CANADIAN COMMUNITY HEALTH SURVEY

CYCLE 3.1

FINAL Questionnaire

June 2005

TABLE OF CONTENTS

AGE OF SELECTED RESPONDENT (ANC)

ANC_BEG

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

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

<u>Date Block</u>
ANC_Q01   INTERVIEWER: Enter the day.
If necessary, ask **(What is the day?)**

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

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

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

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

|_|_|_|_|
DK, R

ANC_C02   Calculate age based on the entered date of birth.

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

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

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

ANC_Q03   **What is ^YOUR1 age?**

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

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

ANC_R04   **Because ^YOU1 ^ARE less than 12 years old**, **^YOU1 ^ARE not eligible to participate in the Canadian Community Health Survey.**
              <u>INTERVIEWER</u>: Press <Enter> to continue.

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

ANC_END

GENERAL HEALTH (GEN)

GEN_BEG

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

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

GEN_Q01   **To start, in general, would you say ^YOUR1 health is:**
GENE_01   INTERVIEWER: Read categories to respondent.

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

GEN_Q02   **Compared to one year ago, how would you say ^YOUR1 health is now? Is it**:
GENE_02   INTERVIEWER: Read categories to respondent.

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

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

GEN_Q02A   **How satisfied are you with your life in general?**
GENE_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 GENE_02B	**In general, would you say your mental health is:** INTERVIEWER: Read categories to respondent. 1 **… excellent?** 2 **… very good?** 3 **… good?** 4 **… fair?** 5 **… poor?** DK, R
GEN_C07	If age < 15, go to GEN_C08A. Otherwise, go to GEN_Q07.
GEN_Q07 GENE_07	**Thinking about the amount of stress in ^YOUR1 life, would you say** **that most days are:** INTERVIEWER: Read categories to respondent. 1 **… not at all stressful?** 2 **… not very stressful?** 3 **… a bit stressful?** 4 **… quite a bit stressful?** 5 **… extremely stressful?** DK, R
GEN_C08A	If proxy interview, go to GEN_END. Otherwise, go to GEN_C08B.
GEN_C08B	If age < 15 or age > 75, go to GEN_Q10. Otherwise, go to GEN_Q08.
GEN_Q08 GENE_08	**Have you worked at a job or business at any time in the past 12 months?** 1 Yes 2 No (Go to GEN_Q10) DK, R (Go to GEN_Q10)
GEN_Q09 GENE_09	**The next question is about your main job or business in the past 12 months.** **Would you say that most days at work were:** INTERVIEWER: Read categories to respondent. 1 **… not at all stressful?** 2 **… not very stressful?** 3 **… a bit stressful?** 4 **… quite a bit stressful?** 5 **… extremely stressful?** DK, R

GEN_Q10 **How would you describe your sense of belonging to your local community?**
GENE_10 **Would you say it is:**
<u>INTERVIEWER</u>: Read categories to respondent.

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

GEN_END

VOLUNTARY ORGANIZATIONS (ORG)

ORG_BEG

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

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

ORG_Q1   **Are you a member of any voluntary organizations or associations such as school**
ORGE_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**
ORGE_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

SLEEP (SLP)

SLP_BEG

SLP_C1   If (SLP block = 1), go to SLP_C2.
SLPEFOPT   Otherwise, go to SLP_END.

SLP_C2   If proxy interview, go to SLP_END.
                Otherwise, go to SLP_Q01.

SLP_Q01   **Now a few questions about sleep.**
SLPE_01

                How long do you usually spend sleeping each night?
                <u>INTERVIEWER</u>: Do not include time spent resting.

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

SLP_Q02   **How often do you have trouble going to sleep or staying asleep?**
SLPE_02   <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

SLP_Q03   **How often do you find your sleep refreshing?**
SLPE_03

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

SLP_Q04
SLPE_04

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

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

SLP_END

CHANGES MADE TO IMPROVE HEALTH (CIH)

CIH_BEG

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

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

CIH_Q1   **Next, some questions about changes made to improve health.**
CIHE_1
             In the past 12 months, did you do anything to improve your health? (For example, lost weight, quit smoking, increased exercise)

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

CIH_Q2   **What is the single most important change you have made?**
CIHE_2
             1   Increased exercise, sports / physical activity
             2   Lost weight
             3   Changed diet / improved eating habits
             4   Quit smoking / reduced amount smoked
             5   Drank less alcohol
             6   Reduced stress level
             7   Received medical treatment
             8   Took vitamins
             9   Other – Specify
                    DK, R

CIH_C2S   If CIH_Q2 = 9, go to CIH_Q2S.
             Otherwise, go to CIH_Q3.

CIH_Q2S   <u>INTERVIEWER</u>: Specify.

             _____
             (80 spaces)
             DK, R

CIH_Q3   **Do you think there is [anything else/anything] you should do to improve**
CIHE_3   **your physical health?**

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

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

CIH_Q4	**What is the most important thing?**
CIHE_4	

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

CIH_C4S   If CIH_Q4 = 9, go to CIH_Q4S.
               Otherwise, go to CIH_Q5.

CIH_Q4S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

CIH_Q5	**Is there anything stopping you from making this improvement?**
CIHE_5	

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

CIH_Q6   **What is that?**
               <u>INTERVIEWER</u>: Mark all that apply.

CIHE_6A	1	Lack of will power / self discipline
CIHE_6I	2	Family responsibilities
CIHE_6B	3	Work schedule
CIHE_6J	4	Addiction to drugs / alcohol
CIHE_6K	5	Physical condition
CIHE_6G	6	Disability / health problem
CIHE_6F	7	Too stressed
CIHE_6E	8	Too costly / financial constraints
CIHE_6L	9	Not available - in area
CIHE_6M	10	Transportation problems
CIHE_6N	11	Weather problems
CIHE_6H	12	Other - Specify
		DK, R

CIH_C6S   If CIH_Q6 = 12, go to CIH_Q6S.
               Otherwise, go to CIH_Q7.

CIH_Q6S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

CIH_Q7	**Is there anything you intend to do to improve your physical health in the**
CIHE_7	**next year?**

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

CIH_Q8   **What is that?**
                  <u>INTERVIEWER</u> : Mark all that apply.

CIHE_8A	1	Start / Increase exercise, sports / physical activity
CIHE_8B	2	Lose weight
CIHE_8C	3	Change diet / improve eating habits
CIHE_8J	4	Quit smoking / reduce amount smoked
CIHE_8K	5	Drink less alcohol
CIHE_8G	6	Reduce stress level
CIHE_8L	7	Receive medical treatment
CIHE_8H	8	Take vitamins
CIHE_8I	9	Other – Specify
		DK, R

CIH_C8S   If CIH_Q8 = 9, go to CIH_Q8S.
                  Otherwise, go to CIH_END.

CIH_Q8S   <u>INTERVIEWER</u>: Specify.

                  _____
                  (80 spaces)
                  DK, R

CIH_END

HEALTH CARE SYSTEM SATISFACTION (HCS)

HCS_BEG

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

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

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

HCS_Q1   **Now, a few questions about health care services in [province].**
HCSE_1   **Overall, how would you rate the <u>availability</u> of health care services in [province]?**
                 Would you say it is:
                 <u>INTERVIEWER</u>: 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 <u>quality</u> of the health care services that are**
HCSE_2   **available in [province]?**
                 <u>INTERVIEWER</u>: Read categories to respondent.

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

HCS_Q3   **Overall, how would you rate the <u>availability</u> of health care services <u>in your</u>**
HCSE_3   **<u>community</u>?**

                 1   Excellent
                 2   Good
                 3   Fair
                 4   Poor
                     DK, R

HCS_Q4
HCSE_4   **Overall, how would you rate the <u>quality</u> of the health care services that are available <u>in your community</u>?**

    1   Excellent
    2   Good
    3   Fair
    4   Poor
          DK, R

HCS_END

HEIGHT and WEIGHT (HWT)

HWT_BEG

HWT_C1   If (do HWT block = 1), go to HWT_Q2.
                Otherwise, go to HWT_END.

HWT_Q2   **The next questions are about height and weight.**
HWTE_2

                How tall ^ARE ^YOU2 without shoes on?

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

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

                Trigger hard edit if (HWT_Q2 < 3).

HWT_N2A   <u>INTERVIEWER</u>: Select the exact height.
HWTE_2A

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

HWT_N2B
HWTE_2B

INTERVIEWER: Select the exact height.

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

HWT_N2C
HWTE_2C

INTERVIEWER: Select the exact height.

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

Go to HWT_Q3

HWT_N2D
HWTE_2D

INTERVIEWER: Select the exact height.

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

Go to HWT_Q3

HWT_N2E
HWTE_2E

INTERVIEWER: Select the exact height.

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

Go to HWT_Q3

HWT_N2F
HWTE_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
HWTE_3

How much ^DO_VERB ^YOU2 weigh?
INTERVIEWER: Enter amount only.

|_|_|_| Weight
(MIN: 1) (MAX: 575; warning after 300 lb or 136 kg and warning under 60 lb or 27 kg.)
DK, R   (Go to HWT_END)

HWT_N4
HWTE_N4

INTERVIEWER: Was that in pounds or kilograms?

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

HWT_E4   An unusual value has been entered. Please confirm.

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

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

HWT_Q4   **Do you consider yourself:**
HWTE_4   <u>INTERVIEWER</u>: Read categories to respondent.

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

HWT_END

CHRONIC CONDITIONS (CCC)

CCC_BEG   Set HasSkinCancer = No

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

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

CCC_Q011   **^DOVERB_C ^YOU2 have:**
CCCE_011
                 ... food allergies?

                 1   Yes
                 2   No
                         DK
                         R   (Go to CCC_END)

CCC_Q021   **(^DOVERB_C ^YOU2 have:)**
CCCE_021
                 ... any other allergies?

                 1   Yes
                 2   No
                         DK, R

CCC_Q031   **(^DOVERB_C ^YOU2 have:)**
CCCE_031
                 ... asthma?

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

CCC_Q035   **^HAVE_C ^YOU2 had any asthma symptoms or asthma attacks in the past 12 months?**
CCCE_035

                 1   Yes
                 2   No
                         DK, R

CCC_Q036   **In the past 12 months, ^HAVE ^YOU1 taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**
CCCE_036

                 1   Yes
                 2   No
                         DK, R

CCC_Q041 CCCE_041	**^DOVERB_C ^YOU2 have fibromyalgia?**

1   Yes
2   No
       DK, R

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

CCCE_051   **^DOVERB_C ^YOU2 have arthritis or rheumatism, excluding fibromyalgia?**

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

CCC_Q05A CCCE_05A   **What kind of arthritis ^DOVERB ^YOU1 have?**

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

CCC_C05AS   If CCC_Q05A = 4, go to CCC_Q05AS.
             Otherwise, go to CCC_Q061.

CCC_Q05AS   <u>INTERVIEWER</u>: Specify.

       _____
       (80 spaces)
       DK, R

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

CCCE_061   **^DOVERB_C ^YOU2 have back problems, excluding fibromyalgia and arthritis?**

1   Yes
2   No
       DK, R

CCC_Q071 CCCE_071   **^DOVERB_C ^YOU2 have high blood pressure?**

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

CCC_Q072 CCCE_072   **^HAVE_C ^YOU1 ever been diagnosed with high blood pressure?**

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

CCC_Q073
CCCE_073
In the past month, ^HAVE ^YOU1 taken any medicine for high blood pressure?

1   Yes
2   No
     DK, R

CCC_Q074
CCCE_074
In the past month, did ^YOU1 do anything else, recommended by a health professional, to reduce or control ^YOUR1 blood pressure?

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

CCC_Q075
What did ^YOU1 do?
INTERVIEWER: Mark all that apply.

CCCE_75A   1   Changed diet (e.g., reduced salt intake)
CCCE_75B   2   Exercised more
CCCE_75C   3   Reduced alcohol intake
CCCE_75D   4   Other
                 DK, R

CCC_Q081
Remember, we're interested in conditions diagnosed by a health professional.

CCCE_081
^DOVERB_C ^YOU2 have migraine headaches?

1   Yes
2   No
     DK, R

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

CCCE_91A
(^DOVERB_C ^YOU2 have:)

... chronic bronchitis?

1   Yes
2   No
     DK, R

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

CCC_Q091E
CCCE_91E
(^DOVERB_C ^YOU2 have:)

... emphysema?

1   Yes
2   No
     DK, R

CCC_Q091F
CCCE_91F

(^DOVERB_C ^YOU2 have:)

... chronic obstructive pulmonary disease (COPD)?

1   Yes
2   No
      DK, R

CCC_Q101
CCCE_101

(^DOVERB_C ^YOU2 have:)

... diabetes?

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

CCC_Q102
CCCE_102

How old ^WERE ^YOU1 when this was first diagnosed?
<u>INTERVIEWER</u>: Maximum is [current age].

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

CCC_C10A

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

CCC_Q10A
CCCE_10A

^WERE ^YOU1 pregnant when ^YOU1 ^WERE first diagnosed with diabetes?

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

CCC_Q10B
CCCE_10B

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

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

CCC_Q10C
CCCE_10C

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

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

CCC_Q105 CCCE_105	**^DOVERB_C ^YOU2 currently take insulin for ^YOUR1 diabetes?**

1 Yes
2 No
  DK, R

(If CCC_Q10C = 6, CCC_Q105 will be filled with "No" during processing)

CCC_Q106 CCCE_106	**In the past month, did ^YOU2 take pills to control ^YOUR1 blood sugar?**

1 Yes
2 No
  DK, R

CCC_Q111   **(Remember, we're interested in conditions diagnosed by a health professional.)**

CCCE_111   **^DOVERB_C ^YOU2 have epilepsy?**

1 Yes
2 No
  DK, R

CCC_Q121 CCCE_121	**(^DOVERB_C ^YOU2 have:)**

… heart disease?

1 Yes
2 No
  DK, R

CCC_Q131 CCCE_131	**(^DOVERB_C ^YOU2 have:)**

... cancer?

1 Yes   (Go to CCC_C133)
2 No
  DK
  R   (Go to CCC_Q141)

CCC_Q132 CCCE_31A	**^HAVE ^YOU1 ever been diagnosed with cancer?**

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: In processing, responses from CCC_Q133A and CCC_Q133B are combined.

CCC_D33   If CCC_Q131 = 1 and non-proxy interview, DoDid = "Do"
             If CCC_Q131 = 1 and proxy interview, DoDid = "Does".
             If CCC_Q132 = 1, and proxy interview, DoDid = "Did"

CCC_Q133A   **What type of cancer ^DoDid ^YOU1 have?**
             <u>INTERVIEWER</u>: Mark all that apply.

CCCE_13A   1   Breast
CCCE_13C   2   Colorectal
CCCE_13D   3   Skin - Melanoma
CCCE_13E   4   Skin - Non-melanoma
CCCE_13F   5   Other
                  DK, R

             Go to CCC_D133

CCC_Q133B   **What type of cancer ^DoDid ^YOU1 have?**
             <u>INTERVIEWER</u>: Mark all that apply.

CCCE_13B   1   Prostate
CCCE_13C   2   Colorectal
CCCE_13D   3   Skin - Melanoma
CCCE_13E   4   Skin - Non-melanoma
CCCE_13F   5   Other
                  DK, R

CCC_D133   If (CCC_Q133A = 3 or 4) or (CCC_Q133B = 3 or 4), HasSkinCancer = "Yes".
             Otherwise, HasSkinCancer = "No".

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

CCCE_141   **^DOVERB ^YOU2 have intestinal or stomach ulcers?**

             1   Yes
             2   No
                  DK, R

CCC_Q151   **^DOVERB ^YOU2 suffer from the effects of a stroke?**
CCCE_151
             1   Yes
             2   No
                  DK, R

CCC_Q161   **(^DOVERB ^YOU2 suffer:)**
CCCE_161

              ... from urinary incontinence?

              1   Yes
              2   No
                     DK, R

CCC_Q171   **^DOVERB_C ^YOU2 suffer from a bowel disorder such as Crohn's Disease,**
CCCE_171   **ulcerative colitis, Irritable Bowel Syndrome or bowel incontinence?**

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

CCC_Q171A   **What kind of bowel disease ^DOVERB ^YOU1 have?**
CCCE_17A

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

CCC_C181   If age < 18, go to CCC_Q211.
              Otherwise, go to CCC_Q181.

CCC_Q181   **(Remember, we're interested in conditions diagnosed by a health professional.)**

CCCE_181   **(^DOVERB_C ^YOU2 have:)**

              ... Alzheimer's Disease or any other dementia?

              1   Yes
              2   No
                     DK, R

CCC_Q191   **(^DOVERB_C ^YOU2 have:)**
CCCE_191

              ... cataracts?

              1   Yes
              2   No
                     DK, R

CCC_Q201   **(^DOVERB_C ^YOU2 have:)**
CCCE_201

              ... glaucoma?

              1   Yes
              2   No
                     DK, R

CCC_Q211
CCCE_211
(^DOVERB_C ^YOU2 have:)

... a thyroid condition?

1   Yes
2   No
      DK, R

CCC_Q251   **(Remember, we're interested in conditions diagnosed by a health professional.)**

CCCE_251   **^DOVERB_C ^YOU2 have chronic fatigue syndrome?**

1   Yes
2   No
      DK, R

CCC_Q261
CCCE_261
^DOVERB_C ^YOU2 suffer from multiple chemical sensitivities?

1   Yes
2   No
      DK, R

CCC_Q271
CCCE_271
^DOVERB_C ^YOU2 have schizophrenia?

1   Yes
2   No
      DK, R

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

CCCE_280   **^DOVERB_C ^YOU2 have a mood disorder such as depression, bipolar disorder, mania or dysthymia?**
<u>INTERVIEWER</u>: Include manic depression.

1   Yes
2   No
      DK, R

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

CCCE_290   **^DOVERB_C ^YOU2 have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?**

1   Yes
2   No
      DK, R

CCC_Q321 **^DOVERB_C ^YOU2 have autism or any other developmental disorder such as**
CCCE_321 **Down's syndrome, Asperger's syndrome or Rett syndrome?**

1 Yes
2 No
DK, R

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

CCCE_331 **^DOVERB_C ^YOU2 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 ^DOVERB ^YOU2 have?**
INTERVIEWER: Mark all that apply.

CCCE_33A 1 Attention Deficit Disorder, no hyperactivity (ADD)
CCCE_33B 2 Attention Deficit Hyperactivity Disorder (ADHD)
CCCE_33C 3 Dyslexia
CCCE_33D 4 Other - Specify
DK, R

CCC_C331AS If CCC_Q331A = 4, go to CCC_Q331AS
Otherwise, go to CCC_Q341.

CCC_Q331AS INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

CCC_Q341 **^DOVERB_C ^YOU2 have an eating disorder such as anorexia or bulimia?**
CCCE_341
1 Yes
2 No
DK, R

CCC_Q901   **^DOVERB_C ^YOU2 have any other long-term physical or mental health condition**
CCCE_901   **that has been diagnosed by a health professional?**

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

CCC_C901S   If CCC_Q901 = 1, go to CCC_Q901S.
　　　　　　Otherwise, go to CCC_END.

CCC_Q901S   <u>INTERVIEWER</u>: Specify.

　　　　　　_____
　　　　　　(80 spaces)
　　　　　　DK, R

CCC_END

DIABETES CARE (DIA)

DIA_BEG

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

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

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

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

DIA_Q01   **In the past 12 months, has a health care professional tested ^YOU2 for**
DIAE_01   **haemoglobin "A-one-C"? (An "A-one-C" haemoglobin test measures the average level of blood sugar over a 3-month period.)**

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

DIA_Q02   **How many times? (In the past 12 months, has a health care professional tested ^YOU2 for haemoglobin "A-one-C"?)**
DIAE_02

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

DIA_Q03   **In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?**
DIAE_03

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

DIA_Q04   **How many times? (In the past 12 months, has a health care professional checked ^YOUR1 feet for any sores or irritations?)**
DIAE_04

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

DIA_Q05
DIAE_05

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

1   Yes
2   No
     DK, R

DIA_Q06
DIAE_06

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

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

DIA_Q07
DIAE_07

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

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

DIA_R08

Now some questions about diabetes care not provided by a health care professional.
INTERVIEWER: Press <Enter> to continue.

DIA_Q08
DIAE_08

How often ^DOVERB ^YOU2 usually have ^YOUR1 blood checked for glucose or sugar by ^YOURSELF or by a family member or friend?
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

DIA_N08B
DIAE_N8B

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

I_I_I   Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C09

DIA_N08C
DIAE_N8C

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

I_I_I   Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C09

DIA_N08D
DIAE_N8D
INTERVIEWER: Enter number of times per <u>month</u>.

I_I_I   Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C09

DIA_N08E
DIAE_N8E
INTERVIEWER: Enter number of times per <u>year</u>.

I_I_I   Times
(MIN: 1) (MAX: 99)
DK, R

DIA_C09   If DIA_Q03 = 3 (no feet), go to DIA_C10.
Otherwise, go to DIA_Q09.

DIA_Q09
DIAE_09
How often ^DOVERB ^YOU2 usually have ^YOUR1 feet checked for any sores or irritations by ^YOURSELF or by a family member or friend?
INTERVIEWER: Select the reporting period here and enter the number in the next screen.

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

DIA_N09B
DIAE_N9B
INTERVIEWER: Enter number of times per <u>day</u>.

I_I_I   Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C10

DIA_N09C
DIAE_N9C
INTERVIEWER: Enter number of times per <u>week</u>.

I_I_I   Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C10

DIA_N09D
DIAE_N9D
INTERVIEWER: Enter number of times per <u>month</u>.

I_I_I   Times
(MIN: 1) (MAX: 99)
DK, R

Go to DIA_C10

DIA_N09E   INTERVIEWER: Enter number of times per <u>year</u>.
DIAE_N9E

I_I_I   Times
(MIN: 1) (MAX: 99)
DK, R

DIA_C10   If age >= 35, go to DIA_R10.
Otherwise, go to DIA_END.

DIA_R10   **Now a few questions about medication.**
INTERVIEWER: Press <Enter> to continue

DIA_Q10   **In the past month, did ^YOU2 take aspirin or other ASA (acetylsalicylic acid)**
DIAE_10   **medication every day or every second day?**

1   Yes
2   No
DK, R

DIA_Q11   **In the past month, did ^YOU1 take prescription medications such as Lipitor or**
DIAE_11   **Zocor to control ^YOUR1 blood cholesterol levels?**

1   Yes
2   No
DK, R

DIA_END

MEDICATION USE (MED)

MED_BEG

MED_C1   If (do MED block = 1), go to MED_R1.
MEDEFOPT   Otherwise, go to MED_END.

MED_R1   **Now I'd like to ask a few questions about ^YOUR2 use of medications, both prescription and over-the-counter.**
                <u>INTERVIEWER</u>: Press <Enter> to continue.

MED_Q1A   **In the past month, that is, from [date one month ago] to yesterday, did**
MEDE_1A   **^YOU2 take:**

                ... 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   **In the past month, that is, from [date one month ago] to yesterday, did ^YOU2**
MEDE_1B   **take:**

                ... tranquilizers such as Valium or Ativan?

                1   Yes
                2   No
                     DK, R

MED_Q1C   **(In the past month, that is, from [date one month ago] to yesterday, did**
MEDE_1C   **^YOU2 take:)**

                ... diet pills such Dexatrim, Ponderal or Fastin?

                1   Yes
                2   No
                     DK, R

MED_Q1D   **(In the past month, that is, from [date one month ago] to yesterday, did In the past**
MEDE_1D   **month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)**

                ... **anti-depressants such as Prozac, Paxil or Effexor?**

                1   Yes
                2   No
                     DK, R

MED_Q1E
MEDE_1E
(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... codeine, Demerol or morphine?

1 Yes
2 No
    DK, R

MED_Q1F
MEDE_1F
(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... **allergy medicine such as Reactine or Allegra?**

1 Yes
2 No
    DK, R

MED_Q1G
MEDE_1G
(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... asthma medications such as inhalers or nebulizers?

1 Yes
2 No
    DK, R

MED_E1G
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.

Trigger soft edit if MED_Q1G = 1 and CCC_Q036 = 2.

MED_Q1H
MEDE_1H
(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... **cough or cold remedies?**

1 Yes
2 No
    DK, R

MED_Q1I
MEDE_1I
(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... penicillin or other antibiotics?

1 Yes
2 No
    DK, R

MED_Q1J
MEDE_1J
(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... medicine for the heart?

1   Yes
2   No
    DK, R

MED_Q1L
MEDE_1L
In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:

... diuretics or water pills?

1   Yes
2   No
    DK, R

MED_Q1M
MEDE_1M
(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... steroids?

1   Yes
2   No
    DK, R

MED_Q1P
MEDE_1P
(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... sleeping pills such as Imovane, Nytol or Starnoc?

1   Yes
2   No
    DK, R

MED_Q1Q
MEDE_1Q
(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... stomach remedies?

1   Yes
2   No
    DK, R

MED_Q1R
MEDE_1R
(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)

... laxatives?

1   Yes
2   No
    DK, R

MED_C1S   If sex = female and age <= 49, go to MED_Q1S.
           Otherwise, go to MED_C1TA.

MED_Q1S   **(In the past month, that is, from [date one month ago] to yesterday, did**
MEDE_1S   **^YOU2 take:)**

           ... birth control pills?

           1   Yes
           2   No
                DK, R

MED_C1TA   If (do HRT block = 1), go to MED_Q1U.
           Otherwise, go to MED_C1T.

MED_C1T   If sex is female and age >= 30, go to MED_Q1T.
           Otherwise, go to MED_Q1U.

MED_Q1T   **(In the past month, that is, from [date one month ago] to yesterday, did**
MEDE_1T   **^YOU2 take:)**

           ... hormones for menopause or ageing symptoms?

           1   Yes
           2   No   (Go to MED_Q1U)
                DK, R   (Go to MED_Q1U)

MED_Q1T1   **What type of hormones ^ARE ^YOU2 taking?**
MEDE_1T1   <u>INTERVIEWER</u>: Read categories to respondent.

           1   **Estrogen only**
           2   **Progesterone only**
           3   **Both**
           4   **Neither**
                DK, R

MED_Q1T2   **When did ^YOU2 start this hormone therapy?**
MEDE_1T2   <u>INTERVIEWER</u>: Enter the year (minimum is [year of birth + 30]; maximum is
           [current year].

           |_|_|_|_| Year
           (MIN: year of birth + 30) (MAX: current year)
           DK, R

MED_E1T2   **Year must be between [year of birth + 30] and [current year]. Please return and**
           correct.

           Trigger hard edit if outside these ranges.

MED_Q1U
MEDE_1U   **In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:**

... thyroid medication such as Synthroid or Levothyroxine?

1   Yes
2   No
       DK, R

MED_Q1V
MEDE_1V   **(In the past month, that is, from [date one month ago] to yesterday, did ^YOU2 take:)**

... any other medication?

1   Yes
2   No
       DK, R

MED_C1V   If MED_Q1V = 1, go to MED_Q1VS.
             Otherwise, go to MED_END.

MED_Q1VS   INTERVIEWER: Specify.

             _____
             (80 spaces)
             DK, R

MED_END

HEALTH CARE UTILIZATION (HCU)

HCU_BEG

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

HCU_R01   **Now I'd like to ask about ^YOUR2 contacts with various health professionals
                 during the past 12 months, that is, from [date one year ago] to yesterday.**
                 INTERVIEWER: Press <Enter> to continue.

HCU_Q01AA   **^DOVERB ^YOU2 have a regular medical doctor?**
HCUE_1AA

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

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

HCUE_1BA   1   No medical doctors available in the area
HCUE_1BB   2   Medical doctors in the area are not taking new patients
HCUE_1BC   3   Have not tried to contact one
HCUE_1BD   4   Had a medical doctor who left or retired
HCUE_1BE   5   Other - Specify
                         DK, R

HCU_C01ABS   If HCU_Q01AB = 5, go to HCU_Q01ABS.
                 Otherwise, go to HCU_Q01BA

HCU_Q01ABS   INTERVIEWER: Specify

                 _____
                 (80 spaces)
                 DK, R

                 (Go to HCU_Q01BA)

HCU_Q01AC **^DOVERB_C ^YOU2 and this doctor usually speak in English, in French, or in**
HCUE_1AC **another language?**

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_Q01ACS.
Otherwise, go to HCU_Q01BA.

HCU_Q01ACS <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

HCU_Q01BA **In the past 12 months, ^HAVE ^YOU2 been a patient overnight in a**
HCUE_01 **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?**
HCUE_01A

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

HCU_Q02A
HCUE_02A

[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 <u>seen</u>, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:

… a family doctor[, pediatrician] or general practitioner?
(include pediatrician if age < 18)

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

Note:

If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02B
HCUE_02B

([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 <u>seen</u>, or talked on the telephone, about ^YOUR1 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

Note:

If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02C
HCUE_02C

([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 <u>seen</u>, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)

… any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?

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

Note:

If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02D
HCUE_02D

[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 <u>seen</u>, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:

… a nurse for care or advice?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02E
HCUE_02E

([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)

… a dentist or orthodontist?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02F
HCUE_02F

([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 <u>seen</u>, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)

… a chiropractor?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02G
HCUE_02G

[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 <u>seen</u>, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:

… a physiotherapist?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02H
HCUE_02H

([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 seen, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)

… a social worker or counsellor?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02I
HCUE_02I

([Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 <u>seen</u>, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:)

… a psychologist?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_Q02J
HCUE_02J **[Not counting when ^YOU2 ^WERE an overnight patient, in the past 12 months/In the past 12 months], how many times ^HAVE ^YOU2 <u>seen</u>, or talked on the telephone, about ^YOUR1 physical, emotional or mental health with:**

… a speech, audiology or occupational therapist?

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

Note: If HCU_Q01AB = 1, use "Not counting when you were an overnight patient, in the past 12 months". Otherwise, use "In the past 12 months".

HCU_C03 If HCU_Q02A or HCU_Q02C or HCU_Q02D > 0, go to HCU_Q03.
Otherwise, go to HCU_Q04A.

HCU_Q03 **Where did the most recent contact take place?**
<u>INTERVIEWER</u>: If respondent says "hospital", probe for details

HCUE_03A 1 Doctor's office
HCUE_03C 2 Hospital emergency room
HCUE_03D 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_C03S If HCU_Q03 = 11, go to HCU_Q03S.
Otherwise, go to HCU_C031.

HCU_Q03S <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

HCU_C031 If HCU_Q03 = 3 (Hospital outpatient clinic), or 5 (Appointment clinic) or 6 (Community health centre), go to HCU_Q03_1.
Otherwise, go to HCU_Q04A.

HCU_Q03_1 **Did this most recent contact occur:**
HCUE_3A1 <u>INTERVIEWER</u>: Read categories to respondent.
HCUE_3C1
HCUE_3D1 1 **… in-person (face-to-face)?**
2 **… through a videoconference?**
3 **… through another method?**
DK, R

HCU_Q04A   **In the past 12 months, ^HAVE ^YOU1 attended a meeting of a self-**
HCUE_04A   **help group such as AA or a cancer support group?**

     1   Yes
     2   No
         DK, R

HCU_Q04   **People may also use alternative or complementary medicine. In the past 12**
HCUE_04   **months, ^HAVE ^YOU2 seen or talked to an alternative health care**
     provider such as an acupuncturist, homeopath or massage therapist about
     ^YOUR1 physical, emotional or mental health?

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

HCU_Q05   **Who did ^YOU2 see or talk to?**
     <u>INTERVIEWER</u>: Mark all that apply.

HCUE_05A   1   Massage therapist
HCUE_05B   2   Acupuncturist
HCUE_05C   3   Homeopath or naturopath
HCUE_05D   4   Feldenkrais or Alexander teacher
HCUE_05E   5   Relaxation therapist
HCUE_05F   6   Biofeedback teacher
HCUE_05G   7   Rolfer
HCUE_05H   8   Herbalist
HCUE_05I   9   Reflexologist
HCUE_05J   10   Spiritual healer
HCUE_05K   11   Religious healer
HCUE_05L   12   Other - Specify
         DK, R

HCU_C05S   If HCU_Q05 = 12, go to HCU_Q05S.
     Otherwise, go to HCU_C06.

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   **During the past 12 months, was there ever a time when ^YOU2 felt that**
HCUE_06   **[you/FNAME/he/she] needed health care but ^YOU1 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 ^YOU1 get care?**
INTERVIEWER: Mark all that apply.

HCUE_07A   1   Not available - in the area
HCUE_07B   2   Not available - at time required (e.g. doctor on holidays, inconvenient hours)
HCUE_07C   3   Waiting time too long
HCUE_07D   4   Felt would be inadequate
HCUE_07E   5   Cost
HCUE_07F   6   Too busy
HCUE_07G   7   Didn't get around to it / didn't bother
HCUE_07H   8   Didn't know where to go
HCUE_07I   9   Transportation problems
HCUE_07J   10   Language problems
HCUE_07K   11   Personal or family responsibilities
HCUE_07L   12   Dislikes doctors / afraid
HCUE_07M   13   Decided not to seek care
HCUE_07O   14   Doctor - didn't think it was necessary
HCUE_07P   15   Unable to leave the house because of a health problem
HCUE_07N   16   Other - Specify
DK, R

HCU_C07S   If HCU_Q07 = 16, go to HCU_Q07S.
Otherwise, go to HCU_Q08.

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.

HCUE_08A	1	Treatment of - a physical health problem
HCUE_08B	2	Treatment of - an emotional or mental health problem
HCUE_08C	3	A regular check-up (including regular pre-natal care)
HCUE_08D	4	Care of an injury
HCUE_08E	5	Other - Specify
		DK, R

HCU_C08S   If HCU_Q08 = 5, go to HCU_Q08S.
Otherwise, go to HCU_Q09.

HCU_Q08S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

HCU_Q09   **Where did ^YOU1 try to get the service ^YOU1 ^WERE seeking?**
INTERVIEWER: Mark all that apply.

HCUE_09A	1	Doctor's office
HCUE_09B	2	Hospital - emergency room
HCUE_09C	3	Hospital - overnight patient
HCUE_09D	4	Hospital - outpatient clinic (e.g., day surgery, cancer)
HCUE_09E	5	Walk-in clinic
HCUE_09F	6	Appointment clinic
HCUE_09G	7	Community health centre / CLSC
HCUE_09H	8	Other - Specify
		DK, R

HCU_C09S   If HCU_Q09 = 8, go to HCU_Q09S.
Otherwise, go to HCU_END.

HCU_Q09S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

HCU_END

HOME CARE SERVICES(HMC)

HMC_BEG

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

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

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

HMC_Q09   **^HAVE_C ^YOU2 received any home care services in the past 12 months, with the**
HMCE_09   **cost being entirely or partially covered by government?**

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

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

HMCE_10A   1   **Nursing care (e.g., dressing changes, preparing medications, V.O.N. visits)**
HMCE_10B   2   **Other health care services (e.g., physiotherapy, occupational or speech therapy, nutrition counselling)**
HMCE_10I   3   **Medical equipment or supplies**
HMCE_10C   4   **Personal care (e.g., bathing, foot care)**
HMCE_10D   5   **Housework (e.g., cleaning, laundry)**
HMCE_10E   6   **Meal preparation or delivery**
HMCE_10F   7   **Shopping**
HMCE_10G   8   **Respite care (i.e., caregiver relief)**
HMCE_10H   9   Other - Specify
                 DK, R

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

HMC_Q10S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

HMC_Q11 **^HAVE ^YOU2 received any [other] home care services in the past 12 months, with**
HMCE_11 **the cost <u>not</u> covered by government (for example: care provided by a private**
agency or by a spouse or friends)?
<u>INTERVIEWER</u>: Include only health care, homemaker or other support services (e.g.,
housework) that are provided because of a respondent's health problem or condition.

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

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

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

HMCE_12A   1   **Nurse from a private agency**
HMCE_12B   2   **Homemaker or other support services from a private agency**
HMCE_12G   3   **Physiotherapist or other therapist from a private agency**
HMCE_12C   4   **Neighbour or friend**
HMCE_12D   5   **Family member or spouse**
HMCE_12E   6   **Volunteer**
HMCE_12F   7   Other - Specify
               DK, R

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

HMC_Q12S <u>INTERVIEWER</u>: Specify.

     _____
     (80 spaces)
     DK, R

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

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

HMC_Q13n   **What type of services ^HAVE ^YOU1 received from [person identified in
           HMC_Q12]?**
           <u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

HMCE_3nA   1   **Nursing care (e.g., dressing changes, preparing medications,
                V.O.N. visits)**
HMCE_3nB   2   **Other health care services (e.g., physiotherapy, occupational or
                speech therapy, nutrition counselling)**
HMCE_3nI   3   **Medical equipment or supplies**
HMCE_3nC   4   **Personal care (e.g., bathing, foot care)**
HMCE_3nD   5   **Housework (e.g., cleaning, laundry)**
HMCE_3nE   6   **Meal preparation or delivery**
HMCE_3nF   7   **Shopping**
HMCE_3nG   8   **Respite care (i.e., caregiver relief)**
HMCE_3nH   9   Other - Specify
                DK, R

HMC_C13S   If HMC_Q13 = 9, go to HMC_Q13S.
           Otherwise, go to HMC_Q14.

HMC_Q13S   INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

HMC_Q14   **During the past 12 months, was there ever a time when ^YOU2 felt
HMCE_14   that ^YOU1 needed home care services but ^YOU1 didn't receive them?**

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

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

HMCE_15A   1   Not available - in the area
HMCE_15B   2   Not available - at time required (e.g., inconvenient hours)
HMCE_15C   3   Waiting time too long
HMCE_15D   4   Felt would be inadequate
HMCE_15E   5   Cost
HMCE_15F   6   Too busy
HMCE_15G   7   Didn't get around to it / didn't bother
HMCE_15H   8   Didn't know where to go / call
HMCE_15I   9   Language problems
HMCE_15J   10   Personal or family responsibilities
HMCE_15K   11   Decided not to seek services
HMCE_15L   12   Doctor - did not think it was necessary
HMCE_15N   13   Did not qualify / not eligible for homecare
HMCE_15O   14   Still waiting for homecare
HMCE_15M   15   Other - Specify
                  DK, R

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

HMC_Q15S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

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

HMCE_16A   1   Nursing care (e.g., dressing changes, preparing medications,
                V.O.N. visits)
HMCE_16B   2   Other health care services (e.g., physiotherapy, occupational or
                speech therapy, nutrition counselling)
HMCE_16I   3   Medical equipment or supplies
HMCE_16C   4   Personal care (e.g., bathing, foot care)
HMCE_16D   5   Housework (e.g., cleaning, laundry)
HMCE_16E   6   Meal preparation or delivery
HMCE_16F   7   Shopping
HMCE_16G   8   Respite care (i.e., caregiver relief)
HMCE_16H   9   Other - Specify
                DK, R

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

HMC_Q16S   <u>INTERVIEWER</u>: Specify.

           _____
           (80 spaces)
           DK, R

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

HMCE_17A   1   A government sponsored program
HMCE_17B   2   A private agency
HMCE_17C   3   A family member, friend or neighbour
HMCE_17D   4   A volunteer organization
HMCE_17E   5   Other
                DK, R

HMC_END

PATIENT SATISFACTION (PAS)

PAS_BEG

Note: This module was only collected as part of the subsample.

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

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

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

PAS_C11D   If HCU_Q01BA = 1 or at least one of HCU_Q02A to HCU_Q02J > 0, go to PAS_Q12.
               Otherwise, go to PAS_Q11.

Note: In processing, if a respondent answered HCU_Q01BA = 1 or at least one of HCU_Q02A
               to HCU_Q02J > 0, set PAS_Q11 = 1.

PAS_Q11   **In the past 12 months, have you received any health care services?**
PASZ_11

               1   Yes
               2   No   (Go to PAS_Q51)
                       DK, R   (Go to PAS_Q51)

PAS_Q12   **Overall, how would you rate the quality of the health care you received?**
PASZ_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?**
PASZ_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 PASZ_21A	**In the past 12 months, have you received any health care services <u>at a hospital</u>, for any diagnostic or day surgery service, overnight stay, or as an emergency room patient?**

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

PAS_Q21B PASZ_21B	**Thinking of your most recent hospital visit, were you:** <u>INTERVIEWER</u>: Read categories to respondent.

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

PAS_Q22 PASZ_22	**(Thinking of this most recent hospital visit:)** **… how would you rate the quality of the care you received? Would you say it was:** <u>INTERVIEWER</u>: Read categories to respondent.

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

PAS_Q23 PASZ_23	**(Thinking of this most recent hospital visit:)** **… how satisfied were you with <u>the way</u> hospital services were provided? Were you:** <u>INTERVIEWER</u>: Read categories to respondent.

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

PAS_Q31A PASZ_31A	**In the past 12 months, not counting hospital visits, have you received any health care services from a family doctor or other physician?**

1   Yes
2   No   (Go to PAS_R2)
      DK, R   (Go to PAS_R2)

PAS_Q31B PASZ_31B	**Thinking of the most recent time, was care provided by:** <u>INTERVIEWER</u>: Read categories to respondent.

1   **… a family doctor (general practitioner)?**
2   **… a medical specialist?**
      DK, R   (Go to PAS_R2)

PAS_Q32
PASZ_32

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

… how would you rate the quality of the care you received? Would you say it was:
INTERVIEWER: Read categories to respondent.

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

PAS_Q33
PASZ_33

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

… how satisfied were you with <u>the way</u> physician care was provided?
Were you:
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_R2

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
PASZ_41

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

1 Yes
2 No (Go to PAS_Q51)
  DK, R (Go to PAS_Q51)

PAS_Q42
PASZ_42

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

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

PAS_Q43
PASZ_43
Overall, how satisfied were you with <u>the way</u> community-based care was provided? Were you:
INTERVIEWER: Read categories to respondent.

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

PAS_Q51
PASZ_51
In the past 12 months, have you used a telephone health line or telehealth service?

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

PAS_Q52
PASZ_52
Overall, how would you rate the quality of the service you received? Would you say it was:
INTERVIEWER: Read categories to respondent.

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

PAS_END

RESTRICTION OF ACTIVITIES (RAC)

RAC_BEG

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

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

RAC_Q1   **^DOVERB ^YOU1 have any <u>difficulty</u> hearing, seeing, communicating,**
RACE_1   **walking, climbing stairs, bending, learning or doing any similar activities?**
                <u>INTERVIEWER</u>: 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 <u>or</u> health problem,**
RACE_2A   **reduce the amount or the kind of activity ^YOU1 can do:**

                … at home?
                <u>INTERVIEWER</u>: 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 <u>or</u> mental condition <u>or</u> health problem,**
RACE_2B1   **reduce the amount or the kind of activity ^YOU1 can do:)**

                … at school?

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

RAC_Q2B_2 **(Does a long-term physical condition <u>or</u> mental condition <u>or</u> health problem,**
RACE_2B2 **reduce the amount or the kind of activity ^YOU1 can do:)**

… at work?

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

RAC_Q2C **(Does a long-term physical condition <u>or</u> mental condition <u>or</u> health problem,**
RACE_2C **reduce the amount or the kind of activity ^YOU1 can do:)**

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

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

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

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

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

RAC_Q5 **Which one of the following is the best description of the cause of this**
RACE_5 **condition?**
<u>INTERVIEWER</u>: Read categories to respondent.

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

RAC_C5S   If RAC_Q5 = 11, go to RAC_Q5S.
               Otherwise, go to RAC_Q5B_1.

RAC_Q5S   INTERVIEWER: Specify.

               _____
               (80 spaces)
               DK, R

RAC_Q5B_1   **Because of ^YOUR1 condition or health problem, ^HAVE ^YOU1 <u>ever</u> experienced**
RACE_5B1   **discrimination or unfair treatment?**

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

RAC_Q5B_2   **In the past 12 months, how much discrimination or unfair treatment did**
RACE_5B2   **^YOU1 experience?**

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

RAC_Q6A   **The next few questions may not apply to ^YOU2, but we need to ask the**
RACE_6A   **same questions of everyone.**

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

               ... with preparing meals?

               1   Yes
               2   No
                      DK, R

RAC_Q6B_1   **(Because of any physical condition or mental condition or health problem,**
RACE_6B1   **^DOVERB ^YOU1 need the help of another person:)**

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

               1   Yes
               2   No
                      DK, R

RAC_Q6C   **(Because of any physical condition or mental condition or health problem,**
RACE_6C   **^DOVERB ^YOU1 need the help of another person:)**

               ... with doing everyday housework?

               1   Yes
               2   No
                      DK, R

RAC_Q6D
RACE_6D
(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 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
RACE_6E
(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:)

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

1   Yes
2   No
     DK, R

RAC_Q6F
RACE_6F
(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:)

... with moving about inside the house?

1   Yes
2   No
     DK, R

RAC_Q6G
RACE_6G
(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 need the help of another person:)

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

1   Yes
2   No
     DK, R

RAC_Q7A
RACE_7A
Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 have difficulty:

… making new friends or maintaining friendships?

1   Yes
2   No
     DK, R

RAC_Q7B
RACE_7B
(Because of any physical condition or mental condition or health problem, ^DOVERB ^YOU1 have difficulty:)

… dealing with people ^YOU1 ^DOVERB not know well?

1   Yes
2   No
     DK, R

RAC_Q7C   **(Because of any physical condition or mental condition or health problem,**
RACE_7C   **^DOVERB ^YOU1 have difficulty:)**

         … starting and maintaining a conversation?

         1   Yes
         2   No
                 DK, R

RAC_C8   If any of RAC_Q6A to RAC_Q6G or RAC_Q7A to RAC_Q7C = 1, go to RAC_Q8.
         Otherwise, go to RAC_END.

RAC_Q8   **Are these difficulties due to YOUR1 physical health, to YOUR1 emotional or mental**
         health, to YOUR1 use of alcohol or drugs, or to another reason?
         <u>INTERVIEWER</u>: Mark all that apply.

RACE_8A   1   Physical health
RACE_8B   2   Emotional or mental health
RACE_8C   3   Use of alcohol or drugs
RACE_8D   4   Another reason – Specify
                 DK, R

RAC_C8S   If RAC_Q8 = 4, go to RAC_Q8S.
         Otherwise, go to RAC_END.

RAC_Q8S   <u>INTERVIEWER</u>: Specify.

         _____
         (80 spaces)
         DK, R

RAC_END

TWO-WEEK DISABILITY (TWD)

TWD_BEG

TWD_C1 If (do TWD block = 1), go to TWD_QINT.
     Otherwise, go to TWD_END.

TWD_QINT **The next few questions ask about ^YOUR2 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 ^YOU2 stay in bed at all because of illness or injury,**
TWDE_1 **including any nights spent as a patient in a hospital?**

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

TWD_Q2 **How many days did ^YOU1 stay in bed for all or most of the day?**
TWDE_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 ^YOUR1 emotional or mental health or ^YOUR1 use of**
TWDE_2A **alcohol or drugs?**

     1 Yes
     2 No
        DK, R

     Go to TWD_C3

TWD_Q2B **How many of these [TWD_Q2] days were due to ^YOUR1 emotional or mental**
TWDE_2B **health or ^YOUR1 use of alcohol or drugs?**
     INTERVIEWER: Minimum is 0; maximum is [TWD_Q2].

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

Note: In processing, if a respondent answered TWD_Q2A = 1, the variable TWD_Q2B is given
     the value of TWD_Q2.

TWD_C3 If TWD_Q2 = 14 days, go to TWD_END.

TWD_Q3
TWDE_3

[Not counting days spent in bed, during those 14 days,/During those 14 days,] were there any days that ^YOU2 cut down on things ^YOU1 normally ^DOVERB because of illness or injury?

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

Note: If TWD_Q1 = 2, use "During those 14 days," in TWD_Q3.
          Otherwise, use "Not counting days spent in bed, during those 14 days," in TWD_Q3.

TWD_Q4
TWDE_4

How many days did ^YOU2 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
TWDE_4A

Was that due to ^YOUR1 emotional or mental health or ^YOUR1 use of alcohol or drugs?

1   Yes
2   No
     DK, R

Go to TWD_Q5

TWD_Q4B
TWDE_4B

How many of these [TWD_Q4] days were due to ^YOUR1 emotional or mental health or YOUR1 use of alcohol or drugs?
INTERVIEWER: Minimum is 0; maximum is [TWD_Q4].

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

Note: In processing, if a respondent answered TWD_Q4A = 1, the variable TWD_Q4B is given the value of TWD_Q4.

TWD_Q5
TWDE_5A

[Not counting days spent in bed, during those 14 days,/During those 14 days,] were there any days when it took extra effort to perform up to ^YOUR1 usual level at work or at ^YOUR1 other daily activities, because of illness or injury?

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

Note: If TWD_Q1 = 2, use "During those 14 days," in TWD_Q5.
          Otherwise, use "Not counting days spent in bed, during those 14 days," in TWD_Q5.

TWD_Q6 TWDE_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. Otherwise, go to TWD_Q6A.

TWD_Q6A TWDE_6A	**Was that due to ^YOUR1 emotional or mental health or ^YOUR1** **use of alcohol or drugs?**

1   Yes
2   No
         DK, R

Go to TWD_END

TWD_Q6B TWDE_6B	**How many of these [TWD_Q6] days were due to ^YOUR1 emotional or mental** **health or YOUR1 use of alcohol or drugs?** INTERVIEWER: Minimum is 0; maximum is [TWD_Q6].

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

Note:	In processing, if a respondent answered TWD_Q6A = 1, the variable TWD_Q6B is given the value of TWD_Q6.

TWD_END

FLU SHOTS (FLU)

FLU_BEG

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

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

FLU_Q160   **Now a few questions about your use of various health care services.**
FLUE_160   **Have you ever had a flu shot?**

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

FLU_Q162   **When did you have your last flu shot?**
FLUE_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_Q166   **What are the reasons that you have not had a flu shot in the past year?**
                INTERVIEWER: Mark all that apply.

FLUE_66A   1   Have not gotten around to it
FLUE_66B   2   Respondent - did not think it was necessary
FLUE_66C   3   Doctor - did not think it was necessary
FLUE_66D   4   Personal or family responsibilities
FLUE_66E   5   Not available - at time required
FLUE_66F   6   Not available - at all in the area
FLUE_66G   7   Waiting time was too long
FLUE_66H   8   Transportation - problems
FLUE_66I   9   Language - problem
FLUE_66J   10   Cost
FLUE_66K   11   Did not know where to go / uninformed
FLUE_66L   12   Fear (e.g., painful, embarrassing, find something wrong)
FLUE_66M   13   Bad reaction to previous shot
FLUE_66O   14   Unable to leave the house because of a health problem
FLUE_66N   15   Other - Specify
                        DK, R

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

FLU_Q166S   <u>INTERVIEWER</u>: Specify.

             _____
             (80 spaces)
             DK, R

FLU_END

BLOOD PRESSURE CHECK (BPC)

BPC_BEG

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

BPC_Q010   **(Now blood pressure)**
BPCE_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?**
BPCE_012

      1   Less than 6 months ago   (Go to BPC_END)
      2   6 months to less than 1 year ago (Go to BPC_END)
      3   1 year to less than 2 years ago   (Go to BPC_END)
      4   2 years to less than 5 years ago
      5   5 or more years ago
            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?**
              <u>INTERVIEWER</u>: Mark all that apply.

BPCE_16A   1   Have not gotten around to it
BPCE_16B   2   Respondent - did not think it was necessary
BPCE_16C   3   Doctor - did not think it was necessary
BPCE_16D   4   Personal or family responsibilities
BPCE_16E   5   Not available - at time required
BPCE_16F   6   Not available - at all in the area
BPCE_16G   7   Waiting time was too long
BPCE_16H   8   Transportation - problems
BPCE_16I   9   Language - problem
BPCE_16J   10   Cost
BPCE_16K   11   Did not know where to go / uninformed
BPCE_16L   12   Fear (e.g., painful, embarrassing, find something wrong)
BPCE_16N   13   Unable to leave the house because of a health problem
BPCE_16M   14   Other - Specify
                 DK, R

BPC_C016S   If BPC_Q016 = 14, go to BPC_Q016S.
             Otherwise, go to BPC_END.

BPC_Q016S   <u>INTERVIEWER</u>: Specify.

             _____
             (80 spaces)
             DK, R

BPC_END

PAP SMEAR TEST (PAP)

PAP_BEG

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

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

PAP_Q020 **(Now PAP tests)**
PAPE_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?**
PAPE_022

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

PAPE_26A 1   Have not gotten around to it
PAPE_26B 2   Respondent - did not think it was necessary
PAPE_26C 3   Doctor - did not think it was necessary
PAPE_26D 4   Personal or family responsibilities
PAPE_26E 5   Not available - at time required
PAPE_26F 6   Not available - at all in the area
PAPE_26G 7   Waiting time was too long
PAPE_26H 8   Transportation - problems
PAPE_26I 9   Language - problem
PAPE_26J 10   Cost
PAPE_26K 11   Did not know where to go / uninformed
PAPE_26L 12   Fear (e.g., painful, embarrassing, find something wrong)
PAPE_26M 13   Have had a hysterectomy
PAPE_26N 14   Hate / dislike having one done
PAPE_26P 15   Unable to leave the house because of a health problem
PAPE_26O 16   Other - Specify
               DK, R

PAP_C026S   If PAP_Q026 = 16, go to PAP_Q026S.
              Otherwise, go to PAP_END.

PAP_Q026S   <u>INTERVIEWER</u>: Specify.

              _____
              (80 spaces)
              DK, R
PAP_END

MAMMOGRAPHY (MAM)

MAM_BEG

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

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

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

MAM_Q030   **(Now Mammography)**
MAME_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?**
                <u>INTERVIEWER</u>: Mark all that apply.
                If respondent says "doctor recommended it", probe for reason.

MAME_31A   1   Family history of breast cancer
MAME_31B   2   Part of regular check-up / routine screening
MAME_31C   3   Age
MAME_31D   4   Previously detected lump
MAME_31E   5   Follow-up of breast cancer treatment
MAME_31F   6   On hormone replacement therapy
MAME_31G   7   Breast problem
MAME_31H   8   Other - Specify
                        DK, R

MAM_C031S   If MAM_Q031 = 8, go to MAM_Q031S.
                Otherwise, go to MAM_Q032.

MAM_Q031S   <u>INTERVIEWER</u>: Specify.

                _____
                (80 spaces)
                DK, R

MAM_Q032   **When was the last time?**
MAME_032
                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?**
             <u>INTERVIEWER</u>: Mark all that apply.

MAME_36A   1   Have not gotten around to it
MAME_36B   2   Respondent - did not think it was necessary
MAME_36C   3   Doctor - did not think it was necessary
MAME_36D   4   Personal or family responsibilities
MAME_36E   5   Not available - at time required
MAME_36F   6   Not available - at all in the area
MAME_36G   7   Waiting time was too long
MAME_36H   8   Transportation - problems
MAME_36I   9   Language - problem
MAME_36J   10   Cost
MAME_36K   11   Did not know where to go / uninformed
MAME_36L   12   Fear (e.g., painful, embarrassing, find something wrong)
MAME_36N   13   Unable to leave the house because of a health problem
MAME_36O   14   Breasts removed / Mastectomy
MAME_36M   15   Other - Specify
                      DK, R

MAM_C036S   If MAM_Q036 = 15, go to MAM_Q036S.
             Otherwise, go to MAM_C037.

MAM_Q036S   <u>INTERVIEWER</u>: Specify.

             _____
             (80 spaces)
             DK, R

MAM_C037   If (age < 15 or age > 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**
MAME_037   **pregnant. Are you pregnant?**

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

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

MAM_C038A   If PAP_Q026 = 13, go to MAM_END.
            Otherwise, go to MAM_Q038.

MAM_Q038   **Have you had a hysterectomy? (in other words, has your uterus been removed)?**
MAME_038
            1   Yes
            2   No
                    DK, R

Note: In processing, if a respondent answered MAM_Q037 = 1, the variable MAM_Q038 is
            given the value of 2.

MAM_END

BREAST EXAMINATIONS (BRX)

BRX_BEG

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

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

BRX_Q110   **(Now breast examinations)**
BRXE_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?**
BRXE_112

            1   Less than 6 months ago   (Go to BRX_END)
            2   6 months to less than 1 year ago   (Go to BRX_END)
            3   1 year to less than 2 years ago   (Go to BRX_END)
            4   2 years to less than 5 years ago
            5   5 or more years ago
                 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?**
                 <u>INTERVIEWER</u>: Mark all that apply.

BRXE_16A   1   Have not gotten around to it
BRXE_16B   2   Respondent - did not think it was necessary
BRXE_16C   3   Doctor - did not think it was necessary
BRXE_16D   4   Personal or family responsibilities
BRXE_16E   5   Not available - at time required
BRXE_16F   6   Not available - at all in the area
BRXE_16G   7   Waiting time was too long
BRXE_16H   8   Transportation - problems
BRXE_16I   9   Language - problem
BRXE_16J   10   Cost
BRXE_16K   11   Did not know where to go / uninformed
BRXE_16L   12   Fear (e.g., painful, embarrassing, find something wrong)
BRXE_16N   13   Unable to leave the house because of a health problem
BRXE_16O   14   Breasts removed / mastectomy
BRXE_16M   15   Other - Specify
                 DK, R

BRX_C116S   If BRX_Q116 = 15, go to BRX_Q116S.
             Otherwise, go to BRX_END.

BRX_Q116S   <u>INTERVIEWER</u>: Specify.

             _____
             (80 spaces)
             DK, R

BRX_END

BREAST SELF-EXAMINATIONS (BSX)

BSX_BEG

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

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

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

BSX_Q120   **(Now breast self examinations)**
BSXE_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?**
BSXE_121

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

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

BSXE_22A   1   Doctor
BSXE_22B   2   Nurse
BSXE_22C   3   Book / magazine / pamphlet
BSXE_22D   4   TV / video / film
BSXE_22H   5   Family member (e.g., mother, sister, cousin)
BSXE_22G   6   Other - Specify
                    DK, R

BSX_C122S   If BSX_Q122 = 6, go to BSX_ Q122S.
             Otherwise, go to BSX_END.

BSX_Q122S   <u>INTERVIEWER</u>: Specify.

             _____
             (80 spaces)
             DK, R

BSX_END

EYE EXAMINATIONS (EYX)

EYX_BEG

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

EYX_C140B   If HCU_Q02B = 0, DK or R (not seen or talked to eye doctor), go to EYX_Q142.
             Otherwise, go to EYX_Q140.

EYX_Q140   **(Now eye examinations)**
EYXE_140   **It was reported earlier that you have "seen" or "talked to" an optometrist or ophthalmologist in the past 12 months. Did you actually visit one?**

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

EYX_Q142   **When did you last have an eye examination?**
EYXE_142

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

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

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

EYXE_46A   1   Have not gotten around to it
EYXE_46B   2   Respondent - did not think it was necessary
EYXE_46C   3   Doctor - did not think it was necessary
EYXE_46D   4   Personal or family responsibilities
EYXE_46E   5   Not available - at time required
EYXE_46F   6   Not available - at all in the area
EYXE_46G   7   Waiting time was too long
EYXE_46H   8   Transportation - problems
EYXE_46I   9   Language - problem
EYXE_46J   10   Cost
EYXE_46K   11   Did not know where to go / uninformed
EYXE_46L   12   Fear (e.g., painful, embarrassing, find something wrong)
EYXE_46N   13   Unable to leave the house because of a health problem
EYXE_46M   14   Other – Specify
                    DK, R

EYX_C146S   If EYX_Q146 = 14, go to EYX_Q146S.
             Otherwise, go to EYX_END.

EYX_Q146S   <u>INTERVIEWER</u>: Specify.

             _____
             (80 spaces)
             DK, R

EYX_END

PHYSICAL CHECK-UP (PCU)

PCU_BEG

PCU_C1   If (PCU block = 1), go to PCU_C150.
PCUEFOPT   Otherwise go to PCU_END.

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

PCU_Q150   **(Now physical check-ups)**
PCUE_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?**
PCUE_151

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

PCU_Q152   **When was the last time?**
PCUE_152

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

PCUE_56A   1   Have not gotten around to it
PCUE_56B   2   Respondent - did not think it was necessary
PCUE_56C   3   Doctor - did not think it was necessary
PCUE_56D   4   Personal or family responsibilities
PCUE_56E   5   Not available - at time required
PCUE_56F   6   Not available - at all in the area
PCUE_56G   7   Waiting time was too long
PCUE_56H   8   Transportation - problems
PCUE_56I   9   Language - problem
PCUE_56J   10   Cost
PCUE_56K   11   Did not know where to go / uninformed
PCUE_56L   12   Fear (e.g., painful, embarrassing, find something wrong)
PCUE_56N   13   Unable to leave the house because of a health problem
PCUE_56M   14   Other - Specify
                        DK, R

PCU_C156S   If PCU_Q156 = 14, go to PCU_Q156S.
            Otherwise, go to PCU_END.

PCU_Q156S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

PCU_END

PROSTATE CANCER SCREENING (PSA)

PSA_BEG

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

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

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

PSA_Q170   **(Now Prostate tests)**
PSAE_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?**
PSAE_172

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

PSA_Q173   **Why did you have it?**
             <u>INTERVIEWER</u>: Mark all that apply.

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

PSAE_73A   1   Family history of prostate cancer
PSAE_73B   2   Part of regular check-up / routine screening
PSAE_73C   3   Age
PSAE_73G   4   Race
PSAE_73D   5   Follow-up of problem
PSAE_73E   6   Follow-up of prostate cancer treatment
PSAE_73F   7   Other - Specify
                     DK, R

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

PSA_Q173S   <u>INTERVIEWER</u>: Specify.

             _____

             (80 spaces)
             DK, R

PSA_Q174
PSAE_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
PSAE_175

When was the last time?

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

PSA_END

COLORECTAL CANCER SCREENING (CCS)

CCS_BEG

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

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

CCS_Q180   **Now a few questions about various colorectal exams.**
CCSE_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?**
CCSE_182
                    1   Less than 1 year ago
                    2   1 year to less than 2 years ago
                    3   2 years to less than 3 years ago
                    4   3 years to less than 5 years ago
                    5   5 years to less than 10 years ago
                    6   10 or more years ago
                                 DK, R

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

CCSE_83A   1   Family history of colorectal cancer
CCSE_83B   2   Part of regular check-up / routine screening
CCSE_83C   3   Age
CCSE_83G   4   Race
CCSE_83D   5   Follow-up of problem
CCSE_83E   6   Follow-up of colorectal cancer treatment
CCSE_83F   7   Other - Specify
                                 DK, R

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

CCS_Q183S   <u>INTERVIEWER</u>: Specify.

             _____
             (80 spaces)
             DK, R

CCS_Q184   **A colonoscopy or sigmoidoscopy is when a tube is inserted into the rectum**
CCSE_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?**
CCSE_185
             1   Less than 1 year ago
             2   1 year to less than 2 years ago
             3   2 years to less than 3 years ago
             4   3 years to less than 5 years ago
             5   5 years to less than 10 years ago
             6   10 or more years ago
                    DK, R

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

CCSE_86A   1   Family history of colorectal cancer
CCSE_86B   2   Part of regular check-up / routine screening
CCSE_86C   3   Age
CCSE_86G   4   Race
CCSE_86D   5   Follow-up of problem
CCSE_86E   6   Follow-up of colorectal cancer treatment
CCSE_86F   7   Other - Specify
                    DK, R

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

CCS_Q186S   <u>INTERVIEWER</u>: 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 FOBT?**
CCSE_187

      1   Yes
      2   No
              DK, R

CCS_END

DENTAL VISITS (DEN)

DEN_BEG

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

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

DEN_C130C   If HCU_Q02E = 0, DK or R, go to DEN_C132.
             Otherwise, go to DEN_Q130.

DEN_Q130   **Now dental visits**
DENE_130   **It was reported earlier that you have "seen" or "talked to" a dentist in the past 12 months. Did you actually visit one?**

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

DEN_C132   If HCU_Q02E = 0, DK, R, go to DEN_R132.
             Otherwise, go to DEN_Q132.

DEN_R132   **Now dental visits**

DEN_Q132   **When was the last time that you went to a dentist?**
DENE_132

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

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

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

             Trigger soft edit if DEN_Q132 = 1 and HCU_Q02E = 0.

             If DEN_Q132 = 1, go to DEN_END.

DEN_Q136 **What are the reasons that you have not been to a dentist in the past 3 years?**
INTERVIEWER: Mark all that apply.

DENE_36A   1   Have not gotten around to it
DENE_36B   2   Respondent - did not think it was necessary
DENE_36C   3   Dentist - did not think it was necessary
DENE_36D   4   Personal or family responsibilities
DENE_36E   5   Not available - at time required
DENE_36F   6   Not available - at all in the area
DENE_36G   7   Waiting time was too long
DENE_36H   8   Transportation - problems
DENE_36I   9   Language - problem
DENE_36J   10   Cost
DENE_36K   11   Did not know where to go / uninformed
DENE_36L   12   Fear (e.g., painful, embarrassing, find something wrong)
DENE_36M   13   Wears dentures
DENE_36O   14   Unable to leave the house because of a health problem
DENE_36N   15   Other – Specify
                DK, R

DEN_C136S If DEN_Q136 = 15, go to DEN_Q136S.
           Otherwise, go to DEN_END.

DEN_Q136S INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

DEN_END

ORAL HEALTH 2 (OH2)

OH2_BEG

OH2_C10A   If (do OH2 block = 1), go to OH2_C10B.
OH2EFOPT   Otherwise, go to OH2_END.

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

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

OH2_Q10   **Do you usually visit the dentist:**
OH2E_10   INTERVIEWER: Read categories to respondent.

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

OH2_Q11   **Do you have insurance that covers all or part of your dental expenses?**
OH2E_11
            1   Yes
            2   No   (Go to OH2_C12)
                    DK, R   (Go to OH2_C12)

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

OH2E_11A   1   **… a government sponsored plan?**
OH2E_11B   2   **… an employer-sponsored plan?**
OH2E_11C   3   **… a private plan?**
                    DK, R

OH2_C12   If DEN_Q130 = 1 or DEN_Q132 = 1, 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?**
OH2E_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**
OH2E_13   **disease?**

            1   Yes
            2   No
                    DK, R

OH2_Q20 OH2E_20	**Do you have one or more of your own teeth?**
	1 Yes
	2 No
	DK, R

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

OH2_Q21 OH2E_21	**Do you wear dentures or false teeth?**
	1 Yes
	2 No
	DK, R

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

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

OH2_Q22 OH2E_22	**Because of the condition of your [teeth, mouth or dentures/teeth or mouth], do you have difficulty pronouncing any words or speaking clearly?**
	1 Yes
	2 No
	DK, R

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

OH2_Q23 OH2E_23	**In the past 12 months, how often have you avoided:** **... conversation or contact with other people, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?** <u>INTERVIEWER</u>: Read categories to respondent.
	1 **Often**
	2 **Sometimes**
	3 **Rarely**
	4 **Never**
	DK, R

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

| OH2_Q24 OH2E_24 | **(In the past 12 months, how often have you avoided:)** |
| | **... laughing or smiling, because of the condition of your [teeth, mouth or dentures/teeth or mouth]?** |

1   Often
2   Sometimes
3   Rarely
4   Never
      DK, R

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

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

OH2_Q25A
OH2E_25A   **In the past month, have you had:**

… a toothache?

1   Yes
2   No
      DK, R

OH2_Q25B
OH2E_25B   **In the past month, were your teeth:**

… sensitive to hot or cold food or drinks?

1   Yes
2   No
      DK, R

OH2_Q25C
OH2E_25C   **In the past month, have you had:**

… pain in or around the jaw joints?

1   Yes
2   No
      DK, R

OH2_Q25D
OH2E_25D   **(In the past month, have you had:)**

… other pain in the mouth or face?

1   Yes
2   No
      DK, R

OH2_Q25E
OH2E_25E

(In the past month, have you had:)

… bleeding gums?

1   Yes
2   No
      DK, R

OH2_Q25F
OH2E_25F

(In the past month, have you had:)

… dry mouth?
INTERVIEWER: Do not include thirst caused by exercise.

1   Yes
2   No
      DK, R

OH2_Q25G
OH2E_25G

(In the past month, have you had:)

… bad breath?

1   Yes
2   No
      DK, R

OH2_C30

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

OH2_Q30
OH2E_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)

FDC_BEG

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

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:**
FDCE_1A
                 … because you are concerned about your body weight?

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

FDC_Q1B   **(Do you choose certain foods or avoid others:)**
FDCE_1B
                 … because you are concerned about heart disease?

                 1   Yes (or sometimes)
                 2   No
                         DK, R

FDC_Q1C   **(Do you choose certain foods or avoid others:)**
FDCE_1C
                 … because you are concerned about cancer?

                 1   Yes (or sometimes)
                 2   No
                         DK, R

FDC_Q1D   **(Do you choose certain foods or avoid others:)**
FDCE_1D
                 … because you are concerned about osteoporosis (brittle bones)?

                 1   Yes (or sometimes)
                 2   No
                         DK, R

FDC_Q2A   **Do you choose certain foods because of:**
FDCE_2A
                 … the lower fat content?

                 1   Yes (or sometimes)
                 2   No
                         DK, R

FDC_Q2B
FDCE_2B
(Do you choose certain foods because of:)

… the fibre content?

1   Yes (or sometimes)
2   No
        DK, R

FDC_Q2C
FDCE_2C
(Do you choose certain foods because of:)

… the calcium content?

1   Yes (or sometimes)
2   No
        DK, R

FDC_Q3A
FDCE_3A
Do you avoid certain foods because of:

… the fat content?

1   Yes (or sometimes)
2   No
        DK, R

FDC_Q3B
FDCE_3B
(Do you avoid certain foods because of:)

… the type of fat they contain?

1   Yes (or sometimes)
2   No
        DK, R

FDC_Q3C
FDCE_3C
(Do you avoid certain foods because of:)

… the salt content?

1   Yes (or sometimes)
2   No
        DK, R

FDC_Q3D
FDCE_3D
(Do you avoid certain foods because of:)

… the cholesterol content?

1   Yes (or sometimes)
2   No
        DK, R

FDC_Q3E   **(Do you avoid certain foods because of:)**
FDCE_3E

… the calorie content?

1   Yes (or sometimes)
2   No
       DK, R

FDC_END

FRUIT AND VEGETABLE CONSUMPTION (FVC)

FVC_BEG

Note: This module was collected as optional content and as part of a sub-sample.

FVC_C1A   If (do FVC block = 2) or proxy interview, go to FVC_END.
FVCEFOPT   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.**
               <u>INTERVIEWER</u>: Press <Enter> to continue.

FVC_Q1A   **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**
FVCE_1A   **(For example: once a day, three times a week, twice a month)**
               <u>INTERVIEWER</u>: Select the reporting period here and enter the number in the next screen.

               1   Per day
               2   Per week   (Go to FVC_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   <u>INTERVIEWER</u>: Enter number of times per <u>day</u>.
FVCE_1B
               I_I_I   Times
               (MIN: 1) (MAX: 20)
               DK, R

               Go to FVC_Q2A

FVC_N1C   <u>INTERVIEWER</u>: Enter number of times per <u>week</u>.
FVCE_1C
               I_I_I   Times
               (MIN: 1) (MAX: 90)
               DK, R

               Go to FVC_Q2A

FVC_N1D   <u>INTERVIEWER</u>: Enter number of times per <u>month</u>.
FVCE_1D
               I_I_I_I   Times
               (MIN: 1) (MAX: 200)
               DK, R

               Go to FVC_Q2A

FVC_N1E   <u>INTERVIEWER</u>: Enter number of times per <u>year</u>.
FVCE_1E
               I_I_I_I   Times
               (MIN: 1) (MAX: 500)
               DK, R

FVC_Q2A	**Not counting juice, how often do you usually eat fruit?**
FVCE_2A	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
FVCE_2B

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

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

Go to FVC_Q3A

FVC_N2C
FVCE_2C

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

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

Go to FVC_Q3A

FVC_N2D
FVCE_2D

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

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

Go to FVC_Q3A

FVC_N2E
FVCE_2E

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

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

FVC_Q3A FVCE_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 FVCE_3B	INTERVIEWER: Enter number of times per <u>day</u>. I_I_I Times (MIN: 1) (MAX: 20) DK, R Go to FVC_Q4A
FVC_N3C FVCE_3C	INTERVIEWER: Enter number of times per <u>week</u>. I_I_I Times (MIN: 1) (MAX: 90) DK, R Go to FVC_Q4A
FVC_N3D FVCE_3D	INTERVIEWER: Enter number of times per <u>month</u>. I_I_I_I Times (MIN: 1) (MAX: 200) DK, R Go to FVC_Q4A
FVC_N3E FVCE_3E	INTERVIEWER: Enter number of times per <u>year</u>. I_I_I_I Times (MIN: 1) (MAX: 500) DK, R

FOR INFORMATION ONLY

FVC_Q4A FVCE_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 FVCE_4B	INTERVIEWER: Enter number of times per <u>day</u>.

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

Go to FVC_Q5A

FVC_N4C FVCE_4C	INTERVIEWER: Enter number of times per <u>week</u>.

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

Go to FVC_Q5A

FVC_N4D FVCE_4D	INTERVIEWER: Enter number of times per <u>month</u>.

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

Go to FVC_Q5A

FVC_N4E FVCE_4E	INTERVIEWER: Enter number of times per <u>year</u>.

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

FVC_Q5A **How often do you (usually) eat carrots?**
FVCE_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 <u>day</u>.
FVCE_5B

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

Go to FVC_Q6A

FVC_N5C INTERVIEWER: Enter number of times per <u>week</u>.
FVCE_5C

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

Go to FVC_Q6A

FVC_N5D INTERVIEWER: Enter number of times per <u>month</u>.
FVCE_5D

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

Go to FVC_Q6A

FVC_N5E INTERVIEWER: Enter number of times per <u>year</u>.
FVCE_5E

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

FVC_Q6A
FVCE_6A
Not counting carrots, potatoes, or salad, how many <u>servings</u> of other vegetables do you usually eat?
<u>INTERVIEWER</u>: Select the reporting period here and enter the number in the next screen.

1	Per day	
2	Per week	(Go to FVC_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
FVCE_6B
<u>INTERVIEWER</u>: Enter number of servings per <u>day</u>.

I_I_I   Servings
(MIN: 1) (MAX: 20)
DK, R

Go to FVC_END

FVC_N6C
FVCE_6C
<u>INTERVIEWER</u>: Enter number of servings per <u>week</u>.

I_I_I   Servings
(MIN: 1) (MAX: 90)
DK, R

Go to FVC_END

FVC_N6D
FVCE_6D
<u>INTERVIEWER</u>: Enter number of servings per <u>month</u>.

I_I_I_I   Servings
(MIN: 1) (MAX: 200)
DK, R

Go to FVC_END

FVC_N6E
FVCE_6E
<u>INTERVIEWER</u>: Enter number of servings per <u>year</u>.

I_I_I_I   Servings
(MIN: 1) (MAX: 500)
DK, R

FVC_END

Statistics Canada

PHYSICAL ACTIVITY (PAC)

PAC_BEG

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

PAC_C2   If proxy interview, go to PAC_END.

PAC_R1   **Now I'd like to ask you about some of your physical activities. To begin with, I'll be
              dealing with physical activities not related to work, that is, leisure time activities.**
              <u>INTERVIEWER</u>: 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?**
              <u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

PACE_1A	1	**Walking for exercise**	PACE_1M	13	**Downhill skiing or snowboarding**
PACE_1B	2	**Gardening or yard work**	PACE_1N	14	**Bowling**
PACE_1C	3	**Swimming**	PACE_1O	15	**Baseball or softball**
PACE_1D	4	**Bicycling**	PACE_1P	16	**Tennis**
PACE_1E	5	**Popular or social dance**	PACE_1Q	17	**Weight-training**
PACE_1F	6	**Home exercises**	PACE_1R	18	**Fishing**
PACE_1G	7	**Ice hockey**	PACE_1S	19	**Volleyball**
PACE_1H	8	**Ice skating**	PACE_1T	20	**Basketball**
PACE_1I	9	**In-line skating or rollerblading**	PACE_1Z	21	**Soccer**
PACE_1J	10	**Jogging or running**	PACE_1U	22	**Any other**
PACE_1K	11	**Golfing**	PACE_1V	23	No physical activity (Go to PAC_R2)
PACE_1L	12	**Exercise class or aerobics**			

              DK, R   (Go to PAC_END)

PAC_C1VS   If "Any other" is chosen as a response, go to PAC_Q1VS.
              Otherwise, go to PAC_Q2.

PAC_Q1VS   **What was this activity?**
              <u>INTERVIEWER</u>: Enter one activity only.

              _____
              (80 spaces)
              DK, R   (Go to PAC_Q2)

PAC_Q1X   **In the past 3 months, did you do any other physical activity for leisure?**
PACE_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   (Go to PAC_Q2)

PAC_Q1Y **In the past 3 months, did you do any other physical activity for leisure?**
PACE_1X

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   (Go to PAC_Q2)

For each activity identified in PAC_Q1, ask PAC_Q2 and PAC_Q3

PAC_E1 **You cannot select "No physical activity" and another category.**
Please return and correct.

Trigger hard edit if PAC_Q1 = 23 with any other response.

PAC_Q2n **In the past 3 months, how many times did you [participate in identified activity]?**
PACE_2n

|_|_|_| 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 **About how much time did you spend on each occasion?**
PACE_3n

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

PAC_R2 **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
PACE_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
PACE_4B

(In a typical week in the past 3 months,) how many hours 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
PACE_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)

SAC_BEG

SAC_C1   If (do SAC block = 1), go to SAC_CINT.
SACEFOPT   Otherwise, go to SAC_END.

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

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

SAC_Q1   **In a typical week in the past 3 months, how much time did you usually spend:**
SACE_1

                ... on a computer, including playing computer games and using the Internet?
                INTERVIEWER: Do not include time spent at work or at school.

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

SAC_C2   If age > 19, go to SAC_C3.

SAC_Q2   **(In a typical week, in the past 3 months, how much time did you usually spend:)**
SACE_2

                ... playing video games, such as XBOX, Nintendo and Playstation?

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

SAC_Q3
SACE_3

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

... watching television or videos?

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

SAC_Q4
SACE_4

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

... reading, not counting at work or at school?
<u>INTERVIEWER</u>: Include books, magazines, newspapers, homework.

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

SAC_END

USE OF PROTECTIVE EQUIPMENT (UPE)

UPE_BEG

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

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.**
            INTERVIEWER: 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   **When riding a bicycle, how often do you wear a helmet?**
UPEE_01   INTERVIEWER: Read categories to respondent.

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

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

UPE_Q2A   **When in-line skating or rollerblading, how often do you wear a helmet?**
UPEE_02A
            1   Always
            2   Most of the time
            3   Rarely
            4   Never
                    DK, R

UPE_Q2B   **How often do you wear wrist guards or wrist protectors?**
UPEE_02B
            1   Always
            2   Most of the time
            3   Rarely
            4   Never
                    DK, R

UPE_Q2C
UPEE_02C
How often do you wear elbow pads?

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
UPEE_03A
Earlier, you mentioned going downhill skiing or snowboarding in the past 3 months. Was that:
INTERVIEWER: Read categories to respondent.

1   **… downhill skiing only?**   (Go to UPE_Q4A)
2   **… snowboarding only?**   (Go to UPE_C5A)
3   **… both?**   (Go to UPE_Q4A)
    DK, R   (Go to UPE_C6)

UPE_Q3B
UPEE_03B
In the past 12 months, did you do any downhill skiing or snowboarding?
INTERVIEWER: Read categories to respondent.

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

UPE_Q4A
UPEE_04A
When downhill skiing, how often do you wear a helmet?
INTERVIEWER: Read categories to respondent.

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

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

UPE_Q5A
UPEE_05A
When snowboarding, how often do you wear a helmet?

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

UPE_Q5B UPEE_05B	**How often do you wear wrist guards or wrist protectors?**
	1 Always
	2 Most of the time
	3 Rarely
	4 Never
	DK, R

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

UPE_Q6
UPEE_06

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

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

UPE_Q6A
UPEE_06A

How often do you wear a helmet?
<u>INTERVIEWER</u>: Read categories to respondent.

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

UPE_Q6B
UPEE_06B

How often do you wear wrist guards or wrist protectors?

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

UPE_Q6C
UPEE_06C

How often do you wear elbow pads?

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

UPE_END

SUN SAFETY (SSB)

SSB_BEG

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

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

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

SSB_Q01   **In the past 12 months, has any part of your body been sunburnt?**
SSBE_01

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

SSB_Q02   **Did any of your sunburns involve blistering?**
SSBE_02

                1   Yes
                2   No
                        DK, R

SSB_Q03   **Did any of your sunburns involve pain or discomfort that lasted for more than**
SSBE_03   **1 day?**

                1   Yes
                2   No
                        DK, R

SSB_R06   **For the next questions, think about a typical weekend, or day off from work or school in the summer months.**
                INTERVIEWER: Press <Enter> to continue.

SSB_Q06   **About how much time each day do you spend in the sun between 11 am and 4 pm?**
SSBE_06

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

SSB_Q07
SSBE_07

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

… seek shade?
INTERVIEWER: Read categories to respondent.

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

SSB_Q08
SSBE_08

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

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

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

SSB_Q09A
SSBE_09A

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

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

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

SSB_Q09B
SSBE_09B

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

… use sunscreen on your face?

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

SSB_Q10
SSBE_10

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

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

SSB_Q11
SSBE_11

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

… use sunscreen on your body?

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

SSB_Q12
SSBE_12

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

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

SSB_END

SMOKING (SMK)

SMK_BEG

SMK_C1   If (do SMK block = 1), go to SMK_QINT.
                Otherwise, go to SMK_END.

SMK_QINT   **The next questions are about smoking.**
                <u>INTERVIEWER</u>: Press <Enter> to continue.

SMK_Q201A   **In ^YOUR1 lifetime, ^HAVE ^YOU2 smoked a total of 100 or more**
SMKE_01A   **cigarettes (about 4 packs)?**

                1   Yes   (Go to SMK_Q201C)
                2   No
                        DK, R

SMK_Q201B   **^HAVE_C ^YOU1 ever smoked a whole cigarette?**
SMKE_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 ^YOU1 smoke ^YOUR1 first whole cigarette?**
SMKE_01C   <u>INTERVIEWER</u>: Minimum is 5; maximum is [current age].

                |_|_|_| Age in years
                (MIN: 5) (MAX: current age)
                DK, R   (Go to SMK_Q202)

SMK_E201C   **The entered age at which the respondent first smoked a whole cigarette is invalid.**
                Please return and correct.

                Trigger hard edit if SMK_Q201C < 5 or SMK_Q201C > [current age].

SMK_Q202   **At the present time, ^DOVERB ^YOU2 smoke cigarettes daily, occasionally**
SMKE_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 ^YOU1 begin to smoke cigarettes daily?**
SMKE_203   INTERVIEWER: Minimum is 5; maximum is [current age].

             |_|_|_| Age in years
             (MIN: 5) (MAX: current age)
             DK, R   (Go to SMK_Q204)

SMK_E203   **The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct**.

             Trigger hard edit if SMK_Q203 < 5 or SMK_Q203 > [current age]

SMK_Q204   **How many cigarettes ^DOVERB ^YOU1 smoke each day now?**
SMKE_204

             |_|_| Cigarettes
             (MIN: 1) (MAX: 99; warning after 60)
             DK, R

             Go to SMK_END

Occasional smoker (current)

SMK_Q205B   **On the days that ^YOU2 ^DOVERB smoke, how many cigarettes ^DOVERB**
SMKE_05B   **^YOU1 usually smoke?**

             |_|_| Cigarettes
             (MIN: 1) (MAX: 99; warning after 60)
             DK, R

SMK_Q205C   **In the past month, on how many days ^HAVE ^YOU1 smoked 1 or more**
SMKE_05C   **cigarettes?**

             |_|_| Days
             (MIN: 0) (MAX: 30)
             DK, R

SMK_C205D   If SMK_Q201A = 2 (has not smoked 100 or more cigarettes lifetime), DK or R, go to SMK_END.

Occasional smoker or non-smoker (current)

SMK_Q205D   **^HAVE ^YOU1 ever smoked cigarettes daily?**
SMKE_05D

             1   Yes   (Go to SMK_Q207)
             2   No
                   DK, R   (Go to SMK_END)

SMK_C206A   If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.
             Otherwise, go to SMK_Q206A.

Non-smoker (current)

SMK_Q206A **When did ^YOU1 stop smoking? Was it:**
SMKE_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 ^YOU1 stop?**
SMKE_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?**
SMKE_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 **The number of years ago that the respondent stopped smoking is invalid. Please return and correct.**

Trigger hard edit if SMK_Q206C < 3 or (SMK_Q206C > [current age] - 5).

Occasional smoker or non-smoker (current) – Daily smoker (previously)

SMK_Q207   **At what age did ^YOU1 begin to smoke (cigarettes) daily?**
SMKE_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   **The entered age at which the respondent first began to smoke cigarettes daily is invalid. Please return and correct.**

Trigger hard edit if SMK_Q207 < 5 or SMK_Q207 > [current age].

SMK_Q208   **How many cigarettes did ^YOU1 usually smoke each day?**
SMKE_208

|_|_| Cigarettes
(MIN: 1) (MAX: 99; warning after 60)
DK, R

SMK_Q209A   **When did ^YOU1 stop smoking daily? Was it:**
SMKE_09A   INTERVIEWER: Read categories to respondent.

1   **… less than one year ago?**
2   **… 1 year to less than 2 years ago?**   (Go to SMK_C210)
3   **… 2 years to less than 3 years ago?**   (Go to SMK_C210)
4   **… 3 or more years ago?**   (Go to SMK_Q209C)
     DK, R   (Go to SMK_END)

SMK_Q209B   **In what month did ^YOU1 stop?**
SMKE_09B

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

Go to SMK_C210

SMK_Q209C   **How many years ago was it**?
SMKE_09C   INTERVIEWER: Minimum is 3; maximum is [current age] - 5.

|_|_|_| Years
(MIN: 3) (MAX: current age - 5)
DK, R   (Go to SMK_C210)

SMK_E209C   **The number of years ago that the respondent stopped smoking daily is invalid.**
            Please return and correct.

Trigger hard edit if SMK_Q209C < 3 or (SMK_Q209C > [current age] – 5).

SMK_C210   If SMK_Q202 = 2 (current occasional smoker), go to SMK_END.
            Otherwise, go to SMK_Q210.

Non-smoker (current)

SMK_Q210   **Was that when ^YOU1 completely quit smoking?**
SMKE_10

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

SMK_Q210A   **When did ^YOU1 stop smoking completely? Was it:**
SMKE_10A   <u>INTERVIEWER</u>: Read categories to respondent.

1   **… less than one year ago?**
2   **… 1 year to less than 2 years ago?**   (Go to SMK_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 ^YOU1 stop?**
SMKE_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**?
SMKE_10C   <u>INTERVIEWER</u>: Minimum is 3; maximum is [current age] - 5.

|_|_|_| Years
(MIN: 3) (MAX: current age - 5)
DK, R   (Go to SMK_END)

SMK_E210C   **The number of years ago that the respondent completely stopped smoking is invalid. Please return and correct.**

Trigger hard edit if SMK_Q210C < 3 or (SMK_Q210C > [current age] - 5).

SMK_END

SMOKING - STAGES OF CHANGE (SCH)

SCH_BEG

| SCH_C1
SCHEFOPT | If (do SCH block = 1), go to SCH_C2.
Otherwise, go to SCH_END. |

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?**
SCHE_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?**
SCHE_2

1   Yes
2   No
        DK, R

SCH_Q3   **In the past 12 months, did you stop smoking for at least 24 hours because**
SCHE_3   **you 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**
SCHE_4   **24 hours because you were trying to quit)**

|_|_| Times
(MIN: 1) (MAX: 95; warning after 48)
DK, R

SCH_END

NICOTINE DEPENDENCE (NDE)

NDE_BEG

NDE_C1 NDEEFOPT	If (do NDE block = 1), go to NDE_C2. Otherwise, go to NDE_END.

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?**
NDEE_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?**
NDEE_2

          1   Yes
          2   No
                   DK, R

NDE_Q3   **Which cigarette would you most hate to give up?**
NDEE_3   INTERVIEWER: Read categories to respondent.

          1   **The first one of the day**
          2   **Another one**
                   DK, R

NDE_Q4   **Do you smoke more frequently during the first hours after waking, compared with**
NDEE_4   **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?**
NDEE_5
          1   Yes
          2   No
                   DK, R

NDE_END

SMOKING CESSATION AIDS (SCA)

SCA_BEG

SCA_C1
SCAEFOPT   If (do SCA block = 1), go to SCA_C10A.
            Otherwise, go to SCA_END.

SCA_C10A   If proxy interview, go to SCA_END.
            Otherwise, go to SCA_C10B.

SCA_C10B   If SMK_Q202 = 1 or 2 (current daily or occasional smoker), go to SCA_C50.
            Otherwise, go to SCA_C10C.

SCA_C10C   If SMK_Q206A = 1 or SMK_Q209A = 1 (former smoker who quit less than 1 year ago),
            go to SCA_Q10.
            Otherwise, go to SCA_END.

SCA_Q10   **In the past 12 months, did you try a nicotine patch to quit smoking?**
SCAE_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?**
SCAE_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**
SCAE_11   **past 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?**
SCAE_11A

            1   Very useful
            2   Somewhat useful
            3   Not very useful
            4   Not useful at all
                 DK, R

SCA_Q12
SCAE_12
In the past 12 months, did you try medication such as Zyban, Prolev or Wellbutrin to quit smoking?

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

SCA_Q12A
SCAE_12A
How useful was that in helping you quit?

1   Very useful
2   Somewhat useful
3   Not very useful
4   Not useful at all
      DK, R

Go to SCA_END

SCA_C50   If (do SCH block = 2), go to SCA_Q50.
Otherwise, go to SCA_C50A.

SCA_C50A   If SCH_Q3 = 1, go to SCA_Q60.
Otherwise, go to SCA_END.

SCA_Q50
SCAE_50
In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?

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

Note: In processing, if a respondent answered SCH_Q3 = 1, the variable SCA_Q50 is given the value of 1.

SCA_Q60
SCAE_60
In the past 12 months, did you try any of the following to quit smoking:

… a nicotine patch?

1   Yes
2   No
      DK, R

SCA_Q61
SCAE_61
(In the past 12 months, did you try any of the following to quit smoking:)

… Nicorettes or other nicotine gum or candy?

1   Yes
2   No
      DK, R

SCA_Q62
SCAE_62

(In the past 12 months, did you try any of the following to quit smoking:)

… medication such as Zyban, Prolev or Wellbutrin?

1   Yes
2   No
      DK, R

SCA_END

SMOKING - PHYSICIAN COUNSELLING (SPC)

SPC_BEG

SPC_C1   If (do SPC block = 1), go to SPC_C2.
SPCEFOPT   Otherwise, go to SPC_END.

SPC_C2   If proxy interview, go to SPC_END.
             Otherwise, go to SPC_C3.

SPC_C3   If SMK_Q202 = 1 or 2 or SMK_Q206A = 1 or SMK_Q209A = 1, go to SPC_C4.
             Otherwise, go to SPC_END.

SPC_C4   If (do HCU block = 1) and (HCU_Q01AA = 1) (i.e. has a regular medical doctor), go to
             SPC_Q10.
             Otherwise, go to SPC_C20A.

SPC_Q10   **Earlier, you mentioned having a regular medical doctor. In the past 12 months,**
SPCE_10   **did you go see this doctor?**

             1   Yes
             2   No   (Go to SPC_C20A)
                   DK, R   (Go to SPC_C20A)

SPC_Q11   **Does your doctor know that you [smoke/smoked] cigarettes?**
SPCE_11

             1   Yes
             2   No   (Go to SPC_C20A)
                   DK, R   (Go to SPC_C20A)

Note: If SMK_Q202 = 1 or 2, use "smoke". If SMK_Q206A = 1 or SMK_Q209A = 1, use
             "smoked".

SPC_Q12   **In the past 12 months, did your doctor advise you to quit smoking?**
SPCE_12

             1   Yes
             2   No
                   DK, R   (Go to SPC_C20A)

SPC_Q13   **(In the past 12 months,) did your doctor give you any specific help or information**
SPCE_13   **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?**
           <u>INTERVIEWER</u>: Mark all that apply.

SPCE_14A   1   Referral to a one-on-one cessation program
SPCE_14B   2   Referral to a group cessation program
SPCE_14C   3   Recommended use of nicotine patch or nicotine gum
SPCE_14D   4   Recommended Zyban or other medication
SPCE_14E   5   Provided self-help information (e.g., pamphlet, referral to website)
SPCE_14F   6   Own doctor offered counselling
SPCE_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 < 98) (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.**
SPCE_20   **Did you actually go to the dentist?**

           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?**
SPCE_21
           1   Yes
           2   No   (Go to SPC_END)
                DK, R   (Go to SPC_END)

Note: If SMK_Q202 = 1 or 2, use "smoke". If SMK_Q206A = 1 or SMK_Q209A = 1, use
           "smoked"

SPC_Q22   **In the past 12 months, did the dentist or hygienist advise you to quit smoking?**
SPCE_22
           1   Yes
           2   No
                DK, R

SPC_END

YOUTH SMOKING (YSM)

YSM_BEG

YSM_C1   If (do YSM block = 1), go to YSM_C1A.
                Otherwise, go to YSM_END.

YSM_C1A   If proxy interview or age > 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?**
YSME_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_Q1S.
                Otherwise, go to YSM_C2.

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**
YSME_2   **else?**

                1   Yes
                2   No   (Go to YSM_Q5)
                        DK, R   (Go to YSM_Q5)

YSM_Q3
YSME_3 **In the past 12 months, have you been asked your age when buying cigarettes in a store?**

1   Yes
2   No
     DK, R

YSM_Q4
YSME_4 **In the past 12 months, has anyone in a store refused to sell you cigarettes?**

1   Yes
2   No
     DK, R

YSM_Q5
YSME_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)

ETS_BEG

ETS_C1   If (do ETS block = 1), go to ETS_QINT.
              Otherwise, go to ETS_END.

ETS_QINT   **The next questions are about exposure to second-hand smoke.**
              <u>INTERVIEWER</u>: Press <Enter> to continue.

ETS_C10   If the number of household members = 1 and (SMK_Q202 = 1 or 2), go to ETS_Q30.
              Otherwise, go to ETS_Q10.

ETS_Q10   **Including both household members and regular visitors, does anyone smoke**
ETSE_10   **inside your home, every day or almost every day?**
              <u>INTERVIEWER</u>: Include cigarettes, cigars and pipes.

              1   Yes
              2   No   (Go to ETS_C20)
                    DK, R   (Go to ETS_END)

ETS_Q11   **How many people smoke inside your home every day or almost every day?**
ETSE_11   <u>INTERVIEWER</u>: 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   **In the past month, ^WERE ^YOU2 exposed to second-hand smoke,**
ETSE_20   **every day or almost every day, in a car or other private vehicle?**

              1   Yes
              2   No
                    DK, R

ETS_Q20B   **(In the past month,) ^WERE ^YOU1 exposed to second-hand smoke,**
ETSE_20B   **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   **Are there any restrictions against smoking cigarettes in your home?**
ETSE_5

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

ETS_Q31   **How is smoking restricted in your home?**
INTERVIEWER: Read categories to respondent. Mark all that apply.

ETSE_6A   1   **Smokers are asked to refrain from smoking in the house**
ETSE_6B   2   **Smoking is allowed in certain rooms only**
ETSE_6C   3   **Smoking is restricted in the presence of young children**
ETSE_6D   4   **Other restriction**
                DK, R

ETS_END

ALCOHOL USE (ALC)

ALC_BEG

ALC_C1A   If (do ALC block = 1), go to ALC_R1.
                 Otherwise, go to ALC_END.

ALC_R1   **Now, some questions about ^YOUR2 alcohol consumption.**
                When we use the word 'drink' it means:
                         - one bottle or can of beer or a glass of draft
                         - one glass of wine or a wine cooler
                         - one drink or cocktail with 1 and a 1/2 ounces of liquor.
                INTERVIEWER: Press <Enter> to continue.

ALC_Q1   **During the past 12 months, that is, from [date one year ago] to yesterday,**
ALCE_1   **^HAVE ^YOU2 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 ^YOU1 drink alcoholic beverages?**
ALCE_2
                1   Less than once a month
                2   Once a month
                3   2 to 3 times a month
                4   Once a week
                5   2 to 3 times a week
                6   4 to 6 times a week
                7   Every day
                         DK, R

ALC_Q3   **How often in the past 12 months ^HAVE ^YOU1 had 5 or more drinks**
ALCE_3   **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_Q5
ALCE_5

Thinking back over the past week, that is, from [date last week] to yesterday, did ^YOU2 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 ^YOU2 have:
(If R on first day, go to ALC_C8)
(MIN: 0 MAX: 99 for each day; warning after 12 for each day)

ALCE_5A1 1 **Sunday?**
ALCE_5A2 2 **Monday?**
ALCE_5A3 3 **Tuesday?**
ALCE_5A4 4 **Wednesday?**
ALCE_5A5 5 **Thursday?**
ALCE_5A6 6 **Friday?**
ALCE_5A7 7 **Saturday?**
 DK, R

Go to ALC_C8

ALC_E5A

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].

Trigger hard edit if ALC_Q3 = 1 and ALC_Q5A => 5.

ALC_Q5B
ALCE_5B

^HAVE_C ^YOU2 ever had a drink?

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

ALC_Q6
ALCE_6

Did ^YOU1 ever regularly drink more than 12 drinks a week?

 1 Yes
 2 No (Go to ALC_C8)
 DK, R (Go to ALC_C8)

ALC_Q7   **Why did ^YOU1 reduce or quit drinking altogether?**
                <u>INTERVIEWER</u>: Mark all that apply.

ALCE_7A	1	Dieting
ALCE_7B	2	Athletic training
ALCE_7C	3	Pregnancy
ALCE_7D	4	Getting older
ALCE_7E	5	Drinking too much / drinking problem
ALCE_7F	6	Affected - work, studies, employment opportunities
ALCE_7G	7	Interfered with family or home life
ALCE_7H	8	Affected - physical health
ALCE_7I	9	Affected - friendships or social relationships
ALCE_7J	10	Affected - financial position
ALCE_7K	11	Affected - outlook on life, happiness
ALCE_7L	12	Influence of family or friends
ALCE_7N	13	Life change
ALCE_7M	14	Other - Specify
		DK, R

ALC_C7S   If ALC_Q7 = 14, go to ALC_Q7S.
                Otherwise, go to ALC_C8.

ALC_Q7S   <u>INTERVIEWER</u>: Specify.

                _____
                (80 spaces)
                DK, R

ALC_C8   If age > 19, go to ALC_END.

ALC_Q8   **Not counting small sips, how old ^WERE ^YOU1 when ^YOU1 started drinking**
ALCE_8   **alcoholic beverages?**
                <u>INTERVIEWER</u>: 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   **Age must be between 5 and [current age].**
                Please return and correct.

                Trigger hard edit if ALC_Q8 < 5 or ALC_Q8 > [current age].

ALC_END

MATERNAL EXPERIENCES (MEX)

MEX_BEG

MEX_C01A   If (do MEX block = 1), go to MEX_C01B.
            Otherwise, go to MEX_END.

MEX_C01B   If proxy interview or sex = male or age < 15 or > 55, go to MEX_END.
            Otherwise, go to MEX_Q01.

MEX_Q01   **The next questions are for recent mothers.**
MEXE_01   **Have you given birth in the past 5 years?**
            <u>INTERVIEWER</u>: Do not include stillbirths.

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

MEX_Q01A   **In what year?**
MEXE_01A   <u>INTERVIEWER</u>: Enter year of birth of last baby.
            Minimum is [current year - 5]; maximum is [current year].

            I_I_I_I_I   Year
            (MIN: 2000)   (MAX: current year)
            DK, R

MEX_Q02   **Did you take a vitamin supplement containing folic acid <u>before</u> your (last)**
MEXE_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 only**
MEXE_03   **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?**
MEXE_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   Wanted to smoke
    13   Other - Specify
         DK, R

MEX_C04S   If MEX_Q04 = 13, go to MEX_Q04S.
           Otherwise, go to MEX_C20.

MEX_Q04S   <u>INTERVIEWER</u>: Specify.

           _____
           (80 spaces)
           DK, R

           Go to MEX_C20

MEX_Q05   **Are you still breastfeeding?**
MEXE_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)?**
MEXE_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,**
MEXE_07 **formula, water, teas, herbal mixtures) or solid foods to the baby's feeds?**
INTERVIEWER: If exact age not known, obtain best estimate.

1   Less than 1 week
2   1 to 2 weeks
3   3 to 4 weeks
4   5 to 8 weeks
5   9 weeks to less than 12 weeks
6   3 months (12 weeks to less than 16 weeks)
7   4 months (16 weeks to less than 20 weeks)
8   5 months (20 weeks to less than 24 weeks)
9   6 months (24 weeks to less than 28 weeks)
10   7 to 9 months
11   10 to 12 months
12   More than 1 year
13   Have not added liquids or solids   (Go to MEX_Q09)
       DK, R   (Go to MEX_C20)

MEX_Q08 **What is the main reason that you first added other liquids or solid foods?**
MEXE_08

1   Not enough breast milk
2   Baby was ready for solid foods
3   Inconvenience / fatigue due to breastfeeding
4   Difficulty with BF techniques (e.g., sore nipples, engorged breasts,
       mastitis)
5   Medical condition - mother
6   Medical condition - baby
7   Advice of doctor / health professional
8   Returned to work / school
9   Advice of partner / family / friends
10   Formula equally healthy for baby
11   Wanted to drink alcohol
12   Wanted to smoke
13   Other - Specify
       DK, R

MEX_C08S If MEX_Q08 = 13, go to MEX_Q08S.
          Otherwise, go to MEX_C09.

MEX_Q08S INTERVIEWER: Specify.

          _____
          (80 spaces)
          DK, R

MEX_C09   If MEX_Q07 = 1 (baby less than 1 week), go to MEX_C10.
          Otherwise, go to MEX_Q09.

MEX_Q09 MEXE_09	**During the time when your (last) baby was only fed breast milk, did you give the baby a vitamin supplement containing Vitamin D?**

1   Yes
2   No
       DK, R

MEX_C10   If MEX_Q05 = 1 (still breastfeeding), go to MEX_C20.
                  Otherwise, go to MEX_Q10.

MEX_Q10   **What is the main reason that you stopped breastfeeding?**
MEXE_10

1   Not enough breast milk
2   Baby was ready for solid foods
3   Inconvenience / fatigue due to breastfeeding
4   Difficulty with BF techniques (e.g., sore nipples, engorged breasts, mastitis)
5   Medical condition - mother
6   Medical condition - baby
7   Planned to stop at this time
8   Child weaned him / herself (e.g., baby biting, refusing breast)
9   Advice of doctor / health professional
10   Returned to work / school
11   Advice of partner
12   Formula equally healthy for baby
13   Wanted to drink alcohol
14   Wanted to smoke
15   Other - Specify
       DK, R

MEX_C10S   If MEX_Q10 = 15, go to MEX_Q10S.
                Otherwise, go to MEX_C20.

MEX_Q10S   <u>INTERVIEWER</u>: Specify.

               _____
               (80 spaces)
               DK, R

MEX_C20   If SMK_Q202 = 1 or 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?**
MEXE_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?**
MEXE_21

          I_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?**
MEXE_22

          I_I_I   Number of cigarettes
          (MIN: 1) (MAX: 99; warning after 60)
          DK, R

MEX_C23   If MEX_Q03 = 1 (breastfed last baby), go to MEX_Q23.
          Otherwise, go to MEX_Q26.

MEX_Q23   **When you were breastfeeding (your last baby), did you smoke daily,**
MEXE_23   **occasionally or not at all?**

          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?**
MEXE_24

          I_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?**
MEXE_25
          I_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**
MEXE_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?**
MEXE_30

           1   Yes
           2   No   (Go to MEX_C32)
                   DK, R   (Go to MEX_END)

MEX_Q31   **How often did you drink?**
MEXE_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 = 2 (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)?**
MEXE_32

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

MEX_Q33   **How often did you drink?**
MEXE_33

           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

ILLICIT DRUGS (IDG)

DRG_BEG

DRG_C1 IDGEFOPT	If (do DRG block = 1), go to DRG_C2. Otherwise, go to DRG_END.

DRG_C2   If proxy interview, go to DRG_END.
Otherwise, go to DRG_R1.

DRG_R1   **I am going to ask some questions about drug use. Again, I would like to remind you that everything you say will remain strictly confidential.**
INTERVIEWER: Press <Enter> to continue.

DRG_Q01   **Have you ever used or tried marijuana, cannabis or hashish?**
IDGE_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?**
IDGE_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)?**
IDGE_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?**
IDGE_04

1   Yes, just once
2   Yes, more than once
3   No   (Go to DRG_Q07)
DK, R   (Go to DRG_Q07)

DRG_Q05 IDGE_05	**Have you used it in the past 12 months?**

 1 Yes
 2 No (Go to DRG_Q07)
  DK, R (Go to DRG_Q07)

DRG_C06 If DRG_Q04 = 1, go to DRG_Q07.

DRG_Q06 IDGE_06	**How often (did you use cocaine or crack in the past 12 months)?** INTERVIEWER: Read categories to respondent.

 1 **Less than once a month**
 2 **1 to 3 times a month**
 3 **Once a week**
 4 **More than once a week**
 5 **Every day**
  DK, R

DRG_Q07 IDGE_07	**Have you ever used or tried speed (amphetamines)?**

 1 Yes, just once
 2 Yes, more than once
 3 No (Go to DRG_Q10)
  DK, R (Go to DRG_Q10)

DRG_Q08 IDGE_08	**Have you used it in the past 12 months?**

 1 Yes
 2 No (Go to DRG_Q10)
  DK, R (Go to DRG_Q10)

DRG_C09 If DRG_Q07 = 1, go to DRG_Q10.

DRG_Q09 IDGE_09	**How often (did you use speed (amphetamines) in the past 12 months)?** INTERVIEWER: Read categories to respondent.

 1 **Less than once a month**
 2 **1 to 3 times a month**
 3 **Once a week**
 4 **More than once a week**
 5 **Every day**
  DK, R

DRG_Q10 IDGE_10	**Have you ever used or tried ecstasy (MDMA) or other similar drugs?**

 1 Yes, just once
 2 Yes, more than once
 3 No (Go to DRG_Q13)
  DK, R (Go to DRG_Q13)

DRG_Q11 **Have you used it in the past 12 months?**
IDGE_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_Q12 **How often (did you use ecstasy or other similar drugs in the past 12 months)?**
IDGE_12 <u>INTERVIEWER</u>: Read categories to respondent.

    1   **Less than once a month**
    2   **1 to 3 times a month**
    3   **Once a week**
    4   **More than once a week**
    5   **Every day**
         DK, R

DRG_Q13 **Have you ever used or tried hallucinogens, PCP or LSD (acid)?**
IDGE_13

    1   Yes, just once
    2   Yes, more than once
    3   No   (Go to DRG_Q16)
         DK, R   (Go to DRG_Q16)

DRG_Q14 **Have you used it in the past 12 months?**
IDGE_14

    1   Yes
    2   No   (Go to DRG_Q16)
         DK, R   (Go to DRG_Q16)

DRG_C15 If DRG_Q13 = 1, go to DRG_Q16.

DRG_Q15 **How often (did you use hallucinogens, PCP or LSD in the past 12 months)?**
IDGE_15 <u>INTERVIEWER</u>: Read categories to respondent.

    1   **Less than once a month**
    2   **1 to 3 times a month**
    3   **Once a week**
    4   **More than once a week**
    5   **Every day**
         DK, R

DRG_Q16 **Did you ever sniff glue, gasoline or other solvents?**
IDGE_16

    1   Yes, just once
    2   Yes, more than once
    3   No   (Go to DRG_Q19)
         DK, R   (Go to DRG_Q19)

DRG_Q17	**Did you sniff some in the past 12 months?**
IDGE_17	

        1   Yes
        2   No   (Go to DRG_Q19)
              DK, R   (Go to DRG_Q19)

DRG_C18   If DRG_Q16 = 1, go to DRG_Q19.

DRG_Q18	**How often (did you sniff glue, gasoline or other solvents in the past 12 months)?**
IDGE_18	

INTERVIEWER: Read categories to respondent.

        1   **Less than once a month**
        2   **1 to 3 times a month**
        3   **Once a week**
        4   **More than once a week**
        5   **Every day**
              DK, R

DRG_Q19	**Have you ever used or tried heroin?**
IDGE_19	

        1   Yes, just once
        2   Yes, more than once
        3   No   (Go to DRG_Q22)
              DK, R   (Go to DRG_Q22)

DRG_Q20	**Have you used it in the past 12 months?**
IDGE_20	

        1   Yes
        2   No   (Go to DRG_Q22)
              DK, R   (Go to DRG_Q22)

DRG_C21   If DRG_Q19 = 1, go to DRG_Q22.

DRG_Q21	**How often (did you use heroin in the past 12 months)?**
IDGE_21	

INTERVIEWER: Read categories to respondent.

        1   **Less than once a month**
        2   **1 to 3 times a month**
        3   **Once a week**
        4   **More than once a week**
        5   **Every day**
               DK, R

DRG_Q22	**Have you ever used or tried steroids, such as testosterone, dianabol or growth hormones, to increase your performance in a sport or activity or to change your physical appearance?**
IDGE_22	

        1   Yes, just once
        2   Yes, more than once
        3   No   (Go to DRG_C25A1)
              DK, R   (Go to DRG_C25A1)

DRG_Q23

DRG_Q25C
IDGE_25C

(During the past 12 months,) did you ever have times when you used drugs to <u>keep</u> from having such symptoms?

1   Yes
2   No
     DK, R

DRG_Q25D
IDGE_25D

(During the past 12 months,) did you ever have times when you used drugs even though you <u>promised</u> yourself you wouldn't, or times when you used a lot more drugs than you intended?

1   Yes
2   No
     DK, R

DRG_Q25E
IDGE_25E

(During the past 12 months,) were there ever times when you used drugs more frequently, or for <u>more days in a row</u> than you intended?

1   Yes
2   No
     DK, R

DRG_Q25F
IDGE_25F

(During the past 12 months,) did you ever have periods of several days or more when you spent so much time using drugs or recovering from the effects of using drugs that you had little time for anything else?

1   Yes
2   No
     DK, R

DRG_Q25G
IDGE_25G

(During the past 12 months,) did you ever have periods of a month or longer when you gave up or greatly reduced important activities because of your use of drugs?

1   Yes
2   No
     DK, R

DRG_Q25H
IDGE_25H

(During the past 12 months,) did you ever continue to use drugs when you knew you had a serious physical or emotional problem that might have been caused by or made worse by your use?

1   Yes
2   No
     DK, R

DRG_R26 **Please tell me what number best describes how much your use of drugs interfered with each of the following activities during the past 12 months. For each activity, answer with a number between 0 and 10; 0 means "<u>no</u> interference", while 10 means "<u>very severe</u> interference".**
INTERVIEWER: Press <Enter> to continue.

DRG_Q26A **How much did your use of drugs interfere with:**
IDGE_26A

... your home responsibilities, like cleaning, shopping and taking care of the house or apartment?

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

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_Q26B_1 **(How much did your use interfere with)**
IDGE_6B1

... your ability to attend school?
INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

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

|_|_| Number
(MIN: 0) (MAX: 11)
DK, R

DRG_Q26B_2 **(How much did your use interfere with:)**
IDGE_6B2

... your ability to work at a regular job?
INTERVIEWER: If necessary, enter "11" to indicate "Not applicable".

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

|_|_| Number
(MIN: 0) (MAX: 11)
DK, R

DRG_Q26C **(During the past 12 months,) how much did your use of drugs interfere with your**
IDGE_26C **ability to form and maintain close relationships with other people?**
Remember that 0 means "no interference" and 10 means "very severe
interference".

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

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_Q26D **How much did your use of drugs interfere with your social life?**
IDGE_26D

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

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

DRG_END

PROBLEM GAMBLING INDEX(CPG)

CPG_BEG

CPG_C1　　　If (do CPG block = 1), go to CPG_C2.
CPGEFOPT　　Otherwise, go to CPG_END.

CPG_C2　　　If proxy interview, go to CPG_END.
　　　　　　Otherwise, go to CPG_C3.

CPG_C3　　　Count instances where CPG_Q01B to CPG_Q01M = 7, 8, DK or R.

CPG_R01　　**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**
CPGE_01A　**win/scratch tickets or daily lottery tickets (Keno, Pick 3, Encore, Banco, Extra)?**
　　　　　　INTERVIEWER: Read categories to respondent.
　　　　　　Exclude all other kinds of lottery tickets such as 6/49, Super 7, sports lotteries and fund raising tickets.

　　　　　　1　　**Daily**
　　　　　　2　　**Between 2 to 6 times a week**
　　　　　　3　　**About once a week**
　　　　　　4　　**Between 2 to 3 times a month**
　　　　　　5　　**About once a month**
　　　　　　6　　**Between 6 to 11 times a year**
　　　　　　7　　**Between 1 to 5 times a year**
　　　　　　8　　**Never**
　　　　　　　　　DK, R

CPG_C01A　　If CPG_Q01A = R, go to CPG_END
　　　　　　Otherwise, go to CPG_Q01B.

CPG_Q01B
CPGE_01B
(In the past 12 months,) how often have you bet or spent money on lottery tickets such as 6/49 and Super 7, raffles or fund-raising tickets?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
       DK, R

CPG_Q01C
CPGE_01C
(In the past 12 months,) how often have you bet or spent money on Bingo?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
       DK, R

CPG_Q01D
CPGE_01D
(In the past 12 months,) how often have you bet or spent money playing cards or board games with family or friends?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
       DK, R

CPG_Q01E
CPGE_01E
(In the past 12 months,) how often have you bet or spent money on video lottery terminals (VLTs) outside of casinos?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
       DK, R

CPG_Q01F
CPGE_01F

(In the past 12 months,) how often have you bet or spent money on coin slots or VLTs at a casino?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
       DK, R

CPG_Q01G
CPGE_01G

(In the past 12 months,) how often have you bet or spent money on casino games other than coin slots or VLTs (for example, poker, roulette, blackjack, keno)?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
       DK, R

CPG_Q01H
CPGE_01H

(In the past 12 months,) how often have you bet or spent money on Internet or arcade gambling?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
       DK, R

CPG_Q01I
CPGE_01I

In the past 12 months, how often have you bet or spent money on live horse racing at the track or off track?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
       DK, R

CPG_Q01J
CPGE_01J
(In the past 12 months,) how often have you bet or spent money on sports such as sports lotteries (Sport Select, Pro-Line, Mise-au-jeu, Total), sports pool or sporting events?

1   Daily
2   Between 2 to 6 times a week
3   About once a week
4   Between 2 to 3 times a month
5   About once a month
6   Between 6 to 11 times a year
7   Between 1 to 5 times a year
8   Never
        DK, R

CPG_Q01K
CPGE_01K
(In the past 12 months,) how often have you bet or spent money on speculative investments such as stocks, options or commodities?
<u>INTERVIEWER</u>: 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
CPGE_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
CPGE_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
CPGE_01N
In the <u>past 12 months</u>, how much money, not including winnings, did you spend on <u>all</u> of your gambling activities?
<u>INTERVIEWER</u>: Read categories to respondent.

1   **Between 1 dollar and 50 dollars**
2   **Between 51 dollars and 100 dollars**
3   **Between 101 dollars and 250 dollars**
4   **Between 251 dollars and 500 dollars**
5   **Between 501 dollars and 1000 dollars**
6   **More than 1000 dollars**
      DK, R

CPG_QINT2
The next questions are about gambling <u>attitudes and experiences</u>. Again, all the questions will refer to the past 12 months.
<u>INTERVIEWER</u>: Press <Enter> to continue.

CPG_Q02
CPGE_02
In the past 12 months, how often have you bet or spent more money than you wanted to on gambling?
<u>INTERVIEWER</u>: Read categories to respondent.

1   **Never**
2   **Sometimes**
3   **Most of the time**
4   **Almost always**
5   **I am not a gambler**   (Go to CPG_END)
      DK
      R   (Go to CPG_END)

CPG_Q03
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_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
CPGE_17   **Has anyone in your family _ever_ had a gambling problem?**

      1   Yes
      2   No
            DK, R

CPG_Q18
CPGE_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
CPGE_19A   **During the past 12 months, how much did your gambling activities interfere with your home responsibilities, like cleaning, shopping and taking care of the house or apartment?**

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

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

CPG_Q19B_1 **How much did these activities interfere with your ability to attend school?**
CPGE_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?**
CPGE_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
CPGE_19C

(During the past 12 months,) how much did your gambling activities interfere with your ability to form and maintain close relationships with other people? (Remember that 0 means "no interference" and 10 means "very severe interference".)

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

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

CPG_Q19D
CPGE_19D

How much did they interfere with your social life?

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

|_|_| Number
(MIN: 0) (MAX: 10)
DK, R

CPG_END

SATISFACTION WITH LIFE (SWL)

SWL_BEG

SWL_C1
SWLEFOPT

If (do SWL block = 1), go to SWL_C2.
Otherwise, go to SWL_END.

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

SWL_Q02
SWLE_02

How satisfied are you with your job or main activity?

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

SWL_Q03
SWLE_03

How satisfied are you with your leisure activities?

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

SWL_Q04
SWLE_04

(How satisfied are you) with your financial situation?

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

SWL_Q05
SWLE_05

How satisfied are you with yourself?

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

SWL_Q06
SWLE_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
SWLE_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
SWLE_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
SWLE_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
SWLE_10

(How satisfied are you) with your neighbourhood?

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

SWL_END

STRESS - SOURCES (STS)

STS_BEG

STS_C1   If (do STS block = 1), go to STS_C2.
STSEFOPT   Otherwise, go to STS_END.

STS_C2   If proxy interview, go to STS_END.
                Otherwise, go to STS_R1.

STS_R1   **Now a few questions about the stress in your life.**
                INTERVIEWER: Press <Enter> to continue.

STS_Q1   **In general, how would you rate your ability to handle unexpected and difficult**
STSE_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 STS_END)

STS_Q2   **In general, how would you rate your ability to handle the day-to-day demands in**
STSE_2   **your life, for example, handling work, family and volunteer responsibilities?**
                Would you say your ability is:
                INTERVIEWER: Read categories to respondent.

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

STS_Q3
STSE_3 **Thinking about stress in your day-to-day life, what would you say is the most important thing contributing to feelings of stress you may have?**
INTERVIEWER: Do not probe.

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

STS_C3S   If STS_Q3 = 16, go to STS_Q3S.
                Otherwise, go to STS_END.

STS_Q3S   INTERVIEWER: Specify.

                _____
                (80 spaces)
                DK, R

STS_END

STRESS - COPING (STC)

STC_BEG

STC_C1   If (do STC block = 1), go to STC_C2.
STCEFOPT   Otherwise, go to STR_END.

STC_C2   If proxy interview, go to STC_END.
            Otherwise, go to STC_R1.

STC_R1   **Now a few questions about coping with stress.**
            INTERVIEWER: Press <Enter> to continue.

STC_Q1_1   **People have different ways of dealing with stress. Thinking about the ways you**
STCE_61   **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   (Go to STC_END)

STC_Q1_2   **To deal with stress, how often do you talk to others?**
STCE_62

            1   Often
            2   Sometimes
            3   Rarely
            4   Never
                    DK, R

STC_Q1_3   **(When dealing with stress,) how often do you avoid being with people?**
STCE_63

            1   Often
            2   Sometimes
            3   Rarely
            4   Never
                    DK, R

STC_Q1_4   **How often do you sleep more than usual to deal with stress?**
STCE_64

            1   Often
            2   Sometimes
            3   Rarely
            4   Never
                    DK, R

STC_Q1_5A
STCE_65A

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

1   Often
2   Sometimes
3   Rarely
4   Never
     DK, R

STC_Q1_5B
STCE_65B

(When dealing with stress,) how often do you try to feel better by smoking more cigarettes than usual?

1   Often
2   Sometimes
3   Rarely
4   Never
5   Do not smoke
     DK, R

STC_Q1_5C
STCE_65C

When dealing with stress, how often do you try to feel better by drinking alcohol?

1   Often
2   Sometimes
3   Rarely
4   Never
     DK, R

STC_Q1_5D
STCE_65D

(When dealing with stress,) how often do you try to feel better by using drugs or medication?

1   Often
2   Sometimes
3   Rarely
4   Never
     DK, R

STC_Q1_6
STCE_66

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

1   Often
2   Sometimes
3   Rarely
4   Never
     DK, R

STC_Q1_7
STCE_67

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

1   Often
2   Sometimes
3   Rarely
4   Never
     DK, R

STC_Q1_8
STCE_68

(To deal with stress,) how often do you try to relax by doing something enjoyable?

1   Often
2   Sometimes
3   Rarely
4   Never
     DK, R

STC_Q1_9
STCE_69

(To deal with stress,) how often do you try to look on the bright side of things?

1   Often
2   Sometimes
3   Rarely
4   Never
     DK, R

STC_Q1_10
STCE_610

How often do you blame yourself?

1   Often
2   Sometimes
3   Rarely
4   Never
     DK, R

STC_Q1_11
STCE_611

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

1   Often
2   Sometimes
3   Rarely
4   Never
     DK, R

STC_END

CHILDHOOD AND ADULT STRESSORS (CST)

CST_BEG

CST_C1 CSTEFOPT	If (do CST block = 1) go to CST_C2. Otherwise, go to CST_END.

CST_C2   If proxy interview or age < 18, go to CST_END.
Otherwise, go to CST_R1.

CST_R1   **The next few questions ask about some things that may have happened to you while you were a child or a teenager, before you moved out of the house. Please tell me if any of these things have happened to you.**
INTERVIEWER: Press <Enter> to continue.

CST_Q1
CSTE_1   **Did you spend 2 weeks or more in the hospital?**

1   Yes
2   No
DK
R   (Go to CST_END)

CST_Q2
CSTE_2   **Did your parents get a divorce?**

1   Yes
2   No
DK, R

CST_Q3
CSTE_3   **Did your father or mother not have a job for a long time when they wanted to be working?**

1   Yes
2   No
DK, R

CST_Q4
CSTE_4   **Did something happen that scared you so much you thought about it for years after?**

1   Yes
2   No
DK, R

CST_Q5
CSTE_5   **Were you sent away from home because you did something wrong?**

1   Yes
2   No
DK, R

CST_Q6
CSTE_6
Did either of your parents drink or use drugs so often that it caused problems for the family?

    1   Yes
    2   No
           DK, R

CST_Q7
CSTE_7
Were you ever physically abused by someone close to you?

    1   Yes
    2   No
           DK, R

CST_END

WORK STRESS (WST)

WST_BEG

WST_C1　　　If (do WST block) = 1, go to WST_C2.
WSTEFOPT　Otherwise, go to WST_END.

WST_C2　　　If proxy interview, go to WST_END.
　　　　　　　Otherwise, go to WST_C3.

WST_C3　　　If age < 15 or > 75, or GEN_Q08 = 2, go to WST_END.
　　　　　　　Otherwise, go to WST_R4.

WST_R4　　　**The next few questions are about your main job or business in the past 12 months. I'm going to read you a series of statements that might describe your job situation. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**
　　　　　　　INTERVIEWER: Press <Enter> to continue.

WST_Q401　**Your job required that you learn new things.**
WSTE_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.**
WSTE_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.**
WSTE_403

　　　　1　　Strongly agree
　　　　2　　Agree
　　　　3　　Neither agree nor disagree
　　　　4　　Disagree
　　　　5　　Strongly disagree
　　　　　　DK, R

WST_Q404
WSTE_404

Your job required that you do things over and over.

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree
     DK, R

WST_Q405
WSTE_405

Your job was very hectic.

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree
     DK, R

WST_Q406
WSTE_406

You were free from conflicting demands that others made.

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree
     DK, R

WST_Q407
WSTE_407

Your job security was good.

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree
     DK, R

WST_Q408
WSTE_408

Your job required a lot of physical effort.

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree
     DK, R

WST_Q409
WSTE_409

You had a lot to say about what happened in your job.

1   Strongly agree
2   Agree
3   Neither agree nor disagree
4   Disagree
5   Strongly disagree
     DK, R

WST_Q410
WSTE_410

You were exposed to hostility or conflict from the people you worked with.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
  DK, R

WST_Q411
WSTE_411

Your supervisor was helpful in getting the job done.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
  DK, R

WST_Q412
WSTE_412

The people you worked with were helpful in getting the job done.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
  DK, R

WST_Q412A
WSTE_12A

You had the materials and equipment you needed to do your job.

1 Strongly agree
2 Agree
3 Neither agree nor disagree
4 Disagree
5 Strongly disagree
  DK, R

WST_Q413
WSTE_413

How satisfied were you with your job?
INTERVIEWER: Read categories to respondent.

1 **Very satisfied**
2 **Somewhat satisfied**
3 **Not too satisfied**
4 **Not at all satisfied**
  DK, R

WST_END

SELF-ESTEEM (SFE)

SFE_BEG

SFE_C500A   If (do SFE block = 1), go to SFE_C500B.
SFEEFOPT   Otherwise, go to SFE_END.

SFE_C500B   If proxy interview, go to SFE_END.
             Otherwise, go to SFE_R5.

SFE_R5   **Now a series of statements that people might use to describe themselves.**

             Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.
             <u>INTERVIEWER</u>: Press <Enter> to continue.

SFE_Q501   **You feel that you have a number of good qualities.**
SFEE_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.**
SFEE_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.**
SFEE_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.**
SFEE_504

             1   Strongly agree
             2   Agree
             3   Neither agree nor disagree
             4   Disagree
             5   Strongly disagree
                  DK, R

SFE_Q505
SFEE_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
SFEE_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

SOCIAL SUPPORT - AVAILABILITY (SSA)

SSA_BEG

SSA_C1   If (do SSA block = 1), go to SSA_C2.
SSAEFOPT   Otherwise, go to SSA_END.

SSA_C2   If proxy interview, go to SSA_END.
            Otherwise, go to SSA_R1.

SSA_R1   **Next are some questions about the support that is available to you.**
            <u>INTERVIEWER </u>: Press <Enter> to continue.

SSA_Q01   **Starting with a question on friendship, about how many close friends and close**
SSAE_01   **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 SSA_END)

SSA_R2   **People sometimes look to others for companionship, assistance or other types of**
            support.
            <u>INTERVIEWER</u>: Press <Enter> to continue.

SSA_Q02   **How often is each of the following kinds of support available to you <u>if you need it</u>:**
SSAE_02

            … 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 SSA_END)

SSA_C02   If SSA_Q02 = 2, 3, 4 or 5 then KEY_PHRASES21A = "to help you if you were confined to
            bed".

SSA_Q03
SSAE_03

(How often is each of the following kinds of support available to you <u>if you need it</u>:)

… 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

SSA_C03   If SSA_Q03 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to listen to you".

SSA_Q04
SSAE_04

(How often is each of the following kinds of support available to you <u>if you need it</u>:)

… someone to give you advice about a crisis?

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

SSA_C04   If SSA_Q04 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to give you advice".

SSA_Q05
SSAE_05

(How often is each of the following kinds of support available to you <u>if you need it</u>:)

… someone to take you to the doctor if you needed it?

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

SSA_C05   If SSA_Q05 = 2, 3, 4 or 5 then KEY_PHRASES21A = "to take you to the doctor".

SSA_Q06 SSAE_06	**(How often is each of the following kinds of support available to you <u>if you need it</u>:)**

… someone who shows you love and affection?

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

SSA_C06   If SSA_Q06 = 2, 3, 4 or 5 then KEY_PHRASES22A = "to show you affection".

SSA_Q07 SSAE_07	**Again, how often is each of the following kinds of support available to you <u>if you need it</u>:)**

… 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

SSA_C07   If SSA_Q07 = 2, 3, 4 or 5 then KEY_PHRASES23A = "to have a good time with".

SSA_Q08 SSAE_08	**(How often is each of the following kinds of support available to you <u>if you need it</u>:)**

… someone to give you information in order to help you understand a situation?

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

SSA_C08   If SSA_Q08 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to give you information".

SSA_Q09
SSAE_09
(How often is each of the following kinds of support available to you if you need it:)

… someone to confide in or talk to about yourself or your problems?

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

SSA_C09	If SSA_Q09 = 2, 3, 4 or 5 then KEY_PHRASES24A ="to confide in".

SSA_Q10
SSAE_10
(How often is each of the following kinds of support available to you if you need it:)

… someone who hugs you?

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

SSA_C10	If SSA_Q10 = 2, 3, 4 or 5 then KEY_PHRASES22A = "to hug you".

SSA_Q11
SSAE_11
(How often is each of the following kinds of support available to you if you need it:)

… someone to get together with for relaxation?

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

SSA_C11	If SSA_Q11 = 2, 3, 4 or 5 then KEY_PHRASE23A = "to relax with".

SSA_Q12
SSAE_12
(How often is each of the following kinds of support available to you <u>if you need it</u>:)

… someone to prepare your meals if you were unable to do it yourself?

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

SSA_C12
If SSA_Q12 = 2, 3, 4 or 5 then KEY_PHRASES21A = "to prepare your meals".

SSA_Q13
SSAE_13
(How often is each of the following kinds of support available to you if you need it:)

… someone whose advice you really want?

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

SSA_C13
If SSA_Q13 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to advise you".

SSA_Q14
SSAE_14
Again, how often is each of the following kinds of support available to you <u>if you need it</u>:)

… someone to do things with to help you get your mind off things?

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

SSA_C14
If SSA_Q14 = 2, 3, 4 or 5 then KEY_PHRASES23A = "to do things with".

SSA_Q15
SSAE_15

(How often is each of the following kinds of support available to you <u>if you need it</u>:)

… someone to help with daily chores if you were sick?

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

SSA_C15   If SSA_Q15 = 2, 3, 4 or 5 then KEY_PHRASES21A = "to help with daily chores".

SSA_Q16
SSAE_16

(How often is each of the following kinds of support available to you if you need it:)

… someone to share your most private worries and fears with?

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

SSA_C16   If SSA_Q16 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to share your worries and fears with".

SSA_Q17
SSAE_17

(How often is each of the following kinds of support available to you <u>if you need it</u>:)

… someone to turn to for suggestions about how to deal with a personal problem?

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

SSA_C17   If SSA_Q17 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to turn to for suggestions".

SSA_Q18 SSAE_18	**(How often is each of the following kinds of support available to you <u>if you need it</u>:)** **… someone to do something enjoyable with?** 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time DK, R
SSA_C18	If SSA_Q18 = 2, 3, 4 or 5 then KEY_PHRASES23A = "to do something enjoyable with".
SSA_Q19 SSAE_19	**(How often is each of the following kinds of support available to you if you need it:)** **… someone who understands your problems?** 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time DK, R
SSA_C19	If SSA_Q19 = 2, 3, 4 or 5 then KEY_PHRASES24A = "to understand your problems".
SSA_Q20 SSAE_20	**(How often is each of the following kinds of support available to you <u>if you need it</u>:)** **… someone to love you and make you feel wanted?** 1 None of the time 2 A little of the time 3 Some of the time 4 Most of the time 5 All of the time DK, R
SSA_C20	If SSA_Q20 = 2, 3, 4 or 5 then KEY_PHRASES22A = "to love you and make you feel wanted".
SSA_END	

SOCIAL SUPPORT - UTILIZATION (SSU)

SSU_BEG

SSU_C1   If (do SSU block = 1), go to SSU_C2.
SSUEFOPT   Otherwise, go to SSU_END.

SSU_C2   If proxy interview, go to SSU_END.
                Otherwise, go to SSU_C3.

SSU_C3   If any responses of 2, 3, 4 or 5 in SSA_Q02 to SSA_Q20, go to SSU_R1.
                Otherwise, go to SSU_END.

SSU_R1   **You have just mentioned that if you needed support, someone would be available
                for you. The next questions are about the support or help you actually received in
                the past 12 months.**
                INTERVIEWER: Press <Enter> to continue.

SSU_C21   If any responses of 2, 3, 4 or 5 in SSA_Q02 or SSA_Q05 or SSA_Q12 or SSA_Q15, then
                SSU_C21 = 1 (Yes) and go to SSU_Q21A.
                Otherwise, SSU_C21=2 (No) and go to SSU_C22.

SSU_Q21A   **In the past 12 months, did you receive the following support:**
SSUE_21A   **someone ^KEY_PHRASES21A?**

                1   Yes
                2   No   (Go to SSU_C22)
                        DK, R   (Go to SSU_C22)

Note: (^KEY_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA_Q02,
                SSA_Q05, SSA_Q12, SSA_Q15) If SSA_Q02 = 2, 3, 4 or 5 show ^PHRASE from
                SSA_C02 always in the 1st place. If 1 PHRASE, show 1st ^PHRASE in lowercase:
                ^PHRASE1. If 2 PHRASES, show 1st two ^PHRASES in lowercase: ^PHRASE1 and
                ^PHRASE2. If 3 or more PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and
                ^PHRASE3)

                If SSA_Q02 = 2, 3, 4, 5 use "to help you if you were confined to bed".
                If SSA_Q05 = 2, 3, 4, 5 use "to take you to the doctor".
                If SSA_Q12 = 2, 3, 4, 5 use "to prepare your meals".
                If SSA_Q15= 2, 3, 4, 5 use "to help with daily chores".

SSU_Q21B **When you needed it, how often did you receive this kind of support (in the past**
SSUE_21B **12 months)?**
INTERVIEWER: Read categories to respondent.

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

SSU_C22 If any responses of 2, 3, 4 or 5 in SSA_Q06 or SSA_Q10 or SSA_Q20 then SSU_C22= 1
(Yes) and go to SSU_Q22A.
Otherwise, SSU_C22=2 (No) and go to SSU_C23.

SSU_Q22A **(In the past 12 months, did you receive the following support:)**
SSUE_22A **someone ^KEY_PHRASES22A?**

1 Yes
2 No (Go to SSU_C23)
DK, R (Go to SSU_C23)

Note: (^KEY_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA_Q06,
SSA_Q10, SSA_Q20). If 1 PHRASE, show 1st ^PHRASE in lowercase: ^PHRASE1;If 2
PHRASES, show 1st two ^PHRASES in lowercase: ^PHRASE1 and ^PHRASE2; If 3
PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and ^PHRASE3).

If SSA_Q06 = 2, 3, 4, 5 use "to show you affection".
If SSA_Q10 = 2, 3, 4, 5 use "to hug you".
If SSA_Q20 = 2, 3, 4, 5 use "to love you and make you feel wanted".

SSU_Q22B **When you needed it, how often did you receive this kind of support (in the past**
SSUE_22B **12 months)?**
INTERVIEWER: Read categories to respondent.

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

SSU_C23   If any responses of 2, 3, 4 or 5 in SSA_Q07 or SSA_Q11 or SSA_Q14 or SSA_Q18, then
          SSU_C23 =1 (Yes) and go to SSU_Q23A.
          Otherwise, SSU_C23=2 (No) and go to SSU_C24.

SSU_Q23A   **(In the past 12 months, did you receive the following support:)**
SSUE_23A   **someone ^KEY_PHRASES23A?**

          1   Yes
          2   No   (Go to SSU_C24)
                 DK, R   (Go to SSU_C24)

Note: (^KEY_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA_Q07,
           SSA_Q11, SSA_Q14, SSA_Q18). If 1 PHRASE, show 1st ^PHRASE in lowercase:
           ^PHRASE1. If 2 PHRASES, show 1st two ^PHRASES in lowercase: ^PHRASE1 and
           ^PHRASE2. If 3 or more PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and
           ^PHRASE3).

           If SSA_Q07 = 2, 3, 4, 5 use "to have a good time with".
           If SSA_Q11 = 2, 3, 4, 5 use "to relax with".
           If SSA_Q14 = 2, 3, 4, 5 use "to do things with".
           If SSA_Q18 = 2, 3, 4, 5 use "to do something enjoyable with".

SSU_Q23B   **When you needed it, how often did you receive this kind of support (in the past**
SSUE_23B   **12 months)?**
           <u>INTERVIEWER</u>: Read categories to respondent.

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

SSU_C24   If any responses of 2, 3, 4 or 5 in SSA_Q03 or SSA_Q04 or SSA_Q08 or SSA_Q09, SSA_Q13, SSA_Q16, SSA_Q17 or SSA_Q19, then SSU_C24 =1 (Yes) and go to SSU_Q24A.
Otherwise, SSU_C24=2 (No) and go to SSU_END.

SSU_Q24A   **(In the past 12 months, did you receive the following support:)**
SSUE_24A   **someone ^KEY_PHRASES24A?**

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

Note: (^KEY_PHRASES for all positive answers (2, 3, 4 and 5) of questions SSA_Q03, SSA_Q04, SSA_Q08, SSA_Q09, SSA_Q13, SSA_Q16, SSA_Q17or SSA_Q19;). If SSA_Q04 and SSA_Q13 = 2, 3, 4 or 5 use only ^KEY_PHRASE SSA_C04, if 1 PHRASE, show 1st ^PHRASE in lowercase: ^PHRASE1. If 2 PHRASES, show 1st two ^PHRASES in lowercase: ^PHRASE1 and ^PHRASE2. If 3 or more PHRASES, show in lowercase: ^PHRASE1, ^PHRASE2 and ^PHRASE3).

    If SSA_Q03 = 2, 3, 4, 5 use "to listen to you".
    If SSA_Q04 = 2, 3, 4, 5 use "to give you advise".
    If SSA_Q08 = 2, 3, 4, 5 use "to give you information".
    If SSA_Q09 = 2, 3, 4, 5 use "to confide in".
    If SSA_Q13 = 2, 3, 4, 5 use "to advise you".
    If SSA_Q16 = 2, 3, 4, 5 use "to share your worries and fears with".
    If SSA_Q17 = 2, 3, 4, 5 use "to turn to for suggestions".
    If SSA_Q19 = 2, 3, 4, 5 use "to understand your problems".

SSU_Q24B   **When you needed it, how often did you receive this kind of support (in the**
SSUE_24B   **past 12 months)?**
    <u>INTERVIEWER</u>: Read categories to respondent.

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

SSU_END

CONTACTS WITH MENTAL HEALTH PROFESSIONALS (CMH)

CMH_BEG

CMH_C01A   If (CMH block = 1), go to CMH_C01B.
CMHEFOPT   Otherwise, go to CMH_END.

CMH_C01B   If proxy interview, go to CMH_END.
             Otherwise, go to CMH_R01K.

CMH_R1K   **Now some questions about mental and emotional well-being.**
             <u>INTERVIEWER</u>: Press <Enter> to continue.

CMH_Q01K   **In the past 12 months, that is, from [date one year ago] to yesterday, have you**
CMHE_01K   **<u>seen</u>, 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)?**
CHME_01L

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

CMH_Q01M   **Whom did you see or talk to?**
             <u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

CMHE_1MA   1   **Family doctor or general practitioner**
CMHE_1MB   2   **Psychiatrist**
CMHE_1MC   3   **Psychologist**
CMHE_1MD   4   **Nurse**
CMHE_1ME   5   **Social worker or counselor**
CMHE_1MF   6   Other - Specify

CMH_C01MS   If CMH_Q01M = 6, go to CMH_Q01MS.
             Otherwise, go to CMH_END.

CMH_Q01MS   INTERVIEWER: Specify.

             _____
             (80 spaces)
             DK, R

CMH_E01M[1]   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.

Trigger soft edit if CMH_Q01M = 1 and HCU_Q02A = 0.

CMH_E01M[2]   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.

Trigger soft edit if CMH_Q01M = 2 and HCU_Q02C = 0.

CMH_E01M[3]   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.

Trigger soft edit if CMH_Q01M = 3 and HCU_Q02I = 0.

CMH_E01M[4]   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.

Trigger soft edit if CMH_Q01M = 4 and HCU_Q02D = 0.

CMH_E01M[5]   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.

Trigger soft edit if CMH_Q01M = 5 and HCU_Q02H = 0.

CMH_END

DISTRESS (DIS)

DIS_BEG

DIS_C1 DISEFOPT	If (do DIS block = 1), go to DIS_C2. Otherwise, go to DIS_END.

DIS_C2   If proxy interview, go to DIS_END.
Otherwise, go to DIS_R01.

DIS_R01   **The following questions deal with feelings you may have had during the past month.**
<u>INTERVIEWER</u>: Press <Enter> to continue.

DIS_Q01A
DISE_10A   **During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:**

... tired out for no good reason?
<u>INTERVIEWER</u>: 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
DISE_10B   **During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:**

… nervous?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time   (Go to DIS_Q01D)
     DK, R   (Go to DIS_Q01D)

DIS_Q01C
DISE_10C   **(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)**

... so nervous that nothing could calm you down?

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

Note: In processing, if a respondent answered DIS_Q01B = 5 (none of the time), the variable DIS_Q01C will be given the value of 5 (none of the time).

DIS_Q01D
DISE_10D

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

... hopeless?

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

DIS_Q01E
DISE_10E

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

... restless or fidgety?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time   (Go to DIS_Q01G)
       DK, R   (Go to DIS_Q01G)

DIS_Q01F
DISE_10F

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

… so restless you could not sit still?

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

Note: In processing, if a respondent answered DIS_Q01E = 5 (none of the time), the variable DIS_Q01F will be given the value of 5 (none of the time).

DIS_Q01G
DISE_10G

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

…sad or depressed?

1   All of the time
2   Most of the time
3   Some of the time
4   A little of the time
5   None of the time   (Go to DIS_Q01I)
       DK, R   (Go to DIS_Q01I)

DIS_Q01H DISE_10H	**(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)**

…so depressed that nothing could cheer you up?

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

Note:	In processing, if a respondent answered DIS_Q01G = 5 (none of the time), the variable DIS_Q01H will be given the value of 5 (none of the time).

DIS_Q01I DISE_10I	**(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)**

…that everything was an effort?

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

DIS_Q01J DISE_10J	**(During the past month, that is, from [date one month ago] to yesterday, about how often did you feel:)**

…worthless?

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

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

DIS_Q01K DISE_10K	**We just talked about feelings that occurred to different degrees during the past month.** **Taking them altogether, did these feelings occur <u>more often</u> in the past month than is usual for you, <u>less often</u> than usual or <u>about the same</u> as usual?**

1 More often
2 Less often (Go to DIS_Q01M)
3 About the same (Go to DIS_Q01N)
4 Never have had any (Go to DIS_END)
DK, R (Go to DIS_END)

DIS_Q01L
DISE_10L
Is that a <u>lot</u> more, <u>somewhat</u> more or only a <u>little</u> more often than usual?

1   A lot
2   Somewhat
3   A little
       DK, R

Go to DIS_Q01N

DIS_Q01M
DISE_10M
Is that a <u>lot</u> less, <u>somewhat</u> less or only a <u>little</u> less often than usual?

1   A lot
2   Somewhat
3   A little
       DK, R

DIS_Q01N
DISE_10N
During the past month, how much did these feelings usually interfere with your life or activities?
<u>INTERVIEWER</u>: Read categories to respondent.

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

DIS_END

DEPRESSION (DPS)

DEP_BEG

| DEP_C01 | If (do DEP block = 1), go to DEP_C02. |
| DPSEFOPT | Otherwise, go to DEP_END. |

DEP_C02   If proxy interview, go to DEP_END.
Otherwise, go to DEP_Q02.

DEP_Q02
DPSE_02
During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?

1   Yes
2   No   (Go to DEP_Q16)
     DK, R   (Go to DEP_END)

DEP_Q03
DPSE_03
For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst. During that time, 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
DPSE_04
How often did you feel this way during those 2 weeks?
INTERVIEWER: Read categories to respondent.

1   **Every day**
2   **Almost every day**
3   **Less often**   (Go to DEP_Q16)
     DK, R   (Go to DEP_END)

DEP_Q05
DPSE_05
During those 2 weeks did you lose interest in most things?

1   Yes   (KEY PHRASE = Losing interest)
2   No
     DK, R   (Go to DEP_END)

DEP_Q06
DPSE_06
Did you feel tired out or low on energy all of the time?

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?**	
DPSE_07		
	1 Gained weight	(KEY PHRASE = Gaining weight)
	2 Lost weight	(KEY PHRASE = Losing weight)
	3 Stayed about the same	(Go to DEP_Q09)
	4 Was on a diet	(Go to DEP_Q09)
	DK, R	(Go to DEP_END)

DEP_Q08A   **About how much did you [gain/lose]?**
DPSE_08A   <u>INTERVIEWER</u>: Enter amount only.

|_|_| Weight
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)
DK, R   (Go to DEP_Q09)

Note: If DEP_Q07 = 1, use "gain".
Otherwise, use "lose"

DEP_Q08B   <u>INTERVIEWER</u>: Was that in pounds or in kilograms?
DPSE_08B

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

DEP_Q09   **Did you have more trouble falling asleep than you usually do?**
DPSE_09

	1 Yes	(KEY PHRASE = Trouble falling asleep)
	2 No	(Go to DEP_Q11)
	DK, R	(Go to DEP_END)

DEP_Q10   **How often did that happen?**
DPSE_10   <u>INTERVIEWER</u>: Read categories to respondent.

    1   **Every night**
    2   **Nearly every night**
    3   **Less often**
        DK, R   (Go to DEP_END)

DEP_Q11   **Did you have a lot more trouble concentrating than usual?**
DPSE_11

    1   Yes   (KEY PHRASE = Trouble concentrating)
    2   No
        DK, R   (Go to DEP_END)

DEP_Q12   **At these times, people sometimes feel down on themselves, no good or worthless.**
DPSE_12   **Did you feel this way?**

    1   Yes   (KEY PHRASE = Feeling down on yourself)
    2   No
        DK, R   (Go to DEP_END)

DEP_Q13
DPSE_13   **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_C14   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.

DEP_Q14C   **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.

DEP_Q14
DPSE_14   **About how many weeks altogether did you feel this way during the past 12 months?**

   |_|_| Weeks
   (MIN: 2 MAX: 53)
   (If > 51 weeks, go to DEP_END)
   DK, R   (Go to DEP_END)

DEP_Q15
DPSE_15   **Think about the last time you felt this way for 2 weeks or more in a row. In what month was that?**

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

   Go to DEP_END

DEP_Q16
DPSE_16   **During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work or activities that usually give you pleasure?**

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

DEP_Q17
DPSE_17
For the next few questions, please think of the 2-week period during the past 12 months when you had the most complete loss of interest in things. During that 2-week period, how long did the loss of interest usually last?
INTERVIEWER: Read categories to respondent.

1 **All day long**
2 **Most of the day**
3 **About half of the day** (Go to DEP_END)
4 **Less than half of a day** (Go to DEP_END)
 DK, R (Go to DEP_END)

DEP_Q18
DPSE_18
How often did you feel this way during those 2 weeks?
INTERVIEWER: Read categories to respondent.

1 **Every day**
2 **Almost every day**
3 **Less often** (Go to DEP_END)
 DK, R (Go to DEP_END)

DEP_Q19
DPSE_19
During those 2 weeks did you feel tired out or low on energy all the time?

1 Yes (KEY PHRASE = Feeling tired)
2 No
 DK, R (Go to DEP_END)

DEP_Q20
DPSE_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
DPSE_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)

Note: If DEP_Q20 = 1, use "gain".
 Otherwise, use "lose".

DEP_Q21B
DPSE_21B
INTERVIEWER: Was that in pounds or in kilograms?

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

DEP_Q22 DPSE_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 DPSE_23	**How often did that happen?** <u>INTERVIEWER</u>: Read categories to respondent.
	1 **Every night** 2 **Nearly every night** 3 **Less often** DK, R (Go to DEP_END)

DEP_Q24 DPSE_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 DPSE_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 DPSE_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).** <u>INTERVIEWER</u>: Press <Enter> to continue.

DEP_Q27 DPSE_27	**About how many weeks did you feel this way during the past 12 months?**
	|_|_| Weeks (MIN: 2 MAX: 53) (If > 51 weeks, go to DEP_END) DK, R (Go to DEP_END)

DEP_Q28
DPSE_28

Think about the last time you had 2 weeks in a row when you felt this way. In what month was that?

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

DEP_END

SUICIDAL THOUGHTS AND ATTEMPTS (SUI)

SUI_BEG

SUI_C1A   If (do SUI block = 1), go to SUI_C1B.
SUIEFOPT   Otherwise, go to SUI_END.

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

SUI_Q1   **Have you ever seriously considered committing suicide or taking your own life?**
SUIE_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?**
SUIE_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?**
SUIE_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?**
SUIE_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**
SUIE_5   **attempt to commit suicide?**

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

SUI_Q6   **Whom did you see or talk to?**
                   <u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

SUIE_6A	1	**Family doctor or general practitioner**
SUIE_6B	2	**Psychiatrist**
SUIE_6C	3	**Psychologist**
SUIE_6D	4	**Nurse**
SUIE_6E	5	**Social worker or counsellor**
SUIE_6G	6	**Religious or spiritual advisor such as a priest, chaplain or rabbi**
SUIE_6H	7	**Teacher or guidance counsellor**
SUIE_6F	8	**Other**
		DK, R

SUI_END

INJURIES (INJ) (REP)

INJ_BEG

INJ_C1   If (do INJ block = 1), go to REP_R1.
                Otherwise, go to INJ_END.

<u>Repetitive strain</u>

REP_R1   **This next section deals with repetitive strain injuries. By this we mean injuries caused by overuse or by repeating the same movement frequently. (For example, carpal tunnel syndrome, tennis elbow or tendonitis.)**
                <u>INTERVIEWER</u>: Press <Enter> to continue.

REP_Q1   **In the past 12 months, that is, from [date one year ago] to yesterday, did**
REPE_1   **^YOU2 have any injuries due to repetitive strain which were serious enough to limit ^YOUR1 normal activities?**

                1   Yes
                2   No   (Go to INJ_R1)
                        DK, R   (Go to INJ_R1)

REP_Q3   **Thinking about the most serious repetitive strain, what part of the body was**
REPE_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 ^YOU1 doing when ^YOU1 got this
          repetitive strain?**
          INTERVIEWER: Mark all that apply.

REPE_4A   1   Sports or physical exercise (include school activities)
REPE_4B   2   Leisure or hobby (include volunteering)
REPE_4C   3   Working at a job or business (exclude travel to or from work)
REPE_4G   4   Travel to or from work
REPE_4D   5   Household chores, other unpaid work or education
REPE_4E   6   Sleeping, eating, personal care
REPE_4F   7   Other - Specify
               DK, R

REP_C4S   If REP_Q4 = 7, go to INJ_Q4S.
          Otherwise, go to REP_R1.

REP_Q4S   INTERVIEWER: Specify.

          _____
          (80 spaces)
          DK, R

Number of injuries and details of most serious injury

INJ_R1   **Now some questions about [other] injuries which occurred in the past 12 months,
          and were <u>serious enough to limit ^YOUR2 normal activities</u>. For example, a
          broken bone, a bad cut or burn, a sprain, or a poisoning.**
          INTERVIEWER: Press <Enter> to continue.

Note: If REP_Q1 = 1, use "other injuries". Otherwise, use "injuries".

INJ_Q01   **[Not counting repetitive strain injuries, in the past 12 months,/In the past 12
INJE_01   months,] that is, from [date one year ago] to yesterday, ^WERE ^YOU2
          injured?**

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

Note: If REP_Q1 = 1, use "Not counting repetitive strain injuries, in the past 12 months,".
          Otherwise, use "In the past 12 months,".

INJ_Q02   **How many times ^WERE ^YOU1 injured?**
INJE_02
          |_|_| Times
          (MIN: 1) (MAX: 30; warning after 6)
          DK, R   (Go to INJ_END)

INJ_Q03 INJE_03	**[Thinking about the most serious injury, in which month/In which month]** **did it happen?**

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

DK, R   (Go to INJ_Q05)

Note:	If INJ_Q02 = 1 use "In which month". Otherwise, use "Thinking about the most serious injury, in which month".

INJ_C04	If INJ_Q03 = [current month], go to INJ_Q04. Otherwise, go to INJ_Q05.

INJ_Q04 INJE_04	**Was that this year or last year?**

1   This year
2   Last year
     DK, R

INJ_Q05 INJE_05	**What type of injury did ^YOU1 have? For example, a broken bone or burn.**

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

INJ_C05S	If INJ_Q05 = 11, go to INJ_Q05S. Otherwise, go to INJ_Q06.

INJ_Q05S	INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

INJ_Q06	**What part of the body was injured?**
INJE_06	

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?**
INJE_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_Q07S.
Otherwise, go to INJ_Q08.

INJ_Q07S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

| INJ_Q08 | **Where did the injury happen?** |
| INJE_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_Q08S.
Otherwise, go to INJ_Q09.

INJ_Q08S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

| INJ_Q09 | **What type of activity ^WERE ^YOU1 doing when ^YOU1 ^WERE injured?** |
| INJE_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_Q09S.
Otherwise, go to INJ_Q10.

INJ_Q09S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

INJ_Q10	**Was the injury the result of a fall?**
INJE_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 ^YOU1 fall?**
INJE_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_Q11S.
Otherwise, go to INJ_Q13.

INJ_Q11S   INTERVIEWER: Specify.

_____

(80 spaces)
DK, R

Go to INJ_Q13

INJ_Q12	**What caused the injury?**
INJE_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_Q12S.
Otherwise, go to INJ_Q13.

INJ_Q12S   INTERVIEWER: Specify.

_____

(80 spaces)
DK, R

| INJ_Q13 | **Did ^YOU2 receive any medical attention for the injury from a health** |
| INJE_13 | **professional in the 48 hours following the injury?** |

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

INJ_Q14   **Where did ^YOU1 receive treatment?**
INTERVIEWER: Mark all that apply.

INJE_14A	1	Doctor's office
INJE_14B	2	Hospital emergency room
INJE_14C	3	Hospital outpatient clinic (e.g. day surgery, cancer)
INJE_14D	4	Walk-in clinic
INJE_14E	5	Appointment clinic
INJE_14F	6	Community health centre / CLSC
INJE_14G	7	At work
INJE_14H	8	At school
INJE_14I	9	At home
INJE_14J	10	Telephone consultation only
INJE_14K	11	Other - Specify
		DK, R

INJ_C14S   If INJ_Q14 = 11, go to INJ_Q14S.
Otherwise, go to INJ_Q15.

INJ_Q14S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

| INJ_Q15 | **^WERE ^YOU1 admitted to a hospital overnight?** |
| INJE_15 | |

	1	Yes
	2	No
		DK, R

INJ_E15   Inconsistent answers have been entered. Please confirm.

Trigger soft edit if (INJ_Q15 = 1 and HCU_Q01BA = 2).

INJ_Q16
INJE_16   **Did ^YOU2 have any other injuries in the past 12 months that were treated by a health professional, but did <u>not</u> limit ^YOUR1 normal activities?**

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

INJ_Q17
INJE_17   **How many injuries?**

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

INJ_END

HEALTH UTILITY INDEX (HUI)

HIU_BEG

Note: This module was collected as optional content and as part of a subsample.

HUI_C1   If (do HUI block = 1), go to HUI_QINT1.
HUIEFOPT   Otherwise, go to HUI_END.

HUI_QINT1   **The next set of questions asks about ^YOUR2 day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities.**

You may feel that some of these questions do not apply to ^YOU2, but it is important that we ask the same questions of everyone.
INTERVIEWER: Press <Enter> to continue.

Vision

HUI_Q01   **^ARE_C ^YOU1 <u>usually</u> able to see well enough to read ordinary newsprint**
HUIE_01   **without glasses or contact lenses?**

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

HUI_Q02   **^ARE_C ^YOU1 <u>usually</u> able to see well enough to read ordinary newsprint**
HUIE_02   **<u>with</u> glasses or contact lenses?**

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

HUI_Q03   **^ARE_C ^YOU1 able to see at all?**
HUIE_03

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

HUI_Q04   **^ARE_C ^YOU1 able to see well enough to recognize a friend on the other**
HUIE_04   **side of the street <u>without</u> glasses or contact lenses?**

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

HUI_Q05   **^ARE_C ^YOU1 <u>usually</u> able to see well enough to recognize a friend on the**
HUIE_05   **other side of the street <u>with</u> glasses or contact lenses?**

        1   Yes
        2   No
               DK, R

<u>Hearing</u>

HUI_Q06
HUIE_06

^ARE_C ^YOU2 <u>usually</u> able to hear what is said in a group conversation with at least 3 other people <u>without</u> a hearing aid?

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

HUI_Q07
HUIE_07

^ARE_C ^YOU1 <u>usually</u> able to hear what is said in a group conversation with at least 3 other people <u>with</u> a hearing aid?

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

HUI_Q07A
HUIE_07A

^ARE_C ^YOU1 able to hear at all?

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

HUI_Q08
HUIE_08

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

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

HUI_Q09
HUIE_09

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

    1   Yes
    2   No
          DK, R

<u>Speech</u>

HUI_Q10
HUIE_10

^ARE_C ^YOU2 <u>usually</u> able to be understood <u>completely</u> when speaking with strangers in ^YOUR1 own language?

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

HUI_Q11
HUIE_11
^ARE_C ^YOU1 able to be understood <u>partially</u> when speaking with strangers?

    1   Yes
    2   No
            DK, R

HUI_Q12
HUIE_12
^ARE_C ^YOU1 able to be understood <u>completely</u> when speaking with those who know ^HIMHER well?

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

HUI_Q13
HUIE_13
^ARE_C ^YOU1 able to be understood <u>partially</u> when speaking with those who know ^HIMHER well?

    1   Yes
    2   No
            DK, R

Getting Around

HUI_Q14
HUIE_14
^ARE_C ^YOU2 <u>usually</u> able to walk around the neighbourhood <u>without</u> difficulty and <u>without</u> mechanical support such as braces, a cane or crutches?

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

HUI_Q15
HUIE_15
^ARE_C ^YOU1 able to walk at all?

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

HUI_Q16
HUIE_16
^DOVERB_C ^YOU1 require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?

    1   Yes
    2   No
            DK, R

HUI_Q17
HUIE_17
^DOVERB_C ^YOU1 require the help of another person to be able to walk?

    1   Yes
    2   No
            DK, R

HUI_Q18
HUIE_18
^DOVERB_C ^YOU1 require a wheelchair to get around?

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

HUI_Q19
HUIE_19
How often ^DOVERB ^YOU1 use a wheelchair?
<u>INTERVIEWER</u>: Read categories to respondent.

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

HUI_Q20
HUIE_20
^DOVERB_C ^YOU1 need the help of another person to get around in the wheelchair?

    1   Yes
    2   No
          DK, R

<u>Hands and Fingers</u>

HUI_Q21
HUIE_21
^ARE_C ^YOU2 <u>usually</u> able to grasp and handle small objects such as a pencil or scissors?

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

HUI_Q22
HUIE_22
^DOVERB_C ^YOU1 require the help of another person because of limitations in the use of hands or fingers?

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

HUI_Q23
HUIE_23
^DOVERB_C ^YOU1 require the help of another person with:
<u>INTERVIEWER</u>: Read categories to respondent.

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

HUI_Q24
HUIE_24
^DOVERB_C ^YOU1 require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?

1 Yes
2 No
   DK, R

Feelings

HUI_Q25
HUIE_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

Note: If interview non-proxy, use "yourself". Otherwise, use ^FNAME.

Memory

HUI_Q26
HUIE_26
How would you describe ^YOUR1 usual ability to remember things?
INTERVIEWER: Read categories to respondent.

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

Thinking

HUI_Q27
HUIE_27
How would you describe ^YOUR1 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
HUIE_28
^ARE ^YOU2 <u>usually</u> free of pain or discomfort?

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

HUI_Q29
HUIE_29
How would you describe the <u>usual</u> intensity of ^YOUR1 pain or discomfort?
<u>INTERVIEWER</u>: Read categories to respondent.

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

HUI_Q30
HUIE_30
How many activities does ^YOUR1 pain or discomfort prevent?
<u>INTERVIEWER</u>: Read categories to respondent.

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

HUI_END

HEALTH STATUS – SF-36 (SFR)

SFR_BEG

SFR_C03   If (do SFR block = 1), go to SFR_R03A.
SFREFOPT   Otherwise, go to SFR_END.

SFR_R03A   **Although some of the following questions may seem repetitive, the next section deals with another way of measuring health status.**
               INTERVIEWER: Press <Enter> to continue.

SFR_R03B   **The questions are about how ^YOU2 [feel/feels] and how well ^YOU1 ^ARE able to do ^YOUR1 usual activities.**
               INTERVIEWER: Press <Enter> to continue.

Note: If interview is non-proxy, use "feel".
               Otherwise, use "feels".

SFR_Q03   **I'll start with a few questions concerning activities ^YOU2 might do during**
SFRE_03   **a typical day. Does ^YOUR1 health limit ^HIMHER in any of the following activities:**

               … in <u>vigorous activities</u>, such as running, lifting heavy objects, or participating in strenuous sports?
               INTERVIEWER: Read categories to respondent.

               1   **Limited a lot**
               2   **Limited a little**
               3   **Not at all limited**
                        DK, R   (Go to SFR_END)

SFR_Q04   **(Does ^YOUR1 health limit ^HIMHER:)**
SFRE_04

               … in <u>moderate activities</u>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
               INTERVIEWER: Read categories to respondent.

               1   **Limited a lot**
               2   **Limited a little**
               3   **Not at all limited**
                        DK, R

SFR_Q05   **(Does ^YOUR1 health limit ^HIMHER:)**
SFRE_05

               … in lifting or carrying groceries?

               1   Limited a lot
               2   Limited a little
               3   Not at all limited
                        DK, R

SFR_Q06
SFRE_06

(Does ^YOUR1 health limit ^HIMHER:)

… in climbing <u>several</u> flights of stairs?

1   Limited a lot
2   Limited a little
3   Not at all limited
    DK, R

SFR_Q07
SFRE_07

(Does ^YOUR1 health limit ^HIMHER:)

… in climbing <u>one</u> flight of stairs?

1   Limited a lot
2   Limited a little
3   Not at all limited
    DK, R

SFR_Q08
SFRE_08

(Does ^YOUR1 health limit ^HIMHER:)

… in bending, kneeling, or stooping?

1   Limited a lot
2   Limited a little
3   Not at all limited
    DK, R

SFR_Q09
SFRE_09

(Does ^YOUR1 health limit ^HIMHER:)

… in walking <u>more than one kilometre</u>?

1   Limited a lot
2   Limited a little
3   Not at all limited
    DK, R

SFR_Q10
SFRE_10

(Does ^YOUR1 health limit ^HIMHER:)

… in walking <u>several blocks</u>?

1   Limited a lot
2   Limited a little
3   Not at all limited
    DK, R

SFR_Q11
SFRE_11

(Does ^YOUR1 health limit ^HIMHER:)

… in walking <u>one block</u>?

1   Limited a lot
2   Limited a little
3   Not at all limited
      DK, R

SFR_Q12
SFRE_12

(Does ^YOUR1 health limit ^HIMHER:)

… in bathing and dressing ^YOURSELF?

1   Limited a lot
2   Limited a little
3   Not at all limited
      DK, R

SFR_Q13
SFRE_13

Now a few questions about problems with ^YOUR2 work or with other regular daily activities. Because of ^YOUR1 <u>physical health</u>, during the past 4 weeks, did ^YOU2:

… cut down on the amount of time ^YOU1 spent on work or other activities?

1   Yes
2   No
      DK, R

SFR_Q14
SFRE_14

Because of ^YOUR1 physical health, during the past 4 weeks, did ^YOU2:

… accomplish less than ^YOU1 would like?

1   Yes
2   No
      DK, R

SFR_Q15
SFRE_15

(Because of ^YOUR1 physical health, during the past 4 weeks,) ^WERE ^YOU2:

… limited in the <u>kind</u> of work or other activities?

1   Yes
2   No
      DK, R

SFR_Q16
SFRE_16

(Because of ^YOUR1 <u>physical health</u>, during the past 4 weeks,) did ^YOU2:

… have difficulty performing the work or other activities (for example, it took extra effort)?

1   Yes
2   No
       DK, R

SFR_Q17
SFRE_17

Next a few questions about problems with ^YOUR2 work or with other regular daily activities due to emotional problems (such as feeling depressed or anxious). Because of <u>emotional problems</u>, during the past 4 weeks, did ^YOU2:

… cut down on the amount of time ^YOU1 spent on work or other activities?

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

SFR_Q18
SFRE_18

Because of <u>emotional problems</u>, during the past 4 weeks, did ^YOU2:

… accomplish less than ^YOU1 would like?

1   Yes
2   No
       DK, R

SFR_Q19
SFRE_19

(Because of <u>emotional problems</u>, during the past 4 weeks,) did ^YOU2:

… not do work or other activities as carefully as usual?

1   Yes
2   No
       DK, R

SFR_Q20
SFRE_20

During the past 4 weeks, how much has ^YOUR1 physical health or emotional problems interfered with ^YOUR1 normal social activities with family, friends, neighbours, or groups?
<u>INTERVIEWER</u>: Read categories to respondent.

1   **Not at all**
2   **A little bit**
3   **Moderately**
4   **Quite a bit**
5   **Extremely**
       DK, R

SFR_Q21
SFRE_21
During the past 4 weeks, how much bodily pain ^HAVE ^YOU1 had?
INTERVIEWER: Read categories to respondent

1　　**None**
2　　**Very mild**
3　　**Mild**
4　　**Moderate**
5　　**Severe**
6　　**Very severe**
　　　DK, R

SFR_Q22
SFRE_22
During the past 4 weeks, how much did pain interfere with ^YOUR1 normal work (including work both outside the home and housework)?
INTERVIEWER: Read categories to respondent.

1　　**Not at all**
2　　**A little bit**
3　　**Moderately**
4　　**Quite a bit**
5　　**Extremely**
　　　DK, R

SFR_R23
The next questions are about how ^YOU2 felt and how things have been with ^HIMHER during the past 4 weeks. For each question, please indicate the answer that comes closest to the way ^YOU2 ^HAVE been feeling.
INTERVIEWER: Press <Enter> to continue.

SFR_Q23
SFRE_23
During the past 4 weeks, how much of the time:

… did ^YOU2 feel full of pep?
INTERVIEWER: Read categories to respondent.

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

SFR_Q24
SFRE_24
(During the past 4 weeks, how much of the time:)

… ^HAVE ^YOU2 been a very nervous person?
INTERVIEWER: Read categories to respondent.

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

SFR_Q25
SFRE_25

(During the past 4 weeks, how much of the time:)

… ^HAVE ^YOU1 felt so down in the dumps that nothing could cheer ^HIMHER up?

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

SFR_Q26
SFRE_26

(During the past 4 weeks, how much of the time:)

… ^HAVE ^YOU1 felt calm and peaceful?

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

SFR_Q27
SFRE_27

(During the past 4 weeks, how much of the time:)

… did ^YOU1 have a lot of energy?

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

SFR_Q28
SFRE_28

During the past 4 weeks, how much of the time:

… ^HAVE ^YOU1 felt downhearted and blue?

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

SFR_Q29
SFRE_29

(During the past 4 weeks, how much of the time:)

… did ^YOU1 feel worn out?

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

SFR_Q30
SFRE_30

(During the past 4 weeks, how much of the time:)

… ^HAVE ^YOU1 been a happy person?

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

SFR_Q31
SFRE_31

(During the past 4 weeks, how much of the time:)

… did ^YOU1 feel tired?

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

SFR_Q32
SFRE_32

During the past 4 weeks, how much of the time has ^YOUR1 health limited ^YOUR1 social activities (such as visiting with friends or close relatives)?

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

SFR_Q33
SFRE_33   **Now please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.**

[I/FNAME] [seem/seems] to get sick a little easier than other people.
<u>INTERVIEWER</u>: Read categories to respondent.

   1   **Definitely true**
   2   **Mostly true**
   3   **Not sure**
   4   **Mostly false**
   5   **Definitely false**
      DK, R

Note: If interview non-proxy, use "I" and "seem".
        Otherwise, use ^FNAME and "seems".

SFR_Q34
SFRE_34   **(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)**

[I/FNAME] [am/is] as healthy as anybody [I/he/she] [know/knows].
<u>INTERVIEWER</u>: Read categories to respondent.

   1   **Definitely true**
   2   **Mostly true**
   3   **Not sure**
   4   **Mostly false**
   5   **Definitely false**
      DK, R

Note: If interview non-proxy, use "I", "am", "I" and "know".
        If interview proxy and sex = male, use ^FNAME, "is", "he" and "knows".
        Otherwise, use ^FNAME, "is", "she" and "knows".

SFR_Q35
SFRE_35   **(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)**

[I/FNAME] [expect/expects] [my/his/her] health to get worse.

   1   Definitely true
   2   Mostly true
   3   Not sure
   4   Mostly false
   5   Definitely false
      DK, R

Note: If interview non-proxy, use "I", "expect", and "my".
        If proxy interview and sex = male, use ^FNAME, "expects" and "his".
        Otherwise, use ^FNAME, "expects" and "her".

SFR_Q36
SFRE_36

(Please tell me the answer that best describes how true or false each of the following statements is for ^YOU2.)

[My/FNAME's] health is excellent.

1   Definitely true
2   Mostly true
3   Not sure
4   Mostly false
5   Definitely false
      DK, R

Note: If interview non-proxy, use "My". Otherwise, use ^FNAME's.

SFR_END

SEXUAL BEHAVIOURS (SXB)

SXB_BEG

SXB_C01A   If (do SXB block = 1), go to SXB_C01B.
            Otherwise, go to SXB_END.

SXB_C01B   If proxy interview or age < 15 or > 49, go to SXB_END.
            Otherwise, go to SXB_R01.

SXB_R01   **I would like to ask you a few questions about sexual behaviour. We ask these
            questions because sexual behaviours can have very important and long-lasting
            effects on personal health. You can be assured that anything you say will remain
            confidential.**
            INTERVIEWER: Press <Enter> to continue.

SXB_Q01   **Have you ever had sexual intercourse?**
SXBE_1
            1   Yes
            2   No   (Go to SXB_END)
                    DK, R   (Go to SXB_END)

SXB_Q02   **How old were you the first time?**
SXBE_2   INTERVIEWER: Maximum is [current age].

            |_|_| Age in years
            (MIN: 1; warning below 12) (MAX: current age)
            DK, R   (Go to SXB_END)

SXB_E02   **The entered age at which the respondent first had sexual intercourse is invalid.
            Please return and correct.**

            Trigger hard edit if SXB_Q02 < 1 or SXB_Q02 > [current age].

SXB_Q03   **In the past 12 months, have you had sexual intercourse?**
SXBE_3
            1   Yes
            2   No   (Go to SXB_Q07)
                    DK, R   (Go to SXB_END)

SXB_Q04   **With how many different partners?**
SXBE_4
            1   1 partner
            2   2 partners
            3   3 partners
            4   4 or more partners
                    DK
                    R   (Go to SXB_END)

SXB_Q07 SXBE_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 SXBE_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_R9A.
SXB_R9A	**Now a few questions about birth control.** <u>INTERVIEWER</u>: Press <Enter> to continue.
SXB_C09C	If sex = female, go to SXB_C09D. Otherwise, go to SXB_R10.
SXB_C09D	If MAM_Q037 = 1 (currently pregnant), go to SXB_Q11. Otherwise, go to SXB_R9B.
SXB_R9B	**I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.** <u>INTERVIEWER</u>: Press <Enter> to continue.
SXB_Q09 SXBE_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_R10	**I'm going to read you a statement about pregnancy. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.** <u>INTERVIEWER</u>: Press <Enter> to continue.

| SXB_Q10 | **It is important to me to avoid getting my partner pregnant right now.** |
| SXBE_10 | |

	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 | **In the past 12 months, did you and your partner usually use birth control?** |
| SXBE_11 | |

	1	Yes	(Go to SXB_Q12)
	2	No	(Go to SXB_END)
		DK, R	(Go to SXB_END)

SXB_Q12   **What kind of birth control did you and your partner usually use?**
           INTERVIEWER: Mark all that apply.

SXBE_12A	1	Condom (male or female condom)
SXBE_12B	2	Birth control pill
SXBE_12C	3	Diaphragm
SXBE_12D	4	Spermicide (e.g., foam, jelly, film)
SXBE_12F	5	Birth control injection (Deprovera)
SXBE_12E	6	Other - Specify
		DK, R (Go to SXB_END)

SXB_C12S   If SXB_Q12 = 6, go to SXB_Q12S.
            Otherwise, go to SXB_C13.

SXB_Q12S   INTERVIEWER: Specify.

            _____
            (80 spaces)
            DK, R

SXB_C13   If MAM_Q37 = 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?**
           INTERVIEWER: Mark all that apply.

SXBE_13A	1	Condom (male or female condom)
SXBE_13B	2	Birth control pill
SXBE_13C	3	Diaphragm
SXBE_13D	4	Spermicide (e.g., foam, jelly, film)
SXBE_13F	5	Birth control injection (Deprovera)
SXBE_13G	6	Nothing
SXBE_13E	7	Other - Specify
		DK, R (Go to SXB_END)

SXB_C13S   If SXB_Q13 = 7, go to SXB_Q13S.
            Otherwise, go to SXB_END.

SXB_Q13S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

SXB_END

ACCESS TO HEALTH CARE SERVICES (ACC)

ACC_BEG

Note: This module was collected as optional content and as part of a subsample.

ACC_C1   If (do ACC block = 1), go to ACC_C2.
ACCEFOPT   Otherwise, go to ACC_END.

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

ACC_Q10   **In the past 12 months, did you require a visit to a medical specialist for a diagnosis**
ACCE_10   **or a consultation?**

                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**
ACCE_11   **specialist care you needed for a diagnosis or consultation?**

                1   Yes
                2   No   (Go to ACC_QINT20)
                        DK, R   (Go to ACC_QINT20)

ACC_Q12   **What type of difficulties did you experience?**
                <u>INTERVIEWER</u>: Mark all that apply.

ACCE_12A   1   Difficulty getting a referral
ACCE_12B   2   Difficulty getting an appointment
ACCE_12C   3   No specialists in the area
ACCE_12D   4   Waited too long - between booking appointment and visit
ACCE_12E   5   Waited too long - to see the doctor (i.e. in-office waiting)
ACCE_12F   6   Transportation - problems
ACCE_12G   7   Language - problem
ACCE_12H   8   Cost
ACCE_12I   9   Personal or family responsibilities
ACCE_12J   10   General deterioration of health
ACCE_12K   11   Appointment cancelled or deferred by specialist
ACCE_12L   12   Still waiting for visit
ACCE_12M   13   Unable to leave the house because of a health problem
ACCE_12N   14   Other - Specify
                        DK, R

ACC_C12S   If ACC_Q12 = 14 , go to ACC_Q12S.
                Otherwise, go to ACC_QINT20.

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
ACCE_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
ACCE_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.

ACCE_22A   1   Difficulty getting an appointment with a surgeon
ACCE_22B   2   Difficulty getting a diagnosis
ACCE_22C   3   Waited too long - for a diagnostic test
ACCE_22D   4   Waited too long - for a hospital bed to become available
ACCE_22E   5   Waited too long - for surgery
ACCE_22F   6   Service not available - in the area
ACCE_22G   7   Transportation - problems
ACCE_22H   8   Language - problem
ACCE_22I   9   Cost
ACCE_22J   10   Personal or family responsibilities
ACCE_22K   11   General deterioration of health
ACCE_22L   12   Appointment cancelled or deferred by surgeon or hospital
ACCE_22M   13   Still waiting for surgery
ACCE_22N   14   Unable to leave the house because of a health problem
ACCE_22O   15   Other - Specify
DK, R

ACC_C22S   If ACC_Q22 = 15, go to ACC_Q22S.
Otherwise, go to ACC_QINT30.

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?**
ACCE_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?**
ACCE_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.

ACCE_32A	1	Difficulty getting a referral
ACCE_32B	2	Difficulty getting an appointment
ACCE_32C	3	Waited too long - to get an appointment
ACCE_32D	4	Waited too long - to get test (i.e. in-office waiting)
ACCE_32E	5	Service not available - at time required
ACCE_32F	6	Service not available - in the area
ACCE_32G	7	Transportation - problems
ACCE_32H	8	Language - problem
ACCE_32I	9	Cost
ACCE_32J	10	General deterioration of health
ACCE_32K	11	Did not know where to go (i.e. information problems)
ACCE_32L	12	Still waiting for test
ACCE_32M	13	Unable to leave the house because of a health problem
ACCE_32N	14	Other - Specify
		DK, R

ACC_C32S   If ACC_Q32 = 14, go to ACC_ Q32S.
Otherwise, go to ACC_QINT40.

ACC_Q32S   INTERVIEWER: Specify.

    _____
    (80 spaces)
    DK, R

ACC_QINT40   **Now I'd like you to think about yourself <u>and family members living in your dwelling</u>.**

The next questions are about your experiences getting health information or advice when you needed them for yourself or a family member living in your dwelling.
INTERVIEWER: Press <Enter> to continue.

ACC_Q40
ACCE_40   **In the past 12 months, have you required health information or advice for yourself or a family member?**

      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.

ACCE_40A   1   **Doctor's office**
ACCE_40B   2   **Community health centre / CLSC**
ACCE_40C   3   **Walk-in clinic**
ACCE_40D   4   **Telephone health line (e.g., HealthLinks, Telehealth Ontario, HealthLink, Health-Line, TeleCare, Info-Santé)**
ACCE_40E   5   **Hospital emergency room**
ACCE_40F   6   **Other hospital service**
ACCE_40G   7   Other - Specify

ACC_C40AS   If ACC_Q40A = 7, go to ACC_Q40AS.
Otherwise, go to ACC_Q41.

ACC_Q40AS   INTERVIEWER: Specify.

    _____
(80 spaces)
DK, R

ACC_Q41
ACCE_41   **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?**

      1   Yes
      2   No   (Go to ACC_QINT50)
             DK, R   (Go to ACC_QINT50)

ACC_Q42
ACCE_42   **Did you experience difficulties during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?**
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "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.

ACCE_43A 1 Difficulty contacting a physician or nurse
ACCE_43B 2 Did not have a phone number
ACCE_43C 3 Could not get through (i.e. no answer)
ACCE_43D 4 Waited too long to speak to someone
ACCE_43E 5 Did not get adequate info or advice
ACCE_43F 6 Language - problem
ACCE_43G 7 Did not know where to go / call / uninformed
ACCE_43H 8 Unable to leave the house because of a health problem
ACCE_43I 9 Other - Specify
           DK, R

ACC_C43S If ACC_Q43 = 9, go to ACC_Q43S.
          Otherwise, go to ACC_Q44.

ACC_Q43S INTERVIEWER: Specify.

          _____
          (80 spaces)
          DK, R

ACC_Q44   **Did you experience difficulties getting health information or advice during**
ACCE_44   **evenings and weekends (that is, 5:00 to 9:00 pm Monday to Friday, or**
          9:00 am to 5:00 pm, Saturdays and Sundays)?
          INTERVIEWER: It is important to make a distinction between "No" (Did not experience
          problems) and "Did not require at this time".

          1 Yes
          2 No   (Go to ACC_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.

ACCE_45A 1 Difficulty contacting a physician or nurse
ACCE_45B 2 Did not have a phone number
ACCE_45C 3 Could not get through (i.e. no answer)
ACCE_45D 4 Waited too long to speak to someone
ACCE_45E 5 Did not get adequate info or advice
ACCE_45F 6 Language - problem
ACCE_45G 7 Did not know where to go / call / uninformed
ACCE_45H 8 Unable to leave the house because of a health problem
ACCE_45I 9 Other - Specify
           DK, R

ACC_C45S If ACC_Q45 = 9, go to ACC_Q45S.
          Otherwise, go to ACC_Q46.

ACC_Q45S INTERVIEWER: Specify.

          _____
          (80 spaces)
          DK, R

ACC_Q46
ACCE_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.

ACCE_47A   1   Difficulty contacting a physician or nurse
ACCE_47B   2   Did not have a phone number
ACCE_47C   3   Could not get through (i.e. no answer)
ACCE_47D   4   Waited too long to speak to someone
ACCE_47E   5   Did not get adequate info or advice
ACCE_47F   6   Language - problem
ACCE_47G   7   Did not know where to go / call / uninformed
ACCE_47H   8   Unable to leave the house because of a health problem
ACCE_47I   9   Other - Specify
                    DK, R

ACC_C47S | If ACC_Q47 = 9, go to ACC_Q47S.
Otherwise, go to ACC_QINT50.

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
ACCE_50A | **Do you have a regular family doctor?**

    1   Yes
    2   No
            DK, R

ACC_Q50
ACCE_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
ACCE_51
In the past 12 months, did you ever experience any difficulties getting the routine or on-going care you or a family member needed?

    1   Yes
    2   No   (Go to ACC_QINT60)
        DK, R (Go to ACC_QINT60)

ACC_Q52
ACCE_52
Did you experience difficulties getting such care during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

    1   Yes
    2   No   (Go to ACC_Q54)
    3   Not required at this time (Go to ACC_Q54)
        DK, R   (Go to ACC_Q54)

ACC_Q53
What type of difficulties did you experience?
INTERVIEWER: Mark all that apply.

ACCE_53A   1   Difficulty contacting a physician
ACCE_53B   2   Difficulty getting an appointment
ACCE_53C   3   Do not have personal / family physician
ACCE_53D   4   Waited too long - to get an appointment
ACCE_53E   5   Waited too long - to see the doctor (i.e. in-office waiting)
ACCE_53F   6   Service not available - at time required
ACCE_53G   7   Service not available - in the area
ACCE_53H   8   Transportation - problems
ACCE_53I   9   Language - problem
ACCE_53J   10   Cost
ACCE_53K   11   Did not know where to go (i.e. information problems)
ACCE_53L   12   Unable to leave the house because of a health problem
ACCE_53M 13   Other - Specify
                  DK, R

ACC_C53S   If ACC_Q53 = 13, go to ACC_Q53S.
                   Otherwise, go to ACC_Q54.

ACC_Q53S   INTERVIEWER: Specify.

            _____
            (80 spaces)
            DK, R

ACC_Q54
ACCE_54
Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1 Yes
2 No (Go to ACC_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.

ACCE_55A 1 Difficulty contacting a physician
ACCE_55B 2 Difficulty getting an appointment
ACCE_55C 3 Do not have personal / family physician
ACCE_55D 4 Waited too long - to get an appointment
ACCE_55E 5 Waited too long - to see the doctor (i.e. in-office waiting)
ACCE_55F 6 Service not available - at time required
ACCE_55G 7 Service not available - in the area
ACCE_55H 8 Transportation - problems
ACCE_55I 9 Language - problem
ACCE_55J 10 Cost
ACCE_55K 11 Did not know where to go (i.e. information problems)
ACCE_55L 12 Unable to leave the house because of a health problem
ACCE_55M 13 Other - Specify
DK, R

ACC_C55S
If ACC_Q55 = 13, go to ACC_Q55S.
Otherwise, go to ACC_QINT60.

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
ACCE_60
In the past 12 months, have you or a family member required immediate health care services for a minor health problem?

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

ACC_Q61
ACCE_61
In the past 12 months, did you ever experience any difficulties getting the immediate care needed for a minor health problem for yourself or a family member?

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

ACC_Q62
ACCE_62
Did you experience difficulties getting such care during "regular" office hours (that is, 9:00 am to 5:00 pm, Monday to Friday)?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1   Yes
2   No   (Go to ACC_Q64)
3   Not required at this time (Go to ACC_Q64)
      DK, R   (Go to ACC_Q64)

ACC_Q63
What type of difficulties did you experience?
INTERVIEWER: Mark all that apply.

ACCE_63A	1	Difficulty contacting a physician
ACCE_63B	2	Difficulty getting an appointment
ACCE_63C	3	Do not have personal / family physician
ACCE_63D	4	Waited too long - to get an appointment
ACCE_63E	5	Waited too long - to see the doctor (i.e. in-office waiting)
ACCE_63F	6	Service not available - at time required
ACCE_63G	7	Service not available - in the area
ACCE_63H	8	Transportation - problems
ACCE_63I	9	Language - problem
ACCE_63J	10	Cost
ACCE_63K	11	Did not know where to go (i.e. information problems)
ACCE_63L	12	Unable to leave the house because of a health problem
ACCE_63M	13	Other - Specify
		DK, R

ACC_C63S
If ACC_Q63 = 13, go to ACC_Q63S.
Otherwise, go to ACC_Q64.

ACC_Q63S
INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

ACC_Q64
ACCE_64
Did you experience difficulties getting such care during evenings and weekends (that is, 5:00 to 9:00 pm, Monday to Friday or 9:00 am to 5:00 pm, Saturdays and Sundays)?
INTERVIEWER: It is important to make a distinction between "No" (Did not experience problems) and "Did not require at this time".

1   Yes
2   No   (Go to ACC_Q66)
3   Not required at this time (Go to ACC_Q66)
      DK, R   (Go to ACC_Q66)

ACC_Q65 **What type of difficulties did you experience?**
INTERVIEWER: Mark all that apply.

ACCE_65A	1	Difficulty contacting a physician
ACCE_65B	2	Difficulty getting an appointment
ACCE_65C	3	Do not have personal / family physician
ACCE_65D	4	Waited too long - to get an appointment
ACCE_65E	5	Waited too long - to see the doctor (i.e. in-office waiting)
ACCE_65F	6	Service not available - at time required
ACCE_65G	7	Service not available - in the area
ACCE_65H	8	Transportation - problems
ACCE_65I	9	Language - problem
ACCE_65J	10	Cost
ACCE_65K	11	Did not know where to go (i.e. information problems)
ACCE_65L	12	Unable to leave the house because of a health problem
ACCE_65M	13	Other - Specify
		DK, R

ACC_C65S   If ACC_Q65 = 13, go to ACC_Q65S.
Otherwise, go to ACC_Q66.

ACC_Q65S   INTERVIEWER: Specify.

_____

(80 spaces)
DK, R

ACC_Q66 **Did you experience difficulties getting such care during the middle of the**
ACCE_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.

ACCE_67A	1	Difficulty contacting a physician
ACCE_67B	2	Difficulty getting an appointment
ACCE_67C	3	Do not have personal / family physician
ACCE_67D	4	Waited too long - to get an appointment
ACCE_67E	5	Waited too long - to see the doctor (i.e. in-office waiting)
ACCE_67F	6	Service not available - at time required
ACCE_67G	7	Service not available - in the area
ACCE_67H	8	Transportation - problems
ACCE_67I	9	Language - problem
ACCE_67J	10	Cost
ACCE_67K	11	Did not know where to go (i.e. information problems)
ACCE_67L	12	Unable to leave the house because of a health problem
ACCE_67M	13	Other - Specify
		DK, R

ACC_C67S   If ACC_Q67 = 13, go to ACC_Q67S.
Otherwise, go to ACC_END.

ACC_Q67S   <u>INTERVIEWER</u>: Specify.

_____
(80 spaces)
DK, R

ACC_END

WAITING TIMES (WTM)

WTM_BEG

WTM_C01   If (do WTM block = 1), go to WTM_C02.
WTMEFOPT   Otherwise, go to WTM_END.

Note: This module was collected as optional content and as part of a subsample.

WTM_C02   If proxy interview or if age < 15, go to WTM_END.
              Otherwise, go to WTM_C03.

WTM_C03   If ACC_Q10 = 2 (did not require a visit to a specialist) and
                    ACC_Q20 = 2 (did not require non emergency surgery) and
                    ACC_Q30 = 2 (did not require tests), go to WTM_END.
              Otherwise, go to WTM_QINT.

WTM_QINT   **Now some additional questions about your experiences waiting for health care services.**
              <u>INTERVIEWER</u>: Press <Enter> to continue.

WTM_C04   If ACC_Q10 = 2 (did not require a visit to a specialist), go to WTM_C16.
              Otherwise, go to WTM_Q01.

WTM_Q01   **You mentioned that <u>you</u> required a visit to a medical specialist such as a**
WTME_01   **cardiologist, allergist, gynaecologist or psychiatrist.**

              In the past 12 months, did you require a visit to a medical specialist for a diagnosis or a consultation <u>for a new illness or condition</u>?

              1   Yes
              2   No   (Go to WTM_C16)
                    DK, R   (Go to WTM_C16)

WTM_Q02   **For what type of condition?**
WTME_02

              If you have had more than one such visit, please answer for the most recent visit.
              <u>INTERVIEWER</u>: Read categories to respondent.

              1   **Heart condition or stroke**
              2   **Cancer**
              3   **Asthma or other breathing conditions**
              4   **Arthritis or rheumatism**
              5   **Cataract or other eye conditions**
              6   **Mental health disorder**
              7   **Skin conditions**
              8   **[Gynaecological problems/blank]**
              9   Other – Specify
                    DK, R

Note: If sex = female, use "Gynaecological problems", in WTM_Q02, category 8.
              Otherwise, use blank.

WTM_E02	**A blank answer has been selected. Please return and correct.**
	Trigger hard edit if WTM_Q02 = 8 and sex = male.

WTM_C02S	If WTM_Q02 = 9, go to WTM_Q02S.
	Otherwise, go to WTM_Q03.

WTM_Q02S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

WTM_Q03   **Were you referred by:**
WTME_03   INTERVIEWER: Read categories to respondent.

1   **… a family doctor?**
2   **… another specialist?**
3   **… another health care provider?**
4   Did not require a referral
        DK, R

WTM_Q04   **Have you already visited the medical specialist?**
WTME_04

1   Yes
2   No   (Go to WTM_Q08A)
        DK, R   (Go to WTM_Q08A)

WTM_Q05   **Thinking about this visit, did you experience any difficulties seeing the specialist?**
WTME_05

1   Yes
2   No   (Go to WTM_Q07A)
        DK, R   (Go to WTM_Q07A)

WTM_Q06   **What type of difficulties did you experience?**
           INTERVIEWER: Mark all that apply. Question ACC_Q12 previously asked about any
           difficulties getting specialist care. This question (WTM_Q06) deals with difficulties
           experienced for the most recent visit for a new illness or condition.

WTME_06A	1	Difficulty getting a referral
WTME_06B	2	Difficulty getting an appointment
WTME_06C	3	No specialists in the area
WTME_06D	4	Waited too long - between booking appointment and visit
WTME_06E	5	Waited too long - to see the doctor (i.e. in-office waiting)
WTME_06F	6	Transportation – problems
WTME_06G	7	Language – problem
WTME_06H	8	Cost
WTME_06I	9	Personal or family responsibilities
WTME_06J	10	General deterioration of health
WTME_06K	11	Appointment cancelled or deferred by specialist
WTME_06L	12	Unable to leave the house because of a health problem
WTME_06M	13	Other – Specify
		DK, R

WTM_C06S   If WTM_Q06 = 13, go to WTM_Q06S.
            Otherwise, go to WTM_Q07A.

WTM_Q06S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

WTM_Q07A   **How long did you have to wait between when [you and your doctor decided that**
WTME_07A   **you should see a specialist/you and your health care provider decided that you**
            should see a specialist/the appointment was initially scheduled] and when you
            actually visited the specialist?
            <u>INTERVIEWER</u>: Probe to get the most precise answer possible.

            |_|_|_| (3 spaces)
            (MIN:1)   (MAX: 365)
            DK, R   (Go to WTM_Q10)

Note: If WTM_Q03 = 1 or 2, use "you and your doctor decided that you should see a specialist".
            If WTM_Q03 = 3, use "you and your health care provider decided that you should see a
            specialist".
            Otherwise, use "the appointment was initially scheduled".

WTM_N07B   <u>INTERVIEWER</u>: Enter unit of time.
WTME_07B

            1   Days
            2   Weeks
            3   Months
                 (DK, R are not allowed)

WTM_E07B   An unusual number has been entered. Please confirm.

            Trigger soft edit if (WTM_Q07A > 31 and WTM_N07B = 1) or (WTM_Q07A > 12 and
            WTM_N07B = 2) or (WTM_Q07A > 18 and WTM_N07B=3).

            Go to WTM_Q10

WTM_Q08A   **How long have you been waiting since [you and your doctor decided that you**
WTME_08A   **should see a specialist/you and your health care provider decided that you should**
            see a specialist/the appointment was initially scheduled]?
            <u>INTERVIEWER</u>: Probe to get the most precise answer possible.

            |_|_|_| (3 spaces)
            (MIN:1)   (MAX: 365)
            DK, R   (Go to WTM_Q10)

Note: If WTM_Q03 = 1 or 2, use "you and your doctor decided that you should see a specialist".
            If WTM_Q03 = 3, use "you and your health care provider decided that you should see a
            specialist".
            Otherwise, use "the appointment was initially scheduled".

WTM_N08B
WTME_08B

INTERVIEWER: Enter unit of time.

1   Days
2   Weeks
3   Months
    (DK, R are not allowed)

WTM_E08B   An unusual number has been entered. Please confirm.

Trigger soft edit if (WTM_Q08A > 31 and WTM_N08B = 1) or (WTM_Q08A > 12 and WTM_N08B = 2), or (WTM_Q08A > 18 and WTM_N08B = 3).

WTM_Q10
WTME_10

In your view, [was the waiting time / has the waiting time been]:
INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

1   **… acceptable?**   (Go to WTM_Q12)
2   **… not acceptable?**
3   No view
    DK, R

Note: If WTM_Q04 = 1, use "was the waiting time".
    Otherwise, use "has the waiting time been".

WTM_Q11A
WTME_11A

In this particular case, what do you think is an acceptable waiting time?

|_|_|_| (3 spaces)
(MIN:1)   (MAX: 365)
DK, R   (Go to WTM_Q12)

WTM_N11B
WTME_11B

INTERVIEWER: Enter unit of time.

1   Days
2   Weeks
3   Months
    (DK, R are not allowed)

WTM_E11B   An unusual number has been entered. Please confirm.

Trigger soft edit if (WTM_Q11A > 31 and WTM_N11B = 1) or (WTM_Q11A > 12 and WTM_N11B = 2) or (WTM_Q11A > 18 and WTM_N11B=3).

WTM_Q12
WTME_12

Was your visit cancelled or postponed at any time?

1   Yes
2   No   (Go to WTM_Q14)
    DK, R   (Go to WTM_Q14)

WTM_Q13   **Was it cancelled or postponed by:**
           INTERVIEWER: Read categories to respondent. Mark all that apply.

WTME_13A   1   **… yourself?**
WTME_13B   2   **… the specialist?**
WTME_13C   3   Other - Specify
                DK, R

WTM_C13S   If WTM_Q13 = 3, go to WTM_Q13S.
           Otherwise, go to WTM_Q14.

WTM_Q13S   INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

WTM_Q14   **Do you think that your health, or other aspects of your life, have been affected in**
WTME_14   **any way because you had to wait for this visit?**

           1   Yes
           2   No   (Go to WTM_C16)
                DK, R   (Go to WTM_C16)

WTM_Q15   **How was your life affected as a result of waiting for this visit?**
           INTERVIEWER: Mark all that apply.

WTME_15A   1   Worry, anxiety, stress
WTME_15B   2   Worry or stress for family or friends
WTME_15C   3   Pain
WTME_15D   4   Problems with activities of daily living (e.g., dressing, driving)
WTME_15E   5   Loss of work
WTME_15F   6   Loss of income
WTME_15G   7   Increased dependence on relatives/friends
WTME_15H   8   Increased use of over-the-counter drugs
WTME_15I   9   Overall health deteriorated, condition got worse
WTME_15J   10   Health problem improved
WTME_15K   11   Personal relationships suffered
WTME_15L   12   Other - Specify
                DK, R

WTM_C15S   If WTM_Q15 = 12, go to WTM_Q15S.
           Otherwise, go to WTM_C16.

WTM_Q15S   INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

WTM_C16   If ACC_Q20 = 2 (did not require non-emergency surgery), go to WTM_C30.
           Otherwise, go to WTM_Q16.

WTM_Q20 **What type of difficulties did you experience?**
INTERVIEWER: Mark all that apply. ACC_Q22 asked previously about any difficulties experienced getting the surgery you needed. This question (WTM_Q20) refers to difficulties experienced for the most recent non emergency surgery.

WTME_20A	1	Difficulty getting an appointment with a surgeon
WTME_20B	2	Difficulty getting a diagnosis
WTME_20C	3	Waited too long - for a diagnostic test
WTME_20D	4	Waited too long - for a hospital bed to become available
WTME_20E	5	Waited too long - for surgery
WTME_20F	6	Service not available - in the area
WTME_20G	7	Transportation - problems
WTME_20H	8	Language - problem
WTME_20I	9	Cost
WTME_20J	10	Personal or family responsibilities
WTME_20K	11	General deterioration of health
WTME_20L	12	Appointment cancelled or deferred by surgeon or hospital
WTME_20M	13	Unable to leave the house because of a health problem
WTME_20N	14	Other - Specify
		DK, R

WTM_C20S   If WTM_Q20 = 14. go to WTM_Q20S.
Otherwise, go to WTM_Q21A.

WTM_Q20S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

WTM_Q21A   **How long did you have to wait between when you and the surgeon decided to go**
WTME_21A   **ahead with surgery and the day of surgery?**
INTERVIEWER: Probe to get the most precise answer possible.

|_|_|_| (3 spaces)
(MIN:1)   (MAX: 365)
DK, R   (Go to WTM_Q24)

WTM_N21B   INTERVIEWER: Enter unit of time.
WTME_21B

1   Days
2   Weeks
3   Months
(DK, R are not allowed)

WTM_E21B   An unusual number has been entered. Please confirm.

Trigger a soft edit if (WTM_Q21A > 31 and WTM_N21B = 1) or (WTM_Q21A > 12 and WTM_N21B = 2) or (WTM_Q21A > 18 and WTM_N21B=3).

Go to WTM_C24

WTM_Q22 WTME_22	**Will the surgery require an overnight hospital stay?** 1 Yes 2 No DK, R
WTM_Q23A WTME_23A	**How long have you been waiting since you and the surgeon decided to go ahead with the surgery?** INTERVIEWER: Probe to get the most precise answer possible. |_|_|_| (3 spaces) (MIN:1) (MAX: 365) DK, R (Go to WTM_Q24)
WTM_N23B WTME_23B	INTERVIEWER: Enter unit of time. 1 Days 2 Weeks 3 Months (DK, R are not allowed)
WTM_E23B	An unusual number has been entered. Please confirm. Trigger soft edit if (WTM_Q23A > 31 and WTM_N23B = 1) or (WTM_Q23A > 12 and WTM_N23B = 2) or (WTM_Q23A > 18 and WTM_N23B = 3).
WTM_Q24 WTME_24	**In your view, [was the waiting time / has the waiting time been]:** INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know". 1 **… acceptable?** (Go to WTM_Q26) 2 **… not acceptable?** 3 No view DK, R
Note:	If WTM_Q17 = 1, use "was the waiting time". Otherwise, use "has the waiting time been".
WTM_Q25A WTME_25A	**In this particular case, what do you think is an acceptable waiting time?** |_|_|_| (3 spaces) (MIN:1) (MAX: 365) DK, R (Go to WTM_Q26)
WTM_N25B WTME_25B	INTERVIEWER: Enter unit of time. 1 Days 2 Weeks 3 Months (DK, R are not allowed)
WTM_E25B	An unusual number has been entered. Please confirm. Trigger soft edit if (WTM_Q25A > 31 and WTM_N25B = 1) or (WTM_Q25A > 12 and WTM_N25B = 2) or (WTM_Q25A > 18 and WTM_N25B=3).

FOR INFORMATION ONLY

WTM_Q26
WTME_26

Was your surgery cancelled or postponed at any time?

1   Yes
2   No   (Go to WTM_Q28)
     DK, R   (Go to WTM_Q28)

WTM_Q27   **Was it cancelled or postponed by:**
           INTERVIEWER: Read categories to respondent. Mark all that apply.

WTME_27A   1   **… yourself?**
WTME_27B   2   **… the surgeon?**
WTME_27C   3   **… the hospital?**
WTME_27D   4   Other - Specify
                DK, R

WTM_C27S   If WTM_Q27 = 4, go to WTM_Q27S.
           Otherwise, go to WTM_Q28.

WTM_Q27S   INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

WTM_Q28   **Do you think that your health, or other aspects of your life, have been affected**
WTME_28   **in any way due to waiting for this surgery?**

1   Yes
2   No   (Go to WTM_C30)
     DK, R   (Go to WTM_C30)

WTM_Q29   **How was your life affected as a result of waiting for surgery?**
           INTERVIEWER: Mark all that apply.

WTME_29A   1   Worry, anxiety, stress
WTME_29B   2   Worry or stress for family or friends
WTME_29C   3   Pain
WTME_29D   4   Problems with activities of daily living (e.g., dressing, driving)
WTME_29E   5   Loss of work
WTME_29F   6   Loss of income
WTME_29G   7   Increased dependence on relatives/friends
WTME_29H   8   Increased use of over-the-counter drugs
WTME_29I   9   Overall health deteriorated, condition got worse
WTME_29J   10   Health problem improved
WTME_29K   11   Personal relationships suffered
WTME_29L   12   Other - Specify
                DK, R

WTM_C29S   If WTM_Q29 = 12 go to WTM_Q29S.
           Otherwise, go to WTM_C30.

WTM_Q29S   INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

WTM_C30   If ACC_Q30 = 2 (did not require tests), go to WTM_END.
           Otherwise, go to WTM_Q30.

WTM_Q30   **Now for MRIs, CAT Scans and angiographies provided in a non emergency**
WTME_30   **situation.**

           You mentioned that in the past 12 months you required one of these tests.

           What type of test did you require?

           If you have had more than one in the past 12 months, please answer for the most
           recent test.
           INTERVIEWER: Read categories to respondent.

           1   **MRI**
           2   **CAT Scan**
           3   **Angiography**
                  DK, R

WTM_Q31   **For what type of condition?**
WTME_31   INTERVIEWER: Read categories to respondent.
           1   **Heart disease or stroke**
           2   **Cancer**
           3   **Joints or fractures**
           4   **Neurological or brain disorders (e.g. for MS, migraine or headaches)**
           5   Other - Specify
                  DK, R

WTM_C31S   If WTM_Q31 = 5, go to WTM_Q31S.
           Otherwise, go to WTM_Q32.

WTM_Q31S   INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

WTM_Q32   **Did you already have this test?**
WTME_32

           1   Yes
           2   No   (Go to WTM_Q39A)
                  DK, R   (Go to WTM_Q39A)

WTM_Q33   **Where was the test done?**
WTME_33   INTERVIEWER: Read categories to respondent.

           1   **Hospital**   (Go to WTM_Q35)
           2   **Public clinic**   (Go to WTM_Q35)
           3   **Private clinic**   (Go to WTM_Q34)
           4   Other - Specify   (Go to WTM_C33S)
                  DK, R   (Go to WTM_Q36)

WTM_C33S   If WTM_Q33 = 4, go to WTM_Q33S.
            Otherwise, go to WTM_Q34.

WTM_Q33S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

            Go to WTM_Q35

WTM_Q34   **Was the clinic located:**
WTME_34   <u>INTERVIEWER</u>: Read categories to respondent.

            1   **… in your province?**
            2   **… in another province?**
            3   Other – Specify
                    DK, R

WTM_C34S   If WTM_Q34 = 3, go to WTM_Q34S.
            Otherwise, go to WTM_Q35.

WTM_Q34S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

WTM_Q35   **Were you a patient in a hospital at the time of the test?**
WTME_35
            1   Yes
            2   No
                    DK, R

WTM_Q36   **Did you experience any difficulties getting this test?**
WTME_36
            1   Yes
            2   No   (Go to WTM_Q38A)
                    DK, R   (Go to WTM_Q38A)

WTM_Q37   **What type of difficulties did you experience?**
           INTERVIEWER: Mark all that apply. ACC_Q32 asked previously about any difficulties
           experienced getting the tests you needed. This question (WTM_Q37) refers to difficulties
           experienced for the most recent diagnostic test.

WTME_37A   1   Difficulty getting a referral
WTME_37B   2   Difficulty getting an appointment
WTME_37C   3   Waited too long - to get an appointment
WTME_37D   4   Waited too long - to get test (i.e. in-office waiting)
WTME_37E   5   Service not available - at time required
WTME_37F   6   Service not available - in the area
WTME_37G   7   Transportation - problems
WTME_37H   8   Language - problem
WTME_37I   9   Cost
WTME_37J   10   General deterioration of health
WTME_37K   11   Did not know where to go (i.e. information problems)
WTME_37L   12   Unable to leave the house because of a health problem
WTME_37M   13   Other - Specify
                DK, R

WTM_C37S   If WTM_Q37 = 13, go to WTM_Q37S.
           Otherwise, go to WTM_Q38A.

WTM_Q37S   INTERVIEWER: Specify.

           _____
           (80 spaces)
           DK, R

WTM_Q38A   **How long did you have to wait between when you and your doctor decided**
WTME_38A   **to go ahead with the test and the day of the test?**
           INTERVIEWER: Probe to get the most precise answer possible.

           |_|_|_| (3 spaces)
           (MIN:1)   (MAX: 365)
           DK, R   (Go to WTM_C40)

WTM_N38B   INTERVIEWER: Enter unit of time.
WTME_38B
           1   Days
           2   Weeks
           3   Months
                (DK, R are not allowed)

WTM_E38B   An unusual number has been entered. Please confirm.

           Trigger soft edit if (WTM_Q38A > 31 and WTM_N38B = 1) or (WTM_Q38A > 12 and
           WTM_N38B = 2) or (WTM_Q38A > 18 and WTM_N38B=3).

           Go to WTM_C40

WTM_Q39A
WTME_39A
How long have you been waiting for the test since you and your doctor decided to go ahead with the test?
INTERVIEWER: Probe to get the most precise answer possible.

|_|_|_| (3 spaces)
(MIN:1)   (MAX: 365)
DK, R   (Go to WTM_C40)

WTM_N39B
WTME_39B
INTERVIEWER: Enter unit of time.

1   Days
2   Weeks
3   Months
        (DK, R are not allowed)

WTM_E39B   An unusual number has been entered. Please confirm.

Trigger soft edit if (WTM_Q39A > 31 and WTM_N39B = 1) or (WTM_Q39A > 12 and WTM_N39 = 2) or (WTM_Q39A > 18 and WTM_N39B= 3).

WTM_Q40
WTME_40
In your view, [was the waiting time / has the waiting time been]:
INTERVIEWER: Read categories to respondent. It is important to make a distinction between "No view" and "Don't Know".

1   **… acceptable?**   (Go to WTM_Q42)
2   **… not acceptable?**
3   No view
        DK, R

Note: If WTM_Q32 = 1, use "was the waiting time".
              Otherwise, use "has the waiting time been".

WTM_Q41A
WTME_41A
In this particular case, what do you think is an acceptable waiting time?

|_|_|_| (3 spaces)
(MIN:1)   (MAX: 365)
DK, R   (Go to WTM_Q42)

WTM_N41B
WTME_41B
INTERVIEWER: Enter unit of time.

1   Days
2   Weeks
3   Months
        (DK, R are not allowed)

WTM_E41B   An unusual number has been entered. Please confirm.

Trigger soft edit if (WTM_Q41A > 31 and WTM_N41B = 1) or (WTM_Q41A > 12 and WTM_N41B = 2) or (WTM_Q41A > 18 and WTM_N41B=3).

WTM_Q42 WTME_42	**Was your test cancelled or postponed at any time?**	
	1 Yes	
	2 No	(Go to WTM_Q44)
	DK, R	(Go to WTM_Q44)

WTM_Q43   **Was it cancelled or postponed by**:
WTME_43   <u>INTERVIEWER</u>: Read categories to respondent.

     1   **… yourself?**
     2   **… the specialist?**
     3   **… the hospital?**
     4   **… the clinic?**
     5   Other - Specify
           DK, R

WTM_C43S   If WTM_Q43 = 5, go to WTM_Q43S.
               Otherwise, go to WTM_Q44.

WTM_Q43S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

WTM_Q44   **Do you think that your health, or other aspects of your life, have been affected**
WTME_44   **in any way due to waiting for this test?**

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

WTM_Q45   **How was your life affected as a result of waiting for this test?**
            <u>INTERVIEWER</u>: Mark all that apply.

WTME_45A	1	Worry, anxiety, stress
WTME_45B	2	Worry or stress for family or friends
WTME_45C	3	Pain
WTME_45D	4	Problems with activities of daily living (e.g., dressing, driving)
WTME_45E	5	Loss of work
WTME_45F	6	Loss of income
WTME_45G	7	Increased dependence on relatives/friends
WTME_45H	8	Increased use of over-the-counter drugs
WTME_45I	9	Overall health deteriorated, condition got worse
WTME_45J	10	Health problem improved
WTME_45K	11	Personal relationships suffered
WTME_45L	12	Other - Specify
		DK, R

WTM_C45S   If WTM_Q45 = 12, go to WTM_Q45S.
            Otherwise, go to WTM_END.

WTM_Q45S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

WTM_END

MEASURED HEIGHT AND WEIGHT (MHW)

MHW_BEG

Note: This module is collected as part of a subsample only.

MHW_C01A   If (do MHW block =1), go to MHW_C01B.
                 Otherwise, go to MHW_END.

MHW_C01B   If proxy interview, go to MHW_END.
                 Otherwise, go to MHW_C01C.

MHW_C01C   If area frame, go to MHW_N1A.
                 Otherwise, go to MHW_END.

MHW_N1A   INTERVIEWER: Are there any reasons that make it impossible to measure the
MHWZ_N1   respondent's weight?

                 1   Yes
                 2   No   (Go to MHW_R2)
                          (DK, R not allowed)

MHW_N1B   INTERVIEWER: Select reasons why it is impossible to measure the respondent's weight.
                 Mark all that apply.

MHWZ_N1A   1   Unable to stand unassisted   (go to MHW_END)
MHWZ_N1B   2   In a wheel chair   (go to MHW_END)
MHWZ_N1C   3   Bedridden   (go to MHW_END)
MHWZ_N1D   4   Interview setting (e.g., interview outdoors or in a public place)
MHWZ_N1E   5   Safety concerns
MHWZ_N1F   6   Has already refused to be measured
MHWZ_N1G   7   Other – Specify
                          (DK, R not allowed)

MHW_C1C   If MHW_N1B = 7, go to MHW_S1B.
                 Otherwise, go to MHW_N5A.

MHW_S1B   INTERVIEWER: Specify.

                 _____
                 (80 spaces)
                 (DK, R not allowed)

                 Go to MHW_N5A

MHW_R2   **A person's size is important in understanding health. Because of this, I would like
                 to measure your height and weight. The measurements taken will not require any
                 touching.**
                 INTERVIEWER: Press <Enter> to continue.

MHW_Q2A **Do I have your permission to measure your weight?**
MHWZ_2

    1   Yes
    2   No   (Go to MHW_N5A)
          (DK, R not allowed)

MHW_N2A   INTERVIEWER: Record weight to the nearest 0.01 kg. If the scale does not work, or if for
MHWZ_N2A some other reason you cannot weigh the respondent, enter DK.

    |_|_|_|.|_|_| kilograms
    (MIN: 1.00; warning under 27.00 kg.) (MAX: 261.00; warning above 136.00 kg)
    DK   (Go to MSW_N4)
    (R not allowed)

MHW_N3A   INTERVIEWER: Were there any articles of clothing or physical characteristics which
MHWZ_N3   affected the accuracy of this measurement?

    1   Yes
    2   No   (Go to MHW_N5A)
          (DK, R not allowed)

MHW_N3B   INTERVIEWER: Select reasons affecting accuracy. Mark all that apply.

MHWZ_N3A 1   Shoes or boots
MHWZ_N3B 2   Heavy sweater or jacket
MHWZ_N3C 3   Jewellery
MHWZ_N3D 4   Other - Specify
          (DK, R not allowed)

MHW_C3B   If MHW_N3B = 4, go to MHW_S3B.
    Otherwise, go to MHW_N5A.

MHW_S3B   INTERVIEWER: Specify.

    _____
    (80 spaces)
    (DK, R not allowed)

    Go to MSW_N5A

MHW_N4　　　INTERVIEWER: Select the reason for not weighing the respondent.
MHWZ_N4

　　　　　　　1　　　Scale not functioning properly　　(go to MHW_N5A)
　　　　　　　2　　　Other – Specify
　　　　　　　　　　(DK, R not allowed)

MHW_C4　　　If MHW_N4 = 2, go to MHW_S4.
　　　　　　　Otherwise, go to MHW_N5A.

MHW_S4　　　INTERVIEWER: Specify.

　　　　　　　_____
　　　　　　　(80 spaces)
　　　　　　　(DK, R not allowed)

MHW_N5A　　　INTERVIEWER: Are there any reasons that make it impossible to measure the
MHWZ_N5　　　respondent's height?

　　　　　　　1　　　Yes
　　　　　　　2　　　No　　(Go to MHW_C6)
　　　　　　　　　　(DK, R not allowed)

MHW_N5B　　　INTERVIEWER: Select reasons why it is impossible to measure the respondent's height.
　　　　　　　Mark all that apply.

MHWZ_N5A　　　1　　　Too tall
MHWZ_N5B　　　2　　　Interview setting (e.g., interview outdoors or in a public place)
MHWZ_N5C　　　3　　　Safety concerns
MHWZ_N5D　　　4　　　Has already refused to be measured
MHWZ_N5E　　　5　　　Other – Specify
　　　　　　　　　　(DK, R not allowed)

MHW_C5B　　　If MHW_N5B = 5, go to MHW_S5B.
　　　　　　　Otherwise, go to MHW_END.

MHW_S5B　　　INTERVIEWER: Specify.

　　　　　　　_____
　　　　　　　(80 spaces)
　　　　　　　(DK, R not allowed)

　　　　　　　Go to MHW_END

MHW_C6　　　If MHW_N1A = 2, go to MHW_Q6A.
　　　　　　　Otherwise, go to MHW_R6.

MHW_R6　　　**A person's size is important in understanding health. Because of this, I would like to measure your height. The measurement will not require any touching.**
　　　　　　　INTERVIEWER: Press <Enter> to continue.

MHW_Q6A MHWZ_6	**Do I have your permission to measure your height?**

       1   Yes
       2   No   (Go to MHW_END)
            (DK, R not allowed)

MHW_N6B MHWZ_N6	<u>INTERVIEWER</u>: Enter height to nearest 0.5 cm.

       |_|_|_|·|_|
       (MIN: 90.0 cm) (MAX: 250.0 cm)
       DK, R   (Go to MHW_ END)

MHW_N7A MHWZ_N7	<u>INTERVIEWER</u>: Were there any articles of clothing or physical characteristics which affected the accuracy of this measurement?

       1   Yes
       2   No   (Go to MHW_END)
            (DK, R not allowed)

MHW_N7B	<u>INTERVIEWER</u>: Select reasons affecting accuracy. Mark all that apply.

MHWZ_N7A	1	Shoes or boots
MHWZ_N7B	2	Hairstyle
MHWZ_N7C	3	Hat
MHWZ_N7D	4	Other - Specify
		(DK, R not allowed)

MHW_C7B	If MHW_N7B = 4, go to MHW_S7B. Otherwise, go to MHW_END.

MHW_S7B	<u>INTERVIEWER</u>: Specify.

       _____
       (80 spaces)
       (DK, R not allowed)

MHW_END

LABOUR FORCE (LBF)

LBF_BEG

Note: This module was only collected as part of a sub-sample only.

LBF_C01   If (do LBF block = 1), go to LBF_C02.
               Otherwise, go to LBF_END.

LBF_C02   If age < 15 or age > 75, go to LBF_END.
               Otherwise, go to LBF_QINT.

LBF_QINT   **The next few questions concern ^YOUR2 activities in the last 7 days. By the last
               7 days, I mean beginning [date one week ago], and ending [date yesterday].**
               <u>INTERVIEWER</u>: Press <Enter> to continue.

<u>Job Attachment</u>

LBF_Q01   **Last week, did ^YOU2 work at a job or a business? Please include part-time**
LBFZ_01   **jobs, seasonal work, contract work, self-employment, baby-sitting and any other
               paid work, regardless of the number of hours worked.**

               1   Yes   (Go to LBF_Q03)
               2   No
               3   Permanently unable to work   (Go to LBF_QINT2)
               DK, R   (Go to LBF_END)

LBF_E01   A response inconsistent with a response to a previous question has been entered.
               Please confirm.

               Trigger soft edit if GEN_Q08 = 2 and LBF_Q01 = 1.

LBF_Q02   **Last week, did ^YOU2 have a job or business from which ^YOU1 ^WERE absent?**
LBFZ_02
               1   Yes
               2   No   (Go to LBF_Q11)
               DK, R   (Go to LBF_END)

LBF_Q03   **Did ^YOU1 have more than one job or business last week?**
LBFZ_03
               1   Yes
               2   No
               DK, R

               Go to LBF_C31

Job Search – Last 4 Weeks

LBF_Q11 LBFZ_11	**In the past 4 weeks, did ^YOU2 do anything to find work?**

	1	Yes	(Go to LBF_QINT2)
	2	No	
		DK, R	(Go to LBF_QINT2)

LBF_Q13 LBFZ_13	**What is the main reason that ^YOU1 ^ARE not currently working at a job or business?**

	1	Own illness or disability
	2	Caring for - own children
	3	Caring for - elder relatives
	4	Pregnancy (Females only)
	5	Other personal or family responsibilities
	6	Vacation
	7	School or educational leave
	8	Retired
	9	Believes no work available (in area or suited to skills)
	10	Other - Specify
		DK, R

LBF_C13S   If LBF_Q13 = 10, go to LBF_Q13S.
Otherwise, go to LBF_C13.

LBF_Q13S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

LBF_E13   **A response of "Pregnancy" is invalid for a male respondent.
Please return and correct.**

Trigger hard edit if sex = male and LBF_Q13 = 4.

LBF_C13A   If LBF_Q13 = 1 (Own illness or disability), go to LBF_Q13A.
Otherwise, go to LBF_QINT2.

LBF_Q13A LBFZ_13A	**Is this due to ^YOUR1 physical health, to ^YOUR1 emotional or mental health, to ^YOUR1 use of alcohol or drugs, or to another reason?**

	1	Physical health
	2	Emotional or mental health (including stress)
	3	Use of alcohol or drugs
	4	Another reason
		DK, R

Past Job Attachment

LBF_QINT2   **Now some questions about jobs or employment which ^YOU2 ^HAVE had during the past 12 months, that is, from [date one year ago] to yesterday.**
INTERVIEWER: Press <Enter> to continue.

LBF_Q21   **Did ^YOU1 work at a job or a business at any time in the past 12 months?**
LBFZ_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   A response inconsistent with a response to a previous question has been entered. Please confirm.

    Trigger soft edit if (GEN_Q08 = 2 and LBF_Q21 = 1) or (GEN_Q08 = 1 and LBF_Q21 = 2).

LBF_C22   If LBF_Q11 = 1, go to LBF_Q71.
    Otherwise, go to LBF_Q22.

LBF_Q22   **During the past 12 months, did ^YOU1 do anything to find work?**
LBFZ_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 ^YOU1 work at more than one job or business at the same time?**
LBFZ_23

    1   Yes
    2   No
        DK, R

Occupation, Smoking Restrictions at Work

Note:	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 ^YOUR2 [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.

Note:	If LBF_Q03 = 1 or LBF_Q23 = 1, then the interviewer instructions in LBF_QINT3 should appear as:

INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.

INTERVIEWER: Press <Enter> to continue.

Otherwise, the instruction should appear as:

INTERVIEWER: Press <Enter> to continue.

LBF_Q31   **[Are/Were/Is/Was] ^YOU1 an employee or self-employed?**
LBFZ_31

1	Employee	(Go to LBF_Q33)
2	Self-employed	
3	Working in a family business without pay	(Go to LBF_Q33)
	DK, R	(Go to LBF_Q33)

Note:	If non-proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "are".
	If non-proxy interview and not (LBF_Q01 = 1 or LBF_Q02 = 1), use "were".
	If proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "is".
	If proxy interview and not (LBF_Q01 = 1 or LBF_Q02 = 1), use "was".

| LBF_Q31A | **[Do/Does/Did] ^YOU1 have any employees?** |
| LBFZ_31A | |

1   Yes
2   No
     DK, R

Note: If non-proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "Do".
         If proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "Does".
         Otherwise, use "Did".

LBF_Q32   **What [is/was] the name of ^YOUR1 business?**

LBFZF32   _____
           (50 spaces)
           DK, R

           Go to LBF_Q34

Note: If LBF_Q01 = 1 or LBF_Q02 = 1, use "is".
         Otherwise, use "was".

LBF_Q33   **For whom [do/does/did] ^YOU1 [currently/last] work? (For example: name of
           business, government department or agency, or person)**

LBFZF33   _____
           (50 spaces)
           DK, R

Note: If non-proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "do".
         If proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "does"
         Otherwise, use "did".

         If LBF_Q01 = 1 or LBF_Q02 = 1, use "currently".
         Otherwise, use "last".

LBF_Q34   **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)**

LBFZF34   _____
           (50 spaces)
           DK, R

Note: If LBF_Q01 = 1 or LBF_Q02 = 1, use "is".
         Otherwise, use "was".

LBF_Q35   **What kind of work [is/was] ^YOU1 doing? (For example: babysitting in own home, factory worker, forestry technician)**

LBFZF35   _____
           (50 spaces)
           DK, R

Note: If LBF_Q01 = 1 or LBF_Q02 = 1, use "is".
           Otherwise, use "was".

           Note: Use trigram search.

LBF_D35   SIC_CODE (4 bytes)
LBFZCNIC
LBFZCSOC   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   <u>INTERVIEWER</u>: Specify.

LBFZF35S   _____
           (50 spaces)
           DK, R

LBF_Q36   **What [are/were] ^YOUR1 most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)**

LBFZF36   _____
           (50 spaces)
           DK, R

Note: If LBF_Q01 = 1 or LBF_Q02 = 1, "are".
           Otherwise, use "were".

LBF_Q36A   **[Is/Was] ^YOUR1 job permanent, or is there some way that it [is/was] not**
LBFZ_36A   **permanent? (e.g., seasonal, temporary, term, casual)**

           1   Permanent   (Go to LBF_Q37)
           2   Not permanent
                DK, R   (Go to LBF_Q37)

Note: If LBF_Q01 = 1 or LBF_Q02 = 1, use "is".
           Otherwise, use "was".

LBF_Q36B
LBFZ_36B

In what way [is/was] ^YOUR1 job not permanent?

1   Seasonal
2   Temporary, term or contract
3   Casual job
4   Work done through a temporary help agency
5   Other
    DK, R

Note: If LBF_Q01 = 1 or LBF_Q02 = 1, use "is".
    Otherwise, use "was".

LBF_Q37
ETSZ_7

At ^YOUR1 place of work, what [are/were] the restrictions on smoking?
<u>INTERVIEWER</u>: 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

Note: If LBF_Q01 = 1 or LBF_Q02 = 1, use "are".
    Otherwise, use "were".

    The data from this variable can be found under the Exposure to Second Hand Smoke (ETS) in the data dictionary.

<u>Absence / Hours</u>

LBF_C41   If LBF_Q02 = 1, go to LBF_Q41.
    Otherwise, go to LBF_Q42.

LBF_Q41
LBFZ_41

What was the main reason ^YOU2 ^WERE absent from work last week?

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_Q41S.
            Otherwise, go to LBF_C41A_1.

LBF_Q41S   <u>INTERVIEWER</u>: Specify.

            _____
            (80 spaces)
            DK, R

LBF_E41A   **A response of "Maternity Leave" is invalid for a male respondent.
            Please return and correct.**

            Trigger hard edit if sex = male and LBF_Q13 = 4.

            Go to LBF_C41A_1

LBF_E41B   **A response of "Self-employed, no work available" or "Seasonal Business" is
            invalid for an employee. Please return and correct.**

            Trigger hard edit if LBF_Q31 = 1 and LBF_Q41 = 12 or 13.

            Go to LBF_C41A_1

LBF_E41C   **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.**

            Trigger hard edit if LBF_Q31 = 2 and LBF_Q41 = 8, 9, 10 or 11.

            Go to LBF_C41A_1

LBF_E41D   **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.**

            Trigger hard edit if LBF_Q31 = 3 and LBF_Q41 = 8, 9, 10, 11 or 12.

            Go to LBF_C41A_1

LBF_C41A_1 If LBF_Q41 = 1 (Own illness or disability), go to LBF_Q41A.
            Otherwise, go to LBF_Q42.

LBF_Q41A   **Was that due to ^YOUR1 physical health, to ^YOUR1 emotional or mental
LBFZ_41A   health, to ^YOUR1 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] ^YOU2 usually work at ^YOUR1**
LBFZ_42   **[job/business]? If ^YOU2 usually [work/works/worked] extra hours, paid or unpaid,**
             please include these hours.

             |_|_|_| Hours
             (MIN: 1) (MAX: 168; warning after 84)
             DK, R

Note: If non-proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "do" and "work".
             If proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "does" and "works".
             Otherwise, use "did" and "worked".

             If LBF_Q31 = 1, use "job".
             Otherwise, use "business".

LBF_Q44   **Which of the following best describes the hours ^YOU2 usually**
LBFZ_44

LBF_Q45   **What is the main reason that ^YOU [work/works/worked] this schedule?**
LBFZ_45

      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

Note: If non-proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use and "work".
             If proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "works".
             Otherwise, use "worked".

LBF_C45S   If LBF_Q45 = 7, go to LBF_Q45S.
             Otherwise, go to LBF_Q46.

LBF_Q45S   <u>INTERVIEWER</u>: Specify.

             _____
             (80 spaces)
             DK, R

LBF_Q46   **[Do/Does/Did] ^YOU1 usually work on weekends at this [job/business]?**
LBFZ_46

      1   Yes
      2   No
              DK, R

Note: If non-proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "do".
             If proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "does"
             Otherwise, use "did"

             If LBF_Q31 = 1, use "job".
             Otherwise, use "business".

<u>Other Job</u>

LBF_C51   If LBF_Q03 = 1 or LBF_Q23=1, go to LBF_Q51.
             Otherwise, go to LBF_Q61.

LBF_Q51 LBFZ_51	**You indicated that ^YOU2 [have/has/had] had more than one job. For how many weeks in a row [have/has/had] ^YOU1 [job/business] at more than one job [(in the past 12 months)]?** INTERVIEWER: Obtain best estimate. |_|_| Weeks (MIN: 1) (MAX: 52) DK, R
Note:	If non-proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "have". If proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "has". Otherwise, use "had". If LBF_Q31 = 1, use "job". Otherwise, use "business". If LBF_Q23 = 1, use "in the past 12 months". Otherwise, leave blank.
LBF_Q52 LBFZ_52	**What is the main reason that ^YOU1 [job/business] at more than one job?** 1 To meet regular household expenses 2 To pay off debts 3 To buy something special 4 To save for the future 5 To gain experience 6 To build up a business 7 Enjoys the work of the second job 8 Other - Specify DK, R
Note:	If LBF_Q31 = 1, use "job". Otherwise, use "business".
LBF_C52S	If LBF_Q52 = 8, go to LBF_Q52S. Otherwise, go to LBF_Q53.
LBF_Q52S	INTERVIEWER: Specify. _____ (80 spaces) DK, R

LBF_Q53
LBFZ_53
About how many hours a week [do/does/did] ^YOU1 usually work at ^YOUR1 other job(s)? If ^YOU1 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.

If non-proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "do" and "work".
If proxy interview and (LBF_Q01 = 1 or LBF_Q02 = 1), use "does" and "works".
Otherwise, use "did" and "worked".

LBF_Q54
LBFZ_54
[Do/Does/Did] ^YOU1 usually work on weekends at ^YOUR1 other job(s)?

1   Yes
2   No
     DK, R

Note: If LBF_Q01 = 1 or LBF_Q02 = 1 and non-proxy interview, use "do".
If LBF_Q01 = 1 or LBF_Q02 = 1 and proxy interview, use "does"
Otherwise, use "did".

Weeks Worked

LBF_Q61
LBFZ_61
During the past 52 weeks, how many weeks did ^YOU2 do any work at a job or a business? (Include paid vacation leave, paid maternity leave, and paid sick leave.)

|_|_| Weeks
(MIN: 1) (MAX: 52)
DK, R

Looking For Work

LBF_C71   If LBF_Q61 = 52, go to LBF_END.
               If LBF_Q61 = 51, go to LBF_Q71A.

LBF_Q71   **During the past 52 weeks, how many weeks ^WERE ^YOU1 looking for work?**
LBFZ_71

               That leaves [52 - LBF_Q61] weeks. During those [52 - LBF_Q61] weeks, how many weeks ^WERE ^YOU1 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 was answered, use the second wording. Otherwise, use the first wording.

               If LBF_Q61 = DK or R, max of LBF_Q71 = 52.

LBF_Q71A   **That leaves 1 week. During that week, did ^YOU1 look for work?**
LBFZ_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 ^YOU1 ^WERE neither working**
LBFZ_72   **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 ^YOU1 worked for ^LBF_Q61 week[s] and that ^YOU1 ^WERE looking for work for ^LBF_Q71 week[s], leaving [WEEKS] week[s] during which ^YOU1 ^WERE neither working nor looking for work. The total number of weeks must add to 52. Please return and correct.**

               Trigger hard edit if LBF_Q72 = 2.

LBF_C73   If (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q11 = 1), go to LBF_Q73.
            Otherwise, go to LBF_END.

LBF_Q73   **What is the main reason that ^YOU1 ^WERE not looking for work?**
LBFZ_73   INTERVIEWER: If more than one reason, choose the one that explains the most number
            of weeks.

            1   Own illness or disability
            2   Caring for - own children
            3   Caring for - elder relatives
            4   Pregnancy (Females only)
            5   Other personal or family responsibilities
            6   Vacation
            7   Labour dispute (strike or lockout)
            8   Temporary layoff due to business conditions
            9   Seasonal layoff
            10   Casual job, no work available
            11   Work schedule (e.g., shift work)
            12   School or educational leave
            13   Retired
            14   Believes no work available (in area or suited to skills)
            15   Other - Specify

LBF_C73S   If LBF_Q73 = 15, go to LBF_Q73S.
            Otherwise, go to LBF_C73A.

LBF_Q73S   INTERVIEWER: Specify.

            _____

            (80 spaces)
            DK, R

LBF_E73   **A response of "Pregnancy" is invalid for a male respondent.**
            Please return and correct.

            Trigger hard edit if sex = male and LBF_Q13 = 4.

LBF_C73B   If LBF_Q73 = 1 (own illness or disability), go to LBF_Q73A.
            Otherwise, go to LBF_END.

LBF_Q73A   **Was that due to ^YOUR1 physical health, to ^YOUR1 emotional or mental**
LBFZ_73A   **health, to ^YOUR1 use of alcohol or drugs, or to another reason?**

            1   Physical health
            2   Emotional or mental health (including stress)
            3   Use of alcohol or drugs
            4   Another reason
                    DK, R

LBF_END

LABOUR FORCE – Common Portion (LF2)

LABOUR FORCE (SectLabel)

LF2_BEG

LF2_C1   If (do LBF block = 1) or (m79 = 1), go to LF2_ END. (LBF module included in
                sub-sample)
                Otherwise, go to LF2_ C2.

LF2_C2   If age < 15 or age > 75, go to LF2_END.
                Otherwise, go to LF2_R1.

LF2_R1   **The next questions concern ^YOUR2 activities in the last 7 days. By the last
                7 days, I mean beginning [date one week ago], and ending [date yesterday].**
                <u>INTERVIEWER</u>: Press <Enter> to continue.

LF2_Q1   **Last week, did ^YOU2 work at a job or a business? Please include part-time jobs,**
LBSE_01   **seasonal work, contract work, self-employment, baby-sitting and any other paid
                work, regardless of the number of hours worked.**

                1   Yes   (Go to LF2_ Q3)
                2   No
                3   Permanently unable to work   Go to LF2_END)
                        DK, R   (Go to LF2_END)

                (Question is equivalent to LBF_Q01).

LF2_E1   A response inconsistent with a response to a previous question has been entered.
                Please confirm.

                Trigger soft edit if GEN_Q08 = 2 and LF2_Q1 = 1.

LF2_Q2   **Last week, did ^YOU2 have a job or business from which ^YOU1 ^WERE**
LBSE_02   **absent?**

                1   Yes
                2   No   (Go to LF2_Q4)
                        DK, R   (Go to LF2_END)

                (Question is equivalent to LBF_Q02).

LF2_Q3   **Did ^YOU1 have more than one job or business last week?**
LBSE_03
                1   Yes
                2   No
                        DK, R

                Go to LF2_R5

                (Question is equivalent to LBF_Q03).

LF2_Q4
LBSE_11

In the past 4 weeks, did ^YOU2 do anything to find work?

1   Yes
2   No
        DK, R

Go to LF2_END

(Question is equivalent to LBF_Q11).

LF2_R5

The next questions are about ^YOUR1 current job or business.
INTERVIEWER: If person currently holds more than one job, report on the job for which
the number of hours worked per week is the greatest.

Press <Enter> to continue.

LF2_Q5
LBSE_42

**About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 job or
business? If ^YOU2 usually [work/works] extra hours, paid or unpaid, please
include these hours.**

|_|_|_| Hours
(MIN: 1) (MAX: 168; warning after 84)
DK, R

Note:

If LF2_Q1 = 1 or LF2_Q2 = 1 and non-proxy interview, use "work".
Otherwise, use "works".

(Question is equivalent to LBF_Q42 except that it is asked only of those who currently
have a job (i.e. those who do not currently have a job but who had a job in the past 12
months are not included here but they are in the universe of LBF_Q42. Also the question
text uses the phrase "job or business" rather then a fill because LBF_Q31
(employee or self-employed) is not in the Common LF2 module.).

LF2_Q6
ETSE_7

At ^YOUR1 place of work, what are the restrictions on smoking?
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

(Question is equivalent to LBF_Q37, except it is for the current job only whereas
LBF_Q37 is for the current job or the most recent job, (i.e. those who do not currently
have a job but who had a job in the past 12 months are not included here but they are in
the universe of LBF_Q37).

Note:

The data from this variable can be found under the Exposure to Second Hand Smoke
(ETS) in the data dictionary.

LF2_C7   If LF2_Q3=1, go to LF2_Q7.
                Otherwise, go to LF2_END.

LF2_Q7   **You indicated that ^YOU2 ^HAVE more than one job.**
LBSE_53

                **About how many hours a week ^DOVERB ^YOU1 usually work at ^YOUR1 other
                job(s)? If ^YOU2 usually [work/works] extra hours, paid or unpaid, please include
                these hours.**
                <u>INTERVIEWER</u>: Minimum is 1; maximum is [168 – LF2_Q5].

                |_|_|_| Hours
                (MIN: 1) (MAX: 168 – LF2_Q5; warning after 30)
                DK, R

Note: If non-proxy interview and (LF2_Q1 = 1 or LF2_Q2 = 1), use "work".
                Otherwise, use "works".

                If LF2_Q5 = 168, then maximum = 1.
                If LF2_Q5 = DK or R, then maximum = 168.

                (Note that this question is equivalent to LBF_Q53 except that again the universe is
                current job holders only).

LF2_END

SOCIO-DEMOGRAPHIC CHARACTERISTICS (SDC)

SDC_BEG

SDC_C1   If (do SDC block = 1), go to SDC_R1.
                Otherwise, go to SDC_END.

SDC_R1   **Now some general background questions which will help us compare the health of people in Canada.**
                INTERVIEWER: Press <Enter> to continue.

SDC_Q1   **In what country ^WERE ^YOU1 born?**
SDCE_1

1	Canada	(Go to SDC_Q4)	11	Jamaica
2	China		12	Netherlands / Holland
3	France		13	Philippines
4	Germany		14	Poland
5	Greece		15	Portugal
6	Guyana		16	United Kingdom
7	Hong Kong		17	United States
8	Hungary		18	Viet Nam
9	India		19	Sri Lanka
10	Italy		20	Other - Specify
	DK, R	(Go to SDC_Q4)		

SDC_C1S   If SDC_Q1 = 20, go to SDC_Q1S.
                Otherwise, go to SDC_Q2.

SDC_Q1S   INTERVIEWER: Specify.

                _____
                (80 spaces)
                DK, R

SDC_Q2   **^WERE_C ^YOU1 born a Canadian citizen?**
SDCE_2

                1   Yes   (Go to SDC_Q4)
                2   No
                     DK, R   (Go to SDC_Q4)

SDC_Q3	**In what year did ^YOU1 first come to Canada to live?**
SDCE_3	INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

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

SDC_E3	**Year must be between ^Info.YearofBirth and ^Info.CurrentYear.**

Trigger hard edit if SDC_Q3 < [year of birth] or SDC_Q3 > [current year].

SDC_Q4	**To which ethnic or cultural group(s) did ^YOUR2 <u>ancestors</u> 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.

SDCE_4A	1	Canadian	SDCE_4L	12	Polish
SDCE_4B	2	French	SDCE_4M	13	Portuguese
SDCE_4C	3	English	SDCE_4N	14	South Asian (e.g. East
SDCE_4D	4	German			Indian, Pakistani, Sri Lankan)
SDCE_4E	5	Scottish	SDCE_4T	15	Norwegian
SDCE_4F	6	Irish	SDCE_4U	16	Welsh
SDCE_4G	7	Italian	SDCE_4V	17	Swedish
SDCE_4H	8	Ukrainian	SDCE_4P	18	North American Indian
SDCE_4I	9	Dutch (Netherlands)	SDCE_4Q	19	Métis
SDCE_4J	10	Chinese	SDCE_4R	20	Inuit
SDCE_4K	11	Jewish	SDCE_4S	21	Other – Specify
		DK, R			

SDC_C4S	If SDC_Q4 = 21, go to SDC_Q4S.
	Otherwise, go to SDC_Q5.

SDC_Q4S	INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

Note: Question SDC_Q4, had minor revisions and was used starting with June 2005 collection.

SDC_Q4   **To which ethnic or cultural groups did ^YOUR2 <u>ancestors</u> belong? (For example: French, Scottish, Chinese, East Indian).**
                <u>INTERVIEWER</u>: Mark all that apply.
                If "Canadian" is the only response, probe.
                If the respondent hesitates, do not suggest Canadian.
                If the respondent answers "Eskimo", enter "20".

SDCE_4A	1	Canadian	SDCE_4L	12	Polish
SDCE_4B	2	French	SDCE_4M	13	Portuguese
SDCE_4C	3	English	SDCE_4N	14	South Asian (e.g. East
SDCE_4D	4	German			Indian, Pakistani, Sri Lankan)
SDCE_4E	5	Scottish	SDCE_4T	15	Norwegian
SDCE_4F	6	Irish	SDCE_4U	16	Welsh
SDCE_4G	7	Italian	SDCE_4V	17	Swedish
SDCE_4H	8	Ukrainian	SDCE_4P	18	North American Indian
SDCE_4I	9	Dutch			
		(Netherlands)	SDCE_4Q	19	Métis
SDCE_4J	10	Chinese	SDCE_4R	20	Inuit
SDCE_4K	11	Jewish	SDCE_4S	21	Other - Specify
		DK, R			

SDC_C4S   If SDC_Q4 = 21, go to SDC_Q4S.
                Otherwise, go to SDC_Q4_1.

Note: The otherwise part of condition SDC_C4S, now flows to SDC_Q4_1, starting with June 2005 collection

SDC_Q4S   <u>INTERVIEWER</u>: Specify

                _____
                (80 spaces)
                DK, R

Note: Starting with June, 2005 data collection, the SDC module has been changed. Between questions SDC_Q4 and SDC_Q5, three revised questions have been added to identify Aboriginal people.

SDC_Q4_1   **^ARE_C ^YOU1 an Aboriginal person, that is, North American Indian, Métis**
SDCE_41   **or Inuit?**

1	Yes	
2	No	(Go to SDC_Q4_3)
	DK, R	(Go to SDE_Q5)

SDC_Q4_2   **^ARE_C ^YOU1:**
            INTERVIEWER: Read categories to respondent. Mark all that apply.
            If respondent answers "Eskimo", enter "3".

SDCE_42A   1   **… North American Indian?**
SDCE_42B   2   **… Métis?**
SDCE_42C   3   **… Inuit?**
                   DK, R

            Go to SDC_Q5

SDC_Q4_3   **People living in Canada come from many different cultural and racial**
            Backgrounds. ^ARE_C ^YOU1:
            INTERVIEWER: Read categories to respondent. Mark all that apply.

SDCE_43A   1   **… White?**
SDCE_43B   2   **… Chinese?**
SDCE_43C   3   **… South Asian (e.g., East Indian, Pakistani, Sri Lankan)?**
SDCE_43D   4   **… Black?**
SDCE_43E   5   **… Filipino?**
SDCE_43F   6   **… Latin American?**
SDCE_43G   7   **… Southeast Asian (e.g., Cambodian, Indonesian, Laotian,**
                   Vietnamese)?
SDCE_43H   8   **… Arab?**
SDCE_43I   9   **… West Asian (e.g., Afghan, Iranian)?**
SDCE_43J   10   **… Japanese?**
SDCE_43K   11   **… Korean?**
SDCE_43M   12   Other - Specify
                   DK, R

SDC_C4_3S   If SDC_Q4_3 = 12, go to SDC_Q4_3S.
            Otherwise, go to SDC_Q5.

SDC_Q4_3S   INTERVIEWER: Specify.

            _____
            (80 spaces)
            DK, R

SDC_Q5   **In what languages can ^YOU1 conduct a conversation?**
         <u>INTERVIEWER</u>: Mark all that apply.

SDCE_5A	1	English	SDCE_5M	13	Portuguese
SDCE_5B	2	French	SDCE_5N	14	Punjabi
SDCE_5C	3	Arabic	SDCE_5O	15	Spanish
SDCE_5D	4	Chinese	SDCE_5P	16	Tagalog (Pilipino)
SDCE_5E	5	Cree	SDCE_5Q	17	Ukrainian
SDCE_5F	6	German	SDCE_5R	18	Vietnamese
SDCE_5G	7	Greek	SDCE_5T	19	Dutch
SDCE_5H	8	Hungarian	SDCE_5U	20	Hindi
SDCE_5I	9	Italian	SDCE_5V	21	Russian
SDCE_5J	10	Korean	SDCE_5W	22	Tamil
SDCE_5K	11	Persian (Farsi)	SDCE_5S	23	Other – Specify
SDCE_5L	12	Polish			DK, R

SDC_C5S   If SDC_Q5 = 23, go to SDC_Q5S.
          Otherwise, go to SDC_Q5A.

SDC_Q5S   <u>INTERVIEWER</u>: Specify.

          _____
          (80 spaces)

          DK, R

SDC_Q5A   **What language ^DOVERB ^YOU1 speak most often at home?**
SDCE_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

SDC_C5AS   If SDC_Q5A = 23, go to SDC_Q5AS.
           Otherwise, go to SDC_Q6.

SDC_Q5AS   <u>INTERVIEWER</u>: Specify.

           _____
           (80 spaces)
           DK, R

SDC_Q6   **What is the language that ^YOU2 first learned at home in childhood and can still understand?**
INTERVIEWER: Mark all that apply.
If person can no longer understand the first language learned, mark the second.

SDCE_6A	1	English	SDCE_6M	13	Portuguese
SDCE_6B	2	French	SDCE_6N	14	Punjabi
SDCE_6C	3	Arabic	SDCE_6O	15	Spanish
SDCE_6D	4	Chinese	SDCE_6P	16	Tagalog (Pilipino)
SDCE_6E	5	Cree	SDCE_6Q	17	Ukrainian
SDCE_6F	6	German	SDCE_6R	18	Vietnamese
SDCE_6G	7	Greek	SDCE_6T	19	Dutch
SDCE_6H	8	Hungarian	SDCE_6U	20	Hindi
SDCE_6I	9	Italian	SDCE_6V	21	Russian
SDCE_6J	10	Korean	SDCE_6W	22	Tamil
SDCE_6K	11	Persian (Farsi)	SDCE_6S	23	Other - Specify
SDCE_6L	12	Polish			DK, R

SDC_C6S   If SDC_Q6 = 23, go to SDC_Q6S.
Otherwise, go to SDC_Q7.

SDC_Q6S   INTERVIEWER: Specify.

_____
(80 spaces)
DK, R

Note: Questions SDC_Q7 and SDC_Q7B were only collected from January to May, 2005.

SDC_Q7   **People living in Canada come from many different cultural and racial backgrounds. ^ARE_C ^YOU1:**
INTERVIEWER: Read categories to respondent. Mark all that apply.

SDCE_7A	1	**…White?**
SDCE_7B	2	**…Chinese?**
SDCE_7C	3	**…South Asian (e.g., East Indian, Pakistani, Sri Lankan)?**
SDCE_7D	4	**…Black?**
SDCE_7E	5	**…Filipino?**
SDCE_7F	6	**…Latin American?**
SDCE_7G	7	**…Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)?**
SDCE_7H	8	**…Arab?**
SDCE_7I	9	**…West Asian (e.g., Afghan, Iranian)?**
SDCE_7J	10	**…Japanese?**
SDCE_7K	11	**…Korean?**
SDCE_7L	12	**…Aboriginal (North American Indian, Métis or Inuit)?**
SDCE_7M	13	Other - Specify
		DK, R

SDC_C7S   If SDC_Q7 = 13, go to SDC_Q7S.
           Otherwise, go to SDC_C7B.

SDC_Q7S   <u>INTERVIEWER</u>: Specify.

           _____
           (80 spaces)
           DK, R

SDC_C7B   If SDC_Q7 = 12, go to SDC_Q7B.
           Otherwise, go to SDC_C7A.

SDC_Q7B   **^ARE_C ^YOU1:**
SDCE_7BA   <u>INTERVIEWER</u>: Read categories to respondent.

           1   **… North American Indian?**
           2   **… Métis?**
           3   **… Inuit?**
           4   Other - Specify
                  DK, R

SDC_C7BS   If SDC_Q7B = 4, go to SDC_Q7BS.
           Otherwise, go to SDC_C7A.

SDC_Q7BS   <u>INTERVIEWER</u>: Specify.

           _____
           (80 spaces)
           DK, R

SDC_C7A   If proxy interview or age < 18 or age > 59, go to SDC_END.
           Otherwise, go to SDC_Q7A.

SDC_Q7A   **Do you consider yourself to be:**
SDCE_7AA   <u>INTERVIEWER</u>: Read categories to respondent.

           1   **… heterosexual? (sexual relations with people of the opposite sex)**
           2   **… homosexual, that is lesbian or gay? (sexual relations with people of your
                  own sex)**
           3   **… bisexual? (sexual relations with people of both sexes)**
                  DK, R

SDC_END

EDUCATION (EDU)

EDU_BEG

EDU_C01A   If (do EDU block = 1), go to EDU_C01B.
            Otherwise, go to EDU_END.

EDU_C01B   If age of selected respondent < 14, go to EDU_C07A.
            Otherwise, go to EDU_B01.

EDU_B01   Call Education Sub Block 1 (EDU1)

EDU_C07A   If there is at least one household member who is >= 14 years of age other than the
            selected respondent, go to EDU_R07A.
            Otherwise, go to EDU_END.

EDU_R07A   **Now I'd like you to think about the rest of your household.**
            <u>INTERVIEWER</u>: Press <Enter> to continue.

EDU_B02   Call Education Sub Block 2 (EDU2)

Note: Ask this block for each household member aged 14 and older other than selected
            respondent. Maximum of 19 times.

            If it is a proxy interview then begin with person providing information about selected
            respondent.

            Otherwise, begin with first person rostered. Continue with household members in the
            order in which they were rostered.

            If calling the block for the person providing the information about selected respondent, set
            proxyMode = NonProxy.
            Otherwise, set proxyMode = Proxy.

EDU_END

Education Sub Block 1 (EDU1)

EDU1_BEG

EDU_R01   **Next, education.**
            INTERVIEWER: Press <Enter> to continue.

EDU_Q01   **What is the highest grade of elementary or high school ^YOU2 ^HAVE ever**
EDUE_01   **completed?**

            1   Grade 8 or lower
                    (Québec: Secondary II or lower)   (Go to EDU_Q03)
            2   Grade 9 – 10
                    (Québec: Secondary III or IV, Newfoundland
                    and Labrador: 1st year of secondary)   (Go to EDU_Q03)
            3   Grade 11 – 13
                    (Québec: Secondary V, Newfoundland and
                    Labrador: 2nd to 4th year of secondary)
                    DK, R   (Go to EDU_Q03)

EDU_Q02   **Did ^YOU1 graduate from high school (secondary school)?**
EDUE_02

            1   Yes
            2   No
                    DK, R

EDU_Q03   **^HAVE_C ^YOU1 received any other education that could be counted towards a**
EDUE_03   **degree, certificate or diploma from an educational institution?**

            1   Yes
            2   No   (Go to EDU_Q05)
                    DK, R   (Go to EDU_Q05)

EDU_Q04   **What is the highest degree, certificate or diploma ^YOU1 ^HAVE obtained?**
EDUE_04

            1   No post-secondary degree, certificate or diploma
            2   Trade certificate or diploma from a vocational school or apprenticeship training
            3   Non-university certificate or diploma from a community college, CEGEP, school
                    of nursing, etc.
            4   University certificate below bachelor's level
            5   Bachelor's degree
            6   University degree or certificate above bachelor's degree
                    DK, R

EDU_Q05   **^ARE_C ^YOU1 currently attending a school, college or university?**
SDCE_08
            1   Yes
            2   No   (Go to EDU1_END)
                    DK, R   (Go to EDU1_END)

EDU_Q06 **^ARE_C ^YOU1 enrolled as a full-time student or a part-time student?**
SDCE_09

1   Full-time
2   Part-time
        DK, R

EDU1_END

Education Sub Block 2 (EDU2)

EDU2_BEG

| EDU_Q07 EDUE_01 | **What is the highest grade of elementary or high school [you/FNAME] ever completed?** |

1   Grade 8 or lower
     (Québec: Secondary II or lower)   (Go to EDU_Q09)
2   Grade 9 – 10 (Québec: Secondary III or IV,
     Newfoundland and Labrador: 1st year of secondary)   (Go to EDU_Q09)
3   Grade 11 – 13 (Québec: Secondary V, Newfoundland
     and Labrador: 2nd to 4th year of secondary)
     DK, R   (Go to EDU_Q09)

Note: If non-proxy interview, use "you".
     Otherwise, use ^FNAME.

| EDU_Q08 EDUE_02 | **Did [you/he/she] graduate from high school (secondary school)?** |

1   Yes
2   No
     DK, R

Note: If non-proxy interview, use "you".
     Otherwise, use "he" or "she".

| EDU_Q09 EDUE_03 | **[Have/Has] [you/he/she] received any other education that could be counted towards a degree, certificate or diploma from an educational institution?** |

1   Yes
2   No   (Go to next family member or EDU_END)
     DK, R   (Go to next family member or EDU_END)

Note: If non-proxy interview, use "Have" and "you".
     Otherwise, use "Has" and "he" or "she".

| EDU_Q10 EDUE_04 | **What is the highest degree, certificate or diploma [you/he/she] [have/has] obtained?** |

1   No post-secondary degree, certificate or diploma
2   Trade certificate or diploma from a vocational school or apprenticeship training
3   Non-university certificate or diploma from a community college, CEGEP, school
     of nursing, etc.
4   University certificate below bachelor's level
5   Bachelor's degree
6   University degree or certificate above bachelor's degree
     DK, R

Note: If non-proxy interview, use "you" and "have".
     Otherwise, use "he" or "she" and "has".

EDU2_END

INSURANCE COVERAGE (INS)

INS_BEG

INS_C1A   If (do INS block = 1), go to INS_QINT.
INSEFOPT   Otherwise, go to INS_END.

INS_QINT   **Now, turning to ^YOUR2 insurance coverage. Please include any private, government or employer-paid plans.**
                 INTERVIEWER: Press <Enter> to continue.

INS_Q1   **^DOVERB_C ^YOU2 have insurance that covers all or part of the cost of**
INSE_1   **YOUR1 prescription medications?**

                 1   Yes
                 2   No   (Go to INS_Q2)
                         DK   (Go to INS_Q2)
                         R   (Go to INS_END)

INS_Q1A   **Is it:**
                 INTERVIEWER: Read categories to respondent. Mark all that apply.

INSE_1A   1   **… a government-sponsored plan?**
INSE_1B   2   **… an employer-sponsored plan?**
INSE_1C   3   **… a private plan?**
                         DK, R

INS_Q2   **(^DOVERB_C ^YOU2 have insurance that covers all or part of:)**
INSE_2
                 … ^YOUR1 dental expenses?

                 1   Yes
                 2   No   (Go to INS_Q3)
                         DK, R   (Go to INS_Q3)

INS_Q2A   **Is it:**
                 INTERVIEWER: Read categories to respondent. Mark all that apply.

INSE_2A   1   **… a government-sponsored plan?**
INSE_2B   2   **… an employer-sponsored plan?**
INSE_2C   3   **… a private plan?**
                         DK, R

INS_Q3
INSE_3   **(^DOVERB_C ^YOU2 have insurance that covers all or part of:)**

          … the costs of eye glasses or contact lenses?

          1   Yes
          2   No   (Go to INS_Q4)
                  DK, R   (Go to INS_Q4)

INS_Q3A   **Is it:**
          INTERVIEWER: Read categories to respondent. Mark all that apply.

INSE_3A   1   **… a government-sponsored plan?**
INSE_3B   2   **… an employer-sponsored plan?**
INSE_3C   3   **… a private plan?**
                  DK, R

INS_Q4
INSE_4   **(^DOVERB_C ^YOU2 have insurance that covers all or part of:)**

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

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

INS_Q4A   **Is it:**
          INTERVIEWER: Read categories to respondent. Mark all that apply.

INSE_4A   1   **… a government-sponsored plan?**
INSE_4B   2   **… an employer-sponsored plan?**
INSE_4C   3   **… a private plan?**
                  DK, R

INS_END

INCOME (INC)

INC_BEG

INC_C1   If (do INC block = 1), go to INC_QINT.
Otherwise, go to INC_END.

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

INC_Q1   **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**
<u>INTERVIEWER</u>: Read categories to respondent. Mark all that apply.

INCE_1A	1	**Wages and salaries**
INCE_1B	2	**Income from self-employment**
INCE_1C	3	**Dividends and interest (e.g., on bonds, savings,**
INCE_1D	4	**Employment insurance**
INCE_1E	5	**Worker's compensation**
INCE_1F	6	**Benefits from Canada or Quebec Pension Plan**
INCE_1G	7	**Retirement pensions, superannuation and annuities**
INCE_1H	8	**Old Age Security and Guaranteed Income Supplement**
INCE_1I	9	**Child Tax Benefit**
INCE_1J	10	**Provincial or municipal social assistance or welfare**
INCE_1K	11	**Child support**
INCE_1L	12	**Alimony**
INCE_1M	13	**Other (e.g., rental income, scholarships)**
INCE_1N	14	None (Go to INC_Q3)
		DK, R (Go to INC_END)

INC_E1   **You cannot select "None" and another category. Please return and correct.**

Trigger hard edit if INC_Q1 = 14 and any other response selected in INC_Q1.

INC_E2   Inconsistent answers have been entered. Please confirm.

Trigger soft edit if (INC_Q1 <> 1 or 2) and (LBF_Q01 = 1 or LBF_Q02 = 1 or LBF_Q21 = 1).

INC_C2   If more than one source of income is indicated, go to INC_Q2.
Otherwise, go to INC_Q3.

Note: In processing, if the respondent reported only one source of income in INC_Q1, the variable INC_Q2 is given its value.

INC_Q2
INCE_2

What was the main source of income?

1   Wages and salaries
2   Income from self-employment
3   Dividends and interest (e.g., on bonds, savings)
4   Employment insurance
5   Worker's compensation
6   Benefits from Canada or Quebec Pension
7   Retirement pensions, superannuation and annuities
8   Old Age Security and Guaranteed Income Supplement
9   Child Tax Benefit
10   Provincial or municipal social assistance or welfare
11   Child support
12   Alimony
13   Other (e.g., rental income, scholarships)
14   None (category created during processing)
       DK, R

INC_E3

The main source of income is not selected as one of the sources of income for all household members. Please return and correct.

Trigger hard edit if the response in INC_Q2 was not selected in INC_Q1.

INC_Q3
INCE_3

What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?

|_|_|_|_|_|_| Income   (Go to INC_C4)
(MIN: 0)   (MAX: 500,000; warning after 150,000)
                0   (Go to INC_END)
                DK, R   (Go to INC_Q3A)

Note:

In processing, responses reported in INC_Q3 are also being recoded into the cascade categories of INC_Q3A to INC_Q3G.

INC_Q3A
INCE_3A

Can you estimate in which of the following groups your <u>household</u> income falls? Was the total <u>household</u> income less than $20,000 or $20,000 or more?

1   Less than $20,000
2     $20,000 or more   (Go to INC_Q3E)
3   No income   (Go to INC_END)
      DK, R   (Go to INC_END)

INC_Q3B
INCE_3B

Was the total <u>household</u> 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
INCE_3C
Was the total <u>household</u> 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
INCE_3D
Was the total <u>household</u> 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
INCE_3E
Was the total <u>household</u> 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
INCE_3F
Was the total <u>household</u> 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
INCE_3G
Was the total <u>household</u> income from all sources:
<u>INTERVIEWER</u>: Read categories to respondent.

1   **… less than $50,000?**
2   **… $50,000 to less than $60,000?**
3   **… $60,000 to less than $80,000?**
4   **… $80,000 to less than $100,000?**
5   **… $100,000 or more?**
      DK, R

INC_C4
If age >= 15, go to INC_Q4.
Otherwise, go to INC_END.

INC_Q4
INCE_4
What is your best estimate of ^YOUR2 total <u>personal</u> income, before taxes and other deductions, from all sources in the past 12 months?

|_|_|_|_|_|_| Income   (Go to INC_END)
(MIN: 0) (MAX: 500,000; warning after 150,000)
                        0   (Go to INC_END)
                        DK, R   (Go to INC_Q4A)

Note: In processing, responses reported in INC_Q4 are also coded into the cascade categories of INC_Q4A to INC_Q4G.

INC_Q4A
INCE_4A
Can you estimate in which of the following groups ^YOUR2 <u>personal</u> income falls? Was ^YOUR1 total <u>personal</u> income less than $20,000 or $20,000 or more?

1   Less than $20,000
2       $20,000 or more   (Go to INC_Q4E)
3   No income   (Go to INC_END)
        DK, R   (Go to INC_END)

INC_Q4B
INCE_4B
Was ^YOUR1 total <u>personal</u> income less than $10,000 or $10,000 or more?

1   Less than $10,000
2       $10,000 or more   (Go to INC_Q4D)
        DK, R   (Go to INC_END)

INC_Q4C
INCE_4C
Was ^YOUR1 total <u>personal</u> income less than $5,000 or $5,000 or more?

1   Less than $5,000
2       $5,000 or more
        DK, R

Go to INC_END

INC_Q4D
INCE_4D
Was ^YOUR1 total <u>personal</u> income less than $15,000 or $15,000 or more?

1   Less than $15,000
2       $15,000 or more
        DK, R

Go to INC_END

INC_Q4E
INCE_4E
Was ^YOUR1 total <u>personal</u> income less than $40,000 or $40,000 or more?

1   Less than $40,000
2       $40,000 or more   (Go to INC_Q4G)
        DK, R   (Go to INC_END)

INC_Q4F
INCE_4F

Was ^YOUR1 total <u>personal</u> income less than $30,000 or $30,000 or more?

1   Less than $30,000
2     $30,000 or more
      DK, R

Go to INC_END

INC_Q4G
INCE_4G

Was ^YOUR1 total <u>personal</u> income:
<u>INTERVIEWER</u>: Read categories to respondent.

1   **… less than $50,000?**
2   **… $50,000 to less than $60,000?**
3   **… $60,000 to less than $80,000?**
4   **… $80,000 to less than $100,000?**
5   **… $100,000 or more?**
         DK, R

INC_END

FOOD SECURITY (FSC)

FSC_BEG

FSC_C01   If (do FSC block = 1), then go to FSC_D010.
FSCEFOPT   Otherwise, go to FSC_END.

FSC_D010   If HhldSize = 1, then
                     ^YouAndOthers ="you"
                     ^YouAndOthers_C ="You"
             Else
                     ^YouAndOthers ="you and other household members"
                     ^YouAndOthers_C ="You and other household members"
             Endif

             If (OlderKids + YoungKids = 1), then
                     ^ChildFName = ChildFName
                     ^ChildWas = ChildFName + "was"
                     ^AnyChild = ChildFName
                     ^AnyChilds = ChildFName + " 's"
                     ^WasAnyChild = "was" + ChildFName
             Else
                     ^ChildFName = "the children"
                     ^ChildWas = "The children were"
                     ^AnyChild = "any of the children"
                     ^AnyChilds = "any of the children's"
                     ^WasAnyChild = "were any of the children"
             Endif

             If (Adults + YoungAdults) = , then
                     ^YouOtherAdults = "you"
                     ^YouOtherAdults_C ="You"
             Else
                     ^YouOtherAdults = "you or other adults in your household"
                     ^YouOtherAdults_C ="You or other adults in your household"
             Endif

FSC_R010   **The following questions are about the food situation for your household in the past
             12 months.**
             INTERVIEWER: Press <Enter> to continue.

FSC_Q010	**Which of the following statements best describes the food eaten in your household**
FSCE_010	**in the past 12 months, that is, since [current month] of last year?**
	<u>INTERVIEWER</u>: Read categories to respondent.

1	**^YouAndOthers_C always had enough of the kinds of food you wanted to eat.**
2	**^YouAndOthers_C had enough to eat, but not always the <u>kinds</u> of food you wanted.**
3	**Sometimes ^YouAndOthers did <u>not</u> have <u>enough</u> to eat.**
4	**<u>Often</u> ^YouAndOthers didn't have enough to eat.**
	DK, R (Go to FSC_END)

FSC_R020	**Now I'm going to read you several statements that may be used to describe the food situation for a household. Please tell me if the statement was often true, <u>sometimes</u> true, or never true for ^YouAndOthers in the past 12 months.**
	<u>INTERVIEWER</u>: Press <Enter> to continue.

FSC_Q020	**The first statement is: …^YouAndOthers_C worried that food would run out before**
FSCE_020	**you got money to buy more. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?**

1	Often true
2	Sometimes true
3	Never true
	DK, R

FSC_Q030	**The food that ^YouAndOthers bought just didn't last, and there wasn't any money**
FSCE_030	**to get more. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?**

1	Often true
2	Sometimes true
3	Never true
	DK, R

FSC_Q040	**^YouAndOthers_C couldn't afford to eat balanced meals. In the past 12 months**
FSCE_040	**was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true?**

1	Often true
2	Sometimes true
3	Never true
	DK, R

FSC_C050	If (OlderKids + YoungKids > 0), go to FSC_R050.
	Otherwise, go to FSC_C070.

FSC_R050	**Now I'm going to read a few statements that may describe the food situation for households with children.**
	<u>INTERVIEWER</u>: Press <Enter> to continue.

FSC_Q050
FSCE_050

^YouOtherAdults_C relied on only a few kinds of low-cost food to feed ^ChildFName because you were running out of money to buy food. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?

1   Often true
2   Sometimes true
3   Never true
      DK, R

FSC_Q060
FSCE_060

^YouOtherAdults_C couldn't feed ^ChildFName a balanced meal, because you couldn't afford it. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true in the past 12 months?

1   Often true
2   Sometimes true
3   Never true
      DK, R

FSC_C070

If (FSC_Q020 or FSC_Q030 or FSC_Q040 or FSC_Q050 or FSC_Q060 <= 2) or (FSC_Q010 = 3 or 4) and (OlderKids + YoungKids > 0), go to FSC_Q070.
Else if (FSC_Q020 or FSC_Q030 or FSC_Q040 or FSC_Q050 or FSC_Q060 <= 2) or (FSC_Q010 = 3 or 4), go to FSC_R080.
Otherwise, go to FSC_END.

FSC_Q070
FSCE_070

^ChildWas not eating enough because ^YouOtherAdults just couldn't afford enough food. Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true in the past 12 months?

1   Often true
2   Sometimes true
3   Never true
      DK, R

FSC_R080

The following few questions are about the food situation in the past 12 months for you or any other adults in your household.
<u>INTERVIEWER</u>: Press <Enter> to continue.

FSC_Q080
FSCE_080

In the past 12 months, since last [current month] did ^YouOtherAdults ever cut the size of your meals or skip meals because there wasn't enough money for food?

1   Yes
2   No   (Go to FSC_Q090)
      DK, R   (Go to FSC_Q090)

FSC_Q081
FSCE_081

How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

1   Almost every month
2   Some months but not every month
3   Only 1 or 2 months
      DK, R

FSC_Q090 **In the past 12 months, did you (personally) ever eat less than you felt you should**
FSCE_090 **because there wasn't enough money to buy food?**

    1   Yes
    2   No
           DK, R

FSC_Q100 **In the past 12 months, were you (personally) ever hungry but didn't eat because**
FSCE_100 **you couldn't afford enough food?**

    1   Yes
    2   No
           DK, R

FSC_Q110 **In the past 12 months, did you (personally) lose weight because you didn't have**
FSCE_110 **enough money for food?**

    1   Yes
    2   No
           DK, R

FSC_C120 If (FSC_Q070 = 1 or 2) or (FSC_Q080 or FSC_Q090 or FSC_Q100 or FSC_Q110 = 1),
          go to FSC_Q120.
          Otherwise, go to FSC_END.

FSC_Q120 **In the past 12 months, did ^YouOtherAdults ever not eat for a whole day because**
FSCE_120 **there wasn't enough money for food?**

    1   Yes
    2   No   (Go to FSC_Q130)
           DK, R (Go to FSC_C130)

FSC_Q121 **How often did this happen - almost every month, some months but not every**
FSCE_121 **month, or in only 1 or 2 months?**

    1   Almost every month
    2   Some months but not every month
    3   Only 1 or 2 months
           DK, R

FSC_C130 If (OlderKids + YoungKids <> 0) go to FSC_R130.
          Otherwise, go to FSC_END.

FSC_R130 **Now, a few questions on the food experiences for children in your household.**
          <u>INTERVIEWER</u>: Press <Enter> to continue.

FSC_Q130
FSCE_130

In the past 12 months, did ^YouOtherAdults ever cut the size of ^AnyChilds meals because there wasn't enough money for food?

1   Yes
2   No
       DK, R

FSC_Q140
FSCE_140

In the past 12 months, did ^AnyChild ever skip meals because there wasn't enough money for food?

1   Yes
2   No   (Go to FSC_Q150)
       DK, R   (Go to FSC_Q150)

FSC_Q141
FSCE_141

How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

1   Almost every month
2   Some months but not every month
3   Only 1 or 2 months
       DK, R

FSC_Q150
FSCE_150

In the past 12 months, ^WasAnyChild ever hungry but you just couldn't afford more food?

1   Yes
2   No
       DK, R

FSC_Q160
FSCE_160

In the past 12 months, did ^AnyChild ever not eat for a whole day because there wasn't enough money for food?

1   Yes
2   No
       DK, R

FSC_END

DWELLING CHARACTERISTICS (DWL)

DWL_BEG

DWL_C01   If (do block DWL = 1), go to DWL_R01.
                  Otherwise, go to DWL_END.

DWL_R01   **Now a few questions about your dwelling.**
                  <u>INTERVIEWER</u>: Press <Enter> to continue.

DWL_C01B   If area frame, go to DWL_Q02.
                  Otherwise, go to DWL_Q01.

DWL_Q01   **What type of dwelling ^DOVERB ^YOU2 live in? Is it a:**
DHHEDDWE   <u>INTERVIEWER</u>: Read categories to respondent.

               1   **… single detached?**
               2   **… double?**
               3   **… row or terrace?**
               4   **… duplex?**
               5   **… low-rise apartment of fewer than 5 stories or a flat?**
               6   **… high-rise apartment of 5 stories or more?**
               7   **… institution?**
               8   **… hotel; rooming/lodging house; camp?**
               9   **… mobile home?**
               10   … other – Specify
                       DK, R

DWL_C01S   If DWL_Q01 = 10, go to DW_Q01S.
                   Otherwise, go to DWL_C02.

DWL_Q01S   INTERVIEWER: Specify.

                 _____
                 (80 spaces)
                 DK, R

DWL_Q02   **How many bedrooms are there in this dwelling?**
DHHE_BED   INTERVIEWER: Enter "0" if no separate, enclosed bedroom.

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

DWL_E02   An unusual value has been entered. Select <Suppress> to accept answer
                  and continue or <Go to> to return and correct.

                  Trigger soft edit if (DWL_Q02 > 10).

DWL_Q03 **Is this dwelling owned by a member of this household?**
DHHE_OWN

1   Yes
2   No
        DK, R

DWL_END

ADMINISTRATION (ADM)

ADM_BEG

ADM_C01   If (do ADM block = 1), go to ADM_Q01A.
                 Otherwise, go to ADM_END.

<u>Health Number</u>

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

Note: If province = 60, 61 or 62, use "territorial". Otherwise, use "provincial".

ADM_Q01B   **This linked information will be kept confidential and used only for statistical
SAMEDLNK   purposes. Do we have your permission?**

                 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.)**

                 ^DOVERB_C ^YOU1 have a(n) [province] health number?

                 1   Yes   (Go to HN)
                 2   No
                         DK, R   (Go to ADM_Q04A)

Note: If province = 60, 61 or 62, use "territorial". Otherwise, use "provincial".

ADM_Q03B   **For which [province/territory] is ^YOUR2 health number?**
LNKE_HNP

          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)

Note: If province = 60. 61 or 62, use "territory" and "territorial"
           Otherwise, use "province" and "provincial".

HN   **What is ^YOUR2 health number?**
           <u>INTERVIEWER</u>: Enter a health number for [province]. Do not insert blanks, hyphens or
           commas between the numbers.

           _____
           (8 - 12 spaces)
           DK, R

<u>Data Sharing – All Provinces (excluding Québec and the territories)</u>

ADM_Q04A   **Statistics Canada would like your permission to share the information collected in
           this survey with provincial and territorial ministries of health[,Health Canada and
           the Public Health Agency of Canada / 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.**
           <u>INTERVIEWER</u>: Press <Enter> to continue.

Note: If Shareflag = 1, use ", Health Canada and the Public Health Agency of Canada".
           Otherwise, use "and Health Canada".

Note: A phrase has been added to the share question to be turned on, once the Public
           Health Agency of Canada has legal status.

<u>Data Sharing – NWT, Yukon, Nunavut</u>

ADM_Q04A   **Statistics Canada would like your permission to share the information collected in
           this survey with [Health Canada, the Public Health Agency of Canada / Health
           Canada] and provincial and territorial ministries of health.**
           <u>INTERVIEWER</u>: Press <Enter> to continue.

Note: If Shareflag = 1, use "Health Canada and the Public Health Agency of Canada".
           Otherwise, use "Health Canada".

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 »[, Health Canada and the Public Health Agency of Canada / 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.

Note: If Shareflag = 1, use ", Health Canada and the Public Health Agency of Canada". Otherwise, use " and Health Canada".

ADM_Q04B **All information will be kept confidential and used only for statistical purposes.**
SAMEDSHR

Do you agree to share the information provided?

1   Yes
2   No
       DK, R

Frame Evaluation

FRE_C1 If RDD or FREFLAG = 1 (i.e. the frame evaluation questions have been done for the household), go to ADM_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**
ADME_FE1 **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].

Note: If FRE_Q1 = 1, use "your".
Otherwise, use "your main".

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_I_I_I_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.

Note: If FRE_Q1 = 2, use "your other phone number".
       Otherwise, use "another of your phone numbers".

       CODE2   INTERVIEWER: Enter the area code.
       TEL2   INTERVIEWER: Enter the telephone number

       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_I_I_I_I_I_I
DK, R
Go to ADM_N05

Note: If FRE_Q1 = 2, use "your other phone number" in FRE_Q3.
Otherwise, use "another of your phone numbers" in FRE_Q3.

FRE_Q4   **^DOVERB_C ^YOU2 have a working cellular phone that can place and receive**
ADME_F4   **calls?**

1   Yes
2   No
DK, R

Administration

ADM_N05   INTERVIEWER: Is this a fictitious name for the respondent?
ADME_N05

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.
ADME_N06   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
ADME_N09

INTERVIEWER: Was this interview conducted on the telephone or in person?

1   On telephone
2   In person
3   Both
       DK, R

ADM_N10
ADME_N10

INTERVIEWER: Was the respondent alone when you asked this health questionnaire?

1   Yes   (Go to ADM_N12)
2   No
       DK, R   (Go to ADM_N12)

ADM_N11
ADME_N11

INTERVIEWER: Do you think that the answers of the respondent were affected by someone else being there?

1   Yes
2   No
       DK, R

ADM_N12
ADME_N12

INTERVIEWER: Record language of interview

1	English	14	Tamil
2	French	15	Cree
3	Chinese	16	Afghan
4	Italian	17	Cantonese
5	Punjabi	18	Hindi
6	Spanish	19	Mandarin
7	Portuguese	20	Persian
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_N12S.
Otherwise, go to ADM_END.

ADM_N12S

INTERVIEWER: Specify

_____
(80 spaces)
DK, R

ADM_END

ALPHABETIC INDEX

Physical check-up (pcu)	77
Prostate cancer screening (psa)	79
Restriction of activities (rac)	55
Satisfaction with life (swl)	154
Sedentary activities (sac)	102
Self-esteem (sfe)	166
Sexual behaviour (sxb)	216
Sleep (slp)	7
Smoking - physician counselling (spc)	120
Smoking - stages of change (sch)	115
Smoking (smk)	110
Smoking cessation aids (sca)	117
Social support - availability (ssa)	168
Social support - utilization (ssu)	175
Socio-demographic characteristics (sdc)	267
Stress - coping (stc)	158
Stress - sources (sts)	156
Suicidal thoughts and attempts (sui)	19.
Sun safety (ssb)	107
Two-week disability (twd)	60
Use of protective equipment (upe)	104
Voluntary organizations (org)	6
Waiting times (wtm)	231
Work stress (wst)	163
Youth smoking (ysm)	122