

NPHS: Health Institutions

1996-1997

Questionnaire

English

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Institution Policy Questions

INST-Q1 **Which of the following best describes the smoking policy for residents of this facility?**
IPI6_1 *(Read list. Mark one only.)*

- 1 **Restricted completely**
- 2 **Allowed only in designated areas**
- 3 **Permitted throughout this facility**
- 4 **No policy on this topic**

INST-Q2 **Which of the following best describes this facility’s policy regarding the consumption of alcohol by residents?**
IPI6_2 *(Read list. Mark one only.)*

- 1 **Can not be consumed in this facility**
- 2 **Can be consumed in this facility**
- 3 **No policy on this topic**

INST-Q3 **Are activities organized regularly for residents?**
IPI6_3

- 1 Yes
- 2 No *Go to INST-Q5*

INST-Q4 **Which of the following activities are organized for the residents?**
(Read list. Mark all that apply.)

- IPI6_4A 1 **Group physical activities such as exercise classes, dancing, swimming**
- IPI6_4B 2 **Skills classes such as art and music classes**
- IPI6_4C 3 **Social activities including card games, bingo**
- IPI6_4D 4 **Religious services**
- IPI6_4E 5 **Individualized activities (one-to-one activities)**
- IPI6_4F 6 **Other - Specify (26 chars.)**

INST-Q5 **Are activities organized for members of the residents’ families such as social activities, educational programs, or orientation sessions?**
IPI6_5

- 1 Yes
- 2 No

INST-Q6 **Are advance directives (living wills) completed for each resident prior to admission?**
IPI6_6 *(Read list. Mark one only.)*

- 1 **Always**
- 2 **Occasionally**
- 3 **Never**

INST-Q7

IPI6_FS

Institutional Response Code

- 1 **Agrees to participate**
- 2 **Refuses**
- 3 **No contact**
- 4 **Other** (*Specify in notes*)

Resident Questionnaire

A. Selected Resident Information

The first set of questions will provide important basic information on the people we are interviewing.

DM-Q1 Information source
DHI6_1 (Mark one only.)

- 1 Non-proxy - Selected resident
- 2 Proxy - Family member
- 3 Proxy - Institutional staff, volunteers, etc.

DM-Q2 Name of selected resident
 (Confirm respondent's name as it appears on label and correct if necessary.)

- 1 Same as on label
- 2 ----- Given name and initial (26 chars.)
- 3 ----- Last name (26 chars.)

(Re-coded to 26 chars. during processing)

DM-Q3 Enter or ask . . . 's sex.
DHI6_SEX (Confirm respondent's sex as it appears on label and correct if necessary.)

- 1 Same as on label
- 2 Male
- 3 Female

(Male re-coded to 1 and female re-coded to 2 during data-capture)

DM-Q4 **What is your (. . .)'s date of birth?**
 (Confirm respondent's date of birth as it appears on label and correct if necessary)

DHI6_DOB 1 Same as on label *Go to DM-Q6*
DHI6_MOB 2 -- -- **1** --- *Go to DM-Q6*
DHI6_YOB Day Month Year
 3 Don't know

DM-Q5 **What is your (. . .)'s age?** (In years)
 (If age unknown, ask for estimated age.)

DHI6_AGE

- 1 --- Years
- 7 Don't know

DM-Q6

DHI6_MAR

What is your (. . .)'s current marital status?

(Do not read list. Mark one only.)

- 1 Married
- 2 Common-law
- 3 Living with a partner
- 3 Single (*never married*) *Go to DM-Q8*
- 4 Widowed *Go to DM-Q8*
- 6 Separated *Go to DM-Q8*
- 7 Divorced *Go to DM-Q8*
- 97 Don't know *Go to DM-Q8*

DM-Q7

DHI6_7

Does your (. . .)'s husband / wife / partner also live in this facility?

- 1 Yes
- 2 No

DM-Q8

DHI6_8

Do you (Does . . .) have a room by yourself (him / herself)?

- 1 Yes
- 2 No

DM-Q9

DHI6_9

Do you (Does . . .) have a telephone in your (his / her) room?

- 1 Yes
- 2 No

DM-Q10

When were you (was . . .) admitted to this facility?

(The most recent admission if admitted more than once.)

DHI6_MOA

DHI6_YOA

- 1 **1**
 Month Year
- 7 Don't know

DM-Q11

DHI6_11

Where did you (was . . .) live before being admitted to this facility? Were you (Was . . .) living in:

(Read list. Mark one only.)

- 1 **Your (. . .)'s own home?**
- 2 **A relative's home?**
- 3 **An unrelated person's home?**
- 4 **A residence for Senior Citizens?**
- 5 **A nursing home?**
- 6 **A hospital?**
- 7 **A convalescent home?**
- 8 **A group home?**
- 9 **A hotel, rooming or lodging house?**
- 10 Other - *Specify (26 chars.)*
- 97 Don't know

B. General Health

This part of the survey deals with various aspects of your (. . .)'s health. By health, we mean not only the absence of disease or injury but also physical, mental and social well-being.

GH-Q1
GHI6_1 **In general, would you say your (. . .)'s health is:**
(Read list. Mark one only.)

- 1 **Excellent?**
- 2 **Very good?**
- 3 **Good?**
- 4 **Fair?**
- 5 **Poor?**
- 7 Don't know

C. Health Status

The next set of questions asks about your (. . .)'s day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities.

You may feel that some of these questions do not apply to you (. . .), but it is important that we ask the same questions of everyone.

Vision

HS-Q1
HSI6_1 **Are you (Is . . .) usually able to see well enough to read ordinary newsprint *without* glasses or contact lenses?**

- 1 Yes *Go to HS-Q4*
- 2 No
- 7 Don't know

HS-Q2
HSI6_2 **Are you (Is . . .) usually able to see well enough to read ordinary newsprint *with* glasses or contact lenses?**

- 1 Yes *Go to HS-Q4*
- 2 No
- 7 Don't know

HS-Q3
HSI6_3 **Are you (Is . . .) able to see at all?**

- 1 Yes
- 2 No *Go to HS-Q6*
- 7 Don't know *Go to HS-Q6*

HS-Q4
HSI6_4 **Are you (Is . . .) able to see well enough *without* glasses or contact lenses to recognize a friend on the other side of the street (across the room)?**

- 1 Yes *Go to HS-Q6*
- 2 No
- 7 Don't know *Go to HS-Q6*

HS-Q5
HSI6_5 **Are you (Is . . .) usually able to see well enough with glasses or contact lenses to recognize a friend on the other side of the street (across the room)?**

- 1 Yes
- 2 No
- 7 Don't know

Hearing

HS-Q6
HSI6_6 **Are you (Is . . .) usually able to hear what is said in a group conversation with at least three other people, without a hearing aid?**

- 1 Yes *Go to HS-Q11*
- 2 No
- 7 Don't know *Go to HS-Q11*

HS-Q7
HSI6_7 **Are you (Is . . .) usually able to hear what is said in a group conversation with at least three other people, with a hearing aid?**

- 1 Yes *Go to HS-Q9*
- 2 No
- 7 Don't know

HS-Q8
HSI6_8 **Are you (Is . . .) able to hear at all?**

- 1 Yes
- 2 No *Go to HS-Q11*
- 7 Don't know *Go to HS-Q11*

HS-Q9
HSI6_9 **Are you (Is . . .) 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 HS-Q11*
- 2 No
- 7 Don't know *Go to HS-Q11*

HS-Q10
HSI6_10 **Are you (Is . . .) 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
- 7 Don't know

Speech

HS-Q11
HSI6_11 **Are you (Is . . .) usually able to be understood completely when speaking with strangers in your (. . .)'s own language?**

- 1 Yes *Go to HS-Q15*
- 2 No
- 7 Don't know *Go to HS-Q15*

HS-Q12 **Are you (Is . . .) able to be understood *partially* when speaking with strangers?**

HSI6_12

- 1 Yes
- 2 No
- 7 Don't know

HS-Q13 **Are you (Is . . .) able to be understood *completely* when speaking with those who know you (him / her) well?**

HSI6_13

- 1 Yes *Go to HS-Q15*
- 2 No
- 7 Don't know *Go to HS-Q15*

HS-Q14 **Are you (Is . . .) able to be understood *partially* when speaking with those who know you (him / her) well?**

HSI6_14

- 1 Yes
- 2 No
- 7 Don't know

Getting Around

HS-Q15 **Are you (Is . . .) *usually* able to walk around *without* difficulty and *without* mechanical support such as braces, a cane or crutches?**

HSI6_15

- 1 Yes *Go to HS-Q22*
- 2 No
- 7 Don't know *Go to HS-Q22*

HS-Q16 **Are you (Is . . .) able to walk at all?**

HSI6_16

- 1 Yes
- 2 No *Go to HS-Q19*
- 7 Don't know *Go to HS-Q19*

HS-Q17 **Do you (Does . . .) require mechanical support such as braces, a cane or crutches to be able to walk around?**

HSI6_17

- 1 Yes
- 2 No
- 7 Don't know

HS-Q18 **Do you (Does . . .) require the help of another person to be able to walk?**

HSI6_18

- 1 Yes
- 2 No
- 7 Don't know

HS-Q19 **Do you (Does . . .) require a wheelchair to get around?**

HSI6_19

- 1 Yes
- 2 No *Go to HS-Q22*
- 7 Don't know *Go to HS-Q22*

HS-Q20 **How often do you (does . . .) use a wheelchair?**
(Read list. Mark one only.)

HSI6_20

- 1 **Always**
- 2 **Often**
- 3 **Sometimes**
- 4 **Never**
- 7 Don't know

HS-Q21 **Do you (Does . . .) need the help of another person to get around in the wheelchair?**

HSI6_21

- 1 Yes
- 2 No
- 7 Don't know

Agility

HS-Q22 **Do you (Does . . .) have any physical difficulty cutting your (his / her) own toenails?**

HSI6_22

- 1 Yes
- 2 No
- 7 Don't know

Hands and Fingers

HS-Q23 **Are you (Is . . .) usually able to grasp and handle small objects such as a pencil or scissors?**

HSI6_23

- 1 Yes *Go to HS-Q27*
- 2 No
- 7 Don't know *Go to HS-Q27*

HS-Q24 **Do you (Does . . .) require the help of another person because of limitations in the use of hands or fingers?**

HSI6_24

- 1 Yes
- 2 No *Go to HS-Q26*
- 7 Don't know *Go to HS-Q26*

HS-Q25 **Do you (Does . . .) require the help of another person with:**

HSI6_25

- (Read list. Mark one only.)
- 1 **Some tasks?**
 - 2 **Most tasks?**
 - 3 **Almost all tasks?**
 - 4 **All tasks?**
 - 7 Don't know

HS-Q26

HSI6_26

Do you (Does . . .) require special equipment, for example, devices to assist in dressing because of limitations in the use of hands or fingers?

- 1 Yes
- 2 No
- 7 Don't know

Feelings

HS-Q27

HSI6_27

Would you describe yourself (. . .) as being *usually*:
(Read list. Mark one only.)

- 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?**
- 7 Don't know

Memory

HS-Q28

HSI6_28

How would you describe your (. . .'s) *usual* ability to remember things? Are you (Is . . .):
(Read list. Mark one only.)

- 1 **Able to remember most things?** *Go to HS-Q30*
- 2 **Somewhat forgetful?**
- 3 **Very forgetful?**
- 4 Unable to remember anything at all? *Go to HS-Q30*
- 7 Don't know *Go to HS-Q30*

HS-Q29

HSI6_29

Is this a problem with short-term, or long-term memory, or both? (By short-term, we mean yesterday and today. By long-term, we mean remembering events that happened last year or many years ago.)

(Do not read list. Mark one only.)

- 1 Short-term memory only
- 2 Long-term memory only
- 3 Both short-term and long-term memory
- 7 Don't know

Thinking

HS-Q30

HSI6_30

How would you describe your (. . .'s) *usual* ability to think and solve day-to-day problems? Are you (Is . . .):

(Read list. Mark one only.)

- 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?
- 7 Don't know

Pain and Discomfort

HS-Q31 **Are you (Is . . .) usually free of pain or discomfort?**

HSI6_31

- | | | |
|---|------------|-----------------|
| 1 | Yes | Go to section D |
| 2 | No | |
| 7 | Don't know | Go to section D |

HS-Q32 **How would you describe the usual intensity of your (. . .)'s pain or discomfort?**

HSI6_32

(Read list. Mark one only.)

- | | |
|---|-----------------|
| 1 | Mild |
| 2 | Moderate |
| 3 | Severe |
| 7 | Don't know |

HS-Q33 **How many activities does your (. . .)'s pain or discomfort prevent?**

HSI6_33

(Read list. Mark one only.)

- | | |
|---|--------------|
| 1 | None |
| 2 | A few |
| 3 | Some |
| 4 | Most |
| 7 | Don't know |

D. Chronic Conditions

Now I'd like to ask about any chronic conditions you (. . .) may have. Chronic or "long-term conditions" refer to conditions that have lasted, or are expected to last, 6 months or more.

CC-Q1 **Do you (Does . . .) have any of the following long-term conditions that have been diagnosed by a health professional?**

(Read list.)

CCI6_1A

a) **Arthritis or rheumatism**

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know |

CCI6_1B

b) **High blood pressure (hypertension)**

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know |

CCI6_1C

c) **Asthma**

- | | |
|---|------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know |

CCI6_1D

d) Chronic bronchitis or emphysema

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1E

e) Diabetes

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1F

f) Epilepsy

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1G

g) Heart disease

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1H

h) Effects of stroke (such as paralysis or speech problems)

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1I

i) Paralysis, partial or complete, other than the effects of a stroke

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1J

j) Urinary incontinence, that is, difficulty controlling bladder

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1K

k) Difficulty controlling bowels

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1L

l) Alzheimer's disease or any other dementia

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1M

m) Osteoporosis or brittle bones

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1N

n) Cataracts

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1O

o) Glaucoma

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1P

p) Stomach or intestinal ulcers

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1Q

q) Kidney failure or disease

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1R

r) A bowel disorder such as Crohn's disease or colitis

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1S

s) A thyroid condition

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1T

t) **A developmental delay (such as autism, Downs Syndrome, mental retardation)**

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1U

u) **Schizophrenia, depression, psychosis or other mental illness**

- 1 Yes
- 2 No
- 7 Don't know

CCI6_1V

v) **Any other long-term condition that has been diagnosed by a health professional**

- 1 Yes — *Specify (25 chars.)*
- 2 No
- 7 Don't know

E. Restriction of Activities

The next few questions deal with any health limitations which affect your (. . .'s) daily activities. Again, "long-term conditions" refer to conditions that have lasted or are expected to last 6 months or more.

RA-Q1

Because of a long-term physical or mental condition or a health problem, are you (is . . .) limited in the kind or amount of activity you (he / she) can do. . .

RAI6_1A

a) **within the residence or institution?**

- 1 Yes
- 2 No
- 7 Don't know

RAI6_1B

b) **outside the residence or institution in activities such as travel, recreation or leisure?**

- 1 Yes
- 2 No
- 7 Don't know

RA-Q2

Do you (Does . . .) have any long-term disabilities or handicaps?

RAI6_2

- 1 Yes
- 2 No
- 7 Don't know

If "YES" to at least one of RA-Q1A, RA-Q1B, or RA-Q2 go to RA-Q3, otherwise go to RA-Q7.

RA-Q3

RAI6_3C
RAI6CIC1
RAI6G12A
RAI6G25A
RAI6GC7A

What is the main condition or health problem causing you (. . .) to be limited in your (his / her) activities or to have a long-term disability or handicap?

(Specify one condition / health problem)

1 ----- (25 chars.)

7 Don't know *Go to RA-Q7*
(Re-coded to 25 chars. during processing)

RA-Q4

RAI6_4

Which one of the following is the best description of the cause of this condition?

(Read list. Mark main cause only.)

- 1 **Injury**
- 2 **Existed at birth**
- 3 **Work environment**
- 4 **Disease or illness**
- 5 **Natural aging process**
- 6 **Psychological or physical abuse**
- 7 Other - *Specify (26 chars.)*
- 97 Don't know

RA-Q5

RAI6_5
RAI6CIC2
RAI6G12B
RAI6G25B
RAI6GC7B

Do you (Does . . .) have another long-term condition or health problem causing you (. . .) to be limited in your (his / her) activities or have a long-term disability or handicap?

- 1 Yes - *Specify (25 chars.)*
- 2 No *Go to RA-Q7*
- 7 Don't know *Go to RA-Q7*

RA-Q6

RAI6_6

Which one of the following is the best description of the cause of this condition?

(Read list. Mark main cause only.)

- 1 **Injury**
- 2 **Existed at birth**
- 3 **Work environment**
- 4 **Disease or illness**
- 5 **Natural aging process**
- 6 **Psychological or physical abuse**
- 7 Other - *Specify (25 chars.)*
- 97 Don't know

RA-Q7

The next few questions may not apply to you (. . .) but we need to ask the same questions of everyone. Because of any condition or health problem, do you (does . . .) need the help of another person with . . .

RAI6_7A

a) personal care such as bathing, dressing or eating?

- 1 Yes
- 2 No
- 7 Don't know

RAI6_7B

b) moving about **INSIDE** the residence or institution?

- 1 Yes
- 2 No
- 7 Don't know

RAI6_7C

c) moving about **OUTSIDE** the residence or institution?

- 1 Yes
- 2 No
- 7 Don't know

RAI6_7D

d) getting in and out of bed?

- 1 Yes
- 2 No
- 7 Don't know

RAI6_7E

e) getting in or out of a chair or wheelchair?

- 1 Yes
- 2 No
- 7 Don't know

RA-Q8

RAI6_8

Are you (Is . . .) usually confined to a bed or chair for most of the day because of your (his / her) health?

- 1 Yes
- 2 No
- 7 Don't know

Balance

FL-Q1

FLI6_1

During the past 12 months, have you (has . . .) fallen?

- 1 Yes
- 2 No *Go to section G*
- 7 Don't know *Go to section G*

FL-Q2

FLI6_2

How many times have you (has . . .) fallen?

(Do not read list. Mark one only.)

- 1 1 fall
- 2 2 falls
- 3 3 - 5 falls
- 4 6 or more falls
- 7 Don't know

FL-Q3

FLI6_3

Remember, we are talking about falls that occurred in the past 12 months. Were you (Was . . .) injured as a result of falling?

- 1 Yes
- 2 No *Go to FL-Q5*
- 7 Don't know *Go to FL-Q5*

FL-Q4

FLI6_4

What was the most serious injury you (. . .) had as a result of falling?

(Do not read list. Mark one only.)

- 1 Broken or fractured hip
- 2 Break or fracture of bone or joint other than hip
- 3 Bruise, scrape or cut
- 4 Sprain or strain of joint or back
- 5 Lost consciousness or suffered a concussion
- 6 Other injury - *Specify (26 chars.)*
- 7 Don't know

FL-Q5

What caused you (. . .) to fall?

(Do not read list. Mark all that apply.)

FLI6_5A

FLI6_5B

FLI6_5C

FLI6_5D

FLI6_5E

FLI6_5F

FLI6_5G

FLI6_5H

FLI6_5I

FLI6_5J

- 1 Dizziness / fainted
- 2 Illness
- 3 Weakness / frailty
- 4 Problems with balance
- 5 Fell asleep
- 6 Reaction to medication
- 7 Poor eyesight
- 8 Tripped over or bumped into an object
- 9 Misjudged distance
- 10 Other cause - *Specify (26 chars.)*
- 97 Don't know

F. Smoking

The next few questions are about smoking.

SM-Q1

SMI6_1

At the present time do you (does . . .) smoke cigarettes daily, occasionally or not at all?

(Do not read list. Mark one only.)

- 1 Daily
- 2 Occasionally *Go to SM-Q5*
- 3 Not at all *Go to SM-Q4*
- 7 Don't know *Go to SM-Q4*

SM-Q2

SMI6_2

At what age did you (. . .) begin smoking cigarettes daily?

- 1 ___ years old (*3 chars.*)
- 7 Don't know

SM-Q3 **How many cigarettes do you (does . . .) smoke each day now?**

SMI6_3

1 __ cigarettes (2 chars.) Go to section G
7 Don't know Go to section G

SM-Q4 **Have you (Has . . .) ever smoked cigarettes at all?**

SMI6_4

1 Yes
2 No Go to section G
7 Don't know Go to section G

SM-Q5 **Have you (Has . . .) ever smoked cigarettes daily?**

SMI6_5

1 Yes
2 No Go to section G
7 Don't know Go to section G

SM-Q6 **At what age did you (. . .) begin to smoke (cigarettes) daily?**

SMI6_6

1 ___ years old (3 chars.)
7 Don't know

SM-Q7 **At what age did you (. . .) stop smoking (cigarettes) daily?**

SMI6_7

1 ___ years old (3 chars.)
7 Don't know

G. Alcohol

Now, some questions about 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 wine cooler**
- **one drink or cocktail with 1 and 1/2 ounces of liquor**

AL-Q1 **During the past 12 months, have you (has . . .) had a drink of beer, wine, liquor or any other alcoholic beverage?**

ALI6_1

1 Yes
2 No Go to AL-Q3
7 Don't know Go to AL-Q3

AL-Q2

ALI6_2

During the past 12 months, how often did you (. . .) drink alcoholic beverages?

(Do not read list. Mark one only.)

- 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 week
- 6 4 to 6 times a week
- 7 Every day
- 97 Don't know

Go to AL-Q4

AL-Q3

ALI6_3

Have you (Has . . .) ever had a drink?

- 1 Yes
- 2 No *Go to section H*
- 7 Don't know *Go to section H*

AL-Q4

ALI6_4

Did you (. . .) ever regularly drink more than 12 drinks a week?

- 1 Yes
- 2 No
- 7 Don't know

H. Social Support

Now, some questions about your (. . .'s) contact with different groups and support from family and friends.

SS-Q1

SSI6_1

Do you (Does . . .) belong to any groups or participate in group activities INSIDE this facility such as a social club, a hobby group, or religious services or meetings?

- 1 Yes
- 2 No *Go to SS-Q3*
- 7 Don't know *Go to SS-Q3*

SS-Q2

SSI6_2

How often did you (. . .) participate in meetings or activities in the past 12 months? If you belong (. . . belongs) to many, just think of the one in which you are (he / she is) most active.

(Read list. Mark one only.)

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know

SS-Q3
SSI6_3 **Do you (Does . . .) take part in any one-to-one activities with a volunteer, therapist or other staff member at least once every month?**

- 1 Yes
- 2 No

SS-Q4 **How many relatives do you (does . . .) feel close to?**

SSI6_4

- 1 __ close relatives (2 chars.)
- 2 None *Go to SS-Q6*
- 7 Don't know *Go to SS-Q6*

SS-Q5 **During the past 12 months how often did you (. . .) see any of these relatives?**
(Read list. Mark one only.)

SSI6_5

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know

SS-Q6 **Now a few questions about close friends. By close friends, we mean people that you feel (. . . feels) at ease with, can talk to about private matters or can call upon for help.**

SSI6_6

Not counting relatives or staff, how many close friends do you (does . . .) have living INSIDE this facility?

- 1 __ close friends living INSIDE this facility (2 chars.)
- 2 None
- 7 Don't know

SS-Q7 **Again, not counting relatives or staff, how many close friends do you (does . . .) have living OUTSIDE this facility?**

SSI6_7

- 1 __ close friends living OUTSIDE this facility (2 chars.)
- 2 None *Go to SS-Q9*
- 7 Don't know *Go to SS-Q9*

SS-Q8 **During the past twelve months, how often did you (. . .) see your (his / her) close friends living OUTSIDE this facility? That is, how often did they visit you (. . .) here or you (. . .) visit them outside this facility?**

SSI6_8

(Read list. Mark one only.)

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know

SS-Q9

SSI6_9

Of your friends or relatives living OUTSIDE this facility, whom do you see most often?

(Do not read list. Mark one only.)

- 1 Husband / wife / partner
- 2 Daughter / daughter-in-law
- 3 Son / son-in-law
- 4 Parent / parent-in-law
- 5 Brother / sister
- 6 Grandchild
- 7 Other family member
- 8 Friend
- 9 Neighbour
- 10 Other - *Specify (26 chars.)*
- 97 Don't know

SS-Q10

SSI6_10

How many staff members of this facility do you (does . . .) have a close relationship with, that is, feel at ease with or can talk to about private matters?

- 1 -- staff members you feel (. . .feels) close to (*2 chars.*)
- 2 None
- 7 Don't know

SS-Q11

SSI6_11

During the past 12 months, how often did you (. . .) leave this facility for social or recreational purposes, such as outings, visits or trips.

Do not include trips to obtain medical care or treatment.

(Read list. Mark one only.)

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month** *Go to SS-Q13*
- 5 **Not at all** *Go to SS-Q13*
- 7 Don't know *Go to SS-Q13*

SS-Q12

While you were outside the facility did you (. . .) . . .

(Read list.)

SSI6_12A

a) visit friends or relatives?

- 1 Yes
- 2 No
- 7 Don't know

SSI6_12B

b) go shopping?

- 1 Yes
- 2 No
- 7 Don't know

SSI6_12C

c) **attend social events or religious services?**

- 1 Yes
- 2 No
- 7 Don't know

SSI6_12D

d) **go to the library?**

- 1 Yes
- 2 No
- 7 Don't know

SSI6_12E

e) **go to the movies?**

- 1 Yes
- 2 No
- 7 Don't know

SSI6_12F

f) **go to a beauty shop?**

- 1 Yes
- 2 No
- 7 Don't know

SSI6_12G

g) **attend music or craft classes?**

- 1 Yes
- 2 No
- 7 Don't know

SSI6_12H

h) **go to a community club (bridge club, senior citizen club)?**

- 1 Yes
- 2 No
- 7 Don't know

SSI6_12I

i) **go for a walk?**

- 1 Yes
- 2 No
- 7 Don't know

SSI6_12J

j) **do something else?**

- 1 Yes - *Specify (25 chars.)*
- 2 No
- 7 Don't know

SS-Q13
SSI6_13

How often do you (does . . .) speak on the telephone with a friend or relative?
(Read list. Mark one only.)

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less often than once a month**
- 5 **Not at all**
- 7 Don't know

I. Socio-demographic Characteristics

Now I'd like to ask some general questions which will allow us to study the relationship between health and factors which may be related to health.

Country of Birth / Year of Immigration

SD-Q1
SDI6_1

In what country were you (was . . .) born?
(Do not read list. Mark one only.)

- 1 Canada *Go to SD-Q3*
- 2 Austria
- 3 China
- 4 France
- 5 Germany
- 6 Greece
- 7 Hungary
- 8 India
- 9 Italy
- 10 Netherlands (Holland)
- 11 Poland
- 12 Portugal
- 13 Russia
- 14 Ukraine
- 15 United Kingdom (including England, Scotland, Wales and Northern Ireland.)
- 16 United States
- 17 Other - *Specify (26 chars.)*
- 97 Don't know

SD-Q2
SDI6_2

In what year did you first come to Canada to live?

- 1 1 _ _ _ year (4 chars.)
- 5 Canadian citizen by birth
- 6 Don't know

Ethnicity

SD-Q3

To which ethnic or cultural group(s) did your (. . .)'s ancestors belong? (For example: French, Scottish, Chinese, etc.)

(Do not read list. Mark all that apply.)

SDI6_3A	1	Canadian	11	Jewish	SDI6_3K
SDI6_3B	2	French	12	Polish	SDI6_3L
SDI6_3C	3	English	13	Portuguese	SDI6_3M
SDI6_3D	4	German	14	Swedish	SDI6_3N
SDI6_3E	5	Scottish	15	Russian	SDI6_3O
SDI6_3F	6	Irish	16	South Asian	SDI6_3P
SDI6_3G	7	Italian	17	Black	SDI6_3Q
SDI6_3H	8	Ukrainian	18	North American Indian	SDI6_3R
SDI6_3I	9	Dutch	19	Métis	SDI6_3S
SDI6_3J	10	Chinese	20	Inuit / Eskimo	SDI6_3T
SDI6_3U	21	Other ethnic or cultural group(s) - <i>Specify (26 chars.)</i>			
	97	Don't know			

Language

SD-Q4

What is the language that you (. . .) first learned at home in childhood and can still understand? (If you (. . .) can no longer understand the first language learned, choose the second language learned.)

(Do not read list. Mark all that apply.)

SDI6_4A	1	English	10	Italian	SDI6_4J
SDI6_4B	2	French	11	Polish	SDI6_4K
SDI6_4C	3	Chinese	12	Portuguese	SDI6_4L
SDI6_4D	4	Cree	13	Punjabi	SDI6_4M
SDI6_4E	5	Dutch	14	Spanish	SDI6_4N
SDI6_4F	6	Finnish	15	Swedish	SDI6_4O
SDI6_4G	7	German	16	Russian	SDI6_4P
SDI6_4H	8	Greek	17	Ukrainian	SDI6_4Q
SDI6_4I	9	Hungarian			
SDI6_4R	18	Other - <i>Specify (26 chars.)</i>			
	97	Don't know			

SD-Q5

Which languages can you (. . .) speak or understand now?

(Do not read list. Mark all that apply.)

SDI6_5A	1	English
SDI6_5B	2	French
SDI6_5C	3	Other
SDI6_5D	4	Not able to speak or to understand spoken language
	7	Don't know

Race

SD-Q6

How would you best describe your (. . .)'s race or colour?

(Do not read list. Mark all that apply.)

- | | | |
|---------|----|---|
| SDI6_6A | 1 | White |
| SDI6_6B | 2 | Chinese |
| SDI6_6C | 3 | South Asian (e.g. East Indian, Pakistani, Punjabi, Sri Lankan) |
| SDI6_6D | 4 | Black |
| SDI6_6E | 5 | Native / Aboriginal peoples of North America (North American Indian, Métis, Inuit / Eskimo) |
| SDI6_6F | 6 | Arab / West Asian (e.g. Armenian, Egyptian, Iranian, Lebanese, Moroccan) |
| SDI6_6G | 7 | Filipino |
| SDI6_6H | 8 | South East Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese) |
| SDI6_6I | 9 | Latin American |
| SDI6_6J | 10 | Japanese |
| SDI6_6K | 11 | Korean |
| SDI6_6L | 12 | Other - <i>Specify (26 chars.)</i> |
| | 97 | Don't know |

Education

ED-Q1

What is the highest level of education that you have (. . . has) completed?

(Do not read list. Mark one only)

EDI6_1

- 1 None or no formal schooling
- 2 Elementary only
- 3 Some - secondary (without graduation certificate)
- 4 Secondary or high school graduation certificate or equivalent
- 5 Some - trade, technical or vocational school or business college
- 6 Some - community college, CEGEP, nursing school or university
- 7 Diploma or certificate from - trade, technical or vocational school, or business college
- 8 Diploma or certificate from - community college, CEGEP or nursing school
- 9 Degree or certificate from - university or teacher's college (e.g. B.A., M.Sc., D.V.M., Ph.D.)
- 10 Other - *Specify (26 chars.)*
- 97 Don't know

Income

IN-Q1

Thinking about your (. . .)'s own personal income, from which of the following sources did you (. . .) receive any income in the past 12 months?

(Read list. Mark all that apply.)

- | | | |
|---------|----|---|
| INI6_1A | 1 | Old Age Security |
| INI6_1B | 2 | Benefits from Canada or Quebec Pension Plan |
| INI6_1C | 3 | Guaranteed Income Supplement |
| INI6_1D | 7 | Retirement pensions, superannuation and annuities |
| INI6_1E | 8 | Dividends and interest on bonds, deposits and savings, stocks, mutual funds, etc. |
| INI6_1F | 6 | Provincial or municipal social assistance or welfare |
| INI6_1G | 7 | Wages, salaries, or income from self employment |
| INI6_1H | 8 | Other income (e.g. Workers Compensation, Unemployment Insurance, rental income, scholarships, other government income, alimony, child support, etc.) |
| INI6_1I | 9 | None <i>Go to Section J</i> |
| | 97 | Don't know |

INC-Q2

INI6_2

What is your best estimate of your (. . .)'s total personal income before taxes and deductions from all sources in the past 12 months? Was your (. . .)'s total personal income:

(Read list. Mark one only.)

- | | |
|----|--|
| 1 | Less than \$5,000? |
| 2 | \$5,000 to less than \$10,000? |
| 3 | \$10,000 to less than \$15,000? |
| 4 | \$15,000 to less than \$20,000? |
| 5 | \$20,000 to less than \$30,000? |
| 6 | \$30,000 to less than \$40,000? |
| 7 | \$40,000 and more? |
| 97 | Don't know |

J. Contact Information

This survey is part of a longer-term study to look at the health of Canadians.

We will need to re-contact you (. .) two years from now to ask a few more questions about your (. .)'s health.

We would like the name, address and phone number of two friends or relatives (of . .) we could call in case there are difficulties in reaching you (. .). This would only be used to help us make contact with you (. .).

First Contact Person

CI-Q1 **Name**
CII6_1A First name
----- (33 chars.)

CII6_1B Last name
----- (33 chars.)

CI-Q2 **Address**
CII6_2A Street
----- (33 chars.)

CII6_2B Apartment
----- (33 chars.)

CI-Q3 **City**
CII6_3 ----- (33 chars.)

CI-Q4 **Postal Code**
CII6_4 ----- (6 chars.)

CI-Q5 **Telephone number**
CII6_5 (_ _ _) _ _ _ _ _ _ (10 chars.)
 (including area code)

CI-Q6 **What is their relationship to you (. .)?**
CII6_6 (Do not read list. Mark one only.)

- 1 Husband / wife / partner
- 2 Daughter / daughter-in-law
- 3 Son / son-in-law
- 4 Parent / parent-in-law
- 5 Brother / sister
- 6 Grandchild
- 7 Other family member
- 8 Friend
- 9 Other - Specify (26 chars.)

Second Contact Person

CI-Q7 **Name**

CII6_7A

First name
----- (33 chars.)

CII6_7B

Last name
----- (33 chars.)

CI-Q8 **Address**

CII6_8A

Street
----- (33 chars.)

CII6_8B

Apartment
----- (33 chars.)

CI-Q9 **City**

CII6_9

----- (33 chars.)

CI-Q10 **Postal Code**

CII6_10

----- (6 chars.)

CI-Q11 **Telephone number**

CII6_11

() ----- (10 chars.)
(including area code)

CI-Q12 **What is their relationship to you (..)?**

CII6_12 *(Do not read list. Mark one only.)*

- 1 Husband / wife / partner
- 2 Daughter / daughter-in-law
- 3 Son / son-in-law
- 4 Parent / parent-in-law
- 5 Brother / sister
- 6 Grandchild
- 7 Other family member
- 8 Friend
- 9 Other - *Specify (26 chars.)*

K. Agreements

If interviewing the resident or a proxy, who is his / her next of kin, ask the questions in this section.

If interviewing a proxy, who is not the next of kin of the resident, refer to the consent form to complete this section.

We are asking your permission to obtain the following information from the staff of this facility (the facility in which . . . lives).

Drug Use and Health Care Utilization

AM-Q1 **First, we would like to ask the number and names of the medications you take (. . . takes), both prescription and over-the-counter.**

AMI6_PER

Second, we would like to ask about how often you see or contact (. . . sees or contacts) health professionals, such as doctors, therapists and dentists.

Third, we would like to record your (. . .'s) height and weight.

Do we have your permission?

- 1 Yes
- 2 No (Check "Refused" in Sections L, M, and N)

Provincial Health Number

HN-Q1 **We are also seeking your permission to link information collected during this interview with provincial health information.**

AMI6_LNK

This would include information on past and continuing use of services such as visits to hospitals, clinics, physician's offices or other services provided by the province.

This information will be used for statistical purposes only.

Do we have your permission?

- 1 Yes
- 2 No (Check "Refused" in Section O. Go to AS-Q1)

HN-Q2 **Having your (. . .'s) provincial health number will assist us in linking to this other information.**

AMI6_HNI

Do we have your permission to obtain the provincial health number?

- 1 Yes
- 2 No (Check "Refused" in Section O)

Agreement to Share

AS-Q1

AMI6_SHR

To avoid duplication Statistics Canada intends to share the information from this survey with provincial ministries of health and Health Canada.

These organizations have undertaken to keep this information confidential and use it only for statistical purposes.

Do you agree to share the information you have provided?

- 1 Yes
- 2 No

(Thank and end interview with resident or their next-of-kin.)

(If any YES in AM-Q1, HN-Q1 or HN-Q2, arrange and complete interview with staff member of facility.)

L. Drug Use

We have the permission of *Name of resident* (. . .'s next of kin) to obtain information from you about his / her use of medications and contact with health professionals and to obtain his / her height and weight.

Having the name of the staff member who provided us with the information will assist us should we need to clarify the information later. Your name will be kept confidential.

DR-Q1

Name of staff member providing this information.

----- (25 chars.)
FIRST NAME

----- (25 chars.)
LAST NAME

DR-Q2

DGI6_2

Now, I am referring to yesterday and the day before yesterday. During those two days, how many different medications, both prescription and over-the-counter, did . . . take?

- 1 __ Number of different medications (2 chars.)
- 2 None *Go to section M*
- 97 Don't know *Go to section M*
- 98 Refused *Go to section M*

DR-Q3

What is the exact name of the medication that . . . took in the last two days?
(Report a maximum of 12 medications.)

- DGI6_3A a) ----- (36 chars.)
- DGI6_3B b) ----- (36 chars.)
- DGI6_3C c) ----- (36 chars.)
- DGI6_3D d) ----- (36 chars.)
- DGI6_3E e) ----- (36 chars.)
- DGI6_3F f) ----- (36 chars.)
- DGI6_3G g) ----- (36 chars.)
- DGI6_3H h) ----- (36 chars.)
- DGI6_3I i) ----- (36 chars.)
- DGI6_3J j) ----- (36 chars.)
- DGI6_3K k) ----- (36 chars.)
- DGI6_3L l) ----- (36 chars.)

8 Refused

M. Health Care Utilization

HC-Q1

I'd like to ask how often in the past 12 months . . . has seen or talked to the following types of health care providers about his / her physical, emotional or mental health:
(Read list.)

HCI6_1A

a) **General practitioner?**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HCI6_1B

b) **Eye specialist (such as ophthalmologist or optometrist)?**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HCI6_1C

c) **Other medical doctor (such as geriatrician, surgeon, psychiatrist)?**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HCI6_1D

d) **Nurse for care or advice?**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HCI6_1E

e) **Physiotherapist?**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HCI6_1F

f) **Speech or audiology therapist?**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HCI6_1G

g) **Occupational therapist?**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HCI6_1H

h) **Respiratory therapist?**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HCI6_1I

i) **Dentist, denture therapist or dental hygienist?**

- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HCI6_1J

j) **Psychologist?**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HCI6_1K

k) **Social worker or counselor?**

- 1 **Every day**
- 2 **At least once a week**
- 3 **At least once a month**
- 4 **Less than once a month**
- 5 **Not at all**
- 7 Don't know
- 8 Refused

HC-Q2

HCI6_2

In the past 12 months, has . . . been temporarily transferred to an acute (short-term) care facility for a period of less than 21 days?

- 1 Yes
- 2 No
- 8 Refused

N. Height and Weight

HW-Q1 How tall is . . . without shoes?

<i>HWI6_1A</i>	1	_	<i>Feet</i>	<i>(1 chars.)</i>
<i>HWI6_1B</i>	2	--	<i>Inches</i>	<i>(2 chars.)</i>
<i>HWI6_1C</i>	3	---	<i>Centimeters</i>	<i>(3 chars.)</i>
	7		Don't know	
	8		Refused	

HW-Q2 How much does . . . weigh?

<i>HWI6_2A</i>	1	---	<i>Pounds</i>	<i>(3 chars.)</i>
<i>HWI6_2B</i>	2	----	<i>Kilograms</i>	<i>(4 chars.)</i>
	7		Don't know	
	8		Refused	

(If "NO" to question HN-Q1 or HN-Q2 thank respondent and end interview)

O. Provincial Health Number

Check label to see if health number was collected in 1994. If the health number is recorded, verify and correct if necessary. Otherwise ask HN-Q3.

We also have the permission of . . . (. . .'s next of kin) to obtain his / her personal provincial health number.

HN-Q3 What is . . .'s provincial health number?

(Do not enter dashes or spaces)

	1	Same as on label	
	2	-----	<i>(15 chars.)</i>
	8	Refused	