

**APPENDIX E**

**NATIONAL POPULATION HEALTH SURVEY  
(NPHS) QUESTIONS**



# NPBS QUESTIONS

NOTE: THE FOLLOWING ADDITIONAL NPBS QUESTIONS ARE ASKED ONLY DURING THE INTEGRATED NLSC/NPBS COLLECTION, WHEN DATA FOR BOTH THE NLSC AND THE NPBS ARE BEING COLLECTED, I.E. IN NOVEMBER 1994 AND MARCH 1995. THE DATA FROM THESE QUESTIONS WILL NOT BE PART OF THE NLSC FILE.

## Household Record Variables

HHLD-Q4 Is there a pet in this household?

\_\_\_ YES  
\_\_\_ NO ---> GO TO HHLD-Q6

HHLD-Q5 What kind of pet?  
(Do not read list. Mark all that apply.)

\_\_\_ DOG  
\_\_\_ CAT  
\_\_\_ OTHER ---> GO TO HHLD-Q6

HHLD-Q5a Does this pet or do any of these pets live mainly indoors?

\_\_\_ YES  
\_\_\_ NO

## General Questionnaire

### Two-Week Disability

TWOWK-INT The first few questions ask about your/...s) health during the past 14 days.

TWOWK-Q1 It is important for you to refer to the 14-day period from (2 weeks ago) to (YESTERDAY). During that period, did ... stay in bed at all because of illness or injury including any nights spent as a patient in a hospital?

\_\_\_ YES  
\_\_\_ NO (GO TO TWOWK-Q3)

TWOWK-Q2 How many days did ... stay in bed for all or most of the day?

\_\_\_ DAYS (ENTER <0> IF LESS THAN A DAY.)  
(IF = 14 DAYS GO TO TWOWK-Q5)

TWOWK-Q3 (Not counting days spent in bed) During those 14 days, were there any days that ... cut down on things you/he/she normally do/does because of illness or injury?

\_\_\_ YES  
\_\_\_ NO (GO TO TWOWK-Q5)

TWOWK-Q4      How many days did ... cut down on things for all or most of the day?

\_\_\_      DAYS  
(ENTER <0> IF LESS THAN A DAY.)

TWOWK-Q5      Do(es) ... have a regular medical doctor?

\_\_\_      YES  
\_\_\_      NO

## Health Care Utilization

UTIL-INT      **Now I'd like to ask about your/...'s contacts with health professionals during the past 12 months.**

UTIL-Q1      In the past 12 months, have/has ... been a patient overnight in a hospital, nursing home or convalescent home?

\_\_\_      YES  
\_\_\_      NO      (GO TO UTIL-Q2)

UTIL-Q1a      For how many nights in the past 12 months?

\_\_\_      NIGHTS

UTIL-Q2      (Not counting when ... were/was an overnight patient) In the past 12 months, have/has ... seen or talked on the telephone with [fill category] about your/his/her physical, emotional or mental health:

- a)      General practitioner or family physician
- b)      Eye specialist (such as an ophthalmologist or optometrist)
- c)      Other medical doctor (such as surgeon, allergist, gynaecologist, psychiatrist, etc.)
- d)      A nurse for care or advice
- e)      Dentist or orthodontist
- f)      Chiropractor
- g)      Physiotherapist
- h)      Social worker or counsellor
- i)      Psychologist
- j)      Speech, audiology or occupational therapist

FOR EACH RESPONSE >0 IN a), c), or d), ASK UTIL-Q3.

UTIL-Q3      Where did the most recent contact take place?  
(READ LIST. MARK ONE ONLY.)

- ☐ Walk-in clinic
- ☐ Outpatient clinic in hospital
- ☐ Hospital emergency room
- ☐ Health professional's office
- ☐ Community health centre /clsc
- ☐ At home
- ☐ Telephone consultation only
- ☐ Other (specify \_\_\_\_\_)

UTIL-Q4      People may also use alternative health care services. In the past 12 months, have/has ... seen or talked to an alternative health care provider such as an acupuncturist, naturopath, homeopath or massage therapist about your/his/her physical, emotional or mental health?

- ☐ YES
- ☐ NO (GO TO UTIL-Q6)

UTIL-Q5      Who did ... see or talk to?  
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- ☐ MESSAGE THERAPIST
- ☐ ACUPUNCTURIST
- ☐ HOMEOPATH OR NATUROPATH
- ☐ FELDENKRAIS OR ALEXANDER TEACHER
- ☐ RELAXATION THERAPIST
- ☐ BIOFEEDBACK TEACHER
- ☐ ROLFER
- ☐ HERBALIST
- ☐ REFLEXOLOGIST
- ☐ SPIRITUAL HEALER
- ☐ RELIGIOUS HEALER
- ☐ SELF HELP GROUP (SUCH AS AA, CANCER THERAPY, ETC.)
- ☐ OTHER (SPECIFY \_\_\_\_\_)

UTIL-Q6      During the past 12 months, was there ever a time when you/he/she needed health care or advice but did not receive it?

- ☐ YES
- ☐ NO (GO TO UTIL-C9)

UTIL-Q7      Thinking of the most recent time, why did ... not get care?

\_\_\_\_\_

UTIL-Q8      Again, thinking of the most recent time, what was the type of care that was needed? Was it for:  
(DO NOT READ LIST. MARK ALL THAT APPLY.)

- ☐ TREATMENT OF A PHYSICAL HEALTH PROBLEM
- ☐ TREATMENT OF AN EMOTIONAL OR MENTAL HEALTH PROBLEM
- ☐ A REGULAR CHECK-UP (OR FOR REGULAR PRE-NATAL CARE)
- ☐ CARE OF AN INJURY
- ☐ ANY OTHER REASON (SPECIFY\_\_\_\_\_)

UTIL-C9      IF AGE < 18 THEN GO TO NEXT SECTION.

UTIL-Q9      Home care services are *health care or homemaker* services received at home, with the cost being entirely or partially covered by government. Examples are: nursing care; help with bathing; help around the home; physiotherapy; counselling; and meal delivery. Have/Has ... received any home care services in the past 12 months?

- ☐ YES
- ☐ NO      (GO TO NEXT SECTION)

UTIL-Q10      What type of services have/has ... received?

(Specify\_\_\_\_\_)