times? _ _ _ Times (MIN: 1) (MAX: 270) DK, RF (Go to PAC_D8A)
PAC_Q7C PAC_7B	About how much time did you spend on each occasion? <u>INTERVIEWER:</u> 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, RF

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PAC_D8A	If PAC_Q2 > 0, where n = 4, X = PAC_Q2, DT_TIMEBIKEE = "Other than the (X) times you already reported bicycling was there any other time". Otherwise, DT_TIMEBIKEE = "Was there any time".
PAC_Q8A PAC_8	[Other than the (X) times you already reported bicycling was there any other time/Was there any time] in the past 3 months when you bicycled to and from work or school? 1 Yes 2 No (Go to PAC_END) 3 Does not work or go to school (Go to PAC_END) DK, RF (Go to PAC_END)
Processing:	If PAC_Q7A = 3, PAC_Q8A will be filled with "Does not work or go to school" in processing (PAC_Q8A = 3).
PAC_Q8B PAC_8A	How many times? _ _ _ Times (MIN: 1) (MAX: 200) DK, RF (Go to PAC_END)
PAC_Q8C PAC_8B	About how much time did you spend on each occasion? <u>INTERVIEWER:</u> 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, RF
PAC_END	

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Physical activity - Stages of change (SCP)

Optional content

Newfoundland and Labrador, Quebec, British Columbia, Northwest Territories, Nova Scotia

SCP_BEG

Content block

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOSCP: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

SCP_C1A

If DOSCP block = 1, go to SCP_C1B.

Otherwise, go to SCP_END.

SCP_C1B

If proxy interview, go to SCP_END.

Otherwise, go to SCP_C1C.

SCP_C1C

If HWT_Q1 = 1, go to SCP_END.

Otherwise, go to SCP_Q01.

SCP_Q01

SCP_01

Thinking about the level of physical activity you do every week, do you consider yourself to be...?

INTERVIEWER: Read categories to respondent.

1 **Very physically active**

2 **Moderately physically active**

3 **A bit physically active**

4 **Not at all physically active**

DK, RF

(Go to SCP_END)

SCP_C02

If SCP_Q01=1 or SCP_Q01=2, go to SCP_Q02.

Otherwise, go to SCP_Q03.

SCP_Q02

SCP_02

Did you increase your physical activity level in the last 6 months?

1 Yes

2 No

DK, RF

SCP_C03

If SCP_Q01 = 1 or SCP_Q01 = 2, go to SCP_END.

Otherwise, go to SCP_Q03.

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SCP_Q03
SCP_03

Do you intend to increase your physical activity level in the next 30 days?

- | | | |
|--------|-----|-----------------|
| 1 | Yes | (Go to SCP_END) |
| 2 | No | |
| DK, RF | | (Go to SCP_END) |

SCP_Q04
SCP_04

Do you intend to increase your physical activity level in the next 6 months?

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

SCP_END

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Sedentary activities (SAC)

Theme content

SAC_BEG	Optional Content (See Appendix 2)
SAC_C1A	If (DOSAC block = 1), go to SAC_C1B. 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 <u>not</u> at work or at school. <u>INTERVIEWER</u> : Press <1> to continue.
SAC_Q1 SAC_1	In a <u>typical week</u> in the past 3 months, how many hours did you usually spend: ...on a computer, including playing computer games and using the Internet? <u>INTERVIEWER</u> : Include time spent doing homework on a computer. Do not include time spent at work or at school. Round to the upper nearest hour. _ _ Hours (MIN: 0) (MAX: 70) DK, RF (Go to SAC_END)
SAC_E1	An unusual value has been entered. Please confirm.
Rule :	Trigger hard edit if SAC_Q1 > 35.
SAC_Q2 SAC_2	(In a <u>typical week</u>, in the past 3 months, how many hours did you usually spend:) ...playing video games on a game console or on a hand-held electronic device? <u>INTERVIEWER</u> : Exclude time spent playing video games on a computer. Game console includes i.e. XBOX, Nintendo and Playstation. Round to the upper nearest hour. _ _ Hours (MIN: 0) (MAX: 70) DK, RF
SAC_E2A	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if SAC_Q2 > 35.

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SAC_E2B	An impossible value has been entered. Please return and correct.
Rule :	Trigger hard edit if SAC_Q1 + SAC_Q2 > 98.
SAC_Q3 SAC_3	(In a <u>typical week</u> in the past 3 months, how many hours did you usually spend:) ...watching television or videos? <u>INTERVIEWER</u> : Round to the upper nearest hour. _ _ Hours (MIN: 0) (MAX: 70) DK, RF
SAC_E3A	An unusual value has been entered. Please confirm.
Rule :	Trigger hard edit if SAC_Q3 > 35.
SAC_E3B	An impossible value has been entered. Please return and correct.
Rule :	Trigger hard edit if SAC_Q1 + SAC_Q2 + SAC_Q3 > 98.
SAC_Q4 SAC_4	(In a <u>typical week</u>, in the past 3 months, how many hours did you usually spend:) ...reading, <u>not</u> counting at work or at school? <u>INTERVIEWER</u> : Include books, ebooks, magazines, newspapers, homework. Round to the upper nearest hour. _ _ Hours (MIN: 0) (MAX: 70) DK, RF
SAC_E4A	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if SAC_Q4 > 35.
SAC_E4B	An impossible value has been entered. Please return and correct.
Rule :	Trigger hard edit if SAC_Q1 + SAC_Q2 + SAC_Q3 + SAC_Q4 > 98.
SAC_END	

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Use of protective equipment (UPE)

Optional content

Newfoundland and Labrador, Prince Edward Island, Ontario, Alberta, Yukon

UPE_BEG

Theme content

External variable required: PAC_Q1, PAC_Q8A

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOUPE: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

UPE_C10A

If (DOUPE block = 1), go to UPE_C10B.

Otherwise, go to UPE_END.

UPE_C10B

If proxy interview, go to UPE_END.

Otherwise, go to UPE_C10C.

UPE_C10C

If PAC_Q1 = 4 (bicycling for leisure) or PAC_Q1 = 7 (ice hockey) or PAC_Q1 = 9 (in-line skating or rollerblading) or PAC_Q1 = 13 (downhill skiing or snowboarding) or (PAC_Q8A = 1 (bicycling to work or school)), go to UPE_R10.

Otherwise, go to UPE_C10D.

UPE_R10

Now a few questions about precautions you take while participating in some physical activities.

INTERVIEWER: Press <1> to continue.

UPE_C10D

If PAC_Q1 = 4 (bicycling for leisure) or (PAC_Q8A = 1 (bicycling to work or school)), go to UPE_Q1B.

Otherwise, go to UPE_Q1A.

UPE_Q1A

UPE_Q1A

In the past 12 months, have you done any bicycling?

1 Yes

2 No

(Go to UPE_C2A)

DK

(Go to UPE_C2A)

RF

(Go to UPE_END)

**Canadian Community Health Survey - Annual Component (CCHS)
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UPE_Q1B
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, RF

UPE_C2A

If PAC_Q1 = 9 (in-line skating or rollerblading), go to UPE_Q2B.
Otherwise, go to UPE_Q2A.

UPE_Q2A
UPE_02

In the past 12 months, have you done any in-line skating or rollerblading?

- 1 Yes
 - 2 No (Go to UPE_C3A)
- DK, RF (Go to UPE_C3A)

UPE_Q2B
UPE_02A

When in-line skating or rollerblading, how often do you wear a helmet?

INTERVIEWER: Read categories to respondent.

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

DK, RF

UPE_Q2C
UPE_02B

How often do you wear wrist guards or wrist protectors?

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

DK, RF

UPE_Q2D
UPE_02C

How often do you wear elbow pads?

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

DK, RF

UPE_Q2E
UPE_02D

How often do you wear knee pads?

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

DK, RF

UPE_C3A

If PAC_Q1 = 13 (downhill skiing or snowboarding), go to UPE_Q3A.
Otherwise, go to UPE_Q3B.

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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, RF | | (Go to UPE_C6A) |

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_C6A) |
| DK, RF | | (Go to UPE_C6A) |

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, RF | |

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_C6A.

UPE_Q5A
UPE_05A

When snowboarding, how often do you wear a helmet?

INTERVIEWER: Read categories to respondent.

- | | |
|--------|-------------------------|
| 1 | Always |
| 2 | Most of the time |
| 3 | Rarely |
| 4 | Never |
| DK, RF | |

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, RF | |

UPE_C6A

If age >= 12 or <= 19, go to UPE_Q6A.
Otherwise, go to UPE_C7A.

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UPE_Q6A
UPE_06

In the past 12 months, have you done any skateboarding?

- 1 Yes
- 2 No (Go to UPE_C7A)
- DK, RF (Go to UPE_C7A)

UPE_Q6B
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, RF

UPE_Q6C
UPE_06B

How often do you wear wrist guards or wrist protectors?

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- DK, RF

UPE_Q6D
UPE_06C

How often do you wear elbow pads?

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- DK, RF

UPE_C7A

If PAC Q1=7 (ice hockey), go to UPE_Q7B.
Otherwise, go to UPE_Q7A.

UPE_Q7A
UPE_07

In the past 12 months, have you played any ice hockey?

- 1 Yes
- 2 No (Go to UPE_END)
- DK, RF (Go to UPE_END)

UPE_Q7B
UPE_07A

When playing ice hockey, how often do you wear a mouth guard?

INTERVIEWER: Read categories to respondent.

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

UPE_END

Canadian Community Health Survey - Annual Component (CCHS) 2012 / Main / Content

Sun safety behaviours (SSB)

Optional content

New Brunswick

SSB_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOSSB: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

SSB_C1A

If (DOSSB block = 1), go to SSB_C1B.

Otherwise, go to SSB_END.

SSB_C1B

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 <1> to continue.

SSB_Q01

SSB_01

In the past 12 months, has any part of your body been sunburnt?

1 Yes

2 No

DK, RF

(Go to SSB_R06)

(Go to SSB_END)

SSB_Q02

SSB_02

Did any of your sunburns involve blistering?

1 Yes

2 No

DK, RF

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, RF

SSB_R06

For the next questions, think about a typical weekend, or day off from work or school in the summer months.

INTERVIEWER: Press <1> to continue.

**Canadian Community Health Survey - Annual Component (CCHS)
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SSB_Q06
SSB_06

About how much time each day do you spend in the sun between 11 am and 4 pm?

- 01 None (Go to SSB_Q13)
- 02 Less than 30 minutes (Go to SSB_Q13)
- 03 30 to 59 minutes
- 04 1 hour to less than 2 hours
- 05 2 hours to less than 3 hours
- 06 3 hours to less than 4 hours
- 07 4 hours to less than 5 hours
- 08 5 hours
- DK, RF (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, RF

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, RF

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, RF

**Canadian Community Health Survey - Annual Component (CCHS)
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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, RF (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, RF

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, RF (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, RF

SSB_Q13
SSB_13

Do you have skin cancer?

- 1 Yes
- 2 No
- DK, RF (Go to SSB_END)

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.

Rule :

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.

**Canadian Community Health Survey - Annual Component (CCHS)
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SSB_Q14
SSB_14

Have you ever been diagnosed with skin cancer?

- 1 Yes
- 2 No (Go to SSB_END)
- DK, RF (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.

Rule :

Trigger soft edit if SSB_Q14 = 1 and CCC_Q132 = 2.

SSB_D15

If SSB_Q13 = 1 (Yes), DT_DODID = "do".
Otherwise, DT_DODID = "did".

SSB_Q15
SSB_15

What type of skin cancer [do/did] you have?

- 1 Melanoma
- 2 Non-melanoma
- DK, RF

SSB_END

Canadian Community Health Survey - Annual Component (CCHS) 2012 / Main / Content

Injuries (INJ)

Optional content

Alberta, Northwest Territories

INJ_BEG

Theme content

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOINJ: do block flag, from the sample file.

CHP_Q01 :TYesNo, DK RF (In the past 12 months,been a patient overnight in a hospital, nursing home or convalescent home?)

REP_Q1 :TYesNo, DK RF (In the past 12 months, did YOU have any injuries due to repetitive strain?)

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

INJ_C01

If (DOINJ block = 1), go to INJ_B01.

Otherwise, go to INJ_END.

INJ_B01

Call "Repetitive strain" sub block (REP)

Content type:

Number of injuries and details of most serious injury

INJ_D01A

If REP_Q1 = 1 (Yes), DT_OTHINJ = "other".

Otherwise, DT_OTHINJ = "null".

INJ_D01B

Not Applicable

INJ_D01C

If REP_Q1 = 1 (Yes), DT_INJURIES1 = "Not counting repetitive strain injuries or food poisoning,".

Otherwise, DT_INJURIES1 = "Not counting food poisoning,".

INJ_D01D

DV_DATEONEYEARAGOAGO = CURRENTDATE - 1

Programmer:

DATEONEYEARAGOAGO = CURRENTDATE - 1

INJ_R01

Now some questions about [other/null] injuries which occurred in the past 12 months, and were serious enough to limit ^YOUR2 normal activities the day after the injury occurred. For example, a broken bone, a bad cut, a burn or a sprain.

INTERVIEWER: Press <1> to continue.

INJ_Q01

INJ_01

[Not counting repetitive strain injuries or food poisoning,/Not counting food poisoning,] in the past 12 months, that is, from ^DATEONEYEARAGO to yesterday, ^WERE ^YOU1 injured?

1 Yes

2 No

DK, RF

(Go to INJ_Q16)

(Go to INJ_END)

**Canadian Community Health Survey - Annual Component (CCHS)
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INJ_Q02

INJ_02

How many times ^WERE ^YOU1 injured?

|_|_| Times

(MIN: 1)

(MAX: 30)

DK, RF

(Go to INJ_END)

INJ_E02

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if INJ_Q02 > 6

INJ_D03

If INJ_Q02 = 1 (one injury), DT_INJURIES2 = "In which".
Otherwise, DT_INJURIES2 = "Thinking about the most serious injury, in which".

INJ_Q03

INJ_03

[In which/Thinking about the most serious injury, in which] month did it happen?

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

DK, RF

(Go to INJ_Q05)

INJ_C04

If INJ_Q03 = ^CURRENTMONTH, go to INJ_Q04.
Otherwise, go to INJ_Q05.

INJ_Q04

INJ_04

Was that this year or last year?

1 This year

2 Last year

DK, RF

**Canadian Community Health Survey - Annual Component (CCHS)
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INJ_Q05
INJ_05

What type of injury did ^YOU1 have? For example, a broken bone or burn.

- 01 Multiple serious injuries
(excluding multiple minor injuries)
 - 02 Broken or fractured bones
 - 03 Burn, scald, chemical burn
 - 04 Dislocation
 - 05 Sprain or strain (including torn ligaments and muscles)
 - 06 Cut, puncture, animal or human bite (open wound)
 - 07 Scrape(s), bruise(s), blister(s)
(including multiple minor injuries)
 - 08 Concussion or other brain injury (Go to INJ_Q08)
 - 09 Poisoning (excluding food poisoning, poison ivy, other contact dermatitis, and allergies) (Go to INJ_Q08)
 - 10 Injury to internal organs (Go to INJ_Q07)
 - 11 Other - Specify (Go to INJ_S05)
- DK, RF

Go to INJ_Q06

INJ_S05

(What type of injury did ^YOU1 have? For example, a broken bone or burn.)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

**Canadian Community Health Survey - Annual Component (CCHS)
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INJ_Q06

INJ_06

What part of the body was injured?

- 01 Multiple sites
- 02 Eyes (excluding fracture of facial bones around the eye)
- 03 Head (including facial bones)
- 04 Neck
- 05 Shoulder, upper arm
- 06 Elbow, lower arm
- 07 Wrist
- 08 Hand
- 09 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, RF

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 (Go to INJ_S07)
- DK, RF

Go to INJ_Q08

INJ_S07

(What part of the body was injured?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

**Canadian Community Health Survey - Annual Component (CCHS)
2012 / Main / Content**

INJ_Q08

INJ_08

Where ^WERE ^YOU1 when ^YOU1 ^WERE injured?

For example, someone's house, an office building, construction site.

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

- 01 In a home or its surrounding area (including respondent's home or other homes)
 - 02 Residential institution
 - 03 School, college, university (exclude sports areas)
 - 04 Sports or athletics area of school, college, university
 - 05 Other sports or athletics area (exclude school sports areas)
 - 06 Other institution (e.g., church, hospital, theatre, civic building)
 - 07 Street, highway, sidewalk
 - 08 Commercial area (e.g., store, restaurant, office building, transport terminal)
 - 09 Industrial or construction area
 - 10 Farm (exclude farmhouse and its surrounding area)
 - 11 Countryside, forest, lake, ocean, mountains, prairie, etc.
 - 12 Other - Specify (Go to INJ_S08)
- DK, RF

Go to INJ_Q09

INJ_S08

(Where ^WERE ^YOU1 when ^YOU1 ^WERE injured?

For example, someone's house, an office building, construction site.)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

**Canadian Community Health Survey - Annual Component (CCHS)
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INJ_Q09
INJ_09

What ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?

- 01 Sports or physical exercise
(including school activities,
and running)
 - 02 Leisure or hobby (including
volunteering)
 - 03 Working at a job or business
(excluding travel to and
from work)
 - 04 Household chores, outdoor
yard maintenance, home
renovations or
other unpaid work
 - 05 Sleeping, eating, personal
care
 - 06 Going up and down stairs
 - 07 Driver or passenger in/on
road motor vehicle
(including motorcycles,
trucks)
 - 08 Driver or passenger in/on
off-road motor vehicle
(including boat, ATV,
snowmobile)
 - 09 Walking
 - 10 Other - Specify (Go to INJ_S09)
- DK, RF

Go to INJ_C09

INJ_S09

(What ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

INJ_C09

If INJ_Q09 = 3, and (14 < age < 75), go to INJ_B10.
Otherwise, go to INJ_C10.

INJ_B10

Call "Workplace Injuries" Sub Block (INW)

INJ_C10

If INJ_Q05 = 9 (poisoning), go to INJ_Q13.
Otherwise, go to INJ_Q10.

INJ_Q10
INJ_10

Was the injury the result of a fall?

INTERVIEWER: Exclude transportation accidents and any falls that
involve another person (e.g. collision, contact in sports, fight).

- 1 Yes
 - 2 No (Go to INJ_Q12A)
- DK, RF (Go to INJ_Q12A)

**Canadian Community Health Survey - Annual Component (CCHS)
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INJ_Q11
INJ_11A

How did ^YOU1 fall?

- 01 While skating, skiing or snowboarding
 - 02 While engaged in other sport or physical exercise (including school activities and running)
 - 03 Going up or down stairs / steps (icy or not)
 - 04 Slip, trip, stumble or loss balance while walking on ice or snow
 - 05 Slip, trip or stumble or loss balance while walking on any other surface
 - 06 From furniture or while rising from furniture (e.g., bed, chair)
 - 07 From elevated position (e.g., ladder, tree, scaffolding)
 - 08 Due to health problems (e.g., faint, weakness, dizziness, hip/knee gave out, seizure)
 - 09 Other - Specify (Go to INJ_S11)
- DK, RF

Go to INJ_Q12B

INJ_S11

(How did ^YOU1 fall?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to INJ_Q12B

**Canadian Community Health Survey - Annual Component (CCHS)
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INJ_Q12A

INJ_12

What caused the injury?

- 01 Transportation accident
 - 02 Accidentally bumped, pushed, bitten, etc. by person or animal
 - 03 Accidentally struck or crushed by object(s)
 - 04 Accidental contact with sharp object, tool or machine
 - 05 Smoke, fire, flames
 - 06 Accidental contact with hot object, liquid or gas
 - 07 Extreme weather or natural disaster
 - 08 Overexertion or strenuous movement
 - 09 Physical assault
 - 10 Other - Specify (Go to INJ_S12A)
- DK, RF

Go to INJ_Q12B

INJ_S12A

(What caused the injury?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

INJ_Q12B

INJ_12A

At what time of day did ^YOUR1 injury occur?

- 1 Morning (06:00-11:59)
 - 2 Afternoon (12:00-17:59)
 - 3 Evening (18:00-23:59)
 - 4 Night (00:00-05:59)
- DK, RF

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_Q15B)
- DK, RF (Go to INJ_Q15B)

**Canadian Community Health Survey - Annual Component (CCHS)
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INJ_Q14

Where did ^YOU1 receive treatment in the 48 hours?

INTERVIEWER: Mark all that apply.

INJ_14A

01 Doctor's office

INJ_14B

02 Hospital emergency room

INJ_14C

03 Hospital outpatient clinic
(e.g. day surgery, cancer)

INJ_14L

04 Other clinic (e.g. walk-in,
appointment, sports)

INJ_14M

05 Physiotherapist or massage
therapist's office

INJ_14F

06 Community health centre /
CLSC

INJ_14N

07 Chiropractor's office

INJ_14O

08 Where the injury
happened/on-site
(workplace, school, sports
field,
hotel, ski hill)

INJ_14K

09 Other
DK, RF

INJ_Q15A

^WERE_C ^YOU1 admitted to a hospital overnight?

INJ_15

1 Yes

2 No

DK, RF

INJ_E15A

Inconsistent answers have been entered. Please confirm.

Rule :

Trigger soft edit if INJ_Q15A = 1 and CHP_Q01 = 2 (No)

INJ_Q15B

At the present time, ^ARE ^YOU1 getting follow-up care from a health professional because of this injury?

INJ_15A

1 Yes

2 No

DK, RF

INJ_Q16

In the past 12 months, did ^YOU2 have any other injuries that were treated by a health professional, but did not limit ^YOUR1 normal activities?

INJ_16

1 Yes

2 No

DK, RF

(Go to INJ_END)

(Go to INJ_END)

INJ_Q17

How many injuries?

INJ_17

|_|_| Injuries

(MIN: 1)

(MAX: 30)

DK, RF

Canadian Community Health Survey - Annual Component (CCHS) 2012 / Main / Content

INJ_E17

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if INJ_Q17 > 6

INJ_END

**Canadian Community Health Survey - Annual Component (CCHS)
2012 / Main / Content**

Repetitive strain - Sub Block (REP)

Optional content

Alberta, Northwest Territories

REP_BEG

Theme content

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOINJ: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

REP_R1

This next section deals with repetitive strain injuries. By this we mean injuries to muscles, tendons or nerves caused by overuse or repeating the same movement over an extended period. For example, carpal tunnel syndrome, tennis elbow or tendonitis.

INTERVIEWER: Press <1> to continue.

REP_Q1
REP_1A

In the past 12 months, did ^YOU2 have any injuries due to repetitive strain?

1 Yes

2 No

DK, RF

(Go to REP_END)

(Go to REP_END)

REP_Q2
REP_2

Were these injuries serious enough to limit ^YOUR1 normal activities?

1 Yes

2 No

DK, RF

(Go to REP_END)

(Go to REP_END)

**Canadian Community Health Survey - Annual Component (CCHS)
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REP_Q3A
REP_3

Thinking about the most serious repetitive strain, what part of the body was affected?

- 01 Head
- 02 Neck
- 03 Shoulder, upper arm
- 04 Elbow, lower arm
- 05 Wrist
- 06 Hand
- 07 Hip
- 08 Thigh
- 09 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, RF

REP_D3A

Not Applicable

REP_Q3B
REP_3A

^DOVERB_C ^YOU1 know what type of activity caused this repetitive strain injury?

- 1 Yes
- 2 No (Go to REP_END)
- DK, RF (Go to REP_END)

REP_Q4
REP_4

Was the activity something ^YOU1 did while working at a job or business (excluding travel to or from work)?

- 1 Yes
- 2 No
- DK, RF

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REP_Q5

What type of activity was this?

INTERVIEWER: Mark all that apply.

REP_5A
REP_5B

01 Walking
02 Sports or physical exercise
(including school activities
and running)

REP_5C

03 Leisure or hobby (include
volunteering)

REP_5D

04 Household chores, outdoor
yard maintenance,
home renovations or other
unpaid work

REP_5F
REP_5G
REP_5H

05 Computer use or typing
06 Driving a motor vehicle
07 Lifting or carrying an object
or person

REP_5I

08 Other - Specify (Go to REP_S5)
DK, RF

Go to REP_END

REP_S5

(What type of activity was this?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

REP_END

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Satisfaction with life (SWL)

Optional content

Alberta, British Columbia

SWL_BEG

Optional Content (See Appendix 2)

SWL_C1

If (DOSWL 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 <1> 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

RF

(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, RF

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, RF

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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, RF

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, RF

SWL_Q07
SWL_07

How satisfied are you with your relationships with family members?

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

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, RF

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, RF

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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, RF

SWL_END

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Stress - Sources (STS)

Optional content

Quebec, Yukon

STS_BEG

Optional Content (See Appendix 2)

STS_C1

If (DOSTS 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 <1> 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, RF

(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, RF

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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.

- 01 Time pressures / not enough time
 - 02 Own physical health problem or condition
 - 03 Own emotional or mental health problem or condition
 - 04 Financial situation (e.g., not enough money, debt)
 - 05 Own work situation (e.g., hours of work, working conditions)
 - 06 School
 - 07 Employment status (e.g., unemployment)
 - 08 Caring for - own children
 - 09 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 (Go to STS_S3)
 - 16 Nothing
- DK, RF

Go to STS_END

STS_S3

(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: Specify.

(80 spaces)

DK, RF

STS_END

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Stress - Recent life events (RLE)

Optional content

Nova Scotia, Yukon

RLE_BEG

RLE_C201A

If (DORLE block = 1), go to RLE_C201B.
Otherwise, go to RLE_END.

RLE_C201B

If proxy interview or age < 18, go to RLE_END.
Otherwise, go to RLE_C201C.

RLE_C201C

If (DOOGP 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 <1> 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 <1> 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

RF

(Go to RLE_END)

RLE_D202

If sex = female, DT_YOUSOMEONE = "you or someone".
Otherwise, DT_YOUSOMEONE = "someone".

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 [you or someone/someone] in your family, have an unwanted pregnancy?

1 Yes

2 No

DK, RF

RLE_D203

Not Applicable

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RLE_Q203 RLE_203	<p>(In the past 12 months,) did [you or someone/someone] in your family have an abortion or miscarriage?</p> <p>1 Yes 2 No DK, RF</p>
RLE_Q204 RLE_204	<p>(In the past 12 months,) did you or someone in your family have a major financial crisis?</p> <p>1 Yes 2 No DK, RF</p>
RLE_Q205 RLE_205	<p>(In the past 12 months,) did you or someone in your family fail school or a training program?</p> <p>1 Yes 2 No DK, RF</p>
RLE_D206A	<p>If marital status = married or living common-law, DT_YOURSPOUSE = "yourself and your spouse or partner". Otherwise, DT_YOURSPOUSE = "yourself".</p>
RLE_D206B	<p>If marital status = married or living common-law, DT_YOURPARTNER = "you or your partner". Otherwise, DT_YOURPARTNER = "you".</p>
RLE_Q206 RLE_206	<p>Now I'd like you to think just about [yourself and your spouse or partner/yourself].</p> <p>In the past 12 months, did [you or your partner/you] experience a change of job for a worse one?</p> <p>1 Yes 2 No DK, RF</p>
RLE_D207	<p>If marital status = married or living common-law, DT_EITHERYOU = "either of you". Otherwise, DT_EITHERYOU = "you".</p>
RLE_Q207 RLE_207	<p>(In the past 12 months,) were [you or your partner/you] demoted at work or did [either of you/you] take a cut in pay?</p> <p>1 Yes 2 No DK, RF</p>
RLE_C208	<p>If marital status = married or living common-law, go to RLE_Q208. Otherwise, go to RLE_Q209.</p>

RLE_Q208 RLE_208	<p>(In the past 12 months,) did you have increased arguments with your partner?</p> <p>1 Yes</p> <p>2 No</p> <p>DK, RF</p>
RLE_D209	<p>If marital status = married or living common-law, DT_PERSONALLY = "Now, just you personally, did".</p> <p>Otherwise, DT_PERSONALLY = "Did".</p>
RLE_Q209 RLE_209	<p>[Now, just you personally, did/Did] you receive welfare anytime in the past 12 months?</p> <p>1 Yes</p> <p>2 No</p> <p>DK, RF</p>
RLE_C210	<p>If OGP_Q109 = 1 (has children), go to RLE_Q211.</p> <p>Otherwise, go to RLE_C210A.</p>
RLE_C210A	<p>If (DOOGP block = 2), go to RLE_Q210.</p> <p>Otherwise, go to RLE_END.</p>
RLE_Q210 RLE_210	<p>Do you have any children?</p> <p>1 Yes</p> <p>2 No</p> <p>DK, RF</p> <p>(Go to RLE_END)</p> <p>(Go to RLE_END)</p>
RLE_Q211 RLE_211	<p>In the past 12 months, did you have a child move back into the house?</p> <p>1 Yes</p> <p>2 No</p> <p>DK, RF</p>
RLE_END	

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Stress - Childhood and adult stressors (CST)

Optional content

British Columbia

CST_BEG

CST_C1

If (DOCST 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 <1> to continue.

CST_Q1

CST_1

Did you spend 2 weeks or more in the hospital?

1 Yes

2 No

DK

RF

(Go to CST_END)

CST_Q2

CST_2

Did your parents get a divorce?

1 Yes

2 No

DK, RF

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, RF

CST_Q4

CST_4

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

1 Yes

2 No

DK, RF

CST_Q5

CST_5

Were you sent away from home because you did something wrong?

1 Yes

2 No

DK, RF

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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, RF

CST_Q7
CST_7

Were you ever physically abused by someone close to you?

1 Yes
2 No
DK, RF

CST_END

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Self-esteem (SFE)

Optional content

Nunavut, Quebec

SFE_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the SFE block.

FNAME: first name of respondent from household block.

DOSFE: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

SFE_C500A

If (DOSFE block = 1), go to SFE_C500B.

Otherwise, go to SFE_END.

SFE_C500B

If proxy interview, go to SFE_END.

Otherwise, go to SFE_R500.

SFE_R500

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 <1> to continue.

SFE_Q501

SFE_501

You feel that you have a number of good qualities.

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

DK

RF

(Go to SFE_END)

SFE_Q502

SFE_502

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

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

DK, RF

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SFE_Q503
SFE_503

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

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

SFE_Q504
SFE_504

You take a positive attitude toward yourself.

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

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, RF

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, RF

SFE_END

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Mastery (MAS)

Optional content

New Brunswick

MAS_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOMAS: do block flag, from the sample file.

DOSFE: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

MAS_C600A

If (DOMAS block = 1), go to MAS_C600B.
Otherwise, go to MAS_END.

MAS_C600B

If proxy interview, go to MAS_END.
Otherwise, go to MAS_C600C.

MAS_C600C

If (DOSFE block = 1), go to MAS_Q601.
Otherwise, go to MAS_R601.

MAS_R601

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 <1> to continue.

MAS_Q601

MAS_601

You have little control over the things that happen to you.

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

DK

RF

(Go to MAS_END)

MAS_Q602

MAS_602

There is really no way you can solve some of the problems you have.

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

DK, RF

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MAS_Q603
MAS_603

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

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

MAS_Q604
MAS_604

You often feel helpless in dealing with problems of life.

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

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, RF

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, RF

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, RF

MAS_END

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SMK_Q202
SMK_202

At the present time, ^DOVERB ^YOU2 smoke cigarettes daily, occasionally or not at all?

- 1 Daily
- 2 Occasionally (Go to SMK_Q205B)
- 3 Not at all (Go to SMK_C205D)
- DK, RF (Go to SMK_END)

Universe:

Daily smoker (current)

SMK_Q203
SMK_203

At what age did ^YOU1 begin to smoke cigarettes daily?

INTERVIEWER: Minimum is 5; maximum is ^CURRENTAGE.

|_|_| Age in years
(MIN: 5)
(MAX: 121)

DK, RF

SMK_E203A

The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.

Rule :

Trigger hard edit if SMK_Q203 > CURRENTAGE.

SMK_E203B

The respondent has indicated that they began smoking cigarettes daily at a younger age than when they smoked their first whole cigarette. Please confirm.

Rule :

Trigger soft edit if SMK_Q201C > SMK_Q203.

SMK_Q204
SMK_204

How many cigarettes ^DOVERB ^YOU1 smoke each day now?

|_|_| Cigarettes
(MIN: 1)
(MAX: 99)

DK, RF

Go to SMK_END

SMK_E204

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if SMK_Q204 > 60

Universe:

Occasional smoker (current)

SMK_Q205B
SMK_05B

On the days that ^YOU2 ^DOVERB smoke, how many cigarettes ^DOVERB ^YOU1 usually smoke?

|_|_| Cigarettes
(MIN: 1)
(MAX: 99)

DK, RF

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SMK_E205B	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if SMK_Q205B > 60.
SMK_Q205C SMK_05C	<p>In the past month, on how many days ^HAVE ^YOU1 smoked 1 or more cigarettes?</p> <p> _ _ Days (MIN: 0) (MAX: 30)</p> <p>DK, RF</p>
SMK_E205C	The respondent has previously indicated that they smoke cigarettes occasionally, but that they have smoked every day for the past month. Please verify.
Rule :	Trigger soft edit if SMK_Q202 = 2 and SMK_Q205C = 30.
SMK_C205D	If SMK_Q201A <> 1 (has not smoked 100 or more cigarettes lifetime), go to SMK_END. Otherwise, go to SMK_Q205D.
Universe:	Occasional smoker or non-smoker (current)
SMK_Q205D SMK_05D	<p>^HAVE_C ^YOU1 ever smoked cigarettes daily?</p> <p>1 Yes (Go to SMK_Q207) 2 No (Go to SMK_END) DK, RF</p>
Universe:	Occasional smoker or non-smoker (current)
SMK_C206A	If SMK_Q202 = 2 (current occasional smoker), go to SMK_END. Otherwise, go to SMK_Q206A.
Universe:	Non-smoker (current)
SMK_Q206A SMK_06A	<p>When did ^YOU1 stop smoking? Was it...?</p> <p><u>INTERVIEWER</u>: Read categories to respondent.</p> <p>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, RF (Go to SMK_END)</p>

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SMK_Q206B
SMK_06B

In what month did ^YOU1 stop?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
DK, RF

Go to SMK_END

SMK_Q206C
SMK_06C

How many years ago was it?

INTERVIEWER: Minimum is 3; maximum is [\wedge CURRENTAGE - 5].

|_|_|_| Years
(MIN: 3)
(MAX: 121)

DK, RF

(Go to SMK_END)

Go to SMK_END

SMK_E206C

The number of years ago that the respondent stopped smoking is invalid.

Please return and correct.

Rule :

Trigger hard edit if SMK_Q206C > CURRENTAGE - 5. Occasional smoker or non-smoker (current) - Daily smoker (previously)

Universe:

Occasional smoker or non-smoker (current) - Daily smoker (previously)

SMK_Q207
SMK_207

At what age did ^YOU1 begin to smoke (cigarettes) daily?

INTERVIEWER: Minimum is 5; maximum is \wedge CURRENTAGE.

|_|_|_| Age in years
(MIN: 5)
(MAX: 121)

DK, RF

(Go to SMK_Q208)

SMK_E207A

The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.

Rule :

Trigger hard edit if SMK_Q207 > CURRENTAGE.

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SMK_E207B

The respondent has indicated that they began smoking cigarettes daily at a younger age than when they smoked their first whole cigarette. Please confirm.

Rule :

Trigger soft edit if SMK_Q207 < SMK_Q201C.

SMK_Q208

SMK_208

How many cigarettes did ^YOU1 usually smoke each day?

|_|_| Cigarettes

(MIN: 1)

(MAX: 99)

DK, RF

SMK_E208

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if SMK_Q208 > 60.

SMK_Q209A

SMK_09A

When did ^YOU1 stop smoking daily? Was it...?

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, RF | (Go to SMK_END) |

SMK_Q209B

SMK_09B

In what month did ^YOU1 stop?

- | | |
|----|-----------|
| 01 | January |
| 02 | February |
| 03 | March |
| 04 | April |
| 05 | May |
| 06 | June |
| 07 | July |
| 08 | August |
| 09 | September |
| 10 | October |
| 11 | November |
| 12 | December |
| | DK, RF |

Go to SMK_C210A

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SMK_Q209C
SMK_09C

How many years ago was it?

INTERVIEWER: Minimum is 3; maximum is [\wedge CURRENTAGE -5].

|_|_|_| Years
(MIN: 3)
(MAX: 121)

DK, RF

(Go to SMK_C210A)

SMK_E209C

The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.

Rule :

Trigger hard edit if SMK_Q209C > CURRENTAGE - 5.

SMK_E209D

The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.

Rule :

Trigger hard edit if SMK_Q207 > (CURRENTAGE - SMK_Q209C).

SMK_C210A

If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.
Otherwise, go to SMK_Q210A.

Universe:

Non-smoker (current)

SMK_Q210A
SMK_10

Was that when \wedge YOU1 completely quit smoking?

1 Yes (Go to SMK_END)
2 No
DK, RF (Go to SMK_END)

SMK_Q210B
SMK_10A

When did \wedge YOU1 stop smoking completely? Was it...?

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_Q210D)
DK, RF (Go to SMK_END)

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SMK_Q210C
SMK_10B

In what month did ^YOU1 stop?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- DK, RF

Go to SMK_END

SMK_Q210D
SMK_10C

How many years ago was it?

INTERVIEWER: Minimum is 3; maximum is [\wedge CURRENTAGE - 5].

|_|_|_| Years
(MIN: 3)
(MAX: 121)

DK, RF

SMK_E210D_1

The number of years ago that the respondent completely stopped smoking is invalid. Please return and correct.

Rule :

Trigger hard edit if $SMK_Q210D > CURRENTAGE - 5$.

SMK_E210D_2

The respondent has indicated that they stopped smoking completely more years ago than they stopped smoking daily. Please confirm.

Rule :

Trigger soft edit if $SMK_Q210D > SMK_Q209C$.

SMK_END

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Smoking - Stages of change (SCH)

Optional content

Quebec, British Columbia, Yukon

SCH_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOSCH: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

SCH_C1

If (DOSCH 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_Q1

SCH_1

Are you seriously considering quitting smoking within the next 6 months?

1 Yes

2 No

(Go to SCH_Q3)

DK, RF

(Go to SCH_Q3)

SCH_Q2

SCH_2

Are you seriously considering quitting within the next 30 days?

1 Yes

2 No

DK, RF

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, RF

(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)

DK, RF

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SCH_E4

An unusual number has been entered. Please confirm.

Rule :

Trigger soft edit if SCH_Q4 > 48

SCH_END

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Smoking cessation methods (SCA)

Optional content

Nunavut, Nova Scotia, British Columbia

SCA_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOSCA: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

SCA_C10A

If (DOSCA block = 1), go to SCA_C10B.

Otherwise, go to SCA_END.

SCA_C10B

If proxy interview, go to SCA_END.

Otherwise, go to SCA_C10C.

SCA_C10C

If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA_C50A.

Otherwise, go to SCA_C10D.

SCA_C10D

If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go to SCA_Q10A.

Otherwise, go to SCA_END.

SCA_Q10A
SCA_10

In the past 12 months, did you try a nicotine patch to quit smoking?

1 Yes

2 No

(Go to SCA_Q11A)

DK, RF

(Go to SCA_END)

SCA_Q10B
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, RF

SCA_Q11A
SCA_11

(In the past 12 months) did you try Nicorettes or other nicotine gum or candy to quit smoking?

1 Yes

2 No

(Go to SCA_Q12A)

DK, RF

(Go to SCA_Q12A)

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SCA_Q11B
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, RF

SCA_Q12A
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, RF (Go to SCA_END)

SCA_Q12B
SCA_12A

How useful was that in helping you quit?

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

Go to SCA_END

SCA_C50A

If SMK_Q202 = 3, go to SCA_END.
Otherwise, go to SCA_C50B.

SCA_C50B

If (DOSCH block = 2), go to SCA_Q50.
Otherwise, go to SCA_C50C.

SCA_C50C

If SCH_Q3 = 1, go to SCA_Q60.
Otherwise, go to SCA_END.

SCA_Q50
SCA_50

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 SCA_END)
- DK, RF (Go to SCA_END)

Processing:

In processing, if a respondent answered SCH_Q3 = 1, 2, the variable SCA_Q50 is given the value of SCH_Q3.

SCA_Q60
SCA_60

**In the past 12 months, did you try any of the following to quit smoking:
a nicotine patch?**

- 1 Yes
 - 2 No
- DK, RF

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SCA_Q61
SCA_61

(In the past 12 months, did you try any of the following to quit smoking:)

Nicorettes or other nicotine gum or candy ?

1 Yes
2 No
DK, RF

SCA_Q62
SCA_62

(In the past 12 months, did you try any of the following to quit smoking:)

medication such as Zyban, Prolev or Wellbutrin?

1 Yes
2 No
DK, RF

SCA_END

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Smoking - Physician counselling (SPC)

Optional content

Prince Edward Island, British Columbia, Nunavut

SPC_BEG

Optional Content (See Appendix 2)

SPC_C1

If (DOSPC 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 (DOHCU 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, RF (Go to SPC_C20A)

SPC_D11

If SMK_Q202 = 1 or 2, DT_SMOKING = "smoke".
If SMK_Q206A = 1 or SMK_Q209A = 1, DT_SMOKING = "smoked".

SPC_Q11
SPC_11

Does your doctor know that you [smoke/smoked] cigarettes?

1 Yes
2 No (Go to SPC_C20A)
DK, RF (Go to SPC_C20A)

SPC_Q12
SPC_12

In the past 12 months, did your doctor advise you to quit smoking?

1 Yes
2 No
DK, RF (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, RF (Go to SPC_C20A)

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SPC_Q14	What type of help did the doctor give?
	<u>INTERVIEWER:</u> 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, RF
SPC_C20A	If (DODEN block = 1) and (DEN_Q130 = 1 or DEN_Q132 = 1) (visited dentist in past 12 months), go to SPC_Q21. Otherwise, go to SPC_C20B.
SPC_C20B	If (DODEN block = 1) and (DEN_Q130 = 2, DK or RF) (did not visit dentist in past 12 months), go to SPC_END. Otherwise, go to SPC_C20C.
SPC_C20C	If (DOCHP block = 1) and (CHP_Q14 = 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?
	<u>INTERVIEWER:</u> Include both face to face and telephone contacts.
	1 Yes
	2 No (Go to SPC_END)
	DK, RF (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, RF (Go to SPC_END)
SPC_Q22 SPC_22	In the past 12 months, did the dentist or hygienist advise you to quit smoking?
	1 Yes
	2 No
	DK, RF

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SPC_END

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Smoking - Youth smoking (YSM)

Optional content

Yukon, Saskatchewan

YSM_BEG

YSM_C1

If (DOYSM 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

YSM_1

Where do you usually get your cigarettes?

- 01 Buy from - Vending machine
- 02 Buy from - Small grocery /
corner store
- 03 Buy from - Supermarket
- 04 Buy from - Drug store
- 05 Buy from - Gas station
- 06 Buy from - Other store
- 07 Buy from - Friend or
someone else
- 08 Given them by - Brother or
sister
- 09 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, RF

(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

YSM_2

In the past 12 months, have you bought cigarettes for yourself or for someone else?

1 Yes

2 No

DK, RF

(Go to YSM_Q5)

(Go to YSM_Q5)

YSM_Q3

YSM_3

In the past 12 months, have you been asked your age when buying cigarettes in a store?

1 Yes

2 No

DK, RF

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YSM_Q4

YSM_4

**In the past 12 months, has anyone in a store refused to sell you
cigarettes?**

1 Yes

2 No

DK, RF

YSM_Q5

YSM_5

**In the past 12 months, have you asked a stranger to buy you
cigarettes?**

1 Yes

2 No

DK, RF

YSM_END

ETS_Q20A
ETS 20

In the past month, ^WERE ^YOU2 exposed to second-hand smoke, every day or almost every day, in a car or other private vehicle?

INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
2 No
DK, RF

ETS_Q20B
ETS 20B

(In the past month,) ^WERE ^YOU1 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)?

INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
2 No
DK, RF

ETS_C35

If ETS_Q10 = 1 (at least one person smokes inside the home), go to ETS_Q36.
Otherwise, go to ETS_Q35.

ETS_Q35
ETS 35

Is smoking allowed inside your home?

INTERVIEWER: Include cigarettes, cigars and pipes. Smoking inside the home excludes smoking inside the garage, whether attached or detached.

- | | | |
|--------|-----|-----------------|
| 1 | Yes | |
| 2 | No | (Go to ETS_END) |
| DK, RF | | (Go to ETS_END) |

ETS_Q36
ETS 36

Is smoking inside your home restricted in anyway?

INTERVIEWER: Include cigarettes, cigars and pipes. Smoking inside the home excludes smoking inside the garage, whether attached or detached.

- | | | |
|--------|-----|-----------------|
| 1 | Yes | |
| 2 | No | (Go to ETS_END) |
| DK, RF | | (Go to ETS_END) |

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ETS_Q37

How is smoking restricted inside your home?

INTERVIEWER: Read categories to respondent. Mark all that apply.
There is no need to read a response that was volunteered by the respondent.

ETS_37A

1 **Allowed in certain rooms only**

ETS_37B

2 **Restricted in the presence of young children**

ETS_37C

3 **Allowed only if windows are open or with another type of ventilation**

ETS_37D

4 **Other restriction(s)**

DK, RF

ETS_END

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Smoking - Other tobacco products (TAL)

Optional content

Alberta, Ontario

TAL_BEG

Optional Content (See Appendix 2)

TAL_C1

If (DOTAL block = 1), go to TAL_Q1.
Otherwise, go to TAL_END.

TAL_Q1

TAL_1

**Now I'd like to ask about ^YOU1 use of tobacco other than
cigarettes.**

In the past month, ^HAVE ^YOU1 smoked cigars?

1 Yes

2 No

DK, RF

(Go to TAL_END)

TAL_Q2

TAL_2

(In the past month,) ^HAVE ^YOU1 smoked a pipe?

1 Yes

2 No

DK, RF

TAL_Q3

TAL_3

(In the past month,) ^HAVE ^YOU1 used snuff?

1 Yes

2 No

DK, RF

TAL_Q4

TAL_4

(In the past month,) ^HAVE ^YOU1 used chewing tobacco?

1 Yes

2 No

DK, RF

TAL_END

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Alcohol use (ALC)

Core content

ALC_BEG

Core content

External variables to import:

SEX_Q01- Sex of respondent

DOALC: do block flag, from the sample file.

ALC_C1A

If (DOALC block = 1), go to ALC_R1.
Otherwise, go to ALC_END.

ALC_D1A

Not Applicable

ALC_D1B

DV_ONEYEARAGO = CURRENTDATE-1

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 one and a half ounces of liquor.

INTERVIEWER: Press <1> to continue.

ALC_Q1

ALC_1

During the past 12 months, that is, from ^DV_ONEYEARAGO to yesterday, ^HAVE ^YOU2 had a drink of beer, wine, liquor or any other alcoholic beverage?

1 Yes

2 No

(Go to ALC_END)

DK, RF

(Go to ALC_END)

ALC_Q2

ALC_2

During the past 12 months, how often did ^YOU1 drink alcoholic beverages?

1 Less than once a month

2 Once a month

3 2 to 3 times a month

4 Once a week

5 2 to 3 times a week

6 4 to 6 times a week

7 Every day

DK, RF

ALC_Q3

ALC_3

How often in the past 12 months ^HAVE ^YOU1 had 5 or more drinks on one occasion?

1 Never

2 Less than once a month

3 Once a month

4 2 to 3 times a month

5 Once a week

6 More than once a week

DK, RF

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ALC_E3

**The frequency in ALC_Q3 is greater than the frequency in ALC_Q2.
Please return and correct.**

Rule :

Trigger hard edit if (ALC_Q3 = 6 and ALC_Q2 = 1, 2, 3 or 4) or (ALC_Q3 = 5 and ALC_Q2 = 1, 2 or 3) or (ALC_Q3 = 4 and ALC_Q2 = 1 or 2) or (ALC_Q3 = 3 and ALC_Q2 = 1).

ALC_END

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Alcohol use during the past week (ALW)

Optional content

Quebec, Manitoba, Nunavut, Newfoundland and Labrador, Ontario,
Saskatchewan

ALW_BEG

Optional Content (See Appendix 2)

ALW_C1

If (DOALW block = 1), go to ALW_C2.
Otherwise, go to ALW_END.

ALW_C2

If ALC_Q1 = No, DK or RF, go to ALW_END.
Otherwise, go to ALW_Q5.

ALW_D5A

DV_YESTERDAY = WEEKDAY (TODAY - 1)

ALW_D5B

DV_DATELASTWEEK = TODAY - 7

ALW_Q5

ALW_1

**Thinking back over the past week, that is, from ^DATELASTWEEK to
^YESTERDAY, did ^YOU2 have a drink of beer, wine, liquor or any other
alcoholic beverage?**

1 Yes

2 No

DK, RF

(Go to ALW_END)

(Go to ALW_END)

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ALW_D5A1

If Yesterday = 1, DayE[1] = "Sunday".
If Yesterday = 1, DayE[2] = "Saturday".
If Yesterday = 1, DayE[3] = "Friday".
If Yesterday = 1, DayE[4] = "Thursday".
If Yesterday = 1, DayE[5] = "Wednesday".
If Yesterday = 1, DayE[6] = "Tuesday".
If Yesterday = 1, DayE[7] = "Monday".
If Yesterday = 2, DayE[1] = "Monday".
If Yesterday = 2, DayE[2] = "Sunday".
If Yesterday = 2, DayE[3] = "Saturday".
If Yesterday = 2, DayE[4] = "Friday".
If Yesterday = 2, DayE[5] = "Thursday".
If Yesterday = 2, DayE[6] = "Wednesday".
If Yesterday = 2, DayE[7] = "Tuesday".
If Yesterday = 3, DayE[1] = "Tuesday".
If Yesterday = 3, DayE[2] = "Monday".
If Yesterday = 3, DayE[3] = "Sunday".
If Yesterday = 3, DayE[4] = "Saturday".
If Yesterday = 3, DayE[5] = "Friday".
If Yesterday = 3, DayE[6] = "Thursday".
If Yesterday = 3, DayE[7] = "Wednesday".
If Yesterday = 4, DayE[1] = "Wednesday".
If Yesterday = 4, DayE[2] = "Tuesday".
If Yesterday = 4, DayE[3] = "Monday".
If Yesterday = 4, DayE[4] = "Sunday".
If Yesterday = 4, DayE[5] = "Saturday".
If Yesterday = 4, DayE[6] = "Friday".
If Yesterday = 4, DayE[7] = "Thursday".
If Yesterday = 5, DayE[1] = "Thursday".
If Yesterday = 5, DayE[2] = "Wednesday".
If Yesterday = 5, DayE[3] = "Tuesday".
If Yesterday = 5, DayE[4] = "Monday".
If Yesterday = 5, DayE[5] = "Sunday".
If Yesterday = 5, DayE[6] = "Saturday".
If Yesterday = 5, DayE[7] = "Friday".
If Yesterday = 6, DayE[1] = "Friday".
If Yesterday = 6, DayE[2] = "Thursday".
If Yesterday = 6, DayE[3] = "Wednesday".
If Yesterday = 6, DayE[4] = "Tuesday".
If Yesterday = 6, DayE[5] = "Monday".
If Yesterday = 6, DayE[6] = "Sunday".
If Yesterday = 6, DayE[7] = "Saturday".
If Yesterday = 7, DayE[1] = "Saturday".
If Yesterday = 7, DayE[2] = "Friday".
If Yesterday = 7, DayE[3] = "Thursday".
If Yesterday = 7, DayE[4] = "Wednesday".
If Yesterday = 7, DayE[5] = "Tuesday".
If Yesterday = 7, DayE[6] = "Monday".
If Yesterday = 7, DayE[7] = "Sunday".

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ALW_Q5A1 ALW_2A1	<p>Starting with yesterday, that is ^DayE[1], how many drinks did ^YOU2 have?</p> <p> _ _ Number of drinks (MIN: 0) (MAX: 99)</p> <p>DK, RF</p>
ALW_C5A1	<p>If response to Question ALW_Q5A1 is RF, go to ALW_END. Otherwise, go to ALW_Q5A2.</p>
ALW_E5A1A	<p>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].</p> <p>Rule : Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A1 => 5.</p>
ALW_E5A1B	<p>An unusual value has been entered. Please confirm.</p> <p>Rule : Trigger soft edit if ALW_Q5A1 > 12.</p>
ALW_Q5A2 ALW_2A2	<p>(How many drinks did ^YOU1 have:) ...on ^DayE[2]?</p> <p> _ _ Number of drinks (MIN: 0) (MAX: 99)</p> <p>DK, RF</p>
ALW_E5A2A	<p>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].</p> <p>Rule : Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A2 => 5.</p>
ALW_E5A2B	<p>An unusual value has been entered. Please confirm.</p> <p>Rule : Trigger soft edit if ALW_Q5A2 > 12.</p>
ALW_Q5A3 ALW_2A3	<p>(How many drinks did ^YOU1 have:) ...on ^DayE[3]?</p> <p> _ _ Number of drinks (MIN: 0) (MAX: 99)</p> <p>DK, RF</p>
ALW_E5A3A	<p>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].</p> <p>Rule : Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A3 => 5.</p>

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ALW_E5A3B	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if ALW_Q5A3 > 12.
ALW_Q5A4 ALW_2A4	(How many drinks did ^YOU1 have:) ...on ^DayE[4]? _ _ Number of drinks (MIN: 0) (MAX: 99) DK, RF
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].
Rule :	Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A4 => 5.
ALW_E5A4B	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if ALW_Q5A4 > 12.
ALW_Q5A5 ALW_2A5	(How many drinks did ^YOU1 have:) ...on ^DayE[5]? _ _ Number of drinks (MIN: 0) (MAX: 99) DK, RF
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].
Rule :	Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A5 => 5.
ALW_E5A5B	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if ALW_Q5A5 > 12.
ALW_Q5A6 ALW_2A6	(How many drinks did ^YOU1 have:) ...on ^DayE[6]? _ _ Number of drinks (MIN: 0) (MAX: 99) DK, RF
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].
Rule :	Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A6 => 5.

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ALW_E5A6B	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if ALW_Q5A6 > 12.
ALW_Q5A7 ALW_2A7	(How many drinks did ^YOU1 have:) ...on ^DayE[7]? _ _ Number of drinks (MIN: 0) (MAX: 99) DK, RF
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].
Rule :	Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A7 => 5.
ALW_E5A7B	An unusual value has been entered. Please confirm.
Rule :	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.
Rule :	Trigger hard edit if ALW_Q5A1 to ALW_Q5A7 all = 0.
ALW_END	

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Driving and safety (DRV)

Optional content

Prince Edward Island, Manitoba, Northwest Territories, Alberta

DRV_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DODRV: do block flag, from the sample file.

ALC_Q01

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

DRV_C01A

If (DODRV block = 2), go to DRV_END.

Otherwise, go to DRV_C01B.

DRV_C01B

If proxy interview, go to DRV_END.

Otherwise, go to DRV_R01.

DRV_R01

The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.

INTERVIEWER: Press <1> 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, RF

(Go to DRV_END)

DRV_Q01B

DRV_01B

In the past 12 months, have you driven a motorcycle?

1 Yes

2 No

DK, RF

DRV_C02A

If DRV_Q01A = 2 and DRV_Q01B = 2 or DK or RF, go to DRV_R08.

Otherwise, go to DRV_C02B.

DRV_C02B

If DRV_Q01A = 1, go to DRV_Q02.

Otherwise, go to DRV_Q04.

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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, RF

DRV_Q03A
DRV_03A

Excluding hands-free use, how often do you use a cell phone while you are driving a motor vehicle?

INTERVIEWER: Read categories to respondent.

If respondent does not use a cell phone, select «Never».

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

DK, RF

DRV_Q03B
DRV_03B

How often do you use a hands-free when talking on the cell phone while you are driving a motor vehicle?

INTERVIEWER: Read categories to respondent.

If respondent does not use a hands-free, select «Never».

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

DK, RF

DRV_Q04
DRV_04

How often do you drive when you are feeling tired?

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

DK, RF

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, RF

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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, RF

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_Q07A.

Otherwise, go to DRV_R08.

DRV_Q07A
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_R08)
- DK, RF (Go to DRV_R08)

DRV_Q07B
DRV_07A

How many times (in the past 12 months)?

|_ |_ | Times
(MIN: 1)
(MAX: 95)

DK, RF

DRV_E07B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if DRV_Q7B > 20

DRV_R08

Now some questions about being a passenger in a motor vehicle.

INTERVIEWER: Press <1> 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, RF

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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, RF

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, RF

DRV_Q10A
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, RF (Go to DRV_Q11A)

DRV_Q10B
DRV_10A

How many times (in the past 12 months)?

|_|_| Times
(MIN: 1)
(MAX: 95)

DK, RF

DRV_E10B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if DRV_Q10B > 20

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 (Go to DRV_END)
- DK, RF

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, RF (Go to DRV_END)

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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, RF

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_D13.

DRV_D13

If DRV_Q11A = 1 and DRV_Q11B = 1, DT_ATV = "a snowmobile, motor boat, seadoo or ATV".

If DRV_Q11A = 1 and DRV_Q11B = 2, DT_ATV = "a snowmobile, motor boat or seadoo".

If DRV_Q11A = 2 and DRV_Q11B = 1, DT_ATV = "an ATV".

DRV_Q13A
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, RF

(Go to DRV_C14)

DRV_Q13B
DRV_13A

How many times (in the past 12 months)?

|_|_| Times

(MIN: 1)

(MAX: 95)

DK, RF

DRV_E13B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if DRV_Q13B > 20

DRV_C14

If ALC_Q1 = 1 (drank alcohol in the past 12 months), go to DRV_Q14A.
Otherwise, go to DRV_END.

DRV_Q14A
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, RF

(Go to DRV_END)

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DRV_Q14B

DRV_14A

How many times (in the past 12 months)?

|_|_| Times

(MIN: 1)

(MAX: 95)

DK, RF

DRV_E14B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if DRV_Q14B > 20

DRV_END

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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, RF | | (Go to MEX_END) |

MEX_Q04
MEX_04

What is the main reason that you did not breastfeed?

- | | | |
|--------|---|-----------------|
| 01 | Bottle feeding easier | |
| 02 | Formula as good as breast milk | |
| 03 | Breastfeeding is unappealing / disgusting | |
| 04 | Father / partner didn't want me to | |
| 05 | Returned to work / school early | |
| 06 | C-Section | |
| 07 | Medical condition - mother | |
| 08 | Medical condition - baby | |
| 09 | Premature birth | |
| 10 | Multiple births (e.g. twins) | |
| 11 | Wanted to drink alcohol | |
| 12 | Wanted to smoke | |
| 13 | Other - Specify | (Go to MEX_S04) |
| DK, RF | | |

Go to MEX_END

MEX_S04

(What is the main reason that you did not breastfeed?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to MEX_END

MEX_Q05
MEX_05

Are you still breastfeeding?

- | | | |
|--------|-----|------------------|
| 1 | Yes | (Go to MEX_C06B) |
| 2 | No | |
| DK, RF | | (Go to MEX_END) |

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MEX_Q06A

MEX_06

How long did you breastfeed (your last baby)?

- 01 Less than 1 week
- 02 1 to 2 weeks
- 03 3 to 4 weeks
- 04 5 to 8 weeks
- 05 9 weeks to less than 12 weeks
- 06 3 months (12 weeks to less than 16 weeks)
- 07 4 months (16 weeks to less than 20 weeks)
- 08 5 months (20 weeks to less than 24 weeks)
- 09 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, RF (Go to MEX_END)

MEX_C06B

If MEX_Q05=1, go to MEX_Q06B.
Otherwise, go to MEX_D06C.

MEX_Q06B

MEX_06A

Have other liquids such as milk, formula, water, juice, tea or herbal mixture been introduced to the baby's feeds?

- 1 Yes
- 2 No (Go to MEX_Q08A)
- DK, RF (Go to MEX_C09A)

MEX_D06C

If MEX_Q05=2, DT_LIQUIDS = "such as milk, formula, water, juice, tea or herbal mixture".
Otherwise, DT_LIQUIDS = "null".

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MEX_Q06C
MEX_Q06B

How old was your (last) baby when other liquids [such as milk, formula, water, juice, tea or herbal mixture/null] were first added to the baby's feeds?

INTERVIEWER: If exact age not known, obtain best estimate. Other liquids may include milk, formula, water, juice, tea or herbal mixture, etc..

- 01 Less than 1 week
- 02 1 to 2 weeks
- 03 3 to 4 weeks
- 04 5 to 8 weeks
- 05 9 weeks to less than 12 weeks
- 06 3 months (12 weeks to less than 16 weeks)
- 07 4 months (16 weeks to less than 20 weeks)
- 08 5 months (20 weeks to less than 24 weeks)
- 09 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 other liquids

DK, RF

(Go to MEX_C09A)

MEX_E06C

An unusual length of time has passed between when the baby stopped breastfeeding and when other liquids were first added to the feeds. Please confirm. If answers are valid, ask for the reason explaining the gap and enter it as a remark.

Rule :

Trigger soft edit if (MEX_Q05=2) and MEX_Q06C < 13 and (ORD(MEX_Q06C) - ORD(MEX_Q06A) > 1).

In other words, if MEX_Q06C < 13 and category number in MEX_Q06C minus category number in MEX_Q06A is greater than 1.

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MEX_Q08A
MEX_08A

How old was your (last) baby when solid foods such as cereals, mashed up or pureed meat vegetables or fruits were first added to the baby's feeds?

INTERVIEWER: If exact age not known, obtain best estimate.

- 01 Less than 1 week
 - 02 1 to 2 weeks
 - 03 3 to 4 weeks
 - 04 5 to 8 weeks
 - 05 9 weeks to less than 12 weeks
 - 06 3 months (12 weeks to less than 16 weeks)
 - 07 4 months (16 weeks to less than 20 weeks)
 - 08 5 months (20 weeks to less than 24 weeks)
 - 09 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 solid foods
- DK, RF (Go to MEX_C09A)

MEX_C08B

If MEX_Q06C = 13 and MEX_Q08A = 13, go to MEX_C09A.
Otherwise, go to MEX_D08B.

MEX_D08B

If MEX_Q06C < MEX_Q08A, DT_LIQUIDSOLID = "other liquids".
If MEX_Q06C = MEX_Q08A, DT_LIQUIDSOLID = "other liquids and solid foods".
Otherwise, DT_LIQUIDSOLID = "solid foods".

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MEX_Q08B
MEX_08B

What is the main reason ^DT_ LIQUIDSOLID were first added to the baby's feeds?

- 01 Not enough breast milk
 - 02 Baby was ready for solid foods
 - 03 Inconvenience / fatigue due to breastfeeding
 - 04 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
 - 05 Medical condition - mother
 - 06 Medical condition - baby
 - 07 Advice of doctor / health professional
 - 08 Returned to work / school
 - 09 Advice of partner / family / friends
 - 10 Formula equally healthy for baby
 - 11 Wanted to drink alcohol
 - 12 Wanted to smoke
 - 13 Other - Specify (Go to MEX_S08B)
- DK, RF

Go to MEX_C09A

MEX_S08B

(What is the main reason ^DT_ LIQUIDSOLID were first added to the baby's feeds?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

MEX_C09A

If MEX_Q06C = 1 or MEX_Q08A=1 (baby less than 1 week when other liquids or solids introduced), go to MEX_C10.
Otherwise, go to MEX_Q09A.

MEX_Q09A
MEX_09A

During the time when your (last) baby was less than one year old and fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?

INTERVIEWER: Select "yes" if baby was fed breast milk, even in small quantities and given Vitamin D.

- 1 Yes (Go to MEX_Q09B)
 - 2 No (Go to MEX_C10)
- DK, RF (Go to MEX_C10)

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MEX_Q09B
MEX_09B

Overall, how often did you give the baby a supplement containing Vitamin D?

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Once or twice a week**
- 4 **Less than once a week**

DK, RF

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?

- 01 Not enough breast milk
- 02 Baby was ready for solid foods
- 03 Inconvenience / fatigue due to breastfeeding
- 04 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 05 Medical condition - mother
- 06 Medical condition - baby
- 07 Planned to stop at this time
- 08 Child weaned him / herself (e.g., baby biting, refusing breast)
- 09 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 (Go to MEX_S10)

DK, RF

Go to MEX_END

MEX_S10

(What is the main reason that you stopped breastfeeding?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

MEX_END

**Canadian Community Health Survey - Annual Component (CCHS)
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Maternal experiences - Alcohol use during pregnancy (MXA)

Optional content

Nunavut

MXA_BEG

Optional Content (See Appendix 2)

MXA_C01A

If (DOMXA 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_Q01A = 2,
DK or RF, go to MXA_END.
Otherwise, go to MXA_C30.

MXA_C30

If ALN_Q5B = 2, or RF (never drank), go to MXA_END.
Otherwise, go to MXA_C30.

MXA_Q30

MXA_01

Did you drink any alcohol during your last pregnancy?

- | | | |
|---|--------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to MXA_C32) |
| | DK, RF | (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, RF |

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, RF | (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, RF |

MXA_END

Canadian Community Health Survey - Annual Component (CCHS) 2012 / Main / Content

Maternal experiences - Smoking during pregnancy (MXS)

Optional content

Newfoundland and Labrador, Quebec, Nunavut

MXS_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOMXS: do block flag, from the sample file.

MEX_Q01A :TYesno, DK, RF

MEX_Q03: TYesno, DK, RF

SMK_Q201A :Did you smoked 100 cigarettes or more in your lifetime?

TYesNo, DK, RF

SMK_Q201B :Have you ever somked a whole cigarette?

SMK_Q202 : Do you smoke cigarettes daily, occasionally or not at all?

Daily, Occasionally, Not at all, DK, RF

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

MXS_C01A

If (DOMXS 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_Q01A = 2, DK or RF, 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

MXS_01

During your last pregnancy, did you smoke daily, occasionally or not at all?

1 Daily

2 Occasionally (Go to MXS_Q22)

3 Not at all (Go to MXS_C23)

DK, RF (Go to MXS_Q26)

MXS_Q21

MXS_02

How many cigarettes did you usually smoke each day?

|_|_| Number of cigarettes

(MIN: 1)

(MAX: 99)

DK, RF

Go to MXS_C23

MXS_E21

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if MXS_Q21 > 60

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MXS_Q22 MXS_03	<p>On the days that you smoked, how many cigarettes did you usually smoke?</p> <p> _ _ Number of cigarettes (MIN: 1) (MAX: 99)</p> <p>DK, RF</p>
MXS_E22	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if MXS_Q22 > 60
MXS_C23	If MEX_Q03 = 1 (breastfed last baby), go to MXS_Q23. Otherwise, go to MXS_Q26.
MXS_Q23 MXS_04	<p>When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?</p> <p>1 Daily (Go to MXS_Q25) 2 Occasionally (Go to MXS_Q26) 3 Not at all (Go to MXS_Q26) DK, RF (Go to MXS_Q26)</p>
MXS_Q24 MXS_05	<p>How many cigarettes did you usually smoke each day?</p> <p> _ _ Number of cigarettes (MIN: 1) (MAX: 99)</p> <p>DK, RF</p> <p>Go to MXS_Q26</p>
MXS_E24	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if MXS_Q24 > 60
MXS_Q25 MXS_06	<p>On the days that you smoked, how many cigarettes did you usually smoke?</p> <p> _ _ Number of cigarettes (MIN: 1) (MAX: 99)</p> <p>DK, RF</p>
MXS_E25	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if MXS_Q25 > 60

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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, RF

MXS_END

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Positive Mental Health (PMH)

Theme content

PMH_BEG

Theme Content block

External variables required:

SEX_Q01: sex of specific respondent (1 = male, 2 = female) from Sex block.

PROXMODE : proxy interview identifier from the GR block.

DOPMH: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

PMH_C01A

If DOPMH = 1, go to PMH_C01B.

Otherwise, go to PMH_END.

PMH_C01B

If proxmode = 1, go to PMH_END.

Otherwise, go to PMH_R01.

PMH_R01

The following questions are about how you have been feeling during the past month.

INTERVIEWER: Press <1> to continue.

PMH_Q01

PMH_01

In the past month, how often did you feel :

happy?

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **About 2 or 3 times a week**
- 4 **About once a week**
- 5 **Once or twice**
- 6 **Never**

DK, RF

(Go to PMH_END)

PMH_Q02

PMH_02

(In the past month, how often did you feel:)

interested in life?

- 1 Every day
- 2 Almost every day
- 3 About 2 or 3 times a week
- 4 About once a week
- 5 Once or twice
- 6 Never

DK, RF

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PMH_Q03
PMH_03

(In the past month, how often did you feel:)

satisfied with your life?

- 1 Every day
 - 2 Almost every day
 - 3 About 2 or 3 times a week
 - 4 About once a week
 - 5 Once or twice
 - 6 Never
- DK, RF

PMH_Q04
PMH_04

In the past month, how often did you feel:

that you had something important to contribute to society?

INTERVIEWER: Read categories to respondent.

- 1 **Everyday**
 - 2 **Almost everyday**
 - 3 **About 2 or 3 times a week**
 - 4 **About once a week**
 - 5 **Once or twice**
 - 6 **Never**
- DK, RF

PMH_Q05
PMH_05

(In the past month, how often did you feel:)

that you belonged to a community (like a social group, your neighborhood, your city, your school)?

- 1 Every day
 - 2 Almost every day
 - 3 About 2 or 3 times a week
 - 4 About once a week
 - 5 Once or twice
 - 6 Never
- DK, RF

PMH_Q06
PMH_06

(In the past month, how often did you feel:)

that our society is becoming a better place for people like you?

INTERVIEWER: If necessary, explain that "people like you" can refer to any groups to which the respondent feels they belong (i.e. religion, income, ethnicity, age, health status, community, etc.).

- 1 Every day
 - 2 Almost every day
 - 3 About 2 or 3 times a week
 - 4 About once a week
 - 5 Once or twice
 - 6 Never
- DK, RF

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PMH_Q07
PMH_07

In the past month, how often did you feel :

that people are basically good?

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **About 2 or 3 times a week**
- 4 **About once a week**
- 5 **Once or twice**
- 6 **Never**

DK, RF

PMH_Q08
PMH_08

(In the past month, how often did you feel:)

that the way our society works makes sense to you?

- 1 Every day
- 2 Almost every day
- 3 About 2 or 3 times a week
- 4 About once a week
- 5 Once or twice
- 6 Never

DK, RF

PMH_Q09
PMH_09

(In the past month, how often did you feel:)

that you liked most parts of your personality?

- 1 Every day
- 2 Almost every day
- 3 About 2 or 3 times a week
- 4 About once a week
- 5 Once or twice
- 6 Never

DK, RF

PMH_Q10
PMH_10

In the past month, how often did you feel:

good at managing the responsibilities of your daily life?

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **About 2 or 3 times a week**
- 4 **About once a week**
- 5 **Once or twice**
- 6 **Never**

DK, RF

**Canadian Community Health Survey - Annual Component (CCHS)
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PMH_Q11
PMH_11

(In the past month, how often did you feel:)

that you had warm and trusting relationships with others?

- 1 Every day
 - 2 Almost every day
 - 3 About 2 or 3 times a week
 - 4 About once a week
 - 5 Once or twice
 - 6 Never
- DK, RF

PMH_Q12
PMH_12

(In the past month, how often did you feel:)

that you had experiences that challenge you to grow and become a better person?

- 1 Every day
 - 2 Almost every day
 - 3 About 2 or 3 times a week
 - 4 About once a week
 - 5 Once or twice
 - 6 Never
- DK, RF

PMH_Q13
PMH_13

In the past month, how often did you feel:

confident to think or express your own ideas and opinions?

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
 - 2 **Almost every day**
 - 3 **About 2 or 3 times a week**
 - 4 **About once a week**
 - 5 **Once or twice**
 - 6 **Never**
- DK, RF

PMH_Q14
PMH_14

(In the past month, how often did you feel:)

that your life has a sense of direction or meaning to it?

- 1 Every day
 - 2 Almost every day
 - 3 About 2 or 3 times a week
 - 4 About once a week
 - 5 Once or twice
 - 6 Never
- DK, RF

PMH_END

Canadian Community Health Survey - Annual Component (CCHS) 2012 / Main / Content

Illicit drugs use (IDG)

Optional content

Ontario, Saskatchewan, Nunavut

IDG_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOIDG: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

IDG_C1

If (DOIDG block = 1), go to IDG_C2.

Otherwise, go to IDG_END.

IDG_C2

If proxy interview, go to IDG_END.

Otherwise, go to IDG_R1.

IDG_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 <1> to continue.

IDG_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 IDG_Q04)

DK, RF (Go to IDG_END)

IDG_Q02

IDG_02

Have you used it in the past 12 months?

1 Yes

2 No (Go to IDG_Q04)

DK, RF (Go to IDG_Q04)

IDG_C03

If IDG_Q01 = 1, go to IDG_Q04.

Otherwise, go to IDG_Q03.

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IDG_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, RF

IDG_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 IDG_Q07)
- DK, RF (Go to IDG_Q07)

IDG_Q05
IDG_05

Have you used it in the past 12 months?

- 1 Yes
 - 2 No (Go to IDG_Q07)
- DK, RF (Go to IDG_Q07)

IDG_C06

If IDG_Q04 = 1, go to IDG_Q07.
Otherwise, go to IDG_Q06.

IDG_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, RF

IDG_Q07
IDG_07

Have you ever used or tried speed (amphetamines)?

- 1 Yes, just once
 - 2 Yes, more than once
 - 3 No (Go to IDG_Q10)
- DK, RF (Go to IDG_Q10)

IDG_Q08
IDG_08

Have you used it in the past 12 months?

- 1 Yes
 - 2 No (Go to IDG_Q10)
- DK, RF (Go to IDG_Q10)

IDG_C09

If IDG_Q07 = 1, go to IDG_Q10.
Otherwise, go to IDG_Q09.

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IDG_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, RF

IDG_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 IDG_Q13)
- DK, RF (Go to IDG_Q13)

IDG_Q11
IDG_11

Have you used it in the past 12 months?

- 1 Yes
 - 2 No (Go to IDG_Q13)
- DK, RF (Go to IDG_Q13)

IDG_C12

If IDG_Q10 = 1, go to IDG_Q13.
Otherwise, go to IDG_Q12.

IDG_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, RF

IDG_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 IDG_Q16)
- DK, RF (Go to IDG_Q16)

IDG_Q14
IDG_14

Have you used it in the past 12 months?

- 1 Yes
 - 2 No (Go to IDG_Q16)
- DK, RF (Go to IDG_Q16)

IDG_C15

If IDG_Q13 = 1, go to IDG_Q16.
Otherwise, go to IDG_Q15.

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IDG_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, RF

IDG_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 IDG_Q19)
- DK, RF (Go to IDG_Q19)

IDG_Q17
IDG_17

Did you sniff some in the past 12 months?

- 1 Yes
 - 2 No (Go to IDG_Q19)
- DK, RF (Go to IDG_Q19)

IDG_C18

If IDG_Q16 = 1, go to IDG_Q19.
Otherwise, go to IDG_Q18.

IDG_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, RF

IDG_Q19
IDG_19

Have you ever used or tried heroin?

- 1 Yes, just once
 - 2 Yes, more than once
 - 3 No (Go to IDG_Q22)
- DK, RF (Go to IDG_Q22)

IDG_Q20
IDG_20

Have you used it in the past 12 months?

- 1 Yes
 - 2 No (Go to IDG_Q22)
- DK, RF (Go to IDG_Q22)

IDG_C21

If IDG_Q19 = 1, go to IDG_Q22.
Otherwise, go to IDG_Q21.

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IDG_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, RF

IDG_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 IDG_C25A_1)
- DK, RF (Go to IDG_C25A_1)

IDG_Q23
IDG_23

Have you used it in the past 12 months?

- 1 Yes
 - 2 No (Go to IDG_C25A_1)
- DK, RF (Go to IDG_C25A_1)

IDG_C24

If IDG_Q22 = 1, go to IDG_C25A_1.
Otherwise, go to IDG_Q24.

IDG_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, RF

Programmer:

IDG_C25A1 = Count of instances where IDG_Q01, IDG_Q04, IDG_Q07, IDG_Q10, IDG_Q13, IDG_Q16 and IDG_Q19 = 3, DK or RF.

IDG_C25A_1

If IDG_C25A1 = 7, go to IDG_END.
Otherwise, go to IDG_C25A_2.

Programmer:

IDG_C25A2 = Count of instances where IDG_Q03, IDG_Q06, IDG_Q09, IDG_Q12, IDG_Q15, IDG_Q18 and IDG_Q21 >= 2.

IDG_C25A_2

If IDG_C25A_2 >= 1, go to IDG_Q25A.
Otherwise, go to IDG_END.

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IDG_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, RF

IDG_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 <1> to continue.

IDG_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, RF

IDG_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, RF

IDG_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, RF

IDG_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, RF

IDG_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, RF

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IDG_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, RF

IDG_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, RF

IDG_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 <1> to continue.

IDG_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, RF

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IDG_Q26B_1
IDG_6B1

(How much did your use interfere with:)

your ability to attend school?

0 No interference
1 |
2 |
3 |
4 |
5 |
6 |
7 |
8 |
9 V
10 Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

|_|_| Number
(MIN: 0)
(MAX: 11)

DK, RF

IDG_Q26B_2
IDG_6B2

(How much did your use interfere with:)

your ability to work at a regular job?

0 No interference
1 |
2 |
3 |
4 |
5 |
6 |
7 |
8 |
9 V
10 Very severe interference

INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

|_|_| Number
(MIN: 0)
(MAX: 11)

DK, RF

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IDG_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, RF

IDG_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, RF

IDG_END

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Sexual behaviours (SXB)

Optional content

Ontario, Nunavut, Northwest Territories

SXB_BEG

Theme content
DOSXB: do block flag, from the sample file.
DOMEX: do block flag, from the sample file.
MEX_Q01A: Given birth in last 5 years
SEX_Q01: Respondent's sex
AGE: Respondent's age
PROXMODE: proxy identifier, from the GR block.

SXB_C01A

If (DOSXB 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 <1> to continue.

SXB_C01C

If MEX_Q01A = 1, go to SXB_D02.
Otherwise, go to SXB_Q01.

SXB_Q01

SXB_1

Have you ever had sexual intercourse?

1	Yes	(Go to SXB_D02)
2	No	(Go to SXB_END)
DK, RF		(Go to SXB_END)

SXB_D02

If MEX_Q01A = 1, DT_INTERCOURSE = "you had sexual intercourse".
Otherwise, , DT_INTERCOURSE = "null".

SXB_Q02

SXB_2

How old were you the first time [you had sexual intercourse/null]?

INTERVIEWER: Maximum is ^CURRENTAGE.

|_|_|_| Age in years
(MIN: 1)
(MAX: 130)

DK, RF (Go to SXB_END)

SXB_E02A

The entered age at which the respondent first had sexual intercourse is invalid. Please return and correct.

Rule :

Trigger hard edit if SXB_Q02 > ^CURRENTAGE.

SXB_E02B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if SXB_Q02 < 12.

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SXB_Q03
SXB_3

In the past 12 months, have you had sexual intercourse?

- 1 Yes
- 2 No (Go to SXB_Q07)
- DK, RF (Go to SXB_END)

SXB_Q04
SXB_4

With how many different partners?

- 1 1 partner
- 2 2 partners
- 3 3 partners
- 4 4 or more partners
- DK
- RF (Go to SXB_END)

SXB_Q07
SXB_07

Have you ever been diagnosed with a sexually transmitted infection?

- 1 Yes
- 2 No
- DK, RF

SXB_C08A

If SXB_Q03 = 1 (had intercourse in last 12 months), go to SXB_C08B.
Otherwise, go to SXB_END.

SXB_C08B

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, RF

SXB_C09B

If age > 24 or if respondent's sex = spouse's sex, go to SXB_END.
Otherwise, go to SXB_R9A.

SXB_R9A

Now a few questions about birth control.

INTERVIEWER: Press <1> 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 <1> to continue.

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SXB_Q09
SXB_09

It is important to me to avoid getting pregnant right now.

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

DK

RF (Go to SXB_END)

SXB_C10

If sex = male, go to SXB_R10.
Otherwise, go to SXB_Q11.

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 <1> 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

RF (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, RF (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 (Go to SXB_S12)
- DK, RF (Go to SXB_END)

Go to SXB_C13

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SXB_S12	(What kind of birth control did you and your partner usually use?) <u>INTERVIEWER:</u> Specify. <hr/> (80 spaces) DK, RF
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? <u>INTERVIEWER:</u> 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 (Go to SXB_S13)
	DK, RF Go to SXB_END
SXB_S13	(What kind of birth control did you and your partner use the last time you had sex?) <u>INTERVIEWER:</u> Specify. <hr/> (80 spaces) DK, RF
SXB_END	

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Social Provisions (SPS)

Optional content

Quebec, British Columbia, Yukon, Northwest Territories, Nunavut

SPS_BEG

Optional content block

External variables required:

PROXYMODE - proxy interview

DOSPS: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

SPS_C01A

If DOSPS = 1, go to SPS_C01B.

Otherwise, go to SPS_END.

SPS_C01B

If PROXMODE=1, go to SPS_END.

Otherwise, go to SPS_R01.

SPS_R01

The next questions are about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people.

INTERVIEWER: Press <1> to continue.

SPS_Q01

SPS_01

There are people I can depend on to help me if I really need it.

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
- 2 **Agree**
- 3 **Disagree**
- 4 **Strongly disagree**

DK, RF

(Go to SPS_END)

SPS_Q02

SPS_02

There are people who enjoy the same social activities I do.

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
- 2 **Agree**
- 3 **Disagree**
- 4 **Strongly disagree**

DK, RF

SPS_Q03

SPS_03

I have close relationships that provide me with a sense of emotional security and wellbeing.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

DK, RF

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SPS_Q04
SPS_04

There is someone I could talk to about important decisions in my life.

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_Q05
SPS_05

I have relationships where my competence and skill are recognized.

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_Q06
SPS_06

There is a trustworthy person I could turn to for advice if I were having problems.

INTERVIEWER: Read categories to respondent.

- 1 **Strongly agree**
 - 2 **Agree**
 - 3 **Disagree**
 - 4 **Strongly disagree**
- DK, RF

SPS_Q07
SPS_07

I feel part of a group of people who share my attitudes and beliefs.

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_Q08
SPS_08

I feel a strong emotional bond with at least one other person.

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

SPS_Q09
SPS_09

There are people who admire my talents and abilities.

- 1 Strongly agree
 - 2 Agree
 - 3 Disagree
 - 4 Strongly disagree
- DK, RF

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SPS_Q10

SPS_10

There are people I can count on in an emergency.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

DK, RF

SPS_END

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Social support - Availability (SSA)

Optional content

Saskatchewan

SSA_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

DOSSA: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

SSA_C1A

If (DOSSA = 1), go to SSA_C1B.

Otherwise, go to SSA_END.

SSA_C1B

If proxy interview, go to SSA_END.

Otherwise, go to SSA_R01.

SSA_R01

Next are some questions about the support that is available to you.

INTERVIEWER: Press <1> to continue.

SSA_Q01

SSA_Q01

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)

DK, RF

(Go to SSA_END)

SSA_E01

An unusual number has been entered. Please confirm.

Rule :

Trigger soft edit if SSA_Q01 > 20

SSA_R02

People sometimes look to others for companionship, assistance or other types of support.

INTERVIEWER: Press <1> to continue.

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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, RF

(Go to SSA_END)

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, RF

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, RF

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, RF

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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, RF

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, RF

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, RF

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, RF

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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, RF

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, RF

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, RF

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, RF

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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, RF

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, RF

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, RF

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, RF

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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, RF

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, RF

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, RF

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SSA_D20

If SSA_Q02 = 2, 3, 4 or 5 , DT_KEYPHRASES21A = "to help you if you were confined to bed".
If SSA_Q03 = 2, 3, 4 or 5 , DT_KEYPHRASES24A = "to listen to you".
If SSA_Q04 = 2, 3, 4 or 5 , DT_KEYPHRASES24A = "to give you advice".
If SSA_Q05 = 2, 3, 4 or 5 , DT_KEYPHRASES21A = "to take you to the doctor".
If SSA_Q06 = 2, 3, 4 or 5 , DT_KEYPHRASES22A = "to show you affection".
If SSA_Q07 = 2, 3, 4 or 5 , DT_KEYPHRASES23A = "to have a good time with".
If SSA_Q08 = 2, 3, 4 or 5 , DT_KEYPHRASES24A = "to give you information".
If SSA_Q09 = 2, 3, 4 or 5 , DT_KEYPHRASES24A = "to confide in".
If SSA_Q10 = 2, 3, 4 or 5 , DT_KEYPHRASES22A = "to hug you".
If SSA_Q11 = 2, 3, 4 or 5 , DT_KEYPHRASES23A = "to relax with".
If SSA_Q12 = 2, 3, 4 or 5 , DT_KEYPHRASES21A = "to prepare your meals".
If SSA_Q13 = 2, 3, 4 or 5 , DT_KEYPHRASES24A = "to advise you".
If SSA_Q14 = 2, 3, 4 or 5 , DT_KEYPHRASES23A = "to do things with".
If SSA_Q15 = 2, 3, 4 or 5 , DT_KEYPHRASES21A = "to help with daily chores".
If SSA_Q16 = 2, 3, 4 or 5 , DT_KEYPHRASES24A = "to share your worries and fears with".
If SSA_Q17 = 2, 3, 4 or 5 , DT_KEYPHRASES24A = "to turn to for suggestions".
If SSA_Q18 = 2, 3, 4 or 5 , DT_KEYPHRASES23A = "to do something enjoyable with".
If SSA_Q19 = 2, 3, 4 or 5 , DT_KEYPHRASES24A = "to understand your problems".
If SSA_Q20 = 2, 3, 4 or 5 , DT_KEYPHRASES22A = "to love you and make you feel wanted".

SSA_END

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Social support - Utilization (SSU)

Optional content

Saskatchewan

SSU_BEG

Optional Content (See Appendix 2)

SSU_C21A

If (DOSSU block = 1), go to SSU_C21B.
Otherwise, go to SSU_END.

SSU_C21B

If proxy interview, go to SSU_END.
Otherwise, go to SSU_C21C.

SSU_C21C

If any responses of 2, 3, 4 or 5 in SSA_Q02 to SSA_Q20, go to SSU_R21.
Otherwise, go to SSU_END.

SSU_R21

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 <1> to continue.

SSU_C21D

If any responses of 2, 3, 4 or 5 in SSA_Q02 or SSA_Q05 or SSA_Q12 or SSA_Q15, go to SSU_D21A.
Otherwise, go to SSU_C22.

SSU_D21A

Not Applicable

SSU_Q21A

SSU_21A

**In the past 12 months, did you receive the following support:
...someone ^DT_KEYPHRASES21A?**

1 Yes

2 No

DK, RF

(Go to SSU_C22)

(Go to SSU_C22)

SSU_Q21B

SSU_21B

When you needed it, how often did you receive this kind of support (in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1 **Almost always**

2 **Frequently**

3 **Half the time**

4 **Rarely**

5 **Never**

DK, RF

SSU_C22

If any responses of 2, 3, 4 or 5 in SSA_Q06 or SSA_Q10 or SSA_Q20, go to SSU_D22A.
Otherwise, go to SSU_C23.

SSU_D22A

If SSA_Q06 = 2, 3, 4, 5, DT_KEYPHRASES22A = "to show you affection".
If SSA_Q10 = 2, 3, 4, 5, DT_KEYPHRASES22A = "to hug you".
If SSA_Q20 = 2, 3, 4, 5, DT_KEYPHRASES22A = "to love you and make you feel wanted".

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Spiritual values (SPR)

Optional content

New Brunswick, Manitoba

SPR_BEG

DOSPR: do block flag, from the sample file.
PROXMODE: proxy identifier, from the GR block.

SPR_C1

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_D01

DV_RELTEXT = SPR_Q5 {String 80}.
DV_RELCODE = SPR_Q5 {0..9990}.

Programmer:

Create fields DV_RELTEXT (String 80) = SPR_Q5 and DV_RELCODE (0..9990) = SPR_Q5

SPR_R1

I now have a few questions about spiritual values in your life.

INTERVIEWER: Press <1> 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, RF (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, RF

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, RF

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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, RF

SPR_Q5

What is your religion? Specify one denomination or religion only, even if you are not currently a practicing member of that group.

INTERVIEWER: Respondent does not have to be practicing.

If respondent answers "Catholic", ask "by Catholic do you mean Roman Catholic, Ukrainian Catholic or something else?"

If respondent answers Christian, Protestant or Orthodox, ask "Which denomination or church?" If no specific denomination or church can be given, record original response. If respondent provides more than one response, ask about the religion which is most important to them or which they practice most often.

Start typing the name of the religion to activate the search function. Enter "Other - Specify" if the religion is not part of this list. If no religion, enter "No religion".

DK, RF
Go to SPR_C5

Help text:

Tag: Religion

"No religion" means that somebody is not practicing any type of religion, regardless of their beliefs.

An "atheist" is somebody who does not hold a belief in the existence of a God or deity. This may take the form of an assertive disbelief ("I believe God does not exist") or simply lacking the belief itself ("I do not believe in the existence of God").

An "agnostic" is somebody with the assertive belief that the existence and nature of a God or deity is unknown and unknowable ("One cannot know for sure, but I do believe in God or a deity").

Processing:

This variable will be released as the code variable SPVCRL12

Programmer:

Call Trigram Search. Null is not allowed. Don't know and Refusal are allowed. The Search File to be used corresponds to the Excel file "Religion_LookUpList.xls".

The DV_RELCODE and the DV_RELTEXT are the two fields that should be displayed on the pop-up screen when the Search File is called. However, the corresponding DV_RELCODE also needs to be saved and used as the key to indicate exactly which unique entry in the Search File was selected (i.e., it is the code that differentiates between the English, French and other spelling variations of religion names).

SPR_C5

If DV_RELCODE = 900000 (Other - Specify), go to SPR_S5.
Otherwise, go to SPR_C6.

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SPR_S5

(What is your religion?)

Specify one denomination or religion only, even if you are not currently a practicing member of that group.)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

SPR_C6

If SPR_Q5 = DK, R, go to SPR_END.
Otherwise, go to SPR_Q6.

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. Exclude special occasions like marriages, funerals, baptisms, bar mitzvahs, etc.

All respondents should be asked the religious participation question, even if they said that they were not affiliated with a religion. For example, some respondents who said that they had "no religion", may attend church services on special occasions (e.g. At Christmas or Easter) with family members who said that they had a religious affiliation.

- 1 **At least once a week**
- 2 **At least once a month**
- 3 **At least 3 times a year**
- 4 **Once or twice a year**
- 5 **Not at all**

DK, RF

SPR_Q6B
SPV_6B

In the past 12 months, how often did you engage in religious or spiritual activities on your own, including prayer, meditation and other forms of worship taking place at home or in any other location?

INTERVIEWER: Read categories to respondent.

- 1 **At least once a day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **At least 3 times a year**
- 5 **Once or twice a year**
- 6 **Not at all**

DK, RF

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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, RF

SPR_END

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CMH_S01M	<p>(Whom did you see or talk to?)</p> <p><u>INTERVIEWER:</u> Specify.</p> <hr/> <p>(80 spaces)</p> <p>DK, RF</p>
CMH_E01MA	<p>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.</p> <p><i>Rule :</i> Trigger soft edit if CMH_Q01M = 1 (saw a family medical doctor) and CHP_Q03 = 2.</p>
CMH_E01MB	<p>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.</p> <p><i>Rule :</i> Trigger soft edit if CMH_Q01M = 2 (saw a psychiatrist) and CHP_Q08 = 2.</p>
CMH_E01MC	<p>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.</p> <p><i>Rule :</i> Trigger soft edit if CMH_Q01M = 3 (saw a psychologist) and CP2_Q20 = 2.</p>
CMH_E01MD	<p>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.</p> <p><i>Rule :</i> Trigger soft edit if CMH_Q01M = 4 (saw a nurse) and CHP_Q11 = 2.</p>
CMH_E01ME	<p>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.</p> <p><i>Rule :</i> Trigger soft edit if CMH_Q01M = 5 (saw a social worker or counsellor) and CP2_Q22 = 2.</p>
CMH_END	

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Distress (DIS)

Optional content

Ontario, Saskatchewan

DIS_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

DODIS: do block flag, from the sample file.

DIS_C1A

If (DODIS block = 1), go to DIS_C1B.

Otherwise, go to DIS_END.

DIS_C1B

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 <1> to continue.

DIS_D01

DV_DATEONEMONTHAGO = CURRENTDATE-1 {Caluculates the date one month ago from today}.

DIS_Q01A

DIS_10A

During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often 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, RF

(Go to DIS_END)

DIS_Q01B

DIS_10B

During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often 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

DK, RF

(Go to DIS_Q01D)

(Go to DIS_Q01D)

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DIS_Q01C
DIS_10C

(During the past month, that is, from ^ADV_DATEONEMONTHAGO to yesterday, about how often 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, RF

Processing:

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 ^ADV_DATEONEMONTHAGO 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, RF

DIS_Q01E
DIS_10E

During the past month, that is, from ^ADV_DATEONEMONTHAGO 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, RF
- (Go to DIS_Q01G)
(Go to DIS_Q01G)

DIS_Q01F
DIS_10F

(During the past month, that is, from ^ADV_DATEONEMONTHAGO 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, RF

Processing:

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).

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DIS_Q01G
DIS_10G

(During the past month, that is, from ^ADV_DATEONEMONTHAGO 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 (Go to DIS_Q01I)
- DK, RF (Go to DIS_Q01I)

DIS_Q01H
DIS_10H

(During the past month, that is, from ^ADV_DATEONEMONTHAGO 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, RF

Processing:

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 ^ADV_DATEONEMONTHAGO 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, RF

DIS_Q01J
DIS_10J

(During the past month, that is, from ^ADV_DATEONEMONTHAGO 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, RF

DIS_C01K

If DIS_Q01B = DK or RF and DIS_Q01D = DK or RF and DIS_Q01E = DK or RF and DIS_Q01G = DK or RF and DIS_Q01I = DK or RF and DIS_Q01J = DK or RF, go to DIS_END.
Otherwise, go to DIS_Q01K.

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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, RF (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, RF

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, RF

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, RF

DIS_END

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Depression (DEP)

Optional content

Newfoundland and Labrador, Nova Scotia, Prince Edward Island, New Brunswick, Saskatchewan, Alberta, Nunavut

DEP_BEG

Optional Content (See Appendix 2)

DEP_C01

If (DODEP 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, RF (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, RF (Go to DEP_Q16)

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, RF (Go to DEP_END)

DEP_Q05

DPS_05

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

- 1 Yes
- 2 No (Go to DEP_END)
- DK, RF

DEP_D05

If DEP_Q05 = 1 (Yes), DT_KEYPHRASEQ05 = "Losing interest".
Otherwise, DT_KEYPHRASEQ05 = "null".

DEP_Q06

DPS_06

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

- 1 Yes
- 2 No (Go to DEP_END)
- DK, RF

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DEP_D06	If DEP_Q06 = 1 (Yes), DT_KEYPHRASEQ06 = "Feeling tired". Otherwise, DT_KEYPHRASEQ06 = "null".
DEP_Q07 DPS_07	Did you gain weight, lose weight or stay about the same? 1 Gained weight 2 Lost weight 3 Stayed about the same (Go to DEP_Q09) 4 Was on a diet (Go to DEP_Q09) DK, RF (Go to DEP_END)
DEP_D07A	If DEP_Q07 = 1, DT_KEYPHRASEQ07 = "Gaining weight". If DEP_Q07 = 2, DT_KEYPHRASEQ07 = "Losing weight". Otherwise, DT_KEYPHRASEQ07 = "null".
DEP_D07B	If DEP_Q07 = 1, DT_GAINLOST = "gain". Otherwise, DT_GAINLOST = "lose".
DEP_Q08A DPS_08A	About how much did you [gain/lose]? <u>INTERVIEWER:</u> Enter amount only. _ _ Weight (MIN: 1) (MAX: 99) DK, RF (Go to DEP_Q09)
DEP_N08B DPS_08B	<u>INTERVIEWER:</u> Was that in pounds or in kilograms? 1 Pounds 2 Kilograms (DK, RF not allowed)
DEP_E08A	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if (DEP_Q08A > 20 and DEP_N08B = 1 or DEP_Q08A > 9 and DEP_N08B = 2).
DEP_Q09 DPS_09	Did you have more trouble falling asleep than you usually do? 1 Yes 2 No (Go to DEP_Q11) DK, RF (Go to DEP_END)
DEP_D09	If DEP_Q09 = 1 (Yes), DT_KEYPHRASEQ09 = "Trouble falling asleep". Otherwise, DT_KEYPHRASEQ09 = "null".
DEP_Q10 DPS_10	How often did that happen? <u>INTERVIEWER:</u> Read categories to respondent. 1 Every night 2 Nearly every night 3 Less often DK, RF (Go to DEP_END)

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DEP_Q11 DPS_11	<p>Did you have a lot more trouble concentrating than usual?</p> <p>1 Yes 2 No DK, RF (Go to DEP_END)</p>
DEP_D11	<p>If DEP_Q11 = 1 (Yes), DT_KEYPHRASEQ11 = "Trouble concentrating". Otherwise, DT_KEYPHRASEQ11 = "null".</p>
DEP_Q12 DPS_12	<p>At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?</p> <p>1 Yes 2 No DK, RF (Go to DEP_END)</p>
DEP_D12	<p>If DEP_Q12 = 1 (Yes), DT_KEYPHRASEQ12 = "Feeling down on yourself". Otherwise, DT_KEYPHRASEQ12 = "null".</p>
DEP_Q13 DPS_13	<p>Did you think a lot about death - either your own, someone else's or death in general?</p> <p>1 Yes 2 No DK, RF (Go to DEP_END)</p>
DEP_D13	<p>If DEP_Q13 = 1 (Yes), DT_KEYPHRASEQ13 = "Thoughts about death". Otherwise, DT_KEYPHRASEQ13 = "null".</p>
DEP_C14	<p>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.</p>
DEP_R14	<p>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 ([Losing interest/null], [Feeling tired/null], [Gaining weight/Losing weight/null], [Trouble falling asleep/null], [Trouble concentrating/null], [Feeling down on yourself/null], [Thoughts about death/null]).</p> <p><u>INTERVIEWER:</u> Press <1> to continue.</p>
DEP_Q14 DPS_14	<p>About how many weeks altogether did you feel this way during the past 12 months?</p> <p> _ _ Weeks (MIN: 2) (MAX: 53)</p> <p>DK, RF (Go to DEP_END)</p>
DEP_C15	<p>If DEP_Q14 > 51 weeks, go to DEP_END. Otherwise, go to DEP_Q15.</p>

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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?**

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- DK, RF

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, RF (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, RF (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, RF (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
- 2 No (Go to DEP_END)
- DK, RF

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DEP_D19	If DEP_Q19 = 1 (Yes), DT_KEYPHRASEQ19 = "Feeling tired". Otherwise, DT_KEYPHRASEQ19 = "null".
DEP_Q20 DPS_20	Did you gain weight, lose weight, or stay about the same? 1 Gained weight 2 Lost weight 3 Stayed about the same (Go to DEP_Q22) 4 Was on a diet (Go to DEP_Q22) DK, RF (Go to DEP_END)
DEP_D20A	If DEP_Q20 = 1, DT_KEYPHRASEQ20 = "Gaining weight". If DEP_Q20 = 2, DT_KEYPHRASEQ20 = "Losing weight". Otherwise, DT_KEYPHRASEQ20 = "null".
DEP_D20B	If DEP_Q20 = 1, DT_WEIGHT = "gain". Otherwise, DT_WEIGHT = "lose".
DEP_Q21A DPS_21A	About how much did you [gain/lose]? <u>INTERVIEWER:</u> Enter amount only. _ _ Weight (MIN: 1) (MAX: 99) DK, RF (Go to DEP_Q22)
DEP_N21B DPS_21B	<u>INTERVIEWER:</u> Was that in pounds or in kilograms? 1 Pounds 2 Kilograms (DK, RF not allowed)
DEP_E21A	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if (DEP_Q21A > 20 and DEP_N21B = 1 or DEP_Q21A > 9 and DEP_N21B = 2).
DEP_Q22 DPS_22	Did you have more trouble falling asleep than you usually do? 1 Yes 2 No (Go to DEP_Q24) DK, RF (Go to DEP_END)
DEP_D22	If DEP_Q22 = 1 (Yes), DT_KEYPHRASEQ22 = "Trouble falling asleep". Otherwise, DT_KEYPHRASEQ22 = "null".
DEP_Q23 DPS_23	How often did that happen? <u>INTERVIEWER:</u> Read categories to respondent. 1 Every night 2 Nearly every night 3 Less often DK, RF (Go to DEP_END)

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DEP_Q24 DPS_24	<p>Did you have a lot more trouble concentrating than usual?</p> <p>1 Yes 2 No DK, RF (Go to DEP_END)</p>
DEP_D24	<p>If DEP_Q24 = 1 (Yes), DT_KEYPHRASEQ24 = "Trouble concentrating". Otherwise, DT_KEYPHRASEQ24 = "null".</p>
DEP_Q25 DPS_25	<p>At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?</p> <p>1 Yes 2 No DK, RF (Go to DEP_END)</p>
DEP_D25	<p>If DEP_Q25 = 1 (Yes), DT_KEYPHRASEQ25 = "Feeling down on yourself". Otherwise, DT_KEYPHRASEQ25 = "null".</p>
DEP_Q26 DPS_26	<p>Did you think a lot about death - either your own, someone else's, or death in general?</p> <p>1 Yes 2 No DK, RF (Go to DEP_END)</p>
DEP_D26	<p>If DEP_Q26 = 1 (Yes), DT_KEYPHRASEQ26 = "Thoughts about death". Otherwise, DT_KEYPHRASEQ26 = "null".</p>
DEP_C27	<p>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.</p>
DEP_R27	<p>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 ([Feeling tired/null], [Gaining weight/Losing weight/null], [Trouble falling asleep/null], [Trouble concentrating/null], [Feeling down on yourself/null], [Thoughts about death/null]).</p> <p><u>INTERVIEWER:</u> Press <1> to continue.</p>
DEP_Q27 DPS_27	<p>About how many weeks did you feel this way during the past 12 months?</p> <p> _ _ Weeks (MIN: 2) (MAX: 53)</p> <p>DK, RF (Go to DEP_END)</p>
DEP_C28	<p>If DEP_Q27 > 51, go to DEP_END. Otherwise, go to DEP_Q28.</p>

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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?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December
- DK, RF

DEP_END

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Suicidal thoughts and attempts (SUI)

Optional content

Newfoundland and Labrador, Alberta, Nunavut, Saskatchewan

SUI_BEG

Optional Content (See Appendix 2)

SUI_C1A

If (DOSUI 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 <1> 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, RF (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, RF (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, RF (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, RF (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, RF (Go to SUI_END)

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SUI_Q6

Whom did you see or talk to?

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

SUI_6A

01 **Family doctor or general
practitioner**

SUI_6B

02 **Psychiatrist**

SUI_6C

03 **Psychologist**

SUI_6D

04 **Nurse**

SUI_6E

05 **Social worker or counsellor**

SUI_6G

06 **Religious or spiritual advisor
such as a priest, chaplain or
rabbi**

SUI_6H

07 **Teacher or guidance
counsellor**

SUI_6F

08 **Other**

DK, RF

SUI_END

Access to health care services (ACC)

Newfoundland and Labrador, New Brunswick, British Columbia

Theme content. Only asked of a sub-sample.

If (DOACC block = 1), go to ACC_C2.
Otherwise, go to ACC_END.

If proxy interview or if age < 15, go to ACC_END.
Otherwise, go to ACC_D10.

If respondent is male, DT_SPECIALIST = "urologist".
Otherwise, DT_SPECIALIST = "gynaecologist".

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, [urologist/gynaecologist] or psychiatrist (excluding an optometrist)

INTERVIEWER: Press <1> to continue.

In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?

1	Yes	
2	No	(Go to ACC_R20)
DK, RF		(Go to ACC_R20)

In the past 12 months, did you ever experience any difficulties getting the specialist care you needed for a diagnosis or consultation?

1	Yes	
2	No	(Go to ACC_R20)
DK, RF		(Go to ACC_R20)

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ACC_Q12

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_12A
ACC_12B

01 Difficulty getting a referral

02 Difficulty getting an appointment

ACC_12C
ACC_12D

03 No specialists in the area

04 Waited too long - between booking appointment and visit

ACC_12E

05 Waited too long - to see the doctor (i.e. in-office waiting)

ACC_12F

06 Transportation - problems

ACC_12G

07 Language - problem

ACC_12H

08 Cost

ACC_12I

09 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 (Go to ACC_S12)

DK, RF

Go to ACC_R20

ACC_S12

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

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, like knee or hip, caesarean sections and cataract surgery, excluding laser eye surgery.

INTERVIEWER: Press <1> 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, RF

(Go to ACC_R30)

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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, RF (Go to ACC_R30)

ACC_Q22

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_22A

01 Difficulty getting an appointment with a surgeon

ACC_22B

02 Difficulty getting a diagnosis

ACC_22C

03 Waited too long - for a diagnostic test

ACC_22D

04 Waited too long - for a hospital bed to become available

ACC_22E

05 Waited too long - for surgery

ACC_22F

06 Service not available - in the area

ACC_22G

07 Transportation - problems

ACC_22H

08 Language - problem

ACC_22I

09 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 (Go to ACC_S22)

DK, RF

Go to ACC_R30

ACC_S22

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_R30

Now some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.

INTERVIEWER: Press <1> to continue.

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ACC_Q30
ACC_30

In the past 12 months, did you require one of these tests?

- 1 Yes
- 2 No (Go to ACC_D40A)
- DK, RF (Go to ACC_D40A)

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_D40A)
- DK, RF (Go to ACC_D40A)

ACC_Q32

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_32A
ACC_32B

01 Difficulty getting a referral

02 Difficulty getting an appointment

ACC_32C

03 Waited too long - to get an appointment

ACC_32D

04 Waited too long - to get test (i.e. in-office waiting)

ACC_32E

05 Service not available - at time required

ACC_32F

06 Service not available - in the area

ACC_32G

07 Transportation - problems

ACC_32H

08 Language - problem

ACC_32I

09 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 (Go to ACC_S32)
DK, RF

Go to ACC_D40A

ACC_S32

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_D40A

If one person household, DT_YOURFAMILY = "null".
Otherwise, DT_YOURFAMILY = "for yourself or a family member".

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ACC_S40A

(Who did you contact when you needed health information or advice ^DT_YourFamily?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_Q41
ACC_41

In the past 12 months, did you ever experience any difficulties getting the health information or advice ^DT_YourFamily?

- 1 Yes
- 2 No (Go to ACC_C50)
- DK, RF (Go to ACC_C50)

ACC_Q42
ACC_42

Did you experience difficulties 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 "Not required at this time".

- 1 Yes
- 2 No (Go to ACC_Q44)
- 3 Not required at this time (Go to ACC_Q44)
- DK, RF (Go to ACC_Q44)

ACC_Q43

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_43A

01 Difficulty contacting a physician or nurse

ACC_43B

02 Did not have a phone number

ACC_43C

03 Could not get through (i.e. no answer)

ACC_43D

04 Waited too long to speak to someone

ACC_43E

05 Did not get adequate info or advice

ACC_43F

06 Language - problem

ACC_43G

07 Did not know where to go / call / uninformed

ACC_43H

08 Unable to leave the house because of a health problem

ACC_43I

09 Other - Specify (Go to ACC_S43)
DK, RF

Go to ACC_Q44

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ACC_S43

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_Q44

ACC_44

Did you experience difficulties getting health information or advice 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 "Not required at this time".

- 1 Yes
- 2 No (Go to ACC_Q46)
- 3 Not required at this time (Go to ACC_Q46)
- DK, RF (Go to ACC_Q46)

ACC_Q45

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_45A

01 Difficulty contacting a physician or nurse

ACC_45B

02 Did not have a phone number

ACC_45C

03 Could not get through (i.e. no answer)

ACC_45D

04 Waited too long to speak to someone

ACC_45E

05 Did not get adequate info or advice

ACC_45F

06 Language - problem

ACC_45G

07 Did not know where to go / call / uninformed

ACC_45H

08 Unable to leave the house because of a health problem

ACC_45I

09 Other - Specify (Go to ACC_S45)

DK, RF

Go to ACC_Q46

ACC_S45

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

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ACC_Q46
ACC_46

Did you experience difficulties getting health information or advice during the middle of the night?

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

- | | | |
|--------|---------------------------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to ACC_C50) |
| 3 | Not required at this time | (Go to ACC_C50) |
| DK, RF | | (Go to ACC_C50) |

ACC_Q47

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_47A

01 Difficulty contacting a physician or nurse

ACC_47B

02 Did not have a phone number

ACC_47C

03 Could not get through (i.e. no answer)

ACC_47D

04 Waited too long to speak to someone

ACC_47E

05 Did not get adequate info or advice

ACC_47F

06 Language - problem

ACC_47G

07 Did not know where to go / call / uninformed

ACC_47H

08 Unable to leave the house because of a health problem

ACC_47I

09 Other - Specify (Go to ACC_S47)

DK, RF

Go to ACC_C50

ACC_S47

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_C50

If one person household, go to ACC_R50B.
Otherwise, go to ACC_R50A.

ACC_R50A

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 <1> to continue.

Go to ACC_Q50A

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ACC_R50B

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.

INTERVIEWER: Press <1> to continue.

ACC_Q50A
ACC_50A

Do you have a regular family doctor?

- 1 Yes
- 2 No
- DK, RF

ACC_Q50
ACC_50

In the past 12 months, did you require any routine or on-going care ^DT_YourFamily?

- 1 Yes
- 2 No (Go to ACC_R60)
- DK, RF (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 ^DT_Family needed?

- 1 Yes
- 2 No (Go to ACC_R60)
- DK, RF (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 "Not required at this time".

- 1 Yes
- 2 No (Go to ACC_Q54)
- 3 Not required at this time (Go to ACC_Q54)
- DK, RF (Go to ACC_Q54)

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ACC_Q53

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_53A

01 Difficulty contacting a physician

ACC_53B

02 Difficulty getting an appointment

ACC_53C

03 Do not have personal / family physician

ACC_53D

04 Waited too long - to get an appointment

ACC_53E

05 Waited too long - to see the doctor (i.e. in-office waiting)

ACC_53F

06 Service not available - at time required

ACC_53G

07 Service not available - in the area

ACC_53H

08 Transportation - problems

ACC_53I

09 Language - problem

ACC_53J

10 Cost

ACC_53K

11 Did not know where to go (i.e. information problems)

ACC_53L

12 Unable to leave the house because of a health problem

ACC_53M

13 Other - Specify (Go to ACC_S53)

DK, RF

Go to ACC_Q54

ACC_S53

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

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 "Not required at this time".

1 Yes

2 No (Go to ACC_R60)

3 Not required at this time (Go to ACC_R60)

DK, RF (Go to ACC_R60)

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ACC_Q55

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_55A

01 Difficulty contacting a physician

ACC_55B

02 Difficulty getting an appointment

ACC_55C

03 Do not have personal / family physician

ACC_55D

04 Waited too long - to get an appointment

ACC_55E

05 Waited too long - to see the doctor (i.e. in-office waiting)

ACC_55F

06 Service not available - at time required

ACC_55G

07 Service not available - in the area

ACC_55H

08 Transportation - problems

ACC_55I

09 Language - problem

ACC_55J

10 Cost

ACC_55K

11 Did not know where to go (i.e. information problems)

ACC_55L

12 Unable to leave the house because of a health problem

ACC_55M

13 Other - Specify (Go to ACC_55)
DK, RF

Go to ACC_R60

ACC_555

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_R60

The next questions are about situations when ^DT_Family have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.

INTERVIEWER: Press <1> to continue.

ACC_Q60

ACC_60

In the past 12 months, did ^DT_Family require immediate health care services for a minor health problem?

1 Yes

2 No

DK, RF

(Go to ACC_END)

(Go to ACC_END)

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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 ^DT_YourFamily?

- 1 Yes
- 2 No (Go to ACC_END)
- DK, RF (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 "Not required at this time".

- 1 Yes
- 2 No (Go to ACC_Q64)
- 3 Not required at this time (Go to ACC_Q64)
- DK, RF (Go to ACC_Q64)

ACC_Q63

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_63A

01 Difficulty contacting a physician

ACC_63B

02 Difficulty getting an appointment

ACC_63C

03 Do not have personal / family physician

ACC_63D

04 Waited too long - to get an appointment

ACC_63E

05 Waited too long - to see the doctor (i.e. in-office waiting)

ACC_63F

06 Service not available - at time required

ACC_63G

07 Service not available - in the area

ACC_63H

08 Transportation - problems

ACC_63I

09 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 (Go to ACC_S63)
DK, RF

Go to ACC_Q64

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ACC_S63

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

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 "Not required at this time".

- 1 Yes
- 2 No (Go to ACC_Q66)
- 3 Not required at this time (Go to ACC_Q66)
- DK, RF (Go to ACC_Q66)

ACC_Q65

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_65A

01 Difficulty contacting a physician

ACC_65B

02 Difficulty getting an appointment

ACC_65C

03 Do not have personal / family physician

ACC_65D

04 Waited too long - to get an appointment

ACC_65E

05 Waited too long - to see the doctor (i.e. in-office waiting)

ACC_65F

06 Service not available - at time required

ACC_65G

07 Service not available - in the area

ACC_65H

08 Transportation - problems

ACC_65I

09 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 (Go to ACC_S65)

DK, RF

Go to ACC_Q66

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ACC_S67

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_END

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Waiting times (WTM)

Optional content

Newfoundland and Labrador

WTM_BEG

Optional module.

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOWTM: do block flag, from the sample file.

ACC_Q10 :TYesNo, DK, RF (In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?)

ACC_Q20 :TYesNo, DK, RF (In the past 12 months, did you require any non-emergency surgery?)

ACC_Q30 :TYesNo, DK, RF (In the past 12 months, did you require one of these tests?)

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

WTM_C01A

If (DOWTM block = 1), go to WTM_C01B.
Otherwise, go to WTM_END.

WTM_C01B

If proxy interview or if age < 15, go to WTM_END.
Otherwise, go to WTM_C01C.

WTM_C01C

If ACC_Q10 = 2 (did not require a visit to a specialist) and ACC_Q20 = 2 (did not require non emergency surgery) and ACC_Q30 = 2 (did not require tests) or (ACC_Q10 = (DK, RF, BLANK) and ACC_Q20 = (DK, RF, BLANK) and ACC_Q30 = (DK, RF, BLANK)) , go to WTM_END.
Otherwise, go to WTM_R01.

Processing:

Sub-sample (ACCS) variables need to be included in processing flows.

WTM_R01

Now some additional questions about your experiences waiting for health care services.

INTERVIEWER: Press <1> to continue.

WTM_C02

If ACC_Q10 = (2, DK, RF, BLANK) , go to WTM_C16.
Otherwise, go to WTM_Q02A.

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WTM_Q03
WTM_03

Were you referred by...?

INTERVIEWER: Read categories to respondent.

- 1 **A family doctor**
 - 2 **Another specialist**
 - 3 **Another health care provider**
 - 4 Did not require a referral
- DK, RF

WTM_Q04
WTM_04

Have you already visited the medical specialist?

- 1 Yes
 - 2 No (Go to WTM_Q08A)
- DK, RF (Go to WTM_Q08A)

WTM_Q05
WTM_05

Thinking about this visit, did you experience any difficulties seeing the specialist?

- 1 Yes
 - 2 No (Go to WTM_D07A)
- DK, RF (Go to WTM_D07A)

WTM_Q06

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply. Question ACC_Q12 previously asked about any difficulties getting specialist care. This question (WTM_Q06) deals with difficulties experienced for the most recent visit for a new illness or condition.

WTM_06A
WTM_06B

- 01 Difficulty getting a referral
- 02 Difficulty getting an appointment

WTM_06C
WTM_06D

- 03 No specialists in the area
- 04 Waited too long - between booking appointment and visit

WTM_06E

- 05 Waited too long - to see the doctor (i.e. in-office waiting)

WTM_06F
WTM_06G
WTM_06H
WTM_06I

- 06 Transportation - problems
- 07 Language - problem
- 08 Cost
- 09 Personal or family responsibilities

WTM_06J

- 10 General deterioration of health

WTM_06K

- 11 Appointment cancelled or deferred by specialist

WTM_06L

- 12 Unable to leave the house because of a health problem

WTM_06M

- 13 Other - Specify (Go to WTM_S06)
- DK, RF

Go to WTM_D07A

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WTM_S06	<p>(What type of difficulties did you experience?)</p> <p><u>INTERVIEWER:</u> Specify.</p> <hr/> <p>(80 spaces)</p> <p>DK, RF</p>
WTM_D07A	<p>If WTM_Q03 = 1 or 2, DT_APPOINTMENT = "you and your doctor decided that you should see a specialist". If WTM_Q03 = 3, DT_APPOINTMENT = "you and your health care provider decided that you should see a specialist". Otherwise, DT_APPOINTMENT = "the appointment was initially scheduled".</p>
WTM_Q07A WTM_07A	<p>How long did you have to wait between when [you and your doctor decided that you should see a specialist/you and your health care provider decided that you should see a specialist/the appointment was initially scheduled] and when you actually visited the specialist?</p> <p><u>INTERVIEWER:</u> Probe to get the most precise answer possible.</p> <p> _ _ _ (MIN: 1) (MAX: 365)</p> <p>DK, RF (Go to WTM_D10)</p>
WTM_N07B WTM_07B	<p><u>INTERVIEWER:</u> Enter unit of time.</p> <p>1 Days 2 Weeks 3 Months (DK, RF not allowed)</p> <p>Go to WTM_D10</p>
WTM_E07B	<p>An unusual value has been entered. Please confirm.</p>
Rule :	<p><i>Trigger soft edit if (WTM_Q07A > 31 and WTM_N07B = 1) or (WTM_Q07A > 12 and WTM_N07B = 2) or (WTM_Q07A > 18 and WTM_N07B=3).</i></p>
WTM_Q08A WTM_08A	<p>How long have you been waiting since [you and your doctor decided that you should see a specialist/you and your health care provider decided that you should see a specialist/the appointment was initially scheduled]?</p> <p><u>INTERVIEWER:</u> Probe to get the most precise answer possible.</p> <p> _ _ _ (MIN: 1) (MAX: 365)</p> <p>DK, RF (Go to WTM_D10)</p>

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WTM_Q13

Was it cancelled or postponed by... ?

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

WTM_13A
WTM_13B
WTM_13C

- 1 **Yourself**
 - 2 **The specialist**
 - 3 Other - Specify (Go to WTM_S13)
- DK, RF

Go to WTM_Q14

WTM_S13

(Was it cancelled or postponed by... ?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q14
WTM_14

Do you think that your health, or other aspects of your life, have been affected in any way because you had to wait for this visit?

- 1 Yes
 - 2 No (Go to WTM_C16)
- DK, RF (Go to WTM_C16)

WTM_Q15

How was your life affected as a result of waiting for this visit?

INTERVIEWER: Mark all that apply.

WTM_15A
WTM_15B

- 01 Worry, anxiety, stress
- 02 Worry or stress for family or friends

WTM_15C
WTM_15D

- 03 Pain
- 04 Problems with activities of daily living (e.g., dressing, driving)

WTM_15E
WTM_15F
WTM_15G

- 05 Loss of work
- 06 Loss of income
- 07 Increased dependence on relatives/friends

WTM_15H

- 08 Increased use of over-the-counter drugs

WTM_15I

- 09 Overall health deteriorated, condition got worse

WTM_15J
WTM_15K

- 10 Health problem improved
- 11 Personal relationships suffered

WTM_15L

- 12 Other - Specify (Go to WTM_S15)
- DK, RF

Go to WTM_C16

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WTM_S15	<p>(How was your life affected as a result of waiting for this visit?)</p> <p><u>INTERVIEWER:</u> Specify.</p> <hr/> <p>(80 spaces)</p> <p>DK, RF</p>
WTM_C16	<p>If ACC_Q20 = (2, DK, RF, BLANK), go to WTM_C30. Otherwise, go to WTM_D16.</p>
WTM_D16	<p>If sex = female, DT_HYSTERECTOMY = "Hysterectomy (Removal of uterus)". Otherwise, DT_HYSTERECTOMY = "null".</p>
WTM_Q16 WTM_16	<p>You mentioned that in the past 12 months you required non emergency surgery.</p> <p>What type of surgery did you require? If you have had more than one in the past 12 months, please answer for the most recent surgery.</p> <p><u>INTERVIEWER:</u> Read categories to respondent.</p> <ol style="list-style-type: none"> 1 Cardiac surgery 2 Cancer related surgery 3 Hip or knee replacement surgery 4 Cataract or other eye surgery 5 [Hysterectomy (Removal of uterus)/null] 6 Removal of gall bladder 7 Other - Specify (Go to WTM_S16) <p>DK, RF</p> <p>Go to WTM_Q17</p>
WTM_E16	<p>A blank answer has been selected. Please return and correct.</p>
Rule :	<p><i>Trigger hard edit if WTM_Q16 = 5 and sex = male.</i></p>
WTM_S16	<p>(You mentioned that in the past 12 months you required non emergency surgery.</p> <p>What type of surgery did you require? If you have had more than one in the past 12 months, please answer for the most recent surgery.)</p> <p><u>INTERVIEWER:</u> Specify.</p> <hr/> <p>(80 spaces)</p> <p>DK, RF</p>

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WTM_Q17
WTM_17

Did you already have this surgery?

- 1 Yes
- 2 No (Go to WTM_Q22)
- DK, RF (Go to WTM_Q22)

WTM_Q18
WTM_18

Did the surgery require an overnight hospital stay?

- 1 Yes
- 2 No
- DK, RF

WTM_Q19
WTM_19

Did you experience any difficulties getting this surgery?

- 1 Yes
- 2 No (Go to WTM_Q21 A)
- DK, RF (Go to WTM_Q21 A)

WTM_Q20

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply. ACC_Q22 asked previously about any difficulties experienced getting the surgery you needed. This question (WTM_Q20) refers to difficulties experienced for the most recent non emergency surgery.

WTM_20A

01 Difficulty getting an appointment with a surgeon

WTM_20B
WTM_20C

02 Difficulty getting a diagnosis
03 Waited too long - for a diagnostic test

WTM_20D

04 Waited too long - for a hospital bed to become available

WTM_20E
WTM_20F

05 Waited too long - for surgery
06 Service not available - in the area

WTM_20G
WTM_20H
WTM_20I
WTM_20J

07 Transportation - problems
08 Language - problem
09 Cost
10 Personal or family responsibilities

WTM_20K

11 General deterioration of health

WTM_20L

12 Appointment cancelled or deferred by surgeon or hospital

WTM_20M

13 Unable to leave the house because of a health problem

WTM_20N

14 Other - Specify (Go to WTM_S20)
DK, RF

Go to WTM_Q21 A

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WTM_S20

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q21A

WTM_21A

How long did you have to wait between when you and the surgeon decided to go ahead with surgery and the day of surgery?

INTERVIEWER: Probe to get the most precise answer possible.

|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF

(Go to WTM_D24)

WTM_N21B

WTM_21B

INTERVIEWER: Enter unit of time.

1 Days
2 Weeks
3 Months
(DK, RF not allowed)

Go to WTM_D24

WTM_E21B

An unusual number has been entered. Please confirm.

Rule :

Trigger soft edit if (WTM_Q21A > 31 and WTM_N21B = 1) or (WTM_Q21A > 12 and WTM_N21B = 2) or (WTM_Q21A > 18 and WTM_N21B=3).

WTM_Q22

WTM_22

Will the surgery require an overnight hospital stay?

1 Yes
2 No
DK, RF

WTM_Q23A

WTM_23A

How long have you been waiting since you and the surgeon decided to go ahead with the surgery?

INTERVIEWER: Probe to get the most precise answer possible.

|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF

(Go to WTM_D24)

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WTM_N23B
WTM_23B

INTERVIEWER: Enter unit of time.

- 1 Days
 - 2 Weeks
 - 3 Months
- (DK, RF not allowed)

WTM_E23B

An unusual number has been entered. Please confirm.

Rule :

Trigger soft edit if (WTM_Q23A > 31 and WTM_N23B = 1) or (WTM_Q23A > 12 and WTM_N23B = 2) or (WTM_Q23A > 18 and WTM_N23B = 3).

WTM_D24

If WTM_Q17 = 1, DT_WAITTIME2 = "was the waiting time".
Otherwise, DT_WAITTIME2 = "has the waiting time been".

WTM_Q24
WTM_24

In your view, [was the waiting time/has the waiting time been]... ?

INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

- 1 **Acceptable** (Go to WTM_Q26)
 - 2 **Not acceptable**
 - 3 No view
- DK, RF

WTM_Q25A
WTM_25A

In this particular case, what do you think is an acceptable waiting time?

|_|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF (Go to WTM_Q26)

WTM_N25B
WTM_25B

INTERVIEWER: Enter unit of time.

- 1 Days
 - 2 Weeks
 - 3 Months
- (DK, RF not allowed)

WTM_E25B

An unusual number has been entered. Please confirm.

Rule :

Trigger soft edit if (WTM_Q25A > 31 and WTM_N25B = 1) or (WTM_Q25A > 12 and WTM_N25B = 2) or (WTM_Q25A > 18 and WTM_N25B=3).

WTM_Q26
WTM_26

Was your surgery cancelled or postponed at any time?

- 1 Yes
 - 2 No (Go to WTM_Q28)
- DK, RF (Go to WTM_Q28)

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WTM_Q27

Was it cancelled or postponed by... ?

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

WTM_27A
WTM_27B
WTM_27C
WTM_27D

- 1 **Yourself**
 - 2 **The surgeon**
 - 3 **The hospital**
 - 4 Other - Specify (Go to WTM_S27)
- DK, RF

Go to WTM_Q28

WTM_S27

(Was it cancelled or postponed by... ?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q28
WTM_28

Do you think that your health, or other aspects of your life, have been affected in any way due to waiting for this surgery?

- 1 Yes
 - 2 No (Go to WTM_C30)
- DK, RF (Go to WTM_C30)

WTM_Q29

How was your life affected as a result of waiting for surgery?

INTERVIEWER: Mark all that apply.

WTM_29A
WTM_29B

WTM_29C
WTM_29D

- 01 Worry, anxiety, stress
- 02 Worry or stress for family or friends
- 03 Pain
- 04 Problems with activities of daily living (e.g., dressing, driving)
- 05 Loss of work
- 06 Loss of income
- 07 Increased dependence on relatives/friends
- 08 Increased use of over-the-counter drugs
- 09 Overall health deteriorated, condition got worse
- 10 Health problem improved
- 11 Personal relationships suffered

WTM_29E
WTM_29F
WTM_29G

WTM_29H

WTM_29I

WTM_29J
WTM_29K

WTM_29L

- 12 Other - Specify (Go to WTM_S29)
- DK, RF

Go to WTM_C30

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WTM_S29	<p>(How was your life affected as a result of waiting for surgery?)</p> <p><u>INTERVIEWER:</u> Specify.</p> <hr/> <p>(80 spaces)</p> <p>DK, RF</p>
WTM_C30	<p>If ACC_Q30 = (2, DK, RF, BLANK) , go to WTM_END. Otherwise, go to WTM_Q30.</p>
WTM_Q30 WTM_30	<p>Now for MRIs, CAT Scans and angiographies provided in a non emergency situation.</p> <p>You mentioned that in the past 12 months you required one of these tests.</p> <p>What type of test did you require?</p> <p>If you have had more than one in the past 12 months, please answer for the most recent test.</p> <p><u>INTERVIEWER:</u> Read categories to respondent.</p> <ol style="list-style-type: none">1 MRI (Magnetic Resonance Imaging)2 CAT Scan (Computed Axial Tomography)3 Angiography (Cardiac Test) <p>DK, RF</p>
WTM_Q31 WTM_31	<p>For what type of condition?</p> <p><u>INTERVIEWER:</u> Read categories to respondent.</p> <ol style="list-style-type: none">1 Heart disease or stroke2 Cancer3 Joints or fractures4 Neurological or brain disorders (e.g., for MS, migraine or headaches)5 Other - Specify (Go to WTM_S31) <p>DK, RF</p> <p>Go to WTM_Q32</p>
WTM_S31	<p>(For what type of condition?)</p> <p><u>INTERVIEWER:</u> Specify.</p> <hr/> <p>(80 spaces)</p> <p>DK, RF</p>

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WTM_Q32
WTM_32

Did you already have this test?

- 1 Yes
- 2 No (Go to WTM_Q39A)
- DK, RF (Go to WTM_Q39A)

WTM_Q33
WTM_33

Where was the test done?

INTERVIEWER: Read categories to respondent.

- 1 **Hospital** (Go to WTM_Q35)
- 2 **Public clinic** (Go to WTM_Q35)
- 3 **Private clinic** (Go to WTM_Q34)
- 4 Other - Specify (Go to WTM_S33)
- DK, RF (Go to WTM_Q36)

WTM_S33

(Where was the test done?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to WTM_Q35

WTM_Q34
WTM_34

Was the clinic located... ?

INTERVIEWER: Read categories to respondent.

- 1 **In your province**
- 2 **In another province**
- 3 Other - Specify (Go to WTM_S34)
- DK, RF

Go to WTM_Q35

WTM_S34

(Was the clinic located... ?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q35
WTM_35

Were you a patient in a hospital at the time of the test?

- 1 Yes
- 2 No
- DK, RF

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WTM_Q36
WTM_36

Did you experience any difficulties getting this test?

- 1 Yes
2 No (Go to WTM_Q38A)
DK, RF (Go to WTM_Q38A)

WTM_Q37

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply. ACC_Q32 asked previously about any difficulties experienced getting the tests you needed. This question (WTM_Q37) refers to difficulties experienced for the most recent diagnostic test.

WTM_37A
WTM_37B

01 Difficulty getting a referral

02 Difficulty getting an appointment

WTM_37C

03 Waited too long - to get an appointment

WTM_37D

04 Waited too long - to get test (i.e. in-office waiting)

WTM_37E

05 Service not available - at time required

WTM_37F

06 Service not available - in the area

WTM_37G

07 Transportation - problems

WTM_37H

08 Language - problem

WTM_37I

09 Cost

WTM_37J

10 General deterioration of health

WTM_37K

11 Did not know where to go (i.e. information problems)

WTM_37L

12 Unable to leave the house because of a health problem

WTM_37M

13 Other - Specify (Go to WTM_S37)
DK, RF

Go to WTM_Q38A

WTM_S37

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

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WTM_Q38A
WTM_38A

How long did you have to wait between when you and your doctor decided to go ahead with the test and the day of the test?

INTERVIEWER: Probe to get the most precise answer possible.

|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF

(Go to WTM_D40)

WTM_N38B
WTM_38B

INTERVIEWER: Enter unit of time.

1 Days
2 Weeks
3 Months
(DK, RF not allowed)

Go to WTM_D40

WTM_E38B

An unusual number has been entered. Please confirm.

Rule :

Trigger soft edit if (WTM_Q38A > 31 and WTM_N38B = 1) or (WTM_Q38A > 12 and WTM_N38B = 2) or (WTM_Q38A > 18 and WTM_N38B=3).

WTM_Q39A
WTM_39A

How long have you been waiting for the test since you and your doctor decided to go ahead with the test?

INTERVIEWER: Probe to get the most precise answer possible.

|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF

(Go to WTM_D40)

WTM_N39B
WTM_39B

INTERVIEWER: Enter unit of time.

1 Days
2 Weeks
3 Months
(DK, RF not allowed)

WTM_E39B

An unusual number has been entered. Please confirm.

Rule :

Trigger soft edit if (WTM_Q39A > 31 and WTM_N39B = 1) or (WTM_Q39A > 12 and WTM_N39B = 2) or (WTM_Q39A > 18 and WTM_N39B=3).

WTM_D40

If WTM_Q32 = 1, DT_WAITTIME3 = "was the waiting time".
Otherwise, DT_WAITTIME3 = "has the waiting time been".

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Labour force (LBS)

Core content

LBS_BEG

Core content

External variables required:

REFDATE: current date from operating system

SEX_Q01: sex of specific respondent (1 = male, 2 = female) from Sex block.

GEN_Q08 from GEN block

DV_AGE: Age of selected respondent from ANC block

DOLBS: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

DATEONEWEEKAGO as Month DD, YYYY, e.g., January 2, 2008

^YESTERDAY as Month DD, YYYY, e.g., January 2, 2008

LBS_C1A

If (DOLBS block = 1), go to LBS_C1B.

Otherwise, go to LBS_END.

LBS_C1B

If age < 15 or age > 75, go to LBS_END.

Otherwise, go to LBS_R01.

LBS_D1A

DV_DATEONEWEEKAGO = CURRENTDATE - 7

LBS_D1B

DV_YESTERDAY = CURRENTDAY - 1

LBS_R01

The next questions concern ^YOUR2 activities in the last 7 days. By the last 7 days, I mean beginning ^DATEONEWEEKAGO, and ending ^YESTERDAY.

INTERVIEWER: Press <1> to continue.

LBS_Q01

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 LBS_END)

DK, RF (Go to LBS_END)

LBS_E01

A response inconsistent with a response to a previous question has been entered.

Please confirm.

Rule :

Trigger soft edit if GEN_Q08 = 2 (did not work at any time in past 12 months) and LBS_Q01 = 1.

LBS_C02

If LBS_Q01 = 1, go to LBS_Q03.

Otherwise, go to LBS_Q02.

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LBS_Q02
LBS_02

Last week, did ^YOU2 have a job or business from which ^YOU1 ^WERE absent?

- 1 Yes
- 2 No (Go to LBS_Q04)
- DK, RF (Go to LBS_END)

LBS_Q03
LBS_03

Did ^YOU1 have more than one job or business last week?

- 1 Yes
- 2 No
- DK, RF

Go to LBS_D31

LBS_Q04
LBS_11

In the past 4 weeks, did ^YOU2 do anything to find work?

- 1 Yes
- 2 No
- DK, RF

Go to LBS_END

LBS_D31

Not Applicable

LBS_R31

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 <1> to continue.

LBS_Q31
LBS_31

^ARE_C ^YOU1 an employee or self-employed?

- 1 Employee
- 2 Self-employed (Go to LBS_Q32)
- 3 Working in a family business without pay
- DK, RF

Go to LBS_Q33

Programmer:

Go to LBS_Q33

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LBS_Q32

What is the name of ^YOUR1 business?

INTERVIEWER: Enter the full name of the business.
If there is no business name, enter the respondent's full name.

(50 spaces)

DK, RF

Go to LBS_Q34

Processing:

LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.

LBS_Q33

For whom ^DOVERB ^YOU1 work?

INTERVIEWER: Enter the full name of the company, business, government department or agency, or person.

(50 spaces)

DK, RF

Processing:

LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.

LBS_Q34

What kind of business, industry or service is this?

INTERVIEWER: Enter a detailed description.

For example:
New home construction
Primary school
Municipal police
Wheat farm
Retail shoe store
Food wholesale
Car parts factory
Federal government

(50 spaces)

DK, RF

Processing:

LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.

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LBS_Q35

What is ^YOUR1 work or occupation?

INTERVIEWER: Enter a detailed description.

For example: legal secretary, plumber, fishing guide,
wood furniture assembler, secondary school teacher,
computer programmer.

(50 spaces)

DK, RF

Processing:

LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.

Programmer:

Use trigram search, source file is PrepSOC.tdf

LBS_Q36

In this work, what are ^YOUR1 main activities?

INTERVIEWER: Enter a detailed description.

For example: prepare legal documents, install residential plumbing,
guide fishing parties, make wood furniture products, teach
mathematics, develop software.

(50 spaces)

DK, RF

Processing:

LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.

LBS_Q37

LBS_42

About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 job or business? If ^YOU2 usually work^S extra hours, paid or unpaid, please include these hours.

|_|_|_| Hours
(MIN: 1)
(MAX: 168)

DK, RF

LBS_E37

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if LBS_Q37 > 84

LBS_C38

If LBS_Q03 = 1, go to LBS_Q38.
Otherwise, go to LBS_END.

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LBS_Q38

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^S extra hours, paid or unpaid, please include these hours.

INTERVIEWER: Minimum is 1; maximum is (168 - LBS_Q37).

|_|_|_| Hours

(MIN: 1)

(MAX: 168)

DK, RF

Programmer:

If LBS_Q37 = 168, then maximum = 1.

If LBS_Q37 = DK or RF, then maximum = 168.

LBS_E38A

An impossible value has been entered. Please return and correct.

Rule :

Trigger hard edit if LBS_Q38 > (168 - LBS_Q37)

LBS_E38B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if LBS_Q38 > 30

LBS_END

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Loss of Productivity (LOP)

Optional content

Prince Edward Island, Quebec

LOP_BEG

Theme content

External variables required:

PROXMODE: proxy identifier, from the GR block.

DOLOP: do block flag, from the sample file.

GEN_Q08: worked at a job or business in the past 12 month

LBS_Q01: worked at a job or business in the past week

AGE: Age of respondent

LOP_C010

If (DOLOP = 1), go to LOP_C011A.
Otherwise, go to LOP_END.

LOP_C011A

If proxy interview, go to LOP_END.
Otherwise, go to LOP_C011B.

LOP_C011B

If age < 15 or age > 75, go to LOP_END.
Otherwise, go to LOP_C015A.

LOP_C015A

If GEN_Q08 = 2 (did not work in the past 12 months), go to LOP_Q020.
Otherwise, go to LOP_C015B.

LOP_C015B

If LBS_Q01 = 1, go to LOP_R030.
Otherwise, go to LOP_Q015.

LOP_Q015

LOP_015

Did you work at a job or a business at any time in the past three months?

INTERVIEWER: Include only paid job or business.

1 Yes (Go to LOP_R030)

2 No

DK, RF (Go to LOP_END)

Processing:

In processing, if DOLOP = 1 and PROXMODE = 2 and LBS_Q01 = 1, recode LOP_Q015 = 1.

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LOP_Q020
LOP_020

What is the main reason that you have not worked at a job or business in the past three months?

INTERVIEWER: If respondent wants to report more than one reason, ask for the main one.

- 01 Chronic physical or mental health condition diagnosed by a health professional
 - 02 Own injury such as broken bone, bad cut, burn or sprain
 - 03 Own infectious disease such as a cold, flu or stomach flu
 - 04 Other reason related to physical or mental health
 - 05 Caring for own children
 - 06 Caring for elderly relative(s)
 - 07 Maternity, paternity or parental leave
 - 08 Education, training or school
 - 09 Temporary lay-off
 - 10 Strike or lockout
 - 11 Retired
 - 12 Other
- DK, RF

LOP_C020

If LOP_Q020 = 01, go to LOP_Q050.
Otherwise, go to LOP_END.

LOP_R030

The next questions are about absence from work because of your OWN health. Please include consultations with health professionals, but exclude absences because of the health of another person.

INTERVIEWER: Press <1> to continue.

LOP_D030

DV_DATETHREEMONTHSAGO = CURRENTMONTH - 3

LOP_Q030
LOP_030

In the past three months, that is from ^DATETHREEMONTHSAGO to yesterday, have you missed any days at work because of a chronic health condition?

By chronic condition, we mean a long-term physical or mental condition that is expected to last or have already lasted 6 months or more and that has been diagnosed by a health professional.

- 1 Yes
 - 2 No (Go to LOP_Q060)
- DK, RF (Go to LOP_Q060)

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LOP_Q040
LOP_040

How many days of work have you missed because of a chronic condition?

INTERVIEWER: Don't enter days for which time has been made up.
Enter 1 day if respondent reports less than one day.

|_|_|
(MIN: 1)
(MAX: 90)

DK, RF

LOP_Q050
LOP_050

Which chronic condition was this?

INTERVIEWER: If the respondent wants to report more than one condition, probe for the main reason or the one that has required the highest number of days of absence.

- 01 Arthritis (such as rheumatoid arthritis, osteoarthritis, lupus or gout)
 - 02 Osteoporosis
 - 03 Cardiovascular disease (including stroke and hypertension)
 - 04 Kidney disease
 - 05 Asthma
 - 06 Chronic bronchitis, emphysema or chronic obstructive pulmonary disease (COPD)
 - 07 Diabetes
 - 08 Migraine
 - 09 Back problems
 - 10 Cancer
 - 11 Mental illnesses (such as depression bipolar disorder, mania or schizophrenia)
 - 12 Neurological diseases (such as Alzheimer, dementia, Parkinson's disease, multiple sclerosis, spina bifida)
 - 13 Digestive diseases (such as celiac disease, irritable bowel syndrome, stomach ulcers)
 - 14 Fibromyalgia, chronic fatigue syndrome or multiple chemical sensitivities
 - 15 Other - Specify (Go to LOP_S050)
- DK, RF

Go to LOP_C060

LOP_S050	<p>(Which chronic condition was this?)</p> <p><u>INTERVIEWER</u>: Specify.</p> <hr/> <p>(80 spaces)</p> <p>DK, RF</p> <p>Go to LOP_C060</p>
LOP_C060	<p>If LOP_Q020 = 1, go to LOP_END. Otherwise, go to LOP_Q060.</p>
LOP_Q060 LOP_060	<p>In the past three months, have you missed any days at work because of an injury such as a broken bone, a bad cut, a burn or a sprain?</p> <p>1 Yes</p> <p>2 No (Go to LOP_Q080)</p> <p>DK, RF (Go to LOP_Q080)</p>
LOP_Q070 LOP_070	<p>How many days of work have you missed (because of an injury)?</p> <p><u>INTERVIEWER</u>: Don't enter days for which time has been made up. Enter 1 day if respondent reports less than one day.</p> <p> _ _ (MIN: 1) (MAX: 90)</p> <p>DK, RF</p>
LOP_Q080 LOP_080	<p>In the past three months, have you missed any days at work because of an infectious disease such as a cold, a stomach flu or a respiratory infection?</p> <p>1 Yes</p> <p>2 No (Go to LOP_Q090)</p> <p>DK, RF (Go to LOP_Q090)</p>
LOP_Q081	<p>Which infectious disease was this?</p> <p><u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.</p>
LOP_81A LOP_81B LOP_81C LOP_81D LOP_81E	<p>1 Cold</p> <p>2 Flu or influenza</p> <p>3 Stomach flu</p> <p>4 Respiratory infection</p> <p>5 Other</p> <p>DK, RF (Go to LOP_Q090)</p> <p>Go to LOP_C082</p>
LOP_C082	<p>If LOP_Q081 = 1, go to LOP_Q082. Otherwise, go to LOP_C083.</p>

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LOP_Q082
LOP_082

How many days of work have you missed because of a cold?

INTERVIEWER: Symptoms of a cold include a runny nose, congestion and a cough. Don't enter days for which time has been made up.

|_|_|
(MIN: 1)
(MAX: 90)

DK, RF

LOP_C083

If LOP_Q081=2, go to LOP_Q083.
Otherwise, go to LOP_C084.

LOP_Q083
LOP_083

How many days of work have you missed because of a flu or influenza?

INTERVIEWER: Symptoms of influenza include fever, headache and body aches. Don't enter days for which time has been made up.

|_|_|
(MIN: 1)
(MAX: 90)

DK, RF

LOP_C084

If LOP_Q081=3, go to LOP_Q084.
Otherwise, go to LOP_C085.

LOP_Q084
LOP_084

How many days of work have you missed because of a stomach flu?

INTERVIEWER: Symptoms of stomach flu include nausea, vomiting, stomach cramps and diarrhea. Don't enter days for which time has been made up.

|_|_|
(MIN: 1)
(MAX: 90)

DK, RF

LOP_C085

If LOP_Q081=4, go to LOP_Q085.
Otherwise, go to LOP_C086.

LOP_Q085
LOP_085

How many days of work have you missed because of another respiratory infection such as pneumonia or bronchitis?

INTERVIEWER: Don't enter days for which time has been made up.

|_|_|
(MIN: 1)
(MAX: 90)

DK, RF

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LOP_C086

If LOP_Q081=5, go to LOP_Q086.
Otherwise, go to LOP_Q090.

LOP_Q086
LOP_086

How many days of work have you missed because of any other infectious disease?

INTERVIEWER: Don't enter days for which time has been made up.

|_|_|
(MIN: 1)
(MAX: 90)

DK, RF

LOP_Q090
LOP_090

In the past three months, have you been absent from work because of any other reason related to your physical or mental health?

1	Yes	(Go to LOP_Q100)
2	No	(Go to LOP_END)
	DK, RF	(Go to LOP_END)

LOP_Q100
LOP_100

How many days of work have you missed because of another reason related to your own physical or mental health?

INTERVIEWER: Don't enter days for which time has been made up.
Enter 1 day if respondent reports less than one day.

|_|_|
(MIN: 1)
(MAX: 90)

DK, RF

LOP_END

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Socio-demographic characteristics (SDC)

Core content

SDC_BEG	Core content SEX_Q01: Respondent's sex YEAROFBIRTH: Respondent's year of birth CURRENTYEAR: Year of survey collection DOSDC do block flag, from the sample file.
SDC_C1	If (DOSDC block = 1), go to SDC_R1. Otherwise, go to SDC_END.
SDC_D1	DV_CNTRYTEXT = SDC_Q1 {(String 80) }. DV_CNTRYTEXT = SDC_Q1 {(0..9990) }.
Programmer:	<i>Program : Create fields DV_CNTRYTEXT (String 80) = SDC_Q1 and DV_CNTRYCODE (0..9990) = SDC_Q1</i>
SDC_R1	Now some general background questions which will help us compare the health of people in Canada. <u>INTERVIEWER</u> : Press <1> to continue.
SDC_Q1	In what country ^WERE ^YOU2 born? <u>INTERVIEWER</u> : Ask the respondent to specify country of birth according to current boundaries. Start typing the name of the country of birth to activate function. Enter (CAN) to select Canada. Enter "Other - Specify" to capture a name of the country that is not part of the list. DK, RF
Processing:	<i>This variable will be released as the code variable \$DCCCB10.</i>
Programmer:	<i>Call Trigram Search. Null is not allowed. Don't know and Refusal are allowed. The Search File to be used corresponds to the Excel file "Country_Pays_LookUpList.xls" The DV_CNTRYCODE and the DV_CNTRYTEXT are the two fields that should be displayed on the pop-up screen when the Search File is called. However, the corresponding DV_CNTRYCODE also needs to be saved and used as the key to indicate exactly which unique entry in the Search File was selected (i.e., it is the code that differentiates between the English, French and other spelling variations of country names).</i>
SDC_C02A	If DV_CNTRYCODE = 11124 (Canada) or DK or R, go to SDC_D4. Otherwise, go to SDC_C02B.
SDC_C02B	If DV_CNTRYCODE = 90000 (Other-Specify), go to SDC_S1. Otherwise, go to SDC_Q2.

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SDC_Q4A

To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese, East Indian)

INTERVIEWER: Mark all that apply. An ancestor is usually more distant than a grandparent. If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian. If the respondent answers "Eskimo", enter "20".

SDC_4A
SDC_4B
SDC_4C
SDC_4D
SDC_4E
SDC_4F
SDC_4G
SDC_4H
SDC_4I
SDC_4J
SDC_4K
SDC_4L
SDC_4M
SDC_4N

- 01 Canadian
 - 02 French
 - 03 English
 - 04 German
 - 05 Scottish
 - 06 Irish
 - 07 Italian
 - 08 Ukrainian
 - 09 Dutch (Netherlands)
 - 10 Chinese
 - 11 Jewish
 - 12 Polish
 - 13 Portuguese
 - 14 South Asian (e.g. East Indian, Pakistani, Sri Lankan)
 - 15 Norwegian
 - 16 Welsh
 - 17 Swedish
 - 18 First Nations (North American Indian)
 - 19 Métis
 - 20 Inuit
 - 21 Other - Specify (Go to SDC_S4A)
- DK, RF

Go to SDC_C04B

SDC_S4A

(To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese, East Indian))

INTERVIEWER: Specify.

(80 spaces)

DK, RF

SDC_C04B

If SDC_Q1 or DV_CNTRYCODE = Canada, United States, Germany or Greenland, go to SDC_Q4B_1.
Otherwise, go to SDC_D4C.

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SDC_Q4B_1
SDC_41

^ARE_C ^YOU1 an Aboriginal person, that is, First nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians.

INTERVIEWER: The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other.

"Inuit" is the plural form of "Inuk".

- | | | |
|--------|-----|-------------------|
| 1 | Yes | |
| 2 | No | (Go to SDC_D4C) |
| DK, RF | | (Go to SDC_D5A_1) |

Help text:

Tag: Aboriginal group

This question should be answered regardless of whether or not this person is an Aboriginal person of North America.

Aboriginal people are usually those with ancestors who resided in North America prior to European contact and who identify with one of the three Aboriginal groups listed on the questionnaire: First Nations (North American Indian), Métis and Inuk.

Persons who consider themselves to be East Indian or Asian Indian, or who have ethnic roots on the subcontinent of India, should respond: "No, not an Aboriginal person" to this question.

Individuals who refer to themselves as Métis in the context of mixed ancestry, but who do not have North American Aboriginal ancestry-for example, those from Africa, the Caribbean and South America-should respond "No, not an Aboriginal person".

SDC_N4B_2

INTERVIEWER: If the respondent has already specified the Aboriginal group(s), select the group(s) from the list below; if not, ask:

(^ARE_C ^YOU1 First Nations, Métis or Inuk (Inuit)?)

INTERVIEWER: Mark all that apply.

First Nations (North American Indian) includes Status and Non-Status Indians.

The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other.

"Inuit" is the plural form of "Inuk".

Mark all that apply.

SDC_42A

1 First Nations (North American Indian)

SDC_42B

2 Métis

SDC_42C

3 Inuk (Inuit)

DK, RF

Go to SDC_D5A_1

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SDC_E42	You have entered "Don't know" or "Refusal" for SDC_N4B_22. Respondents sometimes get confused with the terminology used to describe different Aboriginal groups. If you wish to change the entry, return to SDC_N4B_22 and enter the appropriate answer. Otherwise, please confirm.
Rule :	<i>Trigger soft edit if SDC_N4B_22 = DK or RF</i>
SDC_D4C	Not Applicable

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SDC_Q4C

^YOU2_C may belong to one or more racial or cultural groups on the following list.

^ARE_C ^YOU1?

INTERVIEWER: Read categories to respondent and mark up to 4 responses that apply.

If respondent answers "mixed" or "bi-racial", or multi-racial", etc probe for specific groups and mark each one separately (e.g. White, Black, Chinese). Aboriginal people or First Nations are not included in the list of response categories because the Employment Equity Act defines visible minorities as "persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in "colour". Guidelines state that "Due to their status as First Nation people, Aboriginal peoples are specifically excluded from the definition".

Under the Employment Equity Act, Aboriginal Peoples are considered to be a separate designated group.

SDC_43A
SDC_43C

SDC_43B
SDC_43D
SDC_43E
SDC_43F
SDC_43H
SDC_43G

SDC_43I

SDC_43K
SDC_43J
SDC_43M

- 01 **White**
 - 02 **South Asian (e.g., East Indian, Pakistani, Sri Lankan)**
 - 03 **Chinese**
 - 04 **Black**
 - 05 **Filipino**
 - 06 **Latin American**
 - 07 **Arab**
 - 08 **Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)**
 - 09 **West Asian (e.g., Iranian, Afghan)**
 - 10 **Korean**
 - 11 **Japanese**
 - 12 Other - Specify (Go to SDC_S4C)
- DK, RF

Go to SDC_Q5A_1

Help text:

Tag: Racial or cultural group

All response categories and examples must be read aloud, even if the respondent has already given a response.

If the respondent provides a response that is not on the list, do not reclassify it into one of the given categories. For example, do not select "White" if the respondent says "Caucasian". Instead, record "Caucasian" in the "Other - Specify" category.

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SDC_S4C	<p>(^YOU2_C may belong to one or more racial or cultural groups on the following list.</p> <p>^ARE_C ^YOU1?)</p> <p><u>INTERVIEWER</u>: Specify.</p> <hr/> <p>(80 spaces)</p> <p>DK, RF</p>
SDC_D5A_1	Not Applicable
SDC_Q5A_1 SDC_5A_1	<p>Of English or French, which language(s) ^DOVERB ^YOU1 speak well enough to conduct a conversation? Is it...?</p> <p><u>INTERVIEWER</u>: Read categories to respondent.</p> <p>1 English only 2 French only 3 Both English and French 4 Neither English nor French</p> <p>DK, RF</p>
SDC_B5B	<p>Call LanguageLookUp block (LLU) a maximum of three times. Always call it the first time; call subsequent items if the previous instances SDC_B5B.LangCode is a response other than 90000000 (No more languages).</p> <p>QTEXT = What language ^DOVERB ^YOU1 speak most often at home? ITEXT = Mark up to three responses. Multiple responses are accepted only if languages are spoken equally often at home. INSTNUM = (min: 1 - max: 3)</p> <p>Tag: Home language spoken most often For a person who lives alone, report the language in which the respondent feels most comfortable (this can be the language the respondent would use to talk on the telephone, entertain friends at home, etc.). Some languages like Chinese (Cantonese, Mandarin or other Chinese language) and those used by Jewish communities (such as Hebrew or Yiddish) have regional dialects which should be reported as separate response options. Probe the respondent for the correct language.</p>
Processing:	<i>This variable will be released as the code variable \$DCC5B1 with code names: \$DCC61, \$DCC62, \$DCC63.</i>
Programmer:	<p><i>Pass via parameter (question text, interviewer instruction, help text, instance number)</i></p> <p><i>INSTNUM = (min: 1 - max: 3)</i></p>
SDC_E5B_1	<p>The answer category "111 - No more response" cannot be selected as the first response for this question. If the respondent cannot provide an answer to this question, please select DK or RF.</p>
Rule :	<i>Trigger hard edit if at the first iteration of the question, the interviewer selects "111 - No more response" DV_LANGCODE = 90000000</i>

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SDC_E5B_2	The same language has been selected a second time. Please return and correct.
Rule :	<i>Trigger hard edit if any two language codes (SDC_B5B.LangCode) are equal. DV_LANGCODE = 22240000 (Other - Specify) is an exception to this edit: multiple other-specify responses are acceptable.</i>
SDC_B6	<p>Call LanguageLookUp block (LLU) a maximum of three times. Always call it the first time; call subsequent items if the previous instances SDC_B6.LangCode is a response other than 90000000 (No more languages).</p> <p>QTEXT = What is the language that ^YOU1 first learned at home in childhood and still understand^S? ITEXT = Mark up to three responses. If the respondent no longer understands the first language learned, indicate the second language learned. Accept multiple responses only if languages were learned at the same time. INSTNUM = (min: 1 - max: 3)</p> <p>Tag: Mother tongue Some languages like Chinese (Cantonese, Mandarin or other Chinese language) and those used by Jewish communities (such as Hebrew or Yiddish) have regional dialects which should be reported as separate response options. Probe the respondent for the correct language.</p>
Processing:	<i>This variable will be released as the code variable \$DCC61 with code names: SDCC61, SDCC62, SDCC63</i>
Programmer:	<p><i>Pass via parameter (question text, interviewer instruction, help text, instance number).</i></p> <p><i>INSTNUM = (min: 1 - max: 3)</i></p>
SDC_E6A	The answer category "111 - No more languages" cannot be selected as the first response for this question. If the respondent cannot provide an answer to this question, please select DK or RF.
Rule :	<i>Trigger hard edit if at the first iteration of the question, the interviewer selects "111 - No more response" DV_LANGCODE = 90000000</i>
SDC_E6B	The same language has been selected a second time. Please return and correct.
Rule :	<i>Trigger hard edit if any two language codes (SDC_B6.LangCode) are equal. DV_LANGCODE = 22240000 (Other - Specify) is an exception to this edit: multiple other-specify responses are acceptable.</i>
SDC_R7	<p>Now a question about the dwelling in which you live.</p> <p><u>INTERVIEWER:</u> Press <1> to continue.</p>

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SDC_Q7A
DHH_OWN

Is this dwelling?

INTERVIEWER: Read categories to respondent. If the respondent's household contains both owners and renters, such as a boarder, the dwelling should be considered owned.

- 1 **Owned by you or a member of this household, even if it is still being paid for**
- 2 **Rented, even if no cash rent is paid**

DK, RF

Help text:

Tag: Owned or rented

Choose 'Owned' if the respondent and/or another member of this household own the dwelling in which they live, even if the dwelling is on rented or leased land, or if it is part of a condominium, or if it is still being paid for by the respondent or another member of your household.

Choose 'Rented' in all other cases, even if the dwelling occupied by the respondent is provided without cash rent or at a reduced rent (for example, a clergy's residence or a superintendent's dwelling in an apartment building), or the dwelling is part of a co-operative.

SDC_C7B

If proxy interview or age < 18 or age > 59, go to SDC_END.
Otherwise, go to SDC_R7B.

SDC_R7B

Now one additional background question which will help us compare the health of people in Canada.

INTERVIEWER: Press <1> to continue.

SDC_Q7B
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, RF

SDC_END

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Person most knowledgeable about household situation (PMK)

Core content

PMK_BEG

Core module

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOPMK: do block flag, from the sample file.

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

PGC_N01

HHLD Size

Province

PMK_C010

If (DoPMK = 1), go to PMK_C015A.

Otherwise, go to PMK_END.

PMK_C015A

If Proxy interview, go to PMK_END.

Otherwise, go to PMK_C015B.

PMK_C015B

If HHLD size = 1 (respondent lives alone) or if AGE > 15, go to PMK_END.

Otherwise, go to PMK_C15C.

PMK_B010

Call IP2 block (Internet Participation Part 2)

PMK_C015C

If Age < 14, go to PMK_R020.

Otherwise, go to PMK_C16A.

PMK_C16A

If province = 24 (Quebec), go to PMK_R16AC.

Otherwise, go to PMK_C16B.

PMK_C16B

If province = 60, 61 or 62 (Yukon, N.W.T. or Nunavut), go to PMK_R16AB.

Otherwise, go to PMK_R16AA.

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PMK_R16AA

To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.

Provincial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses or telephone numbers will be provided.

INTERVIEWER: The personal identifiers (names, addresses and telephone 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 <1> to continue.

Go to PMK_Q016

PMK_R16AB

To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.

Territorial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses, telephone numbers or health numbers will be provided.

INTERVIEWER: The personal identifiers (names, addresses and telephone numbers) will not be provided to Health Canada or the Public Health Agency of Canada.

Press <1> to continue.

Go to PMK_Q016

PMK_R16AC

To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, the "Institut de la Statistique du Québec", Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.

The "Institut de la Statistique du Québec" and provincial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses or telephone numbers will be provided.

INTERVIEWER: The personal identifiers (names, addresses or telephone 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 <1> to continue.

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PMK_Q016

These organizations have agreed to keep your information confidential and use it only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, RF

PMK_R020

For the last few questions, I would like to speak with someone who would be best able to answer questions about the entire household such as household income, food purchases and insurance coverage.

INTERVIEWER: Press <1> to continue.

PMK_Q020

Who would this person be?

INTERVIEWER: Select most knowledgeable person from the household roster. Allow the respondent to say myself.

- 01 MEMBER1
- 02 MEMBER2
- 03 MEMBER3
- 04 MEMBER4
- 05 MEMBER5
- 06 MEMBER6
- 07 MEMBER7
- 08 MEMBER8
- 09 MEMBER9
- 10 MEMBER10
- 11 MEMBER11
- 12 MEMBER12
- 13 MEMBER13
- 14 MEMBER14
- 15 MEMBER15
- 16 MEMBER16
- 17 MEMBER17
- 18 MEMBER18
- 19 MEMBER19
- 20 MEMBER20
- (DK, RF not allowed)

Programmer:

Programmer: Display household members by personID in ascending order so as to ensure that category values match the personID variable.

PMK_E020A

An invalid answer has been selected. Please return and correct.

Rule :

Trigger hard edit if a blank answer is selected.

PMK_E20B

The minimum age required to complete the remaining questions in the survey is 16 years of age or older. Please choose another household member as the person most knowledgeable (PMK)

Rule :

Trigger hard edit if (age of PMK_Q020 < 16 or PMK_Q020 is the respondent) and PGC_N01 = 1

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PMK_D030A	If PMK_Q020 is the respondent or age of PMK_Q020 < 16 , DV_PMKFLAG = 2 Otherwise, DV_PMKFLAG = 1
PMK_C030A	If DV_PMKFLAG=2, go to PMK_D030C. Otherwise, go to PMK_D030B.
PMK_D030B	If PMK_Q020 = 1, DT_MEMBERNAME = "MEMBER1". If PMK_Q020 = 2, DT_MEMBERNAME = "MEMBER2". If PMK_Q020 = 3, DT_MEMBERNAME = "MEMBER3". If PMK_Q020 = 4, DT_MEMBERNAME = "MEMBER4". If PMK_Q020 = 5, DT_MEMBERNAME = "MEMBER5". If PMK_Q020 = 6, DT_MEMBERNAME = "MEMBER6". If PMK_Q020 = 7, DT_MEMBERNAME = "MEMBER7". If PMK_Q020 = 8, DT_MEMBERNAME = "MEMBER8". If PMK_Q020 = 9, DT_MEMBERNAME = "MEMBER9". If PMK_Q020 = 10, DT_MEMBERNAME = "MEMBER10". If PMK_Q020 = 11, DT_MEMBERNAME = "MEMBER11". If PMK_Q020 = 12, DT_MEMBERNAME = "MEMBER12". If PMK_Q020 = 13, DT_MEMBERNAME = "MEMBER13". If PMK_Q020 = 14, DT_MEMBERNAME = "MEMBER14". If PMK_Q020 = 15, DT_MEMBERNAME = "MEMBER15". If PMK_Q020 = 16, DT_MEMBERNAME = "MEMBER16". If PMK_Q020 = 17, DT_MEMBERNAME = "MEMBER17". If PMK_Q020 = 18, DT_MEMBERNAME = "MEMBER18". If PMK_Q020 = 19, DT_MEMBERNAME = "MEMBER19". If PMK_Q020 = 20, DT_MEMBERNAME = "MEMBER20".
PMK_Q030B	Is [MEMBER1/MEMBER2/MEMBER3/MEMBER4/MEMBER5/MEMBER6/MEMBER7/MEMBER8/MEMBER9/MEMBER10/MEMBER11/MEMBER12/MEMBER13/MEMBER14/MEMBER15/MEMBER16/MEMBER17/MEMBER18/MEMBER19/MEMBER20] available? 1 Yes 2 No 3 Person most knowledgeable about household refuses to participate. (DK, RF not allowed)
Programmer:	<i>Do not retain data for this variable</i>
PMK_D030C	If DV_PMKFLAG=1 and PMK_Q030B=1, DV_PMKPROXY = 1 Otherwise, DV_PMKPROXY = 2
PMK_C040	If DV_PMKPROXY=1, go to PMK_R050. Otherwise, go to PMK_C045.
PMK_C045	If PMK_Q030B=3, go to PMK_R040. Otherwise, go to PMK_R045.

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PMK_R040	<p>This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time.</p> <p><u>INTERVIEWER</u>: Press <1> to continue.</p> <p>Go to PMK_END</p>
Programmer:	<p><i>The case will be autocoded as a complete at this point since there are no further questions to be asked of respondents.</i></p>
PMK_R045	<p>This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to try and find the best time to speak with [MEMBER1/MEMBER2/MEMBER3/MEMBER4/MEMBER5/MEMBER6/MEMBER7/MEMBER8/MEMBER9/MEMBER10/MEMBER11/MEMBER12/MEMBER13/MEMBER14/MEMBER15/MEMBER16/MEMBER17/MEMBER18/MEMBER19/MEMBER20].</p> <p><u>INTERVIEWER</u>: Press <1> to continue.</p> <p>Go to PMK_END</p>
Programmer:	<p><i>This case will be taken to the OC_N01 screen where the interview can book an appointment to recontact the PMK at a later time.</i></p>
PMK_R050	<p>This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to speak with ^MEMBERNAME.</p> <p><u>INTERVIEWER</u>: You should continue with the most knowledgeable person about the household. Press < 1> to continue.</p>
PMK_R060	<p>Hello, My name is ... I've just completed the main portion of the interview with <Respondent's name>. At this point I need to finish the interview with a few general questions on your household's situation. <Respondent's name> said you would be the best person to answer these types of questions.</p> <p><u>INTERVIEWER</u>: Press <1> to continue.</p>
PMK_END	

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Home safety (HMS)

Optional content

Nunavut

HMS_BEG

Optional Content (See Appendix 2)

HMS_C1A

If (DOHMS block = 2), go to HMS_END.
Otherwise, go to HMS_C1B.

HMS_C1B

If PMKProxy = 2, 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 <1> to continue.

HMS_Q1
HMS_1

Is there at least 1 working smoke detector installed in your home?

- 1 Yes
- 2 No (Go to HMS_Q5)
- DK, RF (Go to HMS_END)

HMS_Q2
HMS_2

Are there smoke detectors installed on every level of your home, including the basement?

- 1 Yes
- 2 No
- DK, RF

HMS_Q3
HMS_3

Are the smoke detectors tested each month?

- 1 Yes
- 2 No
- DK, RF

HMS_Q4
HMS_4

How often are the batteries changed in your smoke detectors?

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, RF

HMS_Q5
HMS_5

Is there an escape plan for getting out of your home in case of a fire?

- 1 Yes
- 2 No (Go to HMS_END)
- DK, RF (Go to HMS_END)

HMS_C6

If household size > 1, go to HMS_Q6.
Otherwise, go to HMS_END.

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HMS_Q6

HMS_6

Have the members of your household ever discussed this plan?

1 Yes

2 No

DK, RF

HMS_END

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Food security (FSC)

Theme content

FSC_BEG

Optional Content (See Appendix 2)

External variables required:

PROXMODE: proxy identifier, from the GR block.

FNAME: first name of respondent from household block.

DOFSC: do block flag, from the sample file.

PMKProxy

PE_Q01: first name of specific respondent from USU block

PE_Q02: last name of specific respondent from USU block

Screen display:

Display on header bar PE_Q01 and PE_Q02 separated by a space

Universe:

(YOUNGERKIDS = DHHDYKD)

(OLDERKIDS = DHHDOKD)

Households with children are defined as households with individuals who are either aged 15 or less (DHHDYKD=1), or aged 16 or 17 (DHHDOKD=1) and who are the child, grandchild, child-in-law, niece or nephew of another household member.

FSC_C01A

If (DOFSC block = 1), go to FSC_C01B.

Otherwise, go to FSC_END.

FSC_C01B

If PMKProxy = 2, go to FSC_END.

Otherwise, go to FSC_D010.

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FSC_D010

If HhldSize = 1, DT_YOUANDOTHERS = "you".
 If HhldSize = 1, DT_YOUANDOTHERS_C = "You".
 If HhldSize ne 1, DT_YOUANDOTHERS = "you and other household members".
 If HhldSize ne 1, DT_YOUANDOTHERS_C = "You and other household members".
 If OlderKids + YoungKids = 1, DT_CHILDFNAME = "^ChildFName".
 If OlderKids + YoungKids = 1, DT_CHILDWAS = "^ChildFName + was".
 If OlderKids + YoungKids = 1, DT_ANYCHILD = "^ChildFName".
 If OlderKids + YoungKids = 1, DT_ANYCHILDS = "^ChildFName + 's".
 If OlderKids + YoungKids = 1, DT_WASANYCHILD = "was + ^ChildFName".
 If OlderKids + YoungKids ne 1, DT_CHILDFNAME = "the children".
 If OlderKids + YoungKids ne 1, DT_CHILDWAS = "The children were".
 If OlderKids + YoungKids ne 1, DT_ANYCHILD = "any of the children".
 If OlderKids + YoungKids ne 1, DT_ANYCHILDS = "any of the children's".
 If OlderKids + YoungKids ne 1, DT_WASANYCHILD = "were any of the children".
 If (Adults + YoungAdults) = 1, DT_YOUOTHERADULTS = "you".
 If (Adults + YoungAdults) = 1, DT_YOUOTHERADULTS_C = "You".
 If (Adults + YoungAdults) ne 1, DT_YOUOTHERADULTS = "you or other adults in your household".
 If (Adults + YoungAdults) ne 1, DT_YOUOTHERADULTS_C = "You or other adults in your household".

FSC_R010

The following questions are about the food situation for your household in the past 12 months.

INTERVIEWER: Press <1> to continue.

FSC_Q010
FSC_010

Which of the following statements best describes the food eaten in your household in the past 12 months, that is, since ^CURRENTMONTH of last year?

INTERVIEWER: Read categories to respondent.

- 1 ^DT_YouAndOthers_C
always had enough of the
kinds of food you wanted to
eat.
 - 2 ^DT_YouAndOthers_C had
enough to eat, but not
always the kinds of food
you wanted.
 - 3 Sometimes
^DT_YouAndOthers did not
have enough to eat.
 - 4 Often ^DT_YouAndOthers
didn't have enough to eat.
- DK, RF (Go to FSC_END)

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FSC_R020	<p>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 <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for ^DT_YouAndOthers in the past 12 months.</p> <p><u>INTERVIEWER</u>: Press <1> to continue.</p>
FSC_Q020 FSC_020	<p>The first statement is: ^DT_YouAndOthers_C worried that food would run out before you got money to buy more. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?</p> <p>1 Often true 2 Sometimes true 3 Never true DK, RF</p>
FSC_Q030 FSC_030	<p>The food that ^DT_YouAndOthers bought just didn't last, and there wasn't any money to get more. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?</p> <p>1 Often true 2 Sometimes true 3 Never true DK, RF</p>
FSC_Q040 FSC_040	<p>^DT_YouAndOthers_C couldn't afford to eat balanced meals. In the past 12 months was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true?</p> <p>1 Often true 2 Sometimes true 3 Never true DK, RF</p>
FSC_C050	<p>If (OlderKids + YoungKids > 0), go to FSC_R050. Otherwise, go to FSC_C070A.</p>
FSC_R050	<p>Now I'm going to read a few statements that may describe the food situation for households with children.</p> <p><u>INTERVIEWER</u>: Press <1> to continue.</p>
FSC_Q050 FSC_050	<p>^DT_YouOtherAdults_C relied on only a few kinds of low-cost food to feed ^DT_ChildFName because you were running out of money to buy food. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?</p> <p>1 Often true 2 Sometimes true 3 Never true DK, RF</p>
Programmer:	<p><i>Programmer: If (OlderKids + YoungKids) = 0 and some members have age = blank then FSC_Q050 = Valid Skip.</i></p>

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FSC_Q060 FSC_060	<p>^DT_YouOtherAdults_C couldn't feed ^DT_ChildFName a balanced meal, because you couldn't afford it. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?</p> <p>1 Often true 2 Sometimes true 3 Never true DK, RF</p>
FSC_C070A	<p>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. Otherwise, go to FSC_C70B.</p>
FSC_C070B	<p>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.</p>
FSC_Q070 FSC_070	<p>^DT_ChildWas not eating enough because ^DT_YouOtherAdults just couldn't afford enough food. Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true in the past 12 months?</p> <p>1 Often true 2 Sometimes true 3 Never true DK, RF</p>
FSC_R080	<p>The following few questions are about the food situation in the past 12 months for you or any other adults in your household.</p> <p><u>INTERVIEWER</u>: Press <1> to continue.</p>
FSC_Q080 FSC_080	<p>In the past 12 months, since last ^CURRENTMONTH did ^DT_YouOtherAdults ever cut the size of your meals or skip meals because there wasn't enough money for food?</p> <p>1 Yes 2 No (Go to FSC_Q090) DK, RF (Go to FSC_Q090)</p>
FSC_Q081 FSC_081	<p>How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?</p> <p>1 Almost every month 2 Some months but not every month 3 Only 1 or 2 months DK, RF</p>
FSC_Q090 FSC_090	<p>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?</p> <p>1 Yes 2 No DK, RF</p>

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, RF

FSC_Q110
FSC 110

In the past 12 months, did you (personally) ever lose weight because you didn't have enough money for food?

- 1 Yes
2 No
DK, RF

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 ^DT_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, RF | | (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, RF

FSC C130

If OlderKids + YoungKids \neq 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 <1> to continue.

FSC_Q130
FSC 130

In the past 12 months, did ^DT_YouOtherAdults ever cut the size of ^DT AnyChilds meals because there wasn't enough money for food?

- 1 Yes
2 No
DK, RF

FSC_Q140
FSC_140

In the past 12 months, did ^DT_AnyChild ever skip meals because there wasn't enough money for food?

- | | | |
|--------|-----|------------------|
| 1 | Yes | |
| 2 | No | (Go to FSC_Q150) |
| DK, RF | | (Go to FSC_Q150) |

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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, RF

FSC_Q150
FSC_150

In the past 12 months, ^DT_WasAnyChild ever hungry but you just couldn't afford more food?

- 1 Yes
 - 2 No
- DK, RF

FSC_Q160
FSC_160

In the past 12 months, did ^DT_AnyChild ever not eat for a whole day because there wasn't enough money for food?

- 1 Yes
 - 2 No
- DK, RF

FSC_END

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Education (EDU)

Core content

EDU_BEG	Core content PMKProxy - PMK identifier from the PMK block DOEDU: do block flag, from the sample file DOPMK: do block flag from the sample file. AGE - Age of the respondent
EDU_C01A	If (DOEDU block = 1), go to EDU_C01B. Otherwise, go to EDU_END.
EDU_C01B	If PMKProxy =2, go to EDU_END. Otherwise, go to EDU_C01C.
EDU_C01C	If age of selected respondent < 14, go to EDU_C02A. Otherwise, go to EDU_B01.
EDU_B01	Call Education Sub Block 1 (EDU1)
EDU_C02A	If there is at least one household member who is >= 14 years of age other than the selected respondent, go to EDU_C02B. Otherwise, go to EDU_END.
EDU_C02B	If age of selected respondent < 14, , go to EDU_R03B. Otherwise, go to EDU_R03A.
EDU_R03A	Now I would like you to think about the rest of your household. <u>INTERVIEWER:</u> Press <1> to continue. Go to EDU_B02
EDU_R03B	The following questions are about education. <u>INTERVIEWER:</u> Press <1> to continue.
EDU_B02	Call Education Sub Block 2 (EDU2)
Programmer:	<i>Ask this block for each household member aged 14 and older other than selected respondent. Maximum of 19 times.</i> <i>If it is a proxy or PMKproxy interview, begin with the person providing the information and use proxy sex verbs set to non-proxy. Otherwise begin with the first persons rostered and continue in the order the household was rostered.</i>
EDU_END	

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Education of the respondent (EDU1)

Core content

EDU1_BEG

Core content

EDU1_R01

The following questions are about education.

INTERVIEWER: Press <1> to continue.

EDU1_Q01

What is the highest grade of elementary or high school ^YOU2 ^HAVE ever completed?

- 1 Grade 8 or lower (Québec:
Secondary II or lower) (Go to EDU1_Q03)
- 2 Grade 9 - 10 (Québec:
Secondary III or IV,
Newfoundland and
Labrador: 1st year of
secondary) (Go to EDU1_Q03)
- 3 Grade 11 - 13 (Québec:
Secondary V,
Newfoundland and
Labrador: 2nd to 3rd year of
secondary)

DK, RF

Processing:

If ANC_AGE < 14 (age of respondent), the variable EDU_Q01 is given the value of "1" and the variable EDU1_Q03 is given the value of "2".

This is also the name applied to EDU_Q07, which is the data collected for the members of the household who are not the selected respondent ; it is used to create the Household-level Education Derived Variables for the release file.

EDU1_Q02

Did ^YOU1 complete a high school diploma or its equivalent?

- 1 Yes
- 2 No

DK, RF

Processing:

This is also the name applied to EDU_Q08, which is the data collected for the members of the household who are not the selected respondent ; it is used to create the Household-level Education Derived Variables for the release file.

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EDU1_Q03

^HAVE_C ^YOU1 received any other education that could be counted towards a certificate, diploma or degree from an educational institution?

- 1 Yes
- 2 No (Go to EDU1_Q05)
- DK, RF (Go to EDU1_Q05)

Processing:

In processing, if ANC_AGE < 14 (age of respondent), the variable EDU_Q01 is given the value of "1" and the variable EDU1_Q03 is given the value of "2".

This is also the name applied to EDU_Q09, which is the data collected for the members of the household who are not the selected respondent ; it is used to create the Household-level Education Derived Variables for the release file.

EDU1_Q04A

What is the highest certificate, diploma or degree that ^YOU1 ^HAVE completed?

- 1 Less than high school diploma or its equivalent
- 2 High school diploma or a high school equivalency certificate training
- 3 Trade Certificate or Diploma
- 4 College, cegep or other non-university certificate or diploma (other than trades certificates or diplomas)
- 5 University certificate or diploma below the bachelor's level
- 6 Bachelor's degree (eg. B.A., B.Sc., LL.B.)
- 7 University certificate, diploma or degree above the bachelor's level
- DK, RF

Processing:

This is also the name applied to EDU_Q10A, which is the data collected for the members of the household who are not the selected respondent ; it is used to create the Household-level Education Derived Variables for the release file.

EDU1_E04A

An impossible value has been entered. Please return and correct

Rule :

Trigger hard edit if EDU_Q02=1 and EDU_Q04A=1

EDU1_E04B

An impossible value has been entered. Please return and correct.

Rule :

Trigger hard edit if EDU_Q02 =2 and EDU_Q04A=2

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Education of other household members (EDU2)

Core content

EDU2_BEG

Core content

EDU2_Q07

What is the highest grade of elementary or high school ^YOU2 ^HAVE ever completed?

- 1 Grade 8 or lower (Québec:
Secondary II or lower) (Go to EDU2_Q09)
- 2 Grade 9 - 10 (Québec:
Secondary III or IV,
Newfoundland and
Labrador: 1st year of
secondary) (Go to EDU2_Q09)
- 3 Grade 11 - 13 (Québec:
Secondary V,
Newfoundland and
Labrador: 2nd to 3rd year of
secondary)

DK, RF

EDU2_Q08

Did ^YOU1 complete high school or its equivalent?

- 1 Yes
- 2 No

DK, RF

EDU2_Q09

^HAVE_C ^YOU1 received any other education that could be counted towards a certificate, diploma or degree from an educational institution?

- 1 Yes
 - 2 No (Go to EDU2_END)
- DK, RF (Go to EDU2_END)

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EDU2_Q10A

What is the highest certificate, diploma or degree ^YOU1 ^HAVE completed?

- 1 Less than high school diploma or its equivalent
- 2 High school diploma or a high school equivalency certificate training
- 3 Trade Certificate or Diploma
- 4 College, cegep or other non-university certificate or diploma (other than trades certificates or diplomas)
- 5 University certificate or diploma below the bachelor's level
- 6 Bachelor's degree (eg. B.A., B.Sc., LL.B.)
- 7 University certificate, diploma or degree above the bachelor's level

DK, RF

EDU2_E10A_1

An impossible value has been entered. Please return and correct.

Rule :

Trigger hard edit if EDU_Q08=1 and EDU_Q10A=1

EDU2_E10A_2

An impossible value has been entered. Please return and correct.

Rule :

Trigger hard edit if EDU_Q08=2 and EDU_Q10A=2

EDU2_END

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Income (INC)

Core content

INC_BEG

Core content

LBS_Q01: Worked last week

LBS_Q02: Absent from job last week

AGE: Age of respondent

HHLDSZ: Household size from the Entry

DOINC: do block flag, from the sample file.

PMKProxy: PMK identifier from the PMK block

INC_C1A

If (DoINC block = 1), go to INC_C1B.

Otherwise, go to INC_END.

INC_C1B

If PMKProxy = 2, go to INC_END.

Otherwise, go to INC_R1.

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 <1> to continue.

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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 | 01 | Wages and salaries | |
| INC_1B | 02 | Income from self-employment | |
| INC_1C | 03 | Dividends and interest (e.g., on bonds, savings) | |
| INC_1D | 04 | Employment insurance | |
| INC_1E | 05 | Worker's compensation | |
| INC_1F | 06 | Benefits from Canada or Quebec Pension Plan | |
| INC_1G | 07 | Job related retirement pensions, superannuation and annuities | |
| INC_1O | 08 | RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund) | |
| INC_1H | 09 | Old Age Security and Guaranteed Income Supplement | |
| INC_1J | 10 | Provincial or municipal social assistance or welfare | |
| INC_1I | 11 | Child Tax Benefit | |
| INC_1K | 12 | Child support | |
| INC_1L | 13 | Alimony | |
| INC_1M | 14 | Other (e.g., rental income, scholarships) | |
| INC_1N | 15 | None | |
| | DK, RF | | (Go to INC_END) |

INC_E1A **You cannot select "None" and another category. Please return and correct.**

Rule : *Trigger hard edit if INC_Q1 = 15 and any other response selected in INC_Q1.*

INC_E1B A response inconsistent with a response to a previous question has been entered. Please confirm.

Rule : *Trigger soft edit if (INC_Q1 <> 1 or 2) and (LBS_Q01 = 1 or LBS_Q02 = 1).*

INC_C2 If more than one source of income is indicated in INC_Q1, go to INC_Q2.
Otherwise, go to INC_Q3.

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INC_Q2
INC_2

What was the main source of household income?

- 01 Wages and salaries
 - 02 Income from self-employment
 - 03 Dividends and interest (e.g., on bonds, savings)
 - 04 Employment insurance
 - 05 Worker's compensation
 - 06 Benefits from Canada or Quebec Pension Plan
 - 07 Job related retirement pensions, superannuation and annuities
 - 08 RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
 - 09 Old Age Security and Guaranteed Income Supplement
 - 10 Provincial or municipal social assistance or welfare
 - 11 Child Tax Benefit
 - 12 Child support
 - 13 Alimony
 - 14 Other (e.g., rental income, scholarships)
 - 15 None
- DK, RF

Processing:

At the time of the data processing, if the respondent reported only one source of income in INC_Q1, the variable INC_Q2 will be given its value.

INC_E2

A blank answer has been selected. Please return and correct.

Rule :

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 received by all household members, from all sources, before taxes and deductions, in the past 12 months?

INTERVIEWER: Capital gains should not be included in the household income. Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income

|_|_|_|_|_|_|_| Income
(MIN: -9,000,000)
(MAX: 9,000,000)

DK, RF

(Go to INC_Q5A)

Processing:

At the time of the data processing, responses reported in INC_Q3 will also be recoded into the cascade categories of INC_Q5A to INC_Q5C.

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INC_E3	An unusual value has been entered. Please confirm.
Rule :	Trigger soft edit if INC_Q3 > 150,000.
INC_C5A	If INC_Q3 <=0, go to INC_END. Otherwise, go to INC_C6A.
INC_Q5A INC_5A	Can you estimate in which of the following groups your household income falls? Was the total household income in the past 12 months...? <u>INTERVIEWER:</u> Read categories to respondent. <div><div>1</div><div>Less than \$50,000 including income loss</div><div>2</div><div>\$50,000 and more</div><div>DK, RF</div><div>(Go to INC_Q5C)</div><div>(Go to INC_END)</div></div>
INC_Q5B INC_5B	Please stop me when I have read the category which applies to ^YOUR1 household. Was it...? <u>INTERVIEWER:</u> Read categories to respondent. <div><div>1</div><div>Less than \$5,000</div><div>2</div><div>\$5,000 to less than \$10,000</div><div>3</div><div>\$10,000 to less than \$15,000</div><div>4</div><div>\$15,000 to less than \$20,000</div><div>5</div><div>\$20,000 to less than \$30,000</div><div>6</div><div>\$30,000 to less than \$40,000</div><div>7</div><div>\$40,000 to less than \$50,000</div><div>DK, RF</div></div> Go to INC_C6A
INC_Q5C INC_5C	Please stop me when I have read the category which applies to ^YOUR1 household. Was it...? <u>INTERVIEWER:</u> Read categories to respondent. <div><div>1</div><div>\$50,000 to less than less than \$60,000</div><div>2</div><div>\$60,000 to less than less than \$70,000</div><div>3</div><div>\$70,000 to less than less than \$80,000</div><div>4</div><div>\$80,000 to less than less than \$90,000</div><div>5</div><div>\$90,000 to less than less than \$100,000</div><div>6</div><div>\$100,000 to less than less than \$150,000</div><div>7</div><div>\$150,000 and over</div><div>DK, RF</div></div>
INC_C6A	If HHLDSZ > 1, go to INC_C6B. Otherwise, go to INC_END.

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INC_C6B	If age of respondent > 15, go to INC_D6. Otherwise, go to INC_END.
INC_D6	Not Applicable
INC_Q6	<p>Thinking about ^YOUR2 total personal income, from which of the following sources did ^YOU1 receive any income in the past 12 months?</p> <p><u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.</p>
INC_6A	01 Wages and salaries
INC_6B	02 Income from self-employment
INC_6C	03 Dividends and interest (e.g., on bonds, savings)
INC_6D	04 Employment insurance
INC_6E	05 Worker's compensation
INC_6F	06 Benefits from Canada or Quebec Pension Plan
INC_6G	07 Job related retirement pensions, superannuation and annuities
INC_6H	08 RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
INC_6I	09 Old Age Security and Guaranteed Income Supplement
INC_6J	10 Provincial or municipal social assistance or welfare
INC_6K	11 Child Tax Benefit
INC_6L	12 Child support
INC_6M	13 Alimony
INC_6N	14 Other (e.g., rental income, scholarships)
INC_6O	15 None
	DK, RF (Go to INC_END)
INC_E6A	A selected source of personal income is not selected as one of the sources of income for all household members. Please return and correct.
Rule :	<i>Trigger hard edit if any response other than 15 is selected in INC_Q6 and is not selected in INC_Q1.</i>
INC_E6B	You cannot select "None" and another category. Please return and correct.
Rule :	<i>Trigger hard edit if INC_Q6 = 15 (None) and any other response selected in INC_Q6.</i>
INC_C7	If more than one source of income is indicated in INC_Q6, go to INC_Q7. Otherwise, go to INC_Q8A.

Canadian Community Health Survey - Annual Component (CCHS) 2012 / Main / Content

INC_Q7
INC_7

What was the main source of ^YOUR1 personal income?

- 01 Wages and salaries
- 02 Income from self-employment
- 03 Dividends and interest (e.g., on bonds, savings)
- 04 Employment insurance
- 05 Worker's compensation
- 06 Benefits from Canada or Quebec Pension Plan
- 07 Job related retirement pensions, superannuation and annuities
- 08 RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
- 09 Old Age Security and Guaranteed Income Supplement
- 10 Provincial or municipal social assistance or welfare
- 11 Child Tax Benefit
- 12 Child support
- 13 Alimony
- 14 Other (e.g., rental income, scholarships)
- 15 None

DK, RF

(Go to INC_END)

Processing:

At the time of the data processing, if the respondent reported only one source of income in INC_Q6, the variable INC_Q7 will be given its value.

INC_E7

A blank answer has been selected. Please return and correct.

Rule :

Trigger hard edit if the response in INC_Q7 was not selected in INC_Q6.

INC_Q8A
INC_8A

What is your best estimate of ^YOUR1 total personal income, before taxes and deductions, from all sources in the past 12 months?

INTERVIEWER: Capital gains should not be included in the personal income. Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

|_|_|_|_|_|_|_| Income
(MIN: -9,000,000)
(MAX: 9,000,000)

DK, RF

(Go to INC_Q8B)

Go to INC_END

Processing:

At the time of the data processing, responses reported in INC_Q8A will also be coded into the cascade categories of INC_Q8B to INC_Q8D.

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ADM_Q03A
ADM_03A

Having a provincial or territorial health number will assist us in linking to this other information.

^DOVERB_C ^YOU2 have [a Newfoundland and Labrador/a Prince Edward Island/a Nova Scotia/a New Brunswick/a Quebec/an Ontario/a Manitoba/a Saskatchewan/an Alberta/a British Columbia/a Yukon/a Northwest Territories/a Nunavut] health number?

- 1 Yes (Go to ADM_Q03HN)
- 2 No
- DK, RF (Go to ADM_D04A)

ADM_Q03B
ADM_03B

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_D04A)
- DK, RF (Go to ADM_D04A)

ADM_Q03HN

What is ^YOUR1 health number?

INTERVIEWER: Enter a health number for [a Newfoundland and Labrador/a Prince Edward Island/a Nova Scotia/a New Brunswick/a Quebec/an Ontario/a Manitoba/a Saskatchewan/an Alberta/a British Columbia/a Yukon/a Northwest Territories/a Nunavut]. Do not insert blanks, hyphens or commas between the numbers.

(12 spaces)

DK, RF

Processing:

This is the variable associated with LNK_HN on release.

ADM_D04A

If ADM_Q01B = 1, DT_SHARE1 = "names, addresses, telephone numbers and health numbers will be provided".
Otherwise, DT_SHARE1 = "names, addresses and telephone numbers will be provided".

ADM_C04A

If province = 24 (Quebec), go to ADM_R04AB.
Otherwise, go to ADM_R04AA.

Universe:

Data Sharing - All Provinces (excluding Quebec) and the territories

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ADM_R04AA

To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.

Provincial ministries of health may make this information available to local health authorities, but no identifiable information such as [names, addresses, telephone numbers and health numbers will be provided/names, addresses and telephone numbers will 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 <1> to continue.

Go to ADM_Q04B

ADM_R04AB

To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, the "Institut de la Statistique du Québec", Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.

The "Institut de la Statistique du Québec" and provincial ministries of health may make this information available to local health authorities, but no identifiable information such as [names, addresses, telephone numbers and health numbers will be provided/names, addresses and telephone numbers will 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 <1> to continue.

ADM_Q04B

These organizations have agreed to keep your information confidential and use it only for statistical purposes.

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, RF

Processing:

This is the variable that's used to create the Link variable (SAMDLNK)

ADM_B09

Call sub-bloc "Frame Evaluation" (FRE)

ADM_C09

If CATI (Casetype = 1), go to ADM_N10.
Otherwise, go to ADM_N09.

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ADM_N09
ADM_N09

INTERVIEWER: Was this interview conducted on the telephone or in person?

- 1 On telephone
 - 2 In person
 - 3 Both
- (DK, RF not allowed)

ADM_N10
ADM_N10

INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

- 1 Yes (Go to ADM_N12)
 - 2 No (Go to ADM_N12)
- DK, RF

ADM_N11
ADM_N11

INTERVIEWER: Do you think that the answers of the respondent were affected by someone else being there?

- 1 Yes
 - 2 No
- DK, RF

ADM_N12
ADM_N12

INTERVIEWER: Record language of interview

- 01 English
 - 02 French
 - 03 Chinese
 - 04 Italian
 - 05 Punjabi
 - 06 Spanish
 - 07 Portuguese
 - 08 Polish
 - 09 German
 - 10 Vietnamese
 - 11 Arabic
 - 12 Tagalog (Filipino)
 - 13 Greek
 - 14 Tamil
 - 15 Cree
 - 16 Afghan
 - 17 Cantonese
 - 18 Hindi
 - 19 Mandarin
 - 20 Persian
 - 21 Russian
 - 22 Ukrainian
 - 23 Urdu
 - 24 Inuktitut
 - 90 Other - Specify (Go to ADM_S12)
- DK, RF

Go to ADM_END

**Canadian Community Health Survey - Annual Component (CCHS)
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ADM_S12 (Record language of interview)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ADM_END

Canadian Community Health Survey - Annual Component (CCHS) 2012 / Main / Content

CAPI Frame Evaluation - Sub-block (FRE)

FRE_BEG	<p>Content block</p> <p>External variables required:</p> <p>PROXMODE: proxy identifier, from the GR block. FNAME: first name of respondent from household block. DOFRE: do block flag, from the sample file.</p> <p>PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block</p> <p>Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space</p>								
FRE_C1B	<p>If CAPI (Casetype = 0) and FREFLAG = 2 (i.e. the frame evaluation questions have not been done for the household), go to FRE_R1. Otherwise, go to FRE_END.</p>								
FRE_R1	<p>And finally, a few questions to evaluate the way households were selected for this survey, and to prevent households from being selected more than once for this survey.</p> <p><u>INTERVIEWER</u>: Press <1> to continue.</p>								
FRE_Q1 FRE_1	<p>Excluding cellular phone numbers and phone numbers used strictly for business purposes, or fax machines, how many telephone numbers are there for your household?</p> <table> <tr> <td>1</td><td>1</td></tr> <tr> <td>2</td><td>2</td></tr> <tr> <td>3</td><td>3 or more</td></tr> <tr> <td>4</td><td>None</td></tr> </table> <p>DK, RF (Go to FRE_Q5)</p>	1	1	2	2	3	3 or more	4	None
1	1								
2	2								
3	3 or more								
4	None								
FRE_E1	<p>Please confirm with the respondent that, in order to make a telephone call from his/her home the respondent exclusively uses a cellular telephone or if he/she has to leave his/her home to access a telephone.</p>								
Rule :	<p>Trigger soft edit if (FRE_Q1 = 4).</p>								
FRE_C2	<p>If FRE_Q1 = 4, go to FRE_Q4. Otherwise, go to FRE_D2.</p>								
FRE_D2	<p>If FRE_Q1 = 1, DT_MAIN = "your". Otherwise, DT_MAIN = "your main".</p>								

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FRE_Q2	<p>What is [your/your main] phone number, including the area code?</p> <p><u>INTERVIEWER:</u> Do not include cellular phone numbers, or those used strictly for business or fax machines. Telephone number: [telnum].</p> <p>DK, RF</p> <p>Programmer: Telephone Block</p> <p>Code : INTERVIEWER: Enter the area code.</p> <p style="text-align: center;"> _ _ _ </p> <p>Tel : INTERVIEWER: Enter the telephone number.</p> <p style="text-align: center;"> _ _ _ _ _ _ _ _ _ </p>
FRE_E2	<p>A non-Canadian area code has been entered. Please return and correct.</p> <p>Rule : Trigger hard edit if a non-canadian area code is entered.</p>
FRE_C3A	<p>If Code or Tel = DK, RF, go to FRE_Q5. Otherwise, go to FRE_C3B.</p>
FRE_C3B	<p>If FRE_Q1 = 1 (1 phone), go to FRE_Q5. Otherwise, go to FRE_D3.</p>
FRE_D3	<p>If FRE_Q1 = 2, DT_PHONE = "your other phone number". Otherwise, DT_PHONE = "another of your phone numbers".</p>
FRE_Q3	<p>What is [your other phone number/another of your phone numbers], including the area code?</p> <p><u>INTERVIEWER:</u> Do not include cellular phone numbers, or those used strictly for business or fax machines Telephone number: [telnum].</p> <p>DK, RF</p> <p>Programmer: Telephone Block</p> <p>Code : INTERVIEWER: Enter the area code.</p> <p style="text-align: center;"> _ _ _ </p> <p>Tel : INTERVIEWER: Enter the telephone number.</p> <p style="text-align: center;"> _ _ _ _ _ _ _ _ _ </p> <p>Go to FRE_Q5</p>
FRE_E3	<p>A non-Canadian area code has been entered. Please return and correct.</p> <p>Rule : Trigger hard edit if a non-canadian area code is entered.</p>
FRE_D4	<p>Not Applicable</p>

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FRE_Q4
FRE_4

^DOVERB_C ^YOU2 have a working cellular phone that can place and receive calls?

1 Yes
2 No
DK, RF

Go to FRE_END

FRE_Q5
FRE_5

Among all of the telephone numbers for your home, excluding cellular phone numbers and those used strictly for business purposes and fax machines, are any of them listed in the paper or internet telephone book?

1 Yes
2 No
DK, RF

Programmer:

Administration (Part 1)

FRE_END

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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)

PFC_BEG

PFC_R01 **As part of this study, we may need to get in touch in the future.**

INTERVIEWER: Press <1> to continue.

1 Continue

(DK, RF are not allowed)

PFC_END

Administration - Fictitious Name (ADF)

ADF_BEG

ADF_N05 INTERVIEWER: Is this a fictitious name for the respondent?

1 Yes

2 No (Go to CON1_RINT)

DK, RF (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, RF (Go to CON1_RINT)

ADF_N07 INTERVIEWER: Enter the first name only.

(25 spaces)

DK, RF

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, RF

ADF_END

Exit Introduction (EI)

EI_BEG

EI_R01 **Before we finish, I would like to ask you a few other questions.**

INTERVIEWER: Press <Enter> to continue.

EI_END

Permission to share (PS)

PS_BEG *(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, RF

PS_END

Thank You 1 (TY1)

TY1_BEG

TY1_R01 **Thank you for your time.**

INTERVIEWER: Press <Enter> to continue.

(DK, RF are not allowed)

TY1_END

Appendix 1 – Canadian community health survey content (2011-2012)

Appendix 1 – Canadian community health survey content (2011 - 2012)

Annual common content (all health regions)ⁱ

- Age of respondent (ANC)
- Alcohol use (ALC)
- Chronic conditions (CCC)
- Contact with health professionals (CHP)ⁱⁱⁱ
- Exposure to second-hand smoke (ETS)
- Fruit and vegetable consumption (FVC)
- Flu shots (FLU)

- General health (GEN)
- Health care utilization (HCU)
- Height and weight – Self –reported (HWT)
- Pain and discomfort (HUP)
- Physical activities (PAC)
- Smoking (SMK)

Administration and Socio-demographics

- Administration information (ADM)
- Education (EDU)
- Income (INC)
- Labour force (LBS)
- Person most knowledgeable about the household situation (PMK)
- Socio-demographic characteristics (SDC)

Two-year biennial common content (all health regions)

2011-2012

1) Healthy Living

- Sedentary activities (SAC)
- Food security (FSC)
- Maternal experiences - breastfeeding (MEX)

2) Mental well-being

- Consultation about mental health (CMH)
- Positive mental health (PMH)

One-year biennial/quadrennial common content (all health regions)

2011	2012
<p>1) Health Services Access Surveyⁱⁱ</p> <ul style="list-style-type: none"> • Access to health care services (ACC) • Waiting times (WTM) <p>2) Neurological Conditions (NEU)</p>	<p>1) Chronic Disease Screening</p> <ul style="list-style-type: none"> • PAP smear test (PAP) • Mammography (MAM) • Colorectal cancer screening (CCS) • Spirometry (SPI) • Blood test (BLT) • Physical check-up (PCU)

Rapid Response (national estimates only)

2011	2012
<ul style="list-style-type: none"> • Neighbourhood environment (NBE) (July – August) 	<ul style="list-style-type: none"> • Canada's food guide (CFG) (May – June) • Food Skills (Part 1) (November-December)

i RAC has been a core module throughout the years, with the exception of 2011 when it was asked only in the territories.

ii Asked of a sub-sample of respondents. These theme modules were not asked of respondents in the territories.

iii In 2011, CHP changed from being a common content module to an optional module. In 2012, CHP returned to being a common content module but was divided into two modules (CHP and CP2), CP2 is an optional module.

Appendix B – Optional content selection by health regions (grouped by province) (2012)

Description	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt
ACC Access to health care services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADL Activites of Daily Living	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALW Alcohol use during the past week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BPC Blood pressure check	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BRX Breast examinations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BSX Breast self-examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CIH Changes made to improve health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEN Dental visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEP Depression	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIA Diabetes care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSU Dietary supplement use - Vitamins and minerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIS Distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRV Driving and Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FDC Food choices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HCS Health care system satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HUI Health utilities index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMC Home care services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMS Home safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HRT Hormone replacement therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDG Illicit drugs use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
INJ Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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LOP Loss of productivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAS Mastery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MXA Maternal experiences – Alcohol use during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MXS Maternal experiences – Smoking during pregnancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MED Medication use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OH1 Oral health 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OH2 Oral health 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSC Patient satisfaction - Community Based Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAS Patient satisfaction - Health Care Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCP Physical activity - Stages of change	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PSA Prostate cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SWL Satisfaction with life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SFE Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SXB Sexual behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SLP Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAL Smoking - Other tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPC Smoking - Physician counselling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SCH Smoking - Stages of change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YSM Smoking - Youth smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCA Smoking cessation methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPS Social provisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SSA Social Support - Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSU Social Support - Utilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt
SPR Spiritual values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CST Stress - Child and adult stressors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RLE Stress - Recent life events	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STS Stress - Sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUI Suicidal Thoughts and Attempts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SSB Sun safety behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCN Unmet health care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UPE Use of Protective Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORG Voluntary organizations - Participation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WTM Waiting Times	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>