

Canadian Community Health Survey (CCHS) – Mental Health

User Guide
Microdata files

September 2013



Statistics
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1.0 Introduction

The Canadian Community Health Survey (CCHS) - Mental Health is a cross-sectional survey that collected information about the factors, influences and processes that contribute to mental health through a multidisciplinary approach focusing on health, social and economic determinants.

The CCHS - Mental Health covers the population 15 years of age and over living in the ten provinces. Excluded from the survey's coverage are residents of the three territories, persons living on reserves or other Aboriginal settlements, full-time members of the Canadian Forces, and the institutionalized population. Altogether, these exclusions represent less than 3% of the target population. Data were collected between January and December 2012.

The purpose of this document is to facilitate the manipulation of the CCHS - Mental Health microdata files and to describe the methodology used. The CCHS - Mental Health survey produces three types of microdata files: master files, share files and public use microdata files (PUMF). The characteristics of each of these files are presented in this guide. The PUMF will be released in 2014.

Any questions about the data set or its use should be directed to:

Electronic Products Help Line:	1-800-949-9491
For custom tabulations or general data support:	
Client Custom Services, Health Statistics Division:	613-951-1746
E-mail:	hd-ds@statcan.gc.ca
For remote access support:	613-951-1746
E-mail:	hd-ds@statcan.gc.ca
Fax:	613-951-0792

2.0 Background and objectives

2.1 Canadian Community Health Survey (CCHS) background

In 1991, the National Task Force on Health Information cited a number of issues and problems with the health information system. The members felt that data was fragmented; incomplete, could not be easily shared, was not being analysed to the fullest extent, and the results of research were not consistently reaching Canadians.¹

In responding to these issues, the Canadian Institute for Health Information (CIHI), Statistics Canada and Health Canada joined forces to create a Health Information Roadmap. From this mandate, the Canadian Community Health Survey (CCHS) was conceived. The format, content and objectives of the CCHS evolved through extensive consultation with key experts and federal, provincial and community health region stakeholders to determine their data requirements.²

To meet many data requirements, the CCHS had a two-year data collection cycle. Until a redesign in 2007, the first year of the survey cycle, designated by ".1", was a general population health survey, designed to provide reliable estimates at the health region level. The second year of the survey cycle, designated by ".2", had a smaller sample and was designed to provide provincial level results on specific health topics.

New designations for Cycles .1 and .2

As of 2007, the regional CCHS survey began collection on an ongoing basis. To avoid confusion with the health focused surveys, the two components stopped using the ".1" and ".2" designations to distinguish them. Henceforth, the x.1 cycles of the CCHS are designated as "the annual component" of the CCHS. The full title is "The Canadian Community Health Survey – Annual component, 2008" and the short title is simply "CCHS – 2008".

The focus content component of the survey remains unchanged. It will continue to examine in greater detail more specific topics or populations. It will be designated by the name of the survey followed by the topic of the themes covered by each survey (e.g., "Canadian Community Health Survey - Mental Health", "CCHS – Mental Health" or "CCHS-MH").

2.2 CCHS – Mental Health background

The Canadian Community Health Survey – Mental Health (CCHS – Mental Health) is the fourth CCHS focus content cycle. Previous cycles include Mental Health and Well-

¹ 1999. Health Information Roadmap: Responding to Needs, Health Canada, Statistics Canada. p. 3.

² 1999. Health Information Roadmap: Beginning the Journey. Canadian Institute for Health Information/Statistics Canada. ISBN 1-895581-70-2. p. 19.

Being in 2002, Nutrition in 2004, and Healthy Aging in 2008/9. The Canadian Health Measures Survey (CHMS) replaced the 2006 cycle of the survey.

In June 2009, the Health Statistics Division surveyed primary stakeholders to determine their priorities for the theme of the 2012 focus content cycle. Based on this consultation, mental health was selected as the theme.

2.3 Objectives

The objectives of the survey were as follows:

- To assess the mental health status of Canadians on both illness and positive mental health continuums through selected mental and substance disorders, mental health problems, and well-being;
- To assess timely, adequate, and appropriate access to and utilization of formal and informal mental health services and supports as well as perceived needs;
- To assess functioning, ability and disability in relation to mental health and illness;
- To examine links between mental health and social, demographic, geographic, and economic variables or characteristics (covariates); and
- To evaluate changes in patterns of mental health, service use, and functioning from the 2002 CCHS on Mental Health and Well-Being.

3.0 Survey content

This section provides a general discussion of the consultation process used in survey content development and gives a summary of the final content selected for inclusion in the CCHS – Mental Health.

The CCHS – Mental Health parameters and content were developed based on a multi-stage consultation process between the Health Statistics Division at Statistics Canada, Health Canada, the Public Health Agency of Canada, the Mental Health Commission of Canada, the Provincial Health Ministries, and an expert advisory group consisting of specialists from Health Canada, the Public Health Agency of Canada, the Mental Health Commission of Canada, and academic experts. Consultations for potential survey supplements were also held with the Department of National Defence, Veterans Affairs, Correctional Service Canada, Citizenship and Immigration, and the Royal Canadian Mounted Police. Questionnaire design started in December 2009 and involved extensive consultations with stakeholders. Content revisions were on-going until the summer of 2011 as updates were made following analyses of the pilot data.

Content selection was based on the following criteria:

- Issue(s) identified as data gaps from the stakeholder consultations;
- Significant number of people affected by the targeted issue;
- Significant impact on family, community, and health care costs;
- Data that have potential for health improvement with policy intervention;
- Issues identified as priorities for the support/development of programs and policy, surveillance requirements and/or research; and
- Comparability with the 2002 CCHS – Mental Health and Well-Being

3.1 Qualitative testing

Questionnaire review and qualitative testing were conducted in English and French through Statistics Canada's Questionnaire Design Resource Centre (QDRC). The questionnaire was subjected to two phases of qualitative testing which took place in March and July of 2010 and consisted of one-on-one interviews in English and French.

A total of 61 one-on-one interviews were completed in Ottawa and Montreal. In the first phase of testing, 27 people from the general population were interviewed. In the second phase of qualitative testing, 34 people diagnosed with a mental disorder were interviewed. Interviewing people diagnosed with a mental disorder better permitted the evaluation of some questions that were not applicable to many respondents from the

general population. Testing the questions on varied populations also permitted the evaluation of the relevance and sensitivity of various questions from multiple perspectives.

The questionnaires were administered face-to-face with respondents. These one-on-one interviews explored the four steps in the cognitive process of responding to the questionnaire: understanding the question and response categories, recalling/searching for the requested information, thinking about the answer and making a judgment about what to report, and reporting the answer. Results of each qualitative testing phase were instrumental in revising questionnaire content for the subsequent round of qualitative testing. All qualitative interviews were conducted by trained interviewers from QDRC and observed by members of the CCHS – Mental Health project team. Some of the key findings from the qualitative testing are discussed below.

Key findings from the qualitative testing

Overall, participants reported the questionnaire to be straightforward and easy to answer but lengthy. In general, respondents did not find the questions to be overly sensitive. Some respondents indicated sensitivity to questions on family mental health and childhood experiences. However, they also recognized the relevance and importance of such questions for a survey on mental health. As well, there were no major problems with questions that asked respondents to recall information.

In addition, qualitative testing provided valuable guidance on how to adapt some instruments such as the Alcohol Use, Abuse and Dependence module, the Substance Use, Abuse, and Dependence module, and the Mental Health Experiences module. Modifications were made to simplify these modules and add clarification on what was to be reported. Two psychosis screeners were tested but excluded from the pilot and main surveys based on the results of the qualitative tests. Both psychosis instruments presented significant measurement issues that threatened the validity of the data. Stakeholders and the expert advisory group agreed that it would be inappropriate to include the psychosis questions due to the validity concerns.

3.2 Pilot survey

A pilot survey was conducted in and around London, Toronto, Montreal, and Québec City. The Labour Force Survey (LFS) area frame was used as a sample frame and 601 respondents were interviewed. Respondents were interviewed in their dwelling using a computer-assisted personal interviewing (CAPI) collection method. The objectives of the pilot test were to observe respondent reaction to the survey, to obtain time estimates for the various content modules, to determine the effectiveness of the training of interviewers and the communication strategy, to test the training procedures and material, to provide a preliminary indication of response rates, to further test the computerized questionnaire and to assess the minimum alcohol and cannabis consumption patterns associated with symptoms of substance abuse and dependence. It was also used to test the usefulness of having a bilingual psychologist available to respondents and interviewers through a toll

free telephone number. The role of the psychologist was to provide information, support and referral services within 24 hours of receiving a call.

The pilot survey received positive feedback and revealed no major problems. The potentially sensitive modules identified in qualitative testing were well-received overall. Based on feedback from the pilot survey about difficulties with question wording as well as the need to reduce questionnaire length, the module on Stigma Towards Depression (STG) was subsequently excluded from the survey. The psychologist received one phone call from an interviewer and no calls from respondents. Because no respondents used the service of the on-call psychologist, it was decided that for the survey, this service would be available for interviewers only. All respondents would continue to be provided a resource sheet at the beginning of the interview. The resource sheet provided information about mental health as well as support resources available.

Analyses of the pilot data were reviewed by a group of experts and resulted in an increase to the threshold for screening into questions for alcohol dependence and cannabis dependence. Existing thresholds for screening into questions for alcohol abuse and cannabis abuse were retained. The new thresholds were selected to be low enough to maintain 100% sensitivity in the pilot sample. More information about this process can be found in *Appendix A – Summary of the research project on revising the consumption thresholds for screening into WHO-CIDI questions on alcohol and cannabis abuse and dependence*.

3.3 Final questionnaire content and comparison with CCHS – Mental Health and Well-Being (2002)

This section outlines the modules comprising the content of the CCHS – Mental Health questionnaire. The questionnaire was made up of 33 modules, excluding the entry and exit modules.

CCHS – Mental Health includes substantial overlap with the 2002 CCHS – Mental Health and Well-being:

- Sixty-seven percent of the 2002 modules are included in the 2012 survey (18 of 27 modules).
- 13 modules of the 2002 survey are repeated with no changes or only minor changes.
- 7 modules of the 2002 survey are repeated with moderate/major changes.
- 13 modules are new in 2012.

Major changes and new modules are due to four main reasons:

- Using the full WHO-CIDI instrument to measure alcohol and substance use, abuse, and dependence;
- Current Statistics Canada standard for harmonized content across surveys;

- Long-term evaluation work originating from the 2002 survey post-mortem which led to the inclusion of shorter, more efficient alternate instruments for certain modules; and
- Identification of a data gap to be measured.

Table 3.1 provides a summary description of each module and indicates whether each is a new module or repeated or modified from 2002. More detailed comparison information between the 2002 and 2012 surveys is available in *Appendix B – Question level comparison between 2012 CCHS – Mental Health and 2002 CCHS – Mental Health and Well-Being*.

Table 3.1 Module Description, Source and Comparison to 2002 CCHS – Mental Health and Well-Being

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
1	General health (GEN)	The general health module collects data on self-perceived health, self-perceived mental health, satisfaction with life, self-perceived stress and sense of belonging to local community. Source: Standard Canadian Community Health Survey Module	Minor	The module was modified to include only one question on sleep. Three questions on sleep that were previously in the module included in the 2002 CCHS – Mental Health and Well-Being were removed.
2	Screening Section (SCR)	The module identifies potential mental health problems that a respondent may have had at some point in his/her life based on different feelings and experiences that have occurred. The module begins with general health questions (self-perceived physical and	Minor	The screening questions for disorders not included in this survey were removed.

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		mental health) and continues with an important series of yes-no questions about the lifetime occurrence of various emotional problems. Source: WHO-CIDI		
3	Height and weight – self-reported (HWT)	In this module, respondents are asked about their height and weight, and whether they consider themselves to be overweight, underweight or just about right. The data serve to calculate the body mass index (BMI), which can be used to identify whether a respondent is underweight or obese. Source: Standard Canadian Community Health Survey Module	No change	
4	Chronic conditions (CCC)	This group of questions deals with long-term health conditions, diagnosed by a health professional, that have lasted or are expected to last at least 6 months. Source: Standard Canadian Community	Minor	The 2002 CCHS – Mental Health and Well-Being list of conditions was edited based on prevalence, expert consultation, and CCHS Annual updates.

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		Health Survey Module		
5	Pain and discomfort (HUP)	This module contains three questions about pain and discomfort. The purpose of this module is to assess whether the respondent usually functions in a state of pain and discomfort and the impact it has on the respondent's quality of life and mental health. Source: Standard Canadian Community Health Survey Module	New	The module was added to address a new data gap.
6	Physical Activity (PHS)	The module consists of two questions that ask how often a respondent has participated in moderate or vigorous physical activity in the past seven days, and the average duration of these activities. Source: This is a new module. The wording is based on the PAC module.	New	The module replaces the PAC module in the 2002 CCHS – Mental Health and Well-Being.
7	Positive Mental Health (PMH)	This module assesses the respondent's positive mental health through questions about their emotional, psychological and social Well-Being. Respondents are	New	

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		classified as having <i>flourishing, moderate</i> or <i>languishing</i> mental health, independent of their responses to the disorder modules. Source: This module is the Mental Health Continuum Short Form (MCH-SF) © instrument developed by Dr. Corey Keyes (Emory University in Atlanta, Georgia USA). The author granted permission to Statistics Canada for the use of MHC-SF in this survey. It is also used in the CCHS - Annual Survey (2011-2012).		
8	Stress (STS) (Formerly STR)	The module deals with various stressors that a person may encounter in their everyday life. It asks respondents how well they are usually able to deal with stressful situations and to identify their main source of stress. The last two questions look at the roles that social support and personal ability play when coping with this particular source of stress.	Major	Removed 2002 questions on strategies of stress management. Two new questions have been added to assess the role of social support on stress.

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		Source: 2002 CCHS – Mental Health and Well-Being.		
9	Distress (DIS)	This module explores how often the respondent experiences a range of feelings, including hopelessness, boredom, fear and anger. Respondents are also asked how much their feelings of distress interfere with their lives. The answers to all of these questions are combined to create an overall measure of the respondent's level of distress. Source: K10 Distress Scale (R. Kessler). Standard Canadian Community Health Survey Module.	No change	
10	Depression (DEP) And Suicide sub block (SUI)	The module contains questions about lifetime and past 12 month episodes of depression that last for two weeks or longer. In addition, the module contains a “sub-block” on Suicide, which is administered to all respondents. In order to be screened into the Depression section, the respondent	Minor	This survey corrected a skip error for suicide in the 2002 CCHS – Mental Health and Well-Being. This correction had no effect on the depression algorithm. Certain contextual questions that were not used in the diagnostic

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		will have reported having one of three different types of episodes about depression in the screening section: • being sad, empty, or depressed • losing interest in most things • feeling discouraged about how things were going in his/her life People who reported such experiences are asked about the frequency, severity, impacts on their life, as well as their use of professional treatment for these problems. Source: WHO-CIDI and the 2002 CCHS – Mental Health and Well-Being.		algorithm were removed to reduce the response burden.
11	Mania (MIA)	This module asks respondents about lifetime and past 12 months episodes of mania lasting several days or longer. In order to be screened into the Mania section, the respondent reports either being “excited and full of energy” or	Minor	Certain contextual questions were removed to reduce the response burden. This change had no impact on the diagnostic algorithm. This module is

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		“irritable or grouchy”. People who reported such experiences are asked about their frequency, severity, impact on their life, as well as their use of professional treatment for these problems. Source: WHO-CIDI and the 2002 CCHS – Mental Health and Well-Being.		used to construct derived variables on Hypomania, Bipolar I disorder and Bipolar II disorder. Due to a change in the WHO-CIDI definition of Bipolar disorder, the 2012 Bipolar variables are not comparable to 2002. See derived variable documentation for more information on comparability to 2002.
12	Generalized Anxiety Disorder (GAD)	The module contains questions about lifetime and past 12 months episodes of generalized anxiety disorder. Episodes of generalized anxiety disorder involve worrying about any number of different things or about diffuse worries (ex: "everything" or "nothing in particular"). Additionally, these episodes are to be accompanied by	New	

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		several physiological problems. Respondents who report at least one of these lifetime experiences in the screening section are screened into the module: • they were a “worrier” • they were much more nervous or anxious than most other people • they had a period lasting 6 months or longer when they were anxious or worried most days Respondents are asked about symptoms, frequency, severity, impact on their life, as well as the use of professional treatment for these problems. Source: WHO-CIDI and the 2002 Canadian Forces (CF) Supplement to the 2002 CCHS – Mental Health and Well-Being.		
13	Smoking (SMK)	This module includes a series of questions about current and past	New	

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		smoking habits. Questions are asked about frequency of smoking, number of cigarettes smoked in a day and the age at which the respondent began smoking daily. Source: Standard Canadian Community Health Survey Module		
14	Alcohol Use, Abuse, and Dependence (AUD)	The module examines the frequency and amount of alcohol consumption during lifetime and in the past 12 months. For respondents who meet a minimum threshold of alcohol consumption, there are two additional sets of questions. The first set on alcohol abuse is initiated for respondents who: • reported ever drinking at least 12 drinks in a year AND • during the year they drank the most, usually drank at least once a week OR, if they drank less frequently, usually drank 3 or more drinks per occasion	Major	The 2002 version of alcohol dependence questions used a shortened version of the WMH-CIDI that is not comparable to the full WHO-CIDI version used in 2012. Based on analyses of the pilot data and expert advice, the alcohol consumption threshold for screening into the alcohol dependence questions has been increased from that used by the WHO-CIDI. More information is available in Appendix A.

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		The second set on alcohol dependence is initiated for respondents who: • reported ever drinking at least 12 drinks in a year AND • during the year they drank the most, usually drank at least four times a week OR, if they drank less frequently, usually drank 5 or more drinks per occasion Source: This module is based on the WHO-CIDI, with modifications of the alcohol consumption questions to maintain comparability with the Canadian Community Health Survey standard questions on alcohol use.		
15	Substance Use, Abuse, and Dependence (SUD) (Formerly IDG)	The module asks questions about the respondents' use of illegal drugs or nonmedical use of prescription drugs during their lifetime and in the past 12 months. The module begins with questions on	Major	The consumption questions of illegal drugs are comparable to 2002. The questions on non-medical use of prescription drugs are new. The 2002 version of substance

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		consumption. Based on the responses in the consumption section, there are four sets of questions that may be initiated: • Questions on abuse of marijuana or hashish • Questions on dependence on marijuana or hashish • Questions on abuse of all other drugs, excluding marijuana/hashish • Questions on dependence on all other drugs, excluding marijuana/hashish Source: WHO-CIDI and the 2002 CCHS – Mental Health and Well-Being.		dependence questions used a shortened version of the WMH-CIDI that is not comparable to the full WHO-CIDI version used in 2012. Based on analyses of the pilot data and expert advice, the cannabis consumption threshold for screening into the cannabis dependence questions has been increased from that used by the WHO-CIDI. More information is available in Appendix A.
16	WHO-Disability Assessment Schedule (DAS)	This module assesses functioning and disability. It consists of 12 items measuring the respondent's degree of difficulty in doing common daily activities because of any health problems. The last item measures the overall impact of difficulties that the respondent reported on their life.	New	

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		Source: World Health Organization (WHO).		
17	Two-Week Disability (TWD)	The module records the number of days during the past 2 weeks that the respondent stayed in bed or reduced normal activities due to a health problem. Source: Standard Canadian Community Health Survey Module	Minor	This module was shortened based on expert advisory group advice.
18	Mental Health Services (SR1) (Formerly SER)	This module focuses on the utilization of health care services for problems with emotions, mental health or use of alcohol or drugs over the past 12 months. The module contains questions on the use of professional services and help received from non-professional persons and sources. Additional questions cover a variety of topics about health services, including hospitalization, employee assistance programs (EAP), the use of the internet, support groups, and help-lines, as well as the expenses incurred	Major	Modifications made based on a report contracted by Statistics Canada to evaluate the 2002 Services module. Questions about lifetime mental health services use were removed. Questions on new services and consultation with non-professional and EAP were added. This module maintains comparability with the 2002 CCHS – Mental Health and Well-Being for 12 month prevalence of hospitalization,

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		and discrimination encountered while using these services. This module is completed by all respondents, regardless of whether they are screened into a disorder module. Source: This module is based on the 2002 CCHS – Mental Health and Well-Being.		consultation with professionals, help line use, self-help groups, out-of-pocket expenses and unmet needs.
19	Medication Use (MED)	This module deals with prescription and non-prescription medications taken for problems with emotions, mental health, or use of alcohol and drugs. For respondents who reported taking medication over the past 12 months, follow-up questions are asked about the medications taken in the past two (2) days. When a Drug Identification Number is not available, respondents are asked for the exact name of the medication. Source: Based on 2002 CCHS – Mental Health	Major	This module replaced questions on the 12 month use of specific categories of medications with one omnibus question. This change was made to address data quality concerns identified in the 2002 CCHS – Mental Health and Well-Being and in qualitative testing. The module maintains comparability with the 2002 CCHS – Mental Health and Well-Being in the collection of

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		and Well-Being. New questions are based on the Canadian Health Measures Survey.		exact two day medication use (collection of Drug Identification Numbers), insurance coverage and use of natural health products.
20	Perceived Need for Care (PNC) And Help Needed – Sub block (PN1)	The module asks about the different kinds of help that respondents received or thought they needed for problems with their emotions, mental health or use of alcohol or drugs in the past 12 months. The sub-module PN1 includes follow-up questions that ask respondents why they did not get help when they indicated that they needed it or more help when respondents indicated they got help but not enough of it. Source: Based on the Perceived Need for Care Questionnaire, developed by G. Meadows et al. (2000) for the 1997 and 2007 Australian National Survey on Mental Health and Well Being.	New	

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		An earlier version of this module was used in the CF supplement of the 2002 - CCHS Mental Health and Well-Being (SR2 module).		
21	Mental Health Experiences (MHE)	The module asks respondents about experiences with people who have had emotional and mental health problems. Respondents who have received treatment for an emotional or mental health problem are asked whether they experienced any negative opinions or unfair treatment and, if so, the extent to which negative opinions or unfair treatment have had an impact on their lives. Source: Based on the Impact Scale of the Inventory of Stigmatizing Experiences (Stuart et al., 2005).	New	
22	Family Mental Health Impact (FMI)	This module asks whether or not respondents currently provide assistance to family members for problems related to their emotions, mental	New	

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		health or use of alcohol or drugs. Respondents are asked about different types of assistance they may provide, such as personal care, housework and emotional support. They are also asked about the number of hours a week they spend helping with these problems and if these problems cause any embarrassment. Source: Modified for this survey from the WHO-CIDI (Family burden module) and the 2007 Australian National Survey of Mental Health and Well-Being (caregiving module).		
23	Social Provisions Scale (SPS)	The module focuses on the degree to which respondents' social relationships provide various dimensions of social support. Source: This module is based on the Social Provisions Scale (24 items) developed by Cutrona and Russell (1989), and validated	New	

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		in French by Caron (1996). For this survey, Dr. Jean Caron developed this shorter version with 10 items, which maintains the psychometric properties of the original instrument. It is also used in the CCHS - Annual.		
24	Negative Social Interactions (NSI)	This module asks about the negative interactions that respondents have with others. Source: Based on a Negative Interaction instrument developed by Dr. Neal Krause of the University of Michigan. The author granted permission to Statistics Canada for the use of these questions in this survey.	New	
25	Contact with Police (CWP)	This module asks respondents about the contact with police they have had in the past year for various reasons (e.g. information session, victim of crime, being arrested, etc.). Two questions were added on contact with police for reasons related to	New	

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		their own mental health or the mental health of a family member. Source: General Social Survey on Victimization.		
26	Childhood Experiences (CEX)	This module collects information about physical and sexual abuse before the age of 16. To facilitate the respondent's comfort and privacy, the administration of this module relies heavily on the response booklet which presents both the question and the response category so that neither need to be read aloud. In cases where the respondent could not read or preferred not to use the response booklet, the interviewer could read the full question and response, as usual. Source: Most questions in this module (Q01 to Q06) are from an abbreviated version of the Childhood Experiences of Violence Questionnaire (CEVQ-SF) that was used in the Ontario Mental Health	New	The module was only administered to respondents age 18 and older.

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		Supplement (OHSUP) and in the Ontario Child Health Study. Q07 is new.		
27	Spirituality (SPT) (Formerly SPR)	The module asks about how important spirituality is in the respondent's life. Source: This module is based on the 2002 CCHS – Mental Health and Well-Being and the National Comorbidity Survey (NCS).	Major	Reduced to minimal content. A new question used in NCS was added.
28	Labour force (LF2)	The module includes a number of questions on the respondent's work life, including job attachment, occupation, and usual hours worked. Source: Standard Canadian Community Health Survey Module	Major	The module was asked of respondents aged 15 to 75 years. The module was modified from 2002 in order to comply with harmonized content. It is slightly shorter than the module in the 2002 CCHS – Mental Health and Well-Being.
29	Work Stress (WST)	The module is comprised of a series of questions dealing with aspects of the respondent's job or business that could be stressful. This includes whether or not the	No change	The Work Stress module was asked to respondents aged 15 to 75 years who have worked at a job or business at some point in the past

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		respondent is required to learn new things, whether the job is hectic and whether the respondent is exposed to conflict with colleagues or supervisors. Source: Standard Canadian Community Health Survey Module		12 months.
30	Income (INC)	In this module, respondents are asked to provide their individual and household incomes in order to identify all sources of household and personal income, as well as the main source for each. Respondents are also asked whether their income covers their basic expenses. Source: Standard Canadian Community Health Survey Module	Minor	This module was modified in order to comply with harmonized content.
31	Socio-demographic characteristics (SDC) (Formerly SDE)	This module collects social and demographic information, including immigrant status, country of birth, ethnic origin, and language. Source: Standard Canadian Community	Minor	This module was modified in order to comply with harmonized content.

	Module	Module Summary Description & Source	New module or change from 2002	Additional comments
		Health Survey Module		
32	Education (EDU)	Respondents are asked several questions about the education levels of all members in the household. Source: Standard Canadian Community Health Survey	Minor	The module was moved from the Entry to the main questionnaire section of the survey.
33	Administration information (ADM)	This module collects administrative information including permission for data linkage and data sharing. When respondents give their permission for data linkage, they are asked to provide their provincial health card number. Source: Standard Canadian Community Health Survey Module	Minor	The module was modified in order to comply with a new policy on informing survey respondents.

3.4 WHO-CIDI mental and substance disorders

The questions and derived variables on depressive episode, mania, hypomania, bipolar disorder, generalized anxiety disorder, alcohol abuse, alcohol dependence, cannabis abuse, cannabis dependence, other drug abuse and other drug dependence are based on a recognized World Health Organization version of the Composite International Diagnostic Interview (WHO-CIDI) modified for the needs of CCHS - Mental Health. The WHO-CIDI is a standardized instrument for assessment of mental disorders and conditions according to an operationalization of the definitions and criteria of DSM-IV and ICD-10. DSM refers to the Diagnostic and Statistical Manual of Mental Disorders used by the American Psychiatric Association. It is an internationally recognized classification of mental disorders with several versions. Mental conditions or problems found in the

CCHS - Mental Health are partially coded to DSM-IV. CCHS - Mental Health does not support the ICD-10 algorithms.

Both lifetime and past year diagnoses are assessed. Past year episode refers to the 12 months preceding the interview.

As part of its support documentation in the Derived Variable (DV) Specifications (available on request), CCHS - Mental Health provides information on all temporary and interim derived variables used to compute the final derived variables of lifetime and past 12-month profiled conditions. For most users, the final derived variables will be sufficient to conduct analyses. These variables are listed in *Appendix C - WHO-CIDI Mental and Substance Disorders - Primary variables for analysis and comparable 2002 variables*.

4.0 Sample design

4.1 Target population

The CCHS - Mental Health covers the population 15 years of age and over living in the ten provinces. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements; full-time members of the Canadian Forces and the institutionalized population. Altogether, these exclusions represent about 3% of the target population.

4.2 Sample size and allocation

To provide reliable estimates at the provincial level, and given the budget allocated to the survey, a sample of 27,500 respondents was desired. The goal was to produce reliable estimates by province for four age groups (15–24, 25–44, 45–64 and 65+) and by sex.

Because provinces vary greatly in population size and reliable estimates are required both at national and provincial levels, a two-step strategy was used to allocate the sample to the provinces. First, 125 sample units were allocated to each domain of interest (8 age/sex groups) in each province. Thus, 1,000 units were assigned to each province in the first step for a total of 10,000. The remaining 17,500 units were allocated to the provinces using a power allocation method with power $q=0.7^3$, based on the estimated population aged 15 and over in each province. The total sample size of any given province was found by adding the sizes obtained in the two steps. Table 4.1 gives the targeted provincial sample sizes.

Table 4.1 Targeted sample sizes by province

Province	Total
Newfoundland and Labrador	1,565
Prince Edward Island	1,222
Nova Scotia	1,852
New Brunswick	1,728
Quebec	4,716
Ontario	6,121
Manitoba	1,969
Saskatchewan	1,862
Alberta	3,034
British Columbia	3,431
Canada	27,500

³ Bankier, M.D. (1988). Power Allocations: Determining Sample Sizes for Subnational Areas. *The American Statistician*, 42, 174-177.

Then sample sizes were enlarged before data collection to take into account out-of-scope and vacant dwellings and anticipated non-response. A total raw sample of 43,030 dwelling was therefore selected.

4.3 Sample design

A three-stage design was used to select the sample of respondents for the CCHS - Mental Health. First, geographical areas called clusters were selected. Households were then selected within each sampled cluster and, finally, one respondent per household was randomly selected. Each stage is described below.

4.3.1 Sampling of households from the area frame

The CCHS used the area frame designed for the Canadian Labour Force Survey (LFS) as a sampling frame. The sampling plan of the LFS is a multistage stratified cluster design in which the dwelling is the final sampling unit⁴. In the first stage, homogeneous strata are formed and independent samples of clusters are drawn from each stratum. In the second stage, dwelling lists are prepared for each cluster and dwellings, or households, are selected from these lists.

For the purpose of the LFS plan, each province is divided into three types of regions based on population size. Geographic or socio-economic strata are created within each large population centre. Within the strata, between 150 and 250 dwellings are grouped together to create clusters. In each stratum, six clusters are chosen by a random sampling method with a probability proportional to size (PPS), the size of which corresponds to the number of households. The number six is used throughout the sample design to allow for one sixth of the LFS sample to be rotated each month.

The other cities and rural regions of each province are stratified first on a geographical basis, then according to socio-economic characteristics. In the majority of strata, six clusters (usually census DAs) are selected using the PPS method. Some geographically isolated population centres are covered by a three-stage sampling design. This type of sampling plan is used for Quebec, Ontario, Alberta and British Columbia.

Once the new clusters are listed, the sample is obtained using a systematic sampling of dwellings. The sample size for each systematic sample is called the “yield”. As the sampling rates are determined in advance, there is frequently a difference between the expected sample size and the numbers that are obtained. The yield of the sample, for example, is sometimes excessive. This can particularly happen in sectors where there is an increase in the number of dwellings due to new construction. To reduce the cost of collection, an excessive output is corrected by eliminating, from the beginning, a part of the units selected and by modifying the weight of the sample design. This change is dealt with during weighting.

⁴ Statistics Canada (2008). *Methodology of the Canadian Labour Force Survey*. Statistics Canada. Cat. No. 71-526-XIE.

Due to the specific needs of the CCHS, some modifications had to be incorporated in this sampling strategy. To obtain the sample of 27,500 respondents for the survey, about 43,000 dwellings had to be selected from the area frame to account for vacant dwellings and non-responding households. Each month, the LFS design provides approximately 60,000 dwellings distributed across the various economic regions in the ten provinces. Overall, the CCHS – Mental Health required a lower number of dwellings than those generated by the LFS selection mechanism, which corresponds to an average adjustment factor of 0.72 (43,000/60,000).

Finally, when the number of dwellings available in the selected clusters was greater than the requested number of dwellings, a sub-sample was selected. This process is called stabilization.

The survey was in the field from January to December 2012, but collection was divided into six collection periods of two months. In order to balance interviewer workload and to minimize possible seasonal effects on estimates, the initial sample size was allocated equally over the six 2-month collection periods. The sample for the last collection period (November-December) was then reduced because of decreased interviewer resources. It was increased in the other periods to make up for that adjustment.

4.3.2 Sampling of interviewees within each household

One person in each dwelling was chosen to be the respondent for the CCHS – Mental Health. Upon visiting a selected dwelling, the household composition was obtained. Households with no eligible respondents (only people excluded from the target population) were classified as out of scope. For the other households, one respondent was selected at random among all eligible respondents according to varying selection probabilities.

Every household member aged 15 and older was assigned a selection probability factor according to the four age groups for which estimates are required (15–24, 25–44, 45–64, 65+). The selection probabilities varied in order to achieve the targeted number of respondents in each age group. A simulation study was used to create the selection probabilities. Table 4.2 gives the selection weight multiplicative factors used to determine the probabilities of selection of individuals in sampled households by age group. For example, for a three-person household formed of two adults of age 45 to 64 and one 15-year-old, the teenager would have a 7/9 chance of being selected (i.e., $7/(7+1+1)$) while each of the adults would have a 1/9 chance of being selected.

Table 4.2 Selection weight multiplicative factors for the person-level sampling strategy by age

Age	15–24	25–44	45–64	65+
Multiplicative factor	7	1	1	1

In order to avoid having large initial weights due to person selection, when there are three or more eligible respondents aged 15 to 24, the multiplicative factors are all set to 1. Consequently, all people in that household have the same probability of being selected.

Once the roster of household members is complete, the computer application randomly selects one person using the selection probabilities.

5.0 Data collection

Collection for the Canadian Community Health Survey - Mental Health took place between January to December 2012. Over the collection period, a total of 25, 113 valid interviews were conducted using a type of computer-assisted interviewing (CAI) called computer assisted personal interviewing (CAPI).

5.1 Computer-assisted interviewing

Computer-assisted interviewing (CAI) offers two main advantages over other collection methods. First, CAI offers a case management system and data transmission functionality. This case management system automatically records important management information for each attempt on a case and provides reports for the management of the collection process.

The case management system routes the questionnaire applications and sample files from Statistics Canada's main office to the regional offices. Data returning to the main office take the reverse route. To ensure confidentiality, the data are encrypted before transmission. The data are then unencrypted when they are on a separate secure computer with no remote access.

Second, CAI allows for custom interviews for every respondent based on their individual characteristics and survey responses. This includes:

- Questions that are not applicable to the respondent are skipped automatically;
- Edits to check for inconsistent answers or out-of-range responses are applied automatically and on-screen prompts are shown when an invalid entry is recorded;
- Immediate feedback is given to the respondent and the interviewer is able to correct any inconsistencies; and
- Question text, including reference periods and pronouns, is customised automatically based on factors such as the age and sex of the respondent, the date of the interview and answers to previous questions.

5.2 CCHS – Mental Health application development

For the CCHS – Mental Health, a computer assisted personal interviewing (CAPI) application was utilized. The application consisted of entry, health content (known as the C2), and exit components.

Entry and exit components contain standard sets of questions designed to guide the interviewer through contact initiation, collection of important sample information, respondent selection and determination of cases status. The C2 consists of the health modules and made up the bulk of the application. The application underwent three stages of testing: block testing, integrated testing and end-to-end testing.

Block testing consists of independently testing each content module or “block” to ensure skip patterns, logic flows and text, in both official languages, are specified correctly. Skip patterns or logic flows across modules are not tested at this stage as each module is treated as a stand alone questionnaire. Once all blocks are verified by several testers, they are added together along with entry and exit components into an integrated application. This newly integrated application is then ready for the next stage of testing.

Integrated testing occurs when all of the tested modules are added together, along with the entry and exit components, into an integrated application. This second stage of testing ensures that key information such as age and gender are passed from the entry to the C2 and exit components of the application. It also ensures that variables affecting skip patterns and logic flows are correctly passed between modules within the C2. Since, at this stage, the application essentially functions as it would in the field, all possible scenarios faced by interviewers are simulated to ensure proper functionality. These scenarios test various aspects of the entry and exit components including, establishing contact, collecting contact information, determining whether a case is in scope, rostering households, creating appointments and selecting respondents.

End-to-end testing occurs when the fully integrated application is placed in a simulated collection environment. The applications are loaded onto computers that are connected to a test server. Data are then collected, transmitted and extracted in real time, exactly as it would be done in the field. This last stage of testing allows for the testing of all technical aspects of data input, transmission and extraction for the CCHS – Mental Health application. It also provides a final chance of finding errors within the entry, C2 and exit components.

5.3 Interviewer training

In November and December 2011, representatives from Statistics Canada’s Collection Planning and Management Division visited the four regional offices (Halifax, Montreal, Toronto and Vancouver) coordinating data collection for the CCHS – Mental Health. The purpose of the visits was to train the regional office project managers and senior interviewers for the CCHS – Mental Health. Members of the CCHS – Mental Health project team from Health Statistics Division also attended the training sessions to present information about the background and development of the survey, and to offer additional support and clarify any questions or concerns that arose.

The focus of these sessions was to get interviewers comfortable using the CCHS – Mental Health application and familiarise interviewers with the survey content. The training sessions focused on:

- the goals and objectives of the survey;
- survey methodology;
- application functionality;
- review of the questionnaire content and exercises, especially administration of the WHO-CIDI disorder questions;

- use of mock interviews to simulate difficult situations and practise potential non-response situations;
- survey management;
- transmission procedures, and
- sensitizing interviewers to the topic of mental health

5.4 The interview

Units selected from the area frame were interviewed by decentralized field interviewers using CAPI. CAPI interviewers worked independently from their homes using laptop computers and were supervised from a distance by senior interviewers. CAPI interviewers were trained to make an initial personal contact with each sampled dwelling. Most interviews (87%) were conducted in person. Initially, collection by telephone was authorized only under certain circumstances, such as in cases of geographic isolation, when the respondent was away for the duration of the survey but was willing to conduct the interview by phone from their current location, when the respondent refused to let the interviewer into their home but was willing to participate by telephone, when the interviewer felt unsafe entering the household or property, when a respondent requested an interview in the other official language but no bilingual interviewer was available in the area, or when the respondent spoke neither official language but another interviewer was available to translate for the respondent.

In May 2012, to facilitate interviewing efficiency and to improve response rate, interviewers were authorized to make initial contact by telephone when possible in order to collect household information, select the respondent, and set an appointment for an interview. If the respondent was available at that time, they were offered the option to complete the interview immediately over the phone.

In all selected dwellings, a knowledgeable household member was asked to supply basic demographic information on all residents of the dwelling. One member of the household aged 15 years or older was then selected for a more in-depth interview, which is referred to as the C2 interview.

To ensure the quality of the data collected, interviewers were instructed to make every effort to conduct the interview with the selected respondent in privacy. In situations where this was unavoidable, the respondent was interviewed with another person present. Flags on the microdata files indicate whether somebody other than the respondent was present during the interview (ADM_N10) and whether the interviewer felt that the respondent's answers were influenced by the presence of the other person (ADM_N11).

A response booklet that listed the response options was used to assist respondents for questions where responses were repeated frequently, consisted of a lengthy list of options, or were potentially sensitive. The use of the response booklet helped reduce response burden, address issues of sensitivity, and increase privacy.

To ensure the best possible response rate attainable, many practices were used to minimise non-response, including:

a) Introductory letters

Before the start of each collection period, introductory letters and brochures explaining the purpose of the survey were sent to the sampled households. These explained the importance of the survey and provided examples of how the CCHS – Mental Health data would be used.

b) Initiating contact

Interviewers were instructed to make all reasonable attempts to obtain interviews. Starting in May 2012, interviewers were encouraged to use the telephone to make initial contact as a way to increase interviewing efficiency and response rates. When the timing of the interviewer's visit was inconvenient, an appointment was made to conduct the interview at a more convenient time. If no one was home on first visit, a notice of visit and intention to make contact was left at the door. Numerous repeat visits to the dwelling were made at different times on different days.

c) Refusal conversion

For individuals who at first refused to participate in the survey, a letter was sent from the nearest Statistics Canada Regional Office to the respondent, stressing the importance of the survey and the household's collaboration. This was followed by a second visit (or call) from a senior interviewer, a project supervisor or another interviewer to try to convince respondent of the importance of participating in the survey.

d) Language barriers

To remove language as a barrier to conducting interviews, each of the Statistics Canada Regional Offices recruits interviewers with a wide range of language competencies. When necessary, cases were transferred to an interviewer with the language competency needed to complete an interview. Interviewers who spoke Punjabi, Cantonese or Mandarin were provided with a copy of the introductory letter and glossary of key terms in Punjabi and Mandarin.

e) Proxy interviews

Proxy interviews were not permitted.

5.5 Field operations

The CCHS – Mental Health sample was divided into six non-overlapping two-month collection periods. Regional collection offices were instructed to use the first 4 weeks of each collection period to resolve the majority of the sample, with the next 4 weeks being used to finalise the remaining sample and to follow up on outstanding non-response cases. All cases were to have been attempted by the second week of each collection

period. Cases in Newfoundland, Prince Edward Island, Nova Scotia, Ontario, Manitoba, Alberta and British Columbia initially coded to “No contact” or “Absent for duration of survey” were resent in an additional collection period from November 1, 2012 to December 31, 2012.

Sample files were sent approximately six weeks before the start of each collection period to the four regional collection offices for workload planning. A series of dummy cases were included with each CAPI sample. These cases were completed by senior interviewers for the purposes of ensuring that all data transmission procedures were working through the collection cycle. Once the samples were received, project supervisors were responsible for planning CAPI interviewer assignments.

Completed CAPI interviews were transmitted daily from the interviewer’s home directly to Statistics Canada’s head office using a secure telephone transmission.

At the end of data collection, a national response rate of 68.9% was achieved. Complete details regarding the response rates can be found in Chapter 8, Section 8.1.

5.6 Quality control and collection management

During the CCHS – Mental Health data collection, several methods were used to ensure data quality and to optimize collection. These included using internal measures to verify interviewer performance, the use of interviewer newsletters as well as a series of ongoing reports to monitor various collection targets and data quality.

Three interviewer newsletters were produced and distributed to all interviewers. This communication tool provided direct feedback to interviewers on data quality issues. It also provided updates on collection, responses to frequent collection questions, additional information and the reinforcement of proper interviewing procedures and techniques.

A series of reports were produced to effectively track and manage collection targets and to assist in identifying other collection issues.

Cumulative reports were generated at the end of each collection period, showing response, link and share rates for each collection region. Customized reports were also created to monitor data quality such as item non-response, interviews conducted by telephone, module timing, and refusal and refusal conversion rates. Reports were also generated by the survey methodologists to monitor sample clusters and age groups that were below collection target levels, allowing the regional offices to focus efforts in these regions.

6.0 Data processing

6.1 Editing

Most editing of the data was performed at the time of the interview by the computer-assisted personal interviewing (CAPI) application. It was not possible for interviewers to enter out-of-range values and flow errors were controlled through programmed skip patterns. For example, the CAPI application ensured that questions that did not apply to the respondent were not asked.

In response to some types of inconsistent or unusual reporting, warning messages were invoked but no corrective action was taken at the time of the interview. Where appropriate, edits were instead developed to be performed after data collection at Head Office. Inconsistencies were usually corrected by setting one or both of the variables in question to "not stated".

6.2 Coding

Pre-coded answer categories were supplied for all suitable variables. Interviewers were trained to assign the respondent's answers to the appropriate category.

In the event that a respondent's answer could not be easily assigned to an existing category, several questions also allowed the interviewer to enter a long-answer text in the "Other-specify" category. Following collection, all such questions were reviewed in head office processing. For some of these questions, write-in responses were coded into one of the existing listed categories if the write-in information duplicated a listed category. For all questions, the 'Other-specify' responses are taken into account when refining the answer categories for future cycles.

In the Medication module, Drug Identification Numbers (DINs) of prescribed medications that the respondent had used to treat problems with their emotions, mental health, or use of alcohol or drugs in the two days prior to their interview were collected. These Drug Identification Numbers were then coded to the appropriate Anatomical Therapeutic Chemical (ATC) Classification System according to the Health Canada Drug Product Database. These ATC codes were then used to create derived variables that classify the type of drug according to seven therapeutic subgroups of drugs.

6.3 Creation of derived variables

To facilitate data analysis and to minimize the risk of error, a number of variables on the file have been derived using items found on the CCHS – Mental Health questionnaire. Derived variables generally have a "D", "G" or "F" in the fourth character of the variable name. In some cases, the derived variables are straightforward, involving the collapsing of response categories. In other cases, several variables have been combined to create a new variable. The *Derived Variable (DV) Specifications* document (available on request)

provides details on how these more complex variables were derived. For more information on the naming convention, please go to Section 11.5.

6.4 Partials

In some cases, it was possible to carry out some part of the interview, but a complete interview was not obtained for a variety of reasons. Some respondents were willing to give only a certain amount of time to the completion of the survey. In other cases, an interviewer completed a portion of the survey with the respondent and made an appointment to continue at another time but was unable to re-contact the respondent. In such situations, it was necessary to come up with standard criteria for deciding what to do with these “partial” interviews.

For the CCHS – Mental Health, it was decided that to qualify as a “partial interview”, the respondent must have completed the Entry and Exit modules as well as a minimum part of the general health questionnaire up to and including the first question of the Spirituality (SPT) module. Anything less was considered a non-response – i.e. the household was dropped from the responding sample. The variable ADM_STA indicates whether a case was partially or fully completed, indicated by a 71 and 70, respectively.

6.5 Weighting

The principle behind estimation in a probability sample such as the CCHS – Mental Health is that each person in the sample "represents", besides himself or herself, several other persons not in the sample. For example, in a simple random 2% sample of the population, each person in the sample represents 50 persons in the population. In the terminology used here, it can be said that each person has a weight of 50.

The weighting phase is a step that calculates, for each person, his or her associated sampling weight. This weight appears on the file, and must be used to derive meaningful estimates from the survey. For example, if the number of individuals who smoke daily is to be estimated, it is done by selecting the records referring to those individuals in the sample having that characteristic and summing the weights entered on those records.

Details of the method used to calculate sampling weights are presented in Section 7.

6.6 Income Imputation

The household income variable was imputed on the CCHS – Mental Health . Missing values due to either respondent refusal or respondent’s lack of knowledge of household income were completed using statistical techniques. The main variable of interest was INC_3: ‘Total household income - best estimate’ but all variables that were derived based on income were also affected. The income variables along with an imputation flag (INCFIMP4) indicating which values were imputed are provided on the data file.

The personal income of some respondents was also imputed to correct for a problem with the CAPI application. People who didn't live alone and reported no source of personal income were not asked for their personal income, as should have been the case. Based on patterns observed from the annual CCHS and on their household income, a personal income was assigned to these persons, 95% of them receiving an income of zero. An imputation flag (INCFIMP5) indicating which values were imputed is provided on the data file.

7.0 Weighting

In order for estimates produced from survey data to be representative of the covered population and not just the sample itself, users must incorporate the survey weights into their calculations. A survey weight is given to each person included in the final sample, that is, the sample of persons having responded to the survey. This weight corresponds to the number of persons in the entire population that the respondent represents.

Several steps are part of the weighting strategy. The following sections describe the weighting process for the survey, including the calculation of the initial weights, the treatment of non-response and the calibration, where the weights are adjusted to control for seasonality and to match known population totals.

7.1 Initial weight

The weighting begins with a weight provided by the Labour Force Survey (LFS). This weight is based on the LFS design, which consists of a sample of dwellings within clusters selected from LFS strata. In the initial adjustment, the LFS weight is adjusted to take into consideration the fact that the CCHS – Mental Health selects a different number of clusters than the LFS. For more details about the selection mechanism, as well as a more complete definition of LFS strata and clusters, refer to Statistics Canada (1998)⁵.

In clusters that experience significant growth, a sub-sampling methodology is used to ensure that the workload of the interviewers is kept at a reasonable level. This can consist of sub-sampling from the selected dwellings, dividing the cluster into sub-clusters, or reclassifying the cluster as a stratum and creating new clusters within the stratum. In all these cases, a sub-sample adjustment is calculated and applied to the CCHS weight.

In some clusters, the increase of the sample size as described in section 4, results in a larger sample than necessary. Stabilization is used to bring the sample size back down to the desired level. The stabilization process consists of randomly sub-sampling dwellings from the dwellings originally selected within each cluster. An adjustment factor representing the effect of this stabilization is calculated in order to adjust the probability of selection appropriately.

The weights and adjustments described in section 7.1 together produce the initial weight, called L1.

7.2 Removal of out-of-scope units

Among all dwellings sampled, a certain proportion is identified during collection as being out of scope. Dwellings that are outside of the target population as specified in Section 4.1 as well as those that are demolished or under construction, vacant, seasonal or

⁵ Statistics Canada. 1998. *Methodology of the Canadian Labour Force Survey*. Statistics Canada. Cat. No. 71-526-XPB.

secondary are examples of out-of-scope cases for the CCHS – Mental Health. These dwellings and their associated weight are simply removed from the sample. This leaves a sample that consists of, and is representative of, in-scope dwellings. These remaining dwellings maintain the same weight as in the previous step, which is now called L2.

7.3 Household non-response

During collection, a certain proportion of sampled households inevitably results in non-response. This usually occurs when a household refuses to participate in the survey, provides unusable data, or cannot be reached for an interview. Weights of the non-responding households are redistributed to responding households within response homogeneity groups (RHGs). In order to create the response groups, a scoring method based on logistic regression models is used to determine the propensity to respond, and these response probabilities are used to divide the sample into groups with similar response properties. The information available for non-respondents is limited; as a result, the regression model uses characteristics such as the collection period and geographic information, as well as paradata including the number of contact attempts, the time/day of each attempt, and whether the household was contacted on a weekend or weekday. An adjustment factor is calculated within each RHG as follows:

$$\frac{\text{Sum of weight L2 for all households}}{\text{Sum of weight L2 for all responding households}}$$

Limits are set for the minimum number of respondents and the maximum adjustment factor allowed for any given RHG. When these limits are exceeded, the corresponding response homogeneity groups are collapsed with others.

Once the final RHGs are obtained, weight L2 is multiplied by the adjustment factor to produce weight L3 for the responding households. Non-responding households are dropped from the process at this point.

7.4 Creation of person-level weight

Since persons are the desired sampling units, the household-level weights computed to this point need to be converted to the person level. This weight is obtained by multiplying the weight L3 by the inverse of the probability of selection of the person selected in the household. This gives the weight I1. As mentioned earlier, the probability of selection for an individual changes depending on the number of persons aged 15 and older in the household and the ages of those individuals (see Section 4.3.2 for more details).

7.5 Person non-response

A CCHS – Mental Health interview can be seen as a two-part process. First, the interviewer gets the complete roster of the persons within the household. Second, (s)he interviews the selected person. In some cases, interviewers can only get through the first part, either because they cannot get in touch with the selected person, or because the

selected person refuses to be interviewed. Such individuals are defined as person non-respondents and an adjustment factor must be applied to the weights of respondents to account for this non-response. Using the same methodology that was used in the treatment of household non-response, the adjustment was applied within response homogeneity groups based on the characteristics available for both respondents and non-respondents. All characteristics collected when creating the roster of household members were in fact available for the creation of the classes, as were geographic information and some paradata. A scoring method was used to define the classes. In the end, the following adjustment factor was calculated within each RHG:

$$\frac{\text{Sum of weight I1 for all selected persons}}{\text{Sum of weight I1 for all responding selected persons}} \cdot$$

Weight I1 for responding persons was multiplied by the above adjustment factor to produce weight I2. Non-responding persons were dropped from the weighting process from this point onward.

7.6 Winsorization

Following the series of adjustments applied to the respondents, some units may come out with extreme weights compared with other units of the same domain of interest (province by age group by sex). Some respondents could represent a large proportion of their domain or have a large impact on the variance. In order to prevent this, the weight of the outlier units that represent a large proportion of their province-age-sex group is adjusted downward using a “winsorization” trimming approach. For the majority of units that are not outliers, the weight I3 produced at this point will be the same as weight I2.

7.7 Calibration

The final phase necessary to obtain the final CCHS – Mental Health weight is calibration. This is a two-step process. First of all, a calibration is performed to ensure that the sum of weights of the persons who responded to the survey in a given province is the same for each quarter, to avoid introducing a seasonal effect. The weight I3 is adjusted by this calibration to obtain the weight I4.

In the second step, another calibration ensures that the sum of the final weights corresponds to the population estimates defined at the province level, for all 8 age–sex groups of interest. The 4 age groups are 15–24, 25–44, 45–64 and 65+, for both males and females. A minimum domain size of 20 respondents is required to calibrate at the province by age by sex level.

The monthly population estimates are based on the most recent census counts and counts of births, deaths, immigration and emigration since that time. The average of these monthly estimates over all twelve survey months for each of the province-age-sex groups are used for calibration. The weight I4 is therefore adjusted in this last step to obtain the

final weight I5. Weight I5 corresponds to the final CCHS – Mental Health weight that can be found on the data file with the variable name WTS_M.

8.0 Data quality

8.1 Response rates

In total, 36,443 of the selected units in the CCHS – Mental Health were in-scope for the survey⁶. Out of these, 29,088 households agreed to participate in the survey, resulting in an overall household-level response rate of 79.8%. Among these responding households, 29,088 individuals (one per household) were selected to participate in the survey, out of which a response was obtained for 25,113 individuals, resulting in an overall person-level response rate of 86.3%. At the Canada level, this yields a combined (household and person) response rate of 68.9% for the CCHS – Mental Health. Table 8.1 provides response rates by province and age group.

Table 8.1 CCHS – Mental Health response rates by province and age group

Province	Provincial household response rate	Age	Number of in-scope households	Person level			Combined response rate
				Number of selected people	Number of respondents	Response rate	
10 - Newfoundland and Labrador	86.7	Total	1,923	1,667	1,413	84.8	73.5
		[15–24]		278	207	74.5	
		[25–44]		452	369	81.6	
		[45–64]		558	485	86.9	
		[65+]		379	352	92.9	
11 - Prince Edward Island	84.1	Total	1,542	1,297	1,098	84.7	71.2
		[15–24]		248	176	71.0	
		[25–44]		312	262	84.0	
		[45–64]		415	364	87.7	
		[65+]		322	296	91.9	
12 – Nova Scotia	82.5	Total	2,429	2,005	1,714	85.5	70.6
		[15–24]		321	240	74.8	
		[25–44]		523	434	83.0	
		[45–64]		685	612	89.3	
		[65+]		476	428	89.9	
13 - New Brunswick	81.8	Total	2,360	1,931	1,672	86.6	70.8

⁶ Among the households selected, some are not in-scope for the survey. They are, for example, vacant or demolished dwellings. These households were identified during data collection; otherwise, they would have been excluded before the sample selection. These households are not considered in the calculation of response rates.

				Person level			
Province	Provincial household response rate	Age	Number of in-scope households	Number of selected people	Number of respondents	Response rate	Combined response rate
		[15–24]		312	244	78.2	
		[25–44]		525	442	84.2	
		[45–64]		637	568	89.2	
		[65+]		457	418	91.5	
24 - Quebec	79.3	Total	6,172	4,895	4,348	88.8	70.4
		[15–24]		801	667	83.3	
		[25–44]		1,322	1,152	87.1	
		[45–64]		1,563	1,404	89.8	
		[65+]		1,209	1,125	93.1	
35 - Ontario	77.9	Total	8,248	6,423	5,492	85.5	66.6
		[15–24]		1,132	894	79.0	
		[25–44]		1,816	1,530	84.3	
		[45–64]		2,039	1,778	87.2	
		[65+]		1,436	1,290	89.8	
46 - Manitoba	80.9	Total	2,668	2,159	1,826	84.6	68.4
		[15–24]		424	330	77.8	
		[25–44]		625	513	82.1	
		[45–64]		605	526	86.9	
		[65+]		505	457	90.5	
47 - Saskatchewan	82.7	Total	2,344	1,938	1,709	88.2	72.9
		[15–24]		386	312	80.8	
		[25–44]		581	508	87.4	
		[45–64]		525	468	89.1	
		[65+]		446	421	94.4	
48 - Alberta	80.2	Total	4,121	3,304	2,785	84.3	67.6
		[15–24]		618	489	79.1	
		[25–44]		1,062	868	81.7	
		[45–64]		1,026	879	85.7	
		[65+]		598	549	91.8	
59 - British Columbia	74.8	Total	4,636	3,469	3,056	88.1	65.9
		[15–24]		560	454	81.1	
		[25–44]		952	828	87.0	

				Person level			
Province	Provincial household response rate	Age	Number of in-scope households	Number of selected people	Number of respondents	Response rate	Combined response rate
		[45–64]		1,126	993	88.2	
		[65+]		831	781	94.0	
Canada	79.8	Total	36,443	29,088	25,113	86.3	68.9
		[15–24]		5,080	4,013	79.0	
		[25–44]		8,170	6,906	84.5	
		[45–64]		9,179	8,077	88.0	
		[65+]		6,659	6,117	91.9	

8.1.1 Response rate formulae and example

The response rate formulas are presented and a simple example is given to illustrate how the household- and person-level response rates are used to calculate the combined response rate.

Household-level response rate

$$HHRR = \frac{\text{Number of responding households}}{\text{Number of in - scope households}}$$

Person-level response rate

$$PPRR = \frac{\text{Number of responding persons}}{\text{Number of persons selected (one per responding household)}}$$

Combined response rate

$$CombRR = HHRR \times PPRR$$

Example 1 – Calculation of CombRR for Newfoundland and Labrador based on Table 8.1

$$HHRR = \frac{\text{Number of responding households}}{\text{Number of in - scope households}} = \frac{1,667}{1,923} = 86.7\%$$

$$PPRR = \frac{\text{Number of responding persons}}{\text{Number of persons selected (one per responding household)}} = \frac{1,413}{1,667} = 84.8\%$$

$$CombRR = HHRR \times PPRR = 86.7\% \times 84.8\% = 73.5\%$$

8.1.2 Limitations of response rate calculations

Two variables of interest for CCHS – Mental Health, age group and sex, are person specific and, as such, response rates can only be reported for these variables at the person level.

8.2 Survey errors

The estimates derived from this survey are based on a sample of individuals. Somewhat different figures might have been obtained if a complete census had been taken using the same questionnaire, interviewers, supervisors, processing methods, etc. as those actually used. The difference between the estimates obtained from the sample and the results from a complete census of the target population under similar conditions is called the sampling error of the estimate.

Errors that are not related to sampling can occur in almost every phase of a survey operation. Interviewers can misunderstand instructions, respondents can make errors in answering questions, the answers can be incorrectly entered on the computer, and errors can be introduced in the processing and tabulation of the data. These are all examples of non-sampling errors.

8.2.1 Sampling errors

Since it is an unavoidable fact that estimates from a sample survey are subject to sampling error, sound statistical practice calls for researchers to provide users with some indication of the magnitude of this sampling error. The basis for measuring the potential size of sampling errors is the standard error of the estimates derived from survey results. However, due to the large variety of estimates that can be produced from a survey, the standard error of an estimate is usually expressed relative to the estimate to which it pertains. This resulting measure, known as the coefficient of variation (CV) of an estimate, is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate.

For example, suppose it is estimated that 25% of Canadians aged 15 and over have a certain characteristic of interest and that this estimate is found to have a standard error of 0.003. Then the CV of the estimate is calculated as:

$$(0.003/0.25) \times 100\% = 1.20\%$$

Statistics Canada commonly uses CV results when analyzing data and urges users producing estimates from the CCHS – Mental Health data files to do so as well. For details on how to determine CVs, see Section 10. For guidelines on how to interpret CV results, see the table at the end of Section 9.4.

8.2.2 Non-sampling errors

Over a large number of observations, randomly occurring errors will have little effect on estimates derived from the survey. However, errors occurring systematically will contribute to biases in the survey estimates. Considerable time and effort was devoted to reducing non-sampling errors in the CCHS – Mental Health. Quality assurance measures were implemented at each step of data collection and processing to monitor the quality of the data. These measures included the use of highly skilled interviewers who were trained extensively with respect to the survey procedures and questionnaire and the observation of interviewers to detect problems. Testing of the CAPI application and field tests were also essential procedures for ensuring that data collection errors were minimized.

A major source of non-sampling errors in surveys is the effect of non-response on survey results. The extent of non-response varies from partial non-response (failure to answer one or a few questions) to total non-response. Partial non-response to the CCHS – Mental Health was minimal; once the questionnaire was started, it tended to be completed with very little non-response. Total non-response occurred either because a person refused to participate in the survey or because the interviewer was unable to contact the selected person. Total non-response was handled by adjusting the weight of persons who responded to the survey to compensate for those who did not respond. See Section 7 for details on the weight adjustment for non-response.

Non-response to any particular question (item non-response) is generally low, but may be higher in some modules for various reasons. Item non-response increases as the survey progresses due to respondent fatigue. For example, item non-response is 0.03% at the start of the survey (GEN_Q1), and 0.5% at the end (SDC_Q1). Some questions relating to more sensitive topics like generalized anxiety disorder or childhood experiences have higher non-response, sometimes being closer to 2%.

9.0 Guidelines for tabulation, analysis and release

This section of the documentation outlines the guidelines to be used by users in tabulating, analyzing, publishing or otherwise releasing any data derived from the survey files. With the aid of these guidelines, users of microdata should be able to produce figures that are in close agreement with those produced by Statistics Canada. At the same time, they will also be able to develop currently unpublished figures in a manner consistent with these established guidelines.

9.1 Rounding guidelines

In order that estimates for publication or other release derived from the data files (Master, Share or PUMF) correspond to those produced by Statistics Canada, users are urged to adhere to the following guidelines regarding the rounding of such estimates.

- a) Estimates in the main body of a statistical table are to be rounded to the nearest hundred units using the normal rounding technique. In normal rounding, if the first or only digit to be dropped is from 0 to 4, the last digit to be retained is not changed. If the first or only digit to be dropped is from 5 to 9, the last digit to be retained is raised by one. For example, in normal rounding to the nearest 100, if the last two digits are between 00 and 49, they are changed to 00 and the preceding digit (the hundreds digit) is left unchanged. If the last digits are between 50 and 99, they are changed to 00 and the proceeding digit is incremented by 1.
- b) Marginal subtotals and totals in statistical tables are to be derived from their corresponding unrounded components and are then to be rounded themselves to the nearest 100 units using normal rounding.
- c) Averages, proportions, rates and percentages are to be computed from unrounded components (i.e., numerators and/or denominators) and are then to be rounded themselves to one decimal using normal rounding. In normal rounding to a single digit, if the final or only digit to be dropped is from 0 to 4, the last digit to be retained is not changed. If the first or only digit to be dropped is from 5 to 9, the last digit to be retained is increased by 1;
- d) Sums and differences of aggregates (or ratios) are to be derived from their corresponding unrounded components and are then to be rounded themselves to the nearest 100 units (or the nearest one decimal) using normal rounding.
- e) In instances where, due to technical or other limitations, a rounding technique other than normal rounding is used, resulting in estimates to be published or otherwise released that differ from corresponding estimates published by Statistics Canada, users are urged to note the reason for such differences in the publication or release document(s).

- f) Under no circumstances are unrounded estimates to be published or otherwise released by users. Unrounded estimates imply greater precision than actually exists.

9.2 Sample weighting guidelines for tabulation

The sample design used for this survey was not self-weighting. That is to say, the sampling weights are not identical for all individuals in the sample. When producing simple estimates, including the production of ordinary statistical tables, users must apply the proper sampling weights. If proper weights are not used, the estimates derived from the data file cannot be considered to be representative of the survey population and will not correspond to those produced by Statistics Canada.

Users should also note that some software packages may not allow the generation of estimates that exactly match those available from Statistics Canada due to their treatment of the weight field.

9.2.1 Definitions: categorical estimates, quantitative estimates

Before discussing how the survey data can be tabulated and analyzed, it is useful to describe the two main types of point estimates of population characteristics that can be generated from the data files.

Categorical estimates:

Categorical estimates are estimates of the number or percentage of the surveyed population possessing certain characteristics or falling into some defined category. The number of individuals aged 15 or over who took any medication to help them with problems with their emotions, mental health or use of alcohol or drugs in the past twelve months is an example of such an estimate. An estimate of the number of persons possessing a certain characteristic may also be referred to as an estimate of an aggregate.

Example of a categorical question:

In the past 12 months, that is, from [date one year ago] to yesterday, did you take any medication to help you with problems with your emotions, mental health or use of alcohol or drugs? (MED_01)

☐ Yes

☐ No

Quantitative estimates:

Quantitative estimates are estimates of totals or of means, medians and other measures of central tendency of quantities based on some or all of the members of the surveyed population.

An example of a quantitative estimate is the average number of different medications that people aged 15 or over took for problems with their emotions, mental health or use of alcohol or drugs in the last 2 days, among the individuals who took at least one. The numerator is an estimate of the total number of medications that people took in the last 2 days, and its denominator is an estimate of the number of individuals who took at least one medication in the past 2 days.

Example of a quantitative question:

Now, think about the last 2 days, that is, yesterday and the day before yesterday. During those 2 days, how many different medications did you take for problems with your emotions, mental health, or use of alcohol or drugs? (MED_02)
 |__| Medications

9.2.2 Tabulation of categorical estimates

Estimates of the number of people with a certain characteristic can be obtained from the data file by summing the final weights of all records possessing the characteristic of interest.

Proportions and ratios of the form $\hat{X} / \hat{Y}$ are obtained by

- a) summing the final weights of records having the characteristic of interest for the numerator ($\hat{X}$);
- b) summing the final weights of records having the characteristic of interest for the denominator ($\hat{Y}$); then
- c) dividing the numerator estimate by the denominator estimate.

9.2.3 Tabulation of quantitative estimates

Estimates of sums or averages for quantitative variables can be obtained using the following three steps (only the first step is necessary to obtain the estimate of a sum):

- a) multiplying the value of the variable of interest by the final weight and summing this quantity over all records of interest to obtain the numerator ($\hat{X}$);
- b) summing the final weights of records having the characteristic of interest for the denominator ($\hat{Y}$); then
- c) dividing the numerator estimate by the denominator estimate.

For example, to obtain the estimate of the average number of different medications that people aged 15 or over took for problems with their emotions, mental health or use of alcohol or drugs in the last 2 days, among the individuals who took at least one, first

compute the numerator ($\hat{X}$) by summing the product between the value of variable **MED_02** and the weight **WTS_M** for those records with a valid positive value to **MED_02**. The denominator ($\hat{Y}$) is obtained by summing the final weight of those records with a valid positive value to **MED_02**. Divide ($\hat{X}$) by ($\hat{Y}$) to obtain the average number of different medications taken.

9.3 Guidelines for statistical analysis

The CCHS is based on a complex design involving stratification and multiple stages of selection as well as unequal probabilities of selection of respondents. Using data from such complex surveys causes problems for analysts because the survey design and the selection probabilities affect the estimation and variance calculation procedures that should be used.

While many analysis procedures found in statistical packages allow weights to be used, the meaning or definition of the weight in these procedures can differ from what is appropriate in a sample survey framework. As a result, while in many cases the estimates produced by the packages are correct, the variances that are calculated are almost meaningless.

For many analysis techniques (e.g., linear regression, logistic regression, analysis of variance), a method exists that can make the application of standard packages more meaningful. If the weights on the records are rescaled so that the average weight is 1, then the results produced by the standard packages will be more reasonable. Note that they will still not take into account the stratification and clustering of the sample's design, but they will take into account the unequal probabilities of selection. Rescaling can be accomplished by using in the analysis a weight equal to the original weight divided by the average of the original weights for the sampled units (people) contributing to the estimator in question.

In order to provide a means of assessing the quality of tabulated estimates, Statistics Canada has produced a set of Approximate Sampling Variability Tables (commonly referred to as "CV Tables") for the CCHS. These tables can be used to obtain approximate coefficients of variation for categorical-type estimates and proportions. See Section 10 for more details.

9.4 Release guidelines

Before releasing and/or publishing any estimate from the data files, users must first determine the number of sampled respondents having the characteristic of interest (for example, the number of respondents who smoke when interested in the proportion of smokers for a given population) in order to ensure that enough observations are available to calculate a quality estimate. For users of the PUMF, if this number is less than 30, the weighted estimate should not be released regardless of the value of the coefficient of

variation for this estimate. For users of the master or share files, it is recommended to have at least 10 observations. For weighted estimates, based on sample sizes of 10 or more (30 or more for the PUMF), users should determine the coefficient of variation of the estimate and follow the guidelines below.

Table 9.1 Sampling variability guidelines

Type of Estimate	CV (in %)	Guidelines
Acceptable	$0.0 \leq CV \leq 16.5$	Estimates can be considered for general unrestricted release. Requires no special notation.
Marginal	$16.5 < CV \leq 33.3$	Estimates can be considered for general unrestricted release but should be accompanied by a warning cautioning subsequent users of the high sampling variability associated with the estimates. Such estimates should be identified by the letter E (or in some other similar fashion).
Unacceptable	$CV > 33.3$	Statistics Canada recommends not releasing estimates of unacceptable quality. However, if the user chooses to do so, then estimates must be flagged with the letter F (or in some other fashion) and the following warning must accompany the estimates: “The user is advised that . . . (specify the data) . . . do not meet Statistics Canada’s quality standards for this statistical program. Conclusions based on these data will be unreliable and most likely invalid. These data and any consequent findings should not be published. If the user chooses to publish these data or findings, then this disclaimer must be published with the data.”

10.0 Approximate sampling variability tables

In order to supply coefficients of variation that will be applicable to a wide variety of categorical estimates produced from a PUMF and that can be readily accessed by the user, a set of Approximate Sampling Variability Tables will be produced with each PUMF. These "look-up" tables allow the user to obtain an approximate coefficient of variation based on the size of the estimate calculated from the survey data.

The coefficients of variation (CV) are derived using the variance formula for simple random sampling and by incorporating a factor that reflects the multi-stage, clustered nature of the sample design. This factor, known as the **design effect**, is determined by first calculating design effects for a wide range of characteristics and then choosing for each table produced a conservative value among all design effects relative to that table. The value chosen is then used to generate a table that applies to the entire set of characteristics.

The design effects, sample sizes and population counts used to produce the Approximate Sampling Variability Tables as well as the tables themselves are presented in a document, which is included on the PUMF CD. All coefficients of variation in the Approximate Sampling Variability Tables are approximate and, therefore, unofficial. Options concerning the computation of exact coefficients of variation are discussed in Section 10.7.

Remember: As indicated in the Sampling Variability Guidelines in Section 9.4, if the number of observations on which an estimate is based is less than 30, the weighted estimate should not be released regardless of the value of the coefficient of variation. Coefficients of variation based on small sample sizes are too unpredictable to be adequately represented in the tables.

10.1 How to use the CV tables for categorical estimates

The following rules should enable the user to determine the approximate coefficients of variation from the Sampling Variability Tables for estimates of the number, proportion or percentage of the surveyed population possessing a certain characteristic, as well as for ratios and differences between such estimates.

Rule 1: Estimates of numbers possessing a characteristic (aggregates)

The coefficient of variation depends only on the size of the estimate itself. On the appropriate Approximate Sampling Variability Table, locate the estimated number in the leftmost column of the table (headed "Numerator of Percentage") and follow the asterisks (if any) across to the first figure encountered. Since not all the possible values for the estimate are available, the smallest value that is the closest must be taken (as an example, if the estimate is equal to 1,700 and the two closest available values are 1,000 and 2,000, the first has to be chosen). This figure is the approximate coefficient of variation.

Rule 2: Estimates of proportions or percentages of people possessing a characteristic

The coefficient of variation of an estimated proportion or percentage depends on both the size of the proportion and the size of the numerator on which the proportion is based. Estimated proportions are relatively more reliable than the corresponding estimates of the numerator of the proportion when the proportion is based on a subgroup of the population. This is due to the fact that the coefficients of variation of the latter type of estimates are based on the largest entry in a row of a particular table, whereas the coefficients of variation of the former type of estimators are based on some entry (not necessarily the largest) in that same row. (Note that the CVs in the tables decline in value reading across a row from left to right). For example, the estimated proportion of individuals aged 25 to 44 who took at least two different medications to help them with problems with their emotions, mental health or use of alcohol or drugs in the past two days (**MED_02**), among those who took at least one, is more reliable than the estimated number of individuals aged 25 to 44 who took at least two medications.

When the proportion or percentage is based on the total population covered by each specific table, the CV of the proportion is the same as the CV of the numerator of the proportion. In this case, this is equivalent to applying Rule 1.

When the proportion or percentage is based on a subset of the total population (e.g., those who smoke at all), reference should be made to the proportion (across the top of the table) and to the numerator of the proportion (down the left side of the table). Since not all the possible values for the proportion are available, the smallest value that is the closest must be taken (for example, if the proportion is 23% and the two closest values available in the column are 20% and 25%, 20% must be chosen). The intersection of the appropriate row and column gives the coefficient of variation.

Rule 3: Estimates of differences between aggregates or percentages

The standard error of a difference between two estimates is approximately equal to the square root of the sum of squares of each standard error considered separately. That is, the standard error of a difference ($\hat{d} = \hat{X}_2 - \hat{X}_1$) is:

$$\sigma_{\hat{d}} = \sqrt{(\hat{X}_1 \alpha_1)^2 + (\hat{X}_2 \alpha_2)^2}$$

where $\hat{X}_1$ is estimate 1, $\hat{X}_2$ is estimate 2, and α_1 and α_2 are the coefficients of variation of $\hat{X}_1$ and $\hat{X}_2$ respectively. The coefficient of variation of $\hat{d}$ is given by $\sigma_{\hat{d}} / \hat{d}$. This formula is accurate for the difference between independent populations or subgroups, but is only approximate otherwise. It will tend to overstate the error, if $\hat{X}_1$ and $\hat{X}_2$ are positively correlated and understate the error if $\hat{X}_1$ and $\hat{X}_2$ are negatively correlated.

Rule 4: Estimates of ratios

When the numerator is a subset of the denominator, the ratio should be converted to a percentage and Rule 2 applied. For example, this would apply to the case where the numerator is the number of individuals aged 25 to 44 who took medication to help them with problems with their emotions, mental health or use of alcohol or drugs in the past twelve months and the denominator is the number of individuals aged 25 to 44.

Consider the case where the numerator is not a subset of the denominator, such as the ratio of the number of individuals aged 25 to 44 who took medication to help them with problems with their emotions, mental health or use of alcohol or drugs in the past twelve months to the number who took other health products such as herbs, minerals or homeopathic products for problems with emotions, alcohol or drug use, energy, concentration, sleep or ability to deal with stress (**MED_06**). The standard deviation of the ratio of the estimates is approximately equal to the square root of the sum of squares of each coefficient of variation considered separately multiplied by $\hat{R}$, where $\hat{R}$ is the ratio of the estimates ($\hat{R} = \hat{X}_1 / \hat{X}_2$). That is, the standard error of a ratio is

$$\sigma_{\hat{R}} = \hat{R} \sqrt{\alpha_1^2 + \alpha_2^2},$$

where α_1 and α_2 are the coefficients of variation of $\hat{X}_1$ and $\hat{X}_2$, respectively.

The coefficient of variation of $\hat{R}$ is given by $\sigma_{\hat{R}} / \hat{R} = \sqrt{\alpha_1^2 + \alpha_2^2}$. The formula will tend to overstate the error if $\hat{X}_1$ and $\hat{X}_2$ are positively correlated and understate the error if $\hat{X}_1$ and $\hat{X}_2$ are negatively correlated.

Rule 5: Estimates of differences of ratios

In this case, Rules 3 and 4 are combined. The CVs for the two ratios are first determined using Rule 4, and the CV of their difference is then found using Rule 3.

10.2 Examples of using the CV tables for categorical estimates

The following "real life" examples are included to assist users in applying the foregoing rules⁷. In all of the following examples, to keep the text shorter, "taking medication" refers to people taking medication to help them with problems with their emotions, mental health or use of alcohol or drugs.

Example 1: Estimates of numbers possessing a characteristic (aggregates)

Suppose that a user estimates that 911,766 individuals aged 25 to 44 took medication in the past twelve months. How does the user determine the coefficient of variation of this estimate?

⁷ Values used in this section come from the CCHS – Mental Health master file. An estimate coming from different microdata files will differ slightly, but the same application of the CV tables still applies.

- 1) Refer to the CANADA by age group CV table for 25 to 44 year olds.
- 2) The estimated aggregate (911,766) does not appear in the left-hand column (the "Numerator of Percentage" column), so it is necessary to use the smallest figure closest to it, namely 750,000.
- 3) The coefficient of variation for an estimated aggregate (expressed as a percentage) is found by referring to the first non-asterisk entry on that row, namely, 6.9%.
- 4) The approximate coefficient of variation of the estimate is thus 6.9%. According to the Sampling Variability Guidelines presented in Section 9.4, the finding that 911,766 individuals aged 25 to 44 took medication to help them with problems with their emotions, mental health or use of alcohol or drugs in the past twelve months is publishable with no qualifications.

Example 2: Estimates of proportions or percentages possessing a characteristic

Suppose that the user estimates that $697,394 / 911,766 = 76.5\%$ of individuals aged 25 to 44 who took medication in the past twelve months also did so in the last two days. How does the user determine the coefficient of variation of this estimate?

- 1) Refer to the CANADA by age group CV table for 25 to 44 year olds.
- 2) Because the estimate is a percentage that is based on a subset of the total population (i.e., individuals who took medication in the last 12 months), it is necessary to use both the percentage (76.5%) and the numerator portion of the percentage (697,394) in determining the coefficient of variation.
- 3) The numerator (697,394) does not appear in the left-hand column (the "Numerator of Percentage" column), so it is necessary to use the smallest figure closest to it, namely 500,000. Similarly, the percentage estimate does not appear as any of the column headings, so it is necessary to use the smallest figure closest to it: 70.0%.
- 4) The figure at the intersection of the row and column used, 4.9%, is the coefficient of variation (expressed as a percentage) to be used.
- 5) The approximate coefficient of variation of the estimate is thus 4.9%. According to the Sampling Variability Guidelines presented in Section 9.4, the finding that 76.5% of individuals aged 25 to 44 who took medication to help them with problems with their emotions, mental health or use of alcohol or drugs in the past twelve months also did so in the last two days can be published with no qualifications.

Example 3: Estimates of differences between aggregates or percentages

Suppose that a user estimates that, among people aged 15 to 24, $285,813 / 4,457,163 = 6.4\%$ took medication in the past 12 months (estimate 1), while this percentage is

estimated at $911,766 / 9,286,623 = 9.8\%$ for people aged 25 to 44 (estimate 2). How does the user determine the coefficient of variation of the difference between these two estimates?

1) The CV for estimate 1 can be obtained using the Canada by age group CV table for 15 to 24 year olds. Since the percentage is based on the total population covered by the table, the CV of the percentage is the same as the CV of the numerator of the proportion, which is 285,813. Since this number doesn't appear in the left-hand column, it is necessary to use the smallest figure closest to it, namely 250,000. This gives a CV of 9.5% for estimate 1. Similarly for estimate 2, a CV of 6.9% is obtained by looking at the CV table for the 25 to 44 age group.

2) Using rule 3, the standard error of a difference ($\hat{d} = \hat{X}_2 - \hat{X}_1$) is

$$\sigma_{\hat{d}} = \sqrt{(\hat{X}_1 \alpha_1)^2 + (\hat{X}_2 \alpha_2)^2},$$

where $\hat{X}_1$ is estimate 1, $\hat{X}_2$ is estimate 2, and α_1 and α_2 are the coefficients of variation of $\hat{X}_1$ and $\hat{X}_2$, respectively. The standard error of the difference $\hat{d} = (0.098 - 0.064) = 0.034$ is

$$\begin{aligned}\sigma_{\hat{d}} &= \sqrt{[(0.064)(0.095)]^2 + [(0.098)(0.069)]^2} \\ &= 0.009\end{aligned}$$

3) The coefficient of variation of $\hat{d}$ is given by $\sigma_{\hat{d}} / \hat{d} = 0.009/0.034 = 0.265$.

4) The approximate coefficient of variation of the difference between the estimates is thus 26.5% (expressed as a percentage). According to the Sampling Variability Guidelines presented in Section 9.4, this estimate is considered of marginal quality. It can be released but should be accompanied by a warning cautioning of the high sampling variability associated with the estimate.

Example 4: Estimates of ratios

Suppose that the user estimates that 438,335 individuals aged 25 to 44 over took one medication in the last two days, while 259,059 individuals in the same age group took more than one. The user is interested in comparing the estimate of individuals who took one medication to those who took more than one in the form of a ratio. How does the user determine the coefficient of variation of this estimate?

- 1) First of all, this estimate is a ratio estimate, where the numerator of the estimate ($\hat{X}_1$) is the number of individuals aged 25 to 44 who took one medication in the last 2 days. The denominator of the estimate ($\hat{X}_2$) is the number of individuals aged 25 to 44 who took more than one medication in the last 2 days.
- 2) Refer to the Canada by age group CV table for 25 to 44 year olds.
- 3) The numerator of this ratio estimate is 438,335. The smallest figure closest to it is 400,000. The coefficient of variation for this estimate (expressed as a percentage) is found by referring to the first non-asterisk entry on that row, namely, 9.8%.
- 4) The denominator of this ratio estimate is 259,059. The figure closest to it is 250,000. The coefficient of variation for this estimate (expressed as a percentage) is found by referring to the first non-asterisk entry on that row, namely, 12.3%.
- 5) The approximate coefficient of variation of the ratio estimate is given by rule 4, which is as follows:

$$\alpha_{\hat{R}} = \sqrt{\alpha_1^2 + \alpha_2^2},$$

that is,

$$\begin{aligned}\alpha_{\hat{R}} &= \sqrt{(.098)^2 + (.123)^2} \\ &= 0.157\end{aligned}$$

Where α_1 and α_2 are the coefficients of variation of $\hat{X}_1$ and $\hat{X}_2$, respectively. The obtained ratio of people aged 25 to 44 who took one medication to those who took more than one is 438,335 / 259,059, which is 1.69:1. The coefficient of variation of this estimate is 15.7% (expressed as a percentage), which is releasable with no qualifications according to the Sampling Variability Guidelines presented in Section 9.4.

10.3 How to use the CV tables to obtain confidence limits

Although coefficients of variation are widely used, a more intuitively meaningful measure of sampling error is the confidence interval of an estimate. A confidence interval constitutes a statement on the level of confidence that the true value for the population lies within a specified range of values. For example, a 95% confidence interval can be described as follows: if sampling of the population is repeated indefinitely with each sample leading to a new confidence interval for an estimate, then in 95% of the samples the interval will cover the true population value.

Using the standard error of an estimate, confidence intervals for estimates may be obtained under the assumption that, under repeated sampling of the population, the

various estimates obtained for a population characteristic are normally distributed around the true population value. Under this assumption, the chances are about 68 out of 100 that the difference between a sample estimate and the true population value will be less than one standard error, about 95 out of 100 that the difference will be less than two standard errors, and about 99 out of 100 that the difference would be less than three standard errors. These different degrees of confidence are referred to as the confidence levels.

Confidence intervals for an estimate $\hat{X}$ are generally expressed as two numbers, one below the estimate and one above the estimate, namely, $(\hat{X} - k, \hat{X} + k)$, where k is determined depending on the level of confidence desired and the sampling error of the estimate.

Confidence intervals for an estimate can be calculated directly from the Approximate Sampling Variability Tables by first determining the coefficient of variation of the estimate $\hat{X}$ from the appropriate table and then using the following formula to convert it to a confidence interval CI:

$$CI_X = [\hat{X} - z \hat{X} \alpha_{\hat{X}}, \hat{X} + z \hat{X} \alpha_{\hat{X}}],$$

where $\alpha_{\hat{X}}$ is the determined coefficient of variation for $\hat{X}$, and

- $z = 1$ if a 68% confidence interval is desired.
- $z = 1.6$ if a 90% confidence interval is desired.
- $z = 2$ if a 95% confidence interval is desired.
- $z = 3$ if a 99% confidence interval is desired.

Note: The release guidelines presented in Section 9.4 that apply to the estimate also apply to the confidence interval. For example, if the estimate is not releasable, then neither will be the confidence interval.

10.4 Example of using the CV tables to obtain confidence limits

A 95% confidence interval for the estimated proportion of individuals aged 25 to 44 who took medication in the past twelve months who also did so in the last two days (from example 2, Section 10.2) would be calculated as follows:

$$\hat{X} = 0.765$$

$$z = 2$$

$$\alpha_{\hat{X}} = 0.049 \text{ (0.049 is the coefficient of variation of this estimate as determined from the tables)}$$

$$CI_{\hat{x}} = \{0.765 - (2) (0.765) (0.049), 0.765 + (2) (0.765) (0.049)\}$$

$$CI_{\hat{x}} = \{0.690, 0.840\}$$

10.5 How to use the CV tables to do a Z-test

Standard errors may also be used to perform hypothesis testing, a procedure for distinguishing between population parameters using sample estimates. The sample estimates can be numbers, averages, percentages, ratios, etc. Tests may be performed at various levels of significance, where a level of significance is the probability of concluding that the characteristics are different when they are in fact identical.

Let $\hat{X}_1$ and $\hat{X}_2$ be sample estimates for 2 characteristics of interest. Let the standard error of the difference $\hat{X}_1 - \hat{X}_2$ be σ_d . If the ratio of $\hat{X}_1 - \hat{X}_2$ over σ_d is between -2 and 2, then no conclusion about the difference between the characteristics is justified at the 5% level of significance. If, however, this ratio is smaller than -2 or larger than +2, the observed difference is significant at the 5% level.

10.6 Example of using the CV tables to do a Z-test

Suppose that we wish to test, at the 5% level of significance, the hypothesis that there is no difference between the proportion of the persons who took medication in the past 12 months among people aged 15 to 24 AND those aged 25 to 44. From example 3 in Section 10.2, the standard error of the difference between these two estimates is found to be = 0.009. Therefore,

$$z = \frac{\hat{X}_1 - \hat{X}_2}{\sigma_d} = \frac{0.064 - 0.098}{0.009} = \frac{-0.034}{0.009} = -3.8.$$

Since $z = -3.8$ is lower than -2, it must be concluded that there is a significant difference between the two estimates at the 5% level of significance. Note that the two subgroups compared are considered to be independent, so the test is correct.

10.7 Exact variances/coefficients of variation

All coefficients of variation in the Approximate Sampling Variability Tables (CV Tables) are indeed approximate and, therefore, unofficial.

The computation of exact coefficients of variation is not a straightforward task since no simple mathematical formula can account for all CCHS sampling frame and weighting aspects. Therefore, other techniques such as resampling methods must be used in order to estimate measures of precision. Among these methods, the bootstrap method is recommended for analysing CCHS data.

The computation of coefficients of variation (or any other measure of precision) using the bootstrap method requires access to information that is considered confidential and thus not available on the PUMF. This computation must be done using the Master file. Access to the Master file is discussed in Section 11.1.

A macro program called Bootvar was developed to give users easy access to the bootstrap method. The Bootvar program is available in SAS and SPSS formats, and is made up of macros that calculate the variances of totals, ratios and differences between ratios, as well as linear and logistic regressions.

A user may require an exact variance for a number of reasons. A few are given below.

First, if a user desires estimates at a geographic level other than those available in the tables (for example, at the CMA vs. non-CMA level), then the CV tables provided are not adequate. Coefficients of variation of these estimates may be obtained using "domain" estimation techniques through the exact variance program.

Second, should a user require more sophisticated analyses such as estimates of parameters from linear regressions or logistic regressions, the CV tables will not provide correct associated coefficients of variation. Although some standard statistical packages allow sampling weights to be incorporated into the analyses, the variances produced often do not take into account the stratified and clustered nature of the design properly. However, the exact variance program can do so.

Third, for estimates of quantitative variables, separate tables are required to determine their sampling error. Since most of the variables for the CCHS are primarily categorical in nature, this has not been done. Consequently, users wishing to obtain coefficients of variation for quantitative variables can do so through the exact variance program. As a general rule, however, the coefficient of variation of a quantitative total will be larger than the coefficient of variation of the corresponding category estimate (i.e., the estimate of the number of persons contributing to the quantitative estimate). If the corresponding category estimate is not releasable, neither will be the quantitative estimate. For example, the coefficient of variation of the estimate of the total number of medications taken in the last 2 days by individuals aged 25 to 44 who took at least one would be greater than the coefficient of variation of the corresponding estimate of the number of individuals who took at least one medication. Thus, if the coefficient of variation of the latter is not releasable, then the coefficient of variation of the corresponding quantitative estimate will also not be releasable.

Lastly, should users find themselves in a position where they can use the CV tables but this renders a coefficient of variation in the "marginal" range (16.6%–33.3%), the user should release the associated estimate with a warning cautioning users about the high sampling variability associated with the estimate. This would be a good opportunity to recalculate the coefficient of variation through the exact variance program to find out whether it is releasable without a qualifying note. The recalculation is useful because the

coefficients of variation produced by the tables are based on a wide range of variables and are thus considered crude, whereas the exact variance program will give an exact coefficient of variation associated with the variable in question.

10.8 Release cut-offs for the CCHS

The Approximate Sampling Variability Tables document provided with the PUMF CD also presents tables giving the minimum cut-offs for estimates of totals at the Canada and provincial levels as well as those for various age groups at the Canada level. Estimates smaller than the value given in the "Marginal" column may not be released under any circumstances.

11.0 Microdata files: description, access and use

The CCHS – Mental Health produces three types of microdata files: master files, share files and public use microdata files (PUMF). The PUMF is expected to be released in 2014.

11.1 Master files

The master files contain all processed variables and all final response records from the survey collected during the collection period. These files are accessible at Statistics Canada for internal use and in Statistics Canada's Research Data Centres (RDC), and are also subject to custom tabulation requests.

11.1.1 Research Data Centre

The RDC Program enables researchers to use the survey data in the master files in a secure environment in several universities across Canada. Researchers must submit research proposals that, once approved, give them access to the RDC. For more information, please consult the following web page: <http://www.statcan.gc.ca/rdc-cdr/index-eng.htm>

11.1.2 Custom tabulations

Another way to access the master files is to offer all users the option of having staff in Client Services of the Health Statistics Division prepare custom tabulations. This service is offered on a cost-recovery basis. It allows users who do not possess knowledge of tabulation software products to get custom results. The results are screened for confidentiality and reliability concerns before release. For more information, please contact Client Services at 613-951-1746 or by e-mail at hd-ds@statcan.gc.ca.

11.1.3 Remote access

Finally, the remote access service to the survey master file is another way to have access to these data if, for some reason, the user cannot access a Research Data Centre. Each purchaser of the microdata product can be supplied with a synthetic or 'dummy' master file and a corresponding record layout. The 'dummy' master file will be available starting in early 2014. With these tools, the researcher can develop his own set of analytical computer programs. The code for the custom tabulations is then sent via e-mail to hd-ds@statcan.gc.ca. The code will then be transferred into Statistics Canada's internal secured network and processed using the appropriate master file of the CCHS – Mental Health data. Estimates generated will be released to the user, subject to meeting the guidelines for analysis and release outlined in Section 9 of this document. Results are screened for confidentiality and reliability concerns and then the output is returned to the client. There is no charge for this service.

11.2 Share files

The share files contain all processed variables but only those records for CCHS – Mental Health respondents who agreed to share their data with Statistic Canada's partners, which are the provincial health departments, Health Canada and the Public Health Agency of Canada. Statistics Canada also asks respondents living in Quebec for their permission to share their data with the Institut de la statistique du Québec. The share file is released only to these organizations. Personal identifiers are removed from the share files to respect respondent confidentiality. Users of these files must first certify that they will not disclose, at any time, any information that might identify a survey respondent.

11.3 Public use microdata files

The public use microdata files (PUMF) are developed from the master files using a technique that balances the need to ensure respondent confidentiality with the need to produce the most useful data possible at the provincial or regional level. The PUMF must meet stringent security and confidentiality standards required by the *Statistics Act* before they are released for public access. To ensure that these standards have been achieved, each PUMF goes through a formal review and approval process by an executive committee of Statistics Canada.

Variables most likely to lead to identification of an individual are deleted from the data file or are collapsed to broader categories.

There is no charge to access the PUMF in a post-secondary educational institution that is part of the Data Liberation Initiative. It is also free of charge from Client Services on request.

11.4 Use of weight variable

The weight variable **WTS_M** represents the sampling weight for key survey files. For a given respondent, the sampling weight can be interpreted as the number of people the respondent represents in the Canadian population. This weight must always be used when computing statistical estimates in order to make inference at the population level possible. The production of unweighted estimates is not recommended. The sample allocation, as well as the survey design specifics, can cause such results to not correctly represent the population. Refer to Section 7 on weighting for a more detailed explanation on the creation of this weight.

Table 11.1 Names and content of CCHS – Mental Health data files

Files	File name	Sampling weight	Bootstrap weights file	Variables included	Records included
Main master file	HS.txt	WTS_M	b5.txt	All modules	All respondent records
Share file	HS.txt	WTS_S	b5.txt	All modules	Records of all respondents who agreed to share their data

11.5 Variable naming convention beginning in 2007

The CCHS – Mental Health variable naming convention allows data users to easily use and identify the data based on the module and variable type. The CCHS – Mental Health variable naming convention fulfils two requirements: to restrict variable names to a maximum of eight characters for ease of use by analytical software products and to identify easily conceptually identical variables between different CCHS surveys. Questions to which changes are made between CCHS surveys, and where the changes alter the concept measured by the question, are entirely renamed to avoid any confusion in the analysis.

The CCHS survey program variable naming convention was changed beginning with the data from the CCHS annual survey 2007 collection period. The letter corresponding to the survey version (e.g., A = cycle 1.1, C = cycle 2.1 and E = 3.1) is no longer used in the variable names. A new variable (REFPER, format = YYYYMM-YYYYMM) was added to the microdata files in order to identify the beginning and the end of the reference during which data included in the file were collected.

The variable names are structured as follows:

Positions 1 to 3: Module/questionnaire section name
Position 4: Variable type (underscore, C, D, F or G)
Positions 5 to 8: Question number and answer option for multiple response questions

Example 1 shows that the structure of the variable name for question 202, Smoking Module, is SMK_202:

Positions 1 to 3: SMK Smoking module

Position 4: (underscore = collected data)
Position 5 to 8: 202 Question number

Example 2 shows the structure of the variable name for question 4 of the Mental Health Services Module (SR1_Q004), which is a multi-response question:

Positions 1 to 3: **SR1** Mental health services module
Position 4: (underscore = collected data)
Position 5 to 8: 004A Corresponding question number and answer option

Positions 1 to 3 contain the acronyms for each of the modules. These acronyms appear beside the module names given in the table in Section 3.3.

Position 4 designates the variable type based on whether it is a variable collected directly from a questionnaire question (“_”), from a coded (“C”), derived (“D”), grouped (“G”), or flag (“F”) variable.

In general, the last four positions (5 to 8) follow the variable numbering used on the questionnaire. The letter "Q" used to represent the word "question" is removed, and all question numbers are presented in a two or three digit format. For example, question Q01A in the questionnaire becomes simply 01A, and question Q15 becomes simply 15.

Table 11.2 Designation of codes used in the 4th position of the CCHS – Mental Health variable names

_	Collected variable	A variable that appears directly on the questionnaire
C	Coded variable	A variable coded from one or more collected variables (e.g., SIC, Standard Industrial Classification code)
D	Derived variable	A variable calculated from one or more collected or coded variables, usually calculated during head office processing (e.g., Health Utility Index)
F	Flag variable	A variable calculated from one or more collected variables (like a derived variable), but usually calculated by the data collection computer application for later use during the interview (e.g., work flag)
G	Grouped variable	Collected, coded, suppressed or derived variables collapsed into groups (e.g., age groups)

For questions that have more than one response option, the final position in the variable naming sequence is represented by a letter. For this type of question, new variables were created to differentiate between a "yes" or "no" answer for each response option. For example, if Question 2 had 4 response options, the new questions would be named _02A

for option 1, _02B for option 2, _02C for option 3, etc. If only options 2 and 3 were selected, then _02A = No, _02B = Yes, _02C = Yes and _02D = No.

11.6 Variable naming convention before 2007

As mentioned earlier, the variable naming convention for CCHS surveys was changed in 2007. The flag for the cycle in which the variables were collected was removed. This flag was found in the 4th position for cycles 1.1 to 3.1.

Here is the list of letters used in the CCHS – Mental Health microdata files between cycles 1.1 and 3.1 and their corresponding cycle.

Letter	Cycle and cycle name
A	Cycle 1.1: Canadian Community Health Survey
B	Cycle 1.2: Canadian Community Health Survey - Mental Health and Well-Being
C	Cycle 2.1: Canadian Community Health Survey
D	Cycle 2.2: Canadian Community Health Survey - Nutrition
E	Cycle 3.1: Canadian Community Health Survey

11.7 Data dictionaries

Separate data dictionary reports, including universe statements and frequencies, are provided for the main master and share files.

11.8 Differences in calculation of variables using different files

Variables can be estimated using the master file, the share file, or the PUMF. Depending on which of these files is used, very small differences will be observed.

All official Statistics Canada estimates of variables are based on the main master file sampling weight.

Appendix A – Summary of the research project on revising the consumption thresholds for screening into WHO-CIDI questions on alcohol and cannabis abuse and dependence

BACKGROUND

Questions on alcohol and cannabis use, abuse and dependence are included in the 2012 CCHS - Mental Health (CCHS - MH). These questions are based on the World Health Organization version of the Composite International Diagnostic Interview (WHO-CIDI) modified for the needs of CCHS - MH. The WHO-CIDI is a standardized instrument for the assessment of mental disorders and conditions according to an operationalization of the definitions and criteria of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The CIDI is used internationally to assess mental disorders in population health surveys administered by lay interviewers.

Structure of the CIDI

The required criteria for the diagnostic algorithms for abuse and dependence of alcohol or cannabis are described in detail in the Derived Variable (DV) Specifications document. In summary, **dependence** is defined as:

A) having at least three of seven grouped dependence symptoms (e.g. tolerance, withdrawal, etc.) and

B) having at least three of ten symptoms in the same 12-month period (e.g. strong urge to consume, need of larger amounts, etc.).

Abuse is defined as:

A) not meeting the criteria for dependence, and

B) experiencing at least one of the five abuse symptoms (e.g. consumption interfered with responsibilities, caused problems with others, etc.)

The WHO-CIDI is structured so that questions on alcohol and cannabis abuse and dependence are asked only to respondents whose alcohol or cannabis use exceeds a specific **threshold**. Respondents who report consumption lower than the threshold skip to the next section. This practice of using screening questions or criteria to screen out extremely low risk respondents is used for all sets of WHO-CIDI disorder questions in order to reduce respondent burden.

Thresholds considered too low

Results from **qualitative testing** indicated that the consumption thresholds for screening into the alcohol and cannabis abuse and dependence sections were quite low and resulted in high respondent burden. The low thresholds also caused sensitivity issues for many people who felt that the abuse and dependence questions were irrelevant given their low lifetime consumption patterns.

Preliminary analysis of the **pilot survey** confirmed that the standard WHO-CIDI consumption thresholds result in a high proportion of respondents receiving the follow-up questions (alcohol and cannabis abuse and dependence questions) in comparison with the relatively low proportion

of these respondents who met the diagnostic criteria for abuse or dependence. Specifically, using the WHO-CIDI consumption thresholds, approximately 62% of the pilot respondents were screened into the alcohol abuse and/or dependence questions, but only about 11% met the diagnostic criteria for alcohol abuse, and less than 3% met the diagnostic criteria for alcohol dependence. Similarly, approximately 28% of the pilot respondents were screened into the cannabis abuse and dependence questions, while only about 4% met the cannabis abuse criteria and less than 2% met the cannabis dependence criteria. Consequently, these low thresholds imposed a substantial respondent burden due to the number of questions and time required to complete the abuse and dependence sections.

OBJECTIVE

The objective of this research project was to examine the possibility of reducing respondent burden and reducing survey time while maintaining the sensitivity of the original instrument to detect all true positive cases. To do this, the CCHS - MH pilot survey data was analyzed to determine whether the use thresholds for alcohol dependence, alcohol abuse, cannabis dependence, and cannabis abuse could be increased. The goal was to examine whether the thresholds could be increased to reduce the number of false negatives while still maintaining comparability with the WHO-CIDI instrument by identifying all true positives.

METHOD

Data Source

Analyses were conducted on the pilot data of the CCHS - Mental Health survey which were collected in April 2011 from areas in and around Toronto, London, Québec City and Montreal. This sample contained 606 respondents, 254 men and 352 women, whose ages ranged from 15 to 97 years, with a mean of 49.9 years. Valid data for alcohol consumption patterns was available for 599 respondents and valid data for cannabis consumption available for 583 respondents. Alcohol and cannabis abuse and dependence were assessed using the diagnostic algorithms from the WHO-CIDI.

WHO-CIDI consumption measurement and screening threshold for alcohol dependence and abuse

The pilot survey for the CCHS – Mental Health used the WHO-CIDI thresholds for screening into questions on alcohol abuse and dependence.

The alcohol use threshold is determined by (1) the consumption frequency; and (2) the amount that a person drinks or the usual number of drinks consumed in each of the days during which the person consumes alcohol. Frequency and amount reflect an individual's consumption patterns during the year in which consumption was highest.

The response categories for alcohol consumption frequency are as follows:

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

In the WHO-CIDI, respondents receive a series of follow-up questions on alcohol abuse and dependence if their consumption is greater than or equal to the following consumption levels:

- 1) drink at least 12 drinks in a year; and
- 2) drink at least once a week during the year that they drink the most or,
- 3) if they drink less frequently than once a week, usually have 3 drinks or more on the days that they drink.

Respondents whose alcohol consumption is lower are coded as not meeting the criteria for both alcohol abuse and dependence.

WHO-CIDI consumption measurement and screening threshold for cannabis dependence and abuse

The WHO-CIDI screens all respondents who have used cannabis one time or more in their lifetime into the cannabis abuse and dependence questions. In contrast, following a modification implemented in the 2002 Canadian Community Health Survey – Mental Health and Well-being, the pilot for the CCHS - Mental Health used a threshold of two lifetime uses of cannabis. Since they are not screened in, respondents who have consumed cannabis a single time in their life are classified as not meeting the criteria for cannabis abuse and cannabis dependence and do not receive follow-up questions.

ANALYTICAL TECHNIQUES

Analyses followed an approach similar to a Receiver-Operator Characteristic (ROC) curve analysis. The ROC curve is an index of an instrument's ability to discriminate between cases and non-cases (Härter, Woll, et al., 2005). Respondents are classified into four groups: (A) respondents who pass the threshold, are asked the abuse and/or dependence questions, and meet the criteria for abuse or dependence (true positives), (B) respondents who pass the threshold, are asked the abuse and/or dependence questions, but who do not meet the criteria for abuse or dependence (false positives), (C) respondents who do not pass the threshold but would have met the criteria for abuse or dependence had they been asked the questions (false negatives), and (D) respondents who do not pass the threshold and would not have met the criteria for abuse or dependence had they been asked the questions (true negatives) (Table 1).

Table 1. Classification matrix

	Meet the criteria for abuse or dependence	Do not meet criteria for abuse or dependence
Consumption threshold passed	A – true positives	B – false positives
Consumption threshold not passed	C – false negatives	D – true negatives

One of the goals was to maintain comparability with the WHO-CIDI. Analyses examined the impact of changes to the thresholds for alcohol and cannabis dependence and abuse to increase specificity (the proportion of true negatives or D in the above table), while maintaining the ability to detect 100% sensitivity (the proportion of true positives, A in the above table). This is a contrast to the usual function of the ROC curve where the “optimal” threshold is the best combination of high sensitivity and high specificity, with neither required to be 100%. Therefore, the lowest consumption associated with meeting the criteria for each of alcohol abuse, alcohol dependence, cannabis abuse, and cannabis dependence was identified. Analysis also examined the more general association between low consumption patterns and meeting the criteria for the disorders.

Guidelines for Modifying Thresholds

A working group, comprised of academic members of the survey’s Expert Advisory Group, convened to review the results of the analyses and make recommendations. The expert working group reviewed the association between consumption patterns and meeting the criteria for each of the four disorders. Because of the objective to maintain comparability with the WHO-CIDI, a conservative approach was followed. First, any new screening threshold must be substantially lower than the lowest observed consumption associated with meeting the criteria for the disorder. Second, a change in a threshold would only be made if it were also associated with a substantial reduction in respondent burden. Third, decisions would be made on the threshold for each of the four disorders independently so that changes could be made to one but not the others according to what the data supported.

RESULTS & FINAL THRESHOLDS

When these guidelines were applied to the observed patterns in the pilot sample, the following recommendations were made.

1. For alcohol abuse, the proposal was to keep the WHO-CIDI threshold of least 3 drinks per occasion or who drink at least once a week.
2. For alcohol dependence, the original consumption threshold was drinking at least once a day or drinking on average three drinks or more on drinking occasions. A new threshold

was proposed as drinking a minimum of 5 drinks per occasion or drinking at least 4-6 times a week. With this threshold, the proportion screened into the alcohol dependence questions dropped from 62% to 30%.

3. For cannabis abuse, the proposal was to keep the original threshold of at least 2 lifetime uses of cannabis. This approach is also consistent with the recommendation to not change the use threshold for the alcohol abuse questions.
4. For cannabis dependence, the proposal was to increase the minimum consumption threshold to 50 times in their lifetime, which was substantially higher than the lowest observed cannabis consumption associated with meeting the criteria for cannabis dependence. With this threshold, the proportion screened in was reduced by more than half.

To address the fact that the age-sex distribution in the pilot sample was not representative of the population for which the survey is intended, analyses were also conducted by sex (males and females) and age groups (4 age groups: 15-24, 25-44, 45-64, and 65+) which resulted in eight groups. The results concerning recommended thresholds were not different between these groups.

Summary of final CCHS – Mental Health consumption thresholds for alcohol and cannabis abuse and dependence

The recommendations of the expert working group were presented to the survey's expert advisory group for approval. The group unanimously agreed to the proposed increases to the thresholds for alcohol dependence and cannabis dependence that reflected 100% sensitivity in the pilot sample. These increased thresholds allow for a reduction in respondent burden and ensure continued comparability with the WHO-CIDI. It was also agreed to maintain the existing thresholds for both alcohol abuse and cannabis abuse. Therefore, the final consumption thresholds in the CCHS – Mental Health are the same as the WHO-CIDI thresholds for alcohol abuse and cannabis abuse, and are higher than the WHO-CIDI thresholds for alcohol dependence and cannabis dependence.

Table 2. Alcohol and Cannabis consumption thresholds for screening into abuse and dependence questions

	Original thresholds - Pilot / WHO-CIDI		Revised thresholds - CCHS – Mental Health (2012)		
	Threshold	% of pilot screened in	Threshold	% of pilot screened in	% of main screened in
Alcohol Abuse	Consume alcohol at least once a week or	62%	No change	62%	61%
Alcohol Dependence	Consume at least 3 drinks per occasion (when frequency less than once a week)		Consume alcohol 4-6 times a week or Consume at least 5 drinks per occasion (when frequency less than 4-6 times a week)	30%	35%
Cannabis Abuse	Use cannabis twice or more in lifetime	29%	No change	29%	33%
Cannabis Dependence			Use cannabis 50 times or more in lifetime	13%	16%

In conclusion, the changes to the consumption thresholds for alcohol dependence and cannabis dependence does not in any way change the criteria for the evaluation of the diagnostic algorithms for these disorders: the criteria remain the same as the WHO-CIDI. These increased thresholds allow for a reduction in respondent burden and ensure continued comparability with the WHO-CIDI.

References

Härter, M., Woll, S., Wunsch, A., Bengel, J., & Reuter, K. (2005). Screening for mental disorders in cancer, cardiovascular and musculoskeletal diseases. *Social Psychiatry and Psychiatric Epidemiology*, 41(1), 56-62.

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison /
Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être

New Modules in 2012 / Nouveaux modules en 2012		
Acronym / Acronyme	Module Name in English	Nom du module en français
BIP	Bipolar Disorder	Trouble bipolaire
CEX	Childhood Experiences	Expériences vécues dans l'enfance
CWP	Contact with Police	Contact avec la police
DAS	WHO - Disability Assessment Schedule	Plan d'évaluation des invalidités de l'OMS 2.0
FMI	Family Mental Health Impact	Effets de la santé mentale de la famille
GAD	Generalized Anxiety Disorder	Trouble d'anxiété généralisée
HUP	Health Utilities Index - Pain and Discomfort	Indice de l'état de santé - Douleurs et malaise
HYP	Hypomania	Hypomanie
MHE	Mental Health Experiences	Expériences de santé mentale
NSI	Negative Social Interactions	Interactions sociales négatives
PHS	Physical Activity - Short	Activité physique - Questionnaire court
PMH	Positive Mental Health	Santé mentale positive
PNC	Perceived Need for Care	Besoins perçus de soins
PN1	Help Needed - sub block	Aide requise - sous-bloc
SMK	Smoking	Usage du tabac
SPS	Social Provisions Scale 10 Items	Échelle de provisions sociales à 10 items

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
ADM_DOI	Day of interview	Jour de l'interview	Modified	Modifiée	Technical change for ease of programming	Changement technique pour faciliter la programmation	Date of interview	Date de l'interview
ADM_LHH	Language of preference - household interview	Langue de préférence - interview du ménage	Same	Même			Language of preference - household interview	Langue de préférence - interview du ménage
ADM_MOI	Month of interview	Mois de l'interview	Modified	Modifiée	Technical change for ease of programming	Changement technique pour faciliter la programmation	Date of interview	Date de l'interview
ADM_N09	Interview by telephone or in person	Interview effectuée au téléphone ou en face à face	Same	Même			Interview by telephone or in person	Interview par téléphone ou en personne
ADM_N10	Respondent alone during interview	Répondant seul durant l'interview	Same	Même			Respondent alone during interview	Répondant seul durant l'interview
ADM_N11	Answers affected by presence of another person	Réponses biaisées par la présence d'une autre personne	Added	Ajoutée				
ADM_N12	Language of interview	Langue de l'interview	Same	Même			Language of interview	Langue de l'interview
ADM_STA	Response status after processing	Etat de réponse après traitement des données	Same	Même			Response status after processing	Etat de réponse après traitement
ADM_YOI	Year of interview	Année de l'interview	Modified	Modifiée	Technical change for ease of programming	Changement technique pour faciliter la programmation	Date of interview	Date de l'interview

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
AUD_01	Drank alcohol in past 12 months	A bu de l'alcool au cours des 12 derniers mois	Same	Même			Drank alcohol in past 12 months	A bu de l'alcool au cours des 12 derniers mois
AUD_02	Alcohol consumption - frequency - 12 m	Consommation d'alcool - fréquence - 12 m	Same	Même			Frequency - drinking alcohol - 12 mo	Fréquence - consommation d'alcool - 12 m.
AUD_03	Having 5 or more drinks - frequency - 12 m	Consommation de 5 verres ou plus - fréquence - 12 m	Same	Même			Frequency - having 5 or more drinks - 12 mo	Fréquence - consommation de 5 verres ou plus - 12 m.
AUD_04	Ever had a drink - life	vie	Same	Même			Ever had a drink - life	vie
AUD_05	Drank 12 or more drinks - frequency - 12 m	Consommation de 12 verres ou plus - fréquence - 12 m	Added	Ajoutée				
AUD_06	Number of drinks per day - 12 m	Nombre de verres par jour - 12 m	Added	Ajoutée				
AUD_08	Drank more in earlier year than past 12 months	A bu plus dans années précédentes que 12 derniers mois	Added	Ajoutée				
AUD_10	Alcohol consumption - years when drank most - frequency	Consommation d'alcool - années a bu le plus - fréquence	Added	Ajoutée				
AUD_11	Drinks per day - years when drank most	Verres par jour - années a bu le plus	Added	Ajoutée				
AUD_13A	Alcohol abuse - interfere responsibilities - life	Abus d'alcool - en conflit/responsabilités - vie	Added	Ajoutée				
AUD_13A1	Alcohol abuse - problems with people - life	Abus d'alcool - problèmes avec gens - vie	Added	Ajoutée				
AUD_13B	Alcohol abuse - continued using/problems - life	Abus d'alcool - continué de consommer/problèmes - vie	Added	Ajoutée				
AUD_13C	been hurt - life	blessé - vie	Added	Ajoutée				
AUD_13D	Alcohol abuse - police contact - life	Abus d'alcool - contact avec la police - vie	Added	Ajoutée				
AUD_13E	Alcohol abuse - police contact - num times - life	Abus d'alcool - contact avec la police - nbre fois - vie	Added	Ajoutée				
AUD_16	Alcohol abuse - problem recency	Abus d'alcool - dernière fois eu problème	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
AUD_17	Alcohol abuse - most recent problem - age	Abus d'alcool - plus récent problème - âge	Added	Ajoutée				
AUD_19A	Alcohol dependence - strong urge to drink - life	Dépendance à l'alcool - désir fort de boire - vie	Added	Ajoutée				
AUD_19A1	Alcohol dependence - need more - life	Dépendance à l'alcool - a besoin de plus - vie	Added	Ajoutée				
AUD_19B	Alcohol dependence - withdrawal - life	Dépendance à l'alcool - sevrage - vie	Added	Ajoutée				
AUD_19C	Alcohol dependence - use to stop withdrawal - life	Dépendance à l'alcool - consomme pour éviter sevrage - vie	Added	Ajoutée				
AUD_19D	Alcohol dependence - use more than intended - life	Dépendance à l'alcool - consomme plus que prévu - vie	Added	Ajoutée				
AUD_19E	Alcohol dependence - use more frequently than intended -life	Dépendance à l'alcool - consomme plus souvent que prévu -vie	Added	Ajoutée				
AUD_19F	Alcohol dependence - unwanted intoxication - life	Dépendance à l'alcool - soûl sans le vouloir - vie	Added	Ajoutée				
AUD_19G	Alcohol dependence - unable to cut down usage - life	Dépendance à l'alcool - incapable de réduire consommation-vie	Added	Ajoutée				
AUD_19H	Alcohol dependence - spent days drinking/recovering - life	Dépendance à l'alcool - jours passés à boire/récupérer - vie	Added	Ajoutée				
AUD_19I	Alcohol dependence - reduced activities - life	Dépendance à l'alcool - réduit activités - vie	Added	Ajoutée				
AUD_19J	Alcohol dependence - drank despite serious problem - life	Dépendance à l'alcool - consommé malgré sérieux problèmes-vie	Added	Ajoutée				
AUD_23	Alcohol dependence - 3+ symptoms in same 12 m - life	Dépendance à l'alcool - 3+ symptômes dans même 12 m - vie	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
AUD_25	Alcohol dependence - problem recency	Dépendance à l'alcool - dernière fois eu problème	Added	Ajoutée				
AUD_26	Alcohol dependence - most recent problem - age	Dépendance à l'alcool - plus récent problème - âge	Added	Ajoutée				
AUD_29	Alcohol dependance - num times tried to quit	Dépendance à l'alcool - nbre fois tentative pour arrêter	Added	Ajoutée				
AUD_351	Alcohol - level interference/ability attend school - 12 m	Alcool - niveau de trouble/capacité d'aller à l'école - 12 m	Modified	Modifiée	Question in 2012 survey refers to period of time that lasted one month or longer in the past 12 months when the respondent drank the most.	La question dans l'enquête de 2012 se fonde sur une période qui a duré un mois ou plus au cours des 12 derniers mois pendant laquelle vous buviez le plus.	Level of interference - ability to attend school - 12 mo	Niveau de trouble - capacité d'aller à l'école - 12 m.
AUD_352	Alcohol - level of interference/ability to work - 12 m	Alcool - niveau de trouble/capacité de travailler - 12 m	Modified	Modifiée	Question in 2012 survey refers to period of time that lasted one month or longer in the past 12 months when the respondent drank the most.	La question dans l'enquête de 2012 se fonde sur une période qui a duré un mois ou plus au cours des 12 derniers mois pendant laquelle vous buviez le plus.	Level of interference - ability to work at a job - 12 mo	Niveau de trouble - capacité travailler à emploi - 12 m.
AUD_35A	Alcohol- level interference - home responsibilities - 12 m	Alcool - niveau de trouble - tâches ménagères - 12 m	Modified	Modifiée	Question in 2012 survey refers to period of time that lasted one month or longer in the past 12 months when the respondent drank the most.	La question dans l'enquête de 2012 se fonde sur une période qui a duré un mois ou plus au cours des 12 derniers mois pendant laquelle vous buviez le plus.	Level of interference - home responsibilities - 12 mo	Niveau de trouble - tâches ménagères - 12 m.
AUD_35C	Alcohol - level of interference - close relationships - 12 m	Alcool - niveau de trouble - relations proches - 12 m	Modified	Modifiée	Question in 2012 survey refers to period of time that lasted one month or longer in the past 12 months when the respondent drank the most.	La question dans l'enquête de 2012 se fonde sur une période qui a duré un mois ou plus au cours des 12 derniers mois pendant laquelle vous buviez le plus.	Level of interference - close relationships - 12 mo	Niveau de trouble - capacités relations proches - 12 m.

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
AUD_35D	Alcohol - level of interference - social life - 12 m	Alcool - niveau de trouble - vie sociale - 12 m	Modified	Modifiée	Question in 2012 survey refers to period of time that lasted one month or longer in the past 12 months when the respondent drank the most.	La question dans l'enquête de 2012 se fonde sur une période qui a duré un mois ou plus au cours des 12 derniers mois pendant laquelle vous buviez le plus.	Level of interference - social life - 12 mo	Niveau de trouble - vie sociale - 12 m.
AUD_36A	Alcohol - num of days/365 totally unable - 12 m	Alcool - nbre de jours/365 totalement incapable - 12 m	Added	Ajoutée				
AUD_39	Alcohol - consulted MD/other professional - life	Alcool - a consulté médecin/autre professionnel - vie	Added	Ajoutée				
AUD_41	Alcohol -received professional treatment - 12 m	Alcool - reçu traitement professionnel - 12 m	Added	Ajoutée				
AUD_42	Alcohol - hospitalized overnight - life	Alcool - hospitalisé pour une nuit - vie	Added	Ajoutée				
AUDDAA	Alcohol abuse - Criterion A - life - (D)	Abus à l'alcool - Critère A - vie - (D)	Added	Ajoutée				
AUDDAB	Alcohol abuse - Criterion B - life - (D)	Abus à l'alcool - Critère B - vie - (D)	Added	Ajoutée				
AUDDDA	Alcohol dependence - Criterion A - life - (D)	Dépendance à l'alcool - Critère A - vie - (D)	Added	Ajoutée				
AUDDDB	Alcohol dependence - Criterion B - life - (D)	Dépendance à l'alcool - Critère B - vie - (D)	Added	Ajoutée				
AUDDINT	Alcohol - Interference - Mean - 12 m - (D)	Alcool - Interférence - Moyenne - 12 m - (D)	Modified	Modifiée	Conditions changed in DV Specifications to account for new questions and disorder criteria.	On a changé les conditions dans les spécifications de variables dérivées pour représenter des nouvelles questions et des nouveaux critères de troubles.	Alcohol interference - mean - 12 months - (D)	Trouble occasionné par alcool - moyenne - 12 mois - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
AUDFINT	Flag: Alcohol - Interference - 12 m - (F)	Indicateur : alcool - Interférence - 12 m - (I)	Modified	Modifiée	Conditions changed in DV Specifications to account for new questions and disorder criteria.	On a changé les conditions dans les spécifications de variables dérivées pour représenter des nouvelles questions et des nouveaux critères de troubles.	Alcohol interference - 12 mo - (F)	Trouble occasionné par alcool - 12 m. - (F)
AUDDL	Alcohol abuse or dependence - Algorithm - life - (D)	Abus ou dépendance à l'alcool - Algorithme - vie - (D)	Added	Ajoutée				
AUDDLA	Alcohol abuse - Algorithm - life - (D)	Abus d'alcool - Algorithme - vie - (D)	Added	Ajoutée				
AUDDLDD	Alcohol dependence - Criteria A and B - life - (D)	Dépendance à l'alcool - Critère A et B - vie - (D)	Added	Ajoutée				
AUDDTTM	Alcohol - Type of drinker - 12 m - (D)	Alcool - Genre de buveur - 12 m - (D)	Added	Ajoutée				
AUDDWDY	Alcohol - Type of drinker - year most frequent drinking (D)	Alcool - Type de buveur-année plus fréquent consommation (D)	Added	Ajoutée				
AUDFWDY	Flag: Ever drank more than in past 12 months (F)	Indicateur: déjà consommé plus que 12 derniers mois (I)	Added	Ajoutée				
AUDDY	Alcohol abuse or dependence - Algorithm - 12 m - (D)	Abus ou dépendance à l'alcool - Algorithme - 12 m - (D)	Added	Ajoutée				
AUDDYA	Alcohol abuse - Algorithm - 12 m - (D)	Abus à l'alcool - Algorithme - 12 m - (D)	Added	Ajoutée				
AUDDYD	Alcohol dependence - Algorithm - 12 m - (D)	Dépendance à l'alcool - Algorithme - 12 m - (D)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
CCC_031	Has asthma	Fait de l'asthme	Same	Même			Has asthma	Fait de l'asthme
CCC_051	Has arthritis	Souffre d'arthrite	Modified	Modifiée	Question reworded	On a changé le libellé de la question	Has arthritis or rheumatism	Souffre d'arthrite ou de rhumatisme
CCC_061	Has back problems excluding fibromyalgia and arthritis	A des maux de dos autres que la fibromyalgie et l'arthrite	Same	Même			Has back problems excluding fibromyalgia and arthritis	A des maux de dos autres que la fibromyalgie et l'arthrite
CCC_071	Has high blood pressure	Fait de l'hypertension	Same	Même			Has high blood pressure	Fait de l'hypertension
CCC_072	blood pressure	d'hypertension	Added	Ajoutée				
CCC_081	Has migraine headaches	A des migraines	Same	Même			Has migraine headaches	A des migraines
CCC_091	Has chronic bronchitis/emphysema/ COPD	Atteint de bronchite chronique/emphysème/ MPOC	Modified	Modifiée	Combination of two questions in the 2002 survey	Combinaison de deux questions dans l'enquête de 2002.	Has chronic bronchitis (CCCB_91A) AND Has emphysema or chronic obstructive pulmonary disease (CCCB_91B)	Est atteint de bronchite chronique (CCCB_91A) ET Souffre d'emphysème / bronchopneumopathie chronique obstruc. (CCCB_91B)
CCCF1	Has a chronic condition - (D)	A une maladie chronique - (D)	Modified	Modifiée	Conditions changed in DV specifications.	On a changé les conditions dans les spécifications de variables dérivées.	Has a chronic condition	Est atteint d'un problème de santé chronique
CCC_101	Has diabetes	Est atteint du diabète	Same	Même			Has diabetes	Est atteint du diabète
CCC_111	Has epilepsy	Est atteint d'épilepsie	Same	Même			Has epilepsy	Est atteint d'épilepsie
CCC_121	Has heart disease	Souffre d'une maladie cardiaque	Same	Même			Has heart disease	Souffre d'une maladie cardiaque
CCC_131	Has cancer	Souffre d'un cancer	Same	Même			Has cancer	Souffre d'un cancer
CCC_132	Ever had cancer	A déjà souffert d'un cancer	Added	Ajoutée				
CCC_151	Suffers from the effects of a stroke	Est atteint de troubles dus à accident vasculaire cérébral	Same	Même			Suffers from the effects of a stroke	Est atteint de troubles dus à accident vasculaire cérébral
CCC_171	Has bowel disorder/Crohn's Disease/ulcerative colitis	Est atteint de troubles intestinaux/Crohn/colite ulcéreuse	Same	Même			Has a bowel disorder / Crohn's Disease or colitis	Est atteint de troubles intestinaux / Crohn ou colite
CCC_17A	Type of bowel disease	Genre de maladie intestinale	Added	Ajoutée				
CCC_181	Has Alzheimer's disease or other dementia	Est atteint d'Alzheimer ou autre démence cérébrale	Same	Même			Has Alzheimer's disease or other dementia	Est atteint d'Alzheimer ou autre démence cérébrale
CCC_251	Has chronic fatigue syndrome	chronique	Same	Même			Has chronic fatigue syndrome	chronique

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
CCC_261	Suffers from multiple chemical sensitivities	Souffre de sensibilités aux agresseurs chimiques	Same	Même			Suffers from multiple chemical sensitivities	Souffre de sensibilités aux agresseurs chimiques
CCC_271	Has schizophrenia	Est atteint de schizophrénie	Same	Même			Has schizophrenia	Est atteint de schizophrénie
CCC_271B	schizophrenia	schizophrénie	Added	Ajoutée				
CCC_280	Has a mood disorder	Est atteint d'un trouble de l'humeur	Added	Ajoutée				
CCC_281	Has any other psychosis	Est atteint de toute autre forme de psychose	Same	Même			Has other psychosis	Est atteint de toutes autres formes de psychose
CCC_281B	Ever diagnosed with any other psychosis	A déjà reçu un diagnostic pour toute autre forme de psychose	Added	Ajoutée				
CCC_28AA	Has mood disorder - depression	Est atteint d'un trouble de l'humeur - dépression	Added	Ajoutée				
CCC_28AB	Has mood disorder - bipolar disorder	Est atteint d'un trouble de l'humeur - trouble bipolaire	Added	Ajoutée				
CCC_28AC	Has mood disorder - mania	Est atteint d'un trouble de l'humeur - manie	Added	Ajoutée				
CCC_28AD	Has mood disorder - dysthymia	Est atteint d'un trouble de l'humeur - dysthymique	Added	Ajoutée				
CCC_28AE	Has mood disorder - other	Est atteint d'un trouble de l'humeur - autre	Added	Ajoutée				
CCC_290	Has an anxiety disorder	Est atteint d'un trouble d'anxiété	Added	Ajoutée				
CCC_29AA	Has anxiety disorder - phobia	Est atteint d'un trouble d'anxiété - phobie	Added	Ajoutée				
CCC_29AB	Has an anxiety disorder - obsessive-compulsive disorder	Est atteint d'un trouble d'anxiété - obsessionnel-compulsif	Added	Ajoutée				
CCC_29AC	Has an anxiety disorder - panic disorder	Est atteint d'un trouble d'anxiété - trouble panique	Added	Ajoutée				
CCC_29AD	Has an anxiety disorder - other	Est atteint d'un trouble d'anxiété - autre	Added	Ajoutée				
CCC_311	Has post-traumatic stress disorder	Est atteint du syndrome de stress post-traumatique	Same	Même			Suffers from post-traumatic stress disorder	Souffre du syndrome de stress post-traumatique
CCC_331	Has a learning disability	A des troubles d'apprentissage	Same	Même			Has a learning disability	A des troubles d'apprentissage

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Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
CCC_332	Has Attention Deficit Disorder	A un trouble déficitaire de l'attention	Modified	Modifiée	Question reworded	On a changé le libellé de la question	Attention Deficit Disorder, no hyperactivity	Trouble déficitaire de l'attention, sans hyperactivité
CCC_341	Has eating disorder such as anorexia or bulimia	A des troubles alimentaires tel que l'anorexie ou boulimie	Same	Même			Eating disorder such as anorexia or bulimia	Troubles alimentaires - tel que l'anorexie ou boulimie
CCC_901	Has other long-term physical or mental health condition	A un autre problème de santé phys./mentale de longue durée	Same	Même			Other long-term physical or mental health condition	Autre problème de santé physique ou mentale de longue durée
CCCDNCNR	Has or previously diagnosed with cancer (D)	Souffre ou à déjà été diagnostiqué pour d'un cancer (D)	Added	Ajoutée				
CCCDHBP	Has or previously diagnosed with high blood pressure (D)	Fait de ou déjà été diagnostiqué pour l'hypertension (D)	Added	Ajoutée				
CCCDPSYC	Has or previously diagnosed with psychosis (D)	Fait de ou déjà été diagnostiqué pour la psychose (D)	Added	Ajoutée				
CCCDSCZO	Has or previously diagnosed with schizophrenia (D)	Fait de ou déjà été diagnostiqué pour la schizophrénie (D)	Added	Ajoutée				

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Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEP_01	Period - discouraged about how things going - life	Période - découragé par les événements - vie	Same	Même			Period when discouraged about how things were going - life	Période lorsqu'été découragé de ce qui se passait - vie
DEP_01A	Period - lost interest in most things - life	Période - perdu intérêt pour la plupart des choses - vie	Same	Même			Period when lost interest in most things - life	Période quand a perdu intérêt pour plupart des choses - vie
DEP_01B	Period - lost interest in most things - life	Période - perdu intérêt pour la plupart des choses - vie	Same	Même			Period when lost interest in most things - life	Période quand a perdu intérêt pour plupart des choses - vie
DEP_02	Period - lost interest in most things - life	Période - perdu intérêt pour la plupart des choses - vie	Same	Même			Period when lost interest in most things - life	Période quand a perdu intérêt pour plupart des choses - vie
DEP_09	2-week period - lost interest in most things - life	Période 2 sem. - perdu intérêt pour plupart des choses - vie	Same	Même			2-week period when lost interest in most things - life	Période 2 semaines - perdu intérêt plupart des choses - vie
DEP_12	2-week period - sad and/or discouraged and/or uninterested	Période 2 sem -triste et/ou découragé et/ou manque d'intérêt	Same	Même			2-week period when lost interest in most things - life	Période 2 semaines - perdu intérêt plupart des choses - vie
DEP_16	Daily duration - being sad/discouraged/uninterested - life	Durée quotidienne - triste/découragé/manque d'intérêt - vie	Same	Même			Daily duration - being sad/discouraged/uninterested - life	Durée quotidienne - triste/découragé/manqué intérêt - vie
DEP_17	Emotional distress - intensity - life	Détresse émotionnelle - intensité - vie	Same	Même			Intensity of emotional distress during periods - life	Intensité - détresse émotionnelle durant période - vie
DEP_18	Distress so severe, nothing cheer up - frequency - life	Détresse très sévère, rien ne réjouissait - fréquence - vie	Same	Même			Frequency - distress so severe, nothing cheer up - life	Fréquence - détresse si sévère, rien ne réjouissait - vie
DEP_19	Distress severe/could not carry daily - frequency -life	Détresse sévère/pas accomplir de tâches quot.-fréquence -vie	Same	Même			Frequency - distress severe/could not carry daily - life	Fréquence - détresse sévère/pas accomplir quotidien - vie
DEP_21	Had depressive-like symptoms during episodes - life	Eu symptômes épisodiques semblables à la dépression - vie	Same	Même			Had depressive-like symptoms during episodes - life	Eu symptômes semblables à dépression durant épisodes - vie
DEP_22	Experienced one particular worst episode - life	Vécu un épisode particulièrement pire - vie	Same	Même			Experienced one particular worst episode - life	Vécu un épisode particulier nettement pire - vie

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DEP_22A	Worst episode started - age	Début d'un épisode pire - âge	Same	Même			started	commencé
DEP_22B1	Worst episode - duration	Pire épisode - durée	Same	Même			Worst episode - duration	Pire épisode - durée
DEP_22C1	Worst episode - unit: days/weeks/months/years	Pire épisode - unité: jours/semaines/mois/années	Modified	Modifiée	Follow-up questions consolidated for ease of programming.	On a consolidé les questions de suivi pour faciliter la programmation.	Worst episode - number of days / number of weeks / number of months / number of years	Pire épisode - nombre de jours / nombre de semaines / nombre de mois / nombre d'années
DEPD22Y	Depression - Worst episode - duration - (D)	Dépression - Pire épisode - durée (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications	Petit changement technique, on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Length of time in years - worst episode - (D)	Durée en année - pire épisode - (D)
DEP_23A	Last bad episode - age	Dernier mauvais épisode - âge	Same	Même			Age - when last bad episode occurred	Age - lorsque dernier mauvais épisode a eu lieu
DEP_23B1	Last bad episode - duration	durée	Same	Même			Last bad episode - duration	durée
DEP_23C1	Last bad episode - unit: days/weeks/months/years	Dernier mauvais épisode - unité: jours/semaines/mois/années	Modified	Modifiée	Follow-up questions consolidated for ease of programming	On a consolidé les questions de suivi pour faciliter la programmation.	Last bad episode - number of days / number of weeks / number of months / number of years	Dernier mauvais épisode - nombre de jours / nombre de semaines / nombre de mois / nombre d'années
DEPD23Y	Depression - Most recent episode - duration (D)	Dépression - Plus récent épisode - durée (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications	Petit changement technique, on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Length of time in years - last episode - (D)	Durée en année - dernier épisode - (D)
DEP_24A	Symptom - felt sad, empty or depressed	Symptôme - se sentait triste, vide, ou déprimé	Same	Même			Symptom - felt sad, empty or depressed	Symptôme - se sentait triste, vide ou déprimé
DEP_24B	Symp - felt so sad that nothing could cheer up	Symp - se sentait si triste que rien ne pouvait le réjouir	Same	Même			Symptom - felt so sad that nothing could cheer up	Symptôme - se sentait si triste que rien ne pouvait réjouir
DEP_24C	Symptom - felt discouraged about how things were going	Symptôme -était découragé à propos du déroulement des choses	Same	Même			Symptom - felt discouraged about how things were going	Symptôme - était découragé à propos de ce qui se passait
DEP_24D	Symptom - felt hopeless about future	Symptôme - était désespéré face à l'avenir	Same	Même			Symptom - felt hopeless about future	Symptôme - était désespéré quant à l'avenir

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEP_24E	Symptom - lost interest in almost all things	Symptôme - avait perdu de l'intérêt pour plupart des choses	Same	Même			Symptom - lost interest in almost all things	Symptôme - avait perdu intérêt pour plupart des choses
DEP_24F	Symp - felt like nothing was fun	Symptôme - avait impression que rien ne procurait du plaisir	Same	Même			Symptom - felt like nothing was fun	Symptôme - avait impression que rien n'apportait du plaisir
DEP_261	Weight gain - due to physical growth/pregnancy	Poids pris - dû à croissance physique/grossesse	Same	Même			Symptom - weight gain due to physical growth/pregnancy	Symptôme - poids pris dû à croissance physique/grossesse
DEP_262	kilograms	ou kilogrammes	Same	Même			Pounds or kilograms	Livres ou kilogrammes
DEP_263	Weight loss - result of diet/physical illness	Poids perdu - dû à régime/maladie physique	Same	Même			Symptom - weight loss result of diet/physical illness	Symptôme - poids perdu dû à régime/maladie physique
DEP_264	kilograms	ou kilogrammes	Same	Même			Pounds or kilograms	Livres ou kilogrammes
DEP_265	Symptom - could not cope with everyday responsibilities	Symptôme - incapable faire face responsabilités quotidiennes	Same	Même			Symptom - could not cope with everyday responsibilities	Symptôme - incapable faire face responsabilités quotidiennes
DEP_266	Symptom - wanted to be alone rather than with friends	Symptôme - voulait être seul plutôt qu'entre amis	Same	Même			Symptom - wanted to be alone rather than with friends	Symptôme - voulait être seul plutôt que d'être avec amis
DEP_267	Symptom - felt less talkative than usual	Symptôme - avait moins envie de parler que d'habitude	Same	Même			Symptom - felt less talkative than usual	Symptôme - avait moins envie de parler qu'à l'habitude
DEP_268	Symptom - was often in tears	Symptôme - pleurait souvent	Same	Même			Symptom - was often in tears	larmes
DEP_26A	Symptom - had much smaller appetite than usual	Symptôme - avait beaucoup moins d'appétit que d'habitude	Same	Même			Symptom - had much smaller appetite than usual	Symptôme - avait beaucoup moins d'appétit qu'à l'habitude
DEP_26B	Symptom - had much larger appetite than usual	Symptôme - avait beaucoup plus d'appétit que d'habitude	Same	Même			Symptom - had much larger appetite than usual	Symptôme - avait beaucoup plus d'appétit qu'à l'habitude
DEP_26C	Symptom - gained weight without trying to	Symptôme - avait pris du poids sans en avoir l'intention	Same	Même			Symptom - gained weight without trying to	Symptôme - avait pris du poids sans en avoir l'intention
DEP_26D	Weight gain - amount	Gain de poids - quantité	Same	Même			Amount of weight gained	Quantité de poids pris

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEP_26E	Symptom - lost weight without trying to	Symptôme - perdait du poids sans en avoir l'intention	Same	Même			Symptom - lost weight without trying to	Symptôme - perdait du poids sans en avoir l'intention
DEP_26F	Weight loss - amount	Poids perdu - quantité	Same	Même			Amount of weight lost	Quantité de poids perdu
DEP_26G	Symptom - had more trouble falling/staying asleep	Symptôme - avait difficulté à s'endormir/rester endormi	Same	Même			Symptom - had more trouble falling/staying asleep	Symptôme - avait difficulté à s'endormir/rester endormi
DEP_26H	usual	l'habitude	Same	Même			usual	l'habitude
DEP_26I	Symptom - slept less than usual/still not tired	Symptôme - dormait moins qu'à l'habitude/pas fatigué	Same	Même			Symptom - slept less than usual/still not tired	Symptôme - dormait moins qu'à l'habitude/sans fatigué
DEP_26J	Symptom - felt tired/low in energy	Symptôme - se sentait fatigué/manque d'énergie	Same	Même			Symptom - felt tired/low in energy	Symptôme - se sentait fatigué/manque d'énergie
DEP_26K	Symptom - had more energy than usual	Symptôme - avait plus d'énergie qu'à l'habitude	Same	Même			Symptom - had more energy than usual	Symptôme - avait plus d'énergie qu'à l'habitude
DEP_26L	Symptom - talked/moved more slowly than normal	Symptôme - parlait/déplaçait plus lentement qu'à l'habitude	Same	Même			Symptom - talked/moved more slowly than normal	Symptôme - parlait/déplaçait plus lent qu'à l'habitude
DEP_26M	Symp - others noticed respondent talked/moved slowly	Symp - autres remarqué répondant parlait/déplaçait lentement	Same	Même			Symptom - others noticed respondent talked/moved slowly	Symptôme - autres remarqué répondant parlait/déplaçait lent
DEP_26N	Symptom - restless/jittery/couldn't sit still	Symptôme - agité/tendu/ne pouvait tenir en place	Same	Même			Symptom - restless/jittery/couldn't sit still	Symptôme - nerveux/tendu/ne pouvait tenir en place
DEP_26O	Symptom - others noticed respondent was restless	Symptôme - autres ont remarqué répondant était agité	Same	Même			Symptom - others noticed respondent was restless	Symptôme - autres ont remarqué répondant était agité
DEP_26P	Symp - thoughts came more slowly than usual	Symp - les idées lui venaient plus lentement que d'habitude	Same	Même			Symptom - thoughts came more slowly than usual	Symptôme - pensées étaient plus lentes que d'habitude
DEP_26Q	Symptom - thoughts jumped/raced through head	Symptôme - pensées défilaient rapidement	Same	Même			Symptom - thoughts jumped/raced through head	Symptôme - pensées sautaient/défilaient rapidement
DEP_26R	Symptom - had more trouble concentrating	Symptôme - avait plus de difficulté à se concentrer	Same	Même			Symptom - had more trouble concentrating	Symptôme - avait plus de difficultés à se concentrer

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEP_26S	mind	prendre une décision	Same	Même			mind	prendre décision
DEP_26T	confidence	en soi-même	Same	Même			Symptom - lost self-confidence	en soi-même
DEP_26U	Symptom - felt was not as good as other people	Symptôme - se sentait moins bon que les autres	Same	Même			Symptom - felt was not as good as other people	Symptôme - se sentait moins bon que les autres
DEP_26V	Symptom - felt totally worthless	Symptôme - se sentait totalement inutile	Same	Même			Symptom - felt totally worthless	Symptôme - se sentait totalement sans valeur
DEP_26W	Symptom - felt guilty nearly every day	Symptôme - se sentait coupable presque tous les jours	Same	Même			Symptom - felt guilty nearly every day	Symptôme - se sentait coupable presque tous les jours
DEP_26X	Symp - felt irritable/grouchy or in a bad mood	Symp - se sentait irritable/grincheux ou de mauvaise humeur	Same	Même			Symptom - felt irritable/grouchy or in a bad mood	Symptôme - se sentait irritable/grincheux ou mauvaise humeur
DEP_26Y	Symptom - felt nervous/anxious most days	Symptôme - se sentait nerveux/anxieux presque tous les jours	Same	Même			Symptom - felt nervous/anxious most days	Symptôme - se sentait nerveux/anxieux presque tous les jours
DEP_26Z	Symptom - had attacks of intense fear or panic	Symptôme - avait des attaques intenses de peur ou de panique	Same	Même			Symptom - had attacks of intense fear or panic	Symptôme - avait attaques intenses de peur ou panique
DEP_28	Interference - work/social life/pers relations - life	Interférence-travail/vie sociale/relations personnelles - vie	Same	Même			Depressive feelings interfere with work/social/relationships	Sentiments dépressifs troublé travail/social/relations
DEP_281	Interference - work/social life/pers relation - life	Interférence-travail/vie sociale/relations personnelles - vie	Same	Même			Depressive feelings interfere with work/social/relationships	Sentiments dépressifs troublé travail/social/relations
DEP_28A	Interference - unable carry out daily act. - life	Interférence - incapable accomplir act. quotidiennes - vie	Same	Même			Frequency - feelings = unable carry out daily activities	Fréquence - sentiments = incapable accomplir activités quot.
DEP_29A	Depression - any episode - physical/med/drug/alc causes	Dépression - tout épisode - causes phys/méd/droque/alc	Same	Même			Depressive episodes due to physical causes	Épisodes dépressifs dus à des causes physiques
DEP_29B	Depression - all episodes - physical/med/drug/alc causes	Dépression - tous les épisodes - causes phys/méd/droque/alc	Same	Même			Physical causes always cause depressive episodes	Causes physiques ont toujours induit épisodes dépressifs
DEP_29CA	exhaustion	épuisement	Same	Même			Physical exclusion - exhaustion	épuisement

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEP_29CB	hyperventilation	hyperventilation	Same	Même			hyperventilation	hyperventilation
DEP_29CC	hypochondria	hypocondrie	Same	Même			hypochondria	hypocondrie
DEP_29CD	cycle	menstruel	Same	Même			cycle	menstruel
DEP_29CE	Physical exclusion - pregnancy/postpartum	Exclusion physique - grossesse/post-partum	Same	Même			Physical exclusion - pregnancy/postpartum	Exclusion physique - grossesse/post-partum
DEP_29CF	Physical exclusion - thyroid disease	Exclusion physique - maladie de la glande thyroïde	Same	Même			Physical exclusion - thyroid disease	Exclusion physique - maladie de la glande thyroïde
DEP_29CG	Physical exclusion - cancer	Exclusion physique - cancer	Same	Même			Physical exclusion - cancer	Exclusion physique - cancer
DEP_29CH	overweight	Exclusion physique - obésité	Same	Même			Physical exclusion - overweight	Exclusion physique - obésité
DEP_29CI	Physical exclusion - medication (excl illicit drugs)	Exclusion physiques - médicaments (excl drogues illicites)	Same	Même			Physical exclusion - medication (excluding illicit drugs)	Exclusion physiques - médicaments (excl. drogues illicites)
DEP_29CJ	drugs	illicites	Same	Même			drugs	illicites
DEP_29CK	Physical exclusion - alcohol	Exclusion physique - alcool	Same	Même			Physical exclusion - alcohol	Exclusion physique - alcool
DEP_29CL	Physical exclusion - chemical/serotonin imbalance	Exclusion physique - déséquilibre chimique/sérotonine	Same	Même			Physical exclusion - chemical / serotonin imbalance	Exclusion physique - déséquilibre chimique / sérotonine
DEP_29CM	pain	chronique	Same	Même			pain	chronique
DEP_29CN	Physical exclusion - caffeine	Exclusion physique - caféine	Same	Même			Physical exclusion - caffeine	Exclusion physique - caféine
DEP_29CO	Physical exclusion - no specific diagnosis	Exclusion physique - aucun diagnostic précis	Same	Même			Physical exclusion - no specific diagnosis	Exclusion physique - aucun diagnostique spécifique
DEP_29CP	accident/injury	accident/blessures	Same	Même			Physical exclusion - accident	Exclusion physique - accident
DEP_29CQ	Physical exclusion - emotional, social or economic reason	Exclusion physique - raison émotive, sociale ou économique	Same	Même			Physical exclusion - emotional/social/economic reason	Exclusion physique - raison émotionnelle/sociale/économique
DEP_29CR	Physical exclusion - other - physical causes	Exclusion physique - autre - blessure physique	Same	Même			Physical exclusion - Other - Physical causes, etc.	Exclusion physique - Autre - Causes physiques, etc.
DEP_29CS	Physical exclusion - other	Exclusion physique - autre	Same	Même			Physical exclusion - other	Exclusion physique - autre
DEP_30	Episode ever occurred after someone close died	Épisode déjà survenu suite à la mort d'un être cher	Same	Même			Episodes ever occur just after someone close died	Épisodes déjà survenus suite à la mort d'un être proche

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEP_30A	Episodes always occurred after someone close died	Épisode déjà survenu suite à la mort d'un proche	Same	Même			Episodes always occurred after someone close died	Épisodes toujours survenus suite à la mort d'un être proche
DEP_31	Number of episodes lasting 2 weeks or longer - life	Nombre d'épisodes de 2 semaines ou plus - vie	Same	Même			Number of episodes lasting 2 weeks or longer - life	Nombre d'épisodes de 2 semaines ou plus - vie
DEP_372	Dep - 1 episode life >= 2 w/brought on : stress/out of blue	Dép - 1 épisode vie >= 2 s/survenu: stress/à l'improviste	Same	Même			Episode triggered by stressful/unexpected event	Épisode survenu suite à expérience stressante/à l'improviste
DEP_38	Depression - episode - past 12 months	Dépression - épisode - 12 derniers mois	Same	Même			Had 2-week or longer depressive episode - 12 mo	A eu épisode dépressif 2 semaines ou plus - 12 m.
DEP_38B	Depression - number of days out of 365 in episode - 12 m	Dépression - nombre de jours sur 365 dans un épisode - 12 m	Same	Même			Number of days out of 365 in depressive episode	Nombre de jours sur 365 était dans un épisode dépressif
DEP_38C	episode - age	épisode - âge	Same	Même			episode	dépressif
DEP_39A1	Depression - longest episode - duration	Dépression - plus long épisode - durée	Same	Même			Length of longest depressive episode ever had	Durée du plus long épisode dépressif jamais eu
DEP_39B1	Dep - longest episode - unit: days/weeks/months/years	Dép- plus long épisode - unité: jours/semaines/mois/années	Modified	Modifiée	Follow-up questions consolidated for ease of programming.	On a consolidé les questions de suivi pour faciliter la programmation.	Longest depressive episode ever had - number of days / number of weeks / number of months / number of years	Plus long épisode dépressif jamais eu - nombre de jours / nombre de semaines / nombre de mois / nombre d'années
DEPD39Y	Depression - Longest episode - duration (D)	Dépression - Plus long épisode - durée (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications.	Petit changement technique, on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Length of time in years - longest episode - (D)	Durée en année - épisode le plus long - (D)
DEP_531	Dep - episodes >= 2 weeks/ num brought on by stress	Dép - épisodes >= 2 sem/nombre en raison du stress	Same	Même			Nbr of 2-week episodes brought on by stressful experience	Nbre d'épisodes de 2 semaines résultat d'expériences stress
DEP_64A	frequency - 12 m	fréquence - 12 m	Same	Même			mo	12 m.
DEP_64B	frequency - 12 m	ralenti - fréquence -12 m	Same	Même			12 mo	ralenti - 12 m.
DEP_64C	Symptom - enjoyed good book/radio/TV - freq - 12 m	Symptôme - plaisir à lire bon livre/ radio/TV - fréq. - 12 m	Same	Même			Frequency - enjoyed good book, radio, TV - 12 mo	Fréquence - plaisir à lire/écouter radio/regarder TV - 12 m.

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEP_65A	Symptom - enjoyed things had enjoyed/ freq -12 m	Symptôme-a pris plaisir aux choses qui plaisaient/fréq -12 m	Same	Même			Frequency - enjoyed things had enjoyed - 12 mo	Fréquence - pris plaisir aux choses qui plaisaient - 12 m.
DEP_65B	Symptom - laughed / saw bright side of things - freq 12 m	Symptôme - pouvait rire/voir bon côté des choses - fréq 12 m	Same	Même			Frequency - laughed / saw bright side of things - 12 mo	Fréquence - pouvait rire/voir bon côté des choses - 12 m.
DEP_65C	Symptom - took interest in physical appearance - freq -12 m	Symptôme - était intéressé à apparence physique - fréq -12 m	Same	Même			Frequency - took interest in physical appearance - 12 mo	Fréquence - était intéressé à son apparence physique - 12 m.
DEP_65D	Symptom -looked forward to enjoying things/freq 12 m	Symptôme -se réjouissait d'avance faire des choses/fréq 12 m	Same	Même			Frequency - looked forward to enjoying things - 12 mo	Fréquence - se réjouissait d'avance faire des choses - 12 m.
DEP_661	Dep - level of interference - ability to attend school - 12 m	Dép - niveau de trouble - capacité d'aller à l'école - 12 m	Same	Même			Level of interference - ability to attend school - 12 mo	Niveau de trouble - capacité d'aller à l'école - 12 m.
DEP_662	Dep - level of interference - ability to work at a job - 12 m	Dép - niveau de trouble - capacité travailler à emploi - 12 m	Same	Même			Level of interference - ability to work at a job - 12 mo	Niveau de trouble - capacité travailler à emploi - 12 m.
DEPD664	Depression - Interference Level (cut-off at 4) - 12 m - (D)	Dépression - Niveau de trouble (clôture à 4) - 12 m - (D)	Same	Même			Interference Level (cut-off at 4) - (D)	Niveau de trouble (clôture à 4) - (D)
DEPD667	Depression - Criterion E, Part 3A1 - High interfer -12 m (D)	Dépression - Critère E, partie 3A1 - Trouble élevé -12 m (D)	Same	Même			Criterion E, Part 3A1 - High interference - (D)	Critère E, partie 3A1 - Trouble élevé - (D)
DEP_66A	Dep - level of interference - home responsibilities - 12 m	Dép - niveau de trouble - tâches ménagères - 12 m	Same	Même			Level of interference - home responsibilities - 12 mo	Niveau de trouble - tâches ménagères - 12 m.
DEP_66C	Dep - level of interference - close relationships - 12 m	Dép - niveau de trouble - relations intimes - 12 m	Same	Même			Level of interference - close relationships - 12 mo	Niveau de trouble - capacité relations proches - 12 m.
DEP_66D	Dep - level of interference - social life - 12 m	Dép - niveau de trouble - vie sociale - 12 m	Same	Même			Level of interference - social life - 12 mo	Niveau de trouble - vie sociale - 12 m.
DEP_68	Depression - num of days/365 totally unable - 12 m	Dépression - nbre de jours/365 totalement incapable - 12 m	Same	Même			Nbr of days/365 totally unable because of feelings	Nbre de jrs/365 incapable totalement dû aux sentiments

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEP_6A	Symptom - thought a lot about own death/death in general	Symptôme - pensait souvent à sa propre mort/mort en général	Same	Même			Symptom - thought a lot about own death/death in general	Symptôme - pensait souvent à sa propre mort/mort en général
DEP_6B	Symptom - thought it would be better if dead	Symptôme - pensait qu'il vaudrait mieux être mort	Same	Même			Symptom - thought it would be better if dead	Symptôme - pensait qu'il vaudrait mieux être mort
DEP_72	Depression - consulted MD/other professional - life	Dépression - a consulté un médecin/autre professionnel - vie	Same	Même			Consulted MD/other prof. about feelings	A consulté médecin/autre prof. pour sentiments
DEP_86	Depression - professional treatment - 12 m	Dépression - traitement professionnel - 12 m	Same	Même			Received prof. treatment for feelings - 12 mo	Reçu traitement professionnel pour sentiments - 12 m.
DEP_87	Depression - hospitalized overnight - life	Dépression - hospitalisé pour une nuit ou plus - vie	Same	Même			Hospitalized overnight for feelings - life	Hospitalisé pour une nuit ou plus pour sentiments - vie
DEP_8A	Depression - most recent episode during past 12 months	Dépression - plus récent épisode pendant 12 derniers mois	Same	Même			Reference period of depressive episode - 12 mo	Période de référence de l'épisode dépressif - 12 m.
DEPDA	Depression - Criterion A, Part 1 and 2 - life - (D)	Dépression - Critère A, partie 1 et 2 - vie - (D)	Same	Même			Criterion A, Part 1 and 2 - (D)	Critère A, partie 1 et 2 - (D)
DEPDA1	Depression - Criterion A, Part 1 - life - (D)	Dépression - Critère A, partie 1 - vie - (D)	Same	Même			Criterion A, Part 1 - (D)	Critère A, partie 1 - (D)
DEPDA2	Depression - Lifetime Criterion A, Part 2 - (D)	Dépression - au cours de la vie - Critère A, partie 2 - (D)	Same	Même			Criterion A, Part 2 - (D)	Critère A, partie 2 - (D)
DEPDA21	Depression - Criterion A, Part 2 - Symptom 1 - life - (D)	Dépression - Critère A, partie 2 - Symptôme 1 - vie - (D)	Same	Même			Criterion A, Part 2 - Symptom 1 - (D)	Critère A, partie 2 - symptôme 1 - (D)
DEPDA22	Depression - Criterion A, Part 2 - Symptom 2 - life - (D)	Dépression - Critère A, partie 2 - Symptôme 2 - vie - (D)	Same	Même			Criterion A, Part 2 - Symptom 2 - (D)	Critère A, partie 2 - symptôme 2 - (D)
DEPDA23	Depression - Criterion A, Part 2 - Symptom 3 - life - (D)	Dépression - Critère A, partie 2 - Symptôme 3 - vie - (D)	Same	Même			Criterion A, Part 2 - Symptom 3 - (D)	Critère A, partie 2 - symptôme 3 - (D)

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEPDA24	Depression - Criterion A, Part 2 - Symptom 4 - life - (D)	Dépression - Critère A, partie 2 - Symptôme 4 - vie - (D)	Same	Même			Criterion A, Part 2 - Symptom 4 - (D)	Critère A, partie 2 - symptôme 4 - (D)
DEPDA25	Depression - Criterion A, Part 2 - Symptom 5 - life - (D)	Dépression - Critère A, partie 2 - Symptôme 5 - vie - (D)	Same	Même			Criterion A, Part 2 - Symptom 5 - (D)	Critère A, partie 2 - symptôme 5 - (D)
DEPDA26	Depression - Criterion A, Part 2 - Symptom 6 - life - (D)	Dépression - Critère A, partie 2 - Symptôme 6 - vie - (D)	Same	Même			Criterion A, Part 2 - Symptom 6 - (D)	Critère A, partie 2 - symptôme 6 - (D)
DEPDA27	Depression - Criterion A, Part 2 - Symptom 7 - life - (D)	Dépression - Critère A, partie 2 - Symptôme 7 - vie - (D)	Same	Même			Criterion A, Part 2 - Symptom 7 - (D)	Critère A, partie 2 - symptôme 7 - (D)
DEPDA28	Depression - Criterion A, Part 2 - Symptom 8 - life - (D)	Dépression - Critère A, partie 2 - Symptôme 8 - vie - (D)	Same	Même			Criterion A, Part 2 - Symptom 8 - (D)	Critère A, partie 2 - symptôme 8 - (D)
DEPDA29	Depression - Criterion A, Part 2 - Symptom 9 - life - (D)	Dépression - Critère A, partie 2 - Symptôme 9 - vie - (D)	Same	Même			Criterion A, Part 2 - Symptom 9 - (D)	Critère A, partie 2 - symptôme 9 - (D)
DEPDC	1 and 2 - life - (D)	1 et 2 - vie - (D)	Same	Même			Criterion C, Part 1 and 2 - (D)	Critère C, partie 1 et 2 - (D)
DEPDC1	Depression - Lifetime Criterion C, Part 1 - (D)	Dépression - au cours de la vie - Critère C, partie 1 - (D)	Same	Même			Criterion C, Part 1 - (D)	Critère C, partie 1 - (D)
DEPDC2	2 - life - (D)	2 - vie - (D)	Same	Same			Criterion C, Part 2 - (D)	Critère C, partie 2 - (D)
DEPDDPS	Major Depressive Episode - Algorithm - life - (D)	Épisode dépressif majeur - Algorithme - vie - (D)	Same	Même			Major Depressive Episode Algorithm - Life - (D)	Algorithme épisode dépressif majeur - (D)
DEPDDY	Major Depressive Episode - Algorithm - 12 m - (D)	Épisode dépressif majeur - Algorithme - 12 m - (D)	Same	Même			Major Depressive Episode Algorithm - 12 month (D)	Algorithme épisode dépressif majeur - 12 m. - (D)
DEPDE	1, 2 and 3 - life - (D)	1, 2 et 3 - vie - (D)	Same	Même			(D)	Critère E, partie 1, 2 et 3 - (D)
DEPDE1	Depression - Criterion E, Part 1 - life - (D)	Dépression - Critère E, partie 1 - vie - (D)	Same	Même			Criterion E, Part 1 - (D)	Critère E, partie 1 - (D)

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEPDE2	Depression - Criterion E, Part 2 - life - (D)	Dépression - Critère E, partie 2 - vie - (D)	Modified	Modifiée	Removed first and 12-month episode duration as input variables.	On a enlevé la durée du premier épisode et de l'épisode au cours de 12 derniers mois comme des variables d'entrée.	Criterion E, Part 2 - (D)	Critère E, partie 2 - (D)
DEPDE21	Depression - Criterion E, Part 2.1 - life - (D)	Dépression - Critère E, partie 2.1 - vie - (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications.	Petit changement technique, on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Criterion E, Part 2.1 - (D)	Critère E, partie 2.1 - (D)
DEPDE22	Depression - Criterion E, Part 2.2 - life - (D)	Dépression - Critère E, partie 2.2 - vie - (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications.	Petit changement technique, on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Criterion E, Part 2.2 - (D)	Critère E, partie 2.2 - (D)
DEPDE26	Depression - Criterion E, Part 2.6 - life - (D)	Dépression - Critère E, partie 2.6 - vie - (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications.	Petit changement technique, on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Criterion E, Part 2.6 - (D)	Critère E, partie 2.6 - (D)
DEPDE3	3 - life - (D)	3 - vie - (D)	Same	Même			Criterion E, Part 3 - (D)	Critère E, partie 3 - (D)
DEPDE3A	3A - life - (D)	3A - vie - (D)	Same	Même			Criterion E, Part 3A - (D)	Critère E, partie 3A - (D)
DEPDE3B	3B - life - (D)	3B - vie - (D)	Same	Même			Criterion E, Part 3B - (D)	Critère E, partie 3B - (D)
DEPDE3C	3C - life - (D)	3C - vie - (D)	Same	Même			Criterion E, Part 3C - (D)	Critère E, partie 3C - (D)
DEPDE3E	3E - life - (D)	3E - vie - (D)	Same	Même			Criterion E, Part 3E - (D)	Critère E, partie 3E - (D)
DEPDINT	Depression - Interference - Mean - 12 m - (D)	Dépression - Interférence - Moyenne - 12 m - (D)	Same	Même			Depression Interference - Mean - (D)	Trouble occasionné par la dépression - Moyenne - (D)
DEPFINT	Flag: Depression - Interference - 12 m - (F)	Indicateur : dépression - Interférence - 12 m - (I)	Same	Même			Depression interference - (F)	Trouble occasionné par dépression - (F)
DEPDPER	Major depressive episode - persistence - years - (D)	Épisode dépressif majeur - persistance - années - (D)	Modified	Modifiée	Removed first and 12-month episode duration as input variables.	On a enlevé la durée du premier épisode et de l'épisode au cours de 12 derniers mois comme des variables d'entrée.	Nbr of years of major depression persistence - (D)	Nbre d'ans de pers. de l'épisode dépressif majeur - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEPDREC	Major depressive episode - Most recent episode - age - (D)	Épisode dépressif majeur - Plus récent épisode - âge - (D)	Modified	Modifiée	Removed age of onset as input variable.	On a enlevé l'âge à l'apparation comme une variable d'entrée.	Age at most recent major depressive episode - (D)	Âge au plus récent épisode dépressif majeur - (D)
DEPFSLA	Flag: Suicide - attempt - life - (F)	Indicateur : suicide - tentative - vie - (I)	Modified	Modifiée	Derived variable conditions changed, concept unchanged. See DV Specifications.	On a changé les conditions de variables dérivées, mais on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Suicide - attempt - life - (F)	Suicide - tentative - vie - (F)
DEPFSLP	Flag: Suicide - plan - life - (F)	vie - (I)	Added	Ajoutée				
DEPFSLT	Flag: Suicide - thought - life - (F)	Indicateur : suicide - pensée - vie - (I)	Modified	Modifiée	Derived variable conditions changed, concept unchanged. See DV Specifications.	On a changé les conditions de variables dérivées, mais on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Suicide - thought - life - (F)	Suicide - pensée - vie - (F)
DEPFSYA	Flag: Suicide - attempt - 12 m - (F)	Indicateur : suicide - tentative - 12 m - (I)	Modified	Modifiée	Derived variable conditions changed, questionnaire error corrected. See DV Specifications.	On a changé les conditions de variables dérivées, et on a corrigé l'erreur dans le questionnaire. Voir les spécifications de variables dérivées.	Suicide - attempt - 12 mo - (F)	Suicide - tentative - 12 m. - (F)
DEPFSYP	(F)	12 m - (I)	Added	Ajoutée				
DEPFSYT	Flag: Suicide - thought - 12 m - (F)	Indicateur : suicide - pensée - 12 m - (I)	Modified	Modifiée	Derived variable conditions changed, questionnaire error corrected. See DV Specifications.	On a changé les conditions de variables dérivées, et on a corrigé l'erreur dans le questionnaire. Voir les spécifications de variables dérivées.	Suicide - thought - 12 mo - (F)	Suicide - pensée - 12 m. - (F)
DEPDYA	m - (D)	(D)	Same	Même			Criterion A - 12 month - (D)	Critère A - 12 mois - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DEPDYB	Depression - Criterion B - 12 m - (D)	Dépression - Critère B - 12 m - (D)	Modified	Modifiée	Removed age of onset as input variable.	On a enlevé l'âge à l'apparation comme une variable d'entrée.	Criterion B - 12 month - (D)	Critère B - 12 mois - (D)
DEPDYC	m - (D)	(D)	Same	Même			Criterion C - 12 month - (D)	Critère C - 12 mois - (D)
SUI_01	Suicide - ideation during worst / bad episode	Suicide - idéation durant pire/mauvais épisode	Same	Même			Suicide - ideation during worst / bad episode	Suicide - idéation durant pire/mauvais épisode
SUI_02	Suicide - ideation - life	Suicide - idéation - vie	Same	Même			Suicide - ideation - life	Suicide - idéation - vie
SUI_03	Suicide - ideation - 12 mo	Suicide - idéation - 12 m.	Same	Même			Suicide - ideation - 12 mo	Suicide - idéation - 12 m.
SUI_03_1	Suicide - age when last ideation occurred	Suicide - âge de la dernière idéation	Same	Même			Suicide - age when last ideation occurred	Suicide - âge dernière fois idéation a eu lieu
SUI_04A	Suicide - plan during worst/bad episode	Suicide - planifié durant pire/mauvais épisode	Same	Même			Suicide - plan during worst/bad episode or 12 mo	Suicide - planifié durant pire/mauvais épisode ou 12 m.
SUI_04B	Suicide - plan - life	Suicide - planifié - vie	Added	Ajoutée				
SUI_05	Suicide - plan - 12 mo	Suicide - planifié - 12 m.	Same	Même			Suicide - plan - 12 mo	Suicide - planifié - 12 m.
SUI_05_1	occurred	idéation	Added	Ajoutée				
SUI_06A	Suicide - attempt - worst/bad episode	Suicide - tentative - pire/mauvais épisode	Same	Même			Suicide - attempt during worst/bad episode	Suicide - tentative durant pire/mauvais épisode
SUI_06B	Suicide - attempt - life	Suicide - tentative - vie	Same	Même			Suicide - attempt - life	Suicide - tentative - vie
SUI_06C	life	- vie	Added	Ajoutée				
SUI_10	Suicide - attempt - 12 mo	Suicide - tentative - 12 m.	Same	Même			Suicide - attempt - 12 mo	Suicide - tentative - 12 m.
SUI_10_1	Suicide - age when last attempt occurred	Suicide - âge - dernière tentative	Same	Même			Suicide - age when last attempt occurred	Suicide - âge quand dernière tentative a eu lieu
SUI_11	Suicide - attempt resulted in injury or poisoning	Suicide - tentative a causé blessure ou intoxication	Same	Même			Suicide - attempt resulted in injury or poisoning	Suicide - tentative a causé blessure ou intoxication
SUI_12	Suicide - medical attention following most recent attempt	Suicide - reçu soins médicaux pour tentative plus récente	Same	Même			Suicide - medical attention following most recent attempt	Suicide - reçu soins médicaux pour tentative plus récente
SUI_13	Suicide - hospitalized overnight following recent attempt	Suicide - hospitalisé pour nuit suite tentative plus récente	Same	Même			Suicide - hospitalized overnight following recent attempt	Suicide - hospitalisé pour nuit suite tentative plus récente

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUI_16	Suicide - ideation - consulted professional - 12 m	Suicide - idéation - consulté professionnel - 12 m.	Same	Même			Suicide - ideation - consulted - professional	Suicide - idéation - consulté - professionnel
SUI_19	Suicide - ideation/attempt - consulted professional - 12 m	Suicide - idéation/tentative - consulté professionnel - 12 m	Same	Même			Suicide - consulted - professional	Suicide - consulté - professionnel

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DHHD611	Num of persons 6 to 11 years old in household (D)	Nbre pers âgées entre 6 et 11 ans vivant dans le ménage (D)	Same	Même			Number of persons 6 to 11 years old in household - (D)	Nombre de personnes de 6 à 11 ans dans le ménage - (D)
DHHD65P	Number of persons 65+ years old in household - (D)	Nbre pers âgées de 65 ans ou + vivant dans le ménage - (D)	Added	Ajoutée				
DHH_AGE	Age	Âge	Same	Même			Age	Âge
DHH_DOB	Day of birth	Jour de naissance	Same	Même			Day of birth	Jour de naissance
DHHDDWE	Type of dwelling - (D)	Type de logement - (D)	Modified	Modifiée	Conditions changed in DV specifications	On a changé les conditions dans les spécifications de variables dérivées.	Type of dwelling - (D)	Type de logement - (D)
DHHDECF	Household type - (D)	Type de ménage - (D)	Same	Même			Household type - (D)	Type de ménage - (D)
DHHDHSZ	Household size - (D)	Taille de ménage - (D)	Same	Même			Household size - (D)	Taille du ménage - (D)
DHHDL12	Number of persons less than 12 years old in household (D)	Nbre pers âgées de 12 ans ou moins vivant dans le ménage (D)	Same	Même			Number of persons less than 12 years old in household - (D)	Nombre de personnes de moins de 12 ans dans le ménage - (D)
DHHDL18	Number of persons in household < 18 years of age - (D)	Nombre de personnes < 18 ans dans le ménage - (D)	Added	Ajoutée				
DHHDL5	Number of persons 5 years old or less in household - (D)	Nombre de personnes de 5 ans ou moins dans le ménage - (D)	Same	Même			Number of persons 5 years old or less in household - (D)	Nombre de personnes de 5 ans ou moins dans le ménage - (D)
DHHDLVG	Living arrangement of selected respondent - (D)	Dispositions de vie du répondant sélectionné - (D)	Same	Même			Living arrangement of selected respondent - (D)	Dispositions de vie du répondant sélectionné - (D)
DHH_MOB	Month of birth	Mois de naissance	Same	Même			Month of birth	Mois de naissance
DHH_MS	Marital Status	État matrimonial	Same	Même			Marital status	État matrimonial
DHHDOKD	Number of dependents 16 or 17 years old in household - (D)	Nombre de dépendants de 16 ou 17 ans dans le ménage - (D)	Added	Ajoutée				
DHH_OWN	Dwelling ownership - own or rent	Logement - propriétaire ou locataire	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Dwelling - owned by a member of household	Logement - propriété d'un membre du ménage
DHH_SEX	Sex	Sexe	Same	Même			Sex	Sexe
DHHDYKD	Number of persons 15 years old or less in household - (D)	Nombre de personnes de 15 ans ou moins dans le ménage - (D)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DHH_YOB	Year of birth	Année de naissance	Same	Même			Year of birth	Année de naissance

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DIS_10A	Freq/distress: felt tired out - past month	Fréq/détresse : senti épuisé - mois passé	Same	Même			Frequency - distress: felt tired out - past month	Fréquence - détresse : senti épuisé - mois passé
DIS_10B	Freq/distress: felt nervous - past month	Fréq/détresse : senti nerveux - mois passé	Same	Même			Frequency - distress: felt nervous - past month	Fréquence - détresse : senti nerveux - mois passé
DIS_10C	Freq/distress: so nervous nothing calms down - past month	Fréq/détresse : si nerveux rien pouvait calmer - mois passé	Same	Même			Freq./-distress: so nervous nothing calms down - past month	Fréq/-détresse : si nerveux rien pouvait calmer - mois passé
DIS_10D	Freq/distress: felt hopeless - past month	Fréq/détresse : senti désespéré - mois passé	Same	Même			Frequency - distress: felt hopeless - past month	Fréquence - détresse : senti désespéré - mois passé
DIS_10E	Freq/distress: felt restless / fidgety - past month	Fréq/détresse : senti agité / pas en place - mois passé	Same	Même			Frequency - distress: felt restless / fidgety - past month	Fréquence - détresse : senti agité/pas en place - mois passé
DIS_10F	Freq/distress: could not sit still - past month	Fréq/détresse : ne pouvait pas rester inactif - mois passé	Same	Même			Frequency - distress: could not sit still - past month	Fréq - détresse : ne pouvait pas rester inactif - mois passé
DIS_10G	Freq/distress: felt sad / depressed - past month	Fréq/détresse : senti triste / déprimé - mois passé	Same	Même			Frequency - distress: felt sad / depressed - past month	Fréquence - détresse : senti triste/déprimé - mois passé
DIS_10H	Freq/distress: depressed/nothing cheers - past month	Fréq/détresse : déprimé/rien fait sourire - m. passé	Same	Même			Frequency - distress: depressed/nothing cheers - past month	Fréquence - détresse : déprimé/rien fait sourire - m. Passé
DIS_10I	Freq/distress: felt everything effort - past month	Fréq/détresse : senti tout était effort - mois passé	Same	Même			Frequency - distress: felt everything effort - past month	Fréquence - détresse : senti tout était effort - mois passé
DIS_10J	Freq/distress: felt worthless - past month	Fréq/détresse : senti bon à rien - mois passé	Same	Même			Frequency - distress: felt worthless - past month	Fréquence - détresse : senti bon à rien - mois passé
DIS_10K	Freq/distress: occurrence of feelings - past month	Fréq/détresse : survenance des sentiments - mois passé	Same	Même			Frequency - distress: occurrence of feelings - past month	Fréquence - détresse : survenance des sentiments - m. passé
DIS_10L	Degree of higher occurrence of feelings - past month	Degré de survenance élevé des sentiments - mois passé	Same	Même			Degree of higher occurrence of feelings - past month	Degré de survenance élevé des sentiments - mois passé
DIS_10M	Degree of lower occurrence of feelings - past month	Degré de faible survenance des sentiments - mois passé	Same	Même			Degree of lower occurrence of feelings - past month	Degré de faible survenance des sentiments - mois passé
DIS_10N	Interference - feelings in life / activities - past month	Interférence - sentiments dans la vie/activités - mois passé	Same	Même			Interference - feelings in life / activities - past month	Interférence - sentiments dans la vie/activités - mois passé
DISDCHR	Chronicity of distress/impairment scale - past month (D)	Echelle de chronicité de détresse/incapacité-mois passé (D)	Same	Même			Chronicity of distress/impairment scale - past month - (D)	Échelle de chronicité de détresse/incapacité-mois passé-(D)
DISDDSX	Distress scale - K10 - past month - (D)	Échelle de détresse - K10 - mois passé - (D)	Same	Même			Distress scale - K10 - past month - (D)	Echelle de détresse - K10 - mois passé - (D)

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
DISDK6	Distress scale - K6 - past month - (D)	Echelle de détresse - K6 - mois passé - (D)	Same	Même			Distress scale - K6 - past month - (D)	Echelle de détresse - K6 - mois passé - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
EDU_1	Highest grade of elementary or high school completed	Plus haut niveau d'études primaires ou secondaires achevé	Same	Même			Highest grade of elementary or high school ever completed	Plus haut niveau d'étude primaires ou secondaires achevé
EDU_2	Graduated from high school (2ndary school)	Obtenu un diplôme d'études secondaires (école secondaire)	Modified	Modifiée	Question reworded	On a changé le libellé de la question	Graduated from high school (secondary school)	Obtenu un diplôme d'études secondaires (école secondaire)
EDU_3	Received any other education	Suivi tout autre cours	Same	Même			Received any other education	Suivi tout autre cours
EDU_4	Highest degree, certificate or diploma obtained	Plus haut certificat ou diplôme obtenu	Same	Même			Highest degree, certificate or diploma obtained	Plus haut certificat ou diplôme obtenu
EDUDH04	Highest level of education - household, 4 levels - (D)	Plus haut niveau d'études - ménage, 4 niveaux - (D)	Same	Même			Highest level of education - household, 4 levels - (D)	Plus haut niveau d'études - ménage, 4 niveaux - (D)
EDUDH10	Highest level of education - household, 10 levels - (D)	Plus haut niveau d'études - ménage, 10 niveaux - (D)	Same	Même			Highest level of education – household, 10 levels - (D)	Plus haut niveau d'études - ménage, 10 niveaux - (D)
EDUDR04	Highest level of education - respondent, 4 levels - (D)	Plus haut niveau d'études - répondant, 4 niveaux - (D)	Same	Même			Highest level of education - respondent, 4 levels - (D)	Plus haut niveau d'études - répondant, 4 niveaux - (D)
EDUDR10	Highest level of education - respondent, 10 levels - (D)	Plus haut niveau d'études - répondant, 10 niveaux - (D)	Same	Même			Highest level of education - respondent, 10 levels - (D)	Plus haut niveau d'études - répondant, 10 niveaux - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
GEN_01	Self-perceived health	Évaluation personnelle de la santé	Same	Même			Self-perceived health	Évaluation personnelle de la santé
GEN_02	Self-perceived health compared to one year ago	Evaluation personnelle de la santé par comp. à l'an dernier	Same	Même			Self-perceived health compared to one year ago	Évaluation personnelle de la santé par comp. à l'an dernier
GEN_02A2	Satisfaction with life in general - 11 point scale	Satisfaction de vie en général - échelle de 11 points	Added	Ajoutée				
GEN_04	Frequency - trouble sleeping	Fréquence - problèmes à s'endormir	Same	Même			Frequency - trouble sleeping	Fréquence - problèmes à s'endormir
GEN_07	Perceived life stress	Stress ressenti dans la vie	Same	Même			Self-perceived stress	Évaluation personnelle du stress
GEN_08	Worked at job or business	A occupé un emploi ou travaillé pour une entreprise	Same	Même			Worked at job or business in the past 12-months	A travaillé à un emploi ou entreprise - 12 derniers mois
GEN_09	Self-perceived work stress	Évaluation personnelle du stress au travail	Same	Même			Self-perceived work stress	Évaluation personnelle du stress au travail
GEN_10	Sense of belonging to local community	Sentiment d'appartenance à une commun. locale	Same	Même			Sense of belonging to local community	Sentiment d'appartenance à la communauté locale
GENDHDI	Perceived health - (D)	Santé perçue - (D)	Same	Même			Health description index - (D)	Indice de la description de la santé - (D)
GENGSWL	Satisfaction with life in general - (G)	Satisfaction de vie en général - (G)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
GEODCD	2011 Census Division (CD) - (D)	Division de recensement 2011(DR) - (D)	Modified	Modifiée	Updated to account for 2011 Census geography	On a mis à jour cette variable pour représenter les éléments géographiques du Recensement de 2011.	Census Division - (D)	Division de recensement - (D)
GEODCMA1	2011 Census Metropolitan Area - (D)	Région métropolitaine du recensement de 2011 - (D)	Modified	Modifiée	Updated to account for 2011 Census geography	On a mis à jour cette variable pour représenter les éléments géographiques du Recensement de 2011.	Census Metropolitan Area - (D)	Région Métropolitaine du Recensement - (D)
GEODCSD	2011 Census Subdivision (CSD) - (D)	Subdivision de recensement 2011 (SDR) - (D)	Modified	Modifiée	Updated to account for 2011 Census geography	On a mis à jour cette variable pour représenter les éléments géographiques du Recensement de 2011.	Census Sub-Division - (D)	Subdivision de recensement - (D)
GEODDA11	2011 Census dissemination area (DA) - (D)	Aire de diffusion du recensement 2011 (AD) - (D)	Added	Ajoutée				
GEODFED	2011 Census Federal Electoral District (FED) - (D)	Circonscription électorale féd. recensement 2011 (CEF) - (D)	Modified	Modifiée	Updated to account for 2011 Census geography	On a mis à jour cette variable pour représenter les éléments géographiques du Recensement de 2011.	Federal Electoral District - (D)	Circonscription électorale fédérale - (D)
GEODPC	Postal code - (D)	Code postal - (D)	Same	Même			Postal code	Code postal
GEO_PRV	Province of residence of respondent	Province de résidence du répondant	Same	Même			Province	Province
GEODSAT	Statistical area classification type - (D)	Genre de classification des secteurs statistiques - (D)	Added	Ajoutée				
GEODUR	Urban and Rural Areas - (D)	Régions rurales et urbaines - (D)	Added	Ajoutée				
GEODUR2	Urban and Rural Areas - 2 levels - (D)	Région urbaine et rurale - 2 niveaux - (D)	Modified	Modifiée	Conditions changed in DV specifications.	On a changé les conditions dans les spécifications de variables dérivées.	Rural and Urban Area - 2 Levels - (D)	Région rurale et urbaine - 2 niveaux - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
HWT_1	Currently pregnant	Présentement enceinte	Same	Même			Currently pregnant	Enceinte actuellement
HWT_2	Height / self-reported	Taille / autodéclarée	Same	Même			Height	Taille
HWT_2A	Height - exact height from 1'0" to 1'11" / self-reported	Taille - hauteur exacte de 1'0" à 1'11" / autodéclarée	Same	Même			Height - exact height from 1'0" to 1'11"	Taille - hauteur exacte de 1'0" à 1'11"
HWT_2B	Height - exact height from 2'0" to 2'11" / self-reported	Taille - hauteur exacte de 2'0" à 2'11" / autodéclarée	Same	Même			Height - exact height from 2'0" to 2'11"	Taille - hauteur exacte de 2'0" à 2'11"
HWT_2C	Height - exact height from 3'0" to 3'11" / self-reported	Taille - hauteur exacte de 3'0" à 3'11" / autodéclarée	Same	Même			Height - exact height from 3'0" to 3'11"	Taille - hauteur exacte de 3'0" à 3'11"
HWT_2D	Height - exact height from 4'0" to 4'11" / self-reported	Taille - hauteur exacte de 4'0" à 4'11" / autodéclarée	Same	Même			Height - exact height from 4'0" to 4'11"	Taille - hauteur exacte de 4'0" à 4'11"
HWT_2E	Height - exact height from 5'0" to 5'11" / self-reported	Taille - hauteur exacte de 5'0" à 5'11" / autodéclarée	Same	Même			Height - exact height from 5'0" to 5'11"	Taille - hauteur exacte de 5'0" à 5'11"
HWT_2F	Height - exact height from 6'0" to 6'11" / self-reported	Taille - hauteur exacte de 6'0" à 6'11" / autodéclarée	Same	Même			Height - exact height from 6'0" to 6'11"	Taille - hauteur exacte de 6'0" à 6'11"
HWT_3	Weight / self-reported	Poids / autodéclaré	Same	Même			Weight	Poids
HWT_4	Respondent's opinion of own weight - self-reported	Opinion du répondant à propos de son poids - autodéclaré	Same	Même			Respondent's opinion of own weight	Opinion du répondant à propos de son poids
HWTDBMI	Body Mass Index (BMI) - self-report - (D)	Indice de la masse corporelle (IMC) - autodéclaration - (D)	Same	Même			Body Mass Index - (D)	Indice de la masse corporelle - (D)
HWTDCOL	BMI class. (12 to 17) - self-report - Cole system - (D)	Class. IMC (12 à 17) - autodéclaration - système Cole - (D)	Added	Ajoutée				
HWTDHTM	Height (metres) - self-reported - (D)	Taille (mètres) - autodéclarée - (D)	Same	Même			Height - meters - (D)	Taille - mètres - (D)
HWTDISW	BMI class. (18 +) - self-report - Int. Standard - (D)	Class. IMC (18 +) - autodéclaration - standard int. - (D)	Added	Ajoutée				
HWT_N4	Weight in pounds or kilograms	Poids en livres ou kilogrammes	Same	Même			Weight in pounds or kilograms	Poids en livres ou kilogrammes
HWTDWTK	Weight (kilograms) - self-reported - (D)	Poids (kilogrammes) - autodéclaré - (D)	Same	Même			Weight - kilograms - (D)	Poids - kilogrammes - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
INC_1A	Source of household income - wages and salaries	Source de revenu du ménage - salaires et traitements	Same	Même			Source of household income - wages and salaries	Source de revenu du ménage - salaires et traitements
INC_1B	Source of household income - self-employment	Source de revenu du ménage - travail autonome	Same	Même			Source of household income - self-employment	Source de revenu du ménage - travail autonome
INC_1C	Source of household income - dividends and interest	Source de revenu du ménage - dividendes et intérêts	Same	Même			Source of household income - dividends and interest	Source de revenu du ménage - dividendes et intérêts
INC_1D	Source of household income - employment insurance	Source de revenu du ménage - assurance-emploi	Same	Même			Source of household income - employment insurance	Source de revenu du ménage - assurance emploi
INC_1E	Source of household income - worker's compensation	Source de revenu du ménage - accident du travail	Same	Même			Source of household income - worker's compensation	Source de revenu du ménage - accident du travail
INC_1F	Source of hh income - benefits from Can. / Que. Pension Plan	Source de revenu du ménage - Régime Canada/Rentes du Québec	Same	Même			Source of hh income - benefits from Can. / Que. Pension Plan	Source de rev. du ménage - Régime du Can. / Rentes du Québec
INC_1G	Source of hh income - pensions, superan. and annuities	Source de revenu du ménage - régime de retraite, rentes	Same	Même			Source of hh income - pensions, superannuation and annuities	Source de revenu du ménage - régime de retraite, rentes
INC_1H	Source of household income - Old Age Security / G.I.S.	Source de revenu du ménage - Sécurité de la vieillesse/SRG	Same	Même			Source of household income - Old Age Security / G.I.S.	Source de rev. du mén. - Sécurité de la vieillesse / S.R.G.
INC_1I	Source of household income - child tax benefit	Source de revenu du ménage - crédit d'impôt pour enfants	Same	Même			Source of household income - child tax benefit	Source de revenu du ménage - crédit d'impôt pour enfants
INC_1J	Source of household income - social assistance / welfare	Source de revenu du ménage - aide sociale / bien-être	Same	Même			Source of household income - social assistance / welfare	Source de revenu du ménage - aide sociale / bien-être
INC_1K	Source of household income - child support	Source de revenu du ménage - pension alimentaire aux enfants	Same	Même			Source of household income - child support	Source de revenu du ménage - pension alimentaire aux enfants
INC_1L	Source of household income - alimony	Source de revenu du ménage - pension alimentaire au conjoint	Same	Même			Source of household income - alimony	Source de revenu du ménage - pension alimentaire au conjoint

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
INC_1M	Source of household income - other	Source de revenu du ménage - autre	Same	Même			Source of household income - other	Source de revenu du ménage - autre
INC_1N	Source of household income - none	Source de revenu du ménage - aucune	Same	Même			Source of household income - none	Source de revenu du ménage - aucune
INC_1O	RRSP/RRIF	REER/FERR	Added	Ajoutée				
INC_2	Total household income - main source	Revenu total du ménage - source principale	Modified	Modifiée	Expanded response categories	On a augmenté les catégories de réponse.	Total household income - main source	Revenu total du ménage - source principale
INC_3	Total household income - best estimate	Revenu total du ménage - meilleure estimation	Same	Même			Total household income - best estimate	Revenu total du ménage - meilleure estimation
INC_5A	Total household income - Ranges	Revenu total du ménage - Intervalles	Modified	Modifiée	In 2012, "Not Stated" responses in household income have been imputed.	Pour 2012, on a imputé les réponses « Non déclaré » en ce qui a trait au revenu du ménage.		
INC_5B	Household income - Range 1	Revenu ménage - Intervalles 1	Modified	Modifiée	In 2012, "Not Stated" responses in household income have been imputed.	Pour 2012, on a imputé les réponses « Non déclaré » en ce qui a trait au revenu du ménage.		
INC_5C	Household income - Range 2	Revenu ménage - Intervalles 2	Modified	Modifiée	In 2012, "Not Stated" responses in household income have been imputed.	Pour 2012, on a imputé les réponses « Non déclaré » en ce qui a trait au revenu du ménage.		
INC_6A	Sources personal income: wages and salaries	Sources revenu personnel: salaires et traitements	Added	Ajoutée				
INC_6B	Sources personal income: self-employment	Sources revenu personnel: travail autonome	Added	Ajoutée				
INC_6C	dividends and interest	dividendes et intérêts	Added	Ajoutée				
INC_6D	employment insurance	assurance-emploi	Added	Ajoutée				
INC_6E	worker's compensation	accident du travail	Added	Ajoutée				
INC_6F	Sources personal income: benefits Canada or QC Pension Plan	Sources revenu personnel: Régime Canada/Rentes du Québec	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
INC_6G	Sources personal income: pensions, superan. and annuities	Sources revenu personnel: régime de retraite, rentes	Added	Ajoutée				
INC_6H	Sources personal income: RRSP/RRIF	Sources revenu personnel: REER/FERR	Added	Ajoutée				
INC_6I	Sources personal income: Old Age Security / G.I.S.	Sources revenu personnel: Sécurité de la vieillesse/SRG	Added	Ajoutée				
INC_6J	social assistance / welfare	sociale / bien-être	Added	Ajoutée				
INC_6K	child tax benefit	crédit d'impôt pour enfants	Added	Ajoutée				
INC_6L	Sources personal income: child support	Sources revenu personnel: pension alimentaire aux enfants	Added	Ajoutée				
INC_6M	alimony	pension alimentaire au conjoint	Added	Ajoutée				
INC_6N	other	autre	Added	Ajoutée				
INC_6O	none	aucune	Added	Ajoutée				
INC_7	income	personnel	Added	Ajoutée				
INC_8A	Total personal income	Total revenu personnel	Same	Même			Total personal income - best estimate	Revenu personnel total - meilleure estimation
INC_8B	Total personal income: Ranges	Total revenu personnel: Intervalles	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Total personal income - < \$30,000 or >= \$30,000	Revenu personnel total - < 30 000 \$ ou >= 30 000 \$
INC_8C	1	Intervalles 1	Added	Ajoutée				
INC_8D	2	Intervalles 2	Added	Ajoutée				
INC_12	Current hhld income - difficulty meeting basic expenses	Revenu actuel du ménage - diff. à couvrir dépenses de base	Added	Ajoutée				
INCDADR	Adjusted household income ratio - (D)	Ratio ajusté du revenu des ménages - (D)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
INCDHH	Total household income from all sources - (D)	Revenu total du ménage de toutes sources - (D)	Modified	Modifiée	Conditions changed in DV specifications. In 2012, "Not Stated" responses in household income have been imputed.	On a changé les conditions dans les spécifications de variables dérivées. Pour 2012, on a imputé les réponses « Non déclaré » en ce qui a trait au revenu du ménage.	Total household income from all sources - (D)	Revenu total du ménage de toutes sources - (D)
INCFIMP	Income imputation	Indicateur d'imputation	Added	Ajoutée				
INCFIMP4	Household income Imputation flag - (F)	Indicateur d'imputation du revenu du ménage - (I)	Added	Ajoutée				
INCFIMP5	Personal income Imputation flag - (F)	Indicateur d'imputation du revenu personnel - (I)	Added	Ajoutée				
INCDPER	Total personal income from all sources - (D)	Revenu personnel total de toutes sources - (D)	Modified	Modifiée	Conditions changed in DV specifications.	On a changé les conditions dans les spécifications de variables dérivées.	Total personal income from all sources - (D)	Revenu personnel total de toutes sources - (D)
INCDRCA	Household income distribution - (D)	Distribution du revenu des ménages - (D)	Added	Ajoutée				
INCDRPR	Household income distribution - provincial level - (D)	Distribution du revenu des ménages - échelle prov. - (D)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
LBS_01	Worked at job or business last week	A occupé un emploi la semaine dernière	Same	Même			Worked at job or business last week	A travaillé à un emploi ou entreprise semaine dernière
LBS_02	Absent from job or business last week	A été absent de son emploi la semaine dernière	Same	Même			Absent from job or business last week	Absent de l'emploi ou de l'entreprise semaine dernière
LBS_03	Had more than one job or business last week	A eu plus d'un emploi la semaine dernière	Same	Même			Had more than one job or business - last week	Avait plus d'un emploi ou entreprise la semaine dernière
LBS_11	Looked for work in past 4 weeks	A cherché du travail au cours des quatre dernières semaines	Same	Même			Looked for work in past 4 weeks	A cherché du travail au cours des 4 dernières semaines
LBS_31	Employee or self-employed	Employé ou travailleur autonome	Same	Même			Self-employment status - main job or business	État du travail à son compte - emploi / entreprise princ.
LBS_42	Usual number of hours worked - current main job	Nombre d'heures travaillées hab. - emploi princ. Actuel	Same	Même			Usual number of hours worked - main job or	Nombre d'heures au travail hab. - emploi / entreprise princ.
LBS_53	Usual number of hours worked - current other job	Nombre d'heures travaillées habit. - autre emploi actuel	Same	Même			Usual number of hours worked - other job or	Nombre d'heures habituel trav. - autre emploi / entreprise
LBSDHPW	Total usual hours worked per week (D)	Nombre total d'heures travaillées habituel. par semaine (D)	Same	Même			Total usual hours worked per week - (D)	Total d'heures régulières travaillées par semaine - (D)
LBSDING	Industry group - (D)	Groupe d'industrie - (D)	Added	Ajoutée				
LBSDOCG	Occupation group - (D)	Groupe professionnel - (D)	Added	Ajoutée				
LBSDPFT	Full-time/part-time working status (D)	Emploi à temps plein ou à temps partiel - (D)	Same	Même			Usual hours worked - full-time / part-time flag - (D)	Heures régulières travaillées - temps plein/partiel - (D)
LBSCSIC	North Amer. Industry Class. System (NAICS) Canada 2012	Sys. - class. - industries - l'Am. Nord (SCIAN) Can 2012	Added	Ajoutée				
LBSCSOC	National Occupational Classification (NOC) 2011	Classification nationale des professions (CNP) 2011	Added	Ajoutée				
LBSDWSS	Working status last week - (D)	Situation en regard de l'activité la semaine dernière - (D)	Modified	Modifiée	Conditions changed in DV specifications.	On a changé les conditions dans les spécifications de variables dérivées.	Working status last week - 4 groups - (D)	L'état de l'emploi la semaine dernière - 4 groupes - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MED_01	Medication for emotions/mental health/alcohol/drug - 12 m	Médicaments pour émotions/santé mentale/alcool/drogues - 12m	Added	Ajoutée				
MED_02	Num med taken for emot/mental health/alcohol/drug - 2 days	Nbre méd pris pour émot/santé mentale/alcool/drogue -2 jours	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Last 2 days - number of medications taken	2 derniers jours - nombre de médicaments pris
MED_05	Insurance that covers all/part of cost of prescription	Assurance couvre entièrement/en partie coût médicaments	Same	Même			Insurance that covers all/part of cost of prescription	Assurance couvre entièrement/en partie coût médicaments
MED_06	Used other health products for mental health - 12 m	Utilisé autres produits de santé pour santé mentale - 12 m	Same	Même			Used other health products for mental health - 12 mo	Utilisé autres produits de santé pour santé mentale - 12 m.
MEDDADD	Num drugs to treat addictive disorders - 2 D - (D)	Nbre drogues pour traiter troubles addictifs - 2 J - (D)	Added	Ajoutée				
MEDFADD	Used - drug to treat addictive disorders - 2 D (F)	Consommé - drogue pour traiter troubles addictifs - 2 J (I)	Added	Ajoutée				
MEDFADEP	Used - antidepressant - 2 D - (F)	Consommé - antidépresseur - 2 J - (I)	Added	Ajoutée				
MEDGADEP	Num antidepressants - 2 D - (D)	Nbre antidépresseurs - 2 J - (D)	Added	Ajoutée				
MEDDANEP	Num antiepileptics as mood stabilizer - 2 D (D)	Nbre antiepileptiques comme régulateurs de l'humeur -2 J (D)	Added	Ajoutée				
MEDFANEP	Used - antiepileptic as mood stabilizer - 2 D (F)	Consommé - antiépileptique comme régulateurs/humeur -2 J (I)	Added	Ajoutée				
MEDFAPSY	Used - antipsychotic - 2 D - (F)	Consommé - antipsychotique - 2 J - (I)	Added	Ajoutée				
MEDGAPSY	Num antipsychotics - 2 D - (D)	Nbre antipsychotiques - 2 J - (D)	Added	Ajoutée				
MEDDATYP	Num atypical antipsychotics - 2 D - (D)	Nbre antipsychotiques atypiques - 2 J - (D)	Added	Ajoutée				
MEDFATYP	Used - atypical antipsychotic - 2 D - (F)	Consommé - antipsychotique atypique - 2 J - (I)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MEDDBENZ	Num benzodiazepine drugs - 2 D - (D)	Nbre drogues de benzodiazépine - 2 J - (D)	Added	Ajoutée				
MEDFBENZ	Used - benzodiazepine - 2 D - (F)	Consommé - benzodiazépine - 2 J - (I)	Added	Ajoutée				
MEDDBUP	Num bupropion/antidepressants - 2 D - (D)	Nbre antidépresseurs/bupropion - 2 J - (D)	Added	Ajoutée				
MEDFBUP	Used - bupropion as antidepressant - 2 D - (F)	Consommé - bupropion comme antidépresseur - 2 J - (I)	Added	Ajoutée				
MEDFDRUG	Used - med for mental health/alcohol/drugs - 2 D (F)	Consommé - med pour santé mentale/alcool/drogues - 2 J (I)	Added	Ajoutée				
MEDDLITH	Num lithium drugs - 2 D - (D)	Nbre drogues de lithium - 2 J - (D)	Added	Ajoutée				
MEDFLITH	Used - lithium - 2 D - (F)	Consommé - lithium - 2 J - (I)	Added	Ajoutée				
MEDDNTYP	Num types of med taken-mental health/alc/drugs - 2 D (D)	Nbre types med consommé-santé mentale/alc/drogues - 2 J (D)	Added	Ajoutée				
MEDDODEP	Num other antidepressants - 2 D - (D)	Nbre autre antidépresseurs - 2 J - (D)	Added	Ajoutée				
MEDFODEP	Used - other antidepressant - 2 D - (F)	Consommé - autre antidépresseur - 2 J - (I)	Added	Ajoutée				
MEDDPSTM	Num psychostimulants - 2 D - (D)	Nbre psychostimulants - 2 J - (D)	Added	Ajoutée				
MEDFPSTM	Used - psychostimulant - 2 D - (F)	Consommé - psychostimulant - 2 J - (I)	Added	Ajoutée				
MEDDSNRI	Num SNRI antidepressants - 2 D - (D)	Nbre antidépresseurs SNRI - 2 J - (D)	Added	Ajoutée				
MEDFSNRI	Used - SNRI antidepressant - 2 D - (F)	Consommé - antidépresseur SNRI - 2 J - (I)	Added	Ajoutée				
MEDDSSRI	Num SSRI antidepressants - 2 D - (D)	Nbre antidépresseurs SSRI - 2 J - (D)	Added	Ajoutée				
MEDFSSRI	Used - SSRI antidepressant - 2 D - (F)	Consommé - antidépresseur SSRI - 2 J - (I)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MEDDTCA	Num tricyclic antidepressants - 2 D - (D)	Nbre antidépresseurs tricycliques - 2 J - (D)	Added	Ajoutée				
MEDFTCA	Used - tricyclic antidepressant - 2 D - (F)	Consommé - antidépresseur tricyclique - 2 J - (I)	Added	Ajoutée				
MEDDTNUM	Total number of medications - 2 D - (D)	Nombre total de médicaments - 2 J - (D)	Added	Ajoutée				
MEDDTYP	Num typical antipsychotics - 2 D - (D)	Nbre antipsychotiques typiques - 2 J - (D)	Added	Ajoutée				
MEDFTYP	Used - typical antipsychotic - 2 D - (F)	Consommé - antipsychotique typique - 2 J - (I)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MHPFINT	Any selected disorder (mental/subst) - Interfere -12 m (F)	Tout trouble sélectionné (mentale/subst)-Interfère -12 m (I)	Modified	Modifiée	Selected disorders are different between cycles	Les troubles sélectionnés sont différents entre les cycles.	Reported interference - (F)	Trouble déclaré - (F)
MHPFL	Any selected disorder (mental or substance) - life (D)	Tout trouble sélectionné (mental ou avec substances)-vie (D)	Modified	Modifiée	Selected disorders are different between cycles	Les troubles sélectionnés sont différents entre les cycles.	Selected disorders dependence - life - (F)	Troubles dépendance sélectionnés - vie - (F)
MHPFLM	Any mood disorder - life - (D)	Tout trouble de l'humeur - vie - (D)	Modified	Modifiée	Selected disorders are different between cycles	Les troubles sélectionnés sont différents entre les cycles.	Selected mood disorders - life - (F)	Troubles sélectionnés de l'humeur - vie - (F)
MHPFLSA	Any substance disorder (alcohol/drug) - life (D)	Tout trouble avec des substances (alcool/drogues) - vie (D)	Added	Ajoutée				
MHPFY	Any selected disorder (mental/substance) - 12 m - (D)	Tout trouble sélectioné (mental/substances) - 12 m - (D)	Modified	Modifiée	Selected disorders are different between cycles	Les troubles sélectionnés sont différents entre les cycles.	Selected disorders/substance dependence - 12 mo - (F)	Troubles/toxico-dépendance sélectionnés - 12 m. - (F)
MHPFYM	Any mood disorder - 12 m - (D)	Tout trouble de l'humeur - 12 m - (D)	Modified	Modifiée	Selected disorders are different between cycles	Les troubles sélectionnés sont différents entre les cycles.	Selected mood disorders - 12 mo - (F)	Troubles sélectionnés de l'humeur - 12 m. - (F)
MHPFYSA	Any substance disorder (alcohol/drug) - 12 m (D)	Tout trouble avec des substances (alcool/drogues) - 12 m (D)	Modified	Modifiée	Selected disorders are different between cycles	Les troubles sélectionnés sont différents entre les cycles.	Selected substance dependence - 12 mo - (F)	Toxico-dépendences sélectionnées - 12 m. - (F)

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MIA_01	Excited/energetic - changes in thinking/behaviour	Excité/énergique - changements dans pensée/comportement	Same	Même			Cognitive/behavior changes during excited periods	Changements cognitifs/comportements périodes excitées
MIA_03	Excited/energetic - worst episode	Excité/énergique - pire épisode	Same	Même			Excited episode with largest number of changes	Épisode excité avec plus grand nombre de changements
MIA_03A	Excited/energetic - worst episode - age	Excité/énergique - pire épisode - âge	Same	Même			Age when excited episode with largest number of changes	Âge lors épisode excité avec + de changements
MIA_03B1	Excited/energetic - worst episode - duration	Excité/énergique - pire épisode - durée	Same	Même			Excited episode with largest changes - number of hours	Épisode excité avec + de changements - nombre d'heures
MIA_03B2	Excited/energetic - worst episode - unit: D/W/M/Y	Excité/énergique - pire épisode - unité: J/S/M/A	Modified	Modifiée	Follow-up questions consolidated for ease of programming	On a consolidé les questions de suivi pour faciliter la programmation.	Excited episode with largest changes - number of days / number of weeks / number of months / number of years	Épisode excité avec + de changements - nombre de jours / nombre de semaines / nombre de mois / nombre d'années
MIA_03C	Excited/energetic - most recent episode - age	Excité/énergique - plus récent épisode - âge	Same	Même			Age - when most recent excited episode occurred	Age - quand plus récent épisode excité est survenu
MIA_03D1	Excited/energetic - most recent episode - duration	Excité/énergique - plus récent épisode - durée	Same	Même			Length of most recent excited episode	Durée du plus récent épisode où excité
MIA_03D2	Excited/energetic - most recent episode - unit: D/W/M/Y	Excité/énergique - plus récent épisode - unité: J/S/M/A	Modified	Modifiée	Follow-up questions consolidated for ease of programming	On a consolidé les questions de suivi pour faciliter la programmation.	Most recent excited episode - number of hours / number of days / number of weeks / number of months / number of years	Plus récent épisode où excité - nombre d'heures / nombre de jours / nombre de semaines / nombre de mois / nombre d'années
MIA_04	Symptom - excited/energetic - irritable/grouchy	Symptôme - excité/énergique - irritable/grincheux	Same	Même			Symptom - irritable/grouchy during excited episode	Symptôme - irritable/grincheux durant épisode où excité
MIA_05	Irritable/grouchy - changes in thinking/behaviour	Irritable/grincheux - changements dans pensée/comportement	Same	Même			Cognitive/behavioural changes during irritable period	Changements cognitifs/comportements durant période irritable
MIA_06	Irritable/grouchy - worst episode - life	Irritable/grincheux - pire épisode - vie	Same	Même			Irritable episode with largest number of changes	Épisode irritable avec plus grand nombre de changements

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MIA_06A	Irritable/grouchy - worst episode - age	Irritable/grincheux - pire épisode - âge	Same	Même			Age when irritable episode with largest number of changes	Age - lors épisode irritable/grincheux avec + de changements
MIA_06B1	Irritable/grouchy - worst episode - duration	Irritable/grincheux - pire épisode - durée	Same	Même			Length of irritable episode with largest number of changes	Durée épisode irritable avec + de changements
MIA_06B2	Irritable/grouchy - worst episode - unit: D/W/M/Y	Irritable/grincheux - pire épisode - unité: J/S/M/A	Modified	Modifiée	Follow-up questions consolidated for ease of programming	On a consolidé les questions de suivi pour faciliter la programmation.	Irritable episode with largest changes - number of hours / number of days / number of weeks / number of months / number of years	Épisode irritable avec + de changements - nombre d'heures / nombre de jours / nombre de semaines / nombre de mois / nombre d'années
MIA_06C	Irritable/grouchy - most recent episode - age	Irritable/grincheux - plus récent épisode - âge	Same	Même			Age - when most recent irritable episode occurred	Age - quand plus récent épisode irritable est survenu
MIA_06D1	Irritable/grouchy - most recent episode - duration	Irritable/grincheux - plus récent épisode - durée	Same	Même			Length of most recent irritable episode	Durée du plus récent épisode où irritable
MIA_06D2	Irritable/grouchy - most recent episode - unit: D/W/M/Y	Irritable/grincheux - plus récent épisode - unité: J/S/M/A	Modified	Modifiée	Follow-up questions consolidated for ease of programming	On a consolidé les questions de suivi pour faciliter la programmation.	Most recent irritable episode - number of hours / number of days / number of weeks / number of months / number of years	Plus récent épisode où irritable - nombre d'heures / nombre de jours / nombre de semaines / nombre de mois / nombre d'années
MIA_07A	Symptom - became restless or fidgety	Symptôme - devenu nerveux ou agité	Same	Même			Symptom - became restless or fidgety	Symptôme - devenu nerveux ou agité
MIA_07B	Symptom - became overly friendly / outgoing with people	Symptôme - devenu trop amical / trop familier avec les gens	Same	Même			Symptom - became overly friendly / outgoing with people	Symptôme - devenu trop amical / trop familier avec les gens
MIA_07C	Symptom - behaved inappropriately	Symptôme - agissait de manière inappropriée	Same	Même			Symptom - behaved in a way that is inappropriate	Symptôme - agissait de manière inappropriée
MIA_07D	Symptom - was more interested in sex than usual	Symptôme - avait plus d'intérêt pour le sexe que d'habitude	Same	Même			Symptom - was more interested in sex than usual	Symptôme - avait plus d'intérêt pour le sexe que d'habitude
MIA_07E	Symptom - tried to do things that were impossible to do	Symptôme - essayait des choses impossibles à réaliser	Same	Même			Symptom - tried to do things that were impossible to do	Symptôme - essayait des choses impossibles à réaliser

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MIA_07F	Symptom - talked a lot more than usual	Symptôme - parlait beaucoup plus que d'habitude	Same	Même			Symptom - talked a lot more than usual	Symptôme - parlait beaucoup plus que d'habitude
MIA_07G	Symptom - constantly kept changing plans / activities	Symptôme - changeait constamment de projets / activités	Same	Même			Symptom - constantly kept changing plans / activities	Symptôme - changeait constamment projets / activités
MIA_07H	Symptom - was easily distracted	Symptôme - était facilement distrait	Same	Même			Symptom - was easily distracted	Symptôme - était facilement distrait
MIA_07I	Symptom - had thoughts jumping from one thing to another	Symptôme - pensées passaient d'une chose à l'autre	Same	Même			Symptom - had thoughts jumping from one thing to another	Symptôme - pensées passaient d'une chose à l'autre
MIA_07J	Symptom - slept far less than usual and was not tired	Symptôme - dormait beaucoup moins que d'hab sans fatigue	Same	Même			Symptom - slept far less than usual and was not tired	Symptôme - dormait beaucoup moins qu'à l'hab. sans fatigue
MIA_07K	Symptom - was involved in foolish investments for making \$	Symptôme - impliqué dans projets insensés pour gagner \$	Same	Même			Symptom - was involved in foolish investments for making \$	Symptôme - impliqué dans projets insensés pour gagner \$
MIA_07L	Symptom - spent much more money than usual	Symptôme - dépensait plus d'argent que d'habitude	Same	Même			Symptom - spent much more money than usual	Symptôme - dépensait plus d'argent que d'habitude
MIA_07M	Symptom - did risky things for pleasure	Symptôme - faisait des choses risquées pour le plaisir	Same	Même			Symptom - did risky things for pleasure	Symptôme - faisait des choses risquées pour le plaisir
MIA_07N	Symptom - had a greatly exaggerated self-confidence	Symptôme - avait une confiance en soi grandement exagérée	Same	Même			Symptom - had a greatly exaggerated self-confidence	Symptôme - avait une confiance en soi grandement exagérée
MIA_07O	Symptom - believed was someone else	Symptôme - pensait être quelqu'un d'autre	Same	Même			Symptom - believed was someone else	Symptôme - pensait être quelqu'un d'autre
MIA_08	Number of episodes felt excited/irritable - life	Nombre d'épisodes où il était excité/irritable - vie	Same	Même			Number of episodes felt excited / irritable - life	Nombre d'épisodes où était excité / irritable - vie
MIA_09	Interference - work/social life/pers relations - life	Interférence - travail/vie sociale/relation pers - vie	Same	Même			Manic episode interfered with work/social life/relationships	Épisode de manie troublé travail/social/reasons
MIA_09A	Unable carry out daily activities - frequency - life	Incapable accomplir activités normales - fréquence - vie	Same	Même			Frequency - feelings = unable carry out daily activities	Fréquence - sentiments = incapable accomplir activités quot.

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MIA_10A	Mania - any episode - physical/med/drug/alc causes	Manie - tout épisode - causes physiques/méd/drogue/alc	Same	Même			Manic episode due to physical causes	Épisode de manie dû à des causes physiques
MIA_10B	Mania - all episodes - physical/med/drug/alc causes	Manie - tous épisodes - causes physiques/méd/drogue/alc	Same	Même			Physical causes always cause manic episodes	Causes physiques ont toujours induit épisodes de manie
MIA_19	Mania - episode - 12 m	Manie - épisode - 12 m	Same	Même			Had manic episode - 12 mo	A eu un épisode de manie - 12 m.
MIA_191	Mania - episode - 12 m	Manie - épisode - 12 m	Same	Même			Had a single manic episode - 12 mo	A eu un seul épisode de manie - 12 m.
MIA_19A	Mania - most recent episode during past 12 months	Manie - plus récent épisode pendant 12 derniers mois	Same	Même			Reference period of manic episode - 12 mo	Période de référence de l'épisode de manie - 12 m.
MIA_19B	Mania - number of episodes - 12 m	Manie - nombre d'épisodes - 12 m	Same	Même			Number of manic episodes - 12 mo	Nombre d'épisodes de manie - 12 m.
MIA_19C	Mania - episode - duration - 12 m	Manie - épisode - durée - 12 m	Same	Même			Number of weeks had manic episode - 12 mo	Nombre de semaines eu épisode de manie - 12 m.
MIA_19D	Mania - most recent episode - age	Manie - plus récent épisode - âge	Same	Même			Age - last time had manic episode	Age - dernière fois eu épisode de manie
MIA_1CA	Physical exclusion - exhaustion	Exclusion physique - épuisement	Same	Même			Physical exclusion - exhaustion	Exclusion physique - épuisement
MIA_1CB	Physical exclusion - hyperventilation	Exclusion physique - hyperventilation	Same	Même			Physical exclusion - hyperventilation	Exclusion physique - hyperventilation
MIA_1CC	Physical exclusion - hypochondria	Exclusion physique - hypocondrie	Same	Même			Physical exclusion - hypochondria	Exclusion physique - hypocondrie
MIA_1CD	Physical exclusion - menstrual cycle	Exclusion physique - cycle menstruel	Same	Même			Physical exclusion - menstrual cycle	Exclusion physique - cycle menstruel
MIA_1CE	Physical exclusion - pregnancy/postpartum	Exclusion physique - grossesse/post-partum	Same	Même			Physical exclusion - pregnancy / postpartum	Exclusion physique - grossesse/ post-partum
MIA_1CF	Physical exclusion - thyroid disease	Exclusion physique - maladie de la glande thyroïde	Same	Même			Physical exclusion - thyroid disease	Exclusion physique - maladie de la glande thyroïde
MIA_1CG	Physical exclusion - cancer	Exclusion physique - cancer	Same	Même			Physical exclusion - cancer	Exclusion physique - cancer
MIA_1CH	Physical exclusion - overweight	Exclusion physique - obésité	Same	Même			Physical exclusion - overweight	Exclusion physique - obésité

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MIA_1CI	Physical exclusion - medication (excl illicit drugs)	Exclusion physique - médicaments (excl drogues illicites)	Same	Même			Physical exclusion - medication (excluding illicit drugs)	Exclusion physique - médicaments (excl. drogues illicites)
MIA_1CJ	Physical exclusion - illicit drugs	Exclusion physique - drogues illicites	Same	Même			Physical exclusion - illicit drugs	Exclusion physique - drogues illicites
MIA_1CK	Physical exclusion - alcohol	Exclusion physique - alcool	Same	Même			Physical exclusion - alcohol	Exclusion physique - alcool
MIA_1CL	Physical exclusion - chemical / serotonin imbalance	Exclusion physique - déséquilibre chimique / sérotonine	Same	Même			Physical exclusion - chemical / serotonin imbalance	Exclusion physique - déséquilibre chimique / sérotonine
MIA_1CM	Physical exclusion - chronic pain	Exclusion physique - douleur chronique	Same	Même			Physical exclusion - chronic pain	Exclusion physique - douleur chronique
MIA_1CN	Physical exclusion - caffeine	Exclusion physique - caféine	Same	Même			Physical exclusion - caffeine	Exclusion physique - caféine
MIA_1CO	Physical exclusion - no specific diagnosis	Exclusion physique - aucun diagnostic spécifique	Same	Même			Physical exclusion - no specific diagnosis	Exclusion physique - aucun diagnostique spécifique
MIA_1CP	Physical exclusion - other	Exclusion physique - autre	Same	Même			Physical exclusion - other	Exclusion physique - autre
MIA_1CQ	Physical exclusion - other - physical cause	Exclusion physique - autre - blessure physique	Same	Même			Physical exclusion - Other - Physical causes, etc.	Exclusion physique - Autre - Causes physiques, etc.
MIA_20	Mania - num of episodes 1 week or longer - life	Manie - nbre d'épisodes 1 semaine ou plus - vie	Same	Même			Number of episodes lasting full week or longer - life	Nombre d'épisodes de manie d'une semaine ou plus - vie
MIA_201	Mania - num episodes >= 1 week brought on: stress	Manie - nbre épisodes >= 1 semaine survenu: stress	Same	Même			Nbr of episodes lasting week + brought by stressful exp.	Nbre d'épisodes d'une semaine + dûs à expérience stressante
MIA_202	Mania - 1 episode >= 1 wk/brought on: stress/out of blue	Manie - 1 épisode >= 1sem/survenu: stress/à l'improviste	Same	Même			One week or > episode due to stressful/unexpected experience	Épisode d'une semaine + dû à expérience stress./improviste
MIA_22A	Mania - longest episode - duration	Manie - plus long épisode - durée	Same	Même			Length of the longest manic episode - life	Durée du plus long épisode de manie - vie
MIA_22B	Mania - longest episode - unit:days/weeks/months/years	Manie -plus long épisode - unité: jours/semaines/mois/années	Modified	Modifiée	Follow-up questions consolidated for ease of programming	On a consolidé les questions de suivi pour faciliter la programmation.	Longest manic episode - number of hours / number of days / number of weeks / number of months / number of years	Plus long épisode de manie - nombre d'heures / nombre de jours / nombre de semaines / nombre de mois / nombre d'années

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MIAD22Y	Mania - Longest episode - duration - years - (D)	Manie - Plus long épisode - durée - années - (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications.	Petit changement technique, mais on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Duration in years - longest episode - (D)	Durée en année - épisode le plus long - (D)
MIA_24	Mania -1 episode life <1 wk - brought on: stress/out of blue	Manie -1 épisode vie <1 sem - survenu: stressé/à l'improviste	Same	Même			Single life episode brought by stress./unexpected experience	Épisode unique de vie suite à expérience stress./improviste
MIA_271	Mania -level of interference - ability to attend school -12 m	Manie -niveau de trouble - capacité d'aller à l'école -12 m	Same	Même			Level of interference - ability to attend school - 12 mo	Niveau de trouble - capacité d'aller à l'école - 12 m.
MIA_272	Mania -level of interference - ability to work at a job -12 m	Manie - niveau de trouble - capacité occuper un emploi -12 m	Same	Même			Level of interference - ability to work at a job - 12 mo	Niveau de trouble - capacité travailler à emploi - 12 m.
MIAD277	Mania - Criterion D, Part 1A - Interference - 12 m - (D)	Manie - Critère D, partie 1A - Interférence - 12 m - (D)	Same	Même			Criterion D, Part 1A - Interference - (D)	Critère D, partie 1A - Trouble occasionné - (D)
MIA_27A	Mania - level of interference - home responsibilities - 12 m	Manie - niveau de trouble - tâches ménagères - 12 m	Same	Même			Level of interference - home responsibilities - 12 mo	Niveau de trouble - tâches ménagères - 12 m.
MIA_27C	Mania - level of interference - close relationships -12 m	Manie - niveau de trouble - capacité relations proches -12 m	Same	Même			Level of interference - close relationships - 12 mo	Niveau de trouble - capacité relations proches - 12 m.
MIA_27D	Mania - level of interference - social life - 12 m	Manie - niveau de trouble - vie sociale - 12 m	Same	Même			Level of interference - social life - 12 mo	Niveau de trouble - vie sociale - 12 m.
MIA_29	Mania - num of days/365 totally unable - 12 m	Manie - nbre de jours/365 totalement incapable - 12 m	Same	Même			Nbr of days/365 totally unable because of mania - 12 mo	Nbre de jrs/365 incapable totalement dû à manie - 12 m.
MIA_33	Mania - consulted MD/other professional - life	Manie - a consulté médecin/autre professionnel - vie	Same	Même			Consulted MD/other prof. about manic episode	A consulté médecin/autre prof. pour épisode manie
MIAD3BY	Mania -Worst episode (excited/energetic) - duration - Y -(D)	Manie - Pire épisode (excité/énergique) - durée - A - (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications.	Petit changement technique, mais on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Duration in years - excited - (D)	Durée en année - excité - (D)

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MIAD3DY	Mania -Most recent episode (excite/energ) -duration - Y - (D)	Manie - Plus récent épisode (excit/énerg) - durée - A - (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications.	Petit changement technique, mais on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Duration in years - excited - (D)	Durée en année - excité - (D)
MIA_47	Mania - professional treatment 12 m	Manie - traitement professionnel - 12 m	Same	Même			Received professional treatment for manic episode - 12 mo	Reçu traitement professionnel pour épisode de manie - 12 m.
MIA_48	Mania - hospitalized overnight life	Manie - hospitalisé pour une nuit ou plus - vie	Same	Même			Hospitalized overnight for manic episode - life	Hospitalisé pour une nuit ou plus épisode de manie - vie
MIAD6BY	Mania - Worst episode (irritable/grouchy) - duration - Y (D)	Manie - Pire épisode (irritable/grincheux) - durée - A (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications.	Petit changement technique, mais on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Duration in years - irritable - (D)	Durée en année - irritable - (D)
MIAD6DY	Mania - Most recent episode (irrit/grchy) - duration - Y (D)	Manie - Plus récent épisode (irrit/grnch) - durée - A (D)	Modified	Modifiée	Small technical change, concept unchanged. See DV Specifications.	Petit changement technique, mais on n'a pas changé le concept. Voir les spécifications de variables dérivées.	Duration in years - irritable - (D)	Durée en année - irritable - (D)
MIADA	Mania - 2002 Criterion A, Part 1 and 2 - life - (D)	Manie - Critère A, partie 1 et 2 2002 - vie - (D)	Same	Même			Criterion A, Part 1 and 2 - (D)	Critère A, partie 1 et 2 - (D)
MIADA1	Mania - 2002 Criterion A, Part 1 - life - (D)	Manie - Critère A, partie 1 2002 - vie - (D)	Same	Même			Criterion A, Part 1 - (D)	Critère A, partie 1 - (D)
MIADA2	Mania - 2002 Criterion A, Part 2 - life - (D)	Manie - Critère A, partie 2 2002 - life - (D)	Same	Même			Criterion A, Part 2 - (D)	Critère A, partie 2 - (D)
MIADB	Mania - 2002 Criterion B (Combined sympt 1 - 7) - life - (D)	Manie - Critère B (Symptômes 1 à 7) 2002 - vie - (D)	Same	Même			Criterion B (Combined symptoms 1 to 7) - (D)	Critère B - (Symptômes combinés1 à 7) - (D)
MIADB1	Mania - 2002 Criterion B - Symptom 1 - life - (D)	Manie - Critère B - Symptôme 1 2002 - vie - (D)	Same	Même			Criterion B - Symptom 1 - (D)	Critère B - symptôme 1 - (D)
MIADB2	Mania - 2002 Criterion B - Symptom 2 - life - (D)	Manie - Critère B - Symptôme 2 2002 - vie - (D)	Same	Même			Criterion B - Symptom 2 - (D)	Critère B - symptôme 2 - (D)
MIADB3	Mania - 2002 Criterion B - Symptom 3 - life - (D)	Manie - Critère B - Symptôme 3 2002 - vie - (D)	Same	Même			Criterion B - Symptom 3 - (D)	Critère B - symptôme 3 - (D)

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MIADB4	Mania - 2002 Criterion B - Symptom 4 - life - (D)	Manie - Critère B - Symptôme 4 2002 - vie - (D)	Same	Même			Criterion B - Symptom 4 - (D)	Critère B - symptôme 4 - (D)
MIADB5	Mania - 2002 Criterion B - Symptom 5 - life - (D)	Manie - Critère B - Symptôme 5 2002 - vie - (D)	Same	Même			Criterion B - Symptom 5 - (D)	Critère B - symptôme 5 - (D)
MIADB6	Mania - 2002 Criterion B - Symptom 6 - life - (D)	Manie - Critère B - Symptôme 6 2002 - vie - (D)	Same	Même			Criterion B - Symptom 6 - (D)	Critère B - symptôme 6 - (D)
MIADB7	Mania - 2002 Criterion B - Symptom 7 - life - (D)	Manie - Critère B - Symptôme 7 2002 - vie - (D)	Same	Même			Criterion B - Symptom 7 - (D)	Critère B - symptôme 7 - (D)
MIADBI	Mania - Mood irritable but not excited - life - (D)	Manie - Humeur irritable mais pas excité - vie - (D)	Modified	Modifiée	Derived Variable conditions changed to account for error in 2002.	On a changé les conditions de variables dérivées afin de corriger une erreur en 2002.	Criterion B - irritable focus (D)	Critère B - irritable - (D)
MIADD	Mania - 2002 Criterion D, Part 1, 2 and 3 - life - (D)	Manie - Critère D, partie 1, 2 et 3 2002 - vie - (D)	Same	Même			Criterion D - (D)	Critère D - (D)
MIADD1	Mania - 2002 Criterion D, Part 1 - life - (D)	Manie - Critère D, partie 1 2002 - vie - (D)	Same	Même			Criterion D, Part 1 - (D)	Critère D, partie 1 - (D)
MIADD2	Mania - 2002 Criterion D, Part 2 - life - (D)	Manie - Critère D, partie 2 2002 - vie - (D)	Same	Même			Criterion D, Part 2 - (D)	Critère D, partie 2 - (D)
MIADD3	Mania - 2002 Criterion D, Part 3 - life - (D)	Manie - Critère D, partie 3 2002 - vie - (D)	Same	Même			Criterion D, Part 3 - (D)	Critère D, partie 3 - (D)
MIADEPS	Mania - 2002 Algorithm - life - (D)	Manie - Algorithme 2002 - vie - (D)	Same	Même			Manic Episode Algorithm - Life - (D)	Algorithme de manie - vie - (D)
MIADEY	Mania - 2002 Algorithm - 12 m - (D)	Manie - Algorithme 2002 - 12 m - (D)	Same	Même			Manic Episode Algorithm - 12 Month - (D)	Algorithme de manie - 12 mois - (D)
MIADINT	Mania - Interference - Mean - 12 m - (D)	Manie - Interférence - Moyenne - 12 m - (D)	Same	Même			Mania Interference - Mean - (D)	Trouble occasionné par manie - moyenne - (D)
MIAFINT	Flag: Mania - Interference - 12 m - (F)	Indicateur : Manie - Interférence - 12 m - (I)	Same	Même			Mania Interference - (F)	Trouble occasionné par manie - (F)
MIADPER	Mania - Persistence - years - (D)	Manie - Persistance - années - (D)	Modified	Modifiée	Removed first and 12-month episode duration as input variables.	On a enlevé la durée du premier épisode et de l'épisode au cours des 12 derniers mois comme des variables d'entrée.	Nbr of yrs of persistence of manic disorder - (D)	Nbre d'années de persistance du trouble de la manie - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
MIADREC	Mania - Most recent episode - age (D)	Manie - Plus récent épisode - âge (D)	Modified	Modifiée	Removed age of onset as input variable.	On a enlevé l'âge à l'apparation comme une variable d'entrée.	Age at most recent manic episode - (D)	Âge au plus récent épisode de manie - (D)
MIADYA	Mania - 2002 Criterion A - 12 m - (D)	Manie - Critère A 2002 - 12 m - (D)	Same	Même			Criterion A - 12 month - (D)	Critère A - 12 mois - (D)
MIADYB	Mania - 2002 Criterion B - 12 m - (D)	Manie - Critère B 2002 - 12 m - (D)	Modified	Modifiée	Removed age of onset as input variable.	On a enlevé l'âge à l'apparation comme une variable d'entrée.	Criterion B - 12 month - (D)	Critère B - 12 mois - (D)
MIADYC	Mania - 2002 Criterion C - 12 m - (D)	Manie - Critère C 2002 - 12 m - (D)	Same	Même			Criterion C - Interference - (D)	Critère C - Trouble occasionné - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SAM_CP	Actual Collection Period	Période de collecte actuelle	Same	Même			Actual collection period	Période de collecte actuelle
SAMPLEID	Household identifier	Identificateur du ménage	Same	Même			Household identifier	Identificateur du ménage
SAMDLNK	Permission to link data - (D)	Permission de jumeler les données - (D)	Modified	Modifiée	Conditions changed in DV specifications.	On a changé les conditions dans les spécifications de variables dérivées.	Permission to link data - (D)	Permission de jumeler les données - (D)
SAMDSHR	Permission to share data - (D)	Permission de partager les données - (D)	Modified	Modifiée	Conditions changed in DV specifications.	On a changé les conditions dans les spécifications de variables dérivées.	Permission to share data - (D)	Permission de partager les données - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SCR_081	Self-perceived physical health	Évaluation personnelle de la santé physique	Same	Même			Self-perceived physical health	Évaluation personnelle de la santé physique
SCR_082	Self-perceived mental health	Évaluation personnelle de la santé mentale	Same	Même			Self-perceived mental health	Évaluation personnelle de la santé mentale
SCR_21	Screeners: felt sad/empty/depressed for several days - life	Filtre : senti triste/vide/déprimé plusieurs jours - vie	Same	Même			Screeners: felt sad/empty/depressed for several days - life	Filtre : senti triste/vide/déprimé plusieurs jours - vie
SCR_22	Screeners: was very discouraged several days or longer - life	Filtre : a été très découragé plusieurs jours ou plus - vie	Same	Même			Screeners: was very discouraged several days or longer - life	Filtre : a été très découragé plusieurs jours ou plus - vie
SCR_23	Screeners: lost interest in things for several days - life	Filtre: perdu intérêt envers les choses plusieurs jours -vie	Same	Même			Screeners: lost interest in things for several days - life	Filtre : perdu intérêt dans les choses plusieurs jours - vie
SCR_24	Screeners: had mania-like period lasting several days - life	Filtre : a eu période semblable à manie plusieurs jours -vie	Same	Même			Screeners: had mania-like period lasting several days - life	Filtre : a eu période semblable à manie plusieurs jours -vie
SCR_25	Screeners: very irritable/grumpy/ for several days - life	Filtre : très irritable/humeur grincheuse/ plus. jours - vie	Same	Même			Screeners: very irritable/grumpy/ for several days - life	Filtre : très irritable/humeur grincheuse/ plus. jours - vie
SCR_25A	Screeners: so irritable started arguments/shouted/... - life	Filtre : si irritable à l'origine de disputes/crié/... - vie	Same	Même			Screeners: so irritable started arguments/shouted/... - life	Filtre : si irritable à l'origine de disputes/crié/... - vie
SCR_26	Screeners: worried about things more than most people - life	Filtre : s'est inquiété plus que les autres personnes - vie	Same	Même			Screeners: worried about things more than most people - life	Filtre : s'est inquiété plus que les autres personnes - vie
SCR_26A	Screeners: more nervous/anxious than most people - life	Filtre : plus nerveux/anxieux que les autres personnes - vie	Same	Même			Screeners: more nervous/anxious than most people - life	Filtre : plus nerveux/anxieux que les autres personnes - vie
SCR_26B	Screeners: 6 months when anxious/worried most days - life	Filtre : 6 mois anxieux/inquiet presque tous les jours - vie	Same	Même			Screeners: 6 months when anxious/worried most days - life	Filtre : 6 mois anxieux/inquiet presque tous les jours - vie
SCRDDEP	Flag: screen in Depression - (F)	Indicateur : filtré dans Dépression - (I)	Same	Même			Respondent screened in depression module - (F)	Répondant filtré dans le module de dépression - (F)
SCRDGAD	Flag: screened in Generalized Anxiety Disorder - (F)	Indicateur : filtré dans Trouble d'anxiété généralisée - (I)	Added	Ajoutée				
SCRDMEN	Self-rated mental health - (D)	Auto-évaluation la santé mentale - (D)	Same	Même			Self-rated mental health - (D)	Auto-évaluation la santé mentale - (D)
SCRDMIA	Flag: screened in Mania - (F)	Indicateur : filtré dans Manie - (I)	Same	Même			Respondent screened in the mania module - (F)	Répondant filtré dans le module de manie - (F)
SCRDPHY	Self-rated physical health - (D)	Auto-évaluation de la santé physique - (D)	Same	Même			Self-rated physical health - (D)	Auto-évaluation de la santé physique - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SDCC10B1	Mother tongue - first answer	Langue maternelle - première réponse	Modified	Modifiée	Responses limited to three languages.	On a limité les réponses à trois langues.	First language learned and still understood - English / French / Arabic / Chinese / Cree / German / Greek / Hungarian / Italian / Korean / Persian (Farsi) / Polish / Portugese / Punjabi / Spanish / Tagalog (Pilipino) / Ukrainian / Vietnamese / Dutch / Hindi / Russian / Tamil / other	Première langue apprise et toujours comprise - anglais / français / arabe / chinois / cri / allemand / grec / hongrois / italien / coréen / persan (farsi) / polonais / portugais / pendjabi / espagnol / tagalog (pilipino) / ukrainien / vietnamien / néerlandais / hindi / russe / tamoul / autre
SDCC10B2	Mother tongue - second answer	Langue maternelle - deuxième réponse	Modified	Modifiée	Responses limited to three languages.	On a limité les réponses à trois langues.	First language learned and still understood - English / French / Arabic / Chinese / Cree / German / Greek / Hungarian / Italian / Korean / Persian (Farsi) / Polish / Portugese / Punjabi / Spanish / Tagalog (Pilipino) / Ukrainian / Vietnamese / Dutch / Hindi / Russian / Tamil / other	Première langue apprise et toujours comprise - anglais / français / arabe / chinois / cri / allemand / grec / hongrois / italien / coréen / persan (farsi) / polonais / portugais / pendjabi / espagnol / tagalog (pilipino) / ukrainien / vietnamien / néerlandais / hindi / russe / tamoul / autre
SDCC10B3	Mother tongue - third answer	Langue maternelle - troisième réponse	Modified	Modifiée	Responses limited to three languages.	On a limité les réponses à trois langues.	First language learned and still understood - English / French / Arabic / Chinese / Cree / German / Greek / Hungarian / Italian / Korean / Persian (Farsi) / Polish / Portugese / Punjabi / Spanish / Tagalog (Pilipino) / Ukrainian / Vietnamese / Dutch / Hindi / Russian / Tamil / other	Première langue apprise et toujours comprise - anglais / français / arabe / chinois / cri / allemand / grec / hongrois / italien / coréen / persan (farsi) / polonais / portugais / pendjabi / espagnol / tagalog (pilipino) / ukrainien / vietnamien / néerlandais / hindi / russe / tamoul / autre
SDC_2	Canadian citizen by birth	Citoyen canadien de naissance	Same	Même			Canadian citizen by birth	Citoyen canadien de naissance

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SDC_3	Year of immigration to Canada	Année de l'immigration au Canada	Same	Même			Year of immigration to Canada	Année de l'immigration au Canada
SDC_41	Aboriginal - First nation, Métis or Inuit	Autochtone - Première Nation, Métis ou Inuit	Added	Ajoutée				
SDC_42A	Aboriginal - First nation	Autochtone - Première nation	Added	Ajoutée				
SDC_42B	Aboriginal - Métis	Autochtone - Métis	Added	Ajoutée				
SDC_42C	Aboriginal - Inuit	Autochtone - Inuit	Added	Ajoutée				
SDC_43A	Cultural/racial origin - White	Origines culturelles/raciales - Blanc	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - White	Origines culturelles / raciales - blanc
SDC_43B	Cultural/racial origin - Chinese	Origines culturelles/raciales - Chinois	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - Chinese	Origines culturelles / raciales - chinois
SDC_43C	Cultural/racial origin - South Asian	Origines culturelles/raciales - Sud-Asiatique	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - South Asian	Origines culturelles / raciales - Sud-Asiatique
SDC_43D	Cultural/racial origin - Black	Origines culturelles/raciales - Noir	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - Black	Origines culturelles / raciales - noir
SDC_43E	Cultural/racial origin - Filipino	Origines culturelles/raciales - Philippin	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - Filipino	Origines culturelles / raciales - philippin
SDC_43F	Cultural/racial origin - Latin American	Origines culturelles/raciales - Latino-Américain	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - Latin American	Origines culturelles / raciales - latino-américain
SDC_43G	Cultural/racial origin - South East Asian	Origines culturelles/raciales - Asiatique du Sud-Est	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - South East Asian	Origines culturelles / raciales - Asiatique du Sud-Est
SDC_43H	Cultural/racial origin - Arab	Origines culturelles/raciales - Arabe	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - Arab	Origines culturelles / raciales - arabe

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SDC_43I	Cultural/racial origin - West Asian	Origines culturelles/raciales - Asiatique Occidentale	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - West Asian	Origines culturelles / raciales - asiatique occidentale
SDC_43J	Cultural/racial origin - Japanese	Origines culturelles/raciales - Japonais	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - Japanese	Origines culturelles / raciales - japonais
SDC_43K	Cultural/racial origin - Korean	Origines culturelles/raciales - Coréen	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - Korean	Origines culturelles / raciales - coréen
SDC_43M	Cultural/racial origin - other	Origines culturelles/raciales - autre	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Cultural / racial origin - Other	Origines culturelles / raciales - autre
SDC_4A	Ethnic origin - Canadian	Origine ethnique - Canadien	Same	Même			Ethnic origin - Canadian	Origine ethnique - canadien
SDC_4B	Ethnic origin - French	Origine ethnique - Français	Same	Même			Ethnic origin - French	Origine ethnique - français
SDC_4C	Ethnic origin - English	Origine ethnique - Anglais	Same	Même			Ethnic origin - English	Origine ethnique - anglais
SDC_4D	Ethnic origin - German	Origine ethnique - Allemand	Same	Même			Ethnic origin - German	Origine ethnique - allemand
SDC_4E	Ethnic origin - Scottish	Origine ethnique - Écossais	Same	Même			Ethnic origin - Scottish	Origine ethnique - écossais
SDC_4F	Ethnic origin - Irish	Origine ethnique - Irlandais	Same	Même			Ethnic origin - Irish	Origine ethnique - irlandais
SDC_4G	Ethnic origin - Italian	Origine ethnique - Italien	Same	Même			Ethnic origin - Italian	Origine ethnique - italien
SDC_4H	Ethnic origin - Ukrainian	Origine ethnique - Ukrainien	Same	Même			Ethnic origin - Ukrainian	Origine ethnique - ukrainien
SDC_4I	Ethnic origin - Dutch (Netherlands)	Origine ethnique - Hollandais (Néerlandais)	Same	Même			Ethnic origin - Dutch (Netherlands)	Origine ethnique - hollandais (néerlandais)
SDC_4J	Ethnic origin - Chinese	Origine ethnique - Chinois	Same	Même			Ethnic origin - Chinese	Origine ethnique - chinois
SDC_4K	Ethnic origin - Jewish	Origine ethnique - Juif	Same	Même			Ethnic origin - Jewish	Origine ethnique - juif
SDC_4L	Ethnic origin - Polish	Origine ethnique - Polonais	Same	Même			Ethnic origin - Polish	Origine ethnique - polonais

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SDC_4M	Ethnic origin - Portuguese	Origine ethnique - Portugais	Same	Même			Ethnic origin - Portuguese	Origine ethnique - portugais
SDC_4N	Ethnic origin - South Asian	Origine ethnique - Sud-Asiatique	Same	Même			Ethnic origin - South Asian	Origine ethnique - Asiatique du Sud
SDC_4P	Ethnic origin - North American Indian	Origine ethnique - Indien de l'Amérique du Nord	Modified	Modifiée	Categories separated in 2012 survey to account for three Aboriginal groups	Dans l'enquête de 2012, on a séparé les catégories de réponse pour représenter trois groupes autochtones différents.	Ethnic origin - Aboriginal	Origine ethnique - autochtone
SDC_4Q	Ethnic origin - Métis	Origine ethnique - Métis	Modified	Modifiée	Categories separated to account for three Aboriginal groups	Dans l'enquête de 2012, on a séparé les catégories de réponse pour représenter trois groupes autochtones différents.	Ethnic origin - Aboriginal	Origine ethnique - autochtone
SDC_4R	Ethnic origin - Inuit	Origine ethnique - Inuit	Modified	Modifiée	Categories separated to account for three Aboriginal groups	Dans l'enquête de 2012, on a séparé les catégories de réponse pour représenter trois groupes autochtones différents.	Ethnic origin - Aboriginal	Origine ethnique - autochtone
SDC_4S	Ethnic origin - other	Origine ethnique - autre	Same	Même			Ethnic origin - other	Origine ethnique - autre
SDC_4T	Ethnic origin - Norwegian	Origine ethnique - Norvégien	Same	Même			Ethnic origin - Norwegian	Origine ethnique - norvégien
SDC_4U	Ethnic origin - Welsh	Origine ethnique - Gallois	Same	Même			Ethnic origin - Welsh	Origine ethnique - gallois
SDC_4V	Ethnic origin - Swedish	Origine ethnique - Suédois	Same	Même			Ethnic origin - Swedish	Origine ethnique - suédois
SDC_5A_1	Knowledge of official languages	Connaissance des langues officielles	Modified	Modifiée	Categories reduced to refer to official languages only	On a réduit les catégories de réponses pour poser des questions sur les langues officielles seulement.	Languages in which respondent can converse - (D) - SDCBDLNG or Can converse - English AND Can converse - French	Langues en lesquelles le répondant peut converser - (D) or Peut converser - anglais ET Peut converser - français

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SDC_7AA	Considers self heterosexual, homosexual or bisexual	Se considère hétérosexuel, homosexuel ou bisexuel	Added	Ajoutée				
SDC_8	Current student	Étudiant actuellement	Same	Même			Currently attending a school, college or university	Fréquente actuellement une école, collège ou université
SDC_9	Full-time student, part-time student, both	Étudiant à temps plein, étudiant à temps partiel, les deux	Modified	Modifiée	Expanded response categories	On a augmenté les catégories de réponse.	Full-time student or part-time student	Étudiant à plein temps ou étudiant à temps partiel
SDCC9B1	Language most often spoken - home - first answer	Langue parlée plus souvent - maison - première réponse	Added	Ajoutée				
SDCC9B2	Language most often spoken - home - second answer	Langue parlée plus souvent - maison - deuxième réponse	Added	Ajoutée				
SDCC9B3	Language most often spoken - home - third answer	Langue parlée plus souvent - maison - troisième réponse	Added	Ajoutée				
SDCDABT	Aboriginal identity - (D)	Identité autochtone - (D)	Added	Ajoutée				
SDCDAIM	Age at time of immigration - (D)	Âge au moment de l'immigration - (D)	Same	Même			Age at time of immigration - (D)	Âge au moment de l'immigration - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SDCCCB10	Country of birth - (C)	Pays de naissance - (C)	Modified	Modifiée	Starting with the 2011 CCHS - Annual data, this variable is an update of SDCCCB. The country code is based on the Standard Classification of Countries and Areas of Interest (SCCAI) of 2010. The SCCAI is Statistics Canada's official classification of countries and areas.	Créée pour la première fois avec les données de l'ESCC - Annuelle de 2011, cette variable est une mise à jour de SDCCCB. Le code du pays est fondé sur la Classification type des pays et des zones d'intérêt (CTPZI) de 2010. La CTPZI est la classification officielle des pays et des zones.	Country of birth	Pays de naissance
SDCGCB10	Country of birth - grouped (G)	Pays de naissance - groupée (G)	Modified	Modifiée	Derived variable conditions changed	On a changé les conditions de variables dérivées	Country of birth - (G)	Pays de naissance - (G)
SDCDCGT	Cultural/racial background - (D)	Origine culturelle/raciale - (D)	Modified	Modifiée	Derived variable conditions changed	On a changé les conditions de variables dérivées	Cultural / racial origin - (D)	Origines culturelles / raciales - (D)
SDCDFL1	Mother tongue - (D)	Langue maternelle - (D)	Added	Ajoutée				
SDCFIMM	Immigrant - (F)	Immigrant - (I)	Same	Même			Immigrant status - (F)	Statut d'immigrant - (F)
SDCDLHM	Language(s) spoken most often at home - (D)	Langue(s) parlée(s) le plus souvent à la maison - (D)	Added	Ajoutée				
SDCDRES	Length of time in Canada since immigration - (D)	Durée de temps au Canada depuis immigration - (D)	Same	Même			Length of time in Canada since immigration - (D)	Durée de temps au Canada depuis l'immigration - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SPT_01	Spiritual values - play important role in life	Valeurs spirituelles - jouent rôle important dans la vie	Modified	Modifiée	Question reworded	On a changé le libellé de la question.	Spiritual values - playing important role in life	Valeurs spirituelles - jouent rôle important dans la vie
SPT_02	Spiritual values - strength for everyday difficulties	Valeurs spirituelles - force pour difficultés quotidiennes	Same	Même			Spiritual values - strength for everyday difficulties	Valeurs spirituelles - force pour difficultés quotidiennes

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_001	Hospitalized for mental health/alcohol/drug - 12 m	Hospitalisé pour santé mentale/alcool/drogues - 12 m	Modified	Modifiée	Question reworded and reorded. Can be compared to SERBFHYR in 2002.	On a changé la formulation et l'ordre de la question. Vous pouvez comparer cette variable à SERBFHYR dans 2002.	Hospitalized for mental health/alcohol/drug - 12 mo	Hospitalisé pour santé mentale/alcool/drogues - 12 m.
SR1_002	Hospitalized for mental health/alc/drug - num of times -12 m	Hospitalisé pour santé mentale/alc/drogues - nmbr fois -12 m	Added	Ajoutée				
SR1_003	Total time spent in hospital due to mental health - 12 mo	Durée totale en hôpital à cause de la santé mentale - 12 m.	Added	Ajoutée				
SR1_003A	Days, weeks, or months	Jours, semaines ou mois	Added	Ajoutée				
SR1_004A	Consulted for mental health/alc/drugs - psychiatrist - 12 m	Consulté pour santé mnt/alc/drogues - psychiatre - 12 m	Added	Ajoutée				
SR1_004B	Consulted for ment hlth/alc/drugs - family doctor/GP - 12 m	Consulté pour santé mnt/alc/drogues - MD fam/omniprat - 12 m	Added	Ajoutée				
SR1_004C	Consulted for mental health/alc/drugs - psychologist - 12 m	Consulté pour santé mnt/alc/drogues - psychologue - 12 m	Added	Ajoutée				
SR1_004D	Consulted for ment hlth/alc/drugs - nurse - 12 m	Consulté pour santé mnt/alc/drogues - infirmière - 12 m	Added	Ajoutée				
SR1_004E	Consulted social worker, counsellor - 12 months	Consulté travailleur social, conseiller - 12 mois	Added	Ajoutée				
SR1_004F	Consulted for ment hlth/alc/drugs - family member - 12 m	Consulté pour santé mnt/alc/drogues - membre de la fam -12m	Added	Ajoutée				
SR1_004G	Consulted for ment hlth/alc/drugs - friend - 12 m	Consulté pour santé mnt/alc/drogues - ami - 12 m	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_004H	Consulted for ment hlth/alc/drugs - co-worker, boss - 12 m	Consulté pour santé mnt/alc/drogues - collèg trav/patrn-12 m	Added	Ajoutée				
SR1_004I	Consulted for ment hlth/alc/drugs - teacher/principal - 12 m	Consulté pour santé mnt/alc/drogues - enseign/dir école-12 m	Added	Ajoutée				
SR1_004J	Consulted for ment hlth/alc/drugs - other - 12 m	Consulté pour santé mnt/alc/drogues - autre - 12 m	Added	Ajoutée				
SR1_004K	Consulted for ment hlth/alc/drugs - none - 12 m	Consulté pour santé mnt/alc/drogues - aucun - 12 m	Added	Ajoutée				
SR1_010	Number of times consulted psychiatrist - 12 mo	Nombre de fois consulté psychiatre - 12 m.	Same	Même			Number of times consulted psychiatrist - 12 mo	Nombre de fois consulté psychiatre - 12 m.
SR1_010A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_011	Consultation average time in minutes - psychiatrist	Consultation temps moyen en minutes - psychiatre	Added	Ajoutée				
SR1_012	Perceived level of help received - psychiatrist	Perception du niveau d'aide reçu - psychiatre	Same	Même			Psychiatrist - perceived level of help received from prof.	Psychiatre - perception du niveau d'aide reçu du prof.
SR1_013	Stopped seeing this professional - psychiatrist	Arrêté de consulter ce professionnel - psychiatre	Same	Même			Psychiatrist - stopped seeing this professional	Psychiatre - arrêté de consulter ce professionnel
SR1_014A	Reason stopped - psychia - felt better	Raison d'arrêt - psychia - se sentait mieux	Same	Même			Reason stopped - felt better	Raison d'arrêt - se sentait mieux
SR1_014B	Reason stopped - psych - completed the recommended treatment	Raison d'arrêt - psych - a complété le traitement recommandé	Same	Même			Reason stopped - completed the recommended treatment	Raison d'arrêt - a complété le traitement recommandé
SR1_014C	Reason stopped - psych - thought it was not helping	Raison d'arrêt - psych - pensait que cela n'aidait pas	Same	Même			Reason stopped - thought it was not helping	Raison d'arrêt - pensait que cela n'aidait pas
SR1_014D	Reason stopped - psych - problem get better without help	Raison d'arrêt - psych - prob allait s'améliorer sans + aide	Same	Même			Reason stopped - problem would get better without help	Raison d'arrêt - prob. allait s'améliorer sans plus d'aide

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_014E	Reason stopped - psych - couldn't afford to pay	Raison d'arrêt - psych - ne pouvait pas payer	Same	Même			Reason stopped - couldn't afford to pay	Raison d'arrêt - ne pouvait pas payer
SR1_014F	Reason stopped - psych - too embarrassed to see professional	Raison d'arrêt - psych - trop embarrassé pour consulter prof	Same	Même			Reason stopped - too embarrassed to see professional	Raison d'arrêt - trop embarrassé pour consulter prof.
SR1_014G	Reason stopped - psych - solve the problem without help	Raison d'arrêt - psych - résoudre problème sans aide prof.	Same	Même			Reason stopped - wanted to solve the problem without help	Raison d'arrêt - voulait résoudre problème sans aide prof.
SR1_014H	Reason stopped - psych - prob like transportation, childcare	Raison d'arrêt - psych - prob comme transport/garde d'enfant	Same	Même			Reason stopped - problems like transportation, childcare	Raison d'arrêt - problème comme transport, garde d'enfant
SR1_014I	Reason stopped - psych - service/program no longer available	Raison d'arrêt - psych - serv./prog. n'était plus disponible	Same	Même			Reason stopped - service / program no longer available	Raison d'arrêt - service/programme n'était plus disponible
SR1_014J	Reason stopped - psych - not comfortable with prof. approach	Raison d'arrêt - psych - n'était pas confort. approche prof.	Same	Même			Reason stopped - not comfortable with prof. approach	Raison d'arrêt - n'était pas confortable avec approche prof.
SR1_014K	Reason stopped - psych - discrimination or unfair treatment	Raison d'arrêt - psych - discrimination/traitement injuste	Added	Ajoutée				
SR1_014L	Reason stopped - psych - other reason	Raison d'arrêt - psych - autre raison	Same	Même			Reason stopped - other reason	Raison d'arrêt - autre raison
SR1_020	Number of times consulted family doctor - 12 mo	Nbre de fois consulté méd. de famille - 12 m.	Same	Même			Number of times consulted family doctor - 12 mo	Nbre de fois consulté méd. de famille - 12 m.
SR1_020A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_021	Consultation/av time in minutes - family dr/gen practitioner	Consultation/temps m en minutes - méd. de famille/omniprat.	Added	Ajoutée				
SR1_022	Perceived level of help received from prof. - family doctor	Perception du niveau d'aide reçu du prof. - méd. de famille	Same	Même			Family doctor - perceived level of help received from prof.	Méd. de famille - perception du niveau d'aide reçu du prof.
SR1_023	Stopped seeing prof. - family doctor	Arrêté de consulter ce professionnel - médecin de famille	Same	Même			Family doctor - stopped seeing prof.	Médecin de famille - arrêté de consulter ce professionnel

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_024A	Reason stopped - dr - felt better	Raison d'arrêt - méd fam - se sentait mieux	Same	Même			Reason stopped - felt better	Raison d'arrêt - se sentait mieux
SR1_024B	Reason stopped - dr - completed the recommended treatment	Raison d'arrêt - méd fam - complété le traitement recommandé	Same	Même			Reason stopped - completed the recommended treatment	Raison d'arrêt - a complété le traitement recommandé
SR1_024C	Reason stopped - dr - thought it was not helping	Raison d'arrêt - méd fam - pensait que cela n'aidait pas	Same	Même			Reason stopped - thought it was not helping	Raison d'arrêt - pensait que cela n'aidait pas
SR1_024D	Reason stopped - dr - problem would get better without help	Raison d'arrêt - méd fam - prob s'améliorer sans plus d'aide	Same	Même			Reason stopped - problem would get better without help	Raison d'arrêt - prob. allait s'améliorer sans plus d'aide
SR1_024E	Reason stopped - dr - couldn't afford to pay	Raison d'arrêt - méd fam - ne pouvait pas payer	Same	Même			Reason stopped - couldn't afford to pay	Raison d'arrêt - ne pouvait pas payer
SR1_024F	Reason stopped - dr - too embarrassed to see professional	Raison d'arrêt - méd fam - trop embarrassé consulter prof.	Same	Même			Reason stopped - too embarrassed to see professional	Raison d'arrêt - trop embarrassé pour consulter prof.
SR1_024G	Reason stopped - dr - solve the problem without help	Raison d'arrêt - méd fam - résoudre problème sans aide prof.	Same	Même			Reason stopped - wanted to solve the problem without help	Raison d'arrêt - voulait résoudre problème sans aide prof.
SR1_024H	Reason stopped - dr - probs like transportation, childcare	Raison d'arrêt - méd fam - problem transport, garde d'enfant	Same	Même			Reason stopped - problems like transportation, childcare	Raison d'arrêt - problème comme transport, garde d'enfant
SR1_024I	Reason stopped - dr - service / program no longer available	Raison d'arrêt - méd fam - serv/prog n'était plus disponible	Same	Même			Reason stopped - service / program no longer available	Raison d'arrêt - service/programme n'était plus disponible
SR1_024J	Reason stopped - dr - not comfortable with prof. approach	Raison d'arrêt - méd fam - pas confort avec approche prof.	Same	Même			Reason stopped - not comfortable with prof. approach	Raison d'arrêt - n'était pas confortable avec approche prof.
SR1_024K	Reason stopped - dr - discrimination or unfair treatment	Raison d'arrêt - méd fam - discrimination/traitement injuste	Added	Ajoutée				
SR1_024L	Reason stopped - dr - other reason	Raison d'arrêt - méd fam - autre raison	Same	Même			Reason stopped - other reason	Raison d'arrêt - autre raison

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_030	Number of times consulted psychologist - 12 mo	Nombre de fois consulté psychologue - 12 m.	Same	Même			Number of times consulted psychologist - 12 mo	Nombre de fois consulté psychologue - 12 m.
SR1_030A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_031	Consultation/avg time in minutes - psychologist	Consultation/temps moyen en minutes - psychologue	Added	Ajoutée				
SR1_032	Perceived level of help received - psychologist	Perception du niveau d'aide reçu - psychologue	Same	Même			Psychologist - perceived level of help received from prof.	Psychologue - perception du niveau d'aide reçu du prof.
SR1_033	Stopped seeing this professional - psychologist	Arrêté de consulter ce professionnel - psychologue	Same	Même			Psychologist - stopped seeing this professional	Psychologue - arrêté de consulter ce professionnel
SR1_034A	Reason stopped - psychol - felt better	Raison d'arrêt - psychol - se sentait mieux	Same	Même			Reason stopped - felt better	Raison d'arrêt - se sentait mieux
SR1_034B	Reason stopped - psychol - completed recommended treatment	Raison d'arrêt - psychol - a complété traitement recommandé	Same	Même			Reason stopped - completed the recommended treatment	Raison d'arrêt - a complété le traitement recommandé
SR1_034C	Reason stopped - psychol - thought it was not helping	Raison d'arrêt - psychol - pensait que cela n'aidait pas	Same	Même			Reason stopped - thought it was not helping	Raison d'arrêt - pensait que cela n'aidait pas
SR1_034D	Reason stopped - psychol - problem would get better	Raison d'arrêt - psychol - prob. s'améliorer	Same	Même			Reason stopped - problem would get better without help	Raison d'arrêt - prob. allait s'améliorer sans plus d'aide
SR1_034E	Reason stopped - psychol - couldn't afford to pay	Raison d'arrêt - psychol - ne pouvait pas payer	Same	Même			Reason stopped - couldn't afford to pay	Raison d'arrêt - ne pouvait pas payer
SR1_034F	Reason stopped - psychol - embarrassed to see professional	Raison d'arrêt - psychol - embarrassé pour consulter prof.	Same	Même			Reason stopped - too embarrassed to see professional	Raison d'arrêt - trop embarrassé pour consulter prof.
SR1_034G	Reason stopped - psychol - solve the problem without help	Raison d'arrêt - psychol - résoudre problème sans aide prof.	Same	Même			Reason stopped - wanted to solve the problem without help	Raison d'arrêt - voulait résoudre problème sans aide prof.

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_034H	Reason stopped - psychol - probs - transportation, childcare	Raison d'arrêt - psychol - prob - transport, garde d'enfant	Same	Même			Reason stopped - problems like transportation, childcare	Raison d'arrêt - problème comme transport, garde d'enfant
SR1_034I	Reason stopped - psychol - service/prog no longer available	Raison d'arrêt - psychol - serv/prog n'était plus disponible	Same	Même			Reason stopped - service / program no longer available	Raison d'arrêt - service/programme n'était plus disponible
SR1_034J	Reason stopped - psy - not comfortable with prof. approach	Raison d'arrêt - psy - pas confortable avec approche prof.	Same	Même			Reason stopped - not comfortable with prof. approach	Raison d'arrêt - n'était pas confortable avec approche prof.
SR1_034K	Reason stopped - psy - discrimination or unfair treatment	Raison d'arrêt - psy - discrimination ou traitement injuste	Added	Ajoutée				
SR1_034L	Reason stopped - psy - other reason	Raison d'arrêt - psy - autre raison	Same	Même			Reason stopped - other reason	Raison d'arrêt - autre raison
SR1_040	Number of times consulted nurse - 12 mo	Nombre de fois consulté infirmière - 12 m.	Same	Même			Number of times consulted nurse - 12 mo	Nombre de fois consulté cette infirmière - 12 m.
SR1_040A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_041	Consultation/time in average minutes - nurse	Consultation/temps moyen en minutes - infirmière	Added	Ajoutée				
SR1_042	Perceived level of help received from prof. - nurse	Perception du niveau d'aide reçu du prof. - infirmière	Same	Même			Nurse - perceived level of help received from prof.	Infirmière - perception du niveau d'aide reçu du prof.
SR1_043	Stopped seeing this professional - nurse	Arrêté de consulter ce professionnel - infirmière	Same	Même			Nurse - stopped seeing this professional	Infirmière - arrêté de consulter ce professionnel
SR1_044A	felt better	sentait mieux	Same	Même			Reason stopped - felt better	Raison d'arrêt - se sentait mieux
SR1_044B	Reason stopped - nurse - completed the recommended treatment	Raison d'arrêt - infirm - complété le traitement recommandé	Same	Même			Reason stopped - completed the recommended treatment	Raison d'arrêt - a complété le traitement recommandé
SR1_044C	Reason stopped - nurse - thought it was not helping	Raison d'arrêt - infirm - pensait que cela n'aidait pas	Same	Même			Reason stopped - thought it was not helping	Raison d'arrêt - pensait que cela n'aidait pas
SR1_044D	Reason stopped - nurse - prob would get better without help	Raison d'arrêt - infirm - prob s'améliorer sans plus d'aide	Same	Même			Reason stopped - problem would get better without help	Raison d'arrêt - prob. allait s'améliorer sans plus d'aide

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_044E	Reason stopped - nurse - couldn't afford to pay	Raison d'arrêt - infirm - ne pouvait pas payer	Same	Même			Reason stopped - couldn't afford to pay	Raison d'arrêt - ne pouvait pas payer
SR1_044F	Reason stopped - nurse - too embarrassed to see professional	Raison d'arrêt - infirm - embarrassé pour consulter prof.	Same	Même			Reason stopped - too embarrassed to see professional	Raison d'arrêt - trop embarrassé pour consulter prof.
SR1_044G	Reason stopped - nurse - solve the problem without prof help	Raison d'arrêt - infirm - résoudre problème sans aide prof.	Same	Même			Reason stopped - wanted to solve the problem without help	Raison d'arrêt - voulait résoudre problème sans aide prof.
SR1_044H	Reason stopped - nurse - prob like transportation, childcare	Raison d'arrêt - infirm - prob comme transpo/garde d'enfant	Same	Même			Reason stopped - problems like transportation, childcare	Raison d'arrêt - problème comme transport, garde d'enfant
SR1_044I	Reason stopped - nurse - service/program no longer available	Raison d'arrêt - infirm - serv/prog n'était plus disponible	Same	Même			Reason stopped - service / program no longer available	Raison d'arrêt - service/programme n'était plus disponible
SR1_044J	Reason stopped - nurse - not comfortable with prof. approach	Raison d'arrêt - infirm - pas confortable av. approche prof.	Same	Même			Reason stopped - not comfortable with prof. approach	Raison d'arrêt - n'était pas confortable avec approche prof.
SR1_044K	Reason stopped - nurse - discrimination or unfair treatment	Raison d'arrêt - infirm - discrimination/traitement injuste	Added	Ajoutée				
SR1_044L	Reason stopped - nurse - other reason	Raison d'arrêt - infirm - autre raison	Same	Même			Reason stopped - other reason	Raison d'arrêt - autre raison
SR1_050	Number of times consulted social worker - 12 mo	Nombre de fois consulté travailleur social - 12 m.	Same	Même			Number of times consulted social worker - 12 mo	Nombre de fois consulté travailleur social - 12 m.
SR1_050A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_051	Consultation/time in average minutes - social worker	Consultation/temps moyen en minutes - travailleur social	Added	Ajoutée				
SR1_052	Perceived level of help received from prof. - social worker	Perception du niveau d'aide reçu du prof. - trav. social	Same	Même			Social worker - perceived level of help received from prof.	Trav. social - perception du niveau d'aide reçu du prof.
SR1_053	Stopped seeing this professional/social worker	Arrêté de consulter ce professionnel/travailleur social	Same	Même			Social worker - stopped seeing this professional	Travailleur social - arrêté de consulter ce professionnel

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_054A	Reason stopped - sw - felt better	Raison d'arrêt - tr soc - se sentait mieux	Same	Même			Reason stopped - felt better	Raison d'arrêt - se sentait mieux
SR1_054B	Reason stopped - sw - completed the recommended treatment	Raison d'arrêt - tr soc - complété le traitement recommandé	Same	Même			Reason stopped - completed the recommended treatment	Raison d'arrêt - a complété le traitement recommandé
SR1_054C	Reason stopped - sw - thought it was not helping	Raison d'arrêt - tr soc - pensait que cela n'aidait pas	Same	Même			Reason stopped - thought it was not helping	Raison d'arrêt - pensait que cela n'aidait pas
SR1_054D	Reason stopped - sw - problem would get better without help	Raison d'arrêt - tr soc - prob. s'améliorer sans plus d'aide	Same	Même			Reason stopped - problem would get better without help	Raison d'arrêt - prob. allait s'améliorer sans plus d'aide
SR1_054E	Reason stopped - sw - couldn't afford to pay	Raison d'arrêt - tr soc - ne pouvait pas payer	Same	Même			Reason stopped - couldn't afford to pay	Raison d'arrêt - ne pouvait pas payer
SR1_054F	Reason stopped - sw - too embarrassed to see professional	Raison d'arrêt - tr soc - embarrassé pour consulter prof.	Same	Même			Reason stopped - too embarrassed to see professional	Raison d'arrêt - trop embarrassé pour consulter prof.
SR1_054G	Reason stopped - sw - solve the problem without help	Raison d'arrêt - tr soc - résoudre problème sans aide prof.	Same	Même			Reason stopped - wanted to solve the problem without help	Raison d'arrêt - voulait résoudre problème sans aide prof.
SR1_054H	Reason stopped - sw - probs like transportation, childcare	Raison d'arrêt - tr soc - prob comme transprt/garde d'enfant	Same	Même			Reason stopped - problems like transportation, childcare	Raison d'arrêt - problème comme transport, garde d'enfant
SR1_054I	Reason stopped - sw - service / program no longer available	Raison d'arrêt - tr soc - serv/prog n'était plus disponible	Same	Même			Reason stopped - service / program no longer available	Raison d'arrêt - service/programme n'était plus disponible
SR1_054J	Reason stopped - sw - not comfortable with prof. approach	Raison d'arrêt - tr soc - pas confortable av. approche prof.	Same	Même			Reason stopped - not comfortable with prof. approach	Raison d'arrêt - n'était pas confortable avec approche prof.
SR1_054K	Reason stopped - sw - discrimination or unfair treatment	Raison d'arrêt - tr soc - discrimination/traitement injuste	Added	Ajoutée				
SR1_054L	Reason stopped - sw - other reason	Raison d'arrêt - tr soc - autre raison	Same	Même			Reason stopped - other reason	Raison d'arrêt - autre raison

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_060	Number of times consulted family member - 12 mo	Nombre de fois consulté membre de la famille - 12 m.	Added	Ajoutée				
SR1_060A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_062	Perceived level of help received - family member	Perception du niveau d'aide reçu - membre de la famille	Added	Ajoutée				
SR1_070	Number of times consulted friend - 12 mo	Nombre de fois consulté l'ami - 12 m.	Added	Ajoutée				
SR1_070A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_072	Perceived level of help received - friend	Perception du niveau d'aide reçu - ami	Added	Ajoutée				
SR1_080	Number of times consulted co-worker, supervisor - 12 mo	Nombre de fois consulté collègue, superviseur - 12 m.	Added	Ajoutée				
SR1_080A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_082	Perceived level of help received - co-work/supervisor	Perception niveau aide reçu - collègue travail/superviseur	Added	Ajoutée				
SR1_090	Number of times consulted teacher/school principal - 12 mo	Nombre de fois consulté enseignant/directeur d'école - 12 m.	Added	Ajoutée				
SR1_090A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_092	Perceived level of help received - teacher/principal	Perception du niveau d'aide reçu - enseignant/directeur	Added	Ajoutée				
SR1_100	Number of times consulted other person - 12 mo	Nombre de fois consulté autre personne - 12 m.	Added	Ajoutée				
SR1_100A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_102	Perceived level of help received - other person	Perception du niveau d'aide reçu - autre personne	Added	Ajoutée				

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_110	Received help or services from employer - 12 months	Reçu de l'aide ou des services de l'employeur - 12 mois	Added	Ajoutée				
SR1_111	Used Internet for info/help/support - 12 m	Utilisé Internet pour l'information/l'aide/du soutien - 12 m	Added	Ajoutée				
SR1_112A	Used Internet - learn about symptoms	Utilisé internet - renseigner sur les symptômes	Added	Ajoutée				
SR1_112B	Used Internet - to find out where to get help	Utilisé internet - pour savoir où obtenir de l'aide	Added	Ajoutée				
SR1_112C	Used Internet - discuss with other people	Utilisé internet - discuter avec d'autres personnes	Added	Ajoutée				
SR1_112D	Used Internet - to get online therapy	Utilisé internet - Pour obtenir de la thérapie en ligne	Added	Ajoutée				
SR1_112E	Use Internet - other	Utilisé internet - autre	Added	Ajoutée				
SR1_113	Self-help group - help with problems - 12 months	Groupe d'entraide - l'aide pour des problèmes - 12 mois	Added	Ajoutée				
SR1_114A	Self-help group type- emotional or mental health	Groupe d'entraide type - émotionnelle ou santé mentale	Added	Ajoutée				
SR1_114B	Self-help group type - alcohol or drug use	Groupe d'entraide type - consommation d'alcool ou de drogues	Added	Ajoutée				
SR1_114C	Self-help group type - other	Groupe d'entraide type - autre	Added	Ajoutée				
SR1_115	Nbr of times went to meeting of self-help group - 12 months	Nbre de fois allé à réunion d'un groupe d'entraide - 12 mois	Same	Même			Nbr of times went to meeting of self-help group - 12 mo	Nombre de fois allé à réunion d'un groupe d'entraide - 12 m.
SR1_115A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_116	Used telephone helpline for mental health - 12 months	Utilisé ligne d'aide téléphonique pour santé mentale-12 mois	Added	Ajoutée				

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1_117	Number of times used telephone helpline - 12 mo	Nbre de fois utilisé ligne d'aide téléphonique - 12 m.	Same	Même			Number of times used telephone helpline - 12 mo	Nbre de fois utilisé ligne d'aide téléphonique - 12 m.
SR1_117A	Week, month, year	Semaine, mois, année	Added	Ajoutée				
SR1_118	Needed help for emotions but didn't receive it/12 months	Eu besoin aide pour émotions mais ne l'a pas obtenue/12 mois	Same	Même			Needed help for emotions but didn't receive it	Eu besoin d'aide pour émotions mais ne l'a pas obtenue
SR1_119	Amount spent on mental health services/products/12 months	Montant dépensé pour services/produits santé mentale/12 mois	Same	Même			Amount spent on mental health services/products - 12 mo	Montant dépensé pour services/produits santé mentale - 12 m.
SR1_120	Prejudice / discrimination - personal characteristics	Préjudice / discrimination - trait de caractère	Added	Ajoutée				
SR1_121	Prejudice / discrimination - mental health	Préjudice / discrimination - santé mentale	Added	Ajoutée				
SR1DFML2	Hours spent in consultation with a family doctor or general	Heures passées en consultation avec médecin famille ou omni.	Added	Ajoutée				
SR1DFML3	Hours spent in consultation with psychologist - (D)	Heures passées en consultation avec un psychologue - (D)	Added	Ajoutée				
SR1DFML4	Hours spent in consultation with nurse - (D)	Heures passées en consultation avec une infirmière - (D)	Added	Ajoutée				
SR1DFML5	Hours spent in consultation with social worker	Heures passées en consultation avec travailleur social	Added	Ajoutée				
SR1DFMLT	Total hours spent in consultation with all professionals-(D)	Total heures passées en consultation avec tout profess.-(D)	Added	Ajoutée				
SR1DHOS	Number of days hospitalized/mental health - 12 m - (D)	Nombre de jours hospitalisé/santé mentale - 12 m - (D)	Added	Ajoutée				

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SR1FNPU	Consultation/services used - non-professional - 12 m (F)	Consultation/services utilisés - non-professionnel -12 m (I)	Added	Ajoutée				
SR1DPRO1	Hours of consultation - psychiatrist - 12 m (D)	Heures de consultation - psychiatre - 12 m (D)	Added	Ajoutée				
SR1DPRO2	Hours of consultation - family doctor - 12 m (D)	Heures de consultation - médecin de famille - 12 m (D)	Added	Ajoutée				
SR1DPRO3	Hours of consultation - psychologist - 12 m (D)	Heures de consultation - psychologue - 12 m (D)	Added	Ajoutée				
SR1DPRO4	Hours of consultation - nurse - 12 m (D)	Heures de consultation - infirmière - 12 m (D)	Added	Ajoutée				
SR1DPRO5	Hours of consultation - social worker/counsellor - 12 m (D)	Heures de consulation - travail social/conseiller - 12 m (D)	Added	Ajoutée				
SR1DPROT	Hours of consultation - all professionals - (D)	Heures de consultation - tous professionnels - (D)	Added	Ajoutée				
SR1FPRU	Consultation/services used - professional - 12 m (F)	Consultation/services utilisés - professionnel - 12 m (I)	Added	Ajoutée				
SR1DYNPT	Number of types - non-professionals consulted - 12 m (D)	Nombre de types - non-professionnels consultés - 12 m (D)	Added	Ajoutée				
SR1FYNPU	Consultation/services used - non-professional - 12 m (F)	Consultion/services utilisés - non professionnel - 12 m (F)	Added	Ajoutée				
SR1DYPRT	Number of types - professionals consulted - 12 m (D)	Nombre de types - professionnels consultés - 12 m (D)	Added	Ajoutée				
SR1FYPRU	Consulted a professional - (F)	A consutlé un professionnel - (F)	Added	Ajoutée				

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
STS_1	Self-perceived ability to handle unexpected problem	Autoévaluation capacité faire face à situation imprévue	Same	Même			Self-perceived ability to handle unexpected problem	Auto-évaluation capacité faire face à situation imprévue
STS_2	Self-perceived ability to handle day-to-day demands	Autoévaluation capacité faire face à demandes quotidiennes	Same	Même			Self-perceived ability to handle day-to-day demands	Auto-évaluation capacité faire face demandes quotidiennes
STS_3	Most important source of feelings of stress	Plus importante source des sentiments de stress	Same	Même			Most important source of feelings of stress	Plus importante source des sentiments de stress
STS_4	Can count on people / deal with stress	Peut compter sur des personnes / faire face au stress	Added	Ajoutée				
STS_5	Perceived personal ability to deal with stress	Perçu-capacités personnelles / faire face au stress	Added	Ajoutée				

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUD_01A	Sedative - used nonmedically - life	Sédatif - consommé fins non médicales - vie	Added	Ajoutée				
SUD_01B	Sedative - used prescribed - life	Sédatif- consommé prescrit - vie	Added	Ajoutée				
SUD_01C	Sedative - prescribed - could not stop using	Sédatif - prescrit - ne peut arrêter d'en prendre	Added	Ajoutée				
SUD_01D	Sedative - used nonmedically - 12 m	Sédatif - consommé fins non médicales - 12 m	Added	Ajoutée				
SUD_01E	Sedative - frequency - 12 m	Sédatif - fréquence - 12 m	Added	Ajoutée				
SUD_02A	Stimulant - used nonmedically life	Stimulant - consommé fins non médicales - vie	Added	Ajoutée				
SUD_02B	Stimulant - used prescribed - life	Stimulant - consommé prescrit - vie	Added	Ajoutée				
SUD_02C	Stimulant - prescribed - could not stop using	Stimulant - prescrit - ne peut arrêter d'en prendre	Added	Ajoutée				
SUD_02D	Stimulant - used nonmedically 12 m	Simulant - consommé fins non médicales - 12 m	Added	Ajoutée				
SUD_02E	Stimulant - frequency - 12 m	Stimulant - fréquence - 12 m	Added	Ajoutée				
SUD_03A	Analgesic - used nonmedically - life	Analgésique - consommé fins non médicales - vie	Added	Ajoutée				
SUD_03B	Analgesic - used prescribed - life	Analgésique - consommé prescrit - vie	Added	Ajoutée				
SUD_03C	Analgesic- prescribed - could not stop using	Analgésique - prescrit - ne peut arrêter d'en prendre	Added	Ajoutée				
SUD_03D	Analgesic - used nonmedically - 12 m	Analgésique - consommé fins non médicales - 12 m	Added	Ajoutée				
SUD_03E	Analgesic - frequency - 12 m	Analgésique - fréquence - 12 m	Added	Ajoutée				
SUD_04A	Cannabis - used - life	Cannabis - consommé - vie	Same	Même			Used - marijuana, cannabis, hashish - life	Consommé - marijuana, cannabis ou haschich - vie
SUD_04B	Cannabis - used - 12 m	Cannabis - consommé - 12 m	Same	Même			Used - marijuana, cannabis, hashish - 12 mo	Consommé - marijuana, cannabis ou haschich - 12 m.
SUD_04C	Cannabis - frequency - 12 m	Cannabis - fréquence - 12 m	Same	Même			Frequency - marijuana, cannabis, hashish - 12 mo	Fréquence - marijuana, cannabis - 12 m.

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUD_04D	Cannabis - used more in the past	Cannabis - consommé plus dans le passé	Added	Ajoutée				
SUD_04E	Cannabis - year used most often - frequency	Cannabis - année consommé plus souvent - fréquence	Added	Ajoutée				
SUD_04F	Cannabis - num times used - life	Cannabis - nbre fois consommé - vie	Added	Ajoutée				
SUD_04G	Cannabis - used more than 50 times - life	Cannabis - consommé plus de 50 fois - vie	Added	Ajoutée				
SUD_05A	Cocaine, crack - used - life	Cocaïne ou crack - consommé - vie	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Used - cocaine, crack - life	Consommé - cocaïne ou crack - vie
SUD_05B	Cocaine, crack - used - 12 m	Cocaïne ou crack - consommé - 12 m	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Used - cocaine, crack - 12 mo	Consommé - cocaïne ou crack - 12 m.
SUD_05C	Cocaine, crack - frequency - 12 m	Cocaïne ou crack - fréquence - 12 m	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Frequency - cocaine, crack - 12 mo	Fréquence - cocaïne ou crack - 12 m.
SUD_06A	Ecstasy (MDMA) - used - life	Ecstasy (MDMA) - consommé - vie	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Used - ecstasy (MDMA) - life	Consommé - ecstasy (MDMA) - vie
SUD_06B	Ecstasy (MDMA) - used - 12 m	Ecstasy (MDMA) - consommé - 12 m	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Used - ecstasy (MDMA) - 12 mo	Consommé - ecstasy (MDMA) - 12 m.

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUD_06C	Ecstasy (MDMA) - frequency - 12 m	Ecstasy (MDMA) - fréquence - 12 m	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Frequency - ecstasy (MDMA) - 12 mo	Fréquence - ecstasy (MDMA) - 12 m.
SUD_07A	Hallucinogens, PCP, LSD - used - life	Hallucinogènes, PCP ou LSD - consommé - vie	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Used - hallucinogens, PCP, LSD - life	Consommé - drogues hallucinogènes, PCP ou LSD - vie
SUD_07B	Hallucinogens, PCP, LSD - used - 12 m	Hallucinogènes, PCP ou LSD - consommé - 12 m	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Used - hallucinogens, PCP, LSD - 12 mo	Consommé - drogues hallucinogènes, PCP ou LSD - 12 m.
SUD_07C	Hallucinogens, PCP, LSD - frequency - 12 m	Hallucinogènes, PCP ou LSD - fréquence - 12 m	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Frequency - hallucinogens, PCP, LSD - 12 mo	Fréquence - drogues hallucinogènes, PCP ou LSD - 12 m.
SUD_08A	Heroin - used - life	Héroïne - consommé - vie	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Used - heroin - life	Consommé - héroïne - vie
SUD_08B	Heroin - used - 12 m	Héroïne - consommé - 12 m	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Used - heroin - 12 mo	Consommé - héroïne - 12 m.
SUD_08C	Heroin - frequency - 12 m	Héroïne - fréquence - 12 m	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Frequency - heroin - 12 mo	Fréquence - héroïne - 12 m.

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUD_09A	Inhalants or solvents - used - life	Inhalants ou solvants - consommé - vie	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Sniffed - glue, gasoline, other solvents - life	Inhalé - colle, essence ou autres solvants - vie
SUD_09B	Inhalants or solvents - used - 12 m	Inhalants ou solvants - consommé - 12 m	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Sniffed - glue, gasoline, other solvents - 12 mo	Inhalé - colle, essence ou autres solvants - 12 m.
SUD_09C	Inhalants or solvents - frequency - 12 m	Inhalants ou des solvants - fréquence - 12 m	Modified	Modifiée	Question reworded to match CIDI drug list	On a changé la formulation de la question pour conformer à la liste de drogues de "CIDI"	Frequency - glue, gasoline, other solvents - 12 mo	Fréquence - colle, essence ou autres solvants - 12 m.
SUD_10A	Other illegal drug - used - life	Autres drogues illégales - consommé - vie	Added	Ajoutée				
SUD_10B	Other illegal drugs - used - 12 m	Autres drogues illégales - consommé - 12 m	Added	Ajoutée				
SUD_10C	Other illegal drug - frequency - 12 m	Autres drogues illégales - fréquence - 12 m	Added	Ajoutée				
SUD_21	Cannabis abuse - interfere responsibilities - life	Abus de cannabis- en conflit/responsabilités - vie	Added	Ajoutée				
SUD_22	Cannabis abuse - problems with people - life	Abus de cannabis - problèmes avec gens - vie	Added	Ajoutée				
SUD_23	Cannabis abuse - continued using/problems - life	Abus de cannabis - continué de prendre/problèmes - vie	Added	Ajoutée				
SUD_24	Cannabis abuse - could have been hurt - life	Abus de cannabis - aurait pu être blessé - vie	Added	Ajoutée				
SUD_25	Cannabis abuse - police contact - life	Abus de cannabis - contact avec la police - vie	Added	Ajoutée				
SUD_28	Cannabis abuse - problem recency	Abus de cannabis - dernière fois eu problème	Added	Ajoutée				
SUD_29	Cannabis abuse - most recent problem - age	Abus de cannabis- plus récent problème - âge	Added	Ajoutée				

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUD_31	Cannabis dependence - strong urge to use - life	Dépendance au cannabis - forte envie de consommer - vie	Added	Ajoutée				
SUD_32	Cannabis dependence - need more - life	Dépendance au cannabis - a besoin de plus - vie	Added	Ajoutée				
SUD_33	Cannabis dependence - withdrawal - life	Dépendance au cannabis - sevrage - vie	Added	Ajoutée				
SUD_34	Cannabis dependence - use to stop withdrawal - life	Dépendance au cannabis - consomme pour éviter sevrage - vie	Added	Ajoutée				
SUD_35	Cannabis dependence - use more than intended - life	Dépendance au cannabis - consomme plus que prévu - vie	Added	Ajoutée				
SUD_36	Cannabis dependence - use more frequently then intended- life	Dépendance au cannabis - consomme plus souvent que prévu-vie	Added	Ajoutée				
SUD_37	Cannabis dependence - unable to cut down usage - life	Dépendance au cannabis - incapable de réduire consomm. -vie	Added	Ajoutée				
SUD_38	Cannabis dependence - spent days using/recovering - life	Dépendance au cannabis -passés jours à prendre/récupérer-vie	Added	Ajoutée				
SUD_39	Cannabis dependence - reduced activities - life	Dépendance au cannabis - réduit activités - vie	Added	Ajoutée				
SUD_40	Cannabis dependence - used despite serious problem - life	Dépendance au cannabis-consommé malgré sérieux problèmes-vie	Added	Ajoutée				
SUD_43	Cannabis dependence - 3+ symptoms in same 12 m - life	Dépendance au cannabis - 3+ symptômes dans même 12 m - vie	Added	Ajoutée				
SUD_45	Cannabis dependence - problem recency	Dépendance au cannabis - dernière fois eu problème	Added	Ajoutée				
SUD_46	Cannabis dependence - most recent problem - age	Dépendance au cannabis - plus récent problème - âge	Added	Ajoutée				
SUD_51	Drug abuse excl cann - interfere responsibilities -life	Abus de drogues excl cann - en conflit/responsabilités - vie	Added	Ajoutée				

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Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUD_52	Drug abuse excl cann - problems with people - life	Abus de drogues excl cann - problème avec gens - vie	Added	Ajoutée				
SUD_53	Drug abuse excl cann - continued using/problem - life	Abus de drogues excl cann -continué de prendre/problèmes-vie	Added	Ajoutée				
SUD_54	Drug abuse excl cann - could have be hurt - life	Abus de drogues excl cann - aurait pu être blessé - vie	Added	Ajoutée				
SUD_55	Drug abuse excl cann - police contact - life	Abus de drogues excl cann - contact avec la police - vie	Added	Ajoutée				
SUD_58	Drug abuse excl cann - problem recency	Abus de drogues excl cann - dernière fois eu problème	Added	Ajoutée				
SUD_59	Drug abuse excl cann - most recent problem - age	Abus de drogues excl cann - plus récent problème - âge	Added	Ajoutée				
SUD_61	Drug depend excl cann - strong urge to use - life	Dépend aux drogues excl cann - forte envie de consommer -vie	Added	Ajoutée				
SUD_62	Drug depend excl cann - need more - life	Dépend aux drogues excl cann - a besoin de plus - vie	Added	Ajoutée				
SUD_63	Drug depend excl cann - withdrawal - life	Dépend aux drogues excl cann - sevrage - vie	Added	Ajoutée				
SUD_64	Drug depend excl cann - use to stop withdrawal - life	Dépend aux drogues excl cann-consomme pr éviter sevrage-vie	Added	Ajoutée				
SUD_65	Drug depend excl cann - use more than intended - life	Dépend aux drogues excl cann - consomme plus que prévu - vie	Added	Ajoutée				
SUD_66	Drug depend excl cann -use more freq than intended-life	Dépend aux drogues excl cann-consomme plus souvent prévu-vie	Added	Ajoutée				
SUD_67	Drug depend excl cann - unable to cut down usage - life	Dépend aux drogues excl cann - incapable réduire consomm-vie	Added	Ajoutée				
SUD_68	Drug depend excl cann -spent days using/recovering-life	Dépend aux drogues excl cann -passés jours prendre/récup-vie	Added	Ajoutée				
SUD_69	Drug depend excl cann - reduced activities - life	Dépend aux drogues excl cann - réduit activités - vie	Added	Ajoutée				

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUD_70	Drug depend excl cann-used despite serious problem-life	Dépend aux drogues excl cann -cons malgré sérieux problm-vie	Added	Ajoutée				
SUD_73	Drug depend excl cann - 3+ symptoms in same 12 m - life	Dépend aux drogues excl cann-3+ symptômes dans même 12 m-vie	Added	Ajoutée				
SUD_75	Drug depend excl cann - problem recency	Dépend aux drogues excl cann - dernière fois eu problème	Added	Ajoutée				
SUD_76	Drug depend excl cann - most recent problem - age	Dépend aux drogues excl cann - plus récent problème - âge	Added	Ajoutée				
SUD_811	Drugs - level interference/ability attend school - 12 m	Drogues - niveau de trouble/capacité d'aller à l'école - 12m	Added	Ajoutée				
SUD_812	Drugs - level of interference/ability to work - 12 m	Drogues - niveau de trouble/capacité de travailler - 12 m	Added	Ajoutée				
SUD_81A	Drugs - level interference/home responsibilities - 12 m	Drogues - niveau de trouble - tâches ménagères - 12 m	Added	Ajoutée				
SUD_81C	Drugs - level of interference/close relationships -12 m	Drogues - niveau de trouble - relations proches - 12 m	Added	Ajoutée				
SUD_81D	Drugs - level of interference - social life - 12 m	Drogues - niveau de trouble - vie sociale - 12 m	Added	Ajoutée				
SUD_83	Drugs - num of days/365 totally unable - 12 m	Drogues - nbre de jours/365 totalement incapable - 12 m	Added	Ajoutée				
SUD_87	Drugs - consulted with MD/other professional - life	Drogues - a consulté médecin/autre professionnel - vie	Added	Ajoutée				
SUD_89	Drugs - received professional treatment - 12 m	Drogues - reçu traitement professionnel - 12 m	Added	Ajoutée				
SUD_90	Drugs - hospitalized overnight life	Drogues - hospitalisé pour une nuit - vie	Added	Ajoutée				
SUDDCAA	Cannabis abuse - Criterion A - life - (D)	Abus de cannabis - Critère A - vie - (D)	Added	Ajoutée				

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2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUDDCAB	Cannabis abuse - Criterion B - life - (D)	Abus de cannabis - Critère B - vie - (D)	Added	Ajoutée				
SUDDCDA	Cannabis dependence - Criterion A - life - (D)	Dépendance au cannabis - Critère A - vie - (D)	Added	Ajoutée				
SUDDCDB	Cannabis dependence - Criterion B - life - (D)	Dépendance au cannabis - Critère B - vie - (D)	Added	Ajoutée				
SUDDINT	Substance use - Interference - Mean - 12 m (D)	Consommation de drogues - Interférence - Moyenne - 12 m (D)	Modified	Modifiée	Conditions changed in DV Specifications to account for new questions and disorder criteria.	On a change les conditions dans les spécifications de variables dérivées pour représenter des nouvelles questions et des nouveaux critères de troubles.	Illicit drug interference - mean - 12 mo - (D)	Trouble occasionné par drogues illicites - moy - 12 m. - (D)
SUDFINT	Substance use - Interference - 12 m - (F)	Consommation de drogues - Interférence - 12 m - (I)	Modified	Modifiée	Conditions changed in DV Specifications to account for new questions and disorder criteria.	On a change les conditions dans les spécifications de variables dérivées pour représenter des nouvelles questions et des nouveaux critères de troubles.	Illicit drug interference - 12 mo - (F)	Trouble occasionné par drogues illicites - 12 m - (F)
SUDDL	Drug abuse or dependence (including cann) - life - (D)	Abus ou dépendance aux drogues (inclusion cann) - vie - (D)	Added	Ajoutée				
SUDDLAE	Any drug use (excl one time cann) - life (D)	Tout consommation de drogues (excl seule fois cann) -vie (D)	Added	Ajoutée				
SUDDLAI	Any drug use (incl one time cann) - life - (D)	Tout consom de drogues (incl une seule fois cann) - vie -(D)	Added	Ajoutée				
SUDFLAO	Any other drug - used - life - (F)	Tout autre drogue - consommé - vie - (I)	Added	Ajoutée				
SUDFLAU	Analgesics - nonmedical use - life - (F)	Analgésique - consommé fins non médicales - vie - (I)	Added	Ajoutée				
SUDDLCL	Cannabis abuse or dependence - life - (D)	Abus ou dépendance au cannabis - vie - (D)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUDDLCA	Cannabis abuse - Algorithm - life - (D)	Abus de cannabis - Algorithme - vie - (D)	Added	Ajoutée				
SUDFLCA	Cannabis - used (incl one time only use) - life - (F)	Cannabis - consommé (incl une seule fois consom) - vie - (I)	Same	Même			Cannabis drug use - including one time only - life - (F)	Consommation cannabis - incluant une seule fois - vie - (F)
SUDDLCD	Cannabis dependence - Algorithm - life - (D)	Dépendance au cannabis - Algorithme - vie - (D)	Added	Ajoutée				
SUDFLCM	Cannabis- used (excl one time only) - life - (F)	Cannabis - consommé (excl une seule fois) - vie - (I)	Same	Même			Cannabis drug use - excluding one time only - life - (F)	Consommation cannabis - excluant une seule fois - vie - (F)
SUDFLCO	Cocaine/crack - used - life - (F)	Cocaïne/crack - consommé - vie - (I)	Modified	Modifiée	Input questions reworded	On a changé le libellé des questions d'entrée.	Cocaine / crack drug use - life - (F)	Consommation cocaïne / crack - vie - (F)
SUDFLEX	MDMA (ecstasy) - used - life - (F)	MDMA (ecstasy) - consommé - vie - (I)	Modified	Modifiée	Input questions reworded	On a changé le libellé des questions d'entrée.	MDMA (ecstasy) drug use - life - (F)	Consommation MDMA (ecstasy) - vie - (F)
SUDFLGL	Inhalant or solvent - used - life - (F)	Inhalant ou solvant - used - vie - (I)	Modified	Modifiée	Input questions reworded	On a changé le libellé des questions d'entrée.	Glue, gasoline or other solvent use - life - (F)	Consommation colle, essence ou autres solvants - vie - (F)
SUDFLHA	Hallucinogens, PCP, or LSD - used - life - (F)	Hallucinogènes, PCP, LSD - consommé - vie - (I)	Modified	Modifiée	Input questions reworded	On a changé le libellé des questions d'entrée.	Hallucinogens, PCP or LSD drug use - life - (F)	Consommation hallucinogènes, PCP, LSD - vie - (F)
SUDFLHE	Heroin - used - life - (F)	Héroïne - consommé - vie - (I)	Modified	Modifiée	Input questions reworded	On a changé le libellé des questions d'entrée.	Heroin drug use - life - (F)	Consommation d'héroïne - vie - (F)
SUDDLID	Any drug use (excl cann use) - life - (D)	Tout consommation de drogues (excl consom cann) - vie - (D)	Added	Ajoutée				
SUDDLLO	Drug abuse or dependence (excl cann) - life - (D)	Abus ou dépendance au drogues (excl cann) - vie - (D)	Added	Ajoutée				
SUDDLLOA	Drug abuse (excl cann) - Algorithm - life - (D)	Abus de drogues (excl cann) - Algorithm - vie - (D)	Added	Ajoutée				
SUDDLLOD	Drug dependence (excl cann) - Algorithm - life - (D)	Dépendance aux drogues (excl cann) - Algorithme - vie - (D)	Added	Ajoutée				
SUDFLSU	Stimulant - used nonmedically life - (F)	Stimulant - consommé fins non médicales - vie - (I)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUDEFLTU	Sedative - used nonmedically - life - (F)	Sédatif - consommé fins non médicales - vie - (I)	Added	Ajoutée				
SUDDOAA	Drug abuse (excl cann) - Criterion A - life - (D)	Abus de drogues (excl cann) - Critère A - vie - (D)	Added	Ajoutée				
SUDDOAB	Drug abuse (excl cann) - Criterion B - life - (D)	Abus de drogues (excl cann) - Critère B - vie - (D)	Added	Ajoutée				
SUDDODA	Drug dependence (excl cann) - Criterion A - life - (D)	Dépendance aux drogues (excl cann) - Critère A - vie - (D)	Added	Ajoutée				
SUDDODB	Drug dependence (excl cann) - Criterion B - life - (D)	Dépendance aux drogues (excl cann) - Critère B - vie - (D)	Added	Ajoutée				
SUDDY	Drug abuse or dependence (including cann) - 12 m - (D)	Abus ou dépendance aux drogues (inclusion cann) - 12 m - (D)	Added	Ajoutée				
SUDDYAE	Any drug use (excl one time cann) - 12 m (D)	Tout consom de drogues (excl une seule fois cann) - 12 m (D)	Added	Ajoutée				
SUDDYAI	Any drug use (incl one time cann) - 12 m (D)	Tout consom de drogues (incl une seule fois cann) - 12 m (D)	Added	Ajoutée				
SUDDYC	Cannabis abuse or dependence - 12 m - (D)	Abus ou dépendance au cannabis - 12 m - (D)	Added	Ajoutée				
SUDDYCA	Cannabis abuse - Algorithm - 12 m - (D)	Abus de cannabis - Algorithme - 12 m - (D)	Added	Ajoutée				
SUDDYCD	Cannabis dependence - Algorithm - 12 m - (D)	Dépendance au cannabis - Algorithme - 12 m - (D)	Added	Ajoutée				
SUDFYCM	Cannabis - used (excl one time only) - 12 m - (F)	Cannabis - consommé (excl une seule fois) - 12 m - (I)	Same	Même			Cannabis drug use - excluding one time only - 12 mo - (F)	Consommation cannabis - excl. 1 seule fois - 12 m. - (F)
SUDDYID	Any drug use (excl cann use) - 12 m (D)	Tout consom de drogues (excl consom cann) - 12 m (D)	Added	Ajoutée				
SUDDYO	Drug abuse or dependence (excl cann) - 12 m - (D)	Abuse ou dépendance aux drogues (excl cann) - 12 m - (D)	Added	Ajoutée				
SUDDYOA	Drugs abuse (excl cann) - Algorithm - 12 m - (D)	Abus de drogues (excl cann) - Algorithme - 12 m - (D)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
SUDDYOD	Drug dependence (excl cann) - Algorithm - 12 m - (D)	Dépendance aux drogues (excl cann) - Algorithme - 12 m - (D)	Added	Ajoutée				

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
TWD_1	Stayed in bed - because of illness or injury	Gardé le lit - à cause de maladie ou de blessure	Same	Même			Stayed in bed - because of illness or injury	Gardé le lit - à cause de maladie ou de blessure
TWD_2	Stayed in bed - number of days	Gardé le lit - nombre de jours	Same	Même			Stayed in bed - number of days	Gardé le lit - nombre de jours
TWD_3	Reduced activities - because of illness or injury	Activités limitées - à cause de maladie ou de blessure	Same	Même			Reduced activities - because of illness or injury	Activités limitées - à cause de maladie ou de blessure
TWD_4	Reduced activities - number of days	Activités limitées - nombre de jours	Same	Même			Reduced activities - number of days	Activités limitées - nombre de jours
TWD_5	Took extra effort - because of illness or injury	Fait plus d'effort - à cause de maladie ou de blessure	Same	Même			Took extra effort - because of illness or injury	Fait plus d'effort - à cause de maladie ou de blessure
TWD_6	Number of days requiring extra effort	Nombre de jours où il a fallu plus d'effort	Same	Même			Number of days requiring extra effort	Nombre de jours où il a fallu plus d'effort

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
WST_401	Work stress - learn new things	Stress au trav. - acquérir de nouvelles connaissances	Same	Même			Work stress - must learn new things	Stress au trav. - devait acquérir de nouvelles connaissances
WST_402	Work stress - high level of skill	Stress au travail - niveau élevé de compétences	Same	Même			Work stress - high level of skill	Stress au travail - niveau élevé de compétences
WST_403	Work stress - freedom to decide	Stress au travail - liberté de décider	Same	Même			Work stress - freedom to decide	Stress au travail - liberté de décider
WST_404	Work stress - repetitive tasks	Stress au travail - tâches répétitives	Same	Même			Work stress - repetitive tasks	Stress au travail - tâches répétitives
WST_405	Work stress - job hectic	Stress au travail - travail frénétique	Same	Même			Work stress - job hectic	Stress au travail - travail frénétique
WST_406	Work stress - free from conflicting demands	Stress au travail - exempt des demandes conflictuelles.	Same	Même			Work stress - free from conflicting demands	Stress au travail - exempt des demandes conflictuelles.
WST_407	Work stress - good job security	Stress au travail - bonne sécurité d'emploi	Same	Même			Work stress - good job security	Stress au travail - bonne sécurité d'emploi
WST_408	Work stress - a lot of physical effort	Stress au travail - beaucoup d'efforts physiques	Same	Même			Work stress - required a lot of physical effort	Stress au travail - exigeait beaucoup d'efforts physiques
WST_409	Work stress - had own job input	Stress au travail - avait mot à dire concernant son travail	Same	Même			Work stress - had own job input	Stress au travail - avait mot à dire concernant son travail
WST_410	Work stress - hostility or conflict with others	Stress au travail - hostilité ou conflits avec les collègues	Modified	Modifiée	"Not applicable" response category was added	On a ajouté la catégorie de réponse « Sans objet ».	Work stress - hostility or conflict with others	Stress au travail - hostilité ou conflits avec les collègues
WST_411	Work stress - supervisor helpful	Stress au travail - surveillant facilitait le travail	Modified	Modifiée	"Not applicable" response category was added	On a ajouté la catégorie de réponse « Sans objet ».	Work stress - supervisor helpful	Stress au travail - surveillant facilitait le travail
WST_412	Work stress - co-workers helpful	Stress au travail - collègues facilitaient le travail	Modified	Modifiée	"Not applicable" response category was added	On a ajouté la catégorie de réponse « Sans objet ».	Work stress - co-workers helpful	Stress au travail - collègues facilitaient le travail
WST_413	Work stress - job satisfaction	Stress au travail - satisfait de son travail	Same	Même			Work stress - job satisfaction	Stress au travail - satisfait de son travail
WSTDAUT	Work stress - decision latitude / authority - (D)	Stress au travail - latitude de décision - autorité - (D)	Same	Même			Work stress - decision latitude / authority - (D)	Stress au travail - latitude de décision - autorité - (D)
WSTDJIN	Work stress - job insecurity - (D)	Stress au travail - insécurité d'emploi - (D)	Same	Même			Work stress - job insecurity - (D)	Stress au travail - insécurité d'emploi - (D)

2012 CCHS - Mental Health and 2002 CCHS- Mental Health and Well-Being Comparison / Comparaison de variables en 2012 ESCC - Santé mentale et 2002 ESCC - Santé mentale et Bien-être								
2012			Comparison				2002	
Variable	Concept -English	Concept -Français	Status	État	Change Made	Changement Fait	Concept -English	Concept -Français
WSTDJST	Work stress - job strain - (D)	Stress au travail - contraintes au travail - (D)	Added	Ajoutée				
WSTDPHY	Work stress - physical exertion - (D)	Stress au travail - effort physique - (D)	Same	Même			Work stress - physical exertion - (D)	Stress au travail - effort physique - (D)
WSTDPSY	Work stress - psychological demands - (D)	Stress au travail - demandes psychologiques - (D)	Same	Même			Work stress - psychological demands - (D)	Stress au travail - demandes psychologiques - (D)
WSTDSKI	Work stress - decision latitude/discretion - (D)	Stress au travail - latitude de décision/compétence - (D)	Same	Même			Work stress - decision latitude / discretion - (D)	Stress au travail - latitude de décision - compétence - (D)
WSTDSOC	Work stress - social support - (D)	Stress au travail - soutien social - (D)	Same	Même	"Not applicable" response category was added to input variables	On a ajouté la catégorie de réponse « Sans objet » aux variables d'entrée.	Work stress - social support - (D)	Stress au travail - soutien social - (D)

Appendix C - WHO-CIDI Mental and Substance Disorders - Primary variables for analysis and comparable 2002 variables

This list of the primary disorder variables for analysis summarizes the variables associated with the final algorithms. All component variables, including lifetime and 12 month algorithms for Hypomania are also available. See the Derived Variable (DV) Specifications for more detailed description of these variables and all the component variables. Because the suite of disorders measured in 2002 differs from those measured in 2012, the summary variables are not comparable across surveys. Variables from the 2002 CCHS – Mental Health and Well-being are listed only if they are comparable to 2012.

Concept	2012	2002
Any selected disorder (mental or substance) – lifetime¹	MHPFL	
Any selected disorder (mental or substance) – past 12 month¹	MHPFY	
Any selected disorder (mental or substance) – interference – flag	MHPFINT	
Any mood disorder – lifetime	MHPFLM	
Any mood disorder – past 12 months	MHPFYM	
Major depressive episode – lifetime	DEPDDPS	DEPBDDPS
Major depressive episode – past 12 months	DEPDDY	DEPBDDY
Major depressive episode – age at most recent episode	DEPDREC	DEPBDREC
Major depressive episode – duration longest episode	DEPDPER	DEPBDPER
Major depressive episode – interference – flag	DEPFINT	DEPBFIN
Major depressive episode – interference – mean	DEPDINT	DEPBDINT
Suicide – lifetime – thought	DEPFSLT	DEPBFSLT
Suicide – lifetime – plan	DEPFSLP	
Suicide – lifetime – attempt	DEPFSLA	DEPBFLSA
Suicide – past 12 month – thought	DEPFSYT	DEPBFSYT, DEPBISYT (imputation flag)
Suicide – past 12 month – plan	DEPFSYP	
Suicide – past 12 month - attempt	DEPFSYA	DEPBFSYA, DEPBISYA (imputation flag)
Bipolar disorder – lifetime	BIPDL	
Bipolar disorder - past 12 month	BIPDY	
Bipolar disorder – interference – flag	BIPDINT	
Bipolar disorder – interference – mean	BIPFINT	
Bipolar I disorder – lifetime	BIPD1	
Bipolar I disorder – past 12 month	BIPD1Y	
Bipolar I disorder – interference – flag	BIPFINT1	
Bipolar I disorder – interference – mean	BIPDINT1	

Bipolar II disorder – lifetime	BIPD2	
Bipolar II disorder – past 12 month	BIPD2Y	
Bipolar II disorder – interference – flag	BIPFINT2	
Bipolar II disorder – interference – mean	BIPDINT2	
Bipolar I disorder (mania) 2002 definition – lifetime	MIADEPS	MIABDEPS
Bipolar I disorder (mania) 2002 definition – 12 month	MIADEY	MIABDEY
Bipolar I disorder (mania) 2002 definition – age at most recent episode	MIADREC	MIABDREC
Bipolar I disorder (mania) 2002 definition – duration of longest episode	MIADPER	MIABDPER
Bipolar I disorder (mania) 2002 definition – interference – flag	MIAFINT	MIABFINT
Bipolar I disorder (mania) 2002 definition – interference – mean	MIADINT	MIABDINT
Generalized anxiety disorder – lifetime	GADDGDS	
Generalized anxiety disorder – past 12 month	GADDDY	
Generalized anxiety disorder – age at most recent episode	GADDREC	
Generalized anxiety disorder – duration longest episode	GADD05Y	
Generalized anxiety disorder – interference – flag	GADFINT	
Generalized anxiety disorder – interference – mean	GADDINT	
Any substance use disorder (alcohol or drug) – lifetime	MHPFLSA	
Any substance use disorder (alcohol or drug) – past 12 months	MHPFYSA	
Alcohol abuse or dependence – lifetime	AUDDL	
Alcohol abuse or dependence – past 12 month	AUDDY	
Alcohol abuse – lifetime	AUDDLCA	
Alcohol abuse – past 12 month	AUDDYCA	
Alcohol dependence – lifetime	AUDDLCD	
Alcohol dependence – past 12 month	AUDDYCD	
Alcohol abuse or dependence – interference – flag	AUDFINT	
Alcohol abuse or dependence – interference – mean	AUDDINT	
Cannabis abuse or dependence – lifetime	SUDDLCA	
Cannabis abuse or dependence – past 12 month	SUDDYCA	
Cannabis abuse – lifetime	SUDDLCA	
Cannabis abuse – past 12 month	SUDDYCA	
Cannabis dependence – lifetime	SUDDLCD	
Cannabis dependence – past 12 month	SUDDYCD	
Drug abuse or dependence (excluding cannabis) – lifetime	SUDDLLO	
Drug abuse or dependence (excluding cannabis) – past 12 month	SUDDYLO	
Drug abuse (excluding cannabis) – lifetime	SUDDLLOA	
Drug abuse (excluding cannabis) – past 12 month	SUDDYLOA	
Drug dependence (excluding cannabis) – lifetime	SUDDLLOD	
Drug dependence (excluding cannabis) – past 12 month	SUDDYLOD	
Drug abuse or dependence (including cannabis) –	SUDFINT	

interference – flag		
Drug abuse or dependence (including cannabis) – interference – mean	SUDDINT	

¹ Selected disorders are major depressive episode, bipolar disorder, generalized anxiety disorder, alcohol abuse or dependence, cannabis abuse or dependence, other drug abuse or dependence