

**Joint Canada/United States  
Survey of Health  
Questionnaire**

**Final**

**June 2004**



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## **HOUSEHOLD VARIABLES**

The following information is collected for each household member:

**DHJ1\_YOB**      Year of Birth

**DHJ1\_AGE**      Age (Age is calculated and confirmed with respondent.)

**DHJ1\_SEX**      Sex

- 1      Male
- 2      Female

## **GENERAL HEALTH**

GEN\_BEG

GEN\_QINT     **This survey deals with various aspects of your health. I'll be asking about such things as your day-to-day health, long-term conditions, and health care.**

INTERVIEWER: Press <Enter> to continue.

GEN\_Q01  
GHJ1\_01

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

INTERVIEWER: Read categories to respondent.

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

GEN\_END     Go to next section.

## **RESTRICTION OF ACTIVITIES**

RAC\_BEG

RAC\_QINT     **The next few questions deal with any limitations in your daily activities caused by a health condition or problem. In these questions, “long-term conditions” refer to conditions that have lasted or are expected to last 6 months or more.**

INTERVIEWER: Press <Enter> to continue.

RAC\_Q1  
RAJ1\_1     **Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?**

INTERVIEWER: Read categories to respondent.

- 1     **Sometimes**
- 2     **Often**
- 3     **Never**
- DK
- R            (Go to RAC\_END)

RAC\_Q2A  
RAJ1\_2A     **How often does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do:**

**... at home?**

INTERVIEWER: Read categories to respondent.

- 1     **Sometimes**
- 2     **Often**
- 3     **Never**
- DK
- R            (Go to RAC\_END)

RAC\_Q2B\_1  
RAJ1\_2B1     **(How often does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity you can do:)**

**... at school?**

INTERVIEWER: Read if necessary.

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

RAC\_Q2B\_2 (How often does a long-term physical condition or mental condition or health  
RAJ1\_2B2 problem, reduce the amount or the kind of activity you can do:)

... at work?

INTERVIEWER: Read if necessary.

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

RAC\_Q2C (How often does a long-term physical condition or mental condition or health  
RAJ1\_2C problem, reduce the amount or the kind of activity you can do:)

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

INTERVIEWER: Read if necessary.

- 1 Sometimes
  - 2 Often
  - 3 Never
- DK  
R

RAC\_END Go to next section.



## **CHRONIC CONDITIONS**

CHC\_BEG

CHC\_QINT     **Now I'd like to ask about long term health conditions that have lasted, or are expected to last 6 months or more and that have been diagnosed by a doctor or other health professional.**  
**INTERVIEWER:** Press <Enter> to continue.

CHC\_Q1  
CHJ1\_1     **Have you ever been told by a doctor or other health professional that you have asthma?**

- 1     Yes
- 2     No                    (Go to CHC\_Q3)
- DK, R                (Go to CHC\_Q3)

CHC\_Q2A  
CHJ1\_2A     **Do you still have asthma?**

- 1     Yes
- 2     No
- DK, R

CHC\_Q2B  
CHJ1\_2B     **In the past 12 months, have you taken any medicine for asthma such as inhalers, nebulizers, pills, liquids or injections?**

- 1     Yes
- 2     No
- DK, R

CHC\_Q2C  
CHJ1\_2C     **During the past 12 months, have you had an episode of asthma or asthma attack?**

- 1     Yes
- 2     No
- DK, R

CHC\_Q3  
CHJ1\_3     **Have you ever been told by a doctor or other health professional that you have arthritis, not including fibromyalgia?**

- 1     Yes
- 2     No                    (Go to CHC\_Q5)
- DK, R                (Go to CHC\_Q5)

CHC\_Q4A  
CHJ1\_4A     **Do you still have arthritis?**

- 1     Yes
- 2     No                    (Go to CHC\_Q5)
- DK, R                (Go to CHC\_Q5)

CHC\_Q4B      **What kind of arthritis do you have?**  
CHJ1\_4B

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

CHC\_C4B      If CHC\_Q4B <> 3, go to CHC\_Q5.

CHC\_Q4BS      INTERVIEWER: Specify.  
CHCJF4BS

\_\_\_\_\_

(80 spaces)

CHC\_Q5      **Have you ever been told by a doctor or other health professional that you**  
CHJ1\_5      **have high blood pressure, also called hypertension?**

- 1      Yes
- 2      No                      (Go to CHC\_C6)  
         DK, R                (Go to CHC\_C6)

CHC\_Q5A      **Do you still have high blood pressure?**  
CHJ1\_5A

- 1      Yes
- 2      No                      (Go to CHC\_C6)  
         DK, R                (Go to CHC\_C6)

CHC\_Q5B      **In the past 12 months, have you received any treatment or taken any**  
CHJ1\_5B      **medicine for high blood pressure?**

- 1      Yes
- 2      No  
         DK, R

CHC\_C6      If age < 40, go to CHC\_C7.

CHC\_Q6      **Have you ever been told by a doctor or other health professional that you**  
CHJ1\_6      **have emphysema or chronic obstructive pulmonary disease (COPD)?**

- 1      Yes
- 2      No                      (Go to CHC\_C7)  
         DK, R                (Go to CHC\_C7)

CHC\_Q6A      **Do you still have emphysema or chronic obstructive pulmonary disease**  
CHJ1\_6A      **(COPD)?**

- 1      Yes
- 2      No                      (Go to CHC\_C7)  
         DK, R                (Go to CHC\_C7)

CHC\_Q6B  
CHJ1\_6B

**In the past 12 months, have you received any treatment or taken any medicine for emphysema or chronic obstructive pulmonary disease (COPD)?**

- 1 Yes
- 2 No  
DK, R

CHC\_C7

If sex = Male, go to CHC\_Q7A.  
If sex = Female, go to CHC\_Q7B.

CHC\_Q7A  
CHJ1\_7A

**Have you ever been told by a doctor or other health professional that you have diabetes?**

- 1 Yes (Go to CHC\_Q7C)
- 2 No (Go to CHC\_Q8)  
DK, R (Go to CHC\_Q8)

CHC\_Q7B  
CHJ1\_7B

**Other than during pregnancy, have you ever been told by a doctor or health care professional that you have diabetes?**

- 1 Yes
- 2 No (Go to CHC\_Q8)  
DK, R (Go to CHC\_Q8)

CHC\_Q7C  
CHJ1\_7C

**Do you still have diabetes?**

- 1 Yes
- 2 No (Go to CHC\_Q7E)  
DK, R (Go to CHC\_Q7E)

CHC\_Q7D  
CHJ1\_7D

**Do you currently take insulin for your diabetes?**

- 1 Yes
- 2 No  
DK, R

CHC\_Q7E  
CHJ1\_7E

**When you were first diagnosed with diabetes, how long was it before you 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  
DK, R

CHC\_Q7F  
CHJ1\_7F

**Are you currently taking diabetic pills to lower your blood sugar?**  
**INTERVIEWER:** Read if necessary: **(These are sometimes called oral agents or hypoglycaemic agents.)**

- 1 Yes
- 2 No  
DK, R

CHC\_Q8  
CHJ1\_8 **Have you ever been told by a doctor or other health professional that you have heart disease?**

- 1 Yes
- 2 No (Go to CHC\_Q9)  
DK, R (Go to CHC\_Q9)

CHC\_Q8A  
CHJ1\_8A **Do you still have heart disease?**

- 1 Yes
- 2 No (Go to CHC\_Q9)  
DK, R (Go to CHC\_Q9)

CHC\_Q8B  
CHJ1\_8B **In the past 12 months, have you received any treatment or taken any medicine for heart disease?**

- 1 Yes
- 2 No  
DK, R

CHC\_Q9  
CHJ1\_9 **Have you ever been told by a doctor or other health professional that you have coronary heart disease?**

- 1 Yes
- 2 No (Go to CHC\_Q10)  
DK, R (Go to CHC\_Q10)

CHC\_Q9A  
CHJ1\_9A **Do you still have coronary heart disease?**

- 1 Yes
- 2 No (Go to CHC\_Q10)  
DK, R (Go to CHC\_Q10)

CHC\_Q9B  
CHJ1\_9B **In the past 12 months, have you received any treatment or taken any medicine for coronary heart disease?**

- 1 Yes
- 2 No  
DK, R

CHC\_Q10  
CHJ1\_10 **Have you ever been told by a doctor or other health professional that you have angina, also called angina pectoris (chest pain, chest tightness)?**

- 1 Yes
- 2 No (Go to CHC\_Q11)  
DK, R (Go to CHC\_Q11)

CHC\_Q10A  
CHJ1\_10A **Do you still have angina (chest pain, chest tightness)?**

- 1 Yes
- 2 No (Go to CHC\_Q11)  
DK, R (Go to CHC\_Q11)

CHC\_Q10B  
CHJ1\_10B

**In the past 12 months, have you received any treatment or taken any medicine for angina?**

- 1 Yes
- 2 No  
DK, R

CHC\_Q11  
CHJ1\_11

**Have you ever been told by a doctor or other health professional that you have had a heart attack (damage to the heart muscle)?**

- 1 Yes
- 2 No  
DK, R

CHC\_END

Go to next section.

## **DEPRESSION**

DPR\_BEG

DPR\_QINT     Now some questions about mental health and emotional well-being.  
**INTERVIEWER: Press <Enter> to continue.**

DPR\_Q02     **During the past 12 months, was there ever a time when you felt sad, blue,  
DPJ1\_02     or depressed for 2 weeks or more in a row?**

- 1     Yes
- 2     No                    (Go to DPR\_Q16)
- DK, R                (Go to DPR\_END)

DPR\_Q03     **For the next few questions, please think of the 2-week period during the  
DPJ1\_03     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 DPR\_Q16)
- 4     **Less than half of a day**        (Go to DPR\_Q16)
- DK, R                    (Go to DPR\_END)

DPR\_Q04     **How often did you feel this way during those 2 weeks?**  
DPJ1\_04     **INTERVIEWER:** Read categories to respondent.

- 1     **Every day**
- 2     **Almost every day**
- 3     **Less often**                    (Go to DPR\_Q16)
- DK, R                    (Go to DPR\_END)

DPR\_Q05     **During those 2 weeks did you lose interest in most things?**  
DPJ1\_05

- 1     Yes                    (KEY PHRASE = Losing interest)
- 2     No                      (Go to DPR\_END)
- DK, R

DPR\_Q06     **Did you feel tired out or low on energy all of the time?**  
DPJ1\_06

- 1     Yes                    (KEY PHRASE = Feeling tired)
- 2     No                      (Go to DPR\_END)
- DK, R

DPR\_Q07     **Did you gain weight, lose weight or stay about the same?**  
DPJ1\_07

- 1     Gained weight                    (KEY PHRASE = Gaining weight)
- 2     Lost weight                      (KEY PHRASE = Losing weight)
- 3     Stayed about the same        (Go to DPR\_Q09)
- 4     Was on a diet                    (Go to DPR\_Q09)
- DK, R                    (Go to DPR\_END)

DPR\_Q08A **About how much did you %gain/lose%?**

DPJ1\_08A INTERVIEWER: Enter amount only.

- [\_|\_|] Weight  
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)  
DK (Go to DPR\_Q09)  
R (Go to DPR\_Q09)

DPR\_Q08B INTERVIEWER: Was that in pounds or in kilograms?

DPJ1\_08B

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

DPR\_Q09 **Did you have more trouble falling asleep than you usually do?**

DPJ1\_09

- 1 Yes (KEY PHRASE = Trouble falling asleep)  
2 No (Go to DPR\_Q11)  
DK, R (Go to DPR\_END)

DPR\_Q10 **How often did that happen?**

DPJ1\_10

INTERVIEWER: Read categories to respondent.

- 1 **Every night**  
2 **Nearly every night**  
3 **Less often**  
DK, R (Go to DPR\_END)

DPR\_Q11 **Did you have a lot more trouble concentrating than usual?**

DPJ1\_11

- 1 Yes (KEY PHRASE = Trouble concentrating)  
2 No (Go to DPR\_END)  
DK, R (Go to DPR\_END)

DPR\_Q12 **At these times, people sometimes feel down on themselves, no good or worthless. Did you feel this way?**

DPJ1\_12

- 1 Yes (KEY PHRASE = Feeling down on yourself)  
2 No (Go to DPR\_END)  
DK, R (Go to DPR\_END)

DPR\_Q13 **Did you think a lot about death - either your own, someone else's or death in general?**

DPJ1\_13

- 1 Yes (KEY PHRASE =Thoughts about death)  
2 No (Go to DPR\_END)  
DK, R (Go to DPR\_END)

DPR\_C14 If "Yes" in DPR\_Q5, DPR\_Q6, DPR\_Q9, DPR\_Q11, DPR\_Q12 or DPR\_Q13, or DPR\_Q7 is "gain" or "lose", go to DPR\_Q14C. Otherwise, go to DPR\_END.

DPR\_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.

DPR\_Q14  
DPJ1\_14      **About how many weeks altogether did you feel this way during the past 12 months?**

|\_|\_| Weeks  
(MIN: 2 MAX: 52)  
(If > 51 weeks, go to DPR\_END)  
DK, R            (Go to DPR\_END)

DPR\_Q15  
DPJ1\_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  |

Go to DPR\_END

DPR\_Q16  
DPJ1\_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 DPR\_END)  
DK, R      (Go to DPR\_END)

DPR\_Q17  
DPJ1\_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 DPR\_END)
- 4      **Less than half of a day**            (Go to DPR\_END)  
DK, R            (Go to DPR\_END)

DPR\_Q18  
DPJ1\_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 DPR\_END)  
DK, R            (Go to DPR\_END)



DPR\_Q19      **During those 2 weeks did you feel tired out or low on energy all the time?**  
DPJ1\_19

- 1      Yes                    (KEY PHRASE = Feeling tired)
- 2      No  
         DK, R                (Go to DPR\_END)

DPR\_Q20      **Did you gain weight, lose weight, or stay about the same?**  
DPJ1\_20

- 1      Gained weight                    (KEY PHRASE = Gaining weight)
- 2      Lost weight                    (KEY PHRASE = Losing weight)
- 3      Stayed about the same            (Go to DPR\_Q22)
- 4      Was on a diet                    (Go to DPR\_Q22)
- DK, R                    (Go to DPR\_END)

DPR\_Q21A      **About how much did you %gain/lose%?**  
DPJ1\_21A

INTERVIEWER: Enter amount only.

[\_|\_]      Weight  
(MIN: 1) (MAX: 99; warning after 20 pounds / 9 kilograms)  
DK, R                    (Go to DPR\_Q22)

DPR\_Q21B      INTERVIEWER: Was that in pounds or in kilograms?  
DPJ1\_21B

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

DPR\_Q22      **Did you have more trouble falling asleep than you usually do?**  
DPJ1\_22

- 1      Yes                    (KEY PHRASE = Trouble falling asleep)
- 2      No                    (Go to DPR\_Q24)
- DK, R                    (Go to DPR\_END)

DPR\_Q23      **How often did that happen?**  
DPJ1\_23

INTERVIEWER: Read categories to respondent.

- 1      **Every night**
- 2      **Nearly every night**
- 3      **Less often**
- DK, R                    (Go to DPR\_END)

DPR\_Q24      **Did you have a lot more trouble concentrating than usual?**  
DPJ1\_24

- 1      Yes                    (KEY PHRASE = Trouble concentrating)
- 2      No  
         DK, R                    (Go to DPR\_END)

DPR\_Q25      **At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?**  
DPJ1\_25

- 1      Yes                    (KEY PHRASE = Feeling down on yourself)
- 2      No  
         DK, R                    (Go to DPR\_END)

DPR\_Q26      **Did you think a lot about death - either your own, someone else's, or death**  
DPJ1\_26      **in general?**

- 1      Yes                    (KEY PHRASE =Thoughts about death)
- 2      No  
         DK, R                (Go to DPR\_END)

DPR\_C27      If any "Yes" in DPR\_Q19, DPR\_Q22, DPR\_Q24, DPR\_Q25 or DPR\_Q26, or  
                 DPR\_Q20 is "gain" or "lose", go to DPR\_Q27C. Otherwise, go to DPR\_END.

DPR\_Q27C     **Reviewing what you just told me, you had 2 weeks in a row during the past**  
                 **12 months when you lost interest in most things and also had some other**  
                 **things like (KEY PHRASES).**  
                 INTERVIEWER: Press <Enter> to continue.

DPR\_Q27      **About how many weeks did you feel this way during the past 12 months?**  
DPJ1\_27

- [\_|\_]      Weeks
- (MIN: 2 MAX: 52)
- (If > 51 weeks, go to DPR\_END)
- DK, R                (Go to DPR\_END)

DPR\_Q28      **Think about the last time you had 2 weeks in a row when you felt this way. In**  
DPJ1\_28      **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  |

DPR\_END      Go to next section.

## **CONTACT WITH MENTAL HEALTH PROFESSIONALS**

CMH\_BEG

CMH\_Q01  
CMJ1\_01K

**In the past 12 months, that is, from %date one year ago% to yesterday, have you seen, or talked on the telephone to a health professional about your emotional or mental health?**

- 1 Yes
- 2 No (Go to CMH\_END)
- DK, R (Go to CMH\_END)

CMH\_Q02  
CMJ1\_01L

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

I\_\_I\_\_ Times  
(MIN: 1) (MAX: 366; warning after 25)

CMH\_Q03

**Whom did you see or talk to?**

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

CMJ1\_1MA  
CMJ1\_1MB  
CMJ1\_1MC  
CMJ1\_1MD  
CMJ1\_1ME  
CMJ1\_1MF

- 1 **Family doctor or general practitioner**
- 2 **Psychiatrist**
- 3 **Psychologist**
- 4 **Nurse**
- 5 **Social worker or counsellor**
- 6 **Other** – Specify  
DK, R

CMH\_C03

If CMH\_Q03 = 6, go to CMH\_Q03S.  
Otherwise, go to CMH\_END.

CMH\_Q03S  
CMHJF03S

INTERVIEWER: Specify.

\_\_\_\_\_  
(80 spaces)

CMH\_END

Go to next section.

## **SMOKING**

SMK\_BEG

SMK\_QINT    **The next questions are about smoking.**  
INTERVIEWER: Press <Enter> to continue.

SMK\_Q1        **Have you smoked at least 100 cigarettes in your entire life?**  
SMJ1\_01A

- 1        Yes                            (Go to SMK\_Q3)
- 2        No
- DK, R

SMK\_Q2        **Have you ever smoked a whole cigarette?**  
SMJ1\_01B

- 1        Yes
- 2        No                                (Go to SMK\_END)
- DK, R                            (Go to SMK\_END)

SMK\_Q3        **At what age did you smoke your first whole cigarette?**  
SMJ1\_01C

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

SMK\_Q4        **Do you now smoke cigarettes every day, some days or not at all?**  
SMJ1\_4

- 1        Every Day                        (Go to SMK\_Q5)
- 2        Some Days                        (Go to SMK\_Q7)
- 3        Not at all                        (Go to SMK\_C5)
- DK, R                            (Go to SMK\_END)

SMK\_C5        If SMK\_Q1 = 2 (No) or DK, R, go to SMK\_END.  
Otherwise, go to SMK\_Q9.

SMK\_Q5        **How old were you when you first started to smoke (cigarettes) daily?**  
SMJ1\_5

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

SMK\_Q6        **How many cigarettes do you smoke each day now?**  
SMJ1\_6

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

SMK\_C6        Go to SMK\_Q9

SMK\_Q7  
SMJ1\_7

**In the past month, on how many days have you smoked 1 or more cigarettes?**

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

SMK\_C7

If SMK\_Q7 = (MIN: 0), go to SMK\_Q9.

SMK\_Q8  
SMJ1\_8

**On these days, about how many cigarettes do you smoke each day?**

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

SMK\_Q9  
SMJ1\_9

**Have you ever smoked cigarettes daily for more than 3 months?**

- |   |       |                 |
|---|-------|-----------------|
| 1 | Yes   | (Go to SMK_C10) |
| 2 | No    | (Go to SMK_Q11) |
|   | DK, R | (Go to SMK_Q11) |

SMK\_C10

If SMK\_Q4 = 1 (Every day), go to SMK\_Q11. Otherwise, go to SMK\_Q10

SMK\_Q10  
SMJ1\_10

**At what age did you begin to smoke (cigarettes) everyday?**

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

SMK\_Q11  
SMJ1\_11

**When you smoked your most, how many cigarettes did you usually smoke each day?**

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

SMK\_C12

If SMK\_Q9 = 1 (Yes) and SMK\_Q4 = 2 or 3 (Some days or not at all), go to SMK\_Q12. Otherwise, go to SMK\_END

SMK\_Q12  
SMJ1\_12

**When did you stop smoking everyday? Was it:**  
INTERVIEWER: Read categories to respondent.

- |   |  |
|---|--|
| 1 | <b>Less than one year ago?</b>           |
| 2 | <b>1 year to less than 2 years ago?</b>  |
| 3 | <b>2 years to less than 3 years ago?</b> |
| 4 | <b>3 or more years ago?</b>              |
|   | DK, R                                    |

SMK\_Q13  
SMJ1\_13

**In what month did you stop?**

- |   |          |    |           |
|---|----------|----|-----------|
| 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    |    |           |

SMK\_END      Go to next section.

## **HEALTH STATUS (HEALTH UTILITY INDEX - HUI)**

HUI\_BEG

HUI\_QINT

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

### **Vision**

HUI\_Q01  
HUJ1\_01

Are you **usually** able to see well enough to read ordinary newsprint **without** glasses or contact lenses?

- 1 Yes (Go to HUI\_Q04)
- 2 No (Go to HUI\_END)
- DK (Go to HUI\_END)
- R (Go to HUI\_END)

HUI\_Q02  
HUJ1\_02

Are you **usually** able to see well enough to read ordinary newsprint **with** glasses or contact lenses?

- 1 Yes (Go to HUI\_Q04)
- 2 No
- DK
- R

HUI\_Q03  
HUJ1\_03

Are you able to see at all?

- 1 Yes
- 2 No (Go to HUI\_Q06)
- DK (Go to HUI\_Q06)
- R (Go to HUI\_Q06)

HUI\_Q04  
HUJ1\_04

Are you able to see well enough to recognize a friend on the other side of the street **without** glasses or contact lenses?

- 1 Yes (Go to HUI\_Q06)
- 2 No (Go to HUI\_Q06)
- DK, R (Go to HUI\_Q06)

HUI\_Q05  
HUJ1\_05

Are you **usually** able to see well enough to recognize a friend on the other side of the street **with** glasses or contact lenses?

- 1 Yes
- 2 No
- DK
- R

**Hearing**

HUI\_Q06  
HUJ1\_06

Are you **usually** able to hear what is said in a group conversation with at least 3 other people **without** a hearing aid?

- 1 Yes (Go to HUI\_Q10)
- 2 No  
DK, R (Go to HUI\_Q10)

HUI\_Q07  
HUJ1\_07

Are you **usually** able to hear what is said in a group conversation with at least 3 other people **with** a hearing aid?

- 1 Yes (Go to HUI\_Q8)
- 2 No  
DK, R

HUI\_Q07A  
HUJ1\_07A

Are you able to hear at all?

- 1 Yes
- 2 No (Go to HUI\_Q10)  
DK, R (Go to HUI\_Q10)

HUI\_Q08  
HUJ1\_08

Are you **usually** able to hear what is said in a conversation with one other person in a quiet room **without** a hearing aid?

- 1 Yes (Go to HUI\_Q10)
- 2 No  
DK, R (Go to HUI\_Q10)

HUI\_Q09  
HUJ1\_09

Are you **usually** able to hear what is said in a conversation with one other person in a quiet room **with** a hearing aid?

- 1 Yes
- 2 No  
DK, R

**Speech**

HUI\_Q10  
HUJ1\_10

Are you **usually** able to be understood **completely** when speaking with strangers in your own language?

- 1 Yes (Go to HUI\_Q14)
- 2 No  
DK (Go to HUI\_Q14)  
R (Go to HUI\_Q14)

HUI\_Q11  
HUJ1\_11

Are you able to be understood **partially** when speaking with strangers?

- 1 Yes
- 2 No  
DK (Go to HUI\_Q14)  
R (Go to HUI\_Q14)



HUI\_Q12  
HUJ1\_12      **Are you able to be understood completely when speaking with those who know you well?**

- 1      Yes                      (Go to HUI\_Q14)
- 2      No  
         DK                      (Go to HUI\_Q14)
- R                        (Go to HUI\_Q14)

HUI\_Q13  
HUJ1\_13      **Are you able to be understood partially when speaking with those who know you well?**

- 1      Yes
- 2      No  
         DK  
         R

**Getting Around**

HUI\_Q14  
HUJ1\_14      **Are you usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

- 1      Yes                      (Go to HUI\_Q21)
- 2      No  
         DK, R                    (Go to HUI\_Q21)

HUI\_Q15  
HUJ1\_15      **Are you able to walk at all?**

- 1      Yes
- 2      No                        (Go to HUI\_Q18)
- DK, R                    (Go to HUI\_Q18)

HUI\_Q16  
HUJ1\_16      **Do you 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  
HUJ1\_17      **Do you require the help of another person to be able to walk?**

- 1      Yes
- 2      No  
         DK, R

HUI\_Q18  
HUJ1\_18      **Do you require a wheelchair to get around?**

- 1      Yes
- 2      No                        (Go to HUI\_Q21)
- DK                        (Go to HUI\_Q21)
- R                        (Go to HUI\_Q21)

HUI\_Q19  
HUJ1\_19

**How often do you use a wheelchair?**  
INTERVIEWER: Read categories to respondent.

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

HUI\_Q20  
HUJ1\_20

**Do you need the help of another person to get around in the wheelchair?**

- 1 Yes
  - 2 No
- DK  
R

### **Hands and Fingers**

HUI\_Q21  
HUJ1\_21

**Are you usually able to grasp and handle small objects such as a pencil or scissors?**

- 1 Yes (Go to HUI\_Q25)
  - 2 No (Go to HUI\_Q25)
- DK (Go to HUI\_Q25)  
R (Go to HUI\_Q25)

HUI\_Q22  
HUJ1\_22

**Do you 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  
HUJ1\_23

**Do you require the help of another person with:**  
INTERVIEWER: Read categories to respondent.

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

HUI\_Q24  
HUJ1\_24

**Do you 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  
HUJ1\_25

**Would you describe yourself as being usually:**

**INTERVIEWER:** Read categories to respondent.

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

**Memory**

HUI\_Q26  
HUJ1\_26

**How would you describe your 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  
HUJ1\_27

**How would you describe your 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  
HUJ1\_28

**Are you usually free of pain or discomfort?**

- 1 Yes (Go to HUI\_END)
  - 2 No (Go to HUI\_END)
- DK, R (Go to HUI\_END)

HUI\_Q29  
HUJ1\_29

**How would you describe the usual intensity of your pain or discomfort?**

**INTERVIEWER:** Read categories to respondent.

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

HUI\_Q30  
HUJ1\_30

**How many activities does your pain or discomfort prevent?**

INTERVIEWER: Read categories to respondent.

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

HUI\_END

Go to next section.

## **HEIGHT / WEIGHT**

HWT\_Q02  
HWJ1\_2

**How tall are you without shoes?**

- |   |   |                  |
|---|---|------------------|
| 0 | Less than 1' / 12" (less than 29.2 cm.)         | (Go to HWT_Q03)  |
| 1 | 1'0" to 1'11" / 12" to 23" (29.2 to 59.6 cm.)   |                  |
| 2 | 2'0" to 2'11" / 24" to 35" (59.7 to 90.1 cm.)   | (Go to HWT_Q02B) |
| 3 | 3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)  | (Go to HWT_Q02C) |
| 4 | 4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.) | (Go to HWT_Q02D) |
| 5 | 5'0" to 5'11" (151.1 to 181.5 cm.)              | (Go to HWT_Q02E) |
| 6 | 6'0" to 6'11" (181.6 to 212.0 cm.)              | (Go to HWT_Q02F) |
| 7 | 7'0" and over (212.1 cm. and over)              | (Go to HWT_Q03)  |
|   | DK, R   | (Go to HWT_Q03)  |

HWT\_Q02A  
HWJ1\_2A

**INTERVIEWER: Select the exact height.**

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

Go to HWT\_Q03

HWT\_Q02B  
HWJ1\_2B

**INTERVIEWER: Select the exact height.**

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

Go to HWT\_Q03

HWT\_Q02C INTERVIEWER: Select the exact height.  
HWJ1\_2C

- 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\_Q03

HWT\_Q02D INTERVIEWER: Select the exact height.  
HWJ1\_2D

- 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\_Q03

HWT\_Q02E INTERVIEWER: Select the exact height.  
HWJ1\_2E

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

Go to HWT\_Q03

HWT\_Q02F      INTERVIEWER: Select the exact height.  
HWJ1\_2F

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

HWT\_Q03      **How much do you weigh?**  
HWJ1\_3      INTERVIEWER: Enter amount only.

\_|\_|\_|      Weight  
(MIN: 1) (MAX: 575)  
DK, R      (Go to HWT\_END)

HWT\_N04      INTERVIEWER: Was that in pounds or kilograms?  
HWJ1\_N4

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

HWT\_E03      Soft range check for HWT\_Q03  
If HWT\_N4 = 1, warning if HWT\_Q03 < 60 or HWT\_Q03 > 300.  
If HWT\_N4 = 2, warning if HWT\_Q03 < 27 or HWT\_Q03 > 136.

HWT\_Q04      **Do you consider yourself:**  
HWJ1\_4      INTERVIEWER: Read categories to respondent.

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

HWT\_END      Go to next section.

## HEALTH CARE UTILIZATION

HCU\_BEG

HCU\_QINT1 **Now I'd like to ask about your contacts with health professionals during the past 12 months, that is, from %date one year ago% to yesterday.**

INTERVIEWER: Press <Enter> to continue.

HCU\_Q01AA **Do you have a regular medical doctor?**

HCJ1\_1AA

- 1 Yes
- 2 No  
DK, R

HCU\_Q01BA **In the past 12 months, have you been a patient overnight in a hospital, nursing home or convalescent home?**

HCJ1\_01

- 1 Yes
- 2 No (Go to HCU\_Q02)
- DK (Go to HCU\_Q02)
- R (Go to HCU\_END)

HCU\_Q01BB **For how many nights in the past 12 months?**

HCJ1\_01A

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

HCU\_Q02 **In the past 12 months, how many times have you seen, or talked with the following health care professionals about your own health:**

		MIN	MAX	Warning After
HCJ1_2A	a) ... your family doctor or general practitioner?	0	366	12
HCJ1_2B	b) ... an eye doctor including other people that prescribe lenses (such as an ophthalmologist or optometrist)?	0	75	3
HCJ1_2C	c) ... a chiropractor?	0	366	20
HCJ1_2D	d) ... a nurse for care or advice?	0	366	15
HCJ1_2E	e) ... a dentist or orthodontist?	0	99	4
HCJ1_2F	f) ... a physiotherapist?	0	366	30
HCJ1_2G	g) ... a psychologist?	0	366	25
HCJ1_2H	h) ... a speech, audiology or occupational therapist?	0	200	12
HCJ1_2I	i) ... any other medical doctor (such as a surgeon, allergist, orthopaedist, gynaecologist or psychiatrist)?	0	300	7

DK, R



**UNMET NEEDS – HEALTH CARE UTILIZATION**

HCU\_Q03      **During the past 12 months, was there ever a time when you felt that you**  
HCJ1\_06      **needed health care but you didn't receive it?**

- 1      Yes
- 2      No                    (Go to HCU\_END)
- DK, R                (Go to HCU\_END)

HCU\_Q04      **Thinking of the most recent time, why didn't you get care?**  
INTERVIEWER: Mark all that apply.

- HCJ1\_07A      1      Not available - in the area
- HCJ1\_07B      2      Not available - at time required (e.g. doctor on holidays, inconvenient hours)
- HCJ1\_07C      3      Waiting time too long
- HCJ1\_07D      4      Felt would be inadequate
- HCJ1\_07E      5      Cost
- HCJ1\_07F      6      Too busy
- HCJ1\_07G      7      Didn't get around to it / didn't bother
- HCJ1\_07H      8      Didn't know where to go
- HCJ1\_07I      9      Transportation problems
- HCJ1\_07J      10     Language problems
- HCJ1\_07K      11     Personal or family responsibilities
- HCJ1\_07L      12     Dislikes doctors / afraid
- HCJ1\_07M      13     Decided not to seek care
- HCJ1\_07N      14     Other - Specify
- DK, R

HCU\_C04      If HCU\_Q04 <> 14, go to HCU\_Q05.

HCU\_Q04S      INTERVIEWER: Specify.  
HCUJF04S

\_\_\_\_\_  
(80 spaces)

HCU\_Q05      **Again, thinking of the most recent time, what was the type of care that was**  
**needed?**  
INTERVIEWER: Mark all that apply.

- HCJ1\_08A      1      Treatment of a physical health problem
- HCJ1\_08B      2      Treatment of an emotional or mental health problem
- HCJ1\_08C      3      A regular check-up (including regular pre-natal care)
- HCJ1\_08D      4      Care of an injury
- HCJ1\_08E      5      Other - Specify
- DK, R

HCU\_C05      If HCU\_Q05 <> 5, go to HCU\_END.

HCU\_Q05S      INTERVIEWER: Specify.  
HCUJF05S

\_\_\_\_\_  
(80 spaces)

HCU\_END      Go to next section.

## **USE OF MEDICATIONS**

DGU\_BEG

DGU\_QINT **Now I'd like to ask a few questions about your use of prescription medications.**

INTERVIEWER: Press <Enter> to continue.

DGU\_Q01 **In the past month, did you take any prescription medication?**  
MEJ1\_01

- 1 Yes
- 2 No (Go to DGU\_Q05)
- DK, R (Go to DGU\_Q05)

DGU\_C02 If female & age >= 30, go to DGU\_Q02.  
Otherwise, go to DGU\_Q04.

DGU\_Q02 **In the past month, that is, from %date one month ago% to yesterday, did you take:**  
MEJ1\_1T

**... hormones for menopause or aging symptoms?**

- 1 Yes
- 2 No (Go to DGU\_Q04)
- DK, R (Go to DGU\_Q04)

DGU\_Q03 **When did you start taking these hormones?**

MEJ1\_1T2 INTERVIEWER: Enter the year (minimum is %year of birth + 30%; maximum is %current year%).

|\_|\_|\_| Year  
(MIN: year of birth + 30) (MAX: current year)

DGU\_Q04 **Now, I am referring to the last 2 days, that is, yesterday and the day before yesterday. During those 2 days, how many different prescription medications did you take?**  
MEJ1\_04

|\_| Medications  
(MIN: 0) (MAX: 99; warning after 10)  
DK, R

DGU\_Q05 **During the past 12 months, was there ever a time when you needed prescription medicines but didn't get it because you couldn't afford it?**  
MEJ1\_05

- 1 Yes
- 2 No
- DK, R

DGU\_END Go to next module

## **U.S. LIMITATION OF ACTIVITIES**

AHS\_BEG

AHS\_Q01  
AHJ1\_01      **Do you now have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?**

- 1      Yes
- 2      No
- DK, R

AHS\_QINT      **The next questions ask about difficulties you may have doing certain activities because of a health problem. By health problem, we mean any physical, mental or emotional problem or illness (not including pregnancy).**  
**INTERVIEWER:** Press <Enter> to continue.

AHS\_C02A      If Samptype = 01, use "half a kilometre"  
                    If Samptype = 02, use "quarter of a mile"

AHS\_Q02A  
AHJ1\_02A      **By yourself, and without using any special equipment, how difficult is it for you:**  
**... to walk a %quarter of a mile/half a kilometre% - about 3 city blocks?**  
**INTERVIEWER:** Read categories to respondent.

- 1      **Not at all difficult**
- 2      **Only a little difficult**      (KEY PHRASE = walking about 3 blocks)
- 3      **Somewhat difficult**      (KEY PHRASE = walking about 3 blocks)
- 4      **Very difficult**      (KEY PHRASE = walking about 3 blocks)
- 5      **Can't do at all**      (KEY PHRASE = walking about 3 blocks)
- 6      **Do not do this activity**
- DK, R

AHS\_Q02B  
AHJ1\_02B      **(By yourself, and without using any special equipment, how difficult is it for you:)**  
**... to walk up 10 steps without resting?**  
**INTERVIEWER:** Read categories to respondent.

- 1      **Not at all difficult**
- 2      **Only a little difficult**      (KEY PHRASE = walking up 10 steps without rest)
- 3      **Somewhat difficult**      (KEY PHRASE = walking up 10 steps without rest)
- 4      **Very difficult**      (KEY PHRASE = walking up 10 steps without rest)
- 5      **Can't do at all**      (KEY PHRASE = walking up 10 steps without rest)
- 6      **Do not do this activity**
- DK, R

AHS\_Q02C  
AHJ1\_02C

**(By yourself, and without using any special equipment, how difficult is it for you:)**

**... to stand or be on your feet for about 2 hours?**

INTERVIEWER: Read if necessary.

- 1 Not at all difficult
- 2 Only a little difficult (KEY PHRASE = being on your feet for about 2 hours)
- 3 Somewhat difficult (KEY PHRASE = being on your feet for about 2 hours)
- 4 Very difficult (KEY PHRASE = being on your feet for about 2 hours)
- 5 Can't do at all (KEY PHRASE = being on your feet for about 2 hours)
- 6 Do not do this activity  
DK, R

AHS\_Q02D  
AHJ1\_02D

**(By yourself, and without using any special equipment, how difficult is it for you:)**

**... to sit for about 2 hours?**

INTERVIEWER: Read if necessary.

- 1 Not at all difficult
- 2 Only a little difficult (KEY PHRASE = sitting for about 2 hours)
- 3 Somewhat difficult (KEY PHRASE = sitting for about 2 hours)
- 4 Very difficult (KEY PHRASE = sitting for about 2 hours)
- 5 Can't do at all (KEY PHRASE = sitting for about 2 hours)
- 6 Do not do this activity  
DK, R

AHS\_Q02E  
AHJ1\_02E

**(By yourself, and without using any special equipment, how difficult is it for you:)**

**... to stoop, bend, or kneel?**

INTERVIEWER: Read if necessary.

- 1 Not at all difficult
- 2 Only a little difficult (KEY PHRASE = stooping, bending or kneeling)
- 3 Somewhat difficult (KEY PHRASE = stooping, bending or kneeling)
- 4 Very difficult (KEY PHRASE = stooping, bending or kneeling)
- 5 Can't do at all (KEY PHRASE = stooping, bending or kneeling)
- 6 Do not do this activity  
DK, R

AHS\_Q02F  
AHJ1\_02F

**(By yourself, and without using any special equipment, how difficult is it for you:)**

**... to reach up over your head?**

INTERVIEWER: Read if necessary.

- 1 Not at all difficult
- 2 Only a little difficult (KEY PHRASE = reaching over your head)
- 3 Somewhat difficult (KEY PHRASE = reaching over your head)
- 4 Very difficult (KEY PHRASE = reaching over your head)
- 5 Can't do at all (KEY PHRASE = reaching over your head)
- 6 Do not do this activity  
DK, R

AHS\_Q02G  
AHJ1\_02G

**(By yourself, and without using any special equipment, how difficult is it for you:)**

**... to use your fingers to grasp or handle small objects?**

INTERVIEWER: Read if necessary.

- |   |                         |   |
|---|-------------------------|---|
| 1 | Not at all difficult    |   |
| 2 | Only a little difficult | (KEY PHRASE = grasping or handling small objects) |
| 3 | Somewhat difficult      | (KEY PHRASE = grasping or handling small objects) |
| 4 | Very difficult          | (KEY PHRASE = grasping or handling small objects) |
| 5 | Can't do at all         | (KEY PHRASE = grasping or handling small objects) |
| 6 | Do not do this activity |   |
- DK, R

AHS\_Q02H  
AHJ1\_02H

**(By yourself, and without using any special equipment, how difficult is it for you:)**

**... to lift or carry something as heavy as 10 pounds such as a full bag of groceries?**

INTERVIEWER: Read if necessary.

- |   |                         |  |
|---|-------------------------|--|
| 1 | Not at all difficult    |  |
| 2 | Only a little difficult | (KEY PHRASE = lifting or carrying something as heavy as 10 pounds) |
| 3 | Somewhat difficult      | (KEY PHRASE = lifting or carrying something as heavy as 10 pounds) |
| 4 | Very difficult          | (KEY PHRASE = lifting or carrying something as heavy as 10 pounds) |
| 5 | Can't do at all         | (KEY PHRASE = lifting or carrying something as heavy as 10 pounds) |
| 6 | Do not do this activity |  |
- DK, R

AHS\_Q02I  
AHJ1\_02I

**(By yourself, and without using any special equipment, how difficult is it for you:)**

**... to push or pull large objects like a living room chair?**

INTERVIEWER: Read if necessary.

- |   |                         |   |
|---|-------------------------|---|
| 1 | Not at all difficult    |   |
| 2 | Only a little difficult | (KEY PHRASE = pushing or pulling large objects) |
| 3 | Somewhat difficult      | (KEY PHRASE = pushing or pulling large objects) |
| 4 | Very difficult          | (KEY PHRASE = pushing or pulling large objects) |
| 5 | Can't do at all         | (KEY PHRASE = pushing or pulling large objects) |
| 6 | Do not do this activity |   |
- DK, R

AHS\_Q02J  
AHJ1\_02J

**(By yourself, and without using any special equipment, how difficult is it for you:)**

**... to go out to things like shopping, movies, or sporting events?**

INTERVIEWER: Read if necessary.

- |   |                                  |   |
|---|----------------------------------|---|
| 1 | Not at all difficult             |   |
| 2 | Only a little difficult          | (KEY PHRASE = outings like shopping, movie or sporting events)  |
| 3 | Somewhat difficult               | (KEY PHRASE = outings like shopping, movies or sporting events) |
| 4 | Very difficult                   | (KEY PHRASE = outings like shopping, movies or sporting events) |
| 5 | Can't do at all                  | (KEY PHRASE = outings like shopping, movies or sporting events) |
| 6 | Do not do this activity<br>DK, R |   |

AHS\_Q02K  
AHJ1\_02K

**(By yourself, and without using any special equipment, how difficult is it for you:)**

**... to participate in social activities such as visiting friends, attending clubs and meetings or going to parties?**

INTERVIEWER: Read if necessary.

- |   |                                  |   |
|---|----------------------------------|---|
| 1 | Not at all difficult             |   |
| 2 | Only a little difficult          | (KEY PHRASE = participating in social activities) |
| 3 | Somewhat difficult               | (KEY PHRASE = participating in social activities) |
| 4 | Very difficult                   | (KEY PHRASE = participating in social activities) |
| 5 | Can't do at all                  | (KEY PHRASE = participating in social activities) |
| 6 | Do not do this activity<br>DK, R |   |

AHS\_Q02L  
AHJ1\_02L

**(By yourself, and without using any special equipment, how difficult is it for you:)**

**... to do things to relax at home or for leisure (reading, watching TV, sewing, listening to music)?**

INTERVIEWER: Read categories to respondent.

- |   |                                  |   |
|---|----------------------------------|---|
| 1 | Not at all difficult             |   |
| 2 | Only a little difficult          | (KEY PHRASE = relaxing at home or leisure activities) |
| 3 | Somewhat difficult               | (KEY PHRASE = relaxing at home or leisure activities) |
| 4 | Very difficult                   | (KEY PHRASE = relaxing at home or leisure activities) |
| 5 | Can't do at all                  | (KEY PHRASE = relaxing at home or leisure activities) |
| 6 | Do not do this activity<br>DK, R |   |

AHS\_C03

If any of AHS\_Q02\_A to AHS\_Q02\_L = 2, 3, 4 or 5, (only a little difficult, somewhat difficult, very difficult, or can't do at all) then go to AHS\_Q03. Otherwise, go to AHS\_END.

AHS\_Q03 **What condition or health problem causes you to have difficulty with %names of up to 3 specified activities%?**

INTERVIEWER: Mark all that apply up to 5 (but do not probe).

If old age is reported, probe for specific condition(s) caused by old age.

- |          |    |  |
|----------|----|--|
| AHJ1_03A | 1  | Vision / problem seeing                            |
| AHJ1_03B | 2  | Hearing problem                                    |
| AHJ1_03C | 3  | Arthritis / rheumatism                             |
| AHJ1_03D | 4  | Back or neck problem                               |
| AHJ1_03E | 5  | Fractures, bone / joint injury                     |
| AHJ1_03F | 6  | Other injury                                       |
| AHJ1_03G | 7  | Heart problem                                      |
| AHJ1_03H | 8  | Stroke problem                                     |
| AHJ1_03I | 9  | Hypertension / high blood pressure                 |
| AHJ1_03J | 10 | Diabetes   |
| AHJ1_03K | 11 | Lung / breathing problem                           |
| AHJ1_03L | 12 | Cancer   |
| AHJ1_03M | 13 | Birth defect                                       |
| AHJ1_03N | 14 | Mental retardation                                 |
| AHJ1_03O | 15 | Other developmental problem (e.g., cerebral palsy) |
| AHJ1_03P | 16 | Senility   |
| AHJ1_03Q | 17 | Depression / anxiety / emotional problem           |
| AHJ1_03R | 18 | Weight problem                                     |
| AHJ1_03S | 19 | Other impairment /problem                          |
|          |    | DK, R  |

AHS\_END Go to next section.

## **PAP SMEAR TEST**

PST\_BEG

PST\_C01      If male, go to PST\_END.

PST\_Q01      **(Now Pap tests)**

**PSJ1\_020      Have you ever had a PAP smear test?**

- 1      Yes
- 2      No      (Go to PST\_Q03)
- DK, R      (Go to PST\_END)

PST\_Q02A      **When was the last time you had a PAP smear?**

**PSJ1\_022      INTERVIEWER: Read categories to respondent.**

- 1      **Less than 6 months ago**
- 2      **6 months to less than 1 year ago**
- 3      **1 year to less than 3 years ago**
- 4      **3 years to less than 5 years ago**      (Go to PST\_Q03)
- 5      **5 or more years ago**      (Go to PST\_Q03)
- DK, R

PST\_Q02B      **Does your doctor advise you to get a PAP smear on a regular basis?**

**PSJ1\_02B**

- 1      Yes
- 2      No
- DK, R

PST\_Q02C      **Do you have a PAP smear done on a regular basis?**

**PSJ1\_02C**

- 1      Yes
- 2      No
- DK, R

Go to PST\_END.



PST\_Q03 **Why have you not had a PAP smear test in the past 3 years?**

INTERVIEWER: Mark all that apply.

- |          |    |   |
|----------|----|---|
| PSJ1_26A | 1  | Have not gotten around to it                            |
| PSJ1_26B | 2  | Respondent - did not think it was necessary             |
| PSJ1_26C | 3  | Doctor - did not think it was necessary                 |
| PSJ1_26D | 4  | Personal or family responsibilities                     |
| PSJ1_26E | 5  | Not available - at time required                        |
| PSJ1_26F | 6  | Not available - at all in the area                      |
| PSJ1_26G | 7  | Waiting time was too long                               |
| PSJ1_26H | 8  | Transportation - problems                               |
| PSJ1_26I | 9  | Language - problem                                      |
| PSJ1_26J | 10 | Cost  |
| PSJ1_26K | 11 | Did not know where to go / uninformed                   |
| PSJ1_26L | 12 | Fear (e.g. painful, embarrassing, find something wrong) |
| PSJ1_26M | 13 | Have had hysterectomy                                   |
| PSJ1_26N | 14 | Hate / dislike having one done                          |
| PSJ1_26O | 15 | Other – Specify<br>DK, R                                |

PST\_C03 If PST\_Q03 <> 15, go to PST\_END.

PST\_Q03S INTERVIEWER: Specify.

PSTJF03S

\_\_\_\_\_  
(80 spaces)

PST\_END Go to next section.

## **MAMMOGRAPHY**

MAM\_BEG

MAM\_C01 If male, go to MAM\_END.  
If female and age < 30, go to MAM\_Q04.

MAM\_Q01 **(Now mammography)**  
MAJ1\_030 **Have you ever had a mammogram?**  
INTERVIEWER: Read if necessary: **(A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.)**

- 1 Yes
- 2 No (Go to MAM\_Q03)  
DK, R (Go to MAM\_C04)

MAM\_Q02A **Why did you have it?**  
INTERVIEWER: Mark all that apply.  
If respondent says "doctor recommended it", probe for reason.

- MAJ1\_31A 1 Family history of breast cancer
- MAJ1\_31B 2 Part of regular check-up / routine screening
- MAJ1\_31C 3 Age
- MAJ1\_31D 4 Previously detected lump
- MAJ1\_31E 5 Follow-up of breast cancer treatment
- MAJ1\_31F 6 On hormone replacement therapy
- MAJ1\_31G 7 Breast problem
- MAJ1\_31H 8 Other - Specify

MAM\_C02A If MAM\_Q2A <> 8, go to MAM\_Q2B.

MAM\_Q02S INTERVIEWER: Specify.  
MAMJF02S

\_\_\_\_\_  
(80 spaces)

MAM\_Q02B **When was the last time?**  
MAJ1\_032 INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago** (Go to MAM\_C04)
- 2 **6 months to less than 1 year ago** (Go to MAM\_C04)
- 3 **1 year to less than 2 years ago** (Go to MAM\_C04)
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**  
DK, R (Go to MAM\_C04)

MAM\_Q03 **Why have you not had one in the past 2 years?**

INTERVIEWER: Mark all that apply.

- |          |    |   |
|----------|----|---|
| MAJ1_36A | 1  | Have not gotten around to it                            |
| MAJ1_36B | 2  | Respondent - did not think it was necessary             |
| MAJ1_36C | 3  | Doctor - did not think it was necessary                 |
| MAJ1_36D | 4  | Personal or family responsibilities                     |
| MAJ1_36E | 5  | Not available - at time required                        |
| MAJ1_36F | 6  | Not available - at all in the area                      |
| MAJ1_36G | 7  | Waiting time was too long                               |
| MAJ1_36H | 8  | Transportation - problems                               |
| MAJ1_36I | 9  | Language - problem                                      |
| MAJ1_36J | 10 | Cost  |
| MAJ1_36K | 11 | Did not know where to go / uninformed                   |
| MAJ1_36L | 12 | Fear (e.g. painful, embarrassing, find something wrong) |
| MAJ1_36M | 13 | Other – Specify   |

MAM\_C03 If MAM\_Q3 <> 13, go to MAM\_C04.

MAM\_Q03S INTERVIEWER: Specify.

MAMJF03S

\_\_\_\_\_  
(80 spaces)

MAM\_C04 If age > 49, go to MAM\_C05.

MAM\_Q04 **It is important to know when analyzing health whether or not the person is pregnant. Are you pregnant?**

MAJ1\_037

- |   |             |   |
|---|-------------|---|
| 1 | Yes         | (Go to MAM_END)<br>(MAM_Q05 will be filled with “No” during processing) |
| 2 | No<br>DK, R |   |

MAM\_Q05 **Have you had a hysterectomy? (In other words, has your uterus been removed)?**

MAJ1\_038

- |   |             |
|---|-------------|
| 1 | Yes         |
| 2 | No<br>DK, R |

MAM\_END Go to next section



## **INSURANCE**

INS\_BEG

INS\_Q01  
ISJ1\_2      **Do you have insurance that covers all or part of your dental expenses? Include any private, government or employer-paid insurance plans.**

- 1      Yes
- 2      No  
         DK, R

INS\_Q02  
ISJ1\_1      **Do you have insurance that covers all or part of:  
... the cost of your prescription medications?**

- 1      Yes
- 2      No  
         DK, R

INS\_Q03  
ISJ1\_3      **Do you have insurance that covers all or part of:  
... the costs of eye glasses or contact lenses?**

- 1      Yes
- 2      No  
         DK, R

INS\_Q04  
ISJ1\_4      **Do you have insurance that covers all or part of:  
... hospital charges for private or semi-private room?**

- 1      Yes
- 2      No  
         DK, R

INS\_C5      If Samptype = 1, go to INS\_END.

INS\_Q05  
ISJ1\_05      **Are you covered by private insurance, that is health insurance obtained through employment or unions or purchased directly?**

- 1      Yes
- 2      No  
         DK, R

INS\_Q06  
ISJ1\_06      **Are you covered by military health care, such as TRICARE, VA OR CHAMP-VA?**

- 1      Yes
- 2      No  
         DK, R

INS\_Q06A      **Are you covered by Medicare, an insurance program for older people and  
ISJ1\_06A      people with certain disabilities?**

- 1      Yes
- 2      No  
         DK, R

INS\_Q07      **Are you covered by the Indian Health Service?**  
ISJ1\_07

- 1      Yes
- 2      No  
         DK, R

INS\_Q07A      **Are you covered by Medicaid, a health insurance program for low-income  
ISJ1\_07A      families?**

- 1      Yes
- 2      No  
         DK, R

INS\_Q08      **Are you covered by any other kind of health insurance or health care plan  
ISJ1\_08      that pays for services obtained from hospitals, doctors, or other health  
         care professionals?**

- 1      Yes
- 2      No  
         DK, R

INS\_C09      Count instances where INS\_Q05 through INS\_Q08 = 1(Yes)  
         If INS\_C09 >=1 then go to INS\_Q10.

INS\_Q09      **It appears that you do not have any health insurance coverage to help pay  
ISJ1\_09      for services from hospitals, doctors and other health professionals. Is that  
         correct?**

- 1      Yes                      (Go to INS\_Q09B)
- 2      No                         (Go to INS\_Q09B)  
         DK, R

INS\_Q09A      **What kind of health coverage do you have?**  
         INTERVIEWER: Mark all that apply.

- ISJ1\_9AA      1      Medicaid
- ISJ1\_9AB      2      Medicare
- ISJ1\_9AC      3      Medigap
- ISJ1\_9AD      4      Military
- ISJ1\_9AE      5      Indian Health Service
- ISJ1\_9AF      6      Private Insurance
- ISJ1\_9AG      7      Single Service Plan Covering Only Dental, Vision, Prescriptions, etc.
- ISJ1\_9AH      8      SCHIP
- ISJ1\_9AI      9      Other  
         DK, R

Go to INS\_Q10.

INS\_Q09B      **Was there any time during the past 12 months when you did have health insurance or were covered by a health plan?**  
ISJ1\_09B

- 1      Yes
- 2      No                    (Go to INS\_END)
- DK, R                (Go to INS\_END)

INS\_Q09C      **How many months (during the past 12 months) did you have health insurance?**  
ISJ1\_09C

INTERVIEWER: If less than 1 month, enter <1>.

|\_|\_|                Months  
(MIN: 1) (MAX: 12)  
DK, R

Go to INS\_END.

INS\_Q10        **Was there any time during the past 12 months when you did not have health insurance or were not covered by a health plan?**  
ISJ1\_10

- 1      Yes
- 2      No                    (Go to INS\_END)
- DK, R                (Go to INS\_END)

INS\_Q10A      **How many months during the past 12 months did you not have health insurance or were not covered by a health plan?**  
ISJ1\_10A

|\_|\_|                Months  
(MIN: 1) (MAX: 12)  
DK, R

INS\_END        Go to next section.

## **VOCATIONAL RESTRICTION OF ACTIVITIES**

RAV\_BEG

RAV\_Q01  
RSJ1\_1      **Because of a physical, mental or emotional problem, do you need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside your home?**

- 1      Yes
- 2      No
- DK
- R

RAV\_Q02  
RSJ1\_2      **Because of physical, mental or emotional problems, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?**

- 1      Yes
- 2      No
- DK
- R

RAV\_Q03  
RSJ1\_3      **Does a physical, mental or emotional problem now keep you from working at a job or business?**

- 1      Yes
- 2      No
- DK
- R

RAV\_Q04  
RSJ1\_4      **Are you limited in the kind or amount of work you can do because of a physical, mental or emotional problem?**

- 1      Yes
- 2      No
- DK
- R

RAV\_Q05  
RSJ1\_5      **Are you limited in any way in any activities because of physical, mental or emotional problems?**

- 1      Yes
- 2      No
- DK
- R

RAV\_Q06  
RSJ1\_6      **Do you consider yourself to have a disability?**

- 1      Yes
- 2      No
- DK
- R



RAV\_Q07  
RSJ1\_7

**Would other people consider you to have a disability?**

- 1 Yes
- 2 No
- DK
- R

RAV\_END Go to next section.

## **PATIENT SATISFACTION**

PAT\_BEG

PAT\_QINT1 **Earlier, I asked about your use of health care services in the past 12 months. Now I'd like to get your opinion on the quality of the care you received.**

INTERVIEWER: Press <Enter> to continue.

PAT\_C11D If HCU\_Q01BA = 1 (0 (overnight patient) or at least one of HCU\_Q02A to HCU\_Q02J > (saw or talked on telephone to health professional), go to PAT\_Q12.  
Otherwise, go to PAT\_Q11.

PAT\_Q11 **In the past 12 months, have you received any health care services?**

SAJ1\_11

- 1 Yes
- 2 No (Go to PAT\_END)
- DK, R (Go to PAT\_END)

PAT\_Q12 **Overall, how would you rate the quality of the health care you received? Would you say it was:**

SAJ1\_11A

INTERVIEWER: Read categories to respondent.

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

PAT\_Q13 **Overall, how satisfied were you with the way health care services were provided? Were you:**

SAJ1\_13

INTERVIEWER: Read categories to respondent.

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

PAT\_Q21A **In the past 12 months, have you received any health care services at a hospital, for any diagnostic or day surgery service, overnight stay, or as an emergency room patient?**

SAJ1\_21A

- 1 Yes
- 2 No (Go to PAT\_Q31A)
- DK, R (Go to PAT\_Q31A)

PAT\_Q21B  
SAJ1\_21B

**Thinking of your most recent hospital visit, were you:**

INTERVIEWER: Read categories to respondent.

- 1 ... **admitted overnight or longer (an inpatient)?**
  - 2 ... **a patient at a diagnostic or day surgery clinic (an outpatient)?**
  - 3 ... **an emergency room patient?**
- DK, R (Go to PAT\_Q31A)

PAT\_Q22  
SAJ1\_22

**(Thinking of this most recent hospital visit:)**

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

INTERVIEWER: Read categories to respondent.

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

PAT\_Q23  
SAJ1\_23

**(Thinking of this most recent hospital visit:)**

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

**Were you:**

INTERVIEWER: Read categories to respondent.

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

PAT\_Q31A  
SAJ1\_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 PAT\_QINT2)
- DK, R (Go to PAT\_QINT2)

PAT\_Q31B  
SAJ1\_31B

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

INTERVIEWER: Read categories to respondent.

- 1 ... **a family doctor (general practitioner)?**
  - 2 ... **a medical specialist?**
- DK, R (Go to PAT\_QINT2)

PAT\_Q32  
SAJ1\_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

PAT\_Q33  
SAJ1\_33

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

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

**INTERVIEWER:** Read categories to respondent.

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

PAT\_QINT2

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

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

**INTERVIEWER:** Press <Enter> to continue.

PAT\_Q41  
SAJ1\_41

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

- 1 Yes
  - 2 No (Go to PAT\_END)
- DK, R (Go to PAT\_END)

PAT\_Q42  
SAJ1\_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

PAT\_Q43  
SAJ1\_43

**Overall, how satisfied were you with the way 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

PAT\_END

Go to next section.

## **PHYSICAL ACTIVITIES**

PAC\_BEG

PAC\_QINT1 **Now I'd like to ask you about some of your physical activities. To begin with, I'll be dealing with physical activities not related to work, that is, leisure time activities.**

INTERVIEWER: Press <Enter> to continue.

PAC\_Q01 **Have you done any of the following in the past 3 months, that is, from %date three months ago% to yesterday?**

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

PAJ1_1A	1	Walking for exercise	PAJ1_1M	13	Downhill skiing
PAJ1_1B	2	Gardening or yard work	PAJ1_1N	14	Bowling
PAJ1_1C	3	Swimming	PAJ1_1O	15	Baseball or softball
PAJ1_1D	4	Bicycling	PAJ1_1P	16	Tennis
PAJ1_1E	5	Popular or social dance	PAJ1_1Q	17	Weight-training
PAJ1_1F	6	Home exercises	PAJ1_1R	18	Fishing
PAJ1_1G	7	Ice hockey	PAJ1_1S	19	Volleyball
PAJ1_1H	8	Ice skating	PAJ1_1T	20	Basketball
PAJ1_1I	9	In-line skating or rollerblading	PAJ1_1Z	21	Soccer
PAJ1_1J	10	Jogging or running	PAJ1_1U	22	Any other
PAJ1_1K	11	Golfing	PAJ1_1V	23	No physical activity
PAJ1_1L	12	Exercise class or aerobics			(Go to PAC_QINT2)
	DK, R	(Go to PAC_END)			

If "Any other" is chosen as a response, go to PAC\_Q1US. Otherwise, go to PAC\_Q1W.

If interviewer select #22 and another category, pop up a soft edit with the following text: "You cannot select "No physical activity" and another category. Please return and correct."

PAC\_Q01US **What was this activity?**

PACJF1US INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

PAC\_Q01W **In the past 3 months, did you do any other activity for leisure?**

PAJ1\_1W

- 1 Yes  
2 No (Go to PAC\_Q2)  
DK, R (Go to PAC\_Q2)

PAC\_Q01WS **What was this activity?**

PACJF1WS INTERVIEWER: Enter one activity only.

\_\_\_\_\_  
(80 spaces)

PAC\_Q01X **In the past 3 months, did you do any other activity for leisure?**  
PAJ1\_1X

- 1 Yes
- 2 No (Go to PAC\_Q2)
- DK, R (Go to PAC\_Q2)

PAC\_Q01XS **What was this activity?**  
PAJ1XS **INTERVIEWER:** Enter one activity only.

\_\_\_\_\_ (80 spaces)

For each activity identified in PAC\_Q1, ask PAC\_Q2 and PAC\_Q3

PAC\_Q02 **In the past 3 months, how many times did you participate in %identified activity%?**  
PAJ1\_2A

TO  
PAJ1\_2Z

[\_][\_] 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\_Q03 **About how much time did you spend on each occasion?**

PAJ1\_3A  
TO  
PAJ1\_3Z

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

PAC\_QINT2 **Next, some questions about the amount of time you spent in the past 3 months on physical activity at work or while doing daily chores around the house, but not leisure time activity.**

**INTERVIEWER:** Press <Enter> to continue.

PAC\_Q04A **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?**  
PAJ1\_4A

- 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\_Q04B      **In a typical week, how much time did you usually spend bicycling to work or  
PAJ1\_4B      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\_Q06      **Thinking back over the past 3 months, which of the following best describes  
PAJ1\_6      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      Go to next section.



## **SOCIO-DEMOGRAPHIC CHARACTERISTICS**

SDE\_BEG

SDE\_QINT1 **Now some general background questions.**  
INTERVIEWER: Press <Enter> to continue.

SDE\_Q01 **What is your marital status? Is it:**  
DHJ1\_MS INTERVIEWER: Read categories to respondent.

- 1 ... married?
  - 2 ... living common-law?
  - 3 ... living with a partner?
  - 4 ... widowed?
  - 5 ... separated?
  - 6 ... divorced?
  - 7 ... single, never married?
- DK, R

SDE\_Q02 **What is the HIGHEST level of school you have completed or the highest degree you have received?**  
EDJ1\_02

- 1 Less than High School
  - 2 High School degree or equivalent (GED)
  - 3 Trades certificate or diploma from a vocational school or apprenticeship training
  - 4 Non-university/college certificate or diploma from a community college, CEGEP, school of nursing, etc.
  - 5 University or College certificate below bachelor's level, i.e. associates degree
  - 6 Bachelor's degree
  - 7 Master's degree (Example: MA, MS, MEng, MEd, MBA), a Professional School degree (Example: MD, DDS, DVM, JD) or a Doctoral degree (Example: PhD, EdD)
- DK, R

SDE\_Q03 **In what country were you born?**  
SDJ1\_03

- 1 Canada
  - 2 China
  - 3 Dominican Republic
  - 4 Germany
  - 5 India
  - 6 Italy
  - 7 Mexico
  - 8 Netherlands/Holland
  - 9 United Kingdom
  - 10 United States
  - 11 Other - Specify
- DK, R

SDE\_C03 If SDE\_Q03 <> 11, and Samptype = 1, go to SDE\_Q04.  
If SDE\_Q03 = 1 and Samptype = 1, go to SDE\_Q04B.  
If SDE\_Q03 <> 11 and Samptype = 2, go to SDE\_05.  
If SDE\_Q03 = 10 and Samptype = 2, go to SDE\_06.

SDE\_Q03S INTERVIEWER: Specify.  
SDEJF03S

\_\_\_\_\_  
(80 spaces)

If Samptype = 2, go to SDE\_Q05.

SDE\_Q04 **Were you born a Canadian citizen?**  
SDJ1\_2

- 1 Yes (Go to SDE\_Q04B)
- 2 No (Go to SDE\_Q04B)
- DK, R (Go to SDE\_Q04B)

SDE\_Q04A **In what year did you first come to Canada to live?**  
SDJ1\_3 INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

[\_][\_][\_][\_] Year  
(MIN: year of birth) (MAX: current year)

DK, R (Go to SDE\_Q04B)

SDE\_E04A If SDE\_Q04A >= year of birth or SDE\_Q04A <= current year, go to SDE\_Q04B.  
Else, show pop-up edit as follows.

Year must be between ^Info.YearofBirth and ^Info.CurrentYear.

SDE\_Q04B **People living in Canada come from many different cultural and racial backgrounds. Are you:**

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

- SDJ1\_7A 1 ... White?
- SDJ1\_7B 2 ... Chinese?
- SDJ1\_7C 3 ... South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)?
- SDJ1\_7D 4 ... Black?
- SDJ1\_7E 5 ... Filipino?
- SDJ1\_7F 6 ... Latin American?
- SDJ1\_7G 7 ... Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, etc.)?
- SDJ1\_7H 8 ... Arab?
- SDJ1\_7I 9 ... West Asian (e.g., Afghan, Iranian, etc.)?
- SDJ1\_7J 10 ... Japanese?
- SDJ1\_7K 11 ... Korean?
- SDJ1\_7L 12 ... North American Indian, Métis, Inuit (Eskimo)?
- SDJ1\_7M 13 Other – Specify

SDE\_C04 If SDE\_Q04B <> 13, go to SDE\_QINT9.

SDE\_Q04S INTERVIEWER: Specify.  
SDEJF04S

\_\_\_\_\_  
(80 spaces)

Go to SDE\_QINT9

SDE\_Q05      **Were you born a citizen of the United States?**  
SDJ1\_05

- 1      Yes                    (Go to SDE\_Q06)
- 2      No  
         DK, R                (Go to SDE\_Q06)

SDE\_Q05A    **In what year did you first come to the United States of America to live?**  
SDJ1\_05A    INTERVIEWER: Minimum is [year of birth]; maximum is [current year].

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

DK, R

SDE\_E05A    If SDE\_Q05A >= year of birth or SDE\_Q05A <= current year, go to SDE\_Q06.  
Else, show pop-up edit as follows.

Year must be between ^Info.YearofBirth and ^Info.CurrentYear.

SDE\_Q06      **Do you consider yourself to be Hispanic or Latino (i.e. where did your  
ancestors come from)?**  
SDJ1\_06

INTERVIEWER: Read if necessary.

- Puerto Rican
- Cuban/Cuban American
- Dominican (Republic)
- Mexican
- Mexican American
- Central or South American
- Other Latin American
- Other Hispanic/Latino

- 1      Yes
- 2      No  
         DK, R

SDE\_Q07      **What race or races do you consider yourself to be?**

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

- SDJ1\_07A    1      ... **American Indian or Alaska Native?**
- SDJ1\_07B    2      ... **Asian?**
- SDJ1\_07C    3      ... **Black/African American?**
- SDJ1\_07D    4      ... **Native Hawaiian or Pacific Islander?**
- SDJ1\_07E    5      ... **White?**
- SDJ1\_07F    6      Other - Specify  
         DK, R

SDE\_C07      If SDE\_Q07 <> 6, go to SDE\_C08.

SDE\_Q07S    INTERVIEWER: Specify.  
SDEJF07S

\_\_\_\_\_  
(80 spaces)

SDE\_C08      If count of responses in SDE\_Q07 >= 2, go to SDE\_Q08.

SDE\_Q08  
SDJ1\_08

**Which one of these groups would you say BEST represents your race?**

INTERVIEWER: Read categories to respondent.

- |   |                               |    |                        |
|---|-------------------------------|----|------------------------|
| 1 | <b>White</b>                  | 10 | <b>Chinese</b>         |
| 2 | <b>Black/African American</b> | 11 | <b>Filipino</b>        |
| 3 | <b>Native American</b>        | 12 | <b>Japanese</b>        |
| 4 | <b>Alaska Native</b>          | 13 | <b>Korean</b>          |
| 5 | <b>Native Hawaiian</b>        | 14 | <b>Vietnamese</b>      |
| 6 | <b>Guamanian</b>              | 15 | <b>Other Asian</b>     |
| 7 | <b>Samoan</b>                 | 16 | <b>Other - Specify</b> |
| 8 | <b>Other Pacific Islander</b> |    | DK                     |
| 9 | <b>Asian Indian</b>           |    | R                      |

SDE\_C08A If SDE\_Q08 <>16, go to SDE\_QINT9.

SDE\_Q08AS INTERVIEWER: Specify.  
SDEJF8AS

\_\_\_\_\_  
(80 spaces)

## **INCOME AND WEALTH**

SDE\_QINT9    **Although many health expenses are covered by health insurance, there is still a relationship between health and income. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.**

INTERVIEWER: Press <Enter> to continue.

SDE\_Q09  
1WJ1\_09    **Thinking about the total income for all household members, what is the main source of income?**

INTERVIEWER: Read categories to respondent.

- 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        **Retirement pensions, superannuation and annuities**
  - 7        **Old Age Security and Guaranteed Income Supplement**
  - 8        **Social assistance or welfare**
  - 9        **Child support**
  - 10       **Alimony**
  - 11       **Social Security**
  - 12       **Other (e.g. rental income, scholarships)**
  - 13       **None (category created during processing)**
- DK, R

SDE\_Q10  
1WJ1\_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 SDE\_Q12)  
(MIN: 0) (MAX: 500,000; warning after 150,000)

check point 0        (Go to SDE\_Q14)  
DK, R                (Go to SDE\_Q11A)

SDE\_Q11A  
1WJ1\_3A    **Can you estimate in which of the following groups your household income falls? Was the total household income less than \$20,000 or \$20,000 or more?**

- 1        Less than \$20,000
  - 2        \$20,000 or more        (Go to SDE\_Q11E)
  - 3        No income                (Go to SDE\_Q14)
- DK, R                (Go to SDE\_Q14)

SDE\_Q11B  
1WJ1\_3B    **Was the total household income from all sources less than \$10,000 or \$10,000 or more?**

- 1        Less than \$10,000
  - 2        \$10,000 or more        (Go to SDE\_Q11D)
- DK, R                (Go to SDE\_Q12)

SDE\_Q11C  
1WJ1\_3C

**Was the total household income from all sources less than \$5,000 or \$5,000 or more?**

- 1 Less than \$5,000
- 2 \$5,000 or more  
DK, R

Go to SDE\_Q12

SDE\_Q11D  
1WJ1\_3D

**Was the total household income from all sources less than \$15,000 or \$15,000 or more?**

- 1 Less than \$15,000
- 2 \$15,000 or more  
DK, R

Go to SDE\_Q12

SDE\_Q11E  
1WJ1\_3E

**Was the total household income from all sources less than \$40,000 or \$40,000 or more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to SDE\_Q11G)  
DK, R (Go to SDE\_Q12)

SDE\_Q11F  
1WJ1\_3F

**Was the total household income from all sources less than \$30,000 or \$30,000 or more?**

- 1 Less than \$30,000
- 2 \$30,000 or more  
DK, R

Go to SDE\_Q12

SDE\_Q11G  
1WJ1\_3G

**Was the total household income from all sources:**  
**INTERVIEWER: Read categories to respondent.**

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?  
DK, R

SDE\_Q12  
1WJ1\_4

**What is your best estimate of your total personal income, before taxes and other deductions, from all sources in the past 12 months?**

|\_|\_|\_|\_|\_|\_| Income (Go to SDE\_Q14)  
(MIN: 0) (MAX: 500,000; warning after 150,000)  
0 (Go to SDE\_Q14)  
DK, R

SDE\_Q13A  
1WJ1\_4A **Can you estimate in which of the following groups your personal income falls? Was your total personal income less than \$20,000 or \$20,000 or more?**

- 1 Less than \$20,000
- 2 \$20,000 or more (Go to SDE\_Q13E)
- 3 No income (Go to SDE\_Q14)  
DK, R (Go to SDE\_Q14)

SDE\_Q13B  
1WJ1\_4B **Was your total personal income less than \$10,000 or \$10,000 or more?**

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to SDE\_Q13D)  
DK, R (Go to SDE\_Q14)

SDE\_Q13C  
1WJ1\_4C **Was your total personal income less than \$5,000 or \$5,000 or more?**

- 1 Less than \$5,000
- 2 \$5,000 or more  
DK, R

Go to SDE\_Q14.

SDE\_Q13D  
1WJ1\_4D **Was your total personal income less than \$15,000 or \$15,000 or more?**

- 1 Less than \$15,000
- 2 \$15,000 or more  
DK, R

Go to SDE\_Q14.

SDE\_Q13E  
1WJ1\_4E **Was your total personal income less than \$40,000 or \$40,000 or more?**

- 1 Less than \$40,000
- 2 \$40,000 or more (Go to SDE\_Q13G)  
DK, R (Go to SDE\_Q14)

SDE\_Q13F  
1WJ1\_4F **Was your total personal income less than \$30,000 or \$30,000 or more?**

- 1 Less than \$30,000
- 2 \$30,000 or more  
DK, R

Go to SDE\_Q14.

SDE\_Q13G  
1WJ1\_4G **Was your total personal income:**  
**INTERVIEWER: Read categories to respondent.**

- 1 ... less than \$50,000?
- 2 ... \$50,000 to less than \$60,000?
- 3 ... \$60,000 to less than \$80,000?
- 4 ... \$80,000 or more?

SDE\_Q14      **Do you currently rent your principle place of residence, or the place where**  
1WJ1\_14      **you usually live?**

- 1      Own
- 2      Rent                    (Go to SDE\_END)
- 3      Other                    (Go to SDE\_END)  
         DK, R                    (Go to SDE\_END)

SDE\_Q15      **What was the purchase price?**  
1WJ1\_15

I \_ \_ \_ \_ I \_ \_ \_ I      Price of residence  
                                 (MIN: 0) (MAX: 1,000,000; warning after 500,000)  
                                 DK, R

SDE\_Q16      **How much would this property sell for today?**  
1WJ1\_16

I \_ \_ \_ \_ I \_ \_ \_ I      Price of residence  
                                 (MIN: 0) (MAX: 1,000,000; warning after 500,000)  
                                 DK, R

SDE\_Q17      **How much is now owed on the first (or only) mortgage on this property?**  
1WJ1\_17

I \_ \_ \_ \_ I \_ \_ \_ I      Current balance  
                                 (MIN: 0) (MAX: 1,000,000; warning after 500,000)  
                                 DK, R

SDE\_Q18      **Do you have a second mortgage on this property?**  
1WJ1\_18

- 1      Yes
- 2      No                        (Go to SDE\_END)  
         DK, R                    (Go to SDE\_END)

SDE\_Q19      **How much is now owed on the second mortgage on this property?**  
1WJ1\_19

I \_ \_ \_ \_ I \_ \_ \_ I      Current balance  
                                 (MIN: 0) (MAX: 1,000,000; warning after 500,000)  
                                 DK, R

SDE\_END      Go to next section.