



National Population Health Survey

Household Component Cycle 6 (2004-2005)

Questionnaire

Statistics Canada

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Household Record Variables

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

AM3A_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)

DHCA_AGE Year of birth (4 digits)

Age (age is calculated and confirmed with the respondent)

SEX Sex

- 1 Male
- 2 Female

DHCA_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

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DHCA_FID Family ID code

A to Z (Assigned by the computer.)

Legal household check

The following information is collected once in each household:

DHCA_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

DHCA_OWNI Is this dwelling owned by a member of this household?

- 1 Yes
- 2 No

DHCA_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)

AM3A_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.

(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
GHCA_1 **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
GHCA_2 **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
GHCA_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?

GH_C4 If proxy interview, go to next section.

GH_Q4
GHCA_5

How satisfied are you with your life in general? Would you say you are:

INTERVIEWER: Read categories to respondent.

- 1 ... very satisfied?
- 2 ... satisfied?
- 3 ... neither satisfied nor dissatisfied?
- 4 ... dissatisfied?
- 6 ... very dissatisfied?

Sleep

SL_C1 If proxy interview or age < 12, go to next section.

SL_Q1
SLCA_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
SLCA_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**

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SL_Q3
SLCA_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
SLCA_4

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

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

Height and Weight

HW_Q2
HWCA_2

How tall [are/is] [you/FNAME] without shoes on?

- 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
HWCA_2A

INTERVIEWER: Select the exact height.

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

Go to HW_Q3

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HW_Q2B
HWCA_2B

INTERVIEWER: Select the exact height.

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

Go to HW_Q3

HW_Q2C
HWCA_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
HWCA_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

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HW_Q2E INTERVIEWER: Select the exact height.

HWCA_2E

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

Go to HW_Q3

HW_Q2F INTERVIEWER: Select the exact height.

HWCA_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.) |

HWCA_HT ____ Feet ____ Inches or ____ Centimetres

HW_Q3 **How much [do/does] [you/FNAME] weigh?**

HWCA_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?

HWCA_4

HWCA_3LB

HWCA_3KG

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

Body Image

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:**
HWCA_5 INTERVIEWER: Read categories to respondent.

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

BI_Q2 **Are you presently trying to lose weight?**
HWCA_6

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

Go to BI_Q4

BI_Q3 **Are you presently trying to gain weight?**
HWCA_7

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

BI_Q4 **How much would you like to weigh?**
HWCA_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?

- | | | |
|----------|---|-------------------------|
| HWCA_9 | 1 | Pounds |
| HWCA_8LB | 2 | Kilograms |
| HWCA_8KG | | (DK, R are not allowed) |

Nutrition

Supplement use

Focus questions

NU_C4A If proxy interview or age < 12, go to next section.

NU_QINT **Now, some questions about the use of nutritional supplements.**
INTERVIEWER: Press <Enter> to continue.

NU_Q4A **In the past 4 weeks, did you take any vitamin or mineral supplements?**
NU_A_4A

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

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NU_Q4B **Did you take them at least once a week?**

NU_A_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_A_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_A_4D

|_| Days
(MIN: 1) (MAX: 21)

Fruit and vegetable consumption

Focus questions

FV_C1 If proxy interview or age < 12, go to next section.

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?**
(For example: once a day, three times a week, twice a month)

FV_A_1A

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

FV_A_2A

INTERVIEWER: Enter amount only.

|_|_| Times
(MIN: 0) (MAX: 500)
0 (Go to FV_Q3A)
DK, R (Go to FV_Q3A)

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FV_N2B INTERVIEWER: Select the reporting period.

FV_A_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_Q3A **How often do you usually eat green salad?**

FV_A_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_A_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) |
| 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_A_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_A_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) |
| 4 | Yearly | (warning if FV_Q4A more than 12) |

FV_Q5A **How often do you usually eat carrots?**

FV_A_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_A_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) |
| 4 | Yearly | (warning if FV_Q5A more than 12) |

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FV_Q6A **Not counting carrots, potatoes, or salad, how many servings of other vegetables do you usually eat?**
FV_A_6A

INTERVIEWER: Enter amount only.

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

FV_N6B INTERVIEWER: Select the reporting period.
FV_A_6B

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)
4	Yearly	(warning if FV_Q6A more than 12)

Soft Drink Consumption

Focus questions

SK_C1 If proxy interview or age < 12, go to next section.

SK_Q1A **How often do you usually drink diet soft drinks?**
SK_A_1A **(For example: once a day, three times a week, twice a month)**
INTERVIEWER: Enter amount only.

I _ _ _ Times
(MIN: 0) (MAX: 500)
0, DK (Go to SK_Q2A)
R (Go to next section)

SK_N1B INTERVIEWER: Select the reporting period.
SK_A_1B

1	Daily	(hard edit if SK_Q1A more than 20; warning if more than 5)
2	Weekly	(hard edit if SK_Q1A more than 90; warning if more than 10)
3	Monthly	(hard edit if SK_Q1A more than 200; warning if more than 10)
4	Yearly	(warning if SK_Q1A more than 12)

SK_Q2A **How often do you usually drink regular soft drinks?**
SK_A_2A INTERVIEWER: Enter amount only.

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

SK_N2B INTERVIEWER: Select the reporting period.
SK_A_2B

1	Daily	(hard edit if SK_Q2A more than 20; warning if more than 5)
2	Weekly	(hard edit if SK_Q2A more than 90; warning if more than 10)
3	Monthly	(hard edit if SK_Q2A more than 200; warning if more than 10)
4	Yearly	(warning if SK_Q2A more than 12)

Milk Consumption

Focus questions

MK_C1 If proxy interview or age < 12, go to next section.

MK_Q1A **How often do you usually drink milk?**
MK_A_1A INTERVIEWER: Enter amount only.

____ Times
(MIN: 0) (MAX: 500)
0 (Go to next section)
DK, R (Go to next section)

MK_N1B *INTERVIEWER: Select the reporting period.*

MK_A_1B

1	Daily	(hard edit if MK_Q1A more than 20; warning if more than 5)
2	Weekly	(hard edit if MK_Q1A more than 90; warning if more than 10)
3	Monthly	(hard edit if MK_Q1A more than 200; warning if more than 10)
4	Yearly	(warning if MK_Q1A more than 12)

MK_Q2 **What type of milk do you usually drink?**
MK_A_2 INTERVIEWER: Read categories to respondent.

1	Whole milk
2	2% milk
3	1% milk
4	Skimmed milk
5	Other - specify

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 **Have you ever had your blood pressure taken?**

PHCA_1

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

PH_Q1B **When was the last time that you had your blood pressure taken?**

PHCA_1B 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_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).

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PH_Q2 **Have you ever had a PAP smear test?**

PHCA_2

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

PH_Q2B **When was the last time that you had a PAP smear test?**

PHCA_2B

INTERVIEWER: Read categories to respondent.

- 1 **Less than 6 months ago**
- 2 **6 months to less than 1 year ago**
- 3 **1 year to less than 3 years ago**
- 4 **3 years to less than 5 years ago**
- 5 **5 or more years ago**

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?**

PHCA_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?**

PHCA_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.

PHCA_3CA

- 1 Family history of breast cancer

PHCA_3CB

- 2 Part of regular check-up / routine screening

PHCA_3CC

- 3 Age

PHCA_3CD

- 4 Previously detected lump

PHCA_3CE

- 5 Follow-up of breast cancer treatment

PHCA_3CF

- 6 On hormone replacement therapy

PHCA_3CG

- 7 Breast problem

PHCA_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).

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PH_Q4
PHCA_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
PHCA_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
PHCA_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
PHCA_5 **Have you had a hysterectomy (in other words, has your uterus been removed)?**

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

PH_Q5B
PHCA_5B **At what age?**

|_|_| 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.

- PHCA_5CA 1 Cancer treatment
- PHCA_5CB 2 Cancer prevention
- PHCA_5CC 3 Endometriosis
- PHCA_5CD 4 Tubal pregnancy
- PHCA_5CE 5 Benign tumors (e.g., fibroids)
- PHCA_5CF 6 Menstrual problems / abnormal bleeding
- PHCA_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
HCCA_1 **In the past 12 months, [have/has] [you/FNAME] been a patient overnight in a hospital, nursing home or convalescent home?**
- 1 Yes
2 No (Go to HC_C02)
 DK (Go to HC_C02)
 R (Go to next section)
- HC_Q01A
HCCA_1A **For how many nights in the past 12 months?**
- |_|_|_| 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
HCCA_2A **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**
- ... a family doctor or general practitioner?**
- |_|_|_| Times
(MIN: 0) (MAX: 366; warning after 12)
- HC_Q02B
HCCA_2B **... an eye specialist (such as an ophthalmologist or optometrist)?**
- |_|_| Times
(MIN: 0) (MAX: 75; warning after 3)
- HC_Q02C
HCCA_2C **... any other medical doctor (such as a surgeon, allergist, orthopedist, gynaecologist or psychiatrist)?**
- |_|_|_| Times
(MIN: 0) (MAX: 300; warning after 7)
- HC_Q02D
HCCA_2D **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] 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)

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HC_Q02E ... a dentist or orthodontist?

HCCA_2E

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

HC_Q02F ... a chiropractor?

HCCA_2F

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

HC_Q02G **(Not counting when [you/FNAME] [were/was] an overnight patient,) In the past 12 months, how many times [have/has] [you/FNAME/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**

HCCA_2G

... a physiotherapist?

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

HC_Q02H ... a social worker or counsellor?

HCCA_2H

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

HC_Q02I ... a psychologist?

HCCA_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/he/she] seen or talked on the telephone about [your/his/her] physical, emotional or mental health with:**

HCCA_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?**

HCCA_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?**

HCCA_4A

1 Yes
2 No

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HC_Q04
HCCA_4 **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?**

- 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.

- HCCA_5A 1 Massage therapist
- HCCA_5B 2 Acupuncturist
- HCCA_5C 3 Homeopath or naturopath
- HCCA_5D 4 Feldenkrais or Alexander teacher
- HCCA_5E 5 Relaxation therapist
- HCCA_5F 6 Biofeedback teacher
- HCCA_5G 7 Rolfer
- HCCA_5H 8 Herbalist
- HCCA_5I 9 Reflexologist
- HCCA_5J 10 Spiritual healer
- HCCA_5K 11 Religious healer
- HCCA_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.

HC_Q06
HCCA_6 **During the past 12 months, was there ever a time when [you/FNAME] felt that [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.

- HCCA_7A 1 Not available - in the area
- HCCA_7B 2 Not available - at time required (e.g., doctor on holidays, inconvenient hours)
- HCCA_7C 3 Waiting time too long
- HCCA_7D 4 Felt would be inadequate
- HCCA_7E 5 Cost
- HCCA_7F 6 Too busy
- HCCA_7G 7 Didn't get around to it / didn't bother
- HCCA_7H 8 Didn't know where to go
- HCCA_7I 9 Transportation problems
- HCCA_7J 10 Language problems
- HCCA_7K 11 Personal or family responsibilities
- HCCA_7L 12 Dislikes doctors / afraid
- HCCA_7M 13 Decided not to seek care
- HCCA_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.

- | | | |
|----------------|---|---|
| <i>HCCA_8A</i> | 1 | Treatment of - a physical health problem |
| <i>HCCA_8B</i> | 2 | Treatment of - an emotional or mental health problem |
| <i>HCCA_8C</i> | 3 | A regular check-up (including regular pre-natal care) |
| <i>HCCA_8D</i> | 4 | Care of an injury |
| <i>HCCA_8E</i> | 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 with the cost entirely or partially covered by government?**
HCCA_9

- | | | |
|---|-------|----------------------|
| 1 | Yes | |
| 2 | No | (Go to HC_Q11) |
| | DK, R | (Go to next section) |

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>HCCA_10A</i> | 1 | Nursing care (e.g., dressing changes) |
| <i>HCCA_10B</i> | 2 | Other health care services (e.g., physiotherapy, nutrition counselling) |
| <i>HCCA_10C</i> | 3 | Personal care (e.g., bathing, foot care) |
| <i>HCCA_10D</i> | 4 | Housework (e.g., cleaning, laundry) |
| <i>HCCA_10E</i> | 5 | Meal preparation or delivery |
| <i>HCCA_10F</i> | 6 | Shopping |
| <i>HCCA_10G</i> | 7 | Respite care (i.e., caregiver relief program) |
| <i>HCCA_10H</i> | 8 | Other - Specify |

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)?**
HCCA_11A

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

HC_Q12 Who provided these [other] home care services?
INTERVIEWER: Read categories to respondent. Mark all that apply.

- | | | |
|-----------------|----------|--------------------------------------|
| HCCA_12A | 1 | Nurse from private agency |
| HCCA_12B | 2 | Homemaker from private agency |
| HCCA_12C | 3 | Neighbour or friend |
| HCCA_12D | 4 | Family member |
| HCCA_12E | 5 | Volunteer |
| HCCA_12F | 6 | Other - Specify |

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: Read categories to respondent. Mark all that apply.

- | | | |
|-----------------------------|----------|--|
| HCCA_3AA TO HCCA_3FA | 1 | Nursing care (e.g., dressing changes) |
| HCCA_3AB TO HCCA_3FB | 2 | Other health care services (e.g., physiotherapy, nutrition counselling) |
| HCCA_3AC TO HCCA_3FC | 3 | Personal care (e.g., bathing, foot care) |
| HCCA_3AD TO HCCA_3FD | 4 | Housework (e.g., cleaning, laundry) |
| HCCA_3AE TO HCCA_3FE | 5 | Meal preparation or delivery |
| HCCA_3AF TO HCCA_3FF | 6 | Shopping |
| HCCA_3AG TO HCCA_3FG | 7 | Respite care (i.e., caregiver relief program) |
| HCCA_3AH TO HCCA_3FH | 8 | Other - Specify |

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:

RACA_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?

- | | | |
|----------------|----------|-----------------------------|
| RACA_1B | 1 | Yes |
| | 2 | No |
| | 3 | Not applicable |
| | R | (Go to next section) |

RA_C1C If age < 12, go to RA_Q1D.

RA_Q1C
RACA_1C

... at work?

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

RA_Q1D
RACA_1D

... in other activities such as transportation to or from work or school or leisure time activities?

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

RA_Q2
RACA_2

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

- 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 2004. 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 2004. Else restriction is not known.

RA_C2B

If restricted in 2004 but not in 2002, go to RA_Q2A. If restricted in 2002 but not in 2004, go to RA_Q2B. Otherwise, go to RA_C5.

RA_Q2A
RACA_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
RACA_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

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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
RACAF3 **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
RACA_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:**

RACA_6A **... in preparing meals?**

- 1 Yes
- 2 No

RA_Q6B **... in shopping for groceries or other necessities?**

RACA_6B

- 1 Yes
- 2 No

RA_Q6C **... in doing normal everyday housework?**

RACA_6C

- 1 Yes
- 2 No

RA_Q6D **... in doing heavy household chores such as washing walls or yard work?**

RACA_6D

- 1 Yes
- 2 No

RA_Q6E **... in personal care such as washing, dressing or eating?**

RACA_6E

- 1 Yes
- 2 No

RA_Q6F ... in moving about inside the house?

RACA_6F

- 1 Yes
- 2 No

RA_Q6G ... in going outdoors in any weather?

RACA_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?

CCCA_1A

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

Other Allergies

CC_Q021 [Do/Does] [you/FNAME] have any other allergies?

CCCA_1B

- 1 Yes
- 2 No

Asthma

CC_Q031 [Do/Does] [you/FNAME] have asthma?

CCCA_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?

CCCA_C3M

[_][_] Month

CCCA_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.

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CC_Q032X **So [you/he/she] had asthma prior to our last interview in [month and year of last**
CCCA_C4 **response interview]?**

- | | | |
|---|-------|---------------------|
| 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.

CC_Q033 **During our last interview in [month and year of last response interview], it was**
CCCA_C1 **reported that [you/FNAME] had asthma, but this time it was not. Has the condition**
 disappeared since then?

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

CC_Q034 **When did it disappear?**

CCCA_C2M |_|_| Month
CCCA_C2Y |_|_|_|_| Year
(MIN: month and year of last interview) (MAX: current month and year)

Go to CC_C041

CC_Q035 **[Have/Has] [you/he/she] had any asthma symptoms or asthma attacks in the past**
CCCA_C5 **12 months?**

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

CC_Q036 **In the past 12 months, [have/has] [you/he/she] taken any medicine for asthma**
CCCA_C6 **such as inhalers, nebulizers, pills, liquids or injections?**

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

Fibromyalgia

CC_C041 If age < 12, go to CC_C051.

CC_Q041 **Remember, we're interested in conditions diagnosed by a health professional.**
CCCA_1X **[Do/Does] [you/FNAME] have fibromyalgia?**

- | | | |
|---|-------|-----------------|
| 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.

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CC_Q042 **When [were/was] [you/FNAME] diagnosed with this?**

CCCA_X3M |_|_| Month
CCCA_X3Y |_|_|_| Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_Q045)

CC_C042B If CC_Q042 is after date of last response interview, go to CC_Q045.

CC_Q042X **So [you/he/she] had fibromyalgia prior to our last interview in [month and year of**
CCCA_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**
CCCA_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?**

CCCA_X2M |_|_| Month
CCCA_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]**
CCCA_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.

- CCCA_X6A 1 Drug
CCCA_X6B 2 Diet
CCCA_X6D 3 Exercise / physiotherapy
CCCA_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?**
 CCCA_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.

CC_Q052 **When [were/was] [you/FNAME] diagnosed with this?**

CCCA_D3M |_|_| Month
 CCCA_D3Y |_|_|_| Year
 (MIN: month and year of last interview) (MAX: current month and year)
 DK, R (Go to CC_Q055)

CC_C052B If CC_Q052 is after date of last response interview, go to CC_Q055.

CC_Q052X **So [you/he/she] had arthritis or rheumatism prior to our last interview in [month and year of last response interview]?**
 CCCA_D4

- 1 Yes (Go to CC_Q055)
- 2 No (Return to CC_Q052)
- DK, R (Go to CC_Q055)

CC_C053 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q053. Otherwise, go to CC_C061.

CC_Q053 **During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had arthritis or rheumatism, but this time it was not. Has the condition disappeared since then?**
 CCCA_D1

- 1 Yes
- 2 No (Return to CC_Q051)
- 3 Never had arthritis or rheumatism (Go to CC_C061)
- DK, R (Go to CC_C061)

CC_Q054 **When did it disappear?**

CCCA_D2M |_|_| Month
 CCCA_D2Y |_|_|_| Year
 (MIN: month and year of last interview) (MAX: current month and year)

Go to CC_C061

CC_Q055 **What kind of arthritis [do/does] [you/he/she] have?**
 CCCA_D11

- 1 Rheumatoid arthritis
- 2 Osteoarthritis
- 3 Other - Specify

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CC_Q056 [Do/Does] [you/he/she] receive any treatment or medication for [your/his/her]
CCCA_D5 arthritis or rheumatism?

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

CC_Q057 What kind of treatment or medication?
INTERVIEWER: Mark all that apply.

- CCCA_D6A 1 Drug
- CCCA_D6B 2 Diet
- CCCA_D6D 3 Exercise / physiotherapy
- CCCA_D6C 4 Other - Specify

Back Problems

CC_C061 If age < 12, go to CC_C071.

CC_Q061 Remember, we're interested in conditions diagnosed by a health professional.
CCCA_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?
CCCA_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?

CCCA_F3M |_|_| Month
CCCA_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
CCCA_F4 year of last response interview]?

- 1 Yes (Go to CC_Q075)
- 2 No (Return to CC_Q072)
- DK, R (Go to CC_Q075)

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CC_Q073 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?**

- | | | |
|---|-------------------------------|---------------------|
| 1 | Yes | |
| 2 | No | (Return to CC_Q071) |
| 3 | Never had high blood pressure | (Go to CC_Q081) |
| | DK, R | (Go to CC_Q081) |

CC_Q074 **When did it disappear?**

CCCA_F2M |_|_| Month
CCCA_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?**

- | | | |
|---|-------|-----------------|
| 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.

- | | | |
|----------|---|--------------------------|
| CCCA_F6A | 1 | Drug |
| CCCA_F6B | 2 | Diet |
| CCCA_F6D | 3 | Exercise / physiotherapy |
| CCCA_F6C | 4 | Other - Specify |

Migraine Headaches

CC_Q081 **Remember, we're interested in conditions diagnosed by a health professional. [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?**

CCCA_G3M |_|_| Month
CCCA_G3Y |_|_|_| Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_Q085)

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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**
CCCA_G4 **year of last response interview]?**

- | | | |
|---|-------|---------------------|
| 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.

CC_Q083 **During our last interview in [month and year of last response interview], it was**
CCCA_G1 **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?**

CCCA_G2M |_|_| Month
CCCA_G2Y |_|_|_|_| Year
(MIN: month and year of last interview; MAX: current month and year)

Go to CC_C091

CC_Q085 **[Do/Does] [you/he/she] receive any treatment or medication for [your/his/her]**
CCCA_G5 **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.

CCCA_G6A	1	Drug
CCCA_G6B	2	Diet
CCCA_G6D	3	Exercise / physiotherapy
CCCA_G6C	4	Other - Specify

Chronic Bronchitis or Emphysema

CC_C091 If age < 12, go to CC_Q101.

CC_Q091 **[Do/Does] [you/FNAME] have chronic bronchitis or emphysema?**

CCCA_1H

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

Diabetes

CC_Q101 [Do/Does] [you/FNAME] have diabetes?

CCCA_1J

- 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.

CC_Q102 When [were/was] [you/FNAME] diagnosed with this?

CCCA_J3M

Month

CCCA_J3Y

Year

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

DK, R (Go to CC_Q105)

CC_C102B If CC_Q102 is after date of last response interview, go to CC_Q105.

CC_Q102X So [you/he/she] had diabetes prior to our last interview in [month and year of last response interview]?

CCCA_J4

- 1 Yes (Go to CC_Q105)
- 2 No (Return to CC_Q102)
- DK, R (Go to CC_Q105)

CC_C103 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent had condition in last response interview, go to CC_Q103. Otherwise, go to CC_Q111.

CC_Q103 During our last interview in [month and year of last response interview], it was reported that [you/FNAME] had diabetes, but this time it was not. Has the condition disappeared since then?

CCCA_J1

- 1 Yes
- 2 No (Return to CC_Q101)
- 3 Never had diabetes (Go to CC_Q111)
- DK, R (Go to CC_Q111)

CC_Q104 When did it disappear?

CCCA_J2M

Month

CCCA_J2Y

Year

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

Go to CC_Q111

CC_Q105 [Do/Does] [you/FNAME] currently take insulin for [your/his/her] diabetes?

CCCA_J5

- 1 Yes
- 2 No

CC_Q106 [Do/Does] [you/he/she] take any other treatment or medication for [your/his/her]
 CCCA_J6 diabetes?

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

CC_Q107 **What kind of treatment or medication?**
 INTERVIEWER: Mark all that apply.

- CCCA_J7A 1 Drug
- CCCA_J7B 2 Diet
- CCCA_J7D 3 Exercise / physiotherapy
- CCCA_J7C 4 Other - Specify

Epilepsy

CC_Q111 [Do/Does] [you/FNAME] have epilepsy?
 CCCA_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?**

- CCCA_K3M |_| Month
- CCCA_K3Y |_|_|_| Year
- (MIN: month and year of last interview) (MAX: current month and year)
- DK, R (Go to CC_Q121)

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]?**
 CCCA_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?**
 CCCA_K1

- 1 Yes
- 2 No (Return to CC_Q111)
- 3 Never had epilepsy (Go to CC_Q121)
- DK, R (Go to CC_Q121)

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CC_Q114 **When did it disappear?**

CCCA_K2M |_| Month
CCCA_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?**

CCCA_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)?**

CCCA_L1A

1 Yes
2 No

CC_Q123 **[Do/Does] [you/he/she] currently have angina (chest pain, chest tightness)?**

CCCA_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)?**

CCCA_L7

1 Yes
2 No

Cancer

CC_Q131 **[Do/Does] [you/FNAME] have cancer?**

CCCA_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.**
[Do/Does] [you/FNAME] have intestinal or stomach ulcers?

CCCA_1N

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.

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CC_Q142 **When [were/was] [you/FNAME] diagnosed with this?**

CCCA_N3M |_|_| Month
CCCA_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**
CCCA_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.

CC_Q143 **During our last interview in [month and year of last response interview], it was**
CCCA_N1 **reported that [you/FNAME] had intestinal or stomach ulcers, but this time it was**
 not. Has the condition disappeared since then?

- 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)

CC_Q144 **When did it disappear?**

CCCA_N2M |_|_| Month
CCCA_N2Y |_|_|_| Year
(MIN: month and year of last interview) (MAX: current month and year)

Effects of a stroke

CC_C151 If age < 12, go to CC_C161.

CC_Q151 **[Do/Does] [you/FNAME] suffer from the effects of a stroke?**
CCCA_10

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

CC_C152A If respondent had condition in last response interview, go to CC_C161.

CC_Q152 **When [were/was] [you/FNAME] diagnosed with this?**

CCCA_O3M |_|_| Month
CCCA_O3Y |_|_|_| Year
(MIN: month and year of last interview) (MAX: current month and year)
DK, R (Go to CC_C161)

CC_C152B If CC_Q152 is after date of last response interview, go to CC_C161.

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CC_Q152X **So [you/he/she] suffered from the effects of a stroke prior to our last interview in**
CCCA_O4 **[month and year of last response interview]?**

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

CC_C153 If [(age > 11 and non-proxy interview) or (age < 12 and proxy interview)] and respondent
had condition in last response interview, go to CC_Q153. Otherwise, go to CC_C161.

CC_Q153 **During our last interview in [month and year of last response interview], it was**
CCCA_O1 **reported that [you/FNAME] suffered from the effects of a stroke, but this time it**
 was not. Has the condition disappeared since then?

- | | | |
|---|--------------------|---------------------|
| 1 | Yes | |
| 2 | No | (Return to CC_Q151) |
| 3 | Never had a stroke | (Go to CC_C161) |
| | DK, R | (Go to CC_C161) |

CC_Q154 **When did it disappear?**

CCCA_O2M |_|_| Month
CCCA_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?**
CCCA_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**
CCCA_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.**
CCCA_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?**

CCCA_1S

- 1 Yes
- 2 No

Glaucoma

CC_C201 If age < 18, go to CC_C211.

CC_Q201 **[Do/Does] [you/FNAME] have glaucoma?**

CCCA_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?**

CCCA_1U

- 1 Yes
- 2 No

Other Long-Term Condition

CC_Q221 **[Do/Does] [you/FNAME] have any other long-term condition that has been**
CCCA_1V **diagnosed by a health professional?**

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

CC_Q221S INTERVIEWER: Specify.

CCCAF1V

(80 spaces)

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 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**
without glasses or contact lenses?
HSCA_1

- 1 Yes (Go to HS_Q4)
- 2 No
 DK, R (Go to next section)

HS_Q02 **[Are/Is] [you/he/she] usually able to see well enough to read ordinary newsprint**
with glasses or contact lenses?
HSCA_2

- 1 Yes (Go to HS_Q4)
- 2 No

HS_Q03 **[Are/Is] [you/he/she] able to see at all?**
HSCA_3

- 1 Yes
- 2 No (Go to HS_Q6)
- DK, R (Go to HS_Q6)

HS_Q04 **[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?
HSCA_4

- 1 Yes (Go to HS_Q6)
- 2 No
 DK, R (Go to HS_Q6)

HS_Q05 **[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?
HSCA_5

- 1 Yes
- 2 No

Hearing

HS_Q06 **[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?
HSCA_6

- 1 Yes (Go to HS_C10)
- 2 No
 DK, R (Go to HS_C10)

HS_Q07 **[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?
HSCA_7

- 1 Yes (Go to HS_Q8)
- 2 No

HS_Q07A **[Are/Is] [you/he/she] able to hear at all?**

HSCA_7A

- | | | |
|---|-------|----------------|
| 1 | Yes | |
| 2 | No | (Go to HS_C10) |
| | DK, R | (Go to HS_C10) |

HS_Q08 **[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one**
HSCA_8 **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 **[Are/Is] [you/he/she] usually able to hear what is said in a conversation with one**
HSCA_9 **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 **[Are/Is] [you/FNAME] usually able to be understood completely when speaking**
HSCA_10 **with strangers in [your/his/her] own language?**

- | | | |
|---|-----|----------------|
| 1 | Yes | (Go to HS_Q14) |
| 2 | No | |
| | R | (Go to HS_Q14) |

HS_Q11 **[Are/Is] [you/he/she] able to be understood partially when speaking with**
HSCA_11 **strangers?**

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

HS_Q12 **[Are/Is] [you/he/she] able to be understood completely when speaking with those**
HSCA_12 **who know [you/him/her] well?**

- | | | |
|---|-----|----------------|
| 1 | Yes | (Go to HS_Q14) |
| 2 | No | |
| | R | (Go to HS_Q14) |

HS_Q13 **[Are/Is] [you/he/she] able to be understood partially when speaking with those**
HSCA_13 **who know [you/him/her] well?**

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

Getting Around

HS_Q14
HSCA_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
HSCA_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
HSCA_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
HSCA_17 **[Do/Does] [you/he/she] require the help of another person to be able to walk?**

- 1 Yes
- 2 No

HS_Q18
HSCA_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
HSCA_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
HSCA_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
HSCA_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
HSCA_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
HSCA_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
HSCA_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
HSCA_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
HSCA_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
HSCA_27 **How would you describe [your/his/her] usual ability to think and solve day-to-day problems?**
INTERVIEWER: Read categories to respondent.

- 1 **Able to think clearly and solve problems**
- 2 **Having a little difficulty**
- 3 **Having some difficulty**
- 4 **Having a great deal of difficulty**
- 5 **UNABLE TO THINK OR SOLVE PROBLEMS**

Pain and Discomfort

HS_Q28 [Are/Is] [you/FNAME] usually free of pain or discomfort?

HSCA_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?

HSCA_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?

HSCA_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.

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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.

- | | | | |
|---------|----|----------------------------------|----------------------|
| PACA_1A | 1 | Walking for exercise | |
| PACA_1B | 2 | Gardening or yard work | |
| PACA_1C | 3 | Swimming | |
| PACA_1D | 4 | Bicycling | |
| PACA_1E | 5 | Popular or social dance | |
| PACA_1F | 6 | Home exercises | |
| PACA_1G | 7 | Ice hockey | |
| PACA_1H | 8 | Ice skating | |
| PACA_1Y | 9 | In-line skating or rollerblading | |
| PACA_1J | 10 | Jogging or running | |
| PACA_1K | 11 | Golfing | |
| PACA_1L | 12 | Exercise class or aerobics | |
| PACA_1I | 13 | Downhill skiing or snowboarding | |
| PACA_1N | 14 | Bowling | |
| PACA_1O | 15 | Baseball or softball | |
| PACA_1P | 16 | Tennis | |
| PACA_1Q | 17 | Weight-training | |
| PACA_1R | 18 | Fishing | |
| PACA_1S | 19 | Volleyball | |
| PACA_1T | 20 | Basketball | |
| PACA_1U | 21 | Any other | |
| PACA_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?**

PACAFC1 INTERVIEWER: Enter one activity only.

(80 spaces)

PA_Q1W **In the past 3 months, did you do any other activity for leisure?**

- PACA_1W
- | | | |
|---|-------|---------------|
| 1 | Yes | |
| 2 | No | (Go to PA_Q2) |
| | DK, R | (Go to PA_Q2) |

PA_Q1WS **What was this activity?**

PACAFC2 INTERVIEWER: Enter one activity only.

(80 spaces)

PA_Q1X **In the past 3 months, did you do any other activity for leisure?**

- PACA_1X
- | | | |
|---|-------|---------------|
| 1 | Yes | |
| 2 | No | (Go to PA_Q2) |
| | DK, R | (Go to PA_Q2) |

NPHS, Household Component, Cycle 6 (2004-2005)

PA_Q1XS **What was this activity?**
PACAFC3 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]?**

PACA_2A
TO
PACA_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?**

PACA_3A
TO
PACA_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 **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?**

PACA_4A

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

PA_Q4B **In a typical week, how much time did you usually spend bicycling to work or to school or while doing errands?**

PACA_4B

- 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 **When riding a bicycle how often did you wear a helmet?**

PACA_5 INTERVIEWER: Read categories to respondent.

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

PA_Q6 **Thinking back over the past 3 months, which of the following best describes your**
PACA_6 **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 **In the past 12 months, has any part of your body been sunburnt?**

TUCA_3

- 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**
RPCA_1 **[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
RPCA_3 **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/was] [you/he/she] doing when [you/he/she] got this repetitive strain?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|---|---|
| RPCA_5A | 1 | Sports or physical exercise (include school activities) |
| RPCA_5B | 2 | Leisure or hobby (include volunteering) |
| RPCA_5C | 3 | Working at a job or business (include travel to or from work) |
| RPCA_5D | 4 | Household chores, other unpaid work or education |
| RPCA_5E | 5 | Sleeping, eating, personal care |
| RPCA_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
IJCA_1 **(Not counting repetitive strain injuries,) In the past 12 months, that is, from [date one year ago] to yesterday, [were/was] [you/FNAME] injured?**

- 1 Yes
- 2 No (Go to IJ_Q14)
DK, R (Go to next section)

IJ_Q02
IJCA_2 **How many times [were/was] [you/he/she] injured?**

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

IJ_Q03
IJCA_3

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

- 1 Multiple injuries
- 2 Broken or fractured bones
- 3 Burn, scald, chemical burn
- 4 Dislocation
- 5 Sprain or strain
- 6 Cut, puncture, animal 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
IJCA_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
IJCA_4A

What part of the body was injured?

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

IJ_Q06
IJCA_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
IJCA_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
IJCA_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
IJCA_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
IJCA_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
IJCA_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
IJCA_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
IJCA_13

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

- 1 Yes
- 2 No

IJ_Q14
IJCA_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
IJCA_15

How many injuries?

|_|_| Injuries
(MIN: 1) (MAX: 30; warning after 6)

Stress

ST_C100 If proxy interview or age < 12, go to next section.

Ongoing Problems

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
STCA_C1

You are trying to take on too many things at once.

- 1 True
- 2 False
R (Go to ST_C400)

ST_Q102 **There is too much pressure on you to be like other people.**

STCA_C2

- 1 True
- 2 False

ST_Q103 **Too much is expected of you by others.**

STCA_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.**

STCA_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.**

STCA_C5

- 1 True
- 2 False

ST_Q106 **Your partner doesn't show enough affection.**

STCA_C6

- 1 True
- 2 False

ST_Q107 **Your partner is not committed enough to your relationship.**

STCA_C7

- 1 True
- 2 False

Go to ST_Q109

ST_Q108 **You find it is very difficult to find someone compatible with you.**

STCA_C8

- 1 True
- 2 False

ST_Q109 **Do you have any children?**

STCA_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.**

STCA_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.**

STCA_C11

- 1 True
- 2 False

ST_Q112 **Your work around the home is not appreciated.**

STCA_C12

- 1 True
- 2 False

ST_C113 If age < 18, go to ST_Q118.

ST_Q113 **Your friends are a bad influence.**

STCA_C13

- 1 True
- 2 False

ST_Q114 **You would like to move but you cannot.**

STCA_C14

- 1 True
- 2 False

ST_Q115 **Your neighbourhood or community is too noisy or too polluted.**

STCA_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.**

STCA_C16

- 1 True
- 2 False

ST_Q117 **Someone in your family has an alcohol or drug problem.**

STCA_C17

- 1 True
- 2 False

ST_Q118 **People are too critical of you or what you do.**

STCA_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?**

STCA_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.**

STCA_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.**

STCA_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.**

STCA_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.**

STCA_W1D

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

ST_Q405 **Your job is very hectic.**

STCA_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.**

STCA_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.**

STCA_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.**

STCA_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.**

STCA_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.**

STCA_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.**

STCA_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.**

STCA_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?**

STCA_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.**

STCA_M1A

- 1 Strongly agree
 - 2 Agree
 - 3 Neither agree nor disagree
 - 4 Disagree
 - 5 Strongly disagree
- R (Go to ST_C700)

ST_Q602 **There is really no way you can solve some of the problems you have.**

STCA_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.**

STCA_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.**

STCA_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.**

STCA_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.**

STCA_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.**

STCA_M1G

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

Coping

Focus questions

ST_C700 If proxy interview or age < 18, go to next section.

ST_QINT7A **Now a few questions about the stress in your life.**

INTERVIEWER: Press <Enter> to continue.

ST_Q701 **In general, how would you rate your ability to handle unexpected and difficult**
CO_A_1 **problems, for example, a family or personal crisis? Would you say your ability is:**

INTERVIEWER: Read categories to respondent.

- 1 ... excellent?
 - 2 ... very good?
 - 3 ... good?
 - 4 ... fair?
 - 5 ... poor?
- DK, R (Go to next section)

ST_Q702 **In general, how would you rate your ability to handle the day-to-day demands in**
CO_A_2 **your life, for example, handling work, family and volunteer responsibilities?**

Would you say your ability is:

INTERVIEWER: Read categories to respondent.

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

ST_QINT7B **People have different ways of dealing with stress. Thinking about the ways you deal**
 with stress, please tell me how often you do each of the following.

INTERVIEWER: Press <Enter> to continue.

ST_Q703
CO_A_3

How often do you try to solve the problem?

INTERVIEWER: Read categories to respondent.

- 1 **Often**
 - 2 **Sometimes**
 - 3 **Rarely**
 - 4 **Never**
- DK, R (Go to next section)

ST_Q704
CO_A_4

To deal with stress, how often do you talk to others?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q705
CO_A_5

When dealing with stress, how often do you avoid being with people?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q706
CO_A_6

How often do you sleep more than usual to deal with stress?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q707
CO_A_7

When dealing with stress, how often do you try to feel better by eating more, or less, than usual?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q708
CO_A_8

When dealing with stress, how often do you try to feel better by smoking more cigarettes than usual?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 5 Do not smoke

ST_Q709
CO_A_9

When dealing with stress, how often do you try to feel better by drinking alcohol?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q710 **When dealing with stress, how often do you try to feel better by using drugs or**
CO_A_10 **medication?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q711 **How often do you jog or do other exercise to deal with stress?**
CO_A_11

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q712 **How often do you pray or seek spiritual help to deal with stress?**
CO_A_12

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q713 **To deal with stress, how often do you try to relax by doing something enjoyable?**
CO_A_13

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q714 **To deal with stress, how often do you try to look on the bright side of things?**
CO_A_14

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q715 **How often do you blame yourself?**
CO_A_15

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

ST_Q716 **To deal with stress, how often do you wish the situation would go away or**
CO_A_16 **somehow be finished?**

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

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:**

DGCA_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?

DGCA_1B

- 1 Yes
- 2 No

DG_Q1C ... diet pills such as Ponderal, Dexatrim or Fastin?

DGCA_1C

- 1 Yes
- 2 No

DG_Q1D ... anti-depressants such as Prozac, Paxil or Effexor?

DGCA_1D

- 1 Yes
- 2 No

DG_Q1E ... codeine, Demerol or morphine?

DGCA_1E

- 1 Yes
- 2 No

DG_Q1F ... allergy medicine such as Reactine or Allegra?

DGCA_1F

- 1 Yes
- 2 No

DG_Q1G **In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:**

DGCA_1G ... asthma medications such as inhalers or nebulizers?

- 1 Yes
- 2 No

DG_Q1H ... cough or cold remedies?

DGCA_1H

- 1 Yes
- 2 No

DG_Q1I ... penicillin or other antibiotics?

DGCA_1I

- 1 Yes
- 2 No

DG_Q1J ... medicine for the heart?

DGCA_1J

- 1 Yes
- 2 No

DG_Q1K ... medicine for blood pressure?

DGCA_1K

- 1 Yes
- 2 No

DG_Q1L In the past month, that is, from [date one month ago] to yesterday, did [you/FNAME] take:

DGCA_1L

... diuretics or water pills?

- 1 Yes
- 2 No

DG_Q1M ... steroids?

DGCA_1M

- 1 Yes
- 2 No

DG_Q1N ... insulin?

DGCA_1N

- 1 Yes
- 2 No

DG_Q1O ... pills to control diabetes?

DGCA_1O

- 1 Yes
- 2 No

DG_Q1P ... sleeping pills such as Imovane, Nytol or Starnoc?

DGCA_1P

- 1 Yes
- 2 No

DG_Q1Q ... stomach remedies?

DGCA_1Q

- 1 Yes
- 2 No

DG_Q1R ... laxatives?

DGCA_1R

- 1 Yes
- 2 No

DG_C1S If female & age <= 49, go to DG_Q1S. Otherwise, go to DG_C1T.

DG_Q1S ... birth control pills?

DGCA_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?

DGCA_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?

DGCA_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?

DGCA_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:

DGCA_1U ... thyroid medication such as Synthroid or Levothyroxine?

- 1 Yes
- 2 No

DG_Q1V ... any other medication?

DGCA_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?

DGCA_2

____ Medications
(MIN: 0) (MAX: 99; warning after 10)
DK, R (Go to DG_Q4.)

NPHS, Household Component, Cycle 6 (2004-2005)

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.

DG_Q3nn **What is the exact name of the medication that [you/FNAME] took?**

DGCAF3A INTERVIEWER: Ask respondent to look at the bottle, tube or box.

TO

DGCAF3L

(80 spaces)

DK, R

(Go to DG_Q4.)

DG_Q3nnA **Was this a prescription from a medical doctor or dentist?**

DGCA_3AA

TO

DGCA_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.**

DGCA_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?**

DGCA_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?**

DGCAF5A

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

(80 spaces)

DG_Q5nnA **Did [you/he/she] use another health product?**

DGCA_5AA

TO

DGCA_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?**

DGCAF5B

TO

DGCAF5L

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_C101 If age < 12, go to next section.

SM_Q101 **The next questions are about smoking.**
 SMCA_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**
 SMCA_2 **not at all?**

- 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?**

SMCA_3

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

SM_Q104 **How many cigarettes [do/does] [you/he/she] smoke each day now?**

SMCA_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?**

SMCA_4A

- 1 Yes (Go to SM_Q105A)
- 2 No
- DK, R (Go to SM_C113)

SM_C104B If reported ever smoked in previous interview and non-proxy interview, go to SM_Q104B. Otherwise, go to SM_C113.

SM_Q104B **(Remember, for this survey it's important to measure change.)**
 SMCA_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_C113)
- DK, R (Go to SM_C113)

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SM_Q105B **On the days that [you/FNAME] [do/does] smoke, about how many cigarettes**
SMCA_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**
SMCA_5C **cigarettes?**

|| Days
(MIN: 0) (MAX: 30)

SM_Q105A **In [your/his/her] lifetime, [have/has] [you/FNAME] smoked a total of 100 or more**
SMCA_5A **cigarettes (about 4 packs)?**

1 Yes
2 No

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?**
SMCA_5

1 Yes
2 No (Go to SM_C108B)
 DK, R (Go to SM_C113)

SM_Q106 **At what age did [you/he/she] begin to smoke (cigarettes) daily?**
SMCA_6

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

SM_Q107 **How many cigarettes did [you/he/she] usually smoke each day?**
SMCA_7

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

SM_Q108 **At what age did [you/he/she] stop smoking (cigarettes) daily?**
SMCA_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.
SMCAC8B

(80 spaces)
DK, R (Go to SM_C109)

SM_C109

	Smoke - 2002	Smoke - 2004	Go to
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_C113

NOTE: If respondent says he/she “never smoked” even after probing in SM_Q104B, and there is a change from 2002 to 2004, 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
SMCA_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_C113.

SM_Q110
SMCA_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_C113.

SM_Q111
SMCA_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_C113.

SM_Q112
SMCA_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_C113 If SM_Q102 = 1 (Daily Smoker) or SM_Q102 = 2 (Occasional Smoker) or [SM_Q102 = 3 (Non-Smoker) and (SM_Q104A = 1 or SM_Q104B = 1)], go to SM_Q114.

SM_Q113
SMCA_13 **[Have/Has] [you/he/she] ever smoked a whole cigarette?**

- 1 Yes
- 2 No (Go to SM_C200)
- DK, R (Go to SM_C200)

SM_Q114
SMCA_14 **At what age did [you/he/she] smoke [your/his/her] first whole cigarette?**

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

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 **How soon after you wake up do you smoke your first cigarette?**

SMCA_201

- 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_Q201A **Do you find it difficult to refrain from smoking in places where it is forbidden?**

SMCA_21A

- 1 Yes
- 2 No

SM_Q201B **Which cigarette would you most hate to give up?**

SMCA_21B

INTERVIEWER: Read categories to respondent.

- 1 **The first one of the day**
- 2 **Another one**

SM_Q201C **Do you smoke more frequently during the first hours after waking, compared with the rest of the day?**

SMCA_21C

- 1 Yes
- 2 No

SM_Q201D **Do you smoke even if you are so ill that you are in bed most of the day?**

SMCA_21D

- 1 Yes
- 2 No

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 **Have you tried quitting in the past 6 months?**

SMCA_202

- 1 Yes
- 2 No (Go to SM_C206)
- DK, R (Go to SM_C206)

SM_Q203 **How many times have you tried quitting (in the past 6 months)?**

SMCA_203

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

SM_Q204 **Are you seriously considering quitting within the next 30 days?**

SMCA_204

- 1 Yes (Go to SM_C206)
- 2 No

SM_Q205 **Are you seriously considering quitting within the next 6 months?**

SMCA_205

- 1 Yes
- 2 No

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SM_C206 If ST_Q400 = 1 (currently employed) and non-proxy interview, go to SM_Q206. Otherwise, go to next section.

SM_Q206 **At your place of work what are the restrictions on smoking?**

SMCA_206 INTERVIEWER: Read categories to respondent.

- 1 **Restricted completely**
- 2 **Allowed in designated areas**
- 3 **Restricted only in certain places**
- 4 **Not restricted at all**

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]**
ALCA_1A **[you/FNAME] had a drink of beer, wine, liquor or any other alcoholic beverage?**

- 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,**
ALCA_1 **[have/has] [you/FNAME] had a drink of beer, wine, liquor or any other alcoholic beverage?**

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

AL_Q2 **During the past 12 months, how often did [you/he/she] drink alcoholic beverages?**

ALCA_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?**
ALCA_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?**
ALCA_5

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

AL_Q5A **Starting with yesterday, that is [day name], how many drinks did [you/FNAME] have:**

- ALCA_5A1** 1 ... on Sunday? (If R on first day, go to next section)
- ALCA_5A2** 2 ... on Monday? (MIN: 0 MAX: 99; warning after 12 for each day)
- ALCA_5A3** 3 ... on Tuesday?
- ALCA_5A4** 4 ... on Wednesday?
- ALCA_5A5** 5 ... on Thursday?
- ALCA_5A6** 6 ... on Friday?
- ALCA_5A7** 7 ... on Saturday?

Go to next section.

AL_Q5B **[Have/Has] [you/FNAME] ever had a drink?**
ALCA_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?**
ALCA_6

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

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AL_Q7 **Why did [you/he/she] reduce or quit drinking altogether?**

INTERVIEWER: Mark all that apply.

- | | | |
|---------|----|--|
| ALCA_7A | 1 | Dieting |
| ALCA_7B | 2 | Athletic training |
| ALCA_7C | 3 | Pregnancy |
| ALCA_7D | 4 | Getting older |
| ALCA_7E | 5 | Drinking too much / drinking problem |
| ALCA_7F | 6 | Affected - work, studies, employment opportunities |
| ALCA_7G | 7 | Interfered with family or home life |
| ALCA_7H | 8 | Affected - physical health |
| ALCA_7I | 9 | Affected - friendships or social relationships |
| ALCA_7J | 10 | Affected - financial position |
| ALCA_7K | 11 | Affected - outlook on life, happiness |
| ALCA_7L | 12 | Influence of family or friends |
| ALCA_7M | 13 | Other - Specify |

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**

MHCA_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?**

MHCA_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) |

NPHS, Household Component, Cycle 6 (2004-2005)

MH_Q01C
MHCA_1C ... **restless or fidgety?**
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
MHCA_1D ... **hopeless?**
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
MHCA_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
MHCA_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
MHCA_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)

NPHS, Household Component, Cycle 6 (2004-2005)

MH_Q01H
MHCA_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
MHCA_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
MHCA_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
MHCA_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
MHCA_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.

- MHCA_1MA 1 **Family doctor or general practitioner**
- MHCA_1MB 2 **Psychiatrist**
- MHCA_1MC 3 **Psychologist**
- MHCA_1MD 4 **Nurse**
- MHCA_1ME 5 **Social worker or counsellor**
- MHCA_1MF 6 **Other – Specify**

MH_Q02
MHCA_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
MHCA_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
MHCA_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
MHCA_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
MHCA_6

Did you feel tired out or low on energy all of the time?

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

MH_Q07
MHCA_7

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_Q09)
 - 4 Was on a diet (Go to MH_Q09)
- DK, R (Go to next section)

MH_Q08A
MHCA_8A

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_Q09)

MH_Q08B
MHCA_8B
MHCA_8LB
MHCA_8KG

INTERVIEWER: Was that in pounds or in kilograms?

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

MH_Q09 **Did you have more trouble falling asleep than you usually do?**

MHCA_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?**

MHCA_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?**

MHCA_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?

MHCA_12

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

MH_Q13 **Did you think a lot about death - either your own, someone else's or death in general?**

MHCA_13

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

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 **About how many weeks altogether did you feel this way during the past 12 months?**

MHCA_14

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

MH_Q15
MHCA_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
MHCA_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
MHCA_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
MHCA_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
MHCA_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 (Go to next section)

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MH_Q20
MHCA_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
MHCA_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
MHCA_21B
MHCA_21L
MHCA_21K

INTERVIEWER: Was that in pounds or in kilograms?

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

MH_Q22
MHCA_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) |

MH_Q23
MHCA_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
MHCA_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
MHCA_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
MHCA_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) |

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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 **About how many weeks did you feel this way during the past 12 months?**

MHCA_27

|_| 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 month was that?**

MHCA_28

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

Personal and family history of depression

Focus questions

FHD_C1 If proxy interview or age < 18, go to next section

FHD_QINT1 **The next set of questions asks about your personal and immediate family's medical history of depression. This is an important factor in assessing health risks.**

INTERVIEWER: Press <Enter> to continue.

FHD_Q1 **Have you ever had one or several episodes of being sad, depressed, discouraged or uninterested most of the day, for several days, weeks and longer?**

FH_A_1

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

FHD_Q2 **Have you ever been diagnosed with depression by a health professional?**

FH_A_2

- 1 Yes
 - 2 No
- DK, R (Go to FHD_Q4)

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FHD_Q3 **How old were you when this was first diagnosed?**

FH_A_3

|_|_| Age
(MIN: 0) (MAX: current age)

FHD_Q4 **Have any close relatives - including your biological parents, brothers and sisters -
FH_A_4 ever had one or several episodes of being sad, depressed, discouraged or
uninterested most of the day, for several days, weeks and longer?**

INTERVIEWER: Read categories to respondent.

- 1 **Yes, one only**
- 2 **Yes, more than one**
- 3 **No**
DK, R (Go to next section)

FHD_Q5 **Have any close relatives ever been diagnosed with depression by a health
FH_A_5 professional?**

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

FHD_Q6 **Was this:**
INTERVIEWER: Read categories to respondent. Mark all that apply.

- FH_A_6A 1 ... **your birth mother?**
- FH_A_6B 2 ... **your birth father?**
- FH_A_6C 3 ... **one of your biological brothers?**
- FH_A_6D 4 ... **one of your biological sisters?**

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.**
SSCA_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:**

SSCA_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?**

SSCA_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?**

SSCA_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?**

SSCA_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?**

SSCA_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:**

SSCA_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?**
SSCA_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?**
SSCA_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?**
SSCA_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?**
SSCA_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?**
SSCA_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?**
SSCA_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:**

SSCA_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?**

SSCA_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?**

SSCA_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?**

SSCA_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?**

SSCA_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?**

SSCA_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?

SSCA_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

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.

- | | | |
|---------|----|--------------------|
| SDCA_5A | 1 | English |
| SDCA_5B | 2 | French |
| SDCA_5C | 3 | Arabic |
| SDCA_5D | 4 | Chinese |
| SDCA_5E | 5 | Cree |
| SDCA_5F | 6 | German |
| SDCA_5G | 7 | Greek |
| SDCA_5H | 8 | Hungarian |
| SDCA_5I | 9 | Italian |
| SDCA_5J | 10 | Korean |
| SDCA_5K | 11 | Persian (Farsi) |
| SDCA_5L | 12 | Polish |
| SDCA_5M | 13 | Portuguese |
| SDCA_5N | 14 | Punjabi |
| SDCA_5O | 15 | Spanish |
| SDCA_5P | 16 | Tagalog (Filipino) |
| SDCA_5Q | 17 | Ukrainian |
| SDCA_5R | 18 | Vietnamese |
| SDCA_5S | 19 | Other - Specify |

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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.

SDCA_6A	1	English
SDCA_6B	2	French
SDCA_6C	3	Arabic
SDCA_6D	4	Chinese
SDCA_6E	5	Cree
SDCA_6F	6	German
SDCA_6G	7	Greek
SDCA_6H	8	Hungarian
SDCA_6I	9	Italian
SDCA_6J	10	Korean
SDCA_6K	11	Persian (Farsi)
SDCA_6L	12	Polish
SDCA_6M	13	Portuguese
SDCA_6N	14	Punjabi
SDCA_6O	15	Spanish
SDCA_6P	16	Tagalog (Filipino)
SDCA_6Q	17	Ukrainian
SDCA_6R	18	Vietnamese
SDCA_6S	19	Other - Specify

Education

ED_C1 If age < 12, go to ED_Q8.

ED_Q1 **[Are/Is] [you/FNAME] currently attending a school, college or university?**

EDCA_1

- | | | |
|---|-------|---------------|
| 1 | Yes | |
| 2 | No | (Go to ED_C2) |
| | DK, R | (Go to ED_Q8) |

ED_Q2 **[Are/Is] [you/he/she] enrolled as a full-time student or a part-time student?**

EDCA_2

- | | |
|---|-----------|
| 1 | Full-time |
| 2 | Part-time |

Go to ED_C4A

ED_C2 If EDC2D3 = 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]?**

EDCA_3

- | | | |
|---|-------|---------------|
| 1 | Yes | |
| 2 | No | (Go to ED_Q8) |
| | DK, R | (Go to ED_Q8) |

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ED_C4A If EDC2D3 = 3 or 4 (i.e., 2002 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 EDC2D3 = 2 (i.e., 2002 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**
EDCA_4 **[have/has] [you/FNAME] successfully completed?**

- | | | |
|----|--------------|---------------|
| 1 | No schooling | (Go to ED_Q8) |
| 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 ED_Q8) |

ED_C4 If age < 15, go to ED_Q8.

ED_Q5 **[Have/Has] [you/FNAME] graduated from high school?**
EDCA_5

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

ED_Q6 **[Have/Has] [you/FNAME] ever attended any other kind of school such as a**
EDCA_6 **university, community college, business school, trade or vocational school, CEGEP**
or other post-secondary institution?

- | | | |
|---|-------|---------------|
| 1 | Yes | |
| 2 | No | (Go to ED_Q8) |
| | DK, R | (Go to ED_Q8) |

ED_Q7 **What is the highest level of education that [you/FNAME] [have/has] ever attained?**
EDCA_7

- | | |
|----|--|
| 1 | Some - trade, technical or vocational school, or business college |
| 2 | Some - community college, CEGEP or nursing school |
| 3 | Some - university |
| 4 | Diploma or certificate from - trade, technical or vocational school, or business college |
| 5 | Diploma or certificate from - community college, CEGEP or nursing school |
| 6 | Bachelor's or undergraduate degree, or teacher's college (e.g., B.A., B.Sc., L.I.B.) |
| 7 | Master's degree (e.g., M.A., M. Sc., M.Ed.) |
| 8 | Degree in Medicine, Dentistry, Veterinary Medicine or Optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.) |
| 9 | Earned doctorate (e.g., Ph.D., D.Sc., D.Ed.) |
| 10 | Other – Specify |

ED_C7 If ED_Q7 not 10 "Other-Specify", go to ED_Q8.

ED_Q8
EDCA_8 **Thinking about the level of education of all the members of your household. What is the highest level of education that has ever been attained by a member of your household?**

INTERVIEWER: Read categories to respondent.

- 1 **Some elementary or high school**
- 2 **High school diploma**
- 3 **Some post-secondary education**
- 4 **Post-secondary degree, certificate or diploma**

Labour Force

LF_C01 If age < 15 or if age > 75, go to next section.

LF_QINT1 **The next few questions concern [you/FNAME's] activities in the last 7 days. By the last 7 days, I mean beginning [date one week ago], and ending [date yesterday].**

INTERVIEWER: Press <Enter> to continue.

Job Attachment

LF_Q01
LSCA_1 **Last week, did [you/FNAME] work at a job or business? 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_Q03)
- 2 No
- 3 Permanently unable to work (Go to LF_QINT2)
DK, R (Go to next section)

LF_Q02
LSCA_2 **Last week, did [you/FNAME] have a job or business from which [you/he/she] [were/was] absent?**

- 1 Yes
- 2 No (Go to LF_Q11)
DK, R (Go to next section)

LF_Q03
LSCA_3 **Did [you/he/she] have more than one job or business last week?**

- 1 Yes
- 2 No

Go to LF_C31

Job Search - Last 4 Weeks

LF_Q11
LSCA_11 **In the past 4 weeks, did [you/FNAME] do anything to find work?**

- 1 Yes (Go to LF_QINT2)
- 2 No (Go to LF_QINT2)
DK, R

LF_Q12 **Last week, did [you/he/she] have a job to start at a definite date in the future?**

LSCA_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?**

LSCA_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?**
LSCA_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?**

LSCA_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?**

LSCA_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
LSCA_31 **[Are/Is/Were/Was] [you/he/she] an employee or self-employed?**

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
LSCAF32 **What [is/was] the name of [your/his/her] business?**

Confirm pre-fill or enter response (50 spaces) (Go to LF_Q34)

LF_Q33
LSCAF33 **For whom [do/does/did] [you/he/she] [currently/last] work? (For example: name of business, government department or agency, or person)**

Confirm pre-fill or enter response (50 spaces)

LF_Q34
LSCAF34 **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)**

Confirm pre-fill or enter response (50 spaces)

LF_Q35
LSCAF35 **What kind of work [are/is/were/was] [you/he/she] doing? (For example: babysitting in own home, factory worker, forestry technician)**

Confirm pre-fill or enter response (50 spaces)

LF_Q36
LSCAF36 **What [are/were] [your/his/her] most important activities or duties? (For example: caring for children, stamp press machine operator, forest examiner)**

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?**
 LSCA_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**
 LSCA_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:**
 LSCA_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**
 LSCA_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
LSCA_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
LSCA_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
LSCA_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
LSCA_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
LSCA_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
LSCA_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
 LSCA_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.
 LSCA_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**
 LSCA_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
LSCA_73 **What is the main reason that [you/he/she] [were/was] not looking for work?**
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
LSCA_74 **Were those [LF_Q71] weeks when [you/he/she] [were/was] without work but looking for work?**
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.

- | | | |
|----------------|----|---|
| INCA_1A | 1 | Wages and salaries |
| INCA_1B | 2 | Income from self-employment |
| INCA_1C | 3 | Dividends and interest (e.g., on bonds, savings) |
| INCA_1D | 4 | Employment insurance |
| INCA_1E | 5 | Worker's compensation |
| INCA_1F | 6 | Benefits from Canada or Quebec Pension Plan |
| INCA_1G | 7 | Retirement pensions, superannuation and annuities |
| INCA_1H | 8 | Old Age Security and Guaranteed Income Supplement |
| INCA_1I | 9 | Child Tax Benefit |
| INCA_1J | 10 | Provincial or municipal social assistance or welfare |
| INCA_1K | 11 | Child support |
| INCA_1L | 12 | Alimony |
| INCA_1M | 13 | Other (e.g., rental income, scholarships) |
| INCA_1N | 14 | None (Go to IN_Q3)
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
INCA_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 Plan
- 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
INCA_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
INCA_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
INCA_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
INCA_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

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IN_Q3D
INCA_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

IN_Q3E
INCA_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
INCA_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
INCA_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 to less than \$100,000?
- 5 ... \$100,000 or more?

IN_C4 If age >= 15, ask IN_Q4. Otherwise, go to next section.

IN_Q4
INCA_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
INCA_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)

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IN_Q4B **Was [your/his/her] total personal income less than \$10,000 or \$10,000 or more?**
INCA_4B

- 1 Less than \$10,000
- 2 \$10,000 or more (Go to IN_Q4D)
 DK, R (Go to next section)

IN_Q4C **Was [your/his/her] total personal income less than \$5,000 or \$5,000 or more?**
INCA_4C

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

Go to next section

IN_Q4D **Was [your/his/her] total personal income less than \$15,000 or \$15,000 or more?**
INCA_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?**
INCA_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?**
INCA_4F

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

Go to next section

IN_Q4G **Was [your/his/her] total personal income:**
INCA_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 to less than \$100,000?
- 5 ... \$100,000 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.

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AM_Q01B
AM6A_LNK **This linked information will be kept confidential and used only for statistical purposes.
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.

AM_Q02
AM6A_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
AM6A_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
AM6A_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
AM6A_HNF
TO
AM6A_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.

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AM_Q04B **All information will be kept confidential and used only for statistical purposes.**
AM6A_SHA Do you agree to share the information provided?

- 1 Yes
- 2 No

Administration

AM_N05 INTERVIEWER: Is this a fictitious name for the respondent?
AM6A_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
AM6A_15 longitudinal studies.
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.
AM6AF16

(25 spaces)

AM_C08 If AM_N06 is not "Both", go to AM_N09.

AM_N08 INTERVIEWER: Enter the last name only.
AM6AF17

(25 spaces)

AM_N09 INTERVIEWER: Was this interview conducted on the telephone or in person?
AM6A_TEL

- 1 On telephone
- 2 In person
- 3 Both

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AM_N12 INTERVIEWER: Record language of interview.

AM6A_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