

**National Population Health Survey**

**Household Component  
Cycle 5 (2002-2003)**

**Questionnaire**

**Statistics Canada**

November, 2004



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## Household Record Variables

(To be collected at initial contact from a knowledgeable household member.)

**AM32\_TEL** Type of contact

- 1 Telephone
- 2 Personal

The following information is collected for each household member:

Membership status  
First name  
Last name

**DOB** Date of birth (8 characters)  
**MOB** Day of birth (2 digits)  
**YOB** Month of birth (2 digits)  
**DHC2\_AGE** Year of birth (4 digits)  
Age (age is calculated and confirmed with the respondent)

**SEX** Sex

- 1 Male
- 2 Female

**DHC2\_MAR** Marital Status

- 1 Married
- 2 Living common-law
- 3 Widowed
- 4 Separated
- 5 Divorced
- 6 Single, never married

Relationships between household members

Husband / Wife	Foster Parent
Common-law partner	Foster Child
Same-sex partner	Grandparent
Father / Mother	Grandchild
Birth	In-laws
Step	Other related
Adoptive	Unrelated
Son / Daughter	Brother / Sister
Birth	Full
Step	Half
Adopted	Step
	Adopted
	Foster

**DHC2\_FID** Family ID code

A to Z (Assigned by the computer.)

Legal household check

## **NPHS, Household Component, Cycle 5 (2002-2003)**

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The following information is collected once in each household:

**DHC2\_DWE**    Type of dwelling

- 1      Single detached
- 2      Double
- 3      Row or Terrace
- 4      Duplex
- 5      Low-rise apartment (fewer than 5 stories) or flat
- 6      High-rise apartment (5 stories or more)
- 7      Institution
- 8      Hotel; rooming/lodging house; camp
- 9      Mobile home
- 10     Other - Specify

**DHC2\_OWNI**    Is this dwelling owned by a member of this household?

- 1      Yes
- 2      No

**DHC2\_BED**    How many bedrooms are there in this dwelling?

INTERVIEWER: Enter '0' if no separate enclosed bedroom.

|\_|\_|           Bedrooms  
(MIN: 0) (MAX: 20)

Information source (i.e., the household member providing the information for the health questions).

**AM32\_PL**      INTERVIEWER: Select respondent's preferred language.

- |                   |                        |
|-------------------|------------------------|
| 1      English    | 14     Tamil           |
| 2      French     | 15     Cree            |
| 3      Chinese    | 16     Afghan          |
| 4      Italian    | 17     Cantonese       |
| 5      Punjabi    | 18     Hindi           |
| 6      Spanish    | 19     Mandarin        |
| 7      Portuguese | 20     Persian         |
| 8      Polish     | 21     Russian         |
| 9      German     | 22     Ukrainian       |
| 10     Vietnamese | 23     Urdu            |
| 11     Arabic     | 90     Other - Specify |
| 12     Tagalog    |                        |
| 13     Greek      |                        |

## Health Component

(To be completed for selected respondent only.)

(Proxy interview for those under 12 years old or unable to answer due to special circumstances.)

- Notes:
1. Question text in **Bold** font is read to the respondent. Text in normal font is not read to the respondent. Interviewer instructions are prefaced by the word "INTERVIEWER", and are not read aloud.
  2. The options Don't Know (DK) and Refusal (R) are allowed on every question. However, the response categories are shown in this document only when the flow from these responses is not to the next question.

GR\_N1 INTERVIEWER: Who is providing the information for the selected respondent?

GR\_C2 If age < 12 or non-proxy interview, go to GH\_QINT.

GR\_N2 INTERVIEWER: Record the reason why this component is being completed by proxy.

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(80 spaces)

### General Health

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

GH\_Q1 **I'll start with a few questions concerning [your/FNAME's] health in general.**  
**In general, would you say [your/his/her] health is:**  
INTERVIEWER: Read categories to respondent.

- 1 ... **excellent?**
- 2 ... **very good?**
- 3 ... **good?**
- 4 ... **fair?**
- 5 ... **poor?**

GH\_C2 If age < 12, go to GH\_Q3.

GH\_Q2 **Thinking about the amount of stress in [your/his/her] life, would you say that most days are:**  
INTERVIEWER: Read categories to respondent.

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

GH\_Q3  
GHC2\_4

**In general, would you say [your/his/her] eating habits are:**

INTERVIEWER: Read categories to respondent.

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

## **Sleep**

### **Focus Questions**

SL\_C1 If proxy interview or age < 12, go to next section.

SL\_Q1  
SL\_2\_1

**How long do you usually spend sleeping each night?**

INTERVIEWER: Do not include time spent resting.

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

SL\_Q2  
SL\_2\_2

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

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SL\_Q3  
SL\_2\_3

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

INTERVIEWER: If necessary, explain that "refreshing" means "restful".

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time



SL\_Q4      **How often do you find it difficult to stay awake when you want to?**

SL\_2\_4

- 1      None of the time
- 2      A little of the time
- 3      Some of the time
- 4      Most of the time
- 5      All of the time

## **Height and Weight**

HW\_Q2      **How tall [are/is] [you/FNAME] without shoes on?**

HWC2\_2

- 0      Less than 1' / 12" (less than 29.2 cm.)      (Go to HW\_Q3)
- 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 HW\_Q2B)
- 3      3'0" to 3'11" / 36" to 47" (90.2 to 120.6 cm.)      (Go to HW\_Q2C)
- 4      4'0" to 4'11" / 48" to 59" (120.7 to 151.0 cm.)      (Go to HW\_Q2D)
- 5      5'0" to 5'11" (151.1 to 181.5 cm.)      (Go to HW\_Q2E)
- 6      6'0" to 6'11" (181.6 to 212.0 cm.)      (Go to HW\_Q2F)
- 7      7'0" and over (212.1 cm. and over)      (Go to HW\_Q3)
- DK, R      (Go to HW\_Q3)

HW\_Q2A      INTERVIEWER: Select the exact height.

HWC2\_2A

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

Go to HW\_Q3

HW\_Q2B      INTERVIEWER: Select the exact height.

HWC2\_2B

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

Go to HW\_Q3

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HW\_Q2C  
HWC2\_2C

INTERVIEWER: Select the exact height.

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

Go to HW\_Q3

HW\_Q2D  
HWC2\_2D

INTERVIEWER: Select the exact height.

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

Go to HW\_Q3

HW\_Q2E  
HWC2\_2E

INTERVIEWER: Select the exact height.

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

Go to HW\_Q3

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HW\_Q2F      INTERVIEWER: Select the exact height.

HWC2\_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.) |

HWC2\_HT      \_\_\_\_ Feet \_\_\_\_ Inches      or      \_\_\_\_ Centimetres

HW\_Q3      **How much [do/does] [you/FNAME] weigh?**

HWC2\_3

INTERVIEWER: Enter amount only.

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

HW\_N4      INTERVIEWER: Was that in pounds or in kilograms?

HWC2\_4

HWC2\_3LB

HWC2\_3KG

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

**Body Image**

**Focus Questions**

BI\_C1      If proxy interview or age < 12, go to next section. If response to HW\_Q3 is not valid, go to next section.

BI\_Q1      **Do you consider yourself:**

HW\_2\_5

INTERVIEWER: Read categories to respondent.

- |   |                              |                       |
|---|------------------------------|-----------------------|
| 1 | ... <b>overweight?</b>       |                       |
| 2 | ... <b>underweight?</b>      | (Go to BI_Q3)         |
| 3 | ... <b>just about right?</b> | (Go to next section)) |
|   | DK, R                        | (Go to next section)  |

BI\_Q2      **Are you presently trying to lose weight?**

HW\_2\_6

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

Go to BI\_Q4

BI\_Q3      **Are you presently trying to gain weight?**

HW\_2\_7

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

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BI\_Q4      **How much would you like to weigh?**

HW\_2\_8      INTERVIEWER: Enter amount only.

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

BI\_N5      INTERVIEWER: Was that in pounds or in kilograms?

HW\_2\_9

HW\_2\_8LB      1      Pounds

HW\_2\_8KG      2      Kilograms  
                    (DK, R are not allowed)

## **Nutrition**

### **Food choice**

#### **Focus Questions**

NU\_C1      If proxy interview or age < 15, go to next section.

NU\_QINT      **Now, some questions about the foods you eat.**

INTERVIEWER: Press <Enter> to continue.

NU\_Q1A      **Do you choose certain foods or avoid others:**

NU\_2\_1A      **... because you are concerned about your body weight?**

1      Yes (or sometimes)  
2      No  
            DK, R      (Go to FV\_QINT)

NU\_Q1B      **... because you are concerned about heart disease?**

NU\_2\_1C

1      Yes (or sometimes)  
2      No

NU\_Q1C      **... because you are concerned about cancer?**

NU\_2\_1D

1      Yes (or sometimes)  
2      No

NU\_Q1D      **... because you are concerned about osteoporosis (brittle bones)?**

NU\_2\_1E

1      Yes (or sometimes)  
2      No

NU\_Q2A      **Do you choose certain foods because of:**

NU\_2\_2A      **... the lower fat content?**

1      Yes (or sometimes)  
2      No

NU\_Q2B ... the fibre content?  
 NU\_2\_2B  
 1 Yes (or sometimes)  
 2 No

NU\_Q2C ... the calcium content?  
 NU\_2\_2C  
 1 Yes (or sometimes)  
 2 No

NU\_Q3A Do you avoid certain foods because of:

NU\_2\_3A ... the fat content?  
 1 Yes (or sometimes)  
 2 No

NU\_Q3B ... the type of fat they contain?  
 NU\_2\_3B  
 1 Yes (or sometimes)  
 2 No

NU\_Q3C ... the salt content?  
 NU\_2\_3C  
 1 Yes (or sometimes)  
 2 No

NU\_Q3D ... the cholesterol content?  
 NU\_2\_3D  
 1 Yes (or sometimes)  
 2 No

NU\_Q3E ... the calorie content?  
 NU\_2\_3G  
 1 Yes (or sometimes)  
 2 No

**Supplement use**

NU\_Q4A In the past 4 weeks, did you take any vitamin or mineral supplements?  
 NU\_2\_4A  
 1 Yes  
 2 No (Go to FV\_QINT)  
 DK, R (Go to FV\_QINT)

NU\_Q4B Did you take them at least once a week?  
 NU\_2\_4B  
 1 Yes  
 2 No (Go to NU\_Q4D)  
 DK, R (Go to FV\_QINT)

NU\_Q4C      **Last week, on how many days did you take them?**

NU\_2\_4C

|\_|      Days  
(MIN: 1) (MAX: 7)

Go to FV\_QINT.

NU\_Q4D      **In the past 4 weeks, on how many days did you take them?**

NU\_2\_4D

|\_|      Days  
(MIN: 1) (MAX: 21)

### **Fruit and vegetable consumption**

#### **Focus Questions**

FV\_QINT      **The next questions are about the foods you usually eat or drink. Think about all the foods you eat, both meals and snacks, at home and away from home.**

INTERVIEWER: Press <Enter> to continue.

FV\_Q1A      **How often do you usually drink fruit juices such as orange, grapefruit or tomato?**  
FV\_2\_1A      **(For example: once a day, three times a week, twice a month)**

INTERVIEWER: Enter amount only.

|\_|\_|      Times  
(MIN: 0) (MAX: 500)  
0, DK      (Go to FV\_Q2A)  
R      (Go to next section)

FV\_N1B      INTERVIEWER: Select the reporting period.  
FV\_2\_1B

1	Daily	(hard edit if FV_Q1A more than 20; warning if more than 5)
2	Weekly	(hard edit if FV_Q1A more than 90; warning if more than 10)
3	Monthly	(hard edit if FV_Q1A more than 200; warning if more than 10)
4	Yearly	(warning if FV_Q1A more than 12)

FV\_2\_1Y

FV\_Q2A      **Not counting juice, how often do you usually eat fruit?**

FV\_2\_2A

INTERVIEWER: Enter amount only.

|\_|\_|      Times  
(MIN: 0) (MAX: 500)  
0      (Go to FV\_Q3A)  
DK, R      (Go to FV\_Q3A)

FV\_N2B      INTERVIEWER: Select the reporting period.  
FV\_2\_2B

1	Daily	(hard edit if FV_Q2A more than 20; warning if more than 5)
2	Weekly	(hard edit if FV_Q2A more than 90; warning if more than 10)
3	Monthly	(hard edit if FV_Q2A more than 200; warning if more than 10)
4	Yearly	(warning if FV_Q2A more than 12)

FV\_2\_2Y

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FV\_Q3A **How often do you usually eat green salad?**

*FV\_2\_3A* INTERVIEWER: Enter amount only.

I \_ \_ \_ Times  
(MIN: 0) (MAX: 500)  
0 (Go to FV\_Q4A)  
DK, R (Go to FV\_Q4A)

FV\_N3B INTERVIEWER: Select the reporting period.

*FV\_2\_3B*

1 Daily (hard edit if FV\_Q3A more than 20; warning if more than 2)  
2 Weekly (hard edit if FV\_Q3A more than 90; warning if more than 5)  
3 Monthly (hard edit if FV\_Q3A more than 200; warning if more than 5)  
*FV\_2\_3Y* 4 Yearly (warning if FV\_Q3A more than 12)

FV\_Q4A **How often do you usually eat potatoes, not including french fries, fried potatoes  
or potato chips?**

*FV\_2\_4A*

INTERVIEWER: Enter amount only.

I \_ \_ \_ Times  
(MIN: 0) (MAX: 500)  
0 (Go to FV\_Q5A)  
DK, R (Go to FV\_Q5A)

FV\_N4B INTERVIEWER: Select the reporting period.

*FV\_2\_4B*

1 Daily (hard edit if FV\_Q4A more than 20; warning if more than 2)  
2 Weekly (hard edit if FV\_Q4A more than 90; warning if more than 10)  
3 Monthly (hard edit if FV\_Q4A more than 200; warning if more than 10)  
*FV\_2\_4Y* 4 Yearly (warning if FV\_Q4A more than 12)

FV\_Q5A **How often do you usually eat carrots?**

*FV\_2\_5A*

INTERVIEWER: Enter amount only.

I \_ \_ \_ Times  
(MIN: 0) (MAX: 500)  
0 (Go to FV\_Q6A)  
DK, R (Go to FV\_Q6A)

FV\_N5B INTERVIEWER: Select the reporting period.

*FV\_2\_5B*

1 Daily (hard edit if FV\_Q5A more than 20; warning if more than 2)  
2 Weekly (hard edit if FV\_Q5A more than 90; warning if more than 10)  
3 Monthly (hard edit if FV\_Q5A more than 200; warning if more than 10)  
*FV\_2\_5Y* 4 Yearly (warning if FV\_Q5A more than 12)

FV\_Q6A **Not counting carrots, potatoes, or salad, how many servings of other vegetables  
do you usually eat?**

*FV\_2\_6A*

INTERVIEWER: Enter amount only.

I \_ \_ \_ Servings  
(MIN: 0) (MAX: 500)  
0 (Go to next section)  
DK, R (Go to next section)

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FV_N6B FV_2_6B	<b>INTERVIEWER:</b> Select the reporting period.		
	1	Daily	(hard edit if FV_Q6A more than 20; warning if more than 5)
	2	Weekly	(hard edit if FV_Q6A more than 90; warning if more than 10)
	3	Monthly	(hard edit if FV_Q6A more than 200; warning if more than 10)
FV_2_6Y	4	Yearly	(warning if FV_Q6A more than 12)

### **Preventive Health**

PH\_C1      If proxy interview or age < 12, go to next section. If respondent reported ever had blood pressure taken in previous interview, go to PH\_Q1B (PH\_Q1 was filled with "1" during processing).

PH\_Q1  
PHC2\_1      **Have you ever had your blood pressure taken?**

1	Yes	
2	No	(Go to PH_C2)
	DK, R	(Go to next section)

PH\_Q1B  
PHC2\_1B      **When was the last time that you had your blood pressure taken?**  
**INTERVIEWER:** Read categories to respondent.

1	<b>Less than 6 months ago</b>
2	<b>6 months to less than 1 year ago</b>
3	<b>1 year to less than 2 years ago</b>
4	<b>2 years to less than 5 years ago</b>
5	<b>5 or more years ago</b>

PH\_C2      If male or age < 15, go to next section. If age < 18, go to PH\_C3 If respondent reported ever had a pap smear test taken in previous interview, go to PH\_Q2B (PH\_Q2 was filled with "1" during processing).

PH\_Q2  
PHC2\_2      **Have you ever had a PAP smear test?**

1	Yes	
2	No	(Go to PH_C3)
	DK, R	(Go to next section)

PH\_Q2B  
PHC2\_2B      **When was the last time that you had a PAP smear test?**  
**INTERVIEWER:** Read categories to respondent.

1	<b>Less than 6 months ago</b>
2	<b>6 months to less than 1 year ago</b>
3	<b>1 year to less than 3 years ago</b>
4	<b>3 years to less than 5 years ago</b>
5	<b>5 or more years ago</b>

PH\_C3      If age < 35, go to PH\_C4. If respondent reported ever had a mammogram taken in previous interview, go to PH\_Q3B (PH\_Q3 was filled with "1" during processing).



PH\_Q3 **Have you ever had a mammogram, that is, a breast x-ray?**

*PHC2\_3*

- 1 Yes
- 2 No (Go to PH\_C4)
- DK, R (Go to next section)

PH\_Q3B **When was the last time that you had a mammogram?**

*PHC2\_3B*

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 2 years ago**
- 4 **2 years to less than 5 years ago**
- 5 **5 or more years ago**

PH\_Q3C **Why did you have a mammogram?**

INTERVIEWER: Mark ALL that apply.

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

*PHC2\_3CA*

- 1 Family history of breast cancer

*PHC2\_3CB*

- 2 Part of regular check-up / routine screening

*PHC2\_3CC*

- 3 Age

*PHC2\_3CD*

- 4 Previously detected lump

*PHC2\_3CE*

- 5 Follow-up of breast cancer treatment

*PHC2\_3CF*

- 6 On hormone replacement therapy

*PHC2\_3CG*

- 7 Breast problem

*PHC2\_3CH*

- 8 Other - Specify

PH\_C4

If age > 49, go to PH\_C5. If respondent reported ever had a hysterectomy in previous interview, go to next section (PH\_Q4 was filled with "2", PH\_Q4A was filled with "Not applicable", and PH\_Q4B was filled with "2" during processing).

PH\_Q4

*PHC2\_4*

**Now, a few questions for recent mothers. Since our interview in [month and year of last response interview], have you given birth?**

INTERVIEWER: Do not include stillbirths.

- 1 Yes
- 2 No (Go to PH\_Q4B)
- DK, R (Go to next section)

PH\_Q4A

*PHC2\_4A*

**(For your last baby,) did you use the services of a doctor, a midwife or both?**

- 1 Doctor only
- 2 Midwife only
- 3 Both doctor and midwife
- 4 Neither

PH\_Q4B

*PHC2\_4B*

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

- 1 Yes (Go to next section) (PH\_Q5 was filled with "2" during processing)
- 2 No (Go to next section)
- DK, R (Go to next section)

PH\_C5

If age < 18, go to next section. If respondent reported ever had a hysterectomy in previous interview, go to next section (PH\_Q5 was filled with "1" during processing).

PH\_Q5 **Have you had a hysterectomy (in other words, has your uterus been removed)?**

PHC2\_5

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

PH\_Q5B **At what age?**

PHC2\_5B

\_|\_|\_| Age in years  
(MIN: 18) (MAX: current age)

PH\_Q5C **Why did you have it?**

INTERVIEWER: Mark ALL that apply.

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

- |          |   |  |
|----------|---|--|
| PHC2_5CA | 1 | Cancer treatment                       |
| PHC2_5CB | 2 | Cancer prevention                      |
| PHC2_5CC | 3 | Endometriosis                          |
| PHC2_5CD | 4 | Tubal pregnancy                        |
| PHC2_5CE | 5 | Benign tumors (e.g., fibroids)         |
| PHC2_5CF | 6 | Menstrual problems / abnormal bleeding |
| PHC2_5CG | 7 | Other - Specify                        |

## **Health Care Utilization**

HC\_QINT1 **Now I'd like to ask about [your/FNAME's] contacts with health professionals during the past 12 months, that is, from [date one year ago] to yesterday.**

INTERVIEWER: Press <Enter> to continue.

HC\_Q01 **In the past 12 months, [have/has] [you/FNAME] been a patient overnight in a hospital, nursing home or convalescent home?**

HCC2\_1

- |   |     |                      |
|---|-----|----------------------|
| 1 | Yes |                      |
| 2 | No  | (Go to HC_C02)       |
|   | DK  | (Go to HC_C02)       |
|   | R   | (Go to next section) |

HC\_Q01A **For how many nights in the past 12 months?**

HCC2\_1A

\_|\_|\_| Nights  
(MIN: 1) (MAX: 366; warning after 100)

HC\_C02 If proxy interview and age > 12, then the wording of HC\_Q02 (A,D,G and J) is changed to: "In the past..., how many times has [FNAME] seen or talked on the telephone...about [FNAME's] physical..."  
If proxy interview (age < 12), then the wording of HC\_Q02 (A,D,G and J) is changed to: "In the past..., how many times have you seen or talked on the telephone...about [FNAME's] physical..."

- HC\_Q02A  
HCC2\_2A      **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**
- ... a family doctor [pediatrician] or general practitioner?
- |\_|\_|\_|                      Times  
    (MIN: 0) (MAX: 366; warning after 12)
- HC\_Q02B  
HCC2\_2B      **... an eye specialist (such as an ophthalmologist or optometrist)?**
- |\_|\_|                      Times  
    (MIN: 0) (MAX: 75; warning after 3)
- HC\_Q02C  
HCC2\_2C      **... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?**
- |\_|\_|\_|                      Times  
    (MIN: 0) (MAX: 300; warning after 7)
- HC\_Q02D  
HCC2\_2D      **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**
- ... a nurse for care or advice?
- |\_|\_|\_|                      Times  
    (MIN: 0) (MAX: 366; warning after 15)
- HC\_Q02E  
HCC2\_2E      **... a dentist or orthodontist?**
- |\_|\_|\_|                      Times  
    (MIN: 0) (MAX: 99; warning after 4)
- HC\_Q02F  
HCC2\_2F      **... a chiropractor?**
- |\_|\_|\_|                      Times  
    (MIN: 0) (MAX: 366; warning after 20)
- HC\_Q02G  
HCC2\_2G      **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**
- ... a physiotherapist?
- |\_|\_|\_|                      Times  
    (MIN: 0) (MAX: 366; warning after 30)
- HC\_Q02H  
HCC2\_2H      **... a social worker or counsellor?**
- |\_|\_|\_|                      Times  
    (MIN: 0) (MAX: 366; warning after 20)

HC\_Q02I ... a psychologist?

HCC2\_2I

\_|\_|\_| Times  
(MIN: 0) (MAX: 366; warning after 25)

HC\_Q02J **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**

HCC2\_2J

... a speech, audiology or occupational therapist?

\_|\_|\_| Times  
(MIN: 0) (MAX: 200; warning after 12)

HC\_Q03 **[Do/Does] [you/FNAME] have a regular medical doctor?**

HCC2\_3

- 1 Yes
- 2 No

HC\_C04A If age < 12, go to next section.

HC\_Q04A **In the past 12 months, [have/has] [you/he/she] attended a meeting of a self-help group such as AA or a cancer support group?**

HCC2\_4A

- 1 Yes
- 2 No

HC\_Q04 **People may also use alternative or complementary medicine. In the past 12 months, [have/has] [you/FNAME] seen or talked on the telephone to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about [your/his/her] physical, emotional or mental health?**

HCC2\_4

- 1 Yes
- 2 No (Go to HC\_C06)
- DK, R (Go to HC\_C06)

HC\_Q05 **Who did [you/FNAME] see or talk to?**

INTERVIEWER: Mark ALL that apply.

- HCC2\_5A 1 Massage therapist
- HCC2\_5B 2 Acupuncturist
- HCC2\_5C 3 Homeopath or naturopath
- HCC2\_5D 4 Feldenkrais or Alexander teacher
- HCC2\_5E 5 Relaxation therapist
- HCC2\_5F 6 Biofeedback teacher
- HCC2\_5G 7 Rolfer
- HCC2\_5H 8 Herbalist
- HCC2\_5I 9 Reflexologist
- HCC2\_5J 10 Spiritual healer
- HCC2\_5K 11 Religious healer
- HCC2\_5L 12 Other - Specify

HC\_C06 If age < 18 or (if age >= 18 and non-proxy interview), ask the respondent's opinion of whether health care was needed. Otherwise, ask for the respondent's opinion of what FNAME's opinion was regarding the need for health care.

**NPHS, Household Component, Cycle 5 (2002-2003)**

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HC\_Q06      **During the past 12 months, was there ever a time when [you/FNAME] felt that**  
*HCC2\_6*      **[you/he/she] needed health care but [you/he/she] didn't receive it?**

- 1      Yes
- 2      No                      (Go to HC\_C09)
- DK, R                (Go to HC\_C09)

HC\_Q07      **Thinking of the most recent time, why didn't [you/he/she] get care?**  
INTERVIEWER: Mark ALL that apply.

- HCC2\_7A*      1      Not available - in the area
- HCC2\_7B*      2      Not available - at time required (e.g., doctor on holidays, inconvenient hours)
- HCC2\_7C*      3      Waiting time too long
- HCC2\_7D*      4      Felt would be inadequate
- HCC2\_7E*      5      Cost
- HCC2\_7F*      6      Too busy
- HCC2\_7G*      7      Didn't get around to it / Didn't bother
- HCC2\_7H*      8      Didn't know where to go
- HCC2\_7I*      9      Transportation problems
- HCC2\_7J*      10      Language problems
- HCC2\_7K*      11      Personal or family responsibilities
- HCC2\_7L*      12      Dislikes doctors / Afraid
- HCC2\_7M*      13      Decided not to seek care
- HCC2\_7N*      14      Other - Specify

HC\_Q08      **Again, thinking of the most recent time, what was the type of care that was**  
**needed?**

INTERVIEWER: Mark ALL that apply.

- HCC2\_8A*      1      Treatment of - a physical health problem
- HCC2\_8B*      2      Treatment of - an emotional or mental health problem
- HCC2\_8C*      3      A regular check-up (including regular pre-natal care)
- HCC2\_8D*      4      Care of an injury
- HCC2\_8E*      5      Other - Specify

**Home Care**

HC\_C09      If age < 18, go to next section.

HC\_QINT2      **Home care services are health care or homemaker services received at home.**  
**Examples are: nursing care, help with bathing or housework, respite care and meal**  
**delivery.**

HC\_Q09      **[Have/Has] [you/FNAME] received any home care services in the past 12 months**  
*HCC2\_9*      **with the cost being entirely or partially covered by government?**

- 1      Yes
- 2      No                      (Go to HC\_Q11)
- DK, R                (Go to next section)

**NPHS, Household Component, Cycle 5 (2002-2003)**

HC\_Q10 **What type of services [have/has] [you/he/she] received?**  
INTERVIEWER: Read categories to respondent. Mark ALL that apply.  
 Cost must be entirely or partially covered by government.

- |                 |   |  |
|-----------------|---|--|
| <i>HCC2_10A</i> | 1 | <b>Nursing care (e.g., dressing changes)</b>                                   |
| <i>HCC2_10B</i> | 2 | <b>Other health care services (e.g., physiotherapy, nutrition counselling)</b> |
| <i>HCC2_10C</i> | 3 | <b>Personal care (e.g., bathing, foot care)</b>                                |
| <i>HCC2_10D</i> | 4 | <b>Housework (e.g., cleaning, laundry)</b>                                     |
| <i>HCC2_10E</i> | 5 | <b>Meal preparation or delivery</b>  |
| <i>HCC2_10F</i> | 6 | <b>Shopping</b>  |
| <i>HCC2_10G</i> | 7 | <b>Respite care (i.e., caregiver relief program)</b>                           |
| <i>HCC2_10H</i> | 8 | <b>Other - Specify</b>   |

HC\_Q11 **[Have/Has] [you/FNAME] received any [other] home care services in the past 12 months, with the cost not covered by government (for example care provided by a spouse or friends)?**

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

HC\_Q12 **Who provided these [other] home care services [you/he/she] received?**  
INTERVIEWER: Read categories to respondent. Mark ALL that apply.

- |                 |   |                                      |
|-----------------|---|--------------------------------------|
| <i>HCC2_12A</i> | 1 | <b>Nurse from private agency</b>     |
| <i>HCC2_12B</i> | 2 | <b>Homemaker from private agency</b> |
| <i>HCC2_12C</i> | 3 | <b>Neighbour or friend</b>           |
| <i>HCC2_12D</i> | 4 | <b>Family member</b>                 |
| <i>HCC2_12E</i> | 5 | <b>Volunteer</b>                     |
| <i>HCC2_12F</i> | 6 | <b>Other - Specify</b>               |

For each person identified in HC\_Q12, ask HC\_Q13.

HC\_Q13 **What type of services [have/has] [you/he/she] received [from identified person]?**  
INTERVIEWER: Mark ALL that apply.

- |                             |   |  |
|-----------------------------|---|--|
| <i>HCC2_3AA TO HCC2_3FA</i> | 1 | <b>Nursing care (e.g., dressing changes)</b>                                   |
| <i>HCC2_3AB TO HCC2_3FB</i> | 2 | <b>Other health care services (e.g., physiotherapy, nutrition counselling)</b> |
| <i>HCC2_3AC TO HCC2_3FC</i> | 3 | <b>Personal care (e.g., bathing, foot care)</b>                                |
| <i>HCC2_3AD TO HCC2_3FD</i> | 4 | <b>Housework (e.g., cleaning, laundry)</b>                                     |
| <i>HCC2_3AE TO HCC2_3FE</i> | 5 | <b>Meal preparation or delivery</b>  |
| <i>HCC2_3AF TO HCC2_3FF</i> | 6 | <b>Shopping</b>  |
| <i>HCC2_3AG TO HCC2_3FG</i> | 7 | <b>Respite care (i.e., caregiver relief program)</b>                           |
| <i>HCC2_3AH TO HCC2_3FH</i> | 8 | <b>Other - Specify</b>   |

## **Restriction of Activities**

RA\_QINT      **The next few questions deal with any health limitations which affect [your/FNAME's] daily activities. 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.

RA\_Q1A      **Because of a long-term physical or mental condition or a health problem, [are/is] [you/FNAME] limited in the kind or amount of activity [you/he/she] can do:**

RAC2\_1A      **... at home?**

- 1      Yes
- 2      No
- R      (Go to next section)

RA\_C1B      If age < 4, go to RA\_C1C.

RA\_Q1B      **... at school?**

RAC2\_1B

- 1      Yes
- 2      No
- 3      Not applicable
- R      (Go to next section)

RA\_C1C      If age < 12, go to RA\_Q1D.

RA\_Q1C      **... at work?**

RAC2\_1C

- 1      Yes
- 2      No
- 3      Not applicable
- R      (Go to next section)

RA\_Q1D      **... in other activities such as transportation to or from work or school or leisure time activities?**

RAC2\_1D

- 1      Yes
- 2      No
- R      (Go to next section)

RA\_Q2      **[Do/Does] [you/FNAME] have any long-term disabilities or handicaps?**

RAC2\_2

- 1      Yes
- 2      No
- R      (Go to next section)

RA\_C2A      If **any one** of RA\_Q1A,B,C,D or RA\_Q2 = 1 (yes) then Restricted in 2002. If **all of** RA\_Q1A,B,C,D and RA\_Q2 = 2 (no) or 3 (not applicable) or valid skip (question not asked) then Not Restricted in 2002. Else restriction is not known.

RA\_C2B      If restricted in 2002 but not in 2000, go to RA\_Q2A. If restricted in 2000 but not in 2002, go to RA\_Q2B. Otherwise, go to RA\_C5.

RA\_Q2A  
RAC2\_2A

**Remember, for this survey it's important to measure change.**  
**During our last interview in [month and year of last response interview], there were no activity restrictions or disabilities reported for [you/FNAME], but this time there were. Is this due to a new activity restriction or disability or to the worsening of an old one?**

- 1 New since last interview
- 2 Worsening since last interview
- 3 No current activity restriction or disability (return to RA\_Q1A - RA\_Q2)
- 4 Same activity restriction or disability
- 5 Other - Specify

Go to RA\_C5

RA\_Q2B  
RAC2\_2B

**Remember, for this survey it's important to measure change.**  
**During our last interview in [month and year of last response interview], there were activity restrictions or disabilities reported for [you/FNAME], but this time there were not. Is this due to the disappearance or improvement of an old activity restriction or disability, to the use of special equipment (for example, an artificial limb), or to something else?**

- 1 Disappeared or improved
- 2 Currently uses special equipment
- 3 None at last interview
- 4 Never had
- 5 Currently have / has activity restriction or disability (return to RA\_Q1A – RA\_Q2)
- 6 Other - Specify

RA\_C5

If **any one** of RA\_Q1A,B,C,D = 1 (yes), ask RA\_Q3 using the wording “to be limited in his / her activities”. If yes in RA\_Q2 only, ask RA\_Q3 using the wording “to have a long-term disability or handicap”. Otherwise, go to RA\_C6A.

RA\_Q3  
RAC2F3

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

---

(25 spaces)

RA\_Q5  
RAC2\_5

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

- 1 **Injury - at home**
- 2 **Injury - sports or recreation**
- 3 **Injury - motor vehicle**
- 4 **Injury - work-related**
- 5 **Existed at birth**
- 6 **Work environment**
- 7 **Disease or illness**
- 8 **Natural aging process**
- 9 **Psychological or physical abuse**
- 10 Other - Specify

RA\_C6A

If age < 12, go to next section.



RA\_Q6A      **The next few questions may not apply to [you/FNAME], but we need to ask the same questions of everyone. Because of any condition or health problem, [do/does] [you/he/she] need the help of another person:**

**RAC2\_6A      ... in preparing meals?**

- 1      Yes
- 2      No

RA\_Q6B      **... in shopping for groceries or other necessities?**

**RAC2\_6B**

- 1      Yes
- 2      No

RA\_Q6C      **... in doing normal everyday housework?**

**RAC2\_6C**

- 1      Yes
- 2      No

RA\_Q6D      **... in doing heavy household chores such as washing walls or yard work?**

**RAC2\_6D**

- 1      Yes
- 2      No

RA\_Q6E      **... in personal care such as washing, dressing or eating?**

**RAC2\_6E**

- 1      Yes
- 2      No

RA\_Q6F      **... in moving about inside the house?**

**RAC2\_6F**

- 1      Yes
- 2      No

RA\_Q6G      **... in going outdoors in any weather?**

**RAC2\_6G**

- 1      Yes
- 2      No

## **Chronic Conditions**

CC\_QINT      **Now I'd like to ask about certain chronic health conditions which [you/FNAME] may have. We are interested in 'long-term conditions' that have lasted or are expected to last 6 months or more and that have been diagnosed by a health professional.**  
**We also want to ask a few questions to help us understand any changes in these conditions.**  
**INTERVIEWER:** Press <Enter> to continue.

### **Food or Digestive Allergy**

CC\_Q011      **[Do/Does] [you/FNAME] have food allergies?**  
CCC2\_1A

1	Yes	
2	No	
	R	(Go to next section)

### **Other Allergies**

CC\_Q021      **[Do/Does] [you/FNAME] have any other allergies?**  
CCC2\_1B

1	Yes
2	No

### **Asthma**

CC\_Q031      **[Do/Does] [you/FNAME] have asthma?**  
CCC2\_1C

1	Yes	
2	No	(Go to CC_C033)
	DK, R	(Go to CC_C041)

CC\_C032A      If respondent had condition in last response interview, go to CC\_Q035.

CC\_Q032      **When [were/was] [you/FNAME] diagnosed with this?**

CCC2\_C3M      |\_|\_|      Month  
CCC2\_C3Y      |\_|\_|\_|      Year  
(MIN: month and year of last interview) (MAX: current month and year)  
DK, R      (Go to CC\_Q035)

CC\_C032B      If CC\_Q032 is after date of last response interview, go to CC\_Q035.

CC\_Q032X      **So [you/he/she] had asthma prior to our last interview in [month and year of last response interview]?**  
CCC2\_C4

1	Yes	(Go to CC_Q035)
2	No	(Return to CC_Q032)
	DK, R	(Go to CC_Q035)

CC\_C033      If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q033. Otherwise, go to CC\_C041.

1	Yes	
2	No	(Return to CC_Q031)
3	Never had asthma	(Go to CC_C041)
	DK, R	(Go to CC_C041)

CCC2\_C2M    |\_|    Month  
 CCC2\_C2Y    |\_|\_|    Year  
 (MIN: month and year of last interview) (MAX: current month and year)

Go to CC C041

1	Yes
2	No

1	Yes
2	No

CC\_C041      If age < 12, go to CC\_C051.

1	Yes	
2	No	(Go to CC_C043)
	DK, R	(Go to CC_C051)

CC\_C042A If respondent had condition in last response interview, go to CC\_Q045.

CCC2\_X3M    |\_|\_|            Month  
 CCC2\_X3Y    |\_|\_|\_|        Year  
 (MIN: month and year of last interview) (MAX: current month and year)  
                  DK, R            (Go to CC Q045)

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CC\_Q042X      **So [you/he/she] had fibromyalgia prior to our last interview in [month and year of**  
 CCC2\_X4      **last response interview]?**

- |   |       |                     |
|---|-------|---------------------|
| 1 | Yes   | (Go to CC_Q045)     |
| 2 | No    | (Return to CC_Q042) |
|   | DK, R | (Go to CC_Q045)     |

CC\_C043      If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent  
 had condition in last response interview, go to CC\_Q043. Otherwise, go to CC\_C051.

CC\_Q043      **During our last interview in [month and year of last response interview], it was**  
 CCC2\_X1      **reported that [you/FNAME] had fibromyalgia, but this time it was not. Has the**  
                   **condition disappeared since then?**

- |   |                        |                     |
|---|------------------------|---------------------|
| 1 | Yes                    |                     |
| 2 | No                     | (Return to CC_Q041) |
| 3 | Never had fibromyalgia | (Go to CC_C051)     |
|   | DK, R                  | (Go to CC_C051)     |

CC\_Q044      **When did it disappear?**

CCC2\_X2M      |\_|\_|      Month  
 CCC2\_X2Y      |\_|\_|\_|      Year  
 (MIN: month and year of last interview) (MAX: current month and year)

Go to CC\_C051

CC\_Q045      **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her]**  
 CCC2\_X5      **fibromyalgia?**

- |   |       |                 |
|---|-------|-----------------|
| 1 | Yes   |                 |
| 2 | No    | (Go to CC_C051) |
|   | DK, R | (Go to CC_C051) |

CC\_Q046      **What kind of treatment or medication?**  
 INTERVIEWER: Mark ALL that apply.

- |          |   |                          |
|----------|---|--------------------------|
| CCC2_X6A | 1 | Drug                     |
| CCC2_X6B | 2 | Diet                     |
| CCC2_X6D | 3 | Exercise / physiotherapy |
| CCC2_X6C | 4 | Other - Specify          |

**Arthritis or Rheumatism excluding Fibromyalgia**

CC\_C051      If age < 12, go to CC\_C061.

CC\_Q051      **[Do/Does] [you/FNAME] have arthritis or rheumatism excluding fibromyalgia?**  
 CCC2\_1D

- |   |       |                 |
|---|-------|-----------------|
| 1 | Yes   |                 |
| 2 | No    | (Go to CC_C053) |
|   | DK, R | (Go to CC_C061) |

CC\_C052A      If respondent had condition in last response interview, go to CC\_Q055.



### Back Problems

CC\_C061 If age < 12, go to CC\_C071.

CC\_Q061 **Remember, we're interested in conditions diagnosed by a health professional.**  
 CCC2\_1E **[Do/Does] [you/FNAME] have back problems, excluding fibromyalgia and arthritis?**

- 1 Yes
- 2 No

### High Blood Pressure

CC\_C071 If age < 12, go to CC\_Q081.

CC\_Q071 **[Do/Does] [you/FNAME] have high blood pressure?**

CCC2\_1F

- 1 Yes
- 2 No (Go to CC\_C073)
- DK, R (Go to CC\_Q081)

CC\_C072A If respondent had condition in last response interview, go to CC\_Q075.

CC\_Q072 **When [were/was] [you/FNAME] diagnosed with this?**

CCC2\_F3M

Month

CCC2\_F3Y

Year

(MIN: month and year of last interview) (MAX: current month and year)  
 DK, R (Go to CC\_Q075)

CC\_C072B If CC\_Q072 is after date of last response interview, go to CC\_Q075.

CC\_Q072X **So [you/he/she] had high blood pressure prior to our last interview in [month and year of last response interview]?**

CCC2\_F4

- 1 Yes (Go to CC\_Q075)
- 2 No (Return to CC\_Q072)
- DK, R (Go to CC\_Q075)

CC\_C073 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q073. Otherwise, go to CC\_Q081.

CC\_Q073 **During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had high blood pressure, but this time it was not. Has the condition disappeared since then?**

CCC2\_F1

- 1 Yes
- 2 No (Return to CC\_Q071)
- 3 Never had high blood pressure (Go to CC\_Q081)
- DK, R (Go to CC\_Q081)

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CC\_Q074      **When did it disappear?**

CCC2\_F2M      |\_|\_|              Month  
CCC2\_F2Y      |\_|\_|\_|          Year  
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC\_Q081

CC\_Q075      **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her] high blood pressure?**  
CCC2\_F5

- 1      Yes
- 2      No                      (Go to CC\_Q081)  
         DK, R                  (Go to CC\_Q081)

CC\_Q076      **What kind of treatment or medication?**  
INTERVIEWER: Mark ALL that apply.

- CCC2\_F6A      1      Drug
- CCC2\_F6B      2      Diet
- CCC2\_F6D      3      Exercise / Physiotherapy
- CCC2\_F6C      4      Other - Specify

**Migraine Headaches**

CC\_Q081      **Remember, we're interested in conditions diagnosed by a health professional.**  
CCC2\_1G      **[Do/Does] [you/FNAME] have migraine headaches?**

- 1      Yes
- 2      No                      (Go to CC\_C083)  
         DK, R                  (Go to CC\_Q091)

CC\_C082A      If respondent had condition in last response interview, go to CC\_Q085.

CC\_Q082      **When [were/was] [you/FNAME] diagnosed with this?**

CCC2\_G3M      |\_|\_|              Month  
CCC2\_G3Y      |\_|\_|\_|          Year  
(MIN: month and year of last interview) (MAX: current month and year)  
         DK, R                  (Go to CC\_Q085)

CC\_C082B      If CC\_Q082 is after date of last response interview, go to CC\_Q085.

CC\_Q082X      **So [you/he/she] had migraine headaches prior to our last interview in [month and year of last response interview]?**  
CCC2\_G4

- 1      Yes                      (Go to CC\_Q085)
- 2      No                      (Return to CC\_Q082)  
         DK, R                  (Go to CC\_Q085)

CC\_C083      If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q083. Otherwise, go to CC\_C091.

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CC\_Q083  
CCC2\_G1 During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had migraine headaches, but this time it was not. Has the condition disappeared since then?

- |   |                              |                     |
|---|------------------------------|---------------------|
| 1 | Yes                          |                     |
| 2 | No                           | (Return to CC_Q081) |
| 3 | Never had migraine headaches | (Go to CC_C091)     |
|   | DK, R                        | (Go to CC_C091)     |

CC\_Q084 When did it disappear?

CCC2\_G2M |\_|\_| Month  
CCC2\_G2Y |\_|\_|\_|\_| Year  
(MIN: month and year of last interview; MAX: current month and year)

Go to CC\_C091

CC\_Q085  
CCC2\_G5 [Do/Does] [you/he/she] receive any treatment or medication for [your/his/her] migraine headaches?

- |   |       |                 |
|---|-------|-----------------|
| 1 | Yes   |                 |
| 2 | No    | (Go to CC_C091) |
|   | DK, R | (Go to CC_C091) |

CC\_Q086 What kind of treatment or medication?  
INTERVIEWER: Mark ALL that apply.

- |          |   |                          |
|----------|---|--------------------------|
| CCC2_G6A | 1 | Drug                     |
| CCC2_G6B | 2 | Diet                     |
| CCC2_G6D | 3 | Exercise / Physiotherapy |
| CCC2_G6C | 4 | Other - Specify          |

**Chronic Bronchitis or Emphysema**

CC\_C091 If age < 12, go to CC\_Q101.

CC\_Q091  
CCC2\_1H [Do/Does] [you/FNAME] have chronic bronchitis or emphysema?

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

**Diabetes**

CC\_Q101  
CCC2\_1J [Do/Does] [you/FNAME] have diabetes?

- |   |       |                 |
|---|-------|-----------------|
| 1 | Yes   |                 |
| 2 | No    | (Go to CC_C103) |
|   | DK, R | (Go to CC_Q111) |

CC\_C102A If respondent had condition in last response interview, go to CC\_Q105.





**Epilepsy**

CC\_Q111 [Do/Does] [you/FNAME] have epilepsy?

CCC2\_1K

- 1 Yes
- 2 No (Go to CC\_C113)
- DK, R (Go to CC\_Q121)

CC\_C112A If respondent had condition in last response interview, go to CC\_Q121.

CC\_Q112 When [were/was] [you/FNAME] diagnosed with this?

CCC2\_K3M

Month

CCC2\_K3Y

Year

(MIN: month and year of last interview) (MAX: current month and year)

DK, R (Go to CC\_C121)

CC\_C112B If CC\_Q112 is after date of last response interview, go to CC\_Q121.

CC\_Q112X So [you/he/she] had epilepsy prior to our last interview in [month and year of last response interview]?

CCC2\_K4

- 1 Yes (Go to CC\_Q121)
- 2 No (Return to CC\_Q112)
- DK, R (Go to CC\_Q121)

CC\_C113 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q113. Otherwise, go to CC\_Q121.

CC\_Q113 During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had epilepsy, but this time it was not. Has the condition disappeared since then?

CCC2\_K1

- 1 Yes
- 2 No (Return to CC\_Q111)
- 3 Never had epilepsy (Go to CC\_Q121)
- DK, R (Go to CC\_Q121)

CC\_Q114 When did it disappear?

CCC2\_K2M

Month

CCC2\_K2Y

Year

(MIN: month and year of last interview) (MAX: current month and year)

**Heart Disease**

CC\_Q121 [Do/Does] [you/FNAME] have heart disease?

CCC2\_1L

- 1 Yes
- 2 No (Go to CC\_Q131)
- DK, R (Go to CC\_Q131)

CC\_Q122 [Have/Has] [you/he/she] ever had a heart attack (damage to the heart muscle)?

CCC2\_L1A

- 1 Yes
- 2 No

CC\_Q123 [Do/Does] [you/he/she] currently have angina (chest pain, chest tightness)?  
 CCC2\_L6

- 1 Yes
- 2 No

CC\_Q124 [Do/Does] [you/he/she] currently have congestive heart failure (inadequate heart  
 beat, fluid build-up in the lungs or legs)?  
 CCC2\_L7

- 1 Yes
- 2 No

### **Cancer**

CC\_Q131 [Do/Does] [you/FNAME] have cancer?  
 CCC2\_1M

- 1 Yes
- 2 No

### **Intestinal or Stomach Ulcers**

CC\_C141 If age < 12, go to CC\_C151.

CC\_Q141 Remember, we're interested in conditions diagnosed by a health professional.  
 CCC2\_1N [Do/Does] [you/FNAME] have intestinal or stomach ulcers?

- 1 Yes
- 2 No (Go to CC\_C143)
- DK, R (Go to CC\_C151)

CC\_C142A If respondent had condition in last response interview, go to CC\_C151.

CC\_Q142 When [were/was] [you/FNAME] diagnosed with this?

CCC2\_N3M |\_| Month  
 CCC2\_N3Y |\_|\_|\_| Year  
 (MIN: month and year of last interview) (MAX: current month and year)  
 DK, R (Go to CC\_C151)

CC\_C142B If CC\_Q142 is after date of last response interview, go to CC\_C151.

CC\_Q142X So [you/he/she] had intestinal or stomach ulcers prior to our last interview in  
 CCC2\_N4 [month and year of last response interview]?

- 1 Yes (Go to CC\_C151)
- 2 No (Return to CC\_Q142)
- DK, R (Go to CC\_Q151)

CC\_C143 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC\_Q143. Otherwise, go to CC\_C151.

- |   |  |                     |
|---|--|---------------------|
| 1 | Yes                                    |                     |
| 2 | No                                     | (Return to CC_Q141) |
| 3 | Never had intestinal or stomach ulcers | (Go to CC_C151)     |
|   | DK, R                                  | (Go to CC_C151)     |

CCC2\_N2M     |\_|\_|     Month  
 CCC2\_N2Y     |\_|\_|\_|     Year  
 (MIN: month and year of last interview) (MAX: current month and year)

CC\_C151      If age < 12, go to CC\_C161.

1	Yes	
2	No	(Go to CC_C153)
	DK, R	(Go to CC_C161)

CCC2\_O3M    |||            Month  
CCC2\_O3Y    ||||          Year  
(MIN: month and year of last interview) (MAX: current month and year)  
DK. R                    (Go to CC C161)

1	Yes	(Go to CC_C161)
2	No	(Return to CC_Q152)
	DK, R	(Go to CC_Q161)

CC\_Q153  
CCC2\_01

During our last interview in [month and year of last response interview], it was reported that [you/FNAME] suffered from the effects of a stroke, but this time it was not. Has the condition disappeared since then?

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CC\_Q154      **When did it disappear?**

CCC2\_O2M      |\_|      Month

CCC2\_O2Y      |\_|\_|      Year

(MIN: month and year of last interview) (MAX: current month and year)

**Urinary Incontinence**

CC\_C161      If age < 12, go to CC\_C171.

CC\_Q161      **[Do/Does] [you/FNAME] suffer from urinary incontinence?**

CCC2\_1P

1      Yes

2      No

**Bowel Disorder**

CC\_C171      If age < 12, go to CC\_C181.

CC\_Q171      **[Do/Does] [you/FNAME] have a bowel disorder such as Crohn's Disease or**  
CCC2\_1Q      **colitis?**

1      Yes

2      No

**Alzheimer's Disease or other Dementia**

CC\_C181      If age < 18, go to CC\_C191.

CC\_Q181      **Remember, we're interested in conditions diagnosed by a health professional.**  
CCC2\_1R      **[Do/Does] [you/FNAME] have Alzheimer's Disease or any other dementia (senility)?**

1      Yes

2      No

**Cataracts**

CC\_C191      If age < 18, go to CC\_C201.

CC\_Q191      **[Do/Does] [you/FNAME] have cataracts?**

CCC2\_1S

1      Yes

2      No

**Glaucoma**

CC\_C201      If age < 18, go to CC\_C211.

CC\_Q201      **[Do/Does] [you/FNAME] have glaucoma?**

CCC2\_1T

1      Yes

2      No

**Thyroid Condition**

CC\_C211      If age < 12, go to CC\_Q221.

CC\_Q211      **[Do/Does] [you/FNAME] have a thyroid condition?**

CCC2\_1U

- 1      Yes
- 2      No

**Other Long-Term Condition**

CC\_Q221      **[Do/Does] [you/FNAME] have any other long-term condition that has been**  
CCC2\_1V      **diagnosed by a health professional?**

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

CC\_Q221S      INTERVIEWER: Specify.

CCC2F1V

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

**Insurance**

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

IS\_Q1      **[Do/Does] [you/FNAME] have insurance that covers all or part of:**

ISC2\_1      **... the cost of [your/his/her] prescription medications?**

- 1      Yes
- 2      No                      (Go to next section)  
            R

IS\_Q2      **... [your/his/her] dental expenses?**

ISC2\_2

- 1      Yes
- 2      No

IS\_Q3      **... the costs of eye glasses or contact lenses?**

ISC2\_3

- 1      Yes
- 2      No

IS\_Q4      **... hospital charges for a private or semi-private room?**

ISC2\_4

- 1      Yes
- 2      No

## **Health Status**

HS\_C00      If age < 4, go to next section.

HS\_QINT1      **The next set of questions asks about [your/FNAME's] day-to-day health. The questions are not about illnesses like colds that affect people for short periods of time. They are concerned with a person's usual abilities. You may feel that some of these questions do not apply to [you/FNAME], but it is important that we ask the same questions of everyone.**  
**INTERVIEWER: Press <Enter> to continue.**

## **Vision**

HS\_C01      If age < 12, replace the phrase "ordinary newsprint" with "the words in a book".

HS\_Q01  
*HSC2\_1*      **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint without glasses or contact lenses?**

- 1      Yes      (Go to HS\_Q4)
- 2      No  
         DK, R      (Go to next section)

HS\_Q02  
*HSC2\_2*      **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint with glasses or contact lenses?**

- 1      Yes      (Go to HS\_Q4)
- 2      No

HS\_Q03  
*HSC2\_3*      **[Are/Is] [you/he/she] able to see at all?**

- 1      Yes
- 2      No      (Go to HS\_Q6)
- DK, R      (Go to HS\_Q6)

HS\_Q04  
*HSC2\_4*      **[Are/Is] [you/he/she] 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 HS\_Q6)
- 2      No  
         DK, R      (Go to HS\_Q6)

HS\_Q05  
*HSC2\_5*      **[Are/Is] [you/he/she] 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

## **Hearing**

HS\_Q06  
*HSC2\_6*      **[Are/Is] [you/FNAME] 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 HS\_C10)
- 2      No  
         DK, R      (Go to HS\_C10)

HS\_Q07  
HSC2\_7      **[Are/Is] [you/he/she] 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 HS\_Q8)
- 2      No

HS\_Q07A  
HSC2\_7A      **[Are/Is] [you/he/she] able to hear at all?**

- 1      Yes
- 2      No                      (Go to HS\_C10)
- DK, R                  (Go to HS\_C10)

HS\_Q08  
HSC2\_8      **[Are/Is] [you/he/she] 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\_C10)
- 2      No
- R                      (Go to HS\_C10)

HS\_Q09  
HSC2\_9      **[Are/Is] [you/he/she] 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

### **Speech**

HS\_C10      If age >= 12 then go to HS\_Q10.

HS\_QINT3      **The next few questions on day-to-day health are concerned with [FNAME's] abilities relative to other children the same age.**  
INTERVIEWER: Press <Enter> to continue.

HS\_Q10  
HSC2\_10      **[Are/Is] [you/FNAME] usually able to be understood completely when speaking with strangers in [your/his/her] own language?**

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

HS\_Q11  
HSC2\_11      **[Are/Is] [you/he/she] able to be understood partially when speaking with strangers?**

- 1      Yes
- 2      No

HS\_Q12  
HSC2\_12      **[Are/Is] [you/he/she] able to be understood completely when speaking with those who know [you/him/her] well?**

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



HS\_Q13  
HSC2\_13      **[Are/Is] [you/he/she] able to be understood partially when speaking with those who know [you/him/her] well?**

- 1      Yes
- 2      No

**Getting Around**

HS\_Q14  
HSC2\_14      **[Are/Is] [you/FNAME] usually able to walk around the neighbourhood without difficulty and without mechanical support such as braces, a cane or crutches?**

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

HS\_Q15  
HSC2\_15      **[Are/Is] [you/he/she] able to walk at all?**

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

HS\_Q16  
HSC2\_16      **[Do/Does] [you/he/she] require mechanical support such as braces, a cane or crutches to be able to walk around the neighbourhood?**

- 1      Yes
- 2      No

HS\_Q17  
HSC2\_17      **[Do/Does] [you/he/she] require the help of another person to be able to walk?**

- 1      Yes
- 2      No

HS\_Q18  
HSC2\_18      **[Do/Does] [you/he/she] require a wheelchair to get around?**

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

HS\_Q19  
HSC2\_19      **How often [do/does] [you/he/she] use a wheelchair?**  
**INTERVIEWER: Read categories to respondent.**

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

HS\_Q20  
HSC2\_20      **[Do/Does] [you/he/she] need the help of another person to get around in the wheelchair?**

- 1      Yes
- 2      No

**Hands and Fingers**

HS\_Q21  
HSC2\_21      **[Are/Is] [you/FNAME] usually able to grasp and handle small objects such as a pencil or scissors?**

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

HS\_Q22  
HSC2\_22      **[Do/Does] [you/he/she] require the help of another person because of limitations in the use of hands or fingers?**

- 1      Yes
- 2      No                        (Go to HS\_Q24)
- DK, R                (Go to HS\_Q24)

HS\_Q23  
HSC2\_23      **[Do/Does] [you/he/she] 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?

HS\_Q24  
HSC2\_24      **[Do/Does] [you/he/she] require special equipment, for example, devices to assist in dressing, because of limitations in the use of hands or fingers?**

- 1      Yes
- 2      No

**Feelings**

HS\_Q25  
HSC2\_25      **Would you describe [yourself/FNAME] as being usually:**  
INTERVIEWER: Read categories to respondent.

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

**Memory**

HS\_Q26  
HSC2\_26      **How would you describe [your/his/her] usual ability to remember things?**  
INTERVIEWER: Read categories to respondent.

- 1      **Able to remember most things**
- 2      **Somewhat forgetful**
- 3      **Very forgetful**
- 4      **UNABLE TO REMEMBER ANYTHING AT ALL**

**Thinking**

HS\_Q27      **How would you describe [your/his/her] usual ability to think and solve day-to-day**  
HSC2\_27      **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**

**Pain and Discomfort**

HS\_Q28      **[Are/Is] [you/FNAME] usually free of pain or discomfort?**  
HSC2\_28

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

HS\_Q29      **How would you describe the usual intensity of [your/his/her] pain or discomfort?**  
HSC2\_29      INTERVIEWER: Read categories to respondent.

- 1      **Mild**
- 2      **Moderate**
- 3      **Severe**

HS\_Q30      **How many activities does [your/his/her] pain or discomfort prevent?**  
HSC2\_30      INTERVIEWER: Read categories to respondent.

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

## **Physical Activities**

PA\_C1 If proxy interview or age < 12, go to next section.

PA\_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.

PA\_Q1 **Have you done any of the following in the past 3 months, that is, from [date three months ago] to yesterday?**  
INTERVIEWER: Read categories to respondent. Mark ALL that apply.

- |         |    |   |                      |
|---------|----|---|----------------------|
| PAC2_1A | 1  | <b>Walking for exercise</b>             |                      |
| PAC2_1B | 2  | <b>Gardening or yard work</b>           |                      |
| PAC2_1C | 3  | <b>Swimming</b>                         |                      |
| PAC2_1D | 4  | <b>Bicycling</b>                        |                      |
| PAC2_1E | 5  | <b>Popular or social dance</b>          |                      |
| PAC2_1F | 6  | <b>Home exercises</b>                   |                      |
| PAC2_1G | 7  | <b>Ice hockey</b>                       |                      |
| PAC2_1H | 8  | <b>Ice skating</b>                      |                      |
| PAC2_1Y | 9  | <b>In-line skating or rollerblading</b> |                      |
| PAC2_1J | 10 | <b>Jogging or running</b>               |                      |
| PAC2_1K | 11 | <b>Golfing</b>                          |                      |
| PAC2_1L | 12 | <b>Exercise class or aerobics</b>       |                      |
| PAC2_1I | 13 | <b>Downhill skiing or snowboarding</b>  |                      |
| PAC2_1N | 14 | <b>Bowling</b>                          |                      |
| PAC2_1O | 15 | <b>Baseball or softball</b>             |                      |
| PAC2_1P | 16 | <b>Tennis</b>                           |                      |
| PAC2_1Q | 17 | <b>Weight-training</b>                  |                      |
| PAC2_1R | 18 | <b>Fishing</b>                          |                      |
| PAC2_1S | 19 | <b>Volleyball</b>                       |                      |
| PAC2_1T | 20 | <b>Basketball</b>                       |                      |
| PAC2_1U | 21 | <b>Any other</b>                        |                      |
| PAC2_1V | 22 | No physical activity                    | (Go to PA_QINT2)     |
|         |    | DK, R                                   | (Go to next section) |

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

PA\_Q1US **What was this activity?**  
PAC2FC1 INTERVIEWER: Enter ONE activity only.

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

PA\_Q1W **In the past 3 months, did you do any other activity for leisure?**  
PAC2\_1W

- |   |       |               |
|---|-------|---------------|
| 1 | Yes   |               |
| 2 | No    | (Go to PA_Q2) |
|   | DK, R | (Go to PA_Q2) |

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PA\_Q1WS  
PAC2FC2      **What was this activity?**  
INTERVIEWER: Enter ONE activity only.

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

PA\_Q1X  
PAC2\_1X      **In the past 3 months, did you do any other activity for leisure?**

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

PA\_Q1XS  
PAC2FC3      **What was this activity?**  
INTERVIEWER: Enter ONE activity only.

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

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

PA\_Q2      **In the past 3 months, how many times did you participate in [identified activity]?**

PAC2\_2A  
TO  
PAC2\_2Y      |\_|\_|\_|      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)

PA\_Q3      **About how much time did you spend on each occasion?**

PAC2\_3A  
TO  
PAC2\_3Y      1      1 to 15 minutes  
              2      16 to 30 minutes  
              3      31 to 60 minutes  
              4      More than one hour

PA\_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.

PA\_Q4A  
PAC2\_4A      **In a typical week in the past 3 months, how many hours did you usually spend walking to work or to school or while doing errands?**

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

PA\_Q4B  
PAC2\_4B      **In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?**

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

PA\_C5      If bicycling was indicated as an activity in PA\_Q1 or > "None" in PA\_Q4B, ask PA\_Q5.  
Otherwise, go to PA\_Q6.

PA\_Q5  
PAC2\_5      **When riding a bicycle how often did you wear a helmet?**  
INTERVIEWER: Read categories to respondent.

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

PA\_Q6  
PAC2\_6      **Thinking back over the past 3 months, which of the following best describes your usual daily activities or work habits?**  
INTERVIEWER: Read categories to respondent.

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

## **UV Exposure**

TU\_C1      If proxy interview or age < 12, go to next section.

TU\_QINT      **A sunburn is any reddening or discomfort of your skin that lasts longer than 12 hours after exposure to the sun or other UV sources, such as tanning beds or sun lamps.**  
INTERVIEWER: Press <Enter> to continue.

TU\_Q1  
TUC2\_3      **In the past 12 months, has any part of your body been sunburnt?**

- 1      Yes
- 2      No

## **Repetitive Strain**

RP\_C1 If age < 12, go to next section.

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

RP\_Q1 **In the past 12 months, that is, from [date one year ago] to yesterday, did [you/FNAME] have any injuries due to repetitive strain which were serious enough to limit [your/his/her] normal activities?**

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

RP\_Q3 **Thinking about the most serious repetitive strain, what part of the body was affected?**

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

RP\_Q4 **What type of activity were [you/he/she] doing when [you/he/she] got this repetitive strain?**  
INTERVIEWER: Mark ALL that apply.

- RP\_C2\_5A 1 Sports or physical exercise (include school activities)
- RP\_C2\_5B 2 Leisure or hobby (include volunteering)
- RP\_C2\_5C 3 Working at a job or business (include travel to or from work)
- RP\_C2\_5D 4 Household chores, other unpaid work or education
- RP\_C2\_5E 5 Sleeping, eating, personal care
- RP\_C2\_5F 6 Other - Specify

## **Injuries**

IJ\_CINT If age < 12 or RP\_Q1 <> "Yes", do not use the word "other" in IJ\_QINT.

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

IJ\_C01 If RP\_Q1 <> 1 then use only second part of phrase in IJ\_Q01.

IJ\_Q01 **(Not counting repetitive strain injuries,) In the past 12 months, that is, from [date one year ago] to yesterday, [were/was] [you/FNAME] injured?**

**IJC2\_1**

- 1 Yes
- 2 No (Go to IJ\_Q14)
- DK, R (Go to next section)

IJ\_Q02 **How many times [were/was] [you/he/she] injured?**

**IJC2\_2**

[\_][\_] Times  
 (MIN: 1) (MAX: 30; warning after 6)  
 DK, R (Go to next section)

IJ\_Q03 **(Thinking about the most serious injury,) What type of injury did [you/he/she] have? For example, a broken bone or burn.**

**IJC2\_3**

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal bite (open wound)
- 7 Scrape, bruise, blister
- 8 Concussion or other brain injury (Go to IJ\_Q06)
- 9 Poisoning (Go to IJ\_Q06)
- 10 Injury to internal organs (Go to IJ\_Q05)
- 11 Other - Specify



IJ\_Q04  
IJC2\_4

**What part of the body was injured?**

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

Go to IJ\_Q06

IJ\_Q05  
IJC2\_4A

**What part of the body was injured?**

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

IJ\_Q06  
IJC2\_5

**Where did the injury happen?**

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

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

IJ\_Q07  
IJC2\_9

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

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

IJ\_Q08  
IJC2\_10

**Was the injury the result of a fall?**

INTERVIEWER: Select 'No' for transportation accidents.

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

IJ\_Q09  
IJC2\_10A

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

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

Go to IJ\_Q11

IJ\_Q10  
IJC2\_10B

**What caused the injury?**

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

IJ\_Q11  
IJC2\_11

**Did [you/FNAME] receive any medical attention for this injury from a health professional within 48 hours?**

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

IJ\_Q12  
IJC2\_12

**Where did [you/he/she] receive treatment?**

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

IJ\_Q13  
IJC2\_13

**[Were/Was] [you/he/she] admitted to a hospital overnight?**

- 1 Yes
- 2 No

IJ\_Q14  
IJC2\_14      **Did [you/FNAME] have any other injuries in the past 12 months that were treated by a health professional, but did not limit [your/his/her] normal activities?**

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

IJ\_Q15      **How many injuries?**

IJC2\_15

[\_][\_]                      Injuries  
(MIN: 1) (MAX: 30; warning after 6)

## **Stress**

ST\_C100      If proxy interview, go to next section. If age < 12, go to next section.

## **Ongoing Problems**

### **Focus Questions**

ST\_QINT1A      **The next part of the questionnaire deals with different kinds of stress. Although the questions may seem repetitive, they are related to various aspects of a person's physical, emotional and mental health.**

INTERVIEWER: Press <Enter> to continue.

ST\_QINT1B      **I'll start by describing situations that sometimes come up in people's lives. As there are no right or wrong answers, the idea is to choose the answer best suited to your personal situation. I'd like you to tell me if these statements are true for you at this time by answering 'true' if it applies to you now or 'false' if it does not.**

INTERVIEWER: Press <Enter> to continue.

ST\_Q101      **You are trying to take on too many things at once.**

ST\_2\_C1

- 1      True
- 2      False                      (Go to ST\_C400)
- R

ST\_Q102      **There is too much pressure on you to be like other people.**

ST\_2\_C2

- 1      True
- 2      False

ST\_Q103      **Too much is expected of you by others.**

ST\_2\_C3

- 1      True
- 2      False

ST\_C104      If age < 18, go to ST\_Q112.

ST\_Q104      **You don't have enough money to buy the things you need.**

ST\_2\_C4

- 1      True
- 2      False

ST\_C105      If marital status = married or living common-law go to ST\_Q105. If marital status = single, widowed, separated or divorced go to ST\_Q108. Otherwise (i.e., marital status is unknown) go to ST\_Q109.

ST\_Q105      **Your partner doesn't understand you.**

ST\_2\_C5

- 1      True
- 2      False

ST\_Q106      **Your partner doesn't show enough affection.**

ST\_2\_C6

- 1      True
- 2      False

ST\_Q107      **Your partner is not committed enough to your relationship.**

ST\_2\_C7

- 1      True
- 2      False

Go to ST\_Q109

ST\_Q108      **You find it is very difficult to find someone compatible with you.**

ST\_2\_C8

- 1      True
- 2      False

ST\_Q109      **Do you have any children?**

ST\_2\_C9

- 1      Yes
- 2      No                      (Go to ST\_Q112)
- DK, R                (Go to ST\_Q112)

ST\_Q110      **Remember I want to know if you feel any of these statements are true for you at this time.**

ST\_2\_C10

**One of your children seems very unhappy.**

- 1      True
- 2      False

ST\_Q111      **A child's behaviour is a source of serious concern to you.**

ST\_2\_C11

- 1      True
- 2      False

ST\_Q112      **Your work around the home is not appreciated.**

ST\_2\_C12

- 1      True
- 2      False

ST\_C113      If age < 18, go to ST\_Q118.

ST\_Q113      **Your friends are a bad influence.**  
ST\_2\_C13

- 1      True
- 2      False

ST\_Q114      **You would like to move but you cannot.**  
ST\_2\_C14

- 1      True
- 2      False

ST\_Q115      **Your neighbourhood or community is too noisy or too polluted.**  
ST\_2\_C15

- 1      True
- 2      False

ST\_Q116      **You have a parent, a child or a partner who is in very bad health and may die.**  
ST\_2\_C16

- 1      True
- 2      False

ST\_Q117      **Someone in your family has an alcohol or drug problem.**  
ST\_2\_C17

- 1      True
- 2      False

ST\_Q118      **People are too critical of you or what you do.**  
ST\_2\_C18

- 1      True
- 2      False

**Work Stress**

ST\_C400      If age < 15 or age > 75, go to ST\_C600.

ST\_QINT4A      **Now I'm going to read you a series of statements that might describe your job situation.**  
INTERVIEWER: Press <Enter> to continue.

ST\_Q400      **Do you currently work at a job or business?**  
ST\_2\_W1

- 1      Yes
- 2      No                      (Go to ST\_C600)
- DK, R                (Go to ST\_C600)

ST\_QINT4B      **Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. If you have more than one job, just think about the main one.**  
INTERVIEWER: Press <Enter> to continue.

ST\_Q401      **Your job requires that you learn new things.**  
ST\_2\_W1A

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree
- R                      (Go to ST\_C600)

ST\_Q402      **Your job requires a high level of skill.**

ST\_2\_W1B

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q403      **Your job allows you freedom to decide how you do your job.**

ST\_2\_W1C

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q404      **Your job requires that you do things over and over.**

ST\_2\_W1D

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q405      **Your job is very hectic.**

ST\_2\_W1E

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q406      **You are free from conflicting demands that others make.**

ST\_2\_W1F

INTERVIEWER: If necessary, explain that the question refers to conflicting demands on the job.

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q407      **Your job security is good.**

ST\_2\_W1G

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q408      **Your job requires a lot of physical effort.**

ST\_2\_W1H

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q409      **You have a lot to say about what happens in your job.**

ST\_2\_W1I

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q410      **You are exposed to hostility or conflict from the people you work with.**

ST\_2\_W1J

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q411      **Your supervisor is helpful in getting the job done.**

ST\_2\_W1K

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q412      **The people you work with are helpful in getting the job done.**

ST\_2\_W1L

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q413      **How satisfied are you with your job?**

ST\_2\_W2

INTERVIEWER: Read categories to respondent.

- 1      **Very satisfied**
- 2      **Somewhat satisfied**
- 3      **Not too satisfied**
- 4      **Not at all satisfied**

### **Mastery**

ST\_C600      If age < 12, go to next section.

ST\_QINT6      **Now I am going to read you a series of statements that people might use to describe themselves.**  
**Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**  
INTERVIEWER: Press <Enter> to continue.

ST\_Q601      **You have little control over the things that happen to you.**

PY\_2\_M1A

- 1      Strongly agree
  - 2      Agree
  - 3      Neither agree nor disagree
  - 4      Disagree
  - 5      Strongly disagree
- R                      (Go to next section)

ST\_Q602      **There is really no way you can solve some of the problems you have.**

PY\_2\_M1B

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q603      **There is little you can do to change many of the important things in your life.**

PY\_2\_M1C

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q604      **You often feel helpless in dealing with problems of life.**

PY\_2\_M1D

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q605      **Sometimes you feel that you are being pushed around in life.**

PY\_2\_M1E

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q606      **What happens to you in the future mostly depends on you.**

PY\_2\_M1F

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree

ST\_Q607      **You can do just about anything you really set your mind to.**

PY\_2\_M1G

- 1      Strongly agree
- 2      Agree
- 3      Neither agree nor disagree
- 4      Disagree
- 5      Strongly disagree



## **Medication Use**

DG\_C1            If age < 12, go to next section.

DG\_QINT        **Now I'd like to ask a few questions about [your/FNAME's] use of medications, both prescription and over-the-counter, as well as other health products.**  
INTERVIEWER: Press <Enter> to continue.

DG\_Q1A        **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

DGC2\_1A        ... pain relievers such as Aspirin or Tylenol (including arthritis medicine and anti-inflammatories)?

- 1            Yes
- 2            No
- R                    (Go to next section)

DG\_Q1B        ... tranquilizers such as Valium or Ativan?

DGC2\_1B

- 1            Yes
- 2            No

DG\_Q1C        ... diet pills such as Ponderal, Dexatrim or Fastin?

DGC2\_1C

- 1            Yes
- 2            No

DG\_Q1D        ... anti-depressants such as Prozac, Paxil or Effexor?

DGC2\_1D

- 1            Yes
- 2            No

DG\_Q1E        ... codeine, Demerol or morphine?

DGC2\_1E

- 1            Yes
- 2            No

DG\_Q1F        ... allergy medicine such as Reactine or Allegra?

DGC2\_1F

- 1            Yes
- 2            No

DG\_Q1G        **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

DGC2\_1G        ... asthma medications such as inhalers or nebulizers?

- 1            Yes
- 2            No

DG\_Q1H        ... cough or cold remedies?

DGC2\_1H

- 1            Yes
- 2            No

DG\_Q1I ... penicillin or other antibiotics?

*DGC2\_1I*

- 1 Yes
- 2 No

DG\_Q1J ... medicine for the heart?

*DGC2\_1J*

- 1 Yes
- 2 No

DG\_Q1K ... medicine for blood pressure?

*DGC2\_1K*

- 1 Yes
- 2 No

DG\_Q1L In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:

*DGC2\_1L* ... diuretics or water pills?

- 1 Yes
- 2 No

DG\_Q1M ... steroids?

*DGC2\_1M*

- 1 Yes
- 2 No

DG\_Q1N ... insulin?

*DGC2\_1N*

- 1 Yes
- 2 No

DG\_Q1O ... pills to control diabetes?

*DGC2\_1O*

- 1 Yes
- 2 No

DG\_Q1P ... sleeping pills such as Imovane, Nytol or Starnoc?

*DGC2\_1P*

- 1 Yes
- 2 No

DG\_Q1Q ... stomach remedies?

*DGC2\_1Q*

- 1 Yes
- 2 No

DG\_Q1R ... laxatives?

*DGC2\_1R*

- 1 Yes
- 2 No

DG\_C1S If female & age <= 49, go to DG\_Q1S. Otherwise, go to DG\_C1T.

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DG\_Q1S ... birth control pills?

DGC2\_1S

- 1 Yes
- 2 No

DG\_C1T If female & age >= 30, go to DG\_Q1T. Otherwise, go to DG\_Q1U.

DG\_Q1T ... hormones for menopause or aging symptoms?

DGC2\_1T

- 1 Yes
- 2 No (Go to DG\_Q1U)
- DK, R (Go to DG\_Q1U)

DG\_Q1T1 **What type of hormones [are/is] [you/she] taking?**

DGC2\_1T1

INTERVIEWER: Read categories to respondent.

- 1 **Estrogen only**
- 2 **Progesterone only**
- 3 **Both**
- 4 **Neither**

DG\_Q1T2 **When did [you/she] start this hormone therapy?**

DGC2\_1T2

INTERVIEWER: Enter the year.

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

DG\_Q1U **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

DGC2\_1U ... thyroid medication such as Synthroid or Levothyroxine?

- 1 Yes
- 2 No

DG\_Q1V ... any other medication?

DGC2\_1V

- 1 Yes (Specify)
- 2 No

DG\_C2 If any drug(s) specified in DG\_Q1A to DG\_Q1V, go to DG\_Q2. Otherwise, go to DG\_Q4.

DG\_Q2 **Now, I am referring to the last 2 days, that is, yesterday and the day before yesterday. During those 2 days, how many different medications did [you/he/she] take?**

DGC2\_2

|\_| Medications  
(MIN: 0) (MAX: 99; warning after 10)  
DK, R (Go to DG\_Q4.)

DG\_C3 If number = 0, then go to DG\_Q4. For each number > 0 ask DG\_Q3nn and DG\_Q3nnA, up to a maximum of 12.

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DG\_Q3nn **What is the exact name of the medication that [you/FNAME] took?**

DGC2F3A INTERVIEWER: Ask respondent to look at the bottle, tube or box.

TO

DGC2F3L

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

DK, R (Go to DG\_Q4.)

DG\_Q3nnA **Was this a prescription from a medical doctor or dentist?**

DGC2\_3AA

TO

DGC2\_3LA

1 Yes

2 No

DG\_Q4 **There are many other health products such as ointments, vitamins, herbs, minerals or protein drinks which people use to prevent illness or to improve or maintain their health.**

DGC2\_4

**[Do/Does] [you/FNAME] use any of these or other health products?**

1 Yes

2 No (Go to next section)

DK, R (Go to next section)

DG\_Q4A **In the past 2 days, that is, yesterday and the day before yesterday, did [you/he/she] use any of these health products?**

DGC2\_4A

1 Yes

2 No (Go to next section)

DK, R (Go to next section)

DG\_Q501 **Thinking of the past 2 days, what is the exact name of a health product that [you/he/she] used?**

DGC2F5A

INTERVIEWER: Ask respondent to look at the bottle, tube or box.

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

DG\_Q5nnA **Did [you/he/she] use another health product?**

DGC2\_5AA

TO

DGC2\_5KA

1 Yes

2 No (Go to next section)

DK, R (Go to next section)

DG\_Q5nn **What is the exact name of this product?**

DGC2F5B

TO

DGC2F5L

INTERVIEWER: Ask respondent to look at the bottle, tube or box.

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

DG\_C5 Ask DG\_Q5nnA and DG\_Q5nn for up to 12 products.

## **Smoking**

SM\_C100 If age < 12, go to next section.

SM\_Q101 **The next questions are about smoking.**  
 SMC2\_1 **Does anyone in this household smoke regularly inside the house?**

- 1 Yes
- 2 No

SM\_Q102 **At the present time [do/does] [you/FNAME] smoke cigarettes daily, occasionally or not at all?**  
 SMC2\_2

- 1 Daily
- 2 Occasionally (Go to SM\_Q105B)
- 3 Not at all (Go to SM\_Q104A)
- DK, R (Go to next section)

SM\_C103 If reported was daily smoker in previous interview, go to SM\_Q104 (SM\_Q103 was filled during processing).

SM\_Q103 **At what age did [you/he/she] begin to smoke cigarettes daily?**  
 SMC2\_3

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

SM\_Q104 **How many cigarettes [do/does] [you/he/she] smoke each day now?**  
 SMC2\_4

|\_|\_| Cigarettes  
 (MIN: 1) (MAX: 99; warning after 60)

Go to SM\_C108B

SM\_Q104A **[Have/Has] [you/he/she] ever smoked cigarettes at all?**  
 SMC2\_4A

- 1 Yes (Go to SM\_Q105A)
- 2 No (Go to SM\_C200)
- DK, R (Go to SM\_C200)

SM\_C104B If reported ever smoked in previous interview and non-proxy interview, go to SM\_Q104B. Otherwise, go to SM\_C200.

SM\_Q104B **(Remember, for this survey it's important to measure change.)**  
 SMC2\_4B **During our last interview in [month and year of last response interview], we recorded that you had previously smoked but this time we did not. In fact, have you ever smoked cigarettes?**

- 1 Yes (SM\_Q104A was filled with "1" during processing)
- 2 No (Go to SM\_C200)
- DK, R (Go to SM\_C200)

**NPHS, Household Component, Cycle 5 (2002-2003)**

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SM\_Q105A      **In [your/his] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more**  
**SMC2\_5A      cigarettes (about 4 packs)?**

- 1      Yes  
2      No

Go to SM\_Q105D

SM\_Q105B      **On the days that [you/FNAME] [do/does] smoke, about how many cigarettes**  
**SMC2\_5B      [do/does] [you/he/she] usually have?**

\_|\_|      Cigarettes  
(MIN: 1) (MAX: 99; warning after 20)

SM\_Q105C      **In the past month, on how many days [have/has] [you/he/she] smoked 1 or more**  
**SMC2\_5C      cigarettes?**

\_|\_|      Days  
(MIN: 0) (MAX: 30)

SM\_C105D      If reported was daily smoker in previous interview or reported ever was daily smoker in  
previous interview, go to SM\_C108B (SM\_Q105D was filled with "1" during processing).

SM\_Q105D      **[Have/Has] [you/he/she] ever smoked cigarettes daily?**  
**SMC2\_5**

- 1      Yes  
2      No      (Go to SM\_C108B)  
     DK, R      (Go to SM\_C200)

SM\_Q106      **At what age did [you/he/she] begin to smoke (cigarettes) daily?**  
**SMC2\_6**

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

SM\_Q107      **How many cigarettes did [you/he/she] usually smoke each day?**  
**SMC2\_7**

\_|\_|      Cigarettes  
(MIN: 1) (MAX: 99; warning after 60)

SM\_Q108      **At what age did [you/he/she] stop smoking (cigarettes) daily?**  
**SMC2\_8**

\_|\_|\_|      Age in years  
(MIN: 5 or age in SM\_Q106) (MAX: current age)

SM\_C108B      If SM\_Q102 = 3 (non-smoker), go to SM\_C109.

SM\_Q108B      **What brand of cigarettes [do/does] [you/he/she] usually smoke?**  
INTERVIEWER: If necessary, probe for cigarette strength and size.

SM\_Q108S      INTERVIEWER: Specify.  
**SMC2C8B**

\_\_\_\_\_  
(80 spaces)  
DK, R      (Go to SM\_C109)

SM\_C109

	<b>Smoke - 2000</b>	<b>Smoke - 2002</b>	<b>Go to</b>
Non-proxy only	Daily or Occasionally	Not at all	SM_Q109
Non-proxy only	Not at all	Daily or Occasionally	SM_Q110
Non-proxy only	Daily	Occasionally	SM_Q111
Non-proxy only	Occasionally	Daily	SM_Q112
Otherwise	-	-	SM_C200

NOTE: If respondent says he/she “never smoked” even after probing in SM\_Q104B, and there is a change from 2000 to 2002, no further probing is done.

If SM\_Q104B = 2, then SM\_Q109, SM\_Q110, SM\_Q111 and SM\_Q112 are set to valid skips.

SM\_Q109  
**SMC2\_9**

**Compared to our interview in [month and year of last response interview], you are reporting that you no longer smoke. Why did you quit?**

- 1 Never smoked
- 2 Didn't smoke at last interview
- 3 Affected physical health
- 4 Cost
- 5 Social / Family pressures
- 6 Athletic activities
- 7 Pregnancy
- 8 Smoking restrictions
- 9 Doctor's advice
- 10 Effect of second-hand smoke on others
- 11 Other - Specify

Go to SM\_C200.

SM\_Q110  
**SMC2\_10**

**Compared to our interview in [month and year of last response interview], you are reporting that you currently smoke. Why did you start smoking?**

- 1 Smoked at last interview
- 2 Family / Friends smoke
- 3 Everyone around me smokes
- 4 To be “cool”
- 5 Curiosity
- 6 Stress
- 7 Started again after trying to quit
- 8 Cost
- 9 To control weight
- 10 Other - Specify

Go to SM\_C200.

**SM\_Q111**  
**SMC2\_11**      **Compared to our interview in [month and year of last response interview], you are reporting that you smoke less. Why did you cut down?**

- 1      Didn't cut down
- 2      Didn't smoke at last interview
- 3      Trying to quit
- 4      Affected physical health
- 5      Cost
- 6      Social / Family pressures
- 7      Athletic activities
- 8      Pregnancy
- 9      Smoking restrictions
- 10     Doctor's advice
- 11     Effect of second-hand smoke on others
- 12     Other - Specify

Go to SM\_C200.

**SM\_Q112**  
**SMC2\_12**      **Compared to our interview in [month and year of last response interview], you are reporting that you smoke more. Why have you increased smoking?**

- 1      Haven't increased
- 2      Family / Friends smoke
- 3      Everyone around me smokes
- 4      To be "cool"
- 5      Curiosity
- 6      Stress
- 7      Increased after trying to quit / reduce
- 8      Cost
- 9      To control weight
- 10     Other - Specify

SM\_C200      If proxy interview, go to next section.

SM\_C201      If SM\_Q102 = 1 (Daily smoker), go to SM\_Q201. Otherwise, go to SM\_C202.

**SM\_Q201**  
**SMC2\_201**      **How soon after you wake up do you smoke your first cigarette?**

- 1      Within 5 minutes
- 2      6 to 30 minutes after waking
- 3      31 to 60 minutes after waking
- 4      More than 60 minutes after waking

SM\_C202      If SM\_Q102 = 1 (Daily smoker) or SM\_Q102 = 2 (Occasional smoker), go to SM\_Q202. Otherwise, go to SM\_C206.

**SM\_Q202**  
**SMC2\_202**      **Have you tried quitting in the past 6 months?**

- 1      Yes
- 2      No                      (Go to SM\_C206)
- DK, R                (Go to SM\_C206)

**SM\_Q203**  
**SMC2\_203**      **How many times have you tried quitting (in the past 6 months)?**

|\_|\_|                      Times  
(MIN:1) (MAX: 25)



SM\_Q204      **Are you seriously considering quitting within the next 30 days?**

SMC2\_204

- |   |     |                 |
|---|-----|-----------------|
| 1 | Yes | (Go to SM_C206) |
| 2 | No  |                 |

SM\_Q205      **Are you seriously considering quitting within the next 6 months?**

SMC2\_205

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |

SM\_C206      If ST\_Q400 = 1 (currently employed), go to SM\_Q206. Otherwise, go to next section.

SM\_Q206      **At your place of work what are the restrictions on smoking?**

SMC2\_206

INTERVIEWER: Read categories to respondent.

- |   |  |
|---|--|
| 1 | <b>Restricted completely</b>             |
| 2 | <b>Allowed in designated areas</b>       |
| 3 | <b>Restricted only in certain places</b> |
| 4 | <b>Not restricted at all</b>             |

## **Alcohol**

AL\_C1      If age < 12, go to next section.

AL\_QINT      **Now, some questions about [your/FNAME's] alcohol consumption.**

**When we use the word drink it means:**

- one bottle or can of beer or a glass of draft
- one glass of wine or a wine cooler
- one drink or cocktail with 1 and a 1/2 ounces of liquor.

INTERVIEWER: Press <Enter> to continue.

AL\_Q1A      **Since our interview in [month and year of last response interview], [have/has]**  
**[you/FNAME] had a drink of beer, wine, liquor or any other alcoholic beverage?**

ALC2\_1A

- |   |       |                      |
|---|-------|----------------------|
| 1 | Yes   |                      |
| 2 | No    | (Go to AL_Q5B)       |
|   | DK, R | (Go to next section) |

AL\_Q1B      **During the past 12 months, that is, from [date one year ago] to yesterday,**  
**[have/has] [you/FNAME] had a drink of beer, wine, liquor or any other alcoholic**  
**beverage?**

ALC2\_1

- |   |       |                      |
|---|-------|----------------------|
| 1 | Yes   |                      |
| 2 | No    | (Go to AL_Q6)        |
|   | DK, R | (Go to next section) |

**NPHS, Household Component, Cycle 5 (2002-2003)**

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AL\_Q2                      **During the past 12 months, how often did [you/he/she] drink alcoholic beverages?**  
ALC2\_2

- 1        Less than once a month
- 2        Once a month
- 3        2 to 3 times a month
- 4        Once a week
- 5        2 to 3 times a week
- 6        4 to 6 times a week
- 7        Every day

AL\_Q3                      **How often in the past 12 months [have/has] [you/he/she] had 5 or more drinks on one occasion?**  
ALC2\_3

- 1        Never
- 2        Less than once a month
- 3        Once a month
- 4        2 to 3 times a month
- 5        Once a week
- 6        More than once a week

AL\_Q5                      **Thinking back over the past week, that is, from [date last week] to yesterday, did [you/FNAME] have a drink of beer, wine, liquor or any other alcoholic beverage?**  
ALC2\_5

- 1        Yes
- 2        No                      (Go to ALS\_C1)  
          DK, R                (Go to ALS\_C1)

AL\_Q5A                    **Starting with yesterday, that is [day name], how many drinks did [you/FNAME] have:**

- |          |   |                   |   |
|----------|---|-------------------|---|
| ALC2_5A1 | 1 | ... on Sunday?    | (If R on first day, go to next section)         |
| ALC2_5A2 | 2 | ... on Monday?    | (MIN: 0 MAX: 99; warning after 12 for each day) |
| ALC2_5A3 | 3 | ... on Tuesday?   |   |
| ALC2_5A4 | 4 | ... on Wednesday? |   |
| ALC2_5A5 | 5 | ... on Thursday?  |   |
| ALC2_5A6 | 6 | ... on Friday?    |   |
| ALC2_5A7 | 7 | ... on Saturday?  |   |

Go to next section.

AL\_Q5B                    **Have [you/he/she] ever had a drink?**  
ALC2\_5B

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

AL\_Q6                      **Did [you/he/she] ever regularly drink more than 12 drinks a week?**  
ALC2\_6

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

AL\_Q7 **Why did [you/he/she] reduce or quit drinking altogether?**

INTERVIEWER: Mark ALL that apply.

- |         |    |  |
|---------|----|--|
| ALC2_7A | 1  | Dieting  |
| ALC2_7B | 2  | Athletic training                                  |
| ALC2_7C | 3  | Pregnancy  |
| ALC2_7D | 4  | Getting older                                      |
| ALC2_7E | 5  | Drinking too much / Drinking problem               |
| ALC2_7F | 6  | Affected - work, studies, employment opportunities |
| ALC2_7G | 7  | Interfered with family or home life                |
| ALC2_7H | 8  | Affected - physical health                         |
| ALC2_7I | 9  | Affected - friendships or social relationships     |
| ALC2_7J | 10 | Affected - financial position                      |
| ALC2_7K | 11 | Affected - outlook on life, happiness              |
| ALC2_7L | 12 | Influence of family or friends                     |
| ALC2_7M | 13 | Other - Specify                                    |

### **Focus Questions**

ALS\_C1 If proxy interview or age < 12, go to next section. If response to AL\_Q1B is not valid, go to next section.

ALS\_Q1 **Now I'd like to ask your opinion on some statements about drinking.**

AL\_2\_1 **To start with, how would you define moderate drinking?**

INTERVIEWER: Read categories to respondent.

- |   |                                   |
|---|-----------------------------------|
| 1 | <b>No drinks</b>                  |
| 2 | <b>Less than 1 drink per week</b> |
| 3 | <b>1 to 3 drinks per week</b>     |
| 4 | <b>4 to 6 drinks per week</b>     |
| 5 | <b>1 or 2 drinks per day</b>      |
| 6 | <b>3 drinks or more per day</b>   |
|   | DK, R (Go to next section)        |

ALS\_Q2 **Please tell me whether you agree or disagree with the following statements.**

AL\_2\_2 **Moderate drinking can be good for your health.**

- |   |            |
|---|------------|
| 1 | Agree      |
| 2 | Disagree   |
| 3 | No opinion |

ALS\_Q3 **Most people think it's alright to get drunk once in a while.**

AL\_2\_3

- |   |            |
|---|------------|
| 1 | Agree      |
| 2 | Disagree   |
| 3 | No opinion |

ALS\_Q4 **You would rather pay for a taxi than see a friend drive after drinking.**

AL\_2\_4

- |   |            |
|---|------------|
| 1 | Agree      |
| 2 | Disagree   |
| 3 | No opinion |

ALS\_Q5      **It's alright to get drunk once a week as long as you don't drink at all during the**  
AL\_2\_5      **rest of the week.**

- 1      Agree
- 2      Disagree
- 3      No opinion

ALS\_Q6      **A pregnant woman should not drink any amount of alcohol during her pregnancy.**  
AL\_2\_6

- 1      Agree
- 2      Disagree
- 3      No opinion

ALS\_Q7      **It's alright for a woman who is breastfeeding to drink occasionally.**  
AL\_2\_7

- 1      Agree
- 2      Disagree
- 3      No opinion

## **Alcohol Dependence**

### **Focus Questions**

AD\_C1      If proxy interview or age < 12, go to next section. If AL\_Q3 > 2 (has at least 5 drinks at least once a month), go to AD\_QINT. Otherwise, go to next section.

AD\_QINT      **The next questions are about how drinking affects people in their activities. We will be referring to the past 12 months, that is, from [date one year ago] to yesterday.**  
INTERVIEWER: Press <Enter> to continue.

AD\_Q1      **In the past 12 months, have you ever been drunk or hung-over while at work or**  
AD\_2\_1      **school or while taking care of children?**

- 1      Yes
- 2      No                      (Go to AD\_Q3)
- DK, R                (Go to next section)

AD\_Q2      **How many times? Was it:**  
AD\_2\_2      INTERVIEWER: Read categories to respondent.

- 1      ... once or twice?
- 2      ... 3 to 5 times?
- 3      ... 6 to 10 times?
- 4      ... 11 to 20 times?
- 5      ... more than 20 times?

AD\_Q3      **In the past 12 months, were you ever in a situation while drunk or hung-over which**  
AD\_2\_3      **increased your chances of getting hurt? (For example: driving a boat, using guns, crossing against traffic, or during sports)**

- 1      Yes
- 2      No

- AD\_Q4  
AD\_2\_4      **In the past 12 months, have you had any emotional or psychological problems because of alcohol use, such as feeling uninterested in things, depressed or suspicious of people?**
- 1      Yes  
2      No
- AD\_Q5  
AD\_2\_5      **In the past 12 months, have you had such a strong desire or urge to drink alcohol that you could not resist it or could not think of anything else?**
- 1      Yes  
2      No
- AD\_Q6  
AD\_2\_6      **In the past 12 months, have you had a period of a month or more when you spent a great deal of time getting drunk or being hung-over?**
- 1      Yes  
2      No
- AD\_Q7  
AD\_2\_7      **In the past 12 months, did you ever drink much more or for a longer period of time than you intended?**
- 1      Yes  
2      No                      (Go to AD\_Q9)  
            DK, R                      (Go to AD\_Q9)
- AD\_Q8  
AD\_2\_8      **How many times? Was it:**  
INTERVIEWER: Read categories to respondent.
- 1      ... once or twice?  
2      ... 3 to 5 times?  
3      ... 6 to 10 times?  
4      ... 11 to 20 times?  
5      ... more than 20 times?
- AD\_Q9  
AD\_2\_9      **In the past 12 months, did you ever find that you had to drink more alcohol than usual to get the same effect or that the same amount of alcohol had less effect on you than usual?**
- 1      Yes  
2      No

## **Mental Health**

MH\_C01 If proxy interview or age < 12, go to next section.

MH\_QINT **Now some questions about mental and emotional well-being.**

INTERVIEWER: Press <Enter> to continue.

MH\_Q01A **During the past month, that is, from [date one month ago] to yesterday, about how often did you feel**

*MHC2\_1A* **... so sad that nothing could cheer you up?**

INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to MH\_Q01K)

MH\_Q01B **... nervous?**

*MHC2\_1B* INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to MH\_Q01K)

MH\_Q01C **... restless or fidgety?**

*MHC2\_1C* INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to MH\_Q01K)

MH\_Q01D **... hopeless?**

*MHC2\_1D* INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to MH\_Q01K)

MH\_Q01E  
MHC2\_1E ... **worthless?**  
INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to MH\_Q01K)

MH\_Q01F  
MHC2\_1F ... **that everything was an effort?**  
INTERVIEWER: Read categories to respondent.

- 1 **All of the time**
  - 2 **Most of the time**
  - 3 **Some of the time**
  - 4 **A little of the time**
  - 5 **None of the time**
- DK, R (Go to MH\_Q01K)

MH\_C01G If MH\_Q01A to MH\_Q01F are all "None of the time", go to MH\_Q01K.

MH\_Q01G  
MHC2\_1G **We have just been talking about feelings and experiences that occurred to different degrees during the past month. Taking them altogether, did these feelings occur more often in the past month than is usual for you, less often than usual or about the same as usual?**

- 1 More often
  - 2 Less often (Go to MH\_Q01I)
  - 3 About the same (Go to MH\_Q01J)
  - 4 Never have had any (Go to MH\_Q01K)
- DK, R (Go to MH\_Q01K)

MH\_Q01H  
MHC2\_1H **Is that a lot more, somewhat more or only a little more often than usual?**

- 1 A lot
  - 2 Somewhat
  - 3 A little
- DK, R (Go to MH\_Q01K)

Go to MH\_Q01J.

MH\_Q01I  
MHC2\_1I **Is that a lot less, somewhat less or only a little less often than usual?**

- 1 A lot
  - 2 Somewhat
  - 3 A little
- DK, R (Go to MH\_Q01K)

MH\_Q01J  
MHC2\_1J **How much do these experiences usually interfere with your life or activities?**  
INTERVIEWER: Read categories to respondent.

- 1 **A lot**
- 2 **Some**
- 3 **A little**
- 4 **Not at all**

MH\_Q01K  
MHC2\_1K **In the past 12 months, that is, from [date one year ago] to yesterday, have you seen or talked on the telephone with a health professional about your emotional or mental health?**

- 1 Yes
- 2 No (Go to MH\_Q02)
- DK, R (Go to MH\_Q02)

MH\_Q01L  
MHC2\_1L **How many times (in the past 12 months)?**

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

MH\_Q01M **Whom did you see or talk to?**  
INTERVIEWER: Read categories to respondent. Mark ALL that apply.

- MHC2\_1MA 1 **Family doctor or general practitioner**
- MHC2\_1MB 2 **Psychiatrist**
- MHC2\_1MC 3 **Psychologist**
- MHC2\_1MD 4 **Nurse**
- MHC2\_1ME 5 **Social worker or counsellor**
- MHC2\_1MF 6 **Other - Specify**

MH\_Q02  
MHC2\_2 **During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?**

- 1 Yes
- 2 No (Go to MH\_Q16)
- DK, R (Go to next section)

MH\_Q03  
MHC2\_3 **For the next few questions, please think of the 2-week period during the past 12 months when these feelings were the worst.**  
**During that time, how long did these feelings usually last?**  
INTERVIEWER: Read categories to respondent.

- 1 **All day long**
- 2 **Most of the day**
- 3 **About half of the day** (Go to MH\_Q16)
- 4 **Less than half of a day** (Go to MH\_Q16)
- DK, R (Go to next section)

MH\_Q04  
MHC2\_4 **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 MH\_Q16)
- DK, R (Go to next section)

MH\_Q05  
MHC2\_5 **During those 2 weeks did you lose interest in most things?**

- 1 Yes (KEY PHRASE = Losing interest)
- 2 No (Go to next section)
- DK, R (Go to next section)



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

MHC2\_6

- 1 Yes (KEY PHRASE = Feeling tired)
- 2 No
- DK, R (Go to next section)

MH\_Q07 **Did you gain weight, lose weight or stay about the same?**

MHC2\_7

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

MH\_Q08A **About how much did you [gain/lose]?**

MHC2\_8A

INTERVIEWER: Enter amount only.

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

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

MHC2\_8B

MHC2\_8LB

MHC2\_8KG

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

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

MHC2\_9

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

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

MHC2\_10

INTERVIEWER: Read categories to respondent.

- 1 **Every night**
- 2 **Nearly every night**
- 3 **Less often**
- DK, R (Go to next section)

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

MHC2\_11

- 1 Yes (KEY PHRASE = Trouble concentrating)
- 2 No
- DK, R (Go to next section)

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

MHC2\_12

- 1 Yes (KEY PHRASE = Feeling down on yourself)
- 2 No
- DK, R (Go to next section)

MH\_Q13  
MHC2\_13      **Did you think a lot about death - either your own, someone else's or death in general?**

- 1      Yes                      (KEY PHRASE =Thoughts about death)
- 2      No                        (Go to next section)
- DK, R

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

MH\_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.

MH\_Q14  
MHC2\_14      **About how many weeks altogether did you feel this way during the past 12 months?**

- |\_|\_|                      Weeks  
(MIN: 2 MAX: 53)  
(If > 51 weeks, go to next section.)  
DK, R                      (Go to next section)

MH\_Q15  
MHC2\_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
- 2      February
- 3      March
- 4      April
- 5      May
- 6      June
- 7      July
- 8      August
- 9      September
- 10     October
- 11     November
- 12     December

Go to next section.

MH\_Q16  
MHC2\_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 next section)
- DK, R                      (Go to next section)

MH\_Q17  
MHC2\_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 next section)
  - 4 Less than half of a day (Go to next section)
- DK, R (Go to next section)

MH\_Q18  
MHC2\_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 next section)
- DK, R (Go to next section)

MH\_Q19  
MHC2\_19

**During those 2 weeks did you feel tired out or low on energy all the time?**

- 1 Yes (KEY PHRASE = Feeling tired)
  - 2 No (Go to next section)
- DK, R

MH\_Q20  
MHC2\_20

**Did you gain weight, lose weight, or stay about the same?**

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

MH\_Q21A  
MHC2\_21A

**About how much did you [gain/lose]?**  
**INTERVIEWER:** Enter amount only.

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

MH\_Q21B  
MHC2\_21B

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

- MHC2\_21L  
MHC2\_21K
- 1 Pounds
  - 2 Kilograms
- (DK, R are not allowed)

MH\_Q22  
MHC2\_22

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

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

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MH\_Q23  
MHC2\_23      **How often did that happen?**  
INTERVIEWER: Read categories to respondent.

- 1      **Every night**
- 2      **Nearly every night**
- 3      **Less often**
- DK, R              (Go to next section)

MH\_Q24  
MHC2\_24      **Did you have a lot more trouble concentrating than usual?**

- 1      Yes                      (KEY PHRASE = Trouble concentrating)
- 2      No
- DK, R              (Go to next section)

MH\_Q25  
MHC2\_25      **At these times, people sometimes feel down on themselves, no good, or worthless. Did you feel this way?**

- 1      Yes                      (KEY PHRASE = Feeling down on yourself)
- 2      No
- DK, R              (Go to next section)

MH\_Q26  
MHC2\_26      **Did you think a lot about death - either your own, someone else's, or death in general?**

- 1      Yes                      (KEY PHRASE = Thoughts about death)
- 2      No
- DK, R              (Go to next section)

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

MH\_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.

MH\_Q27  
MHC2\_27      **About how many weeks did you feel this way during the past 12 months?**

[\_][\_]              Weeks  
(MIN: 2 MAX: 53)  
(If > 51 weeks, go to next section.)  
        DK, R              (Go to next section)

MH\_Q28      **Think about the last time you had 2 weeks in a row when you felt this way. In what**  
MHC2\_28      **month was that?**

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

**Social Support (Medical Outcomes Study questions)**

SS\_C01      If proxy interview or age < 12, go to next section.

SS\_Q01      **Next are some questions about the social support that is available to you.**  
SSC2\_101      **About how many close friends and close relatives do you have, that is, people you**  
                    **feel at ease with and can talk to about what is on your mind?**

|\_|\_|      Close friends and relatives  
(MIN: 0) (MAX: 99; warning after 20)  
DK, R      (Go to next section)

SS\_QINT2      **People sometimes look to others for companionship, assistance, or other types of**  
                    **support.**  
INTERVIEWER: Press <Enter> to continue.

SS\_Q02      **How often is each of the following kinds of support available to you if you need it:**

SSC2\_102      **... someone to help you if you were confined to bed?**  
INTERVIEWER: Read categories to respondent.

- 1      **None of the time**
  - 2      **A little of the time**
  - 3      **Some of the time**
  - 4      **Most of the time**
  - 5      **All of the time**
- DK, R      (Go to next section)

SS\_Q03      **... someone you can count on to listen to you when you need to talk?**  
SSC2\_103

- 1      None of the time
- 2      A little of the time
- 3      Some of the time
- 4      Most of the time
- 5      All of the time

SS\_Q04 ... someone to give you advice about a crisis?

SSC2\_104

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q05 ... someone to take you to the doctor if you needed it?

SSC2\_105

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q06 ... someone who shows you love and affection?

SSC2\_106

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q07 How often is each of the following kinds of support available to you if you need it:

SSC2\_107 ... someone to have a good time with?

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q08 ... someone to give you information in order to help you understand a situation?

SSC2\_108

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q09 ... someone to confide in or talk to about yourself or your problems?

SSC2\_109

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q10 ... someone who hugs you?

SSC2\_110

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q11 ... someone to get together with for relaxation?

SSC2\_111

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q12 ... someone to prepare your meals if you were unable to do it yourself?

SSC2\_112

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q13 ... someone whose advice you really want?

SSC2\_113

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q14 How often is each of the following kinds of support available to you if you need it:

SSC2\_114 ... someone to do things with to help you get your mind off things?

INTERVIEWER: Read categories to respondent.

- 1 **None of the time**
- 2 **A little of the time**
- 3 **Some of the time**
- 4 **Most of the time**
- 5 **All of the time**

SS\_Q15 ... someone to help with daily chores if you were sick?

SSC2\_115

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q16 ... **someone to share your most private worries and fears with?**

SSC2\_116

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q17 ... **someone to turn to for suggestions about how to deal with a personal problem?**

SSC2\_117

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q18 ... **someone to do something enjoyable with?**

SSC2\_118

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q19 ... **someone who understands your problems?**

SSC2\_119

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

SS\_Q20 ... **someone to love you and make you feel wanted?**

SSC2\_120

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

## **Residence History**

### **Focus Questions**

RH\_C01 If age > 11 and proxy interview, go to next section.

RH\_R01 **The next few questions deal with places where [you/FNAME] [have/has] lived since 1980. These questions in combination with health information collected in this survey will be used to examine the possible link between health conditions and long-term exposure to environmental pollution.**  
INTERVIEWER: Press <Enter> to continue.



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RH\_R02      **In answering questions on places of residence, please be as precise as possible and include every city, town or village where [you/FNAME] lived for 3 months or more. You do not need to report moves within a city, town or village.**  
**INTERVIEWER:** Press <Enter> to continue.

RH\_Q03  
RHS2\_1      **Do you prefer to start with where [you/FNAME] [live/lives] currently and work backwards, or with where [you/he/she] lived in [MinYear] and work forwards?**

- 1      Start now and work backwards (Go to RH1\_Q01M)
- 2      Start in 1980 (or year of birth) and work forwards (Go to RH2\_Q01A)
- DK, R (Go to RH\_END)

**Current year to 1980 (backwards alternative)**

RH1\_Q01M      **Since what month and year [have/has] [you/he/she] lived in [city]?**

RHS2\_B1M      **INTERVIEWER:** Select the month.

When <F5> "Refusal" or <F6> "Don't know" is selected for this question, the system uses the default of "June" to determine flows.

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

RH1\_Q01Y      **Since what month and year [have/has] [you/he/she] lived in [city]?**

RHS2\_B1Y      **INTERVIEWER:** Enter a four-digit year.

\_|\_|\_|\_|      Year  
(MIN: 1870) (MAX: 2003)  
        DK (Go to RH1\_C02)  
        R (Go to RH\_END)

RH1\_C01      If RH1\_Q01Y < 1980, go to RH1\_Q03. Otherwise, go to RH1\_D04.

RH1\_C02      If Year of Birth >= 1980 go to RH1\_Q02A. Otherwise go to RH1\_Q02B.

RH1\_Q02A      **Did [you/he/she] move to [city] in [MinYear] or after [MinYear]?**

RHS2\_B2A

- 1      In
- 2      After (Go to RH1\_B04)
- DK, R (Go to RH\_END)

RH1\_Q02B      **Did [you/he/she] move to [city] before 1980, in 1980 or after 1980?**

RHS2\_B2B

- 1      Before 1980
- 2      In 1980
- 3      After 1980 (Go to RH1\_B04)
- DK, R (Go to RH\_END)

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RH1\_Q03  
RHS2\_B3      **Did you consider temporary residences of 3 months or more and residences outside Canada?**

1      Yes      (Go to RH\_END)

2      No  
         DK, R      (Go to RH\_END)

RH1\_D04      RH1\_Q01YM = (RH1\_Q01Y-1870)\*12+RH1\_Q01M. (If RH1\_Q01M = DK, R, use 6).

RH1\_C04      If RH1\_Q01YM > (earliest possible date) go to RH1\_B04. Otherwise go to RH\_END.

RH1\_B04      Invoke the MOB block (MOB\_Q01A, MOB\_Q01B, MOB\_Q01C, MOB\_Q02M, MOB\_Q02Y, MOB\_Q03, MOB\_END) a maximum of 20 times, as long as respondent continues to provide responses (no DK or R) and the reported date is greater than (earliest possible date).

MOB\_Q01A  
MBS2\_A1A  
TO  
MBS2\_T1A      **Where did [you/FNAME] live before [you/he/she] moved to [city]?**  
INTERVIEWER: Enter the city, town, village or municipality.  
If necessary, remind respondent: **(Please consider temporary residences of 3 months or more and residences outside Canada.)**

\_\_\_\_\_  
(30 spaces)  
DK, R      (Go to MOB\_END)

MOB\_Q01B  
MBS2\_A1B  
TO  
MBS2\_T1B      Where did [you/FNAME] live before [you/he/she] moved to [city]?  
INTERVIEWER: Select the province or territory.  
If necessary, remind respondent: **(Please consider temporary residences of 3 months or more and residences outside Canada.)**

10      Newfoundland and Labrador

11      Prince Edward Island

12      Nova Scotia

13      New Brunswick

24      Quebec

35      Ontario

46      Manitoba

47      Saskatchewan

48      Alberta

59      British Columbia

60      Yukon

61      Northwest Territories

62      Nunavut

76      U.S.A.

77      Outside of Canada and U.S.A.      (Go to MOB\_Q01C)  
         DK, R      (Go to MOB\_END)

Go to MOB\_Q02M

MOB\_Q01C  
MBS2CA1C  
TO  
MBS2CT1C      Where did [you/FNAME] live before [you/he/she] moved to [city]?  
INTERVIEWER: Type and select the country.  
If necessary, remind respondent: **(Please consider temporary residences of 3 months or more and residences outside Canada.)**

DK, R      (Go to MOB\_END)

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MOB_Q02M MBS2_A2M TO MBS2_T2M	<b>In what month and year did [you/he/she] move to [city]?</b> <u>INTERVIEWER</u> : Select the month. When <F5> "Refusal" or <F6> "Don't know" is selected for this question, the system uses the default of "June" to determine flows.
	1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October 11 November 12 December
MOB_Q02Y MBS2_A2Y TO MBS2_T2Y	<b>In what month and year did [you/he/she] move to [city]?</b> <u>INTERVIEWER</u> : Enter a four-digit year.   _ _ _  Year (MIN: 1870) (MAX: 2003) DK (Go to MOB_C03B) R (Go to MOB_END)
MOB_C03A	Go to MOB_D04.
MOB_C03B	If MinYear >= 1980 go to MOB_Q03A. Otherwise go to MOB_Q03B.
MOB_Q03A MBS2_A3A TO MBS2_T3A	<b>Did [you/he/she] move to [MOB_Q01] in [MinYear] or after [MinYear]?</b> 1 In 2 After (Go to MOB_END) DK, R (Go to MOB_END)
MOB_Q03B MBS2_A3B TO MBS2_T3B	<b>Did [you/she/she] move to [city] before 1980, in 1980 or after 1980?</b> 1 Before 1980 2 In 1980 3 After 1980 (Go to MOB_END) DK, R (Go to MOB_END)
MOB_D04	MOVE_YM = (MOB_Q02Y - 1870) * 12 + MOB_Q02M. (If MOB_Q02M = DK, R, use 6). For each move, ask MOB_Q01A, MOB_Q01B, MOB_Q01C, MPB_Q02M, MOB_Q02Y, up to a maximum of 20 times.
MOB_END	
RH1_C05	If twentieth date is a response and is greater than (earliest possible date), go to RH1_Q05. Otherwise go to RH_END.

**NPHS, Household Component, Cycle 5 (2002-2003)**

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RH1\_Q05      **How many times did [you/he/she] move between [earliest possible month in text]**  
*RHS2\_B5*      **[earliest possible year] and [your/his/her] move to [city]?**

- 1      Once
- 2      Twice
- 3      Three times
- 4      Four or more times

Go to RH\_END

**1980 to current year (forwards alternative)**

RH2\_Q01A      **Where did [you/he/she] live in [earliest possible month in text] [earliest possible year]?**

INTERVIEWER: Enter the city, town, village or municipality.

\_\_\_\_\_  
(30 spaces)

DK, R

(Go to RH\_END)

RH2\_Q01B      Where did [you/he/she] live in [earliest possible month in text] [earliest possible year]?

INTERVIEWER: Select the province or territory.

- 10      Newfoundland and Labrador
- 11      Prince Edward Island
- 12      Nova Scotia
- 13      New Brunswick
- 24      Quebec
- 35      Ontario
- 46      Manitoba
- 47      Saskatchewan
- 48      Alberta
- 59      British Columbia
- 60      Yukon
- 61      Northwest Territories
- 62      Nunavut
- 76      U.S.A.
- 77      Outside of Canada and U.S.A.      (Go to RH2\_Q01C)
- DK, R      (Go to RH\_END)

Go to RH2\_Q01D

RH2\_Q01C      Where did [you/he/she] live in [earliest possible month in text] [earliest possible year]?

INTERVIEWER: Type and select the country.

DK, R

(Go to RH\_END)

RH2\_Q01D      **[Have/Has] [you/he/she] lived anywhere else since then? Please consider temporary residences of 3 months or more and residences outside Canada.**

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

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RH2\_B02      Invoke the MOF block (MOF\_Q01A, MOF\_Q01B, MOF\_Q01C, MOF\_Q02M, MOF\_Q02Y, MOF\_Q03, MOF\_END), a maximum of 20 times, as long as respondent continues to provide responses (no DK or R) and the reported date is less than (latest possible month and year) and MOF\_Q04 = 1 "Yes".

MOF\_Q01A      **Where did [you/FNAME] live after [you/he/she] left [city]?**  
INTERVIEWER: Enter the city, town, village or municipality.  
If necessary, remind respondent: **(Please consider temporary residences of 3 months or more and residences outside Canada.)**

---

(30 spaces)

DK, R

(Go to MOF\_END)

MOF\_Q01B      Where did [you/FNAME] live after [you/he/she] left [city]?  
INTERVIEWER: Select the province or territory.  
If necessary, remind respondent: **(Please consider temporary residences of 3 months or more and residences outside Canada.)**

10      Newfoundland and Labrador

11      Prince Edward Island

12      Nova Scotia

13      New Brunswick

24      Quebec

35      Ontario

46      Manitoba

47      Saskatchewan

48      Alberta

59      British Columbia

60      Yukon

61      Northwest Territories

62      Nunavut

76      U.S.A.

77      Outside of Canada and U.S.A. (Go to MOF\_Q01C)

DK, R (Go to MOF\_END)

Go to MOF\_Q02M

MOF\_Q01C      Where did [you/FNAME] live after [you/he/she] left [city]?  
INTERVIEWER: Type and select the country.  
If necessary, remind respondent: **(Please consider temporary residences of 3 months or more and residences outside Canada.)**

DK, R

(Go to MOF\_END)

MOF\_Q02M      **In what month and year did [you/he/she] move to [city]?**  
INTERVIEWER: Select the month.  
When <F5> "Refusal" or <F6> "Don't know" is selected for this question, the system uses the default of "June" to determine flows.

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

MOF\_Q02Y      In what month and year did [you/he/she] move to [city]?  
INTERVIEWER: Enter a four-digit year.

_ _ _	Year	
(MIN: 1870)	(MAX: 2003)	
DK, R		(Go to MOF_END)

MOF\_C03      If the month/year combination is less than 3 months before the current month and year, go to MOF\_END. Otherwise, go to MOF\_D03.

MOF\_D03       $MOVE\_YM = (MOF\_Q02Y - 1870) * 12 + MOF\_Q02M$ . (If MOF\_Q02M = DK, R, use 6).  
For each move ask MOF\_Q01A, MOF\_Q01B, MOF\_Q01C, MOF\_Q02M, MOF\_Q02Y, up to a maximum of 20 times.

MOF\_Q04      **[Have/Has] [you/he/she] lived anywhere else since then? Please consider temporary residences of 3 months or more and residences outside Canada.**

1	Yes
2	No

MOF\_END

RH2\_C03      If twentieth date is a response and it is less than (latest possible month and year), go to RH2\_Q03. Otherwise go to RH\_END.

RH2\_Q03      **How many times [have/has] [you/he/she] moved since then?**

1	Once
2	Twice
3	Three times
4	Four or more times

RH\_END

## **Language**

SD\_QINT **Now some general background questions.**

INTERVIEWER: Press <Enter> to continue.

SD\_Q5 **In what languages can [you/he/she] conduct a conversation?**

INTERVIEWER: Mark ALL that apply.

If baby, mark the language(s) being learned.

SDC2_5A	1	English
SDC2_5B	2	French
SDC2_5C	3	Arabic
SDC2_5D	4	Chinese
SDC2_5E	5	Cree
SDC2_5F	6	German
SDC2_5G	7	Greek
SDC2_5H	8	Hungarian
SDC2_5I	9	Italian
SDC2_5J	10	Korean
SDC2_5K	11	Persian (Farsi)
SDC2_5L	12	Polish
SDC2_5M	13	Portuguese
SDC2_5N	14	Punjabi
SDC2_5O	15	Spanish
SDC2_5P	16	Tagalog (Filipino)
SDC2_5Q	17	Ukrainian
SDC2_5R	18	Vietnamese
SDC2_5S	19	Other - Specify

SD\_Q6 **What is the language that [you/FNAME] first learned at home in childhood and can still understand?**

INTERVIEWER: Mark ALL that apply.

If person can no longer understand the first language learned, mark the second.

If baby, mark the language(s) of parent.

SDC2_6A	1	English
SDC2_6B	2	French
SDC2_6C	3	Arabic
SDC2_6D	4	Chinese
SDC2_6E	5	Cree
SDC2_6F	6	German
SDC2_6G	7	Greek
SDC2_6H	8	Hungarian
SDC2_6I	9	Italian
SDC2_6J	10	Korean
SDC2_6K	11	Persian (Farsi)
SDC2_6L	12	Polish
SDC2_6M	13	Portuguese
SDC2_6N	14	Punjabi
SDC2_6O	15	Spanish
SDC2_6P	16	Tagalog (Filipino)
SDC2_6Q	17	Ukrainian
SDC2_6R	18	Vietnamese
SDC2_6S	19	Other – Specify

## **Education**

ED\_C1 If age < 12, go to next section.

ED\_Q1 **[Are/Is] [you/FNAME] currently attending a school, college or university?**

**EDC2\_1**

- 1 Yes
- 2 No (Go to ED\_C2)
- DK, R (Go to next section)

ED\_Q2 **[Are/Is] [you/he/she] enrolled as a full-time student or a part-time student?**

**EDC2\_2**

- 1 Full-time
- 2 Part-time

Go to ED\_C4A

ED\_C2 If EDC0D3 = 1 or 2 or 3 or 4 and valid previous interview date, go to ED\_Q3 (data were collected in a previous cycle). Otherwise, go to ED\_Q4.

ED\_Q3 **[Have/Has] [you/FNAME] attended a school, college or university since our last interview in [month and year of last response interview]?**

**EDC2\_3**

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

ED\_C4A If EDC0D3 = 3 or 4 (i.e., 2000 highest level is above high school), go to ED\_Q7. (ED\_Q4 to ED\_Q6 were filled during processing with data collected in a previous cycle)  
If EDC0D3 = 2 (i.e., 2000 highest level is secondary graduation), go to ED\_Q6. (ED\_Q4 and ED\_Q5 were filled during processing with data collected in a previous cycle)  
Otherwise, go to ED\_Q4.

ED\_Q4 **Excluding kindergarten, how many years of elementary and high school [have/has] [you/FNAME] successfully completed?**

**EDC2\_4**

- 1 No schooling (Go to next section)
- 2 1 to 5 years
- 3 6 years
- 4 7 years
- 5 8 years
- 6 9 years
- 7 10 years
- 8 11 years
- 9 12 years
- 10 13 years
- DK, R (Go to next section)

ED\_C4 If age < 15, go to next section.

ED\_Q5 **[Have/Has] [you/FNAME] graduated from high school?**

**EDC2\_5**

- 1 Yes
- 2 No





**Job Search - Last 4 Weeks**

LF\_Q11      **In the past 4 weeks, did [you/FNAME] do anything to find work?**

LSC2\_11

1      Yes      (Go to LF\_QINT2)

2      No

DK, R      (Go to LF\_QINT2)

LF\_Q12      **Last week, did [you/he/she] have a job to start at a definite date in the future?**

LSC2\_12

1      Yes      (Go to LF\_QINT2)

2      No

DK, R      (Go to LF\_QINT2)

LF\_Q13      **What is the main reason that [you/FNAME] [are/is] not currently working at a job or business?**

LSC2\_13

1      Own illness or disability

2      Caring for - own children

3      Caring for - elder relatives

4      Pregnancy (Females only)

5      Other personal or family responsibilities

6      Vacation

7      School or educational leave

8      Retired

9      Believes no work available (in area or suited to skills)

10      Other - Specify

**Past Job Attachment**

LF\_QINT2      **Now some questions about jobs or employment which [you/FNAME] [have/has] had during the past 12 months, that is, from [date one year ago] to yesterday.**

INTERVIEWER: Press <Enter> to continue.

LF\_Q21      **Did [you/he/she] work at a job or business at any time in the past 12 months?**

LSC2\_21

**Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.**

1      Yes      (Go to LF\_Q23)

2      No

LF\_C22      If LF\_Q11 = 1, go to LF\_Q71. Otherwise, go to LF\_Q22.

LF\_Q22      **During the past 12 months, did [you/he/she] do anything to find work?**

LSC2\_22

1      Yes      (Go to LF\_Q71)

2      No      (Go to next section)

DK, R      (Go to next section)

LF\_Q23      **During that 12 months, did [you/he/she] work at more than one job or business at the same time?**

LSC2\_23

1      Yes

2      No

**Job Description**

LF\_C31 If LF\_Q01 = 1 or LF\_Q02 = 1, then the following questions will be asked about the current job. Otherwise, they will be asked about the most recent job.

LF\_QINT3 **The next questions are about [your/FNAME's] [current/most recent] job or business.**  
(If person currently holds more than one job or if the last time he/she worked it was at more than one job: INTERVIEWER: Report on the job for which the number of hours worked per week is the greatest.)  
INTERVIEWER: Press <Enter> to continue.

LF\_Q31 **[Are/Is/Were/Was] [you/he/she] an employee or self-employed?**  
LSC2\_31

1	Employee	(Go to LF_Q33)
2	Self-employed	
3	Working in a family business without pay	(Go to LF_Q33)
	DK, R	(Go to LF_Q33)

LF\_Q32 **What [is/was] the name of [your/his/her] business?**  
LSC2F32

\_\_\_\_\_

Confirm pre-fill or enter response (50 spaces) (Go to LF\_Q34)

LF\_Q33 **For whom [do/does/did] [you/he/she] [currently/last] work? (For example: name of business, government department or agency, or person)**  
LSC2F33

\_\_\_\_\_

Confirm pre-fill or enter response (50 spaces)

LF\_Q34 **What kind of business, industry or service [is/was] this? (For example: cardboard box manufacturing, road maintenance, retail shoe store, secondary school, dairy farm, municipal government)**  
LSC2F34

\_\_\_\_\_

Confirm pre-fill or enter response (50 spaces)

LF\_Q35 **What kind of work [are/is/were/was] [you/he/she] doing? (For example: babysitting in own home, factory worker, forestry technician)**  
LSC2F35

\_\_\_\_\_

Confirm pre-fill or enter response (50 spaces)

LF\_Q36 **What [are/were] [your/his/her] most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)**  
LSC2F36

\_\_\_\_\_

Confirm pre-fill or enter response (50 spaces)

**Absence/Hours**

LF\_C41 If LF\_Q02 = 1, go to LF\_Q41. Otherwise, go to LF\_Q42.

LF\_Q41 **What was the main reason [you/FNAME] [were/was] absent from work last week?**  
LSC2\_41

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Maternity leave (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions (Employees only)
- 9 Seasonal layoff (Employees only)
- 10 Casual job, no work available (Employees only)
- 11 Work schedule (e.g., shift work, etc.) (Employees only)
- 12 Self-employed, no work available (Self-employed only)
- 13 Seasonal business (Excluding employees)
- 14 School or educational leave
- 15 Other - Specify

LF\_Q42 **About how many hours a week [do/does/did] [you/FNAME] usually work at**  
LSC2\_42 **[your/his/her] [job/business]? If [you/he/she] usually [work/works/worked] extra**  
**hours, paid or unpaid, please include these hours.**

|\_|\_| Hours  
(MIN: 1) (MAX: 168; warning after 84)

LF\_C43 If (LF\_Q01=1 or LF\_Q02=1) and LF\_Q31=1, go to LF\_Q43. Otherwise, go to LF\_Q44.

LF\_Q43 **Given the choice, at this job would [you/he/she] prefer to work:**  
LSC2\_43 **INTERVIEWER:** Read categories to respondent.

- 1 ... fewer hours for less pay?
- 2 ... more hours for more pay?
- 3 ... the same hours for the same pay?

LF\_Q44 **Which of the following best describes the hours [you/he/she] usually**  
LSC2\_44 **[work/works/worked] at [your/his/her] [job/business]?**  
**INTERVIEWER:** Read categories to respondent.

- 1 **Regular daytime schedule or shift** (Go to LF\_Q46)
- 2 **Regular evening shift**
- 3 **Regular night shift**
- 4 **Rotating shift (change from days to evenings to nights)**
- 5 **Split shift**
- 6 **On call**
- 7 **Irregular schedule**
- 8 Other - Specify (Go to LF\_Q46)  
DK, R

LF\_Q45  
LSC2\_45      **What is the main reason that [you/he/she] [work/works/worked] this schedule?**

- 1      Requirement of job / No choice
- 2      Going to school
- 3      Caring for - own children
- 4      Caring for - other relatives
- 5      To earn more money
- 6      Likes to work this schedule
- 7      Other - Specify

LF\_Q46  
LSC2\_46      **[Do/Does/Did] [you/he/she] usually work on weekends at this[job/business]?**

- 1      Yes
- 2      No

**Other Job**

LF\_C51      If LF\_Q03=1 or LF\_Q23=1, go to LF\_Q51. Otherwise, go to LF\_Q61.

LF\_Q51  
LSC2\_51      **You indicated that [you/FNAME] [have/has/had] more than one job. For how many weeks in a row [have/has/did] [you/he/she] [work/worked] at more than one job [(in the past 12 months)]?**  
INTERVIEWER: Obtain best estimate.

|\_|\_|      Weeks  
(MIN: 1) (MAX: 52)

LF\_Q52  
LSC2\_52      **What is the main reason that [you/he/she] [work/works/worked] at more than one job?**

- 1      To meet regular household expenses
- 2      To pay off debts
- 3      To buy something special
- 4      To save for the future
- 5      To gain experience
- 6      To build up a business
- 7      Enjoys the work of the second job
- 8      Other - Specify

LF\_Q53  
LSC2\_53      **About how many hours a week [do/does/did] [you/he/she] usually work at [your/his/her] other job(s)? If [you/he/she] usually [work/works/worked] extra hours, paid or unpaid, please include these hours.**

|\_|\_|\_|      Hours  
(MIN: 1) (MAX: 168 – LF\_Q42; warning after 30)

LF\_Q54  
LSC2\_54      **[Do/Does/Did] [you/he/she] usually work on weekends at [your/his/her] other job(s)?**

- 1      Yes
- 2      No

**Weeks Worked**

LF\_Q61      During the past 52 weeks, how many weeks did [you/FNAME] do any work at a job  
 LSC2\_61      or a business? (Include paid vacation leave, paid maternity leave, and paid sick  
                  leave.)

    |\_|\_|              Weeks  
          (MIN: 1) (MAX: 52)

**Looking for Work**

LF\_C71      If LF\_Q61 = 52, go to next section.

LF\_Q71      If LF\_Q61 was answered, use the second wording. Otherwise, use the first wording.  
 LSC2\_71

**During the past 52 weeks, how many weeks [were/was] [you/he/she] looking for work?**

**That leaves [52 - LF\_Q61] week[s]. During [those/that] [52 - LF\_Q61] week[s], how many weeks [were/was] [you/he/she] looking for work?**

    |\_|\_|              Weeks  
          (MIN: 0) (MAX: 52 - LF\_Q61)

LF\_C72      If either LF\_Q61 or LF\_Q71 are non-response, go to next section.  
               If the total number of weeks reported in LF\_Q61 and LF\_Q71 = 52, go to next section.  
               If LF\_Q61 and LF\_Q71 were answered, [WEEKS] = [52 - (LF\_Q61 + LF\_Q71)].  
               If LF\_Q61 was not answered, [WEEKS] = (52 - LF\_Q71).

LF\_Q72      **That leaves [WEEKS] week[s] during which [you/he/she] [were/was] neither**  
 LSC2\_72      **working nor looking for work. Is that correct?**

1      Yes              (Go to LF\_C73)  
 2      No  
           DK, R              (Go to LF\_C73)

LF\_E72      **You have indicated that [you/he/she] worked for [LF\_Q61] week[s] and that [you/he/she] [were/was] looking for work for [LF\_Q71] week[s], leaving [WEEKS] week[s] during which [you/he/she] [were/was] neither working nor looking for work. The total number of weeks must add to 52. Please return and correct.**

LF\_C73      If (LF\_Q01 = 1 or LF\_Q02 = 1 or LF\_Q11 = 1 or LF\_Q12 = 1), go to LF\_Q73. Otherwise, go to next section.

LF\_Q73 **What is the main reason that [you/he/she] [were/was] not looking for work?**  
 LSC2\_73 **INTERVIEWER:** If more than one reason, choose the one that explains the most number of weeks.

- 1 Own illness or disability
- 2 Caring for - own children
- 3 Caring for - elder relatives
- 4 Pregnancy (Females only)
- 5 Other personal or family responsibilities
- 6 Vacation
- 7 Labour dispute (strike or lockout)
- 8 Temporary layoff due to business conditions
- 9 Seasonal layoff
- 10 Casual job, no work available
- 11 Work schedule (e.g., shift work, etc.)
- 12 School or educational leave
- 13 Retired
- 14 Believes no work available (in area or suited to skills)
- 15 Other - Specify

LF\_C74 If LF\_Q71 > 1 and LF\_Q71 < 52, go to LF\_Q74. Otherwise, go to next section.

LF\_Q74 **Were those [LF\_Q71] weeks when [you/he/she] [were/was] without work but looking for work?**  
 LSC2\_74 **INTERVIEWER:** Read categories to respondent.

- 1 ... all in one period?
- 2 ... in 2 separate periods?
- 3 ... in 3 or more periods?

## **Income**

IN\_Q1 **Thinking about the total income for all household members, from which of the following sources did your household receive any income in the past 12 months?**  
**INTERVIEWER:** Read categories to respondent. Mark ALL that apply.

- |         |    |   |
|---------|----|---|
| INC2_1A | 1  | <b>Wages and salaries</b>                                   |
| INC2_1B | 2  | <b>Income from self-employment</b>                          |
| INC2_1C | 3  | <b>Dividends and interest (e.g., on bonds, savings)</b>     |
| INC2_1D | 4  | <b>Employment insurance</b>                                 |
| INC2_1E | 5  | <b>Worker's compensation</b>                                |
| INC2_1F | 6  | <b>Benefits from Canada or Quebec Pension Plan</b>          |
| INC2_1G | 7  | <b>Retirement pensions, superannuation and annuities</b>    |
| INC2_1H | 8  | <b>Old Age Security and Guaranteed Income Supplement</b>    |
| INC2_1I | 9  | <b>Child Tax Benefit</b>                                    |
| INC2_1J | 10 | <b>Provincial or municipal social assistance or welfare</b> |
| INC2_1K | 11 | <b>Child support</b>  |
| INC2_1L | 12 | <b>Alimony</b>  |
| INC2_1M | 13 | <b>Other (e.g., rental income, scholarships)</b>            |
| INC2_1N | 14 | None (Go to IN_Q3)<br>DK, R (Go to next section)            |

IN\_C2 If more than one source of income is indicated, ask IN\_Q2. Otherwise, ask IN\_Q3.  
 (IN\_Q2 will be filled with IN\_Q1 during processing.)

IN\_Q2  
INC2\_2

**What was the main source of income?**

- 1 Wages and salaries
- 2 Income from self-employment
- 3 Dividends and interest (e.g., on bonds, savings)
- 4 Employment insurance
- 5 Worker's compensation
- 6 Benefits from Canada or Quebec Pension
- 7 Retirement pensions, superannuation and annuities
- 8 Old Age Security and Guaranteed Income Supplement
- 9 Child Tax Benefit
- 10 Provincial or municipal social assistance or welfare
- 11 Child support
- 12 Alimony
- 13 Other (e.g., rental income, scholarships)
- 14 None (category created during processing)

IN\_Q3  
INC2\_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  
(MIN: 0) (MAX: 500,000; warning after 150,000)  
0 (Go to next section)  
DK, R (Go to IN\_Q3A)

Go to IN\_C4

IN\_Q3A  
INC2\_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 IN\_Q3E)
- 3 No income (Go to next section)
- DK, R (Go to next section)

IN\_Q3B  
INC2\_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 IN\_Q3D)
- DK, R (Go to IN\_C4)

IN\_Q3C  
INC2\_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

Go to IN\_C4

IN\_Q3D  
INC2\_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

Go to IN\_C4



**NPHS, Household Component, Cycle 5 (2002-2003)**

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IN\_Q3E  
INC2\_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 IN\_Q3G)  
         DK, R      (Go to IN\_C4)

IN\_Q3F  
INC2\_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

Go to IN\_C4

IN\_Q3G  
INC2\_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?

IN\_C4      If age >= 15, ask IN\_Q4. Otherwise, go to next section.

IN\_Q4  
INC2\_4      **What is your best estimate of [your/FNAME's] total personal income, before taxes and deductions, from all sources in the past 12 months?**

|\_|\_|\_|\_|\_|      Income  
(MIN: 0) (MAX: 500 000; warning after 150 000)  
         0      (Go to next section)  
         DK, R      (Go to IN\_Q4A)

Go to next section.

IN\_Q4A  
INC2\_4A      **Can you estimate in which of the following groups [your/FNAME's] personal income falls? Was [your/his/her] total personal income less than \$20,000 or \$20,000 or more?**

- 1      Less than \$20,000
- 2      \$20,000 or more      (Go to IN\_Q4E)
- 3      No income      (Go to next section)  
         DK, R      (Go to next section)

IN\_Q4B  
INC2\_4B      **Was [your/his/her] total personal income less than \$10,000 or \$10,000 or more?**

- 1      Less than \$10,000
- 2      \$10,000 or more      (Go to IN\_Q4D)  
         DK, R      (Go to next section)

IN\_Q4C  
INC2\_4C      **Was [your/his/her] total personal income less than \$5,000 or \$5,000 or more?**

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

Go to next section

## **NPHS, Household Component, Cycle 5 (2002-2003)**

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IN\_Q4D      **Was [your/his/her] total personal income less than \$15,000 or \$15,000 or more?**  
*INC2\_4D*

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

Go to next section

IN\_Q4E      **Was [your/his/her] total personal income less than \$40,000 or \$40,000 or more?**  
*INC2\_4E*

- 1      Less than \$40,000
- 2      \$40,000 or more      (Go to IN\_Q4G)  
         DK, R      (Go to next section)

IN\_Q4F      **Was [your/his/her] total personal income less than \$30,000 or \$30,000 or more?**  
*INC2\_4F*

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

Go to next section

IN\_Q4G      **Was [your/his/her] total personal income:**  
*INC2\_4G*      **INTERVIEWER: Read categories to respondent.**

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

## **Provincial Health Number and Administration**

### **Provincial Health Number**

AM\_Q01A      **Statistics Canada and your provincial ministry of health would like your permission to link information collected during all interviews conducted as part of this survey. This includes linking your survey information to your past and continuing use of health services such as visits to hospitals, clinics and doctor's offices.**  
                 **INTERVIEWER: Press <Enter> to continue.**

AM\_Q01B      **This linked information will be kept confidential and used only for statistical purposes.**  
*AM62\_LNK*      **Do we have your permission?**

- 1      Yes
- 2      No      (Go to AM\_Q04A)  
         DK, R      (Go to AM\_Q04A)

AM\_C02      If have a valid health number from a previous interview, go to AM\_Q02. Otherwise, go to AM\_Q03A.

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AM\_Q02  
AM62\_HN **Has [your/FNAME's] health number changed since our interview in [month and year of last response interview]?**

- 1 Yes
- 2 No (Go to AM\_Q04A)  
DK, R (Go to AM\_Q04A)

AM\_Q03A  
AM62\_H3A **(Having a provincial health number will assist us in linking to this other information.)**  
**[Do/Does] [you/he/she] have a health number for [province]?**

- 1 Yes (Go to AM\_HN)
- 2 No (Go to AM\_Q04A)  
DK, R (Go to AM\_Q04A)

AM\_Q03B  
AM62\_H3B **For which province is [your/his/her] health number?**

- 10 Newfoundland and Labrador
- 11 Prince Edward Island
- 12 Nova Scotia
- 13 New Brunswick
- 24 Quebec
- 35 Ontario
- 46 Manitoba
- 47 Saskatchewan
- 48 Alberta
- 59 British Columbia
- 60 Yukon
- 61 Northwest Territories
- 62 Nunavut
- 88 Do not have a provincial health number (Go to AM\_Q04A)  
DK, R (Go to AM\_Q04A)

AM\_HN  
AM62\_HNF  
TO  
AM62\_HNU **What is [your/FNAME's] provincial health number?**  
**INTERVIEWER:** Enter a health number for [province]. Do not insert blanks, hyphens or commas between the numbers.

\_\_\_\_\_  
(8 - 12 spaces)

AM\_Q04A **Statistics Canada would like your permission to share the information from all interviews conducted as part of this survey with provincial ministries of health and Health Canada.**  
**INTERVIEWER:** Press <Enter> to continue.

AM\_Q04B  
AM62\_SHA **All information will be kept confidential and used only for statistical purposes.**  
**Do you agree to share the information provided?**

- 1 Yes
- 2 No

## **NPHS, Household Component, Cycle 5 (2002-2003)**

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### **Administration**

AM\_N05      INTERVIEWER: Is this a fictitious name for the respondent?

AM62\_14

- 1      Yes
- 2      No                      (Go to AM\_N09)
- DK                      (Go to AM\_N09)

AM\_N06      INTERVIEWER: Remind respondent about the importance of getting correct names for longitudinal studies.

AM62\_15

Do you want to make corrections to:

- 1      ... first name only?
- 2      ... last name only?                      (Go to AM\_N08)
- 3      ... both names?
- 4      ... no corrections?                      (Go to AM\_N09)

AM\_N07      INTERVIEWER: Enter the first name only.

AM62F16

\_\_\_\_\_  
(25 spaces)

AM\_C08      If AM\_N06 is not "Both", go to AM\_N09.

AM\_N08      INTERVIEWER: Enter the last name only.

AM62F17

\_\_\_\_\_  
(25 spaces)

AM\_N09      INTERVIEWER: Was this interview conducted on the telephone or in person?

AM62\_TEL

- 1      On telephone
- 2      In person
- 3      Both

AM\_N12      INTERVIEWER: Record language of interview.

AM62\_LNG

- 1      English
- 2      French
- 3      Arabic
- 4      Chinese
- 5      Cree
- 6      German
- 7      Greek
- 8      Hungarian
- 9      Italian
- 10     Korean
- 11     Persian (Farsi)
- 12     Polish
- 13     Portuguese
- 14     Punjabi
- 15     Spanish
- 16     Tagalog (Filipino)
- 17     Ukrainian
- 18     Vietnamese
- 19     Other - Specify