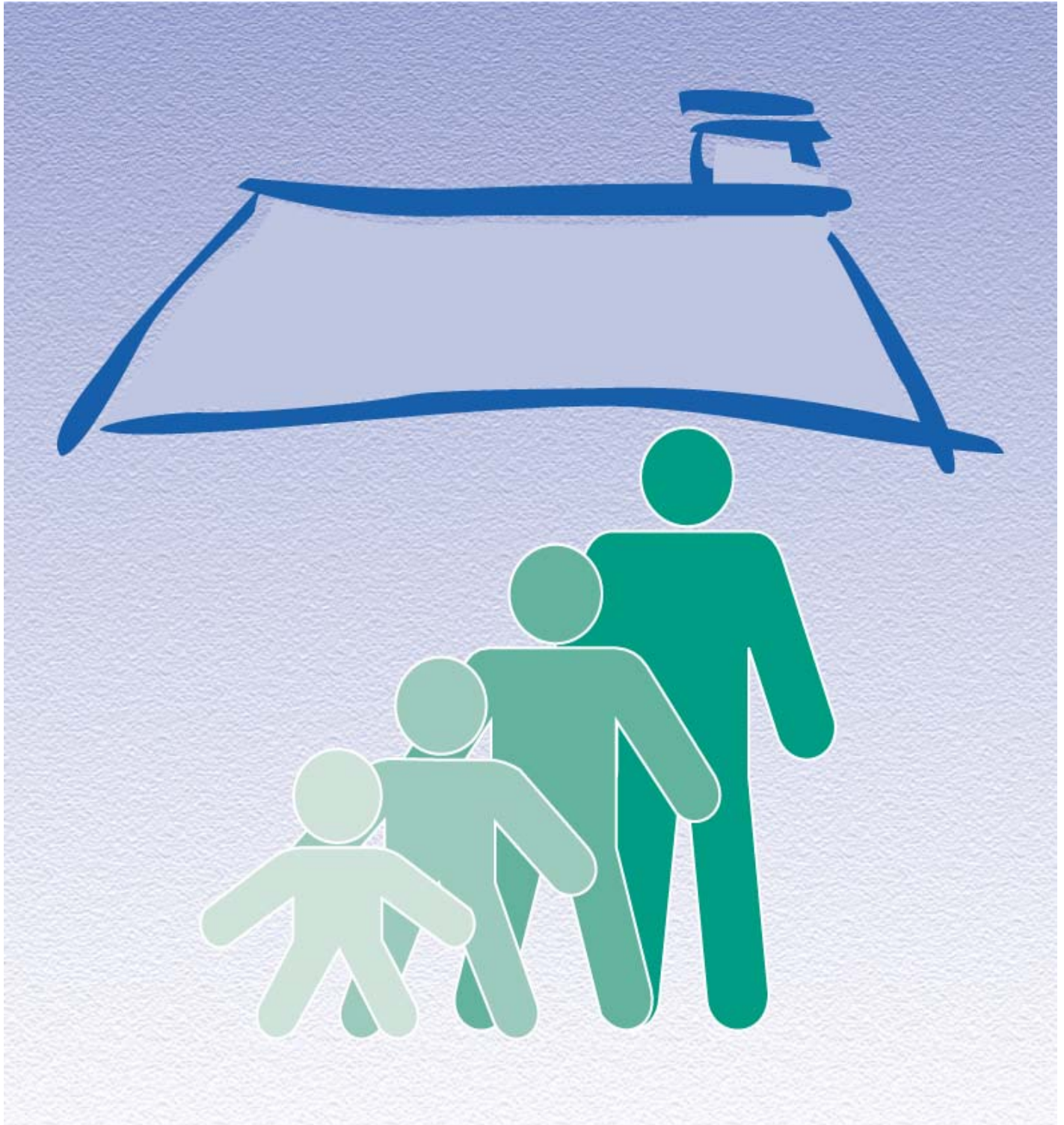


Canadian Community Health Survey (CCHS)

2007 Questionnaire



Statistics
Canada

Statistique
Canada

Canada

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Introduction

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

Contact

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

Contact

CN_N01 INTERVIEWER: Record method of interview.

- 1 Telephone
- 2 Personal

(DK, R are not allowed)

CN_N02 INTERVIEWER: Have you made contact?

- 1 Yes
- 2 No (Go to CN_END)

(DK, R are not allowed)

CN_END

Interviewer introduction

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

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

(DK, R are not allowed)

II_END

Language of preference

LP_Q01 **Would you prefer to continue in English or in French?**

ADM_LHH INTERVIEWER: Previous response was ["English" / "French" / "Other"].

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

(DK, R are not allowed)

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

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

(DK, R are not allowed)

LP_END

Initial contact

IC_R01 **I'm calling regarding the Canadian Community Health Survey. All information collected in this survey will be kept strictly confidential.**

INTERVIEWER: Press <Enter> to continue.

(DK, R are not allowed)

IC_END

Dwelling type

DW_C01 If CN_N01 = 2 then go to DW_N02.

DW_Q01 **What type of dwelling do you live in? Is it a:**
(CATI only) INTERVIEWER: Read categories to respondent.

- 01 ... **single detached?**
- 02 ... **double?**
- 03 ... **row or terrace?**
- 04 ... **duplex?**
- 05 ... **low-rise apartment of fewer than 5 stories or a flat?**
- 06 ... **high-rise apartment of 5 stories or more?**
- 07 ... **institution?**
- 08 ... **hotel; rooming/lodging house; camp?**
- 09 ... **mobile home?**
- 10 ... **other – Specify**

DW_C02 IF DW_Q01 = 10, go to DW_S02. Else go to DW_END.

DW_N02
(CAPI only)

INTERVIEWER: Select the dwelling type.

- 01 Single detached
- 02 Double
- 03 Row or terrace
- 04 Duplex
- 05 Low-rise apartment (fewer than 5 stories) or a flat
- 06 High-rise apartment (5 stories or more)
- 07 Institution
- 08 Hotel; rooming/lodging house; camp
- 09 Mobile home
- 10 Other – Specify

DW_END

Household

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

Roster introduction

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

INTERVIEWER: Press <Enter> to continue.

(DK, R are not allowed)

RS_END

Usual Roster

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

USU_END

"Other" Roster 1

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

1 Yes

2 No (Go to OTH1_END)

DK, R (Go to OTH1_END)

OTH1_Q01 **What are the names of the other people who live or stay here?**

(DK, R and null are not allowed)

OTH1_END

Age Without Date of Birth

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

|_|_| Age in years
(MIN: 0) (MAX: 130)

(DK, R are not allowed)

ANDB_END

Sex

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

- 1 Male
- 2 Female

(DK, R are not allowed)

SEX_END

Marital status

MSNC_Q01 **What is [respondent name]'s marital status? Is [he/she]:**
INTERVIEWER: Read categories to respondent.

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

MSNC_END

Canadian Forces

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

- 1 Yes
- 2 No

(DK, R are not allowed)

CAF_END

Relationship without confirmation

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

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

Age of respondent (ANC)

Core Content

ANC_BEG

ANC_C01A If (do ANC block = 1), go to ANC_R01.
Otherwise, go to ANC_END.

ANC_R01 **For some of the questions I'll be asking, I need to know ^YOUR2 exact date of birth.**
INTERVIEWER: Press <Enter> to continue.

Date Block

ANC_Q01 INTERVIEWER: Enter the day.
If necessary, ask **(What is the day?)**

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

ANC_Q01 INTERVIEWER: Enter the month.
If necessary, ask **(What is the month?)**

1	January	7	July
2	February	8	August
3	March	9	September
4	April	10	October
5	May	11	November
6	June	12	December
DK, R			

ANC_Q01 INTERVIEWER: Enter a four-digit year.
If necessary, ask **(What is the year?)**

|_|_|_|
DK, R

ANC_C02 Calculate age based on the entered date of birth.

ANC_Q02 **So ^YOUR1 age is [calculated age].
Is that correct?**

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

ANC_C03 If [calculated age] < 12 years go to ANC_R04.
Otherwise go to ANC_END.

ANC_Q03 **What is ^YOUR1 age?**

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

ANC_C04 If age < 12 years, go to ANC_R04.
Otherwise, go to ANC_END.

ANC_R04

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

INTERVIEWER: Press <Enter> to continue.

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

ANC_END

General health (GEN)

Core Content

GEN_BEG

GEN_C01 If (do GEN = 1), go to GEN_R01.
Otherwise, go to GEN_END.

GEN_R01 **This survey deals with various aspects of ^YOUR2 health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**

INTERVIEWER: Press <Enter> to continue.

GEN_Q01 **To start, in general, would you say ^YOUR1 health is:**

GEN_01 INTERVIEWER: Read categories to respondent.

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

GEN_Q02 **Compared to one year ago, how would you say ^YOUR1 health is now? Is it:**

GEN_02

INTERVIEWER: Read categories to respondent.

- 1 ... much better now than 1 year ago?
 - 2 ... somewhat better now (than 1 year ago)?
 - 3 ... about the same as 1 year ago?
 - 4 ... somewhat worse now (than 1 year ago)?
 - 5 ... much worse now (than 1 year ago)?
- DK, R

GEN_C02A If proxy interview, go to GEN_C07.
Otherwise, go to GEN_Q02A.

GEN_Q02A **How satisfied are you with your life in general?**

GEN_02A INTERVIEWER: Read categories to respondent.

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

GEN_Q02B **In general, would you say your mental health is:**

GEN_02B INTERVIEWER: Read categories to respondent.

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

GEN_C07 If age < 15, go to GEN_C08A.
Otherwise, go to GEN_Q07.

GEN_Q07 **Thinking about the amount of stress in ^YOUR1 life, would you say that most days are:**
GEN_07 INTERVIEWER: Read categories to respondent.

- 1 ... not at all stressful?
 - 2 ... not very stressful?
 - 3 ... a bit stressful?
 - 4 ... quite a bit stressful?
 - 5 ... extremely stressful?
- DK, R

GEN_C08A If proxy interview, go to GEN_END.
Otherwise, go to GEN_C08B.

GEN_C08B If age < 15 or age > 75, go to GEN_Q10.
Otherwise, go to GEN_Q08.

GEN_Q08 **Have you worked at a job or business at any time in the past 12 months?**
GEN_08

- 1 Yes
 - 2 No (Go to GEN_Q10)
- DK, R (Go to GEN_Q10)

GEN_Q09 **The next question is about your main job or business in the past 12 months.**
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, R

GEN_Q10 **How would you describe your sense of belonging to your local community?**
GEN_10 **Would you say it is:**
INTERVIEWER: Read categories to respondent.

- 1 ... very strong?
 - 2 ... somewhat strong?
 - 3 ... somewhat weak?
 - 4 ... very weak?
- DK, R

GEN_END

Voluntary organizations - Participation (ORG)

Optional Content selected by
health regions in: Nova Scotia

ORG_BEG

ORG_C1A If (do ORG 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 **Are you a member of any voluntary organizations or associations such as school groups,
ORG_1 church social groups, community centres, ethnic associations or social, civic or fraternal
clubs?**

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

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

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

ORG_END

Sleep (SLP)

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

SLP_C1 If (do SLP = 2), go to SLP_END.
Otherwise, go to SLP_C2.

SLP_C2 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.

- 1 Under 2 hours
 - 2 2 hours to less than 3 hours
 - 3 3 hours to less than 4 hours
 - 4 4 hours to less than 5 hours
 - 5 5 hours to less than 6 hours
 - 6 6 hours to less than 7 hours
 - 7 7 hours to less than 8 hours
 - 8 8 hours to less than 9 hours
 - 9 9 hours to less than 10 hours
 - 10 10 hours to less than 11 hours
 - 11 11 hours to less than 12 hours
 - 12 12 hours or more
- DK
R (Go to SLP_END)

SLP_Q02

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, R

SLP_Q03

SLP_03

How often do you find your sleep refreshing?

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

SLP_Q04

SLP_04

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

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

SLP_END

Changes made to improve health (CIH)

Theme Content

CIH_BEG

CIH_C1A If (do CIH block = 1), go to CIH_C1B.
Otherwise, go to CIH_END.

CIH_C1B If proxy interview, go to CIH_END.
Otherwise, go to CIH_Q1.

CIH_Q1 **Next, some questions about changes made to improve health.**
CIH_1 In the past 12 months, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise)

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

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

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

CIH_Q3 **Do you think there is [anything else/anything] you should do to improve your physical health?**
CIH_3

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

Note: If CIH_Q1 = 1, use "anything else" in CIH_Q3. Otherwise, use "anything" in CIH_Q3.

CIH_Q4 **What is the most important thing?**
CIH_4

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

CIH_Q5
CIH_5

Is there anything stopping you from making this improvement?

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

CIH_Q6

What is that?

INTERVIEWER: Mark all that apply.

CIH_6A
CIH_6I
CIH_6B
CIH_6J
CIH_6K
CIH_6G
CIH_6F
CIH_6E
CIH_6L
CIH_6M
CIH_6N
CIH_6H

- 1 Lack of will power / self-discipline
- 2 Family responsibilities
- 3 Work schedule
- 4 Addiction to drugs / alcohol
- 5 Physical condition
- 6 Disability / health problem
- 7 Too stressed
- 8 Too costly / financial constraints
- 9 Not available - in area
- 10 Transportation problems
- 11 Weather problems
- 12 Other
- DK, R

CIH_Q7
CIH_7

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

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

CIH_Q8

What is that?

INTERVIEWER : Mark all that apply.

CIH_8A
CIH_8B
CIH_8C
CIH_8J
CIH_8K
CIH_8G
CIH_8L
CIH_8H
CIH_8I

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

CIH_END

Oral health 1 (OH1)

Theme Content

OH1_BEG

OH1_C20A If (do OH1 block = 1), go to OH1_C20B.
Otherwise, go to OH1_END.

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

OH1_R20 **Next, some questions about the health of your teeth and mouth.**
INTERVIEWER: Press <Enter> to continue.

OH1_Q20 **In general, would you say the health of your teeth and mouth is:**
OH1_20 INTERVIEWER: Read categories to respondent.

- 1 ... **excellent?**
 - 2 ... **very good?**
 - 3 ... **good?**
 - 4 ... **fair?**
 - 5 ... **poor?**
- DK, R (Go to OH1_END)

OH1_Q21A **Now a few questions about your ability to chew different foods, whether you eat them or**
OH1_21A **not. Can you:**
... **chew firm foods (e.g., meat)?**

- 1 Yes
 - 2 No
- DK, R

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

- 1 Yes
 - 2 No
- DK, R

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

Note: OH1_Q21C will be filled with "Yes" during head office processing

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

- 1 Yes
 - 2 No
- DK, R

OH1_Q22 **In the past month, how often have you had any pain or discomfort in your teeth or gums?**
OH1_22 INTERVIEWER: Read categories to respondent.

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

OH1_END

Health care system satisfaction (HCS)

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

HCS_BEG

HCS_C1A If (do HCS block = 1), go to HCS_ C1B.
Otherwise, go to HCS_END.

HCS_C1B If proxy interview or if age < 15, go to HCS_END.
Otherwise, go to HCS_C1C.

HCS_C1C If province = 10, [province] = [Newfoundland and Labrador]
If province = 11, [province] = [Prince Edward Island]
If province = 12, [province] = [Nova Scotia]
If province = 13, [province] = [New Brunswick]
If province = 24, [province] = [Quebec]
If province = 35, [province] = [Ontario]
If province = 46, [province] = [Manitoba]
If province = 47, [province] = [Saskatchewan]
If province = 48, [province] = [Alberta]
If province = 59, [province] = [British Columbia]
If province = 60, [province] = [Yukon]
If province = 61, [province] = [the Northwest Territories]
If province = 62, [province] = [Nunavut]

HCS_Q1 **Now, a few questions about health care services in [province].**
HCS_1 **Overall, how would you rate the availability of health care services in [province]?**
Would you say it is:
INTERVIEWER: Read categories to respondent.

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

HCS_Q2 **Overall, how would you rate the quality of the health care services that are available in**
HCS_2 **[province]?**
INTERVIEWER: Read categories to respondent.

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

HCS_Q3 **Overall, how would you rate the availability of health care services in your community?**
HCS_3

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

HCS_Q4
HCS_4

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

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

HCS_END

Height and weight - Self-reported (HWT)

Core Content

HWT_BEG

HWT_C1 If (do HWT block = 1), go to HWT_C2.
Otherwise, go to HWT_END.

HWT_C2 If (proxy interview = No and sex = female and (14 < age < 50)), go to HWT_Q1.
Otherwise, go to HWT_Q2.

HWT_Q1 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

HWT_1

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

HWT_Q2 **The next questions are about height and weight. How tall ^ARE ^YOU2 without shoes on?**

HWT_2

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

HWT_E2 **The selected height is too short for a [current age] year old respondent. Please return and correct.**

Trigger hard edit if (HWT_Q2 < 3).

HWT_N2A INTERVIEWER: Select the exact height.

HWT_2A

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

HWT_N2B
HWT_2B

INTERVIEWER: Select the exact height.

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

HWT_N2C
HWT_2C

INTERVIEWER: Select the exact height.

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

Go to HWT_Q3

HWT_N2D
HWT_2D

INTERVIEWER: Select the exact height.

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

Go to HWT_Q3

HWT_N2E
HWT_2E

INTERVIEWER: Select the exact height.

- 0 5'0" (151.1 to 153.6 cm.)
- 1 5'1" (153.7 to 156.1 cm.)
- 2 5'2" (156.2 to 158.7 cm.)
- 3 5'3" (158.8 to 161.2 cm.)
- 4 5'4" (161.3 to 163.7 cm.)
- 5 5'5" (163.8 to 166.3 cm.)
- 6 5'6" (166.4 to 168.8 cm.)
- 7 5'7" (168.9 to 171.4 cm.)
- 8 5'8" (171.5 to 173.9 cm.)
- 9 5'9" (174.0 to 176.4 cm.)
- 10 5'10" (176.5 to 179.0 cm.)
- 11 5'11" (179.1 to 181.5 cm.)
- DK, R

Go to HWT_Q3

HWT_N2F
HWT_2F

INTERVIEWER: Select the exact height.

- 0 6'0" (181.6 to 184.1 cm.)
- 1 6'1" (184.2 to 186.6 cm.)
- 2 6'2" (186.7 to 189.1 cm.)
- 3 6'3" (189.2 to 191.7 cm.)
- 4 6'4" (191.8 to 194.2 cm.)
- 5 6'5" (194.3 to 196.8 cm.)
- 6 6'6" (196.9 to 199.3 cm.)
- 7 6'7" (199.4 to 201.8 cm.)
- 8 6'8" (201.9 to 204.4 cm.)
- 9 6'9" (204.5 to 206.9 cm.)
- 10 6'10" (207.0 to 209.5 cm.)
- 11 6'11" (209.6 to 212.0 cm.)
- DK, R

HWT_Q3
HWT_3

How much ^DOVERB ^YOU2 weigh?

INTERVIEWER: Enter amount only.

|_|_| Weight
(MIN: 1) (MAX: 575)
DK, R (Go to HWT_END)

HWT_N4
HWT_N4

INTERVIEWER: Was that in pounds or kilograms?

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

HWT_E4

An unusual value has been entered. Please confirm.

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

HWT_C4

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

HWT_Q4
HWT_4

Do you consider yourself:

INTERVIEWER: Read categories to respondent.

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

HWT_END

Chronic conditions (CCC)

Core Content

CCC_BEG

CCC_C011 If (do CCC block = 1), go to CCC_R011.
Otherwise, go to CCC_END.

CCC_R011 **Now I'd like to ask about certain chronic health conditions which ^YOU2 may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**
INTERVIEWER: Press <Enter> to continue.

CCC_Q031 **^DOVERB_C ^YOU2 have asthma?**
CCC_031

- 1 Yes
- 2 No (Go to CCC_Q051)
- DK (Go to CCC_Q051)
- R (Go to CCC_END)

CCC_Q035 **^HAVE_C ^YOU2 had any asthma symptoms or asthma attacks in the past 12 months?**
CCC_035

- 1 Yes
- 2 No
- DK, R

CCC_Q036 **In the past 12 months, ^HAVE ^YOU1 taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**
CCC_036

- 1 Yes
- 2 No
- DK, R

CCC_Q051 **^DOVERB_C ^YOU1 have arthritis, excluding fibromyalgia?**
CCC_051

- 1 Yes
- 2 No
- DK, R

CCC_Q061 **^DOVERB_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?**
CCC_061

- 1 Yes
- 2 No
- DK, R

CCC_Q071 **^DOVERB_C ^YOU2 have high blood pressure?**
CCC_071

- 1 Yes (Go to CCC_Q073)
- 2 No
- DK
- R (Go to CCC_Q081)

CCC_Q072 **^HAVE_C ^YOU1 ever been diagnosed with high blood pressure?**
CCC_072

- 1 Yes
- 2 No (Go to CCC_Q081)
- DK, R (Go to CCC_Q081)

CCC_Q073 **In the past month, ^HAVE ^YOU1 taken any medicine for high blood pressure?**
CCC_073

1 Yes
2 No
 DK, R

CCC_Q081 **Remember, we're interested in conditions diagnosed by a health professional.**
CCC_081 **^DOVERB_C ^YOU2 have migraine headaches?**

1 Yes
2 No
 DK, R

CCC_Q091A **(^DOVERB_C ^YOU2 have:)**
CCC_91A **... chronic bronchitis?**

1 Yes
2 No
 DK, R

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

CCC_C091E If age < 30, go to CCC_Q101.
 Otherwise, go to CCC_Q091E.

CCC_Q091E **(^DOVERB_C ^YOU2 have:)**
CCC_91E **... emphysema?**

1 Yes
2 No
 DK, R

CCC_Q091F **(^DOVERB_C ^YOU2 have:)**
CCC_91F **... chronic obstructive pulmonary disease (COPD)?**

1 Yes
2 No
 DK, R

CCC_Q101 **(Remember, we're interested in conditions diagnosed by a health professional.)**
CCC_101 **^DOVERB_C ^YOU2 have diabetes?**

1 Yes
2 No Go to CCC_Q121
 DK, R Go to CCC_Q121

CCC_Q102 **How old ^WERE ^YOU1 when this was first diagnosed?**
CCC_102 **INTERVIEWER: Maximum is [current age].**

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

CCC_C10A If age < 15 or sex = male or CCC_Q102 < 15 or CCC_Q102 > 49, go to CCC_Q10C.
 Otherwise, go to CCC_Q10A.

- CCC_Q10A
CCC_10A
- ^WERE ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?**
- 1 Yes
 - 2 No (Go to CCC_Q10C)
DK, R (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, R (Go to CCC_Q121)
- CCC_Q10C
CCC_10C
- When ^YOU1 ^WERE first diagnosed with diabetes, how long was it before ^YOU1 ^WERE started on insulin?**
- 1 Less than 1 month
 - 2 1 month to less than 2 months
 - 3 2 months to less than 6 months
 - 4 6 months to less than 1 year
 - 5 1 year or more
 - 6 Never (Go to CCC_Q106)
DK, R
- CCC_Q105
CCC_105
- ^DOVERB_C ^YOU2 currently take insulin for ^YOUR1 diabetes?**
- 1 Yes
 - 2 No
DK, R
- (If CCC_Q10C = 6, CCC_Q105 will be filled with "No" during processing)
- CCC_Q106
CCC_106
- In the past month, did ^YOU2 take pills to control ^YOUR1 blood sugar?**
- 1 Yes
 - 2 No
DK, R
- CCC_Q121
CCC_121
- ^DOVERB_C ^YOU2 have heart disease?**
- 1 Yes
 - 2 No
DK, R
- CCC_Q131
CCC_131
- (^DOVERB_C ^YOU2 have:)**
- ... cancer?**
- 1 Yes (Go to CCC_Q141)
 - 2 No
DK
R (Go to CCC_Q141)
- CCC_Q132
CCC_31A
- ^HAVE ^YOU1 ever been diagnosed with cancer?**
- 1 Yes
 - 2 No
DK, R

CCC_Q141 Remember, we're interested in conditions diagnosed by a health professional.
CCC_141 ^DOVERB ^YOU2 have intestinal or stomach ulcers?

- 1 Yes
- 2 No
DK, R

CCC_Q151 ^DOVERB ^YOU2 suffer from the effects of a stroke?
CCC_151

- 1 Yes
- 2 No
DK, R

CCC_Q161 (^DOVERB ^YOU2 suffer:)
CCC_161 ... from urinary incontinence?

- 1 Yes
- 2 No
DK, R

CCC_Q171 ^DOVERB_C ^YOU2 suffer from a bowel disorder such as Crohn's Disease, ulcerative
CCC_171 colitis, Irritable Bowel Syndrome or bowel incontinence?

- 1 Yes
- 2 No (Go to CCC_C181)
DK, R (Go to CCC_C181)

CCC_Q171A What kind of bowel disease ^DOVERB ^YOU1 have?
CCC_17A

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

CCC_C181 If age < 18, go to CCC_Q280.
Otherwise, go to CCC_Q181.

CCC_Q181 ^DOVERB_C ^YOU2 have:
CCC_181 ... Alzheimer's Disease or any other dementia?

- 1 Yes
- 2 No
DK, R

CCC_Q280 Remember, we're interested in conditions diagnosed by a health professional.
CCC_280

^DOVERB_C ^YOU2 have a mood disorder such as depression, bipolar disorder, mania or
dysthymia?
INTERVIEWER: Include manic depression.

- 1 Yes
- 2 No
DK, R

CCC_Q290
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, R

CCC_END

Diabetes care (DIA)

DIA_BEG

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

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

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

DIA_R01 **It was reported earlier that ^YOU2 ^HAVE diabetes. The following questions are about diabetes care.**
INTERVIEWER: Press <Enter> to continue.

DIA_Q01 **In the past 12 months, has a health care professional tested ^YOU2 for haemoglobin “A-one-C”?**
DIA_01 **(An “A-one-C” haemoglobin test measures the average level of blood sugar over a 3-month period.)**

- | | | |
|---|-----|-----------------|
| 1 | Yes | |
| 2 | No | (Go to DIA_Q03) |
| | DK | (Go to DIA_Q03) |
| | R | (Go to DIA_END) |

DIA_Q02 **How many times? (In the past 12 months, has a health care professional tested ^YOU2 for haemoglobin “A-one-C”?)**
DIA_02

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

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

- | | | |
|---|---------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to DIA_Q05) |
| 3 | No feet | (Go to DIA_Q05) |
| | DK, R | (Go to DIA_Q05) |

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

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

DIA_Q05 **In the past 12 months, has a health care professional tested ^YOUR1 urine for protein (i.e., Microalbumin)?**
DIA_05

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

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

DIA_Q06
DIA_06

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

- 1 Yes
- 2 No (Go to DIA_R08)
- DK, R (Go to DIA_R08)

DIA_Q07
DIA_07

When was the last time?

INTERVIEWER: Read categories to respondent.

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

DIA_R08

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

INTERVIEWER: Press <Enter> to continue.

DIA_Q08
DIA_08

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

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

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

DIA_N08B
DIA_N8B

INTERVIEWER: Enter number of times per day.

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

Go to DIA_C09

DIA_N08C
DIA_N8C

INTERVIEWER: Enter number of times per week.

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

Go to DIA_C09

DIA_N08D
DIA_N8D

INTERVIEWER: Enter number of times per month.

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

Go to DIA_C09

DIA_N08E
DIA_N8E

INTERVIEWER: Enter number of times per year.

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

DIA_C09

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

DIA_Q09
DIA_09

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

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

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

DIA_N09B
DIA_N9B

INTERVIEWER: Enter number of times per day.

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

Go to DIA_C10

DIA_N09C
DIA_N9C

INTERVIEWER: Enter number of times per week.

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

Go to DIA_C10

DIA_N09D
DIA_N9D

INTERVIEWER: Enter number of times per month.

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

Go to DIA_C10

DIA_N09E
DIA_N9E

INTERVIEWER: Enter number of times per year.

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

DIA_C10

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

DIA_R10

Now a few questions about medication.

INTERVIEWER: Press <Enter> to continue

DIA_Q10
DIA_10

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

- 1 Yes
- 2 No
DK, R

DIA_Q11
DIA_11

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

- 1 Yes
- 2 No
DK, R

DIA_END

Health utility index (HUI)

Optional Content
selected by health
regions in: Quebec

HUI_BEG

HUI_N01 The Health Utility Index (HUI) is formed of 8 attributes. In CCHS, these attributes are found in two different modules. The module *Pain and discomfort* (HUP) is comprised of 3 questions related to the pain and discomfort attribute and is part of the core content which is asked to all survey respondents. The 7 other attributes are found in the module *Health Utility Index (HUI)* which is offered as optional content to health regions.

HUI_C1 If (do HUI block =2), go to HUI_END.
Otherwise, go to HUI_R1.

HUI_R1 **The next set of questions asks about [your/FNAME FNAME's] day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities.**

You may feel that some of these questions do not apply to [you/FNAME], but it is important that we ask the same questions of everyone.

INTERVIEWER: Press <Enter> to continue.

Vision

HUI_Q01 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newspaper without**
HUI_01 **glasses or contact lenses?**

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

HUI_Q02 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newspaper with**
HUI_02 **glasses or contact lenses?**

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

HUI_Q03 **[Are/Is] [you/he/she] able to see at all?**
HUI_03

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

HUI_Q04 **[Are/Is] [you/he/she] able to see well enough to recognize a friend on the other side of the**
HUI_04 **street without glasses or contact lenses?**

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

HUI_Q05 **[Are/Is] [you/he/she] usually able to see well enough to recognize a friend on the other side**
HUI_05 **of the street with glasses or contact lenses?**

- 1 Yes
- 2 No
 DK, R

Hearing

HUI_Q06
HUI_06

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

- 1 Yes (Go to HUI_Q10)
- 2 No
DK, R (Go to HUI_Q10)

HUI_Q07
HUI_07

[Are/Is] [you/he/she] usually able to hear what is said in a group conversation with at least 3 other people with a hearing aid?

- 1 Yes (Go to HUI_Q08)
- 2 No
DK, R

HUI_Q07A
HUI_07A

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

- 1 Yes
- 2 No (Go to HUI_Q10)
DK, R (Go to HUI_Q10)

HUI_Q08
HUI_08

[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room without a hearing aid ?

- 1 Yes (Go to HUI_Q10)
- 2 No
DK
R (Go to HUI_Q10)

HUI_Q09
HUI_09

[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?

- 1 Yes
- 2 No
DK, R

Speech

HUI_Q10
HUI_10

[Are/Is] [you/FNAME] usually able to be understood completely when speaking with strangers in [your/his/her] own language?

- 1 Yes (Go to HUI_Q14)
- 2 No
DK
R (Go to HUI_Q14)

HUI_Q11
HUI_11

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

- 1 Yes
- 2 No
DK, R

HUI_Q12
HUI_12 **[Are/Is] [you/he/she] able to be understood completely when speaking with those who know [you/him/her] well?**

- 1 Yes (Go to HUI_Q14)
- 2 No
 DK
 R (Go to HUI_Q14)

HUI_Q13
HUI_13 **[Are/Is] [you/he/she] able to be understood partially when speaking with those who know [you/him/her] well?**

- 1 Yes
- 2 No
 DK, R

Getting Around

HUI_Q14
HUI_14 **[Are/Is] [you/FNAME] usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

- 1 Yes (Go to HUI_Q21)
- 2 No
 DK, R (Go to HUI_Q21)

HUI_Q15
HUI_15 **[Are/Is] [you/he/she] able to walk at all?**

- 1 Yes
- 2 No (Go to HUI_Q18)
 DK, R (Go to HUI_Q18)

HUI_Q16
HUI_16 **[Do/Does] [you/he/she] require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?**

- 1 Yes
- 2 No
 DK, R

HUI_Q17
HUI_17 **[Do/Does] [you/he/she] require the help of another person to be able to walk?**

- 1 Yes
- 2 No
 DK, R

HUI_Q18
HUI_18 **[Do/Does] [you/he/she] require a wheelchair to get around?**

- 1 Yes
- 2 No (Go to HUI_Q21)
 DK, R (Go to HUI_Q21)

HUI_Q19
HUI_19 **How often [do/does] [you/he/she] use a wheelchair?**
INTERVIEWER: Read categories to respondent.

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

HUI_Q20
HUI_20 **[Do/Does] [you/he/she] need the help of another person to get around in the wheelchair?**

- 1 Yes
- 2 No
 DK, R

Hands and Fingers

HUI_Q21
HUI_21 **[Are/Is] [you/FNAME] usually able to grasp and handle small objects such as a pencil or scissors?**

- 1 Yes (Go to HUI_Q25)
- 2 No (Go to HUI_Q25)
 DK, R

HUI_Q22
HUI_22 **[Do/Does] [you/he/she] require the help of another person because of limitations in the use of hands or fingers?**

- 1 Yes
- 2 No (Go to HUI_Q24)
 DK, R (Go to HUI_Q24)

HUI_Q23
HUI_23 **[Do/Does] [you/he/she] 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, R

HUI_Q24
HUI_24 **[Do/Does] [you/he/she] require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?**

- 1 Yes
- 2 No
 DK, R

Feelings

HUI_Q25
HUI_25 **Would you describe [yourself/FNAME] 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, R

Memory

HUI_Q26

HUI_26

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

INTERVIEWER: Read categories to respondent.

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

Thinking

HUI_Q27

HUI_27

How would you describe [your/his/her] usual ability to think and solve day-to-day problems?

INTERVIEWER: Read categories to respondent.

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

HUI_END

Pain and discomfort (HUP)

Core Content

HUP_BEG

HUP_C1 If (do HUP block =1), go to HUP_C2.
Otherwise, go to HUP_END.

HUP_C2 If (do HUI block =1), go to HUP_Q28.
Otherwise, go to HUP_R1.

HUP_R1 **The next set of questions asks about ^YOUR2 day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities.**

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

INTERVIEWER: Press <Enter> to continue.

HUP_Q28 **^ARE_C ^YOU2 usually free of pain or discomfort?**

HUP_28

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

HUP_Q29 **How would you describe the usual intensity of ^YOUR1 pain or discomfort?**

HUP_29

INTERVIEWER: Read categories to respondent.

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

HUP_Q30 **How many activities does ^YOUR1 pain or discomfort prevent?**

HUP_30

INTERVIEWER: Read categories to respondent.

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

HUP_END

Health care utilization (HCU)

HCU_BEG

HCU_C01 If (do HCU block = 1), go to HCU_R01.
Otherwise, go to HCU_END.

HCU_R01 **Now I'd like to ask about ^YOU2 contacts with various health professionals during the past 12 months, that is, from [date one year ago] to yesterday.**
INTERVIEWER: Press <Enter> to continue.

HCU_Q01AA **^DOVERB_C ^YOU2 have a regular medical doctor?**

HCU_1AA

- 1 Yes (Go to HCU_Q01AC)
- 2 No
DK, R (Go to HCU_Q01BA)

HCU_Q01AB **Why ^DOVERB ^YOU2 not have a regular medical doctor?**
INTERVIEWER: Mark all that apply.

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

HCU_C01ABS If HCU_Q01AB <> 5, go to HCU_Q01A1.
Otherwise, go to HCU_Q01ABS.

HCU_Q01ABS INTERVIEWER: Specify.

(80 spaces)
DK,R

HCU_Q01A1 **Is there a place that ^YOU2 usually [go/goes] to when ^YOU1 [are/is] sick or [need/needs] advice about ^YOU1 health?**

HCU_1A1

- 1 Yes
- 2 No (Go to HCU_Q01BA)
DK, R (Go to HCU_Q01BA)

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

HCU_Q01A2 **What kind of place is it?**

HCU_1A2

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

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

HCU_C01A2S If HCU_Q01A2 <> 8, go to HCU_Q01BA.
Otherwise, go to HCU_Q01A2S.

HCU_Q01A2S INTERVIEWER: Specify.

(80 spaces)

DK,R

Go to HCU_Q01BA

HCU_Q01AC **^DOVERB_C ^YOU2 and this doctor usually speak in English, in French, or in another language?**
HCU_1AC

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

HCU_C01ACS If HCU_Q01AC <> 23, go to HCU_Q01BA.
Otherwise, go to HCU_Q01ACS.

HCU_Q01ACS INTERVIEWER: Specify.

(80 spaces)

DK,R

HCU_Q01BA **In the past 12 months, ^HAVE ^YOU2 been a patient overnight in a hospital, nursing home or convalescent home?**
HCU_01

- | | | |
|---|-----|------------------|
| 1 | Yes | |
| 2 | No | (Go to HCU_Q02A) |
| | DK | (Go to HCU_Q02A) |
| | R | (Go to HCU_END) |

HCU_Q01BB **For how many nights in the past 12 months?**
HCU_01A

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

HCU_Q02A **[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to any of the following health professionals about ^YOUR1 physical, emotional or mental health:**
HCU_02AA

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

(include pediatrician if age < 18)

INTERVIEWER: Include both face to face and telephone contacts.

- | | | |
|---|-------|------------------|
| 1 | Yes | |
| 2 | No | (Go to HCU_Q02B) |
| | DK, R | (Go to HCU_Q02B) |

Note: If HCU_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02A1 **How many times (in the past 12 months)?**
HCU_02A

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

Note: In processing, if a respondent answered HCU_Q02A = 2, the variable HCU_Q02A1 is given the value of "0".

HCU_Q02A2 **Where did the most recent contact take place?**
HCU_03A

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

- 1 Doctor's office
 - 2 Hospital emergency room
 - 3 Hospital outpatient clinic (e.g. day surgery, cancer)
 - 4 Walk-in clinic
 - 5 Appointment clinic
 - 6 Community health centre / CLSC
 - 7 At work
 - 8 At school
 - 9 At home
 - 10 Telephone consultation only
 - 11 Other - Specify
- DK, R

HCU_C02A2S If HCU_Q02A2 = 11, go to HCU_Q02A2S.
Otherwise, go to HCU_Q02B.

HCU_Q02A2S INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_Q02B **[(Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:)**
HCU_02BB

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

INTERVIEWER: Include both face to face and telephone contacts.

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

Note: If HCU_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02B1 **How many times (in the past 12 months)?**
HCU_02B

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

Note: In processing, if a respondent answered HCU_Q02B = 2, the variable HCU_Q02B1 is given the value of "0".

HCU_Q02C
HCU_02CC ([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:)

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

INTERVIEWER: Include both face to face and telephone contacts.

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

Note: If respondent is male, use urologist. Otherwise, use gynaecologist.
If HCU_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02C1
HCU_02C **How many times (in the past 12 months)?**

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

Note: In processing, if a respondent answered HCU_Q02C = 2, the variable HCU_Q02C1 is given the value of "0".

HCU_Q02C2
HCU_03C **Where did the most recent contact take place?**

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

- 1 Doctor's office
- 2 Hospital emergency room
- 3 Hospital outpatient clinic (e.g. day surgery, cancer)
- 4 Walk-in clinic
- 5 Appointment clinic
- 6 Community health centre / CLSC
- 7 At work
- 8 At school
- 9 At home
- 10 Telephone consultation only
- 11 Other - Specify
- DK, R

HCU_C02C2S If HCU_Q02C2 = 11, go to HCU_Q02C2S.
Otherwise, go to HCU_Q02D.

HCU_Q02C2S INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_Q02D
HCU_02DD **[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:**

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

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to HCU_Q02E)
- DK, R (Go to HCU_Q02E)

Note: If HCU_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02D1 **How many times (in the past 12 months)?**
HCU_02D

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

Note: In processing, if a respondent answered HCU_Q02D = 2, the variable HCU_Q02D1 is given the value of "0".

HCU_Q02D2 **Where did the most recent contact take place?**
HCU_03D INTERVIEWER: If respondent says "hospital", probe for details.

- 1 Doctor's office
- 2 Hospital emergency room
- 3 Hospital outpatient clinic (e.g. day surgery, cancer)
- 4 Walk-in clinic
- 5 Appointment clinic
- 6 Community health centre / CLSC
- 7 At work
- 8 At school
- 9 At home
- 10 Telephone consultation only
- 11 Other - Specify
DK, R

HCU_C02D2S If HCU_Q02D2 = 11, go to HCU_Q02D2S.
Otherwise, go to HCU_Q02E.

HCU_Q02D2S INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_Q02E **[(Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the**
HCU_02EE **past 12 months], ^HAVE ^YOU2 seen, or talked to:)**

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

INTERVIEWER: Include both face to face and telephone contacts.

- 1 Yes
- 2 No (Go to HCU_Q02F)
DK, R (Go to HCU_Q02F)

Note: If HCU_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02E1 **How many times (in the past 12 months)?**
HCU_02E

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

Note: In processing, if a respondent answered HCU_Q02E = 2, the variable HCU_Q02E1 is given the value of "0".

HCU_Q02F
HCU_02FF **[(Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:)**

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

INTERVIEWER: Include both face to face and telephone contacts.

- | | | |
|---|-------|------------------|
| 1 | Yes | |
| 2 | No | (Go to HCU_Q02G) |
| | DK, R | (Go to HCU_Q02G) |

Note: If HCU_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02F1
HCU_02F **How many times (in the past 12 months)?**

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

Note: In processing, if a respondent answered HCU_Q02F = 2, the variable HCU_Q02F1 is given the value of "0".

HCU_Q02G
HCU_02GG **[(Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:**

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

INTERVIEWER: Include both face to face and telephone contacts.

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

Note: If HCU_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02G1
HCU_02G **How many times (in the past 12 months)?**

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

Note: In processing, if a respondent answered HCU_Q02G = 2, the variable HCU_Q02G1 is given the value of "0".

HCU_Q02GA
HCU_02II **[(Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], ^HAVE ^YOU2 seen, or talked to:)**

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

INTERVIEWER: Include both face to face and telephone contacts.

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

Note: If HCU_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02GA1 **How many times (in the past 12 months)?**
HCU_02I

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

Note: In processing, if a respondent answered HCU_Q02GA = 2,
the variable HCU_Q02GA1 is given the value of "0".

HCU_Q02GB **[(Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the**
HCU_02HH **past 12 months], ^HAVE ^YOU2 seen, or talked to:)**

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

INTERVIEWER: Include both face to face and telephone contacts.

1 Yes
2 No (Go to HCU_Q02J)
DK, R (Go to HCU_Q02J)

Note: If HCU_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12
months". Otherwise, use "In the past 12 months".

HCU_Q02GB1 **How many times (in the past 12 months)?**
HCU_02H

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

Note: In processing, if a respondent answered HCU_Q02GB = 2,
the variable HCU_Q02GB1 is given the value of "0".

HCU_Q02J **[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past**
HCU_02JJ **12 months], ^HAVE ^YOU2 seen, or talked to:**

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

INTERVIEWER: Include both face to face and telephone contacts.

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

Note: If HCU_Q01BA = 1, use "Not counting when ^YOU2 ^WERE an overnight patient, in the past 12
months". Otherwise, use "In the past 12 months".

HCU_Q02J1 **How many times (in the past 12 months)?**
HCU_02J

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

Note: In processing, if a respondent answered HCU_Q02J = 2,
the variable HCU_Q02J1 is given the value of "0".

HCU_END

Home care services (HMC)

Optional Content selected by
health regions in: Ontario

HMC_BEG

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

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

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

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

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

HMC_Q10 **What type of services ^HAVE ^YOU1 received?**
INTERVIEWER: Read categories to respondent. Mark all that apply.
Cost must be entirely or partially covered by government.

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

HMC_C10S If HMC_Q10 = 9, go to HMC_Q10S.
Otherwise, go to HMC_Q11.

HMC_Q10S INTERVIEWER: Specify.

(80 spaces)
DK, R

HMC_Q11
HMC_11

^HAVE ^YOU2 received any [other] home care services in the past 12 months, with the cost not covered by government (for example: care provided by a private agency or by a spouse or friends)?

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

- 1 Yes
- 2 No (Go to HMC_Q14)
- DK, R (Go to HMC_Q14)

Note: If HMC_Q09 = 1, use "any other home care services" in HMC_Q11.
Otherwise, use "any home care services" in HMC_Q11.

HMC_Q12 **Who provided these [other] home care services?**

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

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

HMC_C12S If HMC_Q12 = 7, go to HMC_Q12S.
Otherwise, go to HMC_C13.

HMC_Q12S INTERVIEWER: Specify.

(80 spaces)
DK, R

Note: If HMC_Q09 = 1, use "any other home care services" in HMC_Q12.
Otherwise, use "any home care services" in HMC_Q12.

HMC_C13 For each person identified in HMC_Q12, ask HMC_Q13n up to 7 times, n = where A, B, C, D, E, F, G.

HMC_Q13n **What type of services ^HAVE ^YOU1 received from [person identified in HMC_Q12]?**

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

- HMC_3nA 1 **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**
- HMC_3nB 2 **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**
- HMC_3nI 3 **Medical equipment or supplies**
- HMC_3nC 4 **Personal care (e.g., bathing, foot care)**
- HMC_3nD 5 **Housework (e.g., cleaning, laundry)**
- HMC_3nE 6 **Meal preparation or delivery**
- HMC_3nF 7 **Shopping**
- HMC_3nG 8 **Respite care (i.e., caregiver relief)**
- HMC_3nH 9 Other - Specify
- DK, R

HMC_C13nS If HMC_Q13n = 9, go to HMC_Q13nS.
Otherwise, go to HMC_Q14.

HMC_Q13nS INTERVIEWER: Specify.

(80 spaces)
DK, R

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

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

HMC_Q15 **Thinking of the most recent time, why didn't ^YOU1 get these services?**
INTERVIEWER: Mark all that apply.

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

HMC_C15S If HMC_Q15 = 15, go to HMC_Q15S.
Otherwise, go to HMC_Q16.

HMC_Q15S INTERVIEWER: Specify.

(80 spaces)
DK, R

HMC_Q16 **Again, thinking of the most recent time, what type of home care was needed?**
INTERVIEWER: Mark all that apply.

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

HMC_C16S If HMC_Q16 = 9, go to HMC_Q16S.
Otherwise, go to HMC_Q17.

HMC_Q16S INTERVIEWER: Specify.

(80 spaces)
DK, R

HMC_Q17 **Where did ^YOU2 try to get this home care service?**
INTERVIEWER: Mark all that apply.

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

HMC_END

Patient satisfaction – Health care services (PAS)

Theme Content,
except Nunavut

PAS_BEG

PAS_C11A If (do PAS block = 1), go to PAS_C11B.
Otherwise, go to PAS_END.

PAS_C11B If proxy interview or if age < 15, go to PAS_END.
Otherwise, go to PAS_R1.

PAS_R1 **Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.**
INTERVIEWER: Press <Enter> to continue.

PAS_C11D If HCU_Q01BA = 1 or at least one of HCU_Q02A to HCU_Q02J = 1, go to PAS_Q12. Otherwise, go to PAS_Q11.

Note: In processing, if a respondent answered HCU_Q01BA = 1 or at least one of HCU_Q02A to HCU_Q02J = 1, set PAS_Q11 = 1.

PAS_Q11 **In the past 12 months, have you received any health care services?**

PAS_11

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

PAS_Q12 **Overall, how would you rate the quality of the health care you received?**

PAS_12

Would you say it was:

INTERVIEWER: Read categories to respondent.

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

PAS_Q13 **Overall, how satisfied were you with the way health care services were provided?**

PAS_13

Were you:

INTERVIEWER: Read categories to respondent.

- 1 ... **very satisfied?**
- 2 ... **somewhat satisfied?**
- 3 ... **neither satisfied nor dissatisfied?**
- 4 ... **somewhat dissatisfied?**
- 5 ... **very dissatisfied?**
- DK, R

PAS_Q21A **In the past 12 months, have you received any health care services at a hospital, for any diagnostic or day surgery service, overnight stay, or as an emergency room patient?**

PAS_21A

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

PAS_Q21B
PAS_21B

Thinking of your most recent hospital visit, were you:

INTERVIEWER: Read categories to respondent.

- 1 ... **admitted overnight or longer (an inpatient)?**
 - 2 ... **a patient at a diagnostic or day surgery clinic (an outpatient)?**
 - 3 ... **an emergency room patient?**
- DK, R (Go to PAS_Q31A)

PAS_Q22
PAS_22

(Thinking of this most recent hospital visit:)

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

INTERVIEWER: Read categories to respondent.

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

PAS_Q23
PAS_23

(Thinking of this most recent hospital visit:)

... how satisfied were you with the way hospital services were provided?

Were you:

INTERVIEWER: Read categories to respondent.

- 1 ... **very satisfied?**
 - 2 ... **somewhat satisfied?**
 - 3 ... **neither satisfied nor dissatisfied?**
 - 4 ... **somewhat dissatisfied?**
 - 5 ... **very dissatisfied?**
- DK, R

PAS_Q31A
PAS_31A

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

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

PAS_Q31B
PAS_31B

Thinking of the most recent time, was care provided by:

INTERVIEWER: Read categories to respondent.

- 1 ... **a family doctor (general practitioner)?**
 - 2 ... **a medical specialist?**
- DK, R (Go to PAS_END)

PAS_Q32
PAS_32

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

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

INTERVIEWER: Read categories to respondent.

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

PAS_Q33
PAS_33

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

... how satisfied were you with the way physician care was provided?

Were you:

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
 - 2 ... somewhat satisfied?
 - 3 ... neither satisfied nor dissatisfied?
 - 4 ... somewhat dissatisfied?
 - 5 ... very dissatisfied?
- DK, R

PAS_END

Patient satisfaction – Community-based care (PSC)

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

PSC_BEG

PSC_C11A If (do PSC block = 1), go to PSC_C11B.
Otherwise, go to PSC_END.

PSC_C11B If proxy interview or if age < 15, go to PSC_END.
Otherwise, go to PSC_C11C.

PSC_C11C If PAS_Q11 = 1 or HCU_Q01BA = 1 or at least one of HCU_Q02A to HCU_Q02J = 1, go to
PSC_R1.
Otherwise, go to PSC_END.

PSC_R1 **The next questions are about community-based health care which includes any health
care received outside of a hospital or doctor's office.**

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

INTERVIEWER: Press <Enter> to continue.

PSC_Q41 **In the past 12 months, have you received any community-based care?**

PSC_41

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

PSC_Q42 **Overall, how would you rate the quality of the community-based care you received?**

PSC_42

Would you say it was:

INTERVIEWER: Read categories to respondent.

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

PSC_Q43 **Overall, how satisfied were you with the way community-based care was provided?**

PSC_43

Were you:

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
- 2 ... somewhat satisfied?
- 3 ... neither satisfied nor dissatisfied?
- 4 ... somewhat dissatisfied?
- 5 ... very dissatisfied?
- DK, R

PSC_END

Restriction of activities (RAC)

Core Content

RAC_BEG

RAC_C1 If (do RAC block = 1), go to RAC_R1.
Otherwise, go to RAC_END.

RAC_R1 **The next few questions deal with any current limitations in ^YOUR2 daily activities caused by a long-term health condition or problem. In these questions, a “long-term condition” refers to a condition that is expected to last or has already lasted 6 months or more.**
INTERVIEWER: Press <Enter> to continue.

RAC_Q1 **^DOVERB ^YOU1 have any difficulty hearing, seeing, communicating, walking, climbing**
RAC_1 stairs, bending, learning or doing any similar activities?
INTERVIEWER: Read categories to respondent.

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

RAC_Q2A **Does a long-term physical condition or mental condition or health problem, reduce the**
RAC_2A amount or the kind of activity ^YOU1 can do:

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

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

RAC_Q2B_1 **(Does a long-term physical condition or mental condition or health problem, reduce the**
RAC_2B1 amount or the kind of activity ^YOU1 can do:)

... at school?

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

RAC_Q2B_2 **(Does a long-term physical condition or mental condition or health problem, reduce the**
RAC_2B2 amount or the kind of activity ^YOU1 can do:)

... at work?

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

RAC_Q2C
RAC_2C

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

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

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

RAC_C5 If respondent has difficulty or is limited in activities (RAC_Q1 = 1 or 2) or (RAC_Q2A-C = 1 or 2), go to RAC_C5A.
Otherwise, go to RAC_Q6A.

RAC_C5A If (RAC_Q2A to RAC_Q2C = 3 or 4) and RAC_Q1 < 3 go to RAC_R5.
Otherwise, go to RAC_Q5.

RAC_R5 **You reported that ^YOU2 ^HAVE difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities.**

RAC_Q5 **Which one of the following is the best description of the cause of this condition?**
RAC_5 INTERVIEWER: Read categories to respondent.

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

RAC_C5S If RAC_Q5 = 11, go to RAC_Q5S.
Otherwise, go to RAC_Q6A.

RAC_Q5S INTERVIEWER: Specify.

(80 spaces)
DK, R

RAC_Q6A
RAC_6A

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

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

... with preparing meals?

- 1 Yes
- 2 No
- DK, R

RAC_Q6B_1 (Because of any physical condition or mental condition or health problem, ^DOVERB
RAC_6B1 ^YOU1 need the help of another person:)

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

- 1 Yes
- 2 No
DK, R

RAC_Q6C (Because of any physical condition or mental condition or health problem, ^DOVERB
RAC_6C ^YOU1 need the help of another person:)

... with doing everyday housework?

- 1 Yes
- 2 No
DK, R

RAC_Q6E (Because of any physical condition or mental condition or health problem, ^DOVERB
RAC_6E ^YOU1 need the help of another person:)

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

- 1 Yes
- 2 No
DK, R

RAC_Q6F (Because of any physical condition or mental condition or health problem, ^DOVERB
RAC_6F ^YOU1 need the help of another person:)

... with moving about inside the house?

- 1 Yes
- 2 No
DK, R

RAC_Q6G (Because of any physical condition or mental condition or health problem, ^DOVERB
RAC_6G ^YOU1 need the help of another person:)

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

- 1 Yes
- 2 No
DK, R

RAC_END

Flu shots (FLU)

Core Content

FLU_BEG

FLU_C1 If (do FLU block = 1), then go to FLU_C160.
Otherwise, go to FLU_END.

FLU_C160 If proxy interview, go to FLU_END.
Otherwise, go to FLU_Q160.

FLU_Q160 **Now a few questions about your use of various health care services.**

FLU_160

Have you ever had a flu shot?

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

FLU_Q162

When did you have your last flu shot?

FLU_162 INTERVIEWER: Read categories to respondent.

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

FLU_C164 If FLU_Q162 = 2 OR 3, go to FLU_Q166.
Otherwise, go to FLU_Q164.

FLU_Q164

In which month did you have your last flu shot?

FLU_164

- | | | | |
|---|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |
| | DK, R | | |

FLU_C165 If FLU_Q164 = [current month], go to FLU_Q165.
Otherwise, go to FLU_END.

FLU_Q165

Was that this year or last year?

FLU_165

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

Go to FLU_END.

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

INTERVIEWER: Mark all that apply.

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

FLU_C166S If FLU_Q166 = 15, go to FLU_Q166S.
Otherwise, go to FLU_END.

FLU_Q166S INTERVIEWER: Specify.

(80 spaces)
DK, R

FLU_END

Blood pressure check (BPC)

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

BPC_BEG

BPC_C01 If (do BPC 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, R (Go to BPC_END)

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

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

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

BPC_Q016 **What are the reasons that you have not had your blood pressure taken in the past 2 years?**
INTERVIEWER: Mark all that apply.

- BPC_16A 1 Have not gotten around to it
- BPC_16B 2 Respondent - did not think it was necessary
- BPC_16C 3 Doctor - did not think it was necessary
- BPC_16D 4 Personal or family responsibilities
- BPC_16E 5 Not available - at time required
- BPC_16F 6 Not available - at all in the area
- BPC_16G 7 Waiting time was too long
- BPC_16H 8 Transportation - problems
- BPC_16I 9 Language - problem
- BPC_16J 10 Cost
- BPC_16K 11 Did not know where to go / uninformed
- BPC_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BPC_16N 13 Unable to leave the house because of a health problem
- BPC_16M 14 Other
- DK, R

BPC_END

PAP smear test (PAP)

PAP_BEG

PAP_C1 If (do PAP block = 1), go to PAP_C020.
Otherwise, go to PAP_END.

PAP_C020 If proxy interview or male or age < 18, go to PAP_END.
Otherwise, go to PAP_Q020.

PAP_Q020 **(Now PAP tests)**

PAP_Q020 **Have you ever had a PAP smear test?**

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

PAP_Q022 **When was the last time?**

PAP_Q022

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

PAP_Q026 **What are the reasons that you have not had a PAP smear test in the past 3 years?**
INTERVIEWER: Mark all that apply.

- PAP_26A 1 Have not gotten around to it
- PAP_26B 2 Respondent - did not think it was necessary
- PAP_26C 3 Doctor - did not think it was necessary
- PAP_26D 4 Personal or family responsibilities
- PAP_26E 5 Not available - at time required
- PAP_26F 6 Not available - at all in the area
- PAP_26G 7 Waiting time was too long
- PAP_26H 8 Transportation - problems
- PAP_26I 9 Language - problem
- PAP_26J 10 Cost
- PAP_26K 11 Did not know where to go / uninformed
- PAP_26L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PAP_26M 13 Have had a hysterectomy
- PAP_26N 14 Hate / dislike having one done
- PAP_26P 15 Unable to leave the house because of a health problem
- PAP_26O 16 Other
- DK, R

PAP_END

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

Mammography (MAM)

MAM_BEG

MAM_C1 If (do MAM block = 1), go to MAM_C030.
Otherwise, go to MAM_END.

MAM_C030 If proxy interview or male, go to MAM_END.
Otherwise, go to MAM_C030A.

MAM_C030A If (female and age < 35), go to MAM_C038.
Otherwise, go to MAM_Q030.

MAM_Q030

MAM_030

(Now Mammography)

Have you ever had a mammogram, that is, a breast x-ray?

- 1 Yes
- 2 No (Go to MAM_C036)
- DK, R (Go to MAM_END)

MAM_Q031

Why did you have it?

INTERVIEWER: Mark all that apply.

If respondent says "doctor recommended it", probe for reason.

MAM_31A

1 Family history of breast cancer

MAM_31B

2 Part of regular check-up / routine screening

MAM_31C

3 Age

MAM_31D

4 Previously detected lump

MAM_31E

5 Follow-up of breast cancer treatment

MAM_31F

6 On hormone replacement therapy

MAM_31G

7 Breast problem

MAM_31H

8 Other
DK, R

MAM_Q032

MAM_032

When was the last time?

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

MAM_C036

If age < 50 or age > 69, go to MAM_C038.
Otherwise, go to MAM_Q036.

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

MAM_Q036 **What are the reasons you have not had one in the past 2 years?**
INTERVIEWER: Mark all that apply.

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

MAM_C036S If MAM_Q036 = 15, go to MAM_Q036S.
Otherwise, go to MAM_C038.

MAM_Q036S INTERVIEWER: Specify.

(80 spaces)
DK, R

MAM_C038 If age < 18, go to MAM_END.
Otherwise, go to MAM_C038A.

MAM_C038A If PAP_Q026 = 13 or if HWT_Q1 = 1, go to MAM_END.
Otherwise, go to MAM_Q038.

MAM_Q038 **Have you had a hysterectomy? (in other words, has your uterus been removed)?**
MAM_038

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

Note: In processing, if a respondent answered HWT_Q1 = 1,
the variable MAM_Q038 is given the value of 2.

MAM_END

Breast examinations (BRX)

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

BRX_BEG

BRX_C1 If (do BRX block = 1), go to BRX_C110.
Otherwise, go to BRX_END.

BRX_C110 If proxy interview or sex = male or age < 18, go to BRX_END.
Otherwise, go to BRX_Q110.

BRX_Q110 **(Now breast examinations)**

BRX_110 Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?

- 1 Yes
- 2 No (Go to BRX_Q116)
- DK, R (Go to BRX_END)

BRX_Q112 **When was the last time?**

BRX_112

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

BRX_Q116 **What are the reasons that you have not had a breast exam in the past 2 years?**

INTERVIEWER: Mark all that apply.

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

BRX_END

Breast self-examinations (BSX)

BSX_BEG

BSX_C120A If (do BSX block = 1), go to BSX_C120B.
Otherwise, go to BSX_END.

BSX_C120B If proxy interview, go to BSX_END.
Otherwise, go to BSX_C120C.

BSX_C120C If male or age < 18, go to BSX_END.
Otherwise, go to BSX_Q120.

BSX_Q120 **(Now breast self examinations)**
BSX_120 **Have you ever examined your breasts for lumps (tumours, cysts)?**

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

BSX_Q121 **How often?**
BSX_121

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

BSX_Q122 **How did you learn to do this?**
INTERVIEWER: Mark all that apply.

- BSX_22A 1 Doctor
- BSX_22B 2 Nurse
- BSX_22C 3 Book / magazine / pamphlet
- BSX_22D 4 TV / video / film
- BSX_22H 5 Family member (e.g., mother, sister, cousin)
- BSX_22G 6 Other - Specify
- DK, R

BSX_C122S If BSX_Q122 = 6, go to BSX_Q122S.
Otherwise, go to BSX_END.

BSX_Q122S INTERVIEWER: Specify.

(80 spaces)
DK, R

BSX_END

Eye examinations (EYX)

Optional Content selected by
health regions in: Ontario

EYX_BEG

EYX_C140A If (EYX block = 2) or proxy interview, go to EYX_END.
Otherwise, go to EYX_C140B.

EYX_C140B If HCU_Q02B = 2, DK or R (not seen or talked to eye doctor), go to EYX_Q142.
Otherwise, go to EYX_Q140.

EYX_Q140 **(Now eye examinations)**
EYX_140 **It was reported earlier that you have “seen” or “talked to” an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?**

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

EYX_Q142 **(Now eye examinations)**
EYX_142 **When did you last have an eye examination?**

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

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

EYX_Q146 **What are the reasons that you have not had an eye examination in the past 2 years?**
INTERVIEWER: Mark all that apply.

- EYX_46A 1 Have not gotten around to it
- EYX_46B 2 Respondent - did not think it was necessary
- EYX_46C 3 Doctor - did not think it was necessary
- EYX_46D 4 Personal or family responsibilities
- EYX_46E 5 Not available - at time required
- EYX_46F 6 Not available - at all in the area
- EYX_46G 7 Waiting time was too long
- EYX_46H 8 Transportation - problems
- EYX_46I 9 Language - problem
- EYX_46J 10 Cost
- EYX_46K 11 Did not know where to go / uninformed
- EYX_46L 12 Fear (e.g., painful, embarrassing, find something wrong)
- EYX_46N 13 Unable to leave the house because of a health problem
- EYX_46M 14 Other
DK, R

EYX_END

Prostate cancer screening (PSA)

PSA_BEG

PSA_C1 If (do PSA block = 1), go to PSA_C170.
Otherwise, go to PSA_END.

PSA_C170 If proxy interview, go to PSA_END.
Otherwise, go to PSA_C170A.

PSA_C170A If female or age < 35, go to PSA_END.
Otherwise, go to PSA_Q170.

PSA_Q170 **(Now Prostate tests)**

PSA_170 Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?

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

PSA_Q172 **When was the last time?**

PSA_172

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

PSA_Q173 **Why did you have it?**

INTERVIEWER: Mark all that apply.

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

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

PSA_C173S If PSA_Q173 = 7, go to PSA_Q173S.
Otherwise, go to PSA_Q174.

PSA_Q173S INTERVIEWER: Specify.

(80 spaces)

DK, R

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

PSA_Q174
PSA_174

A Digital Rectal Exam is an exam in which a gloved finger is inserted into the rectum in order to feel the prostate gland.

Have you ever had this exam?

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

PSA_Q175
PSA_175

When was the last time?

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

PSA_END

Colorectal cancer screening (CCS)

CCS_BEG

CCS_C1 If (do CCS block = 1), go to CCS_C180.
Otherwise, go to CCS_END.

CCS_C180 If proxy interview or age < 35, go to CCS_END.
Otherwise, go to CCS_Q180.

CCS_Q180 **Now a few questions about various colorectal exams.**

CCS_180

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

Have you ever had this test?

- 1 Yes
- 2 No (Go to CCS_Q184)
- DK (Go to CCS_Q184)
- R (Go to CCS_END)

CCS_Q182

When was the last time?

CCS_182

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

CCS_Q183

Why did you have it?

INTERVIEWER: Mark all that apply.

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

CCS_83A

1 Family history of colorectal cancer

CCS_83B

2 Part of regular check-up / routine screening

CCS_83C

3 Age

CCS_83G

4 Race

CCS_83D

5 Follow-up of problem

CCS_83E

6 Follow-up of colorectal cancer treatment

CCS_83F

7 Other - Specify

DK, R

CCS_C183S If CCS_Q183 = 7, go to CCS_Q183S.
Otherwise, go to CCS_Q184.

CCS_Q183S INTERVIEWER: Specify.

(80 spaces)

DK, R

Optional Content selected by health
regions in:

Newfoundland and Labrador, Prince
Edward Island, Ontario, Saskatchewan,
Northwest Territories and Nunavut

CCS_Q184
CCS_184

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

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

CCS_Q185
CCS_185

When was the last time?

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

CCS_Q186

Why did you have it?
INTERVIEWER: Mark all that apply.
If respondent says "Doctor recommended it" or "I requested it", probe for reason.

CCS_86A 1 Family history of colorectal cancer
CCS_86B 2 Part of regular check-up / routine screening
CCS_86C 3 Age
CCS_86G 4 Race
CCS_86D 5 Follow-up of problem
CCS_86E 6 Follow-up of colorectal cancer treatment
CCS_86F 7 Other - Specify
DK, R

CCS_C186S If CCS_Q186 = 7, go to CCS_Q186S.
Otherwise, go to CCS_C187.

CCS_Q186S INTERVIEWER: Specify.

(80 spaces)
DK, R

CCS_C187 If CCS_Q180 = 1 (had a FOBT), go to CCS_Q187.
Otherwise, go to CCS_END.

CCS_Q187
CCS_187

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

1 Yes
2 No
DK, R

CCS_END

Dental visits (DEN)

DEN_BEG

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

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

DEN_C130C If HCU_Q02E = 2, DK or R, go to DEN_Q132.
Otherwise, go to DEN_Q130.

DEN_Q130 **(Now dental visits)**

DEN_130 It was reported earlier that you have “seen” or “talked to” a dentist in the past 12 months.
Did you actually visit one?

1 Yes (Go to DEN_END)

2 No

DK, R (Go to DEN_END)

DEN_Q132 **(Now dental visits)**

DEN_132 When was the last time that you went to a dentist?

1 Less than 1 year ago

2 1 year to less than 2 years ago (Go to DEN_END)

3 2 years to less than 3 years ago (Go to DEN_END)

4 3 years to less than 4 years ago (Go to DEN_Q136)

5 4 years to less than 5 years ago (Go to DEN_Q136)

6 5 or more years ago (Go to DEN_Q136)

7 Never (Go to DEN_Q136)

DK, R (Go to DEN_END)

Note: In processing, if a respondent answered DEN_Q130 = 1, the variable DEN_Q132 is given the value of 1.

DEN_E132 Inconsistent answers have been entered. The respondent went to a dentist less than 1 year ago but previously reported that he/she had not “seen” or “talked” to a dentist in the past 12 months. Please confirm.

Trigger soft edit if DEN_Q132 = 1 and HCU_Q02E = 2.

DEN_C133 If DEN_Q132 = 1, go to DEN_END.

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

DEN_Q136

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

INTERVIEWER: Mark all that apply.

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

DEN_END

Oral health 2 (OH2)

Optional Content selected by health regions in: Newfoundland and Labrador

OH2_BEG

OH2_C10A If (do OH2 block = 1), go to OH2_C10B.
Otherwise, go to OH2_END.

OH2_C10B If proxy interview, go to OH2_END.
Otherwise, go to OH2_C10C.

OH2_C10C If DEN_Q132 = 7 (never goes to dentist), go to OH2_Q11.
Otherwise, go to OH2_Q10.

OH2_Q10 **Do you usually visit the dentist:**
OH2_10 INTERVIEWER: Read categories to respondent.

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

OH2_Q11 **Do you have insurance that covers all or part of your dental expenses?**
OH2_11

- 1 Yes
 - 2 No (Go to OH2_C12)
- DK, R (Go to OH2_C12)

OH2_Q11A **Is it:**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- OH2_11A 1 ... a government-sponsored plan?
- OH2_11B 2 ... an employer-sponsored plan?
- OH2_11C 3 ... a private plan?
- DK, R

OH2_C12 If DEN_Q130 = 1 or DEN_Q132 = 1 (went to the dentist in the past year), go to OH2_Q12.
Otherwise, go to OH2_Q20.

OH2_Q12 **In the past 12 months, have you had any teeth removed by a dentist?**
OH2_12

- 1 Yes
 - 2 No (Go to OH2_Q20)
- DK, R (Go to OH2_Q20)

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

- 1 Yes
 - 2 No
- DK, R

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

- 1 Yes
 - 2 No
- DK, R

OH2_C21 If DEN_Q136 = 13, go to OH2_Q22.
Otherwise, go to OH2_Q21.

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

- 1 Yes
- 2 No
- DK, R

Note: In processing, if a respondent answered DEN_Q136 = 13, the variable OH2_Q21 is given the value of 1.

OH2_R22 **Now we have some additional questions about oral health, that is the health of your teeth and mouth.**
INTERVIEWER: Press <Enter> to continue.

OH2_Q22 **Because of the condition of your [teeth, mouth or dentures/teeth or mouth], do you have**
OH2_22 **difficulty pronouncing any words or speaking clearly?**

- 1 Yes
- 2 No
- DK, R

Note: If OH2_Q21= 1 or DEN_Q136 = 13, use "teeth, mouth or dentures".
Otherwise, use "teeth or mouth".

OH2_Q23 **In the past 12 months, how often have you avoided:**
OH2_23

... conversation or contact with other people, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?
INTERVIEWER: Read categories to respondent.

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

Note: If OH2_Q21= 1 or DEN_Q136 = 13, use "teeth, mouth or dentures".
Otherwise, use "teeth or mouth".

OH2_Q24 **(In the past 12 months, how often have you avoided:)**
OH2_24 **... laughing or smiling, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?**

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

Note: If OH2_Q21= 1 or DEN_Q136 = 13, use "teeth, mouth or dentures".
Otherwise, use "teeth or mouth".

OH2_R25 **Now some questions about the health of your teeth and mouth during the past month.**
INTERVIEWER: Press <Enter> to continue.

OH2_Q25A
OH2_25A

In the past month, have you had:

... a toothache?

- 1 Yes
- 2 No
DK, R

OH2_Q25B
OH2_25B

In the past month, were your teeth:

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

- 1 Yes
- 2 No
DK, R

OH2_Q25C
OH2_25C

In the past month, have you had:

... pain in or around the jaw joints?

- 1 Yes
- 2 No
DK, R

OH2_Q25D
OH2_25D

(In the past month, have you had:)

... other pain in the mouth or face?

- 1 Yes
- 2 No
DK, R

OH2_Q25E
OH2_25E

(In the past month, have you had:)

... bleeding gums?

- 1 Yes
- 2 No
DK, R

OH2_Q25F
OH2_25F

(In the past month, have you had:)

... dry mouth?

INTERVIEWER: Do not include thirst caused by exercise.

- 1 Yes
- 2 No
DK, R

OH2_Q25G
OH2_25G

(In the past month, have you had:)

... bad breath?

- 1 Yes
- 2 No
DK, R

OH2_C30

If OH2_Q20 = 1, go to OH2_Q30.
Otherwise, go to OH2_END.

OH2_Q30
OH2_30

How often do you brush your teeth?

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

OH2_END

Food choices (FDC)

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

FDC_BEG

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

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

FDC_R1 **Now, some questions about the foods you eat.**
INTERVIEWER: Press <Enter> to continue.

FDC_Q1A **Do you choose certain foods or avoid others:**
FDC_1A **... because you are concerned about your body weight?**

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

FDC_Q1B **(Do you choose certain foods or avoid others:)**
FDC_1B **... because you are concerned about heart disease?**

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

FDC_Q1C **(Do you choose certain foods or avoid others:)**
FDC_1C **... because you are concerned about cancer?**

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

FDC_Q1D **(Do you choose certain foods or avoid others:)**
FDC_1D **... because you are concerned about osteoporosis (brittle bones)?**

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

FDC_Q2A **Do you choose certain foods because of:**
FDC_2A **... the lower fat content?**

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

FDC_Q2B
FDC_2B

(Do you choose certain foods because of:)

... the fibre content?

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

FDC_Q2C
FDC_2C

(Do you choose certain foods because of:)

... the calcium content?

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

FDC_Q3A
FDC_3A

Do you avoid certain foods because of:

... the fat content?

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

FDC_Q3B
FDC_3B

(Do you avoid certain foods because of:)

... the type of fat they contain?

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

FDC_Q3C
FDC_3C

(Do you avoid certain foods because of:)

... the salt content?

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

FDC_Q3D
FDC_3D

(Do you avoid certain foods because of:)

... the cholesterol content?

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

FDC_Q3E
FDC_3E

(Do you avoid certain foods because of:)

... the calorie content?

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

FDC_END

Dietary supplement use – Vitamins and minerals (DSU)

DSU_BEG

DSU_C1A If (do DSU block = 1), go to DSU_C1B.
Otherwise, go to DSU_END.

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

DSU_C1B If proxy interview, go to DSU_END.
Otherwise, go to DSU_Q1A.

DSU_Q1A **Now, some questions about the use of nutritional supplements.**

DSU_1A

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

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

DSU_Q1B **Did you take them at least once a week?**

DSU_1B

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

DSU_Q1C **Last week, on how many days did you take them?**

DSU_1C

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

Go to DSU_END.

DSU_Q1D **In the past 4 weeks, on how many days did you take them?**

DSU_1D

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

DSU_END

Fruit and vegetable consumption (FVC)

Core Content

FVC_BEG

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

FVC_R1 **The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home.**
INTERVIEWER: Press <Enter> to continue.

FVC_Q1A **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**
(For example: once a day, three times a week, twice a month)
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

FVC_N1B INTERVIEWER: Enter number of times per day.

FVC_1B

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

Go to FVC_Q2A

FVC_N1C INTERVIEWER: Enter number of times per week.

FVC_1C

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

Go to FVC_Q2A

FVC_N1D INTERVIEWER: Enter number of times per month.

FVC_1D

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

Go to FVC_Q2A

FVC_N1E INTERVIEWER: Enter number of times per year.

FVC_1E

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

FVC_Q2A
FVC_2A

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

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

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

FVC_N2B
FVC_2B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q3A

FVC_N2C
FVC_2C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q3A

FVC_N2D
FVC_2D

INTERVIEWER: Enter number of times per month.

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

Go to FVC_Q3A

FVC_N2E
FVC_2E

INTERVIEWER: Enter number of times per year.

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

FVC_Q3A
FVC_3A

How often do you (usually) eat green salad?

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

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

FVC_N3B
FVC_3B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q4A

FVC_N3C
FVC_3C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q4A

FVC_N3D
FVC_3D

INTERVIEWER: Enter number of times per month.

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

Go to FVC_Q4A

FVC_N3E
FVC_3E

INTERVIEWER: Enter number of times per year.

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

FVC_Q4A
FVC_4A

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

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

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

FVC_N4B
FVC_4B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q5A

FVC_N4C
FVC_4C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q5A

FVC_N4D
FVC_4D

INTERVIEWER: Enter number of times per month.

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

Go to FVC_Q5A

FVC_N4E INTERVIEWER: Enter number of times per year.

FVC_4E

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

FVC_Q5A **How often do you (usually) eat carrots?**

FVC_5A

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

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

FVC_N5B INTERVIEWER: Enter number of times per day.

FVC_5B

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

Go to FVC_Q6A

FVC_N5C INTERVIEWER: Enter number of times per week.

FVC_5C

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

Go to FVC_Q6A

FVC_N5D INTERVIEWER: Enter number of times per month

FVC_5D

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

Go to FVC_Q6A

FVC_N5E INTERVIEWER: Enter number of times per year.

FVC_5E

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

FVC_Q6A **Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?**

FVC_6A

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

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

FVC_N6B INTERVIEWER: Enter number of servings per day.

FVC_6B

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

Go to FVC_END

FVC_N6C INTERVIEWER: Enter number of servings per week.

FVC_6C

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

Go to FVC_END

FVC_N6D INTERVIEWER: Enter number of servings per month.

FVC_6D

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

Go to FVC_END

FVC_N6E INTERVIEWER: Enter number of servings per year.

FVC_6E

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

FVC_END

Physical activities (PAC)

Core Content

PAC_BEG

PAC_C1 If (do PAC block = 1), go to PAC_C2.
Otherwise, go to PAC_END.

PAC_C2 If proxy interview, go to PAC_END.

PAC_R1 **Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.**
INTERVIEWER: Press <Enter> to continue.

PAC_Q1 **Have you done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

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

DK, R (Go to PAC_END)

PAC_E1 If "No physical activity" is chosen in PAC_Q1 with any other response, show pop-up edit as follows.

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

PAC_C1V If PAC_Q1=23 only, go to PAC_R7.

PAC_C1VS If PAC_Q1 = 22, go to PAC_Q1VS.
Otherwise, go to PAC_Q2n.

PAC_Q1VS **What was this activity?**
INTERVIEWER: Enter one activity only.

(80 spaces)

DK, R (Go to PAC_C2)

PAC_Q1X
PAC_1W

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

- 1 Yes
- 2 No (Go to PAC_Q2n)
DK, R (Go to PAC_Q2n)

PAC_Q1XS

What was this activity?

INTERVIEWER: Enter one activity only.

(80 spaces)
DK, R (Go to PAC_Q2n)

PAC_Q1Y
PAC_1X

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

- 1 Yes
- 2 No (Go to PAC_Q2n)
DK, R (Go to PAC_Q2n)

PAC_Q1YS

What was this activity?

INTERVIEWER: Enter one activity only.

(80 spaces)
DK, R (Go to PAC_Q2n)

PAC_C2

If PAC_Q1 = 22 only and PAC_Q1VS = DK, R go to PAC_R7.
Otherwise, go to PAC_Q2n.

For each activity identified in PAC_Q1, ask PAC_Q2n and PAC_Q3n.

PAC_Q2n
PAC_2N

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

[_][_][_] Times
(MIN: 1) (MAX: 99 for each activity except the following:
Walking: MAX = 270
Bicycling: MAX = 200
Other activities: MAX = 200)
DK, R (Go to next activity)

PAC_Q3n
PAC_3N

About how much time did you spend on each occasion?

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

PAC_R7

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

INTERVIEWER: Press <Enter> to continue.

PAC_Q7
PAC_7

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

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

Note: (If PAC_Q2n > 0, where n = 1, X=PAC_Q2n, and use "Other than the (X) times you reported walking for exercise was there any other time"). Otherwise use "Was there any time".

PAC_Q7A
PAC_7A

How many times?

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

DK, R (Go to PAC_Q8)

PAC_Q7B
PAC_7B

About how much time did you spend on each occasion?

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

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

PAC_Q8
PAC_8

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

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

Note1: (If PAC_Q2n > 0, where n = 4, X=PAC_Q2n, and use "Other than the (X) times you reported bicycling was there any other time"). Otherwise use "Was there any time".

Note2: (If PAC_Q7 = 3, PAC_Q8 will be filled with "Does not work or go to school" in processing)

PAC_Q8A
PAC_8A

How many times?

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

DK, R (Go to PAC_END)

PAC_Q8B
PAC_8B

About how much time did you spend on each occasion?

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

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

PAC_END

Sedentary activities (SAC)

Theme Content

SAC_BEG

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

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

SAC_R1 **Now, a few additional questions about activities you do in your leisure time, that is, activities not at work or at school.**
INTERVIEWER: Press <Enter> to continue.

SAC_Q1 **In a typical week in the past 3 months, how much time did you usually spend:**
SAC_1 **... on a computer, including playing computer games and using the Internet?**
INTERVIEWER: Do not include time spent at work or at school.

- 1 None
 - 2 Less than 1 hour
 - 3 From 1 to 2 hours
 - 4 From 3 to 5 hours
 - 5 From 6 to 10 hours
 - 6 From 11 to 14 hours
 - 7 From 15 to 20 hours
 - 8 More than 20 hours
- DK, R (Go to SAC_END)

SAC_C2 If age > 19, go to SAC_Q3.

SAC_Q2 **(In a typical week, in the past 3 months, how much time did you usually spend:)**
SAC_2 **... playing video games, such as XBOX, Nintendo and Playstation?**

- 1 None
 - 2 Less than 1 hour
 - 3 From 1 to 2 hours
 - 4 From 3 to 5 hours
 - 5 From 6 to 10 hours
 - 6 From 11 to 14 hours
 - 7 From 15 to 20 hours
 - 8 More than 20 hours
- DK, R

SAC_Q3
SAC_3

(In a typical week in the past 3 months, how much time did you usually spend:)

... watching television or videos?

- 1 None
 - 2 Less than 1 hour
 - 3 From 1 to 2 hours
 - 4 From 3 to 5 hours
 - 5 From 6 to 10 hours
 - 6 From 11 to 14 hours
 - 7 From 15 to 20 hours
 - 8 More than 20 hours
- DK, R

SAC_Q4
SAC_4

(In a typical week, in the past 3 months, how much time did you usually spend:)

... reading, not counting at work or at school?

INTERVIEWER: Include books, magazines, newspapers, homework.

- 1 None
 - 2 Less than 1 hour
 - 3 From 1 to 2 hours
 - 4 From 3 to 5 hours
 - 5 From 6 to 10 hours
 - 6 From 11 to 14 hours
 - 7 From 15 to 20 hours
 - 8 More than 20 hours
- DK, R

SAC_END

Use of protective equipment (UPE)

Optional Content selected by health
regions in: Nova Scotia,
Saskatchewan and Alberta

UPE_BEG

UPE_C1A If (do UPE block = 1), go to UPE_C1B.
Otherwise, go to UPE_END.

UPE_C1B If proxy interview, go to UPE_END.
Otherwise, go to UPE_C1C.

UPE_C1C If PAC_Q1 = 4 (bicycling for leisure) or PAC_Q1 = 9 (in-line skating or rollerblading) or PAC_Q1 = 13 (downhill skiing or snowboarding), or (PAC_Q8 = 1 (bicycling to work or school)), go to UPE_R1.
Otherwise, go to UPE_C3A.

UPE_R1 **Now a few questions about precautions you take while participating in physical activities.**
INTERVIEWER: Press <Enter> to continue.

UPE_C1D If PAC_Q1 = 4 (bicycling for leisure) or (PAC_Q8 = 1 (bicycling to work or school)), go to UPE_Q1.
Otherwise, go to UPE_C2A.

UPE_Q1 **When riding a bicycle, how often do you wear a helmet?**
UPE_01 INTERVIEWER: Read categories to respondent.

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

UPE_C2A If PAC_Q1 = 9 (in-line skating or rollerblading), go to UPE_Q2A.
Otherwise, go to UPE_C3A.

UPE_Q2A **When in-line skating or rollerblading, how often do you wear a helmet?**
UPE_02A

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

UPE_Q2B **How often do you wear wrist guards or wrist protectors?**
UPE_02B

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

UPE_Q2C **How often do you wear elbow pads?**
UPE_02C

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

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

Note: Responses from UPE_Q3A and UPE_Q3B will be added together to create a combined figure for respondents who went downhill skiing or snowboarding in the past 12 months.

UPE_Q3A
UPE_03A **Earlier, you mentioned going downhill skiing or snowboarding in the past 3 months. Was that:**

INTERVIEWER: Read categories to respondent.

- | | | |
|---|---------------------------|-----------------|
| 1 | ... downhill skiing only? | (Go to UPE_Q4A) |
| 2 | ... snowboarding only? | (Go to UPE_C5A) |
| 3 | ... both ? | (Go to UPE_Q4A) |
| | DK, R | (Go to UPE_C6) |

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

INTERVIEWER: Read categories to respondent.

- | | | |
|---|----------------------|-----------------|
| 1 | Downhill skiing only | (Go to UPE_Q4A) |
| 2 | Snowboarding only | (Go to UPE_C5A) |
| 3 | Both | (Go to UPE_Q4A) |
| 4 | Neither | (Go to UPE_C6) |
| | DK, R | (Go to UPE_C6) |

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

INTERVIEWER: Read categories to respondent.

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

UPE_C5A If UPE_Q3A = 2 or 3 (snowboarding or both) or UPE_Q3B = 2 or 3, go to UPE_Q5A.
Otherwise, go to UPE_C6.

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

INTERVIEWER: Read categories to respondents.

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

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

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

UPE_C6 If age ≥ 12 or ≤ 19 , go to UPE_Q6.
Otherwise, go to UPE_END.

UPE_Q6
UPE_06 **In the past 12 months, have you done any skateboarding?**

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

UPE_Q6A
UPE_06A

How often do you wear a helmet?

INTERVIEWER: Read categories to respondent.

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

UPE_Q6B
UPE_06B

How often do you wear wrist guards or wrist protectors?

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

UPE_Q6C
UPE_06C

How often do you wear elbow pads?

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

UPE_END

Sun safety behaviours (SSB)

Optional Content selected by health regions in: Prince Edward Island

SSB_BEG

SSB_C1 If (do SSB block = 1), go to SSB_C2.
Otherwise, go to SSB_END.

SSB_C2 If proxy interview, go to SSB_END.
Otherwise, go to SSB_R01.

SSB_R01 **The next few questions are about exposure to the sun and sunburns. Sunburn is defined as any reddening or discomfort of the skin, that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.**
INTERVIEWER: Press <Enter> to continue.

SSB_Q01 **In the past 12 months, has any part of your body been sunburnt?**

SSB_01

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

SSB_Q02 **Did any of your sunburns involve blistering?**

SSB_02

- 1 Yes
- 2 No
- DK, R

SSB_Q03 **Did any of your sunburns involve pain or discomfort that lasted for more than 1 day?**

SSB_03

- 1 Yes
- 2 No
- DK, R

SSB_R06 **For the next questions, think about a typical weekend, or day off from work or school in the summer months.**

INTERVIEWER: Press <Enter> to continue.

SSB_Q06 **About how much time each day do you spend in the sun between 11 am and 4 pm?**

SSB_06

- 1 None (Go to SSB_Q13)
- 2 Less than 30 minutes (Go to SSB_Q13)
- 3 30 to 59 minutes
- 4 1 hour to less than 2 hours
- 5 2 hours to less than 3 hours
- 6 3 hours to less than 4 hours
- 7 4 hours to less than 5 hours
- 8 5 hours
- DK, R (Go to SSB_Q13)

SSB_Q07
SSB_07

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

... seek shade?

INTERVIEWER: Read categories to respondent.

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

SSB_Q08
SSB_08

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

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

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

SSB_Q09A
SSB_09A

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

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

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

SSB_Q09B
SSB_09B

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

... use sunscreen on your face?

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

SSB_Q10
SSB_10

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

- 1 Less than 15
- 2 15 to 25
- 3 More than 25
- DK, R

SSB_Q11
SSB_11

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

... use sunscreen on your body?

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

SSB_Q12
SSB_12

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

- 1 Less than 15
- 2 15 to 25
- 3 More than 25
- DK, R

SSB_Q13
SSB_13

Do you have skin cancer?

- 1 Yes
- 2 No
- DK, R (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.

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

SSB_C14

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

SSB_Q14
SSB_14

Have you ever been diagnosed with skin cancer?

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

SSB_E14

Inconsistent answers have been entered. The respondent reported having (ever) been diagnosed with skin cancer but previously reported that he/she had not ever been diagnosed cancer. Please confirm.

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

SSB_Q15
SSB_15

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

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

Note:

If SSB_Q13 = Yes, then use "do".
Otherwise, use "did".

SSB_END

Injuries (INJ) (REP)

INJ_BEG

Optional Content selected by health
regions in:
Nova Scotia and British Columbia

INJ_C1 If (do INJ block = 1), go to REP_R1.
Otherwise, go to INJ_END.

Repetitive strain

REP_R1 **This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendonitis.)**

INTERVIEWER: Press <Enter> to continue.

REP_Q1 **In the past 12 months, that is, from [date one year ago] to yesterday, did ^YOU2 have any**
REP_1 **injuries due to repetitive strain which were serious enough to limit ^YOUR1 normal**
 activities?

- 1 Yes
- 2 No (Go to INJ_R1)
- DK, R (Go to INJ_R1)

REP_Q3 **Thinking about the most serious repetitive strain, what part of the body was affected?**

REP_3

- 1 Head
- 2 Neck
- 3 Shoulder, upper arm
- 4 Elbow, lower arm
- 5 Wrist
- 6 Hand
- 7 Hip
- 8 Thigh
- 9 Knee, lower leg
- 10 Ankle, foot
- 11 Upper back or upper spine (excluding neck)
- 12 Lower back or lower spine
- 13 Chest (excluding back and spine)
- 14 Abdomen or pelvis (excluding back and spine)
- DK, R

REP_Q4 **What type of activity ^WERE ^YOU1 doing when ^YOU1 got this repetitive strain?**

INTERVIEWER: Mark all that apply.

- REP_4A 1 Sports or physical exercise (include school activities)
- REP_4B 2 Leisure or hobby (include volunteering)
- REP_4C 3 Working at a job or business (exclude travel to or from work)
- REP_4G 4 Travel to or from work
- REP_4D 5 Household chores, other unpaid work or education
- REP_4E 6 Sleeping, eating, personal care
- REP_4F 7 Other - Specify
- DK, R

REP_C4S If REP_Q4 = 7, go to REP_Q4S.
Otherwise, go to INJ_R1.

REP_Q4S INTERVIEWER: Specify.

(80 spaces)
DK, R

Number of injuries and details of most serious injury

Note: If REP_Q1 = 1, use "other injuries" in INJ_R1.
Otherwise, use "injuries" in INJ_R1.

INJ_R1 **Now some questions about [other] injuries which occurred in the past 12 months, and were serious enough to limit ^YOUR2 normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.**
INTERVIEWER: Press <Enter> to continue.

INJ_Q01 **[Not counting repetitive strain injuries, in the past 12 months, / In the past 12 months,] that is, from [date one year ago] to yesterday, ^WERE ^YOU1 injured?**

- 1 Yes
- 2 No (Go to INJ_Q16)
- DK, R (Go to INJ_END)

Note: If REP_Q1 = 1, use "Not counting repetitive strain injuries, in the past 12 months," in INJ_Q01.
Otherwise, use "In the past 12 months," in INJ_Q01.

INJ_Q02 **How many times ^WERE ^YOU1 injured?**

|_| Times
(MIN: 1) (MAX: 30; warning after 6)
DK, R (Go to INJ_END)

INJ_Q03 **[Thinking about the most serious injury, in which month / In which month] did it happen?**

- | | | | |
|---|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |

DK, R (Go to INJ_Q05)

Note: If INJ_Q02 = 1 (one injury), use "In which month" in INJ_Q03.
Otherwise, use "Thinking about the most serious injury, in which month" in INJ_Q03.

INJ_C04 If INJ_Q03 = C_MONTH ADM_MOI, go to INJ_Q04.
Otherwise, go to INJ_Q05.

NJ_Q04 **Was that this year or last year?**

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

INJ_Q05
INJ_05

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

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal or human bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to INJ_Q08)
- 9 Poisoning (Go to INJ_Q08)
- 10 Injury to internal organs (Go to INJ_Q07)
- 11 Other - Specify
DK, R

INJ_C05S If INJ_Q05 = 11, go to INJ_Q05S.
Otherwise, go to INJ_Q06.

INJ_Q05S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q06
INJ_06

What part of the body was injured?

- 1 Multiple sites
- 2 Eyes
- 3 Head (excluding eyes)
- 4 Neck
- 5 Shoulder, upper arm
- 6 Elbow, lower arm
- 7 Wrist
- 8 Hand
- 9 Hip
- 10 Thigh
- 11 Knee, lower leg
- 12 Ankle, foot
- 13 Upper back or upper spine (excluding neck)
- 14 Lower back or lower spine
- 15 Chest (excluding back and spine)
- 16 Abdomen or pelvis (excluding back and spine)
- DK, R

Go to INJ_Q08

INJ_Q07
INJ_07

What part of the body was injured?

- 1 Chest (within rib cage)
- 2 Abdomen or pelvis (below ribs)
- 3 Other - Specify
DK, R

INJ_C07S If INJ_Q07 = 3, go to INJ_Q07S.
Otherwise, go to INJ_Q08.

INJ_Q07S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q08

INJ_08

Where did the injury happen?

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

- 1 In a home or its surrounding area
 - 2 Residential institution
 - 3 School, college, university (exclude sports areas)
 - 4 Sports or athletics area of school, college, university
 - 5 Other sports or athletics area (exclude school sports areas)
 - 6 Other institution (e.g., church, hospital, theatre, civic building)
 - 7 Street, highway, sidewalk
 - 8 Commercial area (e.g., store, restaurant, office building, transport terminal)
 - 9 Industrial or construction area
 - 10 Farm (exclude farmhouse and its surrounding area)
 - 11 Countryside, forest, lake, ocean, mountains, prairie, etc.
 - 12 Other - Specify
- DK, R

INJ_C08S If INJ_Q08 = 12, go to INJ_Q08S.
Otherwise, go to INJ_Q09.

INJ_Q08S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q09

INJ_09

What type of activity ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?

- 1 Sports or physical exercise (include school activities)
 - 2 Leisure or hobby (include volunteering)
 - 3 Working at a job or business (exclude travel to or from work)
 - 4 Travel to or from work
 - 5 Household chores, other unpaid work or education
 - 6 Sleeping, eating, personal care
 - 7 Other - Specify
- DK, R

INJ_C09S If INJ_Q09 = 7, go to INJ_Q09S.
Otherwise, go to INJ_Q10.

INJ_Q09S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q10

INJ_10

Was the injury the result of a fall?

INTERVIEWER: Select "No" for transportation accidents.

- 1 Yes
 - 2 No (Go to INJ_Q12)
- DK, R (Go to INJ_Q12)

INJ_Q11
INJ_11

How did ^YOU1 fall?

- 1 While skating, skiing, snowboarding, in-line skating or skateboarding
- 2 Going up or down stairs / steps (icy or not)
- 3 Slip, trip or stumble on ice or snow
- 4 Slip, trip or stumble on any other surface
- 5 From furniture (e.g., bed, chair)
- 6 From elevated position (e.g., ladder, tree)
- 7 Other - Specify
DK, R

INJ_C11S If INJ_Q11 = 7, go to INJ_Q11S.
Otherwise, go to INJ_Q13.

INJ_Q11S INTERVIEWER: Specify.

(80 spaces)
DK, R

Go to INJ_Q13

INJ_Q12
INJ_12

What caused the injury?

- 1 Transportation accident
- 2 Accidentally bumped, pushed, bitten, etc. by person or animal
- 3 Accidentally struck or crushed by object(s)
- 4 Accidental contact with sharp object, tool or machine
- 5 Smoke, fire, flames
- 6 Accidental contact with hot object, liquid or gas
- 7 Extreme weather or natural disaster
- 8 Overexertion or strenuous movement
- 9 Physical assault
- 10 Other - Specify
DK, R

INJ_C12S If INJ_Q12 = 10, go to INJ_Q12S.
Otherwise, go to INJ_Q13.

INJ_Q12S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q13
INJ_13

Did ^YOU2 receive any medical attention for the injury from a health professional in the 48 hours following the injury?

- 1 Yes
- 2 No (Go to INJ_Q16)
DK, R (Go to INJ_Q16)

INJ_Q14

Where did ^YOU1 receive treatment?

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|---|
| INJ_14A | 1 | Doctor's office |
| INJ_14B | 2 | Hospital emergency room |
| INJ_14C | 3 | Hospital outpatient clinic (e.g. day surgery, cancer) |
| INJ_14D | 4 | Walk-in clinic |
| INJ_14E | 5 | Appointment clinic |
| INJ_14F | 6 | Community health centre / CLSC |
| INJ_14G | 7 | At work |
| INJ_14H | 8 | At school |
| INJ_14I | 9 | At home |
| INJ_14J | 10 | Telephone consultation only |
| INJ_14K | 11 | Other - Specify
DK, R |

INJ_C14S If INJ_Q14 = 11, go to INJ_Q14S.
Otherwise, go to INJ_Q15.

INJ_Q14S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q15

^WERE_C ^YOU1 admitted to a hospital overnight?

INJ_15

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

INJ_E15 If INJ_Q15 = 1 and HCU_Q01BA = 2 (No), show pop-up message as follows:

Inconsistent answers have been entered. Please confirm.

INJ_Q16

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

INJ_16

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

INJ_Q17

How many injuries?

INJ_17

[_|_] Injuries
(MIN: 1) (MAX: 30; warning after 6)
DK, R

INJ_END

Satisfaction with life (SWL)

Optional Content selected by health regions in: Quebec, Alberta and Nunavut

SWL_C1 If (do SWL block = 2), go to SWL_END.
Otherwise, go to SWL_C2.

SWL_C2 If proxy interview, go to SWL_END.
Otherwise, go to SWL_R1.

SWL_R1 **Now I'd like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied.**
INTERVIEWER: Press <Enter> to continue.

SWL_Q02 **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
R (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, R

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, R

SWL_Q05 **How satisfied are you with yourself?**

SWL_05

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

SWL_Q06 **How satisfied are you with the way your body looks?**

SWL_06

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

SWL_Q07
SWL_07

How satisfied are you with your relationships with other family members?

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

SWL_Q08
SWL_08

(How satisfied are you) with your relationships with friends?

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

SWL_Q09
SWL_09

(How satisfied are you) with your housing?

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

SWL_Q10
SWL_10

(How satisfied are you) with your neighbourhood?

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

SWL_END

Stress - Sources (STS)

Optional Content selected by health regions in: Yukon and Nunavut

STS_BEG

STS_C1 If (do STS block = 1), go to STS_C2.
Otherwise, go to STS_END.

STS_C2 If proxy interview, go to STS_END.
Otherwise, go to STS_R1.

STS_R1 **Now a few questions about the stress in your life.**
INTERVIEWER: Press <Enter> to continue.

STS_Q1 **In general, how would you rate your ability to handle unexpected and difficult problems, for example, a family or personal crisis? Would you say your ability is:**
INTERVIEWER: Read categories to respondent.

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

STS_Q2 **In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities? Would you say your ability is:**
INTERVIEWER: Read categories to respondent.

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

STS_Q3 **Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?**
INTERVIEWER: Do not probe.

- 1 Time pressures / not enough time
 - 2 Own physical health problem or condition
 - 3 Own emotional or mental health problem or condition
 - 4 Financial situation (e.g., not enough money, debt)
 - 5 Own work situation (e.g., hours of work, working conditions)
 - 6 School
 - 7 Employment status (e.g., unemployment)
 - 8 Caring for - own children
 - 9 Caring for - others
 - 10 Other personal or family responsibilities
 - 11 Personal relationships
 - 12 Discrimination
 - 13 Personal and family's safety
 - 14 Health of family members
 - 15 Other - Specify
 - 16 Nothing (Go to STS_END)
- DK, R (Go to STS_END)

STS_C3S If STS_Q3 = 15, go to STS_Q3S.
Otherwise, go to STS_END.

STS_Q3S INTERVIEWER: Specify.

(80 spaces)
DK, R

STS_END

Stress – Coping with stress (STC)

Optional Content selected by
health regions in: Yukon and
Nunavut

STC_BEG

STC_C1 If (do STC block = 1), go to STC_C2.
Otherwise, go to STR_END.

STC_C2 If proxy interview, go to STC_END.
Otherwise, go to STC_R1.

STC_R1 **Now a few questions about coping with stress.**
INTERVIEWER: Press <Enter> to continue.

STC_Q1_1 **People have different ways of dealing with stress. Thinking about the ways you deal with**
STC_61 **stress, please tell me how often you do each of the following.**

How often do you try to solve the problem?
INTERVIEWER: Read categories to respondent.

- 1 **Often**
 - 2 **Sometimes**
 - 3 **Rarely**
 - 4 **Never**
- DK, R (Go to STC_END)

STC_Q1_2 **To deal with stress, how often do you talk to others?**
STC_62

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

STC_Q1_3 **(When dealing with stress,) how often do you avoid being with people?**
STC_63

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

STC_Q1_4 **How often do you sleep more than usual to deal with stress?**
STC_64

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

STC_Q1_5A **When dealing with stress, how often do you try to feel better by eating more, or less, than**
STC_65A **usual?**

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

STC_Q1_5B
STC_65B **(When dealing with stress,) how often do you try to feel better by smoking more cigarettes than usual?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Do not smoke
DK, R

STC_Q1_5C
STC_65C **When dealing with stress, how often do you try to feel better by drinking alcohol?**

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

STC_Q1_5D
STC_65D **(When dealing with stress,) how often do you try to feel better by using drugs or medication?**

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

STC_Q1_6
STC_66 **How often do you jog or do other exercise to deal with stress?**

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

STC_Q1_7
STC_67 **How often do you pray or seek spiritual help to deal with stress?**

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

STC_Q1_8
STC_68 **(To deal with stress,) how often do you try to relax by doing something enjoyable?**

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

STC_Q1_9
STC_69 **(To deal with stress,) how often do you try to look on the bright side of things?**

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

STC_Q1_10 **How often do you blame yourself?**
STC_610

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

STC_Q1_11 **To deal with stress, how often do you wish the situation would go away or somehow be finished?**
STC_611

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

STC_END

Stress - Recent life events (RLE)

Optional Content selected by
health regions in: Yukon

RLE_BEG

RLE_C100 If (do RLE block = 1), go to RLE_C200.
Otherwise, go to RLE_END.

RLE_C200 If proxy interview or age < 18, go to RLE_END.
Otherwise, go to RLE_C201.

RLE_C201 If (do OGP block = 1), go to RLE_R2.
Otherwise, go to RLE_R1.

RLE_R1 **The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.**
INTERVIEWER: Press <Enter> to continue.

RLE_R2 **I'd like to ask you about some things that may have happened in the past 12 months, that is, from [date one year ago] to yesterday. Some of these experiences happen to most people at one time or another, while some happen to only a few. First, I'd like to ask about yourself or anyone close to you (that is, your spouse or partner, children, relatives or close friends).**
INTERVIEWER: Press <Enter> to continue.

RLE_Q201 **In the past 12 months, was any one of you beaten up or physically attacked?**

RLE_201

- 1 Yes
- 2 No
- DK
- R (Go to RLE_END)

RLE_Q202 **Now I'd like you to think just about your family, that is, yourself and your spouse/partner or children, if any.**

RLE_202

In the past 12 months, did [someone/you or someone] in your family, have an unwanted pregnancy?

- 1 Yes
- 2 No
- DK, R

Note: If sex = female, use "you or someone" in RLE_Q202.
Otherwise, use "someone" in RLE_Q202.

RLE_Q203 **(In the past 12 months,) did [someone/you or someone] in your family have an abortion or miscarriage?**

RLE_203

- 1 Yes
- 2 No
- DK, R

Note: If sex = female, use "you or someone" in RLE_Q203.
Otherwise, use "someone" in RLE_Q203.

RLE_Q204
RLE_204 (In the past 12 months,) did you or someone in your family have a major financial crisis?

- 1 Yes
- 2 No
- DK, R

RLE_Q205
RLE_205 (In the past 12 months,) did you or someone in your family fail school or a training program?

- 1 Yes
- 2 No
- DK, R

RLE_Q206
RLE_206 Now I'd like you to think just about [yourself / yourself and your spouse or partner].

In the past 12 months, did you [you / you or your partner] experience a change of job for a worse one?

- 1 Yes
- 2 No
- DK, R

Note: If marital status = married or living common-law, include the phrase "yourself and your spouse or partner" and "you or your partner" in RLE_Q206.
Otherwise, use "yourself" and "you" in RLE_Q206.

RLE_Q207
RLE_207 (In the past 12 months,) were [you / you or your partner] demoted at work or did [you / either of you] take a cut in pay?

- 1 Yes
- 2 No
- DK, R

Note: If marital status = married or living common-law, include the phrase "yourself or your partner" and "either of you" in RLE_Q207.
Otherwise, use "yourself" and "you" in RLE_Q207.

RLE_C208 If marital status = married or living common-law, ask RLE_Q208. Otherwise, go to RLE_Q209.

RLE_Q208
RLE_208 (In the past 12 months,) did you have increased arguments with your partner?

- 1 Yes
- 2 No
- DK, R

RLE_Q209
RLE_209 [Now, just you personally, in / In] the past 12 months, did you go on welfare?

- 1 Yes
- 2 No
- DK, R

Note: If marital status = married or living common-law, include the phrase "Now, just you personally, in" in RLE_Q209.
Otherwise, use "In" in RLE_Q209.

RLE_C210 If OGP_Q109 = 1 (has children), go to RLE_Q211.
Otherwise, go to RLE_C210A.

RLE_C210A If (do OGP block) = 2, go to RLE_Q210.
Otherwise, go to RLE_END.

RLE_Q210
RLE_210

Do you have any children?

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

RLE_Q211
RLE_211

In the past 12 months, did you have a child move back into the house?

- 1 Yes
- 2 No
DK, R

RLE_END

Stress - Childhood and adult stressors (CST)

Optional Content selected
by health regions in:
Northwest Territories

CST_BEG

CST_C1 If (do CST block = 1) go to CST_C2.
Otherwise, go to CST_END.

CST_C2 If proxy interview or age < 18, go to CST_END.
Otherwise, go to CST_R1.

CST_R1 **The next few questions ask about some things that may have happened to you
while you were a child or a teenager, before you moved out of the house.**

Please tell me if any of these things have happened to you.

INTERVIEWER: Press <Enter> to continue.

CST_Q1 **Did you spend 2 weeks or more in the hospital?**

CST_1

- 1 Yes
- 2 No
- DK
- R (Go to CST_END)

CST_Q2 **Did your parents get a divorce?**

CST_2

- 1 Yes
- 2 No
- DK, R

CST_Q3 **Did your father or mother not have a job for a long time when they wanted to be working?**

CST_3

- 1 Yes
- 2 No
- DK, R

CST_Q4 **Did something happen that scared you so much you thought about it for years after?**

CST_4

- 1 Yes
- 2 No
- DK, R

CST_Q5 **Were you sent away from home because you did something wrong?**

CST_5

- 1 Yes
- 2 No
- DK, R

CST_Q6 **Did either of your parents drink or use drugs so often that it caused problems for the
family?**

CST_6

- 1 Yes
- 2 No
- DK, R

CST_Q7
CST_7

Were you ever physically abused by someone close to you?

- 1 Yes
- 2 No
DK, R

CST_END

Stress - Work stress (WST)

Optional Content selected by
health regions in: Alberta

WST_BEG

WST_C1 If (do WST block) = 1, go to WST_C2.
Otherwise, go to WST_END.

WST_C2 If proxy interview, go to WST_END.
Otherwise, go to WST_C3.

WST_C3 If age < 15 or > 75, or GEN_Q08 = 2, go to WST_END.
Otherwise, go to WST_R4.

WST_R4 **The next few questions are about your main job or business in the past 12 months. I'm going to read you a series of statements that might describe your job situation. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.

WST_Q401 **Your job required that you learn new things.**

WST_401

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- R (Go to WST_END)

WST_Q402 **Your job required a high level of skill.**

WST_402

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

WST_Q403 **Your job allowed you freedom to decide how you did your job.**

WST_403

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

WST_Q404 **Your job required that you do things over and over.**

WST_404

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

WST_Q405
WST_405

Your job was very hectic.

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

WST_Q406
WST_406

You were free from conflicting demands that others made.

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

WST_Q407
WST_407

Your job security was good.

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

WST_Q408
WST_408

Your job required a lot of physical effort.

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

WST_Q409
WST_409

You had a lot to say about what happened in your job.

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

WST_Q410
WST_410

You were exposed to hostility or conflict from the people you worked with.

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

WST_Q411
WST_411

Your supervisor was helpful in getting the job done.

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

WST_Q412
WST_412

The people you worked with were helpful in getting the job done.

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

WST_Q412A
WST_12A

You had the materials and equipment you needed to do your job.

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

WST_Q413
WST_413

How satisfied were you with your job?

INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
- 2 **Somewhat satisfied**
- 3 **Not too satisfied**
- 4 **Not at all satisfied**
- DK, R

WST_END

Self-esteem (SFE)

Optional Content selected by
health regions in: Nunavut

SFE_BEG

SFE_C500A If (do SFE block = 1), go to SFE_C500B.
Otherwise, go to SFE_END.

SFE_C500B If proxy interview, go to SFE_END.
Otherwise, go to SFE_R5.

SFE_R5 **Now a series of statements that people might use to describe themselves.**

Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

INTERVIEWER: Press <Enter> to continue.

SFE_Q501

SFE_501

You feel that you have a number of good qualities.

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK
R (Go to SFE_END)

SFE_Q502

SFE_502

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

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

SFE_Q503

SFE_503

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

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

SFE_Q504

SFE_504

You take a positive attitude toward yourself.

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

SFE_Q505
SFE_505

On the whole you are satisfied with yourself.

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

SFE_Q506
SFE_506

All in all, you're inclined to feel you're a failure.

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

SFE_END

Mastery (MAS)

Optional Content selected by
health regions in: Manitoba

MAS_BEG

MAS_C600A If (do MAS block = 1), go to MAS_C600B.
Otherwise, go to MAS_END.

MAS_C600B If proxy interview, go to MAS_END.
Otherwise, go to MAS_C600C.

MAS_C600C If (do SFE block = 1), go to MAS_Q601.
Otherwise, go to MAS_R6.

MAS_R6 **Now a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.

MAS_Q601 **You have little control over the things that happen to you.**

MAS_601

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK
R (Go to MAS_END)

MAS_Q602 **There is really no way you can solve some of the problems you have.**

MAS_602

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

MAS_Q603 **There is little you can do to change many of the important things in your life.**

MAS_603

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

MAS_Q604 **You often feel helpless in dealing with problems of life.**

MAS_604

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

MAS_Q605
MAS_605

Sometimes you feel that you are being pushed around in life.

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

MAS_Q606
MAS_606

What happens to you in the future mostly depends on you.

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

MAS_Q607
MAS_607

You can do just about anything you really set your mind to.

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

MAS_END

Smoking (SMK)

Core Content

SMK_BEG

SMK_C1 If (do SMK block = 2), go to SMK_END.
Otherwise, go to SMK_R1.

SMK_R1 **The next questions are about smoking.**
INTERVIEWER: Press <Enter> to continue.

SMK_Q201A **In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more cigarettes (about 4 packs)?**

SMK_01A

- 1 Yes (Go to SMK_Q201C)
- 2 No
DK, R

SMK_Q201B **[Have/Has] [you/he/she] ever smoked a whole cigarette?**

SMK_01B

- 1 Yes (Go to SMK_Q201C)
- 2 No (Go to SMK_Q202)
DK (Go to SMK_Q202)
R

SMK_C201C If SMK_Q201A = R and SMK_Q201B = R, go to SMK_END.
Otherwise, go to SMK_Q202.

SMK_Q201C **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**

SMK_01C

INTERVIEWER: Minimum is 5; maximum is [current age].

||_| Age in years
(MIN: 5) (MAX: current age)
DK, R (Go to SMK_Q202)

SMK_E201C If SMK_Q201C >= 5 and SMK_Q201C <= current age, go to SMK_Q202.
Otherwise, show pop-up edit as follows.

The entered age at which the respondent first smoked a whole cigarette is invalid. Please return and correct.

SMK_Q202 **At the present time, [do/does] [you/FNAME] smoke cigarettes daily, occasionally or not at all?**

SMK_202

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

Daily smoker (current)

SMK_Q203 **At what age did [you/he/she] begin to smoke cigarettes daily?**

SMK_203

INTERVIEWER: Minimum is 5; maximum is [current age].

||_| Age in years
(MIN: 5) (MAX: current age)
DK, R (Go to SMK_Q204)

SMK_E203 If SMK_Q203 >= 5 and SMK_Q203 <= current age, go to SMK_Q204.
Otherwise, show pop-up edit as follows.

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

SMK_Q204 **How many cigarettes [do/does] [you/he/she] smoke each day now?**

SMK_204

|_| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

Go to SMK_END

Occasional smoker (current)

SMK_Q205B **On the days that [you/FNAME] [do/does] smoke, how many cigarettes [do/does]**
SMK_05B **[you/he/she] usually smoke?**

|_| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

SMK_Q205C **In the past month, on how many days [have/has] [you/he/she] smoked 1 or more**
SMK_05C **cigarettes?**

|_| Days
(MIN: 0) (MAX: 30)
DK, R

SMK_C205D If SMK_Q201A <> 1 (has not smoked 100 or more cigarettes lifetime),
go to SMK_END.
Otherwise, go to SMK_Q205D.

Occasional smoker or non-smoker (current)

SMK_Q205D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**

SMK_05D

- 1 Yes (Go to SMK_Q207)
2 No
DK, R (Go to SMK_END)

SMK_C206A If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.

Non-smoker (current)

SMK_Q206A **When did [you/he/she] stop smoking? Was it:**

SMK_06A

INTERVIEWER: Read categories to respondent.

- 1 ... less than one year ago?
2 ... 1 year to less than 2 years ago? (Go to SMK_END)
3 ... 2 years to less than 3 years ago? (Go to SMK_END)
4 ... 3 or more years ago? (Go to SMK_Q206C)
DK, R (Go to SMK_END)

SMK_Q206B **In what month did [you/he/she] stop?**
SMK_06B

- | | | | |
|---|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |

DK, R

Go to SMK_END

SMK_Q206C **How many years ago was it?**
SMK_06C

INTERVIEWER: Minimum is 3; maximum is [current age - 5].

||_| Years
(MIN: 3) (MAX: current age-5)
DK, R (Go to SMK_END)

SMK_E206C If SMK_Q206C >= 3 and SMK_Q206C <= current age-5, go to SMK_END.
Otherwise, show pop-up edit as follows.

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

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

SMK_Q207 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**
SMK_207

INTERVIEWER: Minimum is 5; maximum is [current age].

||_| Age in years
(MIN: 5) (MAX: current age)

DK, R (Go to SMK_Q208)

SMK_E207 If SMK_Q207 >= 5 and SMK_Q207 <= current age, go to SMK_Q208.
Otherwise, show pop-up edit as follows.

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

SMK_Q208 **How many cigarettes did [you/he/she] usually smoke each day?**
SMK_208

|| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

SMK_Q209A **When did [you/he/she] stop smoking daily? Was it:**
SMK_09A

INTERVIEWER: Read categories to respondent.

- | | | |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago? | |
| 2 | ... 1 year to less than 2 years ago? | (Go to SMK_C210) |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_C210) |
| 4 | ... 3 or more years ago? | (Go to SMK_Q209C) |
| | DK, R | (Go to SMK_END) |

SMK_Q209B **In what month did [you/he/she] stop?**
SMK_09B

- | | | | |
|-------|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |
| DK, R | | | |

Go to SMK_C210

SMK_Q209C **How many years ago was it?**
SMK_09C INTERVIEWER: Minimum is 3; maximum is [current age-5].

||_| Years
(MIN: 3) (MAX: current age-5)
DK, R (Go to SMK_C210)

SMK_E209C If SMK_Q209C >= 3 and SMK_Q209C <= current age-5, go to SMK_E209D.
Otherwise, show pop-up edit as follows.

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

SMK_E209D If SMK_Q207 <= (current age - SMK_Q209C), go to SMK_C210.
Otherwise, show pop-up edit as follows.

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

SMK_C210 If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.

Non-smoker (current)

SMK_Q210 **Was that when [you/he/she] completely quit smoking?**
SMK_10

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

SMK_Q210A **When did [you/he/she] stop smoking completely? Was it:**
SMK_10A INTERVIEWER: Read categories to respondent.

- | | | |
|-------|---------------------------------------|-------------------|
| 1 | ... less than one year ago? | |
| 2 | ... 1 year to less than 2 years ago? | (Go to SMK_END) |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_END) |
| 4 | ... 3 or more years ago? | (Go to SMK_Q210C) |
| DK, R | | (Go to SMK_END) |

SMK_Q210B **In what month did [you/he/she] stop?**
SMK_10B

- | | | | |
|-------|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |
| DK, R | | | |

Go to SMK_END

SMK_Q210C **How many years ago was it?**
SMK_10C INTERVIEWER: Minimum is 3; maximum is [current age-5].

|_|_| Years
(MIN: 3) (MAX: current age-5)
DK, R (Go to SMK_END)

SMK_E210C If SMK_Q210C >= 3 and SMK_Q210C <= current age-5, go to SMK_END.
Otherwise, show pop-up edit as follows.

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

SMK_END

Smoking – Stages of change (SCH)

Optional Content selected by
health regions in: Ontario

SCH_BEG

SCH_C1 If (do SCH block = 2), go to SCH_END.
Otherwise, go to SCH_C2.

SCH_C2 If SMK_Q202 = 1 or 2 (current daily or occasional smokers), go to SCH_C3.
Otherwise, go to SCH_END.

SCH_C3 If proxy interview, go to SCH_END.
Otherwise, go to SCH_Q1 SCH_1.

SCH_Q1 **Are you seriously considering quitting smoking within the next 6 months?**

SCH_1

- 1 Yes
- 2 No (Go to SCH_Q3)
 DK, R (Go to SCH_Q3)

SCH_Q2 **Are you seriously considering quitting within the next 30 days?**

SCH_2

- 1 Yes
- 2 No
 DK, R

SCH_Q3 **In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?**

SCH_3

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

SCH_Q4 **How many times? (in the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit)**

SCH_4

|_| Times
(MIN: 1) (MAX: 95; warning after 48)
DK, R

SCH_END

Smoking - Nicotine dependence (NDE)

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

NDE_C1 If (do NDE block = 2), go to NDE_END.
Otherwise, go to NDE_C2.

NDE_C2 If SMK_Q202 = 1 (current daily smokers), go to NDE_C3.
Otherwise, go to NDE_END.

NDE_C3 If proxy interview, go to NDE_END.
Otherwise, go to NDE_Q1.

NDE_Q1 **How soon after you wake up do you smoke your first cigarette?**

NDE_1

- 1 Within 5 minutes
 - 2 6 - 30 minutes after waking
 - 3 31 - 60 minutes after waking
 - 4 More than 60 minutes after waking
- DK, R (Go to NDE_END)

NDE_Q2 **Do you find it difficult to refrain from smoking in places where it is forbidden?**

NDE_2

- 1 Yes
 - 2 No
- DK, R

NDE_Q3 **Which cigarette would you most hate to give up?**

NDE_3

INTERVIEWER: Read categories to respondent.

- 1 **The first one of the day**
 - 2 **Another one**
- DK, R

NDE_Q4 **Do you smoke more frequently during the first hours after waking, compared with the rest of the day?**

NDE_4

- 1 Yes
 - 2 No
- DK, R

NDE_Q5 **Do you smoke even if you are so ill that you are in bed most of the day?**

NDE_5

- 1 Yes
 - 2 No
- DK, R

NDE_END

Smoking cessation methods (SCA)

Optional Content selected by
health regions in: Ontario

SCA_BEG

SCA_C1 If (do SCA block = 1), go to SCA_C10A.
Otherwise, go to SCA_END.

SCA_C10A If proxy interview, go to SCA_END.
Otherwise, go to SCA_C10B.

SCA_C10B If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA_C50.
Otherwise, go to SCA_C10C.

SCA_C10C If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go to
SCA_Q10.
Otherwise, go to SCA_END.

SCA_Q10 **In the past 12 months, did you try a nicotine patch to quit smoking?**

SCA_10

- 1 Yes
- 2 No (Go to SCA_Q11)
- DK, R (Go to SCA_END)

SCA_Q10A **How useful was that in helping you quit?**

SCA_10A

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

SCA_Q11 **Did you try Nicorettes or other nicotine gum or candy to quit smoking? (In the past 12 months)**

SCA_11

- 1 Yes
- 2 No (Go to SCA_Q12)
- DK, R (Go to SCA_Q12)

SCA_Q11A **How useful was that in helping you quit?**

SCA_11A

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

SCA_Q12 **In the past 12 months, did you try medication such as Zyban, Prolev or Wellbutrin to quit smoking?**

SCA_12

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

SCA_Q12A **How useful was that in helping you quit?**
SCA_12A

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

DK, R

Go to SCA_END

SCA_C50 If (do SCH block = 2), go to SCA_Q50.
Otherwise, go to SCA_C50A.

SCA_C50A If SCH_Q3 = 1, go to SCA_Q60.
Otherwise, go to SCA_END.

SCA_Q50 **In the past 12 months, did you stop smoking for at least 24 hours because you were trying
SCA_50 to quit?**

- 1 Yes
- 2 No (Go to SCA_END)

DK, R (Go to SCA_END)

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

SCA_Q60 **In the past 12 months, did you try any of the following to quit smoking:
SCA_60**

... a nicotine patch?

- 1 Yes
- 2 No

DK, R

SCA_Q61 **(In the past 12 months, did you try any of the following to quit smoking:)**
SCA_61

... Nicorettes or other nicotine gum or candy?

- 1 Yes
- 2 No

DK, R

SCA_Q62 **(In the past 12 months, did you try any of the following to quit smoking:)**
SCA_62

... medication such as Zyban, Prolev or Wellbutrin?

- 1 Yes
- 2 No

DK, R

SCA_END

Smoking – Physician counselling (SPC)

Optional Content selected by
health regions in: Alberta

SPC_BEG

SPC_C1 If (do SPC block = 1), go to SPC_C2.
Otherwise, go to SPC_END.

SPC_C2 If proxy interview, go to SPC_END.
Otherwise, go to SPC_C3.

SPC_C3 If SMK_Q202 = 1 or 2 or SMK_Q206A = 1 or SMK_Q209A = 1, go to SPC_C4.
Otherwise, go to SPC_END.

SPC_C4 If (do HCU block = 1) and (HCU_Q01AA = 1) (i.e. has a regular medical doctor), go to SPC_Q10.
Otherwise, go to SPC_C20A.

SPC_Q10 **Earlier, you mentioned having a regular medical doctor. In the past 12 months, did you go see this doctor?**

SPC_10

- 1 Yes
- 2 No (Go to SPC_C20A)
DK, R (Go to SPC_C20A)

SPC_Q11 **Does your doctor know that you [smoke/smoked] cigarettes?**

SPC_11

- 1 Yes
- 2 No (Go to SPC_C20A)
DK, R (Go to SPC_C20A)

Note: If SMK_Q202 = 1 or 2, use “smoke”. If SMK_Q206A = 1 or SMK_Q209A = 1, use “smoked”.

SPC_Q12 **In the past 12 months, did your doctor advise you to quit smoking?**

SPC_12

- 1 Yes
- 2 No
DK, R (Go to SPC_C20A)

SPC_Q13 **(In the past 12 months,) did your doctor give you any specific help or information to quit smoking?**

SPC_13

- 1 Yes
- 2 No (Go to SPC_C20A)
DK, R (Go to SPC_C20A)

SPC_Q14 **What type of help did the doctor give?**

INTERVIEWER: Mark all that apply.

- SPC_14A 1 Referral to a one-on-one cessation program
- SPC_14B 2 Referral to a group cessation program
- SPC_14C 3 Recommended use of nicotine patch or nicotine gum
- SPC_14D 4 Recommended Zyban or other medication
- SPC_14E 5 Provided self-help information (e.g., pamphlet, referral to website)
- SPC_14F 6 Own doctor offered counselling
- SPC_14G 7 Other
DK, R

SPC_C20A If (do DEN block = 1) and (DEN_Q130 = 1 or DEN_Q132 = 1) (visited dentist in past 12 months), go to SPC_Q21.

SPC_C20B If (do DEN block = 1) and (DEN_Q130 = 2, DK or R) (did not visit dentist in past 12 months), go to SPC_END.
Otherwise, go to SPC_C20C.

SPC_C20C If (do HCU block = 1) and (HCU_Q02E = 1) (saw or talked to dentist in past 12 months), go to SPC_Q20.
Otherwise, go to SPC_END.

SPC_Q20
SPC_20 **Earlier, you mentioned having “seen or talked to” a dentist in the past 12 months. Did you actually go to the dentist?**
INTERVIEWER: Include both face to face and telephone contacts.

1 Yes
2 No (Go to SPC_END)
DK, R (Go to SPC_END)

SPC_Q21
SPC_21 **Does your dentist or dental hygienist know that you [smoke/smoked] cigarettes?**

1 Yes
2 No (Go to SPC_END)
DK, R (Go to SPC_END)

Note: If SMK_Q202 = 1 or 2, use “smoke”. If SMK_Q206A = 1 or SMK_Q209A = 1, use “smoked”.

SPC_Q22
SPC_22 **In the past 12 months, did the dentist or hygienist advise you to quit smoking?**

1 Yes
2 No
DK, R

SPC_END

Smoking - Youth smoking (YSM)

Optional Content selected by health
regions in: British Columbia

YSM_BEG

YSM_C1 If (do YSM block = 2), go to YSM_END.
Otherwise, go to YSM_C1A.

YSM_C1A If proxy interview or age greater than 19, go to YSM_END.
Otherwise, go to YSM_C1B.

YSM_C1B If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to YSM_Q1.
Otherwise, go to YSM_END.

YSM_Q1

YSM_1

Where do you usually get your cigarettes?

- 1 Buy from - Vending machine
- 2 Buy from - Small grocery / corner store
- 3 Buy from - Supermarket
- 4 Buy from - Drug store
- 5 Buy from - Gas station
- 6 Buy from - Other store
- 7 Buy from - Friend or someone else
- 8 Given them by - Brother or sister
- 9 Given them by - Mother or father
- 10 Given them by - Friend or someone else
- 11 Take them from - Mother, father or sibling
- 12 Other
DK, R (Go to YSM_END)

YSM_C2 If YSM_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM_Q3.
Otherwise, go to YSM_Q2.

YSM_Q2

YSM_2

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

- 1 Yes
- 2 No (Go to YSM_Q5)
DK, R (Go to YSM_Q5)

YSM_Q3

YSM_3

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

- 1 Yes
- 2 No
DK, R

YSM_Q4

YSM_4

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

- 1 Yes
- 2 No
DK, R

YSM_Q5

YSM_5

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

- 1 Yes
- 2 No
DK, R

YSM_END

Exposure to second-hand smoke (ETS)

Core Content

ETS_BEG

ETS_C1 If (do ETS block = 2), go to ETS_END.
Otherwise, go to ETS_R1.

ETS_R1 **The next questions are about exposure to second-hand smoke.**
INTERVIEWER: Press <Enter> to continue.

ETS_C10 If the number of household members = 1 and (SMK_Q202 = 1 or 2), go to ETS_Q30.
Otherwise, go to ETS_Q10.

ETS_Q10 **Including both household members and regular visitors, does anyone smoke inside your**
ETS_10 **home, every day or almost every day?**
INTERVIEWER: Include cigarettes, cigars and pipes.

- 1 Yes
- 2 No (Go to ETS_C20)
- DK, R (Go to ETS_END)

ETS_Q11 **How many people smoke inside your home every day or almost every day?**
ETS_11 INTERVIEWER: Include household members and regular visitors.

|| Number of people
(MIN:1) (MAX:15)
DK, R

ETS_C20 If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS_Q30.
Otherwise, go to ETS_Q20.

ETS_Q20 **In the past month, [were/was] [you/FNAME] exposed to second-hand smoke, every day or**
ETS_20 **almost every day, in a car or other private vehicle?**

- 1 Yes
- 2 No
- DK, R

ETS_Q20B **(In the past month,) [were/was] [you/he/she] exposed to second-hand smoke, every day or**
ETS_20B **almost every day, in public places (such as bars, restaurants, shopping malls, arenas,**
bingo halls, bowling alleys)?

- 1 Yes
- 2 No
- DK, R

ETS_Q30 **Are there any restrictions against smoking cigarettes in your home?**
ETS_5

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

ETS_Q31

How is smoking restricted in your home?

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

ETS_6A

1 **Smokers are asked to refrain from smoking in the house**

ETS_6B

2 **Smoking is allowed in certain rooms only**

ETS_6C

3 **Smoking is restricted in the presence of young children**

ETS_6D

4 **Other restriction**

DK, R

ETS_END

Smoking - Other tobacco products (TAL)

Optional Content selected by health
regions in:
Ontario, Saskatchewan and Alberta

TAL_BEG

TAL_C1 If (do TAL block = 1), go to TAL_Q1.
Otherwise, go to TAL_END.

TAL_Q1 **Now I'd like to ask about [your/his/her] use of tobacco other than cigarettes.**

TAL_1

In the past month, [have/has] [you/he/she] smoked cigars?

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

TAL_Q2 **(In the past month,) [have/has] [you/he/she] smoked a pipe?**

TAL_2

- 1 Yes
- 2 No
- DK, R

TAL_Q3 **(In the past month,) [have/has] [you/he/she] used snuff?**

TAL_3

- 1 Yes
- 2 No
- DK, R

TAL_Q4 **(In the past month,) [have/has] [you/he/she] used chewing tobacco?**

TAL_4

- 1 Yes
- 2 No
- DK, R

TAL_END

Alcohol use (ALC)

Core Content

ALC_BEG

ALC_C1A If (do ALC block = 1), go to ALC_R1.
Otherwise, go to ALC_END.

ALC_R1 **Now, some questions about ^YOUR2 alcohol consumption.**
When we use the word 'drink' it means:
 - one bottle or can of beer or a glass of draft
 - one glass of wine or a wine cooler
 - one drink or cocktail with 1 and a 1/2 ounces of liquor.
INTERVIEWER: Press <Enter> to continue.

ALC_Q1 **During the past 12 months, that is, from [date one year ago] to yesterday,**
ALC_1 **^HAVE ^YOU2 had a drink of beer, wine, liquor or any other alcoholic beverage?**

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

ALC_Q2 **During the past 12 months, how often did ^YOU1 drink alcoholic beverages?**
ALC_2

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
- DK, R

ALC_Q3 **How often in the past 12 months ^HAVE ^YOU1 had 5 or more drinks on one occasion?**
ALC_3

- 1 Never
- 2 Less than once a month
- 3 Once a month
- 4 2 to 3 times a month
- 5 Once a week
- 6 More than once a week
- DK, R

ALC_END

Alcohol use during the past week (ALW)

Optional Content selected by health regions in:
Newfoundland and Labrador, Nova Scotia,
Ontario, British Columbia and Nunavut

ALW_BEG

ALW_C1 If (do ALW block = 1), go to ALW_C2.
Otherwise, go to ALW_END.

ALW_C2 If ALC_Q1 = No, DK or R, go to ALW_END.
Otherwise, go to ALW_Q5.

ALW_Q5 **Thinking back over the past week, that is, from [date last week] to yesterday, did ^YOU2**
ALW_5 have a drink of beer, wine, liquor or any other alcoholic beverage?

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

ALW_D5A Yesterday = WEEKDAY(TODAY - 1)

IF Yesterday = 1 THEN

DayE[1] = 'Sunday'
DayE[2] = 'Saturday'
DayE[3] = 'Friday'
DayE[4] = 'Thursday'
DayE[5] = 'Wednesday'
DayE[6] = 'Tuesday'
DayE[7] = 'Monday'

ELSEIF Yesterday = 2 THEN

DayE[1] = 'Monday'
DayE[2] = 'Sunday'
DayE[3] = 'Saturday'
DayE[4] = 'Friday'
DayE[5] = 'Thursday'
DayE[6] = 'Wednesday'
DayE[7] = 'Tuesday'

ELSEIF Yesterday = 3 THEN

DayE[1] = 'Tuesday'
DayE[2] = 'Monday'
DayE[3] = 'Sunday'
DayE[4] = 'Saturday'
DayE[5] = 'Friday'
DayE[6] = 'Thursday'
DayE[7] = 'Wednesday'

ELSEIF Yesterday = 4 THEN

DayE[1] = 'Wednesday'
DayE[2] = 'Tuesday'
DayE[3] = 'Monday'
DayE[4] = 'Sunday'
DayE[5] = 'Saturday'
DayE[6] = 'Friday'
DayE[7] = 'Thursday'

ELSEIF Yesterday = 5 THEN

DayE[1] = 'Thursday'
DayE[2] = 'Wednesday'
DayE[3] = 'Tuesday'
DayE[4] = 'Monday'
DayE[5] = 'Sunday'
DayE[6] = 'Saturday'
DayE[7] = 'Friday'

```

ELSEIF Yesterday = 6 THEN
DayE[1] = 'Friday'
DayE[2] = 'Thursday'
DayE[3] = 'Wednesday'
DayE[4] = 'Tuesday'
DayE[5] = 'Monday'
DayE[6] = 'Sunday'
DayE[7] = 'Saturday'

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ELSEIF Yesterday = 7 THEN
DayE[1] = 'Saturday'
DayE[2] = 'Friday'
DayE[3] = 'Thursday'
DayE[4] = 'Wednesday'
DayE[5] = 'Tuesday'
DayE[6] = 'Monday'
DayE[7] = 'Sunday'
ENDIF

```

ALW_Q5A1 **Starting with yesterday, that is ^DayE[1], how many drinks did ^YOU2 have?**
ALW_5A1

I_I_I Number of drinks
(MIN: 0 MAX: 99)
DK
R (Go to ALW_END)

ALW_E5A1A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[1].**

Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A1 => 5.

ALW_E5A1B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A1 > 12.

ALW_Q5A2 **(How many drinks did ^YOU1 have:)**
ALW_5A2 **... on ^DayE[2]?**

I_I_I Number of drinks
(MIN: 0 MAX: 99)
DK, R

ALW_E5A2A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[2].**

Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A2 => 5.

ALW_E5A2B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A2 > 12.

ALW_Q5A3 **(How many drinks did ^YOU1 have:)**
ALW_5A3 **... on ^DayE[3]?**

I_I_I Number of drinks
(MIN: 0 MAX: 99)
DK, R

- ALW_E5A3A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[3].**
- Trigger hard edit if $ALC_Q3 = 1$ and $ALW_Q5A3 \Rightarrow 5$.
- ALW_E5A3B An unusual value has been entered. Please confirm.
- Note: Trigger soft edit if $ALW_Q5A3 > 12$.
- ALW_Q5A4 **(How many drinks did ^YOU1 have:)**
ALW_5A4 **... on ^DayE[4]?**
- I_I_I Number of drinks
(MIN: 0 MAX: 99)
DK, R
- ALW_E5A4A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[4].**
- Trigger hard edit if $ALC_Q3 = 1$ and $ALW_Q5A4 \Rightarrow 5$.
- ALW_E5A4B An unusual value has been entered. Please confirm.
- Note: Trigger soft edit if $ALW_Q5A4 > 12$.
- ALW_Q5A5 **(How many drinks did ^YOU1 have:)**
ALW_5A5 **... on ^DayE[5]?**
- I_I_I Number of drinks
(MIN: 0 MAX: 99)
DK, R
- ALW_E5A5A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[5].**
- Trigger hard edit if $ALC_Q3 = 1$ and $ALW_Q5A5 \Rightarrow 5$.
- ALW_E5A5B An unusual value has been entered. Please confirm.
- Note: Trigger soft edit if $ALW_Q5A5 > 12$.
- ALW_Q5A6 **(How many drinks did ^YOU1 have:)**
ALW_5A6 **... on ^DayE[6]?**
- I_I_I Number of drinks
(MIN: 0 MAX: 99)
DK, R
- ALW_E5A6A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[6].**
- Trigger hard edit if $ALC_Q3 = 1$ and $ALW_Q5A6 \Rightarrow 5$.
- ALW_E5A6B An unusual value has been entered. Please confirm.
- Note: Trigger soft edit if $ALW_Q5A6 > 12$.

ALW_Q5A7 (How many drinks did ^YOU1 have:)
ALW_5A7 ... on ^DayE[7]?

I_I_I Number of drinks
(MIN: 0 MAX: 99)
DK, R

ALW_E5A7A **Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on ^DayE[7].**

Trigger hard edit if ALC_Q3 = 1 and ALW_Q5A7 => 5.

ALW_E5A7B An unusual value has been entered. Please confirm.

Note: Trigger soft edit if ALW_Q5A7 > 12.

ALW_E5A1 **Inconsistent answers have been entered. The respondent had a drink in the past week but has not had any drinks in the last seven days.**

Trigger hard edit if ALW_Q5A1 to ALW_Q5A7 all = 0.

ALW_END

Alcohol use – Former drinkers (ALN)

Optional Content selected by health regions in: Newfoundland and Labrador and British Columbia

ALN_BEG

ALN_C1 If (do ALN block = 1), go to ALN_C2.
Otherwise, go to ALN_END.

ALN_C2 If ALC_Q1 = Yes, DK or R, go to ALN_END.
Otherwise, go to ALN_Q5B.

ALN_Q5B **^HAVE_C ^YOU2 ever had a drink?**

ALN_5B

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

ALN_Q6 **Did ^YOU1 ever regularly drink more than 12 drinks a week?**

ALN_6

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

ALN_Q7 **Why did ^YOU1 reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

- ALN_7A 1 Dieting
- ALN_7B 2 Athletic training
- ALN_7C 3 Pregnancy
- ALN_7D 4 Getting older
- ALN_7E 5 Drinking too much / drinking problem
- ALN_7F 6 Affected - work, studies, employment opportunities
- ALN_7G 7 Interfered with family or home life
- ALN_7H 8 Affected - physical health
- ALN_7I 9 Affected - friendships or social relationships
- ALN_7J 10 Affected - financial position
- ALN_7K 11 Affected - outlook on life, happiness
- ALN_7L 12 Influence of family or friends
- ALN_7N 13 Life change
- ALN_7M 14 Other - Specify
 DK, R

ALN_C7S If ALN_Q7 = 14, go to ANC_Q7S.
Otherwise, go to ALN_END.

ALN_Q7S INTERVIEWER: Specify.

(80 spaces)

DK, R

ALN_END

Driving and safety (DRV)

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

DRV_BEG

DRV_C01A If (do DRV block = 2), go to DRV_END.
Otherwise, go to DRV_C01B.

DRV_C01B If proxy interview, go to DRV_END.
Otherwise, go to DRV_R1.

DRV_R1 **The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.**

INTERVIEWER: Press <Enter> to continue.

DRV_Q01A **In the past 12 months, have you driven a motor vehicle?**

DRV_01A INTERVIEWER: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

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

DRV_Q01B **In the past 12 months, have you driven a motorcycle?**

DRV_01B

- 1 Yes
- 2 No
- DK, R

DRV_C02 If DRV_Q01A = 2 and DRV_Q01B = 2 or DK or R, go to DRV_R2.
Otherwise, go to DRV_C02A.

DRV_C02A If DRV_Q01A = 1, go to DRV_Q02.
Otherwise, go to DRV_Q04.

DRV_Q02 **How often do you fasten your seat belt when you drive a motor vehicle?**

DRV_02 INTERVIEWER: Read categories to respondent.

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

DRV_Q03 **Counting hands-free use, how often do you use a cell phone while you are driving a motor vehicle?**

DRV_03

INTERVIEWER: Read categories to respondent.

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

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

DRV_Q04
DRV_04

How often do you drive when you are feeling tired?

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

DRV_Q05
DRV_05

Compared to other drivers, would you say you usually drive:

INTERVIEWER: Read categories to respondent.

- 1 ... much faster?
- 2 ... a little faster?
- 3 ... about the same speed?
- 4 ... a little slower?
- 5 ... much slower?
- DK, R

DRV_Q06
DRV_06

(Compared to other drivers,) would you say you usually drive:

INTERVIEWER: Read categories to respondent.

- 1 ... much more aggressively?
- 2 ... a little more aggressively?
- 3 ... about the same?
- 4 ... a little less aggressively?
- 5 ... much less aggressively?
- DK, R

DRV_C07

If ALC_Q1 = 1 (drank alcohol in past 12 months) and (DRV_Q01A = 1 (drove a motor vehicle) or DRV_Q01B = 1 (Drove a motorcycle)), go to DRV_Q07.
Otherwise, go to DRV_R2.

DRV_Q07
DRV_07

In the past 12 months, have you driven a motor vehicle after having 2 or more drinks in the hour before you drove?

INTERVIEWER: Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.

- 1 Yes
- 2 No (Go to DRV_R2)
- DK, R (Go to DRV_R2)

DRV_Q07A
DRV_07A

How many times (in the past 12 months)?

|_|_| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_R2

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

INTERVIEWER: Press <Enter> to continue.

DRV_Q08A
DRV_08A

When you are a front seat passenger, how often do you fasten your seat belt?

INTERVIEWER: Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- 5 Do not ride in front seat
DK, R

DRV_Q08B
DRV_08B

When you are a back seat passenger, how often do you fasten your seat belt?

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not ride in back seat
DK, R

DRV_Q09
DRV_09

When you are a passenger in a taxi, how often do you fasten your seat belt?

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not take taxis
DK, R

DRV_Q10
DRV_10

In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?

- 1 Yes
- 2 No (Go to DRV_Q11A)
DK, R (Go to DRV_Q11A)

DRV_Q10A
DRV_10A

How many times (in the past 12 months)?

|_|_| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_Q11A
DRV_11A

In the past 12 months, have you been the driver of, or a passenger in, a snowmobile, motor boat or seadoo?

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

DRV_Q11B
DRV_11B

In the past 12 months, have you been the driver of, or a passenger in, an ATV (all terrain vehicle)?

- 1 Yes
- 2 No (Go to DRV_C13)
DK, R (Go to DRV_END)

DRV_Q12
DRV_12

How often do you wear a helmet when on an ATV?

INTERVIEWER: Read categories to respondent.

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

DRV_C13

If DRV_Q11A = 2 (not driven/passenger - snowmobile, motor boat or seadoo) and DRV_Q11B = 2 (not driven/passenger - ATV), go to DRV_END.
Otherwise, go to DRV_C13A.

Note:

If DRV_Q11A = 1 and DRV_Q11B = 1, use "a snowmobile, motor boat, seadoo or ATV" in DRV_Q13 and DRV_Q14.

If DRV_Q11A = 1 and DRV_Q11B = 2, use "a snowmobile, motor boat or seadoo" in DRV_Q13 and DRV_Q14.

If DRV_Q11A = 2 and DRV_Q11B = 1, use "an ATV" in DRV_Q13 and DRV_Q14.

DRV_Q13
DRV_13

In the past 12 months, have you been a passenger on [a snowmobile, motor boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] with a driver who had 2 or more drinks in the hour before driving?

- 1 Yes
- 2 No (Go to DRV_C14)
- DK, R (Go to DRV_C14)

DRV_Q13A
DRV_13A

How many times (in the past 12 months)?

|_|_| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_C14

If ALC_Q1 = 1 (drank alcohol in the past 12 months), go to DRV_Q14.
Otherwise, go to DRV_END.

DRV_Q14
DRV_14

In the past 12 months, have you driven [a snowmobile, motor boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] after having 2 or more drinks in the hour before you drove?

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

DRV_Q14A
DRV_14A

How many times (in the past 12 months)?

|_|_| Times
(MIN: 1) (MAX: 95; warning after 20)
DK, R

DRV_END

Alcohol use - Dependence (ALD)

Optional Content selected by health regions in:
Saskatchewan and British Columbia

ALD_BEG

ALD_C01A If (do ALD block = 2) or proxy interview, go to ALD_END.
Otherwise, go to ALD_C01B.

ALD_C01B If ALC_Q3 > 2 (has had at least 5 drinks at least once a month), go to ALD_R1.
Otherwise, go to ALD_END.

ALD_R1 **The next questions are about how drinking can affect people in their activities. We will be referring to the past 12 months, that is, from [date one year ago] to yesterday.**
INTERVIEWER: Press <Enter> to continue.

ALD_Q01
ALD_01 **In the past 12 months, have you ever been drunk or hung-over while at work, school or while taking care of children?**

- 1 Yes
- 2 No (Go to ALD_Q03)
- DK, R (Go to ALD_END)

ALD_Q02
ALD_02 **How many times? Was it:**
INTERVIEWER: Read categories to respondent.

- 1 ... Once or twice?
- 2 ... 3 to 5 times?
- 3 ... 6 to 10 times?
- 4 ... 11 to 20 times?
- 5 ... More than 20 times?
- DK, R

ALD_Q03
ALD_03 **In the past 12 months, were you ever in a situation while drunk or hung-over which increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports.)**

- 1 Yes
- 2 No
- DK, R

ALD_Q04
ALD_04 **(In the past 12 months,) have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?**

- 1 Yes
- 2 No
- DK, R

ALD_Q05
ALD_05 **(In the past 12 months,) have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?**

- 1 Yes
- 2 No
- DK, R

ALD_Q06
ALD_06 **(In the past 12 months,) have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?**

- 1 Yes
- 2 No
- DK, R

ALD_Q07
ALD_07

In the past 12 months, did you ever drink much more or for a longer period of time than you intended?

- 1 Yes
- 2 No (Go to ALD_Q09)
- DK, R (Go to ALD_Q09)

ALD_Q08
ALD_08

How many times? Was it:

INTERVIEWER: Read categories to respondent.

- 1 ... Once or twice?
- 2 ... 3 to 5 times?
- 3 ... 6 to 10 times?
- 4 ... 11 to 20 times?
- 5 ... More than 20 times?
- DK, R

ALD_Q09
ALD_09

In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?

- 1 Yes
- 2 No
- DK, R

ALD_R10

People who cut down their alcohol use or stop drinking altogether may not feel well if they have been drinking steadily for some time. These feelings are more intense and can last longer than the usual hangover.

INTERVIEWER: Press <Enter> to continue.

ALD_Q10
ALD_10

In the past 12 months, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?

- 1 Yes
- 2 No
- DK, R

ALD_Q11
ALD_11

(In the past 12 months,) did you ever have a period when you drank alcohol even though you promised yourself you wouldn't, or when you drank a lot more than you intended?

- 1 Yes
- 2 No
- DK, R

ALD_Q12
ALD_12

(In the past 12 months,) did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else?

- 1 Yes
- 2 No
- DK, R

ALD_Q13
ALD_13

(In the past 12 months,) did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?

- 1 Yes
- 2 No
- DK, R

ALD_Q14
ALD_14

(In the past 12 months,) did you ever continue to drink alcohol when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your alcohol use?

- 1 Yes
- 2 No
- DK, R

ALD_C15

If count of "Yes" responses (1) in (ALD_Q01, ALD_Q03, ALD_Q04, ALD_Q05, ALD_Q06, ALD_Q07, ALD_Q09, ALD_Q10, ALD_Q11, ALD_Q12, ALD_Q13, and ALD_Q14) = 0, go to ALD_END.

ALD_R15

Please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".

INTERVIEWER: Press <Enter> to continue.

ALD_Q15A
ALD_15A

In the past 12 months, how much did your alcohol use interfere with:

... your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

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

|_| Number
(MIN: 0) (MAX: 10)
DK, R

ALD_Q15B_1
ALD_5B1

(How much did it interfere with:)

... your ability to attend school?

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

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

|_| Number
(MIN: 0) (MAX: 11)
DK, R

ALD_Q15B_2 (How much did it interfere with:)
ALD_5B2

... your ability to work at a job?

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

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

||| Number
(MIN: 0) (MAX: 11)
DK, R

ALD_Q15C
ALD_15C

(In the past 12 months,) how much did your alcohol use interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means "no interference" and 10 means "very severe interference".)

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

||| Number
(MIN: 0) (MAX: 10)
DK, R

ALD_Q15D
ALD_15D

How much did it interfere with your social life?

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

||| Number
(MIN: 0) (MAX: 10)
DK, R

ALD_END

Maternal experiences - Breastfeeding (MEX)

Core Content

MEX_BEG

MEX_C01A If (do MEX block = 1), go to MEX_C01B.
Otherwise, go to MEX_END.

MEX_C01B If proxy interview or sex = male or age < 15 or > 55, go to MEX_END.
Otherwise, go to MEX_Q01.

MEX_Q01 **The next questions are for recent mothers.**
Have you given birth in the past 5 years?
INTERVIEWER: Do not include stillbirths.

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

MEX_Q01A **In what year?**
INTERVIEWER: Enter year of birth of last baby.
Minimum is [current year - 5]; maximum is [current year].

____ Year
(MIN: current year - 5)(MAX: current year)
DK, R

MEX_Q02 **Did you take a vitamin supplement containing folic acid before your (last) pregnancy, that is, before you found out that you were pregnant?**

- 1 Yes
- 2 No
- DK, R

MEX_Q03 **(For your last baby,) did you breastfeed or try to breastfeed your baby, even if only for a short time?**

- 1 Yes (Go to MEX_Q05)
- 2 No
- DK, R (Go to MEX_END)

MEX_Q04 **What is the main reason that you did not breastfeed?**

- 1 Bottle feeding easier
- 2 Formula as good as breast milk
- 3 Breastfeeding is unappealing / disgusting
- 4 Father / partner didn't want me to
- 5 Returned to work / school early
- 6 C-Section
- 7 Medical condition - mother
- 8 Medical condition - baby
- 9 Premature birth
- 10 Multiple births (e.g. twins)
- 11 Wanted to drink alcohol
- 12 Wanted to smoke
- 13 Other - Specify
- DK, R

MEX_C04S If MEX_Q04 = 13, go to MEX_Q04S.
Otherwise, go to MEX_END.

MEX_Q04S

INTERVIEWER: Specify.

(80 spaces)

DK, R

Go to MEX_END

MEX_Q05

MEX_05

Are you still breastfeeding?

- 1 Yes (Go to MEX_Q07)
- 2 No
- DK, R (Go to MEX_END)

MEX_Q06

MEX_06

How long did you breastfeed (your last baby)?

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
- DK, R (Go to MEX_END)

MEX_Q07

MEX_07

How old was your (last) baby when you first added any other liquids (e.g. milk, formula, water, teas, herbal mixtures) or solid foods to the baby's feeds?

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

- 1 Less than 1 week
- 2 1 to 2 weeks
- 3 3 to 4 weeks
- 4 5 to 8 weeks
- 5 9 weeks to less than 12 weeks
- 6 3 months (12 weeks to less than 16 weeks)
- 7 4 months (16 weeks to less than 20 weeks)
- 8 5 months (20 weeks to less than 24 weeks)
- 9 6 months (24 weeks to less than 28 weeks)
- 10 7 to 9 months
- 11 10 to 12 months
- 12 More than 1 year
- 13 Have not added liquids or solids (Go to MEX_Q09)
- DK, R (Go to MEX_END)

MEX_E07

An unusual length of time has passed between when the baby stopped breastfeeding and when other liquid or solid foods were first added to the feeds.

Interviewer: Please confirm. If answers are valid, ask for the reason explaining the gap and enter it as a remark.

Trigger soft edit: IF MEX_07 < 13 AND ORD(MEX_Q07) – ORD (MEX_Q06) > 1

Note :

In other words, if MEX_Q07 < 13 AND category number in MEX_Q07 minus category number in MEX_Q06 is greater than 1.

MEX_Q08
MEX_08

What is the main reason that you first added other liquids or solid foods?

- 1 Not enough breast milk
- 2 Baby was ready for solid foods
- 3 Inconvenience / fatigue due to breastfeeding
- 4 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 5 Medical condition - mother
- 6 Medical condition - baby
- 7 Advice of doctor / health professional
- 8 Returned to work / school
- 9 Advice of partner / family / friends
- 10 Formula equally healthy for baby
- 11 Wanted to drink alcohol
- 12 Wanted to smoke
- 13 Other - Specify
DK, R

MEX_C08S If MEX_Q08 = 13, go to MEX_Q08S.
Otherwise, go to MEX_C09.

MEX_Q08S INTERVIEWER: Specify.

(80 spaces)
DK, R

MEX_C09 If MEX_Q07 = 1 (baby less than 1 week), go to MEX_C10.
Otherwise, go to MEX_Q09.

MEX_Q09
MEX_09

During the time when your (last) baby was only fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?

- 1 Yes
- 2 No
DK, R

MEX_C10 If MEX_Q05 = 1 (still breastfeeding), go to MEX_END.
Otherwise, go to MEX_Q10.

MEX_Q10
MEX_10

What is the main reason that you stopped breastfeeding?

- 1 Not enough breast milk
- 2 Baby was ready for solid foods
- 3 Inconvenience / fatigue due to breastfeeding
- 4 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
- 5 Medical condition - mother
- 6 Medical condition - baby
- 7 Planned to stop at this time
- 8 Child weaned him / herself (e.g., baby biting, refusing breast)
- 9 Advice of doctor / health professional
- 10 Returned to work / school
- 11 Advice of partner / family / friends
- 12 Formula equally healthy for baby
- 13 Wanted to drink alcohol
- 14 Wanted to smoke
- 15 Other - Specify
DK, R

MEX_C10S If MEX_Q10 = 15, go to MEX_Q10S.
Otherwise, go to MEX_END.

MEX_Q10S INTERVIEWER: Specify.

(80 spaces)
DK, R

MEX_END

Maternal experiences – Alcohol use during pregnancy (MXA)

MXA_BEG

Optional Content selected by health regions in: Ontario, Alberta, British Columbia and Northwest Territories

MXA_C01A If (do MXA block = 1), go to MXA_C01B.
Otherwise, go to MXA_END.

MXA_C01B If proxy interview or sex = male or age < 15 or > 55 or MEX_Q01 = 2, DK or R, go to MXA_END.
Otherwise, go to MXA_C30.

MXA_C30 If ALC_Q1 = 2, DK or R, and ALN_Q5B = 2, DK or R, (didn't drink in past 12 months or never drank), go to MXA_END.
Otherwise, go to MXA_Q30.

MXA_Q30
MXA_30

Did you drink any alcohol during your last pregnancy?

- 1 Yes
- 2 No (Go to MXA_C32)
DK, R (Go to MXA_END)

MXA_Q31
MXA_31

How often did you drink?

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
DK, R

MXA_C32 If MEX_Q03 = 2 (did not breastfeed last baby), go to MXA_END.
Otherwise, go to MXA_Q32.

MXA_Q32
MXA_32

Did you drink any alcohol while you were breastfeeding (your last baby)?

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

MXA_Q33
MXA_33

How often did you drink?

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
DK, R

MXA_END

Maternal experiences – Smoking during pregnancy (MXS)

MXS_BEG

Optional Content selected by health regions in:
Ontario, Alberta, British Columbia, Northwest
Territories and Nunavut

MXS_C01A If (do MXS block = 1), go to MXS_C01B.
Otherwise, go to MXS_END.

MXS_C01B If proxy interview or sex = male or age < 15 or > 55 or MEX_Q01 = 2, DK or R, go to
MXS_END.
Otherwise, go to MXS_C20.

MXS_C20 If SMK_Q202 = 1 or 2 or SMK_Q201A = 1 or SMK_Q201B = 1, go to MEX_Q20.
Otherwise, go to MXS_END.

MXS_Q20 **During your last pregnancy, did you smoke daily, occasionally or not at all?**

MXS_20

- | | | |
|---|--------------|-----------------|
| 1 | Daily | |
| 2 | Occasionally | (Go to MXS_Q22) |
| 3 | Not at all | (Go to MXS_C23) |
| | DK, R | (Go to MXS_Q26) |

Daily Smokers only

MXS_Q21 **How many cigarettes did you usually smoke each day?**

MXS_21

I _ I _ Number of cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

Go to MXS_C23

Occasional Smokers only

MXS_Q22 **On the days that you smoked, how many cigarettes did you usually smoke?**

MXS_22

I _ I _ Number of cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

MXS_C23 If MEX_Q03 = 1 (breastfed last baby), go to MXS_Q23.
Otherwise, go to MXS_Q26.

MXS_Q23 **When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?**

MXS_23

- | | | |
|---|--------------|-----------------|
| 1 | Daily | |
| 2 | Occasionally | (Go to MXS_Q25) |
| 3 | Not at all | (Go to MXS_Q26) |
| | DK, R | (Go to MXS_Q26) |

Daily smokers only

MXS_Q24 **How many cigarettes did you usually smoke each day?**

MXS_24

I _ I _ Number of cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R
Go to MXS_Q26

Occasional smokers only

MXS_Q25 **On the days that you smoked, how many cigarettes did you usually smoke?**

MXS_25

I_I_I Number of cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

MXS_Q26 **Did anyone regularly smoke in your presence during or after the pregnancy (about 6 months after)?**

MXS_26

1 Yes
2 No
 DK, R

MXS_END

Illicit drugs use (DRG)

Optional Content selected by health regions
in: Nova Scotia and British Columbia

DRG_BEG

DRG_C1 If (do DRG block = 1), go to DRG_C2.
Otherwise, go to DRG_END.

DRG_C2 If proxy interview, go to DRG_END.
Otherwise, go to DRG_R1.

DRG_R1 **I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.**
INTERVIEWER: Press <Enter> to continue.

DRG_Q01 **Have you ever used or tried marijuana, cannabis or hashish?**
IDG_01 INTERVIEWER: Read categories to respondent.

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q04)
DK, R (Go to DRG_END)

DRG_Q02 **Have you used it in the past 12 months?**
IDG_02

- 1 Yes
- 2 No (Go to DRG_Q04)
DK, R (Go to DRG_Q04)

DRG_C03 If DRG_Q01 = 1, go to DRG_Q04.

DRG_Q03 **How often (did you use marijuana, cannabis or hashish in the past 12 months)?**
IDG_03 INTERVIEWER: Read categories to respondent.

- 1 Less than once a month
- 2 1 to 3 times a month
- 3 Once a week
- 4 More than once a week
- 5 Every day
DK, R

DRG_Q04 **Have you ever used or tried cocaine or crack?**
IDG_04

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q07)
DK, R (Go to DRG_Q07)

DRG_Q05 **Have you used it in the past 12 months?**
IDG_05

- 1 Yes
- 2 No (Go to DRG_Q07)
DK, R (Go to DRG_Q07)

DRG_C06 If DRG_Q04 = 1, go to DRG_Q07.

DRG_Q06 **How often (did you use cocaine or crack in the past 12 months)?**
IDG_06 INTERVIEWER: Read categories to respondent.

1 **Less than once a month**
2 **1 to 3 times a month**
3 **Once a week**
4 **More than once a week**
5 **Every day**
DK. R

Have you ever used or tried speed (amphetamines)?

1 Yes, just once
2 Yes, more than once
3 No (Go to DRG_Q10)
DK, R (Go to DRG_Q10)

Have you used it in the past 12 months?

1	Yes	
2	No	(Go to DRG_Q10)
	DK, R	(Go to DRG_Q10)

DRG_Q09 **How often (did you use speed (amphetamines) in the past 12 months)?**
IDG_09 INTERVIEWER: Read categories to respondent.

1 **Less than once a month**
2 **1 to 3 times a month**
3 **Once a week**
4 **More than once a week**
5 **Every day**
DK, R

Have you ever used or tried ecstasy (MDMA) or other similar drugs?

1 Yes, just once
2 Yes, more than once
3 No (Go to DRG_Q13)
DK, R (Go to DRG_Q13)

Have you used it in the past 12 months?

1	Yes	
2	No	(Go to DRG_Q13)
	DK, R	(Go to DRG_Q13)

DRG_Q12 **How often (did you use ecstasy or other similar drugs in the past 12 months)?**
IDG_12 INTERVIEWER: Read categories to respondent.

1 **Less than once a month**
2 **1 to 3 times a month**
3 **Once a week**
4 **More than once a week**
5 **Every day**
DK, R

DRG_Q13
IDG_13

Have you ever used or tried hallucinogens, PCP or LSD (acid)?

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q16)
DK, R (Go to DRG_Q16)

DRG_Q14
IDG_14

Have you used it in the past 12 months?

- 1 Yes
- 2 No (Go to DRG_Q16)
DK, R (Go to DRG_Q16)

DRG_C15 If DRG_Q13 = 1, go to DRG_Q16.

DRG_Q15
IDG_15

How often (did you use hallucinogens, PCP or LSD in the past 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
DK, R

DRG_Q16
IDG_16

Did you ever sniff glue, gasoline or other solvents?

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q19)
DK, R (Go to DRG_Q19)

DRG_Q17
IDG_17

Did you sniff some in the past 12 months?

- 1 Yes
- 2 No (Go to DRG_Q19)
DK, R (Go to DRG_Q19)

DRG_C18 If DRG_Q16 = 1, go to DRG_Q19.

DRG_Q18
IDG_18

How often (did you sniff glue, gasoline or other solvents in the past 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
DK, R

DRG_Q19
IDG_19

Have you ever used or tried heroin?

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q22)
DK, R (Go to DRG_Q22)

DRG_Q20
IDG_20

Have you used it in the past 12 months?

- 1 Yes
- 2 No (Go to DRG_Q22)
- DK, R (Go to DRG_Q22)

DRG_C21 If DRG_Q19 = 1, go to DRG_Q22.

DRG_Q21
IDG_21

How often (did you use heroin in the past 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
- DK, R

DRG_Q22
IDG_22

Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_C25A_1)
- DK, R (Go to DRG_C25A_1)

DRG_Q23
IDG_23

Have you used it in the past 12 months?

- 1 Yes
- 2 No (Go to DRG_C25A1)
- DK, R (Go to DRG_C25A1)

DRG_C24 If DRG_Q22 = 1, go to DRG_C25A1.

DRG_Q24
IDG_24

How often (did you use steroids in the past 12 months)?

INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
- DK, R

DRG_C25A_1 DRG_C25A1 = Count of instances where DRG_Q01, DRG_Q04, DRG_Q07, DRG_Q10, DRG_Q13, DRG_Q16 and DRG_Q19 = 3, DK or R.

If DRG_C25A1 = 7, go to DRG_END.

DRG_C25A_2 DRG_C25A2 = Count of instances where DRG_Q03, DRG_Q06, DRG_Q09, DRG_Q12, DRG_Q15, DRG_Q18 and DRG_Q21 >= 2.

If DRG_C25A_2 >= 1, go to DRG_Q25A.
Otherwise, go to DRG_END.

DRG_Q25A
IDG_25A

During the past 12 months, did you ever need to use more drugs than usual in order to get high, or did you ever find that you could no longer get high on the amount you usually took?

- 1 Yes
- 2 No
DK, R

DRG_R25B

People who cut down their substance use or stop using drugs altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover.

INTERVIEWER: Press <Enter> to continue.

DRG_Q25B
IDG_25B

During the past 12 months, did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?

- 1 Yes
- 2 No
DK, R

DRG_Q25C
IDG_25C

(During the past 12 months,) did you ever have times when you used drugs to keep from having such symptoms?

- 1 Yes
- 2 No
DK, R

DRG_Q25D
IDG_25D

(During the past 12 months,) did you ever have times when you used drugs even though you promised yourself you wouldn't, or times when you used a lot more drugs than you intended?

- 1 Yes
- 2 No
DK, R

DRG_Q25E
IDG_25E

(During the past 12 months,) were there ever times when you used drugs more frequently, or for more days in a row than you intended?

- 1 Yes
- 2 No
DK, R

DRG_Q25F
IDG_25F

(During the past 12 months,) did you ever have periods of several days or more when you spent so much time using drugs or recovering from the effects of using drugs that you had little time for anything else?

- 1 Yes
- 2 No
DK, R

DRG_Q25G
IDG_25G

(During the past 12 months,) did you ever have periods of a month or longer when you gave up or greatly reduced important activities because of your use of drugs?

- 1 Yes
- 2 No
DK, R

DRG_Q25H
IDG_25H

(During the past 12 months,) did you ever continue to use drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?

- 1 Yes
- 2 No
- DK, R

DRG_R26

Please tell me what number best describes how much your use of drugs interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means “no interference”, while 10 means “very severe interference”.

INTERVIEWER: Press <Enter> to continue.

DRG_Q26A
IDG_26A

How much did your use of drugs interfere with:

... your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

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

|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_Q26B_1
IDG_6B1

(How much did your use interfere with:)

... your ability to attend school?

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

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

|_| Number
(MIN: 0) (MAX: 11)
DK, R

DRG_Q26B_2 (How much did your use interfere with:)
IDG_6B2

... your ability to work at a regular job?

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

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

|_| Number
(MIN: 0) (MAX: 11)
DK, R

DRG_Q26C
IDG_26C

(During the past 12 months,) how much did your use of drugs interfere with your ability to form and maintain close relationships with other people? Remember that 0 means "no interference" and 10 means "very severe interference".

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

|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_Q26D
IDG_26D

How much did your use of drugs interfere with your social life?

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

|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_END

Problem gambling (CPG)

Optional Content selected by health regions in: Quebec, Ontario, Saskatchewan and Nunavut

CPG_BEG

CPG_C01 If (do CPG block = 2), go to CPG_END.
Otherwise, go to CPG_C02.

CPG_C02 If proxy interview, go to CPG_END.
Otherwise, go to CPG_R01.

CPG_R01 **The next questions are about gambling activities and experiences.**

People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo or playing card games with their family or friends.

Some of these questions may not apply to you; however, they need to be asked of all respondents.

INTERVIEWER: Press <Enter> to continue.

CPG_Q01A

CPG_01A

In the past 12 months, how often have you bet or spent money on instant win/scratch tickets or daily lottery tickets (Keno, Pick 3, Encore, Banco, Extra)?

INTERVIEWER: Read categories to respondent.

Exclude all other kinds of lottery tickets such as 6/49, Super 7, sports lotteries and fund raising tickets.

- 1 **Daily**
- 2 **Between 2 to 6 times a week**
- 3 **About once a week**
- 4 **Between 2 to 3 times a month**
- 5 **About once a month**
- 6 **Between 6 to 11 times a year**
- 7 **Between 1 to 5 times a year**
- 8 **Never**
DK, R

CPG_C01A If CPG_Q01A = R, go to CPG_END
Otherwise, go to CPG_Q01B.

CPG_Q01B

CPG_01B

(In the past 12 months,) how often have you bet or spent money on lottery tickets such as 6/49 and Super 7, raffles or fund-raising tickets?

- 1 **Daily**
- 2 **Between 2 to 6 times a week**
- 3 **About once a week**
- 4 **Between 2 to 3 times a month**
- 5 **About once a month**
- 6 **Between 6 to 11 times a year**
- 7 **Between 1 to 5 times a year**
- 8 **Never**
DK, R

Note: CPG_C01B = Count instances where CPG_Q01B to CPG_Q01M = 7, 8, DK or R.

CPG_Q01C
CPG_01C

(In the past 12 months,) how often have you bet or spent money on Bingo?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01D
CPG_01D

(In the past 12 months,) how often have you bet or spent money playing cards or board games with family or friends?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01E
CPG_01E

(In the past 12 months,) how often have you bet or spent money on video lottery terminals (VLTs) outside of casinos?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01F
CPG_01F

(In the past 12 months,) how often have you bet or spent money on coin slots or VLTs at a casino?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01G
CPG_01G

(In the past 12 months,) how often have you bet or spent money on casino games other than coin slots or VLTs (for example, poker, roulette, blackjack, Keno)?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01H
CPG_01H

(In the past 12 months,) how often have you bet or spent money on Internet or arcade gambling?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01I
CPG_01I

In the past 12 months, how often have you bet or spent money on live horse racing at the track or off track?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01J
CPG_01J

(In the past 12 months,) how often have you bet or spent money on sports such as sports lotteries (Sport Select, Pro-Line, Mise-au-jeu, Total), sports pool or sporting events?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01K
CPG_01K

(In the past 12 months,) how often have you bet or spent money on speculative investments such as stocks, options or commodities?

INTERVIEWER: Speculative investments refers to buying high-risk stocks, but does not include low-risk bonds, RRSPs and/or mutual funds.

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG_Q01L
CPG_01L

In the past 12 months, how often have you bet or spent money on games of skill such as pool, golf, bowling or darts?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG_Q01M
CPG_01M

(In the past 12 months,) how often have you bet or spent money on any other forms of gambling such as dog races, gambling at casino nights/country fairs, bet on sports with a bookie or gambling pools at work?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
- DK, R

CPG_C01N

If CPG_C01B = 12 and CPG_Q01A = 7, 8 or DK, go to CPG_END.
Otherwise, go to CPG_Q01N.

CPG_Q01N
CPG_01N

In the past 12 months, how much money, not including winnings, did you spend on all of your gambling activities?

INTERVIEWER: Read categories to respondent.

- 1 **Between 1 dollar and 50 dollars**
- 2 **Between 51 dollars and 100 dollars**
- 3 **Between 101 dollars and 250 dollars**
- 4 **Between 251 dollars and 500 dollars**
- 5 **Between 501 dollars and 1000 dollars**
- 6 **More than 1000 dollars**
- DK, R

CPG_R02

The next questions are about gambling attitudes and experiences. Again, all the questions will refer to the past 12 months.

INTERVIEWER: Press <Enter> to continue.

CPG_Q02
CPG_02

In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?

INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Sometimes**
- 3 **Most of the time**
- 4 **Almost always**
- 5 I am not a gambler (Go to CPG_END)
 DK
 R (Go to CPG_END)

CPG_Q03
CPG_03

(In the past 12 months,) how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q04
CPG_04

(In the past 12 months,) when you gambled, how often did you go back another day to try to win back the money you lost?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q05
CPG_05

In the past 12 months, how often have you borrowed money or sold anything to get money to gamble?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q06
CPG_06

(In the past 12 months,) how often have you felt that you might have a problem with gambling?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q07
CPG_07

(In the past 12 months,) how often has gambling caused you any health problems, including stress or anxiety?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q08
CPG_08

(In the past 12 months,) how often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q09
CPG_09

(In the past 12 months,) how often has your gambling caused financial problems for you or your family?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q10
CPG_10

In the past 12 months, how often have you felt guilty about the way you gamble or what happens when you gamble?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q11
CPG_11

(In the past 12 months,) how often have you lied to family members or others to hide your gambling?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q12
CPG_12

(In the past 12 months,) how often have you wanted to stop betting money or gambling, but didn't think you could?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q13
CPG_13

In the past 12 months, how often have you bet more than you could really afford to lose?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q14
CPG_14

(In the past 12 months,) have you tried to quit or cut down on your gambling but were unable to do it?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q15
CPG_15

(In the past 12 months,) have you gambled as a way of forgetting problems or to feel better when you were depressed?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q16
CPG_16

(In the past 12 months,) has your gambling caused any problems with your relationship with any of your family members or friends?

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

Note: For CPG_Q03 through CPG_Q10 and CPG_Q13, recode 1=0, 2=1, 3=2 and 4=3 into CPG_C17A through CPG_C17I.
CPG_C17J = Sum CPG_C17A through CPG_C17I.

CPG_C17 If CPG_C17J <= 2, go to CPG_END.
Otherwise, go to CPG_Q17.

CPG_Q17
CPG_17

Has anyone in your family ever had a gambling problem?

- 1 Yes
- 2 No
- DK, R

CPG_Q18
CPG_18

In the past 12 months, have you used alcohol or drugs while gambling?

- 1 Yes
- 2 No
- DK, R

CPG_R19

Please tell me what number best describes how much your gambling activities interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "no interference", while 10 means "very severe interference".

INTERVIEWER: Press <Enter> to continue.

CPG_Q19A
CPG_19A

During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

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

|_| Number
(MIN: 0) (MAX: 10)
DK, R

CPG_Q19B_1 **How much did these activities interfere with your ability to attend school?**
CPG_9B1 INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

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

|_|_| Number
(MIN: 0) (MAX: 11)
DK, R

CPG_Q19B_2 **How much did they interfere with your ability to work at a job?**
CPG_9B2 INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

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

|_|_| Number
(MIN: 0) (MAX: 11)
DK, R

CPG_Q19C **(During the past 12 months,) how much did your gambling activities interfere with your**
CPG_19C **ability to form and maintain close relationships with other people? (Remember that 0**
means "no interference" and 10 means "very severe interference".)

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

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

CPG_Q19D
CPG_19D

How much did they interfere with your social life?

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

|_| Number
(MIN: 0) (MAX: 10)
DK, R

CPG_END

Sexual behaviours (SXB)

Optional Content selected by health regions in:
Nova Scotia, New Brunswick, Ontario,
Saskatchewan, Northwest Territories and Nunavut

SXB_BEG

SXB_C01A If (do SXB block = 1), go to SXB_C01B.
 Otherwise, go to SXB_END.

SXB_C01B If proxy interview or age < 15 or > 49, go to SXB_END.
 Otherwise, go to SXB_R01.

SXB_R01 **I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.**
INTERVIEWER: Press <Enter> to continue.

SXB_Q01 **Have you ever had sexual intercourse?**

SXB_1

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

SXB_Q02 **How old were you the first time?**

SXB_2

INTERVIEWER: Maximum is [current age].

[_][_] Age in years
(MIN: 1; warning below 12) (MAX: current age)
DK, R (Go to SXB_END)

SXB_E02 **The entered age at which the respondent first had sexual intercourse is invalid. Please return and correct.**

Trigger hard edit if SXB_Q02 < 1 or SXB_Q02 > [current age].

SXB_Q03 **In the past 12 months, have you had sexual intercourse?**

SXB_3

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

SXB_Q04 **With how many different partners?**

SXB_4

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

SXB_Q07 **Have you ever been diagnosed with a sexually transmitted disease?**

SXB_07

- 1 Yes
- 2 No
- DK, R

- SXB_C08A If SXB_Q03 = 1 (had intercourse in last 12 months), go to SXB_C08C.
Otherwise, go to SXB_END.
- SXB_C08C If marital status = 1 (married) or 2 (common-law) and SXB_Q04 = 1 (one partner), go to SXB_C09B.
Otherwise, go to SXB_Q08.
- SXB_Q08 **Did you use a condom the last time you had sexual intercourse?**
SXB_7A
- 1 Yes
 - 2 No
DK, R
- SXB_C09B If age > 24, go to SXB_END.
Otherwise, go to SXB_R9A.
- SXB_R9A **Now a few questions about birth control.**
INTERVIEWER: Press <Enter> to continue.
- SXB_C09C If sex = female, go to SXB_C09D.
Otherwise, go to SXB_R10.
- SXB_C09D If HWT_Q1 = 1 (currently pregnant), go to SXB_Q11.
Otherwise, go to SXB_R9B.
- SXB_R9B **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.
- SXB_Q09 **It is important to me to avoid getting pregnant right now.**
SXB_09
- 1 Strongly agree (Go to SXB_Q11)
 - 2 Agree (Go to SXB_Q11)
 - 3 Neither agree nor disagree (Go to SXB_Q11)
 - 4 Disagree (Go to SXB_Q11)
 - 5 Strongly disagree (Go to SXB_Q11)
 - DK (Go to SXB_Q11)
 - R (Go to SXB_END)
- SXB_R10 **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.
- SXB_Q10 **It is important to me to avoid getting my partner pregnant right now.**
SXB_10
- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
 - 6 Doesn't have a partner right now
 - 7 Partner already pregnant
 - DK
 - R (Go to SXB_END)
- SXB_Q11 **In the past 12 months, did you and your partner usually use birth control?**
SXB_11
- 1 Yes (Go to SXB_Q12)
 - 2 No (Go to SXB_END)
 - DK, R (Go to SXB_END)

SXB_Q12 **What kind of birth control did you and your partner usually use?**
INTERVIEWER: Mark all that apply.

SXB_12A	1	Condom (male or female condom)
SXB_12B	2	Birth control pill
SXB_12C	3	Diaphragm
SXB_12D	4	Spermicide (e.g., foam, jelly, film)
SXB_12F	5	Birth control injection (Deprovera)
SXB_12E	6	Other - Specify DK, R (Go to SXB_END)

SXB_C12S If SXB_Q12 = 6, go to SXB_Q12S.
Otherwise, go to SXB_C13.

SXB_Q12S INTERVIEWER: Specify.

(80 spaces)
DK, R

SXB_C13 If HWT_Q1 = 1 (currently pregnant) or SXB_Q10 = 7 (Partner already pregnant), go to
SXB_END.
Otherwise, go to SXB_Q13.

SXB_Q13 **What kind of birth control did you and your partner use the last time you had sex?**
INTERVIEWER: Mark all that apply.

SXB_13A	1	Condom (male or female condom)
SXB_13B	2	Birth control pill
SXB_13C	3	Diaphragm
SXB_13D	4	Spermicide (e.g., foam, jelly, film)
SXB_13F	5	Birth control injection (Deprovera)
SXB_13G	6	Nothing
SXB_13E	7	Other - Specify DK, R (Go to SXB_END)

SXB_C13S If SXB_Q13 = 7, go to SXB_Q13S.
Otherwise, go to SXB_END.

SXB_Q13S INTERVIEWER: Specify.

(80 spaces)
DK, R

SXB_END

Psychological well-being (PWB)

PWB_BEG

Optional Content selected
by health regions in: New
Brunswick

PWB_C1 If (do PWB block = 2), go to PWB_END.
Otherwise, go to PWB_C2.

PWB_C2 If proxy interview, go to PWB_END.
Otherwise, go to PWB_R1.

PWB_R1 **Now I'm going to read you a series of statements that people might use to describe themselves. Please tell me if you had these feelings almost always, frequently, half the time, rarely or never.**
INTERVIEWER: Press <Enter> to continue.

PWB_Q01 **During the past month, you felt self-confident.**
PWB_01 INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
 - 2 **Frequently**
 - 3 **Half the time**
 - 4 **Rarely**
 - 5 **Never**
- DK, R

PWB_Q02 **During the past month, you felt satisfied with what you were able to accomplish, you felt proud of yourself.**
PWB_02 INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
 - 2 **Frequently**
 - 3 **Half the time**
 - 4 **Rarely**
 - 5 **Never**
- DK, R

PWB_Q03 **(During the past month,) you were a "go-getter ", you took on lots of projects.**
PWB_03

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_C04 If (PWB_Q01 = DK or R and PWB_Q02 = DK or R and PWB_Q03 = DK or R), go to PWB_END.
Otherwise, go to PWB_Q04.

PWB_Q04 **(During the past month,) you felt emotionally balanced.**
PWB_04

- 1 Almost always
 - 2 Frequently
 - 3 Half the time
 - 4 Rarely
 - 5 Never
- DK, R

PWB_Q05
PWB_05

(During the past month,) you felt loved and appreciated.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q06
PWB_06

(During the past month,) you had goals and ambitions.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q07
PWB_07

(During the past month,) you felt like having fun, participating in sports and all your favourite activities and hobbies.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q08
PWB_08

During the past month, you felt useful.

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

PWB_Q09
PWB_09

(During the past month,) you smiled easily.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q10
PWB_10

(During the past month,) you were true to yourself, being natural at all times.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q11
PWB_11

(During the past month,) you did a good job of listening to your friends.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q12
PWB_12

(During the past month,) you were curious and interested in all sorts of things.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q13
PWB_13

(During the past month,) you were able to clearly sort things out when faced with complicated situations.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q14
PWB_14

(During the past month,) you found life exciting and you wanted to enjoy every moment of it.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q15
PWB_15

(During the past month,) your life was well-balanced between your family, personal and professional activities.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q16
PWB_16

During the past month, you were quite calm and level-headed.

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

PWB_Q17
PWB_17

(During the past month,) you were able to easily find answers to your problems.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q18
PWB_18

(During the past month,) you got along well with everyone around you.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q19
PWB_19

(During the past month,) you lived at a normal pace, not doing anything excessively.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q20
PWB_20

(During the past month,) you had the impression of really enjoying life.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q21
PWB_21

(During the past month,) you had a good sense of humour, easily making your friends laugh.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q22
PWB_22

(During the past month,) you felt good, at peace with yourself.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q23

PWB_23

(During the past month,) you felt healthy and in good shape.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q24

PWB_24

(During the past month,) you were able to face difficult situations in a positive way.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_Q25

PWB_25

(During the past month,) your morale was good.

- 1 Almost always
- 2 Frequently
- 3 Half the time
- 4 Rarely
- 5 Never
- DK, R

PWB_END

Social support - Availability (SSA)

Optional Content selected by health regions in:
Nova Scotia, Quebec, British Columbia, Yukon
and Nunavut

SSA_BEG

SSA_C1 If (do SSA block = 1), go to SSA_C2.
Otherwise, go to SSA_END.

SSA_C2 If proxy interview, go to SSA_END.
Otherwise, go to SSA_R1.

SSA_R1 **Next are some questions about the support that is available to you.**
INTERVIEWER: Press <Enter> to continue.

SSA_Q01 **Starting with a question on friendship, about how many close friends and close relatives**
SSA_01 **do you have, that is, people you feel at ease with and can talk to about what is on your**
 mind?

|_|_| Close friends
(MIN: 0) (MAX: 99; warning after 20)

DK, R (Go to SSA_END)

SSA_R2 **People sometimes look to others for companionship, assistance or other types of support.**
INTERVIEWER: Press <Enter> to continue.

SSA_Q02 **How often is each of the following kinds of support available to you if you need it:**
SSA_02

... someone to help you if you were confined to bed?

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
 - 2 **A little of the time**
 - 3 **Some of the time**
 - 4 **Most of the time**
 - 5 **All of the time**
- DK, R (Go to SSA_END)

Note: If SSA_Q02 = 2, 3, 4 or 5 then KEY_PHRASES21A = "to help you if you were
 confined to bed".

SSA_Q03 **(How often is each of the following kinds of support available to you if you need it.)**
SSA_03

... someone you can count on to listen to you when you need to talk?

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

Note: If SSA_Q03 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to listen to you".

SSA_Q04
SSA_04

(How often is each of the following kinds of support available to you if you need it:)

... someone to give you advice about a crisis?

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

Note: If SSA_Q04 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to give you advice".

SSA_Q05
SSA_05

(How often is each of the following kinds of support available to you if you need it:)

... someone to take you to the doctor if you needed it?

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

Note: If SSA_Q05 = 2, 3, 4 or 5 then KEY_PHRASES21A = "to take you to the doctor".

SSA_Q06
SSA_06

(How often is each of the following kinds of support available to you if you need it:)

... someone who shows you love and affection?

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

Note: If SSA_Q06 = 2, 3, 4 or 5 then KEY_PHRASES22A = "to show you affection".

SSA_Q07
SSA_07

Again, how often is each of the following kinds of support available to you if you need it:)

... someone to have a good time with?

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

Note: If SSA_Q07 = 2, 3, 4 or 5 then KEY_PHRASES23A = "to have a good time with".

SSA_Q08
SSA_08

(How often is each of the following kinds of support available to you if you need it?)

... someone to give you information in order to help you understand a situation?

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

Note: If SSA_Q08 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to give you information".

SSA_Q09
SSA_09

(How often is each of the following kinds of support available to you if you need it?)

... someone to confide in or talk to about yourself or your problems?

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

Note: If SSA_Q09 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to confide in".

SSA_Q10
SSA_10

(How often is each of the following kinds of support available to you if you need it?)

... someone who hugs you?

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

Note: If SSA_Q10 = 2, 3, 4 or 5 then KEY_PHRASES22A = "to hug you".

SSA_Q11
SSA_11

(How often is each of the following kinds of support available to you if you need it?)

... someone to get together with for relaxation?

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

Note: If SSA_Q11 = 2, 3, 4 or 5 then KEY_PHRASE23A = "to relax with".

SSA_Q12
SSA_12

(How often is each of the following kinds of support available to you if you need it:)

... someone to prepare your meals if you were unable to do it yourself?

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

Note: If SSA_Q12 = 2, 3, 4 or 5 then KEY_PHRASES21A = "to prepare your meals".

SSA_Q13
SSA_13

(How often is each of the following kinds of support available to you if you need it:)

... someone whose advice you really want?

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

Note: If SSA_Q13 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to advise you".

SSA_Q14
SSA_14

Again, how often is each of the following kinds of support available to you if you need it:)

... someone to do things with to help you get your mind off things?

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

Note: If SSA_Q14 = 2, 3, 4 or 5 then KEY_PHRASES23A = "to do things with".

SSA_Q15
SSA_15

(How often is each of the following kinds of support available to you if you need it:)

... someone to help with daily chores if you were sick?

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

Note: If SSA_Q15 = 2, 3, 4 or 5 then KEY_PHRASES21A = "to help with daily chores".

SSA_Q16
SSA_16

(How often is each of the following kinds of support available to you if you need it?)

... someone to share your most private worries and fears with?

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

Note: If SSA_Q16 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to share your worries and fears with".

SSA_Q17
SSA_17

(How often is each of the following kinds of support available to you if you need it?)

... someone to turn to for suggestions about how to deal with a personal problem?

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

Note: If SSA_Q17 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to turn to for suggestions".

SSA_Q18
SSA_18

(How often is each of the following kinds of support available to you if you need it?)

... someone to do something enjoyable with?

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

Note: If SSA_Q18 = 2, 3, 4 or 5 then KEY_PHRASES23A = "to do something enjoyable with".

SSA_Q19
SSA_19

(How often is each of the following kinds of support available to you if you need it?)

... someone who understands your problems?

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

Note: If SSA_Q19 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to understand your problems".

SSA_Q20
SSA_20

(How often is each of the following kinds of support available to you if you need it?)

... someone to love you and make you feel wanted?

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

Note: If SSA_Q20 = 2, 3, 4 or 5 then KEY_PHRASES22A = "to love you and make you feel wanted".

SSA_END

Social support - Utilization (SSU)

Optional Content selected by health regions
in: British Columbia, Yukon and Nunavut

SSU_BEG

SSU_C1 If (do SSU block = 1), go to SSU_C2.
Otherwise, go to SSU_END.

SSU_C2 If proxy interview, go to SSU_END.
Otherwise, go to SSU_C3.

SSU_C3 If any responses of 2, 3, 4 or 5 in SSA_Q02 to SSA_Q20, go to SSU_R1. Otherwise, go to SSU_END.

SSU_R1 **You have just mentioned that if you needed support, someone would be available for you. The next questions are about the support or help you actually received in the past 12 months.**

INTERVIEWER: Press <Enter> to continue.

SSU_C21 If any responses of 2, 3, 4 or 5 in SSA_Q02 or SSA_Q05 or SSA_Q12 or SSA_Q15, then SSU_C21 = 1 (Yes) and go to SSU_Q21A.
Otherwise, SSU_C21=2 (No) and go to SSU_C22.

Note: If SSA_Q02 = 2, 3, 4, 5 use **"to help you if you were confined to bed"** in SSU_Q21A.
If SSA_Q05 = 2, 3, 4, 5 use **"to take you to the doctor"** in SSU_Q21A.
If SSA_Q12 = 2, 3, 4, 5 use **"to prepare your meals"** in SSU_Q21A.
If SSA_Q15 = 2, 3, 4, 5 use **"to help with daily chores"** in SSU_Q21A.

SSU_Q21A **In the past 12 months, did you receive the following support:**
SSU_21A ... someone ^KEY_PHRASES21A?

- 1 Yes
- 2 No (Go to SSU_C22)
- DK, R (Go to SSU_C22)

Note: (^KEY_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA_Q02, SSA_Q05, SSA_Q12, SSA_Q15; If SSA_Q02 = 2, 3, 4 or 5 show ^PHRASE from SSA_C02 always in the 1st place; If 1 PHRASE, show 1st ^PHRASE in lowercase: ^PHRASE1; If 2 PHRASES, show 1st two ^PHRASES in lowercase: ^PHRASE1 and ^PHRASE2; If 3 or more PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and ^PHRASE3).

SSU_Q21B **When you needed it, how often did you receive this kind of support (in the past 12 months)?**
SSU_21B

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

SSU_C22 If any responses of 2, 3, 4 or 5 in SSA_Q06 or SSA_Q10 or SSA_Q20 then SSU_C22= 1 (Yes) and go to SSU_Q22A.
Otherwise, SSU_C22=2 (No) and go to SSU_C23.

Note: If SSA_Q06 = 2, 3, 4, 5 use **"to show you affection"** in SSU_Q22A.
If SSA_Q10 = 2, 3, 4, 5 use **"to hug you"** in SSU_Q22A.
If SSA_Q20 = 2, 3, 4, 5 use **"to love you and make you feel wanted"** in SSU_Q22A.

SSU_Q22A (In the past 12 months, did you receive the following support:)
SSU_22A ... someone ^KEY_PHRASES22A?

- 1 Yes
- 2 No (Go to SSU_C23)
- DK, R (Go to SSU_C23)

Note: (^KEY_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA_Q06, SSA_Q10, SSA_Q20; If 1 PHRASE, show 1st ^PHRASE in lowercase: ^PHRASE1; If 2 PHRASES, show 1st two ^PHRASES in lowercase: ^PHRASE1 and ^PHRASE2; If 3 PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and ^PHRASE3).

SSU_Q22B **When you needed it, how often did you receive this kind of support (in the past 12 months)?**
SSU_22B

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

SSU_C23 If any responses of 2, 3, 4 or 5 in SSA_Q07 or SSA_Q11 or SSA_Q14 or SSA_Q18, then SSU_C23 =1 (Yes) and go to SSU_Q23A.
Otherwise, SSU_C23=2 (No) and go to SSU_C24.

Note: If SSA_Q07 = 2, 3, 4, 5 use “to have a good time with” in SSU_Q23A.
If SSA_Q11 = 2, 3, 4, 5 use “to relax with” in SSU_Q23A.
If SSA_Q14 = 2, 3, 4, 5 use “to do things with” in SSU_Q23A.
If SSA_Q18 = 2, 3, 4, 5 use “to do something enjoyable with” in SSU_Q23A.

SSU_Q23A (In the past 12 months, did you receive the following support:)
SSU_23A ... someone ^KEY_PHRASES23A?

- 1 Yes
- 2 No (Go to SSU_C24)
- DK, R (Go to SSU_C24)

Note: (^KEY_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA_Q07, SSA_Q11, SSA_Q14, SSA_Q18; If 1 PHRASE, show 1st ^PHRASE in lowercase: ^PHRASE1; If 2 PHRASES, show 1st two ^PHRASES in lowercase: ^PHRASE1 and ^PHRASE2; If 3 or more PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and ^PHRASE3).

SSU_Q23B **When you needed it, how often did you receive this kind of support (in the past 12 months)?**
SSU_23B

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

SSU_C24 If any responses of 2, 3, 4 or 5 in SSA_Q03 or SSA_Q04 or SSA_Q08 or SSA_Q09, SSA_Q13, SSA_Q16, SSA_Q17 or SSA_Q19, then SSU_C24 =1 (Yes) and go to SSU_Q24A.
Otherwise, SSU_C24=2 (No) and go to SSU_END.

Note:

If SSA_Q03 = 2, 3, 4, 5 use **"to listen to you"** in SSU_Q24A.
 If SSA_Q04 = 2, 3, 4, 5 use **"to give you advice"** in SSU_Q24A.
 If SSA_Q08 = 2, 3, 4, 5 use **"to give you information"** in SSU_Q24A.
 If SSA_Q09 = 2, 3, 4, 5 use **"to confide in"** in SSU_Q24A.
 If SSA_Q13 = 2, 3, 4, 5 use **"to advise you"** in SSU_Q24A.
 If SSA_Q16 = 2, 3, 4, 5 use **"to share your worries and fears with"** in SSU_Q24A.
 If SSA_Q17 = 2, 3, 4, 5 use **"to turn to for suggestions"** in SSU_Q24A.
 If SSA_Q19 = 2, 3, 4, 5 use **"to understand your problems"** in SSU_Q24A.

SSU_Q24A (In the past 12 months, did you receive the following support:)
 SSU_24A ... someone ^KEY_PHRASES24A?

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

Note:

(^KEY_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA_Q03, SSA_Q04, SSA_Q08, SSA_Q09, SSA_Q13, SSA_Q16, SSA_Q17 or SSA_Q19; If SSA_Q04 and SSA_Q13 = 2, 3, 4 or 5 use only ^KEY_PHRASE SSA_C04; If 1 PHRASE, show 1st ^PHRASE in lowercase: ^PHRASE1; If 2 PHRASES, show 1st two ^PHRASES in lowercase: ^PHRASE1 and ^PHRASE2; If 3 or more PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and ^PHRASE3).

SSU_Q24B **When you needed it, how often did you receive this kind of support (in the past 12 months)?**
 SSU_24B

INTERVIEWER: Read categories to respondent.

- 1 **Almost always**
- 2 **Frequently**
- 3 **Half the time**
- 4 **Rarely**
- 5 **Never**
- DK, R

SSU_END

Spiritual values (SPR)

Optional Content selected by health regions in:
Saskatchewan and Nunavut

SPR_BEG

SPR_C1 If (do SPR block = 1), go to SPR_C2.
Otherwise, go to SPR_END.

SPR_C2 If proxy interview, go to SPR_END.
Otherwise, go to SPR_R1.

SPR_R1 **I now have a few questions about spiritual values in your life.**
INTERVIEWER: Press <Enter> to continue.

SPR_Q1 **Do spiritual values play an important role in your life?**

SPV_1

- 1 Yes
- 2 No (Go to SPR_Q5)
- DK, R (Go to SPR_END)

SPR_Q2 **To what extent do your spiritual values:**

SPV_2

... help you to find meaning in your life?
INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **Some**
- 3 **A little**
- 4 **Not at all**
- DK, R

SPR_Q3 **(To what extent do your spiritual values:)**

SPV_3

... give you the strength to face everyday difficulties?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- DK, R

SPR_Q4 **(To what extent do your spiritual values:)**

SPV_4

... help you to understand the difficulties of life?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- DK, R

SPR_Q5
SPV_5

What, if any, is your religion?

- 1 No religion (Agnostic, Atheist) (Go to SPR_END)
- 2 Roman Catholic
- 3 Ukrainian Catholic
- 4 United Church
- 5 Anglican (Church of England, Episcopalian)
- 6 Presbyterian
- 7 Lutheran
- 8 Baptist
- 9 Pentecostal
- 10 Eastern Orthodox
- 11 Jewish
- 12 Islam (Muslim)
- 13 Hindu
- 14 Buddhist
- 15 Sikh
- 16 Jehovah's Witness
- 17 Other - Specify
DK, R (Go to SPR_END)

SPR_C5 If SPR_Q5 = 17, go to SPR_Q5S.
Otherwise, go to SPR_Q6.

SPR_Q5S INTERVIEWER: Specify.

(80 spaces)
DK, R

SPR_Q6
SPV_6

Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?

INTERVIEWER: Read categories to respondent.

Do not include special events such as weddings, funerals, baptisms, bar mitzvahs, etc.

- 1 **Once a week or more**
- 2 **Once a month**
- 3 **3 or 4 times a year**
- 4 **Once a year**
- 5 **Not at all**
DK, R

SPR_Q7
SPV_7

In general, would you say that you are:

INTERVIEWER: Read categories to respondent.

- 1 **... very religious?**
- 2 **... religious?**
- 3 **... not very religious?**
- 4 **... not religious at all?**
DK, R

SPR_END

Consultations about mental health (CMH)

CMH_BEG

CMH_C01A If (CMH block = 1), go to CMH_C01B.
Otherwise, go to CMH_END.

CMH_C01B If proxy interview, go to CMH_END.
Otherwise, go to CMH_R01K.

CMH_R01K **Now some questions about mental and emotional well-being.**
INTERVIEWER: Press <Enter> to continue.

CMH_Q01K **In the past 12 months, that is, from [date one year ago] to yesterday, have you seen or talked to a health professional about your emotional or mental health?**
INTERVIEWER: Include both face to face and telephone contacts.

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

CMH_Q01L **How many times (in the past 12 months)?**
CMH_01L

I _ I _ I Times

(MIN: 1) (MAX: 366; warning after 25)
DK, R

CMH_Q01M **Whom did you see or talk to?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- 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
DK, R

CMH_C01MS If CMH_Q01M = 6, go to CMH_Q01MS.
Otherwise, go to CMH_E01M[1].

CMH_Q01MS INTERVIEWER: Specify.

(80 spaces)
DK, R

CMH_E01M[1] If CMH_Q01M = 1 (saw a family medical doctor) and HCU_Q02A = 2, display edit message as follows :

Inconsistent answers have been entered. The respondent has seen or talked with a family doctor or general practitioner in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[2] If CMH_Q01M = 2 (saw a psychiatrist) and HCU_Q02C = 2, display edit message.

Inconsistent answers have been entered. The respondent has seen or talked with a psychiatrist in the past 12 months but previously reported that he/she did not. Please confirm.

Optional Content selected by health regions in: Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Alberta, Northwest Territories and Nunavut

CMH_E01M[3] If CMH_Q01M = 3 (saw a psychologist) and HCU_Q02GA = 2, display edit message.

Inconsistent answers have been entered. The respondent has seen or talked with a psychologist in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[4] If CMH_Q01M = 4 (saw a nurse) and HCU_Q02D = 2, display edit message.

Inconsistent answers have been entered. The respondent has seen or talked with a nurse in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[5] If CMH_Q01M = 5 (saw a social worker or counsellor) and HCU_Q02GB = 2, display edit message.

Inconsistent answers have been entered. The respondent has seen or talked with a social worker or counsellor in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_END

Distress (DIS)

Optional Content selected by health regions in: Nova Scotia and Quebec

DIS_BEG

DIS_C1 If (do DIS block = 1), go to DIS_C2.
Otherwise, go to DIS_END.

DIS_C2 If proxy interview, go to DIS_END.
Otherwise, go to DIS_R01.

DIS_R01 **The following questions deal with feelings you may have had during the past month.**
INTERVIEWER: Press <Enter> to continue.

DIS_Q01A **During the past month, that is, from [date one month ago] to yesterday, about how often**
DIS_10A **did you feel:**

... tired out for no good reason?

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
 - 2 **Most of the time**
 - 3 **Some of the time**
 - 4 **A little of the time**
 - 5 **None of the time**
- DK, R (Go to DIS_END)

DIS_Q01B **During the past month, that is, from [date one month ago] to yesterday, about how often**
DIS_10B **did you feel:**

... nervous?

- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 A little of the time
 - 5 None of the time (Go to DIS_Q01D)
- DK, R (Go to DIS_Q01D)

DIS_Q01C **(During the past month, that is, from [date one month ago] to yesterday, about how often**
DIS_10C **did you feel:)**

... so nervous that nothing could calm you down?

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

Note: In processing, if a respondent answered DIS_Q01B = 5 (none of the time), the variable DIS_Q01C will be given the value of 5 (none of the time).

DIS_Q01D
DIS_10D

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

... hopeless?

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

DIS_Q01E
DIS_10E

During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:

... restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time (Go to DIS_Q01G)
- DK, R (Go to DIS_Q01G)

DIS_Q01F
DIS_10F

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

... so restless you could not sit still?

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

Note:

In processing, if a respondent answered DIS_Q01E = 5 (none of the time), the variable DIS_Q01F will be given the value of 5 (none of the time).

DIS_Q01G
DIS_10G

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

...sad or depressed?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time (Go to DIS_Q01I)
- DK, R (Go to DIS_Q01I)

DIS_Q01H
DIS_10H

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

...so depressed that nothing could cheer you up?

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

Note:

In processing, if a respondent answered DIS_Q01G = 5 (none of the time), the variable DIS_Q01H will be given the value of 5 (none of the time).

DIS_Q01I
DIS_10I

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

...that everything was an effort?

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

DIS_Q01J
DIS_10J

(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)

...worthless?

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

DIS_C01K

If DIS_Q01B to DIS_Q01J are DK or R, go to DIS_END.

DIS_Q01K
DIS_10K

We just talked about feelings that occurred to different degrees during the past month. Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?

- 1 More often
 - 2 Less often (Go to DIS_Q01M)
 - 3 About the same (Go to DIS_Q01N)
 - 4 Never have had any (Go to DIS_END)
- DK, R (Go to DIS_END)

DIS_Q01L
DIS_10L

Is that a lot more, somewhat more or only a little more often than usual?

- 1 A lot
 - 2 Somewhat
 - 3 A little
- DK, R

Go to DIS_Q01N

DIS_Q01M
DIS_10M

Is that a lot less, somewhat less or only a little less often than usual?

- 1 A lot
- 2 Somewhat
- 3 A little
- DK, R

DIS_Q01N
DIS_10N

During the past month, how much did these feelings usually interfere with your life or activities?

INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **Some**
- 3 **A little**
- 4 **Not at all**
- DK, R

DIS_END

Depression (DEP)

DEP_BEG

Optional Content selected by health regions in:
Nova Scotia, New Brunswick, Quebec, Alberta,
Yukon and Nunavut

DEP_C01 If (do DEP block = 1), go to DEP_C02.
Otherwise, go to DEP_END.

DEP_C02 If proxy interview, go to DEP_END.
Otherwise, go to DEP_Q02.

DEP_Q02 **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?**
DPS_02

- 1 Yes
- 2 No (Go to DEP_Q16)
DK, R (Go to DEP_END)

DEP_Q03 **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:**
DPS_03 INTERVIEWER: Read categories to respondent.

- 1 ... all day long?
- 2 ... most of the day?
- 3 ... about half of the day? (Go to DEP_Q16)
- 4 ... less than half of a day? (Go to DEP_Q16)
DK, R (Go to DEP_END)

DEP_Q04 **How often did you feel this way during those 2 weeks?**
DPS_04 INTERVIEWER: Read categories to respondent.

- 1 Every day
- 2 Almost every day
- 3 Less often (Go to DEP_Q16)
DK, R (Go to DEP_END)

DEP_Q05 **During those 2 weeks did you lose interest in most things?**
DPS_05

- 1 Yes (KEY PHRASE = Losing interest)
- 2 No
DK, R (Go to DEP_END)

DEP_Q06 **Did you feel tired out or low on energy all of the time?**
DPS_06

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No
DK, R (Go to DEP_END)

DEP_Q07 **Did you gain weight, lose weight or stay about the same?**
DPS_07

- 1 Gained weight (KEY PHRASE = Gaining weight)
- 2 Lost weight (KEY PHRASE = Losing weight)
- 3 Stayed about the same (Go to DEP_Q09)
- 4 Was on a diet (Go to DEP_Q09)
DK, R (Go to DEP_END)

DEP_Q08A DPS_08A	<p>About how much did you [gain/lose]? INTERVIEWER: Enter amount only.</p> <p> _ Weight (MIN: 1) (MAX: 99) DK, R (Go to DEP_Q09)</p> <p>Note: If DEP_Q07 = 1, use "gain". Otherwise, use "lose"</p>
DEP_N08A DPS_08B	<p>INTERVIEWER: Was that in pounds or in kilograms?</p> <p>1 Pounds 2 Kilograms (DK, R are not allowed)</p>
DEP_E08A	<p>An unusual value has been entered. Please confirm.</p> <p>Trigger soft edit if (DEP_Q08A > 20 and DEP_N08A = 1 or DEP_Q08A > 9 and DEP_N08A = 2).</p>
DEP_Q09 DPS_09	<p>Did you have more trouble falling asleep than you usually do?</p> <p>1 Yes (KEY PHRASE = Trouble falling asleep) 2 No (Go to DEP_Q11) DK, R (Go to DEP_END)</p>
DEP_Q10 DPS_10	<p>How often did that happen? INTERVIEWER: Read categories to respondent.</p> <p>1 Every night 2 Nearly every night 3 Less often DK, R (Go to DEP_END)</p>
DEP_Q11 DPS_11	<p>Did you have a lot more trouble concentrating than usual?</p> <p>1 Yes (KEY PHRASE = Trouble concentrating) 2 No (Go to DEP_END) DK, R (Go to DEP_END)</p>
DEP_Q12 DPS_12	<p>At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?</p> <p>1 Yes (KEY PHRASE = Feeling down on yourself) 2 No (Go to DEP_END) DK, R (Go to DEP_END)</p>
DEP_Q13 DPS_13	<p>Did you think a lot about death - either your own, someone else's or death in general?</p> <p>1 Yes (KEY PHRASE = Thoughts about death) 2 No (Go to DEP_END) DK, R (Go to DEP_END)</p>
DEP_C14	<p>If "Yes" in DEP_Q05, DEP_Q06, DEP_Q09, DEP_Q11, DEP_Q12 or DEP_Q13, or DEP_Q07 is "gain" or "lose", go to DEP_R14. Otherwise, go to DEP_END.</p>
DEP_R14	<p>Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other things like (KEY PHRASES). INTERVIEWER: Press <Enter> to continue.</p>

DEP_Q14
DPS_14

About how many weeks altogether did you feel this way during the past 12 months?

[_][_] Weeks
(MIN: 2 MAX: 53)
DK, R (Go to DEP_END)

DEP_C15

If DEP_Q14 > 51 weeks, go to DEP_END.

DEP_Q15
DPS_15

Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?

- | | | | |
|---|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |
| | DK, R | | |

Go to DEP_END

DEP_Q16
DPS_16

During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?

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

DEP_Q17
DPS_17

For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?

INTERVIEWER: Read categories to respondent.

- 1 **All day long**
2 **Most of the day**
3 **About half of the day** (Go to DEP_END)
4 **Less than half of a day** (Go to DEP_END)
DK, R (Go to DEP_END)

DEP_Q18
DPS_18

How often did you feel this way during those 2 weeks?

INTERVIEWER: Read categories to respondent.

- 1 **Every day**
2 **Almost every day**
3 **Less often** (Go to DEP_END)
DK, R (Go to DEP_END)

DEP_Q19
DPS_19

During those 2 weeks did you feel tired out or low on energy all the time?

- 1 Yes (KEY PHRASE = Feeling tired)
2 No
DK, R (Go to DEP_END)

DEP_Q20
DPS_20

Did you gain weight, lose weight, or stay about the same?

- 1 Gained weight (KEY PHRASE = Gaining weight)
2 Lost weight (KEY PHRASE = Losing weight)
3 Stayed about the same (Go to DEP_Q22)
4 Was on a diet (Go to DEP_Q22)
DK, R (Go to DEP_END)

DEP_Q21A DPS_21A	<p>About how much did you [gain/lose]? INTERVIEWER: Enter amount only.</p> <p>[_][_] Weight (MIN: 1) (MAX: 99) DK, R (Go to DEP_Q22)</p> <p>Note: If DEP_Q20 = 1, use "gain". Otherwise, use "lose".</p>
DEP_N21A DPS_21B	<p>INTERVIEWER: Was that in pounds or in kilograms?</p> <p>1 Pounds 2 Kilograms (DK, R are not allowed)</p>
DEP_E21A	<p>An unusual value has been entered. Please confirm.</p> <p>Trigger soft edit if (DEP_Q21A > 20 and DEP_N21A = 1 or DEP_Q21A > 9 and DEP_N21A = 2).</p>
DEP_Q22 DPS_22	<p>Did you have more trouble falling asleep than you usually do?</p> <p>1 Yes (KEY PHRASE = Trouble falling asleep) 2 No (Go to DEP_Q24) DK, R (Go to DEP_END)</p>
DEP_Q23 DPS_23	<p>How often did that happen? INTERVIEWER: Read categories to respondent.</p> <p>1 Every night 2 Nearly every night 3 Less often DK, R (Go to DEP_END)</p>
DEP_Q24 DPS_24	<p>Did you have a lot more trouble concentrating than usual?</p> <p>1 Yes (KEY PHRASE = Trouble concentrating) 2 No (Go to DEP_END) DK, R (Go to DEP_END)</p>
DEP_Q25 DPS_25	<p>At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?</p> <p>1 Yes (KEY PHRASE = Feeling down on yourself) 2 No (Go to DEP_END) DK, R (Go to DEP_END)</p>
DEP_Q26 DPS_26	<p>Did you think a lot about death - either your own, someone else's, or death in general?</p> <p>1 Yes (KEY PHRASE = Thoughts about death) 2 No (Go to DEP_END) DK, R (Go to DEP_END)</p>
DEP_C27	<p>If any "Yes" in DEP_Q19, DEP_Q22, DEP_Q24, DEP_Q25 or DEP_Q26, or DEP_Q20 is "gain" or "lose", go to DEP_R27. Otherwise, go to DEP_END.</p>
DEP_R27	<p>Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES). INTERVIEWER: Press <Enter> to continue.</p>

DEP_Q27
DPS_27

About how many weeks did you feel this way during the past 12 months?

|_|_| Weeks
(MIN: 2 MAX: 53)
DK, R (Go to DEP_END)

DEP_C28

If DEP_Q27 > 51, go to DEP_END.
Otherwise, go to DEP_Q28.

DEP_Q28
DPS_28

**Think about the last time you had 2 weeks in a row when you felt this way.
In what month was that?**

- | | | | |
|---|----------|----|-----------|
| 1 | January | 7 | July |
| 2 | February | 8 | August |
| 3 | March | 9 | September |
| 4 | April | 10 | October |
| 5 | May | 11 | November |
| 6 | June | 12 | December |
| | DK, R | | |

DEP_END

Suicidal thoughts and attempts (SUI)

Optional Content selected by health regions in: Ontario, Alberta, British Columbia and Northwest Territories

SUI_BEG

SUI_C1A If (do SUI block = 2), go to SUI_END.
Otherwise, go to SUI_C1B.

SUI_C1B If proxy interview or if age < 15, go to SUI_END.
Otherwise, go to SUI_R1.

SUI_R1 **The following questions relate to the sensitive issue of suicide.**
INTERVIEWER: Press <Enter> to continue.

SUI_Q1 **Have you ever seriously considered committing suicide or taking your own life?**
SUI_1

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

SUI_Q2 **Has this happened in the past 12 months?**
SUI_2

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

SUI_Q3 **Have you ever attempted to commit suicide or tried taking your own life?**
SUI_3

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

SUI_Q4 **Did this happen in the past 12 months?**
SUI_4

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

SUI_Q5 **Did you see or talk to a health professional following your attempt to commit suicide?**
SUI_5 INTERVIEWER: Include both face to face and telephone contacts.

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

SUI_Q6 **Whom did you see or talk to?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- SUI_6A 1 **Family doctor or general practitioner**
- SUI_6B 2 **Psychiatrist**
- SUI_6C 3 **Psychologist**
- SUI_6D 4 **Nurse**
- SUI_6E 5 **Social worker or counsellor**
- SUI_6G 6 **Religious or spiritual advisor such as a priest, chaplain or rabbi**
- SUI_6H 7 **Teacher or guidance counsellor**
- SUI_6F 8 **Other**
DK, R

SUI_END

Health status (SF-36) (SFR)

Optional Content selected by health regions in:
Newfoundland and Labrador, Prince Edward Island
and Manitoba

SFR_BEG

SFR_C03 If (do SFR block = 1), go to SFR_R03A.
Otherwise, go to SFR_END.

SFR_R03A **Although some of the following questions may seem repetitive, the next section deals with another way of measuring health status.**
INTERVIEWER: Press <Enter> to continue.

SFR_R03B **The questions are about how ^YOU2 [feel/feels] and how well ^YOU1 ^ARE able to do ^YOUR1 usual activities.**
INTERVIEWER: Press <Enter> to continue.

Note: If interview is non-proxy, use "feel".
Otherwise, use "feels".

SFR_Q03 **I'll start with a few questions concerning activities ^YOU2 might do during a typical day.**
SFR_03 **Does ^YOUR1 health limit ^HIMHER in any of the following activities:**

... in vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports?

INTERVIEWER: Read categories to respondent.

- 1 **Limited a lot**
 - 2 **Limited a little**
 - 3 **Not at all limited**
- DK, R (Go to SFR_END)

SFR_Q04 **(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, R

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, R

SFR_Q06 **(Does ^YOUR1 health limit ^HIMHER:)**
SFR_06

... in climbing several flights of stairs?

- 1 Limited a lot
 - 2 Limited a little
 - 3 Not at all limited
- DK, R

SFR_Q07
SFR_07

(Does ^YOUR1 health limit ^HIMHER:)

... in climbing one flight of stairs?

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited
- DK, R

SFR_Q08
SFR_08

(Does ^YOUR1 health limit ^HIMHER:)

... in bending, kneeling, or stooping?

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited
- DK, R

SFR_Q09
SFR_09

(Does ^YOUR1 health limit ^HIMHER:)

... in walking more than one kilometre?

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited
- DK, R

SFR_Q10
SFR_10

(Does ^YOUR1 health limit ^HIMHER:)

... in walking several blocks?

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited
- DK, R

SFR_Q11
SFR_11

(Does ^YOUR1 health limit ^HIMHER:)

... in walking one block?

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited
- DK, R

SFR_Q12
SFR_12

(Does ^YOUR1 health limit ^HIMHER:)

... in bathing and dressing ^YOURSELF?

- 1 Limited a lot
- 2 Limited a little
- 3 Not at all limited
- DK, R

SFR_Q13
SFR_13

Now a few questions about problems with ^YOUR2 work or with other regular daily activities. Because of ^YOUR1 physical health, during the past 4 weeks, did ^YOU2:

... cut down on the amount of time ^YOU1 spent on work or other activities?

- 1 Yes
- 2 No
- DK, R

SFR_Q14
SFR_14

Because of ^YOUR1 physical health, during the past 4 weeks, did ^YOU2:

... accomplish less than ^YOU1 would like?

- 1 Yes
- 2 No
- DK, R

SFR_Q15
SFR_15

(Because of ^YOUR1 physical health, during the past 4 weeks,) ^WERE ^YOU2:

... limited in the kind of work or other activities?

- 1 Yes
- 2 No
- DK, R

SFR_Q16
SFR_16

(Because of ^YOUR1 physical health, during the past 4 weeks,) did ^YOU2:

... have difficulty performing the work or other activities (for example, it took extra effort)?

- 1 Yes
- 2 No
- DK, R

SFR_Q17
SFR_17

Next a few questions about problems with ^YOUR2 work or with other regular daily activities due to emotional problems (such as feeling depressed or anxious). Because of emotional problems, during the past 4 weeks, did ^YOU2:

... cut down on the amount of time ^YOU1 spent on work or other activities?

- 1 Yes
- 2 No
- DK
- R (Go to SFR_END)

SFR_Q18
SFR_18

Because of emotional problems, during the past 4 weeks, did ^YOU2:

... accomplish less than ^YOU1 would like?

- 1 Yes
- 2 No
- DK, R

SFR_Q19
SFR_19

(Because of emotional problems, during the past 4 weeks,) did ^YOU2:

... not do work or other activities as carefully as usual?

- 1 Yes
- 2 No
- DK, R

SFR_Q20
SFR_20

During the past 4 weeks, how much has ^YOUR1 physical health or emotional problems interfered with ^YOUR1 normal social activities with family, friends, neighbours, or groups?

INTERVIEWER: Read categories to respondent.

- 1 **Not at all**
- 2 **A little bit**
- 3 **Moderately**
- 4 **Quite a bit**
- 5 **Extremely**
- DK, R

SFR_Q21
SFR_21

During the past 4 weeks, how much bodily pain ^HAVE ^YOU1 had?

INTERVIEWER: Read categories to respondent

- 1 **None**
- 2 **Very mild**
- 3 **Mild**
- 4 **Moderate**
- 5 **Severe**
- 6 **Very severe**

DK, R

SFR_Q22
SFR_22

During the past 4 weeks, how much did pain interfere with ^YOUR1 normal work (including work both outside the home and housework)?

INTERVIEWER: Read categories to respondent.

- 1 **Not at all**
- 2 **A little bit**
- 3 **Moderately**
- 4 **Quite a bit**
- 5 **Extremely**

DK, R

SFR_R23

The next questions are about how ^YOU2 felt and how things have been with ^HIMHER during the past 4 weeks. For each question, please indicate the answer that comes closest to the way ^YOU2 ^HAVE been feeling.

INTERVIEWER: Press <Enter> to continue.

SFR_Q23
SFR_23

During the past 4 weeks, how much of the time:

... did ^YOU2 feel full of pep?

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
- 2 **Most of the time**
- 3 **A good bit of the time**
- 4 **Some of the time**
- 5 **A little of the time**
- 6 **None of the time**

DK, R

SFR_Q24
SFR_24

(During the past 4 weeks, how much of the time:)

... ^HAVE ^YOU2 been a very nervous person?

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
- 2 **Most of the time**
- 3 **A good bit of the time**
- 4 **Some of the time**
- 5 **A little of the time**
- 6 **None of the time**

DK, R

SFR_Q25
SFR_25

(During the past 4 weeks, how much of the time:)

... ^HAVE ^YOU1 felt so down in the dumps that nothing could cheer ^HIMHER up?

- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- DK, R

SFR_Q26
SFR_26

(During the past 4 weeks, how much of the time:)

... ^HAVE ^YOU1 felt calm and peaceful?

- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- DK, R

SFR_Q27
SFR_27

(During the past 4 weeks, how much of the time:)

... did ^YOU1 have a lot of energy?

- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- DK, R

SFR_Q28
SFR_28

During the past 4 weeks, how much of the time:

... ^HAVE ^YOU1 felt downhearted and blue?

- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- DK, R

SFR_Q29
SFR_29

(During the past 4 weeks, how much of the time:)

... did ^YOU1 feel worn out?

- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- DK, R

SFR_Q30
SFR_30

(During the past 4 weeks, how much of the time:)

... ^HAVE ^YOU1 been a happy person?

- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- DK, R

SFR_Q31
SFR_31

(During the past 4 weeks, how much of the time:)

... did ^YOU1 feel tired?

- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- DK, R

SFR_Q32
SFR_32

During the past 4 weeks, how much of the time has ^YOUR1 health limited ^YOUR1 social activities (such as visiting with friends or close relatives)?

- 1 All of the time
 - 2 Most of the time
 - 3 A good bit of the time
 - 4 Some of the time
 - 5 A little of the time
 - 6 None of the time
- DK, R

SFR_Q33
SFR_33

Now please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.

[I/FNAME] [seem/seems] to get sick a little easier than other people.

INTERVIEWER: Read categories to respondent.

- 1 **Definitely true**
 - 2 **Mostly true**
 - 3 **Not sure**
 - 4 **Mostly false**
 - 5 **Definitely false**
- DK, R

Note:

If interview non-proxy, use "I" and "seem".
Otherwise, use ^FNAME and "seems".

SFR_Q34
SFR_34

(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)

[I/FNAME] [am/is] as healthy as anybody [I/he/she] [know/knows].

INTERVIEWER: Read categories to respondent.

- 1 **Definitely true**
 - 2 **Mostly true**
 - 3 **Not sure**
 - 4 **Mostly false**
 - 5 **Definitely false**
- DK, R

Note:

If interview non-proxy, use "I", "am", "I" and "know".

If interview proxy and sex = male, use ^FNAME, "is", "he" and "knows".

Otherwise, use ^FNAME, "is", "she" and "knows".

SFR_Q35
SFR_35

(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)

[I/FNAME] [expect/expects] [my/his/her] health to get worse.

- 1 Definitely true
 - 2 Mostly true
 - 3 Not sure
 - 4 Mostly false
 - 5 Definitely false
- DK, R

Note:

If interview non-proxy, use "I", "expect", and "my".

If proxy interview and sex = male, use ^FNAME, "expects" and "his".

Otherwise, use ^FNAME, "expects" and "her".

SFR_Q36
SFR_36

(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)

[My/FNAME's] health is excellent.

- 1 Definitely true
 - 2 Mostly true
 - 3 Not sure
 - 4 Mostly false
 - 5 Definitely false
- DK, R

Note:

If interview non-proxy, use "My". Otherwise, use ^FNAME's.

SFR_END

Access to health care services (ACC)

Theme Content, except Nunavut,
Yukon and Northwest Territories

ACC_BEG

ACC_C1 If (do ACC 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_R10.

ACC_R10 **The next questions are about the use of various health care services.**

I will start by asking about your experiences getting health care from a medical specialist such as a cardiologist, allergist, gynaecologist or psychiatrist (excluding an optometrist).
INTERVIEWER: Press <Enter> to continue.

ACC_Q10 **In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a**
ACC_10 **consultation?**

- 1 Yes
- 2 No (Go to ACC_R20)
- DK, R (Go to ACC_R20)

ACC_Q11 **In the past 12 months, did you ever experience any difficulties getting the specialist care**
ACC_11 **you needed for a diagnosis or consultation?**

- 1 Yes
- 2 No (Go to ACC_R20)
- DK, R (Go to ACC_R20)

ACC_Q12 **What type of difficulties did you experience?**
INTERVIEWER: Mark all that apply.

- ACC_12A 1 Difficulty getting a referral
 - ACC_12B 2 Difficulty getting an appointment
 - ACC_12C 3 No specialists in the area
 - ACC_12D 4 Waited too long - between booking appointment and visit
 - ACC_12E 5 Waited too long - to see the doctor (i.e. in-office waiting)
 - ACC_12F 6 Transportation - problems
 - ACC_12G 7 Language - problem
 - ACC_12H 8 Cost
 - ACC_12I 9 Personal or family responsibilities
 - ACC_12J 10 General deterioration of health
 - ACC_12K 11 Appointment cancelled or deferred by specialist
 - ACC_12L 12 Still waiting for visit
 - ACC_12M 13 Unable to leave the house because of a health problem
 - ACC_12N 14 Other - Specify
- DK, R

ACC_C12S If ACC_Q12 = 14, go to ACC_Q12S.
Otherwise, go to ACC_R20.

ACC_Q12S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_R20 **The following questions are about any surgery not provided in an emergency that you may have required, such as cardiac surgery, joint surgery, caesarean sections and cataract surgery, excluding laser eye surgery.**

INTERVIEWER: Press <Enter> to continue.

ACC_Q20 **In the past 12 months, did you require any non-emergency surgery?**

ACC_20

- 1 Yes
- 2 No (Go to ACC_R30)
- DK, R (Go to ACC_R30)

ACC_Q21 **In the past 12 months, did you ever experience any difficulties getting the surgery you needed?**

ACC_21

- 1 Yes
- 2 No (Go to ACC_R30)
- DK, R (Go to ACC_R30)

ACC_Q22 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| ACC_22A | 1 | Difficulty getting an appointment with a surgeon |
| ACC_22B | 2 | Difficulty getting a diagnosis |
| ACC_22C | 3 | Waited too long - for a diagnostic test |
| ACC_22D | 4 | Waited too long - for a hospital bed to become available |
| ACC_22E | 5 | Waited too long - for surgery |
| ACC_22F | 6 | Service not available - in the area |
| ACC_22G | 7 | Transportation - problems |
| ACC_22H | 8 | Language - problem |
| ACC_22I | 9 | Cost |
| ACC_22J | 10 | Personal or family responsibilities |
| ACC_22K | 11 | General deterioration of health |
| ACC_22L | 12 | Appointment cancelled or deferred by surgeon or hospital |
| ACC_22M | 13 | Still waiting for surgery |
| ACC_22N | 14 | Unable to leave the house because of a health problem |
| ACC_22O | 15 | Other - Specify |
| | | DK, R |

ACC_C22S If ACC_Q22 = 15, go to ACC_Q22S.
Otherwise, go to ACC_R30.

ACC_Q22S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_R30 **Now some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.**

INTERVIEWER: Press <Enter> to continue.

ACC_Q30 **In the past 12 months, did you require one of these tests?**

ACC_30

- 1 Yes
- 2 No (Go to ACC_R40)
- DK, R (Go to ACC_R40)

ACC_Q31 **In the past 12 months, did you ever experience any difficulties getting the tests you
ACC_31 needed?**

- 1 Yes
- 2 No (Go to ACC_R40)
- DK, R (Go to ACC_R40)

ACC_Q32 **What type of difficulties did you experience?**
INTERVIEWER: Mark all that apply.

- ACC_32A 1 Difficulty getting a referral
- ACC_32B 2 Difficulty getting an appointment
- ACC_32C 3 Waited too long - to get an appointment
- ACC_32D 4 Waited too long - to get test (i.e. in-office waiting)
- ACC_32E 5 Service not available - at time required
- ACC_32F 6 Service not available - in the area
- ACC_32G 7 Transportation - problems
- ACC_32H 8 Language - problem
- ACC_32I 9 Cost
- ACC_32J 10 General deterioration of health
- ACC_32K 11 Did not know where to go (i.e. information problems)
- ACC_32L 12 Still waiting for test
- ACC_32M 13 Unable to leave the house because of a health problem
- ACC_32N 14 Other - Specify
- DK, R

ACC_C32S If ACC_Q32 = 14, go to ACC_ Q32S.
 Otherwise, go to ACC_R40.

ACC_Q32S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_R40 **Now I'd like you to think about yourself and family members living in your dwelling.
The next questions are about your experiences getting health information or advice when
you needed them for yourself or a family member living in your dwelling.**

INTERVIEWER: Press <Enter> to continue.

ACC_Q40 **In the past 12 months, have you required health information or advice for yourself or a
ACC_40 family member?**

- 1 Yes
- 2 No (Go to ACC_R50)
- DK, R (Go to ACC_R50)

ACC_Q40A **Who did you contact when you needed health information or advice for yourself or a family
member?**

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

- ACC_40A 1 **Doctor's office**
- ACC_40B 2 **Community health centre / CLSC**
- ACC_40C 3 **Walk-in clinic**
- ACC_40D 4 **Telephone health line (e.g., HealthLinks, Telehealth Ontario,
HealthLink, Health-Line, TeleCare, Info-Santé)**
- ACC_40E 5 **Hospital emergency room**
- ACC_40F 6 **Other hospital service**
- ACC_40G 7 **Other - Specify**

ACC_C40AS If ACC_Q40A = 7, go to ACC_Q40AS.
Otherwise, go to ACC_Q41.

ACC_Q40AS INTERVIEWER: Specify.

(80 spaces)

DK, R

ACC_Q41 **In the past 12 months, did you ever experience any difficulties getting the health information or advice you needed for yourself or a family member?**

ACC_41

- 1 Yes
- 2 No (Go to ACC_R50)
- DK, R (Go to ACC_R50)

ACC_Q42 **Did you experience difficulties during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**

ACC_42

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC_Q44)
- 3 Not required at this time (Go to ACC_Q44)
- DK, R (Go to ACC_Q44)

ACC_Q43 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACC_43A 1 Difficulty contacting a physician or nurse
- ACC_43B 2 Did not have a phone number
- ACC_43C 3 Could not get through (i.e. no answer)
- ACC_43D 4 Waited too long to speak to someone
- ACC_43E 5 Did not get adequate info or advice
- ACC_43F 6 Language - problem
- ACC_43G 7 Did not know where to go / call / uninformed
- ACC_43H 8 Unable to leave the house because of a health problem
- ACC_43I 9 Other - Specify
- DK, R

ACC_C43S If ACC_Q43 = 9, go to ACC_Q43S.
Otherwise, go to ACC_Q44.

ACC_Q43S INTERVIEWER: Specify.

(80 spaces)

DK, R

ACC_Q44 **Did you experience difficulties getting health information or advice during evenings and weekends (that is, 5:00 to 9:00 pm Monday to Friday, or 9:00 am to 5:00 pm, Saturdays and Sundays)?**

ACC_44

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC_Q46)
- 3 Not required at this time (Go to ACC_Q46)
- DK, R (Go to ACC_Q46)

ACC_Q45

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|---|
| ACC_45A | 1 | Difficulty contacting a physician or nurse |
| ACC_45B | 2 | Did not have a phone number |
| ACC_45C | 3 | Could not get through (i.e. no answer) |
| ACC_45D | 4 | Waited too long to speak to someone |
| ACC_45E | 5 | Did not get adequate info or advice |
| ACC_45F | 6 | Language - problem |
| ACC_45G | 7 | Did not know where to go / call / uninformed |
| ACC_45H | 8 | Unable to leave the house because of a health problem |
| ACC_45I | 9 | Other - Specify
DK, R |

ACC_C45S If ACC_Q45 = 9, go to ACC_Q45S.
Otherwise, go to ACC_Q46.

ACC_Q45S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_Q46
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 “Did not require at this time”.

- | | | |
|---|---------------------------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to ACC_R50) |
| 3 | Not required at this time | (Go to ACC_R50) |
| | DK, R | (Go to ACC_R50) |

ACC_Q47

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|---|
| ACC_47A | 1 | Difficulty contacting a physician or nurse |
| ACC_47B | 2 | Did not have a phone number |
| ACC_47C | 3 | Could not get through (i.e. no answer) |
| ACC_47D | 4 | Waited too long to speak to someone |
| ACC_47E | 5 | Did not get adequate info or advice |
| ACC_47F | 6 | Language - problem |
| ACC_47G | 7 | Did not know where to go / call / uninformed |
| ACC_47H | 8 | Unable to leave the house because of a health problem |
| ACC_47I | 9 | Other - Specify
DK, R |

ACC_C47S If ACC_Q47 = 9, go to ACC_Q47S.
Otherwise, go to ACC_R50.

ACC_Q47S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_R50

Now some questions about your experiences when you needed health care services for routine or on-going care such as a medical exam or follow-up for yourself or a family member living in your dwelling.

INTERVIEWER: Press <Enter> to continue.

ACC_Q50A
ACC_50A

Do you have a regular family doctor?

- 1 Yes
- 2 No
DK, R

ACC_Q50
ACC_50

In the past 12 months, did you require any routine or on-going care for yourself or a family member?

- 1 Yes
- 2 No (Go to ACC_R60)
DK, R (Go to ACC_R60)

ACC_Q51
ACC_51

In the past 12 months, did you ever experience any difficulties getting the routine or on-going care you or a family member needed?

- 1 Yes
- 2 No (Go to ACC_R60)
DK, R (Go to ACC_R60)

ACC_Q52
ACC_52

Did you experience difficulties getting such care during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC_Q54)
- 3 Not required at this time (Go to ACC_Q54)
DK, R (Go to ACC_Q54)

ACC_Q53

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_53A
ACC_53B
ACC_53C
ACC_53D
ACC_53E
ACC_53F
ACC_53G
ACC_53H
ACC_53I
ACC_53J
ACC_53K
ACC_53L
ACC_53M

- 1 Difficulty contacting a physician
- 2 Difficulty getting an appointment
- 3 Do not have personal / family physician
- 4 Waited too long - to get an appointment
- 5 Waited too long - to see the doctor (i.e. in-office waiting)
- 6 Service not available - at time required
- 7 Service not available - in the area
- 8 Transportation - problems
- 9 Language - problem
- 10 Cost
- 11 Did not know where to go (i.e. information problems)
- 12 Unable to leave the house because of a health problem
- 13 Other - Specify
DK, R

ACC_C53S

If ACC_Q53 = 13, go to ACC_Q53S.
Otherwise, go to ACC_Q54.

ACC_Q53S

INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_Q54
ACC_54

Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC_R60)
- 3 Not required at this time (Go to ACC_R60)
DK, R (Go to ACC_R60)

ACC_Q55

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_55A
ACC_55B
ACC_55C
ACC_55D
ACC_55E
ACC_55F
ACC_55G
ACC_55H
ACC_55I
ACC_55J
ACC_55K
ACC_55L
ACC_55M

- 1 Difficulty contacting a physician
- 2 Difficulty getting an appointment
- 3 Do not have personal / family physician
- 4 Waited too long - to get an appointment
- 5 Waited too long - to see the doctor (i.e. in-office waiting)
- 6 Service not available - at time required
- 7 Service not available - in the area
- 8 Transportation - problems
- 9 Language - problem
- 10 Cost
- 11 Did not know where to go (i.e. information problems)
- 12 Unable to leave the house because of a health problem
- 13 Other - Specify
DK, R

ACC_C55S

If ACC_Q55 = 13, go to ACC_Q55S.
Otherwise, go to ACC_R60.

ACC_Q55S

INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_R60

The next questions are about situations when you or a family member have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.

INTERVIEWER: Press <Enter> to continue.

ACC_Q60
ACC_60

In the past 12 months, have you or a family member required immediate health care services for a minor health problem?

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

ACC_Q61
ACC_61

In the past 12 months, did you ever experience any difficulties getting the immediate care needed for a minor health problem for yourself or a family member?

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

ACC_Q62
ACC_62

Did you experience difficulties getting such care during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC_Q64)
- 3 Not required at this time (Go to ACC_Q64)
DK, R (Go to ACC_Q64)

ACC_Q63

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

ACC_63A
ACC_63B
ACC_63C
ACC_63D
ACC_63E
ACC_63F
ACC_63G
ACC_63H
ACC_63I
ACC_63J
ACC_63K
ACC_63L
ACC_63M

- 1 Difficulty contacting a physician
- 2 Difficulty getting an appointment
- 3 Do not have personal / family physician
- 4 Waited too long - to get an appointment
- 5 Waited too long - to see the doctor (i.e. in-office waiting)
- 6 Service not available - at time required
- 7 Service not available - in the area
- 8 Transportation - problems
- 9 Language - problem
- 10 Cost
- 11 Did not know where to go (i.e. information problems)
- 12 Unable to leave the house because of a health problem
- 13 Other - Specify
DK, R

ACC_C63S

If ACC_Q63 = 13, go to ACC_Q63S.
Otherwise, go to ACC_Q64.

ACC_Q63S

INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_Q64
ACC_64

Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC_Q66)
- 3 Not required at this time (Go to ACC_Q66)
DK, R (Go to ACC_Q66)

ACC_Q65

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| ACC_65A | 1 | Difficulty contacting a physician |
| ACC_65B | 2 | Difficulty getting an appointment |
| ACC_65C | 3 | Do not have personal / family physician |
| ACC_65D | 4 | Waited too long - to get an appointment |
| ACC_65E | 5 | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACC_65F | 6 | Service not available - at time required |
| ACC_65G | 7 | Service not available - in the area |
| ACC_65H | 8 | Transportation - problems |
| ACC_65I | 9 | Language - problem |
| ACC_65J | 10 | Cost |
| ACC_65K | 11 | Did not know where to go (i.e. information problems) |
| ACC_65L | 12 | Unable to leave the house because of a health problem |
| ACC_65M | 13 | Other - Specify |
| | | DK, R |

ACC_C65S If ACC_Q65 = 13, go to ACC_Q65S.
Otherwise, go to ACC_Q66.

ACC_Q65S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_Q66

Did you experience difficulties getting such care during the middle of the night?

ACC_66

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- | | | |
|---|---------------------------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to ACC_END) |
| 3 | Not required at this time | (Go to ACC_END) |
| | DK, R | (Go to ACC_END) |

ACC_Q67

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| ACC_67A | 1 | Difficulty contacting a physician |
| ACC_67B | 2 | Difficulty getting an appointment |
| ACC_67C | 3 | Do not have personal / family physician |
| ACC_67D | 4 | Waited too long - to get an appointment |
| ACC_67E | 5 | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACC_67F | 6 | Service not available - at time required |
| ACC_67G | 7 | Service not available - in the area |
| ACC_67H | 8 | Transportation - problems |
| ACC_67I | 9 | Language - problem |
| ACC_67J | 10 | Cost |
| ACC_67K | 11 | Did not know where to go (i.e. information problems) |
| ACC_67L | 12 | Unable to leave the house because of a health problem |
| ACC_67M | 13 | Other - Specify |
| | | DK, R |

ACC_C67S If ACC_Q67 = 13, go to ACC_Q67S.
Otherwise, go to ACC_END.

ACC_Q67S INTERVIEWER: Specify.

(80 spaces)

DK, R

ACC_END

Waiting times (WTM)

Theme Content, except Nunavut,
Yukon and Northwest Territories

WTM_BEG

WTM_C01 If (do WTM block = 1), go to WTM_C02.
Otherwise, go to WTM_END.

WTM_C02 If proxy interview or if age < 15, go to WTM_END.
Otherwise, go to WTM_C03.

WTM_C03 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), go to WTM_END.
Otherwise, go to WTM_R1.

WTM_R1 **Now some additional questions about your experiences waiting for health care services.**
INTERVIEWER: Press <Enter> to continue.

WTM_C04 If ACC_Q10 = 2 (did not require a visit to a specialist), go to WTM_C16.
Otherwise, go to WTM_Q01.

WTM_Q01 **You mentioned that you required a visit to a medical specialist such as a cardiologist,**
WTM_01 **allergist, gynaecologist or psychiatrist.**

**In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a
consultation for a new illness or condition?**

- 1 Yes
- 2 No (Go to WTM_C16)
- DK, R (Go to WTM_C16)

WTM_Q02 **For what type of condition?**

WTM_02

If you have had more than one such visit, please answer for the most recent visit.
INTERVIEWER: Read categories to respondent.

- 1 **Heart condition or stroke**
- 2 **Cancer**
- 3 **Asthma or other breathing conditions**
- 4 **Arthritis or rheumatism**
- 5 **Cataract or other eye conditions**
- 6 **Mental health disorder**
- 7 **Skin conditions**
- 8 **[Gynaecological problems/blank]**
- 9 Other – Specify
DK, R

Note: If sex = female, use "Gynaecological problems", in WTM_Q02, category 8.
Otherwise, use blank.

WTM_E02 **A blank answer has been selected. Please return and correct.**
Trigger hard edit if WTM_Q02 = 8 and sex = male.

WTM_C02S If WTM_Q02 = 9, go to WTM_Q02S.
Otherwise, go to WTM_Q03.

WTM_Q02S INTERVIEWER: Specify.

(80 spaces)
DK, R

WTM_Q03

Were you referred by:

WTM_Q03

INTERVIEWER: Read categories to respondent.

- 1 ... a family doctor?
- 2 ... another specialist?
- 3 ... another health care provider?
- 4 Did not require a referral
DK, R

WTM_Q04

Have you already visited the medical specialist?

WTM_Q04

- 1 Yes
- 2 No (Go to WTM_Q08A)
DK, R (Go to WTM_Q08A)

WTM_Q05

Thinking about this visit, did you experience any difficulties seeing the specialist?

WTM_Q05

- 1 Yes
- 2 No (Go to WTM_Q07A)
DK, R (Go to WTM_Q07A)

WTM_Q06

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply. Question ACC_Q12 previously asked about any difficulties getting specialist care. This question (WTM_Q06) deals with difficulties experienced for the most recent visit for a new illness or condition.

WTM_Q06A

- 1 Difficulty getting a referral
- 2 Difficulty getting an appointment
- 3 No specialists in the area
- 4 Waited too long - between booking appointment and visit
- 5 Waited too long - to see the doctor (i.e. in-office waiting)
- 6 Transportation – problems
- 7 Language – problem
- 8 Cost
- 9 Personal or family responsibilities
- 10 General deterioration of health
- 11 Appointment cancelled or deferred by specialist
- 12 Unable to leave the house because of a health problem
- 13 Other – Specify
DK, R

WTM_Q06B

WTM_Q06C

WTM_Q06D

WTM_Q06E

WTM_Q06F

WTM_Q06G

WTM_Q06H

WTM_Q06I

WTM_Q06J

WTM_Q06K

WTM_Q06L

WTM_Q06M

WTM_Q06S

If WTM_Q06 = 13, go to WTM_Q06S.
Otherwise, go to WTM_Q07A.

WTM_Q06S

INTERVIEWER: Specify.

(80 spaces)
DK, R

WTM_Q07A
WTM_07A

How long did you have to wait between when [you and your doctor decided that you should see a specialist/you and your health care provider decided that you should see a specialist/the appointment was initially scheduled] and when you actually visited the specialist?

INTERVIEWER: Probe to get the most precise answer possible.

|_|_| (3 spaces)

(MIN:1) (MAX: 365)

DK, R

(Go to WTM_Q10)

Note:

If WTM_Q03 = 1 or 2, use “you and your doctor decided that you should see a specialist”.

If WTM_Q03 = 3, use “you and your health care provider decided that you should see a specialist”.

Otherwise, use “the appointment was initially scheduled”.

WTM_N07B
WTM_07B

INTERVIEWER: Enter unit of time.

1 Days

2 Weeks

3 Months

(DK, R are not allowed)

WTM_E07B

An unusual number has been entered. Please confirm.

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).

Go to WTM_Q10

WTM_Q08A
WTM_08A

How long have you been waiting since [you and your doctor decided that you should see a specialist/you and your health care provider decided that you should see a specialist/the appointment was initially scheduled]?

INTERVIEWER: Probe to get the most precise answer possible.

|_|_| (3 spaces)

(MIN:1) (MAX: 365)

DK, R

(Go to WTM_Q10)

Note:

If WTM_Q03 = 1 or 2, use “you and your doctor decided that you should see a specialist”.

If WTM_Q03 = 3, use “you and your health care provider decided that you should see a specialist”.

Otherwise, use “the appointment was initially scheduled”.

WTM_N08B
WTM_08B

INTERVIEWER: Enter unit of time.

1 Days

2 Weeks

3 Months

(DK, R are not allowed)

WTM_E08B

An unusual number has been entered. Please confirm.

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_Q10
WTM_10

In your view, [was the waiting time / has the waiting time been]:

INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

- 1 ... **acceptable?** (Go to WTM_Q12)
- 2 ... **not acceptable?**
- 3 No view
DK, R

Note: If WTM_Q04 = 1, use "was the waiting time".
Otherwise, use "has the waiting time been".

WTM_Q11A
WTM_11A

In this particular case, what do you think is an acceptable waiting time?

||_| (3 spaces)
(MIN:1) (MAX: 365)
DK, R (Go to WTM_Q12)

WTM_N11B
WTM_11B

INTERVIEWER: Enter unit of time.

- 1 Days
- 2 Weeks
- 3 Months
(DK, R are not allowed)

WTM_E11B An unusual number has been entered. Please confirm.

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, R (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
DK, R

WTM_C13S If WTM_Q13 = 3, go to WTM_Q13S.
Otherwise, go to WTM_Q14.

WTM_Q13S

INTERVIEWER: Specify.

(80 spaces)
DK, R

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, R (Go to WTM_C16)

WTM_Q15

How was your life affected as a result of waiting for this visit?

INTERVIEWER: Mark all that apply.

WTM_15A
WTM_15B
WTM_15C
WTM_15D
WTM_15E
WTM_15F
WTM_15G
WTM_15H
WTM_15I
WTM_15J
WTM_15K
WTM_15L

- 1 Worry, anxiety, stress
- 2 Worry or stress for family or friends
- 3 Pain
- 4 Problems with activities of daily living (e.g., dressing, driving)
- 5 Loss of work
- 6 Loss of income
- 7 Increased dependence on relatives/friends
- 8 Increased use of over-the-counter drugs
- 9 Overall health deteriorated, condition got worse
- 10 Health problem improved
- 11 Personal relationships suffered
- 12 Other - Specify
- DK, R

WTM_C15S

If WTM_Q15 = 12, go to WTM_Q15S.
Otherwise, go to WTM_C16.

WTM_Q15S

INTERVIEWER: Specify.

(80 spaces)
DK, R

WTM_C16

If ACC_Q20 = 2 (did not require non-emergency surgery), go to WTM_C30.
Otherwise, go to WTM_Q16.

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 **Hysterectomy (Removal of uterus) / blank]**
- 6 **Removal of gall bladder**
- 7 Other - Specify
- DK, R

Note:

If sex = female, use "Hysterectomy (Removal of uterus)" in WTM_Q16, category 5.
Otherwise, use blank.

WTM_E16

A blank answer has been selected. Please return and correct.

Trigger hard edit if WTM_Q16 = 5 and sex = male.

WTM_C16S

If WTM_Q16 = 7, go to WTM_Q16S.
Otherwise, go to WTM_Q17.

WTM_Q16S INTERVIEWER: Specify.

(80 spaces)
DK, R

WTM_Q17 **Did you already have this surgery?**

WTM_17

- 1 Yes
- 2 No (Go to WTM_Q22)
- DK, R (Go to WTM_Q22)

WTM_Q18 **Did the surgery require an overnight hospital stay?**

WTM_18

- 1 Yes
- 2 No
- DK, R

WTM_Q19 **Did you experience any difficulties getting this surgery?**

WTM_19

- 1 Yes
- 2 No (Go to WTM_Q21A)
- DK, R (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 | 1 | Difficulty getting an appointment with a surgeon |
| WTM_20B | 2 | Difficulty getting a diagnosis |
| WTM_20C | 3 | Waited too long - for a diagnostic test |
| WTM_20D | 4 | Waited too long - for a hospital bed to become available |
| WTM_20E | 5 | Waited too long - for surgery |
| WTM_20F | 6 | Service not available - in the area |
| WTM_20G | 7 | Transportation - problems |
| WTM_20H | 8 | Language - problem |
| WTM_20I | 9 | 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 |
| | | DK, R |

WTM_C20S If WTM_Q20 = 14. go to WTM_Q20S.
Otherwise, go to WTM_Q21A.

WTM_Q20S INTERVIEWER: Specify.

(80 spaces)
DK, R

WTM_Q21A **How long did you have to wait between when you and the surgeon decided to go ahead with surgery and the day of surgery?**

WTM_21A

INTERVIEWER: Probe to get the most precise answer possible.

||_| (3 spaces)
(MIN:1) (MAX: 365)
DK, R (Go to WTM_Q24)

WTM_N21B INTERVIEWER: Enter unit of time.
WTM_21B

- 1 Days
 - 2 Weeks
 - 3 Months
- (DK, R are not allowed)

WTM_E21B An unusual number has been entered. Please confirm.

Trigger a 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).

Go to WTM_Q24

WTM_Q22 **Will the surgery require an overnight hospital stay?**
WTM_22

- 1 Yes
 - 2 No
- DK, R

WTM_Q23A **How long have you been waiting since you and the surgeon decided to go ahead with the surgery?**
WTM_23A

INTERVIEWER: Probe to get the most precise answer possible.

||_| (3 spaces)
(MIN:1) (MAX: 365)
DK, R (Go to WTM_Q24)

WTM_N23B INTERVIEWER: Enter unit of time.
WTM_23B

- 1 Days
 - 2 Weeks
 - 3 Months
- (DK, R are not allowed)

WTM_E23B An unusual number has been entered. Please confirm.

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_Q24 **In your view, [was the waiting time / has the waiting time been]:**
WTM_24 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, R

Note: If WTM_Q17 = 1, use “was the waiting time”.
Otherwise, use “has the waiting time been”.

WTM_Q25A **In this particular case, what do you think is an acceptable waiting time?**
WTM_25A

||_| (3 spaces)
(MIN:1) (MAX: 365)
DK, R (Go to WTM_Q26)

WTM_N25B
WTM_25B

INTERVIEWER: Enter unit of time.

- 1 Days
 - 2 Weeks
 - 3 Months
- (DK, R are not allowed)

WTM_E25B

An unusual number has been entered. Please confirm.

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, R (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
- DK, R

WTM_C27S

If WTM_Q27 = 4, go to WTM_Q27S.
Otherwise, go to WTM_Q28.

WTM_Q27S

INTERVIEWER: Specify.

(80 spaces)
DK, R

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, R (Go to WTM_C30)

WTM_Q29

How was your life affected as a result of waiting for surgery?

INTERVIEWER: Mark all that apply.

WTM_29A
WTM_29B
WTM_29C
WTM_29D
WTM_29E
WTM_29F
WTM_29G
WTM_29H
WTM_29I
WTM_29J
WTM_29K
WTM_29L

- 1 Worry, anxiety, stress
 - 2 Worry or stress for family or friends
 - 3 Pain
 - 4 Problems with activities of daily living (e.g., dressing, driving)
 - 5 Loss of work
 - 6 Loss of income
 - 7 Increased dependence on relatives/friends
 - 8 Increased use of over-the-counter drugs
 - 9 Overall health deteriorated, condition got worse
 - 10 Health problem improved
 - 11 Personal relationships suffered
 - 12 Other - Specify
- DK, R

WTM_C29S If WTM_Q29 = 12 go to WTM_Q29S.
Otherwise, go to WTM_C30.

WTM_Q29S INTERVIEWER: Specify.

(80 spaces)

DK, R

WTM_C30 If ACC_Q30 = 2 (did not require tests), go to WTM_END.
Otherwise, go to WTM_Q30.

WTM_Q30 **Now for MRIs, CAT Scans and angiographies provided in a non emergency situation.**
WTM_30

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**
- 2 **CAT Scan**
- 3 **Angiography**
- DK, R

WTM_Q31 **For what type of condition?**
WTM_31 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
- DK, R

WTM_C31S If WTM_Q31 = 5, go to WTM_Q31S.
Otherwise, go to WTM_Q32.

WTM_Q31S INTERVIEWER: Specify.

(80 spaces)

DK, R

WTM_Q32 **Did you already have this test?**
WTM_32

- 1 Yes
- 2 No (Go to WTM_Q39A)
- DK, R (Go to WTM_Q39A)

WTM_Q33 **Where was the test done?**
WTM_33 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_C33S)
- DK, R (Go to WTM_Q36)

WTM_C33S If WTM_Q33 = 4, go to WTM_Q33S.
Otherwise, go to WTM_Q34.

WTM_Q33S INTERVIEWER: Specify.

(80 spaces)

DK, R

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
- DK, R

WTM_C34S If WTM_Q34 = 3, go to WTM_Q34S.
Otherwise, go to WTM_Q35.

WTM_Q34S INTERVIEWER: Specify.

(80 spaces)

DK, R

WTM_Q35
WTM_35

Were you a patient in a hospital at the time of the test?

- 1 Yes
 - 2 No
- DK, R

WTM_Q36
WTM_36

Did you experience any difficulties getting this test?

- 1 Yes
 - 2 No (Go to WTM_Q38A)
- DK, R (Go to WTM_Q38A)

WTM_Q37

What type of difficulties did you experience?

INTERVIEWER: Mark all that apply. ACC_Q32 asked previously about any difficulties experienced getting the tests you needed. This question (WTM_Q37) refers to difficulties experienced for the most recent diagnostic test.

- | | | |
|---------|----|--|
| WTM_37A | 1 | Difficulty getting a referral |
| WTM_37B | 2 | Difficulty getting an appointment |
| WTM_37C | 3 | Waited too long - to get an appointment |
| WTM_37D | 4 | Waited too long - to get test (i.e. in-office waiting) |
| WTM_37E | 5 | Service not available - at time required |
| WTM_37F | 6 | Service not available - in the area |
| WTM_37G | 7 | Transportation - problems |
| WTM_37H | 8 | Language - problem |
| WTM_37I | 9 | 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 |
- DK, R

WTM_C37S If WTM_Q37 = 13, go to WTM_Q37S.
Otherwise, go to WTM_Q38A.

WTM_Q37S INTERVIEWER: Specify.

(80 spaces)
DK, R

WTM_Q38A **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?**

WTM_38A

INTERVIEWER: Probe to get the most precise answer possible.

|_|_| (3 spaces)
(MIN:1) (MAX: 365)
DK, R (Go to WTM_Q40)

WTM_N38B INTERVIEWER: Enter unit of time.

WTM_38B

- 1 Days
 - 2 Weeks
 - 3 Months
- (DK, R are not allowed)

WTM_E38B An unusual number has been entered. Please confirm.

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).

Go to WTM_Q40

WTM_Q39A **How long have you been waiting for the test since you and your doctor decided to go ahead with the test?**

WTM_39A

INTERVIEWER: Probe to get the most precise answer possible.

|_|_| (3 spaces)
(MIN:1) (MAX: 365)
DK, R (Go to WTM_Q40)

WTM_N39B INTERVIEWER: Enter unit of time.

WTM_39B

- 1 Days
 - 2 Weeks
 - 3 Months
- (DK, R are not allowed)

WTM_E39B An unusual number has been entered. Please confirm.

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_Q40 **In your view, [was the waiting time / has the waiting time been]:**

WTM_40

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, R

Note: If WTM_Q32 = 1, use "was the waiting time".
Otherwise, use "has the waiting time been".

WTM_Q41A **In this particular case, what do you think is an acceptable waiting time?**
WTM_41A

||_| (3 spaces)
(MIN:1) (MAX: 365)
DK, R (Go to WTM_Q42)

WTM_N41B **INTERVIEWER:** Enter unit of time.
WTM_41B

1 Days
2 Weeks
3 Months
(DK, R are not allowed)

WTM_E41B An unusual number has been entered. Please confirm.

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 **Was your test cancelled or postponed at any time?**
WTM_42

1 Yes
2 No (Go to WTM_Q44)
DK, R (Go to WTM_Q44)

WTM_Q43 **Was it cancelled or postponed by:**
WTM_43 **INTERVIEWER:** Read categories to respondent.

1 ... yourself?
2 ... the specialist?
3 ... the hospital?
4 ... the clinic?
5 Other - Specify
DK, R

WTM_C43S If WTM_Q43 = 5, go to WTM_Q43S.
Otherwise, go to WTM_Q44.

WTM_Q43S **INTERVIEWER:** Specify.

(80 spaces)
DK, R

WTM_Q44 **Do you think that your health, or other aspects of your life, have been affected in any way**
WTM_44 **due to waiting for this test?**

1 Yes
2 No (Go to WTM_END)
DK, R (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 | 1 | Worry, anxiety, stress |
| WTM_45B | 2 | Worry or stress for family or friends |
| WTM_45C | 3 | Pain |
| WTM_45D | 4 | Problems with activities of daily living (e.g., dressing, driving) |
| WTM_45E | 5 | Loss of work |
| WTM_45F | 6 | Loss of income |
| WTM_45G | 7 | Increased dependence on relatives/friends |
| WTM_45H | 8 | Increased use of over-the-counter drugs |
| WTM_45I | 9 | Overall health deteriorated, condition got worse |
| WTM_45J | 10 | Health problem improved |
| WTM_45K | 11 | Personal relationships suffered |
| WTM_45L | 12 | Other - Specify |
| | | DK, R |

WTM_C45S If WTM_Q45 = 12, go to WTM_Q45S.
Otherwise, go to WTM_END.

WTM_Q45S INTERVIEWER: Specify.

(80 spaces)
DK, R

WTM_END

Socio-demographic characteristics (SDC)

Core Content

SDC_BEG

SDC_C1 If (do SDC block = 1), go to SDC_R1.
Otherwise, go to SDC_END.

SDC_R1 **Now some general background questions which will help us compare the health of people in Canada.**
INTERVIEWER: Press <Enter> to continue.

SDC_Q1 **In what country ^WERE ^YOU1 born?**

SDC_1

- | | | | | |
|----|-----------|----------------|----|-----------------------|
| 1 | Canada | (Go to SDC_Q4) | 11 | Jamaica |
| 2 | China | | 12 | Netherlands / Holland |
| 3 | France | | 13 | Philippines |
| 4 | Germany | | 14 | Poland |
| 5 | Greece | | 15 | Portugal |
| 6 | Guyana | | 16 | United Kingdom |
| 7 | Hong Kong | | 17 | United States |
| 8 | Hungary | | 18 | Viet Nam |
| 9 | India | | 19 | Sri Lanka |
| 10 | Italy | | 20 | Other - Specify |
| | DK, R | (Go to SDC_Q4) | | |

SDC_C1S If SDC_Q1 = 20, go to SDC_Q1S.
Otherwise, go to SDC_Q2.

SDC_Q1S INTERVIEWER: Specify.

(80 spaces)
DK, R

SDC_Q2 **^WERE_C ^YOU1 born a Canadian citizen?**

SDC_2

- | | | |
|---|-------|----------------|
| 1 | Yes | (Go to SDC_Q4) |
| 2 | No | |
| | DK, R | (Go to SDC_Q4) |

SDC_Q3 **In what year did ^YOU1 first come to Canada to live?**

SDC_3

INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

||_|_| Year
(MIN: year of birth) (MAX: current year)
DK, R

SDC_E3 **Year must be between ^Info.YearofBirth and ^Info.CurrentYear.**

Trigger hard edit if SDC_Q3 < [year of birth] or SDC_Q3 > [current year].

SDC_Q4 **To which ethnic or cultural groups did ^YOUR2 ancestors belong? (For example: French, Scottish, Chinese, East Indian)**
INTERVIEWER: Mark all that apply. If “Canadian” is the only response, probe. If the respondent hesitates, do not suggest Canadian.
 If the respondent answers “Eskimo”, enter “20”.

SDC_4A	1	Canadian	SDC_4L	12	Polish
SDC_4B	2	French	SDC_4M	13	Portuguese
SDC_4C	3	English	SDC_4N	14	South Asian (e.g. East Indian, Pakistani, Sri Lankan)
SDC_4D	4	German			
SDC_4E	5	Scottish	SDC_4P	15	Norwegian
SDC_4F	6	Irish	SDC_4Q	16	Welsh
SDC_4G	7	Italian	SDC_4R	17	Swedish
SDC_4H	8	Ukrainian	SDC_4T	18	North American Indian
SDC_4I	9	Dutch (Netherlands)	SDC_4U	19	Métis
SDC_4J	10	Chinese	SDC_4V	20	Inuit
SDC_4K	11	Jewish	SDC_4S	21	Other – Specify
		DK, R			

SDC_C4S If SDC_Q4 = 21, go to SDC_Q4S.
 Otherwise, go to SDC_Q4_1.

SDC_Q4S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

SDC_Q4_1 **^ARE_C ^YOU1 an Aboriginal person, that is, North American Indian, Métis or Inuit?**
 SDC_41

- 1 Yes
- 2 No (Go to SDC_Q4_3)
- DK, R (Go to SDC_Q5)

SDC_Q4_2 **^ARE_C ^YOU1:**
INTERVIEWER: Read categories to respondent. Mark all that apply.
 If respondent answers “Eskimo”, enter “3”.

- SDC_42A 1 ... **North American Indian?**
- SDC_42B 2 ... **Métis?**
- SDC_42C 3 ... **Inuit?**
- DK, R

Go to SDC_Q5

SDC_Q4_3 **People living in Canada come from many different cultural and racial backgrounds.**

^ARE_C ^YOU1:

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

- | | | |
|---------|----|---|
| SDC_43A | 1 | ... White? |
| SDC_43B | 2 | ... Chinese? |
| SDC_43C | 3 | ... South Asian (e.g., East Indian, Pakistani, Sri Lankan)? |
| SDC_43D | 4 | ... Black? |
| SDC_43E | 5 | ... Filipino? |
| SDC_43F | 6 | ... Latin American? |
| SDC_43G | 7 | ... Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)? |
| SDC_43H | 8 | ... Arab? |
| SDC_43I | 9 | ... West Asian (e.g., Afghan, Iranian)? |
| SDC_43J | 10 | ... Japanese? |
| SDC_43K | 11 | ... Korean? |
| SDC_43M | 12 | Other - Specify
DK, R |

SDC_C4_3S If SDC_Q4_3 = 12, go to SDC_Q4_3S.
Otherwise, go to SDC_Q5.

SDC_Q4_3S INTERVIEWER: Specify.

(80 spaces)
DK, R

SDC_Q5 **In what languages can ^YOU1 conduct a conversation?**

INTERVIEWER: Mark all that apply.

- | | | | | | |
|--------|----|-----------------|--------|----|--------------------|
| SDC_5A | 1 | English | SDC_5M | 13 | Portuguese |
| SDC_5B | 2 | French | SDC_5N | 14 | Punjabi |
| SDC_5C | 3 | Arabic | SDC_5O | 15 | Spanish |
| SDC_5D | 4 | Chinese | SDC_5P | 16 | Tagalog (Filipino) |
| SDC_5E | 5 | Cree | SDC_5Q | 17 | Ukrainian |
| SDC_5F | 6 | German | SDC_5R | 18 | Vietnamese |
| SDC_5G | 7 | Greek | SDC_5T | 19 | Dutch |
| SDC_5H | 8 | Hungarian | SDC_5U | 20 | Hindi |
| SDC_5I | 9 | Italian | SDC_5V | 21 | Russian |
| SDC_5J | 10 | Korean | SDC_5W | 22 | Tamil |
| SDC_5K | 11 | Persian (Farsi) | SDC_5S | 23 | Other – Specify |
| SDC_5L | 12 | Polish | | | DK, R |

SDC_C5S If SDC_Q5 = 23, go to SDC_Q5S.
Otherwise, go to SDC_Q5A.

SDC_Q5S INTERVIEWER: Specify.

(80 spaces)

DK, R

SDC_Q5A **What language ^DOVERB ^YOU1 speak most often at home?**
INTERVIEWER: Mark all that apply.

SDC_5AA	1	English	SDC_5AM	13	Portuguese
SDC_5AB	2	French	SDC_5AN	14	Punjabi
SDC_5AC	3	Arabic	SDC_5AO	15	Spanish
SDC_5AD	4	Chinese	SDC_5AP	16	Tagalog (Filipino)
SDC_5AE	5	Cree	SDC_5AQ	17	Ukrainian
SDC_5AF	6	German	SDC_5AR	18	Vietnamese
SDC_5AG	7	Greek	SDC_5AS	19	Dutch
SDC_5AH	8	Hungarian	SDC_5AT	20	Hindi
SDC_5AI	9	Italian	SDC_5AU	21	Russian
SDC_5AJ	10	Korean	SDC_5AV	22	Tamil
SDC_5AK	11	Persian (Farsi)	SDC_5AW	23	Other – Specify
SDC_5AL	12	Polish			DK, R

SDC_C5AS If SDC_Q5A = 23, go to SDC_Q5AS.
Otherwise, go to SDC_Q6.

SDC_Q5AS INTERVIEWER: Specify.

(80 spaces)
DK, R

SDC_Q6 **What is the language that ^YOU2 first learned at home in childhood and can still understand?**

INTERVIEWER: Mark all that apply.
If person can no longer understand the first language learned, mark the second.

SDC_6A	1	English	SDC_6M	13	Portuguese
SDC_6B	2	French	SDC_6N	14	Punjabi
SDC_6C	3	Arabic	SDC_6O	15	Spanish
SDC_6D	4	Chinese	SDC_6P	16	Tagalog (Filipino)
SDC_6E	5	Cree	SDC_6Q	17	Ukrainian
SDC_6F	6	German	SDC_6R	18	Vietnamese
SDC_6G	7	Greek	SDC_6T	19	Dutch
SDC_6H	8	Hungarian	SDC_6U	20	Hindi
SDC_6I	9	Italian	SDC_6V	21	Russian
SDC_6J	10	Korean	SDC_6W	22	Tamil
SDC_6K	11	Persian (Farsi)	SDC_6S	23	Other - Specify
SDC_6L	12	Polish			DK, R

SDC_C6S If SDC_Q6 = 23, go to SDC_Q6S.
Otherwise, go to SDC_C7A.

SDC_Q6S INTERVIEWER: Specify.

(80 spaces)
DK, R

SDC_C7A If proxy interview or age < 18 or age > 59, go to SDC_END.
Otherwise, go to SDC_R7A.

SDC_R7A **Now one additional background question which will help us compare the health of people in Canada.**

SDC_Q7A
SDC_7AA

Do you consider yourself to be:

INTERVIEWER: Read categories to respondent.

- 1 ... heterosexual? (sexual relations with people of the opposite sex)
 - 2 ... homosexual, that is lesbian or gay? (sexual relations with people of your own sex)
 - 3 ... bisexual? (sexual relations with people of both sexes)
- DK, R

SDC_END

Education (EDU)

EDU_BEG

EDU_C01A If (do EDU block = 1), go to EDU_C01B.
 Otherwise, go to EDU_END.

EDU_C01B If age of selected respondent < 14, go to EDU_C07A.
 Otherwise, go to EDU_B01.

EDU_B01 Call Education Sub Block 1 (EDU1)

EDU_C07A If there is at least one household member who is >= 14 years of age other than the selected respondent, go to EDU_R07A.
 Otherwise, go to EDU_END.

EDU_R07A **Now I'd like you to think about the rest of your household.**
 INTERVIEWER: Press <Enter> to continue.

EDU_B02 Call Education Sub Block 2 (EDU2)

Note: Ask this block for each household member aged 14 and older other than selected respondent.
 Maximum of 19 times.

 If it is a proxy interview then begin with person providing information about selected respondent.

 Otherwise, begin with first person rostered. Continue with household members in the order in which they were rostered.

 If calling the block for the person providing the information about selected respondent, set proxyMode = NonProxy.
 Otherwise, set proxymode = Proxy.

EDU_END

Education Sub Block 1 (EDU1)

EDU1_BEG

EDU_R01 **Next, education.**
 INTERVIEWER: Press <Enter> to continue.

EDU_Q01 **What is the highest grade of elementary or high school ^YOU2 ^HAVE ever completed?**

EDU_1

- | | | |
|---|---|-----------------|
| 1 | Grade 8 or lower
(Québec: Secondary II or lower) | (Go to EDU_Q03) |
| 2 | Grade 9 – 10
(Québec: Secondary III or IV, Newfoundland and Labrador: 1 st year of secondary) | (Go to EDU_Q03) |
| 3 | Grade 11 – 13
(Québec: Secondary V, Newfoundland and Labrador: 2 nd to 4 th year of secondary) | (Go to EDU_Q03) |
| | DK, R | |

EDU_Q02 **Did ^YOU1 graduate from high school (secondary school)?**

EDU_2

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

EDU_Q03
EDU_3 **^HAVE_C ^YOU1 received any other education that could be counted towards a degree, certificate or diploma from an educational institution?**

- 1 Yes
- 2 No (Go to EDU_Q05)
- DK, R (Go to EDU_Q05)

EDU_Q04
EDU_4 **What is the highest degree, certificate or diploma ^YOU1 ^HAVE obtained?**

- 1 No post-secondary degree, certificate or diploma
- 2 Trade certificate or diploma from a vocational school or apprenticeship training
- 3 Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- 4 University certificate below bachelor's level
- 5 Bachelor's degree
- 6 University degree or certificate above bachelor's degree
- DK, R

EDU_Q05
SDC_8 **^ARE_C ^YOU1 currently attending a school, college or university?**

- 1 Yes
- 2 No (Go to EDU1_END)
- DK, R (Go to EDU1_END)

EDU_Q06
SDC_9 **^ARE_C ^YOU1 enrolled as a full-time student or a part-time student?**

- 1 Full-time
- 2 Part-time
- DK, R

EDU1_END

Education Sub Block 2 (EDU2)

EDU2_BEG

EDU_D07 If proxymode = NonProxy then ^YOU7 = "you" and ^YOU8="you" and ^HAVE9_C="Have" and ^HAVE10="have".

Otherwise ^YOU7 = ^FNAME and ^YOU8=he/she and ^HAVE9_C="Has" and ^HAVE10="has".

EDU_Q07
EDU_01 **What is the highest grade of elementary or high school ^YOU7 ever completed?**

- 1 Grade 8 or lower (Québec: Secondary II or lower) (Go to EDU_Q09)
- 2 Grade 9 – 10 (Québec: Secondary III or IV, Newfoundland and Labrador: 1st year of secondary) (Go to EDU_Q09)
- 3 Grade 11 – 13 (Québec: Secondary V, Newfoundland and Labrador: 2nd to 4th year of secondary)
- DK, R (Go to EDU_Q09)

EDU_Q08
EDU_02 **Did ^YOU8 graduate from high school (secondary school)?**

- 1 Yes
- 2 No
- DK, R

EDU_Q09
EDU_03

^HAVE9_C ^YOU8 received any other education that could be counted towards a degree, certificate or diploma from an educational institution?

- 1 Yes
- 2 No (Go to EDU2_END)
DK, R (Go to EDU2_END)

EDU_Q10
EDU_04

What is the highest degree, certificate or diploma ^YOU8 ^HAVE10 obtained?

- 01 No post-secondary degree, certificate or diploma
- 02 Trade certificate or diploma from a vocational school or apprenticeship training
- 03 Non-university certificate or diploma from a community college, CEGEP, school of nursing, etc.
- 04 University certificate below bachelor's level
- 05 Bachelor's degree
- 06 University degree or certificate above bachelor's degree
DK, R

EDU2_END

Labour force (LF2)

Core Content

LABOUR FORCE (SectLabel)

LF2_BEG

LF2_C1A If (do LF2 block = 1), go to LF2_ C1B.
Otherwise, go to LF2_ END.

LF2_C1B If (do LBF block = 1), go to LF2_ END.
Otherwise, go to LF2_ C1C.

LF2_C1C If age < 15 or age > 75, go to LF2_ END.
Otherwise, go to LF2_ R1.

LF2_R1 **The next questions concern ^YOUR2 activities in the last 7 days. By the last 7 days, I mean beginning [date one week ago], and ending [date yesterday].**
INTERVIEWER: Press <Enter> to continue.

LF2_Q1
LBS_01 **Last week, did ^YOU2 work at a job or a business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**

- 1 Yes
- 2 No
- 3 Permanently unable to work (Go to LF2_ END)
DK, R (Go to LF2_ END)

LF2_E1 A response inconsistent with a response to a previous question has been entered.
Please confirm.

Trigger soft edit if GEN_Q08 = 2 (did not work at any time in past 12 months) and LF2_Q1 = 1.

LF2_C2 If LF2_Q1 = 1, go to LF2_Q3.
Otherwise, go to LF2_Q2.

LF2_Q2
LBS_02 **Last week, did ^YOU2 have a job or business from which ^YOU1 ^WERE absent?**

- 1 Yes
- 2 No (Go to LF2_Q4)
DK, R (Go to LF2_ END)

LF2_Q3
LBS_03 **Did ^YOU1 have more than one job or business last week?**

- 1 Yes
- 2 No
DK, R
Go to LF2_R5

LF2_Q4
LBS_11 **In the past 4 weeks, did ^YOU2 do anything to find work?**

- 1 Yes
- 2 No
DK, R
Go to LF2_ END

LF2_R5	<p>The next questions are about ^YOUR1 current job or business.</p> <p><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.</p> <p>Press <Enter> to continue.</p>													
LF2_Q31 LBS_31	<p>^ARE_C ^YOU1 an employee or self-employed?</p> <table><tr><td>1</td><td>Employee</td><td>(Go to LF2_Q33)</td></tr><tr><td>2</td><td>Self-employed</td><td></td></tr><tr><td>3</td><td>Working in a family business without pay</td><td>(Go to LF2_Q33)</td></tr><tr><td></td><td>DK, R</td><td>(Go to LF2_Q33)</td></tr></table>		1	Employee	(Go to LF2_Q33)	2	Self-employed		3	Working in a family business without pay	(Go to LF2_Q33)		DK, R	(Go to LF2_Q33)
1	Employee	(Go to LF2_Q33)												
2	Self-employed													
3	Working in a family business without pay	(Go to LF2_Q33)												
	DK, R	(Go to LF2_Q33)												
LF2_Q32	<p>What is the name of ^YOUR1 business?</p> <p>_____</p> <p>(50 spaces)</p> <p>DK,R</p> <p>Go to LF2_Q34</p>													
LF2_Q33	<p>For whom ^DOVERB ^YOU1 currently work? (For example: name of business, government department or agency, or person)</p> <p>_____</p> <p>(50 spaces)</p> <p>DK,R</p>													
LF2_Q34	<p>What kind of business, industry or service is this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)</p> <p>_____</p> <p>(50 spaces)</p> <p>DK,R</p>													
LF2_Q35	<p>What kind of work ^ARE ^YOU1 doing? (For example: babysitting in own home, factory worker, forestry technician)</p> <p>_____</p> <p>(50 spaces)</p> <p>DK,R</p>													
Note:	Use trigram search, source file is PrepSOC.tdf													
LF2_D35	SIC_CODE (4 bytes)													
Note:	Store SOC Code associated with LF2_Q35													
LF2_C35	If LF2_D35 = 1 OR LF2_D35 = 2 (OtherSpec), go to LF2_S35. Otherwise, go to LF2_Q36.													
LF2_S35	<p><u>INTERVIEWER:</u> Specify.</p> <p>_____</p> <p>(50 spaces)</p> <p>DK,R</p>													

LF2_Q36	<p>What are ^YOUR1 most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)</p> <p>_____</p> <p>(50 spaces) DK,R</p>
LF2_Q5 LBS_42	<p>About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 job or business? If ^YOU2 usually [work/works] extra hours, paid or unpaid, please include these hours.</p> <p> _ _ _ Hours (MIN: 1) (MAX: 168; warning after 84) DK, R</p>
Note:	<p>If LF2_Q1 = 1 or LF2_Q2 = 1 and non-proxy interview, use “work”. Otherwise, use “works”.</p>
LF2_Q6 ETS_7	<p>At ^YOUR1 place of work, what are the restrictions on smoking? <u>INTERVIEWER:</u> Read categories to respondent.</p> <p>1 Restricted completely 2 Allowed in designated areas 3 Restricted only in certain places 4 Not restricted at all DK, R</p>
Note:	<p>The data from this variable can be found under the Exposure to Second Hand Smoke (ETS) in the data dictionary.</p>
LF2_C7	<p>If LF2_Q3=1, go to LF2_Q7. Otherwise, go to LF2_END.</p>
LF2_Q7 LBS_53	<p>You indicated that ^YOU2 ^HAVE more than one job.</p> <p>About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 other job(s)? If ^YOU2 usually [work/works] extra hours, paid or unpaid, please include these hours. <u>INTERVIEWER:</u> Minimum is 1; maximum is [168 – LF2_Q5].</p> <p> _ _ _ Hours (MIN: 1) (MAX: 168 – LF2_Q5; warning after 30) DK, R</p>
Note:	<p>If non-proxy interview and (LF2_Q1 = 1 or LF2_Q2 = 1), use “work”. Otherwise, use “works”.</p> <p>If LF2_Q5 = 168, then maximum = 1. If LF2_Q5 = DK or R, then maximum = 168.</p>
LF2_END	

Physical activities – Facilities at work (PAF)

Theme Content

PAF_BEG

PAF_C1A If (do PAF block = 1), go to PAF_C1B.
Otherwise, go to PAF_END.

PAF_C1B If proxy interview, go to PAF_END.
Otherwise, go to PAF_C1C.

PAF_C1C If age < 15 or age > 75 or if LF2_Q1 <> 1 or if LBF_Q1 <> 1, go to PAF_END.
Otherwise, go to PAF_Q01.

PAF_Q01 **Do you usually work most of the time at home?**

PAF_01

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

PAF_R01 **Now I would like to ask some questions about physical activity facilities at or near your place of work.**

INTERVIEWER: Press <Enter> to continue.

PAF_Q02 **At or near your place of work, do you have access to:**

PAF_02

...a pleasant place to walk, jog, bicycle or rollerblade?

- 1 Yes
- 2 No
- 3 Not applicable
- DK, R (Go to PAF_END)

PAF_Q03 **(At or near your place of work, do you have access to:)**

PAF_03

...playing fields or open spaces for ball games or other sports?

- 1 Yes
- 2 No
- DK, R

PAF_Q04 **(At or near your place of work, do you have access to:)**

PAF_04

...a gym or physical fitness facilities?

- 1 Yes
- 2 No
- DK, R

PAF_Q05 **(At or near your place of work, do you have access to:)**

PAF_05

...organized fitness classes?

- 1 Yes
- 2 No
- DK, R

PAF_C06 If PAF_Q01 = 1, go to PAF_END.
Else go to PAF_Q06.

PAF_Q06
PAF_06

(At or near your place of work, do you have access to:)

...any organized recreational sport teams?

- 1 Yes
- 2 No
DK, R

PAF_Q07
PAF_07

At or near your place of work, do you have access to:

...showers and/or change rooms?

- 1 Yes
- 2 No
DK, R

PAF_Q08
PAF_08

(At or near your place of work, do you have access to:)

...programs to improve health, physical fitness or nutrition?

- 1 Yes
- 2 No
DK, R

PAF_END

Dwelling characteristics (DWL)

Core Content

DWL_C01 If (do block DWL = 1), go to DWL_R01.
Otherwise, go to DWL_END.

DWL_R01 **Now a few questions about your dwelling.**
INTERVIEWER: Press <Enter> to continue.

DWL_C01B If area frame, go to DWL_Q02.
Otherwise, go to DWL_Q01.

DWL_Q01 **What type of dwelling do you live in? Is it a:**
DHHDDWE INTERVIEWER: Read categories to respondent.

- 01 ... **single detached?**
- 02 ... **double?**
- 03 ... **row or terrace?**
- 04 ... **duplex?**
- 05 ... **low-rise apartment of fewer than 5 stories or a flat?**
- 06 ... **high-rise apartment of 5 stories or more?**
- 07 ... **institution?**
- 08 ... **hotel; rooming/lodging house; camp?**
- 09 ... **mobile home?**
- 10 ... other – Specify
DK, R

DWL_C01S If DWL = 10, go to DW_Q01S.
Otherwise, go to DWL_Q02.

DWL_Q01S INTERVIEWER: Specify.

(80 spaces)
DK, R

DWL_Q02 **How many bedrooms are there in this dwelling?**
DHH_BED INTERVIEWER: Enter "0" if no separate, enclosed bedroom.

|_|_| Number of bedrooms
(MIN: 0) (MAX: 20)
DK, R

DWL_E02 An unusual number has been entered. Please confirm.

Trigger soft edit if (DWL_Q02 > 10).

DWL_Q03 **Is this dwelling owned by a member of this household?**
DHH_OWNS

- 1 Yes
- 2 No
DK, R

DWL_END

Insurance coverage (INS)

Optional Content selected by health
regions in: New Brunswick

INS_BEG

INS_C1A If (do INS block = 1), go to INS_R1.
Otherwise, go to INS_END.

INS_R1 **Now, turning to [your/FNAME's] insurance coverage. Please include any private,
government or employer-paid plans.**

INTERVIEWER: Press <Enter> to continue.

INS_Q1 **[Do/Does] [you/FNAME] have insurance that covers all or part of the cost of [your/his/her]
INS_1 prescription medications?**

- 1 Yes
- 2 No (Go to INS_C2)
- DK (Go to INS_C2)
- R (Go to INS_END)

INS_Q1A **Is it:**

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

- INS_1A 1 ... a government-sponsored plan?
- INS_1B 2 ... an employer-sponsored plan?
- INS_1C 3 ... a private plan?
- DK, R

INS_C2 If (do OH2 block = 1) and not a proxy interview, go to INS_Q3.
Otherwise, go to INS_Q2.

INS_Q2 **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**

INS_2 ... [your/his/her] dental expenses?

- 1 Yes
- 2 No (Go to INS_Q3)
- DK, R (Go to INS_Q3)

INS_Q2A **Is it:**

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

- INS_2A 1 ... a government-sponsored plan?
- INS_2B 2 ... an employer-sponsored plan?
- INS_2C 3 ... a private plan?
- DK, R

INS_Q3 **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**

INS_3 ... the costs of eye glasses or contact lenses?

- 1 Yes
- 2 No (Go to INS_Q4)
- DK, R (Go to INS_Q4)

INS_Q3A

Is it:

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

INS_3A

1 ... a government-sponsored plan?

INS_3B

2 ... an employer-sponsored plan?

INS_3C

3 ... a private plan?

DK, R

INS_Q4

([Do/Does] [you/FNAME] have insurance that covers all or part of:)

INS_4

... hospital charges for a private or semi-private room?

1 Yes

2 No (Go to INS_END)

DK, R (Go to INS_END)

INS_Q4A

Is it:

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

INS_4A

1 ... a government-sponsored plan?

INS_4B

2 ... an employer-sponsored plan?

INS_4C

3 ... a private plan?

DK, R

INS_END

Home safety (HMS)

Optional Content selected by health regions in: Northwest Territories

HMS_BEG

HMS_C1A If (do HMS block = 2), go to HMS_END.
Otherwise, go to HMS_C1B.

HMS_C1B If proxy interview, go to HMS_END.
Otherwise, go to HMS_R1.

HMS_R1 **Now, a few questions about things some people do to make their homes safe.**
INTERVIEWER: Press <Enter> to continue.

HMS_Q1 **Is there at least 1 working smoke detector installed in your home?**

HMS_1

- 1 Yes
- 2 No (Go to HMS_Q5)
DK, R (Go to HMS_END)

HMS_Q2 **Are there smoke detectors installed on every level of your home, including the basement?**

HMS_2

- 1 Yes
- 2 No
DK, R

HMS_Q3 **Are the smoke detectors tested each month?**

HMS_3

- 1 Yes
- 2 No
DK, R

HMS_Q4 **How often are the batteries changed in your smoke detectors?**

HMS_4

INTERVIEWER: Read categories to respondent.

- 1 **At least every 6 months**
- 2 **At least every year**
- 3 **As needed when the low battery warning chirps**
- 4 **Never**
- 5 Not applicable (Hard wired)
DK, R

HMS_Q5 **Is there an escape plan for getting out of your home in case of a fire?**

HMS_5

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

HMS_C6 If household size > 1, go to HMS_Q6.
Otherwise, go to HMS_END.

HMS_Q6 **Have the members of your household ever discussed this plan?**

HMS_6

- 1 Yes
- 2 No
DK, R

HMS_END

Income (INC)

Core Content

INC_BEG

INC_C1 If (do INC block = 1), go to INC_R1.
Otherwise, go to INC_END.

INC_R1 **Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.**
INTERVIEWER: Press <Enter> to continue.

INC_Q1 **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- | | | |
|--------|----|---|
| INC_1A | 1 | Wages and salaries |
| INC_1B | 2 | Income from self-employment |
| INC_1C | 3 | Dividends and interest (e.g., on bonds, savings) |
| INC_1D | 4 | Employment insurance |
| INC_1E | 5 | Worker's compensation |
| INC_1F | 6 | Benefits from Canada or Quebec Pension Plan |
| INC_1G | 7 | Retirement pensions, superannuation and annuities |
| INC_1H | 8 | Old Age Security and Guaranteed Income Supplement |
| INC_1I | 9 | Child Tax Benefit |
| INC_1J | 10 | Provincial or municipal social assistance or welfare |
| INC_1K | 11 | Child support |
| INC_1L | 12 | Alimony |
| INC_1M | 13 | Other (e.g., rental income, scholarships) |
| INC_1N | 14 | None |
| | | DK, R (Go to INC_END) |

INC_E1 **You cannot select "None" and another category. Please return and correct.**

Trigger hard edit if INC_Q1 = 14 and any other response selected in INC_Q1.

INC_E2 Inconsistent answers have been entered. Please confirm.

Trigger soft edit if (INC_Q1 <> 1 or 2) and (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q21 = 1) or (LF2_Q1 = 1 or LF2_Q2 = 1).

INC_C2 If more than one source of income is indicated, go to INC_Q2.
Otherwise, go to INC_Q3.

Note: In processing, if the respondent reported only one source of income in INC_Q1, the variable INC_Q2 is given its value.

INC_Q2
INC_2

What was the main source of income?

- 1 Wages and salaries
 - 2 Income from self-employment
 - 3 Dividends and interest (e.g., on bonds, savings)
 - 4 Employment insurance
 - 5 Worker's compensation
 - 6 Benefits from Canada or Quebec Pension
 - 7 Retirement pensions, superannuation and annuities
 - 8 Old Age Security and Guaranteed Income Supplement
 - 9 Child Tax Benefit
 - 10 Provincial or municipal social assistance or welfare
 - 11 Child support
 - 12 Alimony
 - 13 Other (e.g., rental income, scholarships)
 - 14 None (category created during processing)
- DK, R

INC_E3

The main source of income is not selected as one of the sources of income for all household members. Please return and correct.

Trigger hard edit if the response in INC_Q2 was not selected in INC_Q1.

INC_Q3
INC_3

What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

|_|_|_|_|_| Income (Go to INC_C4)
(MIN: 0) (MAX: 500,000; warning after 150,000)
0 (Go to INC_END)
DK, R (Go to INC_Q3A)

Note:

In processing, responses reported in INC_Q3 are also being recoded into the cascade categories of INC_Q3A to INC_Q3G.

INC_Q3A
INC_3A

**Can you estimate in which of the following groups your household income falls?
Was the total household income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
 - 2 \$20,000 or more (Go to INC_Q3E)
 - 3 No income (Go to INC_END)
- DK, R (Go to INC_END)

INC_Q3B
INC_3B

Was the total household income from all sources less than \$10,000 or \$10,000 or more?

- 1 Less than \$10,000
 - 2 \$10,000 or more (Go to INC_Q3D)
- DK, R (Go to INC_C4)

INC_Q3C
INC_3C

Was the total household income from all sources less than \$5,000 or \$5,000 or more?

- 1 Less than \$5,000
 - 2 \$5,000 or more
- DK, R
Go to INC_C4

INC_Q3D
INC_3D

Was the total household income from all sources less than \$15,000 or \$15,000 or more?

- 1 Less than \$15,000
- 2 \$15,000 or more
- DK, R

Go to INC_C4

INC_Q3E
INC_3E

Was the total household income from all sources less than \$40,000 or \$40,000 or more?

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to INC_Q3G)
- DK, R (Go to INC_C4)

INC_Q3F
INC_3F

Was the total household income from all sources less than \$30,000 or \$30,000 or more?

- 1 Less than \$30,000
- 2 \$30,000 or more
- DK, R

Go to INC_C4

INC_Q3G
INC_3G

Was the total household income from all sources:
INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 to less than \$100,000?
- 5 ... \$100,000 or more?
- DK, R

INC_C4

If age >= 15, go to INC_Q4.
Otherwise, go to INC_END.

INC_Q4
INC_4

What is your best estimate of ^YOUR2 total personal income, before taxes and other deductions, from all sources in the past 12 months?

|_|_|_|_| Income (Go to INC_END)
(MIN: 0) (MAX: 500,000; warning after 150,000)

0 (Go to INC_END)

DK, R (Go to INC_Q4A)

Note:

In processing, responses reported in INC_Q4 are also coded into the cascade categories of INC_Q4A to INC_Q4G.

INC_Q4A
INC_4A

Can you estimate in which of the following groups ^YOUR2 personal income falls? Was ^YOUR1 total personal income less than \$20,000 or \$20,000 or more?

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to INC_Q4E)
- 3 No income (Go to INC_END)
- DK, R (Go to INC_END)

INC_Q4B
INC_4B

Was ^YOUR1 total personal income less than \$10,000 or \$10,000 or more?

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to INC_Q4D)
DK, R (Go to INC_END)

INC_Q4C
INC_4C

Was ^YOUR1 total personal income less than \$5,000 or \$5,000 or more?

- 1 Less than \$5,000
- 2 \$5,000 or more
DK, R

Go to INC_END

INC_Q4D
INC_4D

Was ^YOUR1 total personal income less than \$15,000 or \$15,000 or more?

- 1 Less than \$15,000
- 2 \$15,000 or more
DK, R

Go to INC_END

INC_Q4E
INC_4E

Was ^YOUR1 total personal income less than \$40,000 or \$40,000 or more?

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to INC_Q4G)
DK, R (Go to INC_END)

INC_Q4F
INC_4F

Was ^YOUR1 total personal income less than \$30,000 or \$30,000 or more?

- 1 Less than \$30,000
- 2 \$30,000 or more
DK, R

Go to INC_END

INC_Q4G
INC_4G

Was ^YOUR1 total personal income:

INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 to less than \$100,000?
- 5 ... \$100,000 or more?
DK, R

INC_END

Theme Content

FSC_C01	If (do FSC block = 1), then go to FSC_D010. Otherwise, go to FSC_END.
---------	--

FSC_R010 **The following questions are about the food situation for your household in the past 12 months.**
INTERVIEWER: Press <Enter> to continue.

1 ^YouAndOthers_C always had enough of the kinds of food you wanted to eat.
2 ^YouAndOthers_C had enough to eat, but not always the kinds of food you wanted.
3 Sometimes ^YouAndOthers did not have enough to eat.
4 Often ^YouAndOthers didn't have enough to eat.
DK, R (Go to FSC END)

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- FSC_Q020
FSC_020 **The first statement is: ...^YouAndOthers_C worried that food would run out before you got money to buy more. Was that often true, sometimes true, or never true in the past 12 months?**
- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, R
- FSC_Q030
FSC_030 **The food that ^YouAndOthers bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true in the past 12 months?**
- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, R
- FSC_Q040
FSC_040 **^YouAndOthers_C couldn't afford to eat balanced meals. In the past 12 months was that often true, sometimes true, or never true?**
- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, R
- FSC_C050 If (OlderKids + YoungKids > 0), go to FSC_R050.
Otherwise, go to FSC_C070.
- FSC_R050 **Now I'm going to read a few statements that may describe the food situation for households with children.**
INTERVIEWER: Press <Enter> to continue.
- FSC_Q050
FSC_050 **^YouOtherAdults_C relied on only a few kinds of low-cost food to feed ^ChildFName because you were running out of money to buy food. Was that often true, sometimes true, or never true in the past 12 months?**
- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, R
- FSC_Q060
FSC_060 **^YouOtherAdults_C couldn't feed ^ChildFName a balanced meal, because you couldn't afford it. Was that often true, sometimes true, or never true in the past 12 months?**
- 1 Often true
 - 2 Sometimes true
 - 3 Never true
- DK, R
- FSC_C070 If ((([FSC_Q020 or FSC_Q030 or FSC_Q040 or FSC_Q050 or FSC_Q060 <= 2) or (FSC_Q010 = 3 or 4)] and ([OlderKids + YoungKids] > 0)), go to FSC_Q070. Else if ((([FSC_Q020 or FSC_Q030 or FSC_Q040 or FSC_Q050 or FSC_Q060] <= 2) or (FSC_Q010 = 3 or 4)), go to FSC_R080. Otherwise, go to FSC_END.

FSC_Q070
FSC_070

^ChildWas not eating enough because ^YouOtherAdults just couldn't afford enough food.
Was that often, sometimes, or never true in the past 12 months?

1 Often true
2 Sometimes true
3 Never true
DK, R

FSC_R080

The following few questions are about the food situation in the past 12 months for you or any other adults in your household.
INTERVIEWER: Press <Enter> to continue.

FSC_Q080
FSC_080

In the past 12 months, since last [current month] did ^YouOtherAdults ever cut the size of your meals or skip meals because there wasn't enough money for food?

1 Yes
2 No (Go to FSC_Q090)
DK, R (Go to FSC_Q090)

FSC_Q081
FSC_081

How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

1 Almost every month
2 Some months but not every month
3 Only 1 or 2 months
DK, R

FSC_Q090
FSC_090

In the past 12 months, did you (personally) ever eat less than you felt you should because there wasn't enough money to buy food?

1 Yes
2 No
DK, R

FSC_Q100
FSC_100

In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?

1 Yes
2 No
DK, R

FSC_Q110
FSC_110

In the past 12 months, did you (personally) lose weight because you didn't have enough money for food?

1 Yes
2 No
DK, R

FSC_C120

If (FSC_Q070 = 1 or 2) or (FSC_Q080 or FSC_Q090 or FSC_Q100 or FSC_Q110 = 1), go to FSC_Q120.
Otherwise, go to FSC_END.

FSC_Q120
FSC_120

In the past 12 months, did ^YouOtherAdults ever not eat for a whole day because there wasn't enough money for food?

1 Yes
2 No (Go to FSC_C130)
DK, R (Go to FSC_C130)

FSC_Q121
FSC_121

How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

1 Almost every month
2 Some months but not every month
3 Only 1 or 2 months
DK, R

FSC_C130

If (OlderKids + YoungKids <> 0) go to FSC_R130.
Otherwise, go to FSC_END.

FSC_R130

Now, a few questions on the food experiences for children in your household.
INTERVIEWER: Press <Enter> to continue.

FSC_Q130
FSC_130

In the past 12 months, did ^YouOtherAdults ever cut the size of ^AnyChilds meals because there wasn't enough money for food?

1 Yes
2 No
DK, R

FSC_Q140
FSC_140

In the past 12 months, did ^AnyChild ever skip meals because there wasn't enough money for food?

1 Yes
2 No (Go to FSC_Q150)
DK, R (Go to FSC_Q150)

FSC_Q141
FSC_141

How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

1 Almost every month
2 Some months but not every month
3 Only 1 or 2 months
DK, R

FSC_Q150
FSC_150

In the past 12 months, ^WasAnyChild ever hungry but you just couldn't afford more food?

1 Yes
2 No
DK, R

FSC_Q160
FSC_160

In the past 12 months, did ^AnyChild ever not eat for a whole day because there wasn't enough money for food?

1 Yes
2 No
DK, R

FSC_END

Administration information (ADM)

Core Content

ADM_BEG

ADM_C01 If (do ADM block = 1), go to ADM_R01
Otherwise, go to ADM_END.

Health Number

ADM_R01 **[Statistics Canada, your [provincial/territorial] ministry of health and the « Institut de la Statistique du Québec »/Statistics Canada and your [provincial/territorial] ministry of health] would like your permission to link information collected during this interview. This includes linking your survey information to ^YOUR2 past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.**
INTERVIEWER: Press <Enter> to continue.

Note: If province = 24, use "Statistics Canada, your [provincial/territorial] ministry of health and « Institut de la Statistique du Québec »". Otherwise, use "Statistics Canada and your [provincial/territorial] ministry of health".

Note: If province = 60, 61 or 62, use "territorial". Otherwise, use "provincial".

ADM_Q01B **This linked information will be kept confidential and used only for statistical purposes. Do we have your permission?**

- 1 Yes
- 2 No (Go to ADM_C04A)
- DK, R (Go to ADM_C04A)

ADM_C3A If province = 10, [province] = [Newfoundland and Labrador]
If province = 11, [province] = [Prince Edward Island]
If province = 12, [province] = [Nova Scotia]
If province = 13, [province] = [New Brunswick]
If province = 24, [province] = [Quebec]
If province = 35, [province] = [Ontario]
If province = 46, [province] = [Manitoba]
If province = 47, [province] = [Saskatchewan]
If province = 48, [province] = [Alberta]
If province = 59, [province] = [British Columbia]
If province = 60, [province] = [Yukon]
If province = 61, [province] = [Northwest Territories]
If province = 62, [province] = [Nunavut]

ADM_Q03A **Having a provincial or territorial health number will assist us in linking to this other information.**

^DOVERB_C ^YOU2 have a(n) [province] health number?

- 1 Yes (Go to HN)
- 2 No (Go to ADM_C04A)
- DK, R (Go to ADM_C04A)

ADM_Q03B **For which province or territory is ^YOUR1 health number?**

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 88 Does not have a Canadian health number (Go to ADM_C04A)
DK, R (Go to ADM_C04A)

HN **What is ^YOUR1 health number?**

INTERVIEWER: Enter a health number for [province]. Do not insert blanks, hyphens or commas between the numbers.

(8 - 12 spaces)

DK, R

ADM_C04A If province = 24 (Quebec), go to ADM_R04AC.

ADM_C04B If province = 60, 61 or 62 (Yukon, NWT or Nunavut), go to ADM_R04AB.
Otherwise, go to ADM_R04AA.

Data Sharing – All Provinces (excluding Quebec and the territories)

ADM_R04AA **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.**

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 ADM_Q04B

Data Sharing – NWT, Yukon, Nunavut

ADM_R04AB **Statistics Canada would like your permission to share the information collected in this survey with Health Canada, the Public Health Agency of Canada and provincial and territorial ministries of health.**

INTERVIEWER: Press <Enter> to continue.

Go to ADM_Q04B

Data Sharing – Quebec

ADM_R04AC **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « Institut de la Statistique du Québec », Health Canada and the Public Health Agency of Canada.**
The « Institut de la Statistique du Québec » 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.

ADM_Q04B **All information will be kept confidential and used only for statistical purposes.**

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, R

Frame Evaluation

FRE_C1 If RDD or FREFLAG = 1 (i.e. the frame evaluation questions have been done for the household), go to ADM_C09.

FRE_R1 **And finally, a few questions to evaluate the way households were selected for this survey.**
INTERVIEWER: Press <Enter> to continue.

FRE_Q1 **How many different telephone numbers are there for your household, not counting cellular phone numbers and phone numbers used strictly for business purposes?**

- 1 1
- 2 2
- 3 3 or more
- 4 None (Go to FRE_Q4)
- DK, R (Go to ADM_C09)

FRE_Q2 **What is [your/your main] phone number, including the area code?**

INTERVIEWER: Do not include cellular or business phone numbers.
Telephone number: [telnum].

Note: If FRE_Q1 = 1, use “your”.
 Otherwise, use “your main”.

Code INTERVIEWER: Enter the area code.
Tel INTERVIEWER: Enter the telephone number.

DK (Go to ADM_C09)
R (Go to FRE_Q2A)

Go to FRE_C3

FRE_Q2A **Could you tell me the area code and the first 5 digits of your phone number?**
Even that will help evaluate the way households were selected.

I _ I _ I _ I _ I _ I _
DK, R (Go to ADM_C09)

FRE_C3 If FRE_Q1 = 1 (1 phone), go to ADM_C09.

FRE_Q3 **What is [your other phone number/another of your phone numbers], including the area code?**

INTERVIEWER: Do not include cellular or business phone numbers.

Note: If FRE_Q1 = 2, use "your other phone number".
Otherwise, use "another of your phone numbers".

CODE2 INTERVIEWER: Enter the area code.

TEL2 INTERVIEWER: Enter the telephone number.

DK (Go to ADM_C09)

R (Go to FRE_Q3A)

Go to ADM_C09

FRE_Q3A **Could you tell me the area code and the first 5 digits of [your other phone number/another of your phone numbers]? (Even that will help evaluate the way households were selected.)**

||_|_|_|_|_|_|

DK, R

Go to ADM_C09

Note: If FRE_Q1 = 2, use "your other phone number" in FRE_Q3.
Otherwise, use "another of your phone numbers" in FRE_Q3.

FRE_Q4 **^DOVERB_C ^YOU2 have a working cellular phone that can place and receive calls?**

1 Yes

2 No

DK, R

Administration (Part 1)

ADM_C09 If RDD, go to ADM_N10.

ADM_N09 INTERVIEWER: Was this interview conducted on the telephone or in person?

ADM_N09

1 On telephone

2 In person

3 Both

DK, R

ADM_N10 INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

ADM_N10

1 Yes (Go to ADM_N12)

2 No

DK, R (Go to ADM_N12)

ADM_N11 INTERVIEWER: Do you think that the answers of the respondent were affected by someone else being there?

ADM_N11

1 Yes

2 No

DK, R

ADM_N12 INTERVIEWER: Record language of interview

ADM_N12

- | | | | |
|----|-------------------|----|-----------------|
| 1 | English | 14 | Tamil |
| 2 | French | 15 | Cree |
| 3 | Chinese | 16 | Afghan |
| 4 | Italian | 17 | Cantonese |
| 5 | Punjabi | 18 | Hindi |
| 6 | Spanish | 19 | Mandarin |
| 7 | Portuguese | 20 | Persian |
| 8 | Polish | 21 | Russian |
| 9 | German | 22 | Ukrainian |
| 10 | Vietnamese | 23 | Urdu |
| 11 | Arabic | 24 | Inuktitut |
| 12 | Tagalog(Filipino) | 90 | Other – Specify |
| 13 | Greek | | DK, R |

ADM_C12S If ADM_N12 = 90, go to ADM_N12S.
Otherwise, go to ADM_END.

ADM_N12S INTERVIEWER: Specify

(80 spaces)
DK, R

ADM_END

Exit

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

Possible future contact

PFC_R01 **As part of this study, we may need to get in touch in the future.**

INTERVIEWER: Press <Enter> to continue.

(DK, R are not allowed)

PFC_END

Exit Introduction

EI_R01 **Before we finish, I would like to ask you a few other questions.**

INTERVIEWER: Press <Enter> to continue.

(DK, R are not allowed)

EI_END

Permission to Share (*if partial interview*)

Data Sharing – All Provinces (excluding Quebec and the territories)

PS_R01 **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.**

Your provincial ministry of health may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.

INTERVIEWER: Press <Enter> to continue.

Go to PS_Q01

Data Sharing – NWT, Yukon, Nunavut

PS_R01 **Statistics Canada would like your permission to share the information collected in this survey with Health Canada, the Public Health Agency of Canada and provincial and territorial ministries of health.**

INTERVIEWER: Press <Enter> to continue.

Go to PS_Q01

Data Sharing – Quebec

PS_R01 **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « Institut de la Statistique du Québec », Health Canada and the Public Health Agency of Canada. The « Institut de la Statistique du Québec » may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.**
INTERVIEWER: Press <Enter> to continue.

PS_Q01 **All information will be kept confidential and used only for statistical purposes.**

Do you agree to share the information provided?

- 1 Yes
- 2 No
 DK, R

PS_END

Thank you 1

TY1_Q01 **Thank you for your time.**

INTERVIEWER: Press <Enter> to continue.

(DK, R are not allowed)

TY1_END

Appendix 1 – Canadian community health survey content (2007-2008)

Core Modules (all health regions)				Administration and Socio-demographics
<ul style="list-style-type: none">• Age of respondent• Alcohol use• Chronic conditions• Exposure to second-hand smoke• Fruit and vegetable consumption• Flu shots• General health	<ul style="list-style-type: none">• Health care utilization• Pain and discomfort• Height and weight – Self -reported• Maternal experiences - Breastfeeding• Physical activities• Restriction of activities• Smoking	<ul style="list-style-type: none">• Administration information• Dwelling characteristics• Education• Income• Labour force• Socio-demographic characteristics		
Theme Modules (all health regions)				
2007-2008 Theme: Healthy Living	2007 Theme: Health Services Access ⁱ	2008 Theme: Chronic Disease Prevention		
<ul style="list-style-type: none">• Changes made to improve health• Food security• Oral health 1	<ul style="list-style-type: none">• Physical activities – Facilities at work• Sedentary activities	<ul style="list-style-type: none">• Access to health care services• Patient satisfaction – Health care services• Wait times	<ul style="list-style-type: none">• To be determined	
Optional Modules (selected health regions)				
<ul style="list-style-type: none">• Access to health care servicesⁱⁱ• Alcohol use - Dependence• Alcohol use – Former drinkers• Alcohol use during the past week• Blood pressure check• Breast examinations• Breast self examinations• Stress - Childhood and adult stressors• Colorectal cancer screening• Consultations about mental health• Dental visits• Depression• Diabetes care• Dietary supplement use – Vitamins and minerals• Distress	<ul style="list-style-type: none">• Driving and safety• Eye examinations• Food choices• Health care system satisfaction• Health status (SF-36)• Health utility index• Home care services• Home safety• Illicit drugs use• Injuries• Insurance coverage• Mammography• Mastery• Maternal experiences – Alcohol use during pregnancy• Maternal experiences – Smoking during pregnancy	<ul style="list-style-type: none">• Smoking - Nicotine dependence• Oral health 2• Pap smear test• Patient satisfaction – Health care servicesⁱⁱ• Patient satisfaction – Community-based care• Problem gambling• Prostate cancer screening• Psychological well-being• Stress - Recent life events• Satisfaction with life• Self-esteem• Sexual behaviours• Sleep	<ul style="list-style-type: none">• Smoking cessation methods• Smoking - Physician counselling• Smoking - Stages of change• Social support - Availability• Social support – Utilization• Spiritual values• Stress – Coping with stress• Stress – Sources• Suicidal thoughts and attempts• Sun safety behaviours• Smoking - Other tobacco products• Use of protective equipment• Voluntary organizations - Participation• Stress - Work stress• Smoking - Youth smoking	

i Asked of a sub-sample of respondents. The 2007 theme was not asked of respondents in the territories.

ii These 2007 theme modules were also selected by some regions as optional content.

Appendix 2 – Optional content selection by health region (2007)

Optional Modules	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Access to health care services				•		•							
Alcohol use - Dependence								•		•			
Alcohol use – Former drinkers	•									•			
Alcohol use during the past week	•		•			•				•			•
Blood pressure check								•	•			•	
Breast examinations				•				•				•	
Breast self examinations	•			•				•					
Stress - Childhood and adult stressors												•	
Colorectal cancer screening	•	•				•		•				•	•
Consultations about mental health		•	•	•		•			•			•	•
Dental visits	•								•			•	
Depression			•	•	•				•		•		•
Diabetes care	•	•	•	•		•				•	•	•	
Dietary supplement use – Vitamins and minerals											•	•	
Distress			•		•								
Driving and safety							•		•			•	
Eye examinations						•							
Food choices		•					•		•	•		•	
Health care system satisfaction						•					•	•	
Health utility index					•								
Home care services						•							
Home safety												•	
Illicit drugs use			•							•			
Injuries			•							•			
Insurance coverage				•									
Mammography	•		•	•		•		•				•	
Mastery							•						
Maternal experiences – Alcohol use during pregnancy						•		•		•		•	

Appendix 2 – Optional content selection by health region (2007) (Cont'd)

Optional Modules	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nvt.
Maternal experiences - Smoking during pregnancy						•		•		•		•	•
Smoking - Nicotine dependence									•			•	•
Oral health 2	•												
PAP smear test				•		•		•				•	
Patient satisfaction – Health care services						•		•			•	•	
Patient satisfaction – Community-based care				•				•			•	•	
Problem gambling					•	•		•					•
Prostate cancer screening	•	•						•				•	
Psychological well-being				•									
Stress - Recent life events											•		
Satisfaction with life					•				•				•
Self-esteem													•
Sexual behaviours			•	•		•		•				•	•
Health status (SF-36)	•	•					•						
Sleep			•					•			•		
Smoking - Physician counselling									•				
Smoking - Stages of change						•							
Smoking cessation methods						•							
Social support - Availability			•		•					•	•		•
Social support - Utilization										•	•		•
Spiritual values								•					•
Stress – Coping with stress											•		•
Stress - Sources											•		•
Suicidal thoughts and attempts						•			•	•		•	
Sun safety behaviours		•											
Smoking - Other tobacco products						•		•	•				
Use of protective equipment			•					•	•				
Voluntary organizations - Participation			•									•	
Stress - Work stress									•				
Smoking - Youth smoking										•			

Appendix 3 – Changes to module names between cycle 3.1 and 2007

As of 2007, important changes were made to the CCHS design specifically related to questionnaire content, collection and dissemination activities. In this context, some CCHS module names have been revised. The following table provides a list of modifications that were made to module names. The acronyms for all of these modules remain unchanged.

Cycle 3.1	2007
Administration (ADM)	Administration information (ADM)
Age of selected respondent (ANC)	Age of respondent (ANC)
Alcohol dependence (ALD)	Alcohol use – Dependence (ALD)
Alcohol use (ALC)	Alcohol use – Former drinkers (ALN)
	Alcohol use during the past week (ALW)
Childhood and adult stressors (CST)	Stress - Childhood and adult stressors (CST)
Contacts with mental health professionals (CMH)	Consultations about mental health (CMH)
Dietary supplement use (DSU)	Dietary supplement use - Vitamins and minerals (DSU)
Health utility index (HUI)	Health utility index (HUI)
	Pain and discomfort (HUP)
Height and weight (HWT)	Height and weight – Self-reported (HWT)
Illicit drugs (DRG)	Illicit drugs use (DRG)
Labour force - common portion (LF2)	Labour force (LF2)
Maternal experiences (MEX)	Maternal experiences – Breastfeeding (MEX)
	Maternal experiences - Alcohol use during pregnancy (MXA)
	Maternal experiences - Smoking during pregnancy (MXS)
Nicotine dependence (NDE)	Smoking - Nicotine dependence (NDE)
Patient satisfaction (PAS)	Patient satisfaction - Health care services (PAS)
	Patient satisfaction - Community-based care (PSC)
Physical activity (PAC)	Physical activities (PAC)
	Physical activities - Facilities at work (PAF)
Problem gambling index (CPG)	Problem gambling (CPG)

Psychological well-being manifestation scale (PWB)	Psychological well-being (PWB)
Recent life events (RLE)	Stress - Recent life events (RLE)
Smoking Cessation Aids (SCA)	Smoking cessation methods (SCA)
Stress – coping (STC)	Stress - Coping with stress (STC)
Tobacco alternatives (TAL)	Smoking - Other tobacco products (TAL)
Voluntary organizations (ORG)	Voluntary organizations – Participation (ORG)
Work stress (WST)	Stress - Work stress (WST)
Youth smoking (YSM)	Smoking - Youth smoking (YSM)