

**Canadian Community Health Survey
Mental Health and Well-being
Cycle 1.2
Master File Documentation**

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1. Introduction

The Canadian Community Health Survey (CCHS) is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian population. The CCHS operates on a two-year collection cycle. The first year of the survey cycle “.1” is a large sample, general population health survey, designed to provide reliable estimates at the health region level. The second year of the survey cycle “.2” is a smaller survey designed to provide provincial level results on specific focused health topics.

This Microdata File contains data collected in the second year of collection for the Cycle 1.2. Information was collected between May 2002 and December 2002, for the ten provinces. Cycle 1.2 collects responses from persons aged 15 or older, living in private occupied dwellings. Excluded from the sampling frame are individuals living on Indian Reserves and on Crown Lands, Health Care institution residents, full-time members of the Canadian Armed Forces, and residents of certain remote regions.

This document has been produced to facilitate the manipulation of the Cycle 1.2 master data files, which are described in detail in the following text and appendices.

Any questions about the data sets or their use should be directed to:

- For technical/general data support:
Electronic Products Help Line: 1-800-949-9491

- For custom tabulations/general data support:
Client Custom Services, Health Statistics Division: 1-613-951-1746
E-mail: hd-ds@statcan.ca

- For remote access support: 1-613-951-1653
E-mail: cchs-escc@statcan.ca
Fax: 1-613-951-4198

2. Background

In 1991, the National Task Force on Health Information cited a number of issues and problems with the health information system. These problems were that: data was fragmented; data was incomplete; data could not be easily shared; data was not being analysed to the fullest extent; and the results of research are not consistently reaching Canadians. In responding to the needs, the Canadian Institute for Health Information (CIHI), Statistics Canada and Health Canada have joined forces to create a National Health Information Roadmap.

The Roadmap is a direct response to the concerns and desires of more than 500 individuals representing a wide range of organizations and interest groups. Early in 1999, the three national organizations listed above conducted a broadly based national consultation on health information needs. Participants stressed that national agencies must work together to strengthen Canada's health information system, and must build on and contribute to the considerable investments and expertise at local, regional, and provincial/territorial levels.

The Roadmap represents an important contribution to building a comprehensive national health information system and infrastructure to provide Canadians with the information they need to maintain and improve Canada's health system and the population's health. What is needed is a co-ordinated plan of action. No single government or organization can combat the above-noted problems alone. Co-operation at all levels – national, provincial, territorial, regional and local health organizations – is a prerequisite for success.

The plan of action starts by seeking answers to two crucial questions:

1. How healthy is the health care system?
2. How healthy are Canadians?

The first question encompasses the effectiveness, efficiency and responsiveness of the health care system. Generally, an effective, efficient and responsive health care system is one that offers the quality of care Canadians expect.

The second question is broader, and addresses the basic objective of the system: is the health of Canadians improving? To answer this, a strong health information system is needed. This information system must embrace six principle characteristics.

The information system must be:

- Secure and respectful of Canadians' privacy;
- Consistent;
- Relevant;
- Integrable;
- Flexible;
- User-friendly and accessible.

This health information system needs to be timely, provide person-oriented information, and have common data standards with other Canadian health surveys, such as the National Population Health Survey (NPHS). The new system must also provide: new or expanded data sets; data on health services; data on outcomes, health status and non-medical determinants of health; data on outcomes of selected health interventions; implement special studies involving priority issues; data on costs per service; information exchange protocols; expanded analytical and dissemination capacity, and public reports on the health care system.

Given this mandate, the Canadian Community Health Survey (CCHS) was conceived. The format, content and objectives of the CCHS evolved through extensive consultation with key experts, federal, provincial and community health region stakeholders to determine their data requirements.

The purpose of this publication is to follow through on the mandate of collecting reliable, relevant information on health services, health status, and health issues of importance to Canadians - at the regional, provincial and national level - and disseminating this information to the public.

3. Objectives

The Cycle 1.2 mainly measures aspects linked to the mental health of Canadians. This cycle was then named “Canadian Community Health Survey-Mental Health and Well-being”. The primary objectives of the CCHS Mental Health and Well-being are to:

- Provide timely, reliable, cross-sectional estimates of mental health determinants, mental health status and mental health system utilization across Canada;
- Determine prevalence rates of selected mental disorders to assess the impact of burden of illness;
- Juxtapose access and utilization of mental health services with respect to perceived needs; and
- Assess the disabilities associated with mental health problems to individuals and society.

As a key component of the Population Health Surveys Program of Statistics Canada, the CCHS helps fulfil broader requirements of health issues in Canada. These are:

- Aid in the development of public policy;
- Provide data for analytic studies that will assist in understanding the determinants of health;
- Collect data on the economic, social, demographic, occupational and environmental correlates of health;
- Increase the understanding of the relationship between health status and health care utilization.

4. Survey Content

The first sub-section of this section provides a general discussion of the consultation process used in survey content development and gives a summary of the final content selected for inclusion in this study.

4.1 Consultation Processes

One of the main CCHS Mental Health and Well-being objectives is to address priority mental health determinants, mental health status and mental health system utilization data gaps at the provincial level. Topic selection for the content of the Cycle 1.2 was conducted through a process of extensive consultations with regional, provincial, federal representatives and the research community. Expert consultation was seen as an integral part of the content development. The selection of priority areas in terms of mental disorders as well as mental well-being have been a result of discussions within the Mental Health Expert Group assembled for the survey, as well as the Population Health Advisory Committee. Consultations also include contacts with representatives of the World Health Organization, academia, federal and provincial governments, consumers and professional associations.

Table 4.1: Questionnaire Modules

<ul style="list-style-type: none">• Administration• Agoraphobia• Alcohol Dependence• Alcohol Use• Chronic Conditions• Depression• Distress• Eating Troubles Assessment• General Health• Height and Weight• Household Contact and Demographics• Illicit Drug Use and Dependence• Income• Labour Force• Mania• Medication Use	<ul style="list-style-type: none">• Mental Health Services• Panic Disorder• Pathological Gambling• Physical Activities• Psychological Well-being Manifestation Scale• Restriction of Activities• Screening Section• Socio-demographic Characteristics• Social Phobia• Social Support• Spiritual Values• Stress• Two-week Disability• Work Stress
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4.2 Content

The content for Cycle 1.2 is partly based on a selection of mental disorders from the WMH-CIDI (World Mental Health – Composite International Diagnostic Interview Instrument). The WMH-CIDI is a lay-administered psychiatric interview that generates a profile of those with a disorder according to the definitions of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). The WMH-CIDI questions and algorithms were operationalised to meet the needs of CCHS 1.2. For the purposes of this survey, the questions and algorithms are referred to as “CCHS 1.2/WMH-CIDI”. Similar to the WMH-CIDI, the CCHS 1.2/WMH-CIDI can not be used to measure all aspects associated with the DSM-IV definitions and classification.

The well-being and determinants of health in Cycle 1.2 are based on sources used on such surveys as the National Population Health Survey (NPHS), the CCHS (Cycle 1.1), the Health Promotion Survey (HPS) and other surveys. The following Table 4.2 provides a detailed breakdown of sources and changes from earlier usage in CCHS and NPHS.

Table 4.2 CONTENT DESCRIPTION – CCHS 1.2

Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
	Introduction		Social survey standards.	Social survey standards.		
1	Household/ Entry	CCHS 1.1	Information collected on each household member: Date of birth Sex Marital status Relationship of everyone to everyone else in the household Highest grade of elementary or high school completed Highest degree, certificate or diploma Type of dwelling Owner/tenant Number of bedrooms in dwelling Language of interview			
2 GEN	General Health	CCHS 1.1	Respondent's general health status. General health status compared to one year ago. Sleep patterns. General level of stress in life. Sense of belonging to one's community.	Respondent's general health status. General health status compared to one year ago. Sleep patterns. General level of stress in life. Sense of belonging to one's community.	GENB_04 – GENB_06: Replaced scale with one that is used in Social support. New scale : None of the time A little of the time Some of the time Most of the time All of the time Old scale : Most of the time Sometimes Never	Scale was replaced with more specific/definitive one to give respondents more options; better capture what they are feeling.
3 SCR	Screener for mental disorders	WMH-CIDI	In order to reduce response burden, screening questions are used to identify and filter respondents who may experience symptoms that are associated with specific mental disorders. The screening questions are grouped in one module, which is located near the beginning of the questionnaire, to avoid false		New module	A screener question is found for generalized anxiety disorder although CCHS 1.2 did not collect other information about this specific disorder. Only the Canadian Forces 2002 Canadian Community Health Survey Supplement on Mental Health collected information on this disorder.

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			<p>negatives and learning pattern where a respondent answers 'no' in order to screen out of a subsequent module.</p> <p>The screening questions ask if the respondent has experienced general symptoms that are usually associated with different affective and anxiety disorders. Positive answers are flagged for further questioning within disorder-specific modules. These modules contain more in-depth questions and relate to more specific symptoms associated with the mental disorder. The purpose of these additional questions is to evaluate if the respondent has experienced symptoms that are identified with the clinical diagnosis associated with the reviewed mental disorder.</p> <p>SCRB_081: Self-perceived rating of physical health.</p> <p>SCRB_082: Self-perceived rating of mental health.</p> <p>SCRB_20 through SCRIB_35: WMH-CIDI screener questions (excluding suicide, eating troubles, gambling, alcohol use and dependence and illicit drug use and dependence).</p>			<p>Screeener questions should not be used as a proxy measure for the disorder.</p>

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
4 CCC	Chronic conditions	CCHS 1.1 NPHS Cycle 4	<p>Allergies Asthma Fibromyalgia Arthritis or rheumatism Back problems excluding fibromyalgia and arthritis High blood pressure Migraine headaches Chronic bronchitis Emphysema or COPD Diabetes Epilepsy Heart disease Cancer Stomach or intestinal ulcers Effects of a stroke Bowel disorder, Crohn's or Colitis Alzheimer's disease or other dementia Cataracts Glaucoma Thyroid condition Chronic fatigue syndrome Multiple chemical sensitivities</p> <p>Following not measured in NPHS or CCHS 1.1: Schizophrenia Other psychosis Obsessive-compulsive disorder Dysthymia Post-traumatic stress disorder Autism or any other developmental disorder such as Asperger's syndrome or Rett syndrome Learning disability Type of learning disability (Attention Deficit Disorder, no hyperactivity (ADD), Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Other)</p>	<p>Allergies Asthma Fibromyalgia Arthritis or rheumatism Back problems excluding fibromyalgia and arthritis High blood pressure Migraine headaches Chronic bronchitis Emphysema or COPD Diabetes Epilepsy Heart disease Cancer Stomach or intestinal ulcers Effects of a stroke Urinary incontinence (not measured in CCHS 1.2) Bowel disorder, Crohn's or Colitis Alzheimer's disease or other dementia Cataracts Glaucoma Thyroid condition Parkinson's disease (not measured in CCHS 1.2) Multiple sclerosis (not measured in CCHS 1.2) Chronic fatigue syndrome Multiple chemical sensitivities Other long term condition</p>	<p>Not included: All questions related to the age when the diagnosis was made, sub-type of condition or specific type.</p> <p>Not included: CCCA_161: urinary incontinence CCCA_231: Parkinson's disease CCCA_241: Multiple sclerosis</p> <p>Added new categories on mental disorders: CCCB_271: Schizophrenia CCCB_281: Other psychosis CCCB_291: Obsessive-compulsive disorder CCCB_301: Dysthymia CCCB_311: Post-traumatic stress disorder CCCB_321: Autism or any other developmental disorder such as Asperger's syndrome or Rett syndrome CCCB_331: Learning disability CCCB_33A-D: Type of learning disability (Attention Deficit Disorder, no hyperactivity (ADD), Attention Deficit Hyperactivity Disorder (ADHD), Dyslexia, Other) CCCB_341: Eating disorder such as anorexia or bulimia</p>	<p>Time saving measure.</p> <p>Low counts and little relevance to mental health.</p> <p>Can be picked up by other categories.</p> <p>Long term conditions are needed to better understand the impacts associated with the experience of mental health symptoms. There are links between long term conditions and mental health problems. These were added because they were not measured in the diagnostic modules and mental health experts had shown interest in these areas.</p>

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
			Eating disorder such as anorexia or bulimia Other long term physical or mental problem			
5 HWT	Height and Weight	CCHS 1.1 NPHS Cycle 4	Height/weight (self-reported). Self-perceived body image.	Height/weight (self reported). Self-perceived body image.	Added: HWTB_01: question on pregnancy. This question was included in 1.1 but in a different location within the questionnaire.	In order to properly calculate BMI, need to know if respondent is pregnant. Correlate of mental health.
6 PAC	Physical Activity	CCHS 1.1 NPHS Cycle 4	Participation in physical activity in the past 3 months. Frequency of participation. STRB_66: respondents are asked if they jog or do other exercises to deal with stress.	Participation in physical activity in the past 3 months. Frequency of participation.	Added: PACB_6: added sentence at beginning of question; “Now I’m going to read you 4 sentences that can be used to describe the amount of physical activity that people usually do.”	Correlate of mental health.
7 PWB	Psychological Well being Scale	Massé’s Well-being scale New	Self-esteem Balance Social involvement Sociability Self-control Happiness	N/A	New module	Massé’s scale was used because it encompassed the aspects of the Bradburn Scale as well as the Mastery module. Correlate of mental health.
8 DIS	Distress	CCHS 1.1 NPHS Cycle 4	Kessler’s scale called the K10 measuring the frequency of feeling: Sad Nervous Restless Hopeless Worthless Everything was an effort And: Tired for no good reason So nervous that nothing could calm down “...or fidgety” So restless couldn’t sit still “...or depressed”	Kessler and Mroczek scale called the K6 measures frequency of feeling: Sad Nervous Restless or fidgety Hopeless Worthless Everything was an effort Chronic aspects of distress are also	Replaced by Kessler’s 10-items scale (very similar to the old one): Frequency of feeling: Tired for no good reason Nervous So nervous that nothing could calm down Hopeless Restless or fidgety So restless couldn’t sit still Sad or depressed So depressed that nothing could cheer up Everything was an effort Worthless New question order: DISB_10A (so sad...) became DISB_10H (so depressed...).	Replaced with new scale to be consistent with Kessler (K10). Measures important aspect of mental health and can be superimposed with diagnostic modules.

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			Chronic aspects of distress are also examined (i.e. more often, less often, or same as usual in the past month).	examined (i.e. more often, less often, or same as usual in the past month).	<p>DISB_10C became DISB_10E. DISB_10E became DISB_10J. DISB_10F became DISB_10I</p> <p>Added: INT: intro text emphasising the 1 month reference period DISB_10A: tired out for no good reason DISB_10C: so nervous that nothing could calm you DISB_10F: so restless you could not sit still DISB_10G: sad or depressed DISB_10N: text emphasising 1 month reference period</p> <p>Using a booklet to display response categories.</p>	<p>Clear emphasis on reference periods is important because there are so many different reference periods in the survey.</p> <p>Will reduce interview time and response burden.</p>
9 STR	Stress	New	<p>STRB_1: Rating of the ability to handle unexpected and difficult problems (adapted from NPHS 96).</p> <p>STRB_2: Rating of the ability to handle the day-to-day demands of life (adapted from NPHS 96).</p> <p>STRB_3: Respondent's self report of the source of stress in day-to-day life contributing most to feelings of stress: Time pressures / not enough time Own physical health problem or condition Own emotional or mental health problem or condition Financial situation (e.g., not enough money, debt) Own work situation (e.g., hours of work, working conditions) School Employment status (e.g., unemployment)</p>		New module	Items for ways of coping questions (STRB_61 to STRB_611) are derived and modified in wording from several coping scales. The majority of questions are selected from Folkman and Lazarus (1985) Ways of Coping Revisited (WOC-R). Several questions are selected from Amirkhan (1990) Coping Strategy Indicator (CSI), and Carver et al. (1989) COPE scale.

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			<p>Caring for own children Caring for others Other personal or family responsibilities Personal relationships Discrimination Personal and Family's safety</p> <p>Frequency use of ways of dealing with stress: STRB_61: Try to solve the problem STRB_62: Talk to others STRB_63: Avoid being with people STRB_64: Sleep more than usual STRB_65A: Try to feel better by eating more or less than usual STRB_65B: Try to feel better by smoking more cigarettes than usual STRB_65C: Try to feel better by drinking alcohol STRB_65D: Try to feel better by using drugs or medication. STRB_66: Jog or do other exercise STRB_67: Pray or seek spiritual help STRB_68: Try to relax by doing something enjoyable STRB_69: Try to look on the bright side of things STRB_610: Blame oneself STRB_611: Wish the situation would go away or somehow be finished</p>			
10	Each of the following "disorders" (10A Major Depressive Episode, 10B Manic Episode (Mania),	WMH-CIDI	NOTE: CCHS 1.2 questionnaire is based on a modified version of the WMH-CIDI instrument recognized by the WMH2000 Project.	N/A	New modules	

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	10C Panic Disorder, 10D Social Phobia, 10E Agoraphobia)		Diagnostic disorders were selected on the basis that they were prevalent enough to provide reliable estimates, that they were balanced across disorders, that they were treatable and program/policy relevant and were guided by recommendations from the Survey's Expert Committee.			
10A DEP	Major depression (including suicide thoughts ant attempts)	WMH-CIDI	<p>Episodes of: Being "sad, empty or depressed" Losing interest in most things Feeling discouraged about how things are going in life</p> <p>Duration: Episodes of 2 weeks or longer recurring month after month for a year or longer</p> <p>Frequency: Most of the day, nearly everyday Severity: Worst and most recent episodes</p> <p>Specific symptoms: At least 5 symptoms such as change in weight or appetite, energy level, ability to concentrate</p>	Used short CIDI scale for major depression. This is a subscale of an earlier version of the CIDI instrument..	<p>New module</p> <p>Note that the Suicide module was integrated into Major Depression (see Suicide below).</p> <p>Streamlined skips and wording for services section of depression to take into consideration services mentioned in suicide section.</p> <p>Added booklet for suicide questions and refer to thoughts of suicide, suicide plan, and attempted suicide as Experience A, B, and C.</p> <p>Added word "seriously" to thoughts of suicide.</p>	<p>Integrating suicide into depression facilitates programming, ensures consistency in questions (between those who go through depression and those who don't), keeps sensitive questions on a similar topic together (instead of asking about suicide in depression and again in the suicide module).</p> <p>Booklet increases confidentiality if others within earshot of interview, eases respondent discomfort with potentially sensitive topic.</p> <p>Qualitative testing showed its necessity. Many people said it is normal to think of suicide as teenagers but that they did not "seriously" consider it.</p>
10a SUI	Suicidal thoughts and attempts	CCHS 1.1 WMH-CIDI	<p>Measure of lifetime and past 12 months suicidal thoughts, plan and attempt.</p> <p>Age when experiences happened/ last happened.</p> <p>Most recent time when experiences happened (in relation to the last or worst event).</p>	<p>Considered committing suicide or taking own life in past 12 months.</p> <p>Attempted to commit suicide or tried taking own life in past 12 months.</p>	New module	<p>Questions on suicide are integrated in the Depression module (see Depression above).</p> <p>A confidential approach was used to collect this information through the reference to various experiences (suicidal thoughts, plan and attempt) as Experience A, B, C and the use of a booklet.</p>

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			<p>Medical attention received because of attempt.</p> <p>Hospitalization overnight or longer because of attempt.</p> <p>Professional resources sought or talked to after suicide attempt.</p> <p>Location where contacts took place.</p>	<p>Medical attention received following suicide attempt.</p>		
10B MIA	Manic Episode	WMH-CIDI	<p>Episodes of: Being “so happy or excited that it leads to trouble”</p> <p>Duration: Episodes of several days or longer</p> <p>Severity: Worst and most recent episodes</p> <p>Specific symptoms: At least 3 symptoms such as restlessness, increased interest in sex, being more friendly or outgoing than usual, and other behaviours that might not be usual for the individual</p>		New module	
10C PAD	Panic Disorder	WMH-CIDI	<p>Episodes of: “Attacks of fear or panic” and “attacks of suddenly experiencing symptoms associated with a panic disorder”</p> <p>Duration: Multiple sudden, short attacks</p> <p>Severity: Number of symptoms and episodes.</p> <p>Specific symptoms: At least 4 worsening symptoms</p>		New module	

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			such as shortness of breath, heart pounding, chest pain or discomfort, choking or smothering sensations			
10D SOP	Social Phobia	WMH-CIDI	<p>Episodes of: “Persistent and impairing fears of social and performance situations”</p> <p>Severity: Number of symptoms and episodes Feeling of disappointment with oneself</p> <p>Specific symptoms: At least 2 symptoms such as feeling dizzy, having chest pain or discomfort, trembling, sweating or having trouble breathing normally</p>		New module	
10E AGP	Agoraphobia	WMH-CIDI	<p>Episodes of: “Persistent and impairing fears of leaving the house or being alone away from home”</p> <p>Severity: Number of symptoms and episodes Feeling of disappointment with oneself</p> <p>Specific symptoms: At least 2 symptoms such as trembling, sweating, heart palpitations, jitters, fatigue, tingling in the hands and feet, nausea, rapid pulse, sense of impending doom</p>		New module	

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11 ALC	Alcohol use	CCHS 1.1 NPHS Cycle 4	Consumption of number of drinks in past 7 days. Rate of use in the past 12 months and lifetime. Indicator of 12 month period where once per month respondent drank 5 or more drinks in lifetime. Reason for reducing or stopping drinking.	Regular consumption of 5 drinks or more on one occasion. Consumption of number of drinks in past 7 days. Rate of use in the past 12 months. Regular consumption of 12 or more drinks a week in lifetime. Reason for reducing or stopping drinking.	New questions added: ALCB_4: regular consumption of more than 12 drinks a week during past 12 months ALCB_10: Lifetime occurrence of a period where there was regular consumption of 5 drinks or more in one single occasion, more than once a month for a 12 month period Modified : ALCA_6 became ALCB_10 in CCHS Cycle 1.2.	Questions were added to screen for high risk consumption patterns in respondents.
12 ALD	Alcohol dependence	CCHS 1.1 WMH_CIDI	Lifetime and past 12 months alcohol dependence. Questions measure Kessler and Mroczek CIDI short form for DSM-IIIIR Alcohol Dependence (7 symptoms). Added 5 symptoms from WMH-CIDI: drank more than intended, spent excessive time recovering from alcohol effects, reduced activities due to alcohol, drank despite exacerbating physical/mental condition Past 12 months interference in life and activities, such as: Home management activities	Past 12 months alcohol dependence. Questions measure Kessler and Mroczek CIDI short form for DSM-IIIIR Alcohol Dependence (7 symptoms).	Use of a booklet to display response categories. Added: ALDB_QINT2: new introduction. 5 symptoms from WMH-CIDI (ALDB_10 through ALDB_14): Experience of symptoms or situations associated with alcohol dependence. Examine lifetime occurrence. New question: "Has that ever happened?": ALDB_01A, ALDB_03A, ALDB_04A, ALDB_05A, ALDB_06A, ALDB_07A, ALDB_09A, ALDB_10A, ALDB_11A, ALDB_12A, ALDB_13A, ALDB_14A Past 12 months interference in life and activities, such as: Home management activities	Will reduce interview time and response burden. Booklet also provides confidentiality for sensitive modules and is less intrusive (especially desired by young respondents during testing). To provide indication of respondents experiencing symptoms or situations associated with alcohol dependence occurring in their lifetime. Assess lifetime alcohol dependence. Add questions to be consistent with disorder modules.

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
			<p>Ability to attend school Ability to work at a job Ability to form and maintain close relationships Social life</p>		<p>Ability to attend school Ability to work at a job Ability to form and maintain close relationships Social life</p>	
13 DRG	Illicit Drugs	CADS WMH-CIDI	<p>IDGB_01 through IDGB_24: Lifetime use (or tried) and past 12 months frequency use of: Marijuana, cannabis or hashish Cocaine or crack Speed (amphetamines) Ecstasy (MDA) Hallucinogens, PCP or LSD Sniffing glue, gasoline or other solvents Heroin Steroids, such as testosterone, Dianabol or growth hormones</p> <p>WMH-CIDI questions partially assessing DSM-IV substance dependence (IDGB_25x): Lifetime and past 12 month experience of symptoms or situations associated with drug dependence.</p> <p>IDGB_26x: Past 12 months interference with life and activities, such as: Home management activities Ability to attend school Ability to work at a job Ability to form and maintain close relationships Social life</p>		<p>New module</p> <p>Added: IDGB_5AA – took drugs 1 to 3 times a month or more for a period of 12 months.</p> <p>Added reference to lifetime use of drugs (IDGB_5AL – IDGB_5HL).</p> <p>New question: “Has that ever happened?”: IDGB_5A1, IDGB_5B1, IDGB_5C1, IDGB_5D1, IDGB_5E1, IDGB_5F1, IDGB_5G1, IDGB_5H1</p> <p>Added WMH-CIDI questions on substance dependence.</p> <p>Use of a booklet to display response categories.</p> <p>Past 12 months interference in life and activities, such as: Home management activities Ability to attend school Ability to work at a job Ability to form and maintain close relationships Social life</p>	<p>Changes based on Canadian alcohol and drug survey (CADS).</p> <p>To provide indication of respondents experiencing symptoms or situations associated with drug use in lifetime. CADS focused on past 12 months only.</p> <p>Expand module to examine substance dependence.</p> <p>Will reduce interview time and response burden and is much more confidential (especially desired by young respondents during qualitative testing).</p> <p>Add questions to be consistent with disorder modules.</p>

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
14 CPG	Pathological gambling	CPGI (Canadian Problem Gambling Index)	<p>Participation in different kinds of gambling (frequency in past 12 months) (modified from CPGI).</p> <p>Amount of money spent on gambling in past 12 months.</p> <p>Past 12 months attitudes and experiences of gambling which indicate severity of problem gambling (modified from CPGI).</p> <p>Family history of gambling.</p> <p>Past 12 month alcohol and drug use while gambling.</p>	N/A	<p>New module</p> <p>Combined similar types of gambling activity questions (modified from Canadian problem gambling Index): Instant win or daily lottery tickets (2 questions in CPGI). Lottery tickets or raffle / fundraiser (2 questions in CPGI). Casino games other than coin slots/VLT (5 questions in CPGI: poker, blackjack, roulette, keno, craps). Sports lotteries, pools, sporting events (2 questions in CPGI) Internet or arcade gambling (2 questions in CPGI). Other (not included in CPGI).</p> <p>Not included from CPGI: Screener on casino games.</p> <p>Use of booklet for response categories.</p> <p>Changed the names of some of the examples associated with gambling activities to suit region (i.e. added Mise-au-jeu for Quebec).</p> <p>CPGI questions on amount of time (in minutes or hours) spent on gambling activities were not included.</p> <p>Combined amount of money spent to encompass all types of gambling</p>	<p>Gambling activities were conducive to grouping.</p> <p>Will reduce interview time and response burden.</p> <p>All changes were approved by the authors of the scale.</p> <p>Casino games questions were combined to one question on CCHS, hence screener was not needed.</p> <p>Booklet provides confidentiality for sensitive modules and is less intrusive (especially desired by young respondents during testing).</p> <p>Reduce length and response burden.</p> <p>To be more tailored to regional differences.</p> <p>Reduce length and response burden (CPGI can be scored without their inclusion).</p> <p>Reduce length and response burden (CPGI can be scored with</p>

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
			<p>Past 12 months interference with life and activities, such as: Home management activities Ability to attend school Ability to work at a job Ability to form and maintain close relationships Social life</p>		<p>activity instead of one variable per activity and to be total in 12 months instead of per month/per day and added response categories instead of open-ended.</p> <p>Some questions on correlates (like depression and suicidal thoughts) were not included since they are measured elsewhere in the questionnaire.</p> <p>Added the interference scale.</p> <p>Changed skip pattern so that if respondent indicated that they gambled 1-5 times per month or less (or said don't know or refuse) for each type of gambling activity from CPGB_01A to CPGB_01M or refused the first question (CPGB_01A), they were skipped out of the module and not asked the problem gambling questions. This skip pattern is not part of the CPGL.</p> <p>Added to CPGB_02, a category called "I do not gamble" that is not read by interviewers but if volunteered by the respondent they will be skipped out of the module. This response category and skip pattern is not part of the CPGL.</p> <p>Some questions on severity were not included.</p>	<p>this modification).</p> <p>Measured elsewhere in questionnaire.</p> <p>To indicate interference caused by gambling activity and to be consistent with other modules.</p> <p>CPG was identified during testing as a sensitive module and respondents felt that it was burdensome. In order to reduce the burden on respondents, interviewer fatigue and to maintain high response rates, this skip pattern was adopted.</p> <p>CPG was identified during testing as a sensitive module and respondents felt that it was burdensome. In order to reduce the burden on respondents, interviewer fatigue and to maintain high response rates, this skip pattern was adopted.</p> <p>These were non-essential for the CPGL algorithm.</p>
15 ETA	Eating Troubles	EAT-26 (Eating Attitude Test) WMH-CIDI	Non-diagnostic module using a health population approach to examine peoples' attitudes and behaviours in relation to food and their physical appearance.		New module Added WMH-CIDI screener questions to filter people who have experienced eating problems	The EAT instrument is usually used with a target population who have eating problems. Without any screener, the questions appear irrelevant for

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
					(ETAB_01A, ETAB_01B). Underlined reference periods (last 12 months).	many respondents. Will reduce misreporting and ambiguity; clarify questions.
16 RAC	Restriction of activities	CCHS 1.1	<p>Difficulty with hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing similar activities.</p> <p>Question asking respondents if they have a physical or mental condition or health problem that reduces the amount or the kind of activity that they can do at home, work, school or other activities (such transportation or leisure).</p> <p>The cause of the condition that reduces the kind or amount of activity the respondent can do is also asked.</p> <p>Embarrassment and discrimination experienced because of the condition.</p> <p>Questions identifying the type of activities of daily living which are limited because of the condition.</p> <p>Impact of condition (physical or mental) on everyday activities such as cooking, shopping, paying bills, transportation, leisure activities, etc.</p>	<p>Difficulty with hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing similar activities.</p> <p>Question asking respondents if they have a physical or mental condition or health problem that reduces the amount or the kind of activity that they can do at home, work/school or other activities (such transportation or leisure).</p> <p>The cause of the condition that reduces the kind or amount of activity the respondent can do is also asked.</p> <p>Impact of condition or health problem on everyday activities such as cooking, shopping, housework, personal care, moving about inside the house.</p>	<p>RACB_6C: dropped the word “normal” in “doing normal everyday housework”.</p> <p>Added or modified: RACB_2B1 and RACB_2B2: Work and school environment broken down into 2 different questions.</p> <p>RACB_5: New answer categories listing the main cause of the condition responsible for the activity reduction. It now specifically identifies “emotional or mental health problem or condition” or “use of alcohol or drugs”.</p> <p>(New) RACB_5A1 and RACB_5A2: Experience of embarrassment because of a physical or mental condition or health problem.</p> <p>(New)RACB_5B1 and RACB_5B2: Experience of discrimination or unfair treatment because of a physical or mental condition.</p> <p>Modified: Type of help needed from another person because of any physical condition or mental condition or health problem.</p> <p>RACB_6B1: Added “help with getting to appointments and running errands such as shopping for groceries”.</p>	<p>Qualitative testing revealed that the word “normal” was not understood by everyone the same way (subjective definition).</p> <p>To measure each concept separately.</p> <p>To identify those whose main cause was due to “emotional or mental health problem or condition” or “use of alcohol or drugs”.</p> <p>To identify those who needed help due to “emotional or mental health problem or condition”.</p> <p>To clarify question for respondents.</p>

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
					<p>RACB_6D: Added: “such as spring cleaning” (Deleted “washing walls”). RACB_6E: help “or taking medication”.</p> <p>Added: RACB_6G: help with looking after your personal finances such as making bank transactions or paying bills.</p> <p>Questions added concerning the difficulties experienced by the respondent because of any physical condition or mental condition or health problem. (New)</p> <p>RACB_7A: difficulty making new friends or maintaining friendships.</p> <p>RACB_7B: difficulty dealing with people you don’t know well.</p> <p>RACB_7C: difficulty starting and maintaining a conversation.</p> <p>RACB_8: Cause of condition associated with required help or difficulty experienced by the respondent: Physical health Emotional or mental health Use of alcohol or drugs</p>	<p>To measure difficulties experienced by the respondent because of any physical condition or mental condition or health problem.</p>
17 TWD	2 week disability	CCHS 1.1	<p>Health during the past 14 days: Stay in bed because of illness or injury (number of days) Stay in bed was due to mental health or use of alcohol or drugs (number of days) Days when activities were cut down due to illness or injury (number of days) Days when activities were cut down due to mental health or use</p>	<p>Report on past 2 week disability.</p> <p>Number of days spent in bed.</p> <p>Number of days where respondent cut down on activities.</p>	<p>Deleted: TWDA_5: do you have a regular medical doctor?</p> <p>Added: TWDB_2A and TWDB_2B: # of days the respondent stayed in bed all day because of his/her emotional or mental health or use of alcohol or drugs. TWDB_4A and TWDB_4B: # of</p>	

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
			of alcohol or drugs (number of days)		<p>days the respondent cut down on things for all or most of the day because of his/her emotional or mental health or use of alcohol or drugs.</p> <p>TWDB_5A, TWDB_6, TWDB_6A and TWDB_6B: # of days when it took extra effort for the respondent to perform to his/her usual level because of his/her emotional or mental health or use of alcohol or drugs.</p> <p>TWDB_1, TWDB_2: Replace “alite” with “dû garder le lit”.</p> <p>Moved: Entire module to the end of questionnaire so that respondents are more comfortable about reporting the cause of the two-week disability.</p>	<p>More familiar term for French respondents.</p> <p>Too much taboo/stigma associated with mental health to be easily reported as cause of two-week disability.</p>
18 SER	Mental Health Services Utilisation	New	<p>SERB_02 through SERB_09: Number of hospitalisations for problems related to emotional or mental health or the use of alcohol or drugs Age at the time of first admission Age at the time of last admission Number of nights hospitalized during the past 12 months</p> <p>SERB_10A- SERB_10I: Contacts with professionals about emotions, mental health or use of alcohol or drugs: Psychiatrist Family doctor or general practitioner Other medical doctor such as a cardiologist, gynaecologist or urologist Psychologist Nurse Psychotherapist/Social worker/counsellor</p>	New	New module	

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			<p>Religious or spiritual advisor such as a priest, chaplain or rabbi Other professional (listed in SERB_90 as: acupuncturist, biofeedback teacher, chiropractor, energy healing specialist, exercise or movement therapist, herbalist, homeopath or naturopath, hypnotist, guided imagery specialist, massage therapist, psychic, relaxation, yoga, or meditation expert, and dietician) SERB_12: Age when first had a 15-minute session of psychological counselling or therapy.</p> <p>SERB_20 through SERB_99A: Roster of questions including: Age when first and last talked to the specific professional about emotions mental health or use of alcohol or drugs Number of times saw or talked to the professional about emotions, mental health or use of alcohol or drugs during the past 12 months Locations where the professional contacts took place during the past 12 months Level of satisfaction with treatments and services received from the professional during the past 12 months Perceived level of help received from the professional with regard to problems with emotions, mental health or use of alcohol or drugs Reason why stopped talking to the professional about emotions, mental health or use of alcohol or drugs Insurance coverage for all or part</p>			

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			<p>of the cost of contacts with the specific professional Professional recommending another professional or other type of clinic or program specializing in mental health services</p> <p>SERB_QA0C: Past 12 months use of an internet support group or chat room as help for problems with emotions, mental health or use of alcohol or drugs.</p> <p>SERB_A1A-SERB_A1D: Age when first and last used a support group as help for problems with emotions, mental health or use of alcohol or drugs and past 12 months use of support group.</p> <p>SERB_A2A- SERB_A2D: Age when first and last used a telephone helpline service for problems with emotions, mental health or use of alcohol or drugs and past 12 months use of helpline.</p> <p>SERB_A4A-SERB_A4I: Kind of help needed but not received during the past 12 months: Information about mental illness and its treatments Information on availability of services Medication Therapy or counselling Help with financial problems Help with housing problems Help with personal relationships Help with employment status or work situation</p> <p>SERB_A5A- SERB_A5M: Reasons did not receive help: Preferred to manage oneself</p>			

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
			<p>Didn't think anything more could help Didn't know how or where to get more help Afraid to ask for more help or of what other would think Couldn't afford to pay Problems with things like transportation, childcare or scheduling Professional help was not available in the area Professional help was not available at time required (e.g. doctor on holidays, inconvenient hours) Waiting time too long Didn't get around to it / didn't bother Language problems Personal or family responsibilities Total amount spent on services and products used to help with problems with emotions, mental health or use of alcohol or drugs during the past 12 months</p>			
19 MED	Medication Use	NPHS Cycle 4 CCHS 1.1	<p>Past 12 month use of medication groups (sleep, diet pills, anxiety, mood stabilizers, anti-depressants, psychotic, behaviours, stimulants).</p> <p>Dropped from NPHS/CCHS: Use of medication during past month: Pain relievers Codeine, Demerol Allergy medicine Asthma medications Cough or cold remedies Penicillin or other antibiotics Medicine for the heart Diuretics or water pills</p>	<p>Use of the following medication groups (med groups) during past month: Pain relievers Tranquilizers Diet pills Anti-depressants Codeine, Demerol Allergy medicine Asthma medications Cough or cold remedies Penicillin or other antibiotics</p>	<p>For each medication group, the list of examples of medications are stated in brackets which means they are not mandatory to be read by the interviewer but are there to clarify and provide examples of the medication group in question (i.e. not read automatically).</p> <p>Added: MEDB_n1- MEDB_n4J: For each medication group: Medication taken under the supervision of a health professional Type of professional who prescribed the medication</p>	

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
			<p>Steroids Insulin Pills to control diabetes Stomach remedies Laxatives Birth control pills Hormones (type and date of start of hormone therapy) Thyroid medication Use of other health products, past 2 days</p> <p>Kept from NPHS: Use of medication past 2 days Exact name of medication Was it prescribed by a medical doctor or dentist</p>	<p>Medicine for the heart Diuretics or water pills Steroids Insulin Pills to control diabetes Sleeping pills Stomach remedies Laxatives Birth control pills Hormones (type and date of start of hormone therapy) Thyroid medication Other medication</p>	<p>Past 12 months misuse of medication (forgot to take or took less than supposed to) Reason why took less medication</p> <p>MEDB_2: Past 2 days medication use: Total number of medications taken.</p> <p>MEDBF3n: Exact name of prescribed medication (up to a maximum of 12).</p> <p>MEDB_3nA: was prescription from a medical doctor or dentist. MEDB_4: Insurance coverage for prescribed medication. MEDB_5: Past 12 months use of other health products such as vitamins and herbs for problems related to emotions, alcohol or drug use, energy, concentration, sleep or ability to deal with stress.</p> <p>MEDB_6: List of other health products: St. John's Wort, Valerian, Chamomile, Ginseng, Kava Kava / Kava Root, Lavender, Chasteberry/Chaste Tree Berries, Black Cohosh, Ginkgo Biloba, NeuRecover – DA</p> <p>MEDB_7: Type of professional who recommended the use of other health products.</p>	
20 SSM	Social support	CCHS 1.1 NPHS Cycle 4 (MOS)	<p>Type of support received (same as cycle 1.1).</p> <p>Availability of support.</p> <p>Frequency of use of different kinds of support.</p>	<p>Type of support received:</p> <p>To help you if you were confined to bed To listen to you when you need to talk To give you advice about a crisis</p>	<p>Added:</p> <p>For each domain of support used (support for activities of daily living, support through affection, social interaction support and informational support) follow-up questions were</p>	<p>The follow-up questions were newly developed for 1.2. Questions were grouped to avoid repetition and response burden following complaints from interviewers and respondents.</p>

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				<p>To take you to the doctor Shows you love and affection To have a good time with Give you information to help you understand a situation Confide in or talk to about yourself or your problems Who hugs you To relax with To prepare your meals Whose advice you want Gets your mind off things Help with daily chores Share your private worries Turn to for suggestions To do enjoyable things with Understands your problems Love you and make you feel wanted</p>	<p>asked: SSMB_21A, SSMB_22A, SSMB_23A, SSMB_24A: In past 12 months, did you receive this kind of support? SSMB_21B, SSMB_22B, SSMB_23B, SSMB_24B: When you needed it, how often in the past 12 months did you receive this kind of support?</p>	
21 SDC	Demographics	CCHS 1.1	<p>Country of Birth Ethnic or cultural origin Current languages Mother tongue Cultural or racial background</p>	<p>Country of Birth Ethnic or cultural origin Current languages Mother tongue Cultural or racial background</p>	<p>Updated lists of: SDEB_1: Country of Birth (Sri Lanka) SDEB_4A-SDEB_4S: Ethnic or cultural origin (Black, Norwegian, Welsh, Swedish, Aboriginal) SDEB_5A- SDEB_5S: Current languages (Dutch, Hindi, Russian, Tamil) SDEB_6A- SDEB_6S: Mother tongue (Dutch, Hindi, Russian, Tamil)</p>	Updated lists.
22 SPV	Spiritual Values	CCHS 1.1	<p>Questions on the role of spirituality in the respondent's life: Past 12 months religious services attendance Role of spirituality in life Extent to which spirituality gives meaning to life, strength to face difficulties and help to understand difficulties in life Religious affiliation Self-perception of religious identity</p>	<p>Questions on the role of spirituality in the respondent's life: Past 12 months religious services attendance Role of spirituality in life Self-perception of religious identity</p>	<p>Not included: SPRA_3: Self perception of how religious or spiritual the respondent is. Added: SPVB_2: Extent to which thought that spirituality helps find a meaning to life SPVB_3: Extent to which thought that spirituality gives strength to face everyday difficulties SPVB_4: Extent to which thought that spirituality helps understand the difficulties of life</p>	

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Order	Modules	Source/ past use	Summary Description (CCHS 1.2)	Summary Description (NPHS Cycle 4/CCHS 1.1)	Changes from past CCHS and NPHS cycles	Reason(s) for change / Additional Comments
					<p>SPVB_5: Religion, if any SPVB_7: Self-perception of religious identity</p> <p>Modified: SPVB_QINT1, SPVB_1, SPVB_2, SPVB_3, SPVB_4: changed “spirituality” for “spiritual values”.</p>	<p>Qualitative testing revealed that respondents associated very religious connotation to “spirituality” whereas “spiritual values” had a more general meaning. To deal with this, significant changes were made to the module.</p>
23 LBF	Labour Force participation	CCHS 1.1	<p>Current employment status. Occupation. Work pattern past 12 months. Health reason – not currently working; absent from work; not looking for work.</p>	<p>Current employment status. Occupation. Work pattern past 12 months.</p>	<p>Not included: LBFA_35: Restrictions on smoking at workplace LBFA_43: Respondent’s preferred choice of number of hours worked versus pay LBFA_74: Weeks without work but looking all in one period, in separate periods or in 3 or more</p> <p>Added: LBFB_13A: Health reason - not currently working LBFB_41A: Health reason - absent from work last week</p> <p>LBFB_73A: Health reason - not looking for work</p> <p>The additional info asks the respondent to specify if the reason is due to: Physical health Emotional or mental health (including stress) Use of alcohol or drugs</p>	

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24 WST	Work stress	CCHS 1.1	Derived scale which measures different aspects related to work stress, including: Decision latitude Psychological job demand Physical workload Job insecurity Social support at work Job satisfaction	Derived scale which measures different aspects related to work stress, including: Decision latitude Psychological job demand Physical workload Job insecurity Social support at work Job satisfaction	Added: Use of a booklet to display response categories.	Reduce interview time and response burden.
25 INC	Income	CCHS 1.1 NPHS Cycle 4	Personal and household income.	Personal and household income.	Both cycles are identical.	
26 ADM	Administration	CCHS 1.1	Permission to link information collected to provincial health information. Permission to share information with provincial health ministries / Institut de la Statistique du Québec and Health Canada.	Permission to link information collected to provincial health information. Permission to share information with provincial health ministries / Institut de la Statistique du Québec and Health Canada.	Modified: Wording for permission to link/share questions (ADM_Q01A, Q01B, Q04A). ADM_Q4A: shortened question for data sharing (all provinces except Québec). ADM_Q4A (data sharing – Québec): share with “provincial ministries of health, Institut de la Statistique du Québec and Health Canada. Deleted: Data sharing question specific to NWT, Yukon, Nunavut. Frame evaluation questions (FE_Q1 – FE_Q3A).	The wording for the share and linking questions are very important and are guided in part by privacy guidelines. Survey is not asked to people living in the territories.
27	Exit	CCHS 1.1	Standard module.		No change.	

5. Sample Design

5.1 Target Population

The Cycle 1.2 targets persons aged 15 years or older who are living in private dwellings in the ten provinces. Residents of the three territories, persons living on Indian Reserves or Crown lands, clientele of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions are excluded from this survey. The Cycle 1.2 covered approximately 98% of the population aged 15 or older in the ten provinces.

5.2 Sample Size and Allocation

To provide reliable estimates at the provincial level, and given the budget allocated to the Cycle 1.2 component, a sample of 30,000 respondents was desired. Because provinces vary greatly in population size and reliable estimates are required both at national and provincial levels, the sample was allocated among provinces proportionally to the square root of the estimated population in each province. Table 5.1 gives the targeted provincial sample sizes.

Table 5.1 Targeted sample sizes by province

Province	Total sample size (targeted)
Newfoundland	1,525
Prince Edward Island	* 1,000
Nova Scotia	1,960
New Brunswick	1,765
Quebec	5,485
Ontario	6,720
Manitoba	2,165
Saskatchewan	2,045
Alberta	3,370
British Columbia	3,965
Canada	30,000

* The minimum sample size for a province was set to 1000.

Moreover and in order to have a good urban and rural representation in each province, the sample was subsequently allocated to two strata: urban and rural. The provincial sample was proportionally allocated to the urban and rural strata to the number of dwelling in each stratum. Then sample sizes were enlarged before data collection to take into account out-of-scope and vacant dwellings and anticipated non-response.

5.3 Sample Buy-ins

Prior to the start of the data collection, the provinces of Ontario and Nova Scotia have provided extra funds so that a larger sample of dwellings could be selected. The purpose of those buy-ins were to get sufficient sample size in order to provide reliable estimates for sub-provincial areas. Ontario added 7,702 sample units while Nova Scotia added 790 units.

The province of Ontario was divided in 7 regions. The allocation of the 14,422 sample units among the sub-provincial areas was performed using the root-N approach while respecting a minimum sample size of 1,842 for each region. This well-known allocation scheme balances the reliability requirements at provincial and sub-provincial levels.

The province of Nova Scotia was divided in 6 regions (in fact, they were the same as for the CCHS Cycle 1.1). The provincial sample of 2,750 units was equally allocated to the regions in order to have similar levels of reliability in the estimates for every region. Thus and except for allocating 525 sample units to the region “Zone 6”, each region was allocated 445 sample units. Table 5.2 gives the sample allocation by sub-provincial area for the provinces of Ontario and Nova Scotia.

Table 5.2 Allocation by region for Ontario and Nova Scotia with buy-in samples

Sub-provincial Area	Sample Size
Ontario	14,422
Southwest	1,895
Central South	1,842
Central West	2,211
Central East	2,105
Toronto	2,632
East	1,895
North	1,842
Nova Scotia	2,750
Zone 1	445
Zone 2	445
Zone 3	445
Zone 4	445
Zone 5	445
Zone 6	525

5.4 Sampling of Households from the Area Frame

The Cycle 1.2 used the area frame designed for the Canadian Labour Force Survey (LFS) as its frame. The sampling plan of the LFS is a multistage stratified cluster design in which the dwelling is the final sampling unit.¹ In the first stage homogeneous strata were formed and independent samples of clusters were drawn from each stratum. In the second stage dwelling lists were prepared for each cluster and dwellings, or households, were selected from the lists.

For the purpose of the plan, each province is divided into three types of regions: major urban centres, cities and rural regions. Geographic or socio-economic strata are created within each major urban centre. Within the strata, between 150 and 250 dwellings are regrouped to create clusters. Some urban centres have separate strata for apartments or for census enumeration areas (EA) in which the average household income is high. In each stratum, six clusters or residential buildings (sometimes 12 or 18 apartments) are chosen by a random sampling method with a probability proportional to size (PPS), the size of which corresponds to the number of households. The number six was used

¹ Statistics Canada (1998), *Methodology of the Canadian Labour Force Survey*, Statistics Canada, Cat. No. 71-526-XPB.

throughout the sample design to allow a one-sixth rotation of the sample every month for the LFS.

The other cities and rural regions of each province are stratified first on a geographical basis, then according to socio-economic characteristics. In the majority of strata, six clusters (usually census EAs) are selected using the PPS method. Where there is low population density, a three-step plan is used whereby two or three primary sampling units (PSU), which normally correspond to groups of EAs, are selected and dividing each PSU into clusters, six of which are sampled. The selection is made at each step using the PPS method.

Once the new clusters are listed, the sample is obtained using a systematic sampling of dwellings. Table 5.3 gives an overview of the types of PSUs used for the entire LFS sample. The *yield* is the number of households selected within the framework of the LFS for a given month. As the sampling rates are determined in advance, there is frequently a difference between the expected sample size and the numbers that are obtained. The yield of the sample, for example, is sometimes excessive. This especially happens in sectors where there is an increase in the number of dwellings due to new construction, for example. To reduce the cost of collection, an excessive output is corrected by eliminating, from the beginning, a part of the units selected and by modifying the weight of the sample design. Such an operation, usually conducted at an aggregate level, is called *sample stabilization*. Moreover, one increases the required size of the sample by households to account for dwellings, experience having shown that 12% of all dwellings are not occupied by households that are part of the field of observation (certain dwellings are vacant or occupied seasonally, others are occupied by households that are not targeted by the survey).

Table 5.3 Major first-stage units, sizes and yields

Area	Primary Sampling Unit (PSU)	Size (households per PSU)	Yields (sampled households)
Toronto, Montréal, Vancouver	Cluster	200-250	6
Other cities	Cluster	150-200	8
Apartment frame	Apartment	Varies	5
Most rural areas / small urban centres	Enumeration area	300	10

Requirements specific to Cycle 1.2 led to some modifications to this sampling strategy. To get a base sample of 38,492 respondents for Cycle 1.2, 54,000 dwellings must be selected from the area frame (to account for vacant dwellings and non-responding households). On an on-going monthly basis the LFS design provides approximately 68,000 dwellings distributed across the various economic regions in the ten provinces whereas the Cycle 1.2 required a total of 54,000 dwellings distributed in the urban and rural stratum of all provinces or regions (for Ontario and Nova Scotia), which have different geographic boundaries from those of the LFS economic regions. Overall, the Cycle 1.2 required a lower number of dwellings than those generated by the LFS selection mechanism, or an *adjustment factor* of 0.8 (54,000/68,000). At the urban/rural level in provinces or regions, however, the adjustment factors varied from 0.5 to 3.0, which required certain adjustments.

The changes made to the selection mechanism in regions varied depending on the size of the adjustment factors. For regions that had a factor smaller than or equal to 1, the number of PSUs selected was reduced if necessary. For example, if the factor was 0.5 then only 3 PSUs were selected in each stratum instead of the usual number of 6 PSUs. For those with a factor greater than 1, the sampling process of dwellings within a PSU was repeated for a subset of the selected PSUs that were part of the same region. For example, if the factor was 1.6 then the selection of dwellings within a PSU was repeated for 4 of the 6 PSUs in all strata in that region. When a repeated selection of dwelling within a PSU was necessary and no more dwellings were available in that PSU, then another PSU was selected. Where the chosen approach created an unnecessary surplus of dwellings, stabilisation was performed.

5.5 Sampling of Respondents

Selection of individual respondents was designed to ensure over-representation of young persons (15 to 24) and seniors (65 or older). The selection strategy was designed to consider user needs, cost, design efficiency, response burden and operational constraints². One person aged 15 or older was randomly selected from the sampled households. The probability of selection for each person in a household was defined as a function of the household composition. The Table 5.4 describes the rule for selecting a person within sampled households.

² Béland, Y., Dufour, J. and Gravel, R. (2001), "Sample Design of the Canadian Mental Health Survey", 2001 *Proceedings of the Survey Methods Section*, Vancouver: Statistical Society of Canada, 93-98.

Table 5.4 Selection Strategy based on Household Composition

Number of 15-24 year olds	Number of persons aged 25 or over (m)					
	0	1	2	3	4	5+
0	-	A	A	A	A	A
1	A	B	B	B	B	A
2	A	B	B	A	A	A
3+	A	A	A	A	A	A

- A:** Selection of one person with equal probability
- B:** Selection of one person where those in the 15-to-24 age group would have a probability of $2.6/(2.6*n+m)$ of being selected and the others would have a probability of $1/(2.6*n+m)$, where n is the number of persons between 15 and 24 and m is the number of persons aged 25 or over.

5.6 Sample Allocation over the Collection Period

In order to balance interviewer workload, the initial sample of dwellings was equally allocated at random, within each region, over the 3 collection periods covering 7 months (May to November 2002). The first collection period covered 3 months (Q1: May to July 2002) while the other two collection periods covered 2 months each (Q2: August and September 2002, and Q3: October and November 2002). More time was allowed for the first collection period compare to the other two periods in order to give a chance to the interviewers to familiarise with the survey. For operational constraints, all dwellings of a PSU were assigned to the same collection period. It is also important to mention that data collection continued until the end of December in order to improve response rates.

6. Data Collection

6.1 Questionnaire Design and Data Collection Method

The Cycle 1.2 questionnaire was administered using computer-assisted interviewing (CAI). Sample units selected from the area frame were interviewed using the Computer-Assisted Personal Interviewing (CAPI) method.

CAI offers a number of data quality advantages over other collection methods. First, question text, including reference periods and pronouns, is customised automatically based on factors such as the age and sex of the respondent, the date of the interview and answers to previous questions.

Second, edits to check for inconsistent answers or out-of-range responses are applied automatically and on-screen prompts are shown when an invalid entry is recorded. Immediate feedback is given to the respondent and the interviewer is able to correct any inconsistencies.

Third, questions that are not applicable to the respondent are skipped automatically.

6.2 Supervision and Control

CAPI interviewers worked independently from their homes using laptop computers and were supervised from a distance by senior interviewers. Completed interviews were transmitted daily to Statistics Canada's head office using a secure telephone transmission directly from the interviewer's home.

6.3 Field Tests

A CAPI field test was conducted in February 2002. The test was conducted in Alberta and Quebec using a sample of 600 units.

The main objectives of the CAPI test were to evaluate respondent reaction to the questions and to obtain estimates of completion times for the various sections of the questionnaire. Field operations procedures, interviewer training and the computer-assisted interviewing application were also tested.

6.4 Interviewing

In all selected dwellings, a knowledgeable household member was asked to supply basic demographic information on all residents of the dwelling. Depending on the composition of the household, one member aged 15 or over was then selected for a more in-depth interview. CAPI interviewers were trained to make an initial personal contact with each sampled dwelling. In cases where this initial visit resulted in non-response, telephone follow-ups were permitted. Every effort was made to conduct the interviews face to face. Collection by telephone was authorized only when travel was prohibitive or the respondent refused to conduct the interview in person. As well, household contact and selection of a respondent was allowed by telephone, *after* an initial contact was attempted in person. In the end, 14% of cases nationally were completed by telephone (slightly higher in Ontario). No proxy interviews were permitted for this survey.

6.5 Minimising Non-response

Prior to the first contact by an interviewer, an introductory letter and brochure were delivered to each selected dwelling for which we had a valid mailing address. These explained the importance of the survey and provided examples of how Cycle 1.2 data would be used.

Interviewers were instructed to make all reasonable attempts to obtain Cycle 1.2 interviews. When the timing of the interviewer's visit was inconvenient, an appointment was made to call back at a more convenient time. If no one was home, numerous call-backs were made. For individuals who at first refused to participate in the survey, a letter was sent from the Regional Office to the respondent, stressing the importance of the survey and the household's collaboration. This was followed by a second call (or visit) from a senior interviewer, a project supervisor or another interviewer to try to convince respondents of the importance of participating in the survey. During the final months of data collection, non-response cases and selected persons who had previously refused were again approached and encouraged to participate in the survey. This diligence in contact may have resulted in stronger survey results by maximising the response rate. To help minimize non-response, some non-response cases were followed-up one more time in November. Refusals were excluded from these.

To reduce the impact of language as a barrier to conducting interviews, each of the Statistics Canada Regional Offices has recruited interviewers with a wide range of language competencies. To help these interviewers, an 'official' translation of key terms was created in Chinese and Punjabi, the two most prevalent non-official languages from CCHS Cycle 1.1. Interviewers able to speak those languages used the guide to translate

questions and complete the interview. Interviewers were restricted from conducting interviews in any other language because of the complexity of the question concepts.

6.6 Special Circumstances during Cycle 1.2 Collection Operations

Data collection took place between May 2002 and December 2002, a period of 7 months. This plan was carefully designed to ensure that the survey's quality objectives would be met. The final month of collection was planned to provide interviewers with an opportunity for a final attempt to convert non-responding cases.

For most of Statistics Canada's household surveys, collection operations proceed smoothly and within the established parameters. For Cycle 1.2, the total workload imposed by the lengthy interview, complex content and difficult respondent burden in some cases, proved to be a challenge for the data collection infrastructure in place. To ensure the success of collection operations, a number of strategies were put into place. Among these were, specialized training on mental illness and how to conduct difficult interviews for interviewers, careful planning of collection periods and interviewer assignment sizes, addition of staff in key areas, and the decision to allow limited data collection by telephone.

To ensure that data quality was maintained during collection, a monitoring system was put in place. Various aspects related to the interview process were monitored at the interviewer level such as average interview time and item non-response. Regular weekly feedback from Head Office to the Regional Offices helped maintain and correct problems as they occurred. A validation process was also put in place in the field to monitor the quality of the work performed by the interviewers. At the end of data collection, a national response rate of 77% was achieved. The reader will find complete details regarding the response rates in Section 9.

7. Data Processing

7.1 Editing

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

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

7.2 Coding

Pre-coded answer categories were supplied for all suitable variables. Several questions in the Cycle 1.2 questionnaire allow write-in responses. For some of these questions, write-in responses were either coded into one of the existing listed categories if the write-in information duplicated a listed category or into new unique categories. Medication questions were coded to the Anatomical Therapeutic Classification (ATC).

7.3 Creation of Derived and Grouped Variables

To facilitate data analysis, a number of variables on the file have been derived using items found on the Cycle 1.2 questionnaire. Derived variables generally have a "D" or "G" in the fifth character of the variable name. In some cases, the derived variables are straightforward, involving collapsing of response categories. In other cases, several variables have been combined to create a new variable. Appendix D provides details on how these more complex variables were derived.

7.4 Imputation

Due to some technical problems in certain skip patterns of the suicide module, some respondents were not asked the questions required for the calculation of the derived variables '12-month suicidal thought' and '12-month suicidal attempt'. Consequently, important information was missing for those individuals (this represented 4.83% of all respondents for the '12-month suicidal thought' and 1.03% of all respondents for the '12-month suicidal attempt'). Moreover and because of their profiles, those individuals are more likely to have had a 12-month suicidal thought and/or a 12-month suicidal attempt which would have resulted in an underestimation of the prevalence. To fill in these missing responses, values were imputed using the approach described below.

Two methods of imputation were used, a deterministic method and one based on a logistic regression model. As it was possible to derive directly the missing value based on other responses for some respondents, a deterministic imputation method was first used. This was the case for all missing values for the 12-month suicidal attempt and for about one fourth of the missing values for the 12-month suicidal thought. For the remaining missing values of the 12-month suicidal thought, a logistic regression imputation method was used. The method consisted in fitting a logistic regression model between the variable to impute (the 12-month suicidal thought) and correlated characteristics using respondents without missing values who were similar to those to impute. Using the fitted model, a probability of response (yes or no) was calculated for each respondent who needed imputation; a response was then imputed based on that probability.

7.5 Weighting

The principle behind estimation in a probability sample such as Cycle 1.2 is that each person in the sample "represents", besides himself or herself, several other persons not in the sample. For example, in a simple random 2% sample of the population, each person in the sample represents 50 persons in the population. In the terminology used here, it can be said that each person has a weight of 50.

The weighting phase is a step that calculates, for each person, his or her associated sampling weight. This weight appears on the microdata file, and must be used to derive meaningful estimates from the survey. For example, if the number of individuals who had a major depressive episode is to be estimated, it is done by selecting the records referring to those individuals in the sample having that characteristic and summing the weights entered on those records. Details of the method used to calculate sampling weights are presented in Section 8.

8. Weighting

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

As described in Section 5, Cycle 1.2 had recourse to the area frame of the LFS. For this reason, the weighting strategy of the CCHS is very similar to the LFS one. Table 8.1 presents an overview of the different adjustments, part of the weighting strategy, in the order in which they are applied.

Table 8.1: List of adjustments in the weighting

0	Initial weight
1	Sample increase or decrease
2	Stabilization
3	Removal of out-of-scope units
4	Household non-response
5	Creation of person level weight
6	Person non-response
7	Poststratification

These adjustments will be explained in the following section.

8.1 Adjustments Applied to the Initial Weight

Adjustment 0 – Initial weight

Since the mechanism established for the LFS was used to select the area frame sample, the initial weights had to be computed with respect to that mechanism. First, within each stratum defined by the LFS, clusters (primary units) are selected with probabilities proportional to population sizes (based on 1991 Census counts). Next, dwellings are sampled within each selected cluster using systematic sampling. The product of the probabilities for each of these selections represents the overall probability of selection, and the inverse of that probability is used as the initial weight of the unit. For more details about the selection mechanism, as well as a more complete definition of strata and clusters, refer to Statistics Canada (1998).³

³ Statistics Canada (1998), *Methodology of the Canadian Labour Force Survey*, Statistics Canada, Cat. No. 71-526-XPB.

Adjustment 1 – Sample increase or decrease

Some modifications were made to the default LFS mechanism at the time of sample selection for Cycle 1.2. The LFS design provides approximately 68,000 dwellings nationally, which is very close to the needs of Cycle 1.2. However, at the provincial level or regional level (in Ontario and Nova-Scotia), the number of dwellings provided by the sample design of the LFS can either exceed the needs of Cycle 1.2 or be insufficient. Modifications made in order to obtain the needed sample within a province or a HR consisted, in summary, of repeating the sampling process of dwellings within a few clusters in the provinces or HRs where Cycle 1.2 needed more dwellings, or not selecting any dwelling in a few clusters when it needed less dwellings. This modification had the effect of increasing or decreasing the sample and had to be accounted for in the weighting to correctly represent the probability of selection. An adjustment factor representing the sample increase or decrease rate at the provincial level or regional level (in Ontario and Nova-Scotia) was calculated. The initial weight was multiplied by this adjustment factor, which results in weight 1.

Adjustment 2 – Stabilization

In the HRs or provinces where Cycle 1.2 needed more dwellings, increasing the sample as described in the previous paragraph resulted in a significantly larger sample than necessary. Stabilization was therefore instituted to bring the sample size back down to the desired level. The stabilization process consisted of randomly subsampling dwellings at the provincial level or at the HR level in Ontario and Nova-Scotia. An adjustment factor representing the effect of this stabilization was therefore calculated to adjust the probability of selection appropriately. This factor, multiplied by the weight 1, produces weight 2.

Adjustment 3 – Removal of out-of-scope units

Among all dwellings sampled, a certain proportion are identified during collection as being out-of-scope. Dwellings that are demolished or in construction, vacant, seasonal or secondary dwellings, and institutions are examples of out-of-scope cases for Cycle 1.2. Records for these dwellings were simply removed from the sample, leaving only in-scope dwellings. They kept the same weight as in the previous step, which is now called weight 3.

Adjustment 4 – Household non-response

During collection, a certain proportion of interviewed households inevitably resulted in non-response. This usually occurs when a household refuses to participate in the survey, provides unusable data, or cannot be reached for an interview. Weights of non-responding households were distributed to respondents using response propensity classes. The CHAID (*Chi-Square Automatic Interaction Detector*) algorithm available in Knowledge Seeker,⁴ was used to identify which characteristics best split the sample into groups that were dissimilar with respect to response/non-response. Note that groups were formed independently within each province or HR in the case of Ontario and Nova-Scotia. Since the information available for non-respondents is limited, only characteristics such as, collection period (with 3 periods; May 2002 to July 2002 / August 2002 to September 2002 / October 2002 to December 2002) and a rural/urban indicator could be used in the creation of the classes. In a few provinces or HRs, both variables were significant in the creation of classes. In a few others, only one variable was significant, and in the remaining, none was significant. An adjustment factor was therefore calculated within each class as follows:

$$\frac{\text{Sum of weight 3 for all households}}{\text{Sum of weight 3 for all responding households}}$$

Weight 3 for responding households was multiplied by this factor to produce weight 4. Non-responding households were dropped out of the process at this point.

Adjustment 5 – Creation of person level weight

Since the ultimate sampling unit for the CCHS is a person, the household level weights computed up to this point need to be converted down to the person level. This weight is obtained by multiplying the weight 4 by the inverse of the probability of selection of the person selected in the household. This gives the weight 5. As mentioned before, in the households with a certain number of persons in the age groups 15-24 and 25+, this probability of selection is larger for the persons in the age group 15-24 (see Section 5 for more details on the algorithm of the selection of the person). For the other households, this probability is equal to the inverse of the number of persons aged 15 and over in the household, no matter which person is selected.

⁴ ANGOSS Software (1995), *Knowledge Seeker IV for Windows - User's Guide*, ANGOSS Software International Limited.

Adjustment 6 – Person non-response

A Cycle 1.2 interview can be seen as a two-part process. First the interviewer gets the complete roster of the people living within the responding household. Second, (s)he interviews the selected person within the household. In some cases, interviewers can only get through the first part, either because they cannot get in touch with the selected person, or because that selected person refuses to be interviewed. Such cases are defined as person non-response and an adjustment factor must be applied to the weights of respondents to overcome this non-response. As for the treatment of household non-response, the adjustment was applied within classes based on characteristics available for both respondents and non-respondents. All characteristics collected when rostering all household members were in fact available for the creation of the classes. The CHAID algorithm was once again used to define the classes and the final result presented definitions that varied from one province to another (or HR in the case of Ontario and Nova-Scotia). Depending on the province or HR, the following characteristics were used to form the adjustment classes: sex, age group, urban/rural indicator, education, marital status and the size of the household. As a result, an adjustment factor is calculated as follows:

$$\frac{\textit{Sum of weight 5 for all selected persons}}{\textit{Sum of weight 5 for all responding selected persons}}$$

Weight 5 of responding persons was therefore multiplied by this adjustment factor to produce weight 6. Non-responding persons are dropped out of the weighting process from this point onward.

Adjustment 7 – Poststratification

The final step necessary to obtain the final Cycle 1.2 weight was the poststratification. Poststratification is done to ensure that the sum of the final weights corresponds to the population estimates defined at the provincial level and regional level in Ontario and Nova-Scotia, for all 8 age-sex groups of interest, that is, the four age groups 15-24, 25-44, 45-64, 65+, for both males and females. The population estimates for 2002 were based on the 1996 Census counts and estimates of birth, death, immigration and emigration counts. The average of these monthly estimates for each of the province (or HR)-age-sex poststrata was used to poststratify. The weight 6 was therefore adjusted to obtain the final weight 7 with the help of the adjustment factor defined as follows:

$$\frac{\textit{Population estimate for the province (or HR) - age - sex group of the respondent}}{\textit{Sum of weights 6 for the province (or HR) - age - sex group of the respondent}}$$

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Consequently, the weight 7 corresponds to the *final Cycle 1.2 weight* that can be found on the data file with the variable name WTSB_M.

9. Data Quality

9.1 Response Rates

In total and after removing the out-of-scope units, 48,047 households were selected to participate in Cycle 1.2. Out of these selected households a response was obtained for 41,560 which results in an overall household-level response rate of 86.5%. Among these responding households 41,559 individuals (one per household) were selected to participate in Cycle 1.2 out of which a response was obtained for 36,984 which results in an overall person-level response rate of 89.0%. At the Canada level, this would yield a combined response rate of **77.0%** for Cycle 1.2. Table 9.1 gives combined response rates as well as relevant information for calculation of them by province and for seven Ontario regions. Next we describe how the various components of the equation should be handled to correctly compute combined response rates.

Household-level response rate

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

Person-level response rate

$$\text{PPRR} = \frac{\text{\# of responding persons}}{\text{all selected persons}}$$

$$\text{Combined response rate} = \text{HHRR} \times \text{PPRR}$$

Next is an example on how to calculate the combined response rate for Canada using the information found in Table 9.1.

$$\text{HHRR} = \frac{41,559}{48,047} = 0.865$$

$$\text{PPRR} = \frac{36,984}{41,559} = 0.890$$

$$\begin{aligned} \text{Combined response rate} &= 0.865 \times 0.890 \\ &= 0.770 \\ &= \mathbf{77.0\%} \end{aligned}$$

Table 9.1 Combined Response Rates by Province

		Household Level			Person Level			Combined
Province	Health Region	# In Scope Hh	# Resp Hh	Hh Resp. Rates	# Pers. Select.	# Resp.	Pers. Resp. Rates	Resp. Rates
Canada	Total	48,046	41,559	86.5	41,559	36,984	89.0	77.0
Newfoundland	Total	1898	1750	92.2	1750	1562	89.3	82.3
Prince Edward Island	Total	1227	1098	89.5	1098	1002	91.3	81.7
Nova Scotia	Total	3476	3131	90.1	3131	2785	88.9	80.1
New Brunswick	Total	2185	1942	88.9	1942	1706	87.8	78.1
Quebec	Total	6829	5961	87.3	5961	5332	89.4	78.1
Ontario	Total	17,956	15,038	83.7	15,038	13,184	87.7	73.4
	South West	2307	1977	85.7	1977	1782	90.1	77.2
	Central South	2302	1940	84.3	1940	1675	86.3	72.8
	Central West	2747	2304	83.9	2304	2035	88.3	74.1
	Central East	2622	2258	86.1	2258	1947	86.2	74.3
	Toronto	3378	2582	76.4	2582	2142	83.0	63.4
	East	2298	1963	85.4	1963	1783	90.8	77.6
	North	2302	2014	87.5	2014	1820	90.4	79.1
Manitoba	Total	2705	2403	88.8	2403	2230	92.8	82.4
Saskatchewan	Total	2553	2245	87.9	2245	2045	91.1	80.1
Alberta	Total	4198	3629	86.4	3629	3236	89.2	77.1
British Columbia	Total	5019	4362	86.9	4362	3902	89.5	77.7

9.2 Survey Errors

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

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

9.2.1 Non-sampling Errors

Over a large number of observations, randomly occurring errors will have little effect on estimates derived from the survey. However, errors occurring systematically will contribute to biases in the survey estimates. Considerable time and effort was made to reduce non-sampling errors in the survey. Quality assurance measures were implemented at each step of data collection and processing to monitor the quality of the data. These measures included the use of highly skilled interviewers, extensive training with respect to the survey procedures and questionnaire, and the observation of interviewers to detect problems. Testing of the CAI application and field tests were also essential procedures to ensure that data collection errors were minimized.

A major source of non-sampling errors in surveys is the effect of non-response on the survey results. The extent of non-response varies from partial non-response (failure to answer just one or some questions) to total non-response. Partial non-response to Cycle 1.2 was minimal; once the questionnaire was started, it tended to be completed with very little non-response. Total non-response occurred either because a respondent refused to participate in the survey, or because the interviewer was unable to contact the selected respondent. Total non-response was handled by adjusting the weight of persons who responded to the survey to compensate for those who did not respond. See section 8 for details of the weight adjustment for non-response.

9.2.2 Sampling Errors

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

For example, suppose hypothetically that one estimates that 12% of Canadians aged 15 and over have had at least one major depressive episode during their life and that this estimate is found to have a standard deviation of .007. Then the CV of the estimate is calculated as:

$$(0.007/0.12) \times 100\% = 5.83\%.$$

Statistics Canada commonly uses CV results when analyzing data, and urges users producing estimates from Cycle 1.2 data files to also do so.

9.2.2.1 Bootstrap Method for Variance Estimation

In order to determine the quality of the estimate and to calculate the CV, the standard deviation must be calculated. Confidence intervals also require the standard deviation of the estimate.

The CCHS uses a multi-stage survey design, which means that there is no simple formula that can be used to calculate variance estimates. Therefore, an approximative method was needed. The bootstrap method is used because the sample design information needs to be taken into account when calculating variance estimates. The bootstrap method does this, and with the use of the Bootvar program, discussed in the next subsection, remains a method that is fairly easy for users to use.

The bootstrap re-sampling method used in the CCHS involves the selection of simple random samples known as replicates, and the calculation of the variation in the estimates from replicate to replicate. In each stratum, a simple random sample of (n-1) of the n clusters is selected with

replacement to form a replicate. Note that since the selection is with replacement, a cluster may be chosen more than once. In each replicate, the survey weight for each record in the (n-1) selected clusters is recalculated. These weights are then post-stratified according to demographic information in the same way as the sampling design weights in order to obtain the final bootstrap weights.

The entire process (selecting simple random samples, recalculating and post-stratifying weights for each stratum) is repeated B times, where B is large. The CCHS typically uses B=500, to produce 500 bootstrap weights. To obtain the bootstrap variance estimator, the point estimate for each of the B samples must be calculated. The standard deviation of these estimates is the bootstrap variance estimator. Statistics Canada has developed a program that can perform all of these calculations for the user: the Bootvar program.

9.2.2.2 Bootvar Program for Variance Estimation

The Bootvar program is available in both SAS and SPSS formats. It is made up of macros that compute variances for totals, ratios, differences between ratios and for linear and logistic regression. The Bootvar program is provided with bootstrap weights and a document explaining how to modify and use the program to suit user's needs.

10. File Usage

This section starts by describing the weight variable and explains how it should be used when doing tabulations on the master file. This is followed by an explanation of the variable naming convention that is employed for the CCHS. The last part of the section discusses alternate approaches to data access available to analysts.

10.1 Use of Weights

Only one weight, WTSB_M, appears on the file. This weight is applicable to all age groups, provinces and territories. ALL VARIABLES ON THE FILE SHOULD BE ANALYZED USING THIS WEIGHT.

(For a more detailed explanation on the creation of this weight, see Section 8 of the documentation on weighting.)

10.2 Variable Naming Convention

The CCHS adopted a variable naming convention that allows data users to easily use and identify the data based on module and cycle. The variable naming convention includes the following mandatory requirements: restrict variable names to a maximum of 8 characters for ease of use by analytical software products; identify the survey cycle (Cycle 1.1, 1.2 ...) in the name; and allow conceptually identical variables to be easily identifiable over survey cycles. The variable names for these identical modules and questions should only differ in the cycle position identifying the particular survey occasion in which they were collected.

10.2.1 Variable Name Component Structure in CCHS

Each of the eight characters in a variable name contains information about the type of data contained in the variable.

Positions 1-3:	Module/Questionnaire section name
Position 4:	Survey cycle
Position 5:	Variable type
Positions 6-8:	Question number

For example: The variable from question 38B, Major Depressive Disorder Module, Cycle 1.2 (DEPB_38B):

Positions 1-3: **DEP** major depressive disorder module
Position 4: **B** Cycle 1.2
Position 5: **_** (_ = collected data)
Positions 6-8: **38B** question number and answer option

10.2.2 Positions 1-3: Variable / Questionnaire Section Name

The following values are used for the section name component of the variable name:

ADM	Administration	MED	Medication Use
AGP	Agoraphobia	MIA	Mania Disorder
ALC	Alcohol Use	PAC	Physical Activities
ALD	Alcohol Dependence	PAD	Panic Disorder
CCC	Chronic Conditions	PWB	Psychological Well-being Manifestation Scale
CPG	Pathological Gambling	RAC	Restriction of Activities
DEP	Depression	SAM	Sample Identifiers
DHH	Household Contact and Demographics	SCR	Screening Section
DIS	Distress	SDC	Socio-demographics Characteristics
DSM	DSM-IV	SER	Mental Health Services
EDU	Education	SOP	Social Phobia
ETA	Eating Troubles Assessment	SPV	Spiritual Values
GEN	General Health	SSM	Social Support
GEO	Geographic Identifiers (Methodology)	STR	Stress
HWT	Height and Weight	TWD	Two-week Disability
IDG	Illicit Drug Use and Dependence	WST	Work Stress
INC	Income	WTS	Sample Weights
LBF	Labour Force		

10.2.3 Position 4: Cycle

Cycle	Description
A <u>Cycle 1.1:</u> <u>Canadian Community Health Survey</u>	<ul style="list-style-type: none"> : Regional level survey, stratified by health region; : Common content and optional content selected by health region; : Estimates for health regions, provinces, territories and Canada.
B <u>Cycle 1.2:</u> <u>Canadian Community Health Survey, Mental Health and Well-Being</u>	<ul style="list-style-type: none"> : Provincial level survey; : Focus content with additional, general content; : Estimates for the provinces, and Canada.

10.2.4 Position 5: Variable Type

_	Collected variable	A variable that appeared directly on the questionnaire
C	Coded variable	A variable coded from one or more collected variables (e.g., SIC, Standard Industrial Classification code)
D	Cross-sectional derived variable	A variable calculated from one or more collected or coded variables, usually calculated during head office processing (e.g., Health Utility Index)
F	Flag variable	A variable calculated from one or more collected variables (like a derived variable), but usually calculated by the data collection computer application for later use during the interview (e.g., work flag)
G	Grouped variable	Collected, coded, suppressed or derived variables collapsed into groups (e.g., age groups)
I	Imputation flag variable	A flag variable associated with another variable in the data file and that indicates whether the latter was imputed or not. Refer to the data dictionary to identify which variable the flag variable is associated with.

10.2.5 Positions 6-8: Variable Name

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

For questions which have more than one response option, the final position in the variable naming sequence is represented by a letter. For this type of question, new variables were created to differentiate between a "yes" or "no" answer for each response option. For example, if Q2 had 4 response options, the new questions would be named Q2A for option 1, Q2B for option 2, Q2C for option 3, etc. If only options 2 and 3 were selected, then Q2A = No, Q2B = Yes, Q2C = Yes and Q2D = No.

10.3 Access to Master File Data

In order to protect the confidentiality of respondents participating in the survey, microdata files must meet stringent security and confidentiality standards required by the Statistics Act before they are released for public access. To ensure that these standards have been achieved, each microdata file goes through a formal review process to ensure that an individual cannot be identified. Rare values in variables that may lead to identification of an individual are suppressed on the file or are collapsed to broader categories so that individual disclosure is minimized. Frequently, these are the variables that are most critical for doing a complete and comprehensive analysis of the survey data. Since a significant amount of resources is spent on collecting these data, ensuring that the microdata files reach their full analytical potential is important for a complete return on the statistical investment.

Remote access to the survey master file is one way to have access to these data. Each user of the microdata product can be supplied with a 'dummy' test master file and a corresponding record layout. With this, the user can spend time developing a set of analytical computer programs using the test file to confirm that the program commands are functioning correctly. At that point, the code for the custom tabulations is then sent via e-mail. The code will then be transferred into Statistics Canada's internal secured network and processed using the appropriate master file of CCHS data. Remote access allows computer programs to be submitted by users for processing at Statistics Canada. Results are screened for confidentiality and reliability concerns and, once these have been addressed, the output is returned to the client. There is no charge for this service.

For more information, contact the Data Access Unit at the following address:
cchs-escc@statcan.ca.

A second approach for any client is the production of custom tabulations done by the Client Custom Services staff in Health Statistics Division. This service allows users who do not possess knowledge of tabulation software products to get custom results. As with remote access, the results are screened for confidentiality and reliability concerns before release. Unlike remote access, there is a charge for this service. You can have access to this service by writing to hd-ds@statcan.ca.

Finally, the Research Data Centre's Program allows researchers to submit to Statistics Canada, a research project that uses data from the Master File. These projects are accepted based on a set of specific rules. When the project is accepted, the researcher is designated as a "deemed employee" of Statistics Canada for the duration of the research, and given access to the Master File data from designated Statistics Canada sites. For more information on this program, please consult the Statistics Canada website at the following address: <http://www.statcan.ca/english/rdc/index.htm>.

Appendix A: Questionnaire

Appendix B: Record Layout

Appendix C: Data Dictionary

Appendix D: Derived and Grouped Variables