CANADIAN COMMUNITY HEALTH SURVEY, CYCLE 1.2
MENTAL HEALTH AND WELL-BEING

September, 2003

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HOUSEHOLD CONTACT AND DEMOGRAPHICS

Interviewer Introduction Block

II_Q01   **Hello, I'm … from Statistics Canada.**
INTERVIEWER: Introduce yourself using both your given and last names.
Press <Enter> to continue.

Initial Contact Block

IC_Q01   **I'm calling regarding the Canadian Community Health Survey.**
INTERVIEWER: Press <Enter> to continue.

Language of Preference Block

LP_Q01   **Would you prefer to be interviewed in English or in French?**
ADMB_LHH
1   English
2   French
3   Other
(DK, R are not allowed)

Survey Introduction Block

INT_Q01   **The survey will collect information on the well-being of people in Canada, on the use of health services and on some of the factors that can affect physical and emotional health.**
INTERVIEWER: Press <Enter> to continue.

INT_Q02   **This voluntary survey is conducted under the authority of the Statistics Act. All the information you provide will be kept strictly confidential and will be used for statistical purposes only. Your participation is essential if the results are to be accurate. (Registration#: STC / HLT-082-75168)**
INTERVIEWER: Press <Enter> to continue.

Dwelling Type Block

DW_C01   If method of interview = Personal (CN_N01 = 2), go to DW_N02.

DW_Q01   **What type of dwelling do you live in? Is it a:**
DHHBDDWE   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

Or

DW_N02   INTERVIEWER: Select the dwelling type.
DHHBDDWE

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

Tenure Block

TN_Q01   **Is this dwelling owned by a member of your household?**
DHHB_OWN

          1   Yes
          2   No

Number of Bedrooms Block

BD_Q01   **How many bedrooms are there in your dwelling?**
DHHB_BED   INTERVIEWER: Enter "0" if no separate, enclosed bedroom.

        |_|_| Number of bedrooms
        (MIN: 0) (MAX: 20)

Age Block Without Confirmation

ANC_Q01   **What is [respondent name]'s date of birth?**
DHHB_DOB
DHHB_MOD   Call the Date block.
DHHB_YOB

ANC_Q03   **What is [respondent name]'s age?**
DHHB_AGE

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

Sex Block

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

          1   Male
          2   Female
        (DK, R are not allowed)

Marital Status Block Without Confirmation

MSNC_Q01
DHHB_MS

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

01   **… married?**
02   **… living common-law?**
03   **… widowed?**
04   **… separated?**
05   **… divorced?**
06   **… single, never married?**

Education Block

ED_Q01
EDUB_1

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

1   Grade 8 or lower (Québec: Secondary II or lower)   (Go to ED_Q03)
2   Grade 9 – 10 (Québec: Secondary III or IV,   (Go to ED_Q03)
    Newfoundland: 1st year of secondary)
3   Grade 11 – 13 (Québec: Secondary V,
    Newfoundland: 2nd to 4th year of secondary)
    DK, R   (Go to ED_Q03)

ED_Q02
EDUB_2

Did [respondent name] graduate from high school (secondary school)?

1   Yes
2   No
    DK, R

ED_Q03
EDUB_3

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

1   Yes
2   No
    DK, R

ED_Q04
EDUB_4

What is the highest degree, certificate or diploma [respondent name] has 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

GENERAL HEALTH

GEN_QINT   **This survey deals with various aspects of your 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
GENB_01   **I'll start with a few questions concerning your health in general. In general, would you say your health is:**
INTERVIEWER: Read categories to respondent.

1   **… excellent?**
2   **… very good?**
3   **… good?**
4   **… fair?**
5   **… poor?**
        DK, R

GEN_Q02
GENB_02   <u>**Compared to one year ago**</u>**, how would you say your health is now? Is it:**
INTERVIEWER: Read categories to respondent.

1   **… much better now than 1 year ago?**
2   **… somewhat better now than 1 year ago?**
3   **… about the same?**
4   **… somewhat worse now than 1 year ago?**
5   **… much worse now than 1 year ago?**
        DK, R

GEN_Q03
GENB_03   **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

GEN_Q04
GENB_04

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

GEN_Q05
GENB_05

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

GEN_Q06
GENB_06

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

GEN_Q07
GENB_07

Thinking about the amount of stress in your life, would you say that most days are:
INTERVIEWER: Read categories to respondent.

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

GEN_C08   If age > 75, go to GEN_Q10.

GEN_Q08
GENB_08

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

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

GEN_Q09　　**The next question is about your main job or business in the past 12**
GENB_09　　**months. Would you say that most days at work were:**
　　　　　　INTERVIEWER: Read categories to respondent.

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

GEN_Q10　　**How would you describe your sense of belonging to your local**
GENB_10　　**community? Would you say it is:**
　　　　　　INTERVIEWER: Read categories to respondent.

　　　　　　1　　**… very strong?**
　　　　　　2　　**… somewhat strong?**
　　　　　　3　　**… somewhat weak?**
　　　　　　4　　**… very weak?**
　　　　　　　　DK, R

GEN_END　　Go to next module.

SCREENING SECTION

SCR_QINT1   **The next questions are about your well-being and areas of your life that could affect your physical and emotional health. Take your time to think about each question before answering.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

SCR_Q01
SCRB_01   **How satisfied are you with your life in general?**
<u>INTERVIEWER</u>: Read categories to respondent.

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

SCR_Q08_1
SCRB_081   **In general, would you say your <u>physical</u> health is:**
<u>INTERVIEWER</u>: Read categories to respondent.

     1   **… excellent?**
     2   **… very good?**
     3   **… good?**
     4   **… fair?**
     5   **… poor?**
       DK, R

SCR_Q08_2
SCRB_082   **In general, would you say your <u>mental</u> health is:**
<u>INTERVIEWER</u>: Read categories to respondent.

     1   **… excellent?**
     2   **… very good?**
     3   **… good?**
     4   **… fair?**
     5   **… poor?**
       DK, R

SCR_Q20
SCRB_20   **During your life, have you <u>ever</u> had an <u>attack of fear or panic</u> when all of a sudden you felt very frightened, anxious or uneasy?**

     1   Yes   (Go to SCR_Q21)
     2   No
       DK, R

SCR_Q20A
SCRB_20A   **Have you <u>ever</u> had an attack when <u>all of a sudden</u>, you became very uncomfortable, you either became short of breath, dizzy, nauseous or your heart pounded, or you thought that you might lose control, die or go crazy?**

     1   Yes
     2   No
       DK, R

SCR_Q21
SCRB_21

Have you <u>ever</u> in your life had a period lasting <u>several days or longer</u> when <u>most of the day</u> you felt <u>sad</u>, <u>empty</u> or <u>depressed</u>?

    1   Yes
    2   No
           DK, R

SCR_C21

If SCR_Q21 = 1, go to SCR_QINT24.
If SCR_Q21 = 2 or DK or R, go to SCR_Q22.

SCR_Q22
SCRB_22

Have you <u>ever</u> had a period lasting <u>several days or longer</u> when <u>most of the day</u> you were very <u>discouraged</u> about how things were going in your life?

    1   Yes
    2   No
           DK, R

SCR_C22

If SCR_Q22 = 1, go to SCR_QINT24.
If SCR_Q22 = 2 or DK or R, go to SCR_Q23.

SCR_Q23
SCRB_23

Have you <u>ever</u> had a period lasting <u>several days or longer</u> when you <u>lost interest</u> in most things you usually enjoy like work, hobbies and personal relationships?

    1   Yes
    2   No
           DK, R

SCR_QINT24

Some people have periods lasting <u>several days or longer</u> when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them. For example, they may drive too fast or spend too much money.
<u>INTERVIEWER</u>: Press <Enter> to continue.

SCR_Q24
SCRB_24

During your life, have you <u>ever</u> had a period like this lasting <u>several days or longer</u>?

    1   Yes
    2   No
           DK, R

SCR_Q25
SCRB_25

Have you <u>ever</u> had a period lasting <u>several days or longer</u> when most of the time you were very <u>irritable</u>, <u>grumpy</u> or in a <u>bad mood</u>?

    1   Yes
    2   No   (Go to SCR_Q26)
           DK, R   (Go to SCR_Q26)

SCR_Q25A
SCRB_25A
Have you <u>ever</u> had a period lasting <u>several days or longer</u> when most of the time you were so irritable that you either started arguments, shouted at people or hit people?

1   Yes
2   No
     DK, R

SCR_Q26
SCRB_26
Did you <u>ever</u> have a time in your life when you were a "<u>worrier</u>"; that is, when you worried a lot more about things than other people with the same problems as you?

1   Yes   (Go to SCR_Q26B)
2   No
     DK, R

SCR_Q26A
SCRB_26A
Did you <u>ever</u> have a time in your life when you were much more <u>nervous or anxious</u> than most other people with the same problems as you?

1   Yes
2   No
     DK, R

SCR_Q26B
SCRB_26B
Did you <u>ever</u> have a period lasting <u>6 months or longer</u> when you were anxious and worried <u>most days</u>?

1   Yes
2   No
     DK, R

SCR_Q29
SCRB_29
Was there <u>ever</u> a time in your life when you felt very afraid or <u>really, really</u> shy with people, for example meeting new people, going to parties, going on a date or using a public bathroom?

1   Yes   (Go to SCR_C29_1)
2   No
     DK, R

SCR_Q29A
SCRB_29A
Was there <u>ever</u> a time in your life when you felt very afraid or uncomfortable when you had to do something in front of a group of people, like giving a speech or speaking in class?

1   Yes
2   No   (Go to SCR_Q30)
     DK, R   (Go to SCR_Q30)

SCR_C29_1   If SCR_Q29 = 1 then use "whenever you were in social situations" in %whenever you were in social situations/when you had to do something in front of a group%

If SCR_Q29 = 1, use "social situations" in %social situations/situations where you had to do something in front of a group%

If SCR_Q29A = 1 use "when you had to do something in front of a group" in %whenever you were in social situations/when you had to do something in front of a group%

If SCR_Q29A = 1 use "situations where you had to do something in front of a group" in %social situations/situations where you had to do something in front of a group%

SCR_Q29_1
SCRB_291   **Was there <u>ever</u> a time in your life when you became <u>very upset or nervous</u> %whenever you were in social situations/when you had to do something in front of a group%?**

1   Yes
2   No
     DK, R

SCR_Q29_2
SCRB_292   **Because of your fear, did you <u>ever</u> stay away from %social situations/situations where you had to do something in front of a group% whenever you could?**

1   Yes
2   No
     DK, R

SCR_Q29_3
SCRB_293   **Do you think your fear was <u>ever</u> much stronger than it should have been?**

1   Yes
2   No
     DK, R

SCR_Q30
SCRB_30   **Was there <u>ever</u> a time in your life when you felt very uncomfortable or afraid of either being in <u>crowds</u>, going to <u>public places</u>, travelling <u>by yourself</u>, or travelling <u>far away from home</u>?**

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

SCR_Q30_1
SCRB_301   **Was there <u>ever</u> a time in your life when you became very upset or nervous whenever you were in crowds, public places, or travelling?**

1   Yes
2   No
     DK, R

SCR_Q30_2   **Because of your fear, did you <u>ever</u> stay away from these situations**
SCRB_302   **whenever you could?**

      1   Yes
      2   No
            DK, R

SCR_Q30_3   **Do you think your fear was <u>ever</u> much stronger than it should have been?**
SCRB_303

      1   Yes
      2   No
            DK, R

SCR_END   Go to next module.

CHRONIC CONDITIONS

CCC_QINT **Now I'd like to ask about certain chronic health conditions which you 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_Q011
CCCB_011

Do you have food allergies?

1   Yes
2   No
      DK
      R   (Go to CCC_END)

CCC_Q021
CCCB_021

Do you have any other allergies?

1   Yes
2   No
      DK, R

CCC_Q031
CCCB_031

Do you have asthma?

1   Yes
2   No
      DK, R

CCC_Q041
CCCB_041

Do you have fibromyalgia?

1   Yes
2   No
      DK, R

CCC_Q051
CCCB_051

Do you have arthritis or rheumatism, excluding fibromyalgia?

1   Yes
2   No
      DK, R

CCC_Q061
CCCB_061

Remember, we're interested in conditions diagnosed by a health professional.
Do you have back problems, excluding fibromyalgia and arthritis?

1   Yes
2   No
      DK, R

CCC_Q071
CCCB_071

Do you have high blood pressure?

1   Yes
2   No
      DK, R

CCC_Q081
CCCB_081
(Remember, we're interested in conditions diagnosed by a health professional.)
Do you have migraine headaches?

    1   Yes
    2   No
          DK, R

CCC_Q091A
CCCB_91A
(Remember, we're interested in conditions diagnosed by a health professional.)
Do you have chronic bronchitis?

    1   Yes
    2   No
          DK, R

CCC_C091B   If age < 30, go to CCC_Q101.

CCC_Q091B
CCCB_91B
Do you have emphysema or chronic obstructive pulmonary disease (COPD)?

    1   Yes
    2   No
          DK, R

CCC_Q101
CCCB_101
Do you have diabetes?

    1   Yes
    2   No
          DK, R

CCC_Q111
CCCB_111
Do you have epilepsy?

    1   Yes
    2   No
          DK, R

CCC_Q121
CCCB_121
Do you have heart disease?

    1   Yes
    2   No
          DK, R

CCC_Q131
CCCB_131
Do you have cancer?

    1   Yes
    2   No
          DK, R

CCC_Q141
CCCB_141
(Remember, we're interested in conditions diagnosed by a health professional.)
Do you have stomach or intestinal ulcers?

    1   Yes
    2   No
          DK, R

CCC_Q151
CCCB_151

Do you suffer from the effects of a stroke?

1   Yes
2   No
     DK, R

CCC_Q171
CCCB_171

Do you have a bowel disorder such as Crohn's Disease or colitis?

1   Yes
2   No
     DK, R

CCC_C181   If age < 18, go to CCC_Q211.

CCC_Q181
CCCB_181

(Remember, we're interested in conditions diagnosed by a health professional.)
Do you have Alzheimer's disease or any other dementia?

1   Yes
2   No
     DK, R

CCC_Q191
CCCB_191

Do you have cataracts?

1   Yes
2   No
     DK, R

CCC_Q201
CCCB_201

Do you have glaucoma?

1   Yes
2   No
     DK, R

CCC_Q211
CCCB_211

Do you have a thyroid condition?

1   Yes
2   No
     DK, R

CCC_Q251
CCCB_251

(Remember, we're interested in conditions diagnosed by a health professional.)
Do you have chronic fatigue syndrome?

1   Yes
2   No
     DK, R

CCC_Q261
CCCB_261

Do you suffer from multiple chemical sensitivities?

1   Yes
2   No
     DK, R

CCC_Q271 **Do you have schizophrenia?**
CCCB_271

1   Yes
2   No
      DK, R

CCC_Q281 **Do you have any other psychosis?**
CCCB_281

1   Yes
2   No
      DK, R

CCC_Q291 **Do you have obsessive-compulsive disorder?**
CCCB_291

1   Yes
2   No
      DK, R

CCC_Q301 **Do you have dysthymia?**
CCCB_301

1   Yes
2   No
      DK, R

CCC_Q311 **Do you suffer from post-traumatic stress disorder?**
CCCB_311

1   Yes
2   No
      DK, R

CCC_Q321 **Do you have autism or any other developmental disorder such as**
CCCB_321 **Asperger's syndrome or Rett syndrome?**

1   Yes
2   No
      DK, R

CCC_Q331 **(Remember, we're interested in conditions diagnosed by a health**
CCCB_331 **professional.)**
          Do you have a learning disability?

1   Yes
2   No   (Go to CCC_Q341)
      DK, R   (Go to CCC_Q341)

CCC_Q331A **What kind of learning disability do you have?**
          INTERVIEWER: Mark all that apply.

CCCB_33A 1   Attention Deficit Disorder, no hyperactivity (ADD)
CCCB_33B 2   Attention Deficit Hyperactivity Disorder (ADHD)
CCCB_33C 3   Dyslexia
CCCB_33D 4   Other – Specify
                DK, R

CCC_Q341   **Do you have an eating disorder such as anorexia or bulimia?**
CCCB_341

        1   Yes
        2   No
               DK, R

CCC_Q901   **Do you have any other long-term physical or mental health condition that**
CCCB_901   **has been diagnosed by a health professional?**

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

CCC_END   Go to next module.

HEIGHT / WEIGHT

HWT_C1   If sex = male, go to HWT_Q2
                  If (Age < 15 or age > 49), go to HWT_Q2
                  Otherwise, go to HWT_Q1

HWT_Q1
HWTB_1   **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

            1   Yes
            2   No
                  DK, R

HWT_Q2
HWTB_2   **How tall are you without shoes on?**

0	Less than 1' / 12" (less than 29.2 cm.)	(Go to HWT_Q3)
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.)	(Go to HWT_Q2B)
3	3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)	(Go to HWT_Q2C)
4	4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.)	(Go to HWT_Q2D)
5	5'0" to 5'11" (151.1 to 181.5 cm.)	(Go to HWT_Q2E)
6	6'0" to 6'11" (181.6 to 212.0 cm.)	(Go to HWT_Q2F)
7	7'0" and over (212.1 cm. and over)	(Go to HWT_Q3)
	DK, R	(Go to HWT_Q3)

HWT_C2   If Info.Age > 11 and HWT_2 = 0 or 1 or 2, show pop-up edit as follows.

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

HWT_Q2A
HWTB_2A   <u>INTERVIEWER</u>: Select the exact height.

            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

            Go to HWT_Q3

HWT_Q2B
HWTB_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

Go to HWT_Q3

HWT_Q2C
HWTB_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_Q2D
HWTB_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_Q2E INTERVIEWER: Select the exact height.
HWTB_2E

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_Q2F INTERVIEWER: Select the exact height.
HWTB_2F

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 **How much do you weigh?**
HWTB_3 INTERVIEWER: Enter amount only.

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

DK, R   (Go to HWT_END)

HWT_N4 INTERVIEWER: Was that in pounds or kilograms?
HWTB_N4

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

HWT_E3 If HWT_N4 = 1, warning if HWT_Q3 < 60 or HWT_Q3 > 300.
        If HWT_N4 = 2, warning if HWT_Q3 < 27 or HWT_Q3 > 136.

HWT_Q4   **Do you consider yourself:**
HWTB_4   <u>INTERVIEWER</u>: Read categories to respondent.

        1   **… overweight?**
        2   **… underweight?**
        3   **… just about right?**
        DK, R

HWT_END   Go to next module.

PHYSICAL ACTIVITIES

PAC_QINT1   **(Please refer to page 2 of the booklet.)**

         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.

PACB_1A	1	**Walking for exercise**
PACB_1B	2	**Gardening or yard work**
PACB_1C	3	**Swimming**
PACB_1D	4	**Bicycling**
PACB_1E	5	**Popular or social dance**
PACB_1F	6	**Home exercises**
PACB_1G	7	**Ice hockey**
PACB_1H	8	**Ice skating**
PACB_1I	9	**In-line skating or rollerblading**
PACB_1J	10	**Jogging or running**
PACB_1K	11	**Golfing**
PACB_1L	12	**Exercise class or aerobics**
PACB_1M	13	**Downhill skiing or snowboarding**
PACB_1N	14	**Bowling**
PACB_1O	15	**Baseball or softball**
PACB_1P	16	**Tennis**
PACB_1Q	17	**Weight-training**
PACB_1R	18	**Fishing**
PACB_1S	19	**Volleyball**
PACB_1T	20	**Basketball**
PACB_1U	21	**Any other**
PACB_1V	22	**No physical activity** (Go to PAC_QINT2)
		DK, R (Go to PAC_END)

PAC_C1US   If "Any other" is chosen as a response, go to PAC_Q1US.
         Otherwise, go to PAC_Q1W.

PAC_Q1US   **What was this activity?**
PACBF1U   INTERVIEWER: Enter one activity only.

PAC_Q1W   **In the past 3 months, did you do any other activity for leisure?**
PACB_1W

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

PAC_Q1WS   **What was this activity?**
PACBF1W   INTERVIEWER: Enter one activity only.

PAC_Q1X
PACB_1X
In the past 3 months, did you do any other activity for leisure?

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

PAC_Q1XS
PACBF1X
What was this activity?
<u>INTERVIEWER</u>: Enter one activity only.

PAC_CQ1   For each activity identified in PAC_Q1, ask PAC_Q2 and PAC_Q3.

PAC_EQ1   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_Q2
PACB_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)
        (Warning after 60 for each activity except the following:
                Walking: 99
                Bicycling: 90
                Dancing, Golfing, Bowling, Baseball, Tennis, Volleyball: 40
                Hockey: 50
                Skating, Skiing, Fishing: 30)

DK, R   (Go to next activity)

PAC_Q3
PACB_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
      More than one hour
      DK, R

PAC_QINT2   **Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but <u>not</u> leisure time activity.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

PAC_Q4A **In a typical week in the past 3 months, how many hours did you usually**
PACB_4A **spend walking to work or to school or while doing errands?**

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

PAC_Q4B **In a typical week, how much time did you usually spend bicycling to work**
PACB_4B **or to school or while doing errands?**

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

PAC_Q6 **Now I'm going to read you 4 sentences that can be used to describe the**
PACB_6 **amount of physical activity that people usually do.**
        Thinking back over the past 3 months, which of the following best
        describes your usual daily activities or work habits?
        <u>INTERVIEWER</u>: Read categories to respondent.

    1   **Usually sit during the day and don't walk around very much**
    2   **Stand or walk quite a lot during the day but don't have to carry or**
           lift things very often
    3   **Usually lift or carry light loads, or have to climb stairs or hills often**
    4   **Do heavy work or carry very heavy loads**
           DK, R

PAC_END   Go to next module.

PSYCHOLOGICAL WELL-BEING MANIFESTATION SCALE

PWB_QINT   **(Please refer to page 3 of the booklet.)**

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

PWB_Q01   **During the past month, you felt self-confident.**
PWBB_01   <u>INTERVIEWER</u>: 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**
PWBB_02   **accomplish, you felt proud of yourself.**

      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**
PWBB_03   **projects.**

      1   Almost always   (Go to PWB_Q04)
      2   Frequently   (Go to PWB_Q04)
      3   Half the time   (Go to PWB_Q04)
      4   Rarely   (Go to PWB_Q04)
      5   Never   (Go to PWB_Q04)
           DK, R

PWB_C04   If (PWB_Q01 = DK or R and PWB_Q02 = DK or R), go to PWB_END.
Otherwise, go to PWB_Q04.

PWB_Q04   **(During the past month,) you felt emotionally balanced.**
PWBB_04

      1   Almost always
      2   Frequently
      3   Half the time
      4   Rarely
      5   Never
           DK, R

PWB_Q05
PWBB_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
PWBB_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
PWBB_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
PWBB_08

During the past month, you felt useful.

1   Almost always
2   Frequently
3   Half the time
4   Rarely
5   Never
      DK, R

PWB_Q09
PWBB_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
PWBB_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
PWBB_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
PWBB_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
PWBB_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
PWBB_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
PWBB_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
PWBB_16

During the past month, you were quite calm and level-headed.

1   Almost always
2   Frequently
3   Half the time
4   Rarely
5   Never
    DK, R

PWB_Q17
PWBB_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
PWBB_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
PWBB_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
PWBB_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
PWBB_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
PWBB_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
PWBB_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
PWBB_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
PWBB_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   Go to next module.

DISTRESS

DIS_INT
The following questions deal with feelings you may have had during the past month.
INTERVIEWER: Press <Enter> to continue.

DIS_Q01A
DISB_10A
(Please refer to page 4 of the booklet.)

During the past month, that is, from %date one month ago% to yesterday, about how often did you feel:

...tired out for no good reason?
INTERVIEWER: Read categories to respondent.

1	**All of the time**	
2	**Most of the time**	
3	**Some of the time**	
4	**A little of the time**	
5	**None of the time**	
	DK, R	(Go to DIS_END)

DIS_Q01B
DISB_10B
… 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_C01B
If DIS_Q01B = 5, then DIS_Q01C will be set to 5 (None of the time) during processing.

DIS_Q01C
DISB_10C
... 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

DIS_Q01D
DISB_10D
... 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 DISB_10E	**... 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_C01E	If DIS_Q01E = 5, then DIS_Q01F will be set to 5 (None of the time) during processing.

DIS_Q01F DISB_10F	**… 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

DIS_Q01G DISB_10G	**During the past month, 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_C01G	If DIS_Q01G = 5, then DIS_Q01H will be set to 5 (None of the time) during processing.

DIS_Q01H DISB_10H	**…so depressed that nothing could cheer you up?**

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

DIS_Q01I DISB_10I	**…that everything was an effort?**

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

DIS_Q01J DISB_10J	…**worthless?**

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

DIS_C01K	If DIS_Q01B to DIS_Q01J are DK or R, go to DIS_END.

DIS_Q01K DISB_10K	**We just talked about feelings that occurred to different degrees during the past month.** **Taking them altogether, did these feelings occur <u>more often</u> in the past month than is usual for you, <u>less often</u> than usual or <u>about the same</u> 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 DISB_10L	**Is that a <u>lot</u> more, <u>somewhat</u> more or only a <u>little</u> more often than usual?**

1   A lot
2   Somewhat
3   A little
       DK, R

Go to DIS_Q01N

DIS_Q01M DISB_10M	**Is that a <u>lot</u> less, <u>somewhat</u> less or only a <u>little</u> less often than usual?**

1   A lot
2   Somewhat
3   A little
       DK, R

DIS_Q01N DISB_10N	**During the past month, how much did these feelings usually interfere with your life or activities?** <u>INTERVIEWER</u>: Read categories to respondent.

1   **A lot**
2   **Some**
3   **A little**
4   **Not at all**
       DK, R

DIS_END	Go to next module.

STRESS

STR_QINT   **Now a few questions about the stress in your life.**
INTERVIEWER: Press <Enter> to continue.

STR_Q1
STRB_1   **In general, how would you rate your ability to handle unexpected and difficult problems, for example, a family or personal crisis? Would you say your ability is:**
INTERVIEWER: Read categories to respondent.

    1   **… excellent?**
    2   **… very good?**
    3   **… good?**
    4   **… fair?**
    5   **… poor?**
        DK, R   (Go to STR_END)

STR_Q2
STRB_2   **In general, how would you rate your ability to handle the day-to-day demands in your life, for example, handling work, family and volunteer responsibilities? Would you say your ability is:**
INTERVIEWER: Read categories to respondent.

    1   **… excellent?**
    2   **… very good?**
    3   **… good?**
    4   **… fair?**
    5   **… poor?**
        DK, R

STR_Q3
STRB_3   **Thinking about stress in your day-to-day life, what would you say is the <u>most important</u> 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
    17   Death of a loved one
        DK, R

STR_Q6_1
STRB_61

(Please refer to page 5 of the booklet.)

People have different ways of dealing with stress. Thinking about the ways you deal with stress, please tell me how often you do each of the following.

How often do you try to solve the problem?
INTERVIEWER: Read categories to respondent.

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

STR_Q6_2
STRB_62

To deal with stress, how often do you talk to others?

1　　Often
2　　Sometimes
3　　Rarely
4　　Never
　　　DK, R

STR_Q6_3
STRB_63

When dealing with stress, how often do you avoid being with people?

1　　Often
2　　Sometimes
3　　Rarely
4　　Never
　　　DK, R

STR_Q6_4
STRB_64

How often do you sleep more than usual to deal with stress?

1　　Often
2　　Sometimes
3　　Rarely
4　　Never
　　　DK, R

STR_Q6_5A
STRB_65A

When dealing with stress, how often do you try to feel better by eating more, or less, than usual?

1　　Often
2　　Sometimes
3　　Rarely
4　　Never
　　　DK, R

STR_Q6_5B
STRB_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

STR_Q6_5C
STRB_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

STR_Q6_5D
STRB_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

STR_Q6_6
STRB_66

How often do you jog or do other exercise to deal with stress?

1   Often
2   Sometimes
3   Rarely
4   Never
         DK, R

STR_Q6_7
STRB_67

How often do you pray or seek spiritual help to deal with stress?

1   Often
2   Sometimes
3   Rarely
4   Never
         DK, R

STR_Q6_8
STRB_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

STR_Q6_9
STRB_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

STR_Q6_10   **How often do you blame yourself?**
STRB_610

        1   Often
        2   Sometimes
        3   Rarely
        4   Never
                DK, R

STR_Q6_11   **To deal with stress, how often do you wish the situation would go away or**
STRB_611   **somehow be finished?**

        1   Often
        2   Sometimes
        3   Rarely
        4   Never
                DK, R

STR_END   Go to next module.

DEPRESSION

DEP_C01   If SCR_Q21 = 1 (Yes), DEP_C01 = 1 and go to DEP_Q01 (sad, empty or depressed).
If SCR_Q22 = 1 (Yes), DEP_C01 = 2 and go to DEP_Q02 (discouraged).
If SCR_Q23 = 1 (Yes), DEP_C01 = 3 and go to DEP_Q09 (uninterested).

Otherwise, if (SCR_Q21 = 2, DK, R) and (if SCR_Q22 = 2, DK, R) and if (SCR_Q23 = 2, DK, R), DEP_C01 = 0 go to DEP_QINT26CCA.

DEP_Q01
DEPB_01

Earlier, you mentioned having periods that lasted several days or longer when you felt sad, empty or depressed most of the day. During such episodes, did you ever feel discouraged about how things were going in your life?

     1   Yes
     2   No   (Go to DEP_Q01B)
         DK   (Go to DEP_Q01B)
         R   (Go to DEP_QINT26CCA)

DEP_Q01A
DEPB_01A

During the episodes of being sad, empty or depressed, did you ever lose interest in most things like work, hobbies or other things you usually enjoyed?

     1   Yes   (sad, discouraged or uninterested)
     2   No   (sad or discouraged)
         DK, R   (sad or discouraged)

DEP_C02   If DEP_Q01A = 1,
                ^KEY_PHRASE1 = sad, discouraged or uninterested in things
                ^KEY_PHRASE3 = sad, discouraged or uninterested

                Use the phrase "these problems" in %this problem/these problems%.
                Use the phrase "were" in %was/were%.

Otherwise, if DEP_Q01A = 2 or DEP_Q01A = DK or DEP_Q01A = R,
                ^KEY_PHRASE1 = sad or discouraged
                ^KEY_PHRASE3 = sad or discouraged

                Use the phrase "these problems" in %this problem/these problems%.
                Use the phrase "were" in %was/were%.

Go to DEP_Q12.

DEP_Q01B
DEPB_01B

During the episodes of being sad, empty or depressed, did you ever lose interest in most things like work, hobbies or other things you usually enjoyed?

     1   Yes   (sad or uninterested in things)
     2   No   (sad)
         DK, R   (sad)

DEP_C03   If DEP_Q01B = 1,
           ^KEY_PHRASE1 = sad or uninterested in things
           ^KEY_PHRASE3 = sad or uninterested

           Use the phrase "these problems" in %this problem/these problems%.
           Use the phrase "were" in %was/were%.

           Otherwise, if DEP_Q01B = 2 or DEP_Q01B = DK or DEP_Q01B = R,
           ^KEY_PHRASE1 = sad
           ^KEY_PHRASE3 = sad

           Use the phrase "this problem" in %this problem/these problems%.
           Use the phrase "was" in %was/were%.

           Go to DEP_Q12.

DEP_Q02   **Earlier, you mentioned having periods that lasted several days or longer**
DEPB_02   **when you felt discouraged about how things were going in your life. During**
           such episodes, did you ever lose interest in most things like work, hobbies
           or other things you usually enjoy?

           1   Yes   (discouraged or uninterested in things)
           2   No   (discouraged)
                DK   (discouraged)
                R   (Go to DEP_QINT26CCA)

DEP_C04   If DEP_Q02 = 1,
           ^KEY_PHRASE1 = discouraged or uninterested in things
           ^KEY_PHRASE3 = discouraged or uninterested

           Use the phrase "these problems" in %this problem/these problems%.
           Use the phrase "were" in %was/were%.

           Otherwise, if DEP_Q02 = 2 or DEP_Q02 = DK,
           ^KEY_PHRASE1 = (discouraged)
           ^KEY_PHRASE3 = (discouraged)

           Use the phrase "this problem" in %this problem/these problems%.
           Use the phrase "was" in %was/were%.

           Go to DEP_Q12.

DEP_Q09   **Earlier, you mentioned having periods that lasted several days or longer**
DEPB_09   **when you lost interest in most things like work, hobbies or other things you**
           usually enjoy. Did you ever have such a period that lasted for most of the
           day, nearly every day, for 2 weeks or longer?

           1   Yes
           2   No   (Go to DEP_QINT26CCA)
                DK   (Go to DEP_QINT26CCA)
                R   (Go to DEP_QINT26CCA)

DEP_C5   If DEP_Q09 = 1,
                       ^KEY_PHRASE1 = uninterested in things
                       ^KEY_PHRASE3 = uninterested

                       Use the phrase "this problem" in %this problem/these problems%.
                       Use the phrase "was" in %was/were%.

DEP_C6   If DEP_Q09 = 1 (Yes), go to DEP_Q16.

DEP_Q12
DEPB_12   **Did you ever have a period of being ^KEY_PHRASE1 that lasted for most of the day, nearly every day, for <u>2 weeks</u> or longer?**

       1   Yes
       2   No   (Go to DEP_QINT26CCA)
            DK, R   (Go to DEP_QINT26CCA)

DEP_Q16
DEPB_16   **Think of periods lasting <u>2 weeks or longer</u> when %this problem/these problems% with your mood %was/were% most <u>severe and frequent</u>. During those periods, did your feelings of being ^KEY_PHRASE3 usually last:**
        <u>INTERVIEWER</u>: Read categories to respondent.

       1   **… less than one hour?**
       2   **… between 1 and 3 hours?**
       3   **… between 3 and 5 hours?**
       4   **… more than 5 hours?**
            DK, R

DEP_Q17
DEPB_17   **During those periods, how severe was your emotional distress?**
        <u>INTERVIEWER</u>: Read categories to respondent.

       1   **Mild**
       2   **Moderate**
       3   **Severe**
       4   **Very severe**
            DK, R

DEP_Q18
DEPB_18   **During those periods, how often was your emotional distress so severe that nothing could cheer you up?**
        <u>INTERVIEWER</u>: Read categories to respondent.

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

DEP_Q19
DEPB_19   **During those periods, how often was your emotional distress so severe that you could not carry out your daily activities?**
        <u>INTERVIEWER</u>: Read categories to respondent.

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

DEP_C20   If (DEP_Q17 = 1 (mild) or R) and (DEP_Q18 = 4 (never) or R) and
                 (DEP_Q19 = 4 (never) or R), DEP_C20 = 1 and go to DEP_QINT26CCA.
                 Otherwise, DEP_C20 = 2.

DEP_QINT21   **People with episodes of being ^KEY_PHRASE3 often have other problems**
                 at the same time. These include things like feelings of low self-worth and
                 changes in sleep, appetite, energy and ability to concentrate and
                 remember.
                 INTERVIEWER: Press <Enter> to continue.

DEP_Q21   **Did you ever have problems like this during one of your episodes of being**
DEPB_21   **^KEY_PHRASE3?**

                 1   Yes
                 2   No   (Go to DEP_QINT26CCA)
                         DK, R   (Go to DEP_QINT26CCA)

DEP_Q22   **Please think of an episode of being ^KEY_PHRASE3 that lasted 2 weeks or**
DEPB_22   **longer when, at the same time, you also had the <u>largest number</u> of these**
                 other problems. Is there one particular episode that stands out as the worst
                 one you ever had?

                 1   Yes
                 2   No   (Go to DEP_Q23A)
                         DK, R   (Go to DEP_Q23A)

DEP_Q22A   **How old were you when that worst episode started?**
DEPB_22A   INTERVIEWER: Minimum is 0; maximum is %current age%.

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

                 DK, R

DEP_Q22B   **How long did it last (in terms of days, weeks, months or years)?**
DEPB_22B   INTERVIEWER: Select the reporting unit here and enter the number in the next
                 screen.

                 1   Days
                 2   Weeks   (Go to DEP_Q22D)
                 3   Months   (Go to DEP_Q22E)
                 4   Years   (Go to DEP_Q22F)
                         DK, R   (Go to DEP_QINT24)

DEP_Q22C   INTERVIEWER: Enter the number of days.
DEPB_22C   Minimum is 14; maximum is 900.

                 |_|_|_| Number of days
                 (MIN: 14) (MAX: 900; warning after 365)

                 DK, R

DEP_E22C   If DEP_Q22C <= 365, go to DEP_QINT24.
            Otherwise, show pop-up edit as follows.

            An unusual value has been entered.
            Please confirm or return and change the reporting unit.

DEP_Q22D   INTERVIEWER: Enter the number of weeks.
DEPB_22D   Minimum is 2; maximum is 104.

            |_|_|_| Number of weeks
            (MIN: 2) (MAX: 104; warning after 52)

            DK, R

DEP_E22D   If DEP_Q22D <= 52, go to DEP_QINT24.
            Otherwise, show pop-up edit as follows.

            An unusual value has been entered.
            Please confirm or return and change the reporting unit.

DEP_Q22E   INTERVIEWER: Enter the number of months.
DEPB_22E   Minimum is 1; maximum is 36.

            |_|_| Number of months
            (MIN: 1) (MAX: 36; warning after 24)

            DK, R

DEP_E22E   If DEP_Q22E <= 24, go to DEP_QINT24.
            Otherwise, show pop-up edit as follows.

            An unusual value has been entered.
            Please confirm or return and change the reporting unit.

DEP_Q22F   INTERVIEWER: Enter the number of years.
DEPB_22F   Minimum is 1; maximum is %current age - (age in DEP_Q22A)%.

            |_|_|_| Number of years
            (MIN: 1) (MAX: current age - (age in DEP_Q22A))

            DK, R

            Go to DEP_QINT24.

DEP_Q23A   **Think of the last time you had a bad episode of being ^KEY_PHRASE3 like**
DEPB_23A   **this. How old were you when that last episode occurred?**
            INTERVIEWER: Minimum is 0; Maximum is %current age%.

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

            DK
            R   (Go to DEP_QINT24)

| DEP_Q23B | **How long did that episode last?** |
| DEPB_23B | <u>INTERVIEWER</u>: Select the reporting unit here and enter the number in the next screen. |

1	Days	
2	Weeks	(Go to DEP_Q23D)
3	Months	(Go to DEP_Q23E)
4	Years	(Go to DEP_Q23F)
	DK, R	(Go to DEP_QINT24)

| DEP_Q23C | <u>INTERVIEWER</u>: Enter the number of days. |
| DEPB_23C | Minimum is 14; maximum is 900. |

|_|_|_| Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

| DEP_E23C | If DEP_Q23C <= 365, go to DEP_QINT24. |
| | Otherwise, show pop-up edit as follows. |

An unusual value has been entered.
Please confirm or return and change the reporting unit.

| DEP_Q23D | <u>INTERVIEWER</u>: Enter the number of weeks. |
| DEPB_23D | Minimum is 2; maximum is 104. |

|_|_|_| Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

| DEP_E23D | If DEP_Q23D < = 52, go to DEP_QINT24. |
| | Otherwise, show pop-up edit as follows. |

An unusual value has been entered.
Please confirm or return and change the reporting unit.

| DEP_Q23E | <u>INTERVIEWER</u>: Enter the number of months. |
| DEPB_23E | Minimum is 1; maximum is 36. |

|_|_| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

| DEP_E23E | If DEP_Q23E <= 24, go to DEP_QINT24. |
| | Otherwise, show pop-up edit as follows. |

An unusual value has been entered.
Please confirm or return and change the reporting unit.

DEP_Q23F   <u>INTERVIEWER</u>: Enter the number of years.
DEPB_23F   Minimum is 1; maximum is %current age - (age in DEP_Q23A)%.

     |_|_|_| Number of years
     (MIN: 1) (MAX: current age - (age in DEP_Q23A))

     DK, R

DEP_QINT24   **In answering the next questions, think about the period of <u>2 weeks or
             longer</u> when your feelings of being ^KEY_PHRASE3 and other problems
             were most <u>severe</u> and <u>frequent</u>. During that period, tell me which of the
             following problems you had for most of the day, <u>nearly every day</u>.**
             <u>INTERVIEWER</u>: Press <Enter> to continue.

DEP_Q24A   **Did you feel sad, empty or depressed most of the day, nearly every day,**
DEPB_24A   **during that period of 2 weeks?**

     1   Yes   (KEY_PHRASE = feeling sad, empty or depressed)
     2   No   (Go to DEP_Q24C)
            DK, R   (Go to DEP_Q24C)

DEP_Q24B   **Nearly every day, did you feel so sad that nothing could cheer you up?**
DEPB_24B

     1   Yes   (KEY_PHRASE = feeling that nothing could cheer you
                             up)
     2   No
            DK, R

DEP_Q24C   **During that period of 2 weeks, did you feel discouraged most of the day,**
DEPB_24C   **nearly every day, about how things were going in your life?**

     1   Yes   (KEY_PHRASE = feeling discouraged about things in
                             your life)
     2   No   (Go to DEP_Q24E)
            DK, R   (Go to DEP_Q24E)

DEP_Q24D   **Did you feel hopeless about the future nearly every day?**
DEPB_24D

     1   Yes   (KEY_PHRASE = feeling hopeless about the future)
     2   No
            DK, R

DEP_Q24E   **During that period of 2 weeks, did you lose interest in almost all things like**
DEPB_24E   **work, hobbies and things you like to do for fun?**

     1   Yes   (KEY_PHRASE = losing interest in almost all things)
     2   No
            DK, R

DEP_Q24F   **Did you feel like nothing was fun even when good things were happening?**
DEPB_24F

     1   Yes   KEY_PHRASE = feeling that nothing was fun)
     2   No
            DK, R

DEP_C25   If any one of DEP_Q24A, DEP_Q24B, DEP_Q24C, DEP_Q24D, DEP_Q24E or
          DEP_Q24F = 1 (Yes), DEP_C25 = 1.
          Otherwise, DEP_C25 = 2 and go to DEP_QINT26CCA.

DEP_Q26A   **During that period of 2 weeks, did you, nearly every day, have a <u>much</u>**
DEPB_26A   **<u>smaller</u> appetite than usual?**

          1   Yes   (KEY_PHRASE = having a much smaller appetite)
                                (Go to DEP_Q26E)
          2   No
                 DK, R

DEP_Q26B   **Did you have a <u>much larger</u> appetite than usual nearly every day?**
DEPB_26B

          1   Yes   (KEY_PHRASE = having a much larger appetite)
          2   No
                 DK, R

DEP_Q26C   **During that period of 2 weeks, did you <u>gain</u> weight without trying to?**
DEPB_26C

          1   Yes
          2   No   (Go to DEP_Q26E)
                 DK, R   (Go to DEP_Q26E)

DEP_Q26C_1 **Was this weight gain due to a physical growth or a pregnancy?**
DEPB_261

          1   Yes   (Go to DEP_Q26G)
          2   No   (KEY_PHRASE = gaining weight without trying to)
                 DK, R

DEP_Q26D   **How much did you gain?**
DEPB_26D   <u>INTERVIEWER</u>: Enter amount only.

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

          DK, R   (Go to DEP_Q26G)

DEP_N26D   <u>INTERVIEWER</u>: Was that in pounds or kilograms?
DEPB_262

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

          Go to DEP_Q26G

DEP_Q26E   **Did you <u>lose</u> weight without trying to?**
DEPB_26E   <u>INTERVIEWER</u>: If respondent reports being on a diet or physically ill, select "No".

          1   Yes
          2   No   (Go to DEP_Q26G)
                 DK, R   (Go to DEP_Q26G)

DEP_Q26E_1 **Was this weight loss a result of a diet or a physical illness?**
DEPB_263

        1   Yes   (Go to DEP_Q26G)
        2   No   (KEY_PHRASE = losing weight without trying to)
              DK, R

DEP_Q26F **How much did you lose?**
DEPB_26F <u>INTERVIEWER</u>: Enter amount only.

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

        DK, R   (Go to DEP_Q26G)

DEP_N26F <u>INTERVIEWER</u>: Was that in pounds or kilograms?
DEPB_264

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

DEP_Q26G **During that period of 2 weeks, did you have a lot more trouble than usual**
DEPB_26G **either falling asleep, staying asleep or waking up too early <u>nearly every</u>**
              <u>night</u>?

        1   Yes   (KEY_PHRASE = having trouble falling or staying asleep
                           or waking up too early)
                           (Go to DEP_Q26I)
        2   No
              DK, R

DEP_Q26H **During that period of 2 weeks, did you sleep a lot more than usual <u>nearly</u>**
DEPB_26H **<u>every night</u>?**

        1   Yes   (KEY_PHRASE = sleeping a lot more than usual)
                           (Go to DEP_Q26J)
        2   No
              DK, R

DEP_Q26I **Did you sleep much less than usual and still not feel tired or sleepy?**
DEPB_26I

        1   Yes   (KEY_PHRASE = sleeping much less than usual)
        2   No
              DK, R

DEP_Q26J **During that period of 2 weeks, did you feel tired or low in energy nearly**
DEPB_26J **every day, even when you had not been working very hard?**

        1   Yes   (KEY_PHRASE = feeling tired or low in energy)
                           (Go to DEP_Q26L)
        2   No
              DK, R

DEP_Q26K
DEPB_26K

During that period of 2 weeks, did you have <u>a lot more</u> energy than usual nearly every day?

1	Yes	(KEY_PHRASE = having a lot more energy than usual)
2	No	
	DK, R	

DEP_Q26L
DEPB_26L

Did you talk or move more slowly than is normal for you nearly every day?

1	Yes	(KEY_PHRASE = talking or moving more slowly than normal)
2	No	(Go to DEP_Q26N)
	DK, R	(Go to DEP_Q26N)

DEP_Q26M
DEPB_26M

Did anyone else notice that you were talking or moving slowly?

1	Yes	
2	No	
	DK, R	

Go to DEP_Q26P

DEP_Q26N
DEPB_26N

Were you so restless or jittery nearly every day that you paced up and down or couldn't sit still?

1	Yes	(KEY_PHRASE = feeling restless or jittery, or couldn't sit still)
2	No	(Go to DEP_Q26P)
	DK, R	(Go to DEP_Q26P)

DEP_Q26O
DEPB_26O

Did anyone else notice that you were restless?

1	Yes	
2	No	
	DK, R	

DEP_Q26P
DEPB_26P

During that period of 2 weeks, did your thoughts come much more slowly than usual or seem mixed up nearly every day?

1	Yes	(KEY_PHRASE = thinking much more slowly than usual) (Go to DEP_Q26R)
2	No	
	DK, R	

DEP_Q26Q
DEPB_26Q

Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?

1	Yes	(KEY_PHRASE = having thoughts race through your head)
2	No	
	DK, R	

DEP_Q26R
DEPB_26R
Nearly every day, did you have a lot more trouble concentrating than is normal for you?

1   Yes   (KEY_PHRASE = having more trouble concentrating)
2   No
      DK, R

DEP_Q26S
DEPB_26S
Were you unable to make up your mind about things you ordinarily have no trouble deciding about?

1   Yes   (KEY_PHRASE = being unable to make your mind about things)
2   No
      DK, R

DEP_Q26T
DEPB_26T
Did you lose your self-confidence?

1   Yes   (KEY_PHRASE = losing your self-confidence)
2   No
      DK, R

DEP_Q26U
DEPB_26U
Nearly every day, did you feel that you were not as good as other people?

1   Yes   (KEY_PHRASE = feeling not as good as other people)
2   No   (Go to DEP_Q26W)
      DK, R   (Go to DEP_Q26W)

DEP_Q26V
DEPB_26V
Did you feel totally worthless nearly every day?

1   Yes   (KEY_PHRASE = feeling worthless)
2   No
      DK, R

DEP_Q26W
DEPB_26W
Did you feel guilty nearly every day?

1   Yes   (KEY_PHRASE = feeling guilty every day)
2   No
      DK, R

DEP_Q26X
DEPB_26X
Did you feel irritable, grouchy or in a bad mood nearly every day?

1   Yes   (KEY_PHRASE = feeling grouchy)
2   No
      DK, R

DEP_Q26Y
DEPB_26Y
Did you feel nervous or anxious most days?

1   Yes   (KEY_PHRASE = feeling nervous or anxious)
2   No
      DK, R

DEP_Q26Z
DEPB_26Z
During that period of 2 weeks, did you have any sudden attacks of intense fear or panic?

     1   Yes   (KEY_PHRASE = having attacks of fear or panic)
     2   No
             DK, R

DEP_Q26Z_FF **Did you feel that you could not cope with your everyday responsibilities?**
DEPB_265

     1   Yes   (KEY_PHRASE = feeling you couldn't cope with your responsibilities)
     2   No
             DK, R

DEP_Q26Z_GG **Did you feel like you wanted to be alone rather than spend time with friends or relatives?**
DEPB_266

     1   Yes   (KEY_PHRASE = wanting to be alone)
     2   No
             DK, R

DEP_Q26Z_HH **Did you feel less talkative than usual?**
DEPB_267

     1   Yes   (KEY_PHRASE = feeling less talkative)
     2   No
             DK, R

DEP_Q26Z_II **Were you often in tears?**
DEPB_268

     1   Yes   (KEY_PHRASE = being often in tears)
     2   No
             DK, R

DEP_Q26AA
DEPB_6A
Did you often think a lot about death, either your own, someone else's or death in general?

     1   Yes   (KEY_PHRASE = thinking about death)
     2   No
             DK, R

DEP_Q26BB
DEPB_6B
During that period, did you ever think that it would be better if you were dead?

     1   Yes   (KEY_PHRASE = thinking you were better dead)
     2   No
             DK, R

DEP_Q26CC **(Please refer to page 6 of the booklet.)**
DEPB_A

Three experiences are listed, EXPERIENCE A, B and C. Think of the period of <u>2 weeks or longer</u> when your feelings of being KEY_PHRASE3 and other problems were most severe and frequent. During that time, did EXPERIENCE A happen to you?
<u>INTERVIEWER</u>: EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."

1   Yes   (KEY_PHRASE = having EXPERIENCE A)
                          (Go to DEP_Q26DD)
2   No   (Go to DEP_Q26CC1)
         DK, R   (Go to DEP_C27)

DEP_QINT26CCA
(Please refer to page 6 of the booklet.)

The following questions may be sensitive to some people, but we have to ask the same questions of everyone. Three experiences are listed, EXPERIENCE A, B and C.
<u>INTERVIEWER</u>: Press <Enter> to continue.

DEP_Q26CC1 **Has EXPERIENCE A <u>ever</u> happened to you?**
DEPB_A1   <u>INTERVIEWER</u>: EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."

1   Yes
2   No   (Go to DEP_C27)
         DK, R   (Go to DEP_C27)

DEP_Q26CC1A **In the past 12 months, did EXPERIENCE A happen to you?**
DEPB_A1A   <u>INTERVIEWER</u>: EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."

1   Yes   (Go to DEP_Q26DD)
2   No
         DK, R   (Go to DEP_C27)

DEP_Q26CC2 **How old were you the <u>last</u> time this experience happened to you?**
DEPB_A2   <u>INTERVIEWER</u>: Minimum is 6; maximum is %current age - 1%

|_|_|_| Age in years
(MIN: 6) (MAX: current age - 1)

DK, R   (Go to DEP_C27)

DEP_Q26DD **Now, look at the second experience on the list, EXPERIENCE B. Did EXPERIENCE B happen to you?**
DEPB_B   <u>INTERVIEWER</u>: EXPERIENCE B is "You made a plan for committing suicide."

1   Yes   (KEY_PHRASE = having EXPERIENCE B)
2   No
         DK, R

DEP_C26DD   If DEP_Q26CC1 = 1 (Yes) and DEP_Q26DD = 1 (Yes) or 2 (No),
DEP_C26DD = 1 and go to DEP_Q26EE1.

If DEP_Q26CC = 1 (Yes) and DEP_Q26DD = 1 (Yes) or 2 (No),
DEP_C26DD = 2 and go to DEP_Q26EE.

If DEP_Q26DD = DK or R, DEP_C26DD = 3 and go to DEP_C26EE7B.

DEP_Q26EE   **Now, look at the third experience on the list, EXPERIENCE C.**
DEPB_C   **During that period of <u>2 weeks or longer</u>, did EXPERIENCE C happen to you?**
<u>INTERVIEWER</u>: EXPERIENCE C is "You attempted suicide or tried to take your own life."

1	Yes	(KEY_PHRASE = having EXPERIENCE C)
2	No	(Go to DEP_Q26EEB)
	DK, R	(Go to DEP_C26EE7B)

DEP_Q26EEA   **Has there been a more recent time when EXPERIENCE C happened to you?**
DEPB_CA   <u>INTERVIEWER</u>: EXPERIENCE C is "You attempted suicide or tried to take your own life."

1	Yes	(Go to DEP_Q26EE1A)
2	No	(Go to DEP_Q26EE3)
	DK, R	(Go to DEP_C26EE7B)

DEP_Q26EEB   **Has EXPERIENCE C <u>ever</u> happened to you?**
DEPB_CB   <u>INTERVIEWER</u>: EXPERIENCE C is "You attempted suicide or tried to take your own life."

1	Yes	(Go to DEP_Q26EE1A)
2	No	(Go to DEP_C27)
	DK, R	(Go to DEP_C27)

DEP_Q26EE1   **Now, look at the third experience on the list, EXPERIENCE C.**
DEPB_C1   **Has EXPERIENCE C <u>ever</u> happened to you?**
<u>INTERVIEWER</u>: EXPERIENCE C is "You attempted suicide or tried to take your own life."

1	Yes	
2	No	(Go to DEP_C27)
	DK, R	(Go to DEP_C27)

DEP_Q26EE1A **During the <u>last 12 months</u>, did EXPERIENCE C happen to you?**
DEPB_C1A   <u>INTERVIEWER</u>: EXPERIENCE C is "You attempted suicide or tried to take your own life."

1	Yes
2	No
	DK, R

DEP_C26EE1A If DEP_Q26EEA = 1 (Yes) and DEP_Q26EE1A = 1 (Yes), DEP_C26EE1A = 1 and go to DEP_Q26EE3.

If DEP_Q26EEA = 1 (Yes) and DEP_Q26EE1A = 2 (No), DEP_C26EE1A = 2 and go to DEP_Q26EE1B.

If (DEP_Q26EE1 = 1 (Yes) or DEP_Q26EEB = 1 (Yes)), and DEP_Q26EE1A = 1 (Yes), DEP_C26EE1A = 3 and go to DEP_Q26EE3.

If (DEP_Q26EE1 = 1 (Yes) or DEP_Q26EEB = 1 (Yes)), and DEP_Q26EE1A = 2 (No), DEP_C26EE1A = 4 and go to DEP_Q26EE2.

If (DEP_Q26EE1A = DK or R) or (DEP_Q26EEB = DK or R), C26EE1A = 5 and go to DEP_C26EE7B.

DEP_Q26EE1B **During the <u>last 12 months</u>, did EXPERIENCE A happen to you?**
DEPB_A1B   <u>INTERVIEWER</u>: EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."

1	Yes	
2	No	(Go to DEP_Q26EE1D)
	DK, R	(Go to DEP_C27)

DEP_Q26EE1C **Did EXPERIENCE B happen to you?**
DEPB_B1C   <u>INTERVIEWER</u>: EXPERIENCE B is "You made a plan for committing suicide."

1	Yes	
2	No	
	DK, R	(Go to DEP_Q26EE7)

DEP_Q26EE1D **How old were you the <u>last</u> time EXPERIENCE C happened to you?**
DEPB_C1D   <u>INTERVIEWER</u>: EXPERIENCE C is "You attempted suicide or tried to take your own life."

|_|_|_| Age in years   (Go to DEP_Q26EE3)
(MIN: 6) (MAX: current age - 1)

DK, R   (Go to DEP_C26EE7B)

DEP_Q26EE2 **How old were you when EXPERIENCE C happened to you?**
DEPB_C2   <u>INTERVIEWER</u>: EXPERIENCE C is "You attempted suicide or tried to take your own life."
Minimum is 6; maximum is %current age - 1%.
If more than one attempt, ask about the most recent one.

|_|_|_| Age in years
(MIN: 6) (MAX: current age - 1)

DK, R   (Go to DEP_C26EE7B)

DEP_Q26EE3 **Did it result in injury or poisoning?**
DEPB_C3   <u>INTERVIEWER</u>: If more than one attempt, ask about the most recent one.

1	Yes	
2	No	
	DK, R	(Go to DEP_C26EE7A)

DEP_Q26EE4 **Did you receive medical attention (following the most recent time**
DEPB_C4   **EXPERIENCE C happened to you)?**
            <u>INTERVIEWER</u>: EXPERIENCE C is "You attempted suicide or tried to take your
            own life."
            If more than one attempt, ask about the most recent one.

            1   Yes
            2   No   (Go to DEP_C26EE7A)
                    DK, R   (Go to DEP_C26EE7A)

DEP_Q26EE5 **Were you hospitalized overnight or longer (following this most recent time**
DEPB_C5   **since EXPERIENCE C happened to you)?**
            <u>INTERVIEWER</u>: EXPERIENCE C is "You attempted suicide or tried to take your
            own life."
            If more than one attempt, ask about the most recent one.

            1   Yes
            2   No
                    DK, R

DEP_C26EE7A If DEP_Q26EE1A = 1 (Yes), DEP_C26EE7A = 1 and go to DEP_Q26EE8.
             Otherwise, DEP_C26EE7A = 2 and go to DEP_C26EE7B.

DEP_C26EE7B If DEP_Q26CC1A = 1(Yes) or DEP_Q26EE1B = 1(Yes), DEP_C26EE7B = 1 and
             go to DEP_Q26EE7.
             Otherwise, DEP_C26EE7B = 2 and go to DEP_C27.

DEP_Q26EE7 **During the <u>past 12 months</u>, have you <u>seen</u>, or talked on the telephone, to a**
DEPB_A7   **professional about EXPERIENCE A?**
            <u>INTERVIEWER</u>: EXPERIENCE A is "You seriously thought about committing
            suicide or taking your own life."

            1   Yes
            2   No   (Go to DEP_C27)
                    DK, R   (Go to DEP_C27)

DEP_Q26EE7A **(Please refer to page 7 of the booklet.)**

            Whom did you see or talk to? Please read the numbers of all that apply.
            <u>INTERVIEWER</u>: Mark all that apply.

DEPB_AAA   1   Psychiatrist
DEPB_AAB   2   Family doctor or general practitioner
DEPB_AAC   3   Psychologist
DEPB_AAD   4   Nurse
DEPB_AAE   5   Social worker or counsellor
DEPB_AAF   6   Religious or spiritual advisor such as a priest, chaplain or rabbi
DEPB_AAG   7   Teacher or guidance counsellor
DEPB_AAH   8   Other
                    DK, R

DEP_Q26EE7B **Where did the contact(s) take place?**
 <u>INTERVIEWER</u>: Mark all that apply.
 If respondent says "hospital", probe for details.

DEPB_ABA	1	Hospitalized as an overnight patient
DEPB_ABB	2	Health professional's office (including doctor's)
DEPB_ABC	3	Hospital emergency room
DEPB_ABD	4	Psychiatric outpatient clinic
DEPB_ABE	5	Drug or alcohol outpatient clinic
DEPB_ABF	6	Other hospital outpatient clinic (e.g. day surgery, cancer)
DEPB_ABG	7	Walk-in clinic
DEPB_ABH	8	Appointment clinic
DEPB_ABI	9	Community health centre / CLSC
DEPB_ABJ	10	At work
DEPB_ABK	11	At school
DEPB_ABL	12	At home
DEPB_ABM	13	Telephone consultation only
DEPB_ABN	14	Church or other place for religious assembly
DEPB_ABO	15	Other
		DK, R

Go to DEP_C27

DEP_Q26EE8 **During the <u>past 12 months</u>, have you <u>seen</u>, or talked on the telephone, to a**
DEPB_D8 **professional about EXPERIENCE A or EXPERIENCE C?**
 <u>INTERVIEWER</u>: EXPERIENCE A is "You seriously thought about committing suicide or taking your own life."
 EXPERIENCE C is "You attempted suicide or tried to take your own life."

 1 Yes
 2 No (Go to DEP_C27)
  DK, R (Go to DEP_C27)

DEP_Q26EE8A **(Please refer to page 7 of the booklet.)**

 Whom did you see or talk to? Please read the numbers of all that apply.
 <u>INTERVIEWER</u>: Mark all that apply.

DEPB_DAA	1	Psychiatrist
DEPB_DAB	2	Family doctor or general practitioner
DEPB_DAC	3	Psychologist
DEPB_DAD	4	Nurse
DEPB_DAE	5	Social worker or counsellor
DEPB_DAF	6	Religious or spiritual advisor such as a priest, chaplain or rabbi
DEPB_DAG	7	Teacher or guidance counsellor
DEPB_DAH	8	Other
		DK, R

DEP_Q26EE8B **Where did the contact(s) take place?**
INTERVIEWER: Mark all that apply.
If respondent says "hospital", probe for details.

DEPB_DBA	1	Hospitalized as an overnight patient
DEPB_DBB	2	Health professional's office (including doctor's)
DEPB_DBC	3	Hospital emergency room
DEPB_DBD	4	Psychiatric outpatient clinic
DEPB_DBE	5	Drug or alcohol outpatient clinic
DEPB_DBF	6	Other hospital outpatient clinic (e.g. day surgery, cancer)
DEPB_DBG	7	Walk-in clinic
DEPB_DBH	8	Appointment clinic
DEPB_DBI	9	Community health centre / CLSC
DEPB_DBJ	10	At work
DEPB_DBK	11	At school
DEPB_DBL	12	At home
DEPB_DBM	13	Telephone consultation only
DEPB_DBN	14	Church or other place for religious assembly
DEPB_DBO	15	Other
		DK, R

DEP_C27   Set count of DEP_C27 = 0.
If any of DEP_Q24A through DEP_Q24D = 1 (Yes), DEP_C27 =
DEP_C27 + 1.
If any of DEP_Q24E through DEP_Q24F = 1 (Yes), DEP_C27 =
DEP_C27 + 1.
For each 1 (Yes) in DEP_Q26A, DEP_Q26B, DEP_Q26G, DEP_Q26H,
DEP_Q26I DEP_Q26J, DEP_Q26K, DEP_Q26L, DEP_Q26M,
DEP_Q26N, DEP_Q26O, DEP_Q26P, DEP_Q26Q, DEP_Q26R,
DEP_Q26S, DEP_Q26T, DEP_Q26U, DEP_Q26V, DEP_Q26W,
DEP_Q26X, DEP_Q26Y, DEP_Q26Z, DEP_Q26Z_FF, DEP_Q26Z_GG,
DEP_Q26Z_HH, DEP_Q26Z_II, DEP_Q26AA, DEP_Q26BB,
DEP_Q26CC, DEP_Q26DD, DEP_Q26EE, and each 2 (No) in
DEP_Q26C_1 and DEP_Q26E_1, DEP_C27 = DEP_C27 + 1.

DEP_C27A   If DEP_C27 >= 5, DEP_C27A = 1.
Otherwise DEP_C27A = 2 and go to DEP_ND.

DEP_C28   If DEP_Q26CC = 1 (Yes) or DEP_Q26CC1 = 1 (Yes), DEP_C28 = 1 and go to
DEP_Q28_1.
Otherwise, DEP_C28 = 2.

DEP_Q28
DEPB_28

You mentioned having a number of the problems that I just asked you about. During that episode, how much did your feelings of being ^KEY_PHRASE3 and having these other problems interfere with either your work, your social life or your personal relationships?
INTERVIEWER: Read categories to respondent.
If respondent does not remember the problems, press <Ctrl D> to show the list of situations.

1	**Not at all**	(Go to DEP_Q29A)
2	**A little**	(Go to DEP_Q28A)
3	**Some**	(Go to DEP_Q28A)
4	**A lot**	(Go to DEP_Q28A)
5	**Extremely**	(Go to DEP_Q28A)
	DK, R	(Go to DEP_Q28A)

DEP_Q28_1
DEPB_281

Earlier, you mentioned having a number of problems during the period of <u>2 weeks or longer</u> when your feelings of being KEY_PHRASE3 were most <u>frequent</u> and <u>severe</u>. During that episode, how much did your feelings of being ^KEY_PHRASE3 and having these other problems interfere with either your work, your social life or your personal relationships?
INTERVIEWER: Read categories to respondent.
If respondent does not remember the problems, press <Ctrl D> to show the list of situations.

1	**Not at all**	(Go to DEP_Q29A)
2	**A little**	(Go to DEP_Q28A)
3	**Some**	(Go to DEP_Q28A)
4	**A lot**	(Go to DEP_Q28A)
5	**Extremely**	(Go to DEP_Q28A)
	DK, R	(Go to DEP_Q28A)

DEP_Q28A
DEPB_28A

During that episode, how often were you unable to carry out your daily activities because of your feelings of being ^KEY_PHRASE3?
INTERVIEWER: Read categories to respondent.

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

DEP_Q29A
DEPB_29A

Episodes of this sort sometimes occur as a result of a physical illness or injury or the use of medication, drugs or alcohol. Do you think your episodes of feeling ^KEY_PHRASE3 <u>ever</u> occurred as the result of physical causes, medication, drugs or alcohol?

1	Yes	
2	No	(Go to DEP_Q30)
	DK, R	(Go to DEP_Q30)

DEP_Q29B DEPB_29B	**Do you think your episodes were <u>always</u> the result of physical causes, medication, drugs or alcohol?**

1	Yes	
2	No	(Go to DEP_Q30)
	DK, R	(Go to DEP_Q30)

DEP_Q29C	**What were the causes?** <u>INTERVIEWER</u>: Mark all that apply.

DEPB_9CA	1	Exhaustion
DEPB_9CB	2	Hyperventilation
DEPB_9CC	3	Hypochondria
DEPB_9CD	4	Menstrual cycle
DEPB_9CE	5	Pregnancy / postpartum
DEPB_9CF	6	Thyroid disease
DEPB_9CG	7	Cancer
DEPB_9CH	8	Overweight
DEPB_9CI	9	Medication (excluding illicit drugs)
DEPB_9CJ	10	Illicit drugs
DEPB_9CK	11	Alcohol
DEPB_9CL	12	Chemical Imbalance/Serotonin Imbalance
DEPB_9CM	13	Chronic Pain
DEPB_9CN	14	Caffeine
DEPB_9CO	15	No specific diagnosis
DEPB_9CP	16	Other – Specify
DEPB_9CQ	17	Accident/Injury
DEPB_9CR	18	Emotional, social or economic reason
DEPB_9CS	19	Other – Physical causes, etc.
		DK, R

DEP_C29C	If DEP_Q29C <> 16, go to DEP_Q30.

DEP_Q30 DEPB_30	**Did your episodes of feeling KEY_PHRASE3 <u>ever</u> occur just after someone close to you died?**

1	Yes	
2	No	(Go to DEP_Q31)
	DK, R	(Go to DEP_Q31)

DEP_Q30A DEPB_30A	**Did your episodes of feeling KEY_PHRASE3 <u>always</u> occur just after someone close to you died?**

1	Yes
2	No
	DK, R

DEP_Q31 **During your life, how many episodes of feeling ^KEY_PHRASE3 with some**
DEPB_31 **other problems lasting <u>two weeks or longer</u> have you ever had?**
<u>INTERVIEWER</u>: Minimum is 1; maximum is 901.
If respondent answers more than 900 episodes, enter "900".
If respondent answers "More than I can remember", enter "901".

|_|_|_| Number of episodes
(MIN: 1) (MAX: 901)

DK
R

DEP_C31 If DEP_Q31 = 1 (number of episodes), DEP_C31 = 1 and go to DEP_Q37B_2.
Otherwise, DEP_C31 = 2.

DEP_QINT37 **Think of the <u>very first time</u> in your life when you had an episode lasting**
<u>2 weeks or longer</u> when most of the day, nearly every day, you felt
^KEY_PHRASE3 and you also had some of the other problems we talked
about.

DEP_Q37 **Can you remember <u>exactly</u> how old you were the very first time you had**
DEPB_37 **such an episode?**

1   Yes
2   No   (Go to DEP_Q37B)
        DK   (Go to DEP_Q37B)
        R   (Go to DEP_Q37B_1)

DEP_Q37A **How old were you?**
DEPB_37A <u>INTERVIEWER</u>: Minimum is 0; maximum is %current age%.

|_|_|_| Age in years   (Go to DEP_Q37B_2)
(MIN: 0) (MAX: current age)

DK
R   (Go to DEP_Q37B_2)

DEP_Q37B **<u>About</u> how old were you (the first time you had such an episode)?**
DEPB_37B <u>INTERVIEWER</u>: Minimum is 0; maximum is %current age%.
If respondent answers "All my life" or "As long as I can remember", press <F6> to
indicate "DK".

|_|_|_| Age in years   (Go to DEP_Q37B_2)
(MIN: 0) (MAX: current age)

DK
R   (Go to DEP_Q37B_2)

DEP_Q37B_1 **Would you say that the very first time you had an episode of this sort was:**
DEPB_371   INTERVIEWER: Read categories to respondent.
            If respondent answers "All my life", press <F6> to indicate "DK".

       1   **… before you first started school?**
       2   **… before you were a teenager?**
       3   **… once you were a teenager or an adult?**
                DK, R

DEP_Q37B_2 **Was that episode brought on by some stressful experience or did it happen**
DEPB_372   **out of the blue?**

       1   Brought on by stress
       2   Out of the blue
       3   Don't remember
                DK, R

DEP_C37B_2 If DEP_Q31 = 1 (number of episodes), DEP_C37B_2 = 1 and go to DEP_Q38.
            Otherwise, DEP_C37B_2 = 2.

DEP_Q37C   **About how long did that episode go on?**
DEPB_7CA   INTERVIEWER: Select the reporting unit here and enter the number in the next
            screen.

       1   Days
       2   Weeks   (Go to DEP_Q37C_D)
       3   Months   (Go to DEP_Q37C_E)
       4   Years   (Go to DEP_Q37C_F)
                DK, R   (Go to DEP_Q38)

DEP_Q37C_C INTERVIEWER: Enter the number of days.
DEPB_7CB   Minimum is 14; maximum is 900.

       |_|_|_| Number of days
       (MIN: 14) (MAX: 900; warning after 365)

       DK, R

DEP_E37C_C If DEP_Q37C_C <= 365, go to DEP_Q38.
            Otherwise, show pop-up edit as follows.

       An unusual value has been entered.
       Please confirm or return and change the reporting unit.

DEP_Q37C_D INTERVIEWER: Enter the number of weeks.
DEPB_7CC   Minimum is 2; maximum is 104.

       |_|_|_| Number of weeks
       (MIN: 2) (MAX: 104; warning after 52)

       DK, R

DEP_E37C_D If DEP_Q37C_D <= 52, go to DEP_Q38.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q37C_E <u>INTERVIEWER</u>: Enter the number of months.
DEPB_7CD   Minimum is 1; maximum is 36.

|_|_| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E37C_E If DEP_Q37C_E <= 24, go to DEP_Q38.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q37C_F <u>INTERVIEWER</u>: Enter the number of years.
DEPB_7CE   Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.

|_|_|_| Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

Go to DEP_Q38.

DEP_Q38   **At any time in the <u>past 12 months</u>, did you have an episode lasting 2 weeks**
DEPB_38   **or longer when you felt ^KEY_PHRASE3 and also had some of the other**
problems already mentioned?
<u>INTERVIEWER</u>: If respondent does not remember the problems, press <Ctrl D>
to show the list of situations.

1   Yes
2   No
DK, R

DEP_C38   If (DEP_Q31 = 1 (number of episodes) and DEP_Q38 = 2 (No) or DK or R),
DEP_C38 = 1 and go to DEP_C71.
If (DEP_Q31 > 1 (number of episodes) or DK or R) and (DEP_Q38 = 2 (No) or
DK or R), DEP_C38 = 2 and go to DEP_Q38C.
Otherwise, DEP_C38 = 3.

DEP_Q38A   **How recently was it?**
DEPB_8A   <u>INTERVIEWER</u>: Read categories to respondent.

1   **During the past month**
2   **Between 2 and 6 months ago**
3   **More than 6 months ago**
DK, R

DEP_C38A   If DEP_Q31 = 1 (number of episodes), DEP_C38A = 1 and go to DEP_Q38A_6.
               Otherwise, DEP_C38A = 2.

DEP_QINT38A_1
               **In the next questions, the word "episode" means a period lasting 2 weeks
               or longer when, nearly every day, you were ^KEY_PHRASE3 and you also
               had some of the other problems we just mentioned. The end of an episode
               is when you no longer have the problems for two weeks in a row.**
               Press <Enter> to continue.

DEP_Q38A_1   **With this definition in mind, how many different episodes did you have in**
DEPB_8A1   **the past 12 months?**
               INTERVIEWER: Minimum is 0; maximum is 50.
               If respondent answers "More than I can remember", enter "50".

               |_|_| Number
               (MIN: 0) (MAX: 50)

               DK, R

DEP_C38A_2   If DEP_Q38A_1 = 0 (number of different episodes), DK or R, DEP_C38A_2 = 0
               and go to DEP_Q38C.

               If DEP_Q38A_1 = 1 (number of different episodes), DEP_C38A_2 = 1.
               Otherwise, DEP_C38A_2 = 2 and go to DEP_C38A_7.

DEP_Q38A_3   **In what month and year did that episode start?**
DEPB_8A2   INTERVIEWER: Select the month here and enter the year in the next screen.

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

DEP_Q38A_3A   INTERVIEWER: Enter the year.
DEPB_8A3   Minimum is %year of birth%; maximum is %current year%.

               |_|_|_|_| Year
               (MIN: year of birth) (MAX: current year)

               DK, R

DEP_C38A_4   If DEP_Q38A = 1 (during the past month), use the phrase "last so far" in %last so
               far/last%.
               Otherwise, use the phrase "last" in %last so far/last%.

DEP_Q38A_4   **How long did that episode %last so far/last%?**
DEPB_8AA   INTERVIEWER: Select the reporting unit here and enter the number in the next screen.

    1   Days
    2   Weeks   (Go to DEP_Q38A_4B)
    3   Months   (Go to DEP_Q38A_4C)
    4   Years   (Go to DEP_Q38A_4D)
          DK, R   (Go to DEP_C38A_5)

DEP_Q38A_4A   INTERVIEWER: Enter the number of days.
DEPB_8AB   Minimum is 14; maximum is 900.

    |_|_|_| Number of days
    (MIN: 14) (MAX: 900; warning after 365)

    DK, R

DEP_E38A_4A   If DEP_Q38A_4A <= 365, go to DEP_C38A_5.
    Otherwise, show pop-up edit as follows.

    An unusual value has been entered.
    Please confirm or return and change the reporting unit.

DEP_Q38A_4B   INTERVIEWER: Enter the number of weeks.
DEPB_8AC   Minimum is 2; maximum is 104.

    |_|_|_| Number of weeks
    (MIN: 2) (MAX: 104; warning after 52)

    DK, R

DEP_E38A_4B   If DEP_Q38A_4B < = 52, go to DEP_C38A_5.
    Otherwise, show pop-up edit as follows.

    An unusual value has been entered.
    Please confirm or return and change the reporting unit.

DEP_Q38A_4C   INTERVIEWER: Enter the number of months.
DEPB_8AD   Minimum is 1; maximum is 36.

    |_|_| Number of months
    (MIN: 1) (MAX: 36; warning after 24)

    DK, R

DEP_E38A_4C   If DEP_Q38A_4C <= 24, go to DEP_C38A_5.
    Otherwise, show pop-up edit as follows.

    An unusual value has been entered.
    Please confirm or return and change the reporting unit.

DEP_Q38A_4D INTERVIEWER: Enter the number of years.
DEPB_8AE Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.

|_|_|_| Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

DEP_C38A_5 If DEP_Q38A = 1 (during the past month), DEP_C38A_5 = 1.
Otherwise, DEP_C38A_5 = 2 and go to DEP_Q39.

DEP_Q38A_6 **Has this episode ended or is it still going on?**
DEPB_8A6
1 Ended
2 Still going on
DK, R

DEP_C38A_6 If DEP_Q31 = 1 (number of episodes), DEP_C38A_6 = 1 and go to DEP_C62_1.
Otherwise, DEP_C38A_6 = 2 and go to DEP_Q39.

DEP_C38A_7 If DEP_Q38A_1 = 1 (number of different episodes), use the phrase "this episode"
in %this episode/the first of these %number in DEP_Q38A_1% episodes%.
If DEP_Q38A_1 > 1 (number of different episodes) or DEP_Q38A_1 < 50 (in
between 2 and 49), use the phrase "the first of these %number in
DEP_Q38A_1% episodes" in %this episode/the first of these %number in
DEP_Q38A_1% episodes%.

Otherwise use "the first of these episodes" in %this episode/the first of these
%number in DEP_Q38A_1% episodes%. (For this condition, do not insert
%number in DEP_Q38A_1%.)

DEP_Q38A_7 **How long did %this episode/the first of these %number in DEP_Q38A_1%**
DEPB_8BA **episodes% last?**
INTERVIEWER: Select the reporting unit here and enter the number in the next
screen.

1 Days
2 Weeks (Go to DEP_Q38A_7B)
3 Months (Go to DEP_Q38A_7C)
4 Years (Go to DEP_Q38A_7D)
DK, R (Go to DEP_C38A_8)

DEP_Q38A_7A INTERVIEWER: Enter the number of days.
DEPB_8BB Minimum is 14; maximum is 900.

|_|_|_| Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E38A_7A If DEP_Q38A_7A <= 365, go to DEP_C38A_8.
Otherwise, show pop-up edit as follows.

An unusual value has been entered.
Please confirm or return and change the reporting unit.

DEP_Q38A_7B <u>INTERVIEWER</u>: Enter the number of weeks.
DEPB_8BC Minimum is 2; maximum is 104.

|_|_|_| Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E38A_7B If DEP_Q38A_7B <= 52, go to DEP_C38A_8.
Otherwise, show pop-up edit as follows.

An unusual value has been entered.
Please confirm or return and change the reporting unit.

DEP_Q38A_7C <u>INTERVIEWER</u>: Enter the number of months.
DEPB_8BD Minimum is 1; maximum is 36.

|_|_| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

DEP_E38A_7C If DEP_Q38A_7C <= 24, go to DEP_C38A_8.
Otherwise, show pop-up edit as follows.

An unusual value has been entered.
Please confirm or return and change the reporting unit.

DEP_Q38A_7D <u>INTERVIEWER</u>: Enter the number of years.
DEPB_8BE Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.

|_|_|_| Number of years
(MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

DK, R

DEP_C38A_8 If DEP_Q38A = 1, DEP_C38A_8 = 1 (episode during the past month).
Otherwise, DEP_C38A_8 = 2 and go to DEP_Q38B.

DEP_Q38A_9 **Has the most recent episode ended or is it still going on?**
DEPB_8A9

1 Ended
2 Still going on
DK, R

DEP_Q38B **During the past 12 months, about how many days out of 365 were you in**
DEPB_38B **such an episode? (You may use any number between 1 and 365 to answer.)**

|_|_|_| Number of days
(MIN: 1) (MAX: 365)

DK, R

Go to DEP_Q39

DEP_Q38C
DEPB_38C
How old were you the <u>last</u> time you had one of these episodes?
<u>INTERVIEWER</u>: Minimum is %age in DEP_Q37A or DEP_Q37B%; Maximum is %current age - 1%.

|_|_|_| Age in years
(MIN: age in DEP_Q37A or DEP_Q37B) (MAX: current age - 1)

DK, R

DEP_Q39
DEPB_39A
What is the <u>longest</u> episode you ever had when, most of the day, nearly everyday, you were feeling ^KEY_PHRASE3 and you also had some of the other problems we just mentioned?
<u>INTERVIEWER</u>: Select the reporting unit here and enter the number in the next screen.
If respondent does not remember the problems, press <Ctrl D> to show the list of situations.

1   Days
2   Weeks   (Go to DEP_Q39B)
3   Months   (Go to DEP_Q39C)
4   Years   (Go to DEP_Q39D)
        DK, R   (Go to DEP_Q53_1)

DEP_Q39A
DEPB_39B
<u>INTERVIEWER</u>: Enter the number of days.
Minimum is 14; maximum is 900.

|_|_|_| Number of days
(MIN: 14) (MAX: 900; warning after 365)

DK, R

DEP_E39A
If DEP_Q39A <= 365, go to DEP_Q53_1.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q39B
DEPB_39C
<u>INTERVIEWER</u>: Enter the number of weeks.
Minimum is 2; maximum is 104.

|_|_|_| Number of weeks
(MIN: 2) (MAX: 104; warning after 52)

DK, R

DEP_E39B
If DEP_Q39B <= 52, go to DEP_Q53_1.
Otherwise, show pop-up edit as follows.

**An unusual value has been entered.
Please confirm or return and change the reporting unit.**

DEP_Q39C   INTERVIEWER: Enter the number of months.
DEPB_39D   Minimum is 1; maximum is 36.

              |_|_| Number of months
              (MIN: 1) (MAX: 36; warning after 24)

              DK, R

DEP_E39C   If DEP_Q39C <= 24, go to DEP_Q53_1.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

DEP_Q39D   INTERVIEWER: Enter the number of years.
DEPB_39E   Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%.

              |_|_|_| Number of years
              (MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

              DK, R

DEP_C53_1   If the number in DEP_Q31 <1 > 100 (between 2 and 99) use "number in
              DEP_Q31" in %number in DEP_Q31/several%.
              Otherwise, use "several" in %number in DEP_Q31/several%.

DEP_Q53_1   **Earlier, you mentioned that you had %number in DEP_Q31/several%**
DEPB_531   **episode(s) of feeling KEY_PHRASE3 with some other problems lasting**
              2 weeks or longer in your life. How many of these episodes were brought
              on by some stressful experience?
              INTERVIEWER: Minimum is 0; maximum is %number in DEP_Q31%.

              |_|_|_| Number of episodes
              (MIN: 0) (MAX: number in DEP_Q31)

              DK, R

DEP_Q54   **How many different years in your life did you have at least one episode?**
DEPB_54   INTERVIEWER: Minimum is 1; maximum is %current age - (age in DEP_Q37A
              or DEP_Q37B)%.

              |_|_|_| Number of years
              (MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B))

              DK, R

DEP_C55   If DEP_Q54 = 1 (number of years), DEP_C55 = 1 and go to DEP_C62_1.
              Otherwise, DEP_C55 = 2.

DEP_Q56 DEPB_56	**What is the longest number of years <u>in a row</u> in which you had at least one episode per year?** INTERVIEWER: Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%. |_|_|_| Number of years (MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B)) DK, R
DEP_C57	If DEP_Q39A >= 365 or DEP_Q39B >=52 or DEP_Q39C >= 12 or DEP_Q39D >= 1, DEP_C57 = 1 and go to DEP_Q59. Otherwise, DEP_C57 = 2.
DEP_Q58 DEPB_58	**Did you ever have a period lasting a full year or longer when you were in an episode <u>most days</u>?** 1 Yes 2 No (Go to DEP_C62_1) DK, R (Go to DEP_C62_1)
DEP_Q59 DEPB_59	**During your life, about how many years were you in an episode <u>most days</u>?** INTERVIEWER: Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%. |_|_|_| Number of years (MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B)) DK, R
DEP_Q59A DEPB_59A	**How old were you the <u>first time</u> you had such a year (when you were in an episode most days)?** INTERVIEWER: Minimum is %age in DEP_Q37A or DEP_Q37B%; maximum is %current age%. |_|_|_| Age in years (MIN: age in DEP_Q37A or DEP_Q37B) (MAX: current age) DK, R
DEP_C60	If DEP_Q59 = 1 (number of years), DEP_C60 = 1 and go to DEP_C62_1. Otherwise, DEP_C60 = 2.
DEP_Q61 DEPB_61	**What is the longest number of years <u>in a row</u> in which you were in an episode most days?** INTERVIEWER: Minimum is 1; maximum is %current age - (age in DEP_Q37A or DEP_Q37B)%. |_|_|_| Number of years (MIN: 1) (MAX: current age - (age in DEP_Q37A or DEP_Q37B)) DK, R
DEP_C62_1	If DEP_Q38 = 1 (Yes), DEP_C62_1 = 1 (occurrence of episodes in the past 12 months). Otherwise, DEP_C62_1 = 2 and go to DEP_C71.

DEP_QINT64A **For the next questions, think about the period of 2 weeks or longer during the <u>past 12 months</u> when your feelings of being ^KEY_PHRASE3 were most <u>severe and frequent.</u>**
<u>INTERVIEWER</u>: Press <Enter> to continue.

DEP_Q64A **During this period, how often did you feel cheerful?**
DEPB_64A <u>INTERVIEWER</u>: Read categories to respondent.

    1   **Often**
    2   **Sometimes**
    3   **Occasionally**
    4   **Never**
          DK, R

DEP_Q64B **How often did you feel as if you were slowed down?**
DEPB_64B <u>INTERVIEWER</u>: Read categories to respondent.

    1   **Often**
    2   **Sometimes**
    3   **Occasionally**
    4   **Never**
          DK, R

DEP_Q64C **How often could you enjoy a good book or radio or TV program?**
DEPB_64C

    1   Often
    2   Sometimes
    3   Occasionally
    4   Never
          DK, R

DEP_Q65A **During this period, how often did you still enjoy the things you used to enjoy?**
DEPB_65A <u>INTERVIEWER</u>: Read categories to respondent.

    1   **As much as usual**
    2   **Not quite as much as usual**
    3   **Only a little**
    4   **Not at all**
          DK, R

DEP_Q65B **How often could you laugh and see the bright side of things?**
DEPB_65B <u>INTERVIEWER</u>: Read categories to respondent.

    1   **As much as usual**
    2   **Not quite as much as usual**
    3   **Only a little**
    4   **Not at all**
          DK, R

DEP_Q65C
DEPB_65C
How often did you take interest in your physical appearance?

1   As much as usual
2   Not quite as much as usual
3   Only a little
4   Not at all
       DK, R

DEP_Q65D
DEPB_65D
How often did you look forward to enjoying things?

1   As much as usual
2   Not quite as much as usual
3   Only a little
4   Not at all
       DK, R

DEP_QINT66 **(Please refer to page 1 of the booklet.)**

Think about the period of time that lasted <u>one month or longer</u> when your feelings of being ^KEY_PHRASE1 were most severe in the <u>past 12 months</u>. Please tell me what number best describes how much these feelings interfered with each of the following activities. For each activity, answer with a number between 0 and 10; 0 means "<u>no</u> interference" while 10 means "<u>very severe</u> interference".
<u>INTERVIEWER</u>: Press <Enter> to continue.

DEP_Q66A
DEPB_66A
In the past 12 months, how much did your feelings of being ^KEY_PHRASE1 interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

DEP_Q66B_1   **How much did your feelings interfere with your ability to attend school?**
DEPB_661   INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

DEP_Q66B_2   **How much did they interfere with your ability to work at a job?**
DEPB_662   INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

DEP_Q66C
DEPB_66C

Again thinking about that period of time lasting <u>one month or longer</u> during the <u>past 12 months</u> when your feelings of being ^KEY_PHRASE1 were most severe, how much did they interfere with your ability to form and maintain <u>close</u> relationships with other people? (Remember that 0 means "<u>no</u> interference" and 10 "<u>very severe</u> interference".)

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

DEP_Q66D
DEPB_66D

How much did they interfere with your social life?

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

DEP_C67

If (DEP_Q66A, DEP_Q66B_1, DEP_Q66B_2, DEP_Q66C and DEP_Q66D) **=** 0 (no interference) or = 11 (not applicable), or DK or R, DEP_C67 = 1 and go to DEP_Q72.
Otherwise, DEP_C67 = 2.

DEP_Q68
DEPB_68

In the past 12 months, about how many days out of 365 were you <u>totally unable</u> to work or carry out your normal activities because of your feelings of being ^KEY_PHRASE1? (You may use any number between 0 and 365 to answer.)

|_|_|_| Number of days
(MIN: 0) (MAX: 365)

DK, R

DEP_C71   If DEP_Q26EE7 = 1 (Yes) or DEP_Q26EE8 = 1 (Yes), DEP_C71 = 1 and go to
           DEP_Q72_1.
           Otherwise, DEP_C71 = 2.

DEP_Q72   **Did you <u>ever</u> in your life see, or talk on the telephone, to a medical doctor**
DEPB_72   **or other professional about your feelings of being ^KEY_PHRASE1? (By**
           other professional, we mean psychologists, psychiatrists, social workers,
           counsellors, spiritual advisors, homeopaths, acupuncturists, self-help
           groups or other health professionals.)

           1   Yes   (Go to DEP_Q72A)
           2   No   (Go to DEP_Q88)
                  DK, R   (Go to DEP_Q88)

DEP_Q72_1 **Earlier, you mentioned that you consulted a professional. Think of the <u>first</u>**
DEPB_721   **<u>time</u> you saw, or talked to a medical doctor or other professional about**
           your feelings of being ^KEY_PHRASE1. (By other professional, we mean
           psychologists, psychiatrists, social workers, counsellors, spiritual
           advisors, homeopaths, acupuncturists, self-help groups or other health
           professionals.)

           How old were you the <u>first time</u> you saw, or talked to a professional about
           your feelings of being ^KEY_PHRASE1?
           <u>INTERVIEWER</u>: Minimum is 1; maximum is current age.

           |_|_|_| Age in years
           (MIN: 1) (MAX: current age)

           DK, R

           Go to DEP_Q73

DEP_Q72A   **How old were you the <u>first time</u> you saw, or talked to a professional about**
DEPB_72A   **your feelings of being ^KEY_PHRASE1?**
           <u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%.

           |_|_|_| Age in years
           (MIN: 1) (MAX: current age)

           DK, R

DEP_Q73   **Did you ever get treatment for your feelings of being KEY_PHRASE1 that**
DEPB_73   **you considered <u>helpful</u> or <u>effective</u>?**

           1   Yes
           2   No   (Go to DEP_Q74)
                  DK, R   (Go to DEP_Q74)

DEP_Q73A
DEPB_73A
How old were you the <u>first time</u> you got <u>helpful</u> treatment for your feelings of being ^KEY_PHRASE1?
<u>INTERVIEWER</u>: Minimum is number in DEP_Q37A or DEP_Q37B; maximum is %current age%

|_|_|_| Age in years
(MIN: number in DEP_Q37A or DEP_Q37B) (MAX: current age)

DK, R

DEP_Q73B
DEPB_73B
Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your feelings of being ^KEY_PHRASE1?
<u>INTERVIEWER</u>: Minimum is 1, maximum is 95.

|_|_| Number of professionals
(MIN: 1) (MAX: 95; warning after 12)

DK, R

DEP_Q74
DEPB_74
In total, how many professionals did you <u>ever</u> see, or talk to about your feelings of being ^KEY_PHRASE1?
<u>INTERVIEWER</u>: Minimum is 0, maximum is 95.

|_|_| Number of professionals
(MIN: 0) (MAX: 95; warning after 12)

DK, R

DEP_C86
If DEP_Q26EE7 = 1 (Yes) or DEP_Q26EE8 = 1 (Yes), DEP_C86 = 1 and go to DEP_C87.
Otherwise, DEP_C86 = 2.

DEP_Q86
DEPB_86
During the past 12 months, did you receive professional treatment for your feelings of being ^KEY_PHRASE1?

1   Yes
2   No
           DK, R

DEP_C87
If DEP_Q26EE5 = 1 (Yes), DEP_C87 = 1 and go to DEP_Q87_1.
Otherwise, DEP_C87 = 2.

DEP_Q87
DEPB_87
During your life, were you <u>ever</u> hospitalized overnight for your feelings of being ^KEY_PHRASE1?

1   Yes   (Go to DEP_Q87A)
2   No   (Go to DEP_Q88)
           DK, R   (Go to DEP_Q88)

DEP_Q87_1
DEPB_871 **Earlier, you mentioned that you had been hospitalized overnight or longer (following the most recent time EXPERIENCE C happened to you). How old were you the <u>first time</u> you were hospitalized overnight because of your feelings of being ^KEY_PHRASE1?**
<u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

Go to DEP_Q88

DEP_Q87A
DEPB_87A **How old were you the first time you were hospitalized overnight (because of your feelings of being ^KEY_PHRASE1)?**
<u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

DEP_Q88
DEPB_88 **How many of your close relatives – including your biological parents, brothers, sisters and children – ever had one or several episodes of being sad, depressed, discouraged or uninterested most of the day, for several days, weeks and longer?**
<u>INTERVIEWER</u>: Minimum is 0; maximum 95.

|_|_| Number of relatives
(MIN: 0) (MAX: 95)

DK, R

DEP_ND   <u>INTERVIEWER</u>: This is the end of the module. Press <1> to continue.

DEP_END   Go to next module.

MANIA

MIA_C1   If SCR_Q24 = 1 (Yes), go to MIA_QINT1.
                If SCR_Q25A= 1 (Yes), go to MIA_QINT5.
                Otherwise, go to MIA_END.

MIA_QINT1   **Earlier, you mentioned having a period lasting several days or longer when
                you felt much more excited and full of energy than usual. During this same
                period, your mind also went too fast.**
                INTERVIEWER: Press <Enter> to continue.

MIA_Q01   **People who have periods like this often have changes in their thinking and
MIAB_01   behaviour at the same time, like being more talkative, needing very little
                sleep, being very restless, going on buying sprees, and behaving in ways
                they would normally think are inappropriate.**

                **Tell me, did you ever have any of these changes during the periods when
                you were excited and full of energy?**

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

MIA_C2   If MIA_Q01 = 1 (Yes), use the phrase "excited and full of energy" in %excited and
                full of energy/irritable or grouchy%.

MIA_Q03   **Please think of the period of <u>several days or longer</u> when you were very
MIAB_03   excited and full of energy and you had the <u>largest number</u> of changes like
                these at the same time. Is there one episode of this sort that stands out in
                your mind?**

                1   Yes
                2   No   (Go to MIA_Q03C)
                        DK, R   (Go to MIA_Q03C)

MIA_Q03A   **How old were you when that episode occurred?**
MIAB_03A   INTERVIEWER: Minimum is 0; maximum is %current age%.

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

                DK, R

MIA_Q03B   **How long did that episode last (in terms of hours, days, weeks, months or
MIAB_03B   years)?**
                INTERVIEWER: Select the reporting unit here and enter the number in the next
                screen.

                1   Hours
                2   Days   (Go to MIA_Q03B_2)
                3   Weeks   (Go to MIA_Q03B_3)
                4   Months   (Go to MIA_Q03B_4)
                5   Years   (Go to MIA_Q03B_5)
                        DK, R   (Go to MIA_QINT4)

MIA_Q03B_1   INTERVIEWER: Enter the number of hours.
MIAB_3B1   Minimum is 1; maximum is 72.

      |_|_| Number of hours
      (MIN: 1) (MAX: 72; warning after 24)

      DK, R

MIA_E03B_1   If MIA_Q03B_1 <= 24, go to MIA_QINT4.
              Otherwise, show pop-up edit as follows.

      An unusual value has been entered.
      Please confirm or return and change the reporting unit.

MIA_Q03B_2   INTERVIEWER: Enter the number of days.
MIAB_3B2   Minimum is 1; maximum is 900.

      |_|_|_| Number of days
      (MIN: 1) (MAX: 900; warning after 365)

      DK, R

MIA_E03B_2   If MIA_Q03B_2 <= 365, go to MIA_QINT4.
              Otherwise, show pop-up edit as follows.

      An unusual value has been entered.
      Please confirm or return and change the reporting unit.

MIA_Q03B_3   INTERVIEWER: Enter the number of weeks.
MIAB_3B3   Minimum is 1; maximum is 104.

      |_|_|_| Number of weeks
      (MIN: 1) (MAX: 104; warning after 52)

      DK, R

MIA_E03B_3   If MIA_Q03B_3 <= 52, go to MIA_QINT4.
              Otherwise, show pop-up edit as follows.

      An unusual value has been entered.
      Please confirm or return and change the reporting unit.

MIA_Q03B_4   INTERVIEWER: Enter the number of months.
MIAB_3B4   Minimum is 1, maximum is 36.

      |_|_| Number of months
      (MIN: 1) (MAX: 36; warning after 24)

      DK, R

MIA_E03B_4   If MIA_Q03B_4 <= 24, go to MIA_QINT4.
              Otherwise, show pop-up edit as follows.

      An unusual value has been entered.
      Please confirm or return and change the reporting unit.

MIA_Q03B_5   INTERVIEWER: Enter the number of years.
MIAB_3B5   Minimum is 1; maximum is %current age%.

|_|_|_| Number of years
(MIN: 1) (MAX: current age)

DK, R

Go to MIA_QINT4.

MIA_Q03C   **Then think of the <u>most recent</u> time you had an episode like this. How old**
MIAB_03C   **were you when that most recent episode occurred?**
                INTERVIEWER: Minimum is 0; maximum is %current age%.

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

DK, R

MIA_Q03D   **How long did that episode last (in terms of hours, days, weeks, months or**
MIAB_03D   **years)?**
                INTERVIEWER: Select the reporting unit here and enter the number in the next
                screen.

1   Hours
2   Days   (Go to MIA_Q03D_2)
3   Weeks   (Go to MIA_Q03D_3)
4   Months   (Go to MIA_Q03D_4)
5   Years   (Go to MIA_Q03D_5)
        DK, R   (Go to MIA_QINT4)

MIA_Q03D_1   INTERVIEWER: Enter the number of hours.
MIAB_3D1   Minimum is 1; maximum is 72.

|_|_| Number of hours
(MIN: 1) (MAX: 72; warning after 24)

DK, R

MIA_E03D_1   If MIA_Q03D_1 <= 24, go to MIA_QINT4.
                Otherwise, show pop-up edit as follows.

                An unusual value has been entered.
                Please confirm or return and change the reporting unit.

MIA_Q03D_2   INTERVIEWER: Enter the number of days.
MIAB_3D2   Minimum is 1; maximum is 900.

|_|_|_| Number of days
(MIN: 1) (MAX: 900; warning after 365)

DK, R

MIA_E03D_2   If MIA_Q03D_2 <= 365, go to MIA_QINT4.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

MIA_Q03D_3   <u>INTERVIEWER</u>: Enter the number of weeks.
MIAB_3D3   Minimum is 1; maximum is 104.

              |_|_|_| Number of weeks
              (MIN: 1) (MAX: 104; warning after 52)

              DK, R

MIA_E03D_3   If MIA_Q03D_3 <= 52, go to MIA_QINT4.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

MIA_Q03D_4   <u>INTERVIEWER</u>: Enter the number of months.
MIAB_3D4   Minimum is 1; maximum is 36.

              |_|_| Number of months
              (MIN: 1) (MAX: 36; warning after 24)

              DK, R

MIA_E03D_4   If MIA_Q03D_4 <= 24, go to MIA_QINT4.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

MIA_Q03D_5   <u>INTERVIEWER</u>: Enter the number of years.
MIAB_3D5   Minimum is 1; maximum is %current age%.

              |_|_|_| Number of years
              (MIN: 1) (MAX: current age)

              DK, R

MIA_QINT4   **During that episode, tell me which of the following changes you**
              experienced.
              <u>INTERVIEWER</u>: Press <Enter> to continue.

MIA_Q04   **Were you so irritable or grouchy that you started arguments, shouted at**
MIAB_04   **people or hit people?**

              1   Yes   (KEY_PHRASE = being irritable or grouchy)
              2   No
                     DK, R

              Go to MIA_Q07A.

MIA_QINT5   **Earlier, you mentioned having a period lasting several days or longer when you became so <u>irritable</u> or <u>grouchy</u> that you either started arguments, shouted at people or hit people.**
INTERVIEWER: Press <Enter> to continue.

MIA_Q05
MIAB_05   **People who have periods of irritability like this often have changes in their thinking and behaviour at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in ways they would normally think are inappropriate.**
Tell me, did you ever have any of these changes during the periods when you were very irritable or grouchy?

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

MIA_C5   If MIA_Q05 = 1 (Yes), use the phrase "irritable or grouchy" in %excited and full of energy/irritable or grouchy%.

MIA_Q06
MIAB_06   **Please think of the period of <u>several days or longer</u> when you were very irritable or grouchy and you had the <u>largest number</u> of changes like these at the same time. Is there one episode of this sort that stands out in your mind?**

      1   Yes
      2   No   (Go to MIA_Q06C)
          DK, R   (Go to MIA_Q06C)

MIA_Q06A
MIAB_06A   **How old were you when that episode occurred?**
INTERVIEWER: Minimum is 0; maximum is %current age%.

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

DK, R

MIA_Q06B
MIAB_06B   **How long did that episode last (in terms of hours, days, weeks, months or years)?**
INTERVIEWER: Select the reporting unit here and enter the number in the next screen.

      1   Hours
      2   Days   (Go to MIA_Q06B_2)
      3   Weeks   (Go to MIA_Q06B_3)
      4   Months   (Go to MIA_Q06B_4)
      5   Years   (Go to MIA_Q06B_5)
          DK, R   (Go to MIA_QINT7)

MIA_Q06B_1   INTERVIEWER: Enter the number of hours.
MIAB_6B1   Minimum is 1; maximum is 72.

|_|_| Number of hours
(MIN: 1) (MAX: 72; warning after 24)

DK, R

MIA_E06B_1   If MIA_Q06B_1 <= 24, go to MIA_QINT7.
             Otherwise, show pop-up edit as follows.

             An unusual value has been entered.
             Please confirm or return and change the reporting unit.

MIA_Q06B_2   <u>INTERVIEWER</u>: Enter the number of days.
MIAB_6B2   Minimum is 1; maximum is 900.

             |_|_|_| Number of days
             (MIN: 1) (MAX: 900; warning after 365)

             DK, R

MIA_E06B_2   If MIA_Q06B_2 <= 365, go to MIA_QINT7.
             Otherwise, show pop-up edit as follows.

             An unusual value has been entered.
             Please confirm or return and change the reporting unit.

MIA_Q06B_3   <u>INTERVIEWER</u>: Enter the number of weeks.
MIAB_6B3   Minimum is 1; maximum is 104.

             |_|_|_| Number of weeks
             (MIN: 1) (MAX: 104; warning after 52)

             DK, R

MIA_E06B_3   If MIA_Q06B_3 <= 52, go to MIA_QINT7.
             Otherwise, show pop-up edit as follows.

             An unusual value has been entered.
             Please confirm or return and change the reporting unit.

MIA_Q06B_4   <u>INTERVIEWER</u>: Enter the number of months.
MIAB_6B4   Minimum is 1; maximum is 36.

             |_|_| Number of months
             (MIN: 1) (MAX: 36; warning after 24)

             DK, R

MIA_E06B_4   If MIA_Q06B_4 <= 24, go to MIA_QINT7.
             Otherwise, show pop-up edit as follows.

             An unusual value has been entered.
             Please confirm or return and change the reporting unit.

MIA_Q06B_5   INTERVIEWER: Enter the number of years.
MIAB_6B5   Minimum is 1; maximum is %current age%.

          |_|_|_| Number of years
          (MIN: 1) (MAX: current age)

          DK, R

          Go to MIA_QINT7.

MIA_Q06C   **Then think of the <u>most recent</u> time you had an episode like this. How old**
MIAB_06C   **were you when that most recent episode occurred?**
          INTERVIEWER: Minimum is 0; maximum is %current age%.

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

          DK, R

MIA_Q06D   **How long did that episode last (in terms of hours, days, weeks, months or**
MIAB_06D   **years)?**
          INTERVIEWER: Select the reporting unit here and enter the number in the next
          screen.

          1   Hours
          2   Days   (Go to MIA_Q06D_2)
          3   Weeks   (Go to MIA_Q06D_3)
          4   Months   (Go to MIA_Q06D_4)
          5   Years   (Go to MIA_Q06D_5)
                DK, R   (Go to MIA_QINT7)

MIA_Q06D_1   INTERVIEWER: Enter the number of hours.
MIAB_6D1   Minimum is 1; maximum is 72.

          |_|_| Number of hours
          (MIN: 1) (MAX: 72; warning after 24)

          DK, R

MIA_E06D_1   If MIA_Q06D_1 <= 24, go to MIA_QINT7.
          Otherwise, show pop-up edit as follows.

          An unusual value has been entered.
          Please confirm or return and change the reporting unit.

MIA_Q06D_2   INTERVIEWER: Enter the number of days.
MIAB_6D2   Minimum is 1; maximum is 900.

          |_|_|_| Number of days
          (MIN: 1) (MAX: 900; warning after 365)

          DK, R

MIA_E06D_2   If MIA_Q06D_2 <= 365, go to MIA_QINT7.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

MIA_Q06D_3   <u>INTERVIEWER</u>: Enter the number of weeks.
MIAB_6D3   Minimum is 1; maximum is 104.

              |_|_|_| Number of weeks
              (MIN: 1) (MAX: 104; warning after 52)

              DK, R

MIA_E06D_3   If MIA_Q06D_3 <= 52, go to MIA_QINT7.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

MIA_Q06D_4   <u>INTERVIEWER</u>: Enter the number of months.
MIAB_6D4   Minimum is 1; maximum is 36.

              |_|_| Number of months
              (MIN: 1) (MAX: 36; warning after 24)

              DK, R

MIA_E06D_4   If MIA_Q06D_4 <= 24, go to MIA_QINT7.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

MIA_Q06D_5   <u>INTERVIEWER</u>: Enter the number of years.
MIAB_6D5   Minimum is 1; maximum is %current age%.

              |_|_|_| Number of years
              (MIN: 1) (MAX: current age)

              DK, R

MIA_QINT7   **During that episode, tell me which of the following changes you**
              experienced.
              <u>INTERVIEWER</u>: Press <Enter> to continue.

MIA_Q07A   **Did you become so restless or fidgety that you paced up and down or**
MIAB_07A   **couldn't stand still?**

              1   Yes   (KEY_PHRASE = being restless)
              2   No
                   DK, R

MIA_Q07B
MIAB_07B

Did you become overly friendly or outgoing with people?

1   Yes   (KEY_PHRASE = becoming overly friendly or outgoing with people)
2   No
      DK, R

MIA_Q07C
MIAB_07C

Did you behave in any other way that you would ordinarily think is inappropriate, like talking about things you would normally keep private or acting in ways that you would usually find embarrassing?

1   Yes   (KEY_PHRASE = behaving inappropriately)
2   No
      DK, R

MIA_Q07D
MIAB_07D

Were you a lot more interested in sex than usual, or did you want to have sexual encounters with people you wouldn't ordinarily be interested in?

1   Yes   (KEY_PHRASE = having a lot more interest in sex than usual)
2   No
      DK, R

MIA_Q07E
MIAB_07E

Did you try to do things that were impossible to do, like taking on large amounts of work?

1   Yes   (KEY_PHRASE = trying to accomplish unrealistic goals)
2   No
      DK, R

MIA_Q07F
MIAB_07F

Did you talk a lot more than usual or feel a need to keep talking all the time?

1   Yes   (KEY_PHRASE = talking a lot more than usual)
2   No
      DK, R

MIA_Q07G
MIAB_07G

Did you constantly keep changing your plans or activities?

1   Yes   (KEY PHRASE = constantly changing plans)
2   No
      DK, R

MIA_Q07H
MIAB_07H

Were you so easily distracted that any little interruption could get your thinking "off track"?

1   Yes   (KEY_PHRASE = being easily distracted)
2   No
      DK, R

MIA_Q07I
MIAB_07I

Did your thoughts seem to jump from one thing to another or race through your head so fast that you couldn't keep track of them?

1   Yes   (KEY_PHRASE = having thoughts racing in your mind)
2   No
      DK, R

MIA_Q07J
MIAB_07J

Did you sleep far less than usual and still not get tired or sleepy?

1   Yes   (KEY_PHRASE = sleeping far less than usual)
2   No
      DK, R

MIA_Q07K
MIAB_07K

Did you get involved in foolish investments or schemes for making money?

1   Yes   (KEY_PHRASE = getting involved in foolish schemes)
2   No
      DK, R

MIA_Q07L
MIAB_07L

Did you spend so much more money than usual that it caused you to have financial trouble?

1   Yes   (KEY_PHRASE = getting into financial trouble)
2   No
      DK, R

MIA_Q07M
MIAB_07M

Were you interested in seeking pleasure in ways that you would usually consider risky, like having casual or unsafe sex, going on buying sprees or driving recklessly?

1   Yes   (KEY_PHRASE = doing risky things)
2   No
      DK, R

MIA_Q07N
MIAB_07N

Did you have a greatly exaggerated sense of self-confidence or believe you could do things you really couldn't do?

1   Yes   (KEY_PHRASE = having too much self-confidence)
2   No
      DK, R

MIA_Q07O
MIAB_07O

Did you have the idea that you were actually someone else, or that you had a special connection with a famous person that you really didn't have?

1   Yes   (KEY_PHRASE = believing you were someone else or somehow connected to a famous person)
2   No
      DK, R

MIA_C08

If count of responses of "Yes" in MIA_Q07A to MIA_Q07O ≥ 3, MIA_C08 = 1.
Otherwise, MIA_C08 = 2 and go to MIA_ND.

MIA_Q08
MIAB_08

How many episodes lasting <u>several days or longer</u> have you ever had when you felt %excited and full of energy/irritable or grouchy% and also had some other problems we just mentioned?
<u>INTERVIEWER</u>: Minimum is 1; maximum is 901.
If respondent answers more than 900 episodes, enter "900".
If respondent answers "More than I can remember", enter "901".

|_|_|_| Age in years
(MIN: 1) (MAX: 901)

DK, R

MIA_C09   If MIA_Q08=1 (number of episodes),
         Use the phrase "episode" in %episode/episodes%
         Use the phrase "an episode" in %an episode/episodes%
         Use the phrase "that episode" in %that episode/these episodes%

         Use the phrase "episode" in %episode/episodes <u>ever</u>%

     Otherwise,
         Use the phrase "episodes" in %episode/episodes%
         Use the phrase "episodes" in %an episode/episodes%.
         Use the phrase "these episodes" in %that episode/these episodes%

         Use the phrase "episodes <u>ever</u>" in %episode/episodes <u>ever</u>%

MIA_QINT9   **You just mentioned that you had %an episode/episodes% when you were very %excited and full of energy/irritable or grouchy% and you were also (^KEY_PHRASE of first 3 "Yes" responses in MIA_Q07A through MIA_Q07O).**
<u>INTERVIEWER</u>: Press <Enter> to continue.

MIA_Q09   **How much did %that episode/these episodes% ever interfere with either**
MIAB_09   **your work, your social life or your personal relationships?**
<u>INTERVIEWER</u>: Read categories to respondent.

     1   **Not at all**   (Go to MIA_ND)
     2   **A little**   (Go to MIA_ND)
     3   **Some**
     4   **A lot**
     5   **Extremely**
         DK, R

MIA_Q09A   **During %that episode/these episodes%, how often were you unable to**
MIAB_09A   **carry out your normal daily activities?**
<u>INTERVIEWER</u>: Read categories to respondent.

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

MIA_Q09B   **Did other people say anything or worry about the way you were acting?**
MIAB_09B

     1   Yes
     2   No
         DK, R

MIA_Q10A   **Episodes of this sort sometimes occur as a result of a physical illness or**
MIAB_10A   **injury or the use of medication, drugs or alcohol. Do you think your %episode/episodes <u>ever</u>% occurred as the result of physical causes, medication, drugs or alcohol?**

     1   Yes
     2   No
         DK, R

MIA_C10B   If MIA_Q10A = 1 (Yes) and MIA_Q08 = 1 (number of episodes), MIA_C10B = 1
            and go to MIA_Q10C.
            If MIA_Q10A = 1 (Yes) and MIA_Q08 > 1 (number of episodes), MIA_C10B = 2.
            Otherwise, go to MIA_C18.

MIA_Q10B   **Do you think all of your episodes were the result of physical causes,**
MIAB_10B   **medication, drugs, or alcohol?**

            1   Yes
            2   No   (Go to MIA_C18)
                   DK, R   (Go to MIA_C18)

MIA_Q10C   **What were the causes?**
            INTERVIEWER: Mark all that apply.

MIAB_1CA   1   Exhaustion
MIAB_1CB   2   Hyperventilation
MIAB_1CC   3   Hypochondria
MIAB_1CD   4   Menstrual cycle
MIAB_1CE   5   Pregnancy / postpartum
MIAB_1CF   6   Thyroid disease
MIAB_1CG   7   Cancer
MIAB_1CH   8   Overweight
MIAB_1CI   9   Medication (excluding illicit drugs)
MIAB_1CJ   10   Illicit drugs
MIAB_1CK   11   Alcohol
MIAB_1CL   12   Chemical Imbalance/Serotonin Imbalance
MIAB_1CM   13   Chronic Pain
MIAB_1CN   14   Caffeine
MIAB_1CO   15   No specific diagnosis
MIAB_1CP   16   Other – Specify
MIAB_1CQ   17   Other – Physical causes, etc.
                   DK, R

MIA_C18   If MIA_Q08 = 1 (number of episodes), MIA_C18 = 1 and go to MIA_Q19_1.
            Otherwise, MIA_C18 = 2

MIA_Q18   **Think of the very first time in your life when you had an episode lasting**
MIAB_18   **several days or longer when you became very %excited and full of**
            energy/irritable or grouchy% and also had some of the behaviour changes
            you just mentioned. Can you remember exactly how old you were when you
            had this very first episode?
            INTERVIEWER: If respondent does not remember the problems, press <Ctrl M>
            to show the list of problems.

            1   Yes
            2   No   (Go to MIA_Q18B)
                   DK   (Go to MIA_Q18B)
                   R   (Go to MIA_Q18C)

| MIA_Q18A
MIAB_18A | **How old were you?**
INTERVIEWER: Minimum is 0; maximum is %current age%. |

|_|_|_| Age in years   (Go to MIA_Q18C)
(MIN: 0) (MAX: current age)

(DK not allowed)
R   (Go to MIA_Q18C)

| MIA_Q18B
MIAB_18B | **<u>About</u> how old were you (the first time you had an episode of this sort)?**
INTERVIEWER: Minimum is 0; maximum is %current age%.
If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK". |

|_|_|_| Age in years   (Go to MIA_Q18C)
(MIN: 0) (MAX: current age)

DK
R   (Go to MIA_Q18C)

| MIA_Q18B_1
MIAB_181 | **Would you say that the very first time you had an episode of this sort was:**
INTERVIEWER: Read categories to respondent.
If respondent answers "All my life", press <F6> to indicate "DK". |

    1   **… before you first started school?**
    2   **… before you were a teenager?**
    3   **… once you were a teenager or an adult?**
             DK, R

| MIA_Q18C
MIAB_18C | **Was that episode brought on by some stressful experience or did it happen out of the blue?** |

    1   Brought on by stress
    2   Out of the blue
    3   Don't remember
             DK, R

| MIA_Q18D
MIAB_18D | **About how long did that episode last (in terms of hours, days, weeks, months or years)?**
INTERVIEWER: Select the reporting unit here and enter the number in the next screen. |

    1   Hours
    2   Days   (Go to MIA_Q18D_2)
    3   Weeks   (Go to MIA_Q18D_3)
    4   Months   (Go to MIA_Q18D_4)
    5   Years   (Go to MIA_Q18D_5)
             DK, R   (Go to MIA_Q19)

| MIA_Q18D_1
MIAB_1D1 | INTERVIEWER: Enter the number of hours.
Minimum is 1; maximum is 72. |

|_|_| Number of hours
(MIN: 1) (MAX: 72; warning after 24)

DK, R

MIA_E18D_1   If MIA_Q18D_1 <= 24, go to MIA_Q19.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

MIA_Q18D_2   INTERVIEWER: Enter the number of days.
MIAB_1D2   Minimum is 1; maximum is 900.

              |_|_|_| Number of days
              (MIN: 1) (MAX: 900; warning after 365)

              DK, R

MIA_E18D_2   If MIA_Q18D_2 <= 365, go to MIA_Q19.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

MIA_Q18D_3   INTERVIEWER: Enter the number of weeks.
MIAB_1D3   Minimum is 1; maximum is 104.

              |_|_|_| Number of weeks
              (MIN: 1) (MAX: 104; warning after 52)

              DK, R

MIA_E18D_3   If MIA_Q18D_3 <= 52, go to MIA_Q19.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

MIA_Q18D_4   INTERVIEWER: Enter the number of months.
MIAB_1D4   Minimum is 1; maximum is 36.

              |_|_| Number of months
              (MIN: 1) (MAX: 36; warning after 24)

              DK, R

MIA_E18D_4   If MIA_Q18D_4 <= 24, go to MIA_Q19.
              Otherwise, show pop-up edit as follows.

              An unusual value has been entered.
              Please confirm or return and change the reporting unit.

MIA_Q18D_5   INTERVIEWER: Enter the number of years.
MIAB_1D5   Minimum is 1; maximum is %current age – (MIA_Q18A or MIA_Q18B)%.

              |_|_|_| Number of years
              (MIN: 1) (MAX: current age - (MIA_Q18A or MIA_Q18B)).

              DK, R

MIA_Q19 **At any time in the <u>past 12 months</u>, did you have one of these episodes?**
MIAB_19

    1   Yes   (Go to MIA_Q19A)
    2   No   (Go to MIA_Q19D)
        DK, R   (Go to MIA_Q19D)

MIA_Q19_1 **Did your episode occur at any time in the <u>past 12 months</u>?**
MIAB_191

    1   Yes
    2   No   (Go to MIA_Q24)
        DK, R   (Go to MIA_Q24)

MIA_Q19A **How recently was it?**
MIAB_19A <u>INTERVIEWER</u>: Read categories to respondent.

    1   **During the past month**
    2   **Between 2 to 6 months ago**
    3   **More than 6 months ago**
        DK, R

MIA_C19A If MIA_Q08 = 1 (number of episodes), MIA_C19A = 1 and go to MIA_C19B.
Otherwise, MIA_C19A = 2.

MIA_Q19B **How many episodes did you have in the <u>past 12 months</u>?**
MIAB_19B <u>INTERVIEWER</u>: Minimum is 1; maximum is 91.
If respondent answers "More than I can remember", enter "91".

|_|_|_| Number of episodes
(MIN: 1) (MAX: 91)

DK, R

MIA_C19B If MIA_Q19_1 = 1 (Yes) or MIA_Q19B = 1 (number of episodes),
        Use the phrase "episode" in %episode/episodes2%.
        Use the phrase "it" in %it/they2%.
        Use the phrase "was" in %was/were2%.
        Use the phrase "this episode" in %this episode/one of these episodes2%.

If MIA_Q19B > = 2 (number of episodes) or DK or R,
        Use the phrase "episodes" in %episode/episodes2%.
        Use the phrase "they" in %it/they2%.
        Use the phrase "were" in %was/were2%.
        Use the phrase "one of these episodes" in %this episode/one of these
        episodes2%.

MIA_C19C If MIA_Q19B = R, go to MIA_C19D.

MIA_Q19C **How many weeks in the <u>past 12 months</u> were you having %this**
MIAB_19C **episode/one of these episodes2%?**
        <u>INTERVIEWER</u>: Minimum is 1; maximum is 52.

|_|_| Number of weeks
(MIN: 1) (MAX: 52)

DK, R

MIA_C19D   If MIA_Q08 = 1 (number of episodes), MIA_C19D = 1 and go to MIA_Q24.
            Otherwise, MIA_C19D = 2 and go to MIA_Q20.

MIA_Q19D   **How old were you the <u>last time</u> you had one of these episodes?**
MIAB_19D   INTERVIEWER: Minimum is 0; maximum is %current age%.

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

            DK, R

MIA_Q20   **During your life, how many episodes lasting a <u>full week or longer</u> have you**
MIAB_20   **ever had?**
            INTERVIEWER: Minimum is 0; maximum is (%current age% * 52).
            If respondent answers "More than I can remember", enter "%current age% * 52".

            |_|_|_|_| Number of episodes
            (MIN: 0) (MAX: %current age% * 52)

            DK, R   (Go to MIA_Q21)

MIA_C20   If MIA_Q20 = 1 (number of episodes), MIA_C20 = 1 and go to MIA_Q20_2.
            If MIA_Q20 = 0 (number of episodes), MIA_C20 = 2 and go to MIA_Q21.
            Otherwise, MIA_C20 = 3.

MIA_Q20_1   **How many of these episodes were brought on by some stressful**
MIAB_201   **experience?**
            INTERVIEWER: Minimum is 0; maximum is (%number in MIA_Q20%).
            If respondent answers "More than I can remember", enter "%number in
            MIA_Q20%".

            |_|_|_|_|_| Number of episodes
            (MIN: 0) (MAX: number in MIA_Q20)

            DK, R

            Go to MIA_Q21.

MIA_Q20_2   **Was this episode brought on by some stressful experience or did it happen**
MIAB_202   **out of the blue?**

            1   Brought on by stress
            2   Out of the blue
            3   Don't remember
                     DK, R

MIA_Q21   **During your life, how many episodes lasting <u>less than one week</u> have you**
MIAB_21   **<u>ever</u> had?**
            INTERVIEWER: Minimum is 0; maximum is (%current age% * 90).
            If respondent answers "More than I can remember", enter "%current age% * 90".

            |_|_|_|_|_| Number of episodes
            (MIN: 0) (MAX: %current age% * 90)

            DK, R   (Go to MIA_Q22A)

MIA_C21   If MIA_Q21 = 1 (number of episodes), MIA_C21 = 1 and go to MIA_Q21_2.
                 If MIA_Q21 = 0 (number of episodes), MIA_C21 = 2 and go to MIA_Q22A.
                 Otherwise, MIA_C21 = 3.

MIA_Q21_1   **How many of your episodes lasting <u>less than a week</u> were brought on by**
MIAB_211   **some stressful experience?**
                 <u>INTERVIEWER</u>: Minimum is 0; maximum is (%number in MIA_Q21%).
                 If respondent answers "More than I can remember", enter "%number in
                 MIA_Q21%".

                 |_|_|_| Number of episodes
                 (MIN: 0) (MAX: number in MIA_Q21)

                 DK, R

                 Go to MIA_Q22A.

MIA_Q21_2   **Was this episode brought on by some stressful experience or did it happen**
MIAB_212   **out of the blue?**

                 1   Brought on by stress
                 2   Out of the blue
                 3   Don't remember
                            DK, R

MIA_Q22A   **How long was the <u>longest</u> episode you ever had?**
MIAB_22   <u>INTERVIEWER</u>: Select the reporting unit here and enter the number in the next
                 screen.

                 1   Hours
                 2   Days   (Go to MIA_Q22A_2)
                 3   Weeks   (Go to MIA_Q22A_3)
                 4   Months   (Go to MIA_Q22A_4)
                 5   Years   (Go to MIA_Q22A_5)
                            DK, R   (Go to MIA_Q23)

MIA_Q22A_1   <u>INTERVIEWER</u>: Enter the number of hours.
MIAB_221   Minimum is 1; maximum is 72.

                 |_|_| Number of hours
                 (MIN: 1) (MAX: 72; warning after 24)

                 DK, R

MIA_E22A_1   If MIA_Q22A_1 <= 24, go to MIA_Q23.
                 Otherwise, show pop-up edit as follows.

                 An unusual value has been entered.
                 Please confirm or return and change the reporting unit.

MIA_Q22A_2   INTERVIEWER: Enter the number of days.
MIAB_222   Minimum is 1; maximum is 900.

        |_|_|_| Number of days
        (MIN: 1) (MAX: 900; warning after 365)

        DK, R

MIA_E22A_2   If MIA_Q22A_2 <= 365, go to MIA_Q23.
             Otherwise, show pop-up edit as follows.

        An unusual value has been entered.
        Please confirm or return and change the reporting unit.

MIA_Q22A_3   INTERVIEWER: Enter the number of weeks.
MIAB_223   Minimum is 1; maximum is 104.

        |_|_|_| Number of weeks
        (MIN: 1) (MAX: 104; warning after 52)

        DK, R

MIA_E22A_3   If MIA_Q22A_3 <= 52, go to MIA_Q23.
             Otherwise, show pop-up edit as follows.

        An unusual value has been entered.
        Please confirm or return and change the reporting unit.

MIA_Q22A_4   INTERVIEWER: Enter the number of months.
MIAB_224   Minimum is 1; maximum is 36.

        |_|_| Number of months
        (MIN: 1) (MAX: 36; warning after 24)

        DK, R

MIA_E22A_4   If MIA_Q22A_4 <= 24, go to MIA_Q23.
             Otherwise, show pop-up edit as follows.

        An unusual value has been entered.
        Please confirm or return and change the reporting unit.

MIA_Q22A_5   INTERVIEWER: Enter the number of years.
MIAB_225   Minimum is 1; maximum is %current age%.

        |_|_|_| Number of years
        (MIN: 1) (MAX: current age)

        DK, R

MIA_Q23
MIAB_23
How many different years in your life did you have at least one episode?
INTERVIEWER: Enter the number of years.
Minimum is 1; maximum is %current age%.

|_|_|_| Number of years
(MIN: 1) (MAX: current age)

DK, R

  Go to MIA_C26.

MIA_Q24
MIAB_24
Was your episode brought on by some stressful experience or did it happen out of the blue?

1   Brought on by stress
2   Out of the blue
3   Don't remember
           DK, R

MIA_C26   If MIA_Q19 = 1 (Yes) or MIA_Q19_1 = 1 (Yes), MIA_C26 = 1.
           Otherwise, MIA_C26 = 2 and go to MIA_Q33.

MIA_QINT27   **(Please refer to page 1 of the booklet.)**

           In the <u>past 12 months</u>, think about the period of time lasting <u>one month or longer</u> when your %episode/episodes2% of being very %excited and full of energy/irritable or grouchy% %was/were2% most severe. Please tell me, what number best describes how much your %episode/episodes2% interfered with each of the following activities. For each activity, please answer with a number between 0 and 10; 0 means "<u>no</u> interference" while 10 means "<u>very severe</u> interference".
           INTERVIEWER: Press <Enter> to continue.

MIA_Q27A
MIAB_27A
How much did your %episode/episodes2% interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

MIA_Q27B_1
MIAB_271

How much did your %episode/episodes2% interfere with your ability to attend school?
INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

MIA_Q27B_2
MIAB_272

How much did %it/they2% interfere with your ability to work at a job?
INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

MIA_Q27C
MIAB_27C

Again thinking about that period of time lasting <u>one month or longer</u> when your %episode/episodes2% %was/were2% most severe, how much did %it/they2% interfere with your ability to form and maintain <u>close</u> relationships with other people? (Remember that 0 means "<u>no</u> interference" and 10 "<u>very severe</u> 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

MIA_Q27D
MIAB_27D

How much did %it/they2% 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

MIA_C29

If (MIA_Q27A, MIA_Q27B_1, MIA_Q27B_2, MIA_Q27C and MIA_Q27D) = 0 (no interference) or = 11 (not applicable) or DK, or R, MIA_C29 = 1 and go to MIA_Q33.
Otherwise, MIA_C29 = 2.

MIA_Q29
MIAB_29

In the <u>past 12 months</u>, about how many days out of 365 were you <u>totally unable</u> to work or carry out your normal activities because of your %episode/episodes2% of being very %excited and full of energy/irritable or grouchy%?

|_|_|_| Number of days
(MIN: 0) (MAX: 365)

DK, R

MIA_Q33 MIAB_33	**Did you <u>ever</u> in your life see, or talk on the telephone, to a medical doctor or other professional about your %episode/episodes% of being very %excited and full of energy/irritable or grouchy%? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)**

    1   Yes
    2   No   (Go to MIA_Q48_1)
          DK, R   (Go to MIA_Q48_1)

MIA_Q33A MIAB_33A	**How old were you the <u>first time</u> you saw, or talked to a professional about your %episode/episodes%?** INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

MIA_Q45 MIAB_45	**Did you ever get treatment for your %episode/episodes% of being very %excited and full of energy/irritable or grouchy% that you considered <u>helpful</u> or <u>effective</u>?**

    1   Yes
    2   No   (Go to MIA_Q45C)
          DK, R   (Go to MIA_Q45C)

MIA_Q45A MIAB_45A	**How old were you the <u>first time</u> you got <u>helpful</u> treatment for your %episode/episodes%?** INTERVIEWER: Minimum is 1; maximum is %current age%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

MIA_Q45B MIAB_45B	**Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your %episode/episodes% of being very %excited and full of energy/irritable or grouchy%?**

|_|_| Number of professionals
(MIN: 1) (MAX: 95; warning after 12)

DK, R

MIA_Q45C MIAB_45C	**In total, how many professionals did you <u>ever</u> see, or talk to about your episode/episodes% of being very %excited and full of energy/irritable or grouchy%?**

|_|_| Number of professionals
(MIN: 0) (MAX: 95; warning after 12)

DK, R

MIA_Q47
MIAB_47

Did you receive professional treatment for your %episode/episodes2% of being very %excited and full of energy/irritable or grouchy% at any time in the <u>past 12 months</u>?

1   Yes
2   No
     DK, R

MIA_Q48
MIAB_48

Were you ever hospitalized overnight for your %episode/episodes% of being very %excited and full of energy/irritable or grouchy%?

1   Yes
2   No   (Go to MIA_Q48_1)
     DK, R   (Go to MIA_Q48_1)

MIA_Q48A
MIAB_48A

How old were you the <u>first time</u> you were hospitalized?
<u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

MIA_Q48_1
MIAB_481

How many of your close relatives – including your biological parents, brothers and sisters, and children – ever had episodes of being very %excited and full of energy/irritable or grouchy%?
<u>INTERVIEWER</u>: Minimum is 0; maximum is 95.

|_|_| Number of relatives
(MIN: 0) (MAX: 95)

DK, R

MIA_ND   <u>INTERVIEWER</u>: This is the end of the module. Press <1> to continue.

MIA_END   Go to next module.

PANIC DISORDER

PAD_C01A   If SCR_Q20 = 1 (Yes), go to PAD_QINT1.
            If SCR_Q20A = 1 (Yes), go to PAD_QINT2.
            Otherwise, go to PAD_END.

PAD_QINT1   **Earlier, you mentioned having attacks of fear or panic when all of a sudden you felt very frightened, anxious or uneasy. Think of a bad attack like that. During <u>that</u> attack, tell me which of the following problems you had.**
            <u>INTERVIEWER</u>: Press <Enter> to continue.

            Go to PAD_C01B.

PAD_QINT2   **Earlier you mentioned having attacks when all of a sudden you had problems like being short of breath, feeling dizzy, your heart pounding or being afraid you would die or go crazy. Think of a bad attack like that. During <u>that</u> attack, tell me which of the following problems you had.**
            <u>INTERVIEWER</u>: Press <Enter> to continue.

PAD_C01B   PAD_C01B = Count of all responses of 1 (Yes) in (PAD_Q01A through PAD_Q01P).
            When PAD_C01B = 4, go to PAD_C02.

PAD_Q01A   **Did your heart pound or race?**
PADB_01A
            1   Yes   (KEY_PHRASE = having your heart pounding or racing)
            2   No
                    DK
                    R   (Go to PAD_ND)

PAD_Q01B   **Were you short of breath?**
PADB_01B
            1   Yes   (KEY_PHRASE = being short of breath)
            2   No
                    DK, R

PAD_Q01C   **Did you feel nauseous or sick to your stomach?**
PADB_01C
            1   Yes   (KEY_PHRASE = feeling nauseous)
            2   No
                    DK, R

PAD_Q01D   **Did you feel dizzy or faint?**
PADB_01D
            1   Yes   (KEY_PHRASE = feeling dizzy)
            2   No
                    DK, R

PAD_Q01E
PADB_01E

Did you sweat?

1   Yes   (KEY_PHRASE = sweating)
2   No
      DK, R

PAD_Q01F
PADB_01F

Did you tremble or shake?

1   Yes   (KEY_PHRASE = trembling)
2   No
      DK, R

PAD_Q01G
PADB_01G

Did you have a dry mouth?

1   Yes   (KEY_PHRASE = having a dry mouth)
2   No
      DK, R

PAD_Q01H
PADB_01H

Did you feel like you were choking?

1   Yes   (KEY_PHRASE = feeling like choking)
2   No
      DK, R

PAD_Q01I
PADB_01I

Did you have pain or discomfort in your chest?

1   Yes   (KEY_PHRASE = having discomfort in your chest)
2   No
      DK, R

PAD_Q01J
PADB_01J

Were you afraid that you might lose control of yourself or go crazy?

1   Yes   (KEY_PHRASE = fearing that you might lose control of
                  yourself)
2   No
      DK, R

PAD_Q01K
PADB_01K

Did you feel that you were "not really there", like you were watching a movie of yourself?

1   Yes   (KEY_PHRASE = feeling that you were "not really
                  there")
                  (Go to PAD_Q01M)
2   No
      DK, R

PAD_Q01L
PADB_01L

Did you feel that things around you were not real or like a dream?

1   Yes   (KEY_PHRASE = feeling that things around you were
                  unreal)
2   No
      DK, R

PAD_Q01M
PADB_01M
Were you afraid that you might pass out?

1   Yes   (KEY_PHRASE = fearing that you might pass out)
2   No
       DK, R

PAD_Q01N
PADB_01N
Were you afraid that you might die?

1   Yes   (KEY_PHRASE = fearing that you might die)
2   No
       DK, R

PAD_Q01O
PADB_01O
Did you have hot flushes or chills?

1   Yes   (KEY_PHRASE = having hot flushes)
2   No
       DK, R

PAD_Q01P
PADB_01P
Did you feel numbness or have tingling sensations?

1   Yes   (KEY_PHRASE = having numbness)
2   No
       DK, R

PAD_C02
If count of responses of "Yes" in PAD_Q01A through PAD_Q01P <= 3,
PAD_C02 = 1 and go to PAD_ND.
Otherwise, PAD_C02 = 2.

PAD_Q03
PADB_03
**During your attacks, did the problems like ^KEY_PHRASES begin suddenly
and reach their peak within <u>10 minutes</u> after the attacks began?**

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

PAD_Q04
PADB_04
**About how many of these sudden attacks have you had in your <u>entire
lifetime</u>?**
<u>INTERVIEWER</u>: If respondent answers more than 900 attacks, enter "900".
If respondent answers "More than I can remember", enter "901".

|_|_|_| Number of attacks
(MIN: 1) (MAX: 901)

DK
R   (Go to PAD_ND)

PAD_C05
If PAD_Q04 = 1 (number of attacks), PAD_C05 = 1(only one sudden attack in
entire life).
Otherwise, PAD_C05 = 2 (many sudden attacks in entire life) and go to
PAD_Q09.

PAD_Q06   **When did the attack occur? Was it:**
PADB_06   <u>INTERVIEWER</u>: Read categories to respondent.

    1   **… during the past month?**   (Go to PAD_QINT8)
    2   **… 2 to 6 months ago?**   (Go to PAD_QINT8)
    3   **… 7 to 12 months ago?**   (Go to PAD_QINT8)
    4   **… more than 12 months ago?**
         DK, R

PAD_Q07   **Can you remember <u>exactly</u> how old you were when the attack occurred?**
PADB_07

    1   Yes
    2   No   (Go to PAD_Q07B)
         DK   (Go to PAD_Q07B)
         R   (Go to PAD_Q07B_1)

PAD_Q07A   **How old were you?**
PADB_07A   <u>INTERVIEWER</u>: Minimum is 0; maximum is %current age%.

    |_|_|_| Age in years   (Go to PAD_QINT8)
    (MIN: 0) (MAX: current age)

    DK
    R   (Go to PAD_QINT8)

PAD_Q07B   **<u>About</u> how old were you?**
PADB_07B   <u>INTERVIEWER</u>: Minimum is 0; maximum is %current age%.

    |_|_|_| Age in years   (Go to PAD_QINT8)
    (MIN: 0) (MAX: current age)

    DK
    R   (Go to PAD_QINT8)

PAD_Q07B_1   **When would you say this attack occurred? Was it:**
PADB_071   <u>INTERVIEWER</u>: Read categories to respondent.

    1   **… before you first started school?**
    2   **… before you were a teenager?**
    3   **… once you were a teenager or adult?**
         DK, R

PAD_QINT8   **Attacks of this sort can occur in <u>3 different situations</u>. The first situation is when the attacks occur <u>unexpectedly, "out of the blue"</u>. The second situation is when a person has an <u>unreasonably strong fear</u>. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third situation is when a person is in <u>real danger</u>, like a car accident or a bank robbery.**
    <u>INTERVIEWER</u>: Press <Enter> to continue.

PAD_Q08   **Which of these 3 situations describes your attack? Did it occur:**
PADB_08   INTERVIEWER: Read categories to respondent.
                 If respondent thought there was real danger even though it turned out not to be
                 dangerous, select category 3, "… in a situation of real danger".

                 1   **… unexpectedly, "out of the blue"?**
                 2   **… in a situation where you had a strong fear?**
                 3   **… in a situation of real danger?**
                            DK, R

                 Go to PAD_ND.

PAD_Q09   **Can you remember <u>exactly</u> how old you were, the <u>very first</u> time you had**
PADB_09   **one of these attacks?**

                 1   Yes
                 2   No   (Go to PAD_Q09B)
                            DK   (Go to PAD_Q09B)
                            R   (Go to PAD_Q09B_1)

PAD_Q09A   **How old were you?**
PADB_09A   INTERVIEWER: Minimum is 0; maximum is %current age%.

                 |_|_|_| Age in years   (Go to PAD_Q10)
                 (MIN: 0) (MAX: current age)

                 DK
                 R   (Go to PAD_Q10)

PAD_Q09B   **<u>About</u> how old were you?**
PADB_09B   INTERVIEWER: Minimum is 0; maximum is %current age%.
                 If respondent answers "All my life" or "As long as I can remember", press <F6> to
                 indicate "DK".

                 |_|_|_| Age in years   (Go to PAD_Q10)
                 (MIN: 0) (MAX: current age)

                 DK
                 R   (Go to PAD_Q10)

PAD_Q09B_1   **Would you say that the <u>very first</u> time you had one of these attacks**
PADB_091   INTERVIEWER: Read categories to respondent.
                 If respondent answers "All my life", press <F6> to indicate "DK".

                 1   **… before you first started school?**
                 2   **… before you were a teenager?**
                 3   **… once you were a teenager or an adult?**
                            DK, R

PAD_Q10   **At any time in the <u>past 12 months</u>, did you have one of these attacks?**
PADB_10

                 1   Yes
                 2   No   (Go to PAD_Q10D)
                            DK   (Go to PAD_Q10D)
                            R   (Go to PAD_Q11)

PAD_Q10A PADB_10A	**How recently was it?** <u>INTERVIEWER</u>: Read categories to respondent.

      1   **During the past month**
      2   **Between 2 and 6 months ago**
      3   **More than 6 months ago**
            DK, R

PAD_Q10B PADB_10B	**During the <u>past 12 months</u>, in how many weeks did you have at least one attack?**

|_|_| Number of weeks
(MIN: 1) (MAX: 52)

DK, R

PAD_Q10C PADB_10C	**And how many attacks <u>in total</u> did you have in the <u>past 12 months</u>?**

|_|_|_| Number of attacks
(MIN: 1) (MAX: 900)

DK, R

Go to PAD_Q11.

PAD_Q10D PADB_10D	**How old were you the <u>last</u> time you had one of these attacks?** <u>INTERVIEWER</u>: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

|_|_|_| Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

PAD_Q11 PADB_11	**What is the greatest number of attacks you ever had in any single year of your life?** <u>INTERVIEWER</u>: Minimum is 1; maximum is %number in PAD_Q04%.

|_|_|_| Number of attacks
(MIN: 1) (MAX: number in PAD_Q04)

DK, R

PAD_Q12 PADB_12	**For about how many different years of your life did you have at least one attack?** <u>INTERVIEWER</u>: Minimum is 1; maximum is %PAD_Q10D – (PAD_Q09A or PAD_Q09B)% or %current age – (PAD_Q09A or PAD_Q09B)%.

|_|_|_| Number of years
(MIN: 1) (MAX: age in PAD_Q10D – age in (PAD_Q09A or PAD_Q09B) or
(current age – age in (PAD_Q09A or PAD_Q09B))

DK, R   (Go to PAD_QINT13)

PAD_E12   If PAD_Q12 >= 1(number of years) and PAD_Q12 <= age in PAD_Q10D – age in
               (PAD_Q09A or PAD_Q09B) or (current age – age in (PAD_Q09A or
               PAD_Q09B)), go to PAD_QINT13.
               Otherwise, show pop-up edit as follows.

               **The number of different years for which the respondent had at least one
               attack is unusual. Please return and correct.**

               Go to PAD_Q12.

PAD_QINT13   **After one of these attacks, tell me if you ever had any of the following
               experiences?**
               <u>INTERVIEWER</u>: Press <Enter> to continue.

PAD_Q13A   **A month or more when you often worried that you might have another
PADB_13A   attack?**

               1   Yes   (Go to PAD_C14)
               2   No
                      DK, R

PAD_Q13B   **A month or more when you worried that something terrible might happen
PADB_13B   because of the attacks, like having a car accident, having a heart attack or
               losing control?**

               1   Yes   (Go to PAD_C14)
               2   No
                      DK, R

PAD_Q13C   **A month or more when you changed your everyday activities because of the
PADB_13C   attacks?**

               1   Yes   (Go to PAD_C14)
               2   No
                      DK, R

PAD_Q13D   **A month or more when you avoided certain situations because of fear about
PADB_13D   having another attack?**

               1   Yes   (Go to PAD_C14)
               2   No
                      DK, R

PAD_C14   If any one of PAD_Q13A, B, C or D = 1 (Yes), PAD_C14 = 1.
               Otherwise, PAD_C14 = 2 and go to PAD_QINT17.

PAD_Q15   **How old were you the <u>first</u> time you had a month when you either often
PADB_15   worried, changed your everyday activities or avoided certain situations
               because of the attacks?**
               <u>INTERVIEWER</u>: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is
               %current age%.

               |_|_|_| Age in years
               (MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

               DK, R

PAD_Q16
PADB_16
Did you have <u>a month</u> of worry or change in activity like that in the <u>past 12 months</u>?

    1   Yes
    2   No   (Go to PAD_Q16E)
           DK, R   (Go to PAD_Q16E)

PAD_Q16A
PADB_16A
How recently?
<u>INTERVIEWER</u>: Read categories to respondent.

    1   **During the past month**
    2   **Between 2 and 6 months ago**
    3   **More than 6 months ago**
           DK, R

PAD_Q16B
PADB_16B
In the <u>past 12 months</u>, how many months of worry or change in activity did you have?

|_|_| Number of months
(MIN: 1) (MAX: 12)

DK, R

PAD_Q16C
PADB_16C
During the time in the <u>past 12 months</u> when your worry about having another attack was the most frequent and severe, did you worry:
<u>INTERVIEWER</u>: Read categories to respondent.

    1   **… nearly all the time?**
    2   **… most of the time?**
    3   **… often?**
    4   **… sometimes?**
    5   **… only rarely?**
           DK, R

PAD_Q16D
PADB_16D
And how severe was your worry during this time? Was it:
<u>INTERVIEWER</u>: Read categories to respondent.

    1   **… mild?**
    2   **… moderate?**
    3   **… severe?**
    4   **… so severe that you were unable to carry out important tasks?**
           DK, R

Go to PAD_QINT17.

PAD_Q16E
PADB_16E
About how old were you the <u>last</u> time you had a month like this when you worried about having another attack?
<u>INTERVIEWER</u>: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

|_|_|_| Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

PAD_QINT17 **Attacks of this sort can occur in <u>3 different situations</u>. The first situation is when the attacks occur <u>unexpectedly, "out of the blue"</u>. The second situation is when a person has <u>an unreasonably strong fear</u>. For example, some people have a terrible fear of bugs or of heights or of being in a crowd. The third situation is when a person is in <u>real danger</u>, like a car accident or a bank robbery.**
INTERVIEWER: Press <Enter> to continue.

PAD_Q17
PADB_17 **The next questions are about how many of your attacks occurred in <u>each</u> of these 3 kinds of situations. Did you ever have an attack that occurred unexpectedly, "out of the blue"?**

    1   Yes
    2   No   (Go to PAD_Q18)
           DK, R   (Go to PAD_Q18)

PAD_Q17A
PADB_17A **In your lifetime, about how many attacks occurred unexpectedly, "out of the blue"?**
INTERVIEWER: If respondent answers more than 900 attacks, enter "900".
If respondent answers "More than I can remember", enter "901".

|_|_|_| Number of attacks
(MIN: 1) (MAX: 901)

DK, R

PAD_C17 If number in PAD_Q17A = number in PAD_Q04, PAD_C17 = 1 and go to PAD_C20.
Otherwise, PAD_C17 = 2.

PAD_Q18
PADB_18 **In your lifetime, about how many attacks occurred in situations where you were not in real danger, but where you had an unreasonably strong fear of the situations?**
INTERVIEWER: If respondent answers more than 900 attacks, enter "900".
If respondent answers "More than I can remember", enter "901".

|_|_|_| Number of attacks
(MIN: 0) (MAX: 901)

DK, R

PAD_C18 If (number in PAD_Q17A + number in PAD_Q18) = number in PAD_Q04, PAD_C18 = 1 and go to PAD_C20.
Otherwise, PAD_C18 = 2.

PAD_Q19
PADB_19 **In your lifetime, about how many attacks occurred in situations where you were in real danger?**
INTERVIEWER: If respondent thought there was real danger even though it turned out not to be dangerous, consider it as a "real danger".
INTERVIEWER: If respondent answers more than 900 attacks, enter "900".
If respondent answers "More than I can remember", enter "901".

|_|_|_| Number of attacks
(MIN: 0) (MAX: 901)

DK, R

PAD_C20   If PAD_Q17 = 1 ("out of the blue" attack), PAD_C20 = 1.
                      Otherwise, PAD_C20 = 2 (no "out of the blue" attack) and go to PAD_ND.

PAD_C20A   If PAD_Q18 and PAD_Q19 = <> or 0, PAD_C20A = 1 (no attacks associated with
                      dangerous situations) and go to PAD_C22.
                      Otherwise, PAD_C20A = 2 (attacks associated with dangerous situations).

PAD_C21   If PAD_Q17A = 1, use %when you had the attack% in PAD_Q21.
                      Otherwise, use %the <u>first time</u> you had an attack% in PAD_Q21.

PAD_Q21   **How old were you %when you had the attack/the <u>first time</u> you had an**
PADB_21   **attack% "out of the blue", for no obvious reason?**
                      <u>INTERVIEWER</u>: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is
                      %current age%.
                      If respondent answers "All my life" or "As long as I can remember", press <F6> to
                      indicate "DK".

                      |_|_|_| Age in years   (Go to PAD_C22)
                      (MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

                      DK
                      R   (Go to PAD_C22)

PAD_Q21A   **Would you say that the <u>very first</u> time you had one of these unexpected**
PADB_21A   **"out of the blue" attacks was:**
                      <u>INTERVIEWER</u>: Read categories to respondent.
                      If respondent answers "All my life", press <F6> to indicate "DK".

                      1   **… before you first started school?**
                      2   **… before you were a teenager?**
                      3   **… once you were a teenager or an adult?**
                              DK, R

PAD_C22   If PAD_Q17A = 1 (number of out of the blue attacks), use %this% and %attack%
                      in PAD_Q22.
                      Otherwise, use %these% and %attacks% in PAD_Q22.

PAD_Q22   **How much did %this/these% unexpected, "out of the blue" %attack/**
PADB_22   **attacks% or worry about having another attack <u>ever</u> interfere with either**
                      your work, your social life or your personal relationships?
                      <u>INTERVIEWER</u>: Read categories to respondent.

                      1   **Not at all**
                      2   **A little**
                      3   **Some**
                      4   **A lot**
                      5   **Extremely**
                              DK, R

PAD_C23   If PAD_Q17A = 1, PAD_C23 = 1(only one "out of the blue" attack).
                      Otherwise, PAD_C23 = 2 (many "out of the blue" attacks) and go to PAD_Q24A.

PAD_Q24 PADB_24	**Did this unexpected, "out of the blue" attack occur while you were asleep?**	

1 Yes
2 No
DK, R

Go to PAD_ND.

PAD_Q24A PADB_24A	**How many of your unexpected, "out of the blue", attacks occurred while you were asleep?**	

INTERVIEWER: If respondent answers more than 900 attacks, enter "900".
If respondent answers "More than I can remember", enter "901".

|_|_|_| Number of attacks
(MIN: 0) (MAX: 901)

DK, R

PAD_Q25A PADB_25A	**Unexpected attacks sometimes occur as a result of a physical illness or injury or the use of medication, drugs or alcohol. Do you think any of your attacks <u>ever</u> occurred as the result of physical causes, medication, drugs or alcohol?**

1 Yes
2 No   (Go to PAD_C33)
DK, R   (Go to PAD_C33)

PAD_Q25B PADB_25B	**Do you think <u>all</u> of your attacks were the result of physical causes, medication, drugs or alcohol?**

1 Yes
2 No   (Go to PAD_C33)
DK, R   (Go to PAD_C33)

PAD_Q25C   **What were the causes?**
INTERVIEWER: Mark all that apply.

PADB_2CA	1	Exhaustion
PADB_2CB	2	Hyperventilation
PADB_2CC	3	Hypochondria
PADB_2CD	4	Menstrual cycle
PADB_2CE	5	Pregnancy / postpartum
PADB_2CF	6	Thyroid disease
PADB_2CG	7	Cancer
PADB_2CH	8	Overweight
PADB_2CI	9	Medication (excluding illicit drugs)
PADB_2CJ	10	Illicit drugs
PADB_2CK	11	Alcohol
PADB_2CL	12	Chemical Imbalance/Serotonin Imbalance
PADB_2CM	13	Chronic Pain
PADB_2CN	14	Caffeine
PADB_2CO	15	No specific diagnosis
PADB_2CP	16	Other – Specify
PADB_2CQ	17	Other – Physical causes, etc.
		DK, R

PAD_C33   If PAD_C20A = 1 (no attack associated with dangerous situations),
           PAD_C33 = 1.
           Otherwise, PAD_C33 = 2 (attacks associated with dangerous situations) and go
           to PAD_C35.

PAD_C34   If PAD_Q10 = 1 (sudden attack in past 12 month), PAD_C34 = 1 and go to
           PAD_Q40.
           Otherwise, PAD_C34 = 2 (no sudden attack in past 12 month) and go to
           PAD_C39.

PAD_C35   If PAD_Q10 = 1, (sudden attack in past 12 month), PAD_C35 = 1.
           Otherwise, PAD_C35 = 2 (no sudden attack in past 12 month) and go to
           PAD_C39.

PAD_Q36   **In the past __12 months__, how many unexpected, "out of the blue" attacks did**
PADB_36   **you have?**
           INTERVIEWER: Minimum is 0; maximum is %number in PAD_Q17A%.
           If respondent answers "More than I can remember", enter "901".

           |_|_|_| Number of attacks
           (MIN: 0) (MAX: number in PAD_Q17A)

           DK, R

PAD_E36   If PAD_Q36 <= PAD_Q17A, go to PAD_C37.
           Otherwise, show pop-up edit as follows.

           The entered number of attacks is greater than the total number of attacks the
           respondent ever had in %his/her% life.
           Please return and correct.

PAD_C37   If PAD_Q36 = 0, PAD_C37 = 1 (no "out of the blue" attack in past 12 month).
           If PAD_Q36 = 1, PAD_C37 = 2 (only one "out of the blue" attack in past 12
           month) and go to PAD_Q38.
           Otherwise, PAD_C37 = 3 (many "out of the blue" attacks in past 12 month) and
           go to PAD_Q37B.

PAD_Q37A   **How old were you the last time you had an unexpected, "out of the blue"**
PADB_37A   **attack?**
           INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is
           %current age%.

           |_|_|_| Age in years
           (MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

           DK, R

           Go to PAD_C39.

PAD_Q37B PADB_37B	**During the <u>past 12 months</u>, in about how many weeks did you have at least one of these attacks?** <u>INTERVIEWER</u>: Minimum is 1; maximum is 52. If respondent answers more than 52 weeks, enter "52".
	|_|_| Number of weeks (MIN: 1) (MAX: 52) DK, R

PAD_Q38 PADB_38	**When was your most recent attack?** <u>INTERVIEWER</u>: Read categories to respondent.
	1 **During the past month** 2 **Between 2 and 6 months ago** 3 **More than 6 months ago** DK, R Go to PAD_Q40.

PAD_C39	If PAD_Q16 = 1, PAD_C39 = 1 (one month of worry or change in past 12 months) and go to PAD_QINT41. Otherwise, PAD_C39 = 2 (no month of worry or change in past 12 months) and go to PAD_Q50.

PAD_Q40 PADB_40	**Think about an attack during the <u>past 12 months</u>. How much emotional distress did you have during this attack?** <u>INTERVIEWER</u>: Read categories to respondent.
	1 **None** 2 **Mild** 3 **Moderate** 4 **Severe** 5 **So severe that you were unable to concentrate and had to stop what you were doing** DK, R

PAD_QINT41	**Sometimes people with attacks get upset by physical sensations that remind them of the attacks. Examples include being out of breath after physical exercise, feeling speeded up after drinking coffee or beverages containing caffeine, feeling out of control after using alcohol or drugs, and feeling tingly while watching a scary movie or television show.** <u>INTERVIEWER</u>: Press <Enter> to continue.

PAD_Q41 PADB_41	**In the <u>past 12 months</u>, did you get upset by any physical sensations that reminded you of your attacks?**
	1 Yes 2 No (Go to PAD_QINT44) DK, R (Go to PAD_QINT44)

PAD_Q41A
PADB_41A
In the <u>past 12 months</u>, how strong was your discomfort with any physical sensations like these? Was it:
<u>INTERVIEWER</u>: Read categories to respondent.

1 **… mild?**
2 **… moderate?**
3 **… severe?**
4 **… so severe that you became very worried that these sensations might cause you to have another attack?**
DK, R

PAD_Q42
PADB_42
In the <u>past 12 months</u>, how often did you avoid situations or activities that might cause these physical sensations?
<u>INTERVIEWER</u>: Read categories to respondent.

1 **All the time**
2 **Most of the time**
3 **Sometimes**
4 **Rarely**   (Go to PAD_QINT44)
5 **Never**   (Go to PAD_QINT44)
DK, R   (Go to PAD_QINT44)

PAD_Q43
PADB_43
In the <u>past 12 months</u>, how much did avoidance of these situations interfere with your work, your social life or your personal relationships?
<u>INTERVIEWER</u>: Read categories to respondent.

1 **Not at all**
2 **A little**
3 **Some**
4 **A lot**
5 **Extremely**
DK, R

PAD_QINT44   **(Please refer to page 1 of the booklet.)**

In the <u>past 12 months</u>, think about the period of time that lasted <u>1 month or longer</u> when your attacks or worry about the attacks were most severe. Please tell me what number best describes how much the attacks or worry about the attacks interfered with each of the following activities. For each activity, answer with a number between 0 and 10; 0 means "<u>no</u> interference", while 10 means "<u>very severe</u> interference".
<u>INTERVIEWER</u>: Press <Enter> to continue.

PAD_Q44A **How much did your attacks or worry about the attacks interfere with your**
PADB_44A **home responsibilities, like cleaning, shopping and taking care of the house**
or apartment?

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

PAD_Q44B_1 **How much did it interfere with your ability to attend school?**
PADB_441 <u>INTERVIEWER</u>: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

PAD_Q44B_2 **How much did it interfere with your ability to work at a job?**
PADB_442   INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

PAD_Q44C **Again think about that period of time lasting <u>1 month or longer</u> when your**
PADB_44C **attacks or worry about the attacks were most severe, how much did they**
interfere with your ability to form and maintain <u>close</u> relationships with other
people? (Remember that 0 means "<u>no</u> interference" and 10 means "<u>very</u>
<u>severe</u> interference".)

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

PAD_Q44D
PADB_44D

How much did it interfere with your social life?

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

PAD_C45

If (PAD_Q44A, PAD_Q44B_1, PAD_Q44B_2, PAD_Q44C and PAD_Q44D) = 0
(no interference) or = 11 (not applicable) or DK, or R, PAD_C45 = 1 and go to
PAD_Q50.
Otherwise, PAD_C45 = 2.

PAD_Q46
PADB_46

**In the past 12 months, about how many days out of 365 were you totally
unable to work or carry out your normal activities because of your attacks
or the worry about the attacks? (You may use any number between 0 and
365 to answer.)**

|_|_|_| Number of days
(MIN: 0) (MAX: 365)

DK, R

PAD_Q50
PADB_50

**Did you ever in your life see, or talk on the telephone, to a medical doctor
or other professional about your attacks? (By other professional, we mean
psychologists, psychiatrists, social workers, counsellors, spiritual
advisors, homeopaths, acupuncturists, self-help groups or other health
professionals.)**

1	Yes	
2	No	(Go to PAD_Q65_1)
	DK, R	(Go to PAD_Q65_1)

PAD_Q50A
PADB_50A

**How old were you the first time you saw, or talked to a professional about
your attacks?**
INTERVIEWER: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is
%current age%.

|_|_|_| Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

PAD_Q62
PADB_62

Did you <u>ever</u> get treatment for your attacks that you considered <u>helpful</u> or <u>effective</u>?

1   Yes
2   No   (Go to PAD_Q62C)
       DK, R   (Go to PAD_Q62C)

PAD_Q62A
PADB_62A

How old were you the <u>first time</u> you got <u>helpful</u> treatment for your attacks?
<u>INTERVIEWER</u>: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

|_|_|_| Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

PAD_Q62B
PADB_62B

Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your attacks or worry about other attacks?

|_|_| Number of professionals
(MIN: 1) (MAX: 95; warning after 12)

DK, R

PAD_Q62C
PADB_62C

In total, how many professionals did you <u>ever</u> see, or talk to about your attacks?

|_|_| Number of professionals
(MIN: 0) (MAX: 95; warning after 12)

DK, R

PAD_Q64
PADB_64

During the <u>past 12 months</u>, did you receive professional treatment for your attacks?

1   Yes
2   No
       DK, R

PAD_Q65
PADB_65

Were you <u>ever</u> hospitalized overnight for your attacks?

1   Yes
2   No   (Go to PAD_Q65_1)
       DK, R   (Go to PAD_Q65_1)

PAD_Q65A
PADB_65A

How old were you the <u>first time</u> you were hospitalized overnight because of your attacks?
<u>INTERVIEWER</u>: Minimum is %age in PAD_Q09A or PAD_Q09B%; maximum is %current age%.

|_|_|_| Age in years
(MIN: age in PAD_Q09A or PAD_Q09B) (MAX: current age)

DK, R

PAD_Q65_1   **How many of your close relatives – including your biological parents,**
PADB_651   **brothers, sisters and children – ever had attacks of this sort?**
            INTERVIEWER: Minimum is 0; maximum is 95.

            |_|_| Number of relatives
            (MIN: 0) (MAX: 95)

            DK, R

PAD_ND   <u>INTERVIEWER</u>: This is the end of the module. Press <1> to continue.

PAD_END   Go to next module.

SOCIAL PHOBIA

SOP_C1   If SCR_Q29_1 = 1 and (SCR_Q29_2 = 1 or SCR_Q29_3 = 1), go to
                SOP_QINT1.
                Otherwise, go to SOP_END.

SOP_QINT1   **Earlier, you mentioned having a time in your life when you felt very shy,
                afraid or uncomfortable with other people or in social situations. The next
                questions are about which of these situations made you feel this way. Tell
                me if there was ever a time in your life when you felt shy, afraid or
                uncomfortable with the following situations.**
                <u>INTERVIEWER</u>: Press <Enter> to continue.

SOP_Q01A   **Meeting new people?**
SOPB_01A

                1   Yes   (KEY_PHRASE = meeting new people)
                2   No
                3   Not applicable
                        DK
                        R   (Go to SOP_ND)

SOP_Q01B   **Talking to people in authority?**
SOPB_01B

                1   Yes   (KEY_PHRASE = talking to people in authority)
                2   No
                3   Not applicable
                        DK, R

SOP_Q01C   **Speaking up in a meeting or class?**
SOPB_01C

                1   Yes   (KEY_PHRASE = speaking up at a meeting)
                2   No
                3   Not applicable
                        DK, R

SOP_Q01D   **Going to parties or other social gatherings?**
SOPB_01D

                1   Yes   (KEY_PHRASE = going to parties)
                2   No
                3   Not applicable
                        DK, R

SOP_Q01E   **Have you ever felt very shy, afraid or uncomfortable when you were
SOPB_01E   performing or giving a talk in front of an audience?**

                1   Yes   (KEY_PHRASE = performing in front of an audience)
                2   No
                3   Not applicable
                        DK, R

SOP_Q01F
SOPB_01F
Taking an important exam or interviewing for a job, even though you were well prepared?

1   Yes   (KEY_PHRASE = taking an important exam)
2   No
3   Not applicable
     DK, R

SOP_Q01G
SOPB_01G
Working while someone watches you?

1   Yes   (KEY_PHRASE = working while someone watches)
2   No
3   Not applicable
     DK, R

SOP_Q01H
SOPB_01H
Entering a room when others are already present?

1   Yes   (KEY_PHRASE = entering a room when others are already present)
2   No
3   Not applicable
     DK, R

SOP_Q01I
SOPB_01I
Talking with people you don't know very well?

1   Yes   (KEY_PHRASE = talking with people you don't know very well)
2   No
3   Not applicable
     DK, R

SOP_Q01J
SOPB_01J
Expressing disagreement to people you don't know very well?

1   Yes   (KEY_PHRASE = disagreeing with people)
2   No
3   Not applicable
     DK, R

SOP_Q01K
SOPB_01K
Writing, eating or drinking while someone watches?

1   Yes   (KEY_PHRASE = writing, eating or drinking while someone watches you)
2   No
3   Not applicable
     DK, R

SOP_Q01L
SOPB_01L
Have you ever felt very shy, afraid or uncomfortable when using a public bathroom or a bathroom away from home?

1   Yes   (KEY_PHRASE = using a public bathroom)
2   No
3   Not applicable
     DK, R

SOP_Q01M **When going on a date?**
SOPB_01M

    1   Yes   (KEY_PHRASE = dating)
    2   No
    3   Not applicable
          DK, R

SOP_Q01N **In any <u>other</u> social or performance situation where you could be the centre**
SOPB_01N **of attention or where something <u>embarrassing</u> might happen?**

    1   Yes
    2   No
    3   Not applicable
          DK, R

SOP_C2 If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 0, SOP_C2 = 1 and go to SOP_ND.

If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1 through 3, SOP_C2 = 2 and go to SOP_C3.

If count of responses of "Yes" in SOP_Q01A through SOP_Q01N >= 4, SOP_C2 = 3 and go to SOP_Q03_2.

SOP_C3 If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q03_1.
Otherwise, use %any of these situations% in SOP_Q03_1.
(Applies to SOP_Q03_1.)

SOP_C3A If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = those we just mentioned.
(Applies to SOP_Q03_1, SOP_Q20, SOP_Q25.)

If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N > 1, KEY_PHRASE for SOP_Q01N = any other similar situation.

SOP_Q03_1 **You mentioned that you had a fear of situations like ^KEY_PHRASES. Can**
SOPB_031 **you remember <u>exactly</u> how old you were, the <u>very first</u> time you had a fear**
of %this situation/any of these situations%?

    1   Yes   (Go to SOP_Q03A)
    2   No   (Go to SOP_Q03B)
          DK, R   (Go to SOP_Q03B)

SOP_Q03_2 **You mentioned that you had a fear of a number of social or performance**
SOPB_032 **situations. Can you remember <u>exactly</u> how old you were, the <u>very first</u> time**
you had a fear of any of these situations?
<u>INTERVIEWER</u>: If respondent does not remember the situations, press <Ctrl+S>
to show the list of situations.

    1   Yes
    2   No   (Go to SOP_Q03B)
          DK, R   (Go to SOP_Q03B)

SOP_Q03A SOPB_03A	**How old were you?** INTERVIEWER: Minimum is 0; maximum is %current age%.

       |_|_|_| Age in years   (Go to SOP_C6)
       (MIN: 0) (MAX: current age)

       DK
       R   (Go to SOP_C6)

SOP_Q03B SOPB_03B	**About how old were you?** INTERVIEWER: Minimum is 0; maximum is %current age%. If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".

       |_|_|_| Age in years   (Go to SOP_C6)
       (MIN: 0) (MAX: current age)

       DK
       R   (Go to SOP_C6)

SOP_C4	If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q03B_1. Otherwise, use %any of these situations% in SOP_Q03B_1. (Applies to SOP_Q03B_1.)

SOP_Q03B_1 SOPB_3B1	**Would you say that the very first time you had a fear of %this situation/any of these situations% was:** INTERVIEWER: Read categories to respondent. If respondent answers "All my life", press <F6> to indicate "DK".

       1   **… before you first started school?**
       2   **… before you were a teenager?**
       3   **… once you were a teenager or an adult?**
                DK, R

SOP_C6	If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q06A and SOP_Q06A_1. Otherwise, use %any of these situations% in SOP_Q06A and SOP_Q06A_1. (Applies to SOP_Q06A and SOP_Q06A_1.)

SOP_C6A	If SCR_Q29_2 = 1 then SOP_C6A = 1, and go to SOP_Q06A. Otherwise, go to SOP_C8.

SOP_Q06A **Earlier, you mentioned having times when you <u>avoided</u> social or**
SOPB_06A **performance situations because of your fear. How old were you the very <u>first</u>**
          <u>time</u> you started <u>avoiding</u> %this situation/any of these situations%?
          <u>INTERVIEWER</u>: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is
          %current age%.
          If respondent answers "All my life" or "As long as I can remember", press <F6> to
          indicate "DK".
          If respondent does not remember the situations, press <Ctrl+S> to show the list
          of situations.

          |_|_|_| Age in years   (Go to SOP_C8)
          (MIN: 0) (MAX: current age)

          DK
          R   (Go to SOP_C8)

SOP_Q06A_1 **Would you say that the <u>very first</u> time you avoided %this situation/any of**
SOPB_6A1   **these situations% was:**
            <u>INTERVIEWER</u>: Read categories to respondent.
            If respondent answers "All my life", press <F6> to indicate "DK".

            1   **… before you first started school?**
            2   **… before you were a teenager?**
            3   **… once you were a teenager or an adult?**
                     DK, R

SOP_C8   If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this
          situation% in SOP_QINT8.
          Otherwise, use %these situations% in SOP_QINT8.
          (Applies to SOP_QINT8.)

SOP_QINT8 **Think of the time in your life when your fear or avoidance of %this**
           situation/these situations% was most severe. When you were faced with
           %this situation/these situations%, or thought you would have to be, did you
           ever have any of the following experiences?
           <u>INTERVIEWER</u>: Press <Enter> to continue.

SOP_Q08A **Did you ever blush or shake?**
SOPB_08A
          1   Yes   (Go to SOP_C9)
          2   No
                   DK, R

SOP_Q08B **Did you ever fear that you might lose control of your bowels or bladder?**
SOPB_08B
          1   Yes   (Go to SOP_C9)
          2   No
                   DK, R

SOP_Q08C **Did you ever fear that you might vomit?**
SOPB_08C
          1   Yes   (Go to SOP_C9)
          2   No
                   DK, R

SOP_C9   SOP_C9 = Count of all responses of 1 (Yes) in (SOP_Q09A through
                SOP_Q09O).
                When SOP_C9 = 2, go to SOP_C11.

SOP_C10   If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through
                SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = "situations similar to those that
                we just mentioned."

                If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through
                SOP_Q01N > 1, KEY_PHRASE for SOP_Q01N = "any other similar situation."

                If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in
                SOP_QINT9.
                Otherwise, use %these situations% in SOP_QINT9.
                (Applies to SOP_QINT9.)

SOP_QINT9   **When you were faced with %^KEY_PHRASES/these situations%, tell me if
                you ever had any of the following reactions.**
                <u>INTERVIEWER</u>: Press <Enter> to continue.

SOP_Q09A   **Did your heart ever pound or race?**
SOPB_09A

                1   Yes
                2   No
                        DK, R

SOP_Q09B   **Did you sweat?**
SOPB_09B

                1   Yes
                2   No
                        DK, R

SOP_Q09C   **Did you tremble?**
SOPB_09C

                1   Yes
                2   No
                        DK, R

SOP_Q09D   **Did you feel sick to your stomach?**
SOPB_09D

                1   Yes
                2   No
                        DK, R

SOP_Q09E   **Did you have a dry mouth?**
SOPB_09E

                1   Yes
                2   No
                        DK, R

SOP_Q09F   **Did you have hot flushes or chills?**
SOPB_09F

                1   Yes
                2   No
                        DK, R

SOP_Q09G
SOPB_09G
Did you feel numbness or have tingling sensations?

1 Yes
2 No
DK, R

SOP_Q09H
SOPB_09H
Did you have trouble breathing normally?

1 Yes
2 No
DK, R

SOP_Q09I
SOPB_09I
Did you feel like you were choking?

1 Yes
2 No
DK, R

SOP_Q09J
SOPB_09J
Did you have pain or discomfort in your chest?

1 Yes
2 No
DK, R

SOP_Q09K
SOPB_09K
Did you feel dizzy or faint?

1 Yes
2 No
DK, R

SOP_Q09L
SOPB_09L
Were you afraid that you might die?

1 Yes
2 No
DK, R

SOP_C9M
SOP_Q01N = 1 and count of responses "Yes" in SOP_01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = "situations similar to those that we just mentioned."

If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N > 1, KEY_PHRASE for SOP_Q01N = "any other similar situation."

If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_Q09M.
Otherwise, use %these situations% in SOP_Q09M.

SOP_Q09M
SOPB_09M
(When you were faced with %^KEY_PHRASES/these situations%), did you ever fear that you might lose control, go crazy or pass out?
<u>INTERVIEWER</u>: If respondent does not remember the situations, press <Ctrl+S> to show the list of situations.

1 Yes
2 No
DK, R

SOP_Q09N
SOPB_09N
Did you feel like you were "not really there", like you were watching a movie of yourself?

    1   Yes   (Go to SOP_C11)
    2   No
          DK, R

SOP_Q09O
SOPB_09O
Did you feel that things around you were not real or like a dream?

    1   Yes
    2   No
          DK, R

SOP_C11
If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q10, SOP_Q10A and SOP_Q12.

Otherwise, use %these situations% in SOP_Q10, SOP_Q10A and SOP_Q12. (Applies to SOP_Q10, SOP_Q10A, SOP_Q12.)

SOP_Q10
SOPB_10
When you were in %this situation/these situations%, were you ever afraid that you might have a panic attack?

    1   Yes
    2   No   (Go to SOP_Q11)
          DK, R   (Go to SOP_Q11)

SOP_Q10A
SOPB_10A
Did you ever have a panic attack in %this situation/these situations%?

    1   Yes
    2   No
          DK, R

SOP_Q11
SOPB_11
Were you afraid that you might be trapped or unable to escape?

    1   Yes
    2   No
          DK, R

SOP_Q12
SOPB_12
When you were in %this situation/these situations%, were you afraid you might do something <u>embarrassing</u> or <u>humiliating</u>?

    1   Yes   (Go to SOP_Q15)
    2   No
          DK, R

SOP_Q12A
SOPB_12A
Were you afraid that you might embarrass other people?

    1   Yes   (Go to SOP_Q15)
    2   No
          DK, R

SOP_Q13
SOPB_13
Were you afraid that people might <u>look</u> at you, <u>talk</u> about you or think negative things about you?

    1   Yes   (Go to SOP_Q15)
    2   No
           DK, R

SOP_Q14
SOPB_14
Were you afraid that you might be the focus of attention?

    1   Yes   (Go to SOP_Q15)
    2   No
           DK, R

SOP_C12
If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, KEY_PHRASE for SOP_Q01N = "facing situations similar to those we just mentioned."

If SOP_Q01N = 1 and count of responses of "Yes" in SOP_Q01A through SOP_Q01N =2 or 3, KEY_PHRASE for SOP_Q01N = "any other similar situation."

If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_Q14A.

Otherwise, use %these situations% in SOP_Q14A.
(Applies to SOP_Q14A.)

SOP_Q14A
SOPB_14A
There are several reasons why people are afraid when faced with different situations. Tell me, what was it you feared <u>most</u> about %^KEY_PHRASES/these situations%? Did you think it was:
<u>INTERVIEWER</u>: Read categories to respondent.
If respondent thought there was real danger even though it turned out not to be dangerous, consider it as a "real danger".

    1   **… a real danger, like the danger associated with a car accident or a bank robbery?**   (Go to SOP_Q14B)
    2   **… or another reason?**   (Go to SOP_Q14C)
           DK, R   (Go to SOP_Q15)

SOP_Q14B
SOPB_14B
What was this danger?
<u>INTERVIEWER</u>: Enter a brief description of the danger.

    DK, R   (Go to SOP_Q15)

SOP_Q14C
SOPB_14C
What was this reason?
<u>INTERVIEWER</u>: Enter a brief description of the reason.

    DK, R

SOP_Q15
SOPB_15
Was your fear related to embarrassment about having a physical, emotional or mental health problem or condition?

    1   Yes
    2   No   (Go to SOP_Q16)
           DK, R   (Go to SOP_Q16)

SOP_Q15A   **(Please refer to page 8 of the booklet.)**

What was the problem or condition?
INTERVIEWER: Mark all that apply.

SOPB_15A   1   Emotional or mental health problem or condition
SOPB_15B   2   Alcohol or drug problem
SOPB_15C   3   Speech, vision or hearing problem
SOPB_15D   4   Movement or coordination problem
SOPB_15E   5   Facial or body disfigurement, weight or body image problem
SOPB_15F   6   Bad odour or sweating
SOPB_15G   7   Other physical health problem
SOPB_15H   8   Pregnancy
            DK, R

SOP_C13   If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this
           situation% in SOP_Q16 and SOP_Q17.
           Otherwise, use %these situations% in SOP_Q16 and SOP_Q17.
           (Applies to SOP_Q16, SOP_Q17.)

SOP_Q16   **How much did your fear or avoidance of %this situation/these situations%**
SOPB_16   **ever interfere with either your work, your social life or your personal**
           relationships?
           INTERVIEWER: Read categories to respondent.

           1   **Not at all**
           2   **A little**
           3   **Some**
           4   **A lot**
           5   **Extremely**
                DK, R

SOP_Q17   **Was there ever a time in your life when you felt emotionally upset, worried or**
SOPB_17   **disappointed with yourself because of your fear or avoidance of %this**
           situation/these situations%?

           1   Yes
           2   No
                DK, R

SOP_C14   If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this
           situation% in SOP_Q18 and SOP_Q18A.
           Otherwise, use %any of these situations% in SOP_Q18 and SOP_Q18A.
           (Applies to SOP_Q18, SOP_Q18A.)

SOP_Q18   **When was the last time you either strongly feared or avoided %this**
SOPB_18   **situation/any of these situations%. Was it:**
           INTERVIEWER: Read categories to respondent.

           1   **… during the past month?**   (Go to SOP_C15)
           2   **… between 2 and 6 months ago?**   (Go to SOP_C15)
           3   **… between 7 and 12 months ago?**   (Go to SOP_C15)
           4   **… more than 12 months ago?**
                DK
                R   (Go to SOP_C15)

SOP_Q18A
SOPB_18A
How old were you the <u>last</u> time you either strongly feared or avoided %this situation/any of these situations%?
INTERVIEWER: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.
INTERVIEWER: If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".

|_|_|_| Age in years
(MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)

DK, R

SOP_C15
If count of responses of "Yes" in SOP_Q01A through SOP_Q01N = 1, use %this situation% in SOP_Q19.
Otherwise, use %one of these situations% in SOP_Q19.
(Applies to SOP_Q19.)

SOP_Q19
SOPB_19
What if you were faced with %this situation/one of these situations% <u>today</u>. How strong would your fear be?
INTERVIEWER: Read categories to respondent.
If respondent answers "It depends on which situation", ask about the situation that would scare %him/her% most.

1   **No fear**   (Go to SOP_C18)
2   **Mild**   (Go to SOP_C18)
3   **Moderate**
4   **Severe**
5   **Very severe**
     DK, R

SOP_C16
If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in SOP_Q20.
Otherwise, use %any of these situations% in SOP_Q20.
(Applies to SOP_Q20; SOP_Q20 uses SOP_C3A and SOP_C16.)

SOP_Q20
SOPB_20
During the <u>past 12 months</u>, how often did you avoid %situations like ^KEY_PHRASES/any of these situations%?
INTERVIEWER: Read categories to respondent.
If respondent answers "It depends on which situation", ask about the situation that %he/she% avoided most.

1   **All the time**
2   **Most of the time**
3   **Sometimes**
4   **Rarely**
5   **Never**
     DK, R

SOP_QINT21   **(Please refer to page 1 of the booklet.)**

In the <u>past 12 months</u>, think about the period of time that lasted <u>1 month or longer</u> when your fear or avoidance of social and performance situations was most severe. Please tell me what number best describes how much your fear or avoidance of situations interfered with each of the following activities. For each activity, please answer with a number between 0 and 10; 0 means "<u>no</u> interference" while 10 means "<u>very severe</u> interference". <u>INTERVIEWER</u>: Press <Enter> to continue.

SOP_Q21A   **How much did your fear or avoidance of social and performance situations**
SOPB_21A   **interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**

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

        |_|_| Number
        (MIN: 0) (MAX: 10)

        DK, R

SOP_Q21B_1   **How much did it interfere with your ability to attend school?**
SOPB_211   <u>INTERVIEWER</u>: If necessary, enter "11" to indicate "Not applicable".

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

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

        DK, R

SOP_Q21B_2   **How much did it interfere with your ability to work at a job?**
SOPB_212   <u>INTERVIEWER</u>: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

SOP_Q21C   **Again think about that period of time lasting <u>1 month or longer</u> when your**
SOPB_21C   **fear or avoidance of social or performance situations was <u>most severe</u>, how**
              much did this fear or avoidance interfere with your ability to form and
              maintain <u>close</u> relationships with other people? (Remember that 0 means
              "<u>no</u> interference" and 10 means "<u>very severe</u> interference".)

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

SOP_Q21D   **How much did it interfere with your social life?**
SOPB_21D

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

SOP_C17   If (SOP_Q21A, SOP_Q21B_1, SOP_Q21B_2, SOP_Q21C and SOP_Q21D) **=** 0
          (no interference) or = 11 (not applicable) or DK or R, SOP_C17 = 1 and go to
          SOP_C18.
          Otherwise, SOP_C17 = 2.

SOP_Q23   **In the past 12 months, about how many days out of 365 were you totally**
SOPB_23   **unable to work or carry out your normal activities because of your fear or**
          avoidance of situations? (You may use any number between 0 and 365 to
          answer.)

|_|_|_| Number of days
(MIN: 0) (MAX: 365)

DK, R

SOP_C18   If SOP_C2 = 2, insert KEY_PHRASES from SOP_Q01A through SOP_Q01N in
          SOP_Q25 as **%**of a situation like ^KEY_PHRASES%.
          Otherwise, use %of these situations% in SOP_Q25.
          (Applies to SOP_Q25 ; SOP_Q25 uses SOP_C18 and SOP_C3A.)

SOP_Q25   **Did you __ever__ in your life see, or talk on the telephone, to a medical doctor**
SOPB_25   **or other professional about your fear or avoidance %of a situation like**
          ^KEY_PHRASES/of these situations%? (By other professional, we mean
          psychologists, psychiatrists, social workers, counsellors, spiritual
          advisors, homeopaths, acupuncturists, self-help groups or other health
          professionals.)

    1   Yes
    2   No   (Go to SOP_Q39_1)
         DK, R   (Go to SOP_Q39_1)

SOP_Q25A
SOPB_25A

How old were you the <u>first time</u> you saw, or talked to a professional about your fear?
<u>INTERVIEWER</u>: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.

|_|_|_| Age in years
(MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)

DK, R

SOP_Q36
SOPB_36

Did you <u>ever</u> get treatment for your fear that you considered <u>helpful</u> or <u>effective</u>?

1   Yes
2   No   (Go to SOP_Q36C)
       DK, R   (Go to SOP_Q36C)

SOP_Q36A
SOPB_36A

How old were you the <u>first time</u> you got <u>helpful</u> treatment for your fear?
<u>INTERVIEWER</u>: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.

|_|_|_| Age in years
(MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)

DK, R

SOP_Q36B
SOPB_36B

Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your fear?

|_|_| Number of professionals
(MIN: 1) (MAX: 95; warning after 12)

DK, R

SOP_Q36C
SOPB_36C

In total, how many professionals did you <u>ever</u> see, or talk to about your fear?

|_|_| Number of professionals
(MIN: 0) (MAX: 95; warning after 12)

DK, R

SOP_Q38
SOPB_38

At any time in the <u>past 12 months</u>, did you receive professional treatment for your fear?

1   Yes
2   No
       DK, R

SOP_Q39
SOPB_39

Were you <u>ever</u> hospitalized overnight for your fear?

1   Yes
2   No   (Go to SOP_Q39_1)
       DK, R   (Go to SOP_Q39_1)

SOP_Q39A
SOPB_39A
How old were you the <u>first time</u> you were hospitalized overnight because of your fear?
<u>INTERVIEWER</u>: Minimum is %age in SOP_Q03A or SOP_Q03B%; maximum is %current age%.

|_|_|_| Age in years
(MIN: age in SOP_Q03A or SOP_Q03B) (MAX: current age)

DK, R

SOP_Q39_1
SOPB_391
How many of your close relatives – including your biological parents, brothers, sisters and children – ever had a strong fear of social or performance situations?
INTERVIEWER: Minimum is 0; maximum is 95.

|_|_| Number of relatives
(MIN: 0) (MAX: 95)

DK, R

SOP_ND   <u>INTERVIEWER</u>: This is the end of the module. Press <1> to continue.

SOP_END   Go to next module.

AGORAPHOBIA

AGP_C1   If SCR_30 = 1, go to AGP_QINT1.
                Otherwise, go to AGP_ND.

AGP_QINT1   **Earlier you mentioned having a strong fear of things like being in crowds,
                going to public places, travelling by yourself or travelling away from home.
                The next questions are about which of these things you feared. Tell me if
                you ever strongly feared any of the following situations.**
                <u>INTERVIEWER</u>: Press <Enter> to continue.

AGP_Q01A   **Being home alone?**
AGPB_01A

                1   Yes   (KEY_PHRASE = being home alone)
                2   No
                3   Not applicable
                        DK
                        R   (Go to AGP_ND)

AGP_Q01B   **Being in crowds?**
AGPB_01B

                1   Yes   (KEY_PHRASE = being in crowds)
                2   No
                3   Not applicable
                        DK, R

AGP_Q01C   **Travelling away from home?**
AGPB_01C

                1   Yes   (KEY_PHRASE = travelling away from home)
                2   No
                3   Not applicable
                        DK, R

AGP_Q01D   **Travelling alone or being alone away from home?**
AGPB_01D

                1   Yes   (KEY_PHRASE = travelling alone)
                2   No
                3   Not applicable
                        DK, R

AGP_Q01E   **Did you ever strongly fear using public transportation?**
AGPB_01E

                1   Yes   (KEY_PHRASE = using public transportation)
                2   No
                3   Not applicable
                        DK, R

AGP_Q01F   **Driving a car?**
AGPB_01F

                1   Yes   (KEY_PHRASE = driving a car)
                2   No
                3   Not applicable
                        DK, R

AGP_Q01G
AGPB_01G
Standing in a line in a public place?

1   Yes   (KEY_PHRASE = standing in a line)
2   No
3   Not applicable
      DK, R

AGP_Q01H
AGPB_01H
Did you ever strongly fear being in a department store, shopping mall or supermarket?

1   Yes   (KEY_PHRASE = being in stores or malls)
2   No
3   Not applicable
      DK, R

AGP_Q01I
AGPB_01I
Being in a movie theatre, auditorium, lecture hall or church?

1   Yes   (KEY_PHRASE = being in large auditoriums)
2   No
3   Not applicable
      DK, R

AGP_Q01J
AGPB_01J
Being in a restaurant or any other public place?

1   Yes   (KEY_PHRASE = being in restaurants)
2   No
3   Not applicable
      DK, R

AGP_Q01K
AGPB_01K
Being in a wide, open field or street?

1   Yes   (KEY_PHRASE = being in wide open places)
2   No
3   Not applicable
      DK, R

AGP_C2A
If count of responses of "Yes" in AGP_Q01A to AGP_Q01J <= 1,
AGP_C2A = 1 and go to AGP_ND.
Otherwise AGP_C2A = 2.

AGP_C2B
If SOP_Q39_1 = 0 to 95, DK, or R, AGP_C2B = 1.
Otherwise, AGP_C2B = 2 and go to AGP_Q03_1.

AGP_Q02
AGPB_02
Was the reason for your fear of ^KEY_PHRASES <u>ever</u> because you felt very shy, afraid or uncomfortable in social or performance situations, or being with other people?

1   Yes
2   No   (Go to AGP_Q03_1)
      DK, R   (Go to AGP_Q03_1)

AGP_Q02A
AGPB_02A
Was your fear of these situations <u>always</u> because you felt shy, afraid or uncomfortable in social or performance situations, or being with other people?

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

AGP_Q03_1
AGPB_031
You mentioned that you had a fear of ^KEY_PHRASES. Can you remember <u>exactly</u> how old you were, the <u>very first</u> time you had a fear of one of these situations?

    1   Yes
    2   No   (Go to AGP_Q03B)
         DK, R   (Go to AGP_Q03B)

AGP_Q03A
AGPB_03A
How old were you?
<u>INTERVIEWER</u>: Minimum is 0; maximum is %current age%.

|_|_|_| Age in years   (Go to AGP_QINT4)
(MIN: 0) (MAX: current age)

DK
R   (Go to AGP_QINT4)

AGP_Q03B
AGPB_03B
<u>About</u> how old were you?
<u>INTERVIEWER</u>: Minimum is 0; maximum is %current age%.
If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".

|_|_|_| Age in years   (Go to AGP_QINT4)
(MIN: 0) (MAX: current age)

DK
R   (Go to AGP_QINT4)

AGP_Q03B_1
AGPB_3B1
Would you say that the very first time you had a fear of one of these situations was:
<u>INTERVIEWER</u>: Read categories to respondent.
If respondent answers "All my life", press <F6> to indicate "DK".

    1   **… before you first started school?**
    2   **… before you were a teenager?**
    3   **… once you were a teenager or an adult?**
         DK, R

AGP_QINT4
People with fears like this differ in <u>what</u> it is they fear about the situations. Please tell me which of the following fears you experienced.
<u>INTERVIEWER</u>: Press <Enter> to continue.

AGP_Q04A
AGPB_04A
When you were faced with one of these situations, did you fear being alone or being separated from your loved ones?

    1   Yes
    2   No
         DK, R

AGP_Q04B AGPB_04B	**Did you fear that there was some real danger, like that you might be robbed or assaulted?**

1   Yes
2   No
      DK, R

AGP_Q04C AGPB_04C	**Did you fear that you might get sick to your stomach or have diarrhea?**

1   Yes
2   No
      DK, R

AGP_Q04D AGPB_04D	**Did you fear that you might have a panic attack?**

1   Yes
2   No
      DK, R

AGP_Q04E AGPB_04E	**Did you fear that you might have a heart attack or some other emergency?**

1   Yes
2   No
      DK, R

AGP_Q04F AGPB_04F	**Did you fear that you might become physically ill and be unable to get help?**

1   Yes
2   No
      DK, R

AGP_Q04G AGPB_04G	**Did you fear that it might be difficult or embarrassing to escape?**

1   Yes
2   No
      DK, R

AGP_Q04H AGPB_04H	**Did you fear that some other terrible thing might happen?**

1   Yes
2   No
      DK, R

AGP_C6A   If SCR_Q30_2=1, AGP_C6A=1.
              Otherwise, AGP_C6A=2 and go to AGP_QINT8.

AGP_QINT6A **The following questions are about your fear of ^KEY_PHRASES.**
                 <u>INTERVIEWER</u>: Press <Enter> to continue.

AGP_Q06A
AGPB_06

Earlier, you mentioned having times when you avoided one of these situations. How old were you the very <u>first time</u> you started avoiding these situations?
<u>INTERVIEWER</u>: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.
If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".

|_|_|_| Age in years   (Go to AGP_QINT8)
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK
R   (Go to AGP_QINT8)

AGP_Q06A_1
AGPB_061

Would you say that the very first time you avoided these situations was:
<u>INTERVIEWER</u>: Read categories to respondent.
If respondent answers "All my life", press <F6> to indicate "DK".

1   **… before you first started school?**
2   **… before you were a teenager?**
3   **… once you were a teenager or an adult?**
        DK, R

AGP_QINT8

The following questions are about your fear of ^KEY_PHRASES.
<u>INTERVIEWER</u>: Press <Enter> to continue.

AGP_Q08
AGPB_08

Was there a particular <u>incident</u> or <u>event</u> that caused your fear of these situations to start the very first time?

1   Yes
2   No   (Go to AGP_QINT9)
        DK, R   (Go to AGP_QINT9)

AGP_Q08A
AGPB_08A

Did you have a panic attack as a result of that incident or event?

1   Yes
2   No
        DK, R

AGP_QINT9

Think of the time in your life when your fear or avoidance of these situations was <u>most severe and frequent</u>. When you were faced with these situations, or thought you would have to be, tell me if you ever had any of the following experiences.
<u>INTERVIEWER</u>: Press <Enter> to continue.

AGP_Q09A
AGPB_09A

Did your heart ever pound or race?

1   Yes
2   No
        DK, R

AGP_Q09B
AGPB_09B
Did you sweat?

1   Yes
2   No
      DK, R

AGP_Q09C
AGPB_09C
Did you tremble or shake?

1   Yes
2   No
      DK, R

AGP_Q09D
AGPB_09D
Did you have a dry mouth?

1   Yes
2   No
      DK, R

AGP_C10
If any of AGP_Q09A, AGP_Q09B, AGP_Q09C or AGP_Q09D = 1 (Yes), go to AGP_QINT11.
Otherwise, go to AGP_Q13.

AGP_QINT11
When you were faced with these situations, or thought you would have to be, tell me if you ever had one of the following reactions.
<u>INTERVIEWER</u>: Press <Enter> to continue.

AGP_Q11A
AGPB_11A
Did you have trouble breathing normally?

1   Yes   (Go to AGP_Q13)
2   No
      DK, R

AGP_Q11B
AGPB_11B
Did you feel like you were choking?

1   Yes   (Go to AGP_Q13)
2   No
      DK, R

AGP_Q11C
AGPB_11C
Did you have pain or discomfort in your chest?

1   Yes   (Go to AGP_Q13)
2   No
      DK, R

AGP_Q11D
AGPB_11D
Did you feel nauseous or sick to your stomach?

1   Yes   (Go to AGP_Q13)
2   No
      DK, R

AGP_Q11E
AGPB_11E
Did you feel dizzy or faint?

1   Yes   (Go to AGP_Q13)
2   No
      DK, R

AGP_Q11F
AGPB_11F

Did you ever fear that you might lose control, go crazy or pass out?

1   Yes   (Go to AGP_Q13)
2   No
        DK, R

AGP_Q11G
AGPB_11G

Were you afraid that you might die?

1   Yes   (Go to AGP_Q13)
2   No
        DK, R

AGP_Q11H
AGPB_11H

Did you have hot flushes or chills?

1   Yes   (Go to AGP_Q13)
2   No
        DK, R

AGP_Q11I
AGPB_11I

Did you feel numbness or have tingling sensations?

1   Yes   (Go to AGP_Q13)
2   No
        DK, R

AGP_Q11J
AGPB_11J

Did you feel like you were "not really there", like you were watching a movie of yourself?

1   Yes   (Go to AGP_Q13)
2   No
        DK, R

AGP_Q11K
AGPB_11K

Did you feel that things around you were not real or like a dream?

1   Yes
2   No
        DK, R

AGP_Q13
AGPB_13

Were you ever unable to leave your home for an entire day because of your fear?

1   Yes
2   No   (Go to AGP_Q14)
        DK, R   (Go to AGP_Q14)

AGP_Q13A
AGPB_13A

What is the <u>longest</u> period when you were unable to leave your home?
<u>INTERVIEWER</u>: Select the reporting unit here and enter the number in the next screen.

1   Days
2   Weeks   (Go to AGP_Q13C)
3   Months   (Go to AGP_Q13D)
4   Years   (Go to AGP_Q13E)
        DK, R   (Go to AGP_Q14)

AGP_Q13B   INTERVIEWER: Enter the number of days.
AGPB_13B   Minimum is 1; maximum is 900.

|_|_|_| Number of days
(MIN: 1) (MAX: 900; warning after 365)

DK, R

AGP_E13B   If AGP_Q13B <= 365, go to AGP_Q14.
                Otherwise, show pop-up edit as follows.

                An unusual value has been entered.
                Please confirm or return and change the reporting unit.

AGP_Q13C   INTERVIEWER: Enter the number of weeks.
AGPB_13C   Minimum is 1; maximum is 104.

|_|_|_| Number of weeks
(MIN: 1) (MAX: 104; warning after 52)

DK, R

AGP_E13C   If AGP_Q13C <= 52, go to AGP_Q14.
                Otherwise, show pop-up edit as follows.

                An unusual value has been entered.
                Please confirm or return and change the reporting unit.

AGP_Q13D   INTERVIEWER: Enter the number of months.
AGPB_13D   Minimum is 1; maximum is 36.

|_|_| Number of months
(MIN: 1) (MAX: 36; warning after 24)

DK, R

AGP_E13D   If AGP_Q13D <= 24, go to AGP_Q14.
                Otherwise, show pop-up edit as follows.

                An unusual value has been entered.
                Please confirm or return and change the reporting unit.

AGP_Q13E   INTERVIEWER: Enter the number of years.
AGPB_13E   Minimum is 1; maximum is %current age - (age in AGP_Q03A or AGP_Q03B)%.

|_|_|_| Number of years
(MIN: 1) (MAX: current age - (age in AGP_Q03A or AGP_Q03B))

DK, R

AGP_Q14
AGPB_14
Some people are unable to go out of their home unless they have someone they know with them, like a family member or friend. Was this ever true for you?

1   Yes
2   No
     DK, R

AGP_QINT15
Remember, these questions are about your fear or avoidance of ^KEY_PHRASES.
INTERVIEWER: Press <Enter> to continue.

AGP_Q15
AGPB_15
How much did your fear or avoidance of these situations <u>ever</u> interfere with either your work, your social life or your personal relationships?
INTERVIEWER: Read categories to respondent.

1   **Not at all**
2   **A little**
3   **Some**
4   **A lot**
5   **Extremely**
     DK, R

AGP_Q16
AGPB_16
Was there ever a time in your life when you felt emotionally upset, worried or disappointed with yourself because of your fear or avoidance of these situations?

1   Yes
2   No
     DK, R

AGP_Q17
AGPB_17
At any time in the <u>past 12 months</u>, did you either strongly fear or avoid any of these situations?

1   Yes
2   No   (Go to AGP_Q17B)
     DK   (Go to AGP_Q17B)
     R   (Go to AGP_Q18)

AGP_Q17A
AGPB_17A
How recently was it?
INTERVIEWER: Read categories to respondent.

1   **During the past month**
2   **Between 2 to 6 months ago**
3   **More than 6 months ago**
     DK, R

     Go to AGP_Q18.

AGP_Q17B
AGPB_17B

How old were you the <u>last</u> time you either strongly feared or avoided one of these situations?
<u>INTERVIEWER</u>: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.
If respondent answers "All my life" or "As long as I can remember", press <F6> to indicate "DK".

|_|_|_| Age in years
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK, R

AGP_Q18
AGPB_18

What if you were faced with one of these situations <u>today</u>. How strong would your fear be?
<u>INTERVIEWER</u>: Read categories to respondent.
If respondent answers "It depends on which situation", ask about the situation that would scare %him/her% the most.

1   **No fear**   (Go to AGP_Q24)
2   **Mild**   (Go to AGP_Q24)
3   **Moderate**
4   **Severe**
5   **Very severe**
        DK, R

AGP_Q19
AGPB_19

During the <u>past 12 months</u>, how often did you avoid these feared situations?
<u>INTERVIEWER</u>: Read categories to respondent.
If respondent answers "It depends on which situation", ask about the situation that %he/she% avoided the most.

1   **All the time**
2   **Most of the time**
3   **Sometimes**
4   **Rarely**
5   **Never**
        DK, R

AGP_QINT20   **(Please refer to page 1 of the booklet.)**

During the <u>past 12 months</u>, think about the period of time that lasted <u>one month or longer</u> when your fear or avoidance of situations was most severe. Please tell me what number best describes how much your fear or avoidance of situations interfered with each of the following activities. For each activity, answer with a number between 0 and 10; 0 means "<u>no</u> interference", while 10 means "<u>very severe</u> interference".
<u>INTERVIEWER</u>: Press <Enter> to continue.

AGP_Q20A
AGPB_20A
How much did your fear or avoidance of situations 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

AGP_Q20B_1
AGPB_201
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

AGP_Q20B_2 **How much did it interfere with your ability to work at a job?**
AGPB_202   INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

AGP_Q20C **Again thinking about that period of time lasting <u>one month or longer</u> during**
AGPB_20C **the <u>past 12 months</u> when your fear or avoidance of situations was most**
           severe, how much did this fear or avoidance interfere with your ability to
           form and maintain <u>close</u> relationships with other people? (Remember that 0
           means "<u>no</u> interference" and 10 means "<u>very severe</u> interference".)

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

AGP_Q20D AGPB_20D	**How much did it interfere with your social life?**

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

AGP_C21	If (AGP_Q20A, AGP_Q20B_1, AGP_Q20B_2, AGP_Q20C and AGP_Q20D) = 0 (no interference) or = 11 (not applicable) or DK, or R, AGP_C21 = 1 and go to AGP_Q24. Otherwise, AGP_C21 = 2.

AGP_Q22 AGPB_22	**During the <u>past 12 months</u>, about how many days out of 365 were you totally unable to work or carry out your normal activities because of your fear or avoidance of situations? (You may use any number between 0 and 365 to answer.)**

|_|_|_| Number of days
(MIN: 0) (MAX: 365)

DK, R

AGP_Q24 AGPB_24	**Did you <u>ever</u> in your life see, or talk on the telephone, to a medical doctor or other professional about your fear or avoidance of these situations? (By other professional, we mean psychologists, psychiatrists, social workers, counsellors, spiritual advisors, homeopaths, acupuncturists, self-help groups or other health professionals.)**

```
1      Yes
2      No                        (Go to AGP_Q38_1)
       DK, R                      (Go to AGP_Q38_1)
```

AGP_Q24A AGPB_24A	**How old were you the <u>first time</u> you saw, or talked to a professional about your fear?** <u>INTERVIEWER</u>: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.

|_|_|_| Age in years
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK, R

AGP_Q35
AGPB_35

Did you ever get treatment for your fear that you considered <u>helpful</u> or <u>effective</u>?

1   Yes
2   No   (Go to AGP_Q35C)
      DK, R   (Go to AGP_Q35C)

AGP_Q35A
AGPB_35A

How old were you the <u>first time</u> you got <u>helpful</u> treatment for your fear?
<u>INTERVIEWER</u>: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.

|_|_|_| Age in years
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK, R

AGP_Q35B
AGPB_35B

Up to and including the first time you got helpful treatment, how many professionals did you see, or talk to about your fear?

|_|_| Number of professionals
(MIN: 1) (MAX: 95; warning after 12)

DK, R

AGP_Q35C
AGPB_35C

In total, how many professionals did you <u>ever</u> see, or talk to about your fear?

|_|_| Number of professionals
(MIN: 1) (MAX: 95; warning after 12)

DK, R

AGP_Q37
AGPB_37

At any time in the <u>past 12 months</u>, did you receive professional treatment for your fear?

1   Yes
2   No
      DK, R

AGP_Q38
AGPB_38

Were you ever hospitalized overnight for your fear?

1   Yes
2   No   (Go to AGP_Q38_1)
      DK, R   (Go to AGP_Q38_1)

AGP_Q38A
AGPB_38A

How old were you the first time you were hospitalized overnight because of your fear?
<u>INTERVIEWER</u>: Minimum is %age in AGP_Q03A or AGP_Q03B%; maximum is %current age%.

|_|_|_| Age in years
(MIN: age in AGP_Q03A or AGP_Q03B) (MAX: current age)

DK, R

AGP_Q38_1
AGPB_381   **How many of your close relatives – including your biological parents, brothers, sisters and children – ever had a strong fear of being home alone, being in crowds or being away from home?**

|_|_| Number of relatives
(MIN: 0) (MAX: 95)

DK, R

AGP _ND   <u>INTERVIEWER</u>: This is the end of the module. Press <1> to continue.

AGP_END   Go to next module.

ALCOHOL USE

ALC_QINT **The following questions are about your 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,**
ALCB_1 **have you had a drink of beer, wine, liquor or any other alcoholic beverage?**

1 Yes
2 No (Go to ALC_Q5B)
 DK, R (Go to ALC_END)

ALC_Q2 **During the past 12 months, how often did you drink alcoholic beverages?**
ALCB_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 you had 5 or more drinks on one**
ALCB_3 **occasion?**

1 Never
2 Less than once a month
3 Once a month
4 2 to 3 times a month
5 Once a week
6 More than once a week
 DK, R

ALC_Q4 **During the past 12 months, did you regularly drink more than 12 drinks a**
ALCB_4 **week?**

1 Yes
2 No
 DK, R

ALC_Q5 **Now, thinking back over the past week, that is, from %date last week% to**
ALCB_5 **yesterday, did you have a drink of beer, wine, liquor or any other alcoholic**
beverage?

1 Yes
2 No (Go to ALC_Q6)
 DK, R (Go to ALC_Q6)

ALC_Q5A	**Starting with yesterday, that is %day name%, how many drinks did you have:**

(If R on first day, go to ALC_Q6)
(MIN: 0 MAX: 99 warning after 12 for each day)

ALCB_5A1	1	Sunday?
ALCB_5A2	2	Monday?
ALCB_5A3	3	Tuesday?
ALCB_5A4	4	Wednesday?
ALCB_5A5	5	Thursday?
ALCB_5A6	6	Friday?
ALCB_5A7	7	Saturday?

Go to ALC_Q6.

ALC_Q5B	**Have you ever had a drink?**
ALCB_5B	

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

ALC_Q6	**Before %current month/current year–1%, was there ever a 12 month**
ALCB_9	**period when, at least once every month, you had 5 drinks or more in one occasion?**

1	Yes
2	No
	DK, R

ALC_Q6A	**Again, before %current month/current year–1%, did you ever regularly**
ALCB_10	**drink more than 12 drinks a week?**

1	Yes
2	No
	DK, R

ALC_C6A	If (ALC_Q3 <= 2 and ALC_Q6 = 1) or if (ALC_Q4 = 2 and ALC_Q6A = 1), go to ALC_Q7.
	Otherwise, go to ALC_Q8.

ALC_Q7		**Why did you reduce or quit drinking altogether?**
		<u>INTERVIEWER</u>: Mark all that apply.

ALCB_7A	1	Dieting
ALCB_7B	2	Athletic training
ALCB_7C	3	Pregnancy
ALCB_7D	4	Getting older
ALCB_7E	5	Drinking too much / drinking problem
ALCB_7F	6	Affected – work, studies, employment opportunities
ALCB_7G	7	Interfered with family or home life
ALCB_7H	8	Affected – physical health
ALCB_7I	9	Affected – friendships or social relationships
ALCB_7J	10	Affected – financial position
ALCB_7K	11	Affected – outlook on life, happiness
ALCB_7L	12	Influence of family or friends
ALCB_7M	13	Other – Specify
		DK, R

ALC_Q8
ALCB_8

Not counting small sips, how old were you when you started drinking alcoholic beverages?
<u>INTERVIEWER</u>: Drinking does <u>not</u> include having a few sips of wine for religious purposes.

|_|_|_| Age in years
(MIN: 5) (MAX: current age)

DK, R

ALC_END   Go to next module.

ALCOHOL DEPENDENCE

ALD_C1A   If (ALC_Q5B = 2, DK or R), go to ALD_END.

                 If ((ALC_Q1 = 2) and (ALC_Q6 = 2, DK, R)) or ((ALC_Q3 <= 2 DK or R) and (ALC_Q6 = 2, DK or R)), go to ALD_END.

                 Otherwise, go to ALD_C1B.

ALD_C1B   If (ALC_Q3 > 2) (In the past 12 months had at least 5 drinks at least once a month), go to ALD_QINT1.

                 If (ALC_Q3 <= 2 or ALC_Q5B = 1) and ALC_Q6 = 1 (Previously had a 12-month period when had at least 5 drinks at least once a month), go to ALD_QINT2.

ALD_QINT1   **The next questions are about how drinking can affect people in their activities. We will be referring to the past 12 months, that is, from %date one year ago% to yesterday.**
                 <u>INTERVIEWER</u>: Press <Enter> to continue.

ALD_Q01   **During the past 12 months, have you ever been drunk or**
ALDB_01   **hung-over while at work, school or while taking care of children?**

                 1   Yes   (Go to ALD_Q02)
                 2   No
                        DK, R   (Go to ALD_END)

ALD_C01   If ALC_Q6 = 1, go to ALD_Q01A.
                 Otherwise, go to ALD_Q03.

ALD_Q01A   **Has that ever happened?**
ALDB_01A

                 1   Yes
                 2   No   (Go to ALD_Q03)
                        DK, R   (Go to ALD_END)

ALD_Q02   **How many times? Was it:**
ALDB_02   <u>INTERVIEWER</u>: Read categories to respondent.

                 1   **… once or twice?**
                 2   **… 3 to 5 times?**
                 3   **… 6 to 10 times?**
                 4   **… 11 to 20 times?**
                 5   **… more than 20 times?**
                        DK, R

ALD_Q03   **During the past 12 months, were you ever in a situation while drunk or**
ALDB_03   **hung-over which increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports.)**

                 1   Yes   (Go to ALD_Q04)
                 2   No
                        DK, R   (Go to ALD_Q04)

ALD_C03   If ALC_Q6 = 1, go to ALD_Q03A.
               Otherwise, go to ALD_Q04.

ALD_Q03A   **Has that ever happened?**
ALDB_03A

               1   Yes
               2   No
                        DK, R

ALD_Q04   **During the past 12 months, have you had any emotional or psychological**
ALDB_04   **problems because of alcohol use, such as feeling uninterested in things,**
               depressed or suspicious of people?

               1   Yes   (Go to ALD_Q05)
               2   No
                        DK, R   (Go to ALD_Q05)

ALD_C04A   If ALC_Q6 = 1, go to ALD_Q04A.
               Otherwise, go to ALD_Q05.

ALD_Q04A   **Has that ever happened?**
ALDB_04A

               1   Yes
               2   No
                        DK, R

ALD_Q05   **During the past 12 months, have you had such a strong desire or urge to**
ALDB_05   **drink alcohol that you could not resist it or could not think of anything else?**

               1   Yes   (Go to ALD_Q06)
               2   No
                        DK, R   (Go to ALD_Q06)

ALD_C05A   If ALC_Q6 = 1, go to ALD_Q05A.
               Otherwise, go to ALD_Q06.

ALD_Q05A   **Has that ever happened?**
ALDB_05A

               1   Yes
               2   No
                        DK, R

ALD_Q06   **During the past 12 months, have you had a period of a month or more when**
ALDB_06   **you spent a great deal of time getting drunk or being hung-over?**

               1   Yes   (Go to ALD_Q07)
               2   No
                        DK, R   (Go to ALD_Q07)

ALD_C06A   If ALC_Q6 = 1, go to ALD_Q06A.
               Otherwise, go to ALD_Q07.

ALD_Q06A **Has that ever happened?**
ALDB_06A

    1   Yes
    2   No
           DK, R

ALD_Q07 **During the past 12 months, did you ever drink much more or for a longer**
ALDB_07 **period of time than you intended?**

    1   Yes   (Go to ALD_Q08)
    2   No
           DK, R   (Go to ALD_Q09)

ALD_C07 If ALC_Q6 = 1, go to ALD_Q07A.
                Otherwise, go to ALD_Q09.

ALD_Q07A **Has that ever happened?**
ALDB_07A

    1   Yes
    2   No   (Go to ALD_Q09)
           DK, R   (Go to ALD_Q09)

ALD_Q08 **How many times? Was it:**
ALDB_08 <u>INTERVIEWER</u>: Read categories to respondent.

    1   **… once or twice?**
    2   **… 3 to 5 times?**
    3   **… 6 to 10 times?**
    4   **… 11 to 20 times?**
    5   **… more than 20 times?**
           DK, R

ALD_Q09 **During the past 12 months, did you ever find that you had to drink more**
ALDB_09 **alcohol than usual to get the same effect or that the same amount of alcohol**
                had less effect on you than usual?

    1   Yes   (Go to ALD_Q10)
    2   No
           DK, R   (Go to ALD_Q10)

ALD_C09 If ALC_Q6 = 1, go to ALD_Q09A.
                Otherwise, go to ALD_Q10.

ALD_Q09A **Has that ever happened?**
ALDB_09A

    1   Yes
    2   No
            DK, R

ALD_Q10 **During the past 12 months, did you ever have a period when you stopped,**
ALDB_10 **cut down, or went without alcohol and then experienced symptoms like**
                fatigue, headaches, diarrhea, the shakes or emotional problems?

    1   Yes   (Go to ALD_Q11)
    2   No
           DK, R   (Go to ALD_Q11)

ALD_C10   If ALC_Q6 = 1, go to ALD_Q10A.
                 Otherwise, go to ALD_Q11.

ALD_Q10A   **Has that ever happened?**
ALDB_10A

                 1   Yes
                 2   No
                          DK, R

ALD_Q11   **During the past 12 months, did you ever have a period when you drank**
ALDB_11   **alcohol even though you <u>promised</u> yourself you wouldn't, or when you**
                 drank a lot more than you intended?

                 1   Yes   (Go to ALD_Q12)
                 2   No
                          DK, R   (Go to ALD_Q12)

ALD_C11   If ALC_Q6 = 1, go to ALD_Q11A.
                 Otherwise, go to ALD_Q12.

ALD_Q11A   **Has that ever happened?**
ALDB_11A

                 1   Yes
                 2   No
                          DK, R

ALD_Q12   **During the past 12 months, did you ever have a period of several days or**
ALDB_12   **more when you spent so much time drinking alcohol or recovering from the**
                 effects that you had little time for anything else?

                 1   Yes   (Go to ALD_Q13)
                 2   No
                          DK, R   (Go to ALD_Q13)

ALD_C12   If ALC_Q6 = 1, go to ALD_Q12A.
                 Otherwise, go to ALD_Q13.

ALD_Q12A   **Has that ever happened?**
ALDB_12A

                 1   Yes
                 2   No
                          DK, R

ALD_Q13   **During the past 12 months, did you ever have a period of a month or longer**
ALDB_13   **when you gave up or greatly reduced important activities because of your**
                 use of alcohol?

                 1   Yes   (Go to ALD_Q14)
                 2   No
                          DK, R   (Go to ALD_Q14)

ALD_C13   If ALC_Q6 = 1, go to ALD_Q13A.
                 Otherwise, go to ALD_Q14.

ALD_Q13A **Has that ever happened?**
ALDB_13A

1 Yes
2 No
DK, R

ALD_Q14   **During the past 12 months, did you ever continue to drink alcohol when you**
ALDB_14   **knew you had a serious physical or emotional problem that might have**
          been caused by or made worse by your alcohol use?

1 Yes   (Go to ALD_C15)
2 No
DK, R   (Go to ALD_C15)

ALD_C14   If ALC_Q6 = 1, go to ALD_Q14A.
          Otherwise, go to ALD_C15.

ALD_Q14A **Has that ever happened?**
ALDB_14A

1 Yes
2 No
DK, R

ALD_C15   ALD_C15 = Count of instances where 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 <> 2, DK or R.

          If ALD_C15 => 1 and ALC_Q3 > 2 (in the past 12 months had 5 drinks in one
          occasion at least once a month), go to ALD_QINT15.

          Otherwise, go to ALD_END.

ALD_QINT15 **(Please refer to page 1 of the booklet.)**

          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 "<u>no</u>
          interference", while 10 means "<u>very severe</u> interference".
          <u>INTERVIEWER</u>: Press <Enter> to continue.

ALD_Q15A
ALDB_15A

During 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   I
    2   I
    3   I
    4   I
    5   I
    6   I
    7   I
    8   I
    9   V
    10   Very severe interference

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

ALD_Q15B_1
ALDB_5B1

How much did it interfere with your ability to attend school?
<u>INTERVIEWER</u>: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

ALD_Q15B_2   **How much did it interfere with your ability to work at a job?**
ALDB_5B2   <u>INTERVIEWER</u>: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

ALD_Q15C   **(During the past 12 months,) how much did your alcohol use interfere with**
ALDB_15C   **your ability to form and maintain <u>close</u> relationships with other people?**
(Remember that 0 means "<u>no</u> interference" and 10 means "<u>very severe</u>
interference".)

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

ALD_Q15D
ALDB_15D
How much did it interfere with your social life?

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

Go to ALD_END.

ALD_QINT2
The next questions are about how drinking can affect people in their activities.
<u>INTERVIEWER</u>: Press <Enter> to continue.

ALD_Q01L
ALDB_01L
During your life, have you ever been drunk or hung-over while at work, school or while taking care of children?

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

ALD_Q02L
ALDB_02L
How many times? Was it:
<u>INTERVIEWER</u>: Read categories to respondent.

    1   **… once or twice?**
    2   **… 3 to 5 times?**
    3   **… 6 to 10 times?**
    4   **… 11 to 20 times?**
    5   **… more than 20 times?**
           DK, R

ALD_Q03L
ALDB_03L
During your life, 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_Q04L	**During your life, have you ever had any emotional or psychological**
ALDB_04L	**problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?**

       1   Yes
       2   No
            DK, R

ALD_Q05L	**During your life, have you ever had such a strong desire or urge to drink**
ALDB_05L	**alcohol that you could not resist it or could not think of anything else?**

       1   Yes
       2   No
            DK, R

ALD_Q06L	**During your life, have you ever had a period of a month or more when you**
ALDB_06L	**spent a great deal of time getting drunk or being hung-over?**

       1   Yes
       2   No
            DK, R

ALD_Q07L	**During your life, did you ever drink much more or for a longer period**
ALDB_07L	**of time than you intended?**

       1   Yes
       2   No
            DK, R

ALD_Q08L	**How many times? Was it:**
ALDB_08L	INTERVIEWER: Read categories to respondent.

       1   **… once or twice?**
       2   **… 3 to 5 times?**
       3   **… 6 to 10 times?**
       4   **… 11 to 20 times?**
       6   **… more than 20 times?**
            DK, R

ALD_Q09L	**During your life, did you ever find that you had to drink more alcohol than**
ALDB_09L	**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_Q10L	**During your life, did you ever have a period when you stopped, cut down,**
ALDB_10L	**or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhea, the shakes or emotional problems?**

       1   Yes
       2   No
            DK, R

ALD_Q11L **During your life, did you ever have a period when you drank alcohol even**
ALDB_11L **though you <u>promised</u> yourself you wouldn't, or when you drank a lot more**
          than you intended?

        1   Yes
        2   No
              DK, R

ALD_Q12L **During your life, did you ever have a period of several days or more when**
ALDB_12L **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_Q13L **During your life, did you ever have a period of a month or longer when you**
ALDB_13L **gave up or greatly reduced important activities because of your use of**
          alcohol?

        1   Yes
        2   No
              DK, R

ALD_Q14L **During your life, did you ever continue to drink alcohol when you knew you**
ALDB_14L **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_END Go to next module.

ILLICIT DRUG USE AND DEPENDENCE

DRG_QINT1   **Now 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
IDGB_01   **Have you ever used or tried marijuana, cannabis or hashish?**
INTERVIEWER: Read categories to respondent.

1   **Yes, just once**
2   **Yes, more than once**
3   **No**   (Go to DRG_Q04)
     DK, R   (Go to DRG_END)

DRG_Q02
IDGB_02   **Have you used it in the past 12 months?**

1   Yes
2   No   (Go to DRG_Q04)
     DK, R   (Go to DRG_Q04)

DRG_C03   If DRG_Q01 = 1, go to DRG_Q04.

DRG_Q03
IDGB_03   **How often (did you use marijuana, cannabis or hashish in the past 12 months)?**
INTERVIEWER: Read categories to respondent.

1   **Less than once a month**
2   **1 to 3 times a month**
3   **Once a week**
4   **More than once a week**
5   **Every day**
     DK, R

DRG_Q04
IDGB_04   **Have you ever used or tried cocaine or crack?**

1   Yes, just once
2   Yes, more than once
3   No   (Go to DRG_Q07)
     DK, R   (Go to DRG_Q07)

DRG_Q05
IDGB_05   **Have you used it in the past 12 months?**

1   Yes
2   No   (Go to DRG_Q07)
     DK, R   (Go to DRG_Q07)

DRG_C06   If DRG_Q04 = 1, go to DRG_Q07.

DRG_Q06 IDGB_06	**How often (did you use cocaine or crack in the past 12 months)?** INTERVIEWER: Read categories to respondent.

	1	**Less than once a month**
	2	**1 to 3 times a month**
	3	**Once a week**
	4	**More than once a week**
	5	**Every day**
		DK, R

DRG_Q07 IDGB_07	**Have you ever used or tried speed (amphetamines)?**

	1	Yes, just once	
	2	Yes, more than once	
	3	No	(Go to DRG_Q10)
		DK, R	(Go to DRG_Q10)

DRG_Q08 IDGB_08	**Have you used it in the past 12 months?**

	1	Yes	
	2	No	(Go to DRG_Q10)
		DK, R	(Go to DRG_Q10)

DRG_C09	If DRG_Q07 = 1, go to DRG_Q10.

DRG_Q09 IDGB_09	**How often (did you use speed (amphetamines) in the past 12 months)?** INTERVIEWER: Read categories to respondent.

	1	**Less than once a month**
	2	**1 to 3 times a month**
	3	**Once a week**
	4	**More than once a week**
	5	**Every day**
		DK, R

DRG_Q10 IDGB_10	**Have you ever used or tried ecstasy (MDMA) or other similar drugs?**

	1	Yes, just once	
	2	Yes, more than once	
	3	No	(Go to DRG_Q13)
		DK, R	(Go to DRG_Q13)

DRG_Q11 IDGB_11	**Have you used it in the past 12 months?**

	1	Yes	
	2	No	(Go to DRG_Q13)
		DK, R	(Go to DRG_Q13)

DRG_C12	If DRG_Q10 = 1, go to DRG_Q13.

DRG_Q12   **How often (did you use ecstasy or other similar drugs in the past 12**
IDGB_12   **months)?**
           INTERVIEWER: Read categories to respondent.

           1   **Less than once a month**
           2   **1 to 3 times a month**
           3   **Once a week**
           4   **More than once a week**
           5   **Every day**
                  DK, R

DRG_Q13   **Have you ever used or tried hallucinogens, PCP or LSD (acid)?**
IDGB_13
           1   Yes, just once
           2   Yes, more than once
           3   No   (Go to DRG_Q16)
                  DK, R   (Go to DRG_Q16)

DRG_Q14   **Have you used it in the past 12 months?**
IDGB_14
           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   **How often (did you use hallucinogens, PCP or LSD in the past 12 months)?**
IDGB_15   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   **Did you ever sniff glue, gasoline or other solvents?**
IDGB_16
           1   Yes, just once
           2   Yes, more than once
           3   No   (Go to DRG_Q19)
                  DK, R   (Go to DRG_Q19)

DRG_Q17   **Did you sniff some in the past 12 months?**
IDGB_17
           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 IDGB_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
IDGB_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
IDGB_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
IDGB_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
IDGB_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_C25A1)
               DK, R   (Go to DRG_C25A1)

DRG_Q23
IDGB_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   **How often (did you use steroids in the past 12 months)?**
IDGB_24   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_C25A_1 = 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_C25A_1 = 7, go to DRG_END.

DRG_C25A_2 DRG_C25A_2 = Count of instances where DRG_Q03, DRG_Q06, DRG_Q09, DRG_Q12, DRG_Q15, DRG_Q18 and DRG_Q21 >= 2.

DRG_C25A_3 DRG_C25A_3 = Count of instances where
            (DRG_Q01 and DRG_Q02) = 2
            (DRG_Q04 and DRG_Q05) = 2
            (DRG_Q07 and DRG_Q08) = 2
            (DRG_Q10 and DRG_Q11) = 2
            (DRG_Q13 and DRG_Q14) = 2
            (DRG_Q16 and DRG_Q17) = 2
            (DRG_Q19 and DRG_Q20) = 2

            DRG_C25A_3: Min = 0; Max = 7

DRG_Q25AA   **Before %date one year ago%, was there ever a period of 12 months when**
IDGB_5AA   **you took any of the drugs we mentioned, 1 to 3 times a month or more?**

            1   Yes
            2   No
                  DK, R

DRG_C25AA   If DRG_C25A2 = 0 and DRG_Q25AA = 2, DK or R, go to DRG_END.

            If DRG_C25A2 >= 1, go to DRG_Q25A.

            If DRG_C25A2 = 0 and DRG_Q25AA = 1, go to DRG_Q25AL.

DRG_Q25A   **During the past 12 months, did you ever need to use more drugs than**
IDGB_25A   **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   (Go to DRG_QINT25B)
            2   No
                  DK, R   (Go to DRG_QINT25B)

DRG_C25A4   If DRG_Q25AA = 1, go to DRG_Q25A_1.
            Otherwise, go to DRG_QINT25B.

DRG_Q25A_1   **Has that ever happened?**
IDGB_5A1

        1   Yes
        2   No
                DK, R

DRG_QINT25B   **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.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

DRG_Q25B   **During the past 12 months, did you ever have times when you stopped,**
IDGB_25B   **cut down or went without drugs and then experienced symptoms like**
fatigue, headaches, diarrhea, the shakes or emotional problems?

        1   Yes   (Go to DRG_Q25C)
        2   No
                DK, R   (Go to DRG_Q25C)

DRG_C25B   If DRG_Q25AA = 1, go to DRG_Q25B_1.
Otherwise, go to DRG_Q25C.

DRG_Q25B_1   **Has that ever happened?**
IDGB_5B1

        1   Yes
        2   No
                 DK, R

DRG_Q25C   **During the past 12 months, did you ever have times when you used drugs**
IDGB_25C   **to <u>keep</u> from having such symptoms?**

        1   Yes   (Go to DRG_Q25D)
        2   No
                DK, R   (Go to DRG_Q25D)

DRG_C25C   If DRG_Q25AA = 1, go to DRG_Q25C_1.
Otherwise, go to DRG_Q25D.

DRG_Q25C_1   **Has that ever happened?**
IDGB_5C1

        1   Yes
        2   No
                 DK, R

DRG_Q25D   **During the past 12 months, did you ever have times when you used drugs**
IDGB_25D   **even though you <u>promised</u> yourself you wouldn't, or times when you used**
a lot more drugs than you intended?

        1   Yes   (Go to DRG_Q25E)
        2   No
                DK, R   (Go to DRG_Q25E)

DRG_C25D   If DRG_Q25AA = 1, go to DRG_Q25D_1.
Otherwise, go to DRG_Q25E.

DRG_Q25D_1   **Has that ever happened?**
IDGB_5D1

        1   Yes
        2   No
              DK, R

DRG_Q25E   **During the past 12 months, were there ever times when you used drugs**
IDGB_25E   **more frequently, or for <u>more days in a row</u> than you intended?**

        1   Yes   (Go to DRG_Q25F)
        2   No
              DK, R   (Go to DRG_Q25F)

DRG_C25E   If DRG_Q25AA = 1, go to DRG_Q25E_1.
              Otherwise, go to DRG_Q25F.

DRG_Q25E_1   **Has that ever happened?**
IDGB_5E1

        1   Yes
        2   No
               DK, R

DRG_Q25F   **During the past 12 months, did you ever have periods of several days or**
IDGB_25F   **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   (Go to DRG_Q25G)
        2   No
              DK, R   (Go to DRG_Q25G)

DRG_C25F   If DRG_Q25AA = 1, go to DRG_Q25F_1.
              Otherwise, go to DRG_Q25G.

DRG_Q25F_1   **Has that ever happened?**
IDGB_5F1

        1   Yes
        2   No
               DK, R

DRG_Q25G   **During the past 12 months, did you ever have periods of a month or longer**
IDGB_25G   **when you gave up or greatly reduced important activities because of your**
              use of drugs?

        1   Yes   (Go to DRG_Q25H)
        2   No
              DK, R   (Go to DRG_Q25H)

DRG_C25G   If DRG_Q25AA = 1, go to DRG_Q25G_1.
              Otherwise, go to DRG_Q25H.

DRG_Q25G_1   **Has that ever happened?**
IDGB_5G1

        1   Yes
        2   No
               DK, R

DRG_Q25H **During the past 12 months, did you ever continue to**
IDGB_25H **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   (Go to DRG_C26)
   2 No
      DK, R   (Go to DRG_C26)

DRG_C25H If DRG_Q25AA = 1, go to DRG_Q25H_1.
      Otherwise, go to DRG_C26.

DRG_Q25H_1 **Has that ever happened?**
IDGB_5H1

   1 Yes
   2 No
      DK, R

DRG_C26 DRG_C26 = Count of Yes (1) in DRG_Q25A, DRG_Q25B, DRG_Q25C,
      DRG_Q25D, DRG_Q25E, DRG_Q25F, DRG_Q25G, and DRG_Q25H.

      If DRG_C26 <> 0, go to DRG_QINT26.
      Otherwise, go to DRG_END.

DRG_QINT26 **(Please refer to page 1 of the booklet.)**

      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 "<u>no</u>
      interference", while 10 means "<u>very severe</u> interference".
      <u>INTERVIEWER</u>: Press <Enter> to continue.

DRG_Q26A **How much did your use of drugs interfere with your home responsibilities,**
IDGB_26A **like cleaning, shopping and taking care of the house or apartment?**

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

   |_|_| Number
   (MIN: 0) (MAX: 10)

   DK, R

DRG_Q26B_1 **How much did your use interfere with your ability to attend school?**
IDGB_6B1   <u>INTERVIEWER</u>: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

DRG_Q26B_2 **How much did your use interfere with your ability to work at a job?**
IDGB_6B2   <u>INTERVIEWER</u>: If necessary, enter "11" to indicate "Not applicable".

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

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

DK, R

DRG_Q26C
IDGB_26C

(During the past 12 months,) how much did your use of drugs interfere with your ability to form and maintain <u>close</u> relationships with other people? (Remember that 0 means "<u>no</u> interference" and 10 means "<u>very severe</u> interference".)

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

DRG_Q26D
IDGB_26D

How much did your use of drugs interfere with your social life?

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

Go to DRG_END.

DRG_Q25AL
IDGB_5AL

During your life, 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_QINT25B **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.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

DRG_Q25BL
IDGB_5BL
During your life, did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?

    1   Yes
    2   No
            DK, R

DRG_Q25CL
IDGB_5CL
During your life, did you ever have times when you used drugs to <u>keep</u> from having such symptoms?

    1   Yes
    2   No
            DK, R

DRG_Q25DL
IDGB_5DL
During your life, did you ever have times when you used drugs even though you <u>promised</u> yourself you wouldn't, or times when you used a lot more drugs than you intended?

    1   Yes
    2   No
            DK, R

DRG_Q25EL
IDGB_5EL
During your life, were there ever times when you used drugs more frequently, or for <u>more days in a row</u> than you intended?

    1   Yes
    2   No
            DK, R

DRG_Q25FL
IDGB_5FL
During your life, 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_Q25GL
IDGB_5GL
During your life, 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_Q25HL **During your life, did you ever continue to use drugs when you knew you**
IDGB_5HL **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_END   Go to next module.

PATHOLOGICAL GAMBLING

CPG_C2   CPG_C2 = Count instances where CPG_Q01B to CPG_Q01M = 7, 8, DK or R.
              If CPG_C2 = 12 and CPG_Q01A = 7, 8 or DK, go to CPG_ND.

CPG_QINT1   **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.**

              The next questions are about gambling activities and experiences. 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   **(Please refer to page 10 of the booklet.)**
CPGB_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_ND.
              Otherwise, go to CPG_Q01B.

CPG_Q01B   **(In the past 12 months,) how often have you bet or spent money on lottery**
CPGB_01B   **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

CPG_Q01C **(In the past 12 months,) how often have you bet or spent money on Bingo?**
CPGB_01C

    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 **(In the past 12 months,) how often have you bet or spent money playing**
CPGB_01D **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 **(In the past 12 months,) how often have you bet or spent money on video**
CPGB_01E **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 **(In the past 12 months,) how often have you bet or spent money on coin**
CPGB_01F **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
CPGB_01G

(In the past 12 months,) how often have you bet or spent money on casino games <u>other</u> than coin slots or VLTs (for example, poker, roulette, blackjack, Keno)?

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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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_Q01N
CPGB_01N **In the <u>past 12 months</u>, how much money, not including winnings, did you spend on <u>all</u> 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_QINT2 **The next questions are about gambling <u>attitudes and experiences</u>. Again, all the questions will refer to the past 12 months.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

CPG_Q02
CPGB_02
In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?
<u>INTERVIEWER</u>: 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_ND)
DK
R (Go to CPG_ND)

CPG_Q03
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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
CPGB_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

CPG_C17

For CPG_Q02 to CPG_Q10 and CPG_Q13, recode 1 = 0, 2 = 1, 3 = 2 and 4 = 3 into CPG_C17A to CPG_C17I.

CPG_C17J = Sum CPG_C17A to CPG_C17I.

If CPG_C17J <= 2, go to CPG_ND.
Otherwise, go to CPG_Q17.

CPG_Q17
CPGB_17

Has anyone in your family <u>ever</u> had a gambling problem?

1   Yes
2   No
        DK, R

CPG_C18   CPG_C18 = Count instances where DRG_Q02, DRG_Q05, DRG_Q08,
               DRG_Q11, DRG_Q14, DRG_Q17 and DRG_Q20 = 1.

               If CPG_C18 = 0 and ALC_Q1 <> 1, go to CPG_QINT19.

               Otherwise,

               If CPG_C18 >= 1 and ALC_Q1 = 1, use
                    "alcohol or drugs" in %alcohol or drugs/alcohol/drugs%.

               If CPG_C18 = 0 and ALC_Q1 = 1, use
                    "alcohol" in %alcohol or drugs/alcohol/drugs%.

               If CPG_C18 >= 1 and ALC_Q1 <> 1, use
                    "drugs" in %alcohol or drugs/alcohol/drugs%.

CPG_Q18   **In the <u>past 12 months</u>, have you used %alcohol or drugs/alcohol/drugs%**
CPGB_18   **while gambling?**

               1   Yes
               2   No
                       DK, R

CPG_QINT19   **(Please refer to page 1 of the booklet.)**

               Please tell me what number best describes how much your gambling
               activities interfered with each of the following activities during the past 12
               months. For each activity, answer with a number between 0 and 10; 0
               means "<u>no interference</u>", while 10 means "<u>very severe</u> interference".
               <u>INTERVIEWER</u>: Press <Enter> to continue.

CPG_Q19A   **During the past 12 months, how much did your gambling activities interfere**
CPGB_19A   **with your home responsibilities, like cleaning, shopping and taking care of**
               the house or apartment?

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

               |_|_| Number
               (MIN: 0) (MAX: 10)

               DK, R

CPG_Q19B_1   **How much did these activities interfere with your ability to attend school?**
CPGB_9B1   <u>INTERVIEWER</u>: 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?**
CPGB_9B2   <u>INTERVIEWER</u>: 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**

CPGB_19C **with your ability to form and maintain <u>close</u> relationships with other people? (Remember that 0 means "<u>no</u> interference" and 10 means "<u>very severe</u> interference".)**

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

CPG_Q19D **How much did they interfere with your social life?**

CPGB_19D

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

|_|_| Number
(MIN: 0) (MAX: 10)

DK, R

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

CPG_END Go to next module.

EATING TROUBLES ASSESSMENT

ETA_QINT1 **This part of the interview is about problems people may have with their weight or with eating.**
INTERVIEWER: Press <Enter> to continue.

ETA_Q01A
ETAB_01A
Was there ever a time in your life when you had a strong fear or a great deal of concern about being too fat or overweight?

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

ETA_Q01B
ETAB_01B
During the <u>past 12 months</u>, did you have a strong fear or a great deal of concern about being too fat or overweight?

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

ETA_QINT2 **(Please refer to page 11 of the booklet.)**

Now, I am going to read you a series of statements about food and eating habits that describe feelings and experiences that you may have had during the <u>past 12 months</u>. Please tell me whether the statements are <u>true for you</u> by answering, "always", "usually", "often", "sometimes", "rarely", or "never".
INTERVIEWER: Press <Enter> to continue.

ETA_Q02
ETAB_02
You are terrified about being overweight.

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

ETA_Q03
ETAB_03
You avoid eating when you are hungry.

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

ETA_Q04
ETAB_04

You find yourself preoccupied with food.

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

ETA_Q05
ETAB_05

You go on eating binges where you feel you may not be able to stop.

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

ETA_Q06
ETAB_06

You cut your food into small pieces.

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

ETA_Q07
ETAB_07

You are aware of the calorie content of the foods you eat.

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

ETA_Q08
ETAB_08

You particularly avoid food with a high carbohydrate content such as bread, rice or potatoes.

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

ETA_Q09
ETAB_09

(Again, in the <u>past 12 months</u>, please tell me how true the following statements are for you.)

You feel that others would prefer if you ate more.

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

ETA_Q10
ETAB_10

You vomit after you eat.

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

ETA_Q11
ETAB_11

You feel extremely guilty after eating.

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

ETA_Q12
ETAB_12

You are preoccupied with a desire to be thinner.

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

ETA_Q13
ETAB_13

You think about burning up calories when you exercise.

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

ETA_Q14
ETAB_14

Other people think you are too thin.

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

ETA_Q15
ETAB_15

You are preoccupied with the thought of having fat on your body.

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

ETA_Q16
ETAB_16

You take longer than others to eat your meals.

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

ETA_Q17
ETAB_17

You avoid foods with sugar in them.

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

ETA_Q18
ETAB_18

Again, in the <u>past 12 months</u>, please tell me how true the following statements are for you.

You eat diet foods.

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

ETA_Q19
ETAB_19

You feel that food controls your life.

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

ETA_Q20
ETAB_20

You display self-control around food.

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

ETA_Q21
ETAB_21

You feel that others pressure you to eat.

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

ETA_Q22
ETAB_22

You give too much time and thought to food.

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

ETA_Q23
ETAB_23

You feel uncomfortable after eating sweets.

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

ETA_Q24
ETAB_24

You engage in dieting behaviour.

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

ETA_Q25
ETAB_25

You like your stomach to be empty.

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

ETA_Q26
ETAB_26

You have the impulse to vomit after meals.

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

ETA_Q27
ETAB_27

You enjoy trying new rich foods.

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

ETA_END   Go to next module.

RESTRICTION OF ACTIVITIES

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

RAC_Q1
RACB_1   **Do you have any <u>difficulty</u> hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**
INTERVIEWER: Read categories to respondent.

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

RAC_Q2A
RACB_2A   **Does a long-term physical condition <u>or</u> mental condition <u>or</u> health problem, <u>reduce the amount or the kind of activity</u> you can do:**

    … at home?
INTERVIEWER: Read categories to respondent.

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

RAC_Q2B_1
RACB_2B1   **(Does a long-term physical condition <u>or</u> mental condition <u>or</u> health problem, <u>reduce the amount or the kind of activity</u> you can do:)**

    … at school?

    1   Sometimes
    2   Often
    3   Never
    4   Not applicable
        DK
        R   (Go to RAC_END)

RAC_Q2B_2
RACB_2B2   **(Does a long-term physical condition <u>or</u> mental condition <u>or</u> health problem, <u>reduce the amount or the kind of activity</u> you can do:)**

    … at work?

    1   Sometimes
    2   Often
    3   Never
    4   Not applicable
        DK
        R   (Go to RAC_END)

RAC_Q2C   **(Does a long-term physical condition <u>or</u> mental condition <u>or</u> health**
RACB_2C   **problem, <u>reduce the amount or the kind of activity</u> you 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 has difficulty or is limited in activities (i.e. any of RAC_Q1 = 1 or 2 or
               RAC_Q2(A)-(C) = 1 or 2), ask RAC_Q5.

               Otherwise, go to RAC_Q6A.

RAC_Q5   **Which one of the following is the best description of the cause of this**
RACB_5   **condition?**
               <u>INTERVIEWER</u>: 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_Q5A_1   **Because of your condition or health problem, have you <u>ever</u> experienced**
RACB_5A1   **any embarrassment?**

               1   Yes
               2   No   (Go to RAC_Q5B_1)
                        DK, R   (Go to RAC_Q5B_1)

RAC_Q5A_2   **In the past 12 months, how much embarrassment did you experience?**
RACB_5A2   <u>INTERVIEWER</u>: Read categories to respondent.

               1   **A lot**
               2   **Some**
               3   **A little**
               4   **None at all**
                        DK, R

RAC_Q5B_1   **Because of your condition or health problem, have you <u>ever</u> experienced**
RACB_5B1   **discrimination or unfair treatment?**

               1   Yes
               2   No   (Go to RAC_Q6A)
                        DK, R   (Go to RAC_Q6A)

RAC_Q5B_2
RACB_5B2
In the past 12 months, how much discrimination or unfair treatment did you experience?

1   A lot
2   Some
3   A little
4   None at all
        DK, R

RAC_Q6A
RACB_6A
The next few questions may not apply to you, but we need to ask the same questions of everyone. Because of any physical condition or mental condition or health problem, do you need the help of another person:

... with preparing meals?

1   Yes
2   No
        DK, R

RAC_Q6B_1
RACB_6B1
(Because of any physical condition or mental condition or health problem, do you 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
RACB_6C
(Because of any physical condition or mental condition or health problem, do you need the help of another person:)

... with doing everyday housework?

1   Yes
2   No
        DK, R

RAC_Q6D
RACB_6D
(Because of any physical condition or mental condition or health problem, do you need the help of another person:)

... with doing heavy household chores such as spring cleaning or yard work?

1   Yes
2   No
        DK, R

RAC_Q6E
RACB_6E

(Because of any physical condition or mental condition or health problem, do you 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
RACB_6F

(Because of any physical condition or mental condition or health problem, do you need the help of another person:)

... with moving about inside the house?

    1   Yes
    2   No
           DK, R

RAC_Q6G
RACB_6G

(Because of any physical condition or mental condition or health problem, do you need the help of another person:)

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

    1   Yes
    2   No
           DK, R

RAC_Q7A
RACB_7A

Because of any physical condition or mental condition or health problem, do you have difficulty:

… making new friends or maintaining friendships?

    1   Yes
    2   No
           DK, R

RAC_Q7B
RACB_7B

(Because of any physical condition or mental condition or health problem, do you have difficulty:)

… dealing with people you don't know well?

    1   Yes
    2   No
           DK, R

RAC_Q7C
RACB_7C

(Because of any physical condition or mental condition or health problem, do you have difficulty:)

… starting and maintaining a conversation?

    1   Yes
    2   No
           DK, R

RAC_C8   If any of RAC_Q6A to RAC_Q6G or RAC_Q7A to RAC_Q7C = 1, ask RAC_Q8.
            Otherwise, go to RAC_END.

RAC_Q8   **Are these difficulties due to your physical health, to your emotional or
            mental health, to your use of alcohol or drugs, or to another reason?**
            <u>INTERVIEWER</u>: Mark all that apply.

RACB_8A   1   Physical health
RACB_8B   2   Emotional or mental health
RACB_8C   3   Use of alcohol or drugs
RACB_8D   4   Another reason – Specify
                    DK, R

RAC_END   Go to next module.

TWO-WEEK DISABILITY

TWD_QINT	**The next few questions ask about your health during the past 14 days. It is important for you to refer to the 14-day period from %date two weeks ago% to %date yesterday%.** INTERVIEWER: Press <Enter> to continue.

TWD_Q1
TWDB_1

During that period, did you stay in bed at all because of illness or injury, including any nights spent as a patient in a hospital?

1   Yes
2   No   (Go to TWD_Q3)
     DK, R   (Go to TWD_END)

TWD_Q2
TWDB_2

How many days did you stay in bed for all or most of the day?
INTERVIEWER: Enter 0 if less than a day.

|_|_| Days
(MIN: 0) (MAX: 14)

DK, R   (Go to TWD_END)

TWD_C2A   If TWD_Q2 > 1, go to TWD_Q2B.

TWD_Q2A
TWDB_2A

Was that due to your emotional or mental health or your use of alcohol or drugs?

1   Yes
2   No
     DK, R

Go to TWD_C3

TWD_Q2B
TWDB_2B

How many of these %TWD_Q2% days were due to your emotional or mental health or your use of alcohol or drugs?
INTERVIEWER: Minimum is 0; maximum is %TWD_Q2%.

|_|_| Days
(MIN: 0) (MAX: days in TWD_Q2)

DK, R

TWD_C3   If TWD_Q2 = 14 days, go to TWD_END.

TWD_Q3
TWDB_3

%Not counting days spent in bed%During those 14 days, were there any days that you cut down on things you normally do because of illness or injury?

1   Yes
2   No   (Go to TWD_Q5)
     DK, R   (Go to TWD_Q5)

TWD_Q4	**How many days did you cut down on things for all or most of the day?**
TWDB_4	<u>INTERVIEWER</u>: Enter 0 if less than a day. Maximum is %14 - TWD_Q2%.

|_|_| Days
(MIN: 0) (MAX: 14 - days in TWD_Q2)

DK, R   (Go to TWD_Q5)

TWD_C4A	If TWD_Q4 > 1, go to TWD_Q4B.

TWD_Q4A	**Was that due to your emotional or mental health or your use of alcohol or**
TWDB_4A	**drugs?**

1   Yes
2   No
       DK, R

Go to TWD_Q5

TWD_Q4B	**How many of these %TWD_Q4% days were due to your emotional or mental**
TWDB_4B	**health or your use of alcohol or drugs?**
	<u>INTERVIEWER</u>: Minimum is 0; maximum is %TWD_Q4%.

|_|_| Days
(MIN: 0) (MAX: days in TWD_Q4)

DK, R

TWD_Q5	**%Not counting days spent in bed% During those 14 days, were there any**
TWDB_5A	**days when it took extra effort to perform up to your usual level at work or at**
	your other daily activities, because of illness or injury?

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

TWD_Q6	**How many days required extra effort?**
TWDB_6	<u>INTERVIEWER</u>: Enter 0 if less than a day. Maximum is %14 - TWD_Q2%.

|_|_| Days
(MIN: 0) (MAX: 14 - days in TWD_Q2)

DK, R   (Go to TWD_END)

TWD_C6A	If TWD_Q6 > 1, go to TWD_Q6B.

TWD_Q6A	**Was that due to your emotional or mental health or your use of alcohol or**
TWDB_6A	**drugs?**

1   Yes
2   No
       DK, R

Go to TWD_END

TWD_Q6B   **How many of these %TWD_Q6% days were due to your emotional or mental**
TWDB_6B   **health or your use of alcohol or drugs?**
           <u>INTERVIEWER</u>: Minimum is 0; maximum is %TWD_Q6%.

           |_|_| Days
           (MIN: 0) (MAX: days in TWD_Q6)

           DK, R

TWD_END   Go to next module.

MENTAL HEALTH SERVICES

SER_QINT1   **Now I would like to ask you some questions about your contacts with health professionals.**
INTERVIEWER: Press <Enter> to continue.

SER_C1A   If DEP_Q26EE5 or DEP_Q26EE7B or DEP_Q26EE8B or DEP_Q87 or MIA_Q48 or PAD_Q65 or SOP_Q39 or AGP_Q38 = 1 (Yes), SER_C1 = 1 and go to SER_QINT3.
Otherwise, SER_C1A = 0.

SER_Q002
SERB_02   **Have you <u>ever</u> been hospitalized overnight or longer in any type of health care facility to receive help for problems with your emotions, mental health or use of alcohol or drugs?**

    1   Yes   (Go to SER_Q003)
    2   No   (Go to SER_Q010)
      DK, R   (Go to SER_Q010)

SER_QINT3   **Earlier, you mentioned being hospitalized for problems with your emotions, mental health or use of alcohol or drugs.**
INTERVIEWER: Press <Enter> to continue.

SER_Q003
SERB_03   **During your lifetime, how many times were you hospitalized for such problems?**
INTERVIEWER: Minimum is 1; maximum is 251.
If respondent answers "More than I can remember", enter "251".

    |_|_|_| Number of times
    (MIN: 1) (MAX: 251)

    DK, R   (Go to SER_Q010)

SER_C4   If SER_Q003 = 1 (hospitalization), SER_C4 = 1.
Otherwise, SER_C4 = 2 and go to SER_Q006.

SER_Q005A
SERB_05A   **How recently was that?**
INTERVIEWER: Read categories to respondent.

    1   **During the past month**   (Go to SER_Q005C)
    2   **Between 2 and 6 months ago**   (Go to SER_Q005C)
    3   **Between 7 and 12 months ago**   (Go to SER_Q005C)
    4   **More than a year ago**
        DK, R

SER_Q005B
SERB_05B   **How old were you at the time of this admission?**
INTERVIEWER: Minimum is 1; maximum is %current age - 1%.

    |_|_|_| Age in years
    (MIN: 1) (MAX: current age - 1)

    DK, R

SER_Q005C   **During this admission, how many nights did you stay in the hospital?**
SERB_05C   INTERVIEWER: Select the reporting unit here and enter the number in the next
             screen.

             1   Nights
             2   Weeks   (Go to SER_Q005E)
             3   Months   (Go to SER_Q005F)
             4   Years   (Go to SER_Q005G)
                      DK, R   (Go to SER_Q010)

SER_Q005D   INTERVIEWER: Enter the number of nights.
SERB_05D   Minimum is 1; maximum is 900.

             |_|_|_| Number of nights
             (MIN: 1) (MAX: 900; warning after 365)

             DK, R

SER_E005D   If SER_Q005D <= 365, go to SER_Q010.
             Otherwise, show pop-up edit as follows.

             An unusual value has been entered.
             Please confirm or return and change the reporting unit.

SER_Q005E   INTERVIEWER: Enter the number of weeks.
SERB_05E   Minimum is 1; maximum is 104.

             |_|_|_| Number of weeks
             (MIN: 1) (MAX: 104; warning after 52)

             DK, R

SER_E005E   If SER_Q005E <= 52, go to SER_Q010.
             Otherwise, show pop-up edit as follows.

             An unusual value has been entered.
             Please confirm or return and change the reporting unit.

SER_Q005F   INTERVIEWER: Enter the number of months.
SERB_05F   Minimum is 1; maximum is 36.

             |_|_| Number of months
             (MIN: 1) (MAX: 36, warning after 24)

             DK, R

SER_E005F   If SER_Q005F <= 24, go to SER_ Q010.
             Otherwise, show pop-up edit as follows.

             An unusual value has been entered.
             Please confirm or return and change the reporting unit.

SER_Q005G   <u>INTERVIEWER</u>: Enter the number of years.
SERB_05G   Minimum is 1; maximum is %(current age -1) – age in SER_Q05B%.

|_|_|_| Number of years
(MIN: 1) (MAX: (current age -1) - age in SER_Q05B)

DK, R

Go to SER_Q010.

SER_Q006   **How old were you at the time of your <u>first</u> admission?**
SERB_06   <u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_C007   If SER_Q003 > 0 and SER_Q003 <100 (between 1 and 99) use "number in SER_Q003" in %number in SER_Q003/several%

Otherwise use "several" in %number in SER_Q003/several%

SER_Q007   **In total, how much time did you spend in the hospital on those %number in**
SERB_07   **SER_Q003/several% occasions?**
<u>INTERVIEWER</u>: Select the reporting unit here and enter the number in the next screen.

1	Days	
2	Weeks	(Go to SER_Q007B)
3	Months	(Go to SER_Q007C)
4	Years	(Go to SER_Q007D)
	DK, R	(Go to SER_Q008)

SER_Q007A   <u>INTERVIEWER</u>: Enter the number of days.
SERB_07A   Minimum is 1; maximum is 900.

|_|_|_| Number of days
(MIN: 1) (MAX: 900, warning after 365)

DK, R

SER_E007A   If SER_Q007A <= 365, go to SER_Q008.
Otherwise, show pop-up edit as follows.

An unusual value has been entered.
Please confirm or return and change the reporting unit.

SER_Q007B   <u>INTERVIEWER</u>: Enter the number of weeks.
SERB_07B   Minimum is 1; maximum is 104.

|_|_|_| Number of weeks
(MIN: 1) (MAX: 104; warning after 52)

DK, R

SER_E007B   If SER_Q007B <= 52, go to SER_Q008.
             Otherwise, show pop-up edit as follows.

             An unusual value has been entered.
             Please confirm or return and change the reporting unit.

SER_Q007C   <u>INTERVIEWER</u>: Enter the number of months.
SERB_07C   Minimum is 1; maximum is 36.

             |_|_| Number of months
             (MIN: 1) (MAX: 36; warning after 24)

             DK, R

SER_E007C   If SER_Q007C <= 24, go to SER_ Q008.
             Otherwise, show pop-up edit as follows.

             An unusual value has been entered.
             Please confirm or return and change the reporting unit.

SER_Q007D   <u>INTERVIEWER</u>: Enter the number of years.
SERB_07D   Minimum is 1; maximum is %current age - (age in SER_Q006 - 1)%.

             |_|_|_| Number of years
             (MIN: 1) (MAX: current age - (age in SER_Q006 - 1))

             DK, R

SER_Q008   **During the past 12 months, were you hospitalized overnight or longer for**
SERB_08   **problems with your emotions, mental health or use of alcohol or drugs?**

             1   Yes   (Go to SER_Q009)
             2   No
                    DK, R   (Go to SER_Q010)

SER_Q008A   **How old were you the <u>last</u> time you were hospitalized overnight or longer**
SERB_08A   **for any of these problems?**
             <u>INTERVIEWER</u>: Minimum is 1; maximum is %current age - 1%.

             |_|_|_| Age in years
             (MIN: 1) (MAX: current age - 1)

             DK, R

             Go to SER_Q010.

SER_Q009   **How long did you stay in the hospital for these problems (during the past**
SERB_09   **12 months)?**
             <u>INTERVIEWER</u>: Select the reporting unit here and enter the number in the next
             screen.

             1   Days
             2   Weeks   (Go to SER_Q009B)
             3   Months   (Go to SER_Q009C)
                    DK, R   (Go to SER_Q010)

SER_Q009A   <u>INTERVIEWER</u>: Enter the number of days.
SERB_09A   Minimum is 1; maximum is 365.

       |_|_|_| Number of days
       (MIN: 1) (MAX: 365)

       DK, R

       Go to SER_Q010

SER_Q009B   <u>INTERVIEWER</u>: Enter the number of weeks.
SERB_09B   Minimum is 1; maximum is 52.

       |_|_|_| Number of weeks
       (MIN: 1) (MAX: 52)

       DK, R

       Go to SER_Q010

SER_Q009C   <u>INTERVIEWER</u>: Enter the number of months.
SERB_09C   Minimum is 1; maximum is 12.

       |_|_| Number of months
       (MIN: 1) (MAX: 12)

       DK, R

SER_Q010   **During your lifetime, have you <u>ever</u> seen, or talked on the telephone, to any of the following professionals about your emotions, mental health or use of alcohol or drugs?**
                <u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

SERB_10A   1   **Psychiatrist**
SERB_10B   2   **Family doctor or general practitioner**
SERB_10C   3   **Other medical doctor such as a cardiologist, gynaecologist or urologist**
SERB_10D   4   **Psychologist**
SERB_10E   5   **Nurse**
SERB_10F   6   **Social worker, counsellor or psychotherapist**
SERB_10G   7   **Religious or spiritual advisor such as a priest, chaplain or rabbi**
SERB_10H   8   **Other professional**
SERB_10I   9   None
                  DK   (Go to SER_Q100A)
                  R   (Go to SER_C010)

SER_E010   If only category 9 has been selected, go to SER_Q100A.
            If SER_Q010 = 9 and any other response is indicated, show hard pop-up edit as follows.

            Otherwise, go to SER_Q012.

            You cannot select "None" and another category.
            Please return and correct.

            Go to SER_Q010

SER_C010   If SER_Q002 <> R and SER_Q010 = R, go to SER_Q100A.
                   If SER_Q002 = R and SER_Q010 = R, go to SER_END

SER_Q012   **With any of these professionals, did you <u>ever</u> have a session of**
SERB_12   **psychological counselling or therapy that lasted 15 minutes or longer?**

              1   Yes
              2   No   (Go to SER_C20)
                    DK, R   (Go to SER_C20)

SER_Q013   **How old were you the <u>first</u> time you had such a session (of psychological**
SERB_13   **counselling or therapy)?**
              <u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%.

              |_|_|_| Age in years
              (MIN: 1) (MAX: current age)

              DK, R

SER_C20   If SER_Q010 = 1, go to SER_Q020.
                   Otherwise, go to SER_C30.

SER_Q020   **You mentioned that you saw, or talked on the telephone, to a psychiatrist**
SERB_20   **about your emotions, mental health or use of alcohol or drugs.**

              How old were you the <u>first</u> time you saw, or talked to such a professional?
              <u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%.

              |_|_|_| Age in years
               (MIN: 1) (MAX: current age)

              DK, R

SER_Q021   **When was the <u>last</u> time?**
SERB_21   <u>INTERVIEWER</u>: Read categories to respondent.

              1   **During the past month**   (Go to SER_Q023)
              2   **Between 2 and 6 months ago** (Go to SER_Q023)
              3   **Between 7 and 12 months ago**(Go to SER_Q023)
              4   **More than a year ago**
                    DK, R   (Go to SER_C30)

SER_Q022   **How old were you the <u>last</u> time you saw, or talked to a psychiatrist (about**
SERB_22   **your emotions, mental health or use of alcohol or drugs)?**
              <u>INTERVIEWER</u>: Minimum is 1; maximum is %current age - 1%.

              |_|_|_| Age in years
               (MIN: 1) (MAX: current age - 1)

              DK, R

              Go to SER_C30

SER_Q023 **Think of the psychiatrist you talked to the <u>most often</u> during the past 12**
SERB_23 **months.**

How many times did you see, or talk on the telephone, to this psychiatrist (about your emotions, mental health or use of alcohol or drugs)?
<u>INTERVIEWER</u>: Minimum is 1; maximum is 365.

|_|_|_| Number
(MIN: 1) (MAX: 365)

DK, R   (Go to SER_Q025)

SER_C23 If SER_Q023 = 1, use "this contact" in %this contact/these contacts%.
Otherwise, use "these contacts" in %this contact/these contacts%.

SER_Q024 **Where did %this contact/these contacts% take place?**
<u>INTERVIEWER</u>: Mark all that apply.
If respondent says "hospital", probe for details.

SERB_24A	1	Hospitalized as an overnight patient
SERB_24B	2	Health professional's office (including doctor's)
SERB_24C	3	Hospital emergency room
SERB_24D	4	Psychiatric outpatient clinic
SERB_24E	5	Drug or alcohol outpatient clinic
SERB_24F	6	Other hospital outpatient clinic (e.g., day surgery, cancer)
SERB_24G	7	Walk-in clinic
SERB_24H	8	Appointment clinic
SERB_24I	9	Community health centre / CLSC
SERB_24J	10	At work
SERB_24K	11	At school
SERB_24L	12	At home
SERB_24M	13	Telephone consultation only
SERB_24N	14	Church or other place for religious assembly
SERB_24O	15	Other – Specify
		DK, R

SER_Q025 **(Please refer to page 12 of the booklet.)**
SERB_25

In general, how satisfied are you with the treatments and services you received (from the psychiatrist during the past 12 months)?

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

SER_Q026 **In general, how much would you say the psychiatrist helped you?**
SERB_26 <u>INTERVIEWER</u>: Read categories to respondent.

1   **A lot**
2   **Some**
3   **A little**
4   **Not at all**
          DK, R

SER_Q027	**Have you stopped seeing the psychiatrist?**	
SERB_27		

	1	Yes	
	2	No	(Go to SER_Q029)
		DK, R	(Go to SER_Q029)

SER_Q028   **(Please refer to page 13 of the booklet.)**

Why did you stop?
<u>INTERVIEWER</u>: Mark all that apply.

SERB_28A	1	You felt better
SERB_28B	2	You completed the recommended treatment
SERB_28C	3	You thought it was not helping
SERB_28D	4	You thought the problem would get better without more professional help
SERB_28E	5	You couldn't afford to pay
SERB_28F	6	You were too embarrassed to see the professional
SERB_28G	7	You wanted to solve the problem without professional help
SERB_28H	8	You had problems with things like transportation, childcare or your schedule
SERB_28I	9	The service or program was no longer available
SERB_28J	10	You were not comfortable with the professional's approach
SERB_28K	11	Other reason -Specify
		DK, R

SER_Q029	**Did this psychiatrist <u>ever</u> recommend that you talk to another mental health**
SERB_29	**professional or go to another clinic or program specializing in mental health services?**

	1	Yes
	2	No
		DK, R

SER_C30	If SER_Q010 = 2, go to SER_Q030.
	Otherwise, go to SER_C40.

SER_Q030	**You mentioned that you saw, or talked on the telephone, to a family doctor**
SERB_30	**or general practitioner about your emotions, mental health or use of alcohol or drugs.**

How old were you the <u>first</u> time you saw, or talked to such a professional?
<u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_Q031	**When was the <u>last</u> time?**	
SERB_31	<u>INTERVIEWER</u>: Read categories to respondent.	

	1	**During the past month**	(Go to SER_Q033)
	2	**Between 2 and 6 months ago**	(Go to SER_Q033)
	3	**Between 7 and 12 months ago**	(Go to SER_Q033)
	4	**More than a year ago**	
		DK, R	(Go to SER_C40)

SER_Q032 **How old were you the <u>last</u> time you saw, or talked to a family doctor or**
SERB_32   **general practitioner (about your emotions, mental health or use of alcohol**
          or drugs)?
          <u>INTERVIEWER</u>: Minimum is 1; maximum is %current age – 1%.

          |_|_|_| Age in years
          (MIN: 1) (MAX: current age – 1)

          DK, R

          Go to SER_C40

SER_Q033 **Think of the family doctor or the general practitioner you talked to the <u>most</u>**
SERB_33   **<u>often</u> during the past 12 months.**

          How many times did you see, or talk on the telephone, to this family doctor
          or general practitioner (about your problems with your emotions, mental
          health or use of alcohol or drugs)?
          <u>INTERVIEWER</u>: Minimum is 1; maximum is 365.

          |_|_|_| Number
          (MIN: 1) (MAX: 365)

          DK, R   (Go to SER_Q035)

SER_C33   If SER_Q033 = 1, use "this contact" in %this contact/these contacts%.
          Otherwise, use "these contacts" in %this contact/these contacts%.

SER_Q034 **Where did %this contact/these contacts% take place?**
          <u>INTERVIEWER</u>: Mark all that apply.
          If respondent says "hospital", probe for details.

SERB_34A	1	Hospitalized as an overnight patient
SERB_34B	2	Health professional's office (including doctor's)
SERB_34C	3	Hospital emergency room
SERB_34D	4	Psychiatric outpatient clinic
SERB_34E	5	Drug or alcohol outpatient clinic
SERB_34F	6	Other hospital outpatient clinic (e.g. day surgery, cancer)
SERB_34G	7	Walk-in clinic
SERB_34H	8	Appointment clinic
SERB_34I	9	Community health centre / CLSC
SERB_34J	10	At work
SERB_34K	11	At school
SERB_34L	12	At home
SERB_34M	13	Telephone consultation only
SERB_34N	14	Church or other place for religious assembly
SERB_34O	15	Other – Specify
		DK, R

SER_Q035
SERB_35

(Please refer to page 12 of the booklet.)

In general, how satisfied are you with the treatments and services you received (from this family doctor or general practitioner during the past 12 months)?

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

SER_Q036
SERB_36

In general, how much would you say this family doctor or general practitioner helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?
INTERVIEWER: Read categories to respondent.

1   **A lot**
2   **Some**
3   **A little**
4   **Not at all**
    DK, R

SER_Q037
SERB_37

Have you stopped talking to this family doctor or general practitioner about your problems with your emotions, mental health or use of alcohol or drugs?

1   Yes
2   No   (Go to SER_Q039)
    DK, R   (Go to SER_Q039)

SER_Q038

(Please refer to page 13 of the booklet.)

Why did you stop?
INTERVIEWER: Mark all that apply.

SERB_38A	1	You felt better
SERB_38B	2	You completed the recommended treatment
SERB_38C	3	You thought it was not helping
SERB_38D	4	You thought the problem would get better without more professional help
SERB_38E	5	You couldn't afford to pay
SERB_38F	6	You were too embarrassed to see the professional
SERB_38G	7	You wanted to solve the problem without professional help
SERB_38H	8	You had problems with things like transportation, childcare or your schedule
SERB_38I	9	The service or program was no longer available
SERB_38J	10	You were not comfortable with the professional's approach
SERB_38K	11	Other reason – Specify
		DK, R

SER_Q039 **Did this family doctor or general practitioner <u>ever</u> recommend that you talk**
SERB_39   **to a mental health professional or go to a clinic or a program specializing in**
          mental health services?

    1   Yes
    2   No
           DK, R

SER_C40   If SER_Q010 = 3, go to SER_Q040.
          Otherwise, go to SER_C50.

SER_Q040 **You mentioned that you saw, or talked on the telephone, to other medical**
          doctors about your problems with your emotions, mental health or use of
          alcohol or drugs.

          What kind(s) of other medical doctor(s) did you <u>ever</u> see, or talk to about
          such problems?
          <u>INTERVIEWER</u>: Mark all that apply.

SERB_40A   1   Cardiologist
SERB_40B   2   Gynaecologist
SERB_40C   3   Urologist
SERB_40D   4   Allergist
SERB_40E   5   Other – Specify
              DK, R   (Go to SER_C50)

SER_Q041 **During the past 12 months, what kind of other medical doctor did you see,**
SERB_41   **or talk to on the telephone, the <u>most often</u> (about your emotions, mental**
          health or use of alcohol or drugs)?

    1   Cardiologist
    2   Gynaecologist
    3   Urologist
    4   Allergist
    5   Other
    6   None
           DK, R   (Go to SER_C50)

SER_C41   If SER_Q041 = 6, go to SER_Q042.

SER_C42   If SER_Q041 = SER_Q040, go to SER_Q043.

SER_E41   If SER_Q041 <> 6, show pop-up edit as follows:

          A response inconsistent with a response to a previous question has been
          entered. Please return and correct.

SER_Q042
SERB_42
How old were you the <u>last</u> time you saw, or talked to this other kind of medical doctor about your emotions, mental health or use of alcohol or drugs?
<u>INTERVIEWER</u>: Minimum is 1; maximum is %current age - 1%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_C50

SER_Q043
SERB_43
During the pas 12 months, how many times did you see, or talk on the telephone, to this doctor about your problems with your emotions, mental health or use of alcohol or drugs?
<u>INTERVIEWER</u>: Minimum is 1; maximum is 365.

|_|_|_| Number
(MIN: 1) (MAX: 365)

DK, R   (Go to SER_Q045)

SER_C44   If SER_Q043 = 1, use "this contact" in this contact/these contacts%.
             Otherwise, use "these contacts" in %this contact/these contacts%.

SER_Q044   **Where did %this contact/these contacts% take place?**
             <u>INTERVIEWER</u>: Mark all that apply.
             If respondent says "hospital", probe for details.

SERB_44A	1	Hospitalized as an overnight patient
SERB_44B	2	Health professional's office (including doctor's)
SERB_44C	3	Hospital emergency room
SERB_44D	4	Psychiatric outpatient clinic
SERB_44E	5	Drug or alcohol outpatient clinic
SERB_44F	6	Other hospital outpatient clinic (e.g. day surgery, cancer)
SERB_44G	7	Walk-in clinic
SERB_44H	8	Appointment clinic
SERB_44I	9	Community health centre / CLSC
SERB_44J	10	At work
SERB_44K	11	At school
SERB_44L	12	At home
SERB_44M	13	Telephone consultation only
SERB_44N	14	Church or other place for religious assembly
SERB_44O	15	Other – Specify
		DK, R

SER_Q045
SERB_45
(Please refer to page 12 of the booklet.)

In general, how satisfied are you with the treatments and services you received (from this other kind of medical doctor during the past 12 months)?

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

SER_Q046
SERB_46
In general, how much would you say this medical doctor helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?
INTERVIEWER: Read categories to respondent.

    1   **A lot**
    2   **Some**
    3   **A little**
    4   **Not at all**
        DK, R

SER_Q047
SERB_47
Have you stopped talking to this medical doctor about your problems with your emotions, mental health or use of alcohol or drugs?

    1   Yes
    2   No   (Go to SER_Q049)
        DK, R   (Go to SER_Q049)

SER_Q048
(Please refer to page 13 of the booklet.)

Why did you stop?
INTERVIEWER: Mark all that apply.

SERB_48A	1	You felt better
SERB_48B	2	You completed the recommended treatment
SERB_48C	3	You thought it was not helping
SERB_48D	4	You thought the problem would get better without more professional help
SERB_48E	5	You couldn't afford to pay
SERB_48F	6	You were too embarrassed to see the professional
SERB_48G	7	You wanted to solve the problem without professional help
SERB_48H	8	You had problems with things like transportation, childcare or your schedule
SERB_48I	9	The service or program was no longer available
SERB_48J	10	You were not comfortable with the professional's approach
SERB_48K	11	Other reason – Specify
		DK, R

SER_Q049
SERB_49
Did this other kind of medical doctor <u>ever</u> recommend that you talk to a mental health professional or go to a clinic or a program specializing in mental health services?

    1   Yes
    2   No
         DK, R

SER_C50
If SER_Q010 = 4, go to SER_Q050.
Otherwise, go to SER_C60.

SER_Q050
SERB_50
You mentioned that you saw, or talked on the telephone, to a psychologist about your emotions, mental health or use of alcohol or drugs.

How old were you the <u>first</u> time you saw, or talked to such a professional?
<u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age)

DK, R

SER_Q051
SERB_51
When was the <u>last</u> time?
<u>INTERVIEWER</u>: Read categories to respondent.

    1   **During the past month**   (Go to SER_Q053)
    2   **Between 2 and 6 months ago** (Go to SER_Q053)
    3   **Between 7 and 12 months ago** (Go to SER_Q053)
    4   **More than a year ago**
        DK, R   (Go to SER_C60)

SER_Q052
SERB_52
How old were you the <u>last</u> time you saw, or talked to a psychologist (about your emotions, mental health or use of alcohol or drugs)?
<u>INTERVIEWER</u>: Minimum is 1; maximum is %current age - 1%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_C60

SER_Q053
SERB_53
Think of the psychologist you talked to the <u>most often</u> during the past 12 months.

How many times did you <u>see</u>, or talk on the telephone, to this psychologist (about your problems with your emotions, mental health or use of alcohol or drugs)?
<u>INTERVIEWER</u>: Minimum is 1; maximum is 365.

|_|_|_| Number
(MIN: 1) (MAX: 365)

DK, R   (Go to SER_Q055)

SER_C53   If SER_Q053 = 1, use "this contact" in %this contact/these contacts%.
              Otherwise, use "these contacts" in %this contact/these contacts%.

SER_Q054   **Where did %this contact/these contacts% take place?**
              INTERVIEWER: Mark all that apply.
              If respondent says "hospital", probe for details.

SERB_54A   1   Hospitalized as an overnight patient
SERB_54B   2   Health professional's office (including doctor's)
SERB_54C   3   Hospital emergency room
SERB_54D   4   Psychiatric outpatient clinic
SERB_54E   5   Drug or alcohol outpatient clinic
SERB_54F   6   Other hospital outpatient clinic (e.g. day surgery, cancer)
SERB_54G   7   Walk-in clinic
SERB_54H   8   Appointment clinic
SERB_54I   9   Community health centre / CLSC
SERB_54J   10   At work
SERB_54K   11   At school
SERB_54L   12   At home
SERB_54M   13   Telephone consultation only
SERB_54N   14   Church or other place for religious assembly
SERB_54O   15   Other – Specify
                       DK, R

SER_Q055   **(Please refer to page 12 of the booklet.)**
SERB_55

              **In general, how satisfied are you with the treatments and services you
              received (from this psychologist during the past 12 months)?**

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

SER_Q056   **In general, how much would you say this psychologist helped you (for your
SERB_56   problems with your emotions, mental health or use of alcohol or drugs)?**
              INTERVIEWER: Read categories to respondent.

              1   **A lot**
              2   **Some**
              3   **A little**
              4   **Not at all**
                     DK, R

SER_Q057   **Have you stopped seeing this psychologist?**
SERB_57
              1   Yes
              2   No   (Go to SER_Q059)
                     DK, R   (Go to SER_Q059)

SER_Q058   **(Please refer to page 13 of the booklet.)**

           Why did you stop?
           INTERVIEWER: Mark all that apply.

SERB_58A	1	You felt better
SERB_58B	2	You completed the recommended treatment
SERB_58C	3	You thought it was not helping
SERB_58D	4	You thought the problem would get better without more professional help
SERB_58E	5	You couldn't afford to pay
SERB_58F	6	You were too embarrassed to see the professional
SERB_58G	7	You wanted to solve the problem without professional help
SERB_58H	8	You had problems with things like transportation, childcare or your schedule
SERB_58I	9	The service or program was no longer available
SERB_58J	10	You were not comfortable with the professional's approach
SERB_58K	11	Other reason – Specify
		DK, R

SER_Q059
SERB_59
   Do you have insurance that covers all or part of the cost of your contact with this psychologist? Include any private, government or employee-paid insurance plans.

           1   Yes
           2   No
               DK, R

SER_Q059A
SERB_59A
   Did this psychologist <u>ever</u> recommend that you talk to another mental health professional or go to another type of clinic or a program specializing in mental health services?

           1   Yes
           2   No
               DK, R

SER_C60   If SER_Q010 = 5, go to SER_Q060.
           Otherwise, go to SER_C70.

SER_Q060
SERB_60
   You mentioned that you saw, or talked on the telephone, to a nurse about your emotions, mental health or use of alcohol or drugs.

           How old were you the <u>first</u> time you saw, or talked to such a professional?
           INTERVIEWER: Minimum is 1; maximum is %current age%.

           |_|_|_| Age in years
           (MIN: 1) (MAX: current age)

           DK, R

SER_Q061   **When was the last time?**
SERB_61   INTERVIEWER: Read categories to respondent.

            1   **During the past month**   (Go to SER_Q063)
            2   **Between 2 and 6 months ago**   (Go to SER_Q063)
            3   **Between 7 and 12 months ago**   (Go to SER_Q063)
            4   **More than a year ago**
                    DK, R   (Go to SER_C70)

SER_Q062   **How old were you the last time you saw, or talked to a nurse (about your**
SERB_62   **emotions, mental health or use of alcohol or drugs)?**
            INTERVIEWER: Minimum is 1; maximum is %current age - 1%.

            |_|_|_| Age in years
            (MIN: 1) (MAX: current age - 1)

            DK, R

            Go to SER_C70

SER_Q063   **Think of the nurse you talked to the most often during the past 12 months.**
SERB_63
            How many times did you see, or talk on the telephone, to this nurse about
            your problems with your emotions, mental health or use of alcohol or
            drugs?
            INTERVIEWER: Minimum is 1; maximum is 365.

            |_|_|_| Number
            (MIN: 1) (MAX: 365)

            DK, R   (Go to SER_Q065)

SER_C63   If SER_Q063 = 1, use "this contact" in %this contact/these contacts%.
            Otherwise use "these contacts" in %this contact/these contacts%.

SER_Q064   **Where did %this contact/these contacts% take place?**
            INTERVIEWER: Mark all that apply.
            If respondent says "hospital", probe for details.

SERB_64A   1   Hospitalized as an overnight patient
SERB_64B   2   Health professional's office (including doctor's)
SERB_64C   3   Hospital emergency room
SERB_64D   4   Psychiatric outpatient clinic
SERB_64E   5   Drug or alcohol outpatient clinic
SERB_64F   6   Other hospital outpatient clinic (e.g. day surgery, cancer)
SERB_64G   7   Walk-in clinic
SERB_64H   8   Appointment clinic
SERB_64I   9   Community health centre / CLSC
SERB_64J   10   At work
SERB_64K   11   At school
SERB_64L   12   At home
SERB_64M   13   Telephone consultation only
SERB_64N   14   Church or other place for religious assembly
SERB_64O   15   Other – Specify
                    DK, R

SER_Q065
SERB_65

(Please refer to page 12 of the booklet.)

In general, how satisfied are you with the treatments and services you received (from this nurse during the past 12 months)?

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

SER_Q066
SERB_66

In general, how much would you say this nurse helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?
INTERVIEWER: Read categories to respondent.

1 **A lot**
2 **Some**
3 **A little**
4 **Not at all**
DK, R

SER_Q067
SERB_67

Have you stopped talking to this nurse about your problems with your emotions, mental health or use of alcohol or drugs?

1 Yes
2 No   (Go to SER_Q069)
DK, R   (Go to SER_Q069)

SER_Q068

(Please refer to page 13 of the booklet.)

Why did you stop?
INTERVIEWER: Mark all that apply.

SERB_68A	1	You felt better
SERB_68B	2	You completed the recommended treatment
SERB_68C	3	You thought it was not helping
SERB_68D	4	You thought the problem would get better without more professional help
SERB_68E	5	You couldn't afford to pay
SERB_68F	6	You were too embarrassed to see the professional
SERB_68G	7	You wanted to solve the problem without professional help
SERB_68H	8	You had problems with things like transportation, childcare or your schedule
SERB_68I	9	The service or program was no longer available
SERB_68J	10	You were not comfortable with the professional's approach
SERB_68K	11	Other reason – Specify
		DK, R

SER_Q069
SERB_69

Do you have insurance that covers all or part of the cost of your contact with this nurse? Include any private, government or employee-paid insurance plans.

1 Yes
2 No
DK, R

SER_Q069_A   **Did this nurse <u>ever</u> recommend that you talk to another mental health**
SERB_69A   **professional or go to another clinic or a program specializing in mental**
                            health services?

          1   Yes
          2   No
               DK, R

SER_C70   If SER_Q010 = 6, go to SER_Q070.
                Otherwise, go to SER_C80.

SER_Q070   **You mentioned that you saw, or talked on the telephone, to a social worker,**
SERB_70   **counsellor or psychotherapist about your emotions, mental health or use of**
                          alcohol or drugs.

                          How old were you the <u>first</u> time you saw, or talked to this professional?
                          <u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%.

                          |_|_|_| Age in years
                          (MIN: 1) (MAX: current age)

                          DK, R

SER_Q071   **When was the <u>last</u> time?**
SERB_71   <u>INTERVIEWER</u>: Read categories to respondent.

          1   **During the past month**   (Go to SER_Q073)
          2   **Between 2 and 6 months ago**   (Go to SER_Q073)
          3   **Between 7 and 12 months ago** (Go to SER_Q073)
          4   **More than a year ago**
               DK, R   (Go to SER_C80)

SER_Q072   **How old were you the <u>last</u> time you saw, or talked to social worker,**
SERB_72   **counsellor or psychotherapist (about your emotions, mental health or use**
                          of alcohol or drugs)?
                          <u>INTERVIEWER</u>: Minimum is 1; maximum is %current age - 1%.

                          |_|_|_| Age in years
                          (MIN: 1) (MAX: current age - 1)

                          DK, R

                          Go to SER_C80

SER_Q073   **Think of the social worker, counsellor or psychotherapist you talked to the**
SERB_73   **<u>most often</u> during the past 12 months.**

                          How many times did you see, or talk to on the telephone, to this
                          professional (about your problems with your emotions, mental health or
                          use of alcohol or drugs)?
                          <u>INTERVIEWER</u>: Minimum is 1; maximum is 365.

                          |_|_|_| Number
                          (MIN: 1) (MAX: 365)

                          DK, R   (Go to SER_Q075)

SER_C73   If SER_Q073 = 1, use "this contact" in %this contact/these contacts%.
                 Otherwise, use "these contacts" in %this contact/these contacts%.

SER_Q074   **Where did %this contact/these contacts% take place?**
                 <u>INTERVIEWER</u>: Mark all that apply.
                 If respondent says "hospital", probe for details.

SERB_74A   1   Hospitalized as an overnight patient
SERB_74B   2   Health professional's office (including doctor's)
SERB_74C   3   Hospital emergency room
SERB_74D   4   Psychiatric outpatient clinic
SERB_74E   5   Drug or alcohol outpatient clinic
SERB_74F   6   Other hospital outpatient clinic (e.g. day surgery, cancer)
SERB_74G   7   Walk-in clinic
SERB_74H   8   Appointment clinic
SERB_74I   9   Community health centre / CLSC
SERB_74J   10   At work
SERB_74K   11   At school
SERB_74L   12   At home
SERB_74M   13   Telephone consultation only
SERB_74N   14   Church or other place for religious assembly
SERB_74O   15   Other – Specify
                      DK, R

SER_Q075   **(Please refer to page 12 of the booklet.)**
SERB_75

                 **In general, how satisfied are you with the treatments and services you
                 received (from this social worker, counsellor or psychotherapist during the
                 past 12 months)?**

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

SER_Q076   **In general, how much would you say this social worker, counsellor or
SERB_76   psychotherapist helped you (for your problems with your emotions, mental
                 health or use of alcohol or drugs)?**
                 <u>INTERVIEWER</u>: Read categories to respondent.

                 1   **A lot**
                 2   **Some**
                 3   **A little**
                 4   **Not at all**
                           DK, R

SER_Q077   **Have you stopped talking to this social worker, counsellor or
SERB_77   psychotherapist about your problems with your emotions, mental health or
                 use of alcohol or drugs?**

                 1   Yes
                 2   No   (Go to SER_Q079)
                           DK, R   (Go to SER_Q079)

SER_Q078   **(Please refer to page 13 of the booklet.)**

                Why did you stop?
                INTERVIEWER: Mark all that apply.

SERB_78A   1   You felt better
SERB_78B   2   You completed the recommended treatment
SERB_78C   3   You thought it was not helping
SERB_78D   4   You thought the problem would get better without more professional help
SERB_78E   5   You couldn't afford to pay
SERB_78F   6   You were too embarrassed to see the professional
SERB_78G   7   You wanted to solve the problem without professional help
SERB_78H   8   You had problems with things like transportation, childcare or your schedule
SERB_78I   9   The service or program was no longer available
SERB_78J   10   You were not comfortable with the professional's approach
SERB_78K   11   Other reason – Specify
                     DK, R

SER_Q079   **Do you have insurance that covers all or part of the cost of your contact**
SERB_79   **with this social worker, counsellor or psychotherapist? Include any private,**
            government or employee-paid insurance plans.

            1   Yes
            2   No
                     DK, R

SER_Q079_A **Did this social worker, counsellor or psychotherapist <u>ever</u> recommend that**
SERB_79A   **you talk to another mental health professional or go to another type of**
            clinic or a program specializing in mental health services?

            1   Yes
            2   No
                     DK, R

SER_C80   If SER_Q010 = 7, go to SER_Q080.
            Otherwise, go to SER_C90.

SER_Q080   **You mentioned that you saw, or talked on the telephone, to a religious or**
SERB_80   **spiritual advisor (such as a priest, chaplain or rabbi) about your emotions,**
            mental health or use of alcohol or drugs.

            How old were you the <u>first</u> time you saw, or talked to such a professional?
            INTERVIEWER: Minimum is 1; maximum is %current age%.

            |_|_|_| Age in years
            (MIN: 1) (MAX: current age)

            DK, R

SER_Q081 SERB_81	**When was the <u>last</u> time?** INTERVIEWER: Read categories to respondent.

	1	**During the past month**	(Go to SER_Q083)
	2	**Between 2 and 6 months ago**	(Go to SER_Q083)
	3	**Between 7 and 12 months ago**	(Go to SER_Q083)
	4	**More than a year ago**	
		DK, R	(Go to SER_C90)

SER_Q082 SERB_82	**How old were you the <u>last</u> time you saw, or talked to a religious or spiritual advisor (about your emotions, mental health or use of alcohol or drugs)?** INTERVIEWER: Minimum is 1; maximum is %current age - 1%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_C90

SER_Q083 SERB_83	**Think of the religious or spiritual advisor you talked to the <u>most often</u> during the past 12 months.** **How many times did you see, or talk on the telephone, to this religious or spiritual advisor (about your problems with your emotions, mental health or use of alcohol or drugs)?** INTERVIEWER: Minimum is 1; maximum is 365.

|_|_|_| Number
(MIN: 1) (MAX: 365)

DK, R   (Go to SER_Q085)

SER_C83	If SER_Q083 = 1, use "this contact" in %this contact/these contacts%. Otherwise, use "these contacts" in %this contact/these contacts%.

SER_Q084	**Where did %this contact/these contacts% take place?** INTERVIEWER: Mark all that apply. If respondent says "hospital", probe for details.

SERB_84A	1	Hospitalized as an overnight patient
SERB_84B	2	Health professional's office (including doctor's)
SERB_84C	3	Hospital emergency room
SERB_84D	4	Psychiatric outpatient clinic
SERB_84E	5	Drug or alcohol outpatient clinic
SERB_84F	6	Other hospital outpatient clinic (e.g. day surgery, cancer)
SERB_84G	7	Walk-in clinic
SERB_84H	8	Appointment clinic
SERB_84I	9	Community health centre / CLSC
SERB_84J	10	At work
SERB_84K	11	At school
SERB_84L	12	At home
SERB_84M	13	Telephone consultation only
SERB_84N	14	Church or other place for religious assembly
SERB_84O	15	Other – Specify
		DK, R

SER_Q085   **(Please refer to page 12 of the booklet.)**
SERB_85

                In general, how satisfied are you with the services you received (from this religious or spiritual advisor during the past 12 months)?

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

SER_Q086   **In general, how much would you say this religious or spiritual advisor**
SERB_86   **helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?**
                INTERVIEWER: Read categories to respondent.

                1   **A lot**
                2   **Some**
                3   **A little**
                4   **Not at all**
                        DK, R

SER_Q087   **Have you stopped seeing this religious or spiritual advisor for your**
SERB_87   **problems with your emotions, mental health or use of alcohol or drugs?**

                1   Yes
                2   No   (Go to SER_Q089)
                        DK, R   (Go to SER_Q089)

SER_Q088   **(Please refer to page 13 of the booklet.)**

                Why did you stop?
                INTERVIEWER: Mark all that apply.

SERB_88A   1   You felt better
SERB_88B   2   You completed the recommended treatment
SERB_88C   3   You thought it was not helping
SERB_88D   4   You thought the problem would get better without more professional help
SERB_88E   5   You couldn't afford to pay
SERB_88F   6   You were too embarrassed to see the professional
SERB_88G   7   You wanted to solve the problem without professional help
SERB_88H   8   You had problems with things like transportation, childcare or your
                        schedule
SERB_88I   9   The service or program was no longer available
SERB_88J   10   You were not comfortable with the professional's approach
SERB_88K   11   Other reason – Specify
                        DK, R

SER_Q089   **Did this religious or spiritual advisor <u>ever</u> recommend that you talk to a**
SERB_89   **mental health professional or go to another type clinic or a program**
                specializing in mental health services?

                1   Yes
                2   No
                        DK, R

SER_C90   If SER_Q010 = 8, go to SER_Q90.
Otherwise, go to SER_Q100A.

SER_Q090   **You mentioned that you saw, or talked on the telephone, to other professionals about your problems with your emotions, mental health or use of alcohol or drugs.**

What kind(s) of other professional(s) did you <u>ever</u> see, or talk to about such problems?
<u>INTERVIEWER</u>: Mark all that apply.

SERB_90A	1	Acupuncturist
SERB_90B	2	Biofeedback teacher
SERB_90C	3	Chiropractor
SERB_90D	4	Energy healing specialist
SERB_90E	5	Exercise or movement therapist
SERB_90F	6	Herbalist
SERB_90G	7	Homeopath or naturopath
SERB_90H	8	Hypnotist
SERB_90I	9	Guided imagery specialist
SERB_90J	10	Massage therapist
SERB_90K	11	Relaxation, yoga or meditation expert
SERB_90L	12	Dietician
SERB_90M	13	Other – Specify
		DK, R (Go to SER_Q100A)

SER_Q091
SERB_91   **During the past 12 months, what kind of other professional did you see, or talk to on the telephone, the <u>most often</u> (about your emotions, mental health or use of alcohol and drugs)?**

1	Acupuncturist
2	Biofeedback teacher
3	Chiropractor
4	Energy healing specialist
5	Exercise or movement therapist
6	Herbalist
7	Homeopath or naturopath
8	Hypnotist
9	Guided imagery specialist
10	Massage therapist
11	Relaxation, yoga or meditation expert
12	Dietician
13	Other
14	None
	DK, R (Go to SER_Q100A)

SER_C92   If SER_Q091 = 14, go to SER_Q092.

SER_C93   If SER_Q091 = SER_Q090, go to SER_Q093.

SER_E91   If SER_Q091 <> 14, show pop-up edit as follows:

A response inconsistent with a response to a previous question has been entered. Please return and correct.

SER_Q092
SERB_92
How old were you the <u>last</u> time you saw, or talked to this professional about your emotions, mental health or use of alcohol or drugs?
<u>INTERVIEWER</u>: Minimum is 1; maximum is %current age - 1%.

|_|_|_| Age in years
(MIN: 1) (MAX: current age - 1)

DK, R

Go to SER_Q100A

SER_Q093
SERB_93
During the past 12 months, how many times did you see, or talk on the telephone, to this professional (about your problems with your emotions, mental health or use of alcohol or drugs)?
<u>INTERVIEWER</u>: Minimum is 1; maximum is 365.

|_|_|_| Number
(MIN: 1) (MAX: 365)

DK, R   (Go to SER_Q095)

SER_C94
If SER_Q093 = 1, use "this contact" in %this contact/these contacts%.
Otherwise use "these contacts" in %this contact/these contacts%.

SER_Q094
Where did %this contact/these contacts% take place?
<u>INTERVIEWER</u>: Mark all that apply.
If respondent says "hospital", probe for details.

SERB_94A	1	Hospitalized as an overnight patient
SERB_94B	2	Health professional's office (including doctor's)
SERB_94C	3	Hospital emergency room
SERB_94D	4	Psychiatric outpatient clinic
SERB_94E	5	Drug or alcohol outpatient clinic
SERB_94F	6	Other hospital outpatient clinic (e.g. day surgery, cancer)
SERB_94G	7	Walk-in clinic
SERB_94H	8	Appointment clinic
SERB_94I	9	Community health centre / CLSC
SERB_94J	10	At work
SERB_94K	11	At school
SERB_94L	12	At home
SERB_94M	13	Telephone consultation only
SERB_94N	14	Church or other place for religious assembly
SERB_94O	15	Other – Specify
		DK, R

SER_Q095
SERB_95
(Please refer to page 12 of the booklet.)

In general, how satisfied are you with the treatments and services you received (from this professional during the past 12 months)?

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

SER_Q096
SERB_96
In general, how much would you say this professional helped you (for your problems with your emotions, mental health or use of alcohol or drugs)?
<u>INTERVIEWER</u>: Read categories to respondent.

    1   **A lot**
    2   **Some**
    3   **A little**
    4   **Not at all**
          DK, R

SER_Q097
SERB_97
Have you stopped seeing this professional for your problems with your emotions, mental health or use of alcohol or drugs?

    1   Yes
    2   No   (Go to SER_Q099)
          DK, R   (Go to SER_Q099)

SER_Q098
(Please refer to page 13 of the booklet.)

Why did you stop?
<u>INTERVIEWER</u>: Mark all that apply.

SERB_98A	1	You felt better
SERB_98B	2	You completed the recommended treatment
SERB_98C	3	You thought it was not helping
SERB_98D	4	You thought the problem would get better without more professional help
SERB_98E	5	You couldn't afford to pay
SERB_98F	6	You were too embarrassed to see the professional
SERB_98G	7	You wanted to solve the problem without professional help
SERB_98H	8	You had problems with things like transportation, childcare or your schedule
SERB_98I	9	The service or program was no longer available
SERB_98J	10	You were not comfortable with the professional's approach
SERB_98K	11	Other reason – Specify
SERB_98L	12	None
		DK, R

SER_Q099
SERB_99
Do you have insurance that covers all or part of the cost of your contact with this professional? Include any private, government or employee-paid insurance plans.

    1   Yes
    2   No
          DK, R

SER_Q099_A
SERB_99A
Did this professional <u>ever</u> recommend that you talk to a mental health professional or go to a clinic or a program specializing in mental health services?

    1   Yes
    2   No
          DK, R

SER_Q100A **Have you <u>ever</u> used an internet support group or chat room to get help for**
SERB_A0A **problems with your emotions, mental health or use of alcohol or drugs?**

      1   Yes
      2   No   (Go to SER_Q101A)
           DK, R   (Go to SER_Q101A)

SER_Q100B **When was the <u>last</u> time (you used an internet support group or chat room)?**
SERB_A0B <u>INTERVIEWER</u>: Read categories to respondent.

      1   **During the past month**
      2   **Between 2 and 6 months ago**
      3   **Between 7 and 12 months ago**
      4   **More than a year ago**   (Go to SER_Q101A)
             DK, R   (Go to SER_Q101A)

SER_Q100C **During the past 12 months, how many times did you use an internet**
SERB_A0C **support group or chat room for your problems with your emotions, mental**
           health or use of alcohol or drugs?
           <u>INTERVIEWER</u>: Minimum is 1; maximum is 901.
           If respondent answers "More than I can remember", enter "901".

      |_|_|_| Number of times
      (MIN: 1) (MAX: 901)

      DK, R

SER_Q101A **Not counting internet support groups, did you <u>ever</u> go to a self-help group**
SERB_A1A **for help with your emotions, mental health or use of alcohol or drugs?**

      1   Yes
      2   No   (Go to SER_Q102A)
           DK, R   (Go to SER_Q102A)

SER_Q101B **How old were you the <u>first</u> time you went (to a self-help group for any of**
SERB_A1B **these problems)?**
           <u>INTERVIEWER</u>: Minimum is 1; maximum is %current age%.

      |_|_|_| Age in years
      (MIN: 1) (MAX: current age)

      DK, R

SER_Q101C **When was the <u>last</u> time (you went to a self-help group)?**
SERB_A1C <u>INTERVIEWER</u>: Read categories to respondent.

      1   **During the past month**
      2   **Between 2 and 6 months ago**
      3   **Between 7 and 12 months ago**
      4   **More than a year ago**   (Go to SER_Q102A)
              DK, R   (Go to SER_Q102A)

SER_Q101D **During the past 12 months, how many times did you go to a meeting of a**
SERB_A1D   **self-help group?**
           INTERVIEWER: Minimum is 1; maximum is 901.
           If respondent answers "More than I can remember", enter "901".

           |_|_|_| Number of times
           (MIN: 1) (MAX: 901)

           DK, R

SER_Q102A **Did you <u>ever</u> use a telephone helpline for problems with emotions, mental**
SERB_A2A   **health or use of alcohol or drugs?**

           1   Yes
           2   No   (Go to SER_Q103)
                  DK, R   (Go to SER_Q103)

SER_Q102B **How old were you the <u>first</u> time (you used a telephone helpline for any of**
SERB_A2B   **these problems)?**
           INTERVIEWER: Minimum is 1; maximum is %current age%.

           |_|_|_| Age in years
           (MIN: 1) (MAX: current age)

           DK, R

SER_Q102C **When was the <u>last</u> time (you used a telephone helpline for any of these**
SERB_A2C   **problems)?**
           INTERVIEWER: Read categories to respondent.

           1   **During the past month**
           2   **Between 2 and 6 months ago**
           3   **Between 7 and 12 months ago**
           4   **More than a year ago**   (Go to SER_Q103)
                  DK, R   (Go to SER_Q103)

SER_Q102D **During the past 12 months, how many times did you use a telephone**
SERB_A2D   **helpline?**
           INTERVIEWER: Minimum is 1; maximum is 901.
           If respondent answers "More than I can remember", enter "901".

           |_|_|_| Number of times
           (MIN: 1) (MAX: 901)

           DK, R

SER_Q103   **During the past 12 months, was there ever a time when you felt that you**
SERB_A3   **needed help for your emotions, mental health or use of alcohol or drugs,**
           but you didn't receive it?

           1   Yes
           2   No   (Go to SER_QINT106)
                  DK, R   (Go to SER_QINT106)

SER_Q104		**What kind of help did you need that you did not receive?**
		<u>INTERVIEWER</u>: Mark all that apply.

SERB_A4A	1	Information about mental illness and its treatments
SERB_A4B	2	Information on availability of services
SERB_A4C	3	Medication
SERB_A4D	4	Therapy or counselling
SERB_A4E	5	Help with – financial problems
SERB_A4F	6	Help with – housing problems
SERB_A4G	7	Help with – personal relationships
SERB_A4H	8	Help with – employment status or work situation
SERB_A4I	9	Other – Specify
		DK, R (Go to SER_QINT106)

SER_Q105		**Why didn't you get this help?**
		<u>INTERVIEWER</u>: Mark all that apply.

SERB_A5A	1	Preferred to manage yourself
SERB_A5B	2	Didn't think anything more could help
SERB_A5C	3	Didn't know how or where to get help
SERB_A5D	4	Afraid to ask for help or of what others would think
SERB_A5E	5	Couldn't afford to pay
SERB_A5F	6	Problems with things like transportation, childcare or scheduling
SERB_A5G	7	Professional help not available – in the area
SERB_A5H	8	Professional help not available – at time required (e.g., doctor on holidays, inconvenient hours)
SERB_A5I	9	Waiting time too long
SERB_A5J	10	Didn't get around to it / didn't bother
SERB_A5K	11	Language problems
SERB_A5L	12	Personal or family responsibilities
SERB_A5M	13	Other – Specify
		DK, R

SER_QINT106 **The next question is about the money you spent over the past 12 months for services and products to help you with your problems with your emotions, mental health or use of alcohol or drugs. This includes all the money you and your family members paid "out-of-pocket" for visits, medications, tests and services associated with these problems.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

SER_Q107
SERB_A7 **Not counting any costs that were covered by insurance, about how much money have you and your family spent on such services and products during the past 12 months?**
<u>INTERVIEWER</u>: Minimum is 0; maximum is $50000.

|_|_|_|_|_|_| Dollars
(MIN: 0) (MAX: $50000, warning after $2500)

DK, R

SER_E107   If SER_Q107 <= 2500, go to SER_QEND.
Otherwise, show pop-up edit as follows.

An unusual value has been entered. Please confirm.

SER_END   Go to next module.

MEDICATION USE

MED_QINT   **Now I'd like to ask a few questions about your use of medications, both prescription and over-the-counter, as well as other health products.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

MED_C1   For each yes in MED_Q01A to MED_Q01G, create a fill ^MEDGRP.

MED_Q01A   **In the past 12 months, that is, from %date one year ago% to yesterday,**
MEDB_11A   **did you take any medication to help you sleep (such as Imovane, Nytol or Starnoc)?**

        1   Yes   (MEDGRP = medication to help you sleep)
        2   No
             DK
             R   (Go to MED_END)

MED_Q01B   **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
MEDB_11B   **did you take diet pills (such as Ponderal, Dexatrim or Fastin)?**

        1   Yes   (MEDGRP = diet pills)
        2   No
             DK, R

MED_Q01C   **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
MEDB_11C   **did you take any medication to reduce anxiety or nervousness (such as Ativan, Valium or Serax)?**

        1   Yes   (MEDGRP = medication to reduce anxiety or nervousness)
        2   No
             DK, R

MED_Q01D   **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
MEDB_11D   **did you take mood stabilizers (such as Lithium, Tegretol or Epival)?**

        1   Yes   (MEDGRP = mood stabilizers)
        2   No
             DK, R

MED_Q01E   **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
MEDB_11E   **did you take anti-depressants (such as Prozac, Paxil or Effexor)?**

        1   Yes   (MEDGRP = anti-depressants)
        2   No
             DK, R

MED_Q01F   **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
MEDB_11F   **did you take any medication for the treatment of psychotic behaviours (such as Haldol, Risperdol or Seroquel)?**

        1   Yes   (MEDGRP = medication for the treatment of psychotic behaviours)
        2   No
             DK, R

MED_Q01G   **(In the past 12 months, that is, from %date one year ago% to yesterday,)**
MEDB_11G   **did you take any stimulants (such as Ritalin, Dexedrine or Alertec)?**

        1   Yes   (MEDGRP = stimulants)
        2   No
               DK, R

MED_C2   If any medications indicated in MED_Q01A to MED_Q01G (i.e. any of
               MED_Q01A to MED_Q01G = 1), go to sub-module of repeated questions on
               medication use. Once sub-module is completed for all medications, go to
               MED_Q2.

               If no medications indicated in MED_Q01A to MED_Q01G (i.e. none of
               MED_Q01A to MED_Q01G = 1), go to MED_Q4.

REPEATED QUESTIONS

MED_C3   For each yes in MED_Q01A to MED_Q01G, ask MED_Q01n_1 to MED_Q01n_4
               where n = A, B, …, G

MED_Q01n_1   **You mentioned taking ^MEDGRP. Was that under the supervision of a**
MEDB_n1   **health professional?**

        1   Yes
        2   No   (Go to MED_Q01n_1 for the next MEDGRP)
             DK
             R   (Go to MED_Q04)

MED_Q01n_2   **Who prescribed the medication?**
               <u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

MEDB_n2A   1   **Psychiatrist**
MEDB_n2B   2   **Family doctor or general practitioner**
MEDB_n2C   3   **Other medical doctor (e.g., cardiologist, gynaecologist, urologist)**
MEDB_n2D   4   **Other health professional**
                  DK, R

MED_Q01n_3   **Think of a typical month during the past 12 months when you took**
MEDB_n3   **^MEDGRP. Were there any days when you either forgot to take the**
               medicine or took less than you were supposed to?

        1   Yes
        2   No   (Go to MED_Q01n_1 for the next MEDGRP)
             DK, R   (Go to MED_Q01n_1 for the next MEDGRP)

MED_Q01n_4   **Why did you do that?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

MEDB_n4A	1	**You forgot**
MEDB_n4B	2	**You felt better**
MEDB_n4C	3	**The medicine was not helping**
MEDB_n4D	4	**You thought the problem would get better without more medicine**
MEDB_n4E	5	**You couldn't afford to pay for the medicine**
MEDB_n4F	6	**You were too embarrassed to take the medicine**
MEDB_n4G	7	**You wanted to solve the problem without medication**
MEDB_n4H	8	**The medicine caused side-effects that made you stop**
MEDB_n4I	9	**You were afraid that you would get dependent on the medication**
MEDB_n4J	10	**Other reason** – Specify

MED_C5   Go to MED_Q01n_1 for the next MEDGRP.

END OF REPEATED QUESTIONS

MED_Q02   **Now, think about the last 2 days, that is, yesterday and the day before**
MEDB_2   **yesterday. During those 2 days, how many different medications did you take?**

           I_I_I   Medications
           (MIN: 0; MAX: 99; warning after 10)

           DK, R   (Go to MED_Q04)

MED_C6   If MED_Q02 = 0, go to MED_Q04.
                Otherwise, go to MED_Q03_nn, up to a maximum of 12. (where nn = 01, 02, …, 12)

MED_Q03_nn **What is the exact name of the medication that you took?**
MEDBF3n   INTERVIEWER: Ask respondent to look at the bottle, tube or box.

MED_C6A   If MED_Q02 = 01 and MED_Q03_01 = DK or R, go to MED_Q04

MED_C6B   If MED_Q02 > 1 and MED_Q03_nn <> DK or R, go to MED_Q03_nnA, up to a
                maximum of 12. (where nn = 01, 02, …, 12)
                Otherwise, go to MED_Q04

MED_Q03_nnA **Was this a prescription from a medical doctor or dentist?**
MEDB_3nA
           1   Yes
           2   No
                 DK, R

MED_Q04
MEDB_4
Do you have insurance that covers all or part of the cost of your prescription medications? Include any private, government or employee-paid insurance plans.

    1   Yes
    2   No
           DK, R

MED_Q05
MEDB_5
Many people use other health products such as herbs, minerals or homeopathic products for problems with emotions, alcohol or drug use, energy, concentration, sleep or ability to deal with stress.
In the past 12 months, have you used any of these health products?

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

MED_Q06
What health products have you used?
<u>INTERVIEWER</u>: Mark all that apply.

MEDB_6A   1   St. John's Wort / Millepertuis
MEDB_6B   2   Valerian
MEDB_6C   3   Chamomile
MEDB_6D   4   Ginseng
MEDB_6E   5   Kava Kava / Kava root / piper methysticum
MEDB_6F   6   Lavender
MEDB_6G   7   Chasteberry / Chaste Tree Berries / vitex agnus-castus
MEDB_6H   8   Black Cohosh
MEDB_6I   9   Ginkgo Biloba
MEDB_6J   10   NeuRocover-DA
MEDB_6K   11   Vitamins
MEDB_6L   12   Other – Specify
               DK, R   (Go to MED_END)

MED_C8
If none of categories 1 to 12 are selected in MED_Q6, go to MED_END. If only 1 response of categories 1 to 12 in MED_Q6, ask MED_Q7 using the phrase "Was this". Otherwise, use the phrase, "Were these".

If only 1 response of categories 1 to 12 in MED_Q6, ask MED_Q8 using "it" in %it/them%. Otherwise, use "them" in %it/them%.

MED_Q07
MEDB_7
%Was/Were% %this/these% recommended to you by a professional?

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

MED_Q08   **Who recommended %it/them%?**
            <u>INTERVIEWER</u>: Mark all that apply.

MEDB_8A   1   Psychiatrist
MEDB_8B   2   Family doctor or general practitioner
MEDB_8C   3   Other medical doctor (e.g., cardiologist, gynaecologist, urologist)
MEDB_8D   4   Psychologist
MEDB_8E   5   Chiropractor
MEDB_8F   6   Nurse
MEDB_8G   7   Social worker or counselor
MEDB_8H   8   Homeopath or naturopath
MEDB_8I   9   Herbalist
MEDB_8J   10   Relaxation therapist
MEDB_8K   11   Biofeedback teacher
MEDB_8L   12   Other – Specify
                    DK, R

MED_END   Go to next module.

SOCIAL SUPPORT

SSM_QINT **Next are some questions about the support that is available to you.**
INTERVIEWER : Press <Enter> to continue.

SSM_Q01
SSMB_01 **Starting with a question on friendship, about how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?**

|_|_| Close friends
(MIN: 0) (MAX: 99; warning after 20)

DK, R   (Go to SSM_END)

SSM_QINT2 **People sometimes look to others for companionship, assistance or other types of support.**
INTERVIEWER: Press <Enter> to continue.

SSM_Q02
SSMB_02 **(Please refer to page 15 of the booklet.)**

How often is each of the following kinds of support available to you if you need it:

… someone to help you if you were confined to bed?
INTERVIEWER: Read categories to respondent.

1   **None of the time**
2   **A little of the time**
3   **Some of the time**
4   **Most of the time**
5   **All of the time**
       DK, R   (Go to SSM_END)

SSM_C02 If SSM_Q02 = 2, 3, 4 or 5 then KEY_PHRASE = %to help you if you were confined to bed%

SSM_Q03
SSMB_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

SSM_C03 If SSM_Q03 = 2, 3, 4 or 5 then KEY_PHRASE = %to listen to you%

SSM_Q04
SSMB_04 **… 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

SSM_C04   If SSM_Q04 = 2, 3, 4 or 5 then KEY_PHRASE = %to give you advice%

SSM_Q05   **… someone to take you to the doctor if you needed it?**
SSMB_05

            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

SSM_C05   If SSM_Q05 = 2, 3, 4 or 5 then KEY_PHRASE = %to take you to the doctor%

SSM_Q06   **… someone who shows you love and affection?**
SSMB_06

            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

SSM_C06   If SSM_Q06 = 2, 3, 4 or 5 then KEY_PHRASE = %to show you affection%

SSM_Q07   **Again, how often is each of the following kinds of support available to you**
SSMB_07   **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

SSM_C07   If SSM_Q07 = 2, 3, 4 or 5 then KEY_PHRASE = %to have a good time with%

SSM_Q08   **… someone to give you information in order to help you understand a**
SSMB_08   **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

SSM_C08   If SSM_Q08 = 2, 3, 4 or 5 then KEY_PHRASE = %to give you information%

SSM_Q09   **… someone to confide in or talk to about yourself or your problems?**
SSMB_09

            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
SSM_C09	If SSM_Q09 = 2, 3, 4 or 5 then KEY_PHRASE = %to confide in%

SSM_Q10
SSMB_10   **… 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

SSM_C10   If SSM_Q10 = 2, 3, 4 or 5 then KEY_PHRASE = %to hug you%

SSM_Q11
SSMB_11   **… 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

SSM_C11   If SSM_Q11 = 2, 3, 4 or 5 then KEY_PHRASE = %to relax with%

SSM_Q12
SSMB_12   … **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

SSM_C12   If SSM_Q12 = 2, 3, 4 or 5 then KEY_PHRASE = %to prepare your meals%

SSM_Q13
SSMB_13   **… 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

SSM_C13   If SSM_Q13 = 2, 3, 4 or 5 then KEY_PHRASE = %to advise you%

SSM_Q14
SSMB_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

SSM_C14   If SSM_Q14 = 2, 3, 4 or 5 then KEY_PHRASE = % to do things with%

SSM_Q15   **… someone to help with daily chores if you were sick?**
SSMB_15

      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

SSM_C15   If SSM_Q15 = 2, 3, 4 or 5 then KEY_PHRASE = %to help with daily chores%

SSM_Q16   **… someone to share your most private worries and fears with?**
SSMB_16

      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

SSM_C16   If SSM_Q16 = 2, 3, 4 or 5 then KEY_PHRASE = %to share your worries and fears with%

SSM_Q17   **… someone to turn to for suggestions about how to deal with a personal**
SSMB_17   **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

SSM_C17   If SSM_Q17 = 2, 3, 4 or 5 then KEY_PHRASE = %to turn to for suggestions%

SSM_Q18   **… someone to do something enjoyable with?**
SSMB_18

      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

SSM_C18   If SSM_Q18 = 2, 3, 4 or 5 then KEY_PHRASE = %to do something enjoyable with%

SSM_Q19   **… someone who understands your problems?**
SSMB_19

      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

SSM_C19   If SSM_Q19 = 2, 3, 4 or 5 then KEY_PHRASE = %to understand your
                 problems%

SSM_Q20   **… someone to love you and make you feel wanted?**
SSMB_20

                 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

SSM_C20   If SSM_Q20 = 2, 3, 4 or 5 then KEY_PHRASE = %to love you and make you feel
                 wanted%

SSM_C21A   If any responses of 2, 3, 4 or 5 in SSM_Q02 to SSM_Q20, go to
                 SSM_QINT21_A.
                 Otherwise, go to SSM_END.

SSM_QINT21_A
                 **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.

SSM_C21   If any responses of 2, 3, 4 or 5 in SSM_Q02 or SSM_Q05 or SSM_Q12 or
                 SSM_Q15, then SSM_C21 = 1 (Yes) and go to SSM_Q21A.

                 Otherwise, SSM_C21 = 2 (No) and go to SSM_C22.

SSM_Q21A   **In the past 12 months, did you receive the following support:**
SSMB_21A   **someone ^KEY_PHRASES?**

                 1   Yes
                 2   No   (Go to SSM_C22)
                            DK, R   (Go to SSM_C22)

SSM_Q21B   **When you needed it, how often did you receive this kind of support (in the**
SSMB_21B   **past 12 months)?**
                 INTERVIEWER: Read categories to respondent.

                 1   **Almost always**
                 2   **Frequently**
                 3   **Half the time**
                 4   **Rarely**
                 5   **Never**
                            DK, R

SSM_C22   If any responses of 2, 3, 4 or 5 in SSM_Q06 or SSM_Q10 or SSM_Q20
                 then SSM_C22 = 1 (Yes) and go to SSM_Q22A.

                 Otherwise, SSM_C22 = 2 (No) and go to SSM_C23.

SSM_Q22A SSMB_22A	**(In the past 12 months, did you receive the following support:)** **someone ^KEY_PHRASES?**

       1   Yes
       2   No   (Go to SSM_C23)
             DK, R   (Go to SSM_C23)

SSM_Q22B SSMB_22B	**When you needed it, how often did you receive this kind of support (in the** **past 12 months)?** INTERVIEWER: Read categories to respondent.

       1   **Almost always**
       2   **Frequently**
       3   **Half the time**
       4   **Rarely**
       5   **Never**
             DK, R

SSM_C23	If any responses of 2, 3, 4 or 5 in SSM_Q07 or SSM_Q11 or SSM_Q14 or SSM_Q18, then SSM_C23 = 1 (Yes) and go to SSM_Q23A. Otherwise, SSM_C23 = 2 (No) and go to SSM_C24.

SSM_Q23A SSMB_23A	**(In the past 12 months, did you receive the following support:)** **someone ^KEY_PHRASES?**

       1   Yes
       2   No   (Go to SSM_C24)
             DK, R   (Go to SSM_C24)

SSM_Q23B SSMB_23B	**When you needed it, how often did you receive this kind of support (in the** **past 12 months)?** INTERVIEWER: Read categories to respondent.

       1   **Almost always**
       2   **Frequently**
       3   **Half the time**
       4   **Rarely**
       5   **Never**
             DK, R

SSM_C24	If any responses of 2, 3, 4 or 5 in SSM_Q03 or SSM_Q04 or SSM_Q08 or SSM_ Q09 or SSM_Q13 or SSM_Q16 or SSM_ Q17 or SSM_Q19, then SSM_C24 = 1 (Yes) and go to SSM_Q24A. Otherwise, SSM_C24 =2 (No) and go to SSM_END.

SSM_Q24A SSMB_24A	**(In the past 12 months, did you receive the following support:)** **someone ^KEY_PHRASES?**

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

SSM_Q24B **<u>When you needed it</u>, how often did you receive this kind of support (in the**
SSMB_24B **past 12 months)?**
<u>INTERVIEWER</u>: Read categories to respondent.

     1   **Almost always**
     2   **Frequently**
     3   **Half the time**
     4   **Rarely**
     5   **Never**
           DK, R

SSM_END Go to next module.

SOCIO-DEMOGRAPHIC CHARACTERISTICS

SDE_QINT **Now some general background questions which will help us compare the health of people in Canada.**
INTERVIEWER: Press <Enter> to continue.

SDE_Q1 **In what country were you born?**
SDCB_1

1	Canada	(Go to SDE_Q4)		
2	China		11	Jamaica
3	France		12	Netherlands / Holland
4	Germany		13	Philippines
5	Greece		14	Poland
6	Guyana		15	Portugal
7	Hong Kong		16	United Kingdom
8	Hungary		17	United States
9	India		18	Viet Nam
10	Italy		19	Sri Lanka
			20	Other – Specify
	DK, R	(Go to SDE_Q4)		

SDE_Q2 **Were you born a Canadian citizen?**
SDCB_2

1   Yes   (Go to SDE_Q4)
2   No
        DK, R   (Go to SDE_Q4)

SDE_Q3 **In what year did you first come to Canada to live?**
SDCB_3 INTERVIEWER: Minimum is %year of birth%; maximum is %current year%.

|_|_|_|_| Year
(MIN: year of birth) (MAX: current year)

DK, R

SDE_E3 If SDE_Q3 >= year of birth or SDE_Q3 <= current year, go to SDE_Q4.
Otherwise, show pop-up edit as follows.

Year must be between ^Info.YearofBirth and ^Info.CurrentYear.

SDE_Q4 **To which ethnic or cultural group(s) did your <u>ancestors</u> belong? (For example: French, Scottish, Chinese, East Indian)**
<u>INTERVIEWER</u>: Mark all that apply.
If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian.

SDCB_4A	1	Canadian	SDCB_4L	12	Polish
SDCB_4B	2	French	SDCB_4M	13	Portuguese
SDCB_4C	3	English	SDCB_4N	14	South Asian (e.g., East Indian, Pakistani, Sri Lankan)
SDCB_4D	4	German			
SDCB_4E	5	Scottish	SDCB_4O	15	Norwegian
SDCB_4F	6	Irish	SDCB_4P	16	Welsh
SDCB_4G	7	Italian	SDCB_4Q	17	Swedish
SDCB_4H	8	Ukrainian	SDCB_4R	18	Aboriginal (North American Indian, Métis, Inuit)
SDCB_4I	9	Dutch (Netherlands)	SDCB_4S	19	Other – Specify
SDCB_4J	10	Chinese			DK, R
SDCB_4K	11	Jewish			

SDE_Q5 **In what languages can you conduct a conversation?**
<u>INTERVIEWER</u>: Mark all that apply.

SDCB_5A	1	English	SDCB_5K	11	Persian (Farsi)
SDCB_5B	2	French	SDCB_5L	12	Polish
SDCB_5C	3	Arabic	SDCB_5M	13	Portuguese
SDCB_5D	4	Chinese	SDCB_5N	14	Punjabi
SDCB_5E	5	Cree	SDCB_5O	15	Spanish
SDCB_5F	6	German	SDCB_5P	16	Tagalog (Pilipino)
SDCB_5G	7	Greek	SDCB_5Q	17	Ukrainian
SDCB_5H	8	Hungarian	SDCB_5R	18	Vietnamese
SDCB_5I	9	Italian	SDCB_5T	19	Dutch
SDCB_5J	10	Korean	SDCB_5U	20	Hindi
			SDCB_5V	21	Russian
			SDCB_5W	22	Tamil
			SDCB_5S	23	Other – Specify
					DK, R

SDE_Q6   **What is the language that you 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.

SDCB_6A	1	English	SDCB_6K	11	Persian (Farsi)
SDCB_6B	2	French	SDCB_6L	12	Polish
SDCB_6C	3	Arabic	SDCB_6M	13	Portuguese
SDCB_6D	4	Chinese	SDCB_6N	14	Punjabi
SDCB_6E	5	Cree	SDCB_6O	15	Spanish
SDCB_6F	6	German	SDCB_6P	16	Tagalog (Pilipino)
SDCB_6G	7	Greek	SDCB_6Q	17	Ukrainian
SDCB_6H	8	Hungarian	SDCB_6R	18	Vietnamese
SDCB_6I	9	Italian	SDCB_6T	19	Dutch
SDCB_6J	10	Korean	SDCB_6U	20	Hindi
			SDCB_6V	21	Russian
			SDCB_6W	22	Tamil
			SDCB_6S	23	Other – Specify
					DK, R

SDE_Q7   **People living in Canada come from many different cultural and racial backgrounds. Are you:**
INTERVIEWER: Read categories to respondent. Mark all that apply.

SDCB_7A	1	**…White?**
SDCB_7B	2	**…Chinese?**
SDCB_7C	3	**…South Asian (e.g., East Indian, Pakistani, Sri Lankan)**?
SDCB_7D	4	**…Black?**
SDCB_7E	5	**…Filipino?**
SDCB_7F	6	**…Latin American?**
SDCB_7G	7	**…Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)?**
SDCB_7H	8	**…Arab?**
SDCB_7I	9	**…West Asian (e.g., Afghan, Iranian)?**
SDCB_7J	10	**…Japanese?**
SDCB_7K	11	**…Korean?**
SDCB_7L	12	**…Aboriginal (North American Indian, Métis or Inuit)?**
SDCB_7M	13	**… Other** – Specify
		DK, R

SDE_Q8   **Are you currently attending a school, college or university?**
SDCB_8

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

SDE_Q9   **Are you enrolled as a full-time student or a part-time student?**
SDCB_9

1	Full-time
2	Part-time
	DK, R

SDE_END   Go to next module.

SPIRITUAL VALUES

SPR_QINT   **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?**
SPVB_1
              1   Yes
              2   No   (Go to SPR_Q5)
                     DK, R   (Go to SPR_END)

SPR_Q2   **To what extent do your spiritual values help you to find meaning in your**
SPVB_2   **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 give you the strength to face**
SPVB_3   **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 help you to understand the**
SPVB_4   **difficulties of life?**

              1   A lot
              2   Some
              3   A little
              4   Not at all
                     DK, R

SPR_Q5   **What, if any, is your religion?**
SPVB_5

      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_Q6   **Not counting events such as weddings or funerals, during the past 12**
SPVB_6   **months, how often did you participate in religious activities or attend**
                 religious services or meetings?
                 <u>INTERVIEWER</u>: 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   **In general, would you say that you are:**
SPVB_7   <u>INTERVIEWER</u>: Read categories to respondent.

      1   **… very religious?**
      2   **… religious?**
      3   **… not very religious?**
      4   **… not religious at all?**
                 DK, R

SPR_END   Go to next module.

LABOUR FORCE

LBF_C01   If age < 15 or if age > 75, go to LBF_END.

LBF_QINT   **The next few questions concern your activities in the last 7 days. By the last 7 days, I mean beginning %date one week ago%, and ending %date yesterday%.**
               <u>INTERVIEWER</u>: Press <Enter> to continue.

Job Attachment

LBF_Q01   **Last week, did you work at a job or a business? Please include part-time**
LBFB_01   **jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**

1	Yes	(Go to LBF_Q03)
2	No	
3	Permanently unable to work	(Go to LBF_QINT2)
	DK, R	(Go to LBF_END)

LBF_E01   If GEN_Q08 = 2 (didn't work any any time in past 12 months) and LBF_Q01 = 1, show pop-up edit as follows:

               A response inconsistent with a response to a previous question has been entered. Please confirm.

LBF_Q02   **Last week, did you have a job or business from which you were absent?**
LBFB_02

1	Yes	
2	No	(Go to LBF_Q11)
	DK, R	(Go to LBF_END)

LBF_Q03   **Did you have more than one job or business last week?**
LBFB_03

1	Yes
2	No
	DK, R

               Go to LBF_C31

Job Search – Last 4 Weeks

LBF_Q11   **In the past 4 weeks, did you do anything to find work?**
LBFB_11

1	Yes	(Go to LBF_QINT2)
2	No	
	DK, R	(Go to LBF_QINT2)

LBF_Q13   **What is the main reason that you are not currently working at a job or**
LBFB_13   **business?**

> 1   Own illness or disability
> 2   Caring for – own children
> 3   Caring for – elder relatives
> 4   Pregnancy (Females only)
> 5   Other personal or family responsibilities
> 6   Vacation
> 7   School or educational leave
> 8   Retired
> 9   Believes no work available (in area or suited to skills)
> 10   Other – Specify
>   DK, R

LBF_C13   If LBF_Q13 = 4, go to LBF_E13.
             Otherwise, go to LBF_C13A.

LBF_E13   If Sex = male and LBF_Q13 = 4 (Pregnancy), show pop-up edit as follows:

             A response of "Pregnancy" is invalid for a male respondent.
             Please return and correct.

LBF_C13A   If LBF_Q13 = 1 (Own illness or disability), ask LBF_Q13A.
             Otherwise, go to LBF_QINT2.

LBF_Q13A   **Is this due to your physical health, to your emotional or mental health, to**
LBFB_13A   **your use of alcohol or drugs, or to another reason?**

> 1   Physical health
> 2   Emotional or mental health (including stress)
> 3   Use of alcohol or drugs
> 4   Another reason
>   DK, R

Past Job Attachment

LBF_QINT2   **Now some questions about jobs or employment which you have had during**
             the past 12 months, that is, from %date one year ago% to yesterday.
             <u>INTERVIEWER</u>: Press <Enter> to continue.

LBF_Q21   **Did you work at a job or a business at any time in the past 12 months?**
LBFB_21   **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   (Go to LBF_Q23)
> 2   No
>   DK, R

LBF_E21   If (GEN_Q08 = 2 (didn't work any time in past 12 months) and LBF_Q21 = 1) or if
            (GEN_Q08 = 1 (worked in past 12 months) and LBF_Q21 = 2), show pop-up edit
            as follows:

            **A response inconsistent with a response to a previous question has been
            entered. Please confirm.**

LBF_C22   If LBF_Q11 = 1, go to LBF_Q71.

            Otherwise, go to LBF_Q22.

LBF_Q22   **During the past 12 months, did you do anything to find work?**
LBFB_22

            1   Yes   (Go to LBF_Q71)
            2   No   (Go to LBF_END)
                    DK, R   (Go to LBF_END)

LBF_Q23   **During that 12 months, did you work at more than one job or business at**
LBFB_23   **the same time?**

            1   Yes
            2   No
                    DK, R

Occupation

LBF_C31   If LBF_Q01 = 1 or LBF_Q02 = 1, then the following questions will be asked about
            the current job. Otherwise, they will be asked about the most recent job.

LBF_QINT3   **The next questions are about your %current/most recent% job or business.**
            (If person currently holds more than one job or if the last time he/she worked it
            was at more than one job: %<u>INTERVIEWER</u>: Report on the job for which the
            number of hours worked per week is the greatest.%)
            <u>INTERVIEWER</u>: Press <Enter> to continue.

LBF_Q31   **%Are/Were% you an employee or self-employed?**
LBFB_31

            1   Employee
            2   Self-employed
            3   Working in a family business without pay
                    DK, R

LBF_Q31A   **Which of the following best describes your occupation?**
LBFB_31A   <u>INTERVIEWER</u>: Read categories to respondent.

            1   **Management**
            2   **Professional (including accountants)**
            3   **Technologist, Technician or Technical occupation**
            4   **Administrative, Financial or Clerical**
            5   **Sales or Service**
            6   **Trades, Transport or Equipment operator**
            7   **Occupation in Farming, Forestry, Fishing or Mining**
            8   **Occupation in Processing, Manufacturing or Utilities**
            9   **Other** – Specify
                    DK, R

Absence / Hours

LBF_C41   If LBF_Q02 = 1, go to LBF_Q41. Otherwise, go to LBF_Q42.

LBF_Q41   **What was the main reason you were absent from work last week?**
LBFB_41

> 1   Own illness or disability
> 2   Caring for – own children
> 3   Caring for – elder relatives
> 4   Maternity leave (Females only)
> 5   Other personal or family responsibilities
> 6   Vacation
> 7   Labour dispute (strike or lockout)
> 8   Temporary layoff due to business conditions (Employees only)
> 9   Seasonal layoff (Employees only)
> 10   Casual job, no work available (Employees only)
> 11   Work schedule (e.g., shift work) (Employees only)
> 12   Self-employed, no work available (Self-employed only)
> 13   Seasonal business (Excluding employees)
> 14   School or educational leave
> 15   Other – Specify
>   DK, R

LBF_C41A   If LBF_Q41 = 4, go to LBF_E41A. Otherwise, go to LBF_E41B.

LBF_E41A   If Sex = male and LBF_Q13 = 4 (Maternity Leave), show pop-up edit as follows.

> **A response of "Maternity Leave" is invalid for a male respondent.**
> **Please return and correct.**

> Go to LBF_C41A_1

LBF_E41B   If LBF_Q31 = 1 (employee) and LBF_Q41 = 12 or 13, show pop-up edit as
               follows. Otherwise, go to LBF_E41C.

> **A response of "Self-employed, no work available" or "Seasonal Business"**
> **is invalid for an employee.**
> **Please return and correct.**

> Go to LBF_C41A_1

LBF_E41C   If LBF_Q31 = 2 (self-employed) and LBF_Q41 = 8, 9, 10 or 11, show pop-up edit
               as follows. Otherwise, go to LBF_E41D.

> **A response of "Temporary layoff due to business conditions", "Seasonal**
> **layoff", "Casual job, no work available" or "Work schedule" is invalid for a**
> **self-employed person.**
> **Please return and correct.**

> Go to LBF_C41A_1

LBF_E41D   If LBF_Q31 = 3 (family business) and LBF_Q41 = 8, 9, 10, 11 or 12, show pop-up edit as follows. Otherwise, go to LBF_C41A_1.

A response of "Temporary layoff due to business conditions", "Seasonal layoff", "Casual job, no work available", "Work schedule" or "Self-employed, no work available" is invalid for a person working in a family business without pay.
Please return and correct.

LBF_C41A_1 If LBF_Q41 = 1 (Own illness or disability), ask LBF_Q41A. Otherwise, go to LBF_Q42.

LBF_Q41A   **Was that due to your physical health, to your emotional or mental health, to**
LBFB_41A   **your use of alcohol or drugs, or to another reason?**

1   Physical health
2   Emotional or mental health (including stress)
3   Use of alcohol or drugs
4   Another reason
        DK, R

LBF_Q42   **About how many hours a week %do/did% you usually work at your**
LBFB_42   **%job/business%? If you usually %work/worked% extra hours, paid or**
            unpaid, please include these hours.

|_|_|_| Hours
(MIN: 1) (MAX: 168; warning after 84)

DK, R

LBF_Q44   **Which of the following best describes the hours you usually**
LBFB_44   **%work/worked% at your %job/business%?**
            <u>INTERVIEWER</u>: Read categories to respondent.

1   **Regular – daytime schedule or shift**   (Go to LBF_Q46)
2   **Regular – evening shift**
3   **Regular – night shift**
4   **Rotating shift (change from days to evenings to nights)**
5   **Split shift**
6   **On call**
7   **Irregular schedule**
8   **Other** – Specify
        DK, R   (Go to LBF_Q46)

LBF_Q45   **What is the main reason that you %work/worked% this**
LBFB_45   **schedule?**

1   Requirement of job / no choice
2   Going to school
3   Caring for – own children
4   Caring for – other relatives
5   To earn more money
6   Likes to work this schedule
7   Other – Specify
        DK, R

LBF_Q46
LBFB_46   **%Do/Did% you usually work on weekends at this %job/business%?**

1   Yes
2   No
       DK, R

Other Job

LBF_C51   If LBF_Q03=1 or LBF_Q23=1, go to LBF_Q51. Otherwise, go to LBF_Q61.

LBF_Q51
LBFB_51   **You indicated that you %have/had% more than one job. For how many weeks in a row %have/did% you %Q51worked/work% at more than one job %(% in the past 12 months%)%?**
           INTERVIEWER: Obtain best estimate.

           |_|_| Weeks
           (MIN: 1) (MAX: 52)

           DK, R

LBF_Q52
LBFB_52   **What is the main reason that you %work/worked% at more than one job?**

1   To meet regular household expenses
2   To pay off debts
3   To buy something special
4   To save for the future
5   To gain experience
6   To build up a business
7   Enjoys the work of the second job
8   Other – Specify
           DK, R

LBF_Q53
LBFB_53   **About how many hours a week %do/did% you usually work at your other job(s)? If you usually %work/worked% extra hours, paid or unpaid, please include these hours.**
           INTERVIEWER: Minimum is 1; maximum is %168 - LBF_Q42%.

           |_|_|_| Hours
           (MIN: 1) (MAX: 168 - LBF_Q42; warning after 30)

           DK, R

LBF_Q54
LBFB_54   **%Do/Did% you usually work on weekends at your other job(s)?**

1   Yes
2   No
       DK, R

Weeks Worked

LBF_Q61
LBFB_61

During the past 52 weeks, how many weeks did you do any work at a job or a business? (Include paid vacation leave, paid maternity leave, and paid sick leave.)

|_|_| Weeks
(MIN: 1) (MAX: 52)

DK, R

Looking for Work

LBF_C71

If LBF_Q61 = 52, go to LBF_END. If LBF_Q61 = 51, go to LBF_Q71A.

LBF_Q71
LBFB_71

If LBF_Q61 was answered, use the second wording. Otherwise, use the first wording.

During the past 52 weeks, how many weeks were you looking for work?

That leaves %52 - LBF_Q61% weeks. During those %52 - LBF_Q61% weeks, how many weeks were you looking for work?
INTERVIEWER: Minimum is 0; maximum is %52 - LBF_Q61%.

|_|_| Weeks
(MIN: 0) (MAX: 52 - LBF_Q61)

DK, R

Go to LBF_C72

LBF_Q71A
LBFB_71A

That leaves 1 week. During that week, did you look for work?

1   Yes   (make LBF_Q71 = 1)
2   No   (make LBF_Q71 = 0)
      DK, R

LBF_C72

If either LBF_Q61 or LBF_Q71 are non-response, go to LBF_END.
If the total number of weeks reported in LBF_Q61 and LBF_Q71 = 52, go to LBF_END.
If LBF_Q61 and LBF_Q71 were answered, %WEEKS% = [52 - (LBF_Q61 + LBF_Q71)].
If LBF_Q61 was not answered, %WEEKS% = (52 - LBF_Q71).

LBF_Q72
LBFB_72

That leaves %WEEKS% week%s% during which you were neither working nor looking for work. Is that correct?

1   Yes   (Go to LBF_C73)
2   No
      DK, R   (Go to LBF_C73)

LBF_E72   If LBF_Q61 and LBF_Q71 > 52, show pop-up edit as follows:

               You have indicated that you worked for %LBF_Q61% week%s% and that you were looking for work for %LBF_Q71% week%s%, leaving %WEEKS% week%s% during which you were neither working nor looking for work. The total number of weeks must add to 52. Please return and correct.

LBF_C73   If (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q11 = 1), go to LBF_Q73. Otherwise, go to LBF_END.

LBF_Q73   **What is the main reason that you were not looking for work?**
LBFB_73   INTERVIEWER: If more than one reason, choose the one that explains the most number of weeks.

               1   Own illness or disability
               2   Caring for – own children
               3   Caring for – elder relatives
               4   Pregnancy (Females only)
               5   Other personal or family responsibilities
               6   Vacation
               7   Labour dispute (strike or lockout)
               8   Temporary layoff due to business conditions
               9   Seasonal layoff
               10   Casual job, no work available
               11   Work schedule (e.g., shift work)
               12   School or educational leave
               13   Retired
               14   Believes no work available (in area or suited to skills)
               15   Other – Specify

LBF_C73A   If LBF_Q73 = 4, go to LBF_E73.
               Otherwise, go to LBF_C73B.

LBF_E73   If Sex = male and LBF_Q13 = 4 (Pregnancy), show pop-up edit as follows.

               A response of "Pregnancy" is invalid for a male respondent. Please return and correct.

LBF_C73B   If LBF_Q73 = 1 (Own illness or disability), ask LBF_Q73A.
               Otherwise, go to LBF_END.

LBF_Q73A   **Was that due to your physical health, to your emotional or mental health, to**
LBFB_73A   **your use of alcohol or drugs, or to another reason?**

               1   Physical health
               2   Emotional or mental health (including stress)
               3   Use of alcohol or drugs
               4   Another reason
                       DK, R

LBF_END   Go to next module.

WORK STRESS

WST_C400   If respondent age > 75, go to WST_END.
             If respondent didn't work in past 12 months (GEN_Q08 <> 1 and LBF_Q21 <> 1),
             go to WST_END.

WST_QINT4   **(Please refer to page 16 of the booklet.)**

             **The next few questions are about your <u>main job or business</u> 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.**
             <u>INTERVIEWER</u>: Press <Enter> to continue.

WST_Q401   **Your job required that you learn new things.**
WSTB_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.**
WSTB_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.**
WSTB_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.**
WSTB_404
             1   Strongly agree
             2   Agree
             3   Neither agree nor disagree
             4   Disagree
             5   Strongly disagree
                    DK, R

WST_Q405
WSTB_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
WSTB_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
WSTB_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
WSTB_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
WSTB_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
WSTB_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
WSTB_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
WSTB_412

The people you work 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_Q413
WSTB_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   Go to next module.

INCOME

INC_QINT   **(Please turn to page 17 of the booklet.)**

                  Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.
                  <u>INTERVIEWER</u>: Press <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?**
                  <u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

INCB_1A   1   **Wages and salaries**
INCB_1B   2   **Income from self-employment**
INCB_1C   3   **Dividends and interest (e.g. on bonds, savings)**
INCB_1D   4   **Employment insurance**
INCB_1E   5   **Worker's compensation**
INCB_1F   6   **Benefits from Canada or Quebec Pension Plan**
INCB_1G   7   **Retirement pensions, superannuation and annuities**
INCB_1H   8   **Old Age Security and Guaranteed Income Supplement**
INCB_1I   9   **Child Tax Benefit**
INCB_1J   10   **Provincial or municipal social assistance or welfare**
INCB_1K   11   **Child support**
INCB_1L   12   **Alimony**
INCB_1M   13   **Other (e.g. rental income, scholarships)**
INCB_1N   14   None   (Go to INC_Q3)
                     DK, R   (Go to INC_END)

INC_E1   If INC_Q1 = 14 (None) and any other response selected in INC_Q1, show pop-up edit as follows.

                  You cannot select "None" and another category. Please return and correct.

INC_E2   If (INC_Q1 <> 1 or 2) and (LBF_Q01 = 1 or LBF_Q02 = 1or LBF_Q21 = 1), show pop-up edit as follows:

                  Inconsistent answers have been entered. Please confirm.

INC_C2   If more than one source of income is indicated, ask INC_Q2. Otherwise, ask INC_Q3. (INC_Q2 will be filled with INC_Q1 during processing.)

| INC_Q2 | **What was the main source of income?** |
| INCB_2 | |

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   If the response in INC_Q2 was not selected in INC_Q1, show pop-up edit as follows:

The main source of income is not selected as one of the sources of income for all household members. Please return and correct.

| INC_Q3 | **What is your best estimate of the total income, before taxes and** |
| INCB_3 | **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)

| INC_Q3A | **Can you estimate in which of the following groups your <u>household</u> income** |
| INCB_3A | falls? Was the total <u>household</u> 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 | **Was the total <u>household</u> income from all sources less than \$10,000 or** |
| INCB_3B | **\$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 | **Was the total <u>household</u> income from all sources less than \$5,000 or** |
| INCB_3C | **\$5,000 or more?** |

1   Less than \$5,000
2   \$5,000 or more
     DK, R

Go to INC_C4

| INC_Q3D | **Was the total <u>household</u> income from all sources less than $15,000 or** |
| INC<u>B</u>_3D | **$15,000 or more?** |

1 Less than $15,000
2 $15,000 or more
   DK, R

Go to INC_C4

| INC_Q3E | **Was the total <u>household</u> income from all sources less than $40,000 or** |
| INC<u>B</u>_3E | **$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 | **Was the total <u>household</u> income from all sources less than $30,000 or** |
| INC<u>B</u>_3F | **$30,000 or more?** |

1 Less than $30,000
2 $30,000 or more
   DK, R

Go to INC_C4

| INC_Q3G | **Was the total <u>household</u> income from all sources:** |
| INC<u>B</u>_3G | <u>INTERVIEWER</u>: 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 or more?**
   DK, R

INC_C4   If age >= 15, ask INC_Q4. Otherwise, go to INC_END.

| INC_Q4 | **What is your best estimate of your total <u>personal</u> income, before taxes and** |
| INC<u>B</u>_4 | **other deductions, from all sources in the past 12 months?** |

|_|_|_|_|_|_|_| Income   (Go to INC_END)
(MIN: 0) (MAX: 500,000; warning after 150,000)

DK, R   (Go to INC_Q4A)

INC_Q4A	**Can you estimate in which of the following groups your <u>personal</u> income**
INC<u>B</u>_4A	**falls? Was your total <u>personal</u> 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
INCB_4B
Was your total <u>personal</u> 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
INCB_4C
Was your total <u>personal</u> 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
INCB_4D
Was your total <u>personal</u> 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
INCB_4E
Was your total <u>personal</u> 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
INCB_4F
Was your total <u>personal</u> 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
INCB_4G
Was your total personal income:
<u>INTERVIEWER</u>: 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 or more?**
    DK, R

INC_END   Go to next module.

ADMINISTRATION

Health Number

ADM_Q01A **Statistics Canada and your provincial ministry of health would like your permission to link information collected during this survey. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics, and doctor's offices.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

ADM_Q01B **This linked information will be kept confidential and used only for statistical purposes. Do we have your permission?**

1	Yes	
2	No	(Go to ADM_Q04A)
	DK, R	(Go to ADM_Q04A)

ADM_Q03A **Do you have a(n) %province% health number?**

1	Yes	(Go to HN)
2	No	
	DK, R	(Go to ADM_Q04A)

ADM_Q03B **For which province is your health number?**

10	Newfoundland	47	Saskatchewan
11	Prince Edward Island	48	Alberta
12	Nova Scotia	59	British Columbia
13	New Brunswick	60	Yukon
24	Quebec	61	Northwest Territories
35	Ontario	62	Nunavut
46	Manitoba	88	Do not have a provincial health number (Go to ADM_Q04A)

DK, R   (Go to ADM_Q04A)

HN **What is your %provincial% health number?**
<u>IINTERVIEWER</u>: Enter a health number for %province%. Do not insert blanks, hyphens or commas between the numbers.

Data Sharing – All Provinces (excluding Québec)

ADM_Q04A **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health and Health Canada.**

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

Data Sharing – Québec

ADM_Q04A   **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health, the « Institut de la Statistique du Québec » and Health Canada.**

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

Administration

ADM_N05   <u>INTERVIEWER</u>: Is this a fictitious name for the respondent?

1   Yes
2   No   (Go to ADM_N10)
    DK, R   (Go to ADM_N10)

ADM_N06   <u>INTERVIEWER</u>: Remind respondent about the importance of getting correct names.
          Do you want to make corrections to:

1   … first name only?
2   … last name only?   (Go to ADM_N08)
3   … both names?
4   … no corrections?   (Go to ADM_N10)
    DK, R   (Go to ADM_N10)

ADM_N07   <u>INTERVIEWER</u>: Enter the first name only.

ADM_C08   If ADM_N06 <> "both names", go to ADM_N10.

ADM_N08   <u>INTERVIEWER</u>: Enter the last name only.

ADM_N10   <u>INTERVIEWER</u>: Was the respondent alone when you asked this health questionnaire?

1   Yes
2   No
    DK, R

ADM_N12   <u>INTERVIEWER</u>: Record language of interview.

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 (Farsi)
8	Polish	21	Russian
9	German	22	Ukrainian
10	Vietnamese	23	Urdu
11	Arabic	24	Inuktitut
12	Tagalog	25	Hungarian
13	Greek	26	Korean
		30	Dutch
90	Other – Specify		

ADM_END

SHARING

Exit Introduction block

EI_Q01   **Before we finish, I would like to ask you a few other questions.**
INTERVIEWER: Press <Enter> to continue.

Data Sharing – All Provinces (excluding Québec)

PS_Q01   **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health and Health Canada.**

               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

Data Sharing – Québec

PS_Q01   **Statistics Canada would like your permission to share the information collected in this survey with provincial ministries of health, the « Institut de la Statistique du Québec » and Health Canada.**

               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