

CANADIAN COMMUNITY HEALTH SURVEY (CCHS)

Questionnaire for CYCLE 2.1

January 2003 to November 2003

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HEALTH CARE SYSTEM SATISFACTION

HCS_C1A If (do HCS block = 2), go to HCS_END.
 HCSCFDO Otherwise, go to HCS_C1B.

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

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

HCS_Q1 **To start, a few questions about health care services in [province].**
 HCSC_1 **Overall, how would you rate the availability of health care services in [province]?
 Would you say it is:**
 INTERVIEWER: Read categories to respondent.

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

HCS_Q2 **Overall, how would you rate the quality of the health care services that are**
 HCSC_2 **available in [province]?**
 INTERVIEWER: Read categories to respondent.

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

HCS_Q3 **Overall, how would you rate the availability of health care services in your**
 HCSC_3 **community?**

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

HCS_Q4
HCSC_4

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

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

HCS_END

GENERAL HEALTH

GEN_C01 If (do GEN = 2), go to GEN_END.
GENCFDO Otherwise, go to GEN_QINT.

GEN_QINT **This survey deals with various aspects of [your/FNAME's] health. I'll be asking about such things as physical activity, social relationships and health status. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.**
INTERVIEWER: Press <Enter> to continue.

GEN_Q01 I'll start with a few questions concerning [your/FNAME's] health in general. In
GENC_01 **general, would you say [your/his/her] health is:**
INTERVIEWER: Read categories to respondent.

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

GEN_Q02 **Compared to one year ago, how would you say [your/his/her] health is now?**
GENC_02 **Is it:**
INTERVIEWER: Read categories to respondent.

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

GEN_C02A If proxy interview, go to GEN_C07.

GEN_Q02A **How satisfied are you with your life in general?**
GENC_02A INTERVIEWER: Read categories to respondent.

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

GEN_Q02B **In general, would you say your mental health is:**
 GENC_02B INTERVIEWER: Read categories to respondent.

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

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

GEN_Q07 **Thinking about the amount of stress in [your/his/her] life, would you say that most**
 GENC_07 **days are:**
INTERVIEWER: Read categories to respondent.

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

GEN_C08A If proxy interview, go to GEN_END.
 Otherwise, go to GEN_Q08D.

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

GEN_Q08 **Have you worked at a job or business at any time in the past 12 months?**
 GENC_08

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

GEN_Q09 **The next question is about your main job or business in the past 12 months.**
 GENC_09 **Would you say that most days at work were:**
INTERVIEWER: Read categories to respondent.

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

GEN_Q010

How would you describe your sense of belonging to your local community?

GENC_10

Would you say it is:

INTERVIEWER: Read categories to respondent.

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

GEN_END

VOLUNTARY ORGANIZATIONS

ORG_C1A If (ORG block = 2), go to ORG_END.
ORGC_FDO Otherwise, go to ORG_C1B.

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

ORG_Q1 **Are you a member of any voluntary organizations or associations such as school**
ORGC_1 **groups, church social groups, community centres, ethnic associations or social, civic**
 or fraternal clubs?

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

ORG_Q2 **How often did you participate in meetings or activities of these groups in the past**
ORGC_2 **12 months? If you belong to many, just think of the ones in which you are most**
 active.

INTERVIEWER: Read categories to respondent.

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

ORG_END

CHANGES MADE TO IMPROVE HEALTH

CIH_C1A
CIHCFDO If (do CIH block = 2), go to CIH_END.
Otherwise, go to CIH_C1B.

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

CIH_Q1
CIHC_1 **In the past 12 months, that is, from [date one year ago] to yesterday, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise)**

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

CIH_Q2
CIHC_2 **What is the single most important change you have made?**

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

CIH_C2S If CIH_Q2 <> 8, go to CIH_Q3.
Otherwise, go to CIH_Q2S.

CIH_Q2S INTERVIEWER: Specify.

(80 spaces)
DK, R

CIH_C3 If CIH_Q1 = 1, use “anything else” in CIH_Q3.
Otherwise, use “anything” in CIH_Q3.

CIH_Q3
CIHC_3 **Do you think there is [anything/anything else] you should do to improve your physical health?**

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

CIH_Q4 CIHC_4	<p>What is the most important thing?</p> <p>1 Increase exercise</p> <p>2 Lose weight</p> <p>3 Improve eating habits</p> <p>4 Quit smoking</p> <p>5 Take vitamins</p> <p>6 Other - Specify</p> <p>DK, R</p>
CIH_C4S	<p>If CIH_Q4 <> 6, go to CIH_Q5.</p> <p>Otherwise, go to CIH_Q4S.</p>
CIH_Q4S	<p><u>INTERVIEWER</u>: Specify.</p> <p>_____</p> <p>(80 spaces)</p> <p>DK, R</p>
CIH_Q5 CIHC_5	<p>Is there anything stopping you from making this improvement?</p> <p>1 Yes</p> <p>2 No (Go to CIH_Q7)</p> <p>DK, R (Go to CIH_Q7)</p>
CIH_Q6	<p>What is that?</p> <p><u>INTERVIEWER</u>: Mark all that apply.</p>
CIHC_6A	1 Lack of - will power/self-discipline
CIHC_6B	2 Lack of - time
CIHC_6C	3 Too tired
CIHC_6D	4 Too difficult
CIHC_6E	5 Too costly
CIHC_6F	6 Too stressed
CIHC_6G	7 Disability / health problem
CIHC_6H	8 Other - Specify
	DK, R
CIH_C6S	<p>If CIH_Q6 <> 8, go to CIH_Q7.</p> <p>Otherwise, go to CIH_Q6S.</p>
CIH_Q6S	<p><u>INTERVIEWER</u>: Specify.</p> <p>_____</p> <p>(80 spaces)</p> <p>DK, R</p>
CIH_Q7 CIHC_7	<p>Is there anything you intend to do to improve your physical health in the next year?</p> <p>1 Yes</p> <p>2 No (Go to CIH_END)</p> <p>DK, R (Go to CIH_END)</p>

CIH_Q8 **What is that?**
INTERVIEWER : Mark all that apply.

- | | | |
|---------|---|---------------------------|
| CIHC_8A | 1 | Start / increase exercise |
| CIHC_8B | 2 | Lose weight |
| CIHC_8C | 3 | Improve eating habits |
| CIHC_8D | 4 | Quit smoking |
| CIHC_8E | 5 | Reduce amount smoked |
| CIHC_8F | 6 | Learn to manage stress |
| CIHC_8G | 7 | Reduce stress level |
| CIHC_8H | 8 | Take vitamins |
| CIHC_8I | 9 | Other - Specify |
| | | DK, R |

CIH_C8S If CIH_Q8 <> 9, go to CIH_END.
 Otherwise, go to CIH_Q8S.

CIH_Q8S INTERVIEWER: Specify.

(80 spaces)
 DK, R

CIH_END

ORAL HEALTH 1

OH1_C20A If (do OH1 block = 2), go to OH1_END.
OH1CFDO Otherwise, go to OH1_C20B.

OH1_C20B If proxy interview, go to OH1_END.
Otherwise, go to OH1_QINT20.

OH1_QINT20 **Next, some questions about the health of your teeth and mouth.**
INTERVIEWER: Press <Enter> to continue.

OH1_Q20 **In general, would you say the health of your teeth and mouth is:**
OH1C_20 INTERVIEWER: Read categories to respondent.

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

OH1_Q21A **Now a few questions about your ability to chew different foods, whether you**
OH1C_21A **eat them or not. Can you:**
... chew firm foods (e.g., meat)?

- 1 Yes
 - 2 No
- DK, R

OH1_Q21B **(Can you:)**
OH1C_21B **... bite off and chew a piece of fresh apple?**

- 1 Yes
 - 2 No
- DK, R

OH1_Q21C **(Can you:)**
OH1C_21C **... chew boiled vegetables?**

- 1 Yes
 - 2 No
- DK, R

OH1_Q22 **In the past month, how often have you had any pain or discomfort in your**
OH1C_22 **teeth or gums?**
INTERVIEWER: Read categories to respondent.

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

OH1_END

HEIGHT & WEIGHT

HWT_C1 If (do HWT block = 2), go to HWT_END.
 HWTCFDO Otherwise, go to HWT_Q2.

HWT_Q2 **How tall [are/is] [you/FNAME] without shoes on?**
 HWTC_2

- | | | |
|---|---|-----------------|
| 0 | Less than 1' / 12" (less than 29.2 cm.) | |
| 1 | 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.) | |
| 2 | 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.) | |
| 3 | 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.) | (Go to HWT_Q2C) |
| 4 | 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) | (Go to HWT_Q2D) |
| 5 | 5'0" to 5'11" (151.1 to 181.5 cm.) | (Go to HWT_Q2E) |
| 6 | 6'0" to 6'11" (181.6 to 212.0 cm.) | (Go to HWT_Q2F) |
| 7 | 7'0" and over (212.1 cm. and over) | (Go to HWT_Q3) |
| | DK, R | (Go to HWT_Q3) |

HWT_E2 If HWT_Q2 < 3, display this message.

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

HWT_Q2A **INTERVIEWER:** Select the exact height.
 HWTC_2A

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

HWT_Q2B **INTERVIEWER:** Select the exact height.
 HWTC_2B

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

HWT_Q2C
HWTC_2C

INTERVIEWER: Select the exact height.

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

Go to HWT_Q3

HWT_Q2D
HWTC_2D

INTERVIEWER: Select the exact height.

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

Go to HWT_Q3

HWT_Q2E
HWTC_2E

INTERVIEWER: Select the exact height.

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

Go to HWT_Q3

HWT_Q2F
HWTC_2F **INTERVIEWER:** Select the exact height.

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

HWT_Q3
HWTC_3 **How much [do/does] [you/FNAME] weigh?**
INTERVIEWER: Enter amount only.

Weight
(MIN: 1) (MAX: 575; warning before 60 lbs or 27 kg and after 300 lbs or 136 kg)
DK, R (Go to HWT_END)

HWT_N4
HWTC_N4 **INTERVIEWER:** Was that in pounds or kilograms?

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

HWT_C4 If proxy interview, go to HWT_END.
Otherwise, go to HWT_Q4.

HWT_Q4
HWTC_4 **Do you consider yourself:**
INTERVIEWER: Read categories to respondent.

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

HWT_END

CHRONIC CONDITIONS

CCC_BEG Set HasSkinCancer = No

CCC_C011 If (do CCC block = 2), go to CCC_END.
CCCCFDO Otherwise, go to CCC_QINT011.

CCC_QINT011 **Now I'd like to ask about certain chronic health conditions which [you/FNAME] may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.**
INTERVIEWER: Press <Enter> to continue.

CCC_Q011 **[Do/Does] [you/FNAME] have:**
CCCC_011 **... food allergies?**

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

CCC_Q021 **([Do/Does] [you/FNAME] have:)**
CCCC_021 **... any other allergies?**

- 1 Yes
- 2 No
- DK, R

CCC_Q031 **([Do/Does] [you/FNAME] have:)**
CCCC_031 **... asthma?**

- 1 Yes
- 2 No (Go to CCC_Q041)
- DK, R (Go to CCC_Q041)

CCC_Q035 **[Have/Has] [you/FNAME] had any asthma symptoms or asthma attacks in the past 12 months?**
CCCC_035

- 1 Yes
- 2 No
- DK, R

CCC_Q036 **In the past 12 months, [have/has] [you/he/she] taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**
CCCC_036

- 1 Yes
- 2 No
- DK, R

CCC_Q041 **[Do/Does] [you/FNAME] have fibromyalgia?**
CCCC_041

- 1 Yes
- 2 No
- DK, R

CCC_Q051 **Remember, we're interested in conditions diagnosed by a health professional.**
 CCCC_051

[Do/Does] [you/FNAME] have arthritis or rheumatism, excluding fibromyalgia?

- 1 Yes
- 2 No (Go to CCC_Q061)
- DK, R (Go to CCC_Q061)

CCC_Q05A **What kind of arthritis [do/does] [you/he/she] have?**
 CCCC_05A

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Other - Specify
- DK, R

CCC_C05AS If CCC_Q05A <> 3, go to CCC_Q061.
 Otherwise, go to CCC_Q05AS.

CCC_Q05AS INTERVIEWER: Specify.

 (80 spaces)
 DK, R

CCC_Q061 **(Remember, we're interested in conditions diagnosed by a health professional.)**
 CCCC_061

[Do/Does] [you/FNAME] have back problems, excluding fibromyalgia and arthritis?

- 1 Yes
- 2 No
- DK, R

CCC_Q071 **([Do/Does] [you/FNAME] have:)**
 CCCC_071 **... high blood pressure?**

- 1 Yes
- 2 No
- DK, R

CCC_Q081 **(Remember, we're interested in conditions diagnosed by a health professional.)**
 CCCC_081

([Do/Does] [you/FNAME] have:)
... migraine headaches?

- 1 Yes
- 2 No
- DK, R

CCC_Q091A (Remember, we're interested in conditions diagnosed by a health
CCCC_91A professional.)

((Do/Does) [you/FNAME] have:)
... chronic bronchitis?

- 1 Yes
- 2 No
- DK, R

CCC_C091B If age < 30, go to CCC_Q101.
Otherwise, go to CCC_091B.

CCC_Q091B ((Do/Does) [you/FNAME] have:)
CCCC_91B ... emphysema or chronic obstructive pulmonary disease (COPD)?

- 1 Yes
- 2 No
- DK, R

CCC_Q101 ((Do/Does) [you/FNAME] have:)
CCCC_101 ... diabetes?

- 1 Yes
- 2 No (Go to CCC_Q111)
- DK, R (Go to CCC_Q111)

CCC_Q102 How old [were/was] [you/he/she] when this was first diagnosed?
CCCC_102 INTERVIEWER: Maximum is [current age].

|_|_| Age in years
(MIN: 0) (MAX: current age)
DK, R (Go to CCC_Q10C)

CCC_C10A If age < 15 or sex = male or CCC_Q102 < 15, go to CCC_Q10C.
Otherwise, go to CCC_10A.

CCC_Q10A [Were/Was] [you/she] pregnant when [you/she] [were/was] first diagnosed
CCCC_10A with diabetes?

- 1 Yes
- 2 No (Go to CCC_Q10C)
- DK, R (Go to CCC_Q10C)

CCC_Q10B Other than during pregnancy, has a health professional ever told [you/her]
CCCC_10B that [you/she] [have/has] diabetes?

- 1 Yes
- 2 No (Go to CCC_Q111)
- DK, R (Go to CCC_Q111)

CCC_Q10C **When [you/he/she] [were/was] first diagnosed with diabetes, how long was it before [you/he/she] [were/was] started on insulin?**
CCCC_10C

- 1 Less than 1 month
- 2 1 month to less than 2 months
- 3 2 months to less than 6 months
- 4 6 months to less than 1 year
- 5 1 year or more
- 6 Never (Go to CCC_Q111)
DK, R

CCC_Q105 **[Do/Does] [you/FNAME] currently take insulin for [your/his/her] diabetes?**
CCCC_105

- 1 Yes
- 2 No
DK, R

Note: (If CCC_Q10C = 6, CCC_Q105 will be filled with “No” during processing)

CCC_Q111 **[Do/Does] [you/FNAME] have epilepsy?**
CCCC_111

- 1 Yes
- 2 No
DK, R

CCC_Q121 **([Do/Does] [you/FNAME] have:) ... heart disease?**
CCCC_121

- 1 Yes
- 2 No (Go to CCC_Q131)
DK, R (Go to CCC_Q131)

CCC_Q12A **[Have/Has] [you/he/she] ever had a heart attack (damage to the heart muscle)?**
CCCC_12A

- 1 Yes
- 2 No
DK, R

CCC_Q12J **[Do/Does] [you/he/she] currently have angina (chest pain, chest tightness)?**
CCCC_12J

- 1 Yes
- 2 No
DK, R

CCC_Q12K **[Do/Does] [you/he/she] currently have congestive heart failure (inadequate heart beat, fluid build-up in the lungs or legs)?**
CCCC_12K

- 1 Yes
- 2 No
DK, R

CCC_Q131 [Do/Does] [you/FNAME] have cancer?
CCCC_131

- 1 Yes
- 2 No (Go to CCC_Q141)
- DK, R (Go to CCC_Q141)

CCC_C133 If sex = male, go to CCC_Q133B.
Otherwise, go to CCC_Q133A.

Note: Responses from male and female respondents were added together to create the new variable CCCC_13A to CCCC_13F, in processing.

CCC_Q133A **What type of cancer [do/does] [you/she] have?**
INTERVIEWER: Mark all that apply.

- CCCC_13A 1 Breast
- CCCC_13C 2 Colorectal
- CCCC_13D 3 Skin - Melanoma
- CCCC_13E 4 Skin - Non-melanoma
- CCCC_13F 5 Other
- DK, R

Go to CCC_D133

CCC_Q133B **What type of cancer [do/does] [you/he] have?**
INTERVIEWER: Mark all that apply.

- CCCC_13B 1 Prostate
- CCCC_13C 2 Colorectal
- CCCC_13D 3 Skin - Melanoma
- CCCC_13E 4 Skin - Non-melanoma
- CCCC_13F 5 Other
- DK, R

CCC_D133 If CCC_Q133A = 3 or 4 or CCC_Q133B = 3 or 4, then HasSkinCancer = Yes.
Otherwise, HasSkinCancer = No.

CCC_Q141 **(Remember, we're interested in conditions diagnosed by a health professional.)**
CCCC_141

[Do/Does] [you/FNAME] have intestinal or stomach ulcers?

- 1 Yes
- 2 No
- DK, R

CCC_Q151 [Do/Does] [you/FNAME] suffer from the effects of a stroke?
CCCC_151

- 1 Yes
- 2 No
- DK, R

CCC_Q161 CCCC_161	<p>([Do/Does] [you/FNAME] suffer:) ... from urinary incontinence?</p> <p>1 Yes 2 No DK, R</p>
CCC_Q171 CCCC_171	<p>[Do/Does] [you/FNAME] have a bowel disorder such as Crohn's Disease or colitis?</p> <p>1 Yes 2 No DK, R</p>
CCC_C181	<p>If age < 18, go to CCC_Q211. Otherwise, go to CCC_Q181.</p>
CCC_Q181 CCCC_181	<p>(Remember, we're interested in conditions diagnosed by a health professional.)</p> <p>([Do/Does] [you/FNAME] have:) ... Alzheimer's Disease or any other dementia?</p> <p>1 Yes 2 No DK, R</p>
CCC_Q191 CCCC_191	<p>([Do/Does] [you/FNAME] have:) ... cataracts?</p> <p>1 Yes 2 No DK, R</p>
CCC_Q201 CCCC_201	<p>([Do/Does] [you/FNAME] have:) ... glaucoma?</p> <p>1 Yes 2 No DK, R</p>
CCC_Q211 CCCC_211	<p>([Do/Does] [you/FNAME] have:) ... a thyroid condition?</p> <p>1 Yes 2 No DK, R</p>
CCC_Q251 CCCC_251	<p>Remember, we're interested in conditions diagnosed by a health professional.</p> <p>[Do/Does] [you/FNAME] have chronic fatigue syndrome?</p> <p>1 Yes 2 No DK, R</p>

CCC_Q261 [Do/Does] [you/FNAME] suffer from multiple chemical sensitivities?
CCCC_261

- 1 Yes
- 2 No
DK, R

CCC_Q271 [Do/Does] [you/FNAME] have schizophrenia?
CCCC_271

- 1 Yes
- 2 No
DK, R

CCC_Q280 Remember, we're interested in conditions diagnosed by a health professional.
CCCC_280

[Do/Does] [you/FNAME] have a mood disorder such as depression, bipolar disorder, mania or dysthymia?

INTERVIEWER: Include manic depression.

- 1 Yes
- 2 No
DK, R

CCC_Q290 (Remember, we're interested in conditions diagnosed by a health professional.)
CCCC_290

[Do/Does] [you/FNAME] have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?

- 1 Yes
- 2 No
DK, R

CCC_Q321 [Do/Does] [you/FNAME] have autism or any other developmental disorder such as Down's syndrome, Asperger's syndrome or Rett syndrome?
CCCC_321

- 1 Yes
- 2 No
DK, R

CCC_Q331 (Remember, we're interested in conditions diagnosed by a health professional.)
CCCC_331

[Do/Does] [you/FNAME] have a learning disability?

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

CCC_Q331A **What kind of learning disability [do/does] [you/FNAME] have?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--|
| CCCC_33A | 1 | Attention Deficit Disorder, no hyperactivity (ADD) |
| CCCC_33B | 2 | Attention Deficit Hyperactivity Disorder (ADHD) |
| CCCC_33C | 3 | Dyslexia |
| CCCC_33D | 4 | Other - Specify |
| | | DK, R |

CCC_C331AS If CCC_Q331A <> 4, go to CCC_Q341.
Otherwise, go to CCC_Q331AS.

CCC_Q331AS INTERVIEWER: Specify.

(80 spaces)
DK, R

CCC_Q341 **[Do/Does] [you/FNAME] have an eating disorder such as anorexia or bulimia?**

CCCC_341

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

CCC_Q901 **[Do/Does] [you/FNAME] have any other long-term physical or mental health condition that has been diagnosed by a health professional?**

CCCC_901

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

CCC_Q901S If CCC_Q901 <> 1, go to CCC_END.
Otherwise, go to CCC_Q901S.

CCC_Q901S INTERVIEWER: Specify.

(80 spaces)
DK, R

CCC_END

HEALTH CARE UTILIZATION

HCU_C01 If (HCU block = 2), go to HCU_END.
 HCUCFDO Otherwise, go to HCU_QINT1.

HCU_QINT1 **Now I'd like to ask about [you/FNAME's] contacts with health professionals during the past 12 months, that is, from [date one year ago] to yesterday.**
INTERVIEWER: Press <Enter> to continue.

HCU_Q01AA **[Do/Does] [you/FNAME] have a regular medical doctor?**
 HCUC_1AA

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

HCU_Q01AB **Why [do/does] [you/FNAME] not have a regular medical doctor?**
INTERVIEWER: Mark all that apply.

- HCUC_1BA 1 No medical doctors available in the area
- HCUC_1BB 2 Medical doctors in the area are not taking new patients
- HCUC_1BC 3 Have not tried to contact one
- HCUC_1BD 4 Had a medical doctor who left or retired
- HCUC_1BE 5 Other - Specify
 DK, R

HCU_C01ABS If HCU_Q01AB <> 5, go to HCU_Q01BA.
 Otherwise, go to HCU_Q01ABS.

HCU_Q01ABS INTERVIEWER: Specify.

 (80 spaces)
 DK, R

Go to HCU_Q01BA

HCU_Q01AC **Do [you/FNAME] and this doctor usually speak in English, in French, or in another language?**
 HCUC_1C

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

HCU_C01ACS If HCU_Q01AC <> 23, go to HCU_Q0BA.
Otherwise, go to HCU_Q01ACS.

HCU_Q01ACS INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_Q01BA **In the past 12 months, [have/has] [you/FNAME] been a patient overnight in
HCUC_01 a hospital, nursing home or convalescent home?**

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

HCU_Q01BB **For how many nights in the past 12 months?**
HCUC_01A

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

HCU_Q02A **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past
HCUC_02A 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen,
or talked on the telephone, about [your/his/her] physical, emotional or mental
health with:
... a family doctor[, paediatrician] or general practitioner?
(include paediatrician if age < 18)**

||_| Times
(MIN: 0) (MAX: 366; warning after 12)
DK, R

HCU_Q02B **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past
HCUC_02B 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen,
or talked on the telephone, about [your/his/her] physical, emotional or mental
health with:)
... an eye specialist (such as an ophthalmologist or optometrist)?**

||_| Times
(MIN: 0) (MAX: 75; warning after 3)
DK, R

HCU_Q02C **([Not counting when [you/FNAME] [were/was] an overnight patient, in the past
HCUC_02C 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen,
or talked on the telephone, about [your/his/her] physical, emotional or mental
health with:)
... any other medical doctor (such as a surgeon, allergist, orthopaedist,
gynaecologist or psychiatrist)?**

||_| Times
(MIN: 0) (MAX: 300; warning after 7)
DK, R

HCU_Q02D
HCUC_02D

**[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
... a nurse for care or advice?**

|_|_|_| Times
(MIN: 0) (MAX: 366; warning after 15)
DK, R

HCU_Q02E
HCUC_02E

**([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
... a dentist or orthodontist?**

|_|_|_| Times
(MIN: 0) (MAX: 99; warning after 4)
DK, R

HCU_Q02F
HCUC_02F

**([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
... a chiropractor?**

|_|_|_| Times
(MIN: 0) (MAX: 366; warning after 20)
DK, R

HCU_Q02G
HCUC_02G

**[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
... a physiotherapist?**

|_|_|_| Times
(MIN: 0) (MAX: 366; warning after 30)
DK, R

HCU_Q02H
HCUC_02H

**([Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:
... a social worker or counsellor?**

|_|_|_| Times
(MIN: 0) (MAX: 366; warning after 20)
DK, R

HCU_Q02I
HCUC_02J **[(Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:)**
... a psychologist?

|_|_| Times
(MIN: 0) (MAX: 366; warning after 25)
DK, R

HCU_Q02J
HCUC_02J **[Not counting when [you/FNAME] [were/was] an overnight patient, in the past 12 months/In the past 12 months], how many times [have/has] [you/FNAME] seen, or talked on the telephone, about [your/his/her] physical, emotional or mental health with:**
... a speech, audiology or occupational therapist?

|_|_| Times
(MIN: 0) (MAX: 200; warning after 12)
DK, R

HCU_C03 If response for HCU_Q02A or HCU_Q02C or HCU_Q02D > 0, then ask HCU_Q03n.
Otherwise, go to HCU_Q04A.

HCU_Q03n **Where did the most recent contact take place?**
HCUC_03A INTERVIEWER: If respondent says “hospital”, probe for details.
HCUC_03C
HCUC_03D

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

HCU_C03nS If HCU_Q03n <> 11, go to HCU_Q04A.
Otherwise, go to HCU_Q03nS.

HCU_Q03nS INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_Q04A **In the past 12 months, [have/has] [you/he/she] attended a meeting of a self-help**
HCUC_04A **group such as AA or a cancer support group?**

- 1 Yes
 - 2 No
- DK, R

HCU_Q04
HCUC_04 **People may also use alternative or complementary medicine. In the past 12 months, [have/has] [you/FNAME] seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about [your/his/her] physical, emotional or mental health?**

- 1 Yes
- 2 No (Go to HCU_C06)
- DK, R (Go to HCU_C06)

HCU_Q05 **Who did [you/FNAME] see or talk to?**
INTERVIEWER: Mark all that apply.

- HCUC_05A 1 Massage therapist
- HCUC_05B 2 Acupuncturist
- HCUC_05C 3 Homeopath or naturopath
- HCUC_05D 4 Feldenkrais or Alexander teacher
- HCUC_05E 5 Relaxation therapist
- HCUC_05F 6 Biofeedback teacher
- HCUC_05G 7 Rolfer
- HCUC_05H 8 Herbalist
- HCUC_05I 9 Reflexologist
- HCUC_05J 10 Spiritual healer
- HCUC_05K 11 Religious healer
- HCUC_05L 12 Other - Specify
- DK, R

HCU_C05S If HCU_Q05 <> 12, go to HCU_C06.
Otherwise, go to HCU_Q05S.

HCU_Q05S INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_C06 If non-proxy interview, ask “During the past 12 months, was there ever a time when you felt that you needed health care but you didn’t receive it?” in HCU_Q06.

If proxy interview and age < 18, ask “During the past 12 months, was there ever a time when you felt that FNAME needed health care but [he/she] didn’t receive it?” in HCU_Q06.

If proxy interview and age >= 18, ask “During the past 12 months, was there ever a time when FNAME felt that [he/she] needed health care but [he/she] didn’t receive it?” in HCU_Q06.

HCU_Q06
HCUC_06 **During the past 12 months, was there ever a time when [you/FNAME] felt that [you/FNAME/he/she] needed health care but [you/he/she] didn’t receive it?**

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

HCU_Q07 **Thinking of the most recent time, why didn't [you/he/she] get care?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|--|
| HCUC_07A | 1 | Not available - in the area |
| HCUC_07B | 2 | Not available - at time required (e.g. doctor on holidays, inconvenient hours) |
| HCUC_07C | 3 | Waiting time too long |
| HCUC_07D | 4 | Felt would be inadequate |
| HCUC_07E | 5 | Cost |
| HCUC_07F | 6 | Too busy |
| HCUC_07G | 7 | Didn't get around to it / didn't bother |
| HCUC_07H | 8 | Didn't know where to go |
| HCUC_07I | 9 | Transportation problems |
| HCUC_07J | 10 | Language problems |
| HCUC_07K | 11 | Personal or family responsibilities |
| HCUC_07L | 12 | Dislikes doctors / afraid |
| HCUC_07M | 13 | Decided not to seek care |
| HCUC_07O | 14 | Doctor - didn't think it was necessary |
| HCUC_07P | 15 | Unable to leave the house because of a health problem |
| HCUC_07N | 16 | Other - Specify |

DK, R

HCU_C07S If HCU_Q07 <> 16, go to HCU_Q08.
Otherwise, go to HCU_Q07S.

HCU_Q07S INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_Q08 **Again, thinking of the most recent time, what was the type of care that was needed?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|---|
| HCUC_08A | 1 | Treatment of - a physical health problem |
| HCUC_08B | 2 | Treatment of - an emotional or mental health problem |
| HCUC_08C | 3 | A regular check-up (including regular pre-natal care) |
| HCUC_08D | 4 | Care of an injury |
| HCUC_08E | 5 | Other - Specify |

DK, R

HCU_C08S If HCU_Q08 <> 5, go to HCU_Q09.
Otherwise, go to HCU_Q08S.

HCU_Q08S INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_Q09 **Where did [you/he/she] try to get the service [you/he/she] [were/was] seeking?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--|
| HCUC_09A | 1 | Doctor's office |
| HCUC_09B | 2 | Hospital - emergency room |
| HCUC_09C | 3 | Hospital - overnight patient |
| HCUC_09D | 4 | Hospital - outpatient clinic (e.g., day surgery, cancer) |
| HCUC_09E | 5 | Walk-in clinic |
| HCUC_09F | 6 | Appointment clinic |
| HCUC_09G | 7 | Community health centre / CLSC |
| HCUC_09H | 8 | Other - Specify |
| | | DK, R |

HCU_C09S If HCU_Q09 <> 8, go to HCU_END.
Otherwise, go to HCU_Q09S.

HCU_Q09S INTERVIEWER: Specify.

(80 spaces)
DK, R

HCU_END

HOME CARE SERVICES

HMC_C09A If (do HMC block = 2), go to HMC_END.
 HMCCFDO Otherwise, go to HMC_C09B.

HMC_C09B If age < 18, go to HMC_END.
 Otherwise, go to HMC_QINT1.

HMC_QINT1 **Home care services are health care or homemaker services received at home. Examples are: nursing care, help with bathing or housework, respite care and meal delivery.**
 INTERVIEWER: Press <Enter> to continue.

HMC_Q09 **[Have/Has] [you/FNAME] received any home care services in the past 12 months, with the cost being entirely or partially covered by government?**
 HMCC_09

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

HMC_Q10 **What type of services [have/has] [you/he/she] received?**
 INTERVIEWER: Read categories to respondent. Mark all that apply.
 Cost must be entirely or partially covered by government.

- HMCC_10A 1 **Nursing care (e.g., dressing changes, VON)**
- HMCC_10B 2 **Other health care services (e.g., physiotherapy, nutrition counselling)**
- HMCC_10C 3 **Personal care (e.g., bathing, foot care)**
- HMCC_10D 4 **Housework (e.g., cleaning, laundry)**
- HMCC_10E 5 **Meal preparation or delivery**
- HMCC_10F 6 **Shopping**
- HMCC_10G 7 **Respite care (i.e., caregiver relief program)**
- HMCC_10H 8 **Other - Specify**
 DK, R

HMC_C10S If HMC_Q10 <> 8, go to HMC_C11.
 Otherwise, go to HMC_Q10S.

HMC_Q10S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

HMC_C11 If HMC_Q09 = 1, use “any other home care services” in HMC_Q11.
 Otherwise, use “any home care services” in HMC_Q11.

HMC_Q11 **[Have/Has] [you/FNAME] received any [other] home care services in the past 12 months, with the cost not covered by government (for example: care provided by a spouse or friends)?**
 HMCC_11
 INTERVIEWER: Include only homemaker services (e.g. housework) that are provided because of a respondent’s health problem or condition.

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

HMC_C12 If HMC_Q09 = 1, use “other home care services” in HMC_Q12.
Otherwise, use “home care services” in HMC_Q12.

HMC_Q12 **Who provided these [other] home care services?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

HMCC_12A	1	Nurse from private agency
HMCC_12B	2	Homemaker from private agency
HMCC_12C	3	Neighbour or friend
HMCC_12D	4	Family member
HMCC_12E	5	Volunteer
HMCC_12F	6	Other - Specify DK, R

HMC_C12S If HMC_Q12 <> 6, go to HMC_Q13.
Otherwise, go to HMC_Q12S.

HMC_Q12S INTERVIEWER: Specify.

(80 spaces)
DK, R

HMC_C13 For each person identified in HMC_Q12 where n = A, B,...,F, ask HMC_Q13n up to 6 times.

HMC_Q13n **What type of services [have/has] [you/he/she] received from [person identified in HMC_Q12]?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

HMCC_3nA	1	Nursing care (e.g., dressing changes)
HMCC_3nB	2	Other health care services (e.g., physiotherapy, nutrition counselling)
HMCC_3nC	3	Personal care (e.g., bathing, foot care)
HMCC_3nD	4	Housework (e.g., cleaning, laundry)
HMCC_3nE	5	Meal preparation or delivery
HMCC_3nF	6	Shopping
HMCC_3nG	7	Respite care (i.e., caregiver relief program)
HMCC_3nH	8	Other - Specify DK, R

HMC_C13nS If HMC_Q13n <> 8, go to HMC_Q14.
Otherwise, go to HMC_Q13nS.

HMC_Q13nS INTERVIEWER: Specify.

(80 spaces)
DK, R

HMC_Q14 **During the past 12 months, was there ever a time when [you/FNAME] felt that**
HMCC_14 **[you/he/she] needed home care services but [you/he/she] didn't receive them?**

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

HMC_Q15 **Thinking of the most recent time, why didn't [you/he/she] get these services?**
INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|--|
| HMCC_15A | 1 | Not available - in the area |
| HMCC_15B | 2 | Not available - at time required (e.g. inconvenient hours) |
| HMCC_15C | 3 | Waiting time too long |
| HMCC_15D | 4 | Felt would be inadequate |
| HMCC_15E | 5 | Cost |
| HMCC_15F | 6 | Too busy |
| HMCC_15G | 7 | Didn't get around to it / didn't bother |
| HMCC_15H | 8 | Didn't know where to go/call |
| HMCC_15I | 9 | Language problems |
| HMCC_15J | 10 | Personal or family responsibilities |
| HMCC_15K | 11 | Decided not to seek services |
| HMCC_15L | 12 | Doctor - didn't think it was necessary |
| HMCC_15M | 13 | Other - Specify
DK, R |

HMC_C15S If HMC_Q15 <> 13, go to HMC_Q16.
 Otherwise, go to HMC_Q15S.

HMC_Q15S **INTERVIEWER:** Specify.

 (80 spaces)
 DK, R

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

- | | | |
|----------|---|---|
| HMCC_16A | 1 | Nursing care (e.g., dressing changes) |
| HMCC_16B | 2 | Other health care services (e.g., physiotherapy, nutrition counselling) |
| HMCC_16C | 3 | Personal care (e.g., bathing, foot care) |
| HMCC_16D | 4 | Housework (e.g., cleaning, laundry) |
| HMCC_16E | 5 | Meal preparation or delivery |
| HMCC_16F | 6 | Shopping |
| HMCC_16G | 7 | Respite care (i.e., caregiver relief program) |
| HMCC_16H | 8 | Other - Specify
DK, R |

HMC_C16S If HMC_Q16 <> 8, go to HMC_END.
 Otherwise, go to HMC_Q16S.

HMC_Q16S **INTERVIEWER:** Specify.

 (80 spaces)
 DK, R

HMC_END

SATISFACTION WITH AVAILABILITY

SWA_C11A If (do SWA block = 2), go to SWA_END.
SWACFDO Otherwise, go to SWA_C11B.

SWA_C11B If proxy interview or if age < 15, go to SWA_END.
Otherwise, go to SWA_QINT.

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

SWA_C11C If HCU_Q01BA = 1 (overnight patient) or answered at least one of HCU_Q02A to HCU_Q02J > 0 (saw or talked on telephone to health professional), go to SWA_Q11A.
Otherwise, go to SWA_Q11.

SWA_Q11 **In the past 12 months, have you received any health care services?**
SWAC_11

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

SWA_Q11A **Overall, how would you rate the availability of the health care services you received when you needed them? Would you say it was:**
SWAC_11A INTERVIEWER: Read categories to respondent.

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

SWA_END

PATIENT SATISFACTION

PAS_C11A If (do PAS block = 2), go to PAS_END.
PASCFDO Otherwise, go to PAS_C11B.

PAS_C11B If proxy interview or if age < 15, go to PAS_END.
 Otherwise, go to PAS_C11C.

PAS_C11C If (do SWA block = 2), go to PAS_QINT1.
 Otherwise, go to PAS_C11C1.

PAS_C11C1 If (SWA_Q11 = 2 or DK or R), go to PAS_END.
 SWA_Q11 = 1, go to PAS_Q12.

PAS_QINT1 **Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.**
INTERVIEWER: Press <Enter> to continue.

PAS_C11D If HCU_Q01BA = 1 (overnight patient) or at least one of HCU_Q02A to HCU_Q02J > 0
 (saw or talked on telephone to health professional), go to PAS_Q12.
 Otherwise, go to PAS_Q11.

Note: In processing will set PAS_Q11 to 1 if SWA_Q11 = 1.

PAS_Q11 **In the past 12 months, have you received any health care services?**
PASC_11

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

PAS_Q12 **Overall, how would you rate the quality of the health care you received?**
PASC_12 **Would you say it was:**
INTERVIEWER: Read categories to respondent.

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

PAS_Q13 **Overall, how satisfied were you with the way health care services were provided?**
PASC_13 **Were you:**
INTERVIEWER: Read categories to respondent.

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

PAS_Q21A **In the past 12 months, have you received any health care services at a hospital,
PASC_21A for any diagnostic or day surgery service, overnight stay, or as an emergency room
patient?**

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

PAS_Q21B **Thinking of your most recent hospital visit, were you:**
PASC_21B **INTERVIEWER:** Read categories to respondent.

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

PAS_Q22 **(Thinking of this most recent hospital visit:)**
PASC_22 **... how would you rate the quality of the care you received? Would you say it was:**
INTERVIEWER: Read categories to respondent.

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

PAS_Q23 **(Thinking of this most recent hospital visit:)**
PASC_23 **... how satisfied were you with the way hospital services were provided? Were you:**
INTERVIEWER: Read categories to respondent.

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

PAS_Q31A **In the past 12 months, not counting hospital visits, have you received any health
PASC_31A care services from a family doctor or other physician?**

- 1 Yes
- 2 No (Go to PAS_QINT2)
DK, R (Go to PAS_QINT2)

PAS_Q31B **Thinking of the most recent time, was care provided by:**
PASC_31B **INTERVIEWER:** Read categories to respondent.

- 1 ... a family doctor (general practitioner)?
- 2 ... a medical specialist?
DK, R (Go to PAS_QINT2)

PAS_Q32 (Thinking of this most recent care from a physician:)
 PASC_32 ... how would you rate the quality of the care you received? Would you say it was:
 INTERVIEWER: Read categories to respondent.

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

PAS_Q33 (Thinking of this most recent care from a physician:)
 PASC_33 ... how satisfied were you with the way physician care was provided? Were you:
 INTERVIEWER: Read categories to respondent.

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

PAS_QINT2 The next questions are about community-based health care which includes any health care received outside of a hospital or doctor's office.
 Examples are: home nursing care, home-based counselling or therapy, personal care and community walk-in clinics.
 INTERVIEWER: Press <Enter> to continue.

PAS_Q41 In the past 12 months, have you received any community-based care?
 PASC_41

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

PAS_Q42 Overall, how would you rate the quality of the community-based care you received? Would you say it was:
 PASC_42 INTERVIEWER: Read categories to respondent.

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

PAS_Q43 Overall, how satisfied were you with the way community-based care was provided? Were you:
 PASC_43 INTERVIEWER: Read categories to respondent.

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

PAS_END

PATIENT SATISFACTION WITH TELEHEALTH SERVICES

PAS2_BEG Collected starting April 2003.

PAS_C51A If (do PAS2 block = 2), go to PAS2_END.
Otherwise, go to PAS_C51B.

PAS_C51B If proxy interview or if age < 15, go to PAS2_END.
Otherwise, go to PAS_Q51.

Note: The following questions are answered by respondents 15 year old or over who have ACCCFDO = 1 (answered the questions in the Access to Health Services module).

PAS_Q51 **In the past 12 months, have you used a telephone health line or telehealth service?**
PASC_51

- 1 Yes
- 2 No (Go to PAS2_END)
- DK, R (Go to PAS2_END)

PAS_Q52 **Overall, how would you rate the quality of the service you received? Would you say it was:**
PASC_52

INTERVIEWER: Read categories to respondent.

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

PAS_Q53 **Overall, how satisfied were you with the way the telehealth service was provided?**
PASC_53 **Were you:**

INTERVIEWER: Read categories to respondent.

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

PAS2_END

RESTRICTION OF ACTIVITIES

RAC_C1 If (do RAC block = 2), go to RAC_END.
RACCFDO Otherwise, go to RAC_QINT.

RAC_QINT **The next few questions deal with any current limitations in [your/FNAME's] daily activities caused by a long-term health condition or problem. In these questions, a "long-term condition" refers to a condition that is expected to last or has already lasted 6 months or more.**
INTERVIEWER: Press <Enter> to continue.

RAC_Q1 **[Do/Does] [you/he/she] have any difficulty hearing, seeing, communicating,**
RACC_1 **walking, climbing stairs, bending, learning or doing any similar activities?**
INTERVIEWER: Read categories to respondent.

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

RAC_Q2A **Does a long-term physical condition or mental condition or health problem, reduce**
RACC_2A **the amount or the kind of activity [you/he/she] can do:**
... at home?
INTERVIEWER: Read categories to respondent.

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

RAC_Q2B_1 **(Does a long-term physical condition or mental condition or health problem, reduce**
RACC_2B1 **the amount or the kind of activity [you/he/she] can do:)**
... at school?

- 1 Sometimes
- 2 Often
- 3 Never
- 4 Not applicable
- DK
- R (Go to RAC_END)

RAC_Q2B_2 **(Does a long-term physical condition or mental condition or health problem, reduce**
RACC_2B2 **the amount or the kind of activity [you/he/she] can do:)**
... at work?

- 1 Sometimes
- 2 Often
- 3 Never
- 4 Not applicable
- DK
- R (Go to RAC_END)

RAC_Q2C
RACC_2C **(Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity [you/he/she] can do:) ... in other activities, for example, transportation or leisure?**

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

RAC_C5 If respondent has difficulty or is limited in activities (if RAC_Q1 = 1 or 2 or RAC_Q2(A)-(C) = 1 or 2), go to RAC_Q5. Otherwise, go to RAC_Q6A.

RAC_Q5
RACC_5 **Which one of the following is the best description of the cause of this condition?**
INTERVIEWER: Read categories to respondent.

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

RAC_C5S If RAC_Q5 <> 11, go to RAC_Q5B_1. Otherwise, go to RAC_Q5S.

RAC_Q5S INTERVIEWER: Specify.

(80 spaces)
DK, R

RAC_Q5B_1
RACC_5B1 **Because of [your/his/her] condition or health problem, [have/has] [you/he/she] ever experienced discrimination or unfair treatment?**

- 1 Yes
- 2 No (Go to RAC_Q6A)
- DK, R (Go to RAC_Q6A)

RAC_Q5B_2
RACC_5B2 **In the past 12 months, how much discrimination or unfair treatment did [you/he/she] experience?**

- 1 A lot
- 2 Some
- 3 A little
- 4 None at all
- DK, R

RAC_Q6A
RACC_6A **The next few questions may not apply to [you/FNAME], but we need to ask the same questions of everyone.**

**Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:
... with preparing meals?**

- 1 Yes
- 2 No
 DK, R

RAC_Q6B_1
RACC_6B1 **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)
... with getting to appointments and running errands such as shopping for groceries?**

- 1 Yes
- 2 No
 DK, R

RAC_Q6C
RACC_6C **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)
... with doing everyday housework?**

- 1 Yes
- 2 No
 DK, R

RAC_Q6D
RACC_6D **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)
... with doing heavy household chores such as spring cleaning or yard work?**

- 1 Yes
- 2 No
 DK, R

RAC_Q6E
RACC_6E **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)
... with personal care such as washing, dressing, eating or taking medication?**

- 1 Yes
- 2 No
 DK, R

RAC_Q6F
RACC_6F **(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:)
... with moving about inside the house?**

- 1 Yes
- 2 No
 DK, R

RAC_Q6G RACC_6G	<p>(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] need the help of another person:) ... with looking after [your/his/her] personal finances such as making bank transactions or paying bills?</p> <p>1 Yes 2 No DK, R</p>
RAC_Q7A RACC_7A	<p>Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty: ... making new friends or maintaining friendships?</p> <p>1 Yes 2 No DK, R</p>
RAC_Q7B RACC_7B	<p>(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:) ... dealing with people [you/he/she] [don't/doesn't] know well?</p> <p>1 Yes 2 No DK, R</p>
RAC_Q7C RACC_7C	<p>(Because of any physical condition or mental condition or health problem, [do/does] [you/he/she] have difficulty:) ... starting and maintaining a conversation?</p> <p>1 Yes 2 No DK, R</p>
RAC_C8	<p>If any of RAC_Q6A to RAC_Q6G or RAC_Q7A to RAC_Q7C = 1, go to RAC_Q8. Otherwise, go to RAC_END.</p>
RAC_Q8	<p>Are these difficulties due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason? <u>INTERVIEWER:</u> Mark all that apply.</p>
RACC_8A RACC_8B RACC_8C RACC_8D	<p>1 Physical health 2 Emotional or mental health 3 Use of alcohol or drugs 4 Another reason – Specify DK, R</p>
RAC_C8S	<p>If RAC_Q8 <> 4, go to RAC_END. Otherwise, go to RAC_Q8S.</p>
RAC_Q8S	<p><u>INTERVIEWER:</u> Specify.</p> <p>_____</p> <p>(80 spaces) DK, R</p>
RAC_END	

TWO-WEEK DISABILITY

TWD_C1 If (do TWD block = 2), go to TWD_END.
 TWDCFDO Otherwise, go to TWD_QINT.

TWD_QINT **The next few questions ask about [your/FNAME's] health during the past 14 days. It is important for you to refer to the 14-day period from [date two weeks ago] to [date yesterday].**
INTERVIEWER: Press <Enter> to continue.

TWD_Q1 **During that period, did [you/FNAME] stay in bed at all because of illness or injury, including any nights spent as a patient in a hospital?**
 TWDC_1

- 1 Yes
- 2 No (Go to TWD_Q3)
- DK, R (Go to TWD_END)

TWD_Q2 **How many days did [you/he/she] stay in bed for all or most of the day?**
 TWDC_2 INTERVIEWER: Enter 0 if less than a day.

|_|_| Days
 (MIN: 0) (MAX: 14)

DK, R (Go to TWD_END)

TWD_C2A If TWD_Q2 > 1, go to TWD_Q2B.

TWD_Q2A **Was that due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**
 TWDC_2A

- 1 Yes
- 2 No
- DK, R

Go to TWD_C3

Note: TWD_Q2B set to number of days in TWD_Q2 if TWD_Q2A = 1 in processing.

TWD_Q2B **How many of these [TWD_Q2] days were due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**
 TWDC_2B INTERVIEWER: Minimum is 0; maximum is [TWD_Q2].

|_|_| Days
 (MIN: 0) (MAX: days in TWD_Q2)

DK, R

TWD_C3 If TWD_Q2 = 14 days, go to TWD_END.

TWD_C3A If TWD_Q3 = 2, use "During those 14 days, were..." in TWD_Q3.
 Otherwise, use "Not counting days spent in ..." in TWD_Q3.

TWD_Q3
TWDC_3 **[Not counting days spent in bed] During those 14 days, were there any days that [you/FNAME] cut down on things [you/he/she] normally [do/does] because of illness or injury?**

- 1 Yes
- 2 No (Go to TWD_Q5)
- DK, R (Go to TWD_Q5)

TWD_Q4
TWDC_4 **How many days did [you/FNAME] cut down on things for all or most of the day?**
INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD_Q2].

|_|_| Days
(MIN: 0) (MAX: 14 - days in TWD_Q2)

DK, R (Go to TWD_Q5)

TWD_C4A If TWD_Q4 > 1, go to TWD_Q4B.

TWD_Q4A
TWDC_4A **Was that due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**

- 1 Yes
- 2 No
- DK, R

Go to TWD_Q5

Note: TWD_Q4B set to number of days in TWD_Q2 if TWD_Q4A = 1 in processing.

TWD_Q4B
TWDC_4B **How many of these [TWD_Q4] days were due to [your/his/her] emotional or mental health or [your/his/her] use of alcohol or drugs?**
INTERVIEWER: Minimum is 0; maximum is [TWD_Q4].

|_|_| Days
(MIN: 0) (MAX: days in TWD_Q4)

DK, R

TWD_Q5
TWDC_5A **[Not counting days spent in bed] During those 14 days, were there any days when it took extra effort to perform up to [your/his/her] usual level at work or at [your/his/her] other daily activities, because of illness or injury?**

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

TWD_Q6
TWDC_6 **How many days required extra effort?**
INTERVIEWER: Enter 0 if less than a day. Maximum is [14 - TWD_Q2].

|_|_| Days
(MIN: 0) (MAX: 14 - days in TWD_Q2)

DK, R (Go to TWD_END)

TWD_C6A If TWD_Q6 > 1, go to TWD_Q6B.

TWD_Q6A **Was that due to [your/his/her] emotional or mental health or [your/his/her] use of**
 TWDC_6A **alcohol or drugs?**

- 1 Yes
- 2 No
- DK, R

Go to TWD_END

Note: TWD_Q6B set to number of days in TWD_Q2 if TWD_Q6A = 1 in processing.

TWD_Q6B **How many of these [TWD_Q6] days were due to [your/his/her] emotional or mental**
 TWDC_6B **health or [your/his/her] use of alcohol or drugs?**
INTERVIEWER: Minimum is 0; maximum is [TWD_Q6].

|_| Days
 (MIN: 0) (MAX: days in TWD_Q6)

DK, R

TWD_END

INSURANCE COVERAGE

INS_C1A If (do INS block = 2), go to INS_END.
INSCFDO Otherwise, go to INS_QINT.

INS_QINT **Now, turning to [your/FNAME's] insurance coverage. Please include any private, government or employer-paid plans.**
INTERVIEWER: Press <Enter> to continue.

INS_Q1 **[Do/Does] [you/FNAME] have insurance that covers all or part of:**
INSC_1

... the cost of [your/his/her] prescription medications?

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

INS_Q2 **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**
INSC_2

... [your/his/her] dental expenses?

- 1 Yes
- 2 No
- DK, R

INS_Q3 **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**
INSC_3

... the costs of eye glasses or contact lenses?

- 1 Yes
- 2 No
- DK, R

INS_Q4 **([Do/Does] [you/FNAME] have insurance that covers all or part of:)**
INSC_4

... hospital charges for a private or semi-private room?

- 1 Yes
- 2 No
- DK, R

INS_END

FLU SHOTS

FLU_C1 If (do FLU block = 2), then go to FLU_END.
FLUCFDO Otherwise, go to FLU_C160.

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

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

FLUC_160

Have you ever had a flu shot?

- 1 Yes
- 2 No (Go to FLU_C166)
- DK, R (Go to FLU_END)

FLU_Q162 **When did you have your last flu shot?**

FLUC_162 INTERVIEWER: Read categories to respondent.

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

FLU_C166 If age < 50, go to FLU_END.

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

INTERVIEWER: Mark all that apply.

- FLUC_66A 1 Have not gotten around to it
- FLUC_66B 2 Respondent - did not think it was necessary
- FLUC_66C 3 Doctor - did not think it was necessary
- FLUC_66D 4 Personal or family responsibilities
- FLUC_66E 5 Not available - at time required
- FLUC_66F 6 Not available - at all in the area
- FLUC_66G 7 Waiting time was too long
- FLUC_66H 8 Transportation - problems
- FLUC_66I 9 Language - problem
- FLUC_66J 10 Cost
- FLUC_66K 11 Did not know where to go / uninformed
- FLUC_66L 12 Fear (e.g., painful, embarrassing, find something wrong)
- FLUC_66M 13 Bad reaction to previous shot
- FLUC_66O 14 Unable to leave the house because of a health problem
- FLUC_66N 15 Other - Specify
- DK, R

FLU_C166S If FLU_Q166 <> 15, go to FLU_END.
Otherwise, go to FLU_Q166S.

FLU_Q166S INTERVIEWER: Specify.

(80 spaces)
DK, R

FLU_END

BLOOD PRESSURE CHECK

BPC_C010 If (do BPC block = 2) or proxy interview, go to BPC_END.
BPCCFDO Otherwise, go to BPC_Q010.

BPC_Q010 **(Now blood pressure)**
BPCC_010 **Have you ever had your blood pressure taken?**

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

BPC_Q012 **When was the last time?**
BPCC_012 INTERVIEWER: Read categories to respondent.

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

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

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

- BPCC_16A 1 Have not gotten around to it
- BPCC_16B 2 Respondent - did not think it was necessary
- BPCC_16C 3 Doctor - did not think it was necessary
- BPCC_16D 4 Personal or family responsibilities
- BPCC_16E 5 Not available - at time required
- BPCC_16F 6 Not available - at all in the area
- BPCC_16G 7 Waiting time was too long
- BPCC_16H 8 Transportation - problems
- BPCC_16I 9 Language - problem
- BPCC_16J 10 Cost
- BPCC_16K 11 Did not know where to go / uninformed
- BPCC_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BPCC_16N 12 Unable to leave the house because of a health problem
- BPCC_16M 13 Other - Specify
- DK, R

BPC_C016S If BPC_Q016 <> 14, go to BPC_END.
Otherwise, go to BPC_Q016S.

BPC_Q016S INTERVIEWER: Specify.

(80 spaces)
DK, R

BPC_END

PAP SMEAR TEST

PAP_C1 If (do PAP block = 2), go to PAP_END.
 PAPCFDO Otherwise, go to PAP_C020.

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

PAP_Q020 **(Now PAP tests)**
 PAPC_020 **Have you ever had a PAP smear test?**

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

PAP_Q022 **When was the last time?**
 PAPC_022 INTERVIEWER: Read categories to respondent.

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

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

- PAPC_26A 1 Have not gotten around to it
- PAPC_26B 2 Respondent - did not think it was necessary
- PAPC_26C 3 Doctor - did not think it was necessary
- PAPC_26D 4 Personal or family responsibilities
- PAPC_26E 5 Not available - at time required
- PAPC_26F 6 Not available - at all in the area
- PAPC_26G 7 Waiting time was too long
- PAPC_26H 8 Transportation - problems
- PAPC_26I 9 Language - problem
- PAPC_26J 10 Cost
- PAPC_26K 11 Did not know where to go / uninformed
- PAPC_26L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PAPC_26M 13 Have had a hysterectomy
- PAPC_26N 14 Hate / dislike having one done
- PAPC_26P 15 Unable to leave the house because of a health problem
- PAPC_26O 16 Other - Specify
- DK, R

PAP_C026S If PAP_Q026 <> 16, go to PAP_END.
 Otherwise, go to PAP_Q026S.

PAP_Q026S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

PAP_END

MAMMOGRAPHY

MAM_C1 If (do MAM block = 2), go to MAM_END.
MAMCFDO Otherwise, go to MAM_C030.

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

MAM_C030A If (female and age < 35), go to MAM_C037.
Otherwise, go to MAM_Q030.

MAM_Q030 **(Now Mammography)**
MAMC_030 **Have you ever had a mammogram, that is, a breast x-ray?**

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

MAM_Q031 **Why did you have it?**
INTERVIEWER: Mark all that apply.
If respondent says “doctor recommended it”, probe for reason.

- MAMC_31A 1 Family history of breast cancer
- MAMC_31B 2 Part of regular check-up / routine screening
- MAMC_31C 3 Age
- MAMC_31D 4 Previously detected lump
- MAMC_31E 5 Follow-up of breast cancer treatment
- MAMC_31F 6 On hormone replacement therapy
- MAMC_31G 7 Breast problem
- MAMC_31H 8 Other - Specify
- DK, R

MAM_C031S If MAM_Q031 <> 8, go to MAM_Q032.
Otherwise, go to MAM_Q031S.

MAM_Q031S INTERVIEWER: Specify.

(80 spaces)
DK, R

MAM_Q032 **When was the last time?**
MAMC_032 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to MAM_C037)
- 2 **6 months to less than 1 year ago** (Go to MAM_C037)
- 3 **1 year to less than 2 years ago** (Go to MAM_C037)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**
- DK, R (Go to MAM_C037)

MAM_C036 If age < 50 or age > 69, go to MAM_C037.
Otherwise, go to MAM_Q036.

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

- | | | |
|----------|----|--|
| MAMC_36A | 1 | Have not gotten around to it |
| MAMC_36B | 2 | Respondent - did not think it was necessary |
| MAMC_36C | 3 | Doctor - did not think it was necessary |
| MAMC_36D | 4 | Personal or family responsibilities |
| MAMC_36E | 5 | Not available - at time required |
| MAMC_36F | 6 | Not available - at all in the area |
| MAMC_36G | 7 | Waiting time was too long |
| MAMC_36H | 8 | Transportation - problems |
| MAMC_36I | 9 | Language - problem |
| MAMC_36J | 10 | Cost |
| MAMC_36K | 11 | Did not know where to go / uninformed |
| MAMC_36L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| MAMC_36N | 13 | Unable to leave the house because of a health problem |
| MAMC_36M | 14 | Other – Specify
DK, R |

MAM_C036S If MAM_Q036 <> 14, go to MAM_C037.
Otherwise, go to MAM_Q036S.

MAM_Q036S INTERVIEWER: Specify.

(80 spaces)
DK, R

MAM_C037 If age < 15 or > 49, go to MAM_C038.
Otherwise, go to MAM_Q037.

MAM_Q037 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**
MAMC_037

- | | | | |
|---|-------|-----------------|---|
| 1 | Yes | (Go to MAM_END) | (MAM_Q038 will be filled with “No” during processing) |
| 2 | No | | |
| | DK, R | | |

MAM_C038 If age < 18, go to MAM_END.
Otherwise, go to MAM_Q038.

MAM_Q038 **Have you had a hysterectomy? (in other words, has your uterus been removed)?**
MAMC_038

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

MAM_END

BREAST EXAMINATIONS

BRX_C1 If (do BRX block = 2), go to BRX_END.
 BRXCFDO Otherwise, go to BRX_C110.

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

BRX_Q110 **(Now breast examinations)**
 BRXC_110 **Other than a mammogram, have you ever had your breasts examined for lumps (tumours, cysts) by a doctor or other health professional?**

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

BRX_Q112 **When was the last time?**
 BRXC_112 INTERVIEWER: Read categories to respondent.

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

BRX_Q116 **What are the reasons that you have not had a breast exam in the past 2 years?**
INTERVIEWER: Mark all that apply.

- BRXC_16A 1 Have not gotten around to it
- BRXC_16B 2 Respondent - did not think it was necessary
- BRXC_16C 3 Doctor - did not think it was necessary
- BRXC_16D 4 Personal or family responsibilities
- BRXC_16E 5 Not available - at time required
- BRXC_16F 6 Not available - at all in the area
- BRXC_16G 7 Waiting time was too long
- BRXC_16H 8 Transportation - problems
- BRXC_16I 9 Language - problem
- BRXC_16J 10 Cost
- BRXC_16K 11 Did not know where to go / uninformed
- BRXC_16L 12 Fear (e.g., painful, embarrassing, find something wrong)
- BRXC_16N 13 Unable to leave the house because of a health problem
- BRXC_16M 14 Other - Specify
- DK, R

BRX_C116S If BRX_Q116 <> 14, go to BRX_END.
 Otherwise, go to BRX_Q116S.

BRX_Q116S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

BRX_END

BREAST SELF EXAMINATIONS

BSX_C120A If (do BSX block = 2) or proxy interview, go to BSX_END.
 BSXCFDO Otherwise, go to BSX_C120B.

BSX_C120B If male or age < 18, go to BSX_END.
 Otherwise, go to BSX_Q120.

BSX_Q120 **(Now breast self examinations)**
 BSXC_120 **Have you ever examined your breasts for lumps (tumours, cysts)?**

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

BSX_Q121 **How often?**
 BSXC_121 INTERVIEWER: Read categories to respondent.

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

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

- BSXC_22A 1 Doctor
- BSXC_22B 2 Nurse
- BSXC_22C 3 Book / magazine / pamphlet
- BSXC_22D 4 TV / video / film
- BSXC_22E 5 Mother
- BSXC_22F 6 Sister
- BSXC_22G 7 Other - Specify
- DK, R

BSX_C122S If BSX_Q122 <> 7, go to BSX_END.
 Otherwise, go to BSX_Q122S.

BSX_Q122S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

BSX_END

PHYSICAL CHECK-UP

PCU_C1 If (PCU block = 2), go to PCU_END.
PCUCFDO Otherwise go to PCU_C150.

PCU_C150 If proxy interview, go to PCU_END.
Otherwise, go to PCU_Q150.

PCU_Q150 **(Now physical check-ups)**
PCUC_150 **Have you ever had a physical check-up without having a specific health problem?**

- 1 Yes (Go to PCU_Q152)
- 2 No
DK, R (Go to PCU_END)

PCU_Q151 **Have you ever had one during a visit for a health problem?**
PCUC_151

- 1 Yes
- 2 No (Go to PCU_Q156)
DK, R (Go to PCU_END)

PCU_Q152 **When was the last time?**
PCUC_152 INTERVIEWER: Read categories to respondent.

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

PCU_Q156 **What are the reasons that you have not had a check-up in the past 3 years?**
INTERVIEWER: Mark all that apply.

- PCUC_56A 1 Have not gotten around to it
- PCUC_56B 2 Respondent - did not think it was necessary
- PCUC_56C 3 Doctor - did not think it was necessary
- PCUC_56D 4 Personal or family responsibilities
- PCUC_56E 5 Not available - at time required
- PCUC_56F 6 Not available - at all in the area
- PCUC_56G 7 Waiting time was too long
- PCUC_56H 8 Transportation - problems
- PCUC_56I 9 Language - problem
- PCUC_56J 10 Cost
- PCUC_56K 11 Did not know where to go / uninformed
- PCUC_56L 12 Fear (e.g., painful, embarrassing, find something wrong)
- PCUC_56N 13 Unable to leave the house because of a health problem
- PCUC_56M 14 Other - Specify
DK, R

PCU_C156S If PCU_Q156 <> 14, go to PCU_END.
 Otherwise, go to PCU_Q156S.

PCU_Q156S INTERVIEWER: Specify.

(80 spaces)

DK, R

PROSTATE CANCER SCREENING

PSA_C1 If (do PSA block = 2), go to PSA_END.
 PSACFDO Otherwise, go to PSA_C170.

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

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

PSA_Q170 **(Now Prostate tests)**
 PSAC_170 **Have you ever had a prostate specific antigen test for prostate cancer, that is, a PSA blood test?**

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

PSA_Q172 **When was the last time?**
 PSAC_172 **INTERVIEWER:** Read categories to respondent.

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

PSA_Q173 **Why did you have it?**
INTERVIEWER: Mark all that apply.
 If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

- | | | |
|----------|---|--|
| PSAC_73A | 1 | Family history of prostate cancer |
| PSAC_73B | 2 | Part of regular check-up / routine screening |
| PSAC_73C | 3 | Age |
| PSAC_73G | 4 | Race |
| PSAC_73D | 5 | Follow-up of problem |
| PSAC_73E | 6 | Follow-up of prostate cancer treatment |
| PSAC_73F | 7 | Other - Specify |
| | | DK, R |

PSA_C173S If PSA_Q173 <> 7, go to PSA_Q174.
 Otherwise, go to PSA_Q173S.

PSA_Q173S **INTERVIEWER:** Specify.

 (80 spaces)
 DK, R

PSA_Q174
PSAC_174

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

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

PSA_Q175
PSAC_175

When was the last time?
INTERVIEWER: Read categories to respondent.

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

PSA_END

COLORECTAL CANCER SCREENING

CCS_C1 If (do CCS block = 2), go to CCS_END.
CCSCFDO Otherwise, go to CCS_C180.

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

CCS_Q180 **Now a few questions about various Colorectal exams.**
CCSC_180

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

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

CCS_Q182 **When was the last time?**
CCSC_182 INTERVIEWER: Read categories to respondent.

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

CCS_Q183 **Why did you have it?**
INTERVIEWER: Mark all that apply.
If respondent says 'Doctor recommended it' or 'I requested it', probe for reason.

- | | | |
|----------|---|--|
| CCSC_83A | 1 | Family history of colorectal cancer |
| CCSC_83B | 2 | Part of regular check-up / routine screening |
| CCSC_83C | 3 | Age |
| CCSC_83G | 4 | Race |
| CCSC_83D | 5 | Follow-up of problem |
| CCSC_83E | 6 | Follow-up of colorectal cancer treatment |
| CCSC_83F | 7 | Other - Specify |
| | | DK, R |

CCS_C183S If CCS_Q183 <> 7, go to CCS_Q184.
Otherwise, go to CCS_Q183S.

CCS_Q183S INTERVIEWER: Specify.

(80 spaces)
DK, R

CCS_Q184 **A colonoscopy or sigmoidoscopy is when a tube is inserted into the rectum
CCSC_184 to view the bowel for early signs of cancer and other health problems.
Have you ever had either of these exams?**

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

CCS_Q185 **When was the last time?**
CCSC_185 INTERVIEWER: Read categories to respondent.

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

CCS_Q186 **Why did you have it?**
INTERVIEWER: Mark all that apply.
If respondent says "Doctor recommended it" or "I requested it", probe for reason.

- CCSC_86A 1 Family history of colorectal cancer
- CCSC_86B 2 Part of regular check-up / routine screening
- CCSC_86C 3 Age
- CCSC_86G 4 Race
- CCSC_86D 5 Follow-up of problem
- CCSC_86E 6 Follow-up of colorectal cancer treatment
- CCSC_86F 7 Other - Specify
DK, R

CCS_C186S If CCS_Q186 <> 7, go to CCS_C187.
Otherwise, go to CCS_Q186S.

CCS_Q186S INTERVIEWER: Specify.

(80 spaces)
DK, R

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

CCS_Q187 **Was the colonoscopy or sigmoidoscopy a follow-up of the results of an
CCSC_187 FOBT?**

- 1 Yes
- 2 No
DK, R

CCS_END

DENTAL VISITS

DEN_BEG Set WearsDentures = No

DEN_C130A If (do DEN block = 2), go to DEN_END.
 DENC_FDO Otherwise, go to DEN_C130B.

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

DEN_C130C If HCU_Q02E = 0, DK or R (has not seen or talked to a dentist in past 12 months), go to DEN_Q132.
 Otherwise, go to DEN_Q130.

DEN_Q130 **(Now dental visits)**
 DENC_130 **It was reported earlier that you have “seen” or “talked to” a dentist in the past 12 months. Did you actually visit one?**

- 1 Yes (Go to DEN_END) (DEN_Q132 = 1 will be filled during processing)
- 2 No
- DK, R (Go to DEN_END)

DEN_Q132 **When was the last time that you went to a dentist?**
 DENC_132 **INTERVIEWER:** Read categories to respondent.

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

DEN_E132 If DEN_Q132 = 1 and HCU_Q02E = 0, show pop-up edit as follows.
 Otherwise, go to DEN_END.

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

DEN_Q136 **What are the reasons that you have not been to a dentist in the past 3 years?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|--|
| DENC_36A | 1 | Have not gotten around to it |
| DENC_36B | 2 | Respondent - did not think it was necessary |
| DENC_36C | 3 | Dentist - did not think it was necessary |
| DENC_36D | 4 | Personal or family responsibilities |
| DENC_36E | 5 | Not available - at time required |
| DENC_36F | 6 | Not available - at all in the area |
| DENC_36G | 7 | Waiting time was too long |
| DENC_36H | 8 | Transportation - problems |
| DENC_36I | 9 | Language - problem |
| DENC_36J | 10 | Cost |
| DENC_36K | 11 | Did not know where to go / uninformed |
| DENC_36L | 12 | Fear (e.g., painful, embarrassing, find something wrong) |
| DENC_36M | 13 | Wears dentures |
| DENC_36O | 14 | Unable to leave the house because of a health problem |
| DENC_36N | 15 | Other – Specify |
| | | DK, R |

DEN_D136 If DEN_Q136 = 13, then WearsDentures = Yes.
Otherwise, WearsDentures = No.

DEN_C136S If DEN_Q136 <> 15, go to DEN_END.
Otherwise, go to DEN_Q136S.

DEN_Q136S INTERVIEWER: Specify.

(80 spaces)

DK, R

DEN_END

ORAL HEALTH 2

OH2_C10A If (do OH2 block = 2), go to OH2_END.
 OH2CFDO Otherwise, go to OH2_C10B.

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

OH2_C10C If DEN_Q132 = 7 (never goes to the dentist), go to OH2_C11.
 Otherwise, go to OH2_Q10.

OH2_Q10 **Do you usually visit the dentist:**
 OH2C_10 **INTERVIEWER:** Read categories to respondent.

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

OH2_C11 If (do INS block = 2), go to OH2_Q11.
 Otherwise, go to OH2_C12.

Note: Set OH2_Q11 = INS_Q2.

OH2_Q11 **Do you have insurance that covers all or part of your dental expenses?**
 OH2C_11 **Please include any private, government or employer-paid plans.**

- 1 Yes
 - 2 No
- DK, R

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

OH2_Q12 **In the past 12 months, have you had any teeth removed by a dentist?**
 OH2C_12

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

OH2_Q13 **(In the past 12 months,) were any teeth removed because of decay or gum disease?**
 OH2C_13

- 1 Yes
 - 2 No
- DK, R

OH2_Q20 **Do you have one or more of your own teeth?**
 OH2C_20

- 1 Yes
 - 2 No
- DK, R

OH2_C21 If DEN_Q136M = 1 (wears dentures) then WearsDentures = 1, go to OH2_C22.
Otherwise, go to OH2_Q21.

Note: If DEN_Q136M = 1, OH2_Q21 will be set to 1 (yes) in processing.

OH2_Q21 **Do you wear dentures or false teeth?**
OH2C_21

- 1 Yes
- 2 No
- DK, R

OH2_C22 If OH2_Q21=1 or DEN_Q136 = 13, use [teeth, mouth or dentures] in [teeth, mouth or dentures/teeth or mouth].
Otherwise, use [teeth or mouth] in [teeth, mouth or dentures/teeth or mouth].

OH2_QINT22 **Now we have some additional questions about oral health, that is the health of your teeth and mouth.**
INTERVIEWER: Press <Enter> to continue.

OH2_Q22 **Because of the condition of your [teeth, mouth or dentures/teeth or mouth],**
OH2C_22 **do you have difficulty pronouncing any words or speaking clearly?**

- 1 Yes
- 2 No
- DK, R

OH2_Q23 **In the past 12 months, how often have you avoided conversation or contact**
OH2C_23 **with other people, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?**
INTERVIEWER: Read categories to respondent.

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

OH2_Q24 **In the past 12 months, how often have you avoided laughing or smiling,**
OH2C_24 **because of the condition of your [teeth, mouth or dentures/teeth or mouth]?**

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

OH2_QINT25 **Now some questions about the health of your teeth and mouth during the past month.**
INTERVIEWER: Press <Enter> to continue.

OH2_Q25A **In the past month, have you had:**
OH2C_25A **... a toothache?**

- 1 Yes
- 2 No
- DK, R

OH2_Q25B **In the past month, were your teeth:**
OH2C_25B **... sensitive to hot or cold food or drinks?**

- 1 Yes
- 2 No
- DK, R

OH2_Q25C **In the past month, have you had:**
OH2C_25C **... pain in or around the jaw joints?**

- 1 Yes
- 2 No
- DK, R

OH2_Q25D **(In the past month, have you had:)**
OH2C_25D **... other pain in the mouth or face?**

- 1 Yes
- 2 No
- DK, R

OH2_Q25E **(In the past month, have you had:)**
OH2C_25E **... bleeding gums?**

- 1 Yes
- 2 No
- DK, R

OH2_Q25F **(In the past month, have you had:)**
OH2C_25F **... dry mouth?**
INTERVIEWER: Do not include thirst caused by exercise.

- 1 Yes
- 2 No
- DK, R

OH2_Q25G **(In the past month, have you had:)**
OH2C_25G **... bad breath?**

- 1 Yes
- 2 No
- DK, R

OH2_C30 If OH2_Q20 = 1 (has at least one natural tooth), go to OH2_Q30.
Otherwise, go to OH2_END.

OH2_Q30
OH2C_30

How often do you brush your teeth?

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

OH2_END

FOOD CHOICES

FDC_C1A If (do FDC block = 2), then go to FDC_END.
FDCCFDO Otherwise, go to FDC_C1B.

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

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

FDC_Q1A **Do you choose certain foods or avoid others :**
FDCC_1A **... because you are concerned about your body weight?**

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

FDC_Q1B **... because you are concerned about heart disease?**
FDCC_1B

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

FDC_Q1C **... because you are concerned about cancer?**
FDCC_1C

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

FDC_Q1D **... because you are concerned about osteoporosis (brittle bones)?**
FDCC_1D

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

FDC_Q2A **Do you choose certain foods because of :**
FDCC_2A **... the lower fat content?**

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

FDC_Q2B **... the fibre content?**
FDCC_2B

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

FDC_Q2C **... the calcium content?**
FDCC_2C

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

FDC_Q3A **Do you avoid certain foods because of :**
 FDCC_3A **... the fat content?**

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

FDC_Q3B **... the type of fat they contain?**
 FDCC_3B

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

FDC_Q3C **... the salt content?**
 FDCC_3C

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

FDC_Q3D **... the cholesterol content?**
 FDCC_3D

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

FDC_Q3E **... the calorie content?**
 FDCC_3E

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

FDC_END

DIETARY SUPPLEMENT USE

DSU_C1A If (do DSU block = 2), go to DSU_END.
 DSUCFDO Otherwise, go to DSU_C1B.

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

DSU_Q1A **In the past 4 weeks, did you take any vitamin or mineral supplements?**
 DSUC_1A

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

DSU_Q1B **Did you take them at least once a week?**
 DSUC_1B

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

DSU_Q1C **Last week, on how many days did you take them?**
 DSUC_1C

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

Go to DSU_END.

DSU_Q1D **In the past 4 weeks, on how many days did you take them?**
 DSUC_1D

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

DSU_END

FRUIT AND VEGETABLE CONSUMPTION

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

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

FVC_Q1A **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**
FVCC_1A **(For example: once a day, three times a week, twice a month)**
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

FVC_N1B INTERVIEWER: Enter number of times per day.

FVCC_1B

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

Go to FVC_Q2A

FVC_N1C INTERVIEWER: Enter number of times per week.

FVCC_1C

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

Go to FVC_Q2A

FVC_N1D INTERVIEWER: Enter number of times per month.

FVCC_1D

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

Go to FVC_Q2A

FVC_N1E INTERVIEWER: Enter number of times per year.

FVCC_1E

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

FVC_Q2A
FVCC_2A

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

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

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

FVC_N2B
FVCC_2B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q3A

FVC_N2C
FVCC_2C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q3A

FVC_N2D
FVCC_2D

INTERVIEWER: Enter number of times per month.

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

Go to FVC_Q3A

FVC_N2E
FVCC_2E

INTERVIEWER: Enter number of times per year.

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

FVC_Q3A
FVCC_3A

How often do you (usually) eat green salad?

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

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

FVC_N3B
FVCC_3B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q4A

FVC_N3C
FVCC_3C

INTERVIEWER: Enter number of times per week.

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

Go to FVC_Q4A

FVC_N3D
FVCC_3D

INTERVIEWER: Enter number of times per month.

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

Go to FVC_Q4A

FVC_N3E
FVCC_3E

INTERVIEWER: Enter number of times per year.

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

FVC_Q4A
FVCC_4A

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

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

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

FVC_N4B
FVCC_4B

INTERVIEWER: Enter number of times per day.

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

Go to FVC_Q5A

FVC_N4C INTERVIEWER: Enter number of times per week.

FVCC_4C

I__I Times
(MIN: 1) (MAX: 90)
DK, R

Go to FVC_Q5A

FVC_N4D INTERVIEWER: Enter number of times per month.

FVCC_4D

I__I__I Times
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_Q5A

FVC_N4E INTERVIEWER: Enter number of times per year.

FVCC_4E

I__I__I Times
(MIN: 1) (MAX: 500)
DK, R

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

FVCC_5A

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

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

FVC_N5B INTERVIEWER: Enter number of times per day.

FVCC_5B

I__I Times
(MIN: 1) (MAX: 20)
DK, R

Go to FVC_Q6A

FVC_N5C INTERVIEWER: Enter number of times per week.

FVCC_5C

I__I Times
(MIN: 1) (MAX: 90)
DK, R

Go to FVC_Q6A

FVC_N5D INTERVIEWER: Enter number of times per month

FVCC_5D

I__I__I Times
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_Q6A

FVC_N5E INTERVIEWER: Enter number of times per year.

FVCC_5E

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

FVC_Q6A **Not counting carrots, potatoes, or salad, how many servings of other vegetables**
FVCC_6A **do you usually eat?**

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

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

FVC_N6B INTERVIEWER: Enter number of servings per day.

FVCC_6B

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

Go to FVC_END

FVC_N6C INTERVIEWER: Enter number of servings per week.

FVCC_6C

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

Go to FVC_END

FVC_N6D INTERVIEWER: Enter number of servings per month.

FVCC_6D

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

Go to FVC_END

FVC_N6E INTERVIEWER: Enter number of servings per year.

FVCC_6E

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

FVC_END

PHYSICAL ACTIVITIES

PAC_C1 If (do PAC block = 2), go to PAC_END.
 PACC_FDO Otherwise, go to PAC_C2.

PAC_C2 If proxy interview, go to PAC_END.

PAC_QINT1 **Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.**
INTERVIEWER: Press <Enter> to continue.

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

PACC_1A	1	Walking for exercise	PACC_1M	13	Downhill skiing or snowboarding
PACC_1B	2	Gardening or yard work	PACC_1N	14	Bowling
PACC_1C	3	Swimming	PACC_1O	15	Baseball or softball
PACC_1D	4	Bicycling	PACC_1P	16	Tennis
PACC_1E	5	Popular or social dance	PACC_1Q	17	Weight-training
PACC_1F	6	Home exercises	PACC_1R	18	Fishing
PACC_1G	7	Ice hockey	PACC_1S	19	Volleyball
PACC_1H	8	Ice skating	PACC_1T	20	Basketball
PACC_1I	9	In-line skating or rollerblading	PACC_1Z	21	Soccer
PACC_1J	10	Jogging or running	PACC_1U	22	Any other
PACC_1K	11	Golfing	PACC_1V	23	No physical activity
PACC_1L	12	Exercise class or aerobics			(Go to PAC_QINT2)

DK, R (Go to PAC_END)

If "Any other" is chosen as a response, go to PAC_Q1VS.
 Otherwise, go to PAC_Q2.

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

 (80 spaces)
 DK, R

PAC_Q1X **In the past 3 months, did you do any other physical activity for leisure?**
 PACC_1W

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

- PAC_Q1XS **What was this activity?**
INTERVIEWER: Enter one activity only.
- _____
- (80 spaces)
 DK, R
- PAC_Q1Y
 PACC_1X **In the past 3 months, did you do any other physical activity for leisure?**
- 1 Yes
- 2 No (Go to PAC_Q2)
- DK, R (Go to PAC_Q2)
- PAC_Q1YS **What was this activity?**
INTERVIEWER: Enter one activity only.
- _____
- (80 spaces)
 DK, R
- PAC_E1 If “No physical activity” is chosen in PAC_Q1 with any other response, show pop-up edit as follows.
- You cannot select “No physical activity” and another category.
 Please return and correct.**
- PAC_C2 For each activity identified in PAC_Q1, ask PAC_Q2n and PAC_Q3n up to 24 times, where n = A, B, ..., Z. Note: There is no V or Y.
- PAC_Q2n
 PACC_2n **In the past 3 months, how many times did you [participate in identified activity]?**
- _|_|_| Times
 (MIN: 1) (MAX: 99 for each activity except the following:
 Walking: MAX = 270
 Bicycling: MAX = 200
 Other activities: MAX = 200)
- DK, R (Go to next activity)
- PAC_Q3n
 PACC_3n **About how much time did you spend on each occasion?**
- 1 1 to 15 minutes
- 2 16 to 30 minutes
- 3 31 to 60 minutes
- 4 More than one hour
- DK, R
- PAC_QINT2 **Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but not leisure time activity.**
INTERVIEWER: Press <Enter> to continue.

PAC_Q4A
PACC_4A

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

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

PAC_Q4B
PACC_4B

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

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

PAC_Q6
PACC_6

Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?

INTERVIEWER: Read categories to respondent.

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

PAC_END

SEDENTARY ACTIVITIES

SAC_C1 If (do SAC block = 2), go to SAC_END.
 SACCFDO Otherwise, go to SAC_CINT.

SAC_CINT If proxy interview, go to SAC_END.
 Otherwise, go to SAC_QINT.

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

SAC_Q1 **In a typical week in the past 3 months, how much time did you usually spend on a**
 SACC_1 **computer, including playing computer games and using the Internet or World Wide**
Web?
INTERVIEWER: Do not include time spent at work or at school.

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

SAC_C2 If age > 19, go to SAC_Q3.

SAC_Q2 **In a typical week, how much time did you usually spend playing video games,**
 SACC_2 **such as SEGA, Nintendo and Playstation?**

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

SAC_Q3 **In a typical week in the past 3 months, how much time did you usually spend**
 SACC_3 **watching television or videos?**

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

SAC_Q4
SACC_4

In a typical week, how much time did you usually spend reading, not counting at work or at school?

INTERVIEWER : Include books, magazines, newspapers, homework.

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

SAC_END

LEISURE ACTIVITIES

LEI_C1 If (do LEI block = 2), go to LEI_END.
LEICFDO Otherwise, go to LEI_C2.

LEI_C2 If proxy interview, go to LEI_END.
Otherwise, go to LEI_C3.

LEI_C3 If (do SAC block = 1), go to LEI_Q01.
Otherwise, go to LEI_QINT.

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

LEI_Q01 **In a typical week in the past 3 months, how much time did you usually spend**
LEIC_01 **playing cards or other games?**

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

LEI_Q02 **(In a typical week in the past 3 months), how much time did you usually spend**
LEIC_02 **listening to radio, CD's or other recorded music?**

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

LEI_Q03 **(In a typical week in the past 3 months), how much time did you usually spend**
LEIC_03 **doing crafts or other hobbies such as painting, knitting, collecting or woodworking?**

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

LEI_Q04
LEIC_04

(In a typical week in the past 3 months), how much time did you usually spend visiting with family or friends?

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

LEI_Q05
LEIC_05

(In a typical week in the past 3 months), how much time did you usually spend attending events or entertainment such as going to movies, concerts, sporting events or theatre?

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

LEI_END

USE OF PROTECTIVE EQUIPMENT

UPE_C1A UPECFDO	If (do UPE block = 2), go to UPE_END. Otherwise, go to UPE_C1B.
UPE_C1B	If proxy interview, go to UPE_END. Otherwise, go to UPE_CINT.
UPE_CINT	If PAC_Q1 = 4 (bicycling for leisure) or PAC_Q1 = 9 (in-line skating or rollerblading) or PAC_Q1 = 13 (downhill skiing or snowboarding), or PAC_Q4B > 1 and PAC_Q4B < 7 (bicycling to work), go to UPE_QINT. Otherwise, go to UPE_C3A.
UPE_QINT	Now a few questions about precautions you take while participating in physical activities. <u>INTERVIEWER</u> : Press <Enter> to continue.
UPE_C1C	If PAC_Q1 = 4 (bicycling for leisure) or PAC_Q4B > 1 and PAC_Q4B < 7 (bicycling to work), go to UPE_Q1. Otherwise, go to UPE_C2A.
UPE_Q1 UPEC_01	When riding a bicycle, how often do you wear a helmet? <u>INTERVIEWER</u> : Read categories to respondent. <ol style="list-style-type: none"> 1 Always 2 Most of the time 3 Rarely 4 Never DK, R
UPE_C2A	If PAC_Q1 = 9 (in-line skating or rollerblading), go to UPE_Q2A. Otherwise, go to UPE_C3A.
UPE_Q2A UPEC_02A	When in-line skating or rollerblading, how often do you wear a helmet? <ol style="list-style-type: none"> 1 Always 2 Most of the time 3 Rarely 4 Never DK, R
UPE_Q2B UPEC_02B	How often do you wear wrist guards or wrist protectors? <ol style="list-style-type: none"> 1 Always 2 Most of the time 3 Rarely 4 Never DK, R

UPE_Q2C **How often do you wear elbow pads?**
 UPEC_02C

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

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

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

UPEC_03A **Was that :**
INTERVIEWER: Read categories to respondent.

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

UPE_Q3B **In the past 12 months, did you do any downhill skiing or snowboarding?**
 UPEC_03B INTERVIEWER: Read categories to respondent.

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

UPE_Q4A **When downhill skiing, how often do you wear a helmet?**
 UPEC_04A INTERVIEWER: Read categories to respondent.

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

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

UPE_Q5A **When snowboarding, how often do you wear a helmet?**
 UPEC_05A

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

UPE_Q5B **How often do you wear wrist guards or wrist protectors?**
 UPEC_05B

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

UPE_C6 If age >= 12 or <=19, go to UPE_Q6.
 Otherwise, go to UPE_END.

UPE_Q6 **In the past 12 months, have you done any skateboarding?**
 UPEC_06

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

UPE_Q6A **How often do you wear a helmet?**
 UPEC_06A INTERVIEWER: Read categories to respondent.

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

UPE_Q6B **How often do you wear wrist guards or wrist protectors?**
 UPEC_06B

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

UPE_Q6C **How often do you wear elbow pads?**
 UPEC_06C

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

UPE_END

INJURIES

REP_C1 If (do INJ block = 2), go to INJ_END.
INJCFDO Otherwise, go to REP_QINT.

Repetitive strain

REP_QINT **This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendonitis.)**
INTERVIEWER: Press <Enter> to continue.

REP_Q1 **In the past 12 months, that is, from [date one year ago] to yesterday, did [you/FNAME]**
REPC_1 **have any injuries due to repetitive strain which were serious enough to limit [your/his/her] normal activities?**

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

REP_Q3 **Thinking about the most serious repetitive strain, what part of the body was**
REPC_3 **affected?**

- 1 Head
- 2 Neck
- 3 Shoulder, upper arm
- 4 Elbow, lower arm
- 5 Wrist
- 6 Hand
- 7 Hip
- 8 Thigh
- 9 Knee, lower leg
- 10 Ankle, foot
- 11 Upper back or upper spine (excluding neck)
- 12 Lower back or lower spine
- 13 Chest (excluding back and spine)
- 14 Abdomen or pelvis (excluding back and spine)
- DK, R

REP_Q4 **What type of activity [were/was] [you/he/she] doing when [you/he/she] got this repetitive strain?**

INTERVIEWER: Mark all that apply.

- REPC_4A 1 Sports or physical exercise (include school activities)
- REPC_4B 2 Leisure or hobby (include volunteering)
- REPC_4C 3 Working at a job or business (exclude travel to or from work)
- REPC_4G 4 Travel to or from work
- REPC_4D 5 Household chores, other unpaid work or education
- REPC_4E 6 Sleeping, eating, personal care
- REPC_4F 7 Other - Specify
- DK, R

REP_C4S If REP_Q4 <> 7, go to INJ_CINT.
Otherwise, go to REP_Q4S.

REP_Q4S INTERVIEWER: Specify.

(80 spaces)
DK, R

Number of injuries and details of most serious injury

INJ_CINT If REP_Q1 = 1, use “other injuries” in INJ_QINT.
Otherwise, use “injuries” in INJ_QINT.

INJ_QINT **Now some questions about [other] injuries which occurred in the past 12 months, and were serious enough to limit [your/FNAME's] normal activities. For example, a broken bone, a bad cut or burn, a sprain, or a poisoning.**
INTERVIEWER: Press <Enter> to continue.

INJ_C01 If REP_Q1 = 1, use “Not counting repetitive strain injuries, in the past 12 months,” in INJ_Q01.
Otherwise, use “In the past 12 months,” in INJ_Q01.

INJ_Q01 **[Not counting repetitive strain injuries, in the past 12 months, / In the past 12 months,] that is, from [date one year ago] to yesterday, [were/was] [you/FNAME] injured?**
INJC_01

1 Yes
2 No (Go to INJ_Q16)
DK, R (Go to INJ_END)

INJ_Q02 **How many times [were/was] [you/he/she] injured?**
INJC_02

|_| Times
(MIN: 1) (MAX: 30; warning after 6)
DK, R (Go to INJ_END)

INJ_C03 If INJ_Q02 = 1 (one injury), use “In which month” in INJ_Q03.
Otherwise, use “Thinking about the most serious injury, in which month” in INJ_Q03.

INJ_Q03 **[Thinking about the most serious injury, in which month / In which month] did it happen?**
INJC_03

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

DK, R (Go to INJ_Q05)

INJ_C04 If INJ_Q03 = “current month”, go to INJ_Q04.
Otherwise, go to INJ_Q05.

INJ_Q04
INJC_04

Was that this year or last year?

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

INJ_Q05
INJC_05

What type of injury did [you/he/she] have? For example, a broken bone or burn.

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal or human bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to INJ_Q08)
- 9 Poisoning (Go to INJ_Q08)
- 10 Injury to internal organs (Go to INJ_Q07)
- 11 Other - Specify
- DK, R

INJ_C05S If INJ_Q05 <> 11, go to INJ_Q06.
Otherwise, go to INJ_Q05S.

INJ_Q05S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q06
INJC_06

What part of the body was injured?

- 1 Multiple sites
- 2 Eyes
- 3 Head (excluding eyes)
- 4 Neck
- 5 Shoulder, upper arm
- 6 Elbow, lower arm
- 7 Wrist
- 8 Hand
- 9 Hip
- 10 Thigh
- 11 Knee, lower leg
- 12 Ankle, foot
- 13 Upper back or upper spine (excluding neck)
- 14 Lower back or lower spine
- 15 Chest (excluding back and spine)
- 16 Abdomen or pelvis (excluding back and spine)
- DK, R

Go to INJ_Q08

INJ_Q07 What part of the body was injured?

INJC_07

- 1 Chest (within rib cage)
- 2 Abdomen or pelvis (below ribs)
- 3 Other - Specify
DK, R

INJ_C07S If INJ_Q07 <> 3, go to INJ_Q08.
Otherwise, go to INJ_Q07S.

INJ_Q07S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q08 Where did the injury happen?

INJC_08

INTERVIEWER: If respondent says 'At work', probe for type of workplace.

- 1 In a home or its surrounding area
- 2 Residential institution
- 3 School, college, university (exclude sports areas)
- 4 Sports or athletics area of school, college, university
- 5 Other sports or athletics area (exclude school sports areas)
- 6 Other institution (e.g., church, hospital, theatre, civic building)
- 7 Street, highway, sidewalk
- 8 Commercial area (e.g., store, restaurant, office building, transport terminal)
- 9 Industrial or construction area
- 10 Farm (exclude farmhouse and its surrounding area)
- 11 Countryside, forest, lake, ocean, mountains, prairie, etc.
- 12 Other - Specify
DK, R

INJ_C08S If INJ_Q08 <> 12, go to INJ_Q09.
Otherwise, go to INJ_Q08S.

INJ_Q08S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q09 What type of activity [were/was] [you/he/she] doing when [you/he/she] [were/was] injured?

INJC_09

- 1 Sports or physical exercise (include school activities)
- 2 Leisure or hobby (include volunteering)
- 3 Working at a job or business (exclude travel to or from work)
- 4 Travel to or from work
- 5 Household chores, other unpaid work or education
- 6 Sleeping, eating, personal care
- 7 Other - Specify
DK, R

INJ_C09S If INJ_Q09 <> 7, go to INJ_Q10.
Otherwise, go to INJ_Q09S.

INJ_Q09S INTERVIEWER: Specify.

(80 spaces)
DK, R

INJ_Q10 **Was the injury the result of a fall?**
INJC_10 INTERVIEWER: Select "No" for transportation accidents.

- 1 Yes
- 2 No (Go to INJ_Q12)
- DK, R (Go to INJ_Q12)

INJ_Q11 **How did [you/he/she] fall?**
INJC_11

- 1 While skating, skiing, snowboarding, in-line skating or skateboarding
- 2 Going up or down stairs / steps (icy or not)
- 3 Slip, trip or stumble on ice or snow
- 4 Slip, trip or stumble on any other surface
- 5 From furniture (e.g., bed, chair)
- 6 From elevated position (e.g., ladder, tree)
- 7 Other - Specify
- DK, R

INJ_C11S If INJ_Q11 <> 7, go to INJ_Q13.
Otherwise, go to INJ_Q11S.

INJ_Q11S INTERVIEWER: Specify.

(80 spaces)
DK, R

Go to INJ_Q13

INJ_Q12 **What caused the injury?**
INJC_12

- 1 Transportation accident
- 2 Accidentally bumped, pushed, bitten, etc. by person or animal
- 3 Accidentally struck or crushed by object(s)
- 4 Accidental contact with sharp object, tool or machine
- 5 Smoke, fire, flames
- 6 Accidental contact with hot object, liquid or gas
- 7 Extreme weather or natural disaster
- 8 Overexertion or strenuous movement
- 9 Physical assault
- 10 Other - Specify
- DK, R

- INJ_C12S If INJ_Q12 <> 10, go to INJ_Q13.
Otherwise, go to INJ_Q12S.
- INJ_Q12S INTERVIEWER: Specify.
- _____
(80 spaces)
DK, R
- INJ_Q13 **Did [you/FNAME] receive any medical attention for the injury from a health professional in the 48 hours following the injury?**
INJC_13
- 1 Yes
2 No (Go to INJ_Q16)
DK, R (Go to INJ_Q16)
- INJ_Q14 **Where did [you/he/she] receive treatment?**
INTERVIEWER: Mark all that apply.
- INJC_14A 1 Doctor's office
INJC_14B 2 Hospital emergency room
INJC_14C 3 Hospital outpatient clinic (e.g. day surgery, cancer)
INJC_14D 4 Walk-in clinic
INJC_14E 5 Appointment clinic
INJC_14F 6 Community health centre / CLSC
INJC_14G 7 At work
INJC_14H 8 At school
INJC_14I 9 At home
INJC_14J 10 Telephone consultation only
INJC_14K 11 Other - Specify
DK, R
- INJ_C14S If INJ_Q14 <> 11, go to INJ_Q15.
Otherwise, go to INJ_Q14S.
- INJ_Q14S INTERVIEWER: Specify.
- _____
(80 spaces)
DK, R
- INJ_Q15 **[Were/Was] [you/he/she] admitted to a hospital overnight?**
INJC_15
- 1 Yes
2 No
DK, R
- INJ_E15 If INJ_Q15 = 1 and HCU_Q01BA = 2 (No), show pop-up message as follows.

Inconsistent answers have been entered. Please confirm.

INJ_Q16 **Did [you/FNAME] have any other injuries in the past 12 months that were treated**
INJC_16 **by a health professional, but did not limit [your/his/her] normal activities?**

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

INJ_Q17 **How many injuries?**
INJC_17

|_|_| Injuries
(MIN: 1) (MAX: 30; warning after 6)
DK, R

INJ_END

HEALTH UTILITY INDEX (HUI)

HUI_C1 If (do HUI block =2), go to HUI_END.
 HUICFDO Otherwise, go to HUI_QINT1.

HUI_QINT1 **The next set of questions asks about [your/FNAME's] day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to [you/FNAME], but it is important that we ask the same questions of everyone.**
 INTERVIEWER: Press <Enter> to continue.

Vision

HUI_Q01 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**
 HUIC_01 **without glasses or contact lenses?**

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

HUI_Q02 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**
 HUIC_02 **with glasses or contact lenses?**

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

HUI_Q03 **[Are/Is] [you/he/she] able to see at all?**
 HUIC_03

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

HUI_Q04 **[Are/Is] [you/he/she] able to see well enough to recognize a friend on the other side**
 HUIC_04 **of the street without glasses or contact lenses?**

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

HUI_Q05 **[Are/Is] [you/he/she] usually able to see well enough to recognize a friend on the**
 HUIC_05 **other side of the street with glasses or contact lenses?**

- 1 Yes
- 2 No
DK, R

Hearing

HUI_Q06 [Are/Is] [you/FNAME] usually able to hear what is said in a group conversation with
 HUIC_06 at least 3 other people without a hearing aid?

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

HUI_Q07 [Are/Is] [you/he/she] usually able to hear what is said in a group conversation with
 HUIC_07 at least 3 other people with a hearing aid?

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

HUI_Q07A [Are/Is] [you/he/she] able to hear at all?
 HUIC_07A

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

HUI_Q08 [Are/Is] [you/he/she] usually able to hear what is said in a conversation with one
 HUIC_08 other person in a quiet room without a hearing aid ?

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

HUI_Q09 [Are/Is] [you/he/she] usually able to hear what is said in a conversation with one
 HUIC_09 other person in a quiet room with a hearing aid?

- 1 Yes
 2 No
 DK, R

Speech

HUI_Q10 [Are/Is] [you/FNAME] usually able to be understood completely when speaking with
 HUIC_10 strangers in [your/his/her] own language?

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

HUI_Q11 [Are/Is] [you/he/she] able to be understood partially when speaking with strangers?
 HUIC_11

- 1 Yes
 2 No
 DK, R

HUI_Q12
HUIC_12 **[Are/Is] [you/he/she] able to be understood completely when speaking with those who know [you/him/her] well?**

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

HUI_Q13
HUIC_13 **[Are/Is] [you/he/she] able to be understood partially when speaking with those who know [you/him/her] well?**

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

Getting Around

HUI_Q14
HUIC_14 **[Are/Is] [you/FNAME] usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

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

HUI_Q15
HUIC_15 **[Are/Is] [you/he/she] able to walk at all?**

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

HUI_Q16
HUIC_16 **[Do/Does] [you/he/she] require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?**

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

HUI_Q17
HUIC_17 **[Do/Does] [you/he/she] require the help of another person to be able to walk?**

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

HUI_Q18
HUIC_18 **[Do/Does] [you/he/she] require a wheelchair to get around?**

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

HUI_Q19 **How often [do/does] [you/he/she] use a wheelchair?**
 HUIC_19 **INTERVIEWER:** Read categories to respondent.

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

HUI_Q20 **[Do/Does] [you/he/she] need the help of another person to get around in the**
 HUIC_20 **wheelchair?**

- 1 Yes
- 2 No
- DK, R

Hands and Fingers

HUI_Q21 **[Are/Is] [you/FNAME] usually able to grasp and handle small objects such as a**
 HUIC_21 **pencil or scissors?**

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

HUI_Q22 **[Do/Does] [you/he/she] require the help of another person because of limitations in**
 HUIC_22 **the use of hands or fingers?**

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

HUI_Q23 **[Do/Does] [you/he/she] require the help of another person with:**
 HUIC_23 **INTERVIEWER:** Read categories to respondent.

- 1 **... some tasks?**
- 2 **... most tasks?**
- 3 **... almost all tasks?**
- 4 **... all tasks?**
- DK, R

HUI_Q24 **[Do/Does] [you/he/she] require special equipment, for example, devices to assist in**
 HUIC_24 **dressing, because of limitations in the use of hands or fingers?**

- 1 Yes
- 2 No
- DK, R

Feelings

HUI_Q25
HUIC_25

Would you describe [yourself/FNAME] as being usually:

INTERVIEWER: Read categories to respondent.

- 1 ... happy and interested in life?
 - 2 ... somewhat happy?
 - 3 ... somewhat unhappy?
 - 4 ... unhappy with little interest in life?
 - 5 ... so unhappy that life is not worthwhile?
- DK, R

Memory

HUI_Q26
HUIC_26

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

INTERVIEWER: Read categories to respondent.

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

Thinking

HUI_Q27
HUIC_27

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

INTERVIEWER: Read categories to respondent.

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

Pain and Discomfort

HUI_Q28
HUIC_28

[Are/Is] [you/FNAME] usually free of pain or discomfort?

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

HUI_Q29
HUIC_29

How would you describe the usual intensity of [your/his/her] pain or discomfort?

INTERVIEWER: Read categories to respondent.

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

HUI_Q30
HUIC_30

How many activities does [your/his/her] pain or discomfort prevent?

INTERVIEWER: Read categories to respondent.

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

HUI_END

SATISFACTION WITH LIFE

SWL_C1 If (do SWL block = 2), go to SWL_END.
SWLCFDO Otherwise, go to SWL_C2.

SWL_C2 If proxy interview, go to SWL_END.
Otherwise, go to SWL_QINT.

SWL_QINT **Now I'd like to ask about your satisfaction with various aspects of your life. For each question, please tell me whether you are very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied.**
INTERVIEWER: Press <Enter> to continue.

SWL_Q02 **How satisfied are you with your job or main activity?**
SWLC_02

- 1 Very satisfied
 - 2 Satisfied
 - 3 Neither satisfied nor dissatisfied
 - 4 Dissatisfied
 - 5 Very dissatisfied
- DK
R (Go to SWL_END)

SWL_Q03 **How satisfied are you with your leisure activities?**
SWLC_03

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

SWL_Q04 **(How satisfied are you) with your financial situation?**
SWLC_04

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

SWL_Q05 **How satisfied are you with yourself?**
SWLC_05

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

SWL_Q06
SWLC_06

How satisfied are you with the way your body looks?

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

SWL_Q07
SWLC_07

How satisfied are you with your relationships with other family members?

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

SWL_Q08
SWLC_08

(How satisfied are you) with your relationships with friends?

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

SWL_Q09
SWLC_09

(How satisfied are you) with your housing?

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

SWL_Q10
SWLC_10

(How satisfied are you) with your neighbourhood?

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

SWL_END

STRESS

STR_C1 If (do STR block = 2), go to STR_END.
STRCFDO Otherwise, go to STR_C2.

STR_C2 If proxy interview, go to STR_END.
Otherwise, go to STR_QINT.

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

STR_Q1 **In general, how would you rate your ability to handle unexpected and difficult**
STRC_1 **problems, for example, a family or personal crisis? Would you say your ability is:**
INTERVIEWER: Read categories to respondent.

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

STR_Q2 **In general, how would you rate your ability to handle the day-to-day demands**
STRC_2 **in your life, for example, handling work, family and volunteer responsibilities?**
Would you say your ability is:
INTERVIEWER: Read categories to respondent.

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

STR_Q3 **Thinking about stress in your day-to-day life, what would you say is the most**
STRC_3 **important thing contributing to feelings of stress you may have?**
INTERVIEWER: Do not probe.

- 1 Time pressures / not enough time
- 2 Own physical health problem or condition
- 3 Own emotional or mental health problem or condition
- 4 Financial situation (e.g., not enough money, debt)
- 5 Own work situation (e.g., hours of work, working conditions)
- 6 School
- 7 Employment status (e.g., unemployment)
- 8 Caring for - own children
- 9 Caring for - others
- 10 Other personal or family responsibilities
- 11 Personal relationships
- 12 Discrimination
- 13 Personal and family's safety
- 14 Health of family members
- 15 Other - Specify
- 16 Nothing (Go to STR_Q6_1)
DK, R (Go to STR_Q6_1)

STR_C3S If STR_Q3 <> 16, go to STR_Q6_1.
Otherwise, go to STR_Q3S.

STR_Q3S INTERVIEWER: Specify.

(80 spaces)
DK, R

STR_Q6_1 **People have different ways of dealing with stress. Thinking about the ways**
STRC_61 **you deal with stress, please tell me how often you do each of the following.**

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

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

STR_Q6_2 **To deal with stress, how often do you talk to others?**
STRC_62

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

STR_Q6_3 **When dealing with stress, how often do you avoid being with people?**
STRC_63

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

STR_Q6_4 **How often do you sleep more than usual to deal with stress?**
STRC_64

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

STR_Q6_5A **When dealing with stress, how often do you try to feel better by eating more, or**
STRC_65A **less, than usual?**

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

STR_Q6_5B **When dealing with stress, how often do you try to feel better by smoking more cigarettes than usual?**
STRC_65B

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Do not smoke
DK, R

STR_Q6_5C **When dealing with stress, how often do you try to feel better by drinking alcohol?**
STRC_65C

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

STR_Q6_5D **When dealing with stress, how often do you try to feel better by using drugs or medication?**
STRC_65D

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

STR_Q6_6 **How often do you jog or do other exercise to deal with stress?**
STRC_66

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

STR_Q6_7 **How often do you pray or seek spiritual help to deal with stress?**
STRC_67

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

STR_Q6_8 **To deal with stress, how often do you try to relax by doing something enjoyable?**
STRC_68

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

STR_Q6_9 **To deal with stress, how often do you try to look on the bright side of things?**
STRC_69

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

STR_Q6_10 **How often do you blame yourself?**
STRC_610

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

STR_Q6_11 **To deal with stress, how often do you wish the situation would go away or
STRC_611 somehow be finished?**

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

STR_END

WORK STRESS

WST_C1 If (do WST block) = 2, go to WST_END.
 WSTCFDO Otherwise, go to WST_C400.

WST_C400 If proxy interview or if age <15 to >75, or if GEN_Q08 <> 1 (respondent didn't work in past 12 months), go to WST_END.
 Otherwise, go to WST_QINT4.

WST_QINT4 **The next few questions are about your main job or business in the past 12 months. I'm going to read you a series of statements that might describe your job situation. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.

WST_Q401 **Your job required that you learn new things.**
 WSTC_401

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- R (Go to WST_END)

WST_Q402 **Your job required a high level of skill.**
 WSTC_402

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q403 **Your job allowed you freedom to decide how you did your job.**
 WSTC_403

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q404 **Your job required that you do things over and over.**
 WSTC_404

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q405 **Your job was very hectic.**
WSTC_405

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q406 **You were free from conflicting demands that others made.**
WSTC_406

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q407 **Your job security was good.**
WSTC_407

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q408 **Your job required a lot of physical effort.**
WSTC_408

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q409 **You had a lot to say about what happened in your job.**
WSTC_409

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q410 **You were exposed to hostility or conflict from the people you worked with.**
WSTC_410

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q411 **Your supervisor was helpful in getting the job done.**
WSTC_411

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q412 **The people you worked with were helpful in getting the job done.**
WSTC_412

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

WST_Q413 **How satisfied were you with your job?**
WSTC_413 INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
- 2 **Somewhat satisfied**
- 3 **Not too satisfied**
- 4 **Not at all satisfied**
- DK, R

WST_END

SELF-ESTEEM

SFE_C500A If (do SFE block = 2), go to SFE_END.
SFECFDO Otherwise, go to SFE_C500B.

SFE_C500B If proxy interview, go to SFE_END.
Otherwise, go to SFE_QINT5.

SFE_QINT5 **Now I am going to read you a series of statements that people might use to describe themselves.**
Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.
INTERVIEWER: Press <Enter> to continue.

SFE_Q501 **You feel that you have a number of good qualities.**
SFEC_501

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK
R (Go to SFE_END)

SFE_Q502 **You feel that you're a person of worth at least equal to others.**
SFEC_502

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

SFE_Q503 **You are able to do things as well as most other people.**
SFEC_503

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

SFE_Q504 **You take a positive attitude toward yourself.**
SFEC_504

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- DK, R

SFE_Q505
SFEC_505

On the whole you are satisfied with yourself.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

SFE_Q506
SFEC_506

All in all, you're inclined to feel you're a failure.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

SFE_END

MASTERY

MAS_C600A If (do MAS block = 2), go to MAS_END.
 MASCFDO Otherwise, go to MAS_C600B.

MAS_C600B If proxy interview, go to MAS_END.
 Otherwise, go to MAS_C600C.

MAS_C600C If (do SFE block = 1), go to MAS_Q601.
 Otherwise, go to MAS_QINT6.

MAS_QINT6 **Now I am going to read you a series of statements that people might use to describe themselves. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.

MAS_Q601 **You have little control over the things that happen to you.**
 MASC_601

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK
- R (Go to MAS_END)

MAS_Q602 **There is really no way you can solve some of the problems you have.**
 MASC_602

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

MAS_Q603 **There is little you can do to change many of the important things in your life.**
 MASC_603

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

MAS_Q604 **You often feel helpless in dealing with problems of life.**
 MASC_604

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

MAS_Q605
MASC_605

Sometimes you feel that you are being pushed around in life.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

MAS_Q606
MASC_606

What happens to you in the future mostly depends on you.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

MAS_Q607
MASC_607

You can do just about anything you really set your mind to.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- DK, R

MAS_END

SMOKING

SMK_C1 If (do SMK block = 2), go to SMK_END.
SMKCFDO Otherwise, go to SMK_QINT.

SMK_QINT **The next questions are about smoking.**
INTERVIEWER: Press <Enter> to continue.

SMK_Q201A **In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more**
SMKC_01A **cigarettes (about 4 packs)?**

- 1 Yes (Go to SMK_Q201C)
- 2 No
DK, R

SMK_Q201B **[Have/Has] [you/he/she] ever smoked a whole cigarette?**
SMKC_01B

- 1 Yes (Go to SMK_Q201C)
- 2 No (Go to SMK_Q202)
- DK (Go to SMK_Q202)
- R

SMK_C201C If SMK_Q201A = R and SMK_Q201B = R, go to SMK_END.
Otherwise, go to SMK_Q202.

SMK_Q201C **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**
SMKC_01C INTERVIEWER: Minimum is 5; maximum is [current age].

||_| Age in years
(MIN: 5) (MAX: current age)
DK, R (Go to SMK_Q202)

SMK_E201C If SMK_Q201C >= 5 and SMK_Q201C <= current age, go to SMK_Q202.
Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first smoked a whole cigarette is invalid.
Please return and correct.**

SMK_Q202 **At the present time, [do/does] [you/FNAME] smoke cigarettes daily, occasionally**
SMKC_202 **or not at all?**

- 1 Daily
- 2 Occasionally (Go to SMK_Q205B)
- 3 Not at all (Go to SMK_C205D)
- DK, R (Go to SMK_END)

Daily smoker (current)

SMK_Q203 **At what age did [you/he/she] begin to smoke cigarettes daily?**
 SMK_C203 INTERVIEWER: Minimum is 5; maximum is [current age].

|_|_| Age in years
 (MIN: 5) (MAX: current age)
 DK, R (Go to SMK_Q204)

SMK_E203 If SMK_Q203 >= 5 and SMK_Q203 <= current age, go to SMK_Q204.
 Otherwise, show pop-up edit as follows.

The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.

SMK_Q204 **How many cigarettes [do/does] [you/he/she] smoke each day now?**
 SMK_C204

|_| Cigarettes
 (MIN: 1) (MAX: 99; warning after 60)
 DK, R

Go to SMK_END

Occasional smoker (current)

SMK_Q205B **On the days that [you/FNAME] [do/does] smoke, how many cigarettes**
 SMK_C05B **[do/does] [you/he/she] usually smoke?**

|_| Cigarettes
 (MIN: 1) (MAX: 99; warning after 60)
 DK, R

SMK_Q205C **In the past month, on how many days [have/has] [you/he/she] smoked 1 or**
 SMK_C05C **more cigarettes?**

|_| Days
 (MIN: 0) (MAX: 30)
 DK, R

SMK_C205D If SMK_Q201A <> 1 (has not smoked 100 or more cigarettes lifetime),
 go to SMK_END.
 Otherwise, go to SMK_Q205D.

Occasional smoker or non-smoker (current)

SMK_Q205D **[Have/Has] [you/he/she] ever smoked cigarettes daily?**
 SMK_C05D

1 Yes (Go to SMK_Q207)
 2 No
 DK, R (Go to SMK_END)

SMK_C206A If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.

Non-smoker (current)

SMK_Q206A **When did [you/he/she] stop smoking? Was it:**
 SMK_C_06A **INTERVIEWER:** Read categories to respondent.

- | | | |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago? | |
| 2 | ... 1 year to less than 2 years ago? | (Go to SMK_END) |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_END) |
| 4 | ... 3 or more years ago? | (Go to SMK_Q206C) |
| | DK, R | (Go to SMK_END) |

SMK_Q206B **In what month did [you/he/she] stop?**
 SMK_C_06B

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

Go to SMK_END

SMK_Q206C **How many years ago was it?**
 SMK_C_06C **INTERVIEWER:** Minimum is 3; maximum is [current age - 5].

|_|_|_| Years
 (MIN: 3) (MAX: current age-5)
 DK, R (Go to SMK_END)

SMK_E206C If SMK_Q206C >= 3 and SMK_Q206C <= current age-5, go to SMK_END.
 Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent stopped smoking is invalid.
 Please return and correct.**

Occasional smoker or non-smoker (current) – Daily smoker (previously)

SMK_Q207 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**
 SMK_C_207 **INTERVIEWER:** Minimum is 5; maximum is [current age].

|_|_|_| Age in years
 (MIN: 5) (MAX: current age)

DK, R (Go to SMK_Q208)

SMK_E207 If SMK_Q207 >= 5 and SMK_Q207 <= current age, go to SMK_Q208.
 Otherwise, show pop-up edit as follows.

**The entered age at which the respondent first began to smoke cigarettes daily is
 invalid.
 Please return and correct.**

SMK_Q208 **How many cigarettes did [you/he/she] usually smoke each day?**
 SMK_C208

||| Cigarettes
 (MIN: 1) (MAX: 99; warning after 60)
 DK, R

SMK_Q209A **When did [you/he/she] stop smoking daily? Was it:**
 SMK_C09A INTERVIEWER: Read categories to respondent.

- | | | |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago? | |
| 2 | ... 1 year to less than 2 years ago? | (Go to SMK_C210) |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_C210) |
| 4 | ... 3 or more years ago? | (Go to SMK_Q209C) |
| | DK, R | (Go to SMK_END) |

SMK_Q209B **In what month did [you/he/she] stop?**
 SMK_C09B

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

Go to SMK_C210

SMK_Q209C **How many years ago was it?**
 SMK_C09C INTERVIEWER: Minimum is 3; maximum is [current age-5].

||| Years
 (MIN: 3) (MAX: current age-5)
 DK, R (Go to SMK_C210)

SMK_E209C If SMK_Q209C >= 3 and SMK_Q209C <= current age-5, go to SMK_C210.
 Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent stopped smoking daily is invalid.
 Please return and correct.**

SMK_C210 If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.

Non-smoker (current)

SMK_Q210 **Was that when [you/he/she] completely quit smoking?**
 SMK_C10

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

SMK_Q210A **When did [you/he/she] stop smoking completely? Was it:**
 SMKC_10A INTERVIEWER: Read categories to respondent.

- | | | |
|---|---------------------------------------|-------------------|
| 1 | ... less than one year ago? | |
| 2 | ... 1 year to less than 2 years ago? | (Go to SMK_END) |
| 3 | ... 2 years to less than 3 years ago? | (Go to SMK_END) |
| 4 | ... 3 or more years ago? | (Go to SMK_Q210C) |
| | DK, R | (Go to SMK_END) |

SMK_Q210B **In what month did [you/he/she] stop?**
 SMKC_10B

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

Go to SMK_END

SMK_Q210C **How many years ago was it?**
 SMKC_10C INTERVIEWER: Minimum is 3; maximum is [current age-5].

|_|_| Years
 (MIN: 3) (MAX: current age-5)
 DK, R (Go to SMK_END)

SMK_E210C If SMK_Q210C >= 3 and SMK_Q210C <= current age-5, go to SMK_END.
 Otherwise, show pop-up edit as follows.

**The number of years ago that the respondent completely stopped smoking is invalid.
 Please return and correct.**

SMK_END

SMOKING - STAGES OF CHANGE

SCH_C1 If (do SCH block = 2), go to SCH_END.
 SCHCFDO Otherwise, go to SCH_C2.

SCH_C2 If SMK_Q202 = 1 or 2 (current daily or occasional smokers), go to SCH_C3.
 Otherwise, go to SCH_END.

SCH_C3 If proxy interview, go to SCH_END.
 Otherwise, go to SCH_Q1.

SCH_Q1 **Are you seriously considering quitting smoking within the next 6 months?**
 SCHC_1

- 1 Yes
- 2 No (Go to SCH_Q3)
 DK, R (Go to SCH_Q3)

SCH_Q2 **Are you seriously considering quitting within the next 30 days?**
 SCHC_2

- 1 Yes
- 2 No
 DK, R

SCH_Q3 **In the past 12 months, did you stop smoking for at least 24 hours because you**
 SCHC_3 **were trying to quit?**

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

SCH_Q4 **How many times? (in the past 12 months, did you stop smoking for at least**
 SCHC_4 **24 hours because you were trying to quit)**

|_|_| Times
 (MIN: 1) (MAX: 95; warning after 48)
 DK, R

SCH_END

NICOTINE DEPENDENCE

NDE_C1 If (do NDE block = 2), go to NDE_END.
NDEC_FDO Otherwise, go to NDE_C2.

NDE_C2 If SMK_Q202 = 1 (current daily smokers), go to NDE_C3.
Otherwise, go to NDE_END.

NDE_C3 If proxy interview, go to NDE_END.
Otherwise, go to NDE_Q1.

NDE_Q1 **How soon after you wake up do you smoke your first cigarette?**
NDEC_1

- 1 Within 5 minutes
- 2 6 - 30 minutes after waking
- 3 31 - 60 minutes after waking
- 4 More than 60 minutes after waking
- DK, R (Go to NDE_END)

NDE_Q2 **Do you find it difficult to refrain from smoking in places where it is forbidden?**
NDEC_2

- 1 Yes
- 2 No
- DK, R

NDE_Q3 **Which cigarette would you most hate to give up?**
NDEC_3

INTERVIEWER: Read categories to respondent.

- 1 **The first one of the day**
- 2 **Another one**
- DK, R

NDE_Q4 **Do you smoke more frequently during the first hours after waking, compared**
NDEC_4 **with the rest of the day?**

- 1 Yes
- 2 No
- DK, R

NDE_Q5 **Do you smoke even if you are so ill that you are in bed most of the day?**
NDEC_5

- 1 Yes
- 2 No
- DK, R

NDE_END

SMOKING CESSATION AIDS

SCA_C1 If (do SCA block = 2), go to SCA_END.
 SCACFDO Otherwise, go to SCA_C10A.

SCA_C10A If proxy interview, go to SCA_END.
 Otherwise, go to SCA_C10B.

SCA_C10B If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA_C50.
 If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go
 to SCA_Q10.
 Otherwise, go to SCA_END.

Note: If SMK_Q202 = 3 and (SMK_Q201A = 2) or (SMK_Q206 = 2, 3 or 4) or (SMK_Q209 = 2,
 3 or 4) then SCA_Q10 to SCA_Q62 is set to NA.

SCA_Q10 **In the past 12 months, did you try a nicotine patch to quit smoking?**
 SCAC_10

- 1 Yes
- 2 No (Go to SCA_Q11)
- DK, R (Go to SCA_END)

SCA_Q10A **How useful was that in helping you quit?**
 SCAC_10A

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all
- DK, R

SCA_Q11 **Did you try Nicorettes or other nicotine gum or candy to quit smoking? (in the past**
 SCAC_11 **12 months)**

- 1 Yes
- 2 No (Go to SCA_Q12)
- DK, R (Go to SCA_Q12)

SCA_Q11A **How useful was that in helping you quit?**
 SCAC_11A

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all
- DK, R

SCA_Q12 **In the past 12 months, did you try medication such as Zyban to quit smoking?**
 SCAC_12

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

SCA_Q12A **How useful was that in helping you quit?**
 SCAC_12A

- 1 Very useful
- 2 Somewhat useful
- 3 Not very useful
- 4 Not useful at all
- DK, R

Go to SCA_END

SCA_C50 If (do SCH block = 2), go to SCA_Q50.
 Otherwise, go to SCA_C50A.

SCA_C50A If SCH_Q3 = 1, go to SCA_Q60.
 Otherwise, go to SCA_END.

Note: In processing, SCA_Q50 = SCH_Q3.
 If SMK_Q202 = 3 then SCA_Q50 to SCA_Q62 set to NA.

SCA_Q50 **In the past 12 months, did you stop smoking for at least 24 hours because you**
 SCAC_50 **were trying to quit?**

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

SCA_Q60 **In the past 12 months, did you try any of the following to quit smoking:**
 SCAC_60 **... a nicotine patch?**

- 1 Yes
- 2 No
- DK, R

SCA_Q61 **(In the past 12 months, did you try any of the following to quit smoking:)**
 SCAC_61 **... Nicorettes or other nicotine gum or candy?**

- 1 Yes
- 2 No
- DK, R

SCA_Q62 **(In the past 12 months, did you try any of the following to quit smoking:)**
 SCAC_62 **... medication such as Zyban?**

- 1 Yes
- 2 No
- DK,
- R

SCA_END

SMOKING - PHYSICIAN COUNSELLING

SPC_C1 SPCCFDO	If (do SPC block = 2), go to SPC_END. Otherwise, go to SPC_C2.
SPC_C2	If proxy interview, go to SPC_END. Otherwise, go to SPC_C3A.
SPC_C3A	If SMK_Q202 = 1 or 2 (current daily or occasional smoker), use [smoke] in [smoke/smoked]. If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), use [smoked] in [smoke/smoked].
SPC_C3	If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SPC_C4. If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago), go to SPC_C4. Otherwise, go to SPC_END.
SPC_C4	If (do HCU block = 1) and (HCU_Q01AA = 1) (i.e. has a regular medical doctor), go to SPC_Q10. Otherwise, go to SPC_C20A.
SPC_Q10 SPCC_10	Earlier, you mentioned having a regular medical doctor. In the past 12 months, did you go see this doctor? 1 Yes 2 No (Go to SPC_C20A) DK, R (Go to SPC_C20A)
SPC_Q11 SPCC_11	Does your doctor know that you [smoke/smoked] cigarettes? 1 Yes 2 No (Go to SPC_C20A) DK, R (Go to SPC_C20A)
SPC_Q12 SPCC_12	In the past 12 months, did your doctor advise you to quit smoking? 1 Yes 2 No DK, R (Go to SPC_C20A)
SPC_Q13 SPCC_13	(In the past 12 months,) did your doctor give you any specific help or information to quit smoking? 1 Yes 2 No (Go to SPC_C20A) DK, R (Go to SPC_C20A)

SPC_Q14 **What type of help did the doctor give?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|--|
| SPCC_14A | 1 | Referral to a one-on-one cessation program |
| SPCC_14B | 2 | Referral to a group cessation program |
| SPCC_14C | 3 | Recommended use of nicotine patch or nicotine gum |
| SPCC_14D | 4 | Recommended Zyban or other medication |
| SPCC_14E | 5 | Provided self-help information (e.g., pamphlet, referral to website) |
| SPCC_14F | 6 | Own doctor offered counselling |
| SPCC_14G | 7 | Other |
| | | DK, R |

SPC_C20A If (do DEN block = 1) and (DEN_Q130 = 1 or DEN_Q132 = 1) (visited dentist in past 12 months), go to SPC_Q21.
 If (do DEN block = 1) and (DEN_Q130 = 2, DK or R) (did not visit dentist in past 12 months), go to SPC_END.
 Otherwise, go to SPC_C20.

SPC_C20 If (do HCU block = 1) and (HCU_Q02E > 0 and HCU_Q02E < 998) (saw or talked to dentist in past 12 months), go to SPC_Q20.
 Otherwise, go to SPC_END.

SPC_Q20 **Earlier, you mentioned having “seen or talked to” a dentist in the past 12 months. Did you actually go to the dentist?**

SPCC_20

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

SPC_Q21 **Does your dentist or dental hygienist know that you [smoke/smoked] cigarettes?**

SPCC_21

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

SPC_Q22 **In the past 12 months, did the dentist or hygienist advise you to quit smoking?**

SPCC_22

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

SPC_END

YOUTH SMOKING

YSM_C1 If (do YSM block = 2), go to YSM_END.
 YSMCFDO Otherwise, go to YSM_C1A.

YSM_C1A If proxy interview or age greater than 19, go to YSM_END.
 Otherwise, go to YSM_C1B.

YSM_C1B If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to YSM_Q1.
 Otherwise, go to YSM_END.

YSM_Q1 **Where do you usually get your cigarettes?**

YSMC_1

- 1 Buy from - Vending machine
- 2 Buy from - Small grocery / corner store
- 3 Buy from - Supermarket
- 4 Buy from - Drug store
- 5 Buy from - Gas station
- 6 Buy from - Other store
- 7 Buy from - Friend or someone else
- 8 Given them by - Brother or sister
- 9 Given them by - Mother or father
- 10 Given them by - Friend or someone else
- 11 Take them from - Mother, father or sibling
- 12 Other - Specify
 DK, R (Go to YSM_END)

YSM_C1S If YSM_Q1 <> 12, go to YSM_C2.
 Otherwise, go to YSM_Q1S.

YSM_Q1S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

YSM_C2 If YSM_Q1 = 1, 2, 3, 4, 5, 6 or 7, go to YSM_Q3.
 Otherwise, go to YSM_Q2.

YSM_Q2 **In the past 12 months, have you bought cigarettes for yourself or for someone else?**

YSMC_2

- 1 Yes
- 2 No (Go to YSM_Q5)
 DK, R (Go to YSM_Q5)

YSM_Q3 **In the past 12 months, have you been asked your age when buying cigarettes in a store?**

YSMC_3

- 1 Yes
- 2 No
 DK, R

YSM_Q4
YSMC_4

In the past 12 months, has anyone in a store refused to sell you cigarettes?

- 1 Yes
- 2 No
DK, R

YSM_Q5
YSMC_5

In the past 12 months, have you asked a stranger to buy you cigarettes?

- 1 Yes
- 2 No
DK, R

YSM_END

EXPOSURE TO SECOND-HAND SMOKE

- ETS_C1
ETSCFDO If (do ETS block = 2), go to ETS_END.
Otherwise, go to ETS_QINT.
- ETS_QINT **The next questions are about exposure to second-hand smoke.**
INTERVIEWER: Press <Enter> to continue.
- ETS_C10 If the number of household members = 1 and (SMK_Q202 = 1 or 2), go to ETS_Q30.
Otherwise, go to ETS_Q10.
- ETS_Q10
ETSC_10 **Including both household members and regular visitors, does anyone smoke inside your home, every day or almost every day?**
INTERVIEWER: Include cigarettes, cigars and pipes.
- 1 Yes
2 No (Go to ETS_C20)
DK, R (Go to ETS_END)
- ETS_Q11
ETSC_11 **How many people smoke inside your home every day or almost every day?**
INTERVIEWER: Include household members and regular visitors.
- I_I_I Number of people
(MIN:1) (MAX:15)
DK, R
- ETS_C20 If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to ETS_Q30.
Otherwise, go to ETS_Q20.
- ETS_Q20
ETSC_20 **In the past month, [were/was] [you/FNAME] exposed to second-hand smoke, every day or almost every day, in a car or other private vehicle?**
- 1 Yes
2 No
DK, R
- ETS_Q20B
ETSC_20B **(In the past month,) [were/was] [you/he/she] exposed to second-hand smoke, every day or almost every day, in public places (such as bars, restaurants, shopping malls, arenas, bingo halls, bowling alleys)?**
- 1 Yes
2 No
DK, R
- ETS_Q30
ETSC_5 **Are there any restrictions against smoking cigarettes in your home?**
- 1 Yes
2 No
DK, R (Go to ETS_END)

ETS_Q31	How is smoking restricted in your home?	
	<u>INTERVIEWER</u> : Read categories to respondent. Mark all that apply.	
ETSC_6A	1	Smokers are asked to refrain from smoking in the house
ETSC_6B	2	Smoking is allowed in certain rooms only
ETSC_6C	3	Smoking is restricted in the presence of young children
ETSC_6D	4	Other restriction
		DK, R
ETS_END		

TOBACCO ALTERNATIVES

TAL_C1 If (do TAL block = 2), go to TAL_END.
TALCFDO Otherwise, go to TAL_Q1.

TAL_Q1 **Now I'd like to ask about [your/his/her] use of tobacco other than cigarettes.**
TALC_1 **In the past month, [have/has] [you/he/she] smoked cigars?**

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

TAL_Q2 **In the past month, [have/has] [you/he/she] smoked a pipe?**
TALC_2

- 1 Yes
- 2 No
 DK, R

TAL_Q3 **In the past month, [have/has] [you/he/she] used snuff?**
TALC_3

- 1 Yes
- 2 No
 DK, R

TAL_Q4 **In the past month, [have/has] [you/he/she] used chewing tobacco?**
TALC_4

- 1 Yes
- 2 No
 DK, R

TAL_END

ALCOHOL USE

ALC_C1A If (do ALC block = 2), go to ALC_END.
 ALCCFDO Otherwise, go to ALC_QINT.

ALC_QINT **Now, some questions about [your/FNAME's] alcohol consumption.**
When we use the word 'drink' it means:
 - one bottle or can of beer or a glass of draft
 - one glass of wine or a wine cooler
 - one drink or cocktail with 1 and a 1/2 ounces of liquor.
INTERVIEWER: Press <Enter> to continue.

ALC_Q1 **During the past 12 months, that is, from [date one year ago] to yesterday,**
 ALCC_1 **[have/has] [you/FNAME] had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to ALC_Q5B)
- DK, R (Go to ALC_END)

ALC_Q2 **During the past 12 months, how often did [you/he/she] drink alcoholic**
 ALCC_2 **beverages?**

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
- DK, R

ALC_Q3 **How often in the past 12 months [have/has] [you/he/she] had 5 or more**
 ALCC_3 **drinks on one occasion?**

- 1 Never
- 2 Less than once a month
- 3 Once a month
- 4 2 to 3 times a month
- 5 Once a week
- 6 More than once a week
- DK, R

ALC-E3 If ALC_Q3 = 1 and ALC_Q5A =>5 display message.

Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].

ALC_Q5 **Thinking back over the past week, that is, from [date last week] to yesterday,**
 ALCC_5 **did [you/FNAME] have a drink of beer, wine, liquor or any other alcoholic beverage?**

- 1 Yes
- 2 No (Go to ALC_C8)
- DK, R (Go to ALC_C8)

ALC_Q5A **Starting with yesterday, that is [day name], how many drinks did [you/FNAME] have:**

(If R on first day, go to ALC_C8)

(MIN: 0 MAX: 99 for each day; warning after 12 for each day)

ALCC_5A1	1	Sunday?
ALCC_5A2	2	Monday?
ALCC_5A3	3	Tuesday?
ALCC_5A4	4	Wednesday?
ALCC_5A5	5	Thursday?
ALCC_5A6	6	Friday?
ALCC_5A7	7	Saturday?
		DK, R

Go to ALC_C8

ALC_E5A If ALC_Q3 = 1 and ALC_Q5A =>5 display message.

Inconsistent answers have been entered. The respondent has not had 5 or more drinks on one occasion in the past 12 months but had 5 drinks on [day name].

ALC_Q5B **[Have/Has] [you/FNAME] ever had a drink?**

ALCC_5B	1	Yes	
	2	No	(Go to ALC_END)
		DK, R	(Go to ALC_END)

ALC_Q6 **Did [you/he/she] ever regularly drink more than 12 drinks a week?**

ALCC_6	1	Yes	
	2	No	(Go to ALC_C8)
		DK, R	(Go to ALC_C8)

ALC_Q7 **Why did [you/he/she] reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

ALCC_7A	1	Dieting
ALCC_7B	2	Athletic training
ALCC_7C	3	Pregnancy
ALCC_7D	4	Getting older
ALCC_7E	5	Drinking too much / drinking problem
ALCC_7F	6	Affected - work, studies, employment opportunities
ALCC_7G	7	Interfered with family or home life
ALCC_7H	8	Affected - physical health
ALCC_7I	9	Affected - friendships or social relationships
ALCC_7J	10	Affected - financial position
ALCC_7K	11	Affected - outlook on life, happiness
ALCC_7L	12	Influence of family or friends
ALCC_7M	13	Other - Specify
		DK, R

ALC_C7S If ALC_Q7 <> 13, go to ALC_C8.
Otherwise, go to ALC_Q7S.

ALC_Q7S INTERVIEWER: Specify.

(80 spaces)
DK, R

ALC_C8 If age > 19, go to ALC_END.

ALC_Q8 **Not counting small sips, how old [were/was] [you/he/she] when**
ALCC_8 **[you/he/she] started drinking alcoholic beverages?**
INTERVIEWER: Drinking does not include having a few sips of wine for religious
purposes. Minimum is 5; maximum is [current age].

||_| Age in years
(MIN: 5) (MAX: current age)
DK, R

ALC_E8 If AL_Q8 >= 5 and AL_Q8 <= Current Age, go to ALC_END.
Otherwise, show pop-up edit as follows.

Age must be between 5 and Current Age.
Please return and correct.

ALC_END

DRIVING AND SAFETY

DRV_C01A If (do DRV block = 2), go to DRV_END.
 DRVCFDO Otherwise, go to DRV_C01B.

DRV_C01B If proxy interview, go to DRV_END.
 Otherwise, go to DRV_QINT.

DRV_QINT **The next questions are about driving a motor vehicle. By motor vehicle, we mean a car, truck or van.**
INTERVIEWER: Press <Enter> to continue.

DRV_Q01A **In the past 12 months, have you driven a motor vehicle?**
 DRVC_01A INTERVIEWER: Include cars, trucks and vans. Exclude motorcycles and off-road vehicles.

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

DRV_Q01B **In the past 12 months, have you driven a motorcycle?**
 DRVC_01B

- 1 Yes
- 2 No
- DK, R

DRV_C02 If DRV_Q01A = 2 and DRV_Q01B = 2 or DK or R, go to DRV_QINT2.
 Otherwise, go to DRV_C02A.

DRV_C02A If DRV_Q01A = 1, go to DRV_Q02.
 Otherwise, go to DRV_Q04.

DRV_Q02 **How often do you fasten your seat belt when you drive a motor vehicle?**
 DRVC_02 INTERVIEWER: Read categories to respondent.

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

DRV_Q03 **Counting hands-free use, how often do you use a cell phone while you are driving a motor vehicle?**
 DRVC_03 INTERVIEWER: Read categories to respondent.

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

DRV_Q04 **How often do you drive when you are feeling tired?**
 DRVC_04

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

DRV_Q05 **Compared to other drivers, would you say you usually drive:**
 DRVC_05 INTERVIEWER: Read categories to respondent.

- 1 ... much faster?
- 2 ... a little faster?
- 3 ... about the same speed?
- 4 ... a little slower?
- 5 ... much slower?
- DK, R

DRV_Q06 **(Compared to other drivers,) would you say you usually drive:**
 DRVC_06 INTERVIEWER: Read categories to respondent.

- 1 ... much more aggressively?
- 2 ... a little more aggressively?
- 3 ... about the same?
- 4 ... a little less aggressively?
- 5 ... much less aggressively?
- DK, R

DRV_C07 If ALC_Q1 = 1 (drank alcohol in past 12 months) and DRV_Q01A = 1 (drove a motor vehicle) or DRV_Q01B = 1 (Drove a motorcycle), go to DRV_Q07. Otherwise, go to DRV_QINT2.

DRV_Q07 **In the past 12 months, have you driven a motor vehicle after having 2 or more drinks in the hour before you drove?**
 DRVC_07 INTERVIEWER: Include cars, trucks, vans and motorcycles. Exclude off-road vehicles.

- 1 Yes
- 2 No (Go to DRV_QINT2)
- DK, R (Go to DRV_QINT2)

DRV_Q07A **How many times?**
 DRVC_07A

|_|_| Times
 (MIN: 1) (MAX: 95; warning after 20)
 DK, R

DRV_QINT2 **Now some questions about being a passenger in a motor vehicle.**
INTERVIEWER: Press <Enter> to continue.

DRV_Q08A **When you are a front seat passenger, how often do you fasten your seat belt?**
 DRVC_08A **INTERVIEWER:** Read categories to respondent.

- 1 **Always**
- 2 **Most of the time**
- 3 **Rarely**
- 4 **Never**
- 5 Do not ride in front seat
DK, R

DRV_Q08B **When you are a back seat passenger, how often do you fasten your seat belt?**
 DRVC_08B

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not ride in back seat
DK, R

DRV_Q09 **When you are a passenger in a taxi, how often do you fasten your seat belt?**
 DRVC_09

- 1 Always
- 2 Most of the time
- 3 Rarely
- 4 Never
- 5 Do not take taxis
DK, R

DRV_Q10 **In the past 12 months, have you been a passenger with a driver who had 2 or more drinks in the hour before driving?**
 DRVC_10

- 1 Yes
- 2 No (Go to DRV_Q11A)
DK, R (Go to DRV_Q11A)

DRV_Q10A **How many times (in the past 12 months)?**
 DRVC_10A

|_|_| Times
 (MIN: 1) (MAX: 95; warning after 20)
 DK, R

DRV_Q11A **In the past 12 months, have you been the driver of, or a passenger in, a snowmobile, motor boat or seadoo?**
 DRVC_11A

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

DRV_Q11B **In the past 12 months, have you been the driver of, or a passenger in, an ATV (all terrain vehicle)?**
 DRVC_11B

- 1 Yes
- 2 No (Go to DRV_C13)
DK, R (Go to DRV_END)

DRV_Q12 DRVC_12	<p>How often do you wear a helmet when on an ATV?</p> <p>INTERVIEWER: Read categories to respondent.</p> <p>1 Always</p> <p>2 Most of the time</p> <p>3 Rarely</p> <p>4 Never</p> <p> DK, R</p>
DRV_C13	<p>If DRV_Q11A = 2 (not driven/passenger - snowmobile, motor boat or seadoo) and DRV_Q11B = 2 (not driven/passenger - ATV), go to DRV_END.</p> <p>Otherwise, go to DRV_C13A.</p>
DRV_C13A	<p>If DRV_Q11A = 1 and DRV_Q11B = 1, use “a snowmobile, motor boat, seadoo or ATV” in DRV_Q13 and DRV_Q14.</p> <p>If DRV_Q11A = 1 and DRV_Q11B = 2, use “a snowmobile, motor boat or seadoo” in DRV_Q13 and DRV_Q14.</p> <p>If DRV_Q11A = 2 and DRV_Q11B = 1, use “an ATV” in DRV_Q13 and DRV_Q14.</p>
DRV_Q13 DRVC_13	<p>In the past 12 months, have you been a <u>passenger</u> on [a snowmobile, motor boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] with a driver who had 2 or more drinks in the hour before driving?</p> <p>1 Yes</p> <p>2 No (Go to DRV_C14)</p> <p> DK, R (Go to DRV_C14)</p>
DRV_Q13A DRVC_13A	<p>How many times?</p> <p> _ _ Times</p> <p>(MIN: 1) (MAX: 95; warning after 20)</p> <p>DK, R</p>
DRV_C14	<p>If ALC_Q1 = 1 (drank alcohol in the past 12 months), go to DRV_Q14.</p> <p>Otherwise, go to DRV_END.</p>
DRV_Q14 DRVC_14	<p>In the past 12 months, have you <u>driven</u> [a snowmobile, motor boat, seadoo or ATV/a snowmobile, motor boat or seadoo/an ATV] after having 2 or more drinks in the hour before you drove?</p> <p>1 Yes</p> <p>2 No (Go to DRV_END)</p> <p> DK, R (Go to DRV_END)</p>
DRV_Q14A DRVC_14A	<p>How many times?</p> <p> _ _ Times</p> <p>(MIN: 1) (MAX: 95; warning after 20)</p> <p>DK, R</p>
DRV_END	

ALCOHOL DEPENDENCE

ALD_C01A If (do ALD block = 2) or proxy interview, go to ALD_END.
ALDCFDO Otherwise, go to ALD_C01B.

ALD_C01B If ALC_Q3 > 2 (has had at least 5 drinks at least once a month), go to ALD_QINT1.
Otherwise, go to ALD_END.

ALD_QINT1 **The next questions are about how drinking can affect people in their activities. We will be referring to the past 12 months, that is, from [date one year ago] to yesterday.**
INTERVIEWER: Press <Enter> to continue.

ALD_Q01 **In the past 12 months, have you ever been drunk or hung-over while at work,**
ALDC_01 **school or while taking care of children?**

- 1 Yes
- 2 No (Go to ALD_Q03)
- DK, R (Go to ALD_END)

ALD_Q02 **How many times? Was it:**
ALDC_02 INTERVIEWER: Read categories to respondent.

- 1 ... Once or twice?
- 2 ... 3 to 5 times?
- 3 ... 6 to 10 times?
- 4 ... 11 to 20 times?
- 5 ... More than 20 times?
- DK, R

ALD_Q03 **In the past 12 months, were you ever in a situation while drunk or hung-over which**
ALDC_03 **increased your chances of getting hurt? (For example, driving a boat, using guns, crossing against traffic, or during sports.)**

- 1 Yes
- 2 No
- DK, R

ALD_Q04 **In the past 12 months, have you had any emotional or psychological problems**
ALDC_04 **because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?**

- 1 Yes
- 2 No
- DK, R

ALD_Q05 **In the past 12 months, have you had such a strong desire or urge to drink alcohol**
ALDC_05 **that you could not resist it or could not think of anything else?**

- 1 Yes
- 2 No
- DK, R

- ALD_Q06
ALDC_06 **In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?**
- 1 Yes
2 No
 DK, R
- ALD_Q07
ALDC_07 **In the past 12 months, did you ever drink much more or for a longer period of time than you intended?**
- 1 Yes
2 No (Go to ALD_Q09)
 DK, R (Go to ALD_Q09)
- ALD_Q08
ALDC_08 **How many times? Was it:**
INTERVIEWER: Read categories to respondent.
- 1 ... Once or twice?
2 ... 3 to 5 times?
3 ... 6 to 10 times?
4 ... 11 to 20 times?
5 ... More than 20 times?
 DK, R
- ALD_Q09
ALDC_09 **In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?**
- 1 Yes
2 No
 DK, R
- ALD_QINT10 **People who cut down their alcohol use or stop drinking altogether may not feel well if they have been drinking steadily for some time. These feelings are more intense and can last longer than the usual hangover.**
INTERVIEWER: Press <Enter> to continue.
- ALD_Q10
ALDC_10 **In the past 12 months, did you ever have a period when you stopped, cut down, or went without alcohol and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?**
- 1 Yes
2 No
 DK, R
- ALD_Q11
ALDC_11 **In the past 12 months, did you ever have a period when you drank alcohol even though you promised yourself you wouldn't, or when you drank a lot more than you intended?**
- 1 Yes
2 No
 DK, R

ALD_Q12 **In the past 12 months, did you ever have a period of several days or more when you spent so much time drinking alcohol or recovering from the effects that you had little time for anything else?**
ALDC_12

- 1 Yes
- 2 No
 DK, R

ALD_Q13 **In the past 12 months, did you ever have a period of a month or longer when you gave up or greatly reduced important activities because of your use of alcohol?**
ALDC_13

- 1 Yes
- 2 No
 DK, R

ALD_Q14 **In the past 12 months, did you ever continue to drink alcohol when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your alcohol use?**
ALDC_14

- 1 Yes
- 2 No
 DK, R

ALD_C15 If count of “Yes” responses (1) in (ALD_Q01, ALD_Q03, ALD_Q04, ALD_Q05, ALD_Q06, ALD_Q07, ALD_Q09, ALD_Q10, ALD_Q11, ALD_Q12, ALD_Q13, and ALD_Q14) = 0, go to ALD_END.

ALD_QINT15 **Please tell me what number best describes how much your use of alcohol interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means “no interference”, while 10 means “very severe interference”.**
INTERVIEWER: Press <Enter> to continue.

ALD_Q15A **In the past 12 months, how much did your alcohol use interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**
ALDC_15A

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

|_| Number
(MIN: 0) (MAX: 10)
DK, R

ALD_Q15B_1 **How much did it interfere with your ability to attend school?**
 ALDC_5B1 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

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

|_|_| Number
 (MIN: 0) (MAX: 11)
 DK, R

ALD_Q15B_2 **How much did it interfere with your ability to work at a job?**
 ALDC_5B2 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

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

|_|_| Number
 (MIN: 0) (MAX: 11)
 DK, R

ALD_Q15C
ALDC_15C

(In the past 12 months,) how much did your alcohol use interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means “no interference” and 10 means “very severe interference”.)

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

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

ALD_Q15D
ALDC_15D

How much did it interfere with your social life?

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

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

ALD_END

ILLCIT DRUGS

DRG_C1 If (do DRG block = 2), go to DRG_END.
IDGCFDO Otherwise, go to DRG_C2.

DRG_C2 If proxy interview, go to DRG_END.
Otherwise, go to DRG_QINT1.

DRG_QINT1 **Now I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.**
INTERVIEWER: Press <Enter> to continue.

DRG_Q01 **Have you ever used or tried marijuana, cannabis or hashish?**
IDGCG_01 INTERVIEWER: Read categories to respondent.

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q04)
DK, R (Go to DRG_END)

DRG_Q02 **Have you used it in the past 12 months?**
IDGCG_02

- 1 Yes
- 2 No (Go to DRG_Q04)
DK, R (Go to DRG_Q04)

DRG_C03 If DRG_Q01 = 1, go to DRG_Q04.

DRG_Q03 **How often (did you use marijuana, cannabis or hashish in the past 12 months)?**
IDGCG_03 INTERVIEWER: Read categories to respondent.

- 1 Less than once a month
- 2 1 to 3 times a month
- 3 Once a week
- 4 More than once a week
- 5 Every day
DK, R

DRG_Q04 **Have you ever used or tried cocaine or crack?**
IDGCG_04

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q07)
DK, R (Go to DRG_Q07)

DRG_Q05 **Have you used it in the past 12 months?**
IDGCG_05

- 1 Yes
- 2 No (Go to DRG_Q07)
DK, R (Go to DRG_Q07)

DRG_C06 If DRG_Q04 = 1, go to DRG_Q07.

DRG_Q06 **How often (did you use cocaine or crack in the past 12 months)?**
IDGC_06 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
- DK, R

DRG_Q07 **Have you ever used or tried speed (amphetamines)?**
IDGC_07

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q10)
- DK, R (Go to DRG_Q10)

DRG_Q08 **Have you used it in the past 12 months?**
IDGC_08

- 1 Yes
- 2 No (Go to DRG_Q10)
- DK, R (Go to DRG_Q10)

DRG_C09 If DRG_Q07 = 1, go to DRG_Q10.

DRG_Q09 **How often (did you use speed (amphetamines) in the past 12 months)?**
IDGC_09 **INTERVIEWER:** Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**
- DK, R

DRG_Q10 **Have you ever used or tried ecstasy (MDMA) or other similar drugs?**
IDGC_10

- 1 Yes, just once
- 2 Yes, more than once
- 3 No (Go to DRG_Q13)
- DK, R (Go to DRG_Q13)

DRG_Q11 **Have you used it in the past 12 months?**
IDGC_11

- 1 Yes
- 2 No (Go to DRG_Q13)
- DK, R (Go to DRG_Q13)

DRG_C12 If DRG_Q10 = 1, go to DRG_Q13.

DRG_Q24 **How often (did you use steroids in the past 12 months)?**

IDGC_24 INTERVIEWER: Read categories to respondent.

- 1 **Less than once a month**
- 2 **1 to 3 times a month**
- 3 **Once a week**
- 4 **More than once a week**
- 5 **Every day**

DK, R

DRG_C25A_1 DRG_C25A1 = Count of instances where DRG_Q01, DRG_Q04, DRG_Q07, DRG_Q10, DRG_Q13, DRG_Q16 and DRG_Q19 = 3, DK or R.

If DRG_C25A1 = 7, go to DRG_END.

DRG_C25A_2 DRG_C25A2 = Count of instances where DRG_Q03, DRG_Q06, DRG_Q09, DRG_Q12, DRG_Q15, DRG_Q18 and DRG_Q21 >= 2.

If DRG_C25A_2 >= 1, go to DRG_Q25A.

Otherwise, go to DRG_END.

DRG_Q25A **(During the past 12 months,) did you ever need to use more drugs than usual in order to get high, or did you ever find that you could no longer get high on the amount you usually took?**

IDGC_25A

- 1 Yes
- 2 No

DK, R

DRG_QINT25B **People who cut down their substance use or stop using drugs altogether may not feel well if they have been using steadily for some time. These feelings are more intense and can last longer than the usual hangover.**

INTERVIEWER: Press <Enter> to continue.

DRG_Q25B **(During the past 12 months,) did you ever have times when you stopped, cut down or went without drugs and then experienced symptoms like fatigue, headaches, diarrhoea, the shakes or emotional problems?**

IDGC_25B

- 1 Yes
- 2 No

DK, R

DRG_Q25C **(During the past 12 months,) did you ever have times when you used drugs to keep from having such symptoms?**

IDGC_25C

- 1 Yes
- 2 No

DK, R

DRG_Q25D **(During the past 12 months,) did you ever have times when you used drugs even though you promised yourself you wouldn't, or times when you used a lot more drugs than you intended?**

IDGC_25D

- 1 Yes (Go to DRG_Q25G)
- 2 No

DK, R

DRG_Q25E (During the past 12 months,) were there ever times when you used drugs more frequently, or for more days in a row than you intended?
IDGC_25E

- 1 Yes
- 2 No
- DK, R

DRG_Q25F (During the past 12 months,) did you ever have periods of several days or more when you spent so much time using drugs or recovering from the effects of using drugs that you had little time for anything else?
IDGC_25F

- 1 Yes
- 2 No
- DK, R

DRG_Q25G (During the past 12 months,) did you ever have periods of a month or longer when you gave up or greatly reduced important activities because of your use of drugs?
IDGC_25G

- 1 Yes
- 2 No
- DK, R

DRG_Q25H During the past 12 months, did you ever continue to use drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?
IDGC_25H

- 1 Yes
- 2 No
- DK, R

DRG_QINT26 Please tell me what number best describes how much your use of drugs interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means “no interference”, while 10 means “very severe interference”.

INTERVIEWER: Press <Enter> to continue.

DRG_Q26A How much did your use of drugs interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?
IDGC_26A

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

[_][_] Number
(MIN: 0) (MAX: 10)
DK, R

DRG_Q26B_1 **How much did your use interfere with your ability to attend school?**

IDGC_6B1 INTERVIEWER: If necessary, enter “11” to indicate “Not applicable”.

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

|| Number
 (MIN: 0) (MAX: 11)
 DK, R

DRG_Q26B_2 **How much did your use interfere with your ability to work at a regular job?**

IDGC_6B2 INTERVIEWER: If necessary, enter “11” to indicate “Not applicable”.

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

|| Number
 (MIN: 0) (MAX: 11)
 DK, R

DRG_Q26C
IDGC_26C

(During the past 12 months,) how much did your use of drugs interfere with your ability to form and maintain close relationships with other people? Remember that 0 means “no interference” and 10 means “very severe interference”.

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

|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_Q26D
IDGC_26D

How much did your use of drugs interfere with your social life?

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

|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_END

PROBLEM GAMBLING

CPG_C01 If (do CPG block = 2), go to CPG_END.
CPGCFDO Otherwise, go to CPG_C2.

CPG_C02 If proxy interview, go to CPG_END.
Otherwise, go to CPG_C3.

CPG_C03 CPG_C03 = Count instances where CPG_Q01B to CPG_Q01M = 7, 8, DK or R.

CPG_QINT1 **People have different definitions of gambling. They may bet money and gamble on many different things, including buying lottery tickets, playing bingo or playing card games with their family or friends.**

The next questions are about gambling activities and experiences. Some of these questions may not apply to you; however, they need to be asked of all respondents.
INTERVIEWER: Press <Enter> to continue.

CPG_Q01A **In the past 12 months, how often have you bet or spent money on instant**
CPG_C_01A **win/scratch tickets or daily lottery tickets (Keno, Pick 2, Encore, Banco, Extra)?**
INTERVIEWER: Read categories to respondent.
Exclude all other kinds of lottery tickets such as 6/49, Super 7, sports lotteries and fund raising tickets.

- 1 **Daily**
- 2 **Between 2 to 6 times a week**
- 3 **About once a week**
- 4 **Between 2 to 3 times a month**
- 5 **About once a month**
- 6 **Between 6 to 11 times a year**
- 7 **Between 1 to 5 times a year**
- 8 Never
DK, R

CPG_C01A If CPG_Q01A = R, go to CPG_END
Otherwise, go to CPG_Q01B.

CPG_Q01B **(In the past 12 months,) how often have you bet or spent money on lottery tickets**
CPG_C_01B **such as 6/49 and Super 7, raffles or fund-raising tickets?**

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01C (In the past 12 months,) how often have you bet or spent money on Bingo?
CPGC_01C

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01D (In the past 12 months,) how often have you bet or spent money playing cards or
CPGC_01D board games with family or friends?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01E (In the past 12 months,) how often have you bet or spent money on video lottery
CPGC_01E terminals (VLTs) outside of casinos?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01F (In the past 12 months,) how often have you bet or spent money on coin slots or
CPGC_01F VLTs at a casino?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01G (In the past 12 months,) how often have you bet or spent money on casino games
CPGC_01G other than coin slots or VLTs (for example, poker, roulette, blackjack, Keno)?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01H (In the past 12 months,) how often have you bet or spent money on Internet or
CPGC_01H arcade gambling?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01I In the past 12 months, how often have you bet or spent money on live horse racing
CPGC_01I at the track or off track?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01J (In the past 12 months,) how often have you bet or spent money on sports such as
CPGC_01J sports lotteries (Sport Select, Pro-Line, Mise-au-jeu, Total), sports pool or sporting events?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01K
CPGC_01K

(In the past 12 months,) how often have you bet or spent money on speculative investments such as stocks, options or commodities?

INTERVIEWER: Speculative investments refers to buying high-risk stocks, but does not include low-risk bonds, RRSPs and/or mutual funds.

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01L
CPGC_01L

In the past 12 months, how often have you bet or spent money on games of skill such as pool, golf, bowling or darts?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_Q01M
CPGC_01M

(In the past 12 months,) how often have you bet or spent money on any other forms of gambling such as dog races, gambling at casino nights/country fairs, bet on sports with a bookie or gambling pools at work?

- 1 Daily
- 2 Between 2 to 6 times a week
- 3 About once a week
- 4 Between 2 to 3 times a month
- 5 About once a month
- 6 Between 6 to 11 times a year
- 7 Between 1 to 5 times a year
- 8 Never
DK, R

CPG_C01N

If CPG_C03 = 12 and CPG_Q01A = 7, 8 or DK, go to CPG_END.
Otherwise, go to CPG_Q01N.

CPG_Q01N
CPGC_01N

In the past 12 months, how much money, not including winnings, did you spend on all of your gambling activities?

INTERVIEWER: Read categories to respondent.

- 1 Between 1 dollar and 50 dollars
- 2 Between 51 dollars and 100 dollars
- 3 Between 101 dollars and 250 dollars
- 4 Between 251 dollars and 500 dollars
- 5 Between 501 dollars and 1000 dollars
- 6 More than 1000 dollars
DK, R

CPG_QINT2 **The next questions are about gambling attitudes and experiences. Again, all the questions will refer to the past 12 months.**
INTERVIEWER: Press <Enter> to continue.

CPG_Q02
 CPGC_02 **In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?**
INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Sometimes**
- 3 **Most of the time**
- 4 **Almost always**
- 5 I am not a gambler (Go to CPG_END)
- DK
- R (Go to CPG_END)

CPG_Q03
 CPGC_03 **(In the past 12 months,) how often have you needed to gamble with larger amounts of money to get the same feeling of excitement?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q04
 CPGC_04 **(In the past 12 months,) when you gambled, how often did you go back another day to try to win back the money you lost?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q05
 CPGC_05 **In the past 12 months, how often have you borrowed money or sold anything to get money to gamble?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q06
 CPGC_06 **(In the past 12 months,) how often have you felt that you might have a problem with gambling?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q07
CPGC_07 **(In the past 12 months,) how often has gambling caused you any health problems, including stress or anxiety?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q08
CPGC_08 **(In the past 12 months,) how often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q09
CPGC_09 **(In the past 12 months,) how often has your gambling caused financial problems for you or your family?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q10
CPGC_10 **In the past 12 months, how often have you felt guilty about the way you gamble or what happens when you gamble?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q11
CPGC_11 **(In the past 12 months,) how often have you lied to family members or others to hide your gambling?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q12
CPGC_12 **(In the past 12 months,) how often have you wanted to stop betting money or gambling, but didn't think you could?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q13
CPGC_13 **In the past 12 months, how often have you bet more than you could really afford to lose?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q14
CPGC_14 **(In the past 12 months,) have you tried to quit or cut down on your gambling but were unable to do it?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q15
CPGC_15 **(In the past 12 months,) have you gambled as a way of forgetting problems or to feel better when you were depressed?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_Q16
CPGC_16 **(In the past 12 months,) has your gambling caused any problems with your relationship with any of your family members or friends?**

- 1 Never
- 2 Sometimes
- 3 Most of the time
- 4 Almost always
- DK, R

CPG_C17 For CPG_Q03 through CPG_Q10 and CPG_Q13, recode 1=0, 2=1, 3=2 and 4=3 into CPG_C17A through CPG_C17I.
CPG_C17J = Sum CPG_C17A through CPG_C17I.
If CPG_C17J <= 2, go to CPG_END.
Otherwise, go to CPG_Q17.

CPG_Q17
CPGC_17 **Has anyone in your family ever had a gambling problem?**

- 1 Yes
- 2 No
- DK, R

CPG_Q18
CPGC_18 **In the past 12 months, have you used alcohol or drugs while gambling?**

- 1 Yes
- 2 No
- DK, R

CPG_QINT19 **Please tell me what number best describes how much your gambling activities interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means “no interference”, while 10 means “very severe interference”.**
INTERVIEWER: Press <Enter> to continue.

CPG_Q19A **During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**

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

|_|_| Number
 (MIN: 0) (MAX: 10)
 DK, R

CPG_Q19B_1 **How much did these activities interfere with your ability to attend school?**
 CPGC_9B1 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

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

|_|_| Number
 (MIN: 0) (MAX: 11)
 DK, R

CPG_Q19B_2 **How much did they interfere with your ability to work at a job?**
 CPGC_9B2 **INTERVIEWER:** If necessary, enter “11” to indicate “Not applicable”.

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

|_|_| Number
 (MIN: 0) (MAX: 11)
 DK, R

CPG_Q19C **(During the past 12 months,) how much did your gambling activities interfere with**
 CPGC_19C **your ability to form and maintain close relationships with other people? (Remember that 0 means “no interference” and 10 means “very severe interference”).)**

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

|_|_| Number
 (MIN: 0) (MAX: 10)
 DK, R

CPG_Q19D **How much did they interfere with your social life?**

CPGC_19D

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

|_| | Number
(MIN: 0) (MAX: 10)
DK, R

CPG_END

EATING TROUBLES ASSESSMENT

ETA_C1 If (do ETA block = 2), go to ETA_END.
ETACFDO Otherwise, go to ETA_C2.

ETA_C2 If proxy interview, go to ETA_END.
Otherwise, go to ETA_Q01A.

ETA_Q01A **This part of the interview is about problems people may have with their**
ETAC_01A **weight or with eating.**
Was there ever a time in your life when you had a strong fear or a great deal of concern about being too fat or overweight?

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

ETA_Q01B **During the past 12 months, did you have a strong fear or a great deal of concern**
ETAC_01B **about being too fat or overweight?**

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

ETA_QINT2 **Now I am going to read you a series of statements about food and eating habits that describe feelings and experiences that you may have had during the past 12 months. Please tell me whether the statements are true for you by answering, “always”, “usually”, “often”, “sometimes”, “rarely”, or “never”.**
INTERVIEWER: Press <Enter> to continue.

ETA_Q02 **You are terrified about being overweight.**
ETAC_02

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

ETA_Q03 **You avoid eating when you are hungry.**
ETAC_03

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

ETA_Q04 **You find yourself preoccupied with food.**
 ETAC_04

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

ETA_Q05 **You go on eating binges where you feel you may not be able to stop.**
 ETAC_05

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

ETA_Q06 **You cut your food into small pieces.**
 ETAC_06

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

ETA_Q07 **You are aware of the calorie content of the foods you eat.**
 ETAC_07

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

ETA_Q08 **You particularly avoid food with a high carbohydrate content such as bread, rice or potatoes.**
 ETAC_08

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

ETA_Q09 (Again, in the past 12 months, please tell me how true the following statements
ETAC_09 are for you.)

You feel that others would prefer if you ate more.

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

ETA_Q10 **You vomit after you eat.**
ETAC_10

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

ETA_Q11 **You feel extremely guilty after eating.**
ETAC_11

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

ETA_Q12 **You are preoccupied with a desire to be thinner.**
ETAC_12

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

ETA_Q13 **You think about burning up calories when you exercise.**
ETAC_13

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

ETA_Q14
ETAC_14

Other people think you are too thin.

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

ETA_Q15
ETAC_15

You are preoccupied with the thought of having fat on your body.

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

ETA_Q16
ETAC_16

You take longer than others to eat your meals.

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

ETA_Q17
ETAC_17

You avoid foods with sugar in them.

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

ETA_Q18
ETAC_18

Again, in the past 12 months, please tell me how true the following statements are for you.

You eat diet foods.

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

ETA_Q19 **You feel that food controls your life.**
 ETAC_19

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

ETA_Q20 **You display self-control around food.**
 ETAC_20

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

ETA_Q21 **You feel that others pressure you to eat.**
 ETAC_21

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

ETA_Q22 **You give too much time and thought to food.**
 ETAC_22

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

ETA_Q23 **You feel uncomfortable after eating sweets.**
 ETAC_23

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

ETA_Q24 **You engage in dieting behaviour.**
 ETAC_24

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

ETA_Q25 **You like your stomach to be empty.**
 ETAC_25

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

ETA_Q26 **You have the impulse to vomit after meals.**
 ETAC_26

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

ETA_Q27 **You enjoy trying new rich foods.**
 ETAC_27

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

ETA_END

MATERNAL EXPERIENCES

MEX_C01A If (do MEX block = 2), go to MEX_END.
MEXCFDO Otherwise, go to MEX_C01B.

MEX_C01B If proxy interview or sex = male or age < 15 or > 55, go to MEX_END.
Otherwise, go to MEX_Q01.

MEX_Q01 **Now a few questions for recent mothers.**
MEXC_01 **Have you given birth in the past 5 years?**
INTERVIEWER: Do not include stillbirths.

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

MEX_Q01A **In what year?**
MEXC_01A INTERVIEWER: Enter year of birth of last baby.
Minimum is [current year - 5]; maximum is [current year].

I _ _ _ _ Year
(MIN: Current year - 5) (MAX: Current year)
DK, R

MEX_Q02 **Did you take a vitamin supplement containing folic acid before your (last)**
MEXC_02 **pregnancy, that is, before you found out that you were pregnant?**

- 1 Yes
- 2 No
DK, R

MEX_Q03 **(For your last baby,) did you breastfeed or try to breastfeed your baby, even if**
MEXC_03 **only for a short time?**

- 1 Yes (Go to MEX_Q05)
- 2 No
DK, R (Go to MEX_C20)

MEX_Q04 **What is the main reason that you did not breastfeed?**
MEXC_04

- 1 Bottle feeding easier
- 2 Formula as good as breast milk
- 3 Breastfeeding is unappealing / disgusting
- 4 Father / partner didn't want me to
- 5 Returned to work / school early
- 6 C-Section
- 7 Medical condition - mother
- 8 Medical condition - baby
- 9 Premature birth
- 10 Multiple births (e.g. twins)
- 11 Wanted to drink alcohol
- 12 Other - Specify
DK, R

MEX_C04S If MEX_Q04 <> 12, go to MEX_C20.
Otherwise, go to MEX_Q04S.

MEX_Q04S INTERVIEWER: Specify.

(80 spaces)

DK, R

Go to MEX_C20

MEX_Q05 **Are you still breastfeeding?**

MEXC_05

1 Yes (Go to MEX_Q07)

2 No

DK, R (Go to MEX_C20)

MEX_Q06 **How long did you breastfeed (your last baby)?**

MEXC_06

1 Less than 1 week

2 1 to 2 weeks

3 3 to 4 weeks

4 5 to 8 weeks

5 9 weeks to less than 12 weeks

6 3 months (12 weeks to less than 16 weeks)

7 4 months (16 weeks to less than 20 weeks)

8 5 months (20 weeks to less than 24 weeks)

9 6 months (24 weeks to less than 28 weeks)

10 7 to 9 months

11 10 to 12 months

12 More than 1 year

DK, R (Go to MEX_C20)

MEX_Q07 **How old was your (last) baby when you first added any other liquids (e.g. milk, formula, water, teas, herbal mixtures) or solid foods to the baby's feeds?**

MEXC_07

INTERVIEWER: If exact age not known, obtain best estimate.

1 Less than 1 week

2 1 to 2 weeks

3 3 to 4 weeks

4 5 to 8 weeks

5 9 weeks to less than 12 weeks

6 3 months (12 weeks to less than 16 weeks)

7 4 months (16 weeks to less than 20 weeks)

8 5 months (20 weeks to less than 24 weeks)

9 6 months (24 weeks to less than 28 weeks)

10 7 to 9 months

11 10 to 12 months

12 More than 1 year

13 Have not added liquids or solids (Go to MEX_Q09)

DK, R (Go to MEX_C20)

MEX_Q08 MEXC_08	<p>What is the main reason that you first added other liquids or solid foods?</p> <ol style="list-style-type: none"> 1 Not enough breast milk 2 Inconvenience / fatigue due to breastfeeding 3 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis) 4 Medical condition - mother 5 Medical condition - baby 6 Advice of doctor / health professional 7 Returned to work / school 8 Advice of partner / family / friends 9 Formula equally healthy for baby 10 Wanted to drink alcohol 11 Other - Specify DK, R
MEX_C08S	If MEX_Q08 <> 11, go to MEX_C09. Otherwise, go to MEX_Q08S.
MEX_Q08S	INTERVIEWER: Specify.
	<hr/> <p>(80 spaces) DK, R</p>
MEX_C09	If MEX_Q07 = 1 (first added other liquid or solids when baby was less than 1 week), go to MEX_C10. Otherwise, go to MEX_Q09.
MEX_Q09 MEXC_09	<p>During the time when your (last) baby was only fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?</p> <ol style="list-style-type: none"> 1 Yes 2 No DK, R
MEX_C10	If MEX_Q05 = 1 (still breastfeeding), go to MEX_C20. Otherwise, go to MEX_Q10.
MEX_Q10 MEXC_10	<p>What is the main reason that you stopped breastfeeding?</p> <ol style="list-style-type: none"> 1 Not enough breast milk 2 Inconvenience / fatigue due to breastfeeding 3 Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis) 4 Medical condition - mother 5 Medical condition - baby 6 Planned to stop at this time 7 Child weaned him / herself (e.g., baby biting, refusing breast) 8 Advice of doctor / health professional 9 Returned to work / school 10 Advice of partner 11 Formula equally healthy for baby 12 Wanted to drink alcohol 13 Other - Specify DK, R

MEX_C10S If MEX_Q10 <> 13, go to MEX_C20.
Otherwise, go to MEX_Q10S.

MEX_Q10S INTERVIEWER: Specify.

(80 spaces)
DK, R

MEX_C20 If SMK_Q202 = 1 or SMK_Q202 = 2 or SMK_Q201A = 1 or SMK_Q201B = 1 (current or former smoker), go to MEX_Q20.
Otherwise, go to MEX_Q26.

MEX_Q20 **During your last pregnancy, did you smoke daily, occasionally or not at all?**
MEXC_20

- | | | |
|---|--------------|-----------------|
| 1 | Daily | |
| 2 | Occasionally | (Go to MEX_Q22) |
| 3 | Not at all | (Go to MEX_C23) |
| | DK, R | (Go to MEX_Q26) |

Daily Smokers only

MEX_Q21 **How many cigarettes did you usually smoke each day?**
MEXC_21

I__I Number of cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

Go to MEX_C23

Occasional Smokers only

MEX_Q22 **On the days that you smoked, how many cigarettes did you usually smoke?**
MEXC_22

I__I Number of cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

MEX_C23 If MEX_Q03 <> 1 (didn't breastfeed last baby), go to MEX_Q26.
Otherwise, go to MEX_Q23.

MEX_Q23 **When you were breastfeeding (your last baby), did you smoke daily, occasionally or not at all?**
MEXC_23

- | | | |
|---|--------------|-----------------|
| 1 | Daily | |
| 2 | Occasionally | (Go to MEX_Q25) |
| 3 | Not at all | (Go to MEX_Q26) |
| | DK, R | (Go to MEX_Q26) |

Daily smokers only

MEX_Q24 **How many cigarettes did you usually smoke each day?**
MEXC_24

I _ I Number of cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

Go to MEX_Q26

Occasional smokers only

MEX_Q25 **On the days that you smoked, how many cigarettes did you usually smoke?**
MEXC_25

I _ I Number of cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

MEX_Q26 **Did anyone regularly smoke in your presence during or after the pregnancy**
MEXC_26 **(about 6 months after)?**

1 Yes
2 No
 DK, R

MEX_C30 If ALC_Q1 = 1 or ALC_Q5B = 1 (drank in past 12 months or ever drank), go to MEX_Q30.
Otherwise, go to MEX_END.

MEX_Q30 **Did you drink any alcohol during your last pregnancy?**
MEXC_30

1 Yes
2 No (Go to MEX_C32)
 DK, R (Go to MEX_END)

MEX_Q31 **How often did you drink?**
MEXC_31

1 Less than once a month
2 Once a month
3 2 to 3 times a month
4 Once a week
5 2 to 3 times a week
6 4 to 6 times a week
7 Every day
 DK, R

MEX_C32 If MEX_Q03 <> 1 (did not breastfeed last baby), go to MEX_END.
Otherwise, go to MEX_Q32.

MEX_Q32 **Did you drink any alcohol while you were breastfeeding (your last baby)?**
MEXC_32

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

MEX_Q33

MEXC_33

How often did you drink?

- 1 Less than once a month
- 2 Once a month
- 3 2 to 3 times a month
- 4 Once a week
- 5 2 to 3 times a week
- 6 4 to 6 times a week
- 7 Every day
- DK, R

MEX_END

SEXUAL BEHAVIOUR

SXB_C01A If (do SXB block = 2), go to SXB_END.
 SXBCFDO Otherwise, go to SXB_C01B.

SXB_C01B If proxy interview or age < 15 or > 49, go to SXB_END.
 Otherwise, go to SXB_QINT01.

SXB_QINT01 **I would like to ask you a few questions about sexual behaviour. We ask these questions because sexual behaviours can have very important and long-lasting effects on personal health. You can be assured that anything you say will remain confidential.**
INTERVIEWER: Press <Enter> to continue.

SXB_Q01 **Have you ever had sexual intercourse?**
 SXBC_1
 1 Yes
 2 No (Go to SXB_END)
 DK, R (Go to SXB_END)

SXB_Q02 **How old were you the first time?**
 SXBC_2 INTERVIEWER: Maximum is [current age].

|_| Age in years
 (MIN: 1; warning below 12) (MAX: current age)

DK, R (Go to SXB_END)

SXB_E02 If (SXB_Q02 >= 1) and (SXB_Q02 <= current age), go to SXB_Q03.
 Otherwise, show pop-up edit as follows.

The entered age at which the respondent first had sexual intercourse is invalid.
Please return and correct.

SXB_Q03 **In the past 12 months, have you had sexual intercourse?**
 SXBC_3
 1 Yes
 2 No (Go to SXB_Q07)
 DK, R (Go to SXB_END)

SXB_Q04 **With how many different partners?**
 SXBC_4
 1 1 partner
 2 2 partners
 3 3 partners
 4 4 or more partners
 DK
 R (Go to SXB_END)

- SXB_Q07
SXBC_07 **Have you ever been diagnosed with a sexually transmitted disease?**
- 1 Yes
 - 2 No
 - DK, R
- SXB_C08A If SXB_Q03 = 1 (had intercourse in last 12 months), go to SXB_C08C.
Otherwise, go to SXB_END.
- SXB_C08C If marital status = 1 (married) or 2 (common-law) and SXB_Q04 = 1 (one partner),
go to SXB_C09B.
Otherwise, go to SXB_Q08.
- SXB_Q08
SXBC_7A **Did you use a condom the last time you had sexual intercourse?**
- 1 Yes
 - 2 No
 - DK, R
- SXB_C09B If age > 24, go to SXB_END.
Otherwise, go to SXB_QINT9A.
- SXB_QINT9A **Now a few questions about birth control.**
INTERVIEWER: Press <Enter> to continue.
- SXB_C09C If sex = female, go to SXB_C09D.
Otherwise, go to SXB_QINT10.
- SXB_C09D If MAM_Q037 = 1 (currently pregnant), go to SXB_Q11.
Otherwise, go to SXB_QINT9B.
- SXB_QINT9B **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.
- SXB_Q09
SXBC_09 **It is important to me to avoid getting pregnant right now.**
- 1 Strongly agree (Go to SXB_Q11)
 - 2 Agree (Go to SXB_Q11)
 - 3 Neither agree nor disagree (Go to SXB_Q11)
 - 4 Disagree (Go to SXB_Q11)
 - 5 Strongly disagree (Go to SXB_Q11)
 - DK (Go to SXB_Q11)
 - R (Go to SXB_END)
- SXB_QINT10 **I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
INTERVIEWER: Press <Enter> to continue.

SXB_Q10 SXBC_10	It is important to me to avoid getting my partner pregnant right now.	
	1	Strongly agree
	2	Agree
	3	Neither agree nor disagree
	4	Disagree
	5	Strongly disagree
	6	Doesn't have a partner right now
	DK	
	R	(Go to SXB_END)
SXB_Q11 SXBC_11	In the past 12 months, did you and your partner usually use birth control?	
	1	Yes (Go to SXB_Q12)
	2	No (Go to SXB_END)
	DK, R	(Go to SXB_END)
SXB_Q12	What kind of birth control did you and your partner usually use?	
	<u>INTERVIEWER:</u> Mark all that apply.	
SXBC_12A	1	Condom (male or female condom)
SXBC_12B	2	Birth control pill
SXBC_12C	3	Diaphragm
SXBC_12D	4	Spermicide (e.g., foam, jelly, film)
SXBC_12E	5	Other - Specify
SXBC_12F	6	Birth control injection (Deprovera)
	DK, R	(Go to SXB_END)
SXB_C12S	If SXB_Q12 <> 5, go to SXB_C13. Otherwise, go to SXB_Q12S	
SXB_Q12S	<u>INTERVIEWER:</u> Specify.	

	(80 spaces)	
	DK, R	
SXB_C13	If MAM_Q037 = 1 (currently pregnant), go to SXB_END. Otherwise, go to SXB_Q13.	
SXB_Q13	What kind of birth control did you and your partner use the last time you had sex?	
	<u>INTERVIEWER:</u> Mark all that apply.	
SXBC_13A	1	Condom (male or female condom)
SXBC_13B	2	Birth control pill
SXBC_13C	3	Diaphragm
SXBC_13D	4	Spermicide (e.g., foam, jelly, film)
SXBC_13E	5	Other - Specify
SXBC_13F	6	Birth control injection (Deprovera)
	DK, R	

SXB_C13S If SXB_Q13 \leq 5, go to SXB_END.
 Otherwise, go to SXB_Q13S.

SXB_Q13S INTERVIEWER: Specify.

(80 spaces)
DK, R

SXB_END

MEDICATION USE

MED_C1 If (do MED block = 2), go to MED_END.
 MEDCFDO Otherwise, go to MED_QINT.

MED_QINT **Now I'd like to ask a few questions about [your/FNAME's] use of medications, both prescription and over-the-counter.**
 INTERVIEWER: Press <Enter> to continue.

MED_Q1A **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

MEDC_1A **... pain relievers such as aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?**

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

MED_Q1B **... tranquilizers such as Valium or Ativan?**

MEDC_1B

- 1 Yes
- 2 No
- DK, R

MED_Q1C **... diet pills such Dexatrim, Ponderal or Fastin?**

MEDC_1C

- 1 Yes
- 2 No
- DK, R

MED_Q1D **... anti-depressants such as Prozac, Paxil or Effexor?**

MEDC_1D

- 1 Yes
- 2 No
- DK, R

MED_Q1E **... codeine, Demerol or morphine?**

MEDC_1E

- 1 Yes
- 2 No
- DK, R

MED_Q1F **... allergy medicine such as Reactine or Allegra?**

MEDC_1F

- 1 Yes
- 2 No
- DK, R

MED_Q1G **... asthma medications such as inhalers or nebulizers?**

MEDC_1G

- 1 Yes
- 2 No
- DK, R

MED_E1G If MED_Q1G = 1 and CCC_Q036 = 2 (not taking medication for asthma) show pop-up edit as follows:

Inconsistent answers have been entered. The respondent has taken medicine for asthma in the past month but previously reported that he/she did not. Please confirm.

MED_Q1H ... cough or cold remedies?

MEDC_1H

- 1 Yes
- 2 No
DK, R

MED_Q1I ... penicillin or other antibiotics?

MEDC_1I

- 1 Yes
- 2 No
DK, R

MED_Q1J ... medicine for the heart?

MEDC_1J

- 1 Yes
- 2 No
DK, R

MED_Q1K ... medicine for blood pressure?

MEDC_1K

- 1 Yes
- 2 No
DK, R

MED_Q1L In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:

MEDC_1L

... diuretics or water pills?

- 1 Yes
- 2 No
DK, R

MED_Q1M ... steroids?

MEDC_1M

- 1 Yes
- 2 No
DK, R

MED_Q1N ... insulin?

MEDC_1N

- 1 Yes
- 2 No
DK, R

MED_E1N If MED_Q1N = 1 and CCC_Q105 = 2 (not currently taking insulin), show pop-up edit as follows:

Inconsistent answers have been entered. The respondent has taken insulin in the past month but previously reported that he/she did not. Please confirm.

MED_Q1O MEDC_1O	<p>... pills to control diabetes?</p> <p>1 Yes</p> <p>2 No</p> <p>DK, R</p>
MED_E1O	<p>If MED_Q1O = 1 and CCC_Q101 = 2 (not having diabetes) show pop-up edit as follows:</p> <p>Inconsistent answers have been entered. The respondent has taken pills to control diabetes in the last month but previously reported that he/she did not have diabetes. Please confirm.</p>
MED_Q1P MEDC_1P	<p>... sleeping pills such as Imovane, Nytol or Starnoc?</p> <p>1 Yes</p> <p>2 No</p> <p>DK, R</p>
MED_Q1Q MEDC_1Q	<p>... stomach remedies?</p> <p>1 Yes</p> <p>2 No</p> <p>DK, R</p>
MED_Q1R MEDC_1R	<p>... laxatives?</p> <p>1 Yes</p> <p>2 No</p> <p>DK, R</p>
MED_C1S	<p>If sex = female and age <= 49, go to MED_Q1S. Otherwise, go to MED_C1T.</p>
MED_Q1S MEDC_1S	<p>... birth control pills?</p> <p>1 Yes</p> <p>2 No</p> <p>DK, R</p>
MED_C1T	<p>If sex = female and age >= 30, go to MED_Q1T. Otherwise, go to MED_Q1U.</p>
MED_Q1T MEDC_1T	<p>... hormones for menopause or ageing symptoms?</p> <p>1 Yes</p> <p>2 No (Go to MED_Q1U)</p> <p>DK, R (Go to MED_Q1U)</p>
MED_Q1T1 MEDC_1T1	<p>What type of hormones [are/is] [you/she] taking? <u>INTERVIEWER:</u> Read categories to respondent.</p> <p>1 Estrogen only</p> <p>2 Progesterone only</p> <p>3 Both</p> <p>4 Neither</p> <p>DK, R</p>

MED_Q1T2 MEDC_1T2	<p>When did [you/she] start this hormone therapy?</p> <p>INTERVIEWER: Enter the year (minimum is [year of birth + 30]; maximum is [current year]).</p> <p>____ Year (MIN: year of birth + 30) (MAX: current year) DK, R</p>
MED_E1T2	<p>If outside these ranges, show pop-up edit as follows:</p> <p>Year must be between [year of birth + 30] and [current year]. Please return and correct.</p>
MED_Q1U MEDC_1U	<p>In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:</p> <p>... thyroid medication such as Synthroid or levothyroxine?</p> <p>1 Yes 2 No DK, R</p>
MED_Q1V MEDC_1V	<p>... any other medication?</p> <p>1 Yes 2 No DK, R</p>
MED_C1V	<p>If MED_Q1V <> 1, go to MED_END. Otherwise, go to MED_Q1VS.</p>
MED_Q1VS	<p>INTERVIEWER: Specify.</p> <p>_____</p> <p>(80 spaces) DK, R</p>
MED_END	

MEDICATION USE (Quebec)

QMD_C1 If (do QMD block = 2), go to QMD_END.
 QMDCFDO Otherwise, go to QMD_QINT.

QMD_QINT **Now some additional questions on medication use from your province.
 The questions refer to medications [you/FNAME] took yesterday or the day before
 (tablets, ointments, syrup).**
INTERVIEWER: Press <Enter> to continue.

QMD_Q01 **Yesterday or the day before, did [you/FNAME] take any of the following**
 QMDC_01 **products:**
... pain relievers?

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

QMD_Q02 **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
 QMDC_02 **... tranquilizers, sedatives or sleeping pills?**

- 1 Yes
- 2 No
- DK, R

QMD_Q03A **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
 QMDC_03A **... heart medication?**

- 1 Yes
- 2 No
- DK, R

QMD_Q03B **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
 QMDC_03B **... blood pressure medication?**

- 1 Yes
- 2 No
- DK, R

QMD_Q04 **Yesterday or the day before, did [you/FNAME] take any of the following products:**
 QMDC_04 **... antibiotics?**

- 1 Yes
- 2 No
- DK, R

QMD_Q05 **(Yesterday or the day before, did [you/FNAME] take any of the following products:)**
 QMDC_05 **... stomach remedies or medication?**

- 1 Yes
- 2 No
- DK, R

QMD_Q06 (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMD_C06 ... laxatives?

- 1 Yes
- 2 No
DK, R

QMD_Q07 (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMD_C07 ... cough or cold remedies?

- 1 Yes
- 2 No
DK, R

QMD_Q08 (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMD_C08 ... skin ointments?

- 1 Yes
- 2 No
DK, R

QMD_Q09 (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMD_C09 ... vitamins or minerals?

- 1 Yes
- 2 No
DK, R

QMD_Q10 Yesterday or the day before, did [you/FNAME] take any of the following products:
QMD_C10 ... dietary supplements such as brewer's yeast, algae, bone-meal, etc.?

- 1 Yes
- 2 No
DK, R

QMD_Q11 (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMD_C11 ... energy or mood improving stimulants?

- 1 Yes
- 2 No
DK, R

QMD_C12 If sex = female, go to QMD_Q12.
Otherwise, go to QMD_Q13.

QMD_Q12 (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMD_C12 ... oral contraceptive?

- 1 Yes
- 2 No
DK, R

QMD_Q13 (Yesterday or the day before, did [you/FNAME] take any of the following products:
QMDC_13 ... diet pills?

- 1 Yes
- 2 No
- DK, R

QMD_Q14 (Yesterday or the day before, did [you/FNAME] take any of the following products:
QMDC_14 ... anti-depressants?

- 1 Yes
- 2 No
- DK, R

QMD_Q15 Yesterday or the day before, did [you/FNAME] take any of the following products:
QMDC_15 ... allergy medicine?

- 1 Yes
- 2 No
- DK, R

QMD_Q16 (Yesterday or the day before, did [you/FNAME] take any of the following products:
QMDC_16 ... asthma medications such as inhalers, nebulizers or pills?

- 1 Yes
- 2 No
- DK, R

QMD_Q17A (Yesterday or the day before, did [you/FNAME] take any of the following products:
QMDC_17A ... insulin?

- 1 Yes
- 2 No
- DK, R

QMD_Q17B (Yesterday or the day before, did [you/FNAME] take any of the following products:
QMDC_17B ... pills to control diabetes?

- 1 Yes
- 2 No
- DK, R

QMD_Q18 (Yesterday or the day before, did [you/FNAME] take any of the following products:
QMDC_18 ... cholesterol medication?

- 1 Yes
- 2 No
- DK, R

QMD_C19A If sex = female and age >= 30, go to QMD_Q19A.
Otherwise, go to QMD_Q20.

QMD_Q19A (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMD_C_19A ... hormones to prevent or treat menopausal symptoms?

- 1 Yes
- 2 No (Go to QMD_Q20)
DK, R (Go to QMD_Q20)

QMD_Q19B What type of medication [are/is] [you/FNAME] taking?
QMD_C_19B

- 1 Estrogen only
- 2 Estrogen and progesterone
- 3 Other - Specify
DK, R

QMD_C19S If QMD_Q19 <> 3, go to QMD_Q20.
Otherwise, go to QMD_Q19S.

QMD_Q19S INTERVIEWER: Specify.

(80 spaces)
DK, R

QMD_Q20 (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMD_C_20 ... thyroid medication?

- 1 Yes
- 2 No
DK, R

QMD_Q21 (Yesterday or the day before, did [you/FNAME] take any of the following products:)
QMD_C_21 ... any other medication?

- 1 Yes
- 2 No
DK, R

QMD_C22 If all of QMD_Q01 to QMD_Q21 <> 1, go to QMD_END.
Otherwise, go to QMD_Q22.

QMD_Q22 Yesterday and the day before, how many different medications did [you/FNAME]
QMD_C_22 take?

I_I_I Medications
(MIN: 1; MAX: 99; warning after 12)
DK, R (Go to QMD_END)

QMD_B23 Call ExactMedication arrayed block QMD_Q22 times, to a maximum of 20.

QMD_END

EXACT MEDICATION

EXM_C1 For each medication identified in EXM_Q01n, ask EXM_Q02n and EXM_Q03n up to 20 times, where n = A, B, ..., T.

EXM_Q01 **What is the exact name of the medication that [you/FNAME] took?**

EXMC_01n INTERVIEWER: Ask respondent to look at the bottle, tube or box.

(80 spaces)

DK, R (Go to EXM_END)

EXM_Q02 **[Are/Is] [you/FNAME] currently taking this medication on a regular basis, that is**
EXMC_02n **every day or several times a week?**

1 Yes

2 No

DK, R

EXM_C03 If EXM_Q02 <> 1, go to EXM_END.
Otherwise, go to EXM_Q03.

EXM_Q03 **For how long [have/has] [you/FNAME] been taking this medication every day or**
EXMC_03n **several times a week?**

INTERVIEWER : Read categories to respondent.

1 **Less than 1 month**

2 **1 month to less than 6 months**

3 **6 months to less than 1 year**

4 **1 year or more**

DK, R

EXM_END

PSYCHOLOGICAL WELL-BEING MANIFESTATION SCALE

PWB_C1 If (do PWB block = 2), go to PWB_END.
 PWBCFDO Otherwise, go to PWB_C2.

PWB_C2 If proxy interview, go to PWB_END.
 Otherwise, go to PWB_QINT.

PWB_QINT **Now I'm going to read you a series of statements that people might use to describe themselves. Please tell me if you had these feelings almost always, frequently, half the time, rarely or never.**
 INTERVIEWER: Press <Enter> to continue.

PWB_Q01 **During the past month, you felt self-confident.**
 PWBC_01 INTERVIEWER: Read categories to respondent.

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

PWB_Q02 **During the past month, you felt satisfied with what you were able to accomplish, you felt proud of yourself.**
 PWBC_02 INTERVIEWER: Read categories to respondent.

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

PWB_Q03 **(During the past month,) you were a "go-getter ", you took on lots of projects.**
 PWBC_03

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

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

PWB_Q04 **(During the past month,) you felt emotionally balanced.**
 PWBC_04

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

PWB_Q05
PWBC_05

(During the past month,) you felt loved and appreciated.

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

PWB_Q06
PWBC_06

(During the past month,) you had goals and ambitions.

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

PWB_Q07
PWBC_07

(During the past month,) you felt like having fun, participating in sports and all your favourite activities and hobbies.

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

PWB_Q08
PWBC_08

During the past month, you felt useful.

INTERVIEWER: Read categories to respondent.

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

PWB_Q09
PWBC_09

(During the past month,) you smiled easily.

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

PWB_Q10
PWBC_10

(During the past month,) you were true to yourself, being natural at all times.

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

PWB_Q11 (During the past month,) you did a good job of listening to your friends.
PWBC_11

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

PWB_Q12 (During the past month,) you were curious and interested in all sorts of things.
PWBC_12

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

PWB_Q13 (During the past month,) you were able to clearly sort things out when faced with complicated situations.
PWBC_13

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

PWB_Q14 (During the past month,) you found life exciting and you wanted to enjoy every moment of it.
PWBC_14

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

PWB_Q15 (During the past month,) your life was well-balanced between your family, personal and professional activities.
PWBC_15

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

PWB_Q16 **During the past month, you were quite calm and level-headed.**

PWBC_16 **INTERVIEWER:** Read categories to respondent.

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

PWB_Q17 **(During the past month,) you were able to easily find answers to your problems.**

PWBC_17

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

PWB_Q18 **(During the past month,) you got along well with everyone around you.**

PWBC_18

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

PWB_Q19 **(During the past month,) you lived at a normal pace, not doing anything excessively.**

PWBC_19

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

PWB_Q20 **(During the past month,) you had the impression of really enjoying life.**

PWBC_20

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

PWB_Q21
PWBC_21 **(During the past month,) you had a good sense of humour, easily making your friends laugh.**

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

PWB_Q22
PWBC_22 **(During the past month,) you felt good, at peace with yourself.**

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

PWB_Q23
PWBC_23 **(During the past month,) you felt healthy and in good shape.**

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

PWB_Q24
PWBC_24 **(During the past month,) you were able to face difficult situations in a positive way.**

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

PWB_Q25
PWBC_25 **(During the past month,) your morale was good.**

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

PWB_END

SOCIAL SUPPORT

SSM_C1 SSMCFDO	If (do SSM block = 2), go to SSM_END. Otherwise, go to SSM_C2.
SSM_C2	If proxy interview, go to SSM_END. Otherwise, go to SSM_QINT.
SSM_QINT	Next are some questions about the support that is available to you. <u>INTERVIEWER</u> : Press <Enter> to continue.
SSM_Q01 SSMC_01	Starting with a question on friendship, about how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind? _ _ Close friends (MIN: 0) (MAX: 99; warning after 20) DK, R (Go to SSM_END)
SSM_QINT2	People sometimes look to others for companionship, assistance or other types of support. <u>INTERVIEWER</u> : Press <Enter> to continue.
SSM_Q02 SSMC_02	How often is each of the following kinds of support available to you if you need it: ... someone to help you if you were confined to bed? <u>INTERVIEWER</u> : Read categories to respondent. 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time DK, R (Go to SSM_END)
SSM_C02	If SSM_Q02 = 2,3,4 or 5 then KEY_PHRASE = [to help you if you were confined to bed]
SSM_Q03 SSMC_03	... someone you can count on to listen to you when you need to talk? 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time DK, R
SSM_C03	If SSM_Q03 = 2,3,4 or 5 then KEY_PHRASE = [to listen to you]

SSM_Q04 ... someone to give you advice about a crisis?

SSMC_04

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

SSM_C04 If SSM_Q04 = 2,3,4 or 5 then KEY_PHRASE = [to give you advice]

SSM_Q05 ... someone to take you to the doctor if you needed it?

SSMC_05

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

SSM_C05 If SSM_Q05 = 2,3,4 or 5 then KEY_PHRASE = [to take you to the doctor]

SSM_Q06 ... someone who shows you love and affection?

SSMC_06

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

SSM_C06 If SSM_Q06 = 2,3,4 or 5 then KEY_PHRASE = [to show you affection]

SSM_Q07 **Again, how often is each of the following kinds of support available to you if you need it:**

SSMC_07

... someone to have a good time with?

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

SSM_C07 If SSM_Q07 = 2,3,4 or 5 then KEY_PHRASE = [to have a good time with]

SSM_Q08 ... someone to give you information in order to help you understand a situation?

SSMC_08

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

SSM_C08 If SSM_Q08 = 2,3,4 or 5 then KEY_PHRASE = [to give you information]

SSM_Q09 ... **someone to confide in or talk to about yourself or your problems?**
SSMC_09

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

SSM_C09 If SSM_Q09 = 2,3,4 or 5 then KEY_PHRASE = [to confide in]

SSM_Q10 ... **someone who hugs you?**
SSMC_10

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

SSM_C10 If SSM_Q10 = 2,3,4 or 5 then KEY_PHRASE = [to hug you]

SSM_Q11 ... **someone to get together with for relaxation?**
SSMC_11

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

SSM_C11 If SSM_Q11= 2,3,4 or 5 then KEY_PHRASE = [to relax with]

SSM_Q12 ... **someone to prepare your meals if you were unable to do it yourself?**
SSMC_12

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

SSM_C12 If SSM_Q12 = 2,3,4 or 5 then KEY_PHRASE = [to prepare your meals]

SSM_Q13 ... **someone whose advice you really want?**
SSMC_13

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

SSM_C13 If SSM_Q13 = 2,3,4 or 5 then KEY_PHRASE = [to advise you]

SSM_Q14 SSMC_14	<p>Again, how often is each of the following kinds of support available to you if you need it:</p> <p>... someone to do things with to help you get your mind off things?</p> <p>1 None of the time</p> <p>2 A little of the time</p> <p>3 Some of the time</p> <p>4 Most of the time</p> <p>5 All of the time</p> <p>DK, R</p>
SSM_C14	If SSM_Q14 = 2,3,4 or 5 then KEY_PHRASE = [to do things with]
SSM_Q15 SSMC_15	<p>... someone to help with daily chores if you were sick?</p> <p>1 None of the time</p> <p>2 A little of the time</p> <p>3 Some of the time</p> <p>4 Most of the time</p> <p>5 All of the time</p> <p>DK, R</p>
SSM_C15	If SSM_Q15 = 2,3,4 or 5 then KEY_PHRASE = [to help with daily chores]
SSM_Q16 SSMC_16	<p>... someone to share your most private worries and fears with?</p> <p>1 None of the time</p> <p>2 A little of the time</p> <p>3 Some of the time</p> <p>4 Most of the time</p> <p>5 All of the time</p> <p>DK, R</p>
SSM_C16	If SSM_Q16 = 2,3,4 or 5 then KEY_PHRASE = [to share your worries and fears with]
SSM_Q17 SSMC_17	<p>... someone to turn to for suggestions about how to deal with a personal problem?</p> <p>1 None of the time</p> <p>2 A little of the time</p> <p>3 Some of the time</p> <p>4 Most of the time</p> <p>5 All of the time</p> <p>DK, R</p>
SSM_C17	If SSM_Q17 = 2,3,4 or 5 then KEY_PHRASE = [to turn to for suggestions]
SSM_Q18 SSMC_18	<p>... someone to do something enjoyable with?</p> <p>1 None of the time</p> <p>2 A little of the time</p> <p>3 Some of the time</p> <p>4 Most of the time</p> <p>5 All of the time</p> <p>DK, R</p>
SSM_C18	If SSM_Q18 = 2,3,4 or 5 then KEY_PHRASE = [to do something enjoyable with]

SSM_Q19 ... someone who understands your problems?
SSMC_19

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

SSM_C19 If SSM_Q19 = 2,3,4 or 5 then KEY_PHRASE = [to understand your problems]

SSM_Q20 ... someone to love you and make you feel wanted?
SSMC_20

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

SSM_C20 If SSM_Q20 = 2,3,4 or 5 then KEY_PHRASE = [to love you and make you feel wanted]

SSM_C21A If any responses of 2,3,4 or 5 in SSM_Q02 to SSM_Q20, go to SSM_QINT21_A.
Otherwise, go to SSM_END.

SSM_QINT21_A

You have just mentioned that if you needed support, someone would be available for you. The next questions are about the support or help you actually received in the past 12 months.

INTERVIEWER: Press <Enter> to continue.

SSM_C21 If any responses of 2,3,4 or 5 in SSM_Q02 or SSM_Q05 or SSM_Q12 or SSM_Q15, then SSM_C21 = 1 (Yes) and go to SSM_Q21A.
Otherwise, SSM_C21 = 2 (No) and go to SSM_C22.

SSM_Q21A In the past 12 months, did you receive the following support:
SSMC_21A someone ^KEY_PHRASES?

- 1 Yes
- 2 No (Go to SSM_C22)
- DK, R (Go to SSM_C22)

SM_Q21B When you needed it, how often did you receive this kind of support (in the past
SSMC_21B 12 months)?

INTERVIEWER: Read categories to respondent.

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

SSM_C22 If any responses of 2,3,4 or 5 in SSM_Q06 or SSM_Q10 or SSM_Q20 then make SSM_C22 = 1 (YES) and go to SSM_Q22A.
Otherwise, make SSM_C22 = 2 (NO) and go to SSM_C23.

SSM_Q22A (In the past 12 months, did you receive the following support:) someone
SSMC_22A ^KEY_PHRASES?

- 1 Yes
- 2 No (Go to SSM_C23)
- DK, R (Go to SSM_C23)

SSM_Q22B When you needed it, how often did you receive this kind of support (in the past
SSMC_22B 12 months)?

INTERVIEWER: Read categories to respondent.

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

SSM_C23 If any responses of 2,3,4 or 5 in SSM_Q07 or SSM_Q11 or SSM_Q14 or SSM_Q18, then
make SSM_C23 = 1 (Yes) and go to SSM_Q23A.
Otherwise, make SSM_C23 = 2 (No) and go to SSM_C24.

SSM_Q23A (In the past 12 months, did you receive the following support:) someone
SSMC_23A ^KEY_PHRASES?

- 1 Yes
- 2 No (Go to SSM_C24)
- DK, R (Go to SSM_C24)

SSM_Q23B When you needed it, how often did you receive this kind of support (in the past
SSMC_23B 12 months)?

INTERVIEWER: Read categories to respondent.

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

SSM_C24 If any responses of 2,3,4 or 5 in SSM_Q03 or SSM_Q04 or SSM_Q08 or SSM_Q09 or
SSM_Q13 or SSM_Q16 or SSM_Q17 or SSM_Q19, then make SSM_C24 = 1 and go to
SSM_Q24A.
Otherwise, make SSM_C24 = 2 and go to SSM_END.

SSM_Q24A (In the past 12 months, did you receive the following support:) someone
SSMC_24A ^KEY_PHRASES?

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

SSM_Q24B **When you needed it, how often did you receive this kind of support (in the past**
SSMC_24B **12 months)?**

INTERVIEWER: Read categories to respondent.

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

SSM_END

SPIRITUAL VALUES

SPR_C1 If (do SPR block = 2), go to SPR_END.
SPVCFDO Otherwise, go to SPR_C2.

SPR_C2 If proxy interview, go to SPR_END.
Otherwise, go to SPR_QINT.

SPR_QINT **I now have a few questions about spiritual values in your life.**
INTERVIEWER: Press <Enter> to continue.

SPR_Q1 **Do spiritual values play an important role in your life?**
SPVC_1

- 1 Yes
- 2 No (Go to SPR_Q5)
- DK, R (Go to SPR_END)

SPR_Q2 **To what extent do your spiritual values help you to find meaning in your life?**
SPVC_2 INTERVIEWER: Read categories to respondent.

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

SPR_Q3 **To what extent do your spiritual values give you the strength to face everyday**
SPVC_3 **difficulties?**

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

SPR_Q4 **To what extent do your spiritual values help you to understand the difficulties**
SPVC_4 **of life?**

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

SPR_Q5
SPVC_5

What, if any, is your religion?

- | | | |
|----|--|-----------------|
| 1 | No religion (Agnostic, Atheist) | (Go to SPR_END) |
| 2 | Roman Catholic | |
| 3 | Ukrainian Catholic | |
| 4 | United Church | |
| 5 | Anglican (Church of England, Episcopalian) | |
| 6 | Presbyterian | |
| 7 | Lutheran | |
| 8 | Baptist | |
| 9 | Pentecostal | |
| 10 | Eastern Orthodox | |
| 11 | Jewish | |
| 12 | Islam (Muslim) | |
| 13 | Hindu | |
| 14 | Buddhist | |
| 15 | Sikh | |
| 16 | Jehovah's Witness | |
| 17 | Other - Specify | |
| | DK, R | (Go to SPR_END) |

SPR_C5 If SPR_Q5 <> 17, go to SPR_Q6.

SPR_Q5S INTERVIEWER: Specify.

(80 spaces)
DK, R

SPR_Q6
SPVC_6

Not counting events such as weddings or funerals, during the past 12 months, how often did you participate in religious activities or attend religious services or meetings?

INTERVIEWER: Read categories to respondent.

Do not include special events such as weddings, funerals, baptisms, bar mitzvahs, etc.

- | | |
|---|----------------------------|
| 1 | Once a week or more |
| 2 | Once a month |
| 3 | 3 or 4 times a year |
| 4 | Once a year |
| 5 | Not at all |
| | DK, R |

SPR_Q7
SPVC_7

In general, would you say that you are:

INTERVIEWER: Read categories to respondent.

- | | |
|---|----------------------------------|
| 1 | ... very religious? |
| 2 | ... religious? |
| 3 | ... not very religious? |
| 4 | ... not religious at all? |
| | DK, R |

SPR_END

CONTACTS WITH MENTAL HEALTH PROFESSIONALS

CMH_C01A If (CMH block = 2), go to CMH_END.
 CMHCFDO Otherwise, go to CMH_C01B.

CMH_C01B If proxy interview, go to CMH_END.
 Otherwise, go to CMH_QINT.

CMH_QINT **Now some questions about mental and emotional well-being.**
INTERVIEWER: Press <Enter> to continue.

CMH_Q01K **In the past 12 months, that is, from [date one year ago] to yesterday, have you**
 CHMC_01K **seen, or talked on the telephone, to a health professional about your emotional or**
mental health?

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

CMH_Q01L **How many times (in the past 12 months)?**
 CHMC_01L

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

CMH_Q01M **Whom did you see or talk to?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- | | | |
|----------|---|--|
| CHMC_1MA | 1 | Family doctor or general practitioner |
| CHMC_1MB | 2 | Psychiatrist |
| CHMC_1MC | 3 | Psychologist |
| CHMC_1MD | 4 | Nurse |
| CHMC_1ME | 5 | Social worker or counsellor |
| CHMC_1MF | 6 | Other – Specify |
| | | DK, R |

CMH_C01MS If CMH_Q01M <> 6, go to CMH_END.
 Otherwise, go to CMH_Q01S.

CMH_Q01MS INTERVIEWER: Specify.

 (80 spaces)
 DK, R

CMH_E01M[1] If CMH_Q01M = 1 (saw a family doctor) and HCU_Q02A = 0, display edit message as follows:

Inconsistent answers have been entered. The respondent has saw or talked with a family doctor or general practitioner in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[2] If CMH_Q01M = 2 (saw a psychiatrist) and HCU_Q02C = 0, display edit message.

Inconsistent answers have been entered. The respondent has saw or talked with a psychiatrist in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[3] If CMH_Q01M = 3 (saw a psychologist) and HCU_Q02I = 0, display edit message.

Inconsistent answers have been entered. The respondent has saw or talked with a psychologist in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[4] If CMH_Q01M = 4 (saw a nurse) and HCU_Q02D = 0, display edit message.

Inconsistent answers have been entered. The respondent has saw or talked with a nurse in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_E01M[5] If CMH_Q01M = 5 (saw a social worker or counsellor) and HCU_Q02H = 0, display edit message.

Inconsistent answers have been entered. The respondent has saw or talked with a social worker or counsellor in the past 12 months but previously reported that he/she did not. Please confirm.

CMH_END

DISTRESS

DIS_C1 If (do DIS block = 2), go to DIS_END.
DISCFDO Otherwise, go to DIS_C2.

DIS_C2 If proxy interview, go to DIS_END.
Otherwise, go to DIS_QINT.

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

DIS_Q01A **During the past month, that is, from [date one month ago] to yesterday, about**
DISC_10A **how often did you feel:**
...tired out for no good reason?
INTERVIEWER: Read categories to respondent.

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

DIS_Q01B **... nervous?**
DISC_10B

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time (Go to DIS_Q01D)
- DK, R (Go to DIS_Q01D)

DIS_C01B If DIS_Q01B = 5, then DIS_Q01C will be set to 5 (None of the time) during processing.

DIS_Q01C **... so nervous that nothing could calm you down?**
DISC_10C

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

DIS_Q01D **... hopeless?**
DISC_10D

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

DIS_Q01E
DISC_10E

... restless or fidgety?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time (Go to DIS_Q01G)
- DK, R (Go to DIS_Q01G)

DIS_C01E If DIS_Q01E = 5, then DIS_Q01F will be set to 5 (None of the time) during processing.

DIS_Q01F
DISC_10F

... so restless you could not sit still?

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

DIS_Q01G
DISC_10G

**During the past month, about how often did you feel:
...sad or depressed?**

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time (Go to DIS_Q01I)
- DK, R (Go to DIS_Q01I)

DIS_C01G If DIS_Q01G = 5, then DIS_Q01H will be set to 5 (None of the time) during processing.

DIS_Q01H
DISC_10H

...so depressed that nothing could cheer you up?

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

DIS_Q01I
DISC_10I

...that everything was an effort?

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

DIS_Q01J
DISC_10J

...worthless?

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

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

DIS_Q01K
DISC_10K

We just talked about feelings that occurred to different degrees during the past month. Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?

- 1 More often
 - 2 Less often (Go to DIS_Q01M)
 - 3 About the same (Go to DIS_Q01N)
 - 4 Never have had any (Go to DIS_END)
- DK, R (Go to DIS_END)

DIS_Q01L
DISC_10L

Is that a lot more, somewhat more or only a little more often than usual?

- 1 A lot
 - 2 Somewhat
 - 3 A little
- DK, R

Go to DIS_Q01N

DIS_Q01M
DISC_10M

Is that a lot less, somewhat less or only a little less often than usual?

- 1 A lot
 - 2 Somewhat
 - 3 A little
- DK, R

DIS_Q01N
DISC_10N

During the past month, how much did these feelings usually interfere with your life or activities?

INTERVIEWER: Read categories to respondent.

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

DIS_END

DISTRESS AND MENTAL HEALTH (Quebec)

DIQ_C01 If (do DIQ = 2), go to DIQ_END.
 DIQCFDO Otherwise, go to DIQ_C02.

DIQ_C02 If proxy interview, go to DIQ_END.
 Otherwise, go to DIQ_QINT.

DIQ_QINT **(Now some additional questions from your province.)**
The following questions are about various aspects of your health. How you felt last week could be different from how you felt during the past year.
INTERVIEWER: Press <Enter> to continue.

DIQ_Q01 **During the past week, that is, from [date one week ago] to yesterday, how often**
 DIQC_01 **did you:**
... feel hopeless about the future?
INTERVIEWER: Read categories to respondent.

- 1 **Never**
- 2 **Once in a while**
- 3 **Fairly often**
- 4 **Very often**
- DK, R (Go to DIQ_END)

DIQ_Q02 **During the past week, that is, from [date one week ago] to yesterday, how often**
 DIQC_02 **did you:**
... feel lonely?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q03 **(During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_03 **often did you:)**
... have your mind go blank?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q04 **(During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_04 **often did you:)**
... feel discouraged or down?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q05 **During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_05 **often did you:**
 ... feel tense or under pressure?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q06 **(During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_06 **often did you:)**
 ... lose your temper?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q07 **(During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_07 **often did you:)**
 ... feel bored or have little interest in things?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q08 **(During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_08 **often did you:)**
 ... feel fearful or afraid?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q09 **(During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_09 **often did you:)**
 ... have trouble remembering things?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q10 **During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_10 **often did you:**
 ... cry easily or feel like crying?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q11 **(During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_11 **often did you:)**
 ... feel nervous or shaky inside?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q12 **(During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_12 **often did you:)**
 ... feel critical of others?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q13 **(During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_13 **often did you:)**
 ... feel easily annoyed or irritated?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q14 **(During the past week, that is, from [date one week ago] to yesterday, about how**
 DIQC_14 **often did you:)**
 ... get angry over things that are not too important?

- 1 Never
- 2 Once in a while
- 3 Fairly often
- 4 Very often
- DK, R

DIQ_Q15 **In general, compared with other people your age, would you say your mental**
DIQC_15 **health is:**

INTERVIEWER: Read categories to respondent.

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

DIQ_END

DEPRESSION

DEP_C01 If (do block) = 2, go to DEP_END.
 DPSCFDO Otherwise, go to DEP_C02.

DEP_C02 If proxy interview, go to DEP_END.
 Otherwise, go to DEP_Q02.

DEP_Q02 **During the past 12 months, was there ever a time when you felt sad, blue, or**
 DPSC_Q02 **depressed for 2 weeks or more in a row?**

- 1 Yes
- 2 No (Go to DEP_Q16)
- DK, R (Go to DEP_END)

DEP_Q03 **For the next few questions, please think of the 2-week period during the past**
 DPSC_Q03 **12 months when these feelings were the worst. During that time, how long did**
these feelings usually last?

INTERVIEWER: Read categories to respondent.

- 1 **All day long**
- 2 **Most of the day**
- 3 **About half of the day** (Go to DEP_Q16)
- 4 **Less than half of a day** (Go to DEP_Q16)
- DK, R (Go to DEP_END)

DEP_Q04 **How often did you feel this way during those 2 weeks?**

DPSC_Q04 INTERVIEWER: Read categories to respondent.

- 1 **Every day**
- 2 **Almost every day**
- 3 **Less often** (Go to DEP_Q16)
- DK, R (Go to DEP_END)

DEP_Q05 **During those 2 weeks did you lose interest in most things?**

DPSC_Q05

- 1 Yes (KEY PHRASE = Losing interest)
- 2 No
- DK, R (Go to DEP_END)

DEP_Q06 **Did you feel tired out or low on energy all of the time?**

DPSC_Q06

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No
- DK, R (Go to DEP_END)

DEP_Q07 **Did you gain weight, lose weight or stay about the same?**

DPSC_Q07

- 1 Gained weight (KEY PHRASE = Gaining weight)
- 2 Lost weight (KEY PHRASE = Losing weight)
- 3 Stayed about the same (Go to DEP_Q09)
- 4 Was on a diet (Go to DEP_Q09)
- DK, R (Go to DEP_END)

DEP_Q08A DPSC_08A	<p>About how much did you [gain/lose]? INTERVIEWER: Enter amount only.</p> <p> Weight (MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms) DK, R (Go to DEP_Q09)</p>
DEP_Q08B DPSC_08B	<p>INTERVIEWER: Was that in pounds or in kilograms?</p> <p>1 Pounds 2 Kilograms (DK, R are not allowed)</p>
DEP_Q09 DPSC_09	<p>Did you have more trouble falling asleep than you usually do?</p> <p>1 Yes (KEY PHRASE = Trouble falling asleep) 2 No (Go to DEP_Q11) DK, R (Go to DEP_END)</p>
DEP_Q10 DPSC_10	<p>How often did that happen? INTERVIEWER: Read categories to respondent.</p> <p>1 Every night 2 Nearly every night 3 Less often DK, R (Go to DEP_END)</p>
DEP_Q11 DPSC_11	<p>Did you have a lot more trouble concentrating than usual?</p> <p>1 Yes (KEY PHRASE = Trouble concentrating) 2 No (Go to DEP_END) DK, R</p>
DEP_Q12 DPSC_12	<p>At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?</p> <p>1 Yes (KEY PHRASE = Feeling down on yourself) 2 No (Go to DEP_END) DK, R</p>
DEP_Q13 DPSC_13	<p>Did you think a lot about death - either your own, someone else's or death in general?</p> <p>1 Yes (KEY PHRASE = Thoughts about death) 2 No (Go to DEP_END) DK, R</p>
DEP_C14	<p>If "Yes" in DEP_Q5, DEP_Q6, DEP_Q9, DEP_Q11, DEP_Q12 or DEP_Q13, or DEP_Q7 is "gain" or "lose", go to DEP_Q14C. Otherwise, go to DEP_END.</p>
DEP_Q14C	<p>Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you were sad, blue or depressed and also had some other things like (KEY PHRASES). INTERVIEWER: Press <Enter> to continue.</p>

DEP_Q14 **About how many weeks altogether did you feel this way during the past 12 months?**
DPSC_14

|_|_| Weeks
(MIN: 2 MAX: 53)
(If > 51 weeks, go to DEP_END)
DK, R (Go to DEP_END)

DEP_Q15 **Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?**
DPSC_15

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

DK, R

Go to DEP_END

DEP_Q16 **During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?**
DPSC_16

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

DEP_Q17 **For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?**
DPSC_17

INTERVIEWER: Read categories to respondent.

1 **All day long**
2 **Most of the day**
3 **About half of the day** (Go to DEP_END)
4 **Less than half of a day** (Go to DEP_END)
DK, R (Go to DEP_END)

DEP_Q18 **How often did you feel this way during those 2 weeks?**
DPSC_18

INTERVIEWER: Read categories to respondent.

1 **Every day**
2 **Almost every day**
3 **Less often** (Go to DEP_END)
DK, R (Go to DEP_END)

DEP_Q19 **During those 2 weeks did you feel tired out or low on energy all the time?**
DPSC_19

1 Yes (KEY PHRASE = Feeling tired)
2 No
DK, R (Go to DEP_END)

DEP_Q20 DPSC_20	Did you gain weight, lose weight, or stay about the same?	
	1	Gained weight (KEY PHRASE = Gaining weight)
	2	Lost weight (KEY PHRASE = Losing weight)
	3	Stayed about the same (Go to DEP_Q22)
	4	Was on a diet (Go to DEP_Q22)
		DK, R (Go to DEP_END)
DEP_Q21A DPSC_21A	About how much did you [gain/lose]?	
	INTERVIEWER: Enter amount only.	
	_	Weight
	(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)	
	DK, R	(Go to DEP_Q22)
DEP_Q21B DPSC_21B	INTERVIEWER: Was that in pounds or in kilograms?	
	1	Pounds
	2	Kilograms
	(DK, R are not allowed)	
DEP_Q22 DPSC_22	Did you have more trouble falling asleep than you usually do?	
	1	Yes (KEY PHRASE = Trouble falling asleep)
	2	No (Go to DEP_Q24)
		DK, R (Go to DEP_END)
DEP_Q23 DPSC_23	How often did that happen?	
	INTERVIEWER: Read categories to respondent.	
	1	Every night
	2	Nearly every night
	3	Less often
		DK, R (Go to DEP_END)
DEP_Q24 DPSC_24	Did you have a lot more trouble concentrating than usual?	
	1	Yes (KEY PHRASE = Trouble concentrating)
	2	No
		DK, R (Go to DEP_END)
DEP_Q25 DPSC_25	At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?	
	1	Yes (KEY PHRASE = Feeling down on yourself)
	2	No
		DK, R (Go to DEP_END)
DEP_Q26 DPSC_26	Did you think a lot about death - either your own, someone else's, or death in general?	
	1	Yes (KEY PHRASE = Thoughts about death)
	2	No
		DK, R (Go to DEP_END)

DEP_C27 If any “Yes” in DEP_Q19, DEP_Q22, DEP_Q24, DEP_Q25 or DEP_Q26, or DEP_Q20 is “gain” or “lose”, go to DEP_Q27C.
Otherwise, go to DEP_END.

DEP_Q27C **Reviewing what you just told me, you had 2 weeks in a row during the past 12 months when you lost interest in most things and also had some other things like (KEY PHRASES).**
INTERVIEWER: Press <Enter> to continue.

DEP_Q27 **About how many weeks did you feel this way during the past 12 months?**

DPSC_27

|_|_| Weeks
(MIN: 2 MAX: 53)
(If > 51 weeks, go to DEP_END)
DK, R (Go to DEP_END)

DEP_Q28 **Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?**

DPSC_28

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

DEP_END

SUICIDAL THOUGHTS AND ATTEMPTS

SUI_C1A If (do SUI block = 2), go to SUI_END.
 SUICFDO Otherwise, go to SUI_C1B.

SUI_C1B If proxy interview or if age < 15, go to SUI_END.
 Otherwise, go to SUI_QINT.

SUI_QINT **The following questions relate to the sensitive issue of suicide.**
INTERVIEWER: Press <Enter> to continue.

SUI_Q1 **Have you ever seriously considered committing suicide or taking your own life?**
 SUIC_1

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

SUI_Q2 **Has this happened in the past 12 months?**
 SUIC_2

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

SUI_Q3 **Have you ever attempted to commit suicide or tried taking your own life?**
 SUIC_3

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

SUI_Q4 **Did this happen in the past 12 months?**
 SUIC_4

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

SUI_Q5 **Did you see, or talk on the telephone, to a health professional following your attempt to commit suicide?**
 SUIC_5

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

SUI_Q6

Whom did you see or talk to?

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

- | | | |
|---------|---|---|
| SUIC_6A | 1 | Family doctor or general practitioner |
| SUIC_6B | 2 | Psychiatrist |
| SUIC_6C | 3 | Psychologist |
| SUIC_6D | 4 | Nurse |
| SUIC_6E | 5 | Social worker or counsellor |
| SUIC_6G | 6 | Religious or spiritual advisor such as a priest, chaplain or rabbi |
| SUIC_6H | 7 | Teacher or guidance counsellor |
| SUIC_6F | 8 | Other |
| | | DK, R |

SUI_END

HEALTH STATUS – SF-36

- SFR_C03
SFRCFDO If (do SFR block = 2), go to SFR_END.
Otherwise, go to SFR_QINTA.
- SFR_QINTA **Although some of the following questions may seem repetitive, the next section deals with another way of measuring health status.**
INTERVIEWER: Press <Enter> to continue.
- SFR_QINTB **The questions are about how [you/FNAME] [feel/feels] and how well [you/he/she] [are/is] able to do [your/his/her] usual activities.**
INTERVIEWER: Press <Enter> to continue.
- SFR_Q03
SFRC_03 **I'll start with a few questions concerning activities [you/FNAME] might do during a typical day. Does [your/his/her] health limit [you/him/her] in any of the following activities:**
... in vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports?
INTERVIEWER: Read categories to respondent.
- 1 **Limited a lot**
 - 2 **Limited a little**
 - 3 **Not at all limited**
- DK, R (Go to SFR_END)
- SFR_Q04
SFRC_04 **(Does [your/his/her] health limit [you/him/her]:)**
... in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
INTERVIEWER: Read categories to respondent.
- 1 **Limited a lot**
 - 2 **Limited a little**
 - 3 **Not at all limited**
- DK, R
- SFR_Q05
SFRC_05 **(Does [your/his/her] health limit [you/him/her]:)**
... in lifting or carrying groceries?
- 1 Limited a lot
 - 2 Limited a little
 - 3 Not at all limited
- DK, R
- SFR_Q06
SFRC_06 **(Does [your/his/her] health limit [you/him/her]:)**
... in climbing several flights of stairs?
- 1 Limited a lot
 - 2 Limited a little
 - 3 Not at all limited
- DK, R

SFR_Q07 SFRC_07	(Does [your/his/her] health limit [you/him/her]:) ... in climbing <u>one</u> flight of stairs?
	1 Limited a lot
	2 Limited a little
	3 Not at all limited
	DK, R
SFR_Q08 SFRC_08	(Does [your/his/her] health limit [you/him/her]:) ... in bending, kneeling, or stooping?
	1 Limited a lot
	2 Limited a little
	3 Not at all limited
	DK, R
SFR_Q09 SFRC_09	(Does [your/his/her] health limit [you/him/her]:) ... in walking more than one kilometre?
	1 Limited a lot
	2 Limited a little
	3 Not at all limited
	DK, R
SFR_Q10 SFRC_10	(Does [your/his/her] health limit [you/him/her]:) ... in walking <u>several blocks</u>?
	1 Limited a lot
	2 Limited a little
	3 Not at all limited
	DK, R
SFR_Q11 SFRC_11	(Does [your/his/her] health limit [you/him/her]:) ... in walking <u>one block</u>?
	1 Limited a lot
	2 Limited a little
	3 Not at all limited
	DK, R
SFR_Q12 SFRC_12	(Does [your/his/her] health limit [you/him/her]:) ... in bathing and dressing [yourself/himself/herself]?
	1 Limited a lot
	2 Limited a little
	3 Not at all limited
	DK, R

SFR_Q13
SFRC_13 **Now a few questions about problems with [your/FNAME's] work or with other regular daily activities. Because of [your/his/her] physical health, during the past 4 weeks, did [you/FNAME]:**
... cut down on the amount of time [you/he/she] spent on work or other activities?

- 1 Yes
- 2 No
- DK, R

SFR_Q14
SFRC_14 **Because of [your/his/her] physical health, during the past 4 weeks, did [you/FNAME]:**
... accomplish less than [you/he/she] would like?

- 1 Yes
- 2 No
- DK, R

SFR_Q15
SFRC_15 **(Because of [your/his/her] physical health, during the past 4 weeks,) [were/was] [you/FNAME]:**
... limited in the kind of work or other activities?

- 1 Yes
- 2 No
- DK, R

SFR_Q16
SFRC_16 **(Because of [your/his/her] physical health, during the past 4 weeks,) did [you/FNAME]:**
... have difficulty performing the work or other activities (for example, it took extra effort)?

- 1 Yes
- 2 No
- DK, R

SFR_Q17
SFRC_17 **Next a few questions about problems with [your/FNAME's] work or with other regular daily activities due to emotional problems (such as feeling depressed or anxious). Because of emotional problems, during the past 4 weeks, did [you/FNAME]:**
... cut down on the amount of time [you/he/she] spent on work or other activities?

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

SFR_Q18
SFRC_18 **Because of emotional problems, during the past 4 weeks, did [you/FNAME]:**
... accomplish less than [you/he/she] would like?

- 1 Yes
- 2 No
- DK, R

SFR_Q19 (Because of emotional problems, during the past 4 weeks,)
 SFRC_19 did [you/FNAME] :
 ... not do work or other activities as carefully as usual?

- 1 Yes
- 2 No
- DK, R

SFR_Q20 During the past 4 weeks, how much has [your/his/her] physical health or
 SFRC_20 emotional problems interfered with [your/his/her] normal social activities with
 family, friends, neighbours, or groups?
INTERVIEWER: Read categories to respondent.

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- DK, R

SFR_Q21 During the past 4 weeks, how much bodily pain [have/has] [you/he/she] had?
 SFRC_21 INTERVIEWER: Read categories to respondent

- 1 None
- 2 Very mild
- 3 Mild
- 4 Moderate
- 5 Severe
- 6 Very severe
- DK, R

SFR_Q22 During the past 4 weeks, how much did pain interfere with [your/his/her]
 SFRC_22 normal work (including work both outside the home and housework)?
INTERVIEWER: Read categories to respondent.

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- DK, R

SFR_QINT23 The next questions are about how [you/FNAME] felt and how things have been with
 [you/him/her] during the past 4 weeks. For each question, please indicate the
 answer that comes closest to the way [you/FNAME] [have/has] been feeling.
INTERVIEWER: Press <Enter> to continue.

SFR_Q23
SFRC_23

**During the past 4 weeks, how much of the time:
... did [you/FNAME] feel full of pep?**

INTERVIEWER: Read categories to respondent.

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

SFR_Q24
SFRC_24

**(During the past 4 weeks, how much of the time:)
... [have/has] [you/FNAME] been a very nervous person?**

INTERVIEWER: Read categories to respondent.

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

SFR_Q25
SFRC_25

**(During the past 4 weeks, how much of the time:)
... [have/has] [you/he/she] felt so down in the dumps that nothing could cheer
[you/him/her] up?**

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

SFR_Q26
SFRC_26

**(During the past 4 weeks, how much of the time:)
... [have/has] [you/he/she] felt calm and peaceful?**

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

SFR_Q27 (During the past 4 weeks, how much of the time:)
SFRC_27 ... did [you/he/she] have a lot of energy?

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

SFR_Q28 During the past 4 weeks, how much of the time:
SFRC_28 ... [have/has] [you/he/she] felt downhearted and blue?

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

SFR_Q29 (During the past 4 weeks, how much of the time:)
SFRC_29 ... did [you/he/she] feel worn out?

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

SFR_Q30 (During the past 4 weeks, how much of the time:)
SFRC_30 ... [have/has] [you/he/she] been a happy person?

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

SFR_Q31 (During the past 4 weeks, how much of the time:)
SFRC_31 ... did [you/he/she] feel tired?

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

SFR_Q32
SFRC_32 **During the past 4 weeks, how much of the time has [your/his/her] health limited [your/his/her] social activities (such as visiting with friends or close relatives)?**
INTERVIEWER: Read categories to respondent.

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

SFR_Q33
SFRC_33 **Now please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].**

[I/FNAME] [seem/seems] to get sick a little easier than other people.
INTERVIEWER: Read categories to respondent.

- 1 **Definitely true**
 - 2 **Mostly true**
 - 3 **Not sure**
 - 4 **Mostly false**
 - 5 **Definitely false**
- DK, R

SFR_Q34
SFRC_34 **(Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].)**

[I/FNAME] [am/is] as healthy as anybody [I/he/she] [know/knows].
INTERVIEWER: Read categories to respondent.

- 1 **Definitely true**
 - 2 **Mostly true**
 - 3 **Not sure**
 - 4 **Mostly false**
 - 5 **Definitely false**
- DK, R

SFR_Q35
SFRC_35 **(Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].)**

[I/FNAME] [expect/expects] [my/his/her] health to get worse.

- 1 **Definitely true**
 - 2 **Mostly true**
 - 3 **Not sure**
 - 4 **Mostly false**
 - 5 **Definitely false**
- DK, R

SFR_Q36
SFRC_36

(Please tell me the answer that best describes how true or false each of the following statements is for [you/FNAME].)

[My/FNAME's] health is excellent.

- 1 Definitely true
- 2 Mostly true
- 3 Not sure
- 4 Mostly false
- 5 Definitely false
- DK, R

SFR_END

ACCESS TO HEALTH CARE SERVICES

ACC_BEG Collected starting in April 2003.

ACC_C1 If (do ACC block = 2), go to ACC_END.
 ACCCFDO Otherwise, go to ACC_C2.

ACC_C2 If proxy interview or if age < 15, go to ACC_END.
 Otherwise, go to ACC_QINT10.

ACC_QINT10 **The next questions are about the use of various health care services. I will start by asking about your experiences getting health care from a medical specialist such as a cardiologist, allergist, gynaecologist or psychiatrist (excluding an optometrist).**
INTERVIEWER: Press <Enter> to continue.

ACC_Q10 **In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation?**
 ACCC_10

- 1 Yes
- 2 No (Go to ACC_QINT20)
- DK, R (Go to ACC_QINT20)

ACC_Q11 **In the past 12 months, did you ever experience any difficulties getting the specialist care you needed for a diagnosis or consultation?**
 ACCC_11

- 1 Yes
- 2 No (Go to ACC_QINT20)
- DK, R (Go to ACC_QINT20)

ACC_Q12 **What type of difficulties did you experience?**
INTERVIEWER: Mark all that apply.

- ACCC_12A 1 Difficulty getting a referral
- ACCC_12B 2 Difficulty getting an appointment
- ACCC_12C 3 No specialists in the area
- ACCC_12D 4 Waited too long - between booking appointment and visit
- ACCC_12E 5 Waited too long - to see the doctor (i.e. in-office waiting)
- ACCC_12F 6 Transportation - problems
- ACCC_12G 7 Language - problem
- ACCC_12H 8 Cost
- ACCC_12I 9 Personal or family responsibilities
- ACCC_12J 10 General deterioration of health
- ACCC_12K 11 Appointment cancelled or deferred by specialist
- ACCC_12L 12 Still waiting for visit
- ACCC_12M 13 Unable to leave the house because of a health problem
- ACCC_12N 14 Other - Specify
- DK, R

ACC_C12S	If ACC_Q12 <> 14, go to ACC_QINT20. Otherwise, go to ACC_Q12S.
ACC_Q12S	<u>INTERVIEWER</u> : Specify. _____ (80 spaces) DK, R
ACC_QINT20	The following questions are about any surgery not provided in an emergency that you may have required, such as cardiac surgery, joint surgery, caesarean sections and cataract surgery, excluding laser eye surgery. <u>INTERVIEWER</u> : Press <Enter> to continue.
ACC_Q20 ACCC_20	In the past 12 months, did you require any non-emergency surgery? 1 Yes 2 No (Go to ACC_QINT30) DK, R (Go to ACC_QINT30)
ACC_Q21 ACCC_21	In the past 12 months, did you ever experience any difficulties getting the surgery you needed? 1 Yes 2 No (Go to ACC_QINT30) DK, R (Go to ACC_QINT30)
ACC_Q22	What type of difficulties did you experience? <u>INTERVIEWER</u> : Mark all that apply.
ACCC_22A	1 Difficulty getting an appointment with a surgeon
ACCC_22B	2 Difficulty getting a diagnosis
ACCC_22C	3 Waited too long - for a diagnostic test
ACCC_22D	4 Waited too long - for a hospital bed to become available
ACCC_22E	5 Waited too long - for surgery
ACCC_22F	6 Service not available - in the area
ACCC_22G	7 Transportation - problems
ACCC_22H	8 Language - problem
ACCC_22I	9 Cost
ACCC_22J	10 Personal or family responsibilities
ACCC_22K	11 General deterioration of health
ACCC_22L	12 Appointment cancelled or deferred by surgeon or hospital
ACCC_22M	13 Still waiting for surgery
ACCC_22N	14 Unable to leave the house because of a health problem
ACCC_22O	15 Other - Specify DK, R
ACC_C22S	If ACC_Q22 <> 15, go to ACC_QINT30. Otherwise, go to ACC_Q22S.
ACC_Q22S	<u>INTERVIEWER</u> : Specify. _____ (80 spaces) DK, R

ACC_QINT30 **Now some questions about MRIs, CAT Scans and angiographies provided in a non-emergency situation.**

INTERVIEWER: Press <Enter> to continue.

ACC_Q30 **In the past 12 months, did you require one of these tests?**

ACCC_30

- 1 Yes
- 2 No (Go to ACC_QINT40)
- DK, R (Go to ACC_QINT40)

ACC_Q31 **In the past 12 months, did you ever experience any difficulties getting the tests you needed?**

ACCC_31

- 1 Yes
- 2 No (Go to ACC_QINT40)
- DK, R (Go to ACC_QINT40)

ACC_Q32 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACCC_32A 1 Difficulty getting a referral
- ACCC_32B 2 Difficulty getting an appointment
- ACCC_32C 3 Waited too long - to get an appointment
- ACCC_32D 4 Waited too long - to get test (i.e. in-office waiting)
- ACCC_32E 5 Service not available - at time required
- ACCC_32F 6 Service not available - in the area
- ACCC_32G 7 Transportation - problems
- ACCC_32H 8 Language - problem
- ACCC_32I 9 Cost
- ACCC_32J 10 General deterioration of health
- ACCC_32K 11 Did not know where to go (i.e. information problems)
- ACCC_32L 12 Still waiting for test
- ACCC_32M 13 Unable to leave the house because of a health problem
- ACCC_32N 14 Other - Specify
- DK, R

ACC_C32S If ACC_Q32 <> 14, go to ACC_QINT40.
Otherwise, go to ACC_Q32S.

ACC_Q32S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_QINT40 **Now I'd like you to think about yourself and family members living in your dwelling. The next questions are about your experiences getting health information or advice when you needed them for yourself or a family member living in your dwelling.**

INTERVIEWER: Press <Enter> to continue.

ACC_Q40 **In the past 12 months, have you required health information or advice for yourself or a family member?**
 ACCC_40

- 1 Yes
- 2 No (Go to ACC_QINT50)
- DK, R (Go to ACC_QINT50)

ACC_Q40A **Who did you contact when you needed health information or advice for yourself or a family member?**

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

- ACCC_40A 1 **Doctor's office**
- ACCC_40B 2 **Community health centre / CLSC**
- ACCC_40C 3 **Walk-in clinic**
- ACCC_40D 4 **Telephone health line (e.g., HealthLinks, Telehealth Ontario, HealthLink, Health-Line, TeleCare, Info-Santé)**
- ACCC_40E 5 **Hospital emergency room**
- ACCC_40F 6 **Other hospital service**
- ACCC_40G 7 **Other - Specify**

ACC_C40AS If ACC_Q40A <> 7, go to ACC_Q41.
 Otherwise, go to ACC_Q40AS.

ACC_Q40AS INTERVIEWER: Specify.

 (80 spaces)

DK, R

ACC_Q41 **In the past 12 months, did you ever experience any difficulties getting the health information or advice you needed for yourself or a family member?**
 ACCC_41

- 1 Yes
- 2 No (Go to ACC_QINT50)
- DK, R (Go to ACC_QINT50)

ACC_Q42 **Did you experience difficulties during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**
 ACCC_42

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_Q44)
- 3 Not required at this time (Go to ACC_Q44)
- DK, R (Go to ACC_Q44)

ACC_Q43 What type of difficulties did you experience?INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|---|
| ACCC_43A | 1 | Difficulty contacting a physician or nurse |
| ACCC_43B | 2 | Did not have a phone number |
| ACCC_43C | 3 | Could not get through (i.e. no answer) |
| ACCC_43D | 4 | Waited too long to speak to someone |
| ACCC_43E | 5 | Did not get adequate info or advice |
| ACCC_43F | 6 | Language - problem |
| ACCC_43G | 7 | Did not know where to go / call / uninformed |
| ACCC_43H | 8 | Unable to leave the house because of a health problem |
| ACCC_43I | 9 | Other - Specify
DK, R |

ACC_C43S If ACC_Q43 <> 9, go to ACC_Q44.
Otherwise, go to ACC_Q43S.

ACC_Q43S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_Q44 **Did you experience difficulties getting health information or advice during evenings and weekends (that is, 5:00 to 9:00 pm Monday to Friday, or 9:00 am to 5:00 pm, Saturdays and Sundays)?**

ACCC_44

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- | | | |
|---|---------------------------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to ACC_Q46) |
| 3 | Not required at this time | (Go to ACC_Q46) |
| | DK, R | (Go to ACC_Q46) |

ACC_Q45 What type of difficulties did you experience?INTERVIEWER: Mark all that apply.

- | | | |
|----------|---|---|
| ACCC_45A | 1 | Difficulty contacting a physician or nurse |
| ACCC_45B | 2 | Did not have a phone number |
| ACCC_45C | 3 | Could not get through (i.e. no answer) |
| ACCC_45D | 4 | Waited too long to speak to someone |
| ACCC_45E | 5 | Did not get adequate info or advice |
| ACCC_45F | 6 | Language - problem |
| ACCC_45G | 7 | Did not know where to go / call / uninformed |
| ACCC_45H | 8 | Unable to leave the house because of a health problem |
| ACCC_45I | 9 | Other - Specify
DK, R |

ACC_C45S If ACC_Q45 <> 9, go to ACC_Q46.
Otherwise, go to ACC_Q45S.

ACC_Q45S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_Q46
ACCC_46 **Did you experience difficulties getting health information or advice during the middle of the night?**
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_QINT50)
- 3 Not required at this time (Go to ACC_QINT50)
DK, R (Go to ACC_QINT50)

ACC_Q47 **What type of difficulties did you experience?**
INTERVIEWER: Mark all that apply.

- ACCC_47A 1 Difficulty contacting a physician or nurse
- ACCC_47B 2 Did not have a phone number
- ACCC_47C 3 Could not get through (i.e. no answer)
- ACCC_47D 4 Waited too long to speak to someone
- ACCC_47E 5 Did not get adequate info or advice
- ACCC_47F 6 Language - problem
- ACCC_47G 7 Did not know where to go / call / uninformed
- ACCC_47H 8 Unable to leave the house because of a health problem
- ACCC_47I 9 Other - Specify
DK, R

ACC_C47S If ACC_Q47 <> 9, go to ACC_QINT50.
Otherwise, go to ACC_Q47S.

ACC_Q47S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_QINT50 **Now some questions about your experiences when you needed health care services for routine or on-going care such as a medical exam or follow-up for yourself or a family member living in your dwelling.**
INTERVIEWER: Press <Enter> to continue.

ACC_Q50A
ACCC_50A **Do you have a regular family doctor?**

- 1 Yes
- 2 No
DK, R

ACC_Q50
ACCC_50 **In the past 12 months, did you require any routine or on-going care for yourself or a family member?**

- 1 Yes
- 2 No (Go to ACC_QINT60)
DK, R (Go to ACC_QINT60)

ACC_Q51 **In the past 12 months, did you ever experience any difficulties getting the routine or on-going care you or a family member needed?**

ACCC_51

- 1 Yes
- 2 No (Go to ACC_QINT60)
- DK, R (Go to ACC_QINT60)

ACC_Q52 **Did you experience difficulties getting such care during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**

ACCC_52

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC_Q54)
- 3 Not required at this time (Go to ACC_Q54)
- DK, R (Go to ACC_Q54)

ACC_Q53 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- ACCC_53A 1 Difficulty contacting a physician
- ACCC_53B 2 Difficulty getting an appointment
- ACCC_53C 3 Do not have personal / family physician
- ACCC_53D 4 Waited too long - to get an appointment
- ACCC_53E 5 Waited too long - to see the doctor (i.e. in-office waiting)
- ACCC_53F 6 Service not available - at time required
- ACCC_53G 7 Service not available - in the area
- ACCC_53H 8 Transportation - problems
- ACCC_53I 9 Language - problem
- ACCC_53J 10 Cost
- ACCC_53K 11 Did not know where to go (i.e. information problems)
- ACCC_53L 12 Unable to leave the house because of a health problem
- ACCC_53M 13 Other - Specify
- DK, R

ACC_C53S If ACC_Q53 <> 13, go to ACC_Q54.
Otherwise, go to ACC_Q53S.

ACC_Q53S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_Q54 **Did you experience difficulties getting such care during evenings and weekends that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?**

ACCC_54

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- 1 Yes
- 2 No (Go to ACC_QINT60)
- 3 Not required at this time (Go to ACC_QINT60)
- DK, R (Go to ACC_QINT60)

ACC_Q55 **What type of difficulties did you experience?**

INTERVIEWER: Mark all that apply.

- | | | |
|----------|----|--|
| ACCC_55A | 1 | Difficulty contacting a physician |
| ACCC_55B | 2 | Difficulty getting an appointment |
| ACCC_55C | 3 | Do not have personal / family physician |
| ACCC_55D | 4 | Waited too long - to get an appointment |
| ACCC_55E | 5 | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACCC_55F | 6 | Service not available - at time required |
| ACCC_55G | 7 | Service not available - in the area |
| ACCC_55H | 8 | Transportation - problems |
| ACCC_55I | 9 | Language - problem |
| ACCC_55J | 10 | Cost |
| ACCC_55K | 11 | Did not know where to go (i.e. information problems) |
| ACCC_55L | 12 | Unable to leave the house because of a health problem |
| ACCC_55M | 13 | Other - Specify
DK, R |

ACC_C55S If ACC_Q55 <> 13, go to ACC_QINT60.
Otherwise, go to ACC_Q55S.

ACC_Q55S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_QINT60 **The next questions are about situations when you or a family member have needed immediate care for a minor health problem such as fever, headache, a sprained ankle, vomiting or an unexplained rash.**

INTERVIEWER: Press <Enter> to continue.

ACC_Q60 **In the past 12 months, have you or a family member required immediate health care services for a minor health problem?**

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

ACC_Q61 **In the past 12 months, did you ever experience any difficulties getting the immediate care needed for a minor health problem for yourself or a family member?**

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

ACC_Q62 **Did you experience difficulties getting such care during “regular” office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**

INTERVIEWER: It is important to make a distinction between “No” (Did not experience problems) and “Did not require at this time”.

- | | |
|---|---|
| 1 | Yes |
| 2 | No (Go to ACC_Q64) |
| 3 | Not required at this time (Go to ACC_Q64) |
| | DK, R (Go to ACC_Q64) |

ACC_Q63 What type of difficulties did you experience?**INTERVIEWER:** Mark all that apply.

- | | | |
|----------|----|--|
| ACCC_63A | 1 | Difficulty contacting a physician |
| ACCC_63B | 2 | Difficulty getting an appointment |
| ACCC_63C | 3 | Do not have personal / family physician |
| ACCC_63D | 4 | Waited too long - to get an appointment |
| ACCC_63E | 5 | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACCC_63F | 6 | Service not available - at time required |
| ACCC_63G | 7 | Service not available - in the area |
| ACCC_63H | 8 | Transportation - problems |
| ACCC_63I | 9 | Language - problem |
| ACCC_63J | 10 | Cost |
| ACCC_63K | 11 | Did not know where to go (i.e. information problems) |
| ACCC_63L | 12 | Unable to leave the house because of a health problem |
| ACCC_63M | 13 | Other - Specify
DK, R |

ACC_C63S If ACC_Q63 <> 13, go to ACC_Q64.
Otherwise, go to ACC_Q63S.

ACC_Q63S **INTERVIEWER:** Specify.

(80 spaces)
DK, R

ACC_Q64 Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?

ACCC_64

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- | | | |
|---|---------------------------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to ACC_Q66) |
| 3 | Not required at this time | (Go to ACC_Q66) |
| | DK, R | (Go to ACC_Q66) |

ACC_Q65 What type of difficulties did you experience?**INTERVIEWER:** Mark all that apply.

- | | | |
|----------|----|--|
| ACCC_65A | 1 | Difficulty contacting a physician |
| ACCC_65B | 2 | Difficulty getting an appointment |
| ACCC_65C | 3 | Do not have personal / family physician |
| ACCC_65D | 4 | Waited too long - to get an appointment |
| ACCC_65E | 5 | Waited too long - to see the doctor (i.e. in-office waiting) |
| ACCC_65F | 6 | Service not available - at time required |
| ACCC_65G | 7 | Service not available - in the area |
| ACCC_65H | 8 | Transportation - problems |
| ACCC_65I | 9 | Language - problem |
| ACCC_65J | 10 | Cost |
| ACCC_65K | 11 | Did not know where to go (i.e. information problems) |
| ACCC_65L | 12 | Unable to leave the house because of a health problem |
| ACCC_65M | 13 | Other - Specify
DK, R |

ACC_C65S If ACC_Q65 <> 13, go to ACC_Q66.
Otherwise, go to ACC_Q65S.

ACC_Q65S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_Q66 **Did you experience difficulties getting such care during the middle of the**
ACCC_66 **night?**

INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

- 1 Yes
- 2 No (Go to ACC_END)
- 3 Not required at this time (Go to ACC_END)
DK, R (Go to ACC_END)

ACC_Q67 **What type of difficulties did you experience?**
INTERVIEWER: Mark all that apply.

- ACCC_67A 1 Difficulty contacting a physician
- ACCC_67B 2 Difficulty getting an appointment
- ACCC_67C 3 Do not have personal / family physician
- ACCC_67D 4 Waited too long - to get an appointment
- ACCC_67E 5 Waited too long - to see the doctor (i.e. in-office waiting)
- ACCC_67F 6 Service not available - at time required
- ACCC_67G 7 Service not available - in the area
- ACCC_67H 8 Transportation - problems
- ACCC_67I 9 Language - problem
- ACCC_67J 10 Cost
- ACCC_67K 11 Did not know where to go (i.e. information problems)
- ACCC_67L 12 Unable to leave the house because of a health problem
- ACCC_67M 13 Other - Specify
DK, R

ACC_C67S If ACC_Q67 <> 13, go to ACC_END.
Otherwise, go to ACC_Q67S.

ACC_Q67S INTERVIEWER: Specify.

(80 spaces)
DK, R

ACC_END

SOCIO-DEMOGRAPHIC CHARACTERISTICS

SDE_C1 If (do SDE block = 2), go to SDE_END.
 SDCCFDO Otherwise, go to SDE_QINT.

SDE_QINT **Now some general background questions which will help us compare the health of people in Canada.**
INTERVIEWER: Press <Enter> to continue.

SDE_Q1 **In what country [were/was] [you/he/she] born?**
 SDCC_1

- | | | | | |
|----|-----------|----------------|----|-----------------------|
| 1 | Canada | (Go to SDE_Q4) | 11 | Jamaica |
| 2 | China | | 12 | Netherlands / Holland |
| 3 | France | | 13 | Philippines |
| 4 | Germany | | 14 | Poland |
| 5 | Greece | | 15 | Portugal |
| 6 | Guyana | | 16 | United Kingdom |
| 7 | Hong Kong | | 17 | United States |
| 8 | Hungary | | 18 | Viet Nam |
| 9 | India | | 19 | Sri Lanka |
| 10 | Italy | | 20 | Other - Specify |
| | DK, R | (Go to SDE_Q4) | | |

SDE_C1S If SDE_Q1 <> 20, go to SDE_Q2.
 Otherwise, go to SDE_Q1S.

SDE_Q1S INTERVIEWER: Specify.

 (80 spaces)
 DK, R

SDE_Q2 **[Were/Was] [you/he/she] born a Canadian citizen?**
 SDCC_2

- | | | |
|---|-------|----------------|
| 1 | Yes | (Go to SDE_Q4) |
| 2 | No | |
| | DK, R | (Go to SDE_Q4) |

SDE_Q3 **In what year did [you/he/she] first come to Canada to live?**
 SDCC_3 INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

____ Year
 (MIN: year of birth) (MAX: current year)
 DK, R

SDE_E3 If SDE_Q3 >= year of birth or SDE_Q3 <= current year, go to SDE_Q4.
 Otherwise, show pop-up edit as follows.

Year must be between Year of Birth and Current Year.

SDE_Q4 **To which ethnic or cultural group(s) did [your/FNAME's] ancestors belong? (For example: French, Scottish, Chinese, East Indian)**

INTERVIEWER: Mark all that apply.

If "Canadian" is the only response, probe. If the respondent hesitates, do not suggest Canadian.

SDCC_4A	1	Canadian	SDCC_4L	12	Polish
SDCC_4B	2	French	SDCC_4M	13	Portuguese
SDCC_4C	3	English	SDCC_4N	14	South Asian (e.g., East Indian, Pakistani, Sri Lankan)
SDCC_4D	4	German	SDCC_4T	15	Norwegian
SDCC_4E	5	Scottish	SDCC_4U	16	Welsh
SDCC_4F	6	Irish	SDCC_4V	17	Swedish
SDCC_4G	7	Italian	SDCC_4W	18	Aboriginal (North American Indian, Métis, Inuit)
SDCC_4H	8	Ukrainian			
SDCC_4I	9	Dutch (Netherlands)			
SDCC_4J	10	Chinese	SDCC_4S	19	Other – Specify
SDCC_4K	11	Jewish			DK, R

SDE_C4S If SDE_Q4 <> 19, go to SDE_Q5.
Otherwise, go to SDE_Q4S.

SDE_Q4S INTERVIEWER: Specify.

(80 spaces)
DK, R

SDE_Q5 **In what languages can [you/he/she] conduct a conversation?**

INTERVIEWER: Mark all that apply.

SDCC_5A	1	English	SDCC_5M	13	Portuguese
SDCC_5B	2	French	SDCC_5N	14	Punjabi
SDCC_5C	3	Arabic	SDCC_5O	15	Spanish
SDCC_5D	4	Chinese	SDCC_5P	16	Tagalog (Pilipino)
SDCC_5E	5	Cree	SDCC_5Q	17	Ukrainian
SDCC_5F	6	German	SDCC_5R	18	Vietnamese
SDCC_5G	7	Greek	SDCC_5T	19	Dutch
SDCC_5H	8	Hungarian	SDCC_5U	20	Hindi
SDCC_5I	9	Italian	SDCC_5V	21	Russian
SDCC_5J	10	Korean	SDCC_5W	22	Tamil
SDCC_5K	11	Persian (Farsi)	SDCC_5S	23	Other – Specify
SDCC_5L	12	Polish			DK, R

SDE_C5S If SDE_Q5 <> 23, go to SDE_Q5A.
Otherwise, go to SDE_Q5S.

SDE_Q5S INTERVIEWER: Specify.

(80 spaces)

DK, R

SDE_Q5A **What language [do/does] [you/he/she] speak most often at home?**

SDCC_5AA

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

SDE_C5AS If SDE_Q5A <> 23, go to SDE_Q6.
Otherwise, go to SDE_Q5AS.

SDE_Q5AS INTERVIEWER: Specify.

(80 spaces)

DK, R

SDE_Q6 **What is the language that [you/FNAME] first learned at home in childhood and can still understand?**

INTERVIEWER: Mark all that apply.

If person can no longer understand the first language learned, mark the second.

- | | | | | | |
|---------|----|-----------------|---------|----|--------------------|
| SDCC_6A | 1 | English | SDCC_6M | 13 | Portuguese |
| SDCC_6B | 2 | French | SDCC_6N | 14 | Punjabi |
| SDCC_6C | 3 | Arabic | SDCC_6O | 15 | Spanish |
| SDCC_6D | 4 | Chinese | SDCC_6P | 16 | Tagalog (Pilipino) |
| SDCC_6E | 5 | Cree | SDCC_6Q | 17 | Ukrainian |
| SDCC_6F | 6 | German | SDCC_6R | 18 | Vietnamese |
| SDCC_6G | 7 | Greek | SDCC_6T | 19 | Dutch |
| SDCC_6H | 8 | Hungarian | SDCC_6U | 20 | Hindi |
| SDCC_6I | 9 | Italian | SDCC_6V | 21 | Russian |
| SDCC_6J | 10 | Korean | SDCC_6W | 22 | Tamil |
| SDCC_6K | 11 | Persian (Farsi) | SDCC_6S | 23 | Other – Specify |
| SDCC_6L | 12 | Polish | | | DK, R |

SDE_C6S If SDE_Q6 <> 23, go to SDE_Q7.
Otherwise, go to SDE_Q6S.

SDE_Q6S INTERVIEWER: Specify.

(80 spaces)
DK, R

SDE_Q7 **People living in Canada come from many different cultural and racial backgrounds.**
[Are/Is] [you/he/she]:
INTERVIEWER: Read categories to respondent. Mark all that apply.

- | | | |
|---------|----|--|
| SDCC_7A | 1 | ...White? |
| SDCC_7B | 2 | ...Chinese? |
| SDCC_7C | 3 | ...South Asian (e.g., East Indian, Pakistani, Sri Lankan)? |
| SDCC_7D | 4 | ...Black? |
| SDCC_7E | 5 | ...Filipino? |
| SDCC_7F | 6 | ...Latin American? |
| SDCC_7G | 7 | ...Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)? |
| SDCC_7H | 8 | ...Arab? |
| SDCC_7I | 9 | ...West Asian (e.g., Afghan, Iranian)? |
| SDCC_7J | 10 | ...Japanese? |
| SDCC_7K | 11 | ...Korean? |
| SDCC_7L | 12 | ...Aboriginal (North American Indian, Métis or Inuit)? |
| SDCC_7M | 13 | Other - Specify
DK, R |

SDE_C7S If SDE_Q7 <> 13, go to SDE_C7A.
Otherwise, go to SDE_Q7S.

SDE_Q7S INTERVIEWER: Specify.

(80 spaces)
DK, R

SDE_C7A If proxy interview or age < 18, go to SDE_Q8.
Otherwise, go to SDE_Q7A.

SDE_Q7A **Do you consider yourself to be:**
SDCC_7AA INTERVIEWER: Read categories to respondent.

- | | |
|---|--|
| 1 | ... heterosexual? (sexual relations with people of the opposite sex) |
| 2 | ... homosexual, that is lesbian or gay? (sexual relations with people of your own sex) |
| 3 | ... bisexual? (sexual relations with people of both sexes) |
| | DK, R |

SDE_Q8 **[Are/Is] [you/he/she] currently attending a school, college or university?**
SDCC_8

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No (Go to SDE_C10) |
| | DK, R (Go to SDE_C10) |

SDE_Q9 SDCC_9	[Are/Is] [you/he/she] enrolled as a full-time student or a part-time student?	
	1	Full-time
	2	Part-time
		DK, R
SDE_C10	If age < 65, go to SDE_C13. Otherwise, go to SDE_Q10.	
SDE_Q10 SDCC_10	[Have/Has] [you/he/she] ever had any wartime service (WWI, WWII, Korea) in the military forces of Canada or its allies?	
	<u>INTERVIEWER</u> : Exclude civilian service such as the merchant marine and the Red Cross. Include military service in the forces of Newfoundland before 1949.	
	1	Yes
	2	No (Go to SDE_C13)
		DK, R (Go to SDE_END)
SDE_Q11	Was this service for:	
	<u>INTERVIEWER</u> : Read categories to respondent. Mark all that apply.	
SDCC_11A SDCC_11B	1	... Canada?
	2	... its allies?
		DK, R (Go to SDE_C13)
SDE_Q12	Did [you/he/she] serve in Canada or overseas?	
	<u>INTERVIEWER</u> : Mark all that apply.	
SDCC_12A SDCC_12B	1	Canada
	2	Overseas
		DK, R
SDE_C13	If age < 18 or SDE_Q10 = 1, go to SDE_END. Otherwise, go to SDE_Q13.	
SDE_Q13 SDCC_13	Not counting current service, [have/has] [you/he/she] ever had any peacetime service in the military forces of Canada?	
	<u>INTERVIEWER</u> : Include past service in the regular and primary reserve forces and in the forces of Newfoundland before 1949.	
	1	Yes
	2	No (Go to SDE_END)
		DK, R (Go to SDE_END)
SDE_Q14	Was this service in the:	
	<u>INTERVIEWER</u> : Read categories to respondent. Mark all that apply.	
SDCC_14A SDCC_14B SDCC_14C	1	... regular forces?
	2	... primary reserves?
	3	... special duty area (e.g., Persian Gulf, Cyprus, Balkans)?
		DK, R
SDE_END		

LABOUR FORCE

LBF_C01 If (do LBF block) = 2, go to LBF_END.
 LBFCFDO Otherwise, go to LBF_C02.

LBF_C02 If age < 15 or age > 75, go to LBF_END.
 Otherwise, go to LBF_QINT.

LBF_QINT **The next few questions concern [your/FNAME's] activities in the last 7 days. By the last 7 days, I mean beginning [date one week ago], and ending [date yesterday].**
 INTERVIEWER: Press <Enter> to continue.

Job Attachment

LBF_Q01 **Last week, did [you/FNAME] work at a job or a business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other**
 LBFC_01 **paid work, regardless of the number of hours worked.**

- | | | |
|---|----------------------------|-------------------|
| 1 | Yes | (Go to LBF_Q03) |
| 2 | No | |
| 3 | Permanently unable to work | (Go to LBF_QINT2) |
| | DK, R | (Go to LBF_END) |

LBF_E01 If GEN_Q08 = 2 (didn't work any time in past 12 months) and LBF_Q01 = 1, show pop-up edit as follows:

A response inconsistent with a response to a previous question has been entered. Please confirm.

LBF_Q02 **Last week, did [you/FNAME] have a job or business from which [you/he/she]**
 LBFC_02 **[were/was] absent?**

- | | | |
|---|-------|-----------------|
| 1 | Yes | |
| 2 | No | (Go to LBF_Q11) |
| | DK, R | (Go to LBF_END) |

LBF_Q03 **Did [you/he/she] have more than one job or business last week?**
 LBFC_03

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

Go to LBF_C31

Job Search – Last 4 Weeks

LBF_Q11 **In the past 4 weeks, did [you/FNAME] do anything to find work?**
LBFC_11

- 1 Yes (Go to LBF_QINT2)
- 2 No
 DK, R (Go to LBF_QINT2)

LBF_Q13 **What is the main reason that [you/he/she] [are/is] not currently working at a job or business?**
LBFC_13

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 School or educational leave
- 8 Retired
- 9 Believes no work available (in area or suited to skills)
- 10 Other - Specify
 DK, R

LBF_C13S If LBF_Q13 <> 10, go to LBF_C13.
 Otherwise, go to LBF_Q13S.

LBF_Q13S INTERVIEWER: Specify.

(80 spaces)
DK, R

LBF_C13 If LBF_Q13 = 4, go to LBF_E13.
 Otherwise, go to LBF_C13A.

LBF_E13 If Sex = male and LBF_Q13 = 4 (Pregnancy), show pop-up edit as follows.

A response of “Pregnancy” is invalid for a male respondent. Please return and correct.

LBF_C13A If LBF_Q13 = 1 (Own illness or disability), go to LBF_Q13A.
 Otherwise, go to LBF_QINT2.

LBF_Q13A **Is this due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason?**
LBFC_13A

- 1 Physical health
- 2 Emotional or mental health (including stress)
- 3 Use of alcohol or drugs
- 4 Another reason
 DK, R

Past Job Attachment

LBF_QINT2 Now some questions about jobs or employment which [you/FNAME] [have/has] had during the past 12 months, that is, from [date one year ago] to yesterday.
INTERVIEWER: Press <Enter> to continue.

LBF_Q21 Did [you/he/she] work at a job or a business at any time in the past 12 months?
LBFC_21 Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.

- 1 Yes (Go to LBF_Q23)
- 2 No
 DK, R

LBF_E21 If GEN_Q08 = 2 (didn't work any time in past 12 months) and LBF_Q21 = 1 or GEN_Q08 = 1 (worked in past 12 months) and LBF_Q21 = 2, show pop-up edit as follows:

A response inconsistent with a response to a previous question has been entered. Please confirm.

LBF_C22 If LBF_Q11 = 1, go to LBF_Q71.
 Otherwise, go to LBF_Q22.

LBF_Q22 During the past 12 months, did [you/he/she] do anything to find work?
LBFC_22

- 1 Yes (Go to LBF_Q71)
- 2 No (Go to LBF_END)
 DK, R (Go to LBF_END)

LBF_Q23 During that 12 months, did [you/he/she] work at more than one job or business at the same time?
LBFC_23

- 1 Yes
- 2 No
 DK, R

Occupation, Smoking Restrictions at Work

LBF_C31 If LBF_Q01 = 1 or LBF_Q02 = 1, then the following questions will be asked about the current job. Otherwise, they will be asked about the most recent job.

LBF_QINT3 The next questions are about [your/FNAME's] [current/most recent] job or business.

(If person currently holds more than one job or if the last time he/she worked it was at more than one job:

[INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.])

INTERVIEWER: Press <Enter> to continue.

LBF_Q31 LBFC_31	<p>[Are/Is/Were/Was] [you/he/she] an employee or self-employed?</p> <p>1 Employee (Go to LBF_Q33)</p> <p>2 Self-employed</p> <p>3 Working in a family business without pay (Go to LBF_Q33) DK, R (Go to LBF_Q33)</p>
LBF_Q32 LBFCF32	<p>What [is/was] the name of [your/his/her] business?</p> <p>_____</p> <p>(50 spaces)</p> <p>DK, R</p> <p>Go to LBF_Q34</p>
LBF_Q33 LBFCF33	<p>For whom [do/does/did] [you/he/she] [currently/last] work? (For example: name of business, government department or agency, or person)</p> <p>_____</p> <p>(50 spaces)</p> <p>DK, R</p>
LBF_Q34 LBFCF34	<p>What kind of business, industry or service [is/was] this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)</p> <p>_____</p> <p>(50 spaces)</p> <p>DK, R</p>
LBF_Q35 LBFCF35 LBFCF35S	<p>What kind of work [are/is/were/was] [you/he/she] doing? (For example: babysitting in own home, factory worker, forestry technician)</p> <p>_____</p> <p>(50 spaces)</p> <p>DK, R</p>
Note:	Use trigram search.
LBF_D35 LBFCF35 LBFCF35S	SIC_CODE (4 bytes)
Note:	Store SOC Code associated with LBF_Q35
LBF_C35	If LBF_D35 = 1 OR LBF_D35 = 2 (OtherSpec), go to LBF_S35. Otherwise, go to LBF_Q36.
LBF_S35	<p>INTERVIEWER: Specify (kind of work)</p> <p>_____</p> <p>(50 spaces)</p> <p>DK, R</p>

LBF_Q36 **What [are/were] [your/his/her] most important activities or duties? (For example:**
 LBFCF36 **caring for children, stamp press machine operator, forest examiner)**

 (50 spaces)
 DK, R

LBF_Q37 **At [your/his/her] place of work, what [are/were] the restrictions on smoking?**
 ETSC_7 **INTERVIEWER:** Read categories to respondent.

- 1 **Restricted completely**
 - 2 **Allowed in designated areas**
 - 3 **Restricted only in certain places**
 - 4 **Not restricted at all**
- DK, R

Absence / Hours

LBF_C41 If LBF_Q02 = 1, go to LBF_Q41.
 Otherwise, go to LBF_Q42.

LBF_Q41 **What was the main reason [you/FNAME] [were/was] absent from work last week?**
 LBFC_41

- 1 Own illness or disability
 - 2 Caring for - own children
 - 3 Caring for - elder relatives
 - 4 Maternity leave (Females only)
 - 5 Other personal or family responsibilities
 - 6 Vacation
 - 7 Labour dispute (strike or lockout)
 - 8 Temporary layoff due to business conditions (Employees only)
 - 9 Seasonal layoff (Employees only)
 - 10 Casual job, no work available (Employees only)
 - 11 Work schedule (e.g., shift work) (Employees only)
 - 12 Self-employed, no work available (Self-employed only)
 - 13 Seasonal business (Excluding employees)
 - 14 School or educational leave
 - 15 Other - Specify
- DK, R

LBF_C41S If LBF_Q41 <> 15, go to LBF_C41A.
 Otherwise, go to LBF_Q41S.

LBF_Q41S **INTERVIEWER:** Specify.

 (80 spaces)
 DK, R

LBF_C41A If LBF_Q41 = 4, go to LBF_E41A.
 Otherwise, go to LBF_E41B.

- LBF_E41A If Sex = male and LBF_Q13 = 4 (Maternity Leave), show pop-up edit as follows.
- A response of “Maternity Leave” is invalid for a male respondent. Please return and correct.**
- Go to LBF_C41A_1
- LBF_E41B If LBF_Q31 = 1 (employee) and LBF_Q41 = 12 or 13, show pop-up edit as follows.
Otherwise, go to LBF_E41C.
- A response of “Self-employed, no work available” or “Seasonal Business” is invalid for an employee. Please return and correct.**
- Go to LBF_C41A_1
- LBF_E41C If LBF_Q31 = 2 (self-employed) and LBF_Q41 = 8, 9, 10 or 11, show pop-up edit as follows.
Otherwise, go to LBF_E41D.
- A response of “Temporary layoff due to business conditions”, “Seasonal layoff”, “Casual job, no work available” or “Work schedule” is invalid for a self-employed person. Please return and correct.**
- Go to LBF_C41A_1
- LBF_E41D If LBF_Q31 = 3 (family business) and LBF_Q41 = 8, 9, 10, 11 or 12, show pop-up edit as follows.
Otherwise, go to LBF_C41A_1.
- A response of “Temporary layoff due to business conditions”, “Seasonal layoff”, “Casual job, no work available”, “Work schedule” or “Self-employed, no work available” is invalid for a person working in a family business without pay. Please return and correct.**
- LBF_C41A_1 If LBF_Q41 = 1 (Own illness or disability), ask LBF_Q41A.
Otherwise, go to LBF_Q42.
- LBF_Q41A **Was that due to [your/his/her] physical health, to [your/his/her] emotional or mental**
LBFC_41A **health, to [your/his/her] use of alcohol or drugs, or to another reason?**
- 1 Physical health
 - 2 Emotional or mental health (including stress)
 - 3 Use of alcohol or drugs
 - 4 Another reason
- DK, R
- LBF_Q42 **About how many hours a week [do/does/did] [you/FNAME] usually work at**
LBFC_42 **[your/his/her] [job/business]? If [you/FNAME] usually [work/works/worked] extra**
hours, paid or unpaid, please include these hours.
- _|_|_| Hours
(MIN: 1) (MAX: 168; warning after 84)
DK, R

LBF_Q44
LBFC_44 **Which of the following best describes the hours [you/FNAME] usually [work/works/ worked] at [your/his/her] [job/business]?**

INTERVIEWER: Read categories to respondent.

- 1 **Regular - daytime schedule or shift** (Go to LBF_Q46)
- 2 **Regular - evening shift**
- 3 **Regular - night shift**
- 4 **Rotating shift (change from days to evenings to nights)**
- 5 **Split shift**
- 6 **On call**
- 7 **Irregular schedule**
- 8 **Other - Specify** (Go to LBF_Q46)
- DK, R

LBF_C44S If LBF_Q44 <> 8, go to LBF_Q45.
 Otherwise, go to LBF_Q44S.

LBF_Q44S INTERVIEWER: Specify.

(80 spaces)
DK, R

LBF_Q45
LBFC_45 **What is the main reason that [you/he/she] [work/works/worked] this schedule?**

- 1 Requirement of job / no choice
- 2 Going to school
- 3 Caring for - own children
- 4 Caring for - other relatives
- 5 To earn more money
- 6 Likes to work this schedule
- 7 Other - Specify
- DK, R

LBF_C45S If LBF_Q45 <> 7, go to LBF_Q46.
 Otherwise, go to LBF_Q45S.

LBF_Q45S INTERVIEWER: Specify.

(80 spaces)
DK, R

LBF_Q46
LBFC_46 **[Do/Does/Did] [you/he/she] usually work on weekends at this [job/business]?**

- 1 Yes
- 2 No
- DK, R

Other Job

LBF_C51 If LBF_Q03=1 or LBF_Q23=1, go to LBF_Q51.
Otherwise, go to LBF_Q61.

LBF_Q51 **You indicated that [you/FNAME] [have/has/had] more than one job. For how many**
LBFC_51 **weeks in a row [have/has/did] [you/he/she] [worked/work] at more than one job [(in**
the past 12 months)]?

INTERVIEWER: Obtain best estimate.

[_][_] Weeks
(MIN: 1) (MAX: 52)
DK, R

LBF_Q52 **What is the main reason that [you/he/she] [work/works/worked] at more than one**
LBFC_52 **job?**

- 1 To meet regular household expenses
 - 2 To pay off debts
 - 3 To buy something special
 - 4 To save for the future
 - 5 To gain experience
 - 6 To build up a business
 - 7 Enjoys the work of the second job
 - 8 Other - Specify
- DK, R

LBF_C52S If LBF_Q52 <> 8, go to LBF_Q53.
Otherwise, go to LBF_Q52S.

LBF_Q52S INTERVIEWER: Specify.

(80 spaces)
DK, R

LBF_Q53 **About how many hours a week [do/does/did] [you/he/she] usually work at [your/**
LBFC_53 **his/her] other job(s)? If [you/he/she] usually [work/works/worked] extra hours, paid**
or unpaid, please include these hours.

INTERVIEWER: Minimum is 1; maximum is [168 - LBF_Q42].

[_][_] Hours
(MIN: 1) (MAX: 168 - LBF_Q42; warning after 30)
DK, R

Note: If LBF_Q42 = 168, then maximum = 1. If LBF_Q42 = DK or R, then maximum = 168.

LBF_Q54 **[Do/Does/Did] [you/he/she] usually work on weekends at [your/his/her] other**
LBFC_54 **job(s)?**

- 1 Yes
 - 2 No
- DK, R

Weeks Worked

LBF_Q61 **During the past 52 weeks, how many weeks did [you/FNAME] do any work at a job**
LBFC_61 **or a business? (Include paid vacation leave, paid maternity leave, and paid sick**
 leave.)

 |_|_| Weeks
 (MIN: 1) (MAX: 52)
 DK, R

Looking For Work

LBF_C71 If LBF_Q61 = 52, go to LBF_END.
 If LBF_Q61 = 51, go to LBF_Q71A.
 If LBF_Q61 was answered, use the second wording.
 Otherwise, use the first wording.

LBF_Q71 **During the past 52 weeks, how many weeks [were/was] [you/he/she] looking for**
LBFC_71 **work?**

That leaves [52 - LBF_Q61] weeks. During those [52 - LBF_Q61] weeks, how many
weeks [were/was] [you/he/she] looking for work?
INTERVIEWER: Minimum is 0; maximum is [52 - LBF_Q61].

 |_|_| Weeks
 (MIN: 0) (MAX: 52 - LBF_Q61)
 DK, R

Go to LBF_C72

Note: If LBF_Q61 = DK or R, max of LBF_Q71 = 52.

LBF_Q71A **That leaves 1 week. During that week, did [you/he/she] look for work?**
LBFC_71A

1 Yes (make LBF_Q71 = 1)
 2 No (make LBF_Q71 = 0)
 DK, R

LBF_C72 If either LBF_Q61 or LBF_Q71 are non-response, go to LBF_END.
 If the total number of weeks reported in LBF_Q61 and LBF_Q71 = 52, go to LBF_END.
 If LBF_Q61 and LBF_Q71 were answered, [WEEKS] = [52 - (LBF_Q61 + LBF_Q71)].
 If LBF_Q61 was not answered, [WEEKS] = (52 - LBF_Q71).

LBF_Q72 **That leaves [WEEKS] week[s] during which [you/he/she] [were/was] neither**
LBFC_72 **working nor looking for work. Is that correct?**

1 Yes (Go to LBF_C73)
 2 No
 DK, R (Go to LBF_C73)

LBF_E72 **You have indicated that [you/he/she] worked for [LBF_Q61] week[s] and that**
 [you/he/she] [were/was] looking for work for [LBF_Q71] week[s], leaving [WEEKS]
 week[s] during which [you/he/she] [were/was] neither working nor looking for work.
 The total number of weeks must add to 52. Please return and correct.

LBF_C73	If (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q11 = 1), go to LBF_Q73. Otherwise, go to LBF_END.
LBF_Q73 LBFC_73	What is the main reason that [you/he/she] [were/was] not looking for work? <u>INTERVIEWER</u> : If more than one reason, choose the one that explains the most number of weeks. <ol style="list-style-type: none"> 1 Own illness or disability 2 Caring for - own children 3 Caring for - elder relatives 4 Pregnancy (Females only) 5 Other personal or family responsibilities 6 Vacation 7 Labour dispute (strike or lockout) 8 Temporary layoff due to business conditions 9 Seasonal layoff 10 Casual job, no work available 11 Work schedule (e.g., shift work) 12 School or educational leave 13 Retired 14 Believes no work available (in area or suited to skills) 15 Other – Specify DK, R
LBF_C73S	If LBF_Q73 <> 15, go to LBF_C73A. Otherwise, go to LBF_Q73S.
LBF_Q73S	<u>INTERVIEWER</u> : Specify. <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> (80 spaces) DK, R
LBF_C73A	If LBF_Q73 = 4, go to LBF_E73. Otherwise, go to LBF_C73B.
LBF_E73	If Sex = male and LBF_Q13 = 4 (Pregnancy), show pop-up edit as follows. A response of “Pregnancy” is invalid for a male respondent. Please return and correct.
LBF_C73B	If LBF_Q73 = 1 (Own illness or disability), ask LBF_Q73A. Otherwise, go to LBF_END.
LBF_Q73A LBFC_73A	Was that due to [your/his/her] physical health, to [your/his/her] emotional or mental health, to [your/his/her] use of alcohol or drugs, or to another reason? <ol style="list-style-type: none"> 1 Physical health 2 Emotional or mental health (including stress) 3 Use of alcohol or drugs 4 Another reason DK, R
LBF_END	

HOME SAFETY

HMS_C1A If (do HMS block = 2), go to HMS_END.
 HMSCFDO Otherwise, go to HMS_C1B.

HMS_C1B If proxy interview, go to HMS_END.
 Otherwise, go to HMS_QINT.

HMS_QINT **Now, a few questions about things some people do to make their homes safe.**
INTERVIEWER: Press <Enter> to continue.

HMS_Q1 **Is there at least 1 working smoke detector installed in your home?**

HMSC_1

- 1 Yes
- 2 No (Go to HMS_Q5)
- DK, R (Go to HMS_END)

HMS_Q2 **Are there smoke detectors installed on every level of your home, including the basement?**

HMSC_2

- 1 Yes
- 2 No
- DK, R

HMS_Q3 **Are the smoke detectors tested each month?**

HMSC_3

- 1 Yes
- 2 No
- DK, R

HMS_Q4 **How often are the batteries changed in your smoke detectors?**

HMSC_4

INTERVIEWER: Read categories to respondent.

- 1 **At least every 6 months**
- 2 **At least every year**
- 3 **As needed when the low battery warning chirps**
- 4 **Never**
- 5 Not applicable (Hard wired)
- DK, R

HMS_Q5 **Is there an escape plan for getting out of your home in case of a fire?**

HMSC_5

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

HMS_C6 If household size > 1, go to HMS_Q6.
 Otherwise, go to HMS_END.

HMS_Q6
HMSC_6

Have the members of your household ever discussed this plan?

- 1 Yes
- 2 No
 DK, R

HMS_END

INCOME

INC_C1 If (do INC block = 2), go to INC_END.
INCCFDO Otherwise, go to INC_QINT.

INC_QINT **Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.**
INTERVIEWER: Press <Enter> to continue.

INC_Q1 **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- | | | |
|---------|----|---|
| INCC_1A | 1 | Wages and salaries |
| INCC_1B | 2 | Income from self-employment |
| INCC_1C | 3 | Dividends and interest (e.g., on bonds, savings) |
| INCC_1D | 4 | Employment insurance |
| INCC_1E | 5 | Worker's compensation |
| INCC_1F | 6 | Benefits from Canada or Quebec Pension Plan |
| INCC_1G | 7 | Retirement pensions, superannuation and annuities |
| INCC_1H | 8 | Old Age Security and Guaranteed Income Supplement |
| INCC_1I | 9 | Child Tax Benefit |
| INCC_1J | 10 | Provincial or municipal social assistance or welfare |
| INCC_1K | 11 | Child support |
| INCC_1L | 12 | Alimony |
| INCC_1M | 13 | Other (e.g., rental income, scholarships) |
| INCC_1N | 14 | None (Go to INC_Q3)
DK, R (Go to INC_END) |

INC_E1 If INC_Q1 = 14 (None) and any other response selected in INC_Q1, show pop-up edit as follows.

You cannot select "None" and another category. Please return and correct.

INC_E2 If (INC_Q1 <> 1 or 2) and (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q21 = 1), show pop-up edit as follows.

Inconsistent answers have been entered. Please confirm.

INC_C2 If more than one source of income is indicated, go to INC_Q2.
Otherwise, go to INC_Q3. (INC_Q2 will be filled with INC_Q1 during processing.)

INC_Q2
INCC_2

What was the main source of income?

- 1 Wages and salaries
 - 2 Income from self-employment
 - 3 Dividends and interest (e.g., on bonds, savings)
 - 4 Employment insurance
 - 5 Worker's compensation
 - 6 Benefits from Canada or Quebec Pension
 - 7 Retirement pensions, superannuation and annuities
 - 8 Old Age Security and Guaranteed Income Supplement
 - 9 Child Tax Benefit
 - 10 Provincial or municipal social assistance or welfare
 - 11 Child support
 - 12 Alimony
 - 13 Other (e.g., rental income, scholarships)
 - 14 None (category created during processing)
- DK, R

INC_E3

If the response in INC_Q2 was not selected in INC_Q1, show pop-up edit as follows.

The main source of income is not selected as one of the sources of income for all household members. Please return and correct.

INC_Q3
INCC_3

What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

|_|_|_|_|_| Income (Go to INC_C4)
(MIN: 0) (MAX: 500,000; warning after 150,000)
0 (Go to INC_END)
DK, R (Go to INC_Q3A)

INC_Q3A
INCC_3A

Can you estimate in which of the following groups your household income falls? Was the total household income less than \$20,000 or \$20,000 or more?

- 1 Less than \$20,000
 - 2 \$20,000 or more (Go to INC_Q3E)
 - 3 No income (Go to INC_END)
- DK, R (Go to INC_END)

INC_Q3B
INCC_3B

Was the total household income from all sources less than \$10,000 or \$10,000 or more?

- 1 Less than \$10,000
 - 2 \$10,000 or more (Go to INC_Q3D)
- DK, R (Go to INC_C4)

INC_Q3C
INCC_3C

Was the total household income from all sources less than \$5,000 or \$5,000 or more?

- 1 Less than \$5,000
 - 2 \$5,000 or more
- DK, R

Go to INC_C4

INC_Q3D
INCC_3D **Was the total household income from all sources less than \$15,000 or \$15,000 or more?**

- 1 Less than \$15,000
- 2 \$15,000 or more
- DK, R

Go to INC_C4

INC_Q3E
INCC_3E **Was the total household income from all sources less than \$40,000 or \$40,000 or more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to INC_Q3G)
- DK, R (Go to INC_C4)

INC_Q3F
INCC_3F **Was the total household income from all sources less than \$30,000 or \$30,000 or more?**

- 1 Less than \$30,000
- 2 \$30,000 or more
- DK, R

Go to INC_C4

INC_Q3G
INCC_3G **Was the total household income from all sources:**
INTERVIEWER: Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?
- DK, R

INC_C4 If age >= 15, go to INC_Q4.
Otherwise, go to INC_END.

INC_Q4
INCC_4 **What is your best estimate of [your/FNAME's] total personal income, before taxes and other deductions, from all sources in the past 12 months?**

|_|_|_|_|_| Income (Go to INC_END)
(MIN: 0) (MAX: 500,000; warning after 150,000)
0 (Go to INC_END)
DK, R (Go to INC_Q4A)

INC_Q4A
INCC_4A **Can you estimate in which of the following groups [your/FNAME's] personal income falls? Was [your/his/her] total personal income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to INC_Q4E)
- 3 No income (Go to INC_END)
- DK, R (Go to INC_END)

INC_Q4B **Was [your/his/her] total personal income less than \$10,000 or \$10,000 or more?**
INCC_4B

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to INC_Q4D)
DK, R (Go to INC_END)

INC_Q4C **Was [your/his/her] total personal income less than \$5,000 or \$5,000 or more?**
INCC_4C

- 1 Less than \$5,000
- 2 \$5,000 or more
DK, R

Go to INC_END

INC_Q4D **Was [your/his/her] total personal income less than \$15,000 or \$15,000 or more?**
INCC_4D

- 1 Less than \$15,000
- 2 \$15,000 or more
DK, R

Go to INC_END

INC_Q4E **Was [your/his/her] total personal income less than \$40,000 or \$40,000 or more?**
INCC_4E

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to INC_Q4G)
DK, R (Go to INC_END)

INC_Q4F **Was [your/his/her] total personal income less than \$30,000 or \$30,000 or more?**
INCC_4F

- 1 Less than \$30,000
- 2 \$30,000 or more
DK, R

Go to INC_END

INC_Q4G **Was [your/his/her] total personal income:**
INCC_4G **INTERVIEWER:** Read categories to respondent.

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?
DK, R

INC_END

FOOD INSECURITY

FIN_C1 If (do FIN block = 2) go to FIN_END.
FINCFDO Otherwise, go to FIN_Q1.

FIN_Q1 **In the past 12 months, how often did you or anyone else in your household:**
FINC_1 **... worry that there would not be enough to eat because of a lack of money?**
INTERVIEWER: Read categories to respondent.

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

FIN_Q2 **... not have enough food to eat because of a lack of money?**
FINC_2

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

FIN_Q3 **... not eat the quality or variety of foods that you wanted to eat because of a lack**
FINC_3 **of money?**

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

FIN_END

NURSES' SUPPLEMENT

NUS_C1 If (do NUS block = 2), go to NUS_END.
 NUSCFDO Otherwise, go to NUS_C2.

NUS_C2 If LBF_D35 = A321, D111, D112, D233 or E121, go to NUS_C3.
 Otherwise, go to NUS_END.

NUS_C3 If proxy interview, go to NUS_END.
 Otherwise, go to NUS_Q1.

NUS_Q1 **Are you registered or licensed as a:**
 NUSC_1 INTERVIEWER: Read categories to respondent.

- 1 ... registered nurse? (RN, BScN, nurse practitioner)
- 2 ... registered psychiatric nurse? (RPN)
- 3 ... licensed practical nurse? (registered practical nurse, registered nurses assistant)
- 4 ... Other (Go to NUS_END)
 DK, R (Go to NUS_END)

NUS_QINT **Now some additional questions on the working conditions of nurses.**
INTERVIEWER: Press <Enter> to continue.

NUS_Q2 **What type of facility do you work in?**
 NUSC_2 INTERVIEWER: Read categories to respondent. If respondent works in more than one facility, ask him/her to refer to his/her main job.

- 1 **Hospital** (Go to NUS_Q3)
- 2 **Home care** (Go to NUS_Q4)
- 3 **Long term care facility** (Go to NUS_Q4)
- 4 **Community Health Centre** (Go to NUS_Q4)
- 5 **Nursing education** (Go to NUS_Q4)
- 6 Other - Specify (Go to NUS_END)
 DK, R

NUS_C2S INTERVIEWER: Specify

 (80 spaces)
 DK, R

Go to NUS_Q4

NUS_Q3 **In the past 2 weeks, how often did you change shifts (e.g., from days to evenings, evenings to nights)?**
 NUSC_3 INTERVIEWER: Do not include overtime shifts.

I_I_I Times
 (MIN: 0) (MAX: 14)
 DK, R

NUS_Q4 **On the whole, how satisfied are you with your present job?**

NUSC_4 INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
 - 2 **Somewhat satisfied**
 - 3 **Somewhat dissatisfied**
 - 4 **Very dissatisfied**
- DK, R

NUS_Q5 **In the next 12 months, do you plan to leave this nursing position?**

NUSC_5 INTERVIEWER: Read categories to respondent.

- 1 **Yes, within the next 6 months**
 - 2 **Yes, within the next 12 months**
 - 3 **No plans within the next 12 months**
- DK, R

NUS_Q6 **Independent of your present job, how satisfied are you with being a nurse?**

NUSC_6 INTERVIEWER: Read categories to respondent.

- 1 **Very satisfied**
 - 2 **Somewhat satisfied**
 - 3 **Somewhat dissatisfied**
 - 4 **Very dissatisfied**
- DK, R

NUS_C7 If NUS_Q2 = 5, go to NUS_Q8A.

Otherwise, go to NUS_Q7.

NUS_Q7 **In general, how would you describe the quality of nursing care delivered to patients on your unit?**

NUSC_7 INTERVIEWER: Read categories to respondent.

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

NUS_Q8A **Have you ever been stuck with a needle or sharp object that has been used on a patient?**

NUSC_8A

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

NUS_Q8B **How many times, in total, has this occurred in your nursing career?**

NUSC_8B

I_|_| Times
(MIN: 1) (MAX: 15; warning after 10)
DK
R (Go to NUS_END)

NUS_Q8C **How many of these incidents occurred in the past 12 months?**

NUSC_8C INTERVIEWER: Minimum is 0; maximum is [value in NUS_Q8B].

I_|_| Times
(MIN: 0) (MAX: [value in NUS_Q8B])
DK, R (go to NUS_END)

Note: If NUS_Q8B = DK , the maximum value of NUS_Q8C is 15.)

NUS_C8D If NUS_Q8C = 0, go to NUS_END.

NUS_Q8D **How many of these incidents occurred in the past month?**

NUSC_8D INTERVIEWER: Minimum is 0; maximum is [value in NUS_Q8C].

I_|_| Times
(MIN: 0) (MAX: is [value in NUS_Q8C])
DK, R

NUS_END

PROBLEMS IN THE COMMUNITY

PIC_C1 If (do PIC block = 2), go to PIC_END.
 PICCFDO Otherwise, go to PIC_C1A.

PIC_C1A If proxy interview, go to PIC_END.
 Otherwise, go to PIC_QINT.

PIC_QINT **Now I would like to ask some questions about your community. For each one, please tell me if you think it is not at all a serious problem, not too serious a problem, a somewhat serious problem, or a very serious problem in your community today.**

INTERVIEWER: Press <Enter> to continue.

PIC_Q01 **Physical or verbal violence between husband and wife? Would you say that it is:**
 PICC_1 INTERVIEWER : Read categories to respondent.

- 1 ... not at all a serious problem?
- 2 ... not too serious a problem?
- 3 ... a somewhat serious problem?
- 4 ... a very serious problem?
- DK
- R (Go to PIC_END)

PIC_Q02 **Public fights and disturbances? Would you say that they are:**
 PICC_2 INTERVIEWER : Read categories to respondent.

- 1 ... not at all a serious problem?
- 2 ... not too serious a problem?
- 3 ... a somewhat serious problem?
- 4 ... a very serious problem?
- DK, R

PIC_Q03 **Illegal drug use?**
 PICC_3

- 1 Not at all a serious problem
- 2 Not too serious a problem
- 3 A somewhat serious problem
- 4 A very serious problem
- DK, R

PIC_Q04 **Alcohol abuse?**
 PICC_4

- 1 Not at all a serious problem
- 2 Not too serious a problem
- 3 A somewhat serious problem
- 4 A very serious problem
- DK, R

PIC_Q05
PICC_5

Negligence of children by their parents?

- 1 Not at all a serious problem
 - 2 Not too serious a problem
 - 3 A somewhat serious problem
 - 4 A very serious problem
- DK, R

PIC_Q06
PICC_6

Loss of respect by young people towards the elders?
In your community, would you say that it is:
INTERVIEWER: Read categories to respondents.

- 1 ... not at all a serious problem?
 - 2 ... not too serious a problem?
 - 3 ... a somewhat serious problem?
 - 4 ... a very serious problem?
- DK, R

PIC_Q07
PICC_7

Suicide among young people?

- 1 Not at all a serious problem
 - 2 Not too serious a problem
 - 3 A somewhat serious problem
 - 4 A very serious problem
- DK, R

PIC_Q08
PICC_8

Young people getting in trouble with the law because of vandalism or theft?

- 1 Not at all a serious problem
 - 2 Not too serious a problem
 - 3 A somewhat serious problem
 - 4 A very serious problem
- DK, R

PIC_Q09
PICC_9

Sexual abuse of children?

- 1 Not at all a serious problem
 - 2 Not too serious a problem
 - 3 A somewhat serious problem
 - 4 A very serious problem
- DK, R

PIC_END

ADMINISTRATION

ADM_C01 If (do ADM block) = 2, go to ADM_END.
 ADMCFDO Otherwise, go to ADM_Q01A.

Health Number

ADM_Q01A **Statistics Canada and your [provincial/territorial] ministry of health would like your permission to link information collected during this interview. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.**
 INTERVIEWER: Press <Enter> to continue.

ADM_Q01B **This linked information will be kept confidential and used only for statistical purposes. Do we have your permission?**
 SAMCDLNK

- 1 Yes
- 2 No (Go to ADM_Q04A)
- DK, R (Go to ADM_Q04A)

ADM_C3A If province = 10, [province] = [Newfoundland and Labrador]
 If province = 11, [province] = [Prince Edward Island]
 If province = 12, [province] = [Nova Scotia]
 If province = 13, [province] = [New Brunswick]
 If province = 24, [province] = [Quebec]
 If province = 35, [province] = [Ontario]
 If province = 46, [province] = [Manitoba]
 If province = 47, [province] = [Saskatchewan]
 If province = 48, [province] = [Alberta]
 If province = 59, [province] = [British Columbia]
 If province = 60, [province] = [Yukon]
 If province = 61, [province] = [Northwest Territories]
 If province = 62, [province] = [Nunavut]

ADM_Q03A **(Having a [provincial/territorial] health number will assist us in linking to this other information.)**

[Do/Does] [you/she/he] have a(n) [province] health number?

- 1 Yes (Go to HN)
- 2 No
- DK, R (Go to ADM_Q04A)

ADM_Q03B **For which [province/territory] is [your/FNAME's] health number?**

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 88 Do not have a [provincial/territorial] health number (Go to ADM_Q04A)
DK, R (Go to ADM_Q04A)

HN **What is [your/FNAME's] health number?**

INTERVIEWER: Enter a health number for [province]. Do not insert blanks, hyphens or commas between the numbers.

(8 - 12 spaces)
DK, R

Data Sharing – All Provinces (excluding Québec and the territories)

ADM_Q04A **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health and Health Canada.**

Your provincial ministry of health may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.

INTERVIEWER: Press <Enter> to continue.

ADM_Q04B **All information will be kept confidential and used only for statistical purposes.**

SAMCDSHR

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, R

Data Sharing – NWT, Yukon, Nunavut

ADM_Q04A **Statistics Canada would like your permission to share the information collected in this survey with Health Canada and provincial and territorial ministries of health.**

INTERVIEWER: Press <Enter> to continue.

ADM_Q04B **All information will be kept confidential and used only for statistical purposes.**

SAMCDSHR

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, R

Data Sharing – Québec

ADM_Q04A **Statistics Canada would like your permission to share the information collected in this survey with provincial and territorial ministries of health, the « l'Institut de la Statistique du Québec » and Health Canada.**

The « l'Institut de la Statistique du Québec » may make some of this information available to your local health region, but names, addresses, telephone numbers and health numbers will not be provided.

INTERVIEWER: Press <Enter> to continue.

ADM_Q04B **All information will be kept confidential and used only for statistical purposes.**

SAMCDSHR

SAMCDSJB

Do you agree to share the information provided?

- 1 Yes
- 2 No
- DK, R

Frame Evaluation

FRE_C1 If RDD or if FREFLAG = 1 (i.e. the frame evaluation questions have been done for the household), go to ADM_N05.

FRE_QINT **And finally, a few questions to evaluate the way households were selected for this survey.**

INTERVIEWER: Press <Enter> to continue.

FRE_Q1 **How many different telephone numbers are there for your household, not counting cellular phone numbers and phone numbers used strictly for business purposes?**

- 1 1
- 2 2
- 3 3 or more
- 4 None (Go to FRE_Q4)
- DK, R (Go to ADM_N05)

FRE_Q2 **What is [your/your main] phone number, including the area code?**

INTERVIEWER: Do not include cellular or business phone numbers.

Telephone number: [telnum].

Code INTERVIEWER: Enter the area code.

Tel INTERVIEWER: Enter the telephone number.

Go to FRE_C3

- DK (Go to ADM_N05)
- R (Go to FRE_Q2A)

FRE_Q2A **Could you tell me the area code and the first 5 digits of your phone number? Even that will help evaluate the way households were selected.**

I _ _ _ _ _ I _ _ _ _ _ I

DK, R (Go to ADM_N05)

FRE_C3 If FRE_Q1 = 1 (1 phone), go to ADM_N05.

FRE_Q3 **What is [your other phone number/another of your phone numbers], including the area code?**

INTERVIEWER: Do not include cellular or business phone numbers.

CODE2 INTERVIEWER: Enter the area code.

TEL2 INTERVIEWER: Enter the telephone number.

Go to ADM_N05

DK (Go to ADM_N05)

R (Go to FRE_Q3A)

FRE_Q3A **Could you tell me the area code and the first 5 digits of [your other phone number/another of your phone numbers]? (Even that will help evaluate the way households were selected.)**

I _ _ _ _ _ I _ _ _ _ _ I

DK, R

Go to ADM_N05

FRE_Q4 **[Do/Does] [you/FNAME] have a working cellular phone that can place and receive calls?**

1 Yes

2 No

DK, R

Administration

ADM_N05 INTERVIEWER: Is this a fictitious name for the respondent?

1 Yes

2 No (Go to ADM_C09)

DK, R (Go to ADM_C09)

ADM_N06 INTERVIEWER: Remind respondent about the importance of getting correct names.
Do you want to make corrections to:

1 ... first name only?

2 ... last name only? (Go to ADM_N08)

3 ... both names?

4 ... no corrections? (Go to ADM_C09)

DK, R (Go to ADM_C09)

ADM_N07 INTERVIEWER: Enter the first name only.

(25 spaces)
DK, R

ADM_C08 If ADM_N06 <> “both names”, go to ADM_C09.

ADM_N08 INTERVIEWER: Enter the last name only.

(25 spaces)
DK, R

ADM_C09 If RDD, go to ADM_N10.

ADM_N09 INTERVIEWER: Was this interview conducted on the telephone or in person?

ADMC_N09

- 1 On telephone
- 2 In person
- 3 Both
- DK, R

ADM_N10 INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

ADMC_N10

- 1 Yes (Go to ADM_N12)
- 2 No
- DK, R (Go to ADM_N12)

ADM_N11 INTERVIEWER: Do you think that the answers of the respondent were affected by someone else being there?

ADMC_N11

- 1 Yes
- 2 No
- DK, R

ADM_N12 INTERVIEWER: Record language of interview

ADMC_N12

- | | | | |
|----|------------|----|-----------------|
| 1 | English | 14 | Tamil |
| 2 | French | 15 | Cree |
| 3 | Chinese | 16 | Afghan |
| 4 | Italian | 17 | Cantonese |
| 5 | Punjabi | 18 | Hindi |
| 6 | Spanish | 19 | Mandarin |
| 7 | Portuguese | 20 | Persian |
| 8 | Polish | 21 | Russian |
| 9 | German | 22 | Ukrainian |
| 10 | Vietnamese | 23 | Urdu |
| 11 | Arabic | 24 | Inuktitut |
| 12 | Tagalog | 90 | Other – Specify |
| 13 | Greek | | DK, R |

ADM_C12S If ADM_N12 <> 90, go to ADM_END.
 Otherwise, go to ADM_N12S.

ADM_N12S INTERVIEWER: Specify

(80 spaces)
DK, R

ADM_END