Canadian Community Health Survey (CCHS)

Annual Component - 2014 Questionnaire

Statistics Canada   Statistique Canada

Canada

Introduction

1. CCHS content is comprised of three components:

    a. <u>Core content</u> is asked of all respondents. Annual core content remains relatively stable over time while other common modules are asked for one or two years and alternate from year to year;

    b. <u>Optional content</u> is chosen by health regions and is usually coordinated at the provincial level.

    c. <u>Rapid Response</u> modules are cost-recovery projects asked of all respondents living in the ten provinces usually for one collection period (2 months).

2. Question text in **bold** font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word "<u>INTERVIEWER</u>", and are not read aloud.

3. Question text in **bold** font enclosed by brackets ( ) is read to the respondent at the discretion of the interviewer.

4. The options "Don't Know" (DK) and "Refusal" (RF) are allowed on every question unless otherwise stated. However, the response categories are not read aloud.

5. External variable names are displayed in the questionnaire. Those names, highlighted in grey, are used in the microdata files.

Contact component

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

Contact (CN)

CN_BEG

CN_N01   INTERVIEWER: Record method of interview.

          1   Telephone
          2   Personal

          (DK, RF are not allowed)

CN_N02   INTERVIEWER: Have you made contact?

          1   Yes
          2   No

          (DK, RF are not allowed)

CN_END

Interviewer introduction (II)

II_BEG

II_R01   **Hello, I'm from Statistics Canada. My name is ...**

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

II_END

Language of Preference (LP)

LP_BEG

LP_Q01   **Would you prefer that I speak in English or in French?**
ADM_LHH
          1   English   (Go to IC_R01)
          2   French   (Go to IC_R01)
          3   Other

          (DK, RF are not allowed)

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

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

        (DK, RF are not allowed)

LP_END

Initial contact (IC)

IC_BEG

IC_R01   **I'm calling regarding the Canadian Community Health Survey. This survey asks Canadians from all provinces and territories about their health, the factors that affect their health and their use of health care services.**

        One of the main goals of the survey is to gather information to help improve health programs and services provided in your region.

        All information collected in this survey will be kept strictly confidential. Your information may also be used by Statistics Canada for other statistical and research purposes

        <u>INTERVIEWER</u>: Press <Enter> to continue.

IC_END

Household component

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

Roster Introduction (RS)

RS_BEG

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

                INTERVIEWER: Press <Enter> to continue.

RS_END

Usual Roster (USU)

USU_BEG

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

                (DK, RF and null are not allowed)

USU_END

Roster (RS)

RS_BEG

RS_Q04   **Are there any other persons who usually live here but are now away at school, in hospital, or somewhere else?**

                1   Yes
                2   No

RS_E05   INTERVIEWER: Press <Enter> to return to roster and enter at least one name.

Note: Trigger hard edit if RS_Q04 = 1.

RS_END

Age Without Date of Birth (ANDB)

ANDB_BEG

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

|_|_|_| Age in years
(MIN: 0) (MAX: 121)
(DK, RF are not allowed)

ANDB_END

Sex (SEX)

SEX_BEG

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

1   Male
2   Female

(DK, RF are not allowed)

SEX_END

Marital Status (MSNC)

MSNC_BEG

MSNC_Q01   **What is [respondent name]'s marital status? Is [he/she]:**

<u>INTERVIEWER</u>: Read categories to respondent.

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

MSNC_END

Educational Attainment (EHG2)
EHG2_BEG

EHG2_Q01 **What is the highest grade of elementary or high school [respondent name] has**
EDU_1 **ever completed?**

    1   Grade 8 or lower (Québec: Secondary II or lower)   (Go to EHG2_Q03)
    2   Grade 9 - 10 (Québec: Secondary III or IV,
        Newfoundland and Labrador: 1st year secondary)   (Go to EHG2_Q03)
    3.   Grade 11 - 13 (Québec: Secondary V,
        Newfoundland and Labrador: 2nd to 3rd year
        of secondary)

EHG2_Q02 **Did [respondent name]complete a high school diploma or its equivalent?**
EDU_2

    1   Yes
    2   No

EHG2_Q03 **Has [respondent name] received any other education that could be counted towards a**
EDU_3 **certificate, diploma or degree from an educational institution?**

    1   Yes   (Go to EHG2_Q04)
    2   No

EHG2_Q04 **What is the highest certificate, diploma or degree that [respondent name] has**
EDU_1 **completed?**

    1   Less than high school diploma or its equivalent
    2   High school diploma or a high school
        equivalency certificate
    3.   Trade certificate or diploma
    4.   College, CEGEP or other non-university certificate or diploma (other than trades
        certificates or diplomas)
    5.   University certificate or diploma below the
        bachelor's level
    6.   Bachelor's degree (e.g. B.A., B.Sc., LL.B.)
    7.   University certificate, diploma, degree above the
        bachelor's level

EHG2_END

Canadian forces (CAF)
CAF_BEG

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

    1   Yes
    2   No

    (DK, RF are not allowed)

CAF_END

Relationship Without Confirmation (RNC)

RNC_BEG

RNC_Q1   **What is the relationship of: [respondent name] [(Text sex, age)]
                to: [respondent name]? [(Text sex, age)**

        01   Husband/Wife
        02   Common-law partner
        03   Father/Mother   (Go to RNC_Q2A)
        04   Son/Daughter   (Go to RNC_Q2B)
        05   Brother/Sister   (Go to RNC_Q2C)
        06   Foster father/mother
        07   Foster son/daughter
        08   Grandfather/mother
        09   Grandson/daughter
        10   In-law   (Go to RNC_Q2D)
        11   Other related   (Go to RNC_Q2E)
        12   Unrelated   (Go to RNC_Q2F)

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

                Is that a(n):

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

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

                Is that a(n):

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

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

         Is that a(n):

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

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

         Is that a(n):

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

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

         Is that a(n):

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

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

         Is that a(n):

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

RNC_END

Table of Contents

Proxy interview (GR)
Core content

GR_BEG	Content block
	External variables required:
	PROXYMODE: proxy identifier, from the GR block.
	FNAME: first name of respondent from household block.
	DOGR: do block flag, from the sample file.
	PE_Q01: first name of specific respondent from USU block
	PE_Q02: last name of specific respondent from USU block
	Screen display:
	Display on header bar PE_Q01 and PE_Q02 separated by a space

GR_N01A   <u>INTERVIEWER</u>: Who is providing the information for this person's component?

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

GR_C01   If selected respondent, go to GR_END.
        Otherwise, go to GR_N01B.

GR_N01B   <u>INTERVIEWER</u>: Do you want to complete this component by proxy?

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

        Go to GR_E01B

Processing: *This is the variable that's used to create the Proxy variable (PROXYMODE)*

GR_E01B

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

Rule :

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

GR_N02

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

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

GR_N03

<u>INTERVIEWER</u>: Enter the condition.

(80 spaces)

(DK, RF not allowed)

GR_END

Age of respondent (ANC)
Core content

ANC_BEG	Core content
ANC_C01A	If (DOANC block = 1), go to ANC_D01. Otherwise, go to ANC_END.
ANC_D01	Not Applicable
ANC_R01	**For some of the questions I'll be asking, I need to know ^YOUR2 exact date of birth.** INTERVIEWER: Press <1> to continue.
ANC_N01A	INTERVIEWER: Enter the day. If necessary, ask (What is the day?) |_|_| (MIN: 1) (MAX: 31) DK, RF
Processing:	*ANC_N01A is known as DHH_DOB*
ANC_N01B	INTERVIEWER: Enter the month. If necessary, ask (What is the month?) 01 January 02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October 11 November 12 December DK, RF
Processing:	*ANC_N01B is known as DHH_MOB*
ANC_E01B	**An impossible day/month combination has been entered. Please return and correct.**
Rule :	*Trigger hard edit if a month is selected that is invalid in combination with the previously entered numeric day.*

ANC_N01C	<u>INTERVIEWER</u>: Enter a four-digit year. If necessary, ask (What is the year?) |_| (MIN: 0) (MAX: 0) DK, RF
Processing:	*ANC_N01C is known as DHH_YOB*
ANC_C02	If ANC_N01C (Year) = DK, RF, go to ANC_Q03. Otherwise, go to ANC_D02.
ANC_E01C	**An impossible day/month/year combination has been entered. Please return and correct.**
Rule :	*Trigger hard edit if a year is entered that is invalid in combination with the previously entered month and day.*
ANC_E01D	**Date cannot be after ^CURRENTDATE. Please return and correct.**
Rule :	*Trigger hard edit if The day, month, year entered are after the current date.*
ANC_D02	
Programmer:	*Program : Calculate age based on the entered date of birth.*
ANC_Q02	**So ^YOUR1 age is [calculated age].** **Is that correct?** 1 Yes (Go to ANC_C03) 2 No, return and correct date of birth 3 No, collect age (Go to ANC_Q03) (DK, RF not allowed)
ANC_E02	**Return to ANC_N01A and correct the date of birth.**
Rule :	*Trigger hard edit if ANC_Q02 = 2.*
ANC_C03	If [calculated age] < 12 years, go to ANC_R04. Otherwise, go to ANC_END.
ANC_Q03	**What is ^YOUR1 age?** |_|_|_| Age in years (MIN: 0) (MAX: 121) (DK, RF not allowed)
Processing:	*ANC_Q03 is known as DHH_AGE*
ANC_C04	If age < 12 years, go to ANC_R04. Otherwise, go to ANC_END.

ANC_D04   Not Applicable

ANC_R04   **Because ^YOU1 ^ARE less than 12 years old, ^YOU1 ^ARE not eligible to participate in the Canadian Community Health Survey.**

INTERVIEWER: Press <1> to continue.

ANC_END

General health (GEN)
Core content

GEN_BEG	Core content AGE - Age of respondent PROXYMODE: proxy identifier, from the GR block. DOGEN: do block flag, from the sample file.
GEN_C01	If (DOGEN block = 1), go to GEN_R01. Otherwise, go to GEN_END.
GEN_D01	Not Applicable

GEN_R01

This survey deals with various aspects of ^YOUR2 health. The following questions ask about physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

INTERVIEWER: Press <1> to continue.

GEN_Q01
GEN_01

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

INTERVIEWER: Read categories to respondent.

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

Help text:

Tag: Perceived health

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

GEN_Q02A
GEN_02

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

INTERVIEWER: Read categories to respondent.

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

GEN_C02B

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

GEN_Q02B
GEN_02A2

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

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

GEN_Q02C
GEN_02B

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

INTERVIEWER: Read categories to respondent.

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

GEN_Q07
GEN_07

Thinking about the amount of stress in ^YOUR1 life, would you say that most days are...?

INTERVIEWER: Read categories to respondent.

1   **Not at all stressful**
2   **Not very stressful**
3   **A bit stressful**
4   **Quite a bit stressful**
5   **Extremely stressful**
DK, RF

GEN_C08A

If proxy interview, go to GEN_END.
Otherwise, go to GEN_C08B.

GEN_C08B

If age < 15 or age > 75, go to GEN_Q10.
Otherwise, go to GEN_Q08.

GEN_Q08
GEN_08

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

1   Yes
2   No   (Go to GEN_Q10)
DK, RF   (Go to GEN_Q10)

GEN_R09

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

INTERVIEWER: Press <1> to continue.

GEN_Q09
GEN_09

Would you say that most days at work were...?

INTERVIEWER: Read categories to respondent.

1   **Not at all stressful**
2   **Not very stressful**
3   **A bit stressful**
4   **Quite a bit stressful**
5   **Extremely stressful**
DK, RF

GEN_Q10
GEN_10

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

INTERVIEWER: Read categories to respondent.

1   **Very strong**
2   **Somewhat strong**
3   **Somewhat weak**
4   **Very weak**
DK, RF

GEN_END

Voluntary organizations - Participation (ORG)

Optional content   Northwest Territories

ORG_BEG   Optional Content (See Appendix 2)

ORG_C1A   If (DOORG block = 1), go to ORG_C1B.
                                          Otherwise, go to ORG_END.

ORG_C1B   If proxy interview, go to ORG_END.
                                          Otherwise, go to ORG_Q1.

ORG_Q1
ORG_1   **Are you a member of any voluntary organizations or associations such as school groups, church social groups, community centres, ethnic associations or social, civic or fraternal clubs?**

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

ORG_Q2
ORG_2   **How often did you participate in meetings or activities of these groups in the past 12 months? If you belong to many, just think of the ones in which you are most active.**

                                          INTERVIEWER: Read categories to respondent.

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

ORG_END

Sleep (SLP)

Optional content   Manitoba, Prince Edward Island, Alberta, Northwest Territories

SLP_BEG   Optional Content

External variables required:

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

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

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

SLP_C01A   If (DOSLP block = 2), go to SLP_END.
Otherwise, go to SLP_C01B.

SLP_C01B   If proxy interview, go to SLP_END.
Otherwise, go to SLP_Q01.

SLP_Q01
SLP_01

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

INTERVIEWER: Do not include time spent resting.

01   Under 2 hours
02   2 hours to less than 3 hours
03   3 hours to less than 4 hours
04   4 hours to less than 5 hours
05   5 hours to less than 6 hours
06   6 hours to less than 7 hours
07   7 hours to less than 8 hours
08   8 hours to less than 9 hours
09   9 hours to less than 10 hours
10   10 hours to less than 11
      hours
11   11 hours to less than 12
      hours
12   12 hours or more
DK
RF   (Go to SLP_END)

SLP_Q02
SLP_02

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

INTERVIEWER: Read categories to respondent.

1   **None of the time**
2   **A little of the time**
3   **Some of the time**
4   **Most of the time**
5   **All of the time**
DK, RF

SLP_Q03
SLP_03

How often do you find your sleep refreshing?

INTERVIEWER: Read categories to respondent.

1   **None of the time**
2   **A little of the time**
3   **Some of the time**
4   **Most of the time**
5   **All of the time**
DK, RF

SLP_Q04
SLP_04

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

1   None of the time
2   A little of the time
3   Some of the time
4   Most of the time
5   All of the time
DK, RF

SLP_END

Changes made to improve health (CIH)

Optional content	Yukon, British Columbia, Manitoba, Prince Edward Island, Nova Scotia, Northwest Territories
CIH_BEG	Optional Content (See Appendix 2)
CIH_C1A	If (DOCIH block = 1), go to CIH_C1B. Otherwise, go to CIH_END.
CIH_C1B	If proxy interview, go to CIH_END. Otherwise, go to CIH_Q1.

CIH_Q1
CIH_1

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

1   Yes
2   No   (Go to CIH_Q3)
DK, RF   (Go to CIH_END)

CIH_Q2
CIH_2

What is the single most important change you have made?

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

CIH_D3

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

CIH_Q3
CIH_3

Do you think there is ^DT_ANYTHING you should do to improve your physical health?

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

CIH_Q4
CIH_4

What is the most important thing?

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

CIH_Q5
CIH_5

Is there anything stopping you from making this improvement?

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

CIH_Q6

What is that?

INTERVIEWER: Mark all that apply.

CIH_6A   01 Lack of will power / self-discipline

CIH_6I   02 Family responsibilities
CIH_6B   03 Work schedule
CIH_6J   04 Addiction to drugs / alcohol
CIH_6K   05 Physical condition
CIH_6G   06 Disability / health problem
CIH_6F   07 Too stressed
CIH_6E   08 Too costly / financial constraints

CIH_6L   09 Not available - in area
CIH_6M   10 Transportation problems
CIH_6N   11 Weather problems
CIH_6H   12 Other
                DK, RF

CIH_Q7
CIH_7

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

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

CIH_Q8   **What is that?**

INTERVIEWER: Mark all that apply.

CIH_8A   01   Start / Increase exercise,
                                           sports / physical activity
CIH_8B   02   Lose weight
CIH_8C   03   Change diet / improve
                                           eating habits
CIH_8J   04   Quit smoking / reduce
                                           amount smoked
CIH_8K   05   Drink less alcohol
CIH_8G   06   Reduce stress level
CIH_8L   07   Receive medical treatment
CIH_8H   08   Take vitamins
CIH_8I   09   Other
                                     DK, RF

CIH_END

Oral health 1 (OH1)

Optional content	Ontario, Nunavut

OH1_BEG   Optional Content (See Appendix 2)

OH1_C20A   If (DOOH1 block = 1), go to OH1_C20B.
                          Otherwise, go to OH1_END.

OH1_C20B   If proxy interview, go to OH1_END.
                          Otherwise, go to OH1_R20.

OH1_R20   **Next, some questions about the health of your teeth and mouth.**

                          INTERVIEWER: Press <1> to continue.

OH1_Q20   **In general, would you say the health of your teeth and mouth is:**
OH1_20

                          INTERVIEWER: Read categories to respondent.

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

OH1_Q21A   **Now a few questions about your ability to chew different foods,**
OH1_21A   **whether you eat them or not. Can you:**

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

                          1   Yes
                          2   No
                          DK, RF

OH1_Q21B   **(Can you:)**
OH1_21B
                          bite off and chew a piece of fresh apple?

                          1   Yes
                          2   No
                          DK, RF

OH1_C21C   If OH1_Q21A = 1 or OH1_Q21B = 1, go to OH1_Q22.
                          Otherwise, go to OH1_Q21C.

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

OH1_Q21C   **(Can you:)**
OH1_21C
                          chew boiled vegetables?

                          1   Yes
                          2   No
                          DK, RF

OH1_Q22
OH1_22

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

INTERVIEWER: Read categories to respondent.

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

OH1_END

Health care system satisfaction (HCS)

Optional content   Alberta

HCS_BEG   Optional Content (See Appendix 2)

HCS_C1A   If (DOHCS block = 1), go to HCS_C1B.
                           Otherwise, go to HCS_END.

HCS_C1B   If proxy interview or if age < 15, go to HCS_END.
                           Otherwise, go to HCS_D1.

HCS_D1   If province = 10, DT_PROVINCEE = "Newfoundland and Labrador".
                           If province = 11, DT_PROVINCEE = "Prince Edward Island".
                           If province = 12, DT_PROVINCEE = "Nova Scotia".
                           If province = 13, DT_PROVINCEE = "New Brunswick".
                           If province = 24, DT_PROVINCEE = "Quebec".
                           If province = 35, DT_PROVINCEE = "Ontario".
                           If province = 46, DT_PROVINCEE = "Manitoba".
                           If province = 47, DT_PROVINCEE = "Saskatchewan".
                           If province = 48, DT_PROVINCEE = "Alberta".
                           If province = 59, DT_PROVINCEE = "British Columbia".
                           If province = 60, DT_PROVINCEE = "Yukon".
                           If province = 61, DT_PROVINCEE = "the Northwest Territories".
                           If province = 62, DT_PROVINCEE = "Nunavut".

HCS_Q1
HCS_1   **Now, a few questions about health care services in ^DT_PROVINCEE.**
                           Overall, how would you rate the <u>availability</u> of health care services in
                           ^DT_PROVINCEE?
                           Would you say it is...?

                           <u>INTERVIEWER</u>: Read categories to respondent.

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

HCS_D2   Not Applicable

HCS_Q2
HCS_2   **Overall, how would you rate the <u>quality</u> of the health care services that**
                           are available in ^DT_PROVINCEE?

                           <u>INTERVIEWER</u>: Read categories to respondent.

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

HCS_Q3
HCS_3

Overall, how would you rate the <u>availability</u> of health care services <u>in your community</u>?

1   Excellent
2   Good
3   Fair
4   Poor
DK, RF

HCS_Q4
HCS_4

Overall, how would you rate the <u>quality</u> of the health care services that are available <u>in your community</u>?

1   Excellent
2   Good
3   Fair
4   Poor
DK, RF

HCS_END

Height and weight - Self-reported (HWT)
Core content

HWT_BEG	Core content
HWT_C1	If (DOHWT block = 1), go to HWT_C2. Otherwise, go to HWT_END.
HWT_C2	If (proxy interview = No and sex = female and (14 < age < 50)), go to HWT_Q1. Otherwise, go to HWT_Q2.

HWT_Q1
MAM_037

It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?

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

HWT_Q2
HWT_2

The next questions are about height and weight. How tall ^ARE ^YOU2 without shoes on?

0	Less than 1' / 12" (less than 29.2 cm.)	
1	1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)	
2	2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.)	
3	3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)	(Go to HWT_N2C)
4	4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.)	(Go to HWT_N2D)
5	5'0" to 5'11" (151.1 to 181.5 cm.)	(Go to HWT_N2E)
6	6'0" to 6'11" (181.6 to 212.0 cm.)	(Go to HWT_N2F)
7	7'0" and over (212.1 cm. and over)	(Go to HWT_Q3)
DK, RF		(Go to HWT_Q3)

HWT_E2

The selected height is too short for a ^CURRENTAGE year old respondent. Please return and correct.

Rule :   *Trigger hard edit if (HWT_Q2 < 3).*

HWT_N2A
HWT_2A

INTERVIEWER: Select the exact height.

00	1'0" / 12" (29.2 to 31.7 cm.)
01	1'1" / 13" (31.8 to 34.2 cm.)
02	1'2" / 14" (34.3 to 36.7 cm.)
03	1'3" / 15" (36.8 to 39.3 cm.)
04	1'4" / 16" (39.4 to 41.8 cm.)
05	1'5" / 17" (41.9 to 44.4 cm.)
06	1'6" / 18" (44.5 to 46.9 cm.)
07	1'7" / 19" (47.0 to 49.4 cm.)
08	1'8" / 20" (49.5 to 52.0 cm.)
09	1'9" / 21" (52.1 to 54.5 cm.)
10	1'10" / 22" (54.6 to 57.1 cm.)
11	1'11" / 23" (57.2 to 59.6 cm.)

DK, RF

HWT_N2B
HWT_2B

INTERVIEWER: Select the exact height.

00	2'0" / 24" (59.7 to 62.1 cm.)
01	2'1" / 25" (62.2 to 64.7 cm.)
02	2'2" / 26" (64.8 to 67.2 cm.)
03	2'3" / 27" (67.3 to 69.8 cm.)
04	2'4" / 28" (69.9 to 72.3 cm.)
05	2'5" / 29" (72.4 to 74.8 cm.)
06	2'6" / 30" (74.9 to 77.4 cm.)
07	2'7" / 31" (77.5 to 79.9 cm.)
08	2'8" / 32" (80.0 to 82.5 cm.)
09	2'9" / 33" (82.6 to 85.0 cm.)
10	2'10" / 34" (85.1 to 87.5 cm.)
11	2'11" / 35" (87.6 to 90.1 cm.)

DK, RF

HWT_N2C
HWT_2C

INTERVIEWER: Select the exact height.

00	3'0" / 36" (90.2 to 92.6 cm.)
01	3'1" / 37" (92.7 to 95.2 cm.)
02	3'2" / 38" (95.3 to 97.7 cm.)
03	3'3" / 39" (97.8 to 100.2 cm.)
04	3'4" / 40" (100.3 to 102.8 cm.)
05	3'5" / 41" (102.9 to 105.3 cm.)
06	3'6" / 42" (105.4 to 107.9 cm.)
07	3'7" / 43" (108.0 to 110.4 cm.)
08	3'8" / 44" (110.5 to 112.9 cm.)
09	3'9" / 45" (113.0 to 115.5 cm.)
10	3'10" / 46" (115.6 to 118.0 cm.)
11	3'11" / 47" (118.1 to 120.6 cm.)

DK, RF

Go to HWT_Q3

HWT_N2D
HWT_2D

INTERVIEWER: Select the exact height.

00	4'0" / 48" (120.7 to 123.1 cm.)
01	4'1" / 49" (123.2 to 125.6 cm.)
02	4'2" / 50" (125.7 to 128.2 cm.)
03	4'3" / 51" (128.3 to 130.7 cm.)
04	4'4" / 52" (130.8 to 133.3 cm.)
05	4'5" / 53" (133.4 to 135.8 cm.)
06	4'6" / 54" (135.9 to 138.3 cm.)
07	4'7" / 55" (138.4 to 140.9 cm.)
08	4'8" / 56" (141.0 to 143.4 cm.)
09	4'9" / 57" (143.5 to 146.0 cm.)
10	4'10" / 58" (146.1 to 148.5 cm.)
11	4'11" / 59" (148.6 to 151.0 cm.)

DK, RF

Go to HWT_Q3

HWT_N2E HWT_2E	INTERVIEWER: Select the exact height.

00   5'0" (151.1 to 153.6 cm.)
01   5'1" (153.7 to 156.1 cm.)
02   5'2" (156.2 to 158.7 cm.)
03   5'3" (158.8 to 161.2 cm.)
04   5'4" (161.3 to 163.7 cm.)
05   5'5" (163.8 to 166.3 cm.)
06   5'6" (166.4 to 168.8 cm.)
07   5'7" (168.9 to 171.4 cm.)
08   5'8" (171.5 to 173.9 cm.)
09   5'9" (174.0 to 176.4 cm.)
10   5'10" (176.5 to 179.0 cm.)
11   5'11" (179.1 to 181.5 cm.)
DK, RF

Go to HWT_Q3

HWT_N2F HWT_2F	INTERVIEWER: Select the exact height.

00   6'0" (181.6 to 184.1 cm.)
01   6'1" (184.2 to 186.6 cm.)
02   6'2" (186.7 to 189.1 cm.)
03   6'3" (189.2 to 191.7 cm.)
04   6'4" (191.8 to 194.2 cm.)
05   6'5" (194.3 to 196.8 cm.)
06   6'6" (196.9 to 199.3 cm.)
07   6'7" (199.4 to 201.8 cm.)
08   6'8" (201.9 to 204.4 cm.)
09   6'9" (204.5 to 206.9 cm.)
10   6'10" (207.0 to 209.5 cm.)
11   6'11" (209.6 to 212.0 cm.)
DK, RF

HWT_Q3 HWT_3	**How much ^DOVERB ^YOU2 weigh?**

INTERVIEWER: Enter amount only.

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

DK, RF   (Go to HWT_END)

HWT_N4 HWT_N4	INTERVIEWER: Was that in pounds or kilograms?

1   Pounds
2   Kilograms
(DK, RF not allowed)

HWT_E4	An unusual value has been entered. Please confirm.

Rule :   *Trigger soft edit if ((HWT_Q3 > 300 and HWT_N4 = 1) or (HWT_Q3 > 136 and*
            HWT_N4 = 2)) or ((HWT_Q3 < 60 and HWT_N4 = 1) or (HWT_Q3 < 27 and HWT_N4 = 2)).

HWT_C4

If proxy interview, go to HWT_END.
Otherwise, go to HWT_Q4.

HWT_Q4
HWT_4

Do you consider yourself:

INTERVIEWER: Read categories to respondent.

1   **Overweight**
2   **Underweight**
3   **Just about right**
DK, RF

HWT_END

Chronic conditions (CCC)
Core content

CCC_BEG	Core content Age Sex
CCC_C011	If (DOCCC block = 1), go to CCC_R011. Otherwise, go to CCC_END.
CCC_R011	**Now I'd like to ask about certain long-term health conditions which ^YOU2 may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.** INTERVIEWER: Press <1> to continue.
CCC_Q031 CCC_031	**^DOVERB_C ^YOU2 have asthma?** 1 Yes 2 No (Go to CCC_B037) DK (Go to CCC_B037) RF (Go to CCC_END)
CCC_Q035 CCC_035	**^HAVE_C ^YOU1 had any asthma symptoms or asthma attacks in the past 12 months?** 1 Yes 2 No DK, RF
CCC_Q036 CCC_036	**In the past 12 months, ^HAVE ^YOU1 taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?** 1 Yes 2 No DK, RF
CCC_B037	Call sub-block "Fibromyalgia" (CC3)
CCC_C051	If age < 14, go to CCC_Q061. Otherwise, go to CCC_Q051.
CCC_Q051 CCC_051	**^DOVERB_C ^YOU1 have arthritis, excluding fibromyalgia?** 1 Yes 2 No DK, RF
CCC_Q061 CCC_061	**^DOVERB_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?** 1 Yes 2 No DK, RF

CCC_Q071
CCC_071

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

^DOVERB_C ^YOU2 have high blood pressure?

1	Yes	(Go to CCC_Q073)
2	No	
DK		
RF		(Go to CCC_Q081)

CCC_Q072
CCC_072

^HAVE_C ^YOU1 ever been diagnosed with high blood pressure?

1	Yes	
2	No	(Go to CCC_Q081)
DK, RF		(Go to CCC_Q081)

CCC_Q073
CCC_073

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

1	Yes
2	No
DK, RF	

CCC_C075

If sex = female and age > 15 and (CCC_Q071 = 1 or [CCC_Q072 = 1 and CCC_Q073 = 1]), go to CCC_Q075.
Otherwise, go to CCC_Q081.

CCC_Q075
CCC_073A

^WERE_C ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with high blood pressure?

1	Yes	
2	No	(Go to CCC_Q081)
DK, RF		(Go to CCC_Q081)

CCC_Q077
CCC_073B

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

1	Yes
2	No
DK, RF	

CCC_Q081
CCC_081

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

^DOVERB_C ^YOU1 have migraine headaches?

1	Yes
2	No
DK, RF	

CCC_C091

If age < 35, go to CCC_Q101.
Otherwise, go to CCC_Q091.

CCC_Q091 CCC_091	**^DOVERB_C ^YOU2 have chronic bronchitis, emphysema or chronic obstructive pulmonary disease or COPD?** INTERVIEWER: Chronic bronchitis is another name for COPD or emphysema. It is characterized by inflammation of the main air passages to the lung characterized by mucous secretion and chronic cough. It is a long-term condition. 1　Yes 2　No DK, RF
CCC_Q101 CCC_101	**(Remember, we're interested in conditions diagnosed by a health professional and that are expected to last or have already lasted 6 months or more.)** **^DOVERB_C ^YOU2 have diabetes?** INTERVIEWER: Exclude respondents who have been told they have prediabetes. Only respondents with type 1, type 2 or gestational diabetes should answer yes to this question. 1　Yes 2　No　　　　　　　　　(Go to CCC_Q121) DK, RF　　　　　　　　(Go to CCC_Q121)
CCC_Q102 CCC_102	**How old ^WERE ^YOU1 when this was first diagnosed?** INTERVIEWER: Maximum is ^CURRENTAGE. |_|_|_| Age in years (MIN: 1) (MAX: 121) DK, RF
CCC_E102	**An impossible value has been entered. Please return and correct.**
Rule :	*Trigger hard edit if CCC_Q102 > CURRENTAGE*
CCC_C10A	If age < 15 or sex = male or CCC_Q102 < 15 or CCC_Q102 > 49, go to CCC_Q10C. Otherwise, go to CCC_Q10A.
CCC_Q10A CCC_10A	**^WERE_C ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?** 1　Yes 2　No　　　　　　　　　(Go to CCC_Q10C) DK, RF　　　　　　　　(Go to CCC_Q10C)

CCC_Q10B CCC_10B	**Other than during pregnancy, has a health professional ever told ^YOU2 that ^YOU1 ^HAVE diabetes?**

1   Yes
2   No   (Go to CCC_Q121)
DK, RF   (Go to CCC_Q121)

CCC_Q10C CCC_10C	**When ^YOU1 ^WERE first diagnosed with diabetes, how long was it before ^YOU1 ^WERE started on insulin?**

1   Less than 1 month
2   1 month to less than 2 months
3   2 months to less than 6 months
4   6 months to less than 1 year
5   1 year or more
6   Never   (Go to CCC_Q106)
DK, RF

CCC_Q105 CCC_105	**^DOVERB_C ^YOU2 currently take insulin for ^YOUR1 diabetes?**

1   Yes
2   No
DK, RF

Processing:	*If CCC_Q10C = 6, CCC_Q105 will be filled with "No" during processing.*

CCC_Q106 CCC_106	**In the past month, did ^YOU2 take pills to control ^YOUR1 blood sugar?**

1   Yes
2   No
DK, RF

CCC_Q121 CCC_121	**^DOVERB_C ^YOU1 have heart disease?**

1   Yes
2   No
DK, RF

CCC_Q131 CCC_131	**(^DOVERB_C ^YOU1 have:)** **cancer?**

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

CCC_Q132 CCC_31A	**^HAVE_C ^YOU1 ever been diagnosed with cancer?**

1   Yes
2   No
DK, RF

CCC_Q141
CCC_141

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

^DOVERB_C ^YOU1 have intestinal or stomach ulcers?

1 Yes
2 No
DK, RF

CCC_Q151
CCC_151

^DOVERB_C ^YOU2 suffer from the effects of a stroke?

1 Yes
2 No
DK, RF

CCC_C161

If age < 25, go to CCC_Q171.
Otherwise, go to CCC_Q161.

CCC_Q161
CCC_161

^DOVERB_C ^YOU2 have:

urinary incontinence?

1 Yes
2 No
DK, RF

CCC_Q171
CCC_171

^DOVERB_C ^YOU2 have a bowel disorder such as Crohn's Disease, ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?

1 Yes
2 No   (Go to CCC_Q173)
DK, RF   (Go to CCC_Q173)

CCC_Q172
CCC_17A

What kind of bowel disease ^DOVERB ^YOU1 have?

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

CCC_Q173
CCC_173

^HAVE_C ^YOU1 been diagnosed with scoliosis?

1 Yes
2 No
DK, RF

CCC_C181

If age < 35, go to CCC_B181.
Otherwise, go to CCC_Q181.

CCC_Q181
CCC_181

^DOVERB_C ^YOU2 have:

Alzheimer's Disease or any other dementia?

1   Yes
2   No
DK, RF

CCC_B181

Call sub-block "Chronic fatigue syndrome and multiple chemical sensitivities" (CC4)

CCC_Q280
CCC_280

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

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

INTERVIEWER: Include manic depression.

1   Yes
2   No
DK, RF

CCC_Q290
CCC_290

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

1   Yes
2   No
DK, RF

CCC_END

Fibromyalgia - Sub-block (CC3)

Theme content

CC3_BEG

External variables required:

PROXYMODE: proxy identifier, from the GR block.

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

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

CC3_Q01
CCC_041

^DOVERB_C ^YOU2 have fibromyalgia?

1   Yes
2   No
DK, RF

CC3_END

Chronic fatigue syndrome and multiple chemical sensitivities - Sub block (CC4)
Theme content

CC4_BEG

External variables required:

PROXYMODE: proxy identifier, from the GR block.
.
PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

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

CC4_Q01
CCC_251

^DOVERB_C ^YOU2 have chronic fatigue syndrome?

1   Yes
2   No
DK, RF

CC4_Q02
CCC_261

^DOVERB_C ^YOU2 suffer from multiple chemical sensitivities?

1   Yes
2   No
DK, RF

CC4_END

Diabetes care (DIA)

Optional content	Newfoundland and Labrador, New Brunswick

DIA_BEG   Optional Content (See Appendix 2)

DIA_C01A   If (DODIA block = 1), go to DIA_C01B.
                           Otherwise, go to DIA_END.

DIA_C01B   If (CCC_Q101 = 1), go to DIA_C01C.
                           Otherwise, go to DIA_END.

DIA_C01C   If (CCC_Q10A = 1), go to DIA_END.
                           Otherwise, go to DIA_R01.

DIA_R01   **It was reported earlier that ^YOU2 ^HAVE diabetes. The following questions are about diabetes care.**

                           INTERVIEWER: Press <1> to continue.

DIA_Q01
DIA_01   **In the past 12 months, has a health care professional tested ^HIMHER for haemoglobin "A- one-C"? (An "A-one-C" haemoglobin test measures the average level of blood sugar over a 3-month period.)**

                           1   Yes
                           2   No   (Go to DIA_Q03)
                           DK   (Go to DIA_Q03)
                           RF   (Go to DIA_END)

DIA_Q02
DIA_02   **How many times? (In the past 12 months, has a health care professional tested ^HIMHER for haemoglobin "A-one-C"?)**

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

                           DK, RF

DIA_Q03
DIA_03   **In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?**

                           1   Yes
                           2   No   (Go to DIA_Q05)
                           3   No feet   (Go to DIA_Q05)
                           DK, RF   (Go to DIA_Q05)

DIA_Q04
DIA_04   **How many times? (In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?)**

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

                           DK, RF

DIA_Q05
DIA_05

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

1   Yes
2   No
DK, RF

DIA_Q06
DIA_06

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

1   Yes
2   No   (Go to DIA_R08)
DK, RF   (Go to DIA_R08)

DIA_Q07
DIA_07

When was the last time?

INTERVIEWER: Read categories to respondent.

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

DIA_R08

Now some questions about diabetes care _not_ provided by a health care professional.

INTERVIEWER: Press <1> to continue.

DIA_Q08
DIA_08

How often ^DOVERB ^YOU1 usually have ^YOUR1 blood checked for glucose or sugar by ^YOURSELF or by a family member or friend?

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

1   Per day
2   Per week   (Go to DIA_N08C)
3   Per month   (Go to DIA_N08D)
4   Per year   (Go to DIA_N08E)
5   Never   (Go to DIA_C09)
DK, RF   (Go to DIA_C09)

DIA_N08B
DIA_N8B

INTERVIEWER: Enter number of times per _day_.

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

DK, RF

Go to DIA_C09

DIA_N08C
DIA_N8C

INTERVIEWER: Enter number of times per <u>week</u>.

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

DK, RF

Go to DIA_C09

DIA_N08D
DIA_N8D

INTERVIEWER: Enter number of times per <u>month</u>.

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

DK, RF

Go to DIA_C09

DIA_N08E
DIA_N8E

INTERVIEWER: Enter number of times per <u>year</u>.

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

DK, RF

DIA_C09

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

DIA_Q09
DIA_09

How often ^DOVERB ^YOU1 usually have ^YOUR1 feet checked for any sores or irritations by ^YOURSELF or by a family member or friend?

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

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

DIA_N09B
DIA_N9B

INTERVIEWER: Enter number of times per <u>day</u>.

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

DK, RF

Go to DIA_C10

DIA_N09C
DIA_N9C

INTERVIEWER: Enter number of times per <u>week</u>.

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

DK, RF

Go to DIA_C10

DIA_N09D
DIA_N9D

INTERVIEWER: Enter number of times per <u>month</u>.

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

DK, RF

Go to DIA_C10

DIA_N09E
DIA_N9E

INTERVIEWER: Enter number of times per <u>year</u>.

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

DK, RF

DIA_C10

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

DIA_R10

Now a few questions about medication.

INTERVIEWER: Press <1> to continue.

DIA_Q10
DIA_10

In the past month, did ^YOU1 take aspirin or other ASA (acetylsalicylic acid) medication every day or every second day?

1   Yes
2   No
DK, RF

DIA_Q11
DIA_11

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

1   Yes
2   No
DK, RF

DIA_END

Health utilities index (HUI)
Theme content

HUI_BEG	Optional content

The Health Utility Index (HUI) is formed of 8 attributes. In CCHS, these attributes are found in two different modules. The module Pain and discomfort (HUP) is comprised of 3 questions related to the pain and discomfort attribute and is part of the core content which is asked to all survey respondents. The 7 other attributes are found in the module Health Utility Index (HUI). In 2009-2010, this module is also asked to all respondents as part of the theme content.

HUI_C01	If DOHUI = 2, go to HUI_END. Otherwise, go to HUI_R01.

HUI_R01

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

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

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

HUI_Q01
HUI_01

^ARE_C ^YOU1 <u>usually</u> able to see well enough to read ordinary newsprint <u>without</u> glasses or contact lenses?

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

HUI_Q02
HUI_02

^ARE_C ^YOU1 <u>usually</u> able to see well enough to read ordinary newsprint <u>with</u> glasses or contact lenses?

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

HUI_Q03
HUI_03

^ARE_C ^YOU1 able to see at all?

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

HUI_Q04
HUI_04

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

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

HUI_Q05
HUI_05

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

1   Yes
2   No
DK, RF

HUI_Q06
HUI_06

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

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

HUI_Q07A
HUI_07

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

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

HUI_Q07B
HUI_07A

^ARE_C ^YOU1 able to hear at all?

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

HUI_Q08
HUI_08

^ARE_C ^YOU1 <u>usually</u> able to hear what is said in a conversation with one other person in a quiet room <u>without</u> a hearing aid?

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

HUI_Q09
HUI_09

^ARE_C ^YOU1 <u>usually</u> able to hear what is said in a conversation with one other person in a quiet room <u>with</u> a hearing aid?

1   Yes
2   No
DK, RF

HUI_Q10 HUI_10	**^ARE_C ^YOU2 <u>usually</u> able to be understood <u>completely</u> when speaking with strangers in ^YOUR1 own language?** <u>INTERVIEWER</u>: These questions assess the respondent's ability to speak and be understood (not the ability to communicate). For instance: a respondent who can't speak but uses sign language to communicate is considered as having a speech limitation. 1 Yes (Go to HUI_Q14) 2 No DK RF (Go to HUI_Q14)
HUI_Q11 HUI_11	**^ARE_C ^YOU1 able to be understood <u>partially</u> when speaking with strangers?** 1 Yes 2 No DK, RF
HUI_Q12 HUI_12	**^ARE_C ^YOU1 able to be understood <u>completely</u> when speaking with those who know ^HIMHER well?** 1 Yes (Go to HUI_Q14) 2 No DK RF (Go to HUI_Q14)
HUI_Q13 HUI_13	**^ARE_C ^YOU1 able to be understood <u>partially</u> when speaking with those who know ^HIMHER well?** 1 Yes 2 No DK, RF
HUI_Q14 HUI_14	**^ARE_C ^YOU2 <u>usually</u> able to walk around the neighbourhood <u>without</u> difficulty and <u>without</u> mechanical support such as braces, a cane or crutches?** 1 Yes (Go to HUI_Q21) 2 No DK, RF (Go to HUI_Q21)
HUI_Q15 HUI_15	**^ARE_C ^YOU1 able to walk at all?** 1 Yes 2 No (Go to HUI_Q18) DK, RF (Go to HUI_Q18)

HUI_Q16
HUI_16

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

1   Yes
2   No
DK, RF

HUI_Q17
HUI_17

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

1   Yes
2   No
DK, RF

HUI_Q18
HUI_18

^DOVERB_C ^YOU1 require a wheelchair to get around?

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

HUI_Q19
HUI_19

How often ^DOVERB ^YOU1 use a wheelchair?

<u>INTERVIEWER</u>: Read categories to respondent.

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

HUI_Q20
HUI_20

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

1   Yes
2   No
DK, RF

HUI_Q21
HUI_21

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

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

HUI_Q22
HUI_22

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

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

HUI_Q23
HUI_23

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

INTERVIEWER: Read categories to respondent.

1   **Some tasks**
2   **Most tasks**
3   **Almost all tasks**
4   **All tasks**
DK, RF

HUI_Q24
HUI_24

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

1   Yes
2   No
DK, RF

HUI_D25

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

HUI_Q25
HUI_25

Would you describe ^DT_YSELF as being usually**...?**

INTERVIEWER: Read categories to respondent.

1   **Happy and interested in life**
2   **Somewhat happy**
3   **Somewhat unhappy**
4   **Unhappy with little interest in life**
5   **So unhappy, that life is not worthwhile**
DK, RF

HUI_Q26
HUI_26

How would you describe ^YOUR1 usual **ability to remember things?**

INTERVIEWER: Read categories to respondent.

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

HUI_Q27
HUI_27

How would you describe ^YOUR1 <u>usual</u> ability to think and solve day-to-day problems?

<u>INTERVIEWER</u>: Read categories to respondent.

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

HUI_END

Pain and discomfort (HUP)
Core content

HUP_BEG	Core content
HUP_C1	If (DOHUP block = 1), go to HUP_D1. Otherwise, go to HUP_END.
HUP_D1	Not Applicable
HUP_R1	**The next set of questions asks about the level of pain or discomfort ^YOU2 <u>usually</u> experience. They are not about illnesses like colds that affect people for short periods of time.** INTERVIEWER: Press <1> to continue.

HUP_Q28
HUP_01

^ARE_C ^YOU2 usually free of pain or discomfort?

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

HUP_Q29
HUP_02

How would you describe the usual intensity of ^YOUR1 pain or discomfort?

INTERVIEWER: Read categories to respondent.

1   **Mild**
2   **Moderate**
3   **Severe**
DK, RF

HUP_Q30
HUP_03

How many activities does ^YOUR1 pain or discomfort prevent?

INTERVIEWER: Read categories to respondent.

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

HUP_END

Health care utilization (HCU)
Core content

HCU_BEG	Core content

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOHCU: do block flag, from the sample file.

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

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

HCU_C01

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

HCU_D01

Not Applicable

HCU_Q10
HCU_1AA

^DOVERB_C ^YOU2 have a regular medical doctor?

1   Yes   (Go to HCU_D50)
2   No
DK, RF   (Go to HCU_END)

Processing:

The questionnaire variable name changed from HCU_Q01AA to HCU_Q10 in 2013, but the release name is still HCU_1AA.

HCU_Q20

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

<u>INTERVIEWER</u>: Mark all that apply.

HCU_1BA   1   No medical doctors available in the area
HCU_1BB   2   Medical doctors in the area are not taking new patients
HCU_1BC   3   Have not tried to contact one
HCU_1BD   4   Had a medical doctor who left or retired
HCU_1BE   5   Other - Specify   (Go to HCU_S20)
DK, RF

Go to HCU_D30

Processing:

The questionnaire variable name changed from HCU_Q01AB to HCU_Q20 in 2013, but the release name is still HCU_1B(A-E).

HCU_S20

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

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

HCU_D30

If proxy interview, DT_GOVERB = "goes".
Otherwise, DT_GOVERB = "go".

HCU_Q30
HCU_1A1

Is there a place that ^YOU2 usually ^DT_GOVERB to when ^YOU1 ^ARE sick or need^S advice about ^YOUR1 health?

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

Processing:

The questionnaire variable name changed from HCU_Q01A1 to HCU_Q30 in 2013, but the release name is still HCU_1A1.

HCU_Q40
HCU_1A2

What kind of place is it?

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

01   Doctor's office
02   Community health centre /
      CLSC
03   Walk-in clinic
04   Appointment clinic
05   Telephone health line (for
      example, HealthLinks,
      Telehealth Ontario, Health-
      Line, TeleCare, Info-Santé)
06   Hospital emergency room
07   Hospital outpatient clinic
08   Other - Specify   (Go to HCU_S40)
DK, RF

Go to HCU_END

Processing:

The questionnaire variable name changed from HCU_Q01A2 to HCU_Q40 in 2013, but the release name is still HCU_1A2.

HCU_S40

(What kind of place is it?)

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

Go to HCU_END

HCU_D50   Not Applicable

HCU_Q50   **^DOVERB_C ^YOU2 and this doctor usually speak in English, in French,**
HCU_1AC   **or in another language?**

01   English
02   French
03   Arabic
04   Chinese
05   Cree
06   German
07   Greek
08   Hungarian
09   Italian
10   Korean
11   Persian (Farsi)
12   Polish
13   Portuguese
14   Punjabi
15   Spanish
16   Tagalog (Filipino)
17   Ukrainian
18   Vietnamese
19   Dutch
20   Hindi
21   Russian
22   Tamil
23   Other - Specify   (Go to HCU_S50)
DK, RF

Go to HCU_END

Processing: *The questionnaire variable name changed from HCU_Q01AC to HCU_Q50 in 2013,*
but the release name is still HCU_1AC.

HCU_S50   **(^DOVERB_C ^YOU2 and this doctor usually speak in English, in French,**
or in another language?)

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

HCU_END

Contacts with Health Professionals - Part 1 (CHP)
Core content

CHP_BEG	Core content SEX_Q01- Respondent's sex AGE- Age of the respondent DOCHP do block flag, from the sample file.
CHP_C01	If (DOCHP block = 1), go to CHP_D01A. Otherwise, go to CHP_END.
CHP_D01A	Not Applicable
CHP_D01B	DV_DATEONEYEARAGO = CURRENTYEAR - 1
CHP_R01	**Now I'd like to ask about ^YOUR2 contacts with various health professionals during the past 12 months, that is, from ^DATEONEYEARAGO to yesterday.** INTERVIEWER: Press <1> to continue.

CHP_Q01
CHP_01

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

1   Yes
2   No   (Go to CHP_D03A)
DK   (Go to CHP_D03A)
RF   (Go to CHP_END)

CHP_Q02
CHP_02

For how many nights in the past 12 months?

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

DK, RF

Processing:	*In processing, if a respondent answered CHP_Q01 = 2, the variable CHP_Q02 is given the value of "0".*
CHP_E02	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if CHP_Q02 > 100*
CHP_D03A	If CHP_Q01 = 1, DT_COUNT = "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise,, DT_COUNT = "In the past 12 months".
CHP_D03B	If age < 18, DT_PED = "pediatrician". Otherwise, DT_PED = "null".

CHP_Q03 CHP_03	**^DT_COUNT, ^HAVE ^YOU2 seen, or talked to any of the following health professionals about ^YOUR1 physical, emotional or mental health:** **a family doctor, ^DT_PED or general practitioner?** INTERVIEWER: Include both face to face and telephone contacts. 1 Yes 2 No (Go to CHP_Q06) DK, RF (Go to CHP_Q06)
CHP_Q04 CHP_04	**How many times (in the past 12 months)?** |_|_|_| Times (MIN: 1) (MAX: 366) DK, RF
Processing:	*In processing, if a respondent answered CHP_Q03 = 2, the variable CHP_Q04 is given the value of "0".*
CHP_E04	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if CHP_Q04 > 12*

CHP_Q05
CHP_05
	Where did the most recent contact take place?
	
	INTERVIEWER: If respondent says "hospital", probe for details.
	
	01 Doctor's office
	02 Hospital emergency room
	03 Hospital outpatient clinic
	       (e.g. day surgery, cancer)
	04 Walk-in clinic
	05 Appointment clinic
	06 Community health centre /
	       CLSC
	07 At work
	08 At school
	09 At home
	10 Telephone consultation only
	11 Other - Specify (Go to CHP_S05)
	DK, RF
	
	Go to CHP_Q06

CHP_S05	**(Where did the most recent contact take place?)** INTERVIEWER: Specify. _____ (80 spaces) DK, RF

CHP_Q06 CHP_06	**(^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)** **an eye specialist, such as an ophthalmologist or optometrist (about ^YOUR1 physical, emotional or mental health)?** INTERVIEWER: Include both face to face and telephone contacts. 1 Yes 2 No (Go to CHP_D08) DK, RF (Go to CHP_D08)
CHP_Q07 CHP_07	**How many times (in the past 12 months)?** |_|_| Times (*MIN: 1*) (*MAX: 75*) DK, RF
Processing:	*In processing, if a respondent answered CHP_Q06 = 2, the variable CHP_Q07 is given the value of "0".*
CHP_E07	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if CHP_Q07 > 3*
CHP_D08	If respondent is male, DT_DOCTOR = "urologist". Otherwise, DT_DOCTOR = "gynaecologist".
CHP_Q08 CHP_08	**(^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)** **any other medical doctor or specialist such as a surgeon, allergist, orthopaedist, ^DT_DOCTOR or psychiatrist (about ^YOUR1 physical, emotional or mental health)?** INTERVIEWER: Include both face to face and telephone contacts. 1 Yes 2 No (Go to CHP_Q11) DK, RF (Go to CHP_Q11)
CHP_Q09 CHP_09	**How many times (in the past 12 months)?** |_|_|_| Times (*MIN: 1*) (*MAX: 300*) DK, RF
Processing:	*In processing, if a respondent answered CHP_Q08 = 2, the variable CHP_Q09 is given the value of "0".*
CHP_E09	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if CHP_Q09 > 7*

CHP_Q10
CHP_10
	Where did the most recent contact take place?
	
	INTERVIEWER: If respondent says "hospital", probe for details.
	
	01 Doctor's office
	02 Hospital emergency room
	03 Hospital outpatient clinic
	       (e.g. day surgery, cancer)
	04 Walk-in clinic
	05 Appointment clinic
	06 Community health centre /
	       CLSC
	07 At work
	08 At school
	09 At home
	10 Telephone consultation only
	11 Other - Specify (Go to CHP_S10)
	DK, RF
	
	Go to CHP_Q11

CHP_S10	**(Where did the most recent contact take place?)** INTERVIEWER: Specify. (80 spaces) DK, RF
CHP_Q11 CHP_11	**^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:** **a nurse for care or advice about ^YOUR1 physical, emotional or mental health?** INTERVIEWER: Include both face to face and telephone contacts. 1 Yes 2 No (Go to CHP_Q14) DK, RF (Go to CHP_Q14)
CHP_Q12 CHP_12	**How many times (in the past 12 months)?** |_|_|_| Times (MIN: 1) (MAX: 366) DK, RF
Processing:	*In processing, if a respondent answered CHP_Q11 = 2, the variable CHP_Q12 is given the value of "0".*
CHP_E12	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if CHP_Q12 > 15*

CHP_Q13
CHP_13
	Where did the most recent contact take place?
	
	INTERVIEWER: If respondent says "hospital", probe for details.
	
	01 Doctor's office
	02 Hospital emergency room
	03 Hospital outpatient clinic
	       (e.g. day surgery, cancer)
	04 Walk-in clinic
	05 Appointment clinic
	06 Community health centre /
	       CLSC
	07 At work
	08 At school
	09 At home
	10 Telephone consultation only
	11 Other - Specify (Go to CHP_S13)
	DK, RF
	
	Go to CHP_Q14

Where did the most recent contact take place?

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

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

Go to CHP_Q14

CHP_S13

(Where did the most recent contact take place?)

INTERVIEWER: Specify.

_____

(80 spaces)

DK, RF

CHP_Q14
CHP_14

(^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:)

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

INTERVIEWER: Include both face to face and telephone contacts.

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

CHP_Q15
CHP_15

How many times (in the past 12 months)?

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

DK, RF

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

CHP_E15 | An unusual value has been entered. Please confirm.

Rule : | *Trigger soft edit if CHP_Q15 > 4*

CHP_END

Contacts with Health Professionals - Part 2 (CP2)
Theme content

CP2_BEG	DOCP2: do block flag, from the sample file. CHP_Q01
CP2_C16	If (do CP2 block = 1), go to CP2_D16. Otherwise, go to CP2_END.
CP2_D16	If CHP_Q01 = 1, DT_COUNT = "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, DT_COUNT = "In the past 12 months".

CP2_Q16
CHP_16

^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:

a chiropractor about ^YOUR1 physical, emotional or mental health?

INTERVIEWER: Include both face to face and telephone contacts.

1	Yes	
2	No	(Go to CP2_Q18)
DK, RF		(Go to CP2_Q18)

CP2_Q17
CHP_17

How many times (in the past 12 months)?

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

DK, RF

Processing: *If a respondent answered CP2_Q16 = 2, the variable CP2_Q17 is given the value of "0".*

CP2_E17 An unusual value has been entered. Please confirm.

Rule : *Trigger soft edit if CP2_Q17 > 20*

CP2_Q18
CHP_18

^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:

a physiotherapist (about ^YOUR1 physical, emotional or mental health)?

INTERVIEWER: Include both face to face and telephone contacts.

1	Yes	
2	No	(Go to CP2_Q20)
DK, RF		(Go to CP2_Q20)

CP2_Q19 CHP_19	**How many times (in the past 12 months)?** |_|_|_| Times (MIN: 1) (MAX: 366) DK, RF
Processing:	*If a respondent answered CP2_Q18 = 2, the variable CP2_Q19 is given the value of "0".*
CP2_E19	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if CP2_Q19 > 30*

CP2_Q20
CHP_20

^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:

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

INTERVIEWER: Include both face to face and telephone contacts.

1   Yes
2   No   (Go to CP2_Q22)
DK, RF   (Go to CP2_Q22)

CP2_Q21 CHP_21	**How many times (in the past 12 months)?** |_|_|_| Times (MIN: 1) (MAX: 366) DK, RF
Processing:	*If a respondent answered CP2_Q20 = 2, the variable CP2_Q21 is given the value of "0".*
CP2_E21	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if CP2_Q21 > 25*

CP2_Q22
CHP_22

^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:

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

INTERVIEWER: Include both face to face and telephone contacts.

1   Yes
2   No   (Go to CP2_Q24)
DK, RF   (Go to CP2_Q24)

CP2_Q23 CHP_23	**How many times (in the past 12 months)?** |_|_|_| Times (MIN: 1) (MAX: 366) DK, RF
Processing:	*If a respondent answered CP2_Q22 = 2, the variable CP2_Q23 is given the value of "0".*
CP2_E23	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if CP2_Q23 > 20*
CP2_Q24 CHP_24	**^DT_COUNT, ^HAVE ^YOU2 seen, or talked to:** **an audiologist, a speech or occupational therapist (about ^YOUR1 physical, emotional or mental health)?** INTERVIEWER: Include both face to face and telephone contacts. 1 Yes 2 No (Go to CP2_END) DK, RF (Go to CP2_END)
CP2_Q25 CHP_25	**How many times (in the past 12 months)?** |_|_|_| Times (MIN: 1) (MAX: 200) DK, RF
Processing:	*If a respondent answered CP2_Q24 = 2, the variable CP2_Q25 is given the value of "0".*
CP2_E25	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if CP2_Q25 > 12*
CP2_END	

Unmet health care needs (UCN)
Theme content

UCN_BEG	Thematic content

External variables required:

PROXYMODE: proxy identifier, from the GR block.
AGE: Respondent's age
DOUCN: do block flag, from the sample file.

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

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

UCN_C010   If DOUCN = 1, go to UCN_D010.
Otherwise, go to UCN_END.

UCN_D010   If PROXYMODE = 2, DT_PHRASE_E = "During the past 12 months, was there ever a time when you felt that you needed health care but you didn't receive it?".
Otherwise, PROXYMODE = 1 (Proxy) AND AGE < 18, DT_PHRASE_E = "During the past 12 months, was there ever a time when you felt that ^YOU2 needed health care but ^YOU1 didn't receive it?".
Otherwise, PROXYMODE = 1 (Proxy) AND AGE >= 18, DT_PHRASE_E = "During the past 12 months, was there ever a time when ^YOU2 felt that ^YOU1 needed health care but ^YOU1 didn't receive it?".

UCN_Q010
UCN_010   **^DT_PHRASE_E**

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

UCN_Q020

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

INTERVIEWER: Mark all that apply.

01   Not available - in the area
02   Not available - at time
      required (e.g. doctor on
holidays, inconvenient hours)
03   Waiting time too long
04   Felt would be inadequate
05   Cost
06   Too busy
07   Didn't get around to it /
      didn't bother
08   Decided not to seek care
09   Doctor - didn't think it was
      necessary
10   Other - Specify   (Go to UCN_S020)
DK, RF

Go to UCN_Q030

UCN_S020

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

INTERVIEWER: Specify.

(80 spaces)

DK, RF

UCN_Q030

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

INTERVIEWER: Mark all that apply.

UCN_030A   1   Treatment of - a physical
                   health problem
UCN_030B   2   Treatment of - an emotional
                   or mental health problem
UCN_030C   3   A regular check-up
                   (including regular pre-natal
                   care)
UCN_030D   4   Care of an injury
UCN_030E   5   Other - Specify   (Go to UCN_S030)
DK, RF

Go to UCN_Q040

UCN_S030

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

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

UCN_Q040

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

<u>INTERVIEWER</u>: Mark all that apply.

UCN_040A
UCN_040B

UCN_040C
UCN_040D
UCN_040E
UCN_040F
UCN_040G

1	Doctor's office	
2	Community health centre / CLSC	
3	Walk-in clinic	
4	Appointment clinic	
5	Hospital - emergency room	
6	Hospital - outpatient clinic	
7	Other - Specify	(Go to UCN_S040)

DK, RF

Go to UCN_END

UCN_S040

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

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

UCN_END

Home care services (HMC)

Optional content   Ontario, Prince Edward Island, Quebec

HMC_BEG   Optional Content (See Appendix 2)

HMC_C09A   If (DOHMC block = 1), go to HMC_C09B.
                                    Otherwise, go to HMC_END.

HMC_C09B   If age < 18, go to HMC_END.
                                    Otherwise, go to HMC_R09.

HMC_R09   **Now some questions on home care services. These are** <u>**health care**</u>**,** <u>**home maker**</u> **or other** <u>**support services**</u> **received at home. People may receive home care due to a health problem or condition that affects their daily activities. Examples include: nursing care, personal care or help with bathing, housework, meal preparation, meal delivery and respite care.**

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

HMC_Q09   **^HAVE_C ^YOU2 received any home care services in the past 12**
HMC_09   **months, with the cost being entirely or partially covered by government?**

                                    1   Yes
                                    2   No   (Go to HMC_D11)
                                    DK   (Go to HMC_D11)
                                    RF   (Go to HMC_END)

HMC_Q10   **What type of services ^HAVE ^YOU1 received?**

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

HMC_10A   01   **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**
HMC_10B   02   **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**
HMC_10I   03   **Medical equipment or supplies**
HMC_10C   04   **Personal care (e.g., bathing, foot care)**
HMC_10D   05   **Housework (e.g., cleaning, laundry)**
HMC_10E   06   **Meal preparation or delivery**
HMC_10F   07   **Shopping**
HMC_10G   08   **Respite care (i.e., caregiver relief)**
HMC_10H   09   Other - Specify   (Go to HMC_S10)
                                    DK, RF

                                    Go to HMC_D11

HMC_S10 | **(What type of services ^HAVE ^YOU1 received?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HMC_D11 | If HMC_Q09 = 1, DT_OTHER = "other home".
Otherwise, DT_OTHER = "home".

HMC_Q11
HMC_11 | **^HAVE_C ^YOU2 received any ^DT_OTHER care services in the past 12 months, with the cost <u>not</u> covered by government (for example: care provided by a private agency or by a spouse or friends)?**

INTERVIEWER: Include only health care, homemaker or other support services (e.g., housework) that are provided because of a respondent's health problem or condition.

1   Yes
2   No   (Go to HMC_Q14)
DK, RF   (Go to HMC_Q14)

HMC_D12 | Not Applicable

HMC_Q12 | **Who provided these ^DT_OTHER home care services?**

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

HMC_12A | 1   **Nurse from a private agency**
HMC_12B | 2   **Homemaker or other support services from a private agency**
HMC_12G | 3   **Physiotherapist or other therapist from a private agency**
HMC_12C | 4   **Neighbour or friend**
HMC_12D | 5   **Family member or spouse**
HMC_12E | 6   **Volunteer**
HMC_12F | 7   Other - Specify   (Go to HMC_S12)

DK, RF

Go to HMC_Q13

HMC_S12 | **(Who provided these ^DT_OTHER home care services?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HMC_Q13   **What type of home care services ^HAVE ^YOU1 received?**

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

HMC_13A   01   **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**

HMC_13B   02   **Other health care services (e.g., physiotherapy, occupational or speech therapy,**
nutrition counselling)

HMC_13C   03   **Medical equipment or supplies**

HMC_13D   04   **Personal care (e.g., bathing, foot care)**

HMC_13E   05   **Housework (e.g., cleaning, laundry)**

HMC_13F   06   **Meal preparation or delivery**
HMC_13G   07   **Shopping**
HMC_13H   08   **Respite care (i.e., caregiver relief)**

HMC_13I   09   Other - Specify   (Go to HMC_S13)
                 DK, RF

                 Go to HMC_Q14

HMC_S13   **(What type of home care services ^HAVE ^YOU1 received?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

HMC_Q14   **During the past 12 months, was there ever a time when ^YOU2 felt that**
HMC_14   **^YOU1 needed home care services but ^YOU1 didn't receive them?**

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

HMC_Q15	**Thinking of the most recent time, why didn't ^YOU1 get these services?**

INTERVIEWER: Mark all that apply.

HMC_15A	01	Not available - in the area
HMC_15B	02	Not available - at time required (e.g., inconvenient hours)
HMC_15C	03	Waiting time too long
HMC_15D	04	Felt would be inadequate
HMC_15E	05	Cost
HMC_15F	06	Too busy
HMC_15G	07	Didn't get around to it / didn't bother
HMC_15H	08	Didn't know where to go / call
HMC_15I	09	Language problems
HMC_15J	10	Personal or family responsibilities
HMC_15K	11	Decided not to seek services
HMC_15L	12	Doctor - did not think it was necessary
HMC_15N	13	Did not qualify / not eligible for home care
HMC_15O	14	Still waiting for home care
HMC_15M	15	Other - Specify (Go to HMC_S15)
	DK, RF	

Go to HMC_Q16

HMC_S15	**(Thinking of the most recent time, why didn't ^YOU1 get these services?)**

INTERVIEWER: Specify.

_____

(80 spaces)

DK, RF

HMC_Q16	**Again, thinking of the most recent time, what type of home care was needed?**
	INTERVIEWER: Mark all that apply.
HMC_16A	01 Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)
HMC_16B	02 Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)
HMC_16I	03 Medical equipment or supplies
HMC_16C	04 Personal care (e.g., bathing, foot care)
HMC_16D	05 Housework (e.g., cleaning, laundry)
HMC_16E	06 Meal preparation or delivery
HMC_16F	07 Shopping
HMC_16G	08 Respite care (i.e., caregiver relief)
HMC_16H	09 Other - Specify (Go to HMC_S16)
	DK, RF
	Go to HMC_Q17
HMC_S16	**(Again, thinking of the most recent time, what type of home care was needed?)**
	INTERVIEWER: Specify.
	(80 spaces)
	DK, RF
HMC_Q17	**Where did ^YOU2 try to get this home care service?**
	INTERVIEWER: Mark all that apply.
HMC_17A	1 A government sponsored program
HMC_17B	2 A private agency
HMC_17C	3 A family member, friend or neighbour
HMC_17D	4 A volunteer organization
HMC_17E	5 Other
	DK, RF
HMC_END	

Patient satisfaction - Health care services (PAS)

Optional content	Alberta, Nova Scotia, Prince Edward Island

PAS_BEG

External variables required:
CHP_Q01 to CHP_Q14
CP2_Q16 to CP2_Q24
PROXYMODE: proxy identifier, from the GR block.
DOPAS: do block flag, from the sample file.
AGE: Age of respondent

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

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

PAS_C11A

If (DOPAS block = 1), go to PAS_C11B.
Otherwise, go to PAS_END.

PAS_C11B

If proxy interview or if age < 15, go to PAS_END.
Otherwise, go to PAS_R11.

PAS_R11

Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the <u>quality</u> of the care you received.

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

PAS_C11C

If CHP_Q01 = 1 or CHP_Q03 = 1 or CHP_Q06 = 1 or CHP_Q08 = 1 or CHP_Q11 = 1 or CHP_Q14 = 1 or CP2_Q16 =1 or CP2_Q18 = 1 or CP2_Q20 = 1 or CP2_Q22 = 1 or CP2_Q24 = 1, go to PAS_Q12.
Otherwise, go to PAS_Q11.

PAS_Q11
PAS_11

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

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

Processing:

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

PAS_Q12
PAS_12

Overall, how would you rate the quality of the health care you received?
Would you say it was...?

<u>INTERVIEWER</u>: Read categories to respondent.

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

PAS_Q13
PAS_13

Overall, how satisfied were you with <u>the way</u> health care services were provided? Were you...?

<u>INTERVIEWER</u>: Read categories to respondent.

1   **Very satisfied**
2   **Somewhat satisfied**
3   **Neither satisfied nor dissatisfied**
4   **Somewhat dissatisfied**
5   **Very dissatisfied**
DK, RF

PAS_Q21A
PAS_21A

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

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

PAS_Q21B
PAS_21B

Thinking of your most recent hospital visit, were you...?

<u>INTERVIEWER</u>: Read categories to respondent.

1   **Admitted overnight or longer (an inpatient)**
2   **A patient at a diagnostic or day surgery clinic (an outpatient)**
3   **An emergency room patient**
DK, RF   (Go to PAS_Q31A)

PAS_Q22
PAS_22

(Thinking of this most recent hospital visit:)

how would you rate the quality of the care you received? Would you say it was...?

<u>INTERVIEWER</u>: Read categories to respondent.

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

PAS_Q23
PAS_23

(Thinking of this most recent hospital visit:)

how satisfied were you with <u>the way</u> hospital services were provided? Were you...?

INTERVIEWER: Read categories to respondent.

1   **Very satisfied**
2   **Somewhat satisfied**
3   **Neither satisfied nor dissatisfied**
4   **Somewhat dissatisfied**
5   **Very dissatisfied**
DK, RF

PAS_Q31A
PAS_31A

In the past 12 months, not counting hospital visits, have you received any health care services from a family doctor or other physician?

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

PAS_Q31B
PAS_31B

Thinking of the most recent time, was care provided by...?

INTERVIEWER: Read categories to respondent.

1   **A family doctor (general practitioner)**
2   **A medical specialist**
DK, RF   (Go to PAS_END)

PAS_Q32
PAS_32

(Thinking of this most recent care from a physician:)

how would you rate the quality of the care you received? Would you say it was...?

INTERVIEWER: Read categories to respondent.

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

PAS_Q33
PAS_33

(Thinking of this most recent care from a physician:)

**how satisfied were you with <u>the way</u> physician care was provided?
Were you...?**

<u>INTERVIEWER</u>: Read categories to respondent.

1   **Very satisfied**
2   **Somewhat satisfied**
3   **Neither satisfied nor
     dissatisfied**
4   **Somewhat dissatisfied**
5   **Very dissatisfied**
DK, RF

PAS_END

Patient satisfaction - Community-based care (PSC)

Optional content	Ontario, Prince Edward Island, Alberta

PSC_BEG

Optional Content (See Appendix 2)
PROXYMODE: proxy identifier, from the GR block.
DOPSC: do block flag, from the sample file.
DOCP2:do block flag, from the sample file.
DOPAS:do block flag, from the sample file.
AGE: Age of respondent
CHP_Q01 to CHP_Q14
CP2 _Q16 to CP2_Q24
PAS_Q11

PSC_C41A

If (DOPSC block = 1), go to PSC_C41B.
Otherwise, go to PSC_END.

PSC_C41B

If proxy interview or if age < 15, go to PSC_END.
Otherwise, go to PSC_C41C.

PSC_C41C

If PAS_Q11 = 1 or CHP_Q01 = 1 or CHP_Q03 = 1 or CHP_Q06 = 1 or
CHP_Q08 = 1 or CHP_Q11 = 1 or CHP_Q14 = 1 or CP2_Q16 =1 or
CP2_Q18 = 1 or CP2_Q20 = 1 or CP2_Q22 = 1 or CP2_Q24 = 1 or
(DOCP2 = 2 and DOPAS = 2), go to PSC_R41.
Otherwise, go to PSC_END.

PSC_R41

The next questions are about community-based health care which includes any health care received outside of a hospital or doctor's office.

Examples are: home nursing care, home-based counselling or therapy, personal care and community walk-in clinics.

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

PSC_Q41
PSC_1

In the past 12 months, have you received any community-based care?

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

PSC_Q42
PSC_2

Overall, how would you rate the quality of the community-based care you received? Would you say it was...?

<u>INTERVIEWER</u>: Read categories to respondent.

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

PSC_Q43
PSC_3

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

INTERVIEWER: Read categories to respondent.

1   **Very satisfied**
2   **Somewhat satisfied**
3   **Neither satisfied nor dissatisfied**
4   **Somewhat dissatisfied**
5   **Very dissatisfied**
DK, RF

PSC_END

Restriction of activities (RAC)
Core content

RAC_BEG | Core content

RAC_C1 | If (DORAC block = 1), go to RAC_R1.
Otherwise, go to RAC_END.

RAC_R1 | **The next few questions deal with any current limitations in ^YOUR2 daily activities caused by a long-term health condition or problem. In these questions, a "long-term condition" refers to a condition that is expected to last or has already lasted 6 months or more.**

INTERVIEWER: Press <1> to continue.

RAC_Q1
RAC_1

^DOVERB_C ^YOU1 have any <u>difficulty</u> hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?

INTERVIEWER: Read categories to respondent.

1 **Sometimes**
2 **Often**
3 **Never**
DK
RF   (Go to RAC_END)

RAC_Q2A
RAC_2A

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

at home?

INTERVIEWER: Read categories to respondent.

1 **Sometimes**
2 **Often**
3 **Never**
DK
RF   (Go to RAC_END)

RAC_Q2B_1
RAC_2B1

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

at school?

1 Sometimes
2 Often
3 Never
4 Does not attend school
DK
RF   (Go to RAC_END)

RAC_Q2B_2
RAC_2B2

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

at work?

1   Sometimes
2   Often
3   Never
4   Does not work at a job
DK
RF   (Go to RAC_END)

RAC_Q2C
RAC_2C

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

in other activities, for example, transportation or leisure?

1   Sometimes
2   Often
3   Never
DK
RF   (Go to RAC_END)

RAC_C5

If respondent has difficulty or is limited in activities (RAC_Q1 = 1 or 2) or (RAC_Q2A-C = 1 or 2), go to RAC_C5A.
Otherwise, go to RAC_END.

RAC_C5A

If (RAC_Q2A to RAC_Q2C = 3 or 4) and RAC_Q1 < 3, go to RAC_R5.
Otherwise, go to RAC_Q5.

RAC_R5

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

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

RAC_Q5
RAC_5

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

<u>INTERVIEWER</u>: Read categories to respondent.

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

Go to RAC_END

RAC_S5

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

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

RAC_END

Activities of Daily Living (ADL)
Theme content

ADL_BEG	Theme content
ADL_C01	If DOADL block = 1, go to ADL_R01. Otherwise, go to ADL_END.
ADL_R01	**The next few questions are about common daily activities. These questions may not apply to ^YOU2, but we need to ask the same questions of everyone.** <u>INTERVIEWER</u>: Press <1> to continue.
ADL_Q01 ADL_01	**Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:** **with preparing meals?** 1 Yes 2 No DK, RF
ADL_Q02 ADL_02	**(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:)** **with getting to appointments and running errands such as shopping for groceries?** 1 Yes 2 No DK, RF
ADL_Q03 ADL_03	**(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:)** **with doing everyday housework?** 1 Yes 2 No DK, RF
ADL_Q04 ADL_04	**(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:)** **with personal care such as washing, dressing, eating or taking medication?** 1 Yes 2 No DK, RF

ADL_Q05
ADL_05

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

with moving about inside the house?

1   Yes
2   No
DK, RF

ADL_Q06
ADL_06

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

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

1   Yes
2   No
DK, RF

ADL_END

Flu shots (FLU)
Core content

FLU_BEG	Core content
FLU_C160A	If (DOFLU block = 1), go to FLU_C160B. Otherwise, go to FLU_END.
FLU_C160B	If proxy interview, go to FLU_END. Otherwise, go to FLU_R160.

FLU_R160

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

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

FLU_Q160
FLU_160

Have you ever had a seasonal flu shot?

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

FLU_Q162
FLU_162

When did you have your last seasonal flu shot?

<u>INTERVIEWER</u>: Read categories to respondent.

1   **Less than 1 year ago**
2   **1 year to less than 2 years**
      ago
3   **2 years ago or more**
DK, RF   (Go to FLU_END)

FLU_C164

If FLU_Q162 = 2 or 3, go to FLU_Q166.
Otherwise, go to FLU_Q164.

FLU_Q164
FLU_164

In which month did you have your last seasonal flu shot?

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

FLU_C165

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

| FLU_Q165 | **Was that this year or last year?** |
| FLU_165 | |

1   This year
2   Last year
DK, RF

Go to FLU_END

| FLU_Q166 | **What are the reasons that you have not had a seasonal flu shot in the past year?** |

<u>INTERVIEWER</u>: Mark all that apply.

FLU_66A	01	Have not gotten around to it
FLU_66B	02	Respondent - did not think it was necessary
FLU_66C	03	Doctor - did not think it was necessary
FLU_66D	04	Personal or family responsibilities
FLU_66E	05	Not available - at time required
FLU_66F	06	Not available - at all in the area
FLU_66G	07	Waiting time was too long
FLU_66H	08	Transportation - problems
FLU_66I	09	Language - problem
FLU_66J	10	Cost
FLU_66K	11	Did not know where to go / uninformed
FLU_66L	12	Fear (e.g., painful, embarrassing, find something wrong)
FLU_66M	13	Bad reaction to previous shot
FLU_66O	14	Unable to leave the house because of a health problem
FLU_66N	15	Other - Specify (Go to FLU_S166)

DK, RF

Go to FLU_END

| FLU_S166 | **(What are the reasons that you have not had a seasonal flu shot in the past year?)** |

<u>INTERVIEWER</u>: Specify.

_____

(80 spaces)

DK, RF

FLU_END

Blood pressure check (BPC)

Optional content	Nova Scotia, Northwest Territories, Prince Edward Island

BPC_BEG   Optional Content (See Appendix 2)

BPC_C01   If (DOBPC block = 2) or proxy interview, go to BPC_END.
                                           Otherwise, go to BPC_Q010.

BPC_Q010   **(Now blood pressure)**
BPC_010   **Have you ever had your blood pressure taken?**

                                           1   Yes
                                           2   No   (Go to BPC_C016)
                                           DK, RF   (Go to BPC_END)

BPC_Q012   **When was the last time?**
BPC_012

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

BPC_C012A   If BPC_Q012 < 4, go to BPC_C012B.
                                           Otherwise, go to BPC_C016.

BPC_C012B   If sex = female and (14 < age < 56), go to BPC_Q013.
                                           Otherwise, go to BPC_END.

BPC_Q013   **Were you pregnant the last time your blood pressure was taken?**
BPC_013

                                           1   Yes
                                           2   No
                                           DK, RF

                                           Go to BPC_END

BPC_C016   If age < 25, go to BPC_END.
                                           Otherwise, go to BPC_Q016.

BPC_Q016

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

INTERVIEWER: Mark all that apply.

BPC_16A	01	Have not gotten around to it
BPC_16B	02	Respondent - did not think it was necessary
BPC_16C	03	Doctor - did not think it was necessary
BPC_16D	04	Personal or family responsibilities
BPC_16E	05	Not available - at time required
BPC_16F	06	Not available - at all in the area
BPC_16G	07	Waiting time was too long
BPC_16H	08	Transportation - problems
BPC_16I	09	Language - problem
BPC_16J	10	Cost
BPC_16K	11	Did not know where to go / uninformed
BPC_16L	12	Fear (e.g., painful, embarrassing, find something wrong)
BPC_16N	13	Unable to leave the house because of a health problem
BPC_16M	14	Other
	DK, RF	

BPC_END

PAP smear test (PAP)

Optional content	Yukon, Prince Edward Island, New Brunswick, Nunavut
PAP_BEG	Optional Content (See Appendix 2)
PAP_C1	If (DOPAP block = 1), go to PAP_C020. Otherwise, go to PAP_END.
PAP_C020	If proxy interview or male or age < 18, go to PAP_END. Otherwise, go to PAP_Q020.

PAP_Q020
PAP_020

(Now PAP tests)
Have you ever had a PAP smear test?

1 Yes
2 No (Go to PAP_Q026)
DK, RF (Go to PAP_END)

PAP_Q022
PAP_022

When was the last time?

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

PAP_Q026		**What are the reasons that you have not had a PAP smear test in the past 3 years?**

INTERVIEWER: Mark all that apply.

PAP_26A	01	Have not gotten around to it
PAP_26B	02	Respondent - did not think it was necessary
PAP_26C	03	Doctor - did not think it was necessary
PAP_26D	04	Personal or family responsibilities
PAP_26E	05	Not available - at time required
PAP_26F	06	Not available - at all in the area
PAP_26G	07	Waiting time was too long
PAP_26H	08	Transportation - problems
PAP_26I	09	Language - problem
PAP_26J	10	Cost
PAP_26K	11	Did not know where to go / uninformed
PAP_26L	12	Fear (e.g., painful, embarrassing, find something wrong)
PAP_26M	13	Have had a hysterectomy
PAP_26N	14	Hate / dislike having one done
PAP_26P	15	Unable to leave the house because of a health problem
PAP_26O	16	Other
	DK, RF	

Processing:

Processing: If HWT_Q1 = 1 (pregnant),and PAP_Q20 not in (7,8) and PAP_Q022 not in (1,2,3,7,8)
then PAP_Q026M=2 (Have had a hysterectomy) - should be a blank 'fill' (not a possible value for the interviewer).

PAP_END

Mammography (MAM)

Optional content	Alberta, Northwest Territories, Nova Scotia, New Brunswick

MAM_BEG Optional Content (See Appendix 2)

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOMAM: do block flag, from the sample file.

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

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

MAM_C30A If (DOMAM block = 1), go to MAM_C30B.
Otherwise, go to MAM_END.

MAM_C30B If proxy interview or male, go to MAM_END.
Otherwise, go to MAM_C30C.

MAM_C30C If female and age < 35, go to MAM_C38A.
Otherwise, go to MAM_Q30.

MAM_Q30 **(Now Mammography)**
MAM_030 **Have you ever had a mammogram, that is, a breast x-ray?**

1   Yes
2   No   (Go to MAM_C36)
DK, RF   (Go to MAM_END)

MAM_Q31 **Why did you have it?**

<u>INTERVIEWER</u>: Mark all that apply.
If respondent says "doctor recommended it", probe for reason.

MAM_31A 01   Family history of breast cancer
MAM_31B 02   Part of regular check-up / routine screening
MAM_31C 03   Age
MAM_31D 04   Previously detected lump
MAM_31E 05   Follow-up of breast cancer treatment
MAM_31F 06   On hormone replacement therapy
MAM_31G 07   Breast problem
MAM_31H 08   Other
DK, RF

MAM_Q32 MAM_032	**When was the last time?**	
	1 less than 6 months ago	(Go to MAM_C38A)
	2 6 months to less than 1 year ago	(Go to MAM_C38A)
	3 1 year to less than 2 years ago	(Go to MAM_C38A)
	4 2 years to less than 5 years ago	
	5 5 or more years ago	
	DK, RF	(Go to MAM_C38A)

MAM_C36

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

MAM_Q36

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

<u>INTERVIEWER</u>: Mark all that apply.

MAM_36A	01 Have not gotten around to it	
MAM_36B	02 Respondent - did not think it was necessary	
MAM_36C	03 Doctor - did not think it was necessary	
MAM_36D	04 Personal or family responsibilities	
MAM_36E	05 Not available - at time required	
MAM_36F	06 Not available - at all in the area	
MAM_36G	07 Waiting time was too long	
MAM_36H	08 Transportation - problems	
MAM_36I	09 Language - problem	
MAM_36J	10 Cost	
MAM_36K	11 Did not know where to go / uninformed	
MAM_36L	12 Fear (e.g., painful, embarrassing, find something wrong)	
MAM_36N	13 Unable to leave the house because of a health problem	
MAM_36O	14 Breasts removed / Mastectomy	
MAM_36M	15 Other - Specify	(Go to MAM_S36)
	DK, RF	

Go to MAM_C38A

MAM_S36

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

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

MAM_C38A

If age < 18, go to MAM_END.
Otherwise, go to MAM_C38B.

MAM_C38B

If PAP_Q026 = 13 or if HWT_Q1 = 1, go to MAM_END.
Otherwise, go to MAM_Q38.

MAM_Q38
MAM_038

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

1   Yes
2   No
DK, RF

Processing:

In processing, if a respondent answered HWT_Q1 = 1, the variable MAM_Q38 is given the value of 2.
If a respondent answered PAP_Q026 = 13 and MAM_Q30 NE (DK, RF), the variable MAM_Q38 is given the value of 1.

MAM_END

Prostate cancer screening (PSA)

Optional content	Quebec, Northwest Territories

PSA_BEG — Optional Content (See Appendix 2)

PSA_C1
If (DOPSA block = 1), go to PSA_C170A.
Otherwise, go to PSA_END.

PSA_C170A
If proxy interview, go to PSA_END.
Otherwise, go to PSA_C170B.

PSA_C170B
If female or age < 35, go to PSA_END.
Otherwise, go to PSA_Q170.

PSA_Q170
PSA_170

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

1	Yes	
2	No	(Go to PSA_Q174)
DK		(Go to PSA_Q174)
RF		(Go to PSA_END)

PSA_Q172
PSA_172

When was the last time?

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

PSA_Q173

Why did you have it?

<u>INTERVIEWER</u>: Mark all that apply.
If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

PSA_73A	1	Family history of prostate cancer	
PSA_73B	2	Part of regular check-up / routine screening	
PSA_73C	3	Age	
PSA_73G	4	Race	
PSA_73D	5	Follow-up of problem	
PSA_73E	6	Follow-up of prostate cancer treatment	
PSA_73F	7	Other - Specify	(Go to PSA_S173)
	DK, RF		

Go to PSA_Q174

PSA_S173   **(Why did you have it?)**

                                  INTERVIEWER: Specify.

                                  _____

                                  (80 spaces)

                                  DK, RF

PSA_Q174   **A Digital Rectal Exam is an exam in which a gloved finger is inserted**
PSA_174   **into the rectum in order to feel the prostate gland.**
                                  Have you ever had this exam?

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

PSA_Q175   **When was the last time?**
PSA_175
                                  1   Less than 1 year ago
                                  2   1 year to less than 2 years
                                        ago
                                  3   2 years to less than 3 years
                                        ago
                                  4   3 years to less than 5 years
                                        ago
                                  5   5 or more years ago
                                  DK, RF

PSA_END

Colorectal cancer screening (CCS)

Optional content	Alberta, New Brunswick, Newfoundland and Labrador, Quebec, Prince Edward Island, Northwest Territories, Manitoba

CCS_BEG   Optional Content (See Appendix 2)

CCS_C180A   If (DOCCS block = 1), go to CCS_C180B.
Otherwise, go to CCS_END.

CCS_C180B   If proxy interview or age < 35, go to CCS_END.
Otherwise, go to CCS_Q180.

CCS_Q180
CCS_180

Now a few questions about various colorectal exams.

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

Have you ever had this test?

1	Yes	
2	No	(Go to CCS_Q184)
DK		(Go to CCS_Q184)
RF		(Go to CCS_END)

CCS_Q182
CCS_182

When was the last time?

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

CCS_Q183   **Why did you have it?**

                                <u>INTERVIEWER</u>: Mark all that apply.
                                If respondent says "Doctor recommended it" or "I requested it", probe
                                for reason.

CCS_83A   1   Family history of colorectal
                                        cancer
CCS_83B   2   Part of regular check-up /
                                        routine screening
CCS_83C   3   Age
CCS_83G   4   Race
CCS_83D   5   Follow-up of problem
CCS_83E   6   Follow-up of colorectal
                                        cancer treatment
CCS_83F   7   Other - Specify   (Go to CCS_S183)
                                DK, RF

                                Go to CCS_Q184

CCS_S183   **(Why did you have it?)**

                                <u>INTERVIEWER</u>: Specify.

                                (80 spaces)

                                DK, RF

CCS_Q184   **A colonoscopy or sigmoidoscopy is when a tube is inserted into the**
CCS_184   **rectum to view the bowel for early signs of cancer and other health**
                                problems. Have you ever had either of these exams?

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

CCS_Q185   **When was the last time?**
CCS_185
                                1   Less than 1 year ago
                                2   1 year to less than 2 years
                                     ago
                                3   2 years to less than 3 years
                                     ago
                                4   3 years to less than 5 years
                                     ago
                                5   5 years to less than 10 years
                                     ago
                                6   10 or more years ago
                                DK, RF

CCS_Q186	**Why did you have it?**
	INTERVIEWER: Mark all that apply. If respondent says "Doctor recommended it" or "I requested it", probe for reason.
CCS_86A	1 Family history of colorectal cancer
CCS_86B	2 Part of regular check-up / routine screening
CCS_86C	3 Age
CCS_86G	4 Race
CCS_86D	5 Follow-up of problem
CCS_86E	6 Follow-up of colorectal cancer treatment
CCS_86F	7 Other - Specify (Go to CCS_S186) DK, RF
	Go to CCS_C187
CCS_S186	**(Why did you have it?)**
	INTERVIEWER: Specify.
	(80 spaces)
	DK, RF
CCS_C187	If CCS_Q180 = 1 (had a FOBT), go to CCS_Q187. Otherwise, go to CCS_END.
CCS_Q187 CCS_187	**Was the colonoscopy or sigmoidoscopy a follow-up of the results of an FOBT?**
	1 Yes 2 No DK, RF
CCS_END	

Eye examinations (EYX)

Optional content	Ontario
EYX_BEG	Optional Content (See Appendix 2)
EYX_C140A	If (EYX block = 2) or proxy interview, go to EYX_END. Otherwise, go to EYX_C140B.
EYX_C140B	If CHP_Q06 = 2, DK or RF (not seen or talked to an eye specialist) or EMPTY (Module not asked), go to EYX_Q142. Otherwise, go to EYX_Q140.

EYX_Q140
EYX_140

(Now eye examinations)
It was reported earlier that you have "seen" or "talked to" an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?

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

EYX_Q142
EYX_142

(Now eye examinations)
When did you last have an eye examination?

1	Less than 1 year ago	(Go to EYX_END)
2	1 year to less than 2 years ago	(Go to EYX_END)
3	2 years to less than 3 years ago	
4	3 or more years ago	
5	Never	
DK, RF		(Go to EYX_END)

Processing:	*In processing, if a respondent answered EYX_Q140 = 1, the variable EYX_Q142 is given the value of 1.*

EYX_Q146

What are the reasons that you have not had an eye examination in the past 2 years?

INTERVIEWER: Mark all that apply.

EYX_46A	01	Have not gotten around to it
EYX_46B	02	Respondent - did not think it was necessary
EYX_46C	03	Doctor - did not think it was necessary
EYX_46D	04	Personal or family responsibilities
EYX_46E	05	Not available - at time required
EYX_46F	06	Not available - at all in the area
EYX_46G	07	Waiting time was too long
EYX_46H	08	Transportation - problems
EYX_46I	09	Language - problem
EYX_46J	10	Cost
EYX_46K	11	Did not know where to go / uninformed
EYX_46L	12	Fear (e.g., painful, embarrassing, find something wrong)
EYX_46N	13	Unable to leave the house because of a health problem
EYX_46M	14	Other
	DK, RF	

EYX_END

Dental visits (DEN)

Optional content	Northwest Territories, Ontario
DEN_BEG	Optional Content (See Appendix 2)
DEN_C130A	If (DODEN block = 1), go to DEN_C130B. Otherwise, go to DEN_END.
DEN_C130B	If proxy interview, go to DEN_END. Otherwise, go to DEN_R130.
DEN_R130	**The following questions are about dental visits.** INTERVIEWER: Press <1> to continue.
DEN_C130C	If CHP_Q14 = 1, go to DEN_Q130. Otherwise, go to DEN_Q132.

DEN_Q130
DEN_130

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

1	Yes	(Go to DEN_END)
2	No	(Go to DEN_Q132)
DK, RF		(Go to DEN_END)

DEN_Q132
DEN_132

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

1	Less than 1 year ago	
2	1 year to less than 2 years ago	(Go to DEN_END)
3	2 years to less than 3 years ago	(Go to DEN_END)
4	3 years to less than 4 years ago	(Go to DEN_Q136)
5	4 years to less than 5 years ago	(Go to DEN_Q136)
6	5 or more years ago	(Go to DEN_Q136)
7	Never	(Go to DEN_Q136)
DK, RF		(Go to DEN_END)

Processing:	*In processing, if a respondent answered DEN_Q130 = 1, the variable DEN_Q132 is given the value of 1.*
DEN_E132	Inconsistent answers have been entered. The respondent went to a dentist less than 1 year ago but previously reported that he/she had not "seen" or "talked" to a dentist in the past 12 months. Please confirm.
Rule :	*Trigger soft edit if DEN_Q132 = 1 and CHP_Q14 = 2.*
DEN_C133	If DEN_Q132 = 1, go to DEN_END. Otherwise, go to DEN_Q136.

DEN_Q136

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

INTERVIEWER: Mark all that apply.

DEN_36A	01	Have not gotten around to it
DEN_36B	02	Respondent - did not think it was necessary
DEN_36C	03	Doctor - did not think it was necessary
DEN_36D	04	Personal or family responsibilities
DEN_36E	05	Not available - at time required
DEN_36F	06	Not available - at all in the area
DEN_36G	07	Waiting time was too long
DEN_36H	08	Transportation - problems
DEN_36I	09	Language - problem
DEN_36J	10	Cost
DEN_36K	11	Did not know where to go / uninformed
DEN_36L	12	Fear (e.g., painful, embarrassing, find something wrong)
DEN_36M	13	Wears dentures
DEN_36O	14	Unable to leave the house because of a health problem
DEN_36N	15	Other
	DK, RF	

DEN_END

Oral health 2 (OH2)

Optional content	Nunavut, Ontario, Saskatchewan, Manitoba
OH2_BEG	Optional Content (See Appendix 2)
OH2_C10A	If (DOOH2 block = 1), go to OH2_C10B. Otherwise, go to OH2_END.
OH2_C10B	If proxy interview, go to OH2_END. Otherwise, go to OH2_C10C.
OH2_C10C	If DEN_Q132 = 7 (never goes to dentist), go to OH2_Q11. Otherwise, go to OH2_Q10.

OH2_Q10
OH2_10

Do you usually visit the dentist...?

INTERVIEWER: Read categories to respondent.

1 **more than once a year for check-ups**
2 **about once a year for check-ups**
3 **less than once a year for check-ups**
4 **only for emergency care**
DK, RF   (Go to OH2_END)

OH2_Q11
OH2_11

Do you have insurance that covers all or part of your dental expenses?

1 Yes
2 No   (Go to OH2_C12)
DK, RF   (Go to OH2_C12)

OH2_Q11A

Is it...?

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

OH2_11A   1 **a government-sponsored plan**
OH2_11B   2 **an employer-sponsored plan**
OH2_11C   3 **a private plan**
DK, RF

OH2_C12

If DEN_Q130 = 2 and DEN_Q132 = 2,3,4,5,6,7 (did not go to the dentist in the past year), go to OH2_Q20.
Otherwise, go to OH2_Q12.

OH2_Q12
OH2_12

In the past 12 months, have you had any teeth removed by a dentist?

1 Yes
2 No   (Go to OH2_Q20)
DK, RF   (Go to OH2_Q20)

OH2_Q13 OH2_13	**(In the past 12 months,) were any teeth removed because of decay or gum disease?**

1   Yes
2   No
DK, RF

OH2_Q20 OH2_20	**Do you have one or more of your own teeth?**

1   Yes
2   No
DK, RF

OH2_C21	If DEN_Q136 = 13, go to OH2_D22. Otherwise, go to OH2_Q21.

OH2_Q21 OH2_21	**Do you wear dentures or false teeth?**

1   Yes
2   No
DK, RF

Processing:	*In processing, if a respondent answered DEN_Q136 = 13 and OH2_Q10 Not in (DK, RF), the variable OH2_Q21 is given the value of 1.*

OH2_R22	**Now we have some additional questions about oral health, that is the health of your teeth and mouth.**

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

OH2_D22	If OH2_Q21= 1 or DEN_Q136 = 13, DT_TEETH = "teeth, mouth or dentures". Otherwise, DT_TEETH = "teeth or mouth".

OH2_Q22 OH2_22	**Because of the condition of your ^DT_TEETH, do you have difficulty pronouncing any words or speaking clearly?**

1   Yes
2   No
DK, RF

OH2_Q23 OH2_23	**In the past 12 months, how often have you avoided:** **conversation or contact with other people, because of the condition of your ^DT_TEETH?**

<u>INTERVIEWER</u>: Read categories to respondent.

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

OH2_Q24 OH2_24	**(In the past 12 months, how often have you avoided:)** **laughing or smiling, because of the condition of your ^DT_TEETH?** 1 Often 2 Sometimes 3 Rarely 4 Never DK, RF
OH2_D25	If OH2_Q20=2, DT_MOUTH = "mouth". Otherwise, DT_MOUTH = "teeth and mouth".
OH2_R25	**Now some questions about the health of your ^DT_MOUTH during the past <u>month</u>.** <u>INTERVIEWER</u>: Press <1> to continue.
OH2_C25	If OH2_Q20=2, go to OH2_Q25C. Otherwise, go to OH2_Q25A.
OH2_Q25A OH2_25A	**In the past <u>month</u>, have you had:** **a toothache?** 1 Yes 2 No DK, RF
OH2_Q25B OH2_25B	**In the past <u>month</u>, were your teeth:** **sensitive to hot or cold food or drinks?** 1 Yes 2 No DK, RF
OH2_Q25C OH2_25C	**In the past <u>month</u>, have you had:** **pain in or around the jaw joints?** 1 Yes 2 No DK, RF
OH2_Q25D OH2_25D	**(In the past month, have you had:)** **other pain in the mouth or face?** 1 Yes 2 No DK, RF

OH2_Q25E OH2_25E	**(In the past month, have you had:)** **bleeding gums?** 1 Yes 2 No DK, RF
OH2_Q25F OH2_25F	**(In the past month, have you had:)** **dry mouth?** INTERVIEWER: Do not include thirst caused by exercise. 1 Yes 2 No DK, RF
OH2_Q25G OH2_25G	**(In the past month, have you had:)** **bad breath?** 1 Yes 2 No DK, RF
OH2_C30	If OH2_Q20 = 1, go to OH2_Q30. Otherwise, go to OH2_END.
OH2_Q30 OH2_30	**How often do you brush your teeth?** 1 More than twice a day 2 Twice a day 3 Once a day 4 Less than once a day but more than once a week 5 Once a week 6 Less than once a week DK, RF
OH2_END	

Food choices (FDC)

Optional content   Northwest Territories, British Columbia, Alberta, Nova Scotia, New Brunswick

FDC_BEG   Optional Content (See Appendix 2)

FDC_C1A   If (DOFDC block = 1), go to FDC_C1B.
                                    Otherwise, go to FDC_END.

FDC_C1B   If proxy interview, go to FDC_END.
                                    Otherwise, go to FDC_R1.

FDC_R1   **Now, some questions about the foods you eat.**

                                    INTERVIEWER: Press <1> to continue.

FDC_Q1A
FDC_1A   **Do you choose certain foods or avoid others:**

                                    because you are concerned about your body weight?

                                    1   Yes (or sometimes)
                                    2   No
                                    DK, RF   (Go to FDC_END)

FDC_Q1B
FDC_1B   **(Do you choose certain foods or avoid others:)**

                                    because you are concerned about heart disease?

                                    1   Yes (or sometimes)
                                    2   No
                                    DK, RF

FDC_Q1C
FDC_1C   **(Do you choose certain foods or avoid others:)**

                                    because you are concerned about cancer?

                                    1   Yes (or sometimes)
                                    2   No
                                    DK, RF

FDC_Q1D
FDC_1D   **(Do you choose certain foods or avoid others:)**

                                    because you are concerned about osteoporosis (brittle bones)?

                                    1   Yes (or sometimes)
                                    2   No
                                    DK, RF

FDC_Q2A
FDC_2A   **Do you choose certain foods because of:**

                                    the lower fat content?

                                    1   Yes (or sometimes)
                                    2   No
                                    DK, RF

FDC_Q2B
FDC_2B

(Do you choose certain foods because of:)

the fibre content?

1   Yes (or sometimes)
2   No
DK, RF

FDC_Q2C
FDC_2C

(Do you choose certain foods because of:)

the calcium content?

1   Yes (or sometimes)
2   No
DK, RF

FDC_Q3A
FDC_3A

Do you avoid certain foods because of:

the fat content?

1   Yes (or sometimes)
2   No
DK, RF

FDC_Q3B
FDC_3B

(Do you avoid certain foods because of:)

the type of fat they contain?

1   Yes (or sometimes)
2   No
DK, RF

FDC_Q3C
FDC_3C

(Do you avoid certain foods because of:)

the salt content?

1   Yes (or sometimes)
2   No
DK, RF

FDC_Q3D
FDC_3D

(Do you avoid certain foods because of:)

the cholesterol content?

1   Yes (or sometimes)
2   No
DK, RF

FDC_Q3E
FDC_3E

(Do you avoid certain foods because of:)

the calorie content?

1   Yes (or sometimes)
2   No
DK, RF

FDC_END

Fruit and vegetable consumption (FVC)
Core content

FVC_BEG   Core content

FVC_C1A   If (DOFVC block = 2) or proxy interview, go to FVC_END.
                            Otherwise, go to FVC_R1.

FVC_R1   **The next questions are about the foods you usually eat or drink. Think
                            about all the foods you eat, both meals and snacks, at home and
                            away from home.**

                            INTERVIEWER: Press <1> to continue.

FVC_Q1A   **How often do you usually drink fruit juices such as orange, grapefruit or
FVC_1A   tomato? (For example: once a day, three times a week, twice a
                            month)**

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

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

FVC_N1B   INTERVIEWER: Enter number of times per <u>day</u>.
FVC_1B
                            |_|_| Times
                            (MIN: 1)
                            (MAX: 20)

                            DK, RF

                            Go to FVC_Q2A

FVC_N1C   INTERVIEWER: Enter number of times per <u>week</u>.
FVC_1C
                            |_|_| Times
                            (MIN: 1)
                            (MAX: 90)

                            DK, RF

                            Go to FVC_Q2A

FVC_N1D
FVC_1D

INTERVIEWER: Enter number of times per <u>month</u>.

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

DK, RF

Go to FVC_Q2A

FVC_N1E
FVC_1E

INTERVIEWER: Enter number of times per <u>year</u>.

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

DK, RF

FVC_Q2A
FVC_2A

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

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

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

FVC_N2B
FVC_2B

INTERVIEWER: Enter number of times per <u>day</u>.

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

DK, RF

Go to FVC_Q3A

FVC_N2C
FVC_2C

INTERVIEWER: Enter number of times per <u>week</u>.

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

DK, RF

Go to FVC_Q3A

FVC_N2D
FVC_2D

INTERVIEWER: Enter number of times per <u>month</u>.

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

DK, RF

Go to FVC_Q3A

FVC_N2E
FVC_2E

INTERVIEWER: Enter number of times per <u>year</u>.

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

DK, RF

FVC_Q3A
FVC_3A

How often do you (usually) eat green salad?

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

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

FVC_N3B
FVC_3B

INTERVIEWER: Enter number of times per <u>day</u>.

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

DK, RF

Go to FVC_Q4A

FVC_N3C
FVC_3C

INTERVIEWER: Enter number of times per <u>week</u>.

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

DK, RF

Go to FVC_Q4A

FVC_N3D FVC_3D	INTERVIEWER: Enter number of times per <u>month</u>. |_|_|_| Times (MIN: 1) (MAX: 200) DK, RF Go to FVC_Q4A
FVC_N3E FVC_3E	INTERVIEWER: Enter number of times per <u>year</u>. |_|_|_| Times (MIN: 1) (MAX: 500) DK, RF
FVC_Q4A FVC_4A	**How often do you usually eat potatoes, not including french fries, fried potatoes, or potato chips?** <u>INTERVIEWER</u>: Select the reporting period here and enter the number in the next screen. 1 Per day 2 Per week (Go to FVC_N4C) 3 Per month (Go to FVC_N4D) 4 Per year (Go to FVC_N4E) 5 Never (Go to FVC_Q5A) DK, RF (Go to FVC_Q5A)
FVC_N4B FVC_4B	INTERVIEWER: Enter number of times per <u>day</u>. |_|_| Times (MIN: 1) (MAX: 20) DK, RF Go to FVC_Q5A
FVC_N4C FVC_4C	INTERVIEWER: Enter number of times per <u>week</u>. |_|_| Times (MIN: 1) (MAX: 90) DK, RF Go to FVC_Q5A

FVC_N4D
FVC_4D

INTERVIEWER: Enter number of times per <u>month</u>.

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

DK, RF

Go to FVC_Q5A

FVC_N4E
FVC_4E

INTERVIEWER: Enter number of times per <u>year</u>.

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

DK, RF

FVC_Q5A
FVC_5A

How often do you (usually) eat carrots?

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

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

FVC_N5B
FVC_5B

INTERVIEWER: Enter number of times per <u>day</u>.

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

DK, RF

Go to FVC_Q6A

FVC_N5C
FVC_5C

INTERVIEWER: Enter number of times per week.

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

DK, RF

Go to FVC_Q6A

FVC_N5D
FVC_5D

INTERVIEWER: Enter number of times per <u>month</u>.

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

DK, RF

Go to FVC_Q6A

FVC_N5E
FVC_5E

INTERVIEWER: Enter number of times per <u>year</u>.

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

DK, RF

FVC_Q6A
FVC_6A

Not counting carrots, potatoes, or salad, how many <u>servings</u> of other vegetables do you usually eat?

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

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

FVC_N6B
FVC_6B

INTERVIEWER: Enter number of servings per day.

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

DK, RF

Go to FVC_END

FVC_N6C
FVC_6C

INTERVIEWER: Enter number of servings per <u>week</u>.

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

DK, RF

Go to FVC_END

FVC_N6D
FVC_6D

INTERVIEWER: Enter number of servings per <u>month</u>.

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

DK, RF

Go to FVC_END

FVC_N6E
FVC_6E

INTERVIEWER: Enter number of servings per <u>year</u>.

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

DK, RF

FVC_END

Physical activities (PAC)
Core content

PAC_BEG	Core content
PAC_C1A	If (DOPAC block = 1), go to PAC_C1B. Otherwise, go to PAC_END.
PAC_C1B	If proxy interview, go to PAC_END. Otherwise, go to PAC_R1.
PAC_R1	**Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.** INTERVIEWER: Press <1> to continue.
PAC_D1	DV_DATETHREEMONTHSAGO = CURRENTMONTH - 3
PAC_Q1	**Have you done any of the following in the past 3 months, that is, from ^DATETHREEMONTHSAGO to yesterday?** INTERVIEWER: Read categories to respondent. Mark all that apply.

PAC_1A	01	**Walking for exercise**
PAC_1B	02	**Gardening or yard work**
PAC_1C	03	**Swimming**
PAC_1D	04	**Bicycling**
PAC_1E	05	**Popular or social dance**
PAC_1F	06	**Home exercises**
PAC_1G	07	**Ice hockey**
PAC_1H	08	**Ice skating**
PAC_1I	09	**In-line skating or rollerblading**
PAC_1J	10	**Jogging or running**
PAC_1K	11	**Golfing**
PAC_1L	12	**Exercise class or aerobics**
PAC_1M	13	**Downhill skiing or snowboarding**
PAC_1N	14	**Bowling**
PAC_1O	15	**Baseball or softball**
PAC_1P	16	**Tennis**
PAC_1Q	17	**Weight-training**
PAC_1R	18	**Fishing**
PAC_1S	19	**Volleyball**
PAC_1T	20	**Basketball**
PAC_1Z	21	**Soccer**
PAC_1U	22	**Any other**
PAC_1V	23	No physical activity
	DK, RF	(Go to PAC_END)

PAC_E1	**You cannot select "No physical activity" and another category. Please return and correct.**
Rule :	*Trigger hard edit if "No physical activity" is chosen in PAC_Q1 with any other response.*

PAC_C1VA	If PAC_Q1 = 23 only, go to PAC_R7. Otherwise, go to PAC_C1VB.
PAC_C1VB	If PAC_Q1 = 22, go to PAC_S1V. Otherwise, go to PAC_Q2.

PAC_S1V

(What was this activity?)

INTERVIEWER: Enter one activity only.

(80 spaces)

(DK, RF not allowed)

PAC_Q1X
PAC_1W

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

1   Yes
2   No   (Go to PAC_Q2)
DK, RF   (Go to PAC_Q2)

PAC_S1X

(What was this activity?)

INTERVIEWER: Enter one activity only.

(80 spaces)

DK, RF   (Go to PAC_Q2)

PAC_Q1Y
PAC_1X

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

1   Yes
2   No   (Go to PAC_Q2)
DK, RF   (Go to PAC_Q2)

PAC_S1Y

(What was this activity?)

INTERVIEWER: Enter one activity only.

(80 spaces)

DK, RF   (Go to PAC_Q2)

Programmer:

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

PAC_D2N	If PAC_Q1 = 01, DT_ACTIVITY = "Walking for exercise".
	If PAC_Q1 = 02, DT_ACTIVITY = "Gardening or yard work".
	If PAC_Q1 = 03, DT_ACTIVITY = "Swimming".
	If PAC_Q1 = 04, DT_ACTIVITY = "Bicycling".
	If PAC_Q1 = 05, DT_ACTIVITY = "Popular or social dance".
	If PAC_Q1 = 06, DT_ACTIVITY = "Home exercises".
	If PAC_Q1 = 07, DT_ACTIVITY = "Ice hockey".
	If PAC_Q1 = 08, DT_ACTIVITY = "Ice skating".
	If PAC_Q1 = 09, DT_ACTIVITY = "In-line skating or rollerblading".
	If PAC_Q1 = 10, DT_ACTIVITY = "Jogging or running".
	If PAC_Q1 = 11, DT_ACTIVITY = "Golfing".
	If PAC_Q1 = 12, DT_ACTIVITY = "Exercise class or aerobics".
	If PAC_Q1 = 13, DT_ACTIVITY = "Downhill skiing or snowboarding".
	If PAC_Q1 = 14, DT_ACTIVITY = "Bowling".
	If PAC_Q1 = 15, DT_ACTIVITY = "Baseball or softball".
	If PAC_Q1 = 16, DT_ACTIVITY = "Tennis".
	If PAC_Q1 = 17, DT_ACTIVITY = "Weight-training".
	If PAC_Q1 = 18, DT_ACTIVITY = "Fishing".
	If PAC_Q1 = 19, DT_ACTIVITY = "Volleyball".
	If PAC_Q1 = 20, DT_ACTIVITY = "Basketball".
	If PAC_Q1 = 21, DT_ACTIVITY = "Soccer".
	If PAC_Q1 = 22, DT_ACTIVITY = "Any other".

PAC_Q2	**In the past 3 months, how many times did you participate in ^DT_ACTIVITY?**
	|_|_|_| Times
	(MIN: 1)
	(MAX: 300)
	DK, RF

Help text:	*If the response is DK, RF, go to next activity.*

Processing:	*PAC_Q2 is asked many times, depending on the categories selected in PAC_Q1.*

PAC_E2N	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if (PAC_Q1 = 02, or 03, or 05, or 06 or 07, or 08, or 09, or 10, or 11, or 12, or 13, or 14, or 15, or 16, or 17, or 18, or 19, or 20, or 21) and PAC_Q2 > 99.*

PAC_E2A	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if PAC_Q1= 01 (walking) and PAC_Q2 > 270*

PAC_E2D	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if PAC_Q1= 04 (bicycling) and PAC_Q2 > 200*

PAC_E2Y	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if PAC_Q1= 22 (other) and PAC_Q2 > 200*

PAC_Q3	**About how much time did you spend on each occasion?**
	1 1 to 15 minutes 2 16 to 30 minutes 3 31 to 60 minutes 4 More than one hour DK, RF
Processing:	*PAC_Q3 is asked many times, depending on the categories selected in PAC_Q1.*
PAC_R7	**The last questions were about leisure time activities. Next, some questions about walking and bicycling that you do only as a way of getting to and from work or school.** INTERVIEWER: Press <1> to continue.
PAC_D7A	If PAC_Q2n > 0, where n = 1, X = PAC_Q2n, DT_TIMEWE = "Other than the (X) times you already reported walking for exercise was there any other time". Otherwise, DT_TIMEWE = "Was there any time".
PAC_Q7A PAC_7	**^DT_TIMEWE in the past 3 months when you walked to and from work or school?**

1   Yes
2   No   (Go to PAC_D8A)
3   Does not work or go to
     school   (Go to PAC_END)
DK, RF   (Go to PAC_D8A)

PAC_Q7B PAC_7A	**How many times?** |_|_|_| Times (MIN: 1) (MAX: 270) DK, RF (Go to PAC_D8A)
PAC_Q7C PAC_7B	**About how much time did you spend on each occasion?** INTERVIEWER: Include both walking to and from work and school, if both apply. 1 1 to 15 minutes 2 16 to 30 minutes 3 31 to 60 minutes 4 More than one hour DK, RF
PAC_D8A	If PAC_Q2 > 0, where n = 4, X = PAC_Q2, DT_TIMEBIKEE = "Other than the (X) times you already reported bicycling was there any other time". Otherwise, DT_TIMEBIKEE = "Was there any time".

PAC_Q8A PAC_8	**^DT_TIMEBIKEE in the past 3 months when you bicycled to and from work or school?**

1   Yes
2   No   (Go to PAC_END)
3   Does not work or go to
     school   (Go to PAC_END)
DK, RF   (Go to PAC_END)

Processing: *If PAC_Q7A = 3, PAC_Q8A will be filled with "Does not work or go to school" in processing (PAC_Q8A = 3).*

PAC_Q8B PAC_8A	**How many times?**

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

DK, RF   (Go to PAC_END)

PAC_Q8C PAC_8B	**About how much time did you spend on each occasion?**

<u>INTERVIEWER</u>: Include both bicycling to and from work and school, if both apply.

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

PAC_END

Physical activity - Stages of change (SCP)

Optional content   Northwest Territories, British Columbia

SCP_BEG   Content block

                                          External variables required:

                                          PROXYMODE: proxy identifier, from the GR block.
                                          FNAME: first name of respondent from household block.
                                          DOSCP: do block flag, from the sample file.

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

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

SCP_C1A   If DOSCP block = 1, go to SCP_C1B.
                                          Otherwise, go to SCP_END.

SCP_C1B   If proxy interview, go to SCP_END.
                                          Otherwise, go to SCP_C1C.

SCP_C1C   If HWT_Q1 = 1, go to SCP_END.
                                          Otherwise, go to SCP_Q01.

SCP_Q01
SCP_01   **Thinking about the level of physical activity you do every week, do you consider yourself to be...?**

                                          <u>INTERVIEWER</u>: Read categories to respondent.

                                          1   **Very physically active**
                                          2   **Moderately physically active**
                                          3   **A bit physically active**
                                          4   **Not at all physically active**
                                          DK, RF   (Go to SCP_END)

SCP_C02   If SCP_Q01=1 or SCP_Q01=2, go to SCP_Q02.
                                          Otherwise, go to SCP_Q03.

SCP_Q02
SCP_02   **Did you increase your physical activity level in the last 6 months?**

                                          1   Yes
                                          2   No
                                          DK, RF

SCP_C03   If SCP_Q01 = 1 or SCP_Q01 = 2, go to SCP_END.
                                          Otherwise, go to SCP_Q03.

SCP_Q03
SCP_03   **Do you intend to increase your physical activity level in the next 30 days?**

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

SCP_Q04
SCP_04

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

1   Yes
2   No
DK, RF

SCP_END

Sedentary activities (SAC)

Optional content	Prince Edward Island

SAC_BEG   Optional Content (See Appendix 2)

SAC_C1A   If (DOSAC block = 1), go to SAC_C1B.
                                 Otherwise, go to SAC_END.

SAC_C1B   If proxy interview, go to SAC_END.
                                 Otherwise, go to SAC_R1.

SAC_R1   **Now, a few additional questions about activities you do in your leisure time, that is, activities <u>not</u> at work or at school.**

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

SAC_Q1
SAC_1   **In a <u>typical week</u> in the past 3 months, how many hours did you usually spend:**

                                 on a computer, including playing computer games and using the Internet?

                                 <u>INTERVIEWER</u>: Include time spent doing homework on a computer. Do not include time spent at work or at school. Round up to the nearest hour.

                                 |_|_| Hours
                                 (MIN: 0; Warning Value: 0)
                                 (MAX: 70; Warning Value: 0)

                                 DK, RF   (Go to SAC_END)

SAC_E1   An unusual value has been entered. Please confirm.

Rule :   *Trigger soft edit if SAC_Q1 > 35.*

SAC_Q2
SAC_2   **(In a <u>typical week</u>, in the past 3 months, how many hours did you usually spend:)**

                                 playing video games on a game console or on a hand-held electronic device?

                                 <u>INTERVIEWER</u>: Exclude time spent playing video games on a computer. Game console includes i.e. XBOX, Nintendo and Playstation. Round up to the nearest hour.

                                 |_|_| Hours
                                 (MIN: 0; Warning Value: 0)
                                 (MAX: 70; Warning Value: 0)

                                 DK, RF

SAC_E2A   An unusual value has been entered. Please confirm.

Rule :   *Trigger soft edit if SAC_Q2 > 35.*

SAC_E2B	**An impossible value has been entered. Please return and correct.**
Rule :	*Trigger hard edit if SAC_Q1 + SAC_Q2 > 98.*
SAC_Q3 SAC_3	**(In a <u>typical week </u>in the past 3 months, how many hours did you usually spend:)**

watching television or videos?

<u>INTERVIEWER:</u> Round up to the nearest hour.

|_|_| Hours
(MIN: 0; Warning Value: 0)
(MAX: 70; Warning Value: 0)

DK, RF

SAC_E3A	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if SAC_Q3 > 35.*
SAC_E3B	**An impossible value has been entered. Please return and correct.**
Rule :	*Trigger hard edit if SAC_Q1 + SAC_Q2 + SAC_Q3 > 98.*
SAC_Q4 SAC_4	**(In a <u>typical week</u>, in the past 3 months, how many hours did you usually spend:)**

reading, not counting at work or at school?

<u>INTERVIEWER:</u> Include books, ebooks, magazines, newspapers, homework. Round up to the nearest hour.

|_|_| Hours
(MIN: 0; Warning Value: 0)
(MAX: 70; Warning Value: 0)

DK, RF

SAC_E4A	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if SAC_Q4 > 35.*
SAC_E4B	**An impossible value has been entered. Please return and correct.**
Rule :	*Trigger hard edit if SAC_Q1 + SAC_Q2 + SAC_Q3 +SAC_Q4 > 98.*
SAC_END	

Use of protective equipment (UPE)
Theme content

UPE_BEG	Theme content
	External variable required: PAC_Q1, PAC_Q8A

UPE_BEG

Theme content

External variable required: PAC_Q1, PAC_Q8A

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOUFNAME: first name of respondent from household block.
DOUPE: do block flag, from the sample file.

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

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

UPE_C10A

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

UPE_C10B

If proxy interview, go to UPE_END.
Otherwise, go to UPE_C10C.

UPE_C10C

If PAC_Q1 = 4 (bicycling for leisure) or PAC_Q1 = 7 (ice hockey) or PAC_Q1 = 9 (in-line skating or rollerblading) or PAC_Q1 = 13 (downhill skiing or snowboarding) or (PAC_Q8A = 1 (bicycling to work or school)), go to UPE_R10.
Otherwise, go to UPE_C10D.

UPE_R10

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

INTERVIEWER: Press <1> to continue.

UPE_C10D

If PAC_Q1 = 4 (bicycling for leisure) or (PAC_Q8A = 1 (bicycling to work or school)), go to UPE_Q1B.
Otherwise, go to UPE_Q1A.

UPE_Q1A
UPE_01A

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

1   Yes
2   No   (Go to UPE_C2A)
DK   (Go to UPE_C2A)
RF   (Go to UPE_END)

UPE_Q1B
UPE_01

When riding a bicycle, how often do you wear a helmet?

INTERVIEWER: Read categories to respondent.

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

UPE_C2A	If PAC_Q1 = 9 (in-line skating or rollerblading), go to UPE_Q2B. Otherwise, go to UPE_Q2A.

UPE_Q2A
UPE_02

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

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

UPE_Q2B
UPE_02A

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

INTERVIEWER: Read categories to respondent.

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

UPE_Q2C
UPE_02B

How often do you wear wrist guards or wrist protectors?

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

UPE_Q2D
UPE_02C

How often do you wear elbow pads?

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

UPE_Q2E
UPE_02D

How often do you wear knee pads?

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

UPE_C3A	If PAC_Q1 = 13 (downhill skiing or snowboarding), go to UPE_Q3A. Otherwise, go to UPE_Q3B.

UPE_Q3A
UPE_03A

Earlier, you mentioned going downhill skiing or snowboarding in the past 3 months. Was that:?

INTERVIEWER: Read categories to respondent.

1	**downhill skiing only**	(Go to UPE_Q4A)
2	**snowboarding only**	(Go to UPE_C5A)
3	**both**	(Go to UPE_Q4A)
DK, RF		(Go to UPE_C6A)

UPE_Q3B UPE_03B	**In the past 12 months, did you do any downhill skiing or snowboarding?**

INTERVIEWER: Read categories to respondent.

1	**Downhill skiing only**	(Go to UPE_Q4A)
2	**Snowboarding only**	(Go to UPE_C5A)
3	**Both**	(Go to UPE_Q4A)
4	**Neither**	(Go to UPE_C6A)
DK, RF		(Go to UPE_C6A)

UPE_Q4A UPE_04A	**When downhill skiing, how often do you wear a helmet?**

INTERVIEWER: Read categories to respondent.

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

UPE_C5A	If UPE_Q3A = 2 or 3 (snowboarding or both) or UPE_Q3B = 2 or 3, go to UPE_Q5A. Otherwise, go to UPE_C6A.

UPE_Q5A UPE_05A	**When snowboarding, how often do you wear a helmet?**

INTERVIEWER: Read categories to respondent.

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

UPE_Q5B UPE_05B	**How often do you wear wrist guards or wrist protectors?**

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

UPE_C6A	If age >= 12 or <= 19, go to UPE_Q6A. Otherwise, go to UPE_C7A.

UPE_Q6A UPE_06	**In the past 12 months, have you done any skateboarding?**

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

UPE_Q6B
UPE_06A

How often do you wear a helmet?

INTERVIEWER: Read categories to respondent.

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

UPE_Q6C
UPE_06B

How often do you wear wrist guards or wrist protectors?

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

UPE_Q6D
UPE_06C

How often do you wear elbow pads?

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

UPE_C7A

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

UPE_Q7A
UPE_07

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

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

UPE_Q7B
UPE_07A

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

INTERVIEWER: Read categories to respondent.

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

UPE_END

Sun safety behaviours (SSB)

Optional content	Saskatchewan

SSB_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOSSB: do block flag, from the sample file.

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

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

SSB_C1A

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

SSB_C1B

If proxy interview, go to SSB_END.
Otherwise, go to SSB_R01.

SSB_R01

The next few questions are about exposure to the sun and sunburns. Sunburn is defined as any reddening or discomfort of the skin, that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.

INTERVIEWER: Press <1> to continue.

SSB_Q01
SSB_01

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

1	Yes	
2	No	(Go to SSB_R06)
DK, RF		(Go to SSB_END)

SSB_Q02
SSB_02

Did any of your sunburns involve blistering?

1   Yes
2   No
DK, RF

SSB_Q03
SSB_03

Did any of your sunburns involve pain or discomfort that lasted for more than 1 day?

1   Yes
2   No
DK, RF

SSB_R06

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

INTERVIEWER: Press <1> to continue.

SSB_Q06
SSB_06

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

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

SSB_Q07
SSB_07

In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:

seek shade?

<u>INTERVIEWER</u>: Read categories to respondent.

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

SSB_Q08
SSB_08

(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)

wear a hat that shades your face, ears and neck?

1 Always
2 Often
3 Sometimes
4 Rarely
5 Never
DK, RF

SSB_Q09A
SSB_09A

(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)

wear long pants or a long skirt to protect your skin from the sun?

1 Always
2 Often
3 Sometimes
4 Rarely
5 Never
DK, RF

SSB_Q09B
SSB_09B

(In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:)

use sunscreen on your face?

1   Always
2   Often
3   Sometimes
4   Rarely   (Go to SSB_Q11)
5   Never   (Go to SSB_Q11)
DK, RF   (Go to SSB_Q11)

SSB_Q10
SSB_10

What Sun Protection factor (SPF) do you usually use?

1   Less than 15
2   15 to 25
3   More than 25
DK, RF

SSB_Q11
SSB_11

In the summer months, on a typical weekend or day off, when you are in the sun for 30 minutes or more, how often do you:

use sunscreen on your body?

1   Always
2   Often
3   Sometimes
4   Rarely   (Go to SSB_Q13)
5   Never   (Go to SSB_Q13)
DK, RF   (Go to SSB_Q13)

SSB_Q12
SSB_12

What Sun Protection factor (SPF) do you usually use?

1   Less than 15
2   15 to 25
3   More than 25
DK, RF

SSB_Q13
SSB_13

Do you have skin cancer?

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

SSB_E13

Inconsistent answers have been entered. The respondent reported having skin cancer but previously reported that he/she did not have cancer. Please confirm.

Rule :

Trigger soft edit if SSB_Q13 = 1 and CCC_Q131 = 2.

SSB_C14

If SSB_Q13 = 1, go to SSB_Q15.
Otherwise, go to SSB_Q14.

SSB_Q14
SSB_14

Have you ever been diagnosed with skin cancer?

1	Yes
2	No
DK, RF	

                               (Go to SSB_END)
                               (Go to SSB_END)

SSB_E14

Inconsistent answers have been entered. The respondent reported having (ever) been diagnosed with skin cancer but previously reported that he/she had not ever been diagnosed cancer. Please confirm.

Rule :

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

SSB_D15

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

SSB_Q15
SSB_15

What type of skin cancer ^DT_DODID you have?

1	Melanoma
2	Non-melanoma
DK, RF	

SSB_END

Injuries (INJ)
Theme content

INJ_BEG	Theme content External variables required: PROXYMODE: proxy identifier, from the GR block. FNAME: first name of respondent from household block. DOINJ: do block flag, from the sample file. CHP_Q01 :TYesNo, DK RF (In the past 12 months,been a patient overnight in a hospital, nursing home or convalescent home?) REP_Q1 :TYesNo, DK RF (In the past 12 months, did YOU have any injuries due to repetitive strain?) PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space
INJ_C01	If (DOINJ block = 1), go to INJ_B01. Otherwise, go to INJ_END.
INJ_B01	Call "Repetitive strain" sub block (REP)
Content type:	*Number of injuries and details of most serious injury*
INJ_D01A	If REP_Q1 = 1 (Yes), DT_OTHINJ = "other". Otherwise, DT_OTHINJ = "null".
INJ_D01B	Not Applicable
INJ_D01C	If REP_Q1 = 1 (Yes), DT_INJURIES1 = "Not counting repetitive strain injuries or food poisoning,". Otherwise, DT_INJURIES1 = "Not counting food poisoning,".
INJ_D01D	DV_DATEONEYEARAGO = CURRENTDATE - 1
INJ_R01	**Now some questions about ^DT_OTHINJ injuries which occurred in the past 12 months, and were <u>serious enough to limit ^YOUR2 normal activities the day after the injury occurred</u>. For example, a broken bone, a bad cut, a burn or a sprain.** <u>INTERVIEWER</u>: Press <1> to continue.
INJ_Q01 INJ_01	**^DT_INJURIES1 in the past 12 months, that is, from ^DATEONEYEARAGOE to yesterday, ^WERE ^YOU1 injured?** 1 Yes 2 No (Go to INJ_Q16) DK, RF (Go to INJ_END)

INJ_Q02 INJ_02	**How many times ^WERE ^YOU1 injured?** |_|_| Times (MIN: 1) (MAX: 30) DK, RF (Go to INJ_END)
INJ_E02	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if INJ_Q02 > 6*
INJ_D03	If INJ_Q02 = 1 (one injury), DT_INJURIES2 = "In which". Otherwise, DT_INJURIES2 = "Thinking about the most serious injury, in which".
INJ_Q03 INJ_03	**^DT_INJURIES2 month did it happen?** 01 January 02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October 11 November 12 December DK, RF (Go to INJ_Q05)
INJ_C04	If INJ_Q03 = ^CURRENTMONTH, go to INJ_Q04. Otherwise, go to INJ_Q05.
INJ_Q04 INJ_04	**Was that this year or last year?** 1 This year 2 Last year DK, RF

INJ_Q05
INJ_05

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

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

Go to INJ_Q06

INJ_S05

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

INTERVIEWER: Specify.

(80 spaces)

DK, RF

INJ_Q06
INJ_06

What part of the body was injured?

01   Multiple sites
02   Eyes (excluding fracture of facial bones around the eye)
03   Head (including facial bones)
04   Neck
05   Shoulder, upper arm
06   Elbow, lower arm
07   Wrist
08   Hand
09   Hip
10   Thigh
11   Knee, lower leg
12   Ankle, foot
13   Upper back or upper spine (excluding neck)
14   Lower back or lower spine
15   Chest (excluding back and spine)
16   Abdomen or pelvis (excluding back and spine)
DK, RF

Go to INJ_Q08

INJ_Q07
INJ_07

What part of the body was injured?

1   Chest (within rib cage)
2   Abdomen or pelvis (below ribs)
3   Other - Specify   (Go to INJ_S07)
DK, RF

Go to INJ_Q08

INJ_S07

(What part of the body was injured?)

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

INJ_Q08
INJ_08

Where ^WERE ^YOU1 when ^YOU1 ^WERE injured?
For example, someone's house, an office building, construction site.

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

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

DK, RF

Go to INJ_Q09

INJ_S08

(Where ^WERE ^YOU1 when ^YOU1 ^WERE injured?
For example, someone's house, an office building, construction site.)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

INJ_Q09 INJ_09	**What ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?**

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

    02   Leisure or hobby (including volunteering)

    03   Working at a job or business (excluding travel to and from work)

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

    05   Sleeping, eating, personal care

    06   Going up and down stairs

    07   Driver or passenger in/on road motor vehicle (including motorcycles,
trucks)

    08   Driver or passenger in/on off-road motor vehicle (including boat, ATV, snowmobile)

    09   Walking

    10   Other - Specify   (Go to INJ_S09)

    DK, RF

Go to INJ_C09

INJ_S09	**(What ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

INJ_C09	If INJ_Q09 = 3, and (14 < age < 75), go to INJ_B10. Otherwise, go to INJ_C10.

INJ_B10	Call "Workplace Injuries" Sub Block (INW)

INJ_C10	If INJ_Q05 = 9 (poisoning), go to INJ_Q13. Otherwise, go to INJ_Q10.

INJ_Q10 INJ_10	**Was the injury the result of a fall?**

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

    1   Yes

    2   No   (Go to INJ_Q12A)

    DK, RF   (Go to INJ_Q12A)

INJ_Q11
INJ_11A

How did ^YOU1 fall?

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

Go to INJ_Q12B

INJ_S11

(How did ^YOU1 fall?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

Go to INJ_Q12B

INJ_Q12A
INJ_12

What caused the injury?

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

Go to INJ_Q12B

INJ_S12A

(What caused the injury?)

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

INJ_Q12B
INJ_12A

At what time of day did ^YOUR1 injury occur?

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

INJ_Q13
INJ_13

Did ^YOU2 receive any medical attention for the injury from a health
professional in the 48 hours following the injury?

1   Yes
2   No   (Go to INJ_Q15B)
DK, RF   (Go to INJ_Q15B)

INJ_Q14	**Where did ^YOU1 receive treatment in the 48 hours?**

INTERVIEWER: Mark all that apply.

INJ_14A	01	Doctor's office
INJ_14B	02	Hospital emergency room
INJ_14C	03	Hospital outpatient clinic (e.g. day surgery, cancer)
INJ_14L	04	Other clinic (e.g. walk-in, appointment, sports)
INJ_14M	05	Physiotherapist or massage therapist's office
INJ_14F	06	Community health centre / CLSC
INJ_14N	07	Chiropractor's office
INJ_14O	08	Where the injury happened/on-site (workplace, school, sports field, hotel, ski hill)
INJ_14K	09	Other
	DK, RF	

INJ_Q15A INJ_15	**^WERE_C ^YOU1 <u>admitted</u> to a hospital overnight?**

1   Yes
2   No
DK, RF

INJ_E15A	Inconsistent answers have been entered. Please confirm.
Rule :	*Trigger soft edit if INJ_Q15A = 1 and CHP_Q01 = 2 (No)*

INJ_Q15B INJ_15A	**At the present time, ^ARE ^YOU1 getting follow-up care from a health professional because of this injury?**

1   Yes
2   No
DK, RF

INJ_Q16 INJ_16	**In the past 12 months, did ^YOU2 have any other injuries that were treated by a health professional, but did <u>not</u> limit ^YOUR1 normal activities?**

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

INJ_Q17 INJ_17	**How many injuries?**

|_|_| Injuries
(MIN: 1)
(MAX: 30)

DK, RF

INJ_E17   An unusual value has been entered. Please confirm.

Rule :   Trigger soft edit if INJ_Q17 > 6

INJ_END

Repetitive strain - Sub Block (REP)
Theme content

REP_BEG   Theme content

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOINJ: do block flag, from the sample file.

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

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

REP_R1   **This next section deals with repetitive strain injuries. By this we mean injuries to muscles, tendons or nerves caused by overuse or repeating the same movement over an extended period. For example, carpal tunnel syndrome, tennis elbow or tendonitis.**

UNDERLINE INTERVIEWER: Press <1> to continue.

REP_Q1
REP_1A   **In the past 12 months, did ^YOU2 have any injuries due to repetitive strain?**

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

REP_Q2
REP_2   **Were these injuries serious enough to limit ^YOUR1 normal activities?**

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

REP_Q3A
REP_3

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

01　　Head
02　　Neck
03　　Shoulder, upper arm
04　　Elbow, lower arm
05　　Wrist
06　　Hand
07　　Hip
08　　Thigh
09　　Knee, lower leg
10　　Ankle, foot
11　　Upper back or upper spine (excluding neck)
12　　Lower back or lower spine
13　　Chest (excluding back and spine)
14　　Abdomen or pelvis (excluding back and spine)
DK, RF

REP_D3A

Not Applicable

REP_Q3B
REP_3A

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

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

REP_Q4
REP_4

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

1　　Yes
2　　No
DK, RF

REP_Q5	**What type of activity was this?**
	INTERVIEWER: Mark all that apply.
REP_5A	01 Walking
REP_5B	02 Sports or physical exercise (including school activities and running)
REP_5C	03 Leisure or hobby (include volunteering)
REP_5D	04 Household chores, outdoor yard maintenance, home renovations or other unpaid work
REP_5F	05 Computer use or typing
REP_5G	06 Driving a motor vehicle
REP_5H	07 Lifting or carrying an object or person
REP_5I	08 Other - Specify (Go to REP_S5)
	DK, RF
	Go to REP_END
REP_S5	**(What type of activity was this?)**
	INTERVIEWER: Specify.

(80 spaces)

DK, RF

REP_END

Workplace Injury - Sub Block (INW)
Theme content

INW_BEG	Theme content

INW_Q01
INW_01

Did this injury occur in ^YOUR1 current main job?

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

INW_Q02

What kind of business, industry or service ^WERE ^YOU1 working in when ^YOU1 ^WERE injured? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government).

_____

(50 spaces)

DK, RF

Processing: _This will be released as the Yes/No flag INWF02; INWCSIC and INWCSOC are also released and are based on the responses to LBS and INW questions_

INW_Q03

What kind of work ^WERE ^YOU1 doing? (For example: babysitting in own home, factory worker, forestry technician)

_____

(50 spaces)

DK, RF

Processing: _This will be released as the Yes/No flag INWF03; INWCSIC and INWCSOC are also released and are based on the responses to LBS and INW questions_

INW_Q04

What were ^YOUR1 most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner.

_____

(50 spaces)

DK, RF

Processing: _This will be released as the Yes/No flag INWF04; INWCSIC and INWCSOC are also released and are based on the responses to LBS and INW questions_

INW_END

Satisfaction with life (SWL)

Optional content   Yukon

SWL_BEG   Optional Content (See Appendix 2)

SWL_C1   If (DOSWL block = 2), go to SWL_END.
                                     Otherwise, go to SWL_C2.

SWL_C2   If proxy interview, go to SWL_END.
                                     Otherwise, go to SWL_R1.

SWL_R1   **Now I'd like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are <u>very</u> satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or <u>very</u> dissatisfied.**

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

SWL_Q02   **How satisfied are you with your job or main activity?**
SWL_02

                                     1   Very satisfied
                                     2   Satisfied
                                     3   Neither satisfied nor
                                          dissatisfied
                                     4   Dissatisfied
                                     5   Very dissatisfied
                                     DK
                                     RF   (Go to SWL_END)

SWL_Q03   **How satisfied are you with your leisure activities?**
SWL_03

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

SWL_Q04   **(How satisfied are you) with your financial situation?**
SWL_04

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

SWL_Q05
SWL_05

How satisfied are you with yourself?

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

SWL_Q06
SWL_06

How satisfied are you with the way your body looks?

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

SWL_Q07
SWL_07

How satisfied are you with your relationships with family members?

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

SWL_Q08
SWL_08

(How satisfied are you) with your relationships with friends?

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

SWL_Q09
SWL_09

(How satisfied are you) with your housing?

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

SWL_Q10
SWL_10

(How satisfied are you) with your neighbourhood?

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

SWL_END

Stress - Sources (STS)

Optional content   Northwest Territories

STS_BEG   Optional Content (See Appendix 2)

STS_C1   If (DOSTS block = 1), go to STS_C2.
                                         Otherwise, go to STS_END.

STS_C2   If proxy interview, go to STS_END.
                                         Otherwise, go to STS_R1.

STS_R1   **Now a few questions about the stress in your life.**

                                         INTERVIEWER: Press <1> to continue.

STS_Q1
STS_1   **In general, how would you rate your ability to handle unexpected and difficult problems, for example, a family or personal crisis? Would you say your ability is...?**

                                         INTERVIEWER: Read categories to respondent.

                                         1   **Excellent**
                                         2   **Good**
                                         3   **Fair**
                                         4   **Poor**
                                         DK, RF   (Go to STS_END)

STS_Q2
STS_2   **In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities? Would you say your ability is...?**

                                         INTERVIEWER: Read categories to respondent.

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

STS_Q3
STS_3

Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?

INTERVIEWER: Do not probe.

01	Time pressures / not enough time
02	Own physical health problem or condition
03	Own emotional or mental health problem or condition
04	Financial situation (e.g., not enough money, debt)
05	Own work situation (e.g., hours of work, working conditions)
06	School
07	Employment status (e.g., unemployment)
08	Caring for - own children
09	Caring for - others
10	Other personal or family responsibilities
11	Personal relationships
12	Discrimination
13	Personal and family's safety
14	Health of family members
15	Other - Specify (Go to STS_S3)
16	Nothing

DK, RF

Go to STS_END

STS_S3

(Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

STS_END

Smoking (SMK)
Core content

SMK_BEG	Core content AGE - Age of the respondent DOSMK: do block flag, from the sample file.
SMK_C1	If (DOSMK block = 2), go to SMK_END. Otherwise, go to SMK_R1.
SMK_R1	**The next questions are about smoking.** INTERVIEWER: Press <1> to continue.
SMK_D201A	Not Applicable

SMK_Q201A
SMK_01A

In ^YOUR1 lifetime, ^HAVE ^YOU2 smoked a total of 100 or more cigarettes (about 4 packs)?

1   Yes   (Go to SMK_Q201C)
2   No
DK, RF

SMK_Q201B
SMK_01B

^HAVE_C ^YOU1 ever smoked a whole cigarette?

1   Yes   (Go to SMK_Q201C)
2   No   (Go to SMK_Q202)
DK   (Go to SMK_Q202)
RF

SMK_C201C	If SMK_Q201A = RF and SMK_Q201B = RF, go to SMK_END. Otherwise, go to SMK_Q202.

SMK_Q201C
SMK_01C

At what age did ^YOU1 smoke ^YOUR1 first whole cigarette?

INTERVIEWER: Minimum is 5; maximum is ^CURRENTAGE.

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

DK, RF   (Go to SMK_Q202)

SMK_E201C

The entered age at which the respondent first smoked a whole cigarette is invalid. Please return and correct.

Rule :   *Trigger hard edit if SMK_Q201C > ^CURRENTAGE.*

SMK_Q202 SMK_202	**At the present time, ^DOVERB ^YOU2 smoke cigarettes daily, occasionally or not at all?**

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

Universe: *Daily smoker (current)*

SMK_Q203 SMK_203	**At what age did ^YOU1 begin to smoke cigarettes daily?**

INTERVIEWER: Minimum is 5; maximum is ^CURRENTAGE.

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

DK, RF

SMK_E203A	**The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.**

Rule : *Trigger hard edit if SMK_Q203 > CURRENTAGE.*

SMK_E203B	The respondent has indicated that they began smoking cigarettes daily at a younger age than when they smoked their first whole cigarette. Please confirm.

Rule : *Trigger soft edit if SMK_Q201C > SMK_Q203.*

SMK_Q204 SMK_204	**How many cigarettes ^DOVERB ^YOU1 smoke each day now?**

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

DK, RF

Go to SMK_END

SMK_E204	An unusual value has been entered. Please confirm.

Rule : *Trigger soft edit if SMK_Q204 > 60*

Universe: *Occasional smoker (current)*

SMK_Q205B SMK_05B	**On the days that ^YOU2 ^DOVERB smoke, how many cigarettes ^DOVERB ^YOU1 usually smoke?**

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

DK, RF

SMK_E205B	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if SMK_Q205B > 60.*
SMK_Q205C SMK_05C	**In the past month, on how many days ^HAVE ^YOU1 smoked 1 or more cigarettes?** |_|_| Days (MIN: 0) (MAX: 30) DK, RF
SMK_E205C	The respondent has previously indicated that they smoke cigarettes occasionally, but that they have smoked every day for the past month. Please verify.
Rule :	*Trigger soft edit if SMK_Q202 = 2 and SMK_Q205C = 30.*
SMK_C205D	If SMK_Q201A <> 1 (has not smoked 100 or more cigarettes lifetime), go to SMK_END. Otherwise, go to SMK_Q205D.
Universe:	*Occasional smoker or non-smoker (current)*

SMK_Q205D
SMK_05D

^HAVE_C ^YOU1 ever smoked cigarettes daily?

1	Yes	(Go to SMK_Q207)
2	No	
DK, RF		(Go to SMK_END)

Universe:	*Occasional smoker or non-smoker (current)*
SMK_C206A	If SMK_Q202 = 2 (current occasional smoker), go to SMK_END. Otherwise, go to SMK_Q206A.
Universe:	*Non-smoker (current)*

SMK_Q206A
SMK_06A

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

INTERVIEWER: Read categories to respondent.

1	**Less than one year ago**	
2	**1 year to less than 2 years ago**	(Go to SMK_END)
3	**2 years to less than 3 years ago**	(Go to SMK_END)
4	**3 or more years ago**	(Go to SMK_Q206C)
DK, RF		(Go to SMK_END)

SMK_Q206B SMK_06B	**In what month did ^YOU1 stop?**

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

Go to SMK_END

SMK_Q206C SMK_06C	**How many years ago was it?**

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

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

DK, RF   (Go to SMK_END)

Go to SMK_END

SMK_E206C	**The number of years ago that the respondent stopped smoking is invalid.** **Please return and correct.**
Rule :	*Trigger hard edit if SMK_Q206C > CURRENTAGE - 5. Occasional smoker or non-smoker (current) - Daily smoker (previously)*
Universe:	*Occasional smoker or non-smoker (current) - Daily smoker (previously)*
SMK_Q207 SMK_207	**At what age did ^YOU1 begin to smoke (cigarettes) daily?**

INTERVIEWER: Minimum is 5; maximum is ^CURRENTAGE.

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

DK, RF   (Go to SMK_Q208)

SMK_E207A	The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.
Rule :	*Trigger hard edit if SMK_Q207 > CURRENTAGE.*

SMK_E207B	The respondent has indicated that they began smoking cigarettes daily at a younger age than when they smoked their first whole cigarette. Please confirm.
Rule :	*Trigger soft edit if SMK_Q207 < SMK_Q201C.*

SMK_Q208
SMK_208

How many cigarettes did ^YOU1 usually smoke each day?

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

DK, RF

SMK_E208	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if SMK_Q208 > 60.*

SMK_Q209A
SMK_09A

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

<u>INTERVIEWER</u>: Read categories to respondent.

1   **Less than one year ago**
2   **1 year to less than 2 years
    ago**   (Go to SMK_C210A)
3   **2 years to less than 3 years
    ago**   (Go to SMK_C210A)
4   **3 or more years ago**   (Go to SMK_Q209C)
DK, RF   (Go to SMK_END)

SMK_Q209B
SMK_09B

In what month did ^YOU1 stop?

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

Go to SMK_C210A

SMK_Q209C SMK_09C	**How many years ago was it?** INTERVIEWER: Minimum is 3; maximum is [^CURRENTAGE -5]. |_|_|_| Years (MIN: 3) (MAX: 121) DK, RF (Go to SMK_C210A)

SMK_E209C **The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.**

Rule : *Trigger hard edit if SMK_Q209C > CURRENTAGE - 5.*

SMK_E209D **The number of years ago that the respondent stopped smoking daily is invalid. Please return and correct.**

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

SMK_C210A If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.
Otherwise, go to SMK_Q210A.

Universe: *Non-smoker (current)*

SMK_Q210A
SMK_10 **Was that when ^YOU1 <u>completely</u> quit smoking?**

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

SMK_Q210B
SMK_10A **When did ^YOU1 stop smoking completely? Was it...?**

INTERVIEWER: Read categories to respondent.

1   **Less than one year ago**
2   **1 year to less than 2 years**
     ago   (Go to SMK_END)
3   **2 years to less than 3 years**
     ago   (Go to SMK_END)
4   **3 or more years ago**   (Go to SMK_Q210D)
DK, RF   (Go to SMK_END)

SMK_Q210C SMK_10B	**In what month did ^YOU1 stop?**

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

Go to SMK_END

SMK_Q210D SMK_10C	**How many years ago was it?**

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

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

DK, RF

SMK_E210D_1	**The number of years ago that the respondent completely stopped smoking is invalid. Please return and correct.**

Rule :   *Trigger hard edit if SMK_Q210D > CURRENTAGE - 5.*

SMK_E210D_2	The respondent has indicated that they stopped smoking completely more years ago than they stopped smoking daily. Please confirm.

Rule :   *Trigger soft edit if SMK_Q210D > SMK_Q209C.*

SMK_END

Smoking - Stages of change (SCH)

Optional content   Ontario

SCH_BEG   Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOSCH: do block flag, from the sample file.

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

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

SCH_C1   If (DOSCH block = 2), go to SCH_END.
                                          Otherwise, go to SCH_C2.

SCH_C2   If SMK_Q202 = 1 or 2 (current daily or occasional smokers), go to
                                          SCH_C3.
                                          Otherwise, go to SCH_END.

SCH_C3   If proxy interview, go to SCH_END.
                                          Otherwise, go to SCH_Q1.

SCH_Q1
SCH_1   **Are you seriously considering quitting smoking within the next 6**
                                          months?

                                          1   Yes
                                          2   No   (Go to SCH_Q3)
                                          DK, RF   (Go to SCH_Q3)

SCH_Q2
SCH_2   **Are you seriously considering quitting within the next 30 days?**

                                          1   Yes
                                          2   No
                                          DK, RF

SCH_Q3
SCH_3   **In the past 12 months, did you stop smoking for at least 24 hours**
                                          because you were trying to quit?

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

SCH_Q4
SCH_4   **How many times? (in the past 12 months, did you stop smoking for at**
                                          least 24 hours because you were trying to quit.)

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

                                          DK, RF

SCH_E4

An unusual number has been entered. Please confirm.

Rule :

Trigger soft edit if SCH_Q4 > 48

SCH_END

Smoking cessation methods (SCA)

Optional content	Yukon, Ontario

SCA_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOSCA: do block flag, from the sample file.

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

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

SCA_C10A

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

SCA_C10B

If proxy interview, go to SCA_END.
Otherwise, go to SCA_C10C.

SCA_C10C

If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to
SCA_C50A.
Otherwise, go to SCA_C10D.

SCA_C10D

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

SCA_Q10A
SCA_10

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

1   Yes
2   No   (Go to SCA_Q11A)
DK, RF   (Go to SCA_END)

SCA_Q10B
SCA_10A

How useful was that in helping you quit?

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

SCA_Q11A
SCA_11

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

1   Yes
2   No   (Go to SCA_Q12A)
DK, RF   (Go to SCA_Q12A)

| SCA_Q11B SCA_11A | **How useful was that in helping you quit?** |

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

SCA_Q12A
SCA_12

In the past 12 months, did you try medication such as Zyban, Prolev or Wellbutrin to quit smoking?

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

SCA_Q12B
SCA_12A

How useful was that in helping you quit?

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

Go to SCA_END

SCA_C50A

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

SCA_C50B

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

SCA_C50C

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

SCA_Q50
SCA_50

In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?

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

Processing:

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

SCA_Q60
SCA_60

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

a nicotine patch?

1   Yes
2   No
DK, RF

SCA_Q61
SCA_61

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

Nicorettes or other nicotine gum or candy?

1   Yes
2   No
DK, RF

SCA_Q62
SCA_62

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

medication such as Zyban, Prolev or Wellbutrin?

1   Yes
2   No
DK, RF

SCA_END

Smoking - Physician counselling (SPC)

Optional content	Nunavut, Prince Edward Island

SPC_BEG   Optional Content (See Appendix 2)

SPC_C1   If (DOSPC block = 1), go to SPC_C2.
                                 Otherwise, go to SPC_END.

SPC_C2   If proxy interview, go to SPC_END.
                                 Otherwise, go to SPC_C3.

SPC_C3   If SMK_Q202 = 1 or 2 or SMK_Q206A = 1 or SMK_Q209A = 1, go to
                                 SPC_C4.
                                 Otherwise, go to SPC_END.

SPC_C4   If (DOHCU block = 1) and (HCU_Q10 = 1) (i.e. has a regular medical
                                 doctor), go to SPC_Q10.
                                 Otherwise, go to SPC_C20A.

SPC_Q10   **Earlier, you mentioned having a regular medical doctor. In the past 12**
SPC_10   **months, did you go see this doctor?**

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

SPC_D11   If SMK_Q202 = 1 or 2, DT_SMOKING = "smoke".
                                 If SMK_Q206A = 1 or SMK_Q209A = 1, DT_SMOKING = "smoked".

SPC_Q11   **Does your doctor know that you ^DT_SMOKING cigarettes?**
SPC_11
                 1   Yes
                 2   No   (Go to SPC_C20A)
                 DK, RF   (Go to SPC_C20A)

SPC_Q12   **In the past 12 months, did your doctor advise you to quit smoking?**
SPC_12
                 1   Yes
                 2   No
                 DK, RF   (Go to SPC_C20A)

SPC_Q13   **(In the past 12 months,) did your doctor give you any specific help or**
SPC_13   **information to quit smoking?**

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

SPC_Q14	**What type of help did the doctor give?**
	INTERVIEWER: Mark all that apply.
	1 Referral to a one-on-one cessation program
	2 Referral to a group cessation program
	3 Recommended use of nicotine patch or nicotine gum
	4 Recommended Zyban or other medication
	5 Provided self-help information (e.g., pamphlet, referral to website)
	6 Own doctor offered counselling
	7 Other
	DK, RF

SPC_C20A

If (DODEN block = 1) and (DEN_Q130 = 1 or DEN_Q132 = 1) (visited dentist in past 12 months), go to SPC_Q21.
Otherwise, go to SPC_C20B.

SPC_C20B

If (DODEN block = 1) and (DEN_Q130 = 2, DK or RF) (did not visit dentist in past 12 months), go to SPC_END.
Otherwise, go to SPC_C20C.

SPC_C20C

If (DOCHP block = 1) and (CHP_Q14 = 1) (saw or talked to dentist in past 12 months), go to SPC_Q20.
Otherwise, go to SPC_END.

SPC_Q20
SPC_20

Earlier, you mentioned having "seen or talked to" a dentist in the past 12 months. Did you actually go to the dentist?

INTERVIEWER: Include both face to face and telephone contacts.

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

SPC_Q21
SPC_21

Does your dentist or dental hygienist know that you ^DT_SMOKING cigarettes?

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

SPC_Q22
SPC_22

In the past 12 months, did the dentist or hygienist advise you to quit smoking?

1   Yes
2   No
DK, RF

SPC_END

Smoking - Youth smoking (YSM)

Optional content   Saskatchewan

YSM_BEG   Optional Content

YSM_C1   If (DOYSM block = 2), go to YSM_END.
                                           Otherwise, go to YSM_C1A.

YSM_C1A   If proxy interview or age greater than 19, go to YSM_END.
                                           Otherwise, go to YSM_C1B.

YSM_C1B   If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to
                                           YSM_Q1.
                                           Otherwise, go to YSM_END.

YSM_Q1   **Where do you usually get your cigarettes?**
YSM_1

                                           01   Buy from - Vending machine
                                           02   Buy from - Small grocery /
                                                 corner store
                                           03   Buy from - Supermarket
                                           04   Buy from - Drug store
                                           05   Buy from - Gas station
                                           06   Buy from - Other store
                                           07   Buy from - Friend or
                                                 someone else
                                           08   Given them by - Brother or
                                                 sister
                                           09   Given them by - Mother or
                                                 father
                                           10   Given them by - Friend or
                                                 someone else
                                           11   Take them from - Mother,
                                                 father or sibling
                                           12   Other
                                           DK, RF   (Go to YSM_END)

YSM_C2   If YSM_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM_Q3.
                                           Otherwise, go to YSM_Q2.

YSM_Q2   **In the past 12 months, have you bought cigarettes for yourself or for**
YSM_2   **someone else?**

                                           1   Yes
                                           2   No   (Go to YSM_Q5)
                                           DK, RF   (Go to YSM_Q5)

YSM_Q3   **In the past 12 months, have you been asked your age when buying**
YSM_3   **cigarettes in a store?**

                                           1   Yes
                                           2   No
                                           DK, RF

YSM_Q4
YSM_4

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

1   Yes
2   No
DK, RF

YSM_Q5
YSM_5

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

1   Yes
2   No
DK, RF

YSM_END

Exposure to second-hand smoke (ETS)
Core content

ETS_BEG	Core content

DOETS: do block flag, from the sample file.
DOSMK: do block flag, from the sample file.
SMK_Q202 -Type of smoker
HHSIZE - Household size

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

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

ETS_C01	If (DOETS block = 2), go to ETS_END. Otherwise, go to ETS_R01.

ETS_R01	**The next questions are about exposure to second-hand smoke.**

INTERVIEWER: Press <1> to continue.

ETS_C10	If HHSIZE = 1 and (SMK_Q202 = 1 or 2), go to ETS_Q35. Otherwise, go to ETS_Q10.

ETS_Q10 ETS_10	**Including both household members and regular visitors, does anyone smoke <u>inside</u> your home, every day or almost every day?**

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

1	Yes
2	No (Go to ETS_C20)
DK, RF	(Go to ETS_END)

ETS_Q11 ETS_11	**How many people smoke <u>inside</u> your home every day or almost every day?**

INTERVIEWER: Include household members and regular visitors. Include cigarettes, cigars and pipes.

|_|_| Number of people
(MIN: 1)
(MAX: 15)

DK, RF

ETS_C20	If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS_C35. Otherwise, go to ETS_Q20A.

ETS_Q20A
ETS_20

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

INTERVIEWER: Include cigarettes, cigars and pipes.

1   Yes
2   No
DK, RF

ETS_Q20B
ETS_20B

(In the past month,) ^WERE ^YOU1 exposed to second-hand smoke, every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?

INTERVIEWER: Include cigarettes, cigars and pipes.

1   Yes
2   No
DK, RF

ETS_C35

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

ETS_Q35
ETS_35

Is smoking allowed inside your home?

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

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

ETS_Q36
ETS_36

Is smoking inside your home restricted in anyway?

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

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

ETS_Q37		**How is smoking restricted inside your home?**
		INTERVIEWER: Read categories to respondent. Mark all that apply. There is no need to read a response that was volunteered by the respondent.
ETS_37A	1	**Allowed in certain rooms only**
ETS_37B	2	**Restricted in the presence of young children**
ETS_37C	3	**Allowed only if windows are open or with another type of ventilation**
ETS_37D	4	**Other restriction(s)**
		DK, RF

ETS_END

Smoking - Other tobacco products (TAL)

Optional content	Ontario, Saskatchewan

TAL_BEG

Optional Content (See Appendix 2)

TAL_C1

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

TAL_Q1
TAL_1

Now I'd like to ask about ^YOUR1 use of tobacco other than cigarettes.

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

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

TAL_Q2
TAL_2

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

1   Yes
2   No
DK, RF

TAL_Q3
TAL_3

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

1   Yes
2   No
DK, RF

TAL_Q4
TAL_4

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

1   Yes
2   No
DK, RF

TAL_END

Alcohol use (ALC)
Core content

ALC_BEG	Core content
	External variables to import:
	SEX_Q01- Sex of respondent DOALC: do block flag, from the sample file.
ALC_C1A	If (DOALC block = 1), go to ALC_R1. Otherwise, go to ALC_END.
ALC_D1A	Not Applicable
ALC_D1B	DV_ONEYEARAGO = CURRENTDATE-1
ALC_R1	**Now, some questions about ^YOUR2 alcohol consumption.** **When we use the word 'drink' it means:** **- one bottle or can of beer or a glass of draft** **- one glass of wine or a wine cooler** **- one drink or cocktail with one and a half ounces of liquor.** <u>INTERVIEWER</u>: Press <1> to continue.
ALC_Q1 ALC_1	**During the past 12 months, that is, from ^DV_ONEYEARAGO to yesterday, ^HAVE ^YOU2 had a drink of beer, wine, liquor or any other alcoholic beverage?**

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

ALC_Q2 ALC_2	**During the past 12 months, how often did ^YOU1 drink alcoholic beverages?**

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

ALC_D3	If SEX=male, DT_BINGEDRINK = "5". Otherwise, DT_BINGEDRINK = "4".

ALC_Q3
ALC_3

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

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

ALC_E3

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

Rule :

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

ALC_END

Alcohol use during the past week (ALW)

Optional content	Nunavut, Quebec, Ontario, Prince Edward Island, Manitoba, Newfoundland and Labrador, Saskatchewan, British Columbia

ALW_BEG   Optional Content (See Appendix 2)

ALW_C1   If (DOALW block = 1), go to ALW_C2.
                                 Otherwise, go to ALW_END.

ALW_C2   If ALC_Q1 = No, DK or RF, go to ALW_END.
                                 Otherwise, go to ALW_Q5.

ALW_D5A   DV_YESTERDAY = WEEKDAY (TODAY - 1)

ALW_D5B   DV_DAYLASTWEEK = WEEKDAY (TODAY - 7)

ALW_Q5
ALW_1   **Thinking back over the past week, that is, from last ^DAYLASTWEEKE to yesterday, did ^YOU2 have a drink of beer, wine, liquor or any other alcoholic beverage?**

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

ALW_D5A_1

If Yesterday = 1, DT_DAYE_1 = "Sunday".
If Yesterday = 1, DT_DAYE_2 = "Saturday".
If Yesterday = 1, DT_DAYE_3 = "Friday".
If Yesterday = 1, DT_DAYE_4 = "Thursday".
If Yesterday = 1, DT_DAYE_5 = "Wednesday".
If Yesterday = 1, DT_DAYE_6 = "Tuesday".
If Yesterday = 1, DT_DAYE_7 = "Monday".
If Yesterday = 2, DT_DAYE_1 = "Monday".
If Yesterday = 2, DT_DAYE_2 = "Sunday".
If Yesterday = 2, DT_DAYE_3 = "Saturday".
If Yesterday = 2, DT_DAYE_4 = "Friday".
If Yesterday = 2, DT_DAYE_5 = "Thursday".
If Yesterday = 2, DT_DAYE_6 = "Wednesday".
If Yesterday = 2, DT_DAYE_7 = "Tuesday".
If Yesterday = 3, DT_DAYE_1 = "Tuesday".
If Yesterday = 3, DT_DAYE_2 = "Monday".
If Yesterday = 3, DT_DAYE_3 = "Sunday".
If Yesterday = 3, DT_DAYE_4 = "Saturday".
If Yesterday = 3, DT_DAYE_5 = "Friday".
If Yesterday = 3, DT_DAYE_6 = "Thursday".
If Yesterday = 3, DT_DAYE_7 = "Wednesday".
If Yesterday = 4, DT_DAYE_1 = "Wednesday".
If Yesterday = 4, DT_DAYE_2 = "Tuesday".
If Yesterday = 4, DT_DAYE_3 = "Monday".
If Yesterday = 4, DT_DAYE_4 = "Sunday".
If Yesterday = 4, DT_DAYE_5 = "Saturday".
If Yesterday = 4, DT_DAYE_6 = "Friday".
If Yesterday = 4, DT_DAYE_7 = "Thursday".
If Yesterday = 5, DT_DAYE_1 = "Thursday".
If Yesterday = 5, DT_DAYE_2 = "Wednesday".
If Yesterday = 5, DT_DAYE_3 = "Tuesday".
If Yesterday = 5, DT_DAYE_4 = "Monday".
If Yesterday = 5, DT_DAYE_5 = "Sunday".
If Yesterday = 5, DT_DAYE_6 = "Saturday".
If Yesterday = 5, DT_DAYE_7 = "Friday".
If Yesterday = 6, DT_DAYE_1 = "Friday".
If Yesterday = 6, DT_DAYE_2 = "Thursday".
If Yesterday = 6, DT_DAYE_3 = "Wednesday".
If Yesterday = 6, DT_DAYE_4 = "Tuesday".
If Yesterday = 6, DT_DAYE_5 = "Monday".
If Yesterday = 6, DT_DAYE_6 = "Sunday".
If Yesterday = 6, DT_DAYE_7 = "Saturday".
If Yesterday = 7, DT_DAYE_1 = "Saturday".
If Yesterday = 7, DT_DAYE_2 = "Friday".
If Yesterday = 7, DT_DAYE_3 = "Thursday".
If Yesterday = 7, DT_DAYE_4 = "Wednesday".
If Yesterday = 7, DT_DAYE_5 = "Tuesday".
If Yesterday = 7, DT_DAYE_6 = "Monday".
If Yesterday = 7, DT_DAYE_7 = "Sunday".

ALW_D5A_2

If SEX=male, DT_BINGEDRINK1 = "5".
Otherwise, DT_BINGEDRINK1 = "4".

ALW_Q5A_1 ALW_2A1	**Starting with yesterday, that is ^DT_DAYE_1, how many drinks did ^YOU2 have?**
	|_|_| Number of drinks (MIN: 0) (MAX: 99) DK, RF
Processing:	*The questionnaire variable name changed from ALW_Q5A1 to ALW_Q5A_1 in 2013, but the release name is still ALW_2A1.*
ALW_C5A_1	If response to Question ALW_Q5A_1 is RF, go to ALW_END. Otherwise, go to ALW_Q5A_2.
ALW_E5A_1A	**Inconsistent answers have been entered. The respondent has not had ^DT_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK1 or more drinks on ^DT_DAYE_1.**
Rule :	*Trigger hard edit if ALC_Q3 = 1 and ((SEX=male and ALW_Q5A_1 => 5) or (SEX=female and ALW_Q5A_1 => 4)).*
ALW_E5A_1B	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if ALW_Q5A_1 > 12.*
ALW_Q5A_2 ALW_2A2	**How many drinks did ^YOU1 have:** **on ^DT_DAYE_2?**
	|_|_| Number of drinks (MIN: 0) (MAX: 99) DK, RF
Processing:	*The questionnaire variable name changed from ALW_Q5A2 to ALW_Q5A_2 in 2013, but the release name is still ALW_2A2.*
ALW_E5A_2A	**Inconsistent answers have been entered. The respondent has not had ^DT_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK1 or more drinks on ^DT_DAYE_2.**
Rule :	*Trigger hard edit if ALC_Q3 = 1 and ((SEX=male and ALW_Q5A_2 => 5) or (SEX=female and ALW_Q5A_2 => 4)).*
ALW_E5A_2B	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if ALW_Q5A_2 > 12.*

ALW_Q5A_3 ALW_2A3	**(How many drinks did ^YOU1 have:)** **on ^DT_DAYE_3?** |_|_| Number of drinks (MIN: 0) (MAX: 99) DK, RF

Processing:	*The questionnaire variable name changed from ALW_Q5A3 to ALW_Q5A_3 in 2013, but the release name is still ALW_2A3.*

ALW_E5A_3A	**Inconsistent answers have been entered. The respondent has not had ^DT_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK1 or more drinks on ^DT_DAYE_3.**

Rule :	*Trigger hard edit if ALC_Q3 = 1 and ((SEX=male and ALW_Q5A_3 => 5) or (SEX=female and ALW_Q5A_3 => 4)).*

ALW_E5A_3B	**An unusual value has been entered. Please confirm.**

Rule :	*Trigger soft edit if ALW_Q5A_3 > 12.*

ALW_Q5A_4 ALW_2A4	**(How many drinks did ^YOU1 have:)** **on ^DT_DAYE_4?** |_|_| Number of drinks (MIN: 0) (MAX: 99) DK, RF

Processing:	*The questionnaire variable name changed from ALW_Q5A4 to ALW_Q5A_4 in 2013, but the release name is still ALW_2A4.*

ALW_E5A_4A	**Inconsistent answers have been entered. The respondent has not had ^DT_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK1 or more drinks on ^DT_DAYE_4.**

Rule :	*Trigger hard edit if ALC_Q3 = 1 and ((SEX=male and ALW_Q5A_4 => 5) or (SEX=female and ALW_Q5A_4 => 4)).*

ALW_E5A_4B	**An unusual value has been entered. Please confirm.**

Rule :	*Trigger soft edit if ALW_Q5A_4 > 12.*

ALW_Q5A_5 ALW_2A5	**(How many drinks did ^YOU1 have:)** **on ^DT_DAYE_5?** |_|_| Number of drinks (MIN: 0) (MAX: 99) DK, RF
Processing:	*The questionnaire variable name changed from ALW_Q5A5 to ALW_Q5A_5 in 2013, but the release name is still ALW_2A5.*
ALW_E5A_5A	**Inconsistent answers have been entered. The respondent has not had ^DT_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK1 or more drinks on ^DT_DAYE_5.**
Rule :	*Trigger hard edit if ALC_Q3 = 1 and ((SEX=male and ALW_Q5A_5 => 5) or (SEX=female and ALW_Q5A_5 => 4)).*
ALW_E5A_5B	**An unusual value has been entered. Please confirm.**
Rule :	*Trigger soft edit if ALW_Q5A_5 > 12.*
ALW_Q5A_6 ALW_2A6	**(How many drinks did ^YOU1 have:)** **on ^DT_DAYE_6?** |_|_| Number of drinks (MIN: 0) (MAX: 99) DK, RF
Processing:	*The questionnaire variable name changed from ALW_Q5A6 to ALW_Q5A_6 in 2013, but the release name is still ALW_2A6.*
ALW_E5A_6A	**Inconsistent answers have been entered. The respondent has not had ^DT_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK1 or more drinks on ^DT_DAYE_6.**
Rule :	*Trigger hard edit if ALC_Q3 = 1 and ((SEX=male and ALW_Q5A_6 => 5) or (SEX=female and ALW_Q5A_6 => 4)).*
ALW_E5A_6B	**An unusual value has been entered. Please confirm.**
Rule :	*Trigger soft edit if ALW_Q5A_6 > 12.*

ALW_Q5A_7 ALW_2A7	**(How many drinks did ^YOU1 have:)** **on ^DT_DAYE_7?** |_|_| Number of drinks (MIN: 0) (MAX: 99) DK, RF
Processing:	*The questionnaire variable name changed from ALW_Q5A7 to ALW_Q5A_7 in 2013, but the release name is still ALW_2A7.*
ALW_E5A_7A	**Inconsistent answers have been entered. The respondent has not had ^DT_BINGEDRINK1 or more drinks on one occasion in the past 12 months but had ^DT_BINGEDRINK1 or more drinks on ^DT_DAYE_7.**
Rule :	*Trigger hard edit if ALC_Q3 = 1 and ((SEX=male and ALW_Q5A_7 => 5) or (SEX=female and ALW_Q5A_7 => 4)).*
ALW_E5A_7B	**An unusual value has been entered. Please confirm.**
Rule :	*Trigger soft edit if ALW_Q5A_7 > 12.*
ALW_E5A_1	**Inconsistent answers have been entered. The respondent had a drink in the past week but has not had any drinks in the last seven days.**
Rule :	*Trigger hard edit if ALW_Q5A_1 to ALW_Q5A_7 all = 0.*
ALW_END	

Driving and safety (DRV)

Optional content	Manitoba, Ontario, Alberta, Nunavut, Yukon

DRV_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DODRV: do block flag, from the sample file.
ALC_Q01

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

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

DRV_C01A

If (DODRV block = 2), go to DRV_END.
Otherwise, go to DRV_C01B.

DRV_C01B

If proxy interview, go to DRV_END.
Otherwise, go to DRV_R01.

DRV_R01

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

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

DRV_Q01A
DRV_01A

In the past 12 months, have you driven a motor vehicle?

<u>INTERVIEWER</u>: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

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

DRV_Q01B
DRV_01B

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

1   Yes
2   No
DK, RF

DRV_C02A

If DRV_Q01A = 2 and DRV_Q01B = 2 or DK or RF, go to DRV_R08.
Otherwise, go to DRV_C02B.

DRV_C02B

If DRV_Q01A = 1, go to DRV_Q02.
Otherwise, go to DRV_Q04.

DRV_Q02
DRV_02

How often do you fasten your seat belt when you drive a motor vehicle?

INTERVIEWER: Read categories to respondent.

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

DRV_Q03A
DRV_03A

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

INTERVIEWER: Read categories to respondent.
If respondent does not use a cell phone, select «Never».

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

DRV_Q03B
DRV_03B

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

INTERVIEWER: Read categories to respondent.
If respondent does not use a hands-free, select «Never».

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

DRV_Q04
DRV_04

How often do you drive when you are feeling tired?

1   Often
2   Sometimes
3   Rarely
4   Never
DK, RF

DRV_Q05
DRV_05

Compared to other drivers, would you say you usually drive...?

INTERVIEWER: Read categories to respondent.

1   **Much faster**
2   **A little faster**
3   **About the same speed**
4   **A little slower**
5   **Much slower**
DK, RF

DRV_Q06 DRV_06	**(Compared to other drivers,) would you say you usually drive...?** INTERVIEWER: Read categories to respondent. 1 **Much more aggressively** 2 **A little more aggressively** 3 **About the same** 4 **A little less aggressively** 5 **Much less aggressively** DK, RF
DRV_C07	If ALC_Q1 = 1 (drank alcohol in past 12 months) and (DRV_Q01A = 1 (drove a motor vehicle) or DRV_Q01B = 1 (Drove a motorcycle)), go to DRV_Q07A. Otherwise, go to DRV_R08.
DRV_Q07A DRV_07	**In the past 12 months, have you driven a motor vehicle after having 2 or more drinks in the hour before you drove?** INTERVIEWER: Include cars, trucks, vans and motorcycles. Exclude off-road vehicles. 1 Yes 2 No (Go to DRV_R08) DK, RF (Go to DRV_R08)
DRV_Q07B DRV_07A	**How many times (in the past 12 months)?** |_|_| Times (MIN: 1) (MAX: 95) DK, RF
DRV_E07B	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if DRV_Q07B > 20*
DRV_R08	**Now some questions about being a passenger in a motor vehicle.** INTERVIEWER: Press <1> to continue.
DRV_Q08A DRV_08A	**When you are a <u>front seat</u> passenger, how often do you fasten your seat belt?** INTERVIEWER: Read categories to respondent. 1 **Always** 2 **Most of the time** 3 **Rarely** 4 **Never** 5 Do not ride in front seat DK, RF

DRV_Q08B
DRV_08B

When you are a back seat passenger, how often do you fasten your seat belt?

1   Always
2   Most of the time
3   Rarely
4   Never
5   Do not ride in back seat
DK, RF

DRV_Q09
DRV_09

When you are a passenger in a taxi, how often do you fasten your seat belt?

1   Always
2   Most of the time
3   Rarely
4   Never
5   Do not take taxis
DK, RF

DRV_Q10A
DRV_10

In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?

1   Yes
2   No   (Go to DRV_Q11A)
DK, RF   (Go to DRV_Q11A)

DRV_Q10B
DRV_10A

How many times (in the past 12 months)?

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

DK, RF

DRV_E10B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if DRV_Q10B > 20

DRV_Q11A
DRV_11A

In the past 12 months, have you been the driver of, or a passenger in, a snowmobile, motor boat or seadoo?

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

DRV_Q11B
DRV_11B

In the past 12 months, have you been the driver of, or a passenger in, an ATV (all terrain vehicle)?

1   Yes
2   No   (Go to DRV_C13)
DK, RF   (Go to DRV_END)

DRV_Q12 DRV_12	**How often do you wear a helmet when on an ATV?** INTERVIEWER: Read categories to respondent. 1 **Always** 2 **Most of the time** 3 **Rarely** 4 **Never** DK, RF
DRV_C13	If DRV_Q11A = 2 (not driven/passenger - snowmobile, motor boat or seadoo) and DRV_Q11B = 2 (not driven/passenger - ATV), go to DRV_END. Otherwise, go to DRV_D13.
DRV_D13	If DRV_Q11A = 1 and DRV_Q11B = 1, DT_ATV = "a snowmobile, motor boat, seadoo or ATV". If DRV_Q11A = 1 and DRV_Q11B = 2, DT_ATV = "a snowmobile, motor boat or seadoo". If DRV_Q11A = 2 and DRV_Q11B = 1, DT_ATV = "an ATV".
DRV_Q13A DRV_13	**In the past 12 months, have you been a <u>passenger</u> on ^DT_ATV with a driver who had 2 or more drinks in the hour before driving?** 1 Yes 2 No (Go to DRV_C14) DK, RF (Go to DRV_C14)
DRV_Q13B DRV_13A	**How many times (in the past 12 months)?** |_|_| Times (MIN: 1) (MAX: 95) DK, RF
DRV_E13B	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if DRV_Q13B > 20*
DRV_C14	If ALC_Q1 = 1 (drank alcohol in the past 12 months), go to DRV_Q14A. Otherwise, go to DRV_END.
DRV_Q14A DRV_14	**In the past 12 months, have you <u>driven</u> ^DT_ATV after having 2 or more drinks in the hour before you drove?** 1 Yes 2 No (Go to DRV_END) DK, RF (Go to DRV_END)

DRV_Q14B
DRV_14A

How many times (in the past 12 months)?

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

DK, RF

DRV_E14B

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if DRV_Q14B > 20

DRV_END

Alcohol use - Dependence (ALD)

Optional content   British Columbia

ALD_BEG   Optional Content (See Appendix 2)

ALD_C01A   If (DOALD block = 2) or proxy interview, go to ALD_END.
                                          Otherwise, go to ALD_C01B.

ALD_C01B   If ALC_Q3 > 2 (has had at least 4/5 drinks at least once a month), go to
                                          ALD_R1.
                                          Otherwise, go to ALD_END.

ALD_R1   **The next questions are about how drinking can affect people in their
                                          activities. We will be referring to the past 12 months, that is, from [date
                                          one year ago] to yesterday.**

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

ALD_Q01   **In the past 12 months, have you ever been drunk or hung-over while at
ALD_01   work, school or while taking care of children?**

                                          1   Yes
                                          2   No   (Go to ALD_Q03)
                                          DK, RF   (Go to ALD_END)

ALD_Q02   **How many times? Was it:**
ALD_02
                                          <u>INTERVIEWER</u>: Read categories to respondent.

                                          1   **Once or twice?**
                                          2   **3 to 5 times?**
                                          3   **6 to 10 times?**
                                          4   **11 to 20 times?**
                                          5   **More than 20 times?**
                                          DK, RF

ALD_Q03   **In the past 12 months, were you ever in a situation while drunk or
ALD_03   hung-over which increased your chances of getting hurt? (For
                                          example, driving a boat, using guns, crossing against traffic, or during
                                          sports.)**

                                          1   Yes
                                          2   No
                                          DK, RF

ALD_Q04   **(In the past 12 months,) have you had any emotional or psychological
ALD_04   problems because of alcohol use, such as feeling uninterested in
                                          things, depressed or suspicious of people?**

                                          1   Yes
                                          2   No
                                          DK, RF

ALD_Q05 ALD_05	**(In the past 12 months,) have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?**
	1 Yes 2 No DK, RF

ALD_Q06 ALD_06	**(In the past 12 months,) have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?**
	1 Yes 2 No DK, RF

ALD_Q07 ALD_07	**In the past 12 months, did you ever drink much more or for a longer period of time than you intended?**
	1 Yes 2 No (Go to ALD_Q09) DK, RF (Go to ALD_Q09)

ALD_Q08 ALD_08	**How many times? Was it:**
	INTERVIEWER: Read categories to respondent.
	1 **Once or twice?** 2 **3 to 5 times?** 3 **6 to 10 times?** 4 **11 to 20 times?** 5 **More than 20 times?** DK, RF

ALD_Q09 ALD_09	**In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?**
	1 Yes 2 No DK, RF

ALD_R10	**People who cut down their alcohol use or stop drinking altogether may not feel well if they have been drinking steadily for some time. These feelings are more intense and can last longer than the usual hangover.**
	INTERVIEWER: Press <1> to continue.

ALD_Q10 ALD_10	**In the past 12 months, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?**
	1 Yes 2 No DK, RF

ALD_Q11
ALD_11

(In the past 12 months,) did you ever have a period when you drank alcohol even though you promised yourself you wouldn't, or when you drank a lot more than you intended?

1   Yes
2   No
DK, RF

ALD_Q12
ALD_12

(In the past 12 months,) did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else?

1   Yes
2   No
DK, RF

ALD_Q13
ALD_13

(In the past 12 months,) did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?

1   Yes
2   No
DK, RF

ALD_Q14
ALD_14

(In the past 12 months,) did you ever continue to drink alcohol when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your alcohol use?

1   Yes
2   No
DK, RF

ALD_C15

If count of "Yes" responses (1) in (ALD_Q01, ALD_Q03, ALD_Q04, ALD_Q05, ALD_Q06, ALD_Q07, ALD_Q09, ALD_Q10, ALD_Q11, ALD_Q12, ALD_Q13, and ALD_Q14) = 0, go to ALD_END.
Otherwise, go to ALD_R15.

ALD_R15

Please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".

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

ALD_Q15A
ALD_15A

In the past 12 months, how much did your alcohol use interfere with:

your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

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

|_|_| Number
(MIN: 0)
(MAX: 10)

DK, RF

ALD_Q15B_1
ALD_5B1

(How much did it interfere with:)

your ability to attend school?

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

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

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

DK, RF

ALD_Q15B_2
ALD_5B2

(How much did it interfere with:)

your ability to work at a job?

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

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

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

DK, RF

ALD_Q15C
ALD_15C

(In the past 12 months,) how much did your alcohol use interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means "no interference" and 10 means "very severe interference".)

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

|_|_| Number
(MIN: 0)
(MAX: 10)

DK, RF

ALD_Q15D
ALD_15D

How much did it interfere with your social life?

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

|_|_| Number
(MIN: 0)
(MAX: 10)

DK, RF

ALD_END

Maternal experiences - Breastfeeding (MEX)

Optional content	Alberta, Northwest Territories, Quebec, Ontario, Nova Scotia, New Brunswick, Nunavut

MEX_BEG   Optional content (See Appendix 2)
                           SEX
                           DOMEX do block flag, from the sample file.

MEX_C01A   If (DOMEX block = 1), go to MEX_C01B.
                           Otherwise, go to MEX_END.

MEX_C01B   If proxy interview or sex = male or age < 15 or > 55, go to MEX_END.
                           Otherwise, go to MEX_R01.

MEX_R01   **The next questions are for recent mothers.**

                           INTERVIEWER: Press <1> to continue.

MEX_Q01A   **Have you given birth in the past 5 years?**
MEX_01
                           INTERVIEWER: Do not include stillbirths.

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

MEX_D01A   DV_FIVEYEARAGO = CURRENTYEAR - 5

Programmer: *Program : DV_FIVEYEARAGO = CURRENTYEAR - 5*

MEX_Q01B   **In what year?**
MEX_01A
                           INTERVIEWER: Enter year of birth of last baby. Minimum is
                           ^DV_FIVEYEARAGO; maximum is ^CURRENTYEAR.

                           |_|_|_|_| Year
                           (MIN: 1,900)
                           (MAX: 2,099)

                           DK, RF

MEX_E01B   **An impossible year has been entered. Please return and correct.**

Rule :   *Trigger hard edit if MEX_Q01B > ^CURRENTYEAR or MEX_Q01B < ^DV_FIVEYEARAGO*

MEX_Q02   **Did you take a vitamin supplement containing folic acid <u>before</u> your**
MEX_02   **(last) pregnancy, that is, before you found out that you were**
                           pregnant?

                           1   Yes
                           2   No
                           DK, RF

MEX_Q03
MEX_03

For your last baby, did you breastfeed or try to breastfeed your baby, even if only for a short time?

1   Yes   (Go to MEX_Q05)
2   No
DK, RF   (Go to MEX_END)

MEX_Q04
MEX_04

What is the main reason that you did not breastfeed?

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

Go to MEX_END

MEX_S04

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

INTERVIEWER: Specify.

_____

(80 spaces)

DK, RF

Go to MEX_END

MEX_Q05
MEX_05

Are you still breastfeeding?

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

MEX_Q06A MEX_06	**How long did you breastfeed (your last baby)?**

01   Less than 1 week
02   1 to 2 weeks
03   3 to 4 weeks
04   5 to 8 weeks
05   9 weeks to less than 12 weeks
06   3 months (12 weeks to less than 16 weeks)
07   4 months (16 weeks to less than 20 weeks)
08   5 months (20 weeks to less than 24 weeks)
09   6 months (24 weeks to less than 28 weeks)
10   7 to 9 months
11   10 to 12 months
12   More than 1 year
DK, RF   (Go to MEX_END)

MEX_C06B

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

MEX_Q06B
MEX_06A

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

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

MEX_D06C

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

MEX_Q06C
MEX_06B

How old was your (last) baby when other liquids ^DT_LIQUIDS were first added to the baby's feeds?

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

01   Less than 1 week
02   1 to 2 weeks
03   3 to 4 weeks
04   5 to 8 weeks
05   9 weeks to less than 12 weeks
06   3 months (12 weeks to less than 16 weeks)
07   4 months (16 weeks to less than 20 weeks)
08   5 months (20 weeks to less than 24 weeks)
09   6 months (24 weeks to less than 28 weeks)
10   7 to 9 months
11   10 to 12 months
12   More than 1 year
13   Have not added other liquids
DK, RF   (Go to MEX_C09A)

Programmer: *Only display answer category 13 (Have not added other liquids) if MEX_Q06B = 2*

MEX_E06C   An unusual length of time has passed between when the baby stopped breastfeeding and when other liquids were first added to the feeds. Please confirm. If answers are valid, ask for the reason explaining the gap and enter it as a remark.

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

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

MEX_Q08A
MEX_08A

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

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

01 Less than 1 week
02 1 to 2 weeks
03 3 to 4 weeks
04 5 to 8 weeks
05 9 weeks to less than 12 weeks
06 3 months (12 weeks to less than 16 weeks)
07 4 months (16 weeks to less than 20 weeks)
08 5 months (20 weeks to less than 24 weeks)
09 6 months (24 weeks to less than 28 weeks)
10 7 to 9 months
11 10 to 12 months
12 More than 1 year
13 Have not added solid foods
DK, RF   (Go to MEX_C09A)

MEX_C08B

If (MEX_Q06B=2 or MEX_Q06C = 13) and MEX_Q08A = 13, go to MEX_C09A.
Otherwise, go to MEX_D08B.

MEX_D08B

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

MEX_Q08B
MEX_08B

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

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

Go to MEX_C09A

MEX_S08B

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

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

MEX_C09A

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

MEX_Q09A
MEX_09

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

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

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

MEX_Q09B MEX_09B	**Overall, how often did you give the baby a supplement containing Vitamin D?** INTERVIEWER: Read categories to respondent. 1 **Every day** 2 **Almost every day** 3 **Once or twice a week** 4 **Less than once a week** DK, RF
MEX_C10	If MEX_Q05 = 1 (still breastfeeding), go to MEX_END. Otherwise, go to MEX_Q10.
MEX_Q10 MEX_10	**What is the main reason that you stopped breastfeeding?** 01 Not enough breast milk 02 Baby was ready for solid foods 03 Inconvenience / fatigue due to breastfeeding 04 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis) 05 Medical condition - mother 06 Medical condition - baby 07 Planned to stop at this time 08 Child weaned him / herself (e.g., baby biting, refusing breast) 09 Advice of doctor / health professional 10 Returned to work / school 11 Advice of partner / family / friends 12 Formula equally healthy for baby 13 Wanted to drink alcohol 14 Wanted to smoke 15 Other - Specify (Go to MEX_S10) DK, RF Go to MEX_END
MEX_S10	**(What is the main reason that you stopped breastfeeding?)** INTERVIEWER: Specify. (80 spaces) DK, RF
MEX_END	

Maternal experiences - Alcohol use during pregnancy (MXA)

Optional content   Nunavut, Alberta

MXA_BEG   Optional Content (See Appendix 2)

MXA_C01A   If (DOMXA block = 1), go to MXA_C01B.
                                           Otherwise, go to MXA_END.

MXA_C01B   If proxy interview or sex = male or age < 15 or > 55 or DOMEX = 2 or
                                           MEX_Q01A = 2, DK or RF, go to MXA_END.
                                           Otherwise, go to MXA_C30.

MXA_C30   If ALN _Q5B = 2, or RF (never drank), go to MXA_END.
                                           Otherwise, go to MXA_Q30.

MXA_Q30   **Did you drink any alcohol during your last pregnancy?**
MXA_01

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

MXA_Q31   **How often did you drink?**
MXA_02

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

MXA_C32   If MEX_Q03 = 2 (did not breastfeed last baby), go to MXA_END.
                                           Otherwise, go to MXA_Q32.

MXA_Q32   **Did you drink any alcohol while you were breastfeeding (your last**
MXA_03   **baby)?**

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

MXA_Q33   **How often did you drink?**
MXA_04

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

MXA_END

Maternal experiences - Smoking during pregnancy (MXS)

Optional content   Nunavut, Alberta, Northwest Territories

MXS_BEG   Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOMXS: do block flag, from the sample file.
MEX_Q01A :TYesno, DK, RF
MEX_Q03: TYesno, DK, RF
SMK_Q201A :Did you smoked 100 cigarettes or more in your lifetime?
TYesNo, DK, RF
SMK_Q201B :Have you ever somked a whole cigarette?
SMK_Q202 : Do you smoke cigarettes daily, occasionally or not at all?
Daily, Occasionally, Not at all, DK, RF

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

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

MXS_C01A   If (DOMXS block = 1), go to MXS_C01B.
Otherwise, go to MXS_END.

MXS_C01B   If proxy interview or sex = male or age < 15 or > 55 or DOMEX = 2 or
MEX_Q01A = 2, DK or RF, go to MXS_END.
Otherwise, go to MXS_C20.

MXS_C20   If SMK_Q202 = (1 or 2) or SMK_Q201A = 1 or SMK_Q201B = 1, go to
MXS_Q20.
Otherwise, go to MXS_END.

MXS_Q20
MXS_01   **During your last pregnancy, did you smoke daily, occasionally or not
at all?**

1   Daily
2   Occasionally   (Go to MXS_Q22)
3   Not at all   (Go to MXS_C23)
DK, RF   (Go to MXS_Q26)

MXS_Q21
MXS_02   **How many cigarettes did you usually smoke each day?**

|_|_| Number of cigarettes
(MIN: 1)
(MAX: 99)

DK, RF

Go to MXS_C23

MXS_E21   An unusual value has been entered. Please confirm.

Rule :   *Trigger soft edit if MXS_Q21 > 60*

MXS_Q22 MXS_03	**On the days that you smoked, how many cigarettes did you usually smoke?**
	|_|_| Number of cigarettes (MIN: 1) (MAX: 99)
	DK, RF
MXS_E22	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if MXS_Q22 > 60*
MXS_C23	If MEX_Q03 = 1 (breastfed last baby), go to MXS_Q23. Otherwise, go to MXS_Q26.

MXS_Q23 MXS_04	**When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?**

1	Daily	
2	Occasionally	(Go to MXS_Q25)
3	Not at all	(Go to MXS_Q26)
DK, RF		(Go to MXS_Q26)

MXS_Q24 MXS_05	**How many cigarettes did you usually smoke each day?**
	|_|_| Number of cigarettes (MIN: 1) (MAX: 99)
	DK, RF
	Go to MXS_Q26
MXS_E24	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if MXS_Q24 > 60*

MXS_Q25 MXS_06	**On the days that you smoked, how many cigarettes did you usually smoke?**
	|_|_| Number of cigarettes (MIN: 1) (MAX: 99)
	DK, RF
MXS_E25	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if MXS_Q25 > 60*

MXS_Q26
MXS_07

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

1   Yes
2   No
DK, RF

MXS_END

Illicit drugs use (IDG)

Optional content	Nunavut, Newfoundland and Labrador, British Columbia

IDG_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOIDG: do block flag, from the sample file.

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

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

IDG_C1

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

IDG_C2

If proxy interview, go to IDG_END.
Otherwise, go to IDG_R1.

IDG_R01

I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.

INTERVIEWER: Press <1> to continue.

IDG_Q01
IDG_01

Have you ever used or tried marijuana, cannabis or hashish?

INTERVIEWER: Read categories to respondent.

1	**Yes, just once**	
2	**Yes, more than once**	
3	**No**	(Go to IDG_Q04)
	DK, RF	(Go to IDG_END)

IDG_Q02
IDG_02

Have you used it in the past 12 months?

1	Yes	
2	No	(Go to IDG_Q04)
	DK, RF	(Go to IDG_Q04)

IDG_C03

If IDG_Q01 = 1, go to IDG_Q04.
Otherwise, go to IDG_Q03.

IDG_Q03 IDG_03	**How often (did you use marijuana, cannabis or hashish in the past 12 months)?** INTERVIEWER: Read categories to respondent. 1 **Less than once a month** 2 **1 to 3 times a month** 3 **Once a week** 4 **More than once a week** 5 **Every day** DK, RF

IDG_Q03
IDG_03

How often (did you use marijuana, cannabis or hashish in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
DK, RF

IDG_Q04
IDG_04

Have you ever used or tried cocaine or crack?

1   Yes, just once
2   Yes, more than once
3   No   (Go to IDG_Q07)
DK, RF   (Go to IDG_Q07)

IDG_Q05
IDG_05

Have you used it in the past 12 months?

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

IDG_C06

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

IDG_Q06
IDG_06

How often (did you use cocaine or crack in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
DK, RF

IDG_Q07
IDG_07

Have you ever used or tried speed (amphetamines)?

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

IDG_Q08
IDG_08

Have you used it in the past 12 months?

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

IDG_C09

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

IDG_Q09
IDG_09

How often (did you use speed (amphetamines) in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
DK, RF

IDG_Q10
IDG_10

Have you ever used or tried ecstasy (MDMA) or other similar drugs?

1   Yes, just once
2   Yes, more than once
3   No   (Go to IDG_Q13)
DK, RF   (Go to IDG_Q13)

IDG_Q11
IDG_11

Have you used it in the past 12 months?

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

IDG_C12

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

IDG_Q12
IDG_12

How often (did you use ecstasy or other similar drugs in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
DK, RF

IDG_Q13
IDG_13

Have you ever used or tried hallucinogens, PCP or LSD (acid)?

1   Yes, just once
2   Yes, more than once
3   No   (Go to IDG_Q16)
DK, RF   (Go to IDG_Q16)

IDG_Q14
IDG_14

Have you used it in the past 12 months?

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

IDG_C15

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

IDG_Q15
IDG_15

How often (did you use hallucinogens, PCP or LSD in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
DK, RF

IDG_Q16
IDG_16

Did you ever sniff glue, gasoline or other solvents?

1   Yes, just once
2   Yes, more than once
3   No   (Go to IDG_Q19)
DK, RF   (Go to IDG_Q19)

IDG_Q17
IDG_17

Did you sniff some in the past 12 months?

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

IDG_C18

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

IDG_Q18
IDG_18

How often (did you sniff glue, gasoline or other solvents in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
DK, RF

IDG_Q19
IDG_19

Have you ever used or tried heroin?

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

IDG_Q20
IDG_20

Have you used it in the past 12 months?

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

IDG_C21

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

IDG_Q21
IDG_21

How often (did you use heroin in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1 **Less than once a month**
2 **1 to 3 times a month**
3 **Once a week**
4 **More than once a week**
5 **Every day**
DK, RF

IDG_Q22
IDG_22

Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?

1 Yes, just once
2 Yes, more than once
3 No   (Go to IDG_C25A_1)
DK, RF   (Go to IDG_C25A_1)

IDG_Q23
IDG_23

Have you used it in the past 12 months?

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

IDG_C24

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

IDG_Q24
IDG_24

How often (did you use steroids in the past 12 months)?

INTERVIEWER: Read categories to respondent.

1 **Less than once a month**
2 **1 to 3 times a month**
3 **Once a week**
4 **More than once a week**
5 **Every day**
DK, RF

Programmer:

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

IDG_C25A_1

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

Programmer:

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

IDG_C25A_2

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

IDG_Q25A
IDG_25A

During the past 12 months, did you ever need to use more drugs than usual in order to get high, or did you ever find that you could no longer get high on the amount you usually took?

1   Yes
2   No
DK, RF

IDG_R25B

People who cut down their substance use or stop using drugs altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover.

INTERVIEWER: Press <1> to continue.

IDG_Q25B
IDG_25B

During the past 12 months, did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?

1   Yes
2   No
DK, RF

IDG_Q25C
IDG_25C

(During the past 12 months,) did you ever have times when you used drugs to <u>keep</u> from having such symptoms?

1   Yes
2   No
DK, RF

IDG_Q25D
IDG_25D

(During the past 12 months,) did you ever have times when you used drugs even though you <u>promised</u> yourself you wouldn't, or times when you used a lot more drugs than you intended?

1   Yes
2   No
DK, RF

IDG_Q25E
IDG_25E

(During the past 12 months,) were there ever times when you used drugs more frequently, or for <u>more days in a row</u> than you intended?

1   Yes
2   No
DK, RF

IDG_Q25F
IDG_25F

(During the past 12 months,) did you ever have periods of several days or more when you spent so much time using drugs or recovering from the effects of using drugs that you had little time for anything else?

1   Yes
2   No
DK, RF

IDG_Q25G
IDG_25G

(During the past 12 months,) did you ever have periods of a month or longer when you gave up or greatly reduced important activities because of your use of drugs?

1   Yes
2   No
DK, RF

IDG_Q25H
IDG_25H

(During the past 12 months,) did you ever continue to use drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?

1   Yes
2   No
DK, RF

IDG_R26

Please tell me what number best describes how much your use of drugs interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".

INTERVIEWER: Press <1> to continue.

IDG_Q26A
IDG_26A

How much did your use of drugs interfere with:

your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

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

|_|_| Number
(MIN: 0)
(MAX: 10)

DK, RF

IDG_Q26B_1
IDG_6B1

(How much did your use interfere with:)

your ability to attend school?

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

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

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

DK, RF

IDG_Q26B_2
IDG_6B2

(How much did your use interfere with:)

your ability to work at a regular job?

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

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

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

DK, RF

IDG_Q26C
IDG_26C

(During the past 12 months,) how much did your use of drugs interfere with your ability to form and maintain close relationships with other people? Remember that 0 means "no interference" and 10 means "very severe interference".

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

|_|_| Number
(MIN: 0)
(MAX: 10)

DK, RF

IDG_Q26D
IDG_26D

How much did your use of drugs interfere with your social life?

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

|_|_| Number
(MIN: 0)
(MAX: 10)

DK, RF

IDG_END

Problem gambling (CPG)

Optional content	Quebec, Saskatchewan, Manitoba, British Columbia

CPG_BEG   Optional Content (See Appendix 2)

CPG_C01   If (DOCPG block = 2), go to CPG_END.
                                        Otherwise, go to CPG_C02.

CPG_C02   If proxy interview, go to CPG_END.
                                        Otherwise, go to CPG_R01.

CPG_R01   **The next questions are about gambling activities and experiences.**

                                        People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo or playing card games with their family or friends.

                                        Some of these questions may not apply to you; however, they need to be asked of all respondents.

                                        INTERVIEWER: Press <1> to continue.

CPG_Q01A
CPG_01A   **In the past 12 months, how often have you bet or spent money on <u>instant</u> win/scratch tickets or <u>daily</u> lottery tickets (Keno, Pick 3, Encore, Banco, Extra)?**

                                        INTERVIEWER: Read categories to respondent.
                                        Exclude all other kinds of lottery tickets such as 6/49, Lotto Max, sports lotteries and fund raising tickets.

                                        01   **Daily**
                                        02   **Between 2 to 6 times a week**
                                        03   **About once a week**
                                        04   **Between 2 to 3 times a month**
                                        05   **About once a month**
                                        06   **Between 6 to 11 times a year**
                                        07   **Between 1 to 5 times a year**
                                        08   Never
                                        DK, RF

CPG_C01A   If CPG_Q01A = RF, go to CPG_END.
                                        Otherwise, go to CPG_Q01B.

CPG_Q01B
CPG_01B

(In the past 12 months,) how often have you bet or spent money on lottery tickets such as 6/49 or Lotto Max, raffles or fund-raising tickets?

01   Daily
02   Between 2 to 6 times a week
03   About once a week
04   Between 2 to 3 times a month
05   About once a month
06   Between 6 to 11 times a year
07   Between 1 to 5 times a year
08   Never
DK, RF

Programmer: *CPG_C01B = Count instances where CPG_Q01B to CPG_Q01M = 7, 8, DK or RF.*

CPG_Q01C
CPG_01C

(In the past 12 months,) how often have you bet or spent money on Bingo?

01   Daily
02   Between 2 to 6 times a week
03   About once a week
04   Between 2 to 3 times a month
05   About once a month
06   Between 6 to 11 times a year
07   Between 1 to 5 times a year
08   Never
DK, RF

CPG_Q01D
CPG_01D

(In the past 12 months,) how often have you bet or spent money playing cards or board games with family or friends?

01   Daily
02   Between 2 to 6 times a week
03   About once a week
04   Between 2 to 3 times a month
05   About once a month
06   Between 6 to 11 times a year
07   Between 1 to 5 times a year
08   Never
DK, RF

CPG_Q01E
CPG_01E

(In the past 12 months,) how often have you bet or spent money on video lottery terminals (VLTs) outside of casinos?

01   Daily
02   Between 2 to 6 times a week
03   About once a week
04   Between 2 to 3 times a month
05   About once a month
06   Between 6 to 11 times a year
07   Between 1 to 5 times a year
08   Never
DK, RF

CPG_Q01F
CPG_01F

(In the past 12 months,) how often have you bet or spent money on coin slots or VLTs at a casino?

01   Daily
02   Between 2 to 6 times a week
03   About once a week
04   Between 2 to 3 times a month
05   About once a month
06   Between 6 to 11 times a year
07   Between 1 to 5 times a year
08   Never
DK, RF

CPG_Q01G
CPG_01G

(In the past 12 months,) how often have you bet or spent money on casino games <u>other</u> than coin slots or VLTs (for example, poker, roulette, blackjack, Keno)?

01   Daily
02   Between 2 to 6 times a week
03   About once a week
04   Between 2 to 3 times a month
05   About once a month
06   Between 6 to 11 times a year
07   Between 1 to 5 times a year
08   Never
DK, RF

CPG_Q01H
CPG_01H

(In the past 12 months,) how often have you bet or spent money on Internet or arcade gambling?

01   Daily
02   Between 2 to 6 times a
      week
03   About once a week
04   Between 2 to 3 times a
      month
05   About once a month
06   Between 6 to 11 times a
      year
07   Between 1 to 5 times a year
08   Never
DK, RF

CPG_Q01I
CPG_01I

In the past 12 months, how often have you bet or spent money on live horse racing at the track or off track?

INTERVIEWER: Read categories to respondent.

01   **Daily**
02   **Between 2 to 6 times a week**
03   **About once a week**
04   **Between 2 to 3 times a**
      month
05   **About once a month**
06   **Between 6 to 11 times a**
      year
07   **Between 1 to 5 times a year**
08   Never
DK, RF

CPG_Q01J
CPG_01J

(In the past 12 months,) how often have you bet or spent money on sports such as sports lotteries (Sport Select, Pro-Line, Mise-au-jeu, Total), sports pool or sporting events?

01   Daily
02   Between 2 to 6 times a
      week
03   About once a week
04   Between 2 to 3 times a
      month
05   About once a month
06   Between 6 to 11 times a
      year
07   Between 1 to 5 times a year
08   Never
DK, RF

CPG_Q01K
CPG_01K

(In the past 12 months,) how often have you bet or spent money on speculative investments such as stocks, options or commodities?

INTERVIEWER: Speculative investments refer to buying high-risk stocks, but do not include low-risk bonds, RRSPs and/or mutual funds.

01 Daily
02 Between 2 to 6 times a week
03 About once a week
04 Between 2 to 3 times a month
05 About once a month
06 Between 6 to 11 times a year
07 Between 1 to 5 times a year
08 Never
DK, RF

CPG_Q01L
CPG_01L

In the past 12 months, how often have you bet or spent money on games of skill such as pool, golf, bowling or darts?

INTERVIEWER: Read categories to respondent.

01 **Daily**
02 **Between 2 to 6 times a week**
03 **About once a week**
04 **Between 2 to 3 times a month**
05 **About once a month**
06 **Between 6 to 11 times a year**
07 **Between 1 to 5 times a year**
08 Never
DK, RF

CPG_Q01M
CPG_01M

(In the past 12 months,) how often have you bet or spent money on any other forms of gambling such as dog races, gambling at casino nights/country fairs, bet on sports with a bookie or gambling pools at work?

01 Daily
02 Between 2 to 6 times a week
03 About once a week
04 Between 2 to 3 times a month
05 About once a month
06 Between 6 to 11 times a year
07 Between 1 to 5 times a year
08 Never
DK, RF

CPG_C01N

If CPG_C01B = 12 and CPG_Q01A = 7, 8 or DK, go to CPG_END.
Otherwise, go to CPG_Q01N.

CPG_Q01N
CPG_01N

In the past 12 months, how much money, not including winnings, did you spend on all of your gambling activities?

INTERVIEWER: Read categories to respondent.

1 **Between 1 dollar and 50 dollars**
2 **Between 51 dollars and 100 dollars**
3 **Between 101 dollars and 250 dollars**
4 **Between 251 dollars and 500 dollars**
5 **Between 501 dollars and 1000 dollars**
6 **More than 1000 dollars**
DK, RF

CPG_R02

The next questions are about gambling attitudes and experiences. Again, all the questions will refer to the past 12 months.

INTERVIEWER: Press <1> to continue.

CPG_Q02
CPG_02

In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?

INTERVIEWER: Read categories to respondent.

1 **Never**
2 **Sometimes**
3 **Most of the time**
4 **Almost always**
5 I am not a gambler   (Go to CPG_END)
DK
RF   (Go to CPG_END)

CPG_Q03
CPG_03

(In the past 12 months,) how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?

1 Never
2 Sometimes
3 Most of the time
4 Almost always
DK, RF

CPG_Q04
CPG_04

(In the past 12 months,) when you gambled, how often did you go back another day to try to win back the money you lost?

1 Never
2 Sometimes
3 Most of the time
4 Almost always
DK, RF

CPG_Q05
CPG_05

In the past 12 months, how often have you borrowed money or sold anything to get money to gamble?

INTERVIEWER: Read categories to respondent.

1   **Never**
2   **Sometimes**
3   **Most of the time**
4   **Almost always**
DK, RF

CPG_Q06
CPG_06

(In the past 12 months,) how often have you felt that you might have a problem with gambling?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
DK, RF

CPG_Q07
CPG_07

(In the past 12 months,) how often has gambling caused you any health problems, including stress or anxiety?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
DK, RF

CPG_Q08
CPG_08

(In the past 12 months,) how often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
DK, RF

CPG_Q09
CPG_09

(In the past 12 months,) how often has your gambling caused financial problems for you or your family?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
DK, RF

CPG_Q10
CPG_10

In the past 12 months, how often have you felt guilty about the way you gamble or what happens when you gamble?

INTERVIEWER: Read categories to respondent.

1   **Never**
2   **Sometimes**
3   **Most of the time**
4   **Almost always**
DK, RF

CPG_Q11
CPG_11

(In the past 12 months,) how often have you lied to family members or others to hide your gambling?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
DK, RF

CPG_Q12
CPG_12

(In the past 12 months,) how often have you wanted to stop betting money or gambling, but didn't think you could?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
DK, RF

CPG_Q13
CPG_13

In the past 12 months, how often have you bet more than you could really afford to lose?

INTERVIEWER: Read categories to respondent.

1   **Never**
2   **Sometimes**
3   **Most of the time**
4   **Almost always**
DK, RF

CPG_Q14
CPG_14

(In the past 12 months,) have you tried to quit or cut down on your gambling but were unable to do it?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
DK, RF

CPG_Q15
CPG_15

(In the past 12 months,) have you gambled as a way of forgetting problems or to feel better when you were depressed?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
DK, RF

CPG_Q16
CPG_16

(In the past 12 months,) has your gambling caused any problems with your relationship with any of your family members or friends?

1   Never
2   Sometimes
3   Most of the time
4   Almost always
DK, RF

Processing:

Processing: for CPG_Q03 through CPG_Q10 and CPG_Q13, recode 1=0, 2=1, 3=2 and 4=3 into CPG_C17A through CPG_C17I.
CPG_C17J = Sum CPG_C17A through CPG_C17I.

CPG_C17

If CPG_C17J <= 2, go to CPG_END.
Otherwise, go to CPG_Q17.

CPG_Q17
CPG_17

Has anyone in your family <u>ever</u> had a gambling problem?

1   Yes
2   No
DK, RF

CPG_Q18
CPG_18

In the <u>past 12 months</u>, have you used alcohol or drugs while gambling?

1   Yes
2   No
DK, RF

CPG_R19

Please tell me what number best describes how much your gambling activities interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "<u>no</u> interference", while 10 means "<u>very severe</u> interference".

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

CPG_Q19A
CPG_19A

During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

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

|_|_| Number
(MIN: 0)
(MAX: 10)

DK, RF

CPG_Q19B_1
CPG_9B1

How much did these activities interfere with your ability to attend school?

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

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

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

DK, RF

CPG_Q19B_2
CPG_9B2

How much did they interfere with your ability to work at a job?

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

<u>INTERVIEWER</u>: If necessary, enter "11" to indicate "Not applicable".

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

DK, RF

CPG_Q19C
CPG_19C

(During the past 12 months,) how much did your gambling activities interfere with your ability to form and maintain <u>close</u> relationships with other people? (Remember that 0 means "<u>no</u> interference" and 10 means "<u>very</u> severe interference".)

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

|_|_| Number
(MIN: 0)
(MAX: 10)

DK, RF

CPG_Q19D
CPG_19D

How much did they interfere with your social life?

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

|_|_| Number
(MIN: 0)
(MAX: 10)

DK, RF

CPG_END

Sexual behaviours (SXB)
Theme content

SXB_BEG	Theme content
	DOSXB: do block flag, from the sample file.
	DOMEX:do block flag, from the sample file.
	MEX_Q01A: Given birth in last 5 years
	SEX_Q01: Respondent's sex
	AGE: Respondent's age
	PROXYMODE: proxy identifier, from the GR block.
SXB_C01A	If (DOSXB block = 1), go to SXB_C01B.
	Otherwise, go to SXB_END.
SXB_C01B	If proxy interview or age < 15 or > 49, go to SXB_END.
	Otherwise, go to SXB_R01.
SXB_R01	**I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.**
	<u>INTERVIEWER</u>: Press <1> to continue.
SXB_C01C	If MEX_Q01A = 1, go to SXB_D02.
	Otherwise, go to SXB_Q01.

SXB_Q01 SXB_1	**Have you ever had sexual intercourse?**	
	1 Yes	(Go to SXB_D02)
	2 No	(Go to SXB_END)
	DK, RF	(Go to SXB_END)

Processing:	*In processing, if a respondent answered MEX_Q01A = 1 and DOSXB = 1 and 15 <= AGE <= 49 and Proxy = 2, the variable SXB_Q01 is given the value of 1.*
SXB_D02	If MEX_Q01A = 1, DT_INTERCOURSE = "you had sexual intercourse".
	Otherwise,, DT_INTERCOURSE = "null".

SXB_Q02 SXB_2	**How old were you the first time ^DT_INTERCOURSE?**	
	<u>INTERVIEWER</u>: Maximum is ^CURRENTAGE.	
	|_|_|_| Age in years (MIN: 1) (MAX: 121)	
	DK, RF	(Go to SXB_END)

SXB_E02A	**The entered age at which the respondent first had sexual intercourse is invalid. Please return and correct.**
Rule :	*Trigger hard edit if SXB_Q02 > ^CURRENTAGE.*

SXB_E02B	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if SXB_Q02 < 12.*

SXB_Q03
SXB_3

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

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

SXB_Q04
SXB_4

With how many different partners?

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

SXB_Q07
SXB_07

Have you ever been diagnosed with a sexually transmitted infection?

1	Yes
2	No
DK, RF	

SXB_C08A

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

SXB_C08B

If marital status = 1 (married) or 2 (common-law) and SXB_Q04 = 1 (one partner), go to SXB_C09B.
Otherwise, go to SXB_Q08.

SXB_Q08
SXB_7A

Did you use a condom the last time you had sexual intercourse?

1	Yes
2	No
DK, RF	

SXB_C09B

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

SXB_R9A

Now a few questions about birth control.

INTERVIEWER: Press <1> to continue.

SXB_C09C

If sex = female, go to SXB_C09D.
Otherwise, go to SXB_R10.

SXB_C09D

If HWT_Q1 = 1 (currently pregnant), go to SXB_Q11.
Otherwise, go to SXB_R9B.

SXB_R9B

I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

INTERVIEWER: Press <1> to continue.

SXB_Q09 SXB_09	**It is important to me to avoid getting pregnant right now.**

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree
DK
RF   (Go to SXB_END)

SXB_C10

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

SXB_R10

I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

INTERVIEWER: Press <1> to continue.

SXB_Q10
SXB_10

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

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree
6   Doesn't have a partner right now
7   Partner already pregnant
DK
RF   (Go to SXB_END)

SXB_Q11
SXB_11

In the past 12 months, did you and your partner usually use birth control?

1   Yes   (Go to SXB_Q12)
2   No   (Go to SXB_END)
DK, RF   (Go to SXB_END)

SXB_Q12

What kind of birth control did you and your partner usually use?

INTERVIEWER: Mark all that apply.

SXB_12A   1   Condom (male or female condom)
SXB_12B   2   Birth control pill
SXB_12C   3   Diaphragm
SXB_12D   4   Spermicide (e.g., foam, jelly, film)
SXB_12F   5   Birth control injection (Deprovera)
SXB_12E   6   Other - Specify   (Go to SXB_S12)
                         DK, RF   (Go to SXB_END)

Go to SXB_C13

SXB_S12   **(What kind of birth control did you and your partner usually use?)**

                            <u>INTERVIEWER</u>: Specify.

                            (80 spaces)

                            DK, RF

SXB_C13   If HWT_Q1 = 1 (currently pregnant) or SXB_Q10 = 7 (Partner already
                            pregnant), go to SXB_END.
                            Otherwise, go to SXB_Q13.

SXB_Q13   **What kind of birth control did you and your partner use the last time**
                            you had sex?

                            <u>INTERVIEWER</u>: Mark all that apply.

SXB_13A   1   Condom (male or female
                                    condom)
SXB_13B   2   Birth control pill
SXB_13C   3   Diaphragm
SXB_13D   4   Spermicide (e.g., foam, jelly,
                                    film)
SXB_13F   5   Birth control injection
                                    (Deprovera)
SXB_13G   6   Nothing
SXB_13E   7   Other - Specify   (Go to SXB_S13)
                            DK, RF

                            Go to SXB_END

SXB_S13   **(What kind of birth control did you and your partner use the last time**
                            you had sex?)

                            <u>INTERVIEWER</u>: Specify.

                            (80 spaces)

                            DK, RF

SXB_END

Social Provisions (SPS)

Optional content	Quebec, Nova Scotia

SPS_BEG

Optional content block

External variables required:
PROXYMODE - proxy interview
DOSPS: do block flag, from the sample file.
PE_Q01: first name of specific respondent from USU block
PE_Q02: last name of specific respondent from USU block

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

SPS_C01A

If DOSPS = 1, go to SPS_C01B.
Otherwise, go to SPS_END.

SPS_C01B

If PROXYMODE=1, go to SPS_END.
Otherwise, go to SPS_R01.

SPS_R01

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

INTERVIEWER: Press <1> to continue.

SPS_Q01
SPS_01

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

INTERVIEWER: Read categories to respondent.

1   **Strongly agree**
2   **Agree**
3   **Disagree**
4   **Strongly disagree**
DK, RF   (Go to SPS_END)

SPS_Q02
SPS_02

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

INTERVIEWER: Read categories to respondent.

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

SPS_Q03
SPS_03

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

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

SPS_Q04
SPS_04

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

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

SPS_Q05
SPS_05

I have relationships where my competence and skill are recognized.

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

SPS_Q06
SPS_06

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

INTERVIEWER: Read categories to respondent.

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

SPS_Q07
SPS_07

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

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

SPS_Q08
SPS_08

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

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

SPS_Q09
SPS_09

There are people who admire my talents and abilities.

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

SPS_Q10
SPS_10

There are people I can count on in an emergency.

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

SPS_END

Consultations about mental health (CMH)

Optional content	Nunavut, Northwest Territories, Quebec, Ontario, Newfoundland and Labrador, Manitoba, British Columbia

CMH_BEG

Optional content (See Appendix 2)

PROXYMODE: proxy identifier, from the GR block.
DOCMH: do block flag, from the sample file.

CMH_C01A

If (DOCMH = 1), go to CMH_C01B.
Otherwise, go to CMH_END.

CMH_C01B

If proxy interview, go to CMH_END.
Otherwise, go to CMH_R01.

CMH_R01

Now I would like to ask you some questions about mental and emotional well-being.

INTERVIEWER: Press <1> to continue.

CMH_Q01K
CMH_01K

In the past 12 months, that is, from ^DATEONEYEARAGO to yesterday, have you seen or talked to a health professional about your emotional or mental health?

INTERVIEWER: Include both face to face and telephone contacts.

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

CMH_Q01L
CMH_01L

How many times (in the past 12 months)?

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

DK, RF

CMH_E01L

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if CMH_Q01L >25.

CMH_Q01M

Whom did you see or talk to?

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

CMH_1MA

1   **Family doctor or general practitioner**

CMH_1MB   2   **Psychiatrist**
CMH_1MC   3   **Psychologist**
CMH_1MD   4   **Nurse**
CMH_1ME   5   **Social worker or counsellor**
CMH_1MF   6   Other - Specify   (Go to CMH_S01M)
    DK, RF

Go to CMH_END

CMH_S01M   **(Whom did you see or talk to?)**

                                <u>INTERVIEWER</u>: Specify.

                                (80 spaces)

                                DK, RF

CMH_E01MA   Inconsistent answers have been entered. The respondent has seen or
                                talked with a family doctor or general practitioner in the past 12
                                months but previously reported that he/she did not. Please confirm.

Rule :   *Trigger soft edit if CMH_Q01M = 1 (saw a family medical doctor) and CHP_Q03 = 2.*

CMH_E01MB   Inconsistent answers have been entered. The respondent has seen or
                                talked with a psychiatrist in the past 12 months but previously reported
                                that he/she did not. Please confirm.

Rule :   *Trigger soft edit if CMH_Q01M = 2 (saw a psychiatrist) and CHP_Q08 = 2.*

CMH_E01MC   Inconsistent answers have been entered. The respondent has seen or
                                talked with a psychologist in the past 12 months but previously
                                reported that he/she did not. Please confirm.

Rule :   *Trigger soft edit if CMH_Q01M = 3 (saw a psychologist) and CP2_Q20 = 2.*

CMH_E01MD   Inconsistent answers have been entered. The respondent has seen or
                                talked with a nurse in the past 12 months but previously reported that
                                he/she did not. Please confirm.

Rule :   *Trigger soft edit if CMH_Q01M = 4 (saw a nurse) and CHP_Q11 = 2.*

CMH_E01ME   Inconsistent answers have been entered. The respondent has seen or
                                talked with a social worker or counsellor in the past 12 months but
                                previously reported that he/she did not. Please confirm.

Rule :   *Trigger soft edit if CMH_Q01M = 5 (saw a social worker or counsellor) and CP2_Q22 =*
                                2.

CMH_END

Mood (Bradburn affect balance scale) (MDB)

Optional content   Saskatchewan

MDB_BEG   Optional Content (See Appendix 2)

MDB_C1   If (DOMDB block) = 2, go to MDB_END.
Otherwise, go to MDB_C2.

MDB_C2   If proxy interview, go to MDB_END.
Otherwise, go to MDB_R1.

MDB_R1   **The next set of questions describes some of the ways people feel at different times. Please tell me if you have the feeling often, sometimes or never.**

INTERVIEWER: Press <1> to continue.

MDB_Q1
MDB_1   **During the past few weeks, how often have you felt:**

on top of the world?

INTERVIEWER: Read categories to respondent.

1   **Often**
2   **Sometimes**
3   **Never**
DK, RF   (Go to MDB_END)

Processing: *The questionnaire variable name changed from MD_Q1 in Cycle 1.1 to MDB_Q1 in 2013, and the release name is MDB_1.*

MDB_Q2
MDB_2   **(During the past few weeks, how often have you felt:)**

very lonely or remote from other people?

INTERVIEWER: Read categories to respondent.

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

Processing: *The questionnaire variable name changed from MD_Q2 in Cycle 1.1 to MDB_Q2 in 2013, and the release name is MDB_2.*

MDB_Q3
MDB_3   **(During the past few weeks, how often have you felt:)**

particularly excited or interested in something?

1   Often
2   Sometimes
3   Never
DK, RF

Processing: *The questionnaire variable name changed from MD_Q3 in Cycle 1.1 to MDB_Q3 in 2013, and the release name is MDB_3.*

MDB_Q4
MDB_4

(During the past few weeks, how often have you felt:)

depressed or very unhappy?

1   Often
2   Sometimes
3   Never
DK, RF

Processing:

The questionnaire variable name changed from MD_Q4 in Cycle 1.1 to MDB_Q4 in 2013, and the release name is MDB_4.

MDB_Q5
MDB_5

During the past few weeks, how often have you felt:

pleased about having accomplished something?

1   Often
2   Sometimes
3   Never
DK, RF

Processing:

The questionnaire variable name changed from MD_Q5 in Cycle 1.1 to MDB_Q5 in 2013, and the release name is MDB_5.

MDB_Q6
MDB_6

(During the past few weeks, how often have you felt:)

bored?

1   Often
2   Sometimes
3   Never
DK, RF

Processing:

The questionnaire variable name changed from MD_Q6 in Cycle 1.1 to MDB_Q6 in 2013, and the release name is MDB_6.

MDB_Q7
MDB_7

(During the past few weeks, how often have you felt:)

proud because someone complimented you on something you had done?

1   Often
2   Sometimes
3   Never
DK, RF

Processing:

The questionnaire variable name changed from MD_Q7 in Cycle 1.1 to MDB_Q7 in 2013, and the release name is MDB_7.

MDB_Q8 MDB_8	**(During the past few weeks, how often have you felt:)** **so restless you couldn't sit long in a chair?** 1 Often 2 Sometimes 3 Never DK, RF
Processing:	*The questionnaire variable name changed from MD_Q8 in Cycle 1.1 to MDB_Q8 in 2013, and the release name is MDB_8.*
MDB_Q9 MDB_9	**(During the past few weeks, how often have you felt:)** **that things were going your way?** 1 Often 2 Sometimes 3 Never DK, RF
Processing:	*The questionnaire variable name changed from MD_Q9 in Cycle 1.1 to MDB_Q9 in 2013, and the release name is MDB_9.*
MDB_Q10 MDB_10	**During the past few weeks, how often have you felt:** **upset because someone criticized you?** 1 Often 2 Sometimes 3 Never DK, RF
Processing:	*The questionnaire variable name changed from MD_Q10 in Cycle 1.1 to MDB_Q10 in 2013, and the release name is MDB_10.*
MDB_Q11 MDB_11	**Taking things all together, how would you say things are these days? Would you say you're...?** INTERVIEWER: Read categories to respondent. 1 **very happy?** 2 **pretty happy?** 3 **not too happy?** DK, RF
Processing:	*The questionnaire variable name changed from MD_Q11 in Cycle 1.1 to MDB_Q11 in 2013, and the release name is MDB_11.*
MDB_END	

Distress (DIS)

Optional content	Quebec

DIS_BEG   Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.
DODIS: do block flag, from the sample file.

DIS_C1A   If (DODIS block = 1), go to DIS_C1B.
Otherwise, go to DIS_END.

DIS_C1B   If proxy interview, go to DIS_END.
Otherwise, go to DIS_R01.

DIS_R01   **The following questions deal with feelings you may have had during the past month.**

INTERVIEWER: Press <1> to continue.

DIS_D01   DV_DATEONEMONTHAGO = CURRENTDATE-1 {Caluculates the date one month ago from today}.

DIS_Q01A
DIS_10A   **During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often did you feel:**

tired out for no good reason?

INTERVIEWER: Read categories to respondent.

1   **All of the time**
2   **Most of the time**
3   **Some of the time**
4   **A little of the time**
5   **None of the time**
DK, RF   (Go to DIS_END)

DIS_Q01B
DIS_10B   **During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often did you feel:**

nervous?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time   (Go to DIS_Q01D)
DK, RF   (Go to DIS_Q01D)

DIS_Q01C
DIS_10C

(During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often did you feel:)

so nervous that nothing could calm you down?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time
DK, RF

Processing:

In processing, if a respondent answered DIS_Q01B = 5 (none of the time), the variable DIS_Q01C will be given the value of 5 (none of the time).

DIS_Q01D
DIS_10D

(During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often did you feel:)

hopeless?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time
DK, RF

DIS_Q01E
DIS_10E

During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often did you feel:

restless or fidgety?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time   (Go to DIS_Q01G)
DK, RF   (Go to DIS_Q01G)

DIS_Q01F
DIS_10F

(During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often did you feel:)

so restless you could not sit still?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time
DK, RF

Processing:

In processing, if a respondent answered DIS_Q01E = 5 (none of the time), the variable DIS_Q01F will be given the value of 5 (none of the time).

| DIS_Q01G | **(During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often did you feel:)** |
| DIS_10G | |

sad or depressed?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time   (Go to DIS_Q01I)
DK, RF   (Go to DIS_Q01I)

| DIS_Q01H | **(During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often did you feel:)** |
| DIS_10H | |

so depressed that nothing could cheer you up?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time
DK, RF

Processing: *In processing, if a respondent answered DIS_Q01G = 5 (none of the time), the variable DIS_Q01H will be given the value of 5 (none of the time).*

| DIS_Q01I | **(During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often did you feel:)** |
| DIS_10I | |

that everything was an effort?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time
DK, RF

| DIS_Q01J | **(During the past month, that is, from ^DV_DATEONEMONTHAGO to yesterday, about how often did you feel:)** |
| DIS_10J | |

worthless?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time
DK, RF

DIS_C01K   If (DIS_Q01B = 5, DK, RF), and (DIS_Q01D = 5, DK, RF), and (DIS_Q01E = 5, DK, RF), and (DIS_Q01G = 5, DK, RF), and (DIS_Q01I = 5, DK, RF), and (DIS_Q01J = 5, DK, RF), go to DIS_END.
Otherwise, go to DIS_Q01K.

DIS_Q01K
DIS_10K

We just talked about feelings that occurred to different degrees during the past month. Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?

1   More often
2   Less often   (Go to DIS_Q01M)
3   About the same   (Go to DIS_Q01N)
4   Never have had any   (Go to DIS_END)
DK, RF   (Go to DIS_END)

DIS_Q01L
DIS_10L

Is that a lot more, somewhat more or only a little more often than usual?

1   A lot
2   Somewhat
3   A little
DK, RF

Go to DIS_Q01N

DIS_Q01M
DIS_10M

Is that a lot less, somewhat less or only a little less often than usual?

1   A lot
2   Somewhat
3   A little
DK, RF

DIS_Q01N
DIS_10N

During the past month, how much did these feelings usually interfere with your life or activities?

INTERVIEWER: Read categories to respondent.

1   **A lot**
2   **Some**
3   **A little**
4   **Not at all**
DK, RF

DIS_END

Depression (DEP)

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

DEP_BEG   Optional Content (See Appendix 2)

DEP_C01   If (DODEP block = 1), go to DEP_C02.
Otherwise, go to DEP_END.

DEP_C02   If proxy interview, go to DEP_END.
Otherwise, go to DEP_Q02.

DEP_Q02
DPS_02

During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

1	Yes	
2	No	(Go to DEP_Q16)
	DK, RF	(Go to DEP_END)

DEP_Q03
DPS_03

For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst. During that time, did these feelings usually last...?

INTERVIEWER: Read categories to respondent.

1	**all day long**	
2	**most of the day**	
3	**about half of the day**	(Go to DEP_Q16)
4	**less than half of a day**	(Go to DEP_Q16)
	DK, RF	(Go to DEP_END)

DEP_Q04
DPS_04

How often did you feel this way during those 2 weeks?

INTERVIEWER: Read categories to respondent.

1	**Every day**	
2	**Almost every day**	
3	**Less often**	(Go to DEP_Q16)
	DK, RF	(Go to DEP_END)

DEP_Q05
DPS_05

During those 2 weeks did you lose interest in most things?

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

DEP_D05   If DEP_Q05 = 1 (Yes), DT_KEYPHRASEQ05 = "Losing interest".
Otherwise, DT_KEYPHRASEQ05 = "null".

DEP_Q06
DPS_06

Did you feel tired out or low on energy all of the time?

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

DEP_D06	If DEP_Q06 = 1 (Yes), DT_KEYPHRASEQ06 = "Feeling tired". Otherwise, DT_KEYPHRASEQ06 = "null".

DEP_Q07
DPS_07

Did you gain weight, lose weight or stay about the same?

1   Gained weight
2   Lost weight
3   Stayed about the same   (Go to DEP_Q09)
4   Was on a diet   (Go to DEP_Q09)
DK, RF   (Go to DEP_END)

DEP_D07A

If DEP_Q07 = 1, DT_KEYPHRASEQ07 = "Gaining weight".
If DEP_Q07 = 2, DT_KEYPHRASEQ07 = "Losing weight".
Otherwise, DT_KEYPHRASEQ07 = "null".

DEP_D07B

If DEP_Q07 = 1, DT_GAINLOST = "gain".
Otherwise, DT_GAINLOST = "lose".

DEP_Q08A
DPS_08A

About how much did you ^DT_GAINLOST?

INTERVIEWER: Enter amount only.

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

DK, RF   (Go to DEP_Q09)

DEP_N08B
DPS_08B

INTERVIEWER: Was that in pounds or in kilograms?

1   Pounds
2   Kilograms
(DK, RF not allowed)

Processing:

The questionnaire variable name changed from DEP_N08A to DEP_N08B in 2012, but the release name is still DPS_08B.

DEP_E08A

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if (DEP_Q08A > 20 and DEP_N08B = 1 or DEP_Q08A > 9 and DEP_N08B = 2).

DEP_Q09
DPS_09

Did you have more trouble falling asleep than you usually do?

1   Yes
2   No   (Go to DEP_Q11)
DK, RF   (Go to DEP_END)

DEP_D09

If DEP_Q09 = 1 (Yes), DT_KEYPHRASEQ09 = "Trouble falling asleep".
Otherwise, DT_KEYPHRASEQ09 = "null".

DEP_Q10 DPS_10	**How often did that happen?** INTERVIEWER: Read categories to respondent. 1 **Every night** 2 **Nearly every night** 3 **Less often** DK, RF (Go to DEP_END)
DEP_Q11 DPS_11	**Did you have a lot more trouble concentrating than usual?** 1 Yes 2 No DK, RF (Go to DEP_END)
DEP_D11	If DEP_Q11 = 1 (Yes), DT_KEYPHRASEQ11 = "Trouble concentrating". Otherwise, DT_KEYPHRASEQ11 = "null".
DEP_Q12 DPS_12	**At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?** 1 Yes 2 No DK, RF (Go to DEP_END)
DEP_D12	If DEP_Q12 = 1 (Yes), DT_KEYPHRASEQ12 = "Feeling down on yourself". Otherwise, DT_KEYPHRASEQ12 = "null".
DEP_Q13 DPS_13	**Did you think a lot about death - either your own, someone else's or death in general?** 1 Yes 2 No DK, RF (Go to DEP_END)
DEP_D13	If DEP_Q13 = 1 (Yes), DT_KEYPHRASEQ13 = "Thoughts about death". Otherwise, DT_KEYPHRASEQ13 = "null".
DEP_C14	If "Yes" in DEP_Q05, DEP_Q06, DEP_Q09, DEP_Q11, DEP_Q12 or DEP_Q13, or DEP_Q07 is "gain" or "lose", go to DEP_R14. Otherwise, go to DEP_END.
DEP_R14	**Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other things like (^DT_KEYPHRASEQ05, ^DT_KEYPHRASEQ06, ^DT_KEYPHRASEQ07, ^DT_KEYPHRASEQ09, ^DT_KEYPHRASEQ11, ^DT_KEYPHRASEQ12, ^DT_KEYPHRASEQ13).** INTERVIEWER: Press <1> to continue.

DEP_Q14
DPS_14

About how many weeks altogether did you feel this way during the past 12 months?

|_|_| Weeks
(MIN: 2)
(MAX: 53)

DK, RF   (Go to DEP_END)

DEP_C15

If DEP_Q14 > 51 weeks, go to DEP_END.
Otherwise, go to DEP_Q15.

DEP_Q15
DPS_15

Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

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

Go to DEP_END

DEP_Q16
DPS_16

During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?

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

DEP_Q17
DPS_17

For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?

INTERVIEWER: Read categories to respondent.

1   **All day long**
2   **Most of the day**
3   **About half of the day**   (Go to DEP_END)
4   **Less than half of a day**   (Go to DEP_END)
DK, RF   (Go to DEP_END)

DEP_Q18 DPS_18	**How often did you feel this way during those 2 weeks?**

INTERVIEWER: Read categories to respondent.

1	**Every day**	
2	**Almost every day**	
3	**Less often**	(Go to DEP_END)
	DK, RF	(Go to DEP_END)

DEP_Q19 DPS_19	**During those 2 weeks did you feel tired out or low on energy all the time?**

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

DEP_D19	If DEP_Q19 = 1 (Yes), DT_KEYPHRASEQ19 = "Feeling tired". Otherwise, DT_KEYPHRASEQ19 = "null".

DEP_Q20 DPS_20	**Did you gain weight, lose weight, or stay about the same?**

1	Gained weight	
2	Lost weight	
3	Stayed about the same	(Go to DEP_Q22)
4	Was on a diet	(Go to DEP_Q22)
	DK, RF	(Go to DEP_END)

DEP_D20A	If DEP_Q20 = 1, DT_KEYPHRASEQ20 = "Gaining weight". If DEP_Q20 = 2, DT_KEYPHRASEQ20 = "Losing weight". Otherwise, DT_KEYPHRASEQ20 = "null".

DEP_D20B	If DEP_Q20 = 1, DT_WEIGHT = "gain". Otherwise, DT_WEIGHT = "lose".

DEP_Q21A DPS_21A	**About how much did you ^DT_WEIGHT?**

INTERVIEWER: Enter amount only.

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

	DK, RF (Go to DEP_Q22)

DEP_N21B DPS_21B	INTERVIEWER: Was that in pounds or in kilograms?

1	Pounds
2	Kilograms
	(DK, RF not allowed)

Processing:	*The questionnaire variable name changed from DEP_N21A to DEP_N21B in 2012, but the release name is still DPS_21B.*

DEP_E21A	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if (DEP_Q21A > 20 and DEP_N21B = 1 or DEP_Q21A > 9 and DEP_N21B = 2).*

DEP_Q22
DPS_22

Did you have more trouble falling asleep than you usually do?

1   Yes
2   No   (Go to DEP_Q24)
DK, RF   (Go to DEP_END)

DEP_D22

If DEP_Q22 = 1 (Yes), DT_KEYPHRASEQ22 = "Trouble falling asleep".
Otherwise, DT_KEYPHRASEQ22 = "null".

DEP_Q23
DPS_23

How often did that happen?

INTERVIEWER: Read categories to respondent.

1   **Every night**
2   **Nearly every night**
3   **Less often**
DK, RF   (Go to DEP_END)

DEP_Q24
DPS_24

Did you have a lot more trouble concentrating than usual?

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

DEP_D24

If DEP_Q24 = 1 (Yes), DT_KEYPHRASEQ24 = "Trouble concentrating".
Otherwise, DT_KEYPHRASEQ24 = "null".

DEP_Q25
DPS_25

At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?

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

DEP_D25

If DEP_Q25 = 1 (Yes), DT_KEYPHRASEQ25 = "Feeling down on yourself".
Otherwise, DT_KEYPHRASEQ25 = "null".

DEP_Q26
DPS_26

Did you think a lot about death - either your own, someone else's, or death in general?

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

DEP_D26

If DEP_Q26 = 1 (Yes), DT_KEYPHRASEQ26 = "Thoughts about death".
Otherwise, DT_KEYPHRASEQ26 = "null".

DEP_C27

If any "Yes" in DEP_Q19, DEP_Q22, DEP_Q24, DEP_Q25 or DEP_Q26, or
DEP_Q20 is "gain" or "lose", go to DEP_R27.
Otherwise, go to DEP_END.

DEP_R27

Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (^DT_KEYPHRASEQ19, ^DT_KEYPHRASEQ20, ^DT_KEYPHRASEQ22, ^DT_KEYPHRASEQ24, ^DT_KEYPHRASEQ25, ^DT_KEYPHRASEQ26).

INTERVIEWER: Press <1> to continue.

DEP_Q27
DPS_27

About how many weeks did you feel this way during the past 12 months?

|_|_| Weeks
(MIN: 2)
(MAX: 53)

DK, RF   (Go to DEP_END)

DEP_C28

If DEP_Q27 > 51, go to DEP_END.
Otherwise, go to DEP_Q28.

DEP_Q28
DPS_28

Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

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

DEP_END

Suicidal thoughts and attempts (SUI)

Optional content	Newfoundland and Labrador, Nunavut, Prince Edward Island, British Columbia, New Brunswick
SUI_BEG	Optional Content (See Appendix 2)
SUI_C1A	If (DOSUI block = 2), go to SUI_END. Otherwise, go to SUI_C1B.
SUI_C1B	If proxy interview or if age < 15, go to SUI_END. Otherwise, go to SUI_R1.

SUI_R1

The following questions relate to the sensitive issue of suicide.

INTERVIEWER: Press <1> to continue.

SUI_Q1
SUI_1

Have you ever <u>seriously</u> considered committing suicide or taking your own life?

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

SUI_Q2
SUI_2

Has this happened in the past 12 months?

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

SUI_Q3
SUI_3

Have you ever attempted to commit suicide or tried taking your own life?

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

SUI_Q4
SUI_4

Did this happen in the past 12 months?

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

SUI_Q5
SUI_5

Did you see or talk to a health professional following your attempt to commit suicide?

INTERVIEWER: Include both face to face and telephone contacts.

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

SUI_Q6   **Whom did you see or talk to?**

<u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

SUI_6A	01	**Family doctor or general practitioner**
SUI_6B	02	**Psychiatrist**
SUI_6C	03	**Psychologist**
SUI_6D	04	**Nurse**
SUI_6E	05	**Social worker or counsellor**
SUI_6G	06	**Religious or spiritual advisor such as a priest, chaplain or rabbi**
SUI_6H	07	**Teacher or guidance counsellor**
SUI_6F	08	**Other**
	DK, RF	

SUI_END

Health status (SF-36) (SFR)

Optional content   Yukon

SFR_BEG   Optional Content (See Appendix 2)

SFR_C03   If (DOSFR block = 1), go to SFR_R03A.
                                    Otherwise, go to SFR_END.

SFR_R03A   **Although some of the following questions may seem repetitive, the**
                                    next section deals with another way of measuring health status.

                                    INTERVIEWER: Press <1> to continue.

SFR_R03B   **The questions are about how ^YOU2 feel^S and how well ^YOU1 ^ARE**
                                    able to do ^YOUR1 usual activities.

                                    INTERVIEWER: Press <1> to continue.

SFR_Q03   **I'll start with a few questions concerning activities ^YOU2 might do**
SFR_03   **during a typical day. Does ^YOUR1 health limit ^HIMHER in any of the**
                                    following activities:

                                    in vigorous activities, such as running, lifting heavy objects, or
                                    participating in strenuous sports?

                                    INTERVIEWER: Read categories to respondent.

                                    1   **Limited a lot**
                                    2   **Limited a little**
                                    3   **Not at all limited**
                                    DK, RF   (Go to SFR_END)

SFR_Q04   **(Does ^YOUR1 health limit ^HIMHER:)**
SFR_04
                                    in moderate activities, such as moving a table, pushing a vacuum
                                    cleaner, bowling, or playing golf?

                                    INTERVIEWER: Read categories to respondent.

                                    1   **Limited a lot**
                                    2   **Limited a little**
                                    3   **Not at all limited**
                                    DK, RF

SFR_Q05   **(Does ^YOUR1 health limit ^HIMHER:)**
SFR_05
                                    in lifting or carrying groceries?

                                    1   Limited a lot
                                    2   Limited a little
                                    3   Not at all limited
                                    DK, RF

SFR_Q06
SFR_06

(Does ^YOUR1 health limit ^HIMHER:)

in climbing <u>several</u> flights of stairs?

1   Limited a lot
2   Limited a little
3   Not at all limited
DK, RF

SFR_Q07
SFR_07

(Does ^YOUR1 health limit ^HIMHER:)

in climbing <u>one</u> flight of stairs?

1   Limited a lot
2   Limited a little
3   Not at all limited
DK, RF

SFR_Q08
SFR_08

(Does ^YOUR1 health limit ^HIMHER:)

in bending, kneeling, or stooping?

1   Limited a lot
2   Limited a little
3   Not at all limited
DK, RF

SFR_Q09
SFR_09

(Does ^YOUR1 health limit ^HIMHER:)

in walking <u>more than one kilometre</u>?

1   Limited a lot
2   Limited a little
3   Not at all limited
DK, RF

SFR_Q10
SFR_10

(Does ^YOUR1 health limit ^HIMHER:)

in walking <u>several blocks</u>?

1   Limited a lot
2   Limited a little
3   Not at all limited
DK, RF

SFR_Q11
SFR_11

(Does ^YOUR1 health limit ^HIMHER:)

in walking <u>one block</u>?

1   Limited a lot
2   Limited a little
3   Not at all limited
DK, RF

SFR_Q12 SFR_12	**(Does ^YOUR1 health limit ^HIMHER:)** **in bathing and dressing ^YOURSELF?** 1 Limited a lot 2 Limited a little 3 Not at all limited DK, RF
SFR_Q13 SFR_13	**Now a few questions about problems with ^YOUR2 work or with other regular daily activities. Because of ^YOUR1 <u>physical health</u>, during the past 4 weeks, did ^YOU2:** **cut down on the amount of time ^YOU1 spent on work or other activities?** 1 Yes 2 No DK, RF
SFR_Q14 SFR_14	**Because of ^YOUR1 <u>physical health</u>, during the past 4 weeks, did ^YOU2:** **accomplish less than ^YOU1 would like?** 1 Yes 2 No DK, RF
SFR_Q15 SFR_15	**(Because of ^YOUR1 <u>physical health</u>, during the past 4 weeks,) ^WERE ^YOU2:** **limited in the <u>kind</u> of work or other activities?** 1 Yes 2 No DK, RF
SFR_Q16 SFR_16	**(Because of ^YOUR1 <u>physical health</u>, during the past 4 weeks,) did ^YOU2:** **have <u>difficulty</u> performing the work or other activities (for example, it took extra effort)?** 1 Yes 2 No DK, RF

SFR_Q17
SFR_17

Next, a few questions about problems with ^YOUR2 work or with other regular daily activities due to <u>emotional problems</u> (such as feeling depressed or anxious). Because of <u>emotional problems</u>, during the past 4 weeks, did ^YOU2:

cut down on the amount of time ^YOU1 spent on work or other activities?

1   Yes
2   No
DK
RF   (Go to SFR_END)

SFR_Q18
SFR_18

Because of <u>emotional problems</u>, during the past 4 weeks, did ^YOU2:

accomplish less than ^YOU1 would like?

1   Yes
2   No
DK, RF

SFR_Q19
SFR_19

(Because of <u>emotional problems</u>, during the past 4 weeks,) did ^YOU2:

not do work or other activities as carefully as usual?

1   Yes
2   No
DK, RF

SFR_Q20
SFR_20

During the past 4 weeks, how much has ^YOUR1 physical health or <u>emotional problems</u> interfered with ^YOUR1 normal social activities with family, friends, neighbours, or groups?

<u>INTERVIEWER</u>: Read categories to respondent.

1   **Not at all**
2   **A little bit**
3   **Moderately**
4   **Quite a bit**
5   **Extremely**
DK, RF

SFR_Q21
SFR_21

During the past 4 weeks, how much bodily pain ^HAVE ^YOU1 had?

<u>INTERVIEWER</u>: Read categories to respondent.

1   **None**
2   **Very mild**
3   **Mild**
4   **Moderate**
5   **Severe**
6   **Very severe**
DK, RF

SFR_Q22
SFR_22

During the past 4 weeks, how much did pain interfere with ^YOUR1 normal work (including work both outside the home and housework)?

INTERVIEWER: Read categories to respondent.

1   **Not at all**
2   **A little bit**
3   **Moderately**
4   **Quite a bit**
5   **Extremely**
DK, RF

SFR_R23

The next questions are about how ^YOU2 felt and how things have been with ^HIMHER during the past 4 weeks. For each question, please indicate the answer that comes closest to the way ^YOU2 ^HAVE been feeling.

INTERVIEWER: Press <1> to continue.

SFR_Q23
SFR_23

During the past 4 weeks, how much of the time:

did ^YOU2 feel full of pep?

INTERVIEWER: Read categories to respondent.

1   **All of the time**
2   **Most of the time**
3   **A good bit of the time**
4   **Some of the time**
5   **A little of the time**
6   **None of the time**
DK, RF

SFR_Q24
SFR_24

(During the past 4 weeks, how much of the time:)

^HAVE ^YOU2 been a very nervous person?

INTERVIEWER: Read categories to respondent.

1   **All of the time**
2   **Most of the time**
3   **A good bit of the time**
4   **Some of the time**
5   **A little of the time**
6   **None of the time**
DK, RF

SFR_Q25
SFR_25

(During the past 4 weeks, how much of the time:)

^HAVE ^YOU1 felt so down in the dumps that nothing could cheer ^HIMHER up?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
DK, RF

SFR_Q26
SFR_26

(During the past 4 weeks, how much of the time:)

^HAVE ^YOU1 felt calm and peaceful?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
DK, RF

SFR_Q27
SFR_27

(During the past 4 weeks, how much of the time:)

did ^YOU1 have a lot of energy?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
DK, RF

SFR_Q28
SFR_28

During the past 4 weeks, how much of the time:

^HAVE ^YOU1 felt downhearted and blue?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
DK, RF

SFR_Q29
SFR_29

(During the past 4 weeks, how much of the time:)

did ^YOU1 feel worn out?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
DK, RF

SFR_Q30
SFR_30

(During the past 4 weeks, how much of the time:)

^HAVE ^YOU1 been a happy person?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
DK, RF

SFR_Q31
SFR_31

(During the past 4 weeks, how much of the time:)

did ^YOU1 feel tired?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
DK, RF

SFR_Q32
SFR_32

During the past 4 weeks, how much of the time has ^YOUR1 health limited ^YOUR1 social activities (such as visiting with friends or close relatives)?

1   All of the time
2   Most of the time
3   A good bit of the time
4   Some of the time
5   A little of the time
6   None of the time
DK, RF

SFR_D33

If interview is non-proxy, DT_FNAMEI = "I".
Otherwise, DT_FNAMEI = "^FNAME".

SFR_Q33 SFR_33	**Now please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.** **^DT_FNAMEI seem^S to get sick a little easier than other people.** INTERVIEWER: Read categories to respondent. 1 **Definitely true** 2 **Mostly true** 3 **Not sure** 4 **Mostly false** 5 **Definitely false** DK, RF
SFR_D34A	If interview is non-proxy, DT_AMIS = "am". Otherwise, DT_AMIS = "is".
SFR_D34B	If interview is non-proxy, DT_IHESHE = "I". If interview is proxy and sex = male, DT_IHESHE = "he". Otherwise, DT_IHESHE = "she".
SFR_D34C	Not Applicable
SFR_D34D	Not Applicable
SFR_Q34 SFR_34	**(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)** **^DT_FNAMEI ^DT_AMIS as healthy as anybody ^DT_IHESHE know^S.** INTERVIEWER: Read categories to respondent. 1 **Definitely true** 2 **Mostly true** 3 **Not sure** 4 **Mostly false** 5 **Definitely false** DK, RF
SFR_D35A	If interview is non-proxy, DT_MYHISHER = "my". If interview is proxy and sex = male, DT_MYHISHER = "his". Otherwise, DT_MYHISHER = "her".
SFR_D35B	Not Applicable
SFR_Q35 SFR_35	**(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)** **^DT_FNAMEI expect^S ^DT_MYHISHER health to get worse.** 1 Definitely true 2 Mostly true 3 Not sure 4 Mostly false 5 Definitely false DK, RF

SFR_D36

If interview is non-proxy, DT_MYFNAME = "My".
Otherwise, DT_MYFNAME = "^FNAME's".

SFR_Q36
SFR_36

(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)

^DT_MYFNAME health is excellent.

1   Definitely true
2   Mostly true
3   Not sure
4   Mostly false
5   Definitely false
DK, RF

SFR_END

Access to health care services (ACC)

Optional content	Nova Scotia, Newfoundland and Labrador, New Brunswick
ACC_BEG	Optional Content
ACC_C1	If (DOACC block = 1), go to ACC_C2. Otherwise, go to ACC_END.
ACC_C2	If proxy interview or if age < 15, go to ACC_END. Otherwise, go to ACC_D10.
ACC_D10	If respondent is male, DT_SPECIALIST = "urologist". Otherwise, DT_SPECIALIST = "gynaecologist".

ACC_R10

The next questions are about the use of various health care services.

I will start by asking about your experiences getting health care from a medical specialist such as a cardiologist, allergist, ^DT_SPECIALIST or psychiatrist (excluding an optometrist)

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

ACC_Q10
ACC_10

In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?

1   Yes
2   No   (Go to ACC_R20)
DK, RF   (Go to ACC_R20)

ACC_Q11
ACC_11

In the past 12 months, did you ever experience any difficulties getting the specialist care you needed for a diagnosis or consultation?

1   Yes
2   No   (Go to ACC_R20)
DK, RF   (Go to ACC_R20)

ACC_Q12	**What type of difficulties did you experience?**
	INTERVIEWER: Mark all that apply.
ACC_12A	01 Difficulty getting a referral
ACC_12B	02 Difficulty getting an appointment
ACC_12C	03 No specialists in the area
ACC_12D	04 Waited too long - between booking appointment and visit
ACC_12E	05 Waited too long - to see the doctor (i.e. in-office waiting)
ACC_12F	06 Transportation - problems
ACC_12G	07 Language - problem
ACC_12H	08 Cost
ACC_12I	09 Personal or family responsibilities
ACC_12J	10 General deterioration of health
ACC_12K	11 Appointment cancelled or deferred by specialist
ACC_12L	12 Still waiting for visit
ACC_12M	13 Unable to leave the house because of a health problem
ACC_12N	14 Other - Specify (Go to ACC_S12)
	DK, RF
	Go to ACC_R20

ACC_S12	**(What type of difficulties did you experience?)**
	INTERVIEWER: Specify.
	(80 spaces)
	DK, RF

ACC_R20	**The following questions are about any surgery not provided in an emergency that you may have required, such as cardiac surgery, joint surgery, like knee or hip, caesarean sections and cataract surgery, excluding laser eye surgery.**
	INTERVIEWER: Press <1> to continue.

ACC_Q20	**In the past 12 months, did you require any non-emergency surgery?**
ACC_20	
	1 Yes
	2 No (Go to ACC_R30)
	DK, RF (Go to ACC_R30)

ACC_Q21 ACC_21	**In the past 12 months, did you ever experience any difficulties getting the surgery you needed?**

1   Yes
2   No   (Go to ACC_R30)
DK, RF   (Go to ACC_R30)

ACC_Q22   **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

ACC_22A	01	Difficulty getting an appointment with a surgeon
ACC_22B	02	Difficulty getting a diagnosis
ACC_22C	03	Waited too long - for a diagnostic test
ACC_22D	04	Waited too long - for a hospital bed to become available
ACC_22E	05	Waited too long - for surgery
ACC_22F	06	Service not available - in the area
ACC_22G	07	Transportation - problems
ACC_22H	08	Language - problem
ACC_22I	09	Cost
ACC_22J	10	Personal or family responsibilities
ACC_22K	11	General deterioration of health
ACC_22L	12	Appointment cancelled or deferred by surgeon or hospital
ACC_22M	13	Still waiting for surgery
ACC_22N	14	Unable to leave the house because of a health problem
ACC_22O	15	Other - Specify (Go to ACC_S22)
	DK, RF	

Go to ACC_R30

ACC_S22   **(What type of difficulties did you experience?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_R30   **Now some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.**

INTERVIEWER: Press <1> to continue.

ACC_Q30 ACC_30	**In the past 12 months, did you require one of these tests?**

1   Yes
2   No   (Go to ACC_D40A)
DK, RF   (Go to ACC_D40A)

ACC_Q31
ACC_31

In the past 12 months, did you ever experience any difficulties getting the tests you needed?

1   Yes
2   No   (Go to ACC_D40A)
DK, RF   (Go to ACC_D40A)

ACC_Q32

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_32A   01   Difficulty getting a referral
ACC_32B   02   Difficulty getting an appointment
ACC_32C   03   Waited too long - to get an appointment
ACC_32D   04   Waited too long - to get test (i.e. in-office waiting)
ACC_32E   05   Service not available - at time required
ACC_32F   06   Service not available - in the area
ACC_32G   07   Transportation - problems
ACC_32H   08   Language - problem
ACC_32I   09   Cost
ACC_32J   10   General deterioration of health
ACC_32K   11   Did not know where to go (i.e. information problems)
ACC_32L   12   Still waiting for test
ACC_32M   13   Unable to leave the house because of a health problem
ACC_32N   14   Other - Specify   (Go to ACC_S32)
                           DK, RF

Go to ACC_D40A

ACC_S32

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_D40A

If one person household, DT_YOURFAMILY = "null".
Otherwise, DT_YOURFAMILY = "for yourself or a family member".

ACC_D40B	If one person household, DT_FAMILY = "you". Otherwise, DT_FAMILY = "you or a family member".
ACC_C40	If one person household, go to ACC_R40B. Otherwise, go to ACC_R40A.
ACC_R40A	**Now I'd like you to think about yourself <u>and family members living in your dwelling</u>.** **The next questions are about your experiences getting health information or advice when you needed it for yourself or a family member living in your dwelling.** <u>INTERVIEWER</u>: Press <1> to continue. Go to ACC_Q40
ACC_R40B	**The next questions are about your experiences getting health information or advice when you needed it.** <u>INTERVIEWER</u>: Press <1> to continue.
ACC_Q40 ACC_40	**In the past 12 months, have you required health information or advice ^DT_YOURFAMILY?** 1 Yes 2 No (Go to ACC_R50A) DK, RF (Go to ACC_R50A)
ACC_Q40A	**Who did you contact when you needed health information or advice ^DT_YOURFAMILY?** <u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.
ACC_40A ACC_40B ACC_40C ACC_40D ACC_40E ACC_40F ACC_40G	1 **Doctor's office** 2 **Community health centre / CLSC** 3 **Walk-in clinic** 4 **Telephone health line (for example, HealthLinks, Telehealth Ontario, Health-Line, TeleCare, Info-Santé)** 5 **Hospital emergency room** 6 **Other hospital service** 7 Other - Specify (Go to ACC_S40A) DK, RF Go to ACC_Q41

ACC_S40A

(Who did you contact when you needed health information or advice ^DT_YOURFAMILY?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_Q41
ACC_41

In the past 12 months, did you ever experience any difficulties getting the health information or advice ^DT_YOURFAMILY?

1	Yes	
2	No	(Go to ACC_C50)
DK, RF		(Go to ACC_C50)

ACC_Q42
ACC_42

Did you experience difficulties during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

1	Yes	
2	No	(Go to ACC_Q44)
3	Not required at this time	(Go to ACC_Q44)
DK, RF		(Go to ACC_Q44)

ACC_Q43

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_43A 01   Difficulty contacting a physician or nurse

ACC_43B 02   Did not have a phone number

ACC_43C 03   Could not get through (i.e. no answer)

ACC_43D 04   Waited too long to speak to someone

ACC_43E 05   Did not get adequate info or advice

ACC_43F 06   Language - problem
ACC_43G 07   Did not know where to go / call / uninformed

ACC_43H 08   Unable to leave the house because of a health problem

ACC_43I 09   Other - Specify   (Go to ACC_S43)
        DK, RF

Go to ACC_Q44

ACC_S43	**(What type of difficulties did you experience?)**
	INTERVIEWER: Specify.
	(80 spaces)
	DK, RF

ACC_Q44 ACC_44	**Did you experience difficulties getting health information or advice during evenings and weekends (that is, 5:00 to 9:00 pm Monday to Friday, or 9:00 am to 5:00 pm, Saturdays and Sundays)?**
	INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

1 Yes
2 No (Go to ACC_Q46)
3 Not required at this time (Go to ACC_Q46)
DK, RF (Go to ACC_Q46)

ACC_Q45	**What type of difficulties did you experience?**
	INTERVIEWER: Mark all that apply.

ACC_45A	01	Difficulty contacting a physician or nurse
ACC_45B	02	Did not have a phone number
ACC_45C	03	Could not get through (i.e. no answer)
ACC_45D	04	Waited too long to speak to someone
ACC_45E	05	Did not get adequate info or advice
ACC_45F	06	Language - problem
ACC_45G	07	Did not know where to go / call / uninformed
ACC_45H	08	Unable to leave the house because of a health problem
ACC_45I	09	Other - Specify (Go to ACC_S45)
	DK, RF	

Go to ACC_Q46

ACC_S45	**(What type of difficulties did you experience?)**
	INTERVIEWER: Specify.
	(80 spaces)
	DK, RF

ACC_Q46
ACC_46

Did you experience difficulties getting health information or advice during the middle of the night?

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

1	Yes	
2	No	(Go to ACC_C50)
3	Not required at this time	(Go to ACC_C50)
	DK, RF	(Go to ACC_C50)

ACC_Q47

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_47A   01   Difficulty contacting a physician or nurse
ACC_47B   02   Did not have a phone number
ACC_47C   03   Could not get through (i.e. no answer)
ACC_47D   04   Waited too long to speak to someone
ACC_47E   05   Did not get adequate info or advice
ACC_47F   06   Language - problem
ACC_47G   07   Did not know where to go / call / uninformed
ACC_47H   08   Unable to leave the house because of a health problem
ACC_47I   09   Other - Specify   (Go to ACC_S47)
                       DK, RF

Go to ACC_C50

ACC_S47

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_C50

If one person household, go to ACC_R50B.
Otherwise, go to ACC_R50A.

ACC_R50A

Now some questions about your experiences when you needed health care services for routine or on-going care such as a medical exam or follow-up for yourself or a family member living in your dwelling.

INTERVIEWER: Press <1> to continue.

Go to ACC_Q50A

ACC_R50B

Now some questions about your experiences when you needed health care services for routine or on-going care such as a medical exam or follow-up.

INTERVIEWER: Press <1> to continue.

ACC_Q50A
ACC_50A

Do you have a regular family doctor?

1   Yes
2   No
DK, RF

ACC_Q50
ACC_50

In the past 12 months, did you require any routine or on-going care ^DT_YOURFAMILY?

1   Yes
2   No   (Go to ACC_R60)
DK, RF   (Go to ACC_R60)

ACC_Q51
ACC_51

In the past 12 months, did you ever experience any difficulties getting the routine or on-going care ^DT_FAMILY needed?

1   Yes
2   No   (Go to ACC_R60)
DK, RF   (Go to ACC_R60)

ACC_Q52
ACC_52

Did you experience difficulties getting such care during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

1   Yes
2   No   (Go to ACC_Q54)
3   Not required at this time   (Go to ACC_Q54)
DK, RF   (Go to ACC_Q54)

ACC_Q53		**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

ACC_53A	01	Difficulty contacting a physician
ACC_53B	02	Difficulty getting an appointment
ACC_53C	03	Do not have personal / family physician
ACC_53D	04	Waited too long - to get an appointment
ACC_53E	05	Waited too long - to see the doctor (i.e. in-office waiting)
ACC_53F	06	Service not available - at time required
ACC_53G	07	Service not available - in the area
ACC_53H	08	Transportation - problems
ACC_53I	09	Language - problem
ACC_53J	10	Cost
ACC_53K	11	Did not know where to go (i.e. information problems)
ACC_53L	12	Unable to leave the house because of a health problem
ACC_53M	13	Other - Specify (Go to ACC_S53)
	DK, RF	

Go to ACC_Q54

ACC_S53	**(What type of difficulties did you experience?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_Q54	**Did you experience difficulties getting such care during evenings and**
ACC_54	**weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

1	Yes	
2	No	(Go to ACC_R60)
3	Not required at this time	(Go to ACC_R60)
DK, RF		(Go to ACC_R60)

ACC_Q55	**What type of difficulties did you experience?**
	INTERVIEWER: Mark all that apply.
ACC_55A	01 Difficulty contacting a physician
ACC_55B	02 Difficulty getting an appointment
ACC_55C	03 Do not have personal / family physician
ACC_55D	04 Waited too long - to get an appointment
ACC_55E	05 Waited too long - to see the doctor (i.e. in-office waiting)
ACC_55F	06 Service not available - at time required
ACC_55G	07 Service not available - in the area
ACC_55H	08 Transportation - problems
ACC_55I	09 Language - problem
ACC_55J	10 Cost
ACC_55K	11 Did not know where to go (i.e. information problems)
ACC_55L	12 Unable to leave the house because of a health problem
ACC_55M	13 Other - Specify (Go to ACC_S55)
	DK, RF
	Go to ACC_R60

ACC_S55	**(What type of difficulties did you experience?)**
	INTERVIEWER: Specify.
	(80 spaces)
	DK, RF

ACC_R60	**The next questions are about situations when ^DT_FAMILY have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.**
	INTERVIEWER: Press <1> to continue.

ACC_Q60 ACC_60	**In the past 12 months, did ^DT_FAMILY require immediate health care services for a minor health problem?**
	1 Yes
	2 No (Go to ACC_END)
	DK, RF (Go to ACC_END)

ACC_Q61
ACC_61

In the past 12 months, did you ever experience any difficulties getting the immediate care needed for a minor health problem ^DT_YOURFAMILY?

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

ACC_Q62
ACC_62

Did you experience difficulties getting such care during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

1 Yes
2 No   (Go to ACC_Q64)
3 Not required at this time (Go to ACC_Q64)
DK, RF   (Go to ACC_Q64)

ACC_Q63

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_63A 01 Difficulty contacting a physician
ACC_63B 02 Difficulty getting an appointment
ACC_63C 03 Do not have personal / family physician
ACC_63D 04 Waited too long - to get an appointment
ACC_63E 05 Waited too long - to see the doctor (i.e. in-office waiting)
ACC_63F 06 Service not available - at time required
ACC_63G 07 Service not available - in the area
ACC_63H 08 Transportation - problems
ACC_63I 09 Language - problem
ACC_63J 10 Cost
ACC_63K 11 Did not know where to go (i.e. information problems)
ACC_63L 12 Unable to leave the house because of a health problem
ACC_63M 13 Other - Specify (Go to ACC_S63)
       DK, RF

Go to ACC_Q64

ACC_S63

(What type of difficulties did you experience?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ACC_Q64
ACC_64

Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

1	Yes	
2	No	(Go to ACC_Q66)
3	Not required at this time	(Go to ACC_Q66)
	DK, RF	(Go to ACC_Q66)

ACC_Q65

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_65A	01	Difficulty contacting a physician
ACC_65B	02	Difficulty getting an appointment
ACC_65C	03	Do not have personal / family physician
ACC_65D	04	Waited too long - to get an appointment
ACC_65E	05	Waited too long - to see the doctor (i.e. in-office waiting)
ACC_65F	06	Service not available - at time required
ACC_65G	07	Service not available - in the area
ACC_65H	08	Transportation - problems
ACC_65I	09	Language - problem
ACC_65J	10	Cost
ACC_65K	11	Did not know where to go (i.e. information problems)
ACC_65L	12	Unable to leave the house because of a health problem
ACC_65M	13	Other - Specify

(Go to ACC_S65)

DK, RF

Go to ACC_Q66

ACC_S65	**(What type of difficulties did you experience?)**

INTERVIEWER: Specify.

_____

(80 spaces)

DK, RF

ACC_Q66 ACC_66	**Did you experience difficulties getting such care during the middle of the night?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Not required at this time".

1	Yes	
2	No	(Go to ACC_END)
3	Not required at this time	(Go to ACC_END)
DK, RF		(Go to ACC_END)

ACC_Q67	**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

ACC_67A	01	Difficulty contacting a physician	
ACC_67B	02	Difficulty getting an appointment	
ACC_67C	03	Do not have personal / family physician	
ACC_67D	04	Waited too long - to get an appointment	
ACC_67E	05	Waited too long - to see the doctor (i.e. in-office waiting)	
ACC_67F	06	Service not available - at time required	
ACC_67G	07	Service not available - in the area	
ACC_67H	08	Transportation - problems	
ACC_67I	09	Language - problem	
ACC_67J	10	Cost	
ACC_67K	11	Did not know where to go (i.e. information problems)	
ACC_67L	12	Unable to leave the house because of a health problem	
ACC_67M	13	Other - Specify	(Go to ACC_S67)
	DK, RF		

Go to ACC_END

ACC_S67

(What type of difficulties did you experience?)

<u>INTERVIEWER</u>: Specify.

(80 spaces)

DK, RF

ACC_END

Waiting times (WTM)

Optional content	Newfoundland and Labrador

WTM_BEG   Optional Content

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOWTM: do block flag, from the sample file.

ACC_Q10 :TYesNo, DK, RF (In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?)

ACC_Q20 :TYesNo, DK, RF (In the past 12 months, did you require any non-emergency surgery?)

ACC_Q30 :TYesNo, DK, RF (In the past 12 months, did you require one of these tests?)

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

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

WTM_C01A   If (DOWTM block = 1), go to WTM_C01B.
Otherwise, go to WTM_END.

WTM_C01B   If proxy interview or if age < 15, go to WTM_END.
Otherwise, go to WTM_C01C.

WTM_C01C   If ACC_Q10 = 2 (did not require a visit to a specialist) and ACC_Q20 = 2 (did not require non emergency surgery) and ACC_Q30 = 2 (did not require tests)) or (ACC_Q10 = (DK, RF, BLANK) and ACC_Q20 = (DK, RF, BLANK) and ACC_Q30 = (DK, RF, BLANK)), go to WTM_END.
Otherwise, go to WTM_R01.

WTM_R01   **Now some additional questions about your experiences waiting for health care services.**

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

WTM_C02   If ACC_Q10 = (2, DK, RF, BLANK), go to WTM_C16.
Otherwise, go to WTM_Q02A.

WTM_D02A   If SEX=male, DT_GYNAECOE = "null".
Otherwise, DT_GYNAECOE = ", gynaecologist".

WTM_Q02A
WTM_01

You mentioned that <u>you</u> required a visit to a medical specialist such as a cardiologist, allergist ^DT_GYNAECOE or psychiatrist.

In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation <u>for a new illness or condition</u>?

1	Yes	
2	No	(Go to WTM_C16)
DK, RF		(Go to WTM_C16)

Processing:

The questionnaire variable name changed from WTM_Q01 to WTM_Q02A in 2012, but the release name is still WTM_01.

WTM_D02

If sex = female, DT_GYNAECO = "Gynaecological problems".
Otherwise, DT_GYNAECO = "null".

WTM_Q02B
WTM_02

For what type of condition?

If you have had more than one such visit, please answer for the most recent visit.

<u>INTERVIEWER</u>: Read categories to respondent.

01	**Heart condition or stroke**
02	**Cancer**
03	**Asthma or other breathing conditions**
04	**Arthritis**
05	**Cataract or other eye conditions**
06	**Mental health disorder**
07	**Skin conditions**
08	**^DT_GYNAECO**
09	Other - Specify (Go to WTM_S02B)
DK, RF	

Go to WTM_Q03

Processing:

The questionnaire variable name changed from WTM_Q02 to WTM_Q02B in 2012, but the release name is still WTM_02.

WTM_S02B

(For what type of condition?

If you have had more than one such visit, please answer for the most recent visit.)

<u>INTERVIEWER</u>: Specify.

_____

(80 spaces)

DK, RF

Programmer:

Any lower case text typed into the field should be converted to upper case text after <Enter> is pressed.

WTM_E02   **A blank answer has been selected. Please return and correct.**

Rule :   *Trigger hard edit if WTM_Q02B = 8 and sex = male.*

WTM_Q03
WTM_03

Were you referred by...?

INTERVIEWER: Read categories to respondent.

1   **A family doctor**
2   **Another specialist**
3   **Another health care provider**
4   Did not require a referral
DK, RF

WTM_Q04
WTM_04

Have you already visited the medical specialist?

1   Yes
2   No   (Go to WTM_Q08A)
DK, RF   (Go to WTM_Q08A)

WTM_Q05
WTM_05

Thinking about this visit, did you experience any difficulties seeing the specialist?

1   Yes
2   No   (Go to WTM_D07A)
DK, RF   (Go to WTM_D07A)

WTM_Q06	**What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply. Question ACC_Q12 previously asked about <u>any</u> difficulties getting specialist care. This question (WTM_Q06) deals with difficulties experienced for the most recent visit for a new illness or condition.

WTM_06A	01	Difficulty getting a referral
WTM_06B	02	Difficulty getting an appointment
WTM_06C	03	No specialists in the area
WTM_06D	04	Waited too long - between booking appointment and visit
WTM_06E	05	Waited too long - to see the doctor (i.e. in-office waiting)
WTM_06F	06	Transportation - problems
WTM_06G	07	Language - problem
WTM_06H	08	Cost
WTM_06I	09	Personal or family responsibilities
WTM_06J	10	General deterioration of health
WTM_06K	11	Appointment cancelled or deferred by specialist
WTM_06L	12	Unable to leave the house because of a health problem
WTM_06M	13	Other - Specify (Go to WTM_S06)

DK, RF

Go to WTM_D07A

WTM_S06	**(What type of difficulties did you experience?)**

INTERVIEWER: Specify.

_____

(80 spaces)

DK, RF

WTM_D07A	If WTM_Q03 = 1 or 2, DT_APPOINTMENT = "you and your doctor decided that you should see a specialist".
If WTM_Q03 = 3, DT_APPOINTMENT = "you and your health care provider decided that you should see a specialist".
Otherwise, DT_APPOINTMENT = "the appointment was initially scheduled".

WTM_Q07A WTM_07A	**How long did you have to wait between when ^DT_APPOINTMENT and when you actually visited the specialist?** INTERVIEWER: Probe to get the most precise answer possible. |_|_|_| (MIN: 1) (MAX: 365) DK, RF (Go to WTM_D10)
WTM_N07B WTM_07B	INTERVIEWER: Enter unit of time. 1 Days 2 Weeks 3 Months (DK, RF not allowed) Go to WTM_D10
WTM_E07B	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if (WTM_Q07A > 31 and WTM_N07B = 1) or (WTM_Q07A > 12 and WTM_N07B = 2) or (WTM_Q07A > 18 and WTM_N07B=3).*
WTM_Q08A WTM_08A	**How long have you been waiting since ^DT_APPOINTMENT?** INTERVIEWER: Probe to get the most precise answer possible. |_|_|_| (MIN: 1) (MAX: 365) DK, RF (Go to WTM_D10)
WTM_N08B WTM_08B	INTERVIEWER: Enter unit of time. 1 Days 2 Weeks 3 Months (DK, RF not allowed)
WTM_E08B	An unusual number has been entered. Please confirm.
Rule :	*Trigger soft edit if (WTM_Q08A > 31 and WTM_N08B = 1) or (WTM_Q08A > 12 and WTM_N08B = 2), or (WTM_Q08A > 18 and WTM_N08B = 3).*
WTM_D10	If WTM_Q04 = 1, DT_WAITTIME1 = "was the waiting time". Otherwise, DT_WAITTIME1 = "has the waiting time been".

WTM_Q10
WTM_10

In your view, ^DT_WAITTIME1...?

INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

1	**Acceptable**	(Go to WTM_Q12)
2	**Not acceptable**	
3	No view	
DK, RF		

WTM_Q11A
WTM_11A

In this particular case, what do you think is an acceptable waiting time?

|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF   (Go to WTM_Q12)

WTM_N11B
WTM_11B

INTERVIEWER: Enter unit of time.

1   Days
2   Weeks
3   Months
(DK, RF not allowed)

WTM_E11B

An unusual number has been entered. Please confirm.

Rule :

Trigger soft edit if (WTM_Q11A > 31 and WTM_N11B = 1) or (WTM_Q11A > 12 and WTM_N11B = 2) or (WTM_Q11A > 18 and WTM_N11B=3).

WTM_Q12
WTM_12

Was your visit cancelled or postponed at any time?

1	Yes	
2	No	(Go to WTM_Q14)
DK, RF		(Go to WTM_Q14)

WTM_Q13

Was it cancelled or postponed by...?

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

WTM_13A
WTM_13B
WTM_13C

1	**Yourself**	
2	**The specialist**	
3	Other - Specify	(Go to WTM_S13)
DK, RF		

Go to WTM_Q14

WTM_S13

(Was it cancelled or postponed by...?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q14 WTM_14	**Do you think that your health, or other aspects of your life, have been affected in any way because you had to wait for this visit?**

1   Yes
2   No   (Go to WTM_C16)
DK, RF   (Go to WTM_C16)

WTM_Q15	**How was your life affected as a result of waiting for this visit?**

<u>INTERVIEWER</u>: Mark all that apply.

WTM_15A	01	Worry, anxiety, stress
WTM_15B	02	Worry or stress for family or friends
WTM_15C	03	Pain
WTM_15D	04	Problems with activities of daily living (e.g., dressing, driving)
WTM_15E	05	Loss of work
WTM_15F	06	Loss of income
WTM_15G	07	Increased dependence on relatives/friends
WTM_15H	08	Increased use of over-the-counter drugs
WTM_15I	09	Overall health deteriorated, condition got worse
WTM_15J	10	Health problem improved
WTM_15K	11	Personal relationships suffered
WTM_15L	12	Other - Specify (Go to WTM_S15)
	DK, RF	

Go to WTM_C16

WTM_S15	**(How was your life affected as a result of waiting for this visit?)**

<u>INTERVIEWER</u>: Specify.

_____

(80 spaces)

DK, RF

WTM_C16	If ACC_Q20 = (2, DK, RF, BLANK), go to WTM_C30. Otherwise, go to WTM_D16.
WTM_D16	If sex = female, DT_HYSTERECTOMY = "Hysterectomy (Removal of uterus)". Otherwise, DT_HYSTERECTOMY = "null".

WTM_Q16 WTM_16	**You mentioned that in the past 12 months you required non emergency surgery.**

What type of surgery did you require? If you have had more than one in the past 12 months, please answer for the most recent surgery.

INTERVIEWER: Read categories to respondent.

1	**Cardiac surgery**	
2	**Cancer related surgery**	
3	**Hip or knee replacement surgery**	
4	**Cataract or other eye surgery**	
5	**^DT_HYSTERECTOMY**	
6	**Removal of gall bladder**	
7	Other - Specify	(Go to WTM_S16)
DK, RF		

Go to WTM_Q17

WTM_E16	**A blank answer has been selected. Please return and correct.**
Rule :	*Trigger hard edit if WTM_Q16 = 5 and sex = male.*
WTM_S16	**(You mentioned that in the past 12 months you required non emergency surgery.**

What type of surgery did you require? If you have had more than one in the past 12 months, please answer for the most recent surgery.)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q17 WTM_17	**Did you already have this surgery?**

1	Yes	
2	No	(Go to WTM_Q22)
DK, RF		(Go to WTM_Q22)

WTM_Q18 WTM_18	**Did the surgery require an overnight hospital stay?**

1	Yes
2	No
DK, RF	

WTM_Q19 WTM_19	**Did you experience any difficulties getting this surgery?**

1	Yes	
2	No	(Go to WTM_Q21A)
DK, RF		(Go to WTM_Q21A)

WTM_Q20	**What type of difficulties did you experience?**	

INTERVIEWER: Mark all that apply. ACC_Q22 asked previously about any difficulties experienced getting the surgery you needed. This question (WTM_Q20) refers to difficulties experienced for the most recent non emergency surgery.

WTM_20A	01	Difficulty getting an appointment with a surgeon
WTM_20B	02	Difficulty getting a diagnosis
WTM_20C	03	Waited too long - for a diagnostic test
WTM_20D	04	Waited too long - for a hospital bed to become available
WTM_20E	05	Waited too long - for surgery
WTM_20F	06	Service not available - in the area
WTM_20G	07	Transportation - problems
WTM_20H	08	Language - problem
WTM_20I	09	Cost
WTM_20J	10	Personal or family responsibilities
WTM_20K	11	General deterioration of health
WTM_20L	12	Appointment cancelled or deferred by surgeon or hospital
WTM_20M	13	Unable to leave the house because of a health problem
WTM_20N	14	Other - Specify (Go to WTM_S20)

DK, RF

Go to WTM_Q21A

WTM_S20	**(What type of difficulties did you experience?)**	

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q21A	**How long did you have to wait between when you and the surgeon**
WTM_21A	**decided to go ahead with surgery and the day of surgery?**

INTERVIEWER: Probe to get the most precise answer possible.

|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF   (Go to WTM_D24)

WTM_N21B WTM_21B	INTERVIEWER: Enter unit of time.

1   Days
2   Weeks
3   Months
(DK, RF not allowed)

Go to WTM_D24

WTM_E21B	An unusual number has been entered. Please confirm.

Rule :   *Trigger soft edit if (WTM_Q21A > 31 and WTM_N21B = 1) or (WTM_Q21A > 12 and WTM_N21B = 2) or (WTM_Q21A > 18 and WTM_N21B=3).*

WTM_Q22 WTM_22	**Will the surgery require an overnight hospital stay?**

1   Yes
2   No
DK, RF

WTM_Q23A WTM_23A	**How long have you been waiting since you and the surgeon decided to go ahead with the surgery?**

INTERVIEWER: Probe to get the most precise answer possible.

|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF   (Go to WTM_D24)

WTM_N23B WTM_23B	INTERVIEWER: Enter unit of time.

1   Days
2   Weeks
3   Months
(DK, RF not allowed)

WTM_E23B	An unusual number has been entered. Please confirm.

Rule :   *Trigger soft edit if (WTM_Q23A > 31 and WTM_N23B = 1) or (WTM_Q23A > 12 and WTM_N23B = 2) or (WTM_Q23A > 18 and WTM_N23B = 3).*

WTM_D24	If WTM_Q17 = 1, DT_WAITTIME2 = "was the waiting time". Otherwise, DT_WAITTIME2 = "has the waiting time been".

WTM_Q24 WTM_24	**In your view, ^DT_WAITTIME2...?**

INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

1   **Acceptable**   (Go to WTM_Q26)
2   **Not acceptable**
3   No view
DK, RF

WTM_Q25A WTM_25A	**In this particular case, what do you think is an acceptable waiting time?** |_|_|_| (MIN: 1) (MAX: 365) DK, RF　　　　　　　　　　　　　　　　(Go to WTM_Q26)
WTM_N25B WTM_25B	INTERVIEWER: Enter unit of time. 1　　Days 2　　Weeks 3　　Months (DK, RF not allowed)
WTM_E25B	An unusual number has been entered. Please confirm.
Rule :	*Trigger soft edit if (WTM_Q25A > 31 and WTM_N25B = 1) or (WTM_Q25A > 12 and WTM_N25B = 2) or (WTM_Q25A > 18 and WTM_N25B=3).*
WTM_Q26 WTM_26	**Was your surgery cancelled or postponed at any time?** 1　　Yes 2　　No　　　　　　　　　　　　　　　(Go to WTM_Q28) DK, RF　　　　　　　　　　　　　　(Go to WTM_Q28)
WTM_Q27	**Was it cancelled or postponed by...?** INTERVIEWER: Read categories to respondent. Mark all that apply.
WTM_27A WTM_27B WTM_27C WTM_27D	1　　**Yourself** 2　　**The surgeon** 3　　**The hospital** 4　　Other - Specify　　　　　　　(Go to WTM_S27) DK, RF Go to WTM_Q28
WTM_S27	**(Was it cancelled or postponed by...?)** INTERVIEWER: Specify. (80 spaces) DK, RF
WTM_Q28 WTM_28	**Do you think that your health, or other aspects of your life, have been affected in any way due to waiting for this surgery?** 1　　Yes 2　　No　　　　　　　　　　　　　　　(Go to WTM_C30) DK, RF　　　　　　　　　　　　　　(Go to WTM_C30)

WTM_Q29	**How was your life affected as a result of waiting for surgery?**
	INTERVIEWER: Mark all that apply.

WTM_29A	01	Worry, anxiety, stress
WTM_29B	02	Worry or stress for family or friends
WTM_29C	03	Pain
WTM_29D	04	Problems with activities of daily living (e.g., dressing, driving)
WTM_29E	05	Loss of work
WTM_29F	06	Loss of income
WTM_29G	07	Increased dependence on relatives/friends
WTM_29H	08	Increased use of over-the-counter drugs
WTM_29I	09	Overall health deteriorated, condition got worse
WTM_29J	10	Health problem improved
WTM_29K	11	Personal relationships suffered
WTM_29L	12	Other - Specify (Go to WTM_S29)
	DK, RF	

Go to WTM_C30

WTM_S29	**(How was your life affected as a result of waiting for surgery?)**
	INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_C30	If ACC_Q30 = (2, DK, RF, BLANK), go to WTM_END. Otherwise, go to WTM_Q30.

WTM_Q30
WTM_30

Now for MRIs, CAT Scans and angiographies provided in a non emergency situation.

You mentioned that in the past 12 months you required one of these tests.

What type of test did you require?

If you have had more than one in the past 12 months, please answer for the most recent test.

INTERVIEWER: Read categories to respondent.

1 **MRI (Magnetic Resonance Imaging)**
2 **CAT Scan (Computed Axial Tomography)**
3 **Angiography (Cardiac Test)**
DK, RF

WTM_Q31
WTM_31

For what type of condition?

INTERVIEWER: Read categories to respondent.

1 **Heart disease or stroke**
2 **Cancer**
3 **Joints or fractures**
4 **Neurological or brain disorders (e.g., for MS, migraine or headaches)**
5 Other - Specify   (Go to WTM_S31)
DK, RF

Go to WTM_Q32

WTM_S31

(For what type of condition?)

INTERVIEWER: Specify.

_____

(80 spaces)

DK, RF

WTM_Q32
WTM_32

Did you already have this test?

1 Yes
2 No   (Go to WTM_Q39A)
DK, RF   (Go to WTM_Q39A)

WTM_Q33 WTM_33	**Where was the test done?** INTERVIEWER: Read categories to respondent.

1   **Hospital**   (Go to WTM_Q35)
2   **Public clinic**   (Go to WTM_Q35)
3   **Private clinic**   (Go to WTM_Q34)
4   Other - Specify   (Go to WTM_S33)
DK, RF   (Go to WTM_Q36)

WTM_S33	**(Where was the test done?)** INTERVIEWER: Specify.

_____

(80 spaces)

DK, RF

Go to WTM_Q35

WTM_Q34 WTM_34	**Was the clinic located...?** INTERVIEWER: Read categories to respondent.

1   **In your province**
2   **In another province**
3   Other - Specify   (Go to WTM_S34)
DK, RF

Go to WTM_Q35

WTM_S34	**(Was the clinic located...?)** INTERVIEWER: Specify.

_____

(80 spaces)

DK, RF

WTM_Q35 WTM_35	**Were you a patient in a hospital at the time of the test?**

1   Yes
2   No
DK, RF

WTM_Q36 WTM_36	**Did you experience any difficulties getting this test?**

1   Yes
2   No   (Go to WTM_Q38A)
DK, RF   (Go to WTM_Q38A)

WTM_Q37	**What type of difficulties did you experience?**
	INTERVIEWER: Mark all that apply. ACC_Q32 asked previously about <u>any</u> difficulties experienced getting the tests you needed. This question (WTM_Q37) refers to difficulties experienced for the most recent diagnostic test.

WTM_37A	01	Difficulty getting a referral
WTM_37B	02	Difficulty getting an appointment
WTM_37C	03	Waited too long - to get an appointment
WTM_37D	04	Waited too long - to get test (i.e. in-office waiting)
WTM_37E	05	Service not available - at time required
WTM_37F	06	Service not available - in the area
WTM_37G	07	Transportation - problems
WTM_37H	08	Language - problem
WTM_37I	09	Cost
WTM_37J	10	General deterioration of health
WTM_37K	11	Did not know where to go (i.e. information problems)
WTM_37L	12	Unable to leave the house because of a health problem
WTM_37M	13	Other - Specify (Go to WTM_S37)
	DK, RF	

Go to WTM_Q38A

WTM_S37	**(What type of difficulties did you experience?)**
	INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q38A WTM_38A	**How long did you have to wait between when you and your doctor decided to go ahead with the test and the day of the test?**
	INTERVIEWER: Probe to get the most precise answer possible.

|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF   (Go to WTM_D40)

WTM_N38B WTM_38B	INTERVIEWER: Enter unit of time.
	1 Days 2 Weeks 3 Months (DK, RF not allowed)
	Go to WTM_D40

WTM_E38B	An unusual number has been entered. Please confirm.
Rule :	*Trigger soft edit if (WTM_Q38A > 31 and WTM_N38B = 1) or (WTM_Q38A > 12 and WTM_N38B = 2) or (WTM_Q38A > 18 and WTM_N38B=3).*

WTM_Q39A WTM_39A	**How long have you been waiting for the test since you and your doctor decided to go ahead with the test?**
	INTERVIEWER: Probe to get the most precise answer possible.
	|_|_|_| (MIN: 1) (MAX: 365)
	DK, RF (Go to WTM_D40)

WTM_N39B WTM_39B	INTERVIEWER: Enter unit of time.
	1 Days 2 Weeks 3 Months (DK, RF not allowed)

WTM_E39B	An unusual number has been entered. Please confirm.
Rule :	*Trigger soft edit if (WTM_Q39A > 31 and WTM_N39B = 1) or (WTM_Q39A > 12 and WTM_N39B = 2) or (WTM_Q39A > 18 and WTM_N39B= 3).*

WTM_D40	If WTM_Q32 = 1, DT_WAITTIME3 = "was the waiting time". Otherwise, DT_WAITTIME3 = "has the waiting time been".

WTM_Q40 WTM_40	**In your view, ^DT_WAITTIME3...?**
	INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".
	1 **Acceptable** (Go to WTM_Q42) 2 **Not acceptable** 3 No view DK, RF

WTM_Q41A WTM_41A	**In this particular case, what do you think is an acceptable waiting time?** |_|_|_| (MIN: 1) (MAX: 365) DK, RF (Go to WTM_Q42)

WTM_N41B
WTM_41B

INTERVIEWER: Enter unit of time.

1   Days
2   Weeks
3   Months
(DK, RF not allowed)

WTM_E41B

An unusual number has been entered. Please confirm.

Rule :

Trigger soft edit if (WTM_Q41A > 31 and WTM_N41B = 1) or (WTM_Q41A > 12 and WTM_N41B = 2) or (WTM_Q41A > 18 and WTM_N41B=3).

WTM_Q42
WTM_42

Was your test cancelled or postponed at any time?

1   Yes
2   No   (Go to WTM_Q44)
DK, RF   (Go to WTM_Q44)

WTM_Q43
WTM_43

Was it cancelled or postponed by...?

INTERVIEWER: Read categories to respondent.

1   **Yourself**
2   **The specialist**
3   **The hospital**
4   **The clinic**
5   Other - Specify   (Go to WTM_S43)
DK, RF

Go to WTM_Q44

WTM_S43

(Was it cancelled or postponed by...?)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_Q44
WTM_44

Do you think that your health, or other aspects of your life, have been affected in any way due to waiting for this test?

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

WTM_Q45   **How was your life affected as a result of waiting for this test?**

INTERVIEWER: Mark all that apply.

WTM_45A   01   Worry, anxiety, stress
WTM_45B   02   Worry or stress for family or
                                           friends
WTM_45C   03   Pain
WTM_45D   04   Problems with activities of
                                           daily living (e.g., dressing,
                                           driving)
WTM_45E   05   Loss of work
WTM_45F   06   Loss of income
WTM_45G   07   Increased dependence on
                                           relatives/friends
WTM_45H   08   Increased use of over-the-
                                           counter drugs
WTM_45I   09   Overall health deteriorated,
                                           condition got worse
WTM_45J   10   Health problem improved
WTM_45K   11   Personal relationships
                                           suffered
WTM_45L   12   Other - Specify   (Go to WTM_S45)
                                     DK, RF

                                     Go to WTM_END

WTM_S45   **(How was your life affected as a result of waiting for this test?)**

INTERVIEWER: Specify.

(80 spaces)

DK, RF

WTM_END

Labour force (LBS)
Core content

LBS_BEG	Core content
	External variables required:
	REFDATE: current date from operating system
	SEX_Q01: sex of specific respondent (1 = male, 2 = female) from Sex block.
	GEN_Q08 from GEN block
	DV_AGE: Age of selected respondent from ANC block
	DOLBS: do block flag, from the sample file.
	PE_Q01: first name of specific respondent from USU block
	PE_Q02: last name of specific respondent from USU block
	Screen display:
	Display on header bar PE_Q01 and PE_Q02 separated by a space
	DATEONEWEEKAGO as Month DD, YYYY, e.g., January 2, 2008
	^YESTERDAY as Month DD, YYYY, e.g., January 2, 2008
LBS_C1A	If (DOLBS block = 1), go to LBS_C1B.
	Otherwise, go to LBS_END.
LBS_C1B	If age < 15 or age > 75, go to LBS_END.
	Otherwise, go to LBS_R01.
LBS_D1A	DV_DATEONEWEEKAGO = CURRENTDATE - 7
LBS_D1B	DV_YESTERDAY = CURRENTDAY - 1
LBS_R01	**The next questions concern ^YOUR2 activities in the last 7 days. By the last 7 days, I mean beginning ^DATEONEWEEKAGO, and ending ^YESTERDAY.**
	<u>INTERVIEWER</u>: Press <1> to continue.
LBS_Q01 LBS_01	**Last week, did ^YOU2 work at a job or a business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**
	1 Yes
	2 No
	3 Permanently unable to work (Go to LBS_END)
	DK, RF (Go to LBS_END)
LBS_E01	A response inconsistent with a response to a previous question has been entered.
	Please confirm.
Rule :	*Trigger soft edit if GEN_Q08 = 2 (did not work at any time in past 12 months) and LBS_Q01 = 1.*
LBS_C02	If LBS_Q01 = 1, go to LBS_Q03.
	Otherwise, go to LBS_Q02.

LBS_Q02 LBS_02	**Last week, did ^YOU2 have a job or business from which ^YOU1 ^WERE absent?** 1 Yes 2 No (Go to LBS_Q04) DK, RF (Go to LBS_END)
LBS_Q03 LBS_03	**Did ^YOU1 have more than one job or business last week?** 1 Yes 2 No DK, RF Go to LBS_D31
LBS_Q04 LBS_11	**In the past 4 weeks, did ^YOU2 do anything to find work?** 1 Yes 2 No DK, RF Go to LBS_END
LBS_D31	Not Applicable
LBS_R31	**The next questions are about ^YOUR1 current job or business.** <u>INTERVIEWER</u>: If person currently holds more than one job, report on the job for which the number of hours worked per week is the greatest. Press <1> to continue.
LBS_Q31 LBS_31	**^ARE_C ^YOU1 an employee or self-employed?** 1 Employee 2 Self-employed (Go to LBS_Q32) 3 Working in a family business without pay DK, RF Go to LBS_Q33
LBS_Q32	**What is the name of ^YOUR1 business?** <u>INTERVIEWER</u>: Enter the full name of the business. If there is no business name, enter the respondent's full name. _____ (50 spaces) DK, RF Go to LBS_Q34
Processing:	_This will be released as a Yes/No flag LBSF32; LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions._

| LBS_Q33 | **For whom ^DOVERB ^YOU1 work?** |
| | |

INTERVIEWER: Enter the full name of the company, business, government department or agency, or person.

(50 spaces)

DK, RF

| Processing: | *This will be released as the Yes/No flag LBSF33; LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.* |

| LBS_Q34 | **What kind of business, industry or service is this?** |

INTERVIEWER: Enter a detailed description.

For example:
New home construction
Primary school
Municipal police
Wheat farm
Retail shoe store
Food wholesale
Car parts factory
Federal government

(50 spaces)

DK, RF

| Processing: | *This will be released as the Yes/No flag LBSF34; LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.* |

| LBS_Q35 | **What is ^YOUR1 work or occupation?** |

INTERVIEWER: Enter a detailed description.

For example: legal secretary, plumber, fishing guide, wood furniture assembler, secondary school teacher, computer programmer.

(50 spaces)

DK, RF

| Processing: | *This will be released as the Yes/No flag LBSF35; LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.* |

LBS_Q36	**In this work, what are ^YOUR1 main activities?**
	<u>INTERVIEWER</u>: Enter a detailed description.
	For example: prepare legal documents, install residential plumbing, guide fishing parties, make wood furniture products, teach mathematics, develop software.
	(50 spaces)
	DK, RF
Processing:	*This will be released as the Yes/No flag LBSF36; LBSCSIC and LBSCSOC are also released and are based on the responses to LBS questions.*
LBS_Q37 LBS_42	**About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 job or business? If ^YOU2 usually work^S extra hours, paid or unpaid, please include these hours.**
	|_|_|_| Hours (MIN: 1) (MAX: 168)
	DK, RF
LBS_E37	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if LBS_Q37 > 84*
LBS_C38	If LBS_Q03 = 1, go to LBS_Q38. Otherwise, go to LBS_END.
LBS_Q38 LBS_53	**You indicated that ^YOU2 ^HAVE more than one job.**
	About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 other job(s)? If ^YOU2 usually work^S extra hours, paid or unpaid, please include these hours.
	<u>INTERVIEWER</u>: Minimum is 1; maximum is (168 - LBS_Q37).
	|_|_|_| Hours (MIN: 1) (MAX: 168)
	DK, RF
Programmer:	*If LBS_Q37 = 168, then maximum = 1.* *If LBS_Q37 = DK or RF, then maximum = 168.*
LBS_E38A	**An impossible value has been entered. Please return and correct.**
Rule :	*Trigger hard edit if LBS_Q38 > (168 - LBS_Q37)*
LBS_E38B	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if LBS_Q38 > 30*

LBS_END

Loss of Productivity (LOP)
Theme content

LOP_BEG	Theme content
	External variables required:
	PROXYMODE: proxy identifier, from the GR block. DOLOP: do block flag, from the sample file. GEN_Q08: worked at a job or business in the past 12 month LBS_Q01: worked at a job or business in the past week AGE: Age of respondent
LOP_C010	If (DOLOP = 1), go to LOP_C011A. Otherwise, go to LOP_END.
LOP_C011A	If proxy interview, go to LOP_END. Otherwise, go to LOP_C011B.
LOP_C011B	If age < 15 or age > 75, go to LOP_END. Otherwise, go to LOP_C015A.
LOP_C015A	If GEN_Q08 = 2 (did not work in the past 12 months), go to LOP_Q020. Otherwise, go to LOP_C015B.
LOP_C015B	If LBS_Q01 = 1, go to LOP_R030. Otherwise, go to LOP_Q015.

LOP_Q015
LOP_015

Did you work at a job or a business at any time in the past three months?

<u>INTERVIEWER</u>: Include only paid job or business.

1	Yes	(Go to LOP_R030)
2	No	
DK, RF		(Go to LOP_END)

Processing: *In processing, if DOLOP = 1 and PROXYMODE = 2 and LBS_Q01 = 1, recode LOP_Q015 =1.*

LOP_Q020
LOP_020

What is the main reason that you have not worked at a job or business in the past three months?

INTERVIEWER: If respondent wants to report more than one reason, ask for the main one.

01	Chronic physical or mental health condition diagnosed by a health professional
02	Own injury such as broken bone, bad cut, burn or sprain
03	Own infectious disease such as a cold, flu or stomach flu
04	Other reason related to physical or mental health
05	Caring for own children
06	Caring for elderly relative(s)
07	Maternity, paternity or parental leave
08	Education, training or school
09	Temporary lay-off
10	Strike or lockout
11	Retired
12	Other

DK, RF

LOP_C020

If LOP_Q020 = 01, go to LOP_Q050.
Otherwise, go to LOP_END.

LOP_R030

The next questions are about absence from work because of your OWN health. Please include consultations with health professionals, but exclude absences because of the health of another person.

INTERVIEWER: Press <1> to continue.

LOP_D030

DV_DATETHREEMONTHSAGO = CURRENTMONTH - 3

LOP_Q030
LOP_030

In the past three months, that is from ^DATETHREEMONTHSAGO to yesterday, have you missed any days at work because of a chronic health condition?

By chronic condition, we mean a long-term physical or mental condition that is expected to last or have already lasted 6 months or more and that has been diagnosed by a health professional.

1	Yes	
2	No	(Go to LOP_Q060)
DK, RF		(Go to LOP_Q060)

LOP_Q040
LOP_040

How many days of work have you missed because of a chronic condition?

INTERVIEWER: Don't enter days for which time has been made up. Enter 1 day if respondent reports less than one day.

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

DK, RF

LOP_Q050
LOP_050

Which chronic condition was this?

INTERVIEWER: If the respondent wants to report more than one condition, probe for the main reason or the one that has required the highest number of days of absence.

01   Arthritis (such as rheumatoid arthritis, osteoarthritis, lupus or gout)
02   Osteoporosis
03   Cardiovascular disease (including stroke and hypertension)
04   Kidney disease
05   Asthma
06   Chronic bronchitis, emphysema or chronic obstructive pulmonary disease (COPD)
07   Diabetes
08   Migraine
09   Back problems
10   Cancer
11   Mental illnesses (such as depression bipolar disorder, mania or schizophrenia)
12   Neurological diseases (such as Alzheimer, dementia, Parkinson's disease, multiple sclerosis, spina bifida)
13   Digestive diseases (such as celiac disease, irritable bowel syndrome, stomach ulcers)
14   Fibromyalgia, chronic fatigue syndrome or multiple chemical sensitivities
15   Other - Specify   (Go to LOP_S050)
DK, RF

Go to LOP_C060

LOP_S050	**(Which chronic condition was this?)**
	INTERVIEWER: Specify.
	_____
	(80 spaces)
	DK, RF
	Go to LOP_C060
LOP_C060	If LOP_Q020 = 1, go to LOP_END. Otherwise, go to LOP_Q060.
LOP_Q060 LOP_060	**In the past three months, have you missed any days at work because of an injury such as a broken bone, a bad cut, a burn or a sprain?**
	1 Yes 2 No (Go to LOP_Q080) DK, RF (Go to LOP_Q080)
LOP_Q070 LOP_070	**How many days of work have you missed (because of an injury)?**
	INTERVIEWER: Don't enter days for which time has been made up. Enter 1 day if respondent reports less than one day.
	|_|_| (MIN: 1) (MAX: 90)
	DK, RF
LOP_Q080 LOP_080	**In the past three months, have you missed any days at work because of an infectious disease such as a cold, a stomach flu or a respiratory infection?**
	1 Yes 2 No (Go to LOP_Q090) DK, RF (Go to LOP_Q090)
LOP_Q081	**Which infectious disease was this?**
	INTERVIEWER: Read categories to respondent. Mark all that apply.
LOP_81A LOP_81B LOP_81C LOP_81D LOP_81E	1 **Cold** 2 **Flu or influenza** 3 **Stomach flu** 4 **Respiratory infection** 5 **Other** DK, RF (Go to LOP_Q090)
	Go to LOP_C082
LOP_C082	If LOP_Q081 = 1, go to LOP_Q082. Otherwise, go to LOP_C083.

LOP_Q082 LOP_082	**How many days of work have you missed because of a cold?** INTERVIEWER: Symptoms of a cold include a runny nose, congestion and a cough. Don't enter days for which time has been made up. |_|_| (MIN: 1) (MAX: 90) DK, RF
LOP_C083	If LOP_Q081=2, go to LOP_Q083. Otherwise, go to LOP_C084.
LOP_Q083 LOP_083	**How many days of work have you missed because of a flu or influenza?** INTERVIEWER: Symptoms of influenza include fever, headache and body aches. Don't enter days for which time has been made up. |_|_| (MIN: 1) (MAX: 90) DK, RF
LOP_C084	If LOP_Q081=3, go to LOP_Q084. Otherwise, go to LOP_C085.
LOP_Q084 LOP_084	**How many days of work have you missed because of a stomach flu?** INTERVIEWER: Symptoms of stomach flu include nausea, vomiting, stomach cramps and diarrhea. Don't enter days for which time has been made up. |_|_| (MIN: 1) (MAX: 90) DK, RF
LOP_C085	If LOP_Q081=4, go to LOP_Q085. Otherwise, go to LOP_C086.
LOP_Q085 LOP_085	**How many days of work have you missed because of another respiratory infection such as pneumonia or bronchitis?** INTERVIEWER: Don't enter days for which time has been made up. |_|_| (MIN: 1) (MAX: 90) DK, RF

LOP_C086	If LOP_Q081=5, go to LOP_Q086. Otherwise, go to LOP_Q090.

LOP_Q086
LOP_086

How many days of work have you missed because of any other infectious disease?

INTERVIEWER: Don't enter days for which time has been made up.

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

DK, RF

LOP_Q090
LOP_090

In the past three months, have you been absent from work because of any other reason related to your physical or mental health?

1	Yes	(Go to LOP_Q100)
2	No	(Go to LOP_END)
DK, RF		(Go to LOP_END)

LOP_Q100
LOP_100

How many days of work have you missed because of another reason related to your own physical or mental health?

INTERVIEWER: Don't enter days for which time has been made up.
Enter 1 day if respondent reports less than one day.

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

DK, RF

LOP_END

Education of selected respondent (EDU)
Core content

EDU_BEG	Core content
EDU_C01A	If (DOEDU block = 1), go to EDU_R05. Otherwise, go to EDU_END.
EDU_R05	**Now some general background questions which will help us compare the health of people in Canada.** INTERVIEWER: Press <1> to continue.
EDU_C05	If Age of respondent < 14, go to EDU_END. Otherwise, go to EDU_Q05.

EDU_Q05
SDC_8

^ARE_C ^YOU1 <u>currently</u> attending a school, college, cegep or university?

INTERVIEWER: Ask respondent to include attendance only for courses that can be used as credit towards a certificate, diploma or degree.

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

EDU_Q06
SDC_9

^ARE_C ^YOU1 enrolled as...?

INTERVIEWER: Read categories to respondent.

1   **A full-time student**
2   **A part-time student**
3   **Both full-time and part-time student**
DK, RF

EDU_END

Socio-demographic characteristics (SDC)

Core content

SDC_BEG	Core content
	SEX_Q01: Respondent's sex YEAROFBIRTH: Respondent's year of birth CURRENTYEAR: Year of survey collection DOSDC do block flag, from the sample file.
SDC_C1	If (DOSDC block = 1), go to SDC_D1. Otherwise, go to SDC_END.
SDC_D1	DV_CNTRYTEXT = SDC_Q1 {(String 80)}. DV_CNTRYTEXT = SDC_Q1 {(0..99990)}.
Programmer:	*Program : Create fields DV_CNTRYTEXT (String 80) = SDC_Q1 and DV_CNTRYCODE (0..99990) = SDC_Q1*
SDC_Q1	**In what country ^WERE ^YOU2 born?** INTERVIEWER: Ask the respondent to specify country of birth according to current boundaries. Start typing the name of the country of birth to activate function. Enter (CAN) to select Canada. Enter "Other - Specify" to capture a name of the country that is not part of the list. DK, RF
Processing:	*This variable will be released as the code variable SDCCCB13.*
Programmer:	*Call Trigram Search. Null is not allowed. Don't know and Refusal are allowed. The Search File to be used corresponds to the Excel file "Country_Pays_LookUpList.xls" The DV_CNTRYCODE and the DV_CNTRYTEXT are the two fields that should be displayed on the pop-up screen when the Search File is called. However, the corresponding DV_CNTRYCODE and CNTRYID also needs to be saved and used as the key to indicate exactly which unique entry in the Search File was selected (i.e., it is the code that differentiates between the English, French and other spelling variations of country names).*
SDC_C02A	If DV_CNTRYCODE = 11124 (Canada) or DK or R, go to SDC_D4. Otherwise, go to SDC_C02B.
SDC_C02B	If DV_CNTRYCODE = 90000 (Other-Specify), go to SDC_S1. Otherwise, go to SDC_Q2.
SDC_S1	**(In what country ^WERE ^YOU1 born?)** INTERVIEWER: Specify. --- (80 spaces) DK, RF

SDC_Q2
SDC_2

^WERE_C ^YOU1 born a Canadian citizen?

1   Yes   (Go to SDC_D4)
2   No
DK, RF   (Go to SDC_D4)

SDC_Q3
SDC_3

In what year did ^YOU1 first come to Canada to live?

INTERVIEWER: The respondent may have first come to live in Canada on a work or study permit or by claiming refugee status. If the respondent moved to Canada more than once, enter the first year they arrived in Canada (excluding holiday time spent in Canada).

If the respondent cannot give the exact year of arrival in Canada, ask for a best estimate of the year.

|_|_|_|_| Year
(MIN: 1,890)
(MAX: 2,030)

DK, RF

SDC_E3

Year must be between ^YEAROFBIRTH and ^CURRENTYEAR. Please return and correct.

Rule :

Trigger hard edit if SDC_Q3 < ^YEAROFBIRTH or SDC_Q3 > ^CURRENTYEAR.

SDC_D4

Not Applicable

SDC_Q4A

To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese, East Indian)

INTERVIEWER: Mark all that apply. An ancestor is usually more distant than a grandparent. If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian. If the respondent answers "Eskimo", enter "20".

SDC_4A	01 Canadian
SDC_4B	02 French
SDC_4C	03 English
SDC_4D	04 German
SDC_4E	05 Scottish
SDC_4F	06 Irish
SDC_4G	07 Italian
SDC_4H	08 Ukrainian
SDC_4I	09 Dutch (Netherlands)
SDC_4J	10 Chinese
SDC_4K	11 Jewish
SDC_4L	12 Polish
SDC_4M	13 Portuguese
SDC_4N	14 South Asian (e.g. East Indian, Pakistani, Sri Lankan)
SDC_4T	15 Norwegian
SDC_4U	16 Welsh
SDC_4V	17 Swedish
SDC_4P	18 First Nations (North American Indian)
SDC_4Q	19 Métis
SDC_4R	20 Inuit
SDC_4S	21 Other - Specify (Go to SDC_S4A)
	DK, RF

Go to SDC_C04B

SDC_S4A

(To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese, East Indian))

INTERVIEWER: Specify.

(80 spaces)

DK, RF

SDC_C04B

If SDC_Q1 or DV_CNTRYCODE = Canada, United States, Germany or Greenland, go to SDC_Q4B_1.
Otherwise, go to SDC_D4C.

SDC_Q4B_1 SDC_41	**^ARE_C ^YOU1 an Aboriginal person, that is, First nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians.** INTERVIEWER: The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other. "Inuit" is the plural form of "Inuk". 1 Yes 2 No (Go to SDC_D4C) DK, RF (Go to SDC_D5A_1)
Help text:	*Tag: Aboriginal group* *This question should be answered regardless of whether or not this person is an Aboriginal person of North America.* *Aboriginal people are usually those with ancestors who resided in North America prior to European contact and who identify with one of the three Aboriginal groups listed on the questionnaire:First Nations (North American Indian), Métis and Inuk.* *Persons who consider themselves to be East Indian or Asian Indian, or who have ethnic roots on the subcontinent of India, should respond: "No, not an Aboriginal person" to this question.* *Individuals who refer to themselves as Métis in the context of mixed ancestry, but who do not have North American Aboriginal ancestry-for example, those from Africa, the Caribbean and South America-should respond "No, not an Aboriginal person".*
SDC_N4B_2	INTERVIEWER: If the respondent has already specified the Aboriginal group(s), select the group(s) from the list below; if not, ask: **(^ARE_C ^YOU1 First Nations, Métis or Inuk (Inuit)?)** INTERVIEWER: Mark all that apply. First Nations (North American Indian) includes Status and Non-Status Indians. The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other. "Inuit" is the plural form of "Inuk". Mark all that apply.
SDC_42A SDC_42B SDC_42C	1 First Nations (North American Indian) 2 Métis 3 Inuk (Inuit) DK, RF Go to SDC_D5A_1

SDC_E42

You have entered "Don't know" or "Refusal" for SDC_N4B_2. Respondents sometimes get confused with the terminology used to describe different Aboriginal groups. If you wish to change the entry, return to SDC_N4B_2 and enter the appropriate answer. Otherwise, please confirm.

Rule :

Trigger soft edit if SDC_N4B_2 = DK or RF

SDC_D4C

Not Applicable

SDC_Q4C	**^YOU2_C may belong to one or more racial or cultural groups on the following list.**
	^ARE_C ^YOU1?
	<u>INTERVIEWER</u>: Read categories to respondent and mark up to 4 responses that apply.
	If respondent answers "mixed" or "bi-racial", or "multi-racial", etc probe for specific groups and mark each one separately (e.g. White, Black, Chinese).
	Aboriginal people or First Nations are not included in the list of response categories because the Employment Equity Act defines visible minorities as "persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in "colour". Guidelines state that "Due to their status as First Nation people, Aboriginal peoples are specifically excluded from the definition".
	Under the Employment Equity Act, Aboriginal Peoples are considered to be a separate designated group.

SDC_43A	01	**White**
SDC_43C	02	**South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)**
SDC_43B	03	**Chinese**
SDC_43D	04	**Black**
SDC_43E	05	**Filipino**
SDC_43F	06	**Latin American**
SDC_43H	07	**Arab**
SDC_43G	08	**Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)**
SDC_43I	09	**West Asian (e.g., Iranian, Afghan, etc.)**
SDC_43K	10	**Korean**
SDC_43J	11	**Japanese**
SDC_43M	12	Other - Specify (Go to SDC_S4C)
	DK, RF	

Go to SDC_Q5A_1

Help text:	*Tag: Racial or cultural group*
	All response categories and examples must be read aloud, even if the respondent has already given a response.
	If the respondent provides a response that is not on the list, do not reclassify it into one of the given categories. For example, do not select "White" if the respondent says "Caucasian". Instead, record "Caucasian" in the "Other - Specify" category.

SDC_S4C	**(^YOU2_C may belong to one or more racial or cultural groups on the following list.**
	^ARE_C ^YOU1?)
	INTERVIEWER: Specify.
	(80 spaces)
	DK, RF
SDC_D5A_1	Not Applicable
SDC_Q5A_1 SDC_5A_1	**Of English or French, which language(s) ^DOVERB ^YOU1 speak well enough to conduct a conversation? Is it...?**
	INTERVIEWER: Read categories to respondent.
	1 **English only** 2 **French only** 3 **Both English and French** 4 Neither English nor French DK, RF
SDC_B5B	Call LanguageLookUp block (LLU) a maximum of three times. Always call it the first time; call subsequent items if the previous instances SDC_B5B.LangCode is a response other than 90000000 (No more languages).
Processing:	*This sub-block will be released as the code variables SDCC5B1,SDCC5B2,SDCC5B3*
Programmer:	*Pass via parameter (question text, interviewer instruction, help text, instance number)*
SDC_Q5B	**What language ^DOVERB ^YOU1 speak most often at home?**
	INTERVIEWER: Mark up to three responses. Multiple responses are accepted only if languages are spoken equally often at home.
	DK, RF
Help text:	*Tag: Home language spoken most often*
	For a person who lives alone, report the language in which the respondent feels most comfortable (this can be the language the respondent would use to talk on the telephone, entertain friends at home, etc.).
	Some languages like Chinese (Cantonese, Mandarin or other Chinese language) and those used by Jewish communities (such as Hebrew or Yiddish) have regional dialects which should be reported as separate response options. Probe the respondent for the correct language.
Processing:	*This will be released as the coded variables SDCC5B1,SDCC5B2,SDCC5B3.*
Programmer:	*INSTNUM = (min: 1 - max: 3)*

SDC_E5B_1	**The answer category "111 - No more response" cannot be selected as the first response for this question. If the respondent cannot provide an answer to this question, please select DK or RF.**
Rule :	*Trigger hard edit if at the first iteration of the question, the interviewer selects "111-No more response" DV_LANGCODE = 90000000*
SDC_E5B_2	**The same language has been selected a second time. Please return and correct.**
Rule :	*Trigger hard edit if any two language codes (SDC_B5B.LangCode) are equal. DV_LANGCODE = 22240000 (Other - Specify) is an exception to this edit: multiple other-specify responses are acceptable.*
SDC_B6	Call LanguageLookUp block (LLU) a maximum of three times. Always call it the first time; call subsequent items if the previous instances SDC_B6.LangCode is a response other than 90000000 (No more languages).
Processing:	*This sub-block will be released as the code variables SDCC61,SDCC62,SDCC63*
Programmer:	*Pass via parameter (question text, interviewer instruction, help text, instance number).*
SDC_Q6	**What is the language that ^YOU1 first learned at home in childhood and still understand^S?** INTERVIEWER: Mark up to three responses. If the respondent no longer understands the first language learned, indicate the second language learned. Accept multiple responses only if languages were learned at the same time. DK, RF
Help text:	*Tag: Mother tongue* *Some languages like Chinese (Cantonese, Mandarin or other Chinese language) and those used by Jewish communities (such as Hebrew or Yiddish) have regional dialects which should be reported as separate response options. Probe the respondent for the correct language.*
Processing:	*This will be released as the coded variables SDCC61,SDCC62,SDCC63.*
Programmer:	*INSTNUM = (min: 1 - max: 3)*
SDC_E6A	**The answer category "111 - No more languages" cannot be selected as the first response for this question. If the respondent cannot provide an answer to this question, please select DK or RF.**
Rule :	*Trigger hard edit if at the first iteration of the question, the interviewer selects "111 - No more response" DV_LANGCODE = 90000000*
SDC_E6B	**The same language has been selected a second time. Please return and correct.**
Rule :	*Trigger hard edit if any two language codes (SDC_B6.LangCode) are equal. DV_LANGCODE = 22240000 (Other - Specify) is an exception to this edit: multiple other-specify responses are acceptable.*

SDC_R7   **Now a question about the dwelling in which you live.**

INTERVIEWER: Press <1> to continue.

SDC_Q7A
DHH_OWN   **Is this dwelling?**

INTERVIEWER: Read categories to respondent. If the respondent's household contains both owners and renters, such as a boarder, the dwelling should be considered owned.

1   **Owned by you or a member of this household, even if it is still being paid for**
2   **Rented, even if no cash rent is paid**
DK, RF

Help text: *Tag: Owned or rented*
Choose 'Owned' if the respondent and/or another member of this household own the dwelling in which they live, even if the dwelling is on rented or leased land, or if it is part of a condominium, or if it is still being paid for by the respondent or another member of your household.

Choose 'Rented' in all other cases, even if the dwelling occupied by the respondent is provided without cash rent or at a reduced rent (for example, a clergy's residence or a superintendent's dwelling in an apartment building), or the dwelling is part of a co-operative.

SDC_C7B   If proxy interview or age < 18 or age > 59, go to SDC_END.
Otherwise, go to SDC_R7B.

SDC_R7B   **Now one additional background question which will help us compare the health of people in Canada.**

INTERVIEWER: Press <1> to continue.

SDC_Q7B
SDC_7AA   **Do you consider yourself to be...?**

INTERVIEWER: Read categories to respondent.

1   **heterosexual (sexual relations with people of the opposite sex)**
2   **homosexual, that is lesbian or gay (sexual relations with people of your own sex)**
3   **bisexual (sexual relations with people of both sexes)**
DK, RF

SDC_END

Person most knowledgeable about household situation (PMK)
Core content

PMK_BEG	Core module
	External variables required:
	PROXYMODE: proxy identifier, from the GR block. FNAME: first name of respondent from household block. DOPMK: do block flag, from the sample file.
	PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block
	Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space
	PGC_N01 HHLD Size Province
PMK_C010	If (DoPMK = 1), go to PMK_C015A. Otherwise, go to PMK_END.
PMK_C015A	If Proxy interview, go to PMK_END. Otherwise, go to PMK_C015B.
PMK_C015B	If HHLD size = 1 (respondent lives alone) or if AGE > 17, go to PMK_END. Otherwise, go to PMK_C015C.
PMK_C015C	If Age<14, go to PMK_R020. Otherwise, go to PMK_C16A.
PMK_C16A	If province = 24 (Quebec), go to PMK_R16AC. Otherwise, go to PMK_C16B.
PMK_C16B	If province = 60, 61 or 62 (Yukon, N.W.T. or Nunavut),, go to PMK_R16AB. Otherwise, go to PMK_R16AA.

PMK_R16AA

To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.

Provincial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses or telephone numbers will be provided.

INTERVIEWER: The personal identifiers (names, addresses and telephone numbers) will not be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.

Press <1> to continue.

Go to PMK_Q016

PMK_R16AB

To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.

Territorial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses, telephone numbers or health numbers will be provided.

INTERVIEWER: The personal identifiers (names, addresses and telephone numbers) will not be provided to Health Canada or the Public Health Agency of Canada.

Press <1> to continue.

Go to PMK_Q016

PMK_R16AC

To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, the " Institut de la Statistique du Québec ", Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.

The " Institut de la Statistique du Québec " and provincial ministries of health may make this information available to local health authorities, but no identifiable information such as names, addresses or telephone numbers will be provided.

INTERVIEWER: The personal identifiers (names, addresses or telephone numbers) will not be provided to Health Canada or the Public Health Agency of Canada. "Provincial ministries of health" includes the territorial ministries of health.

Press <1> to continue.

PMK_Q016	**These organizations have agreed to keep your information confidential and use it only for statistical purposes.** **Do you agree to share the information provided?** 1 Yes 2 No DK, RF
PMK_R020	**For the last few questions, I would like to speak with someone who would be best able to answer questions about the entire household such as household income and food purchases.** INTERVIEWER: Press <1> to continue.
PMK_Q020	**Who would this person be?** INTERVIEWER: Select most knowledgeable person from the household roster. 01 MEMBER1 02 MEMBER2 03 MEMBER3 04 MEMBER4 05 MEMBER5 06 MEMBER6 07 MEMBER7 08 MEMBER8 09 MEMBER9 10 MEMBER10 11 MEMBER11 12 MEMBER12 13 MEMBER13 14 MEMBER14 15 MEMBER15 16 MEMBER16 17 MEMBER17 18 MEMBER18 19 MEMBER19 20 MEMBER20 (DK, RF not allowed)
Programmer:	*Programmer: Display household members by personID in ascending order so as to ensure that category values match the personID variable.*
PMK_E20B	The minimum age required to complete the remaining questions in the survey is 18 years of age or older. Please choose another household member as the person most knowledgeable (PMK)
Rule :	*Trigger soft edit if (age of PMK_Q020 < 18 or PMK_Q020 is the respondent)*
PMK_D030A	If PMK_Q020 is the respondent or age of PMK_Q020 < 18, DV_PMKFLAG = 2 Otherwise, DV_PMKFLAG = 1

PMK_C030A	If PMKFLAG=2, go to PMK_D030C. Otherwise, go to PMK_D030B.
PMK_D030B	If PMK_Q020 = 1, DT_MEMBERNAME = "MEMBER1". If PMK_Q020 = 2, DT_MEMBERNAME = "MEMBER2". If PMK_Q020 = 3, DT_MEMBERNAME = "MEMBER3". If PMK_Q020 = 4, DT_MEMBERNAME = "MEMBER4". If PMK_Q020 = 5, DT_MEMBERNAME = "MEMBER5". If PMK_Q020 = 6, DT_MEMBERNAME = "MEMBER6". If PMK_Q020 = 7, DT_MEMBERNAME = "MEMBER7". If PMK_Q020 = 8, DT_MEMBERNAME = "MEMBER8". If PMK_Q020 = 9, DT_MEMBERNAME = "MEMBER9". If PMK_Q020 = 10, DT_MEMBERNAME = "MEMBER10". If PMK_Q020 = 11, DT_MEMBERNAME = "MEMBER11". If PMK_Q020 = 12, DT_MEMBERNAME = "MEMBER12". If PMK_Q020 = 13, DT_MEMBERNAME = "MEMBER13". If PMK_Q020 = 14, DT_MEMBERNAME = "MEMBER14". If PMK_Q020 = 15, DT_MEMBERNAME = "MEMBER15". If PMK_Q020 = 16, DT_MEMBERNAME = "MEMBER16". If PMK_Q020 = 17, DT_MEMBERNAME = "MEMBER17". If PMK_Q020 = 18, DT_MEMBERNAME = "MEMBER18". If PMK_Q020 = 19, DT_MEMBERNAME = "MEMBER19". If PMK_Q020 = 20, DT_MEMBERNAME = "MEMBER20".

PMK_Q030B

Is ^DT_MEMBERNAME available?

1　　Yes
2　　No
3　　Person most knowledgeable
　　　about household refuses to
　　　participate.
(DK, RF not allowed)

Programmer:	*Do not retain data for this variable*
PMK_D030C	If PMKFLAG=1 and PMK_Q030B=1, DV_PMKPROXY = 1 Otherwise, DV_PMKPROXY = 2
PMK_C040	If PMKProxy=1, go to PMK_R050. Otherwise, go to PMK_C045.
PMK_C045	If PMKFLAG=2 or PMK_Q030B = 3, go to PMK_R040. Otherwise, go to PMK_R045.

PMK_R040

This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time.

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

Go to PMK_END

Programmer:	*This case will be taken to the OC_N01 screen, where the interviewer can determine the status of the case*

PMK_R045   **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to try and find the best time to speak with ^DT_MEMBERNAME.**

INTERVIEWER: Press <1> to continue.

Go to PMK_END

Programmer: *This case will be taken to the OC_N01 screen where the interview can book an appointment to re-contact the PMK at a later time.*

PMK_R050   **This completes your portion of the interview. On behalf of Statistics Canada, I would like to thank you very much for your time. I would now like to speak with ^MEMBERNAME.**

INTERVIEWER: You should continue with the most knowledgeable person about the household.

Press < 1> to continue.

PMK_R060   **Hello, My name is... I've just completed the main portion of the interview with <Respondent's name>. At this point I need to finish the interview with a few general questions on your household's situation. <Respondent's name> said you would be the best person to answer these types of questions.**

INTERVIEWER: Press <1> to continue.

PMK_END

Insurance coverage (INS)

Optional content	Yukon, Ontario, New Brunswick
INS_BEG	Optional Content (See Appendix 2)
INS_C1A	If (DOINS block = 1), go to INS_C1B. Otherwise, go to INS_END.
INS_C1B	If PMKProxy=2, go to INS_END. Otherwise, go to INS_R1.

INS_R1

Now, turning to ^YOUR2 insurance coverage. Please include any private, government or employer-paid plans.

INTERVIEWER: Press <1> to continue.

INS_D1   Not Applicable

INS_Q1
INS_1

^DOVERB_C ^YOU2 have insurance that covers all or part of the cost of:

^YOUR1 prescription medications?

1	Yes	
2	No	(Go to INS_C2)
DK		(Go to INS_C2)
RF		(Go to INS_END)

INS_Q1A

Is it...?

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

INS_1A	1	**A government-sponsored plan**
INS_1B	2	**An employer-sponsored plan**
INS_1C	3	**A private plan**
	DK, RF	

INS_C2

If (DOOH2 block = 1) and not a proxy interview, go to INS_Q3.
Otherwise, go to INS_Q2.

INS_Q2
INS_2

(^DOVERB_C ^YOU2 have insurance that covers all or part of:)

^YOUR1 dental expenses?

1	Yes	
2	No	(Go to INS_Q3)
DK, RF		(Go to INS_Q3)

INS_Q2A

Is it...?

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

INS_2A   1   **A government-sponsored plan**

INS_2B   2   **An employer-sponsored plan**

INS_2C   3   **A private plan**

         DK, RF

INS_Q3
INS_3

(^DOVERB_C ^YOU2 have insurance that covers all or part of:)

the costs of eye glasses or contact lenses?

1   Yes
2   No   (Go to INS_Q4)
DK, RF   (Go to INS_Q4)

INS_Q3A

Is it...?

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

INS_3A   1   **A government-sponsored plan**

INS_3B   2   **An employer-sponsored plan**

INS_3C   3   **A private plan**

         DK, RF

INS_Q4
INS_4

(^DOVERB_C ^YOU2 have insurance that covers all or part of:)

hospital charges for a private or semi-private room?

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

INS_Q4A

Is it...?

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

INS_4A   1   **A government-sponsored plan**

INS_4B   2   **An employer-sponsored plan**

INS_4C   3   **A private plan**

         DK, RF

INS_END

Food security (FSC)

Optional content	Prince Edward Island, Nova Scotia, Saskatchewan, New Brunswick, Nunavut, Northwest Territories, Ontario, Alberta, Quebec

FSC_BEG

Optional Content (See Appendix 2)

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOFSC: do block flag, from the sample file.
PMKProxy
YoungKids = Household members aged 15 or less.
OlderKids = Household members aged 16 or 17 and who are the child, grandchild, child-in-law, niece or nephew of another household member.
YoungAdults = Household members aged 16 or 17 and who are NOT the child, grandchild, child-in-law, niece or nephew of another household member.
Adults = Household members aged 18 or older.

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

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

FSC_C01A

If (DOFSC block = 1), go to FSC_C01B.
Otherwise, go to FSC_END.

FSC_C01B

If PMKProxy = 2, go to FSC_END.
Otherwise, go to FSC_D010.

FSC_D010

If HhldSize = 1, DT_YOUANDOTHERS = "you".
If HhldSize = 1, DT_YOUANDOTHERS_C = "You".
If HhldSize ne 1, DT_YOUANDOTHERS = "you and other household members".
If HhldSize ne 1, DT_YOUANDOTHERS_C = "You and other household members".
If OlderKids + YoungKids = 1, DT_CHILDFNAME = "^CHILDFNAME".
If OlderKids + YoungKids = 1, DT_CHILDWAS = "^CHILDFNAME + was".
If OlderKids + YoungKids = 1, DT_ANYCHILD = "^CHILDFNAME".
If OlderKids + YoungKids = 1, DT_ANYCHILDS = "^CHILDFNAME + 's".
If OlderKids + YoungKids = 1, DT_WASANYCHILD = "was + ^CHILDFNAME".
If OlderKids + YoungKids ne 1, DT_CHILDFNAME = "the children".
If OlderKids + YoungKids ne 1, DT_CHILDWAS = "The children were".
If OlderKids + YoungKids ne 1, DT_ANYCHILD = "any of the children".
If OlderKids + YoungKids ne 1, DT_ANYCHILDS = "any of the children's".
If OlderKids + YoungKids ne 1, DT_WASANYCHILD = " were any of the children".
If (Adults + YoungAdults) = 1, DT_YOUOTHERADULTS = "you".
If (Adults + YoungAdults) = 1, DT_YOUOTHERADULTS_C = "You".
If (Adults + YoungAdults) ne 1, DT_YOUOTHERADULTS = "you or other adults in your household".
If (Adults + YoungAdults) ne 1, DT_YOUOTHERADULTS_C = "You or other adults in your household".

FSC_R010

The following questions are about the food situation for your household in the past 12 months.

INTERVIEWER: Press <1> to continue.

FSC_Q010
FSC_010

Which of the following statements best describes the food eaten in your household in the past 12 months, that is, since ^CURRENTMONTH of last year?

INTERVIEWER: Read categories to respondent.

1   ^DT_YOUANDOTHERS_C always had enough of the kinds of food you wanted to eat.
2   ^DT_YOUANDOTHERS_C had enough to eat, but not always the kinds of food you wanted.
3   Sometimes ^DT_YOUANDOTHERS did not have enough to eat.
4   Often ^DT_YOUANDOTHERS didn't have enough to eat.
DK, RF

FSC_R020	**Now I'm going to read you several statements that may be used to describe the food situation for a household. Please tell me if the statement was <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for ^DT_YOUANDOTHERS in the past 12 months.** <u>INTERVIEWER</u>: Press <1> to continue.
FSC_Q020 FSC_020	**The first statement is: ^DT_YOUANDOTHERS_C worried that food would run out before you got money to buy more. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?** 1 Often true 2 Sometimes true 3 Never true DK, RF
FSC_Q030 FSC_030	**The food that ^DT_YOUANDOTHERS bought just didn't last, and there wasn't any money to get more. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?** 1 Often true 2 Sometimes true 3 Never true DK, RF
FSC_Q040 FSC_040	**^DT_YOUANDOTHERS_C couldn't afford to eat balanced meals. In the past 12 months was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true?** 1 Often true 2 Sometimes true 3 Never true DK, RF
FSC_C050	If (OlderKids + YoungKids > 0), go to FSC_R050. Otherwise, go to FSC_C070A.
FSC_R050	**Now I'm going to read a few statements that may describe the food situation for households with children.** <u>INTERVIEWER</u>: Press <1> to continue.
FSC_Q050 FSC_050	**^DT_YOUOTHERADULTS_C relied on only a few kinds of low-cost food to feed ^DT_CHILDFNAME because you were running out of money to buy food. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?** 1 Often true 2 Sometimes true 3 Never true DK, RF
Programmer:	*Programmer: If (OlderKids + YoungKids) = 0 and some members have age = blank then FSC_Q050 = Valid Skip.*

FSC_Q060
FSC_060

^DT_YOUOTHERADULTS_C couldn't feed ^DT_CHILDFNAME a balanced meal, because you couldn't afford it. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?

1   Often true
2   Sometimes true
3   Never true
DK, RF

FSC_C070A

If (([FSC_Q020 or FSC_Q030 or FSC_Q040 or FSC_Q050 or FSC_Q060 <= 2) or (FSC_Q010 = 3 or 4)] and ([OlderKids + YoungKids] > 0)), go to FSC_Q070.
Otherwise, go to FSC_C070B.

FSC_C070B

If ((([FSC_Q020 or FSC_Q030 or FSC_Q040 or FSC_Q050 or FSC_Q060] <= 2) or (FSC_Q010 = 3 or 4)), go to FSC_R080.
Otherwise, go to FSC_END.

FSC_Q070
FSC_070

^DT_CHILDWAS not eating enough because ^DT_YOUOTHERADULTS just couldn't afford enough food. Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true in the past 12 months?

1   Often true
2   Sometimes true
3   Never true
DK, RF

FSC_R080

The following few questions are about the food situation in the past 12 months for you or any other adults in your household.

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

FSC_Q080
FSC_080

In the past 12 months, since last ^CURRENTMONTH did ^DT_YOUOTHERADULTS ever cut the size of your meals or skip meals because there wasn't enough money for food?

1   Yes
2   No   (Go to FSC_Q090)
DK, RF   (Go to FSC_Q090)

FSC_Q081
FSC_081

How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

1   Almost every month
2   Some months but not every
     month
3   Only 1 or 2 months
DK, RF

FSC_Q090
FSC_090

In the past 12 months, did you (personally) ever eat less than you felt you should because there wasn't enough money to buy food?

1   Yes
2   No
DK, RF

FSC_Q100 FSC_100	**In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?** 1 Yes 2 No DK, RF
FSC_Q110 FSC_110	**In the past 12 months, did you (personally) ever lose weight because you didn't have enough money for food?** 1 Yes 2 No DK, RF
FSC_C120	If (FSC_Q070 = 1 or 2) or (FSC_Q080 or FSC_Q090 or FSC_Q100 or FSC_Q110 = 1), go to FSC_Q120. Otherwise, go to FSC_END.
FSC_Q120 FSC_120	**In the past 12 months, did ^DT_YOUOTHERADULTS ever not eat for a whole day because there wasn't enough money for food?** 1 Yes 2 No (Go to FSC_C130) DK, RF (Go to FSC_C130)
FSC_Q121 FSC_121	**How often did this happen...? Almost every month, some months but not every month, or in only 1 or 2 months?** 1 Almost every month 2 Some months but not every month 3 Only 1 or 2 months DK, RF
FSC_C130	If OlderKids + YoungKids <> 0, go to FSC_R130. Otherwise, go to FSC_END.
FSC_R130	**Now, a few questions on the food experiences for children in your household.** <u>INTERVIEWER</u>: Press <1> to continue.
FSC_Q130 FSC_130	**In the past 12 months, did ^DT_YOUOTHERADULTS ever cut the size of ^DT_ANYCHILDS meals because there wasn't enough money for food?** 1 Yes 2 No DK, RF
FSC_Q140 FSC_140	**In the past 12 months, did ^DT_ANYCHILD ever skip meals because there wasn't enough money for food?** 1 Yes 2 No (Go to FSC_Q150) DK, RF (Go to FSC_Q150)

FSC_Q141
FSC_141

How often did this happen...? Almost every month, some months but not every month, or in only 1 or 2 months?

1   Almost every month
2   Some months but not every
     month
3   Only 1 or 2 months
DK, RF

FSC_Q150
FSC_150

In the past 12 months, ^DT_WASANYCHILD ever hungry but you just couldn't afford more food?

1   Yes
2   No
DK, RF

FSC_Q160
FSC_160

In the past 12 months, did ^DT_ANYCHILD ever not eat for a whole day because there wasn't enough money for food?

1   Yes
2   No
DK, RF

FSC_END

Income (INC)
Core content

INC_BEG   Core content

                                     LBS_Q01: Worked last week
                                     LBS_Q02: Absent from job last week
                                     AGE: Age of respondent
                                     HHLDSZ: Household size from the Entry
                                     DOINC: do block flag, from the sample file.
                                     PMKProxy: PMK identifier from the PMK block

INC_C1A   If (DoINC block = 1), go to INC_C1B.
                                     Otherwise, go to INC_END.

INC_C1B   If PMKProxy = 2, go to INC_END.
                                     Otherwise, go to INC_R1.

INC_R1   **Although many health expenses are covered by health insurance,
                                     there is still a relationship between health and income. Please be
                                     assured that, like all other information you have provided, these
                                     answers will be kept strictly confidential.**

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

INC_Q1		**Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**

<u>INTERVIEWER</u>: Read categories to respondent.
Mark all that apply.

INC_1A	01	**Wages and salaries**
INC_1B	02	**Income from self-employment**
INC_1C	03	**Dividends and interest (e.g., on bonds, savings)**
INC_1D	04	**Employment insurance**
INC_1E	05	**Worker's compensation**
INC_1F	06	**Benefits from Canada or Quebec Pension Plan**
INC_1G	07	**Job related retirement pensions, superannuation and annuities**
INC_1O	08	**RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)**
INC_1H	09	**Old Age Security and Guaranteed Income Supplement**
INC_1J	10	**Provincial or municipal social assistance or welfare**
INC_1I	11	**Child Tax Benefit**
INC_1K	12	**Child support**
INC_1L	13	**Alimony**
INC_1M	14	**Other (e.g., rental income, scholarships)**
INC_1N	15	None
		DK, RF (Go to INC_END)

INC_E1A	**You cannot select "None" and another category. Please return and correct.**
Rule :	*Trigger hard edit if INC_Q1 = 15 and any other response selected in INC_Q1.*
INC_E1B	**A response inconsistent with a response to a previous question has been entered. Please confirm.**
Rule :	*Trigger soft edit if (INC_Q1 <> 1 or 2) and (LBS_Q01 = 1 or LBS_Q02 = 1).*
INC_C2	If more than one source of income is indicated in INC_Q1, go to INC_Q2. Otherwise, go to INC_Q3.

INC_Q2
INC_2

What was the main source of household income?

01   Wages and salaries
02   Income from self-
     employment
03   Dividends and interest (e.g.,
     on bonds, savings)
04   Employment insurance
05   Worker's compensation
06   Benefits from Canada or
     Quebec Pension Plan
07   Job related retirement
     pensions, superannuation
     and annuities
08   RRSP/RRIF (Registered
     Retirement Savings
     Plan/Registered Retirement
     Income Fund)
09   Old Age Security and
     Guaranteed Income
     Supplement
10   Provincial or municipal
     social assistance or welfare
11   Child Tax Benefit
12   Child support
13   Alimony
14   Other (e.g., rental income,
     scholarships)
15   None
DK, RF

Processing:

At the time of the data processing, if the respondent reported only one source of income in INC_Q1, the variable INC_Q2 will be given its value.

INC_Q3
INC_3

What is your best estimate of the total income received by all household members, from all sources, before taxes and deductions, in the past 12 months?

INTERVIEWER: Capital gains should not be included in the household income. Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income

|_|_|_|_|_|_|_|_| Income
(MIN: -9,000,000)
(MAX: 90,000,000)

DK, RF   (Go to INC_Q5A)

Processing:

At the time of the data processing, responses reported in INC_Q3 will also be recoded into the cascade categories of INC_Q5A to INC_Q5C.

INC_E3

An unusual value has been entered. Please confirm.

Rule :

Trigger soft edit if INC_Q3 > 150,000.

INC_C5A	If INC_Q3 <=0, go to INC_END. Otherwise, go to INC_C6A.
INC_Q5A INC_5A	**Can you estimate in which of the following groups your household income falls? Was the total household income in the past 12 months...?** INTERVIEWER: Read categories to respondent.

1   **Less than $50,000 including income loss**
2   **$50,000 and more**   (Go to INC_Q5C)
DK, RF   (Go to INC_END)

INC_Q5B INC_5B	**Please stop me when I have read the category which applies to ^YOUR1 household. Was it...?** INTERVIEWER: Read categories to respondent.

1   **Less than $5,000**
2   **$5,000 to less than $10,000**
3   **$10,000 to less than $15,000**
4   **$15,000 to less than $20,000**
5   **$20,000 to less than $30,000**
6   **$30,000 to less than $40,000**
7   **$40,000 to less than $50,000**
DK, RF

Go to INC_C6A

INC_Q5C INC_5C	**Please stop me when I have read the category which applies to ^YOUR1 household. Was it...?** INTERVIEWER: Read categories to respondent.

1   **$50,000 to less than less than $60,000**
2   **$60,000 to less than less than $70,000**
3   **$70,000 to less than less than $80,000**
4   **$80,000 to less than less than $90,000**
5   **$90,000 to less than less than $100,000**
6   **$100,000 to less than less than $150,000**
7   **$150,000 and over**
DK, RF

INC_C6A	If HHLDSZ > 1, go to INC_C6B. Otherwise, go to INC_END.
INC_C6B	If AGE > 17, go to INC_D6. Otherwise, go to INC_END.

INC_D6		Not Applicable

INC_Q6 — **Thinking about ^YOUR2 total personal income, from which of the following sources did ^YOU1 receive any income in the past 12 months?**

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

INC_6A	01	**Wages and salaries**
INC_6B	02	**Income from self-employment**
INC_6C	03	**Dividends and interest (e.g., on bonds, savings)**
INC_6D	04	**Employment insurance**
INC_6E	05	**Worker's compensation**
INC_6F	06	**Benefits from Canada or Quebec Pension Plan**
INC_6G	07	**Job related retirement pensions, superannuation and annuities**
INC_6H	08	**RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)**
INC_6I	09	**Old Age Security and Guaranteed Income Supplement**
INC_6J	10	**Provincial or municipal social assistance or welfare**
INC_6K	11	**Child Tax Benefit**
INC_6L	12	**Child support**
INC_6M	13	**Alimony**
INC_6N	14	**Other (e.g., rental income, scholarships)**
INC_6O	15	None
	DK, RF	(Go to INC_END)

INC_E6A — **A selected source of personal income is not selected as one of the sources of income for all household members. Please return and correct.**

Rule :   *Trigger hard edit if any response other than 15 is selected in INC_Q6 and is not selected in INC_Q1.*

INC_E6B — **You cannot select "None" and another category. Please return and correct.**

Rule :   *Trigger hard edit if INC_Q6 = 15 (None) and any other response selected in INC_Q6.*

INC_C7 — If more than one source of income is indicated in INC_Q6, go to INC_Q7.
Otherwise, go to INC_Q8A.

INC_Q7 INC_7	**What was the main source of ^YOUR1 personal income?**

01   Wages and salaries
02   Income from self-employment
03   Dividends and interest (e.g., on bonds, savings)
04   Employment insurance
05   Worker's compensation
06   Benefits from Canada or Quebec Pension Plan
07   Job related retirement pensions, superannuation and annuities
08   RRSP/RRIF (Registered Retirement Savings Plan/Registered Retirement Income Fund)
09   Old Age Security and Guaranteed Income Supplement
10   Provincial or municipal social assistance or welfare
11   Child Tax Benefit
12   Child support
13   Alimony
14   Other (e.g., rental income, scholarships)
15   None

DK, RF   (Go to INC_END)

Processing:	*At the time of the data processing, if the respondent reported only one source of income in INC_Q6, the variable INC_Q7 will be given its value.*

INC_Q8A INC_8A	**What is your best estimate of ^YOUR1 total personal income, before taxes and deductions, from all sources in the past 12 months?**

<u>INTERVIEWER</u>: Capital gains should not be included in the personal income. Income can come from various sources such as from work, investments, pensions or government. Examples include Employment Insurance, Social Assistance, Child Tax Benefit and other income such as child support, alimony and rental income.

|_|_|_|_|_|_|_|_| Income
(MIN: -9,000,000)
(MAX: 90,000,000)

DK, RF   (Go to INC_Q8B)

Go to INC_END

Processing:	*At the time of the data processing, responses reported in INC_Q8A will also be coded into the cascade categories of INC_Q8B to INC_Q8D.*
INC_E8A	An unusual value has been entered. Please confirm.
Rule :	*Trigger soft edit if INC_Q8A > $150,000.*

INC_Q8B
INC_8B

Can you estimate in which of the following groups ^YOUR1 personal income falls? Was ^YOUR1 total personal income in the past 12 months...?

INTERVIEWER: Read categories to respondent.

1   **Less than $30,000 including income loss**
2   **$30,000 and more**   (Go to INC_Q8D)
DK, RF   (Go to INC_END)

INC_Q8C
INC_8C

Please stop me when I have read the category which applies to ^YOU2. Was it...?

INTERVIEWER: Read categories to respondent.

1   **Less than $5,000**
2   **$5,000 to less than $10,000**
3   **$10,000 to less than $15,000**
4   **$15,000 to less than $20,000**
5   **$20,000 to less than $25,000**
6   **$25,000 to less than $30,000**
DK, RF

Go to INC_END

INC_Q8D
INC_8D

Please stop me when I have read the category which applies to ^YOU2. Was it...?

INTERVIEWER: Read categories to respondent.

01   **$30,000 to less than $40,000**
02   **$40,000 to less than $50,000**
03   **$50,000 to less than $60,000**
04   **$60,000 to less than $70,000**
05   **$70,000 to less than $80,000**
06   **$80,000 to less than $90,000**
07   **$90,000 to less than $100,000**
08   **$100,000 and over**
DK, RF

INC_END

Administration information (ADM)

Core content

ADM_BEG	Core content

ADM_C01   If (DOADM block = 1), go to ADM_D01A.
Otherwise, go to ADM_END.

ADM_C01A   If PMKProxy=2, go to ADM_END.
Otherwise, go to ADM_D01A.

ADM_D01A   If province = 60, 61 or 62, DT_PROVTERRE = "territorial".
Otherwise, DT_PROVTERRE = "provincial".

ADM_D01B   If province = 24, DT_STAT = "Statistics Canada, your ^DT_PROVTERRE ministry of health and the « Institut de la Statistique du Québec»".
Otherwise, DT_STAT = "Statistics Canada and your ^DT_PROVTERRE ministry of health".

ADM_D01C   Not Applicable

ADM_R01   **^DT_STAT would like your permission to link information collected during this interview. This includes linking ^YOUR2 survey information to ^YOUR1 past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.**

INTERVIEWER: Press <1> to continue.

ADM_Q01B   **This linked information will be kept confidential and used only for statistical purposes. Do we have your permission?**

1   Yes
2   No   (Go to ADM_D04A)
DK, RF   (Go to ADM_D04A)

Processing: *This is the variable that's used to create the Link variable (SAMDLNK)*

ADM_D3A   If province = 10, DT_PROVINCEE = "a Newfoundland and Labrador".
If province = 11, DT_PROVINCEE = "a Prince Edward Island".
If province = 12, DT_PROVINCEE = "a Nova Scotia".
If province = 13, DT_PROVINCEE = "a New Brunswick".
If province = 24, DT_PROVINCEE = "a Quebec".
If province = 35, DT_PROVINCEE = "an Ontario".
If province = 46, DT_PROVINCEE = "a Manitoba".
If province = 47, DT_PROVINCEE = "a Saskatchewan".
If province = 48, DT_PROVINCEE = "an Alberta".
If province = 59, DT_PROVINCEE = "a British Columbia".
If province = 60, DT_PROVINCEE = "a Yukon".
If province = 61, DT_PROVINCEE = "a Northwest Territories".
If province = 62, DT_PROVINCEE = "a Nunavut".

ADM_D3B   Not Applicable

ADM_Q03A	**Having a provincial or territorial health number will assist us in linking to this other information.** **^DOVERB_C ^YOU2 have ^DT_PROVINCEE health number?**

1   Yes   (Go to ADM_Q03HN)
2   No
DK, RF   (Go to ADM_D04A)

ADM_Q03B	**For which province or territory is ^YOUR1 health number?**

10   Newfoundland and
      Labrador
11   Prince Edward Island
12   Nova Scotia
13   New Brunswick
24   Quebec
35   Ontario
46   Manitoba
47   Saskatchewan
48   Alberta
59   British Columbia
60   Yukon
61   Northwest Territories
62   Nunavut
88   Does not have a Canadian
      health number   (Go to ADM_D04A)
DK, RF   (Go to ADM_D04A)

ADM_Q03HN	**What is ^YOUR1 health number?** <u>INTERVIEWER</u>: Enter a health number for ^DT_PROVINCEE. Do not insert blanks, hyphens or commas between the numbers.

(12 spaces)

DK, RF

Processing:	*This is the variable associated with LNK_HN on release*
ADM_D04A	If ADM_Q01B = 1, DT_SHARE1 = "names, addresses, telephone numbers and health numbers will be provided". Otherwise, DT_SHARE1 = "names, addresses and telephone numbers will be provided".
ADM_C04A	If province = 24 (Quebec), go to ADM_R04AB. Otherwise, go to ADM_R04AA.
Universe:	*Data Sharing - All Provinces (excluding Quebec) and the territories*

ADM_R04AA

To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.

Provincial ministries of health may make this information available to local health authorities, but no identifiable information such as ^DT_SHARE1.

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. Provincial ministries of health includes the territorial ministries of health.

Press <1> to continue.

Go to ADM_Q04B

ADM_R04AB

To avoid duplication of surveys, Statistics Canada has signed agreements with provincial and territorial ministries of health, the " Institut de la Statistique du Québec ", Health Canada and the Public Health Agency of Canada to share the information that you provided on this survey.

The " Institut de la Statistique du Québec " and provincial ministries of health may make this information available to local health authorities, but no identifiable information such as ^DT_SHARE1.

INTERVIEWER: The personal identifiers (names, addresses, telephone numbers and health numbers) will not be provided to Health Canada or the Public Health Agency of Canada. Provincial ministries of health includes the territorial ministries of health.

Press <1> to continue.

ADM_Q04B

These organizations have agreed to keep your information confidential and use it only for statistical purposes.

Do you agree to share the information provided?

1   Yes
2   No
DK, RF

Processing:

This is one of the variables that's used to create the Share variable (SAMDSHR)

ADM_B09

Call sub-block "Frame Evaluation" (FRE)

ADM_C09

If CATI (Casetype = 1,2), go to ADM_N10.
Otherwise, go to ADM_N09.

| ADM_N09 | INTERVIEWER: Was this interview conducted on the telephone or in |
| ADM_N09 | person? |

1   On telephone
2   In person
3   Both
(DK, RF not allowed)

| ADM_N10 | INTERVIEWER: Was the respondent alone when you asked this health |
| ADM_N10 | questionnaire? |

1   Yes   (Go to ADM_N12)
2   No
DK, RF   (Go to ADM_N12)

| ADM_N11 | INTERVIEWER: Do you think that the answers of the respondent were |
| ADM_N11 | affected by someone else being there? |

1   Yes
2   No
DK, RF

| ADM_N12 | INTERVIEWER: Record language of interview |
| ADM_N12 | |

01   English
02   French
03   Chinese
04   Italian
05   Punjabi
06   Spanish
07   Portuguese
08   Polish
09   German
10   Vietnamese
11   Arabic
12   Tagalog (Filipino)
13   Greek
14   Tamil
15   Cree
16   Afghan
17   Cantonese
18   Hindi
19   Mandarin
20   Persian
21   Russian
22   Ukrainian
23   Urdu
24   Inuktitut
90   Other - Specify   (Go to ADM_S12)
DK, RF

Go to ADM_END

ADM_S12

(Record language of interview)

INTERVIEWER: Specify.

(80 spaces)

DK, RF

ADM_END

CAPI Frame Evaluation - Sub-block (FRE)
Core content

FRE_BEG	Content block
	External variables required:
	PROXYMODE: proxy identifier, from the GR block. FNAME: first name of respondent from household block. DOFRE: do block flag, from the sample file.
	PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block
	Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space
FRE_C1B	If CAPI (Casetype = 0) and FREFLAG = 2 (i.e. the frame evaluation questions have not been done for the household), go to FRE_R1. Otherwise, go to FRE_END.
FRE_R1	**And finally, a few questions to evaluate the way households were selected for this survey, and to prevent households from being selected more than once for this survey.**
	<u>INTERVIEWER</u>: Press <1> to continue.
FRE_Q1	**Excluding cellular phone numbers and phone numbers used strictly for business purposes, or fax machines, how many telephone numbers are there for your household?**

```
1      1
2      2
3      3 or more
4      None
DK, RF                              (Go to FRE_Q5)
```

FRE_E1	Please confirm with the respondent that, in order to make a telephone call from his/her home the respondent exclusively uses a cellular telephone or if he/she has to leave his/her home to access a telephone.
Rule :	*Trigger soft edit if (FRE_Q1 = 4).*
FRE_C2	If FRE_Q1 = 4, go to FRE_Q4. Otherwise, go to FRE_D2.
FRE_D2	If FRE_Q1 = 1, DT_MAIN = "your". Otherwise, DT_MAIN = "your main".

FRE_Q2	**What is ^DT_MAIN phone number, including the area code?**
	INTERVIEWER: Do not include cellular phone numbers, or those used strictly for business or fax machines. Telephone number: [telnum].
	DK, RF
Programmer:	*Telephone Block*
	Code : INTERVIEWER: Enter the area code.
	|_|_|_|
	Tel : INTERVIEWER: Enter the telephone number.
	|_|_|_|_|_|_|_|_|
FRE_E2	**A non-Canadian area code has been entered. Please return and correct.**
Rule :	*Trigger hard edit if a non-canadian area code is entered.*
FRE_C3A	If Code or Tel = DK, RF, go to FRE_Q5. Otherwise, go to FRE_C3B.
FRE_C3B	If FRE_Q1 = 1 (1 phone), go to FRE_Q5. Otherwise, go to FRE_D3.
FRE_D3	If FRE_Q1 = 2, DT_PHONE = "your other phone number". Otherwise, DT_PHONE = "another of your phone numbers".
FRE_Q3	**What is ^DT_PHONE, including the area code?**
	INTERVIEWER: Do not include cellular phone numbers, or those used strictly for business or fax machines Telephone number: [telnum].
	DK, RF
Programmer:	*Telephone Block*
	Code : INTERVIEWER: Enter the area code.
	|_|_|_|
	Tel : INTERVIEWER: Enter the telephone number.
	|_|_|_|_|_|_|_|_|
	Go to FRE_Q5
FRE_E3	**A non-Canadian area code has been entered. Please return and correct.**
Rule :	*Trigger hard edit if a non-canadian area code is entered.*
FRE_D4	Not Applicable

FRE_Q4

^DOVERB_C ^YOU2 have a working cellular phone that can place and receive calls?

1   Yes
2   No
DK, RF

Go to FRE_END

FRE_Q5

Among all of the telephone numbers for your home, excluding cellular phone numbers and those used strictly for business purposes and fax machines, are any of them listed in the paper or internet telephone book?

1   Yes
2   No
DK, RF

Programmer: *Administration (Part 1)*

FRE_END

Language Lookup (LLU)

LLU_BEG   Content block

External variables required:

PROXYMODE: proxy identifier, from the GR block.
FNAME: first name of respondent from household block.
DOLLU: do block flag, from the sample file.

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

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

LLU_Q01   **What language ^DOVERB ^YOU1 speak most often at home?**

INTERVIEWER: Mark up to three responses. Multiple responses are accepted only if languages
           are spoken equally often at home. Start typing name of language to activate the search function. Enter "Other-Specify" if the language is not part of the list. Enter "xyz" to select the item which indicates no (more) languages.

DK, RF

Programmer: *Help text: For a person who lives alone, report the language in which the respondent*
                                   feels most comfortable (this can be the language the respondent would use for talking
                                   on the telephone, visiting at home with friends, etc.).

                                   Some languages like Chinese (Cantonese, Mandarin or other Chinese language) and
                                   those used by Jewish communities (such as Hebrew or Yiddish) have regional
                                   dialects which should be reported as separate response options. Probe the respondent for the correct language.

LLU_END

Tanning Equipment Use (TEU)

Rapid response

TEU_BEG	Rapid response module asked in March-June 2014
	FNAME: first name of respondent from household block DOTEU: do block flag, from the sample file
	PROXYMODE: proxy identifier, from the GR block.
	PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block
	Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space
TEU_C010A	If DOTEU=1, go to TEU_C010B. Otherwise, go to TEU_END.
TEU_C010B	If PROXYMODE=1, go to TEU_END. Otherwise, go to TEU_R010.

TEU_R010

Now, we would like to ask you some questions about your use of sunlamps or tanning equipment.

INTERVIEWER: Press <1> to continue.

TEU_Q010
TEU_010

Would you characterize yourself as a person with sensitive skin who regularly gets a sunburn from exposure to sun or tanning equipment?

INTERVIEWER: If the respondent says they don't use sunlamps or tanning equipment, please tell them that we still need to collect this information from all respondents.

1   Yes
2   No
DK, RF

TEU_Q020
TEU_020

Have you used a sunlamp or tanning equipment in the past 12 months?

INTERVIEWER: Exclude self-tanning lotion and seasonal affective disorder lamps.

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

TEU_Q025	**What were your reasons for using a sunlamp or tanning equipment in the past 12 months?**
	INTERVIEWER: Mark all that apply. If asked, medical conditions include acne, psoriasis, eczema, depression, SAD (seasonal affective disorder), etc.
TEU_025A	1 To treat a skin condition or other medical condition
TEU_025B	2 To tan without burning or to get a base tan (for example, going on a trip)
TEU_025C	3 For aesthetic reasons (to look better)
TEU_025D	4 To relax or feel better
TEU_025E	5 To boost your immune system / get Vitamin D
TEU_025F	6 To prevent cancer
TEU_025G	7 Other
	DK, RF

TEU_Q030
TEU_030

In the past 12 months, how would you classify your use of sunlamps or tanning equipment? Would you say your use is...?

INTERVIEWER: Read categories to respondent. If the respondent says 'both', select 'Regular'.

1   **Periodic - less than 10 sessions per year**
2   **Regular - 10 or more sessions per year** (Go to TEU_Q040)
DK, RF (Go to TEU_Q045)

TEU_Q035
TEU_035

How many times have you used a sunlamp or tanning equipment in the past 12 months?

|_|_|
(MIN: 1)
(MAX: 10)

DK, RF

Go to TEU_Q045

TEU_Q040
TEU_040

How many times have you used a sunlamp or tanning equipment in the past month?

|_|_|
(MIN: 1)
(MAX: 31)

DK, RF

TEU_Q045
TEU_045

Did you wear eye protection, such as goggles, while using the sunlamp or tanning equipment?

1   Yes
2   No
3   Sometimes
DK, RF

TEU_Q050
TEU_050

Each time you used the sunlamp or tanning equipment in the past 12 months, did you read the warning labels prior to using it?

1   Yes   (Go to TEU_Q060)
2   No
DK, RF   (Go to TEU_Q060)

TEU_Q055

What were the reasons you did not read the warning labels?

INTERVIEWER: Mark all that apply.

TEU_055A   01   I have read them in the past
TEU_055B   02   I did not notice them
TEU_055C   03   There were no warning
                    labels posted or affixed to
                    the tanning equipment
TEU_055D   04   I didn't have time
TEU_055E   05   I didn't think it was important
                    or I didn't want to
TEU_055F   06   The attendant gave me oral
                    instructions
TEU_055G   07   I have trouble reading them
                    or they were unreadable
TEU_055H   08   Other
              DK, RF

TEU_Q060
TEU_060

Did you follow the exposure schedule outlined on the sunlamp or tanning equipment each time you used the equipment in the past 12 months?

1   Yes   (Go to TEU_Q070)
2   No
DK, RF   (Go to TEU_Q070)

TEU_Q065

What were the reasons you did not follow the exposure schedule (outlined on the sunlamp or tanning equipment)?

INTERVIEWER: Mark all that apply.

TEU_065A   1   I followed it when I first used
                   the equipment
TEU_065B   2   There was no exposure
                   schedule
TEU_065C   3   The attendant gave me a
                   different schedule
TEU_065D   4   I forgot
TEU_065E   5   Other
              DK, RF

TEU_Q070
TEU_070

In the past 12 months, did you experience discomfort or injury to your skin, resulting from the sunlamp or tanning equipment? This could include sunburn, discoloration or itch.

INTERVIEWER: Other examples might include redness, rash, pain, lesions or crusting.

1   Yes
2   No   (Go to TEU_Q090)
DK, RF   (Go to TEU_Q090)

TEU_Q075
TEU_075

How many times (in the past 12 months) did you experience discomfort or injury to your skin, resulting from the sunlamp or tanning equipment?

|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF

TEU_Q080
TEU_080

How long did your skin reaction or injury last?

INTERVIEWER: If the respondent had more than one skin reaction or injury, please probe for the worst injury/reaction. If they are equal in severity, ask them to report on the injury/reaction that lasted the longest.

1   Two days or less
2   More than two days to one
       week
3   More than one week to one
       month
4   More than one month to
       three months
5   More than three months
DK, RF

TEU_Q090
TEU_090

In the past 12 months, did you experience discomfort or injury to your eyes resulting from the sunlamp or tanning equipment? Examples of discomfort or injury to the eyes might be itchiness, aversion to bright light or redness of the eyes.

INTERVIEWER: Other examples might include excessive watering, floaters, blind spots, flash blindness, loss of sight or recurrent pain.

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

TEU_Q095
TEU_095

How many times (in the past 12 months) did you experience discomfort or injury to your eyes, resulting from the sunlamp or tanning equipment?

|_|_|_|
(MIN: 1)
(MAX: 365)

DK, RF

TEU_Q100
TEU_100

How long did your eye discomfort or injury last?

INTERVIEWER: If the respondent had more than one eye discomfort or injury, please probe for the worst injury/discomfort. If they are equal in severity, ask them to report on the injury/discomfort that lasted the longest.

1   Two days or less
2   More than two days to one
     week
3   More than one week to one
     month
4   More than one month to
     three months
5   More than three months
DK, RF

TEU_C105

If TEU_Q045 = 1,3,DK,RF, go to TEU_Q105.
Otherwise, go to TEU_END.

TEU_Q105
TEU_105

Were you wearing eye protection when you had this injury or discomfort to your eyes?

1   Yes
2   No
DK, RF

TEU_END

Laser Beam Exposure (LBE)
Rapid response

LBE_BEG	Rapid response module asked in March-June 2014
	FNAME: first name of respondent from household block DOLBE: do block flag, from the sample file
	PROXYMODE: proxy identifier, from the GR block.
	PE_Q01: first name of specific respondent from USU block PE_Q02: last name of specific respondent from USU block
	Screen display: Display on header bar PE_Q01 and PE_Q02 separated by a space
LBE_C010A	If DOLBE=1, go to LBE_C010B. Otherwise, go to LBE_END.
LBE_C010B	If PROXYMODE=1, go to LBE_END. Otherwise, go to LBE_R010.
LBE_R010	**Now, we would like to ask you some questions about your exposure to lasers. There are many consumer products that have a laser component, even though this may not be apparent.**
	INTERVIEWER: Press <1> to continue.

LBE_Q010		**In the last 12 months, have you used, or been exposed to, any of the following products?**
		INTERVIEWER: Read categories to respondent. Mark all that apply. An example of a medical device would be one used in a surgical procedure, such as cataract surgery.
LBE_010A	01	**Laser pointer for presentations**
LBE_010B	02	**Laser survey tool for levelling or distance measurement, or range finders**
LBE_010C	03	**Laser for cosmetic treatments for hair or tattoo removal, excluding medical devices**
LBE_010D	04	**Laser for entertainment such as a toy, game or light show display**
LBE_010E	05	**Laser for materials processing such as cutting or marking**
LBE_010F	06	**Laser scanner such as a barcode reader (for example, a self-checkout scanner)**
LBE_010G	07	**Any other product, excluding medical devices**
LBE_010H	08	None (Go to LBE_END)
		DK, RF (Go to LBE_END)

LBE_E010	**You cannot select "None" and another category. Please return and correct.**
Rule :	*Trigger hard edit if LBE_Q010 = 8 (None) and any other response is selected in LBE_Q010.*

LBE_Q020	**Over the last 12 months, have you experienced discomfort or injury**
LBE_020	**involving a laser product? Examples of these could be skin problems such as burns, pigment change or scarring; or eye problems such as flash blindness, floaters or loss of sight.**
	INTERVIEWER: Other examples of skin injury could be pain, bruising or infection. Other examples of eye injury could be excessive watering of eyes, blind spots or pain.

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

LBE_Q025 LBE_025	**How many times in the last 12 months did you experience discomfort or injury involving a laser product?** |_|_|_| (MIN: 1) (MAX: 365) DK, RF
LBE_Q030	**What type of discomfort or injury did you experience?** INTERVIEWER: Read categories to respondent. Mark all that apply.
LBE_030A LBE_030B LBE_030C	1 **Skin discomfort or injury** 2 **Eye discomfort or injury** 3 Other DK, RF
LBE_C035	If more than one category is selected in LBE_Q030, go to LBE_D035. Otherwise, go to LBE_D040.
LBE_D035	If LBE_Q030 = 1 and 2 and3, DT_TYPE = "Thinking about your worst discomfort or injury, was it to your skin, eyes or other part of your body?". If LBE_Q030 = 1 and 2, DT_TYPE = "Thinking about your worst discomfort or injury, was it to your skin or eyes?". If LBE_Q030 = 1 and 3, DT_TYPE = "Thinking about your worst discomfort or injury, was it to your skin or other part of your body?". If LBE_Q030 = 2 and 3, DT_TYPE = "Thinking about your worst discomfort or injury, was it to your eyes or other part of your body?".
LBE_Q035 LBE_035	**^DT_TYPE** INTERVIEWER: If the respondent had more than one discomfort or injury that was the worst and they were equal in severity, ask them to report on the injury/discomfort that lasted the longest. 1 Skin 2 Eyes 3 Other DK, RF
Programmer:	*Only display answer categories that were selected in LBE_Q030.*
LBE_D040	If LBE_Q025 > 1, DT_WORST1 = "Thinking about your worst discomfort or injury, h". Otherwise, DT_WORST1 = "H".

LBE_Q040 LBE_040	**^DT_WORST1ow long did this discomfort or injury last?** INTERVIEWER: If the respondent had more than one discomfort or injury, please probe for the worst injury/discomfort. If they are equal in severity, ask them to report on the injury/discomfort that lasted the longest. 1 Two days or less 2 More than two days to one week 3 More than one week to one month 4 More than one month to three months 5 More than three months DK, RF
LBE_D045	If LBE_Q025 > 1, DT_WORST2 = "Thinking about your worst discomfort or injury, w". Otherwise, DT_WORST2 = "W".
LBE_Q045 LBE_045	**^DT_WORST2as this discomfort or injury a result of your own use of the device or someone else's use of the device?** 1 Your own use of the device 2 Someone else's use of the device DK, RF
LBE_D050	If LBE_Q025 > 1, DT_WORST3 = "Thinking about your worst discomfort or injury, w". Otherwise, DT_WORST3 = "W".
LBE_Q050 LBE_050	**^DT_WORST3hat type of laser product caused this injury, excluding medical devices?** INTERVIEWER: An example of a medical device would be one used in a surgical procedure, such as cataract surgery. 1 Pointer - for presentations 2 Survey tool - levelling, distance measurement, or range finders 3 Cosmetic treatments - hair or tattoo removal, excluding medical devices 4 Entertainment - a toy, game or light show display 5 Materials processing - cutting or marking 6 Scanner - a barcode reader (example, self-checkout scanner) 7 Any other product, excluding medical devices DK, RF

LBE_C055

If LBE_Q045 = 1, go to LBE_Q055.
Otherwise, go to LBE_END.

LBE_Q055
LBE_055

Where did you get this laser device?

1   Retail store - purchased
     new/used
2   Distributor or manufacturer -
     purchased new/used
     directly
3   Internet - purchased
     new/used
4   An individual - purchased
     new/used (e.g. yard sale)
5   Promotional item
6   Gift
7   Other
DK, RF

LBE_END

Topical Index

Exit

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

Possible future contact (PFC)

PFC_BEG

PFC_R01   **As part of this study, we may need to get in touch in the future.**

INTERVIEWER: Press <1> to continue.

1   Continue

(DK, RF are not allowed)

PFC_END

Administration - Fictitious Name (ADF)

ADF_BEG

ADF_N05   INTERVIEWER: Is this a fictitious name for the respondent?

1   Yes
2   No   (Go to CON1_RINT)
      DK, RF   (Go to CON1_RINT)

ADF_N06   INTERVIEWER: Remind respondent about the importance of getting correct names.
                              Do you want to make corrections to:

1   ... first name only?
2   ... last name only?   (Go to ADF_N08)
3   ... both names?
4   ... no corrections?   (Go to CON1_RINT)
      DK, RF   (Go to CON1_RINT)

ADF_N07   INTERVIEWER: Enter the first name only.

_____
(25 spaces)
DK, RF

ADF_C08   If ADF_N06 = 3, go to ADF_N08.
                 Otherwise, go to CON1_RINT.

ADF_N08　　　　　<u>INTERVIEWER</u>: Enter the last name only.

　　　　　　　　　　_____

　　　　　　　　　　(25 spaces)
　　　　　　　　　　DK, RF

ADF_END

Exit Introduction (EI)

EI_BEG

EI_R01　　　　　　**Before we finish, I would like to ask you a few other questions.**

　　　　　　　　　　<u>INTERVIEWER</u>: Press <Enter> to continue.

EI_END

Permission to share (PS)

PS_BEG　　　　　　(*if partial interview*)

<u>Data Sharing - All Provinces (excluding Quebec and the territories)</u>

PS_R01　　　　　　**Statistics Canada would like your permission to share the information collected in
　　　　　　　　　　this survey with provincial and territorial ministries of health, Health Canada and the
　　　　　　　　　　Public Health Agency of Canada.**

　　　　　　　　　　**Your provincial ministry of health may make some of this information available to
　　　　　　　　　　your local health region, but names, addresses, telephone numbers and health
　　　　　　　　　　numbers will not be provided.**

　　　　　　　　　　INTERVIEWER : Press <Enter> to continue.

　　　　　　　　　　Go to PS_Q01

<u>Data Sharing - NWT, Yukon, Nunavut</u>

PS_R01　　　　　　**Statistics Canada would like your permission to share the information collected in
　　　　　　　　　　this survey with Health Canada, the Public Health Agency of Canada and provincial
　　　　　　　　　　and territorial ministries of health.**

　　　　　　　　　　INTERVIEWER : Press <Enter> to continue.

　　　　　　　　　　Go to PS_Q01

Data Sharing - Quebec

PS_R01   **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « Institut de la Statistique du Québec », Health Canada and the Public Health Agency of Canada. The « Institut de la Statistique du Québec » may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.**

              INTERVIEWER : Press <Enter> to continue.

PS_Q02   **All information will be kept confidential and used only for statistical purposes.**

              Do you agree to share the information provided?

              1   Yes
              2   No
                   DK, RF

PS_END

Thank You 1 (TY1)

TY1_BEG

TY1_R01   **Thank you for your time.**

              INTERVIEWER: Press <Enter> to continue.

              (DK, RF are not allowed)

TY1_END

Appendix A – Canadian community health survey content (2013-2014)

Appendix A – Canadian community health survey content (2013 - 2014)

Annual common content (all health regions)[i]

- Age of respondent (ANC)
- Alcohol use (ALC)
- Chronic conditions (CCC)
- Contact with health professionals (CHP)[iii]
- Exposure to second-hand smoke (ETS)
- Fruit and vegetable consumption (FVC)
- Flu shots (FLU)

- General health (GEN)
- Health care utilization (HCU)
- Height and weight – Self –reported (HWT)
- Pain and discomfort (HUP)
- Physical activities (PAC)
- Restriction of activities (RAC)
- Smoking (SMK)

Administration and Socio-demographics
- Administration information (ADM)
- Education (EDU)
- Income (INC)
- Labour force (LBS)
- Person most knowledgeable about the household situation (PMK)
- Socio-demographic characteristics (SDC)

Two-year biennial common content (all health regions)

2013-2014

1) *Injuries and Functional Health*

- Injuries (INJ)
- Health utilities index (HUI)
- Expanded restriction of activities (RAC) and Activities of Daily Living (ADL)
- Use of protective equipment (UPE)

2) *Sexual Behaviours*

One-year biennial/quadrennial common content (all health regions)

2013 *1) Health Services Access Survey* [ii] • Access to health care services (ACC) • Waiting times (WTM)	*2014* 1) *Health Care Utilization* • Contact with health professionals (CHP/CP2) • Unmet health care needs (UCN) 2) *Economic Burden* • Loss of productivity (LOP) • Fibromyalgia (CC3) • Chronic fatigue syndrome (CC4) • Multiple chemical sensitivities (CC4)

Rapid Response (national estimates only)

2013 • Food skills - mechanical skills and food conceptualization (FS2) (January - February) • Access to health care services (ACC) (March - June) • Waiting times (WTM) (March - June) • Every day discrimination scale (EDS) (July - October)	2014 • Tanning Equipment Use (TEU) (March - June) • Laser Beam Exposure (LBE) (March - June)

i   RAC has been a core module throughout the years, with the exception of 2011 when it was asked only in the territories.

ii Asked of a sub-sample of respondents. These theme modules were not asked of respondents in the territories.

iii In 2011,CHP changed from being a common content module to an optional module. In 2012, CHP returned to being a common content module but was divided into two modules (CHP and CP2), CP2 is an optional module.

Appendix B – Optional content selection by health regions (grouped by province) (2014)

Description		N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt
ACC	Access to Health Care Services	✔	☐	✔	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐
ALD	Alcohol use - Dependence	☐	☐	☐	☐	☐	☐	☐	☐	☐	✔	☐	☐	☐
ALW	Alcohol use during the past week	✔	✔	☐	☐	✔	✔	✔	✔	☐	✔	☐	☐	✔
BPC	Blood Pressure Check	☐	✔	✔	☐	☐	☐	☐	☐	☐	☐	☐	✔	☐
CIH	Changes made to improve health	☐	✔	✔	☐	☐	☐	✔	☐	☐	✔	✔	✔	☐
CCS	Colorectal cancer screening	✔	✔	☐	✔	✔	☐	✔	☐	✔	☐	☐	✔	☐
CMH	Consultations about mental health	✔	☐	☐	☐	✔	✔	✔	☐	☐	✔	☐	✔	✔
DEN	Dental Visits	☐	☐	☐	☐	☐	✔	☐	☐	☐	☐	☐	✔	☐
DEP	Depression	✔	✔	✔	☐	✔	☐	✔	☐	☐	☐	☐	✔	✔
DIA	Diabetes Care	✔	☐	☐	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐
DIS	Distress	☐	☐	☐	☐	✔	☐	☐	☐	☐	☐	☐	☐	☐
DRV	Driving and safety	☐	☐	☐	☐	☐	✔	✔	☐	✔	☐	✔	☐	✔
EYX	Eye examinations	☐	☐	☐	☐	☐	✔	☐	☐	☐	☐	☐	☐	☐
FDC	Food choices	☐	☐	✔	✔	☐	☐	☐	☐	✔	✔	☐	✔	☐
FSC	Food security	☐	✔	✔	✔	✔	✔	☐	✔	✔	☐	☐	✔	✔
HCS	Health care system satisfaction	☐	☐	☐	☐	☐	☐	☐	☐	✔	☐	☐	☐	☐
SFR	Health status (SF-36)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	✔	☐	☐
HMC	Home care services	☐	✔	☐	☐	✔	✔	☐	☐	☐	☐	☐	☐	☐
IDG	Ilicit drug use	✔	☐	☐	☐	☐	☐	☐	☐	☐	✔	☐	☐	✔
INS	Insurance coverage	☐	☐	☐	✔	☐	✔	☐	☐	☐	☐	✔	☐	☐
MAM	Mammography	☐	☐	✔	✔	☐	☐	☐	☐	✔	☐	☐	✔	☐

Description	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt
MXA Maternal experiences - Alcohol use during pregnancy	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☑
MEX Maternal experiences - Breastfeeding	☐	☐	☑	☑	☑	☑	☐	☐	☑	☐	☐	☑	☑
MXS Maternal experiences - Smoking during pregnancy	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☑	☑
MDB Mood	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐
OH1 Oral health 1	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	☑
OH2 Oral health 2	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐	☐	☑
PAP Pap smear test	☐	☑	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐	☑
PSC Patient satisfaction - Community-based care	☐	☑	☐	☐	☐	☑	☐	☐	☑	☐	☐	☐	☐
PAS Patient satisfaction - Health care services	☐	☑	☑	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐
CPG Problem gambling	☐	☐	☐	☐	☑	☐	☑	☑	☐	☑	☐	☐	☐
PSA Prostate cancer screening	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	☑	☐
SWL Satisfaction with life	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐
SAC Sedentary activities	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
SLP Sleep	☐	☑	☐	☐	☐	☐	☑	☐	☑	☐	☐	☑	☐
TAL Smoking - Other tobacco products	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐	☐
SPC Smoking - Physician counselling	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑
SCH Smoking - Stages of change	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
YSM Smoking - Youth smoking	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐
SCA Smoking cessation methods	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☑	☐	☐
SPS Social provisions	☐	☐	☑	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐
SCP Stages of changes - Physical activity	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	☑	☐
STS Stress - Sources	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐
SUI Suicidal thoughts and attempts	☑	☑	☐	☑	☐	☐	☐	☐	☐	☑	☐	☐	☑

Description	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt
SSB Sun safety behaviours	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐
ORG Voluntary organizations - Participation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐
WTM Waiting times	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐